



Australian Government
Australian Organ and Tissue Donation
and Transplantation Authority

A large, faint circular pattern of light purple hearts surrounds the central text. Two hearts are highlighted in a darker magenta color: one on the left side and one on the right side.

Annual Report

2021–22



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 our 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.

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 between 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.

Very few people have the opportunity to become an organ donor. To be able to donate, you need to die in hospital and your organs need to be functioning to be transplanted.

In 2021

1,250 Australians – around 2% of people who died in hospital – were able to be considered for organ donation

655 families consented for their family member to be an organ donor


421 people became organ donors

Since the national program first began in 2009

15,525 people have received life-saving organ transplants

 5,450 deceased organ donors

 16,045 deceased eye donors

 35,423 deceased and living tissue donors (since 2013)

As at 30 June 2022

~1,800 Australians waitlisted for a transplant, and

>13,000 additional people are on dialysis – some of whom may need a kidney transplant

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Alternative format

This Annual Report is available electronically on the Organ and Tissue Authority's website at donatelife.gov.au/strategy-and-performance.

Enquiries

If you would like to comment on this Annual Report, or have any queries, please refer to the contact details below.

Contact phone number	(02) 5156 6662
Contact email address	enquiries@donatelife.gov.au
Website	www.donatelife.gov.au

Acknowledgments

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Acknowledgement of Country

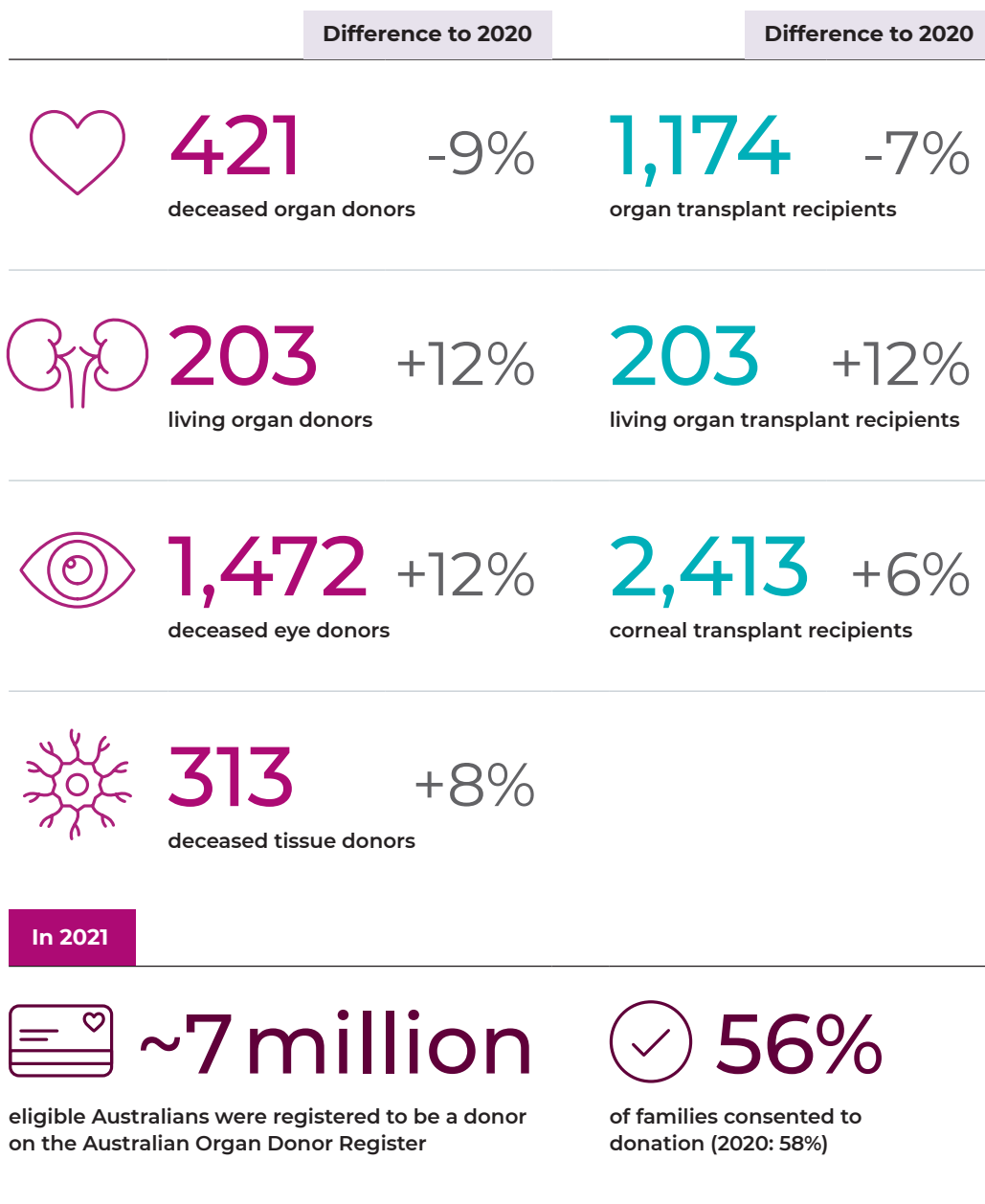
The Organ and Tissue Authority acknowledges and pays respect to the traditional owners and custodians of Country throughout Australia and recognises their continuing connection to the land, sea and community. We pay our respects to them and their cultures, and to their Elders past, present and future.

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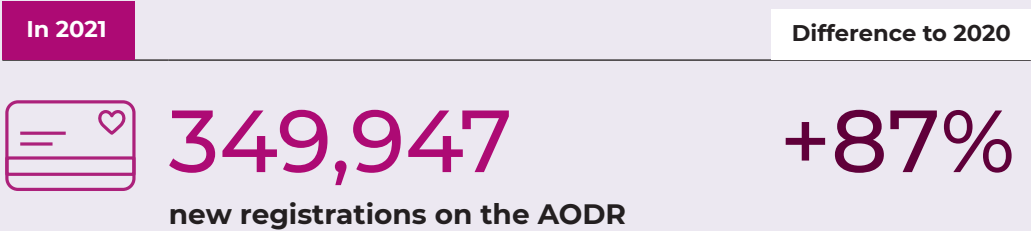
2021 data at a glance

From the beginning of the national program in 2009, donation rates increased from 247 to a peak of 554 in 2018. The number of transplant recipients increased across the same time period from 799 to 1,544.



2021 registrations at a glance

Despite the challenges of the COVID-19 pandemic, a record number of people registered to be a donor on the Australian Organ Donor Register (AODR) and showed their support for donation.



Percentage of population registered on the AODR in 2021



Letter of transmittal

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, I am very pleased to provide you with the Annual Report for the year ended 30 June 2022.

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*.

Yours sincerely

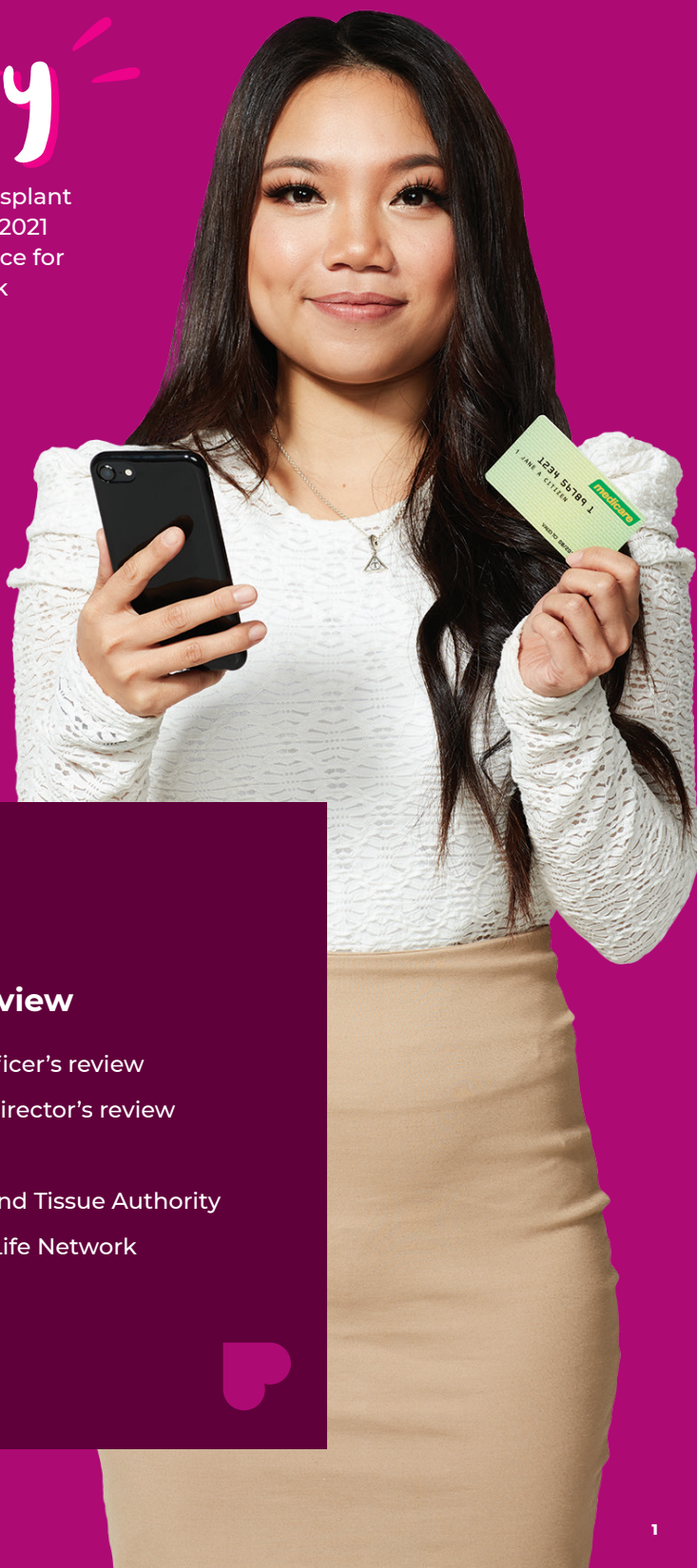


Lucinda Barry
Chief Executive Officer
Organ and Tissue Authority

10 October 2022

Kristy

received a kidney transplant
and was part of the 2021
Great Registration Race for
DonateLife Week



Part 1 / Overview

Chief Executive Officer's review
National Medical Director's review
Donation process
About the Organ and Tissue Authority
About the DonateLife Network



Chief Executive Officer's review



On behalf of the Organ and Tissue Authority (OTA) I am pleased to present the OTA's Annual Report 2021-22.

As I enter my fifth year of leading the Australian Government's national organ and tissue donation program, I remain immensely humbled and continually inspired by all who contribute to organ and tissue donation. This includes the DonateLife Network, state and territory governments, donation and transplantation clinical sectors, eye and tissue sectors, key stakeholders and the Australian community.

It is unsettling to report that this is the second year of reduced donation and transplantation activity in Australia. This experience is consistent with some of our international counterparts as health care systems continue to be impacted by COVID-19. Through this adversity, our DonateLife Network has remained strong while continuing to support our incredibly important national program.

In 2021, the lives of 1,174 Australians were changed by receiving an organ transplant, due to the generosity of 421 deceased organ donors and their families.

Transition of the Accountable Authority

In November 2021, legislative amendments made to the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (OTA Act) transitioned the role of Accountable Authority from the OTA Board to the OTA Chief Executive Officer.

I take this opportunity to personally acknowledge and thank Dr Mal Washer for his continued contribution in overseeing the operations of the OTA as chair of the OTA Board and now as chair of the OTA Advisory Board. I would also like to personally thank Professor Carol Pollock AO, Mr Oren Klemich and Ms Margie Kruger for continuing in their roles from the OTA Board to the OTA Advisory Board, and the outgoing members of the OTA Board Professor Stephen Lynch AC and Dr Marisa Herson, who have demonstrated an unwavering commitment to the OTA and the delivery of our national program. In January 2022, the newly established OTA Advisory Board and I welcomed new members Ms Shelley Park and Mr Nick Brown.

The impacts of COVID-19 on the national program

In 2019, Australia had seen a 10-year trend of growth 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. This resulted in the number of Australians receiving a transplant significantly increasing from an average of 680 a year prior to 2009 to 1,444 in 2019.

The 2021 Australian Donation and Transplantation Activity Report that was released in February this year reflects the significant impacts of COVID-19 on organ and tissue donation. The national deceased organ donation rate decreased by 9% in 2021, with a 25% overall reduction in donation rates across the 2 years of the pandemic.

Australia's consent rate in 2021 also decreased a further 2% to 56% from 58% in 2020. This is a total decrease of 3% in the 2 years of the pandemic compared with 2019, meaning fewer families said yes to donation.

There have been significant challenges and pressures on hospitals due to the pandemic. DonateLife staff have worked hard to continue to embed a practice of routine notification to DonateLife of patients at end-of-life in intensive care units (ICUs) and emergency departments (EDs) so donation can be considered and families approached when donation is possible. Restrictions on movement within and between states, including reduced interstate flights and courier transport services, have impacted the donor and recipient matching process and organ surgical retrieval services. Hospital restrictions for visitors have affected the experience of families facing the end-of-life of a family member, including the communication with families about end-of-life and donation. Communication has required greater use of telephones and videoconferencing, with the further challenge of the requirement to wear masks and protective clothing.

Working with the transplant sector

The COVID-19 virus has significantly impacted organ transplantation with transplant teams having to assess risk versus benefit of transplantation for people on the waiting list, and the care of immunosuppressed transplant recipients who are more vulnerable to COVID-19, both in and out of hospital. Elective surgery suspensions and international border closures also directly affected capacity for kidney transplants from living donors, including the Australia and New Zealand Paired Kidney Exchange (ANZKX) Program.

Collaboration with the transplant sector remained strong over the year. The OTA provided national leadership with the Transplant Society of Australia and New Zealand (TSANZ) through the COVID-19 National Transplantation and Donation Rapid Response Taskforce. The taskforce enabled us to engage on matters relevant to the national program and provide guidance on issues and emerging trends that impact transplantation more broadly.

Our 2021–22 areas of focus and successes

Increasing donation for transplantation

The Clinical Practice Improvement Program, which is embedded in 95 hospitals across Australia, remains integral in delivering a nationally coordinated approach to maximise donation rates. In partnership with the DonateLife network, we continued to monitor and work with hospitals on several key initiatives, including referral of all ICU and ED patients with planned end-of-life to DonateLife, routine checking of the Australian Organ Donor Register (AODR) before asking families about donation, and the participation of a donation specialist nurse in family conversations raising donation.

Consent rates, registration and raising awareness

Public support for donation remains an essential part of our strategy. The OTA's national awareness activities are vital in increasing registrations on the AODR and encouraging families, and Australians more broadly, to talk about donation.

In 2021–22, in collaboration with our DonateLife Network, partners and community organisations, we achieved a record number of new registrations through our DonateLife Week campaign, meeting our target of 100,000 new registrations.

Many of these registrations came through people accessing their Express Plus Medicare app and myGov accounts for COVID-19 vaccination certificates. The results of our promotional activities this year were officially recognised when we won, with our partner Upstride Agency, the best Government-sponsored campaign award at the annual Mumbrella CommsCon Awards for public relations.

The eye and tissue sector

In April, we ran a successful social media campaign to raise public awareness and encourage registration and discussion about eye and tissue donation. We also saw an increase in eye and tissue donation activity in 2021 despite the ongoing challenges posed by the COVID-19 pandemic. Of the 421 deceased organ donors in 2021, 244 also donated eye and/or other tissue.

Systems and processes to support donation and transplantation

We continued to collaborate with the clinical sector and professional groups to consider a range of clinical best practice guidelines to improve the safety, equity and efficiency of the organ allocation, donation and transplantation processes.

Notably, we worked throughout the year with TSANZ to produce up-to-date national clinical guidelines as evidence emerged on COVID-19. The most recent update in May 2022 provided advice relating to organ donation from individuals recently infected with the COVID-19 virus.

We also worked with the National Health and Medical Research Council to support the drafting of new ethical guidelines for cell, tissue and organ donation and transplantation in Australia. The guidelines focus on processes that safeguard donors, and ensure decisions about eligibility, suitability and allocation are ethically robust and transparent.

In 2021–22 the Australian Government announced funding of \$14.9 million for further development and ongoing maintenance of the state-of-the-art national OrganMatch system. This funding will enable more efficient and secure methods of communication between the donation and transplantation sectors. It will also reduce administrative burden, allow transplant units to enrol and manage their own transplant waitlist patients and improve the overall capture of clinical patient information.

Financial performance

The OTA's operating result for 2021–22 was a surplus of \$0.481 million against a budget deficit of \$0.512 million. The OTA is committed to delivering the program and ensuring that resources are appropriately allocated to optimise our performance. The OTA remains in a strong net asset position as at 30 June 2022, with net assets of \$2.678 million. Administered expenditure for 2021–22 was \$48,240 million towards the delivery of the national reform program, including \$46,471 million in grants expenditure, the majority of which was provided towards dedicated organ and tissue donation specialists in hospitals and DonateLife agencies.

Looking forward

Over the next 5 years, we aim to return donation and transplantation activity to pre-pandemic levels and to drive further improvements. To achieve

this, we will prioritise building support across the community, optimising opportunities in the clinical sector, and enhancing systems to enable quality outcomes.

We will continue to drive best practice in hospitals through data and accountability. We are committed to exploring additional large-scale registration initiatives to significantly increase registered donors and look at opportunities for increasing living kidney donation.

While we expect that a return to pre-pandemic rates of donation and transplantation will take several years, I am confident that our DonateLife Network and transplant sector will continue to strive to optimise every donation opportunity, and with the support of our partners and the community we can achieve this outcome.

Acknowledgements

Our national program for organ donation and transplantation is built on the commitment, passion and generosity of many dedicated people, whose contributions in another exceptionally difficult year have gone above and beyond.

Most importantly, I acknowledge and sincerely thank all the generous donors and their families who have transformed the lives of people needing a transplant through organ and tissue donation.

I thank our partners who have assisted us in reaching the public and our community representatives who volunteer countless hours to support and promote organ and tissue donation and registration.

I also acknowledge the dedication and commitment of our team at the OTA, our DonateLife Network, the retrieval and transplant sectors and the eye and tissue sectors, all of whom continue to work tirelessly and collaboratively to embrace change and progress the national program.

It is such a privilege to lead a program which is making a real difference to peoples' lives. I look forward to working together with everyone involved in increasing organ and tissue donation for transplantation.



Lucinda Barry
Chief Executive Officer

National Medical Director's review



Achieving the best outcomes in donation and transplantation requires dedicated health care staff who work to optimise every opportunity for donation and transplantation.

There must be a continual focus on ensuring that whenever donation is possible at end-of-life, the family is informed and supported to make a decision about donation that is in keeping with the person's wishes and values. It requires provision of care and support to families during a time that is stressful and difficult, and a program of excellent aftercare. The many steps of the donation process within the hospital need to be expertly managed so that the donation achieves the best possible outcomes for transplant recipients. All of this requires advanced education and training, embedding of best clinical practices and systems, and a process of monitoring and reporting to ensure quality outcomes and to inform improvements.

Over the last 12 months, specialist staff in donation and transplantation have continued to undertake this important work despite the challenge COVID-19 has continued to present for the donation, transplantation and overall health sector in Australia. The process of donation and transplantation occurs across hospitals, local networks and jurisdictions, involving significant logistical challenges even without the added complexity that has come with COVID-19.

During this period, the commitment, resilience and adaptability of the specialists involved in donation and transplantation has resulted in initiatives and collaboration between the states and territories and the donation and transplantation sectors that have not only delivered the best possible care and outcomes but also evolved and advanced clinical practice. We have continued to embed the key elements of the Clinical Practice Improvement Program (CPIP), which includes the routine notification to donation services at end-of-life of patients in ICUs and EDs to assess donation feasibility, checking a person's donor registration status so that this information can be shared with families when donation is raised, and ensuring that a donation specialist nurse is available to support and inform families when they are making a decision about donation. The DonatLife audit and reporting of adherence to these key best practices has evolved to provide more regular and tailored feedback to hospitals and donation teams.

The collaboration that occurs across the donation and transplantation sector, and the delivery of a nationally coordinated and consistent approach, has demonstrated the extraordinary lengths that clinicians go to every day to help fulfil patients' wishes and to make a real difference to the lives of Australians.

Specialist support for families

Excellent care and communication for families during the end-of-life experience remains central to the approach to optimise donation and transplantation access and outcomes. The data we collect through the DonatLife Audit consistently demonstrates that when donation discussions with families include a donation specialist nurse, consent to donation is considerably higher than when no donation specialist nurse is involved.

When a donation specialist nurse participates in the communication with families when donation is offered, 60% of families will say yes.

The role of the donation specialist nurse is to ensure that families have accurate and sufficient information to make an informed decision about donation that is in keeping with their family member's wishes and values – a decision that will with the passage of time be the 'right' one for the family, whether or not it is to donate. This involves considerable skill and care in communicating with families who are experiencing what is usually the unexpected death of a family member. It also requires knowledge about donation and what is involved so that accurate information can be provided, and it requires time to spend to explore understanding and to support families to make what is the right decision for them.

When a donation specialist nurse is not involved and donation is raised by treating staff alone, only 20% of families agree to donation. Although we continue to understand more about the communication process and reasons why families agree to or decline donation, it is accepted best practice to have a donation specialist nurse together with treating staff participate in family donation discussions as this is likely to provide the best information and support to families, as well as having an association with higher rates of consent. This is a key performance indicator we will continue to monitor at the hospital level as part of the National Clinical Practice Improvement Program.

Embedding organ and tissue donation as a routine and normal part of end-of-life care in ICUs and EDs ensures that all possible organ donation opportunities are identified and that individuals' and families' wishes about donation are respected. Early suitability advice is provided so that the end-of-life care process and family communication can be undertaken and donation explored with the support of specialist staff. The goal is to provide timely, accurate and consistent expert advice and high-quality care for families at this time. This also continues to be a key element that is monitored and maintained as part of the CPIP.

Education and training of donation specialists and of intensive care and other clinical staff remained a priority over the year. In 2021–22 the newly developed DonateLife Web Coaching Program has delivered 56 one-on-one sessions with staff from all state and territory DonateLife agencies. The program provides the opportunity for participants to practice and refine their skills in supporting and communicating with families of potential donors. The program has received universal positive feedback. Many participants commented on key aspects as being particularly valuable, including the training simulation feeling 'real', the usefulness of the video playback, that the feedback was skilled and constructive, that the environment was safe and supportive, and greater confidence of being able to implement the principles of the Best Practice Guideline for Offering Organ and Tissue Donation in Australia. Further expansion to increase access and the diversity of the training experience is planned.

In the past year ongoing flexibility has been required in delivery of what have in the past been only face-to-face Family Donation Conversation workshops. This has included the provision of 5 virtual workshops for New Zealand. In addition, we have been able to deliver a newly updated workshop, with 9 core and 7 practical Family Donation Conversation workshops in Australia, training over 250 health professionals. These workshops are designed to provide attendees with tools and techniques to support families in making an informed decision about organ and tissue donation.

Implementation of national donation after circulatory determination of death guidelines

Solid organ donation after circulatory determination of death (DCDD) currently accounts for about 30% of deceased organ donation in Australia. In September 2021, the OTA released the first edition of the Best Practice Guideline for Donation after Circulatory Determination of Death in Australia. This guideline supersedes the 2010 National Protocol for Donation after Cardiac Death. Its purpose is to promote a consistent, medically appropriate and highly ethical practice of DCDD in Australia that optimises donation and transplantation outcomes. It focuses on the key steps in the donation process, with an emphasis on the aspects that are specific to best practice of DCDD and aligning with the Best Practice Guideline for Offering Organ and Tissue Donation in Australia.

Australian vigilance and surveillance system for organ donation and transplantation

The Australian vigilance and surveillance system, supported by the OTA and its partners, has matured since its inception, with improvements to the notification process, the database holding the notification, and the provision of information and learnings to the clinical community through communiqués. This system provides a national framework for reporting adverse events and reactions in the Australian donation and transplantation sectors. Reporting, reviewing and analysis of adverse events and reactions supports advice, recommendations and improvements to guidelines and practices, and improves the safety and quality of donation and transplantation.

The OTA's national Vigilance and Surveillance Expert Advisory Committee (VSEAC) supports the system and works to identify national trends to inform clinical practice improvements. Throughout 2021–22 VSEAC strengthened its national and international relationships through involvement in COVID-19 focused forums and regular information-sharing meetings. VSEAC submitted its first suitable case to the World Health Organization's Project Notify; a publicly accessible, curated international database of adverse occurrences that seeks to improve safety and quality in donation and transplantation. The case was accepted and published in the international Notify Library.

Australian and New Zealand Paired Kidney Exchange Program

The Australian and New Zealand Paired Kidney Exchange (ANZKX) program 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 or tissue type. Incompatible pairs are enrolled in the program and there is an exchange across matched pairs leading to donation and transplantation of kidneys that would otherwise not be possible.

Despite the challenges presented by COVID-19 with cancellation of elective surgeries and international border closures, the ANZKX program was able to continue independently within Australia and New Zealand, with 38 living kidney donors through the program in 2021.

Virtual crossmatch

Virtual crossmatch (VXM) has been a significant project supported by the OTA, in collaboration with TSANZ and Australian Red Cross Lifeblood. With a completion date of early 2023, VXM allows the assessment of organ compatibility virtually by replacing physical crossmatch testing and streamlining the process of identifying suitable organ recipients.

Looking forward

As we look forward to 2022–23, our goal is to ensure that we can help as many Australians as possible to have access to life-enhancing and life-saving transplantation. This can be achieved by continually monitoring and evolving nationally consistent best clinical practices and investigating opportunities and initiatives for improvements in the organ and tissue donation and transplantation sectors in Australia and internationally, while offering the best possible care and support to donors and their families.

Close collaboration with stakeholders is imperative for a successful donation and transplantation service. We look forward to continuing to foster our relationships with stakeholders in the coming year.



Dr Helen Opdam
National Medical Director

Donation process

Few people can become an organ donor when they die. To be an organ donor, a person must die in specific circumstances, usually in a hospital's intensive care unit or emergency department, and be medically suitable to donate organs for transplantation.

As at 30 June 2022

~1,800

Australians waitlisted for a transplant, and

>13,000

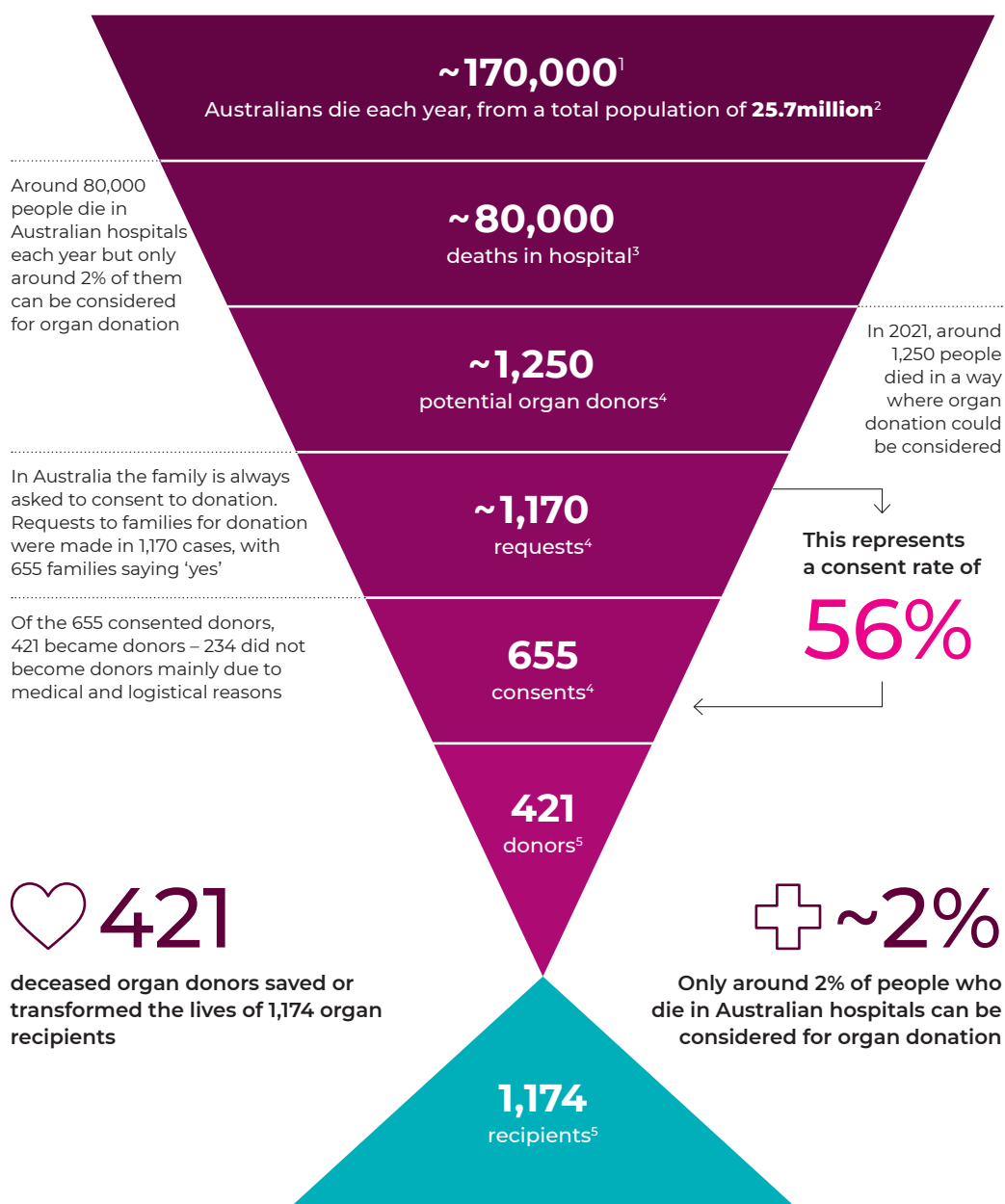
additional people are on dialysis – some of whom may need a kidney transplant

Nathan received a heart transplant and was part of the 2021 Great Registration Race for DonateLife Week



Figure 1 / Donation process

Key: ~ Approximately



Sources

- 1 Australian Bureau of Statistics. Provisional Mortality Statistics, January 2022, ABS website.
- 2 Australian Bureau of Statistics. National, state and territory population, 30 June 2021 (Released 16/12/2021).
- 3 Australian Institute of Health and Welfare 2020. Admitted patient care 2019–20 (Released 03/06/2021).
- 4 DonateLife Audit, February 2022.
- 5 Deceased organ donation in Australia, Australia and New Zealand Organ Donation Registry, 15 February 2022.

About the Organ and Tissue Authority

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* 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.

Accountable Authority

On 1 November 2021, the Accountable Authority of the OTA, under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), transitioned from the OTA Board to the Chief Executive Officer of the OTA. As part of this change, the OTA Board became an advisory board with a dedicated focus on the provision of strategic advice and direction for the national program.

Purpose 2021–22

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

Objectives 2021–22

- + Increase donation for transplantation
- + Increase consent rates for deceased organ and tissue donation
- + Provide specialist support for families involved in the donation process
- + Enhance systems and processes to support donation and transplantation

Minister

The Hon Dr David Gillespie MP, Minister for Regional Health and Minister Assisting the Minister for Trade and Investment, was the responsible minister for the OTA from 2 July 2021 to 23 May 2022. Following the 2022 federal election, the Hon Ged Kearney MP was sworn in on 1 June 2022 as Assistant Minister for Health and Aged Care and the responsible minister for the OTA.



About 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 across Australia



260+

donation specialist staff across



95

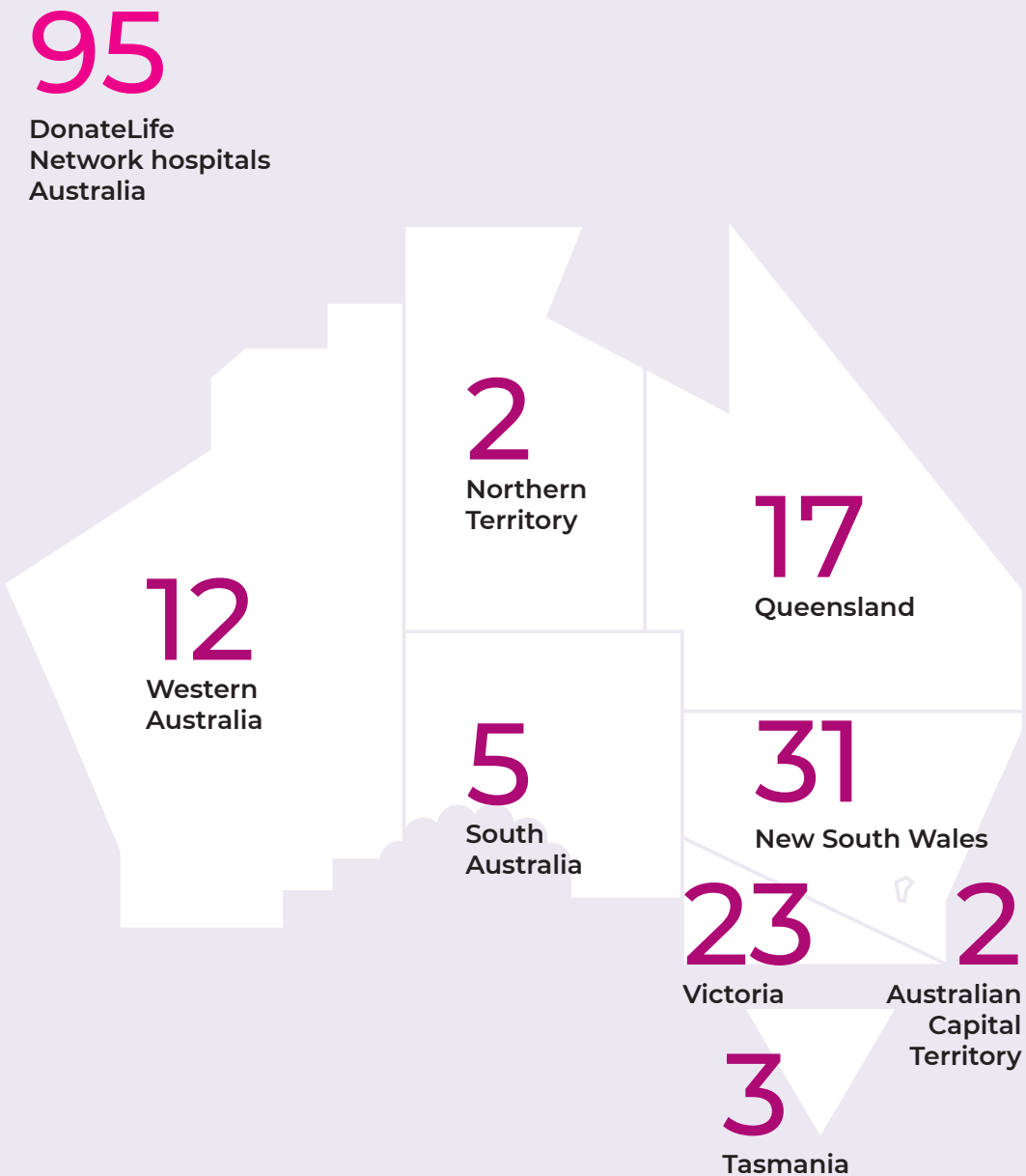
hospitals

Donation specialist staff:

- + provide professional donation services and encourage best clinical practice to increase donation rates
- + participate in clinical practice review and audit
- + provide care and support to families throughout the donation process
- + educate health professionals about the donation process
- + raise awareness about organ and tissue donation.

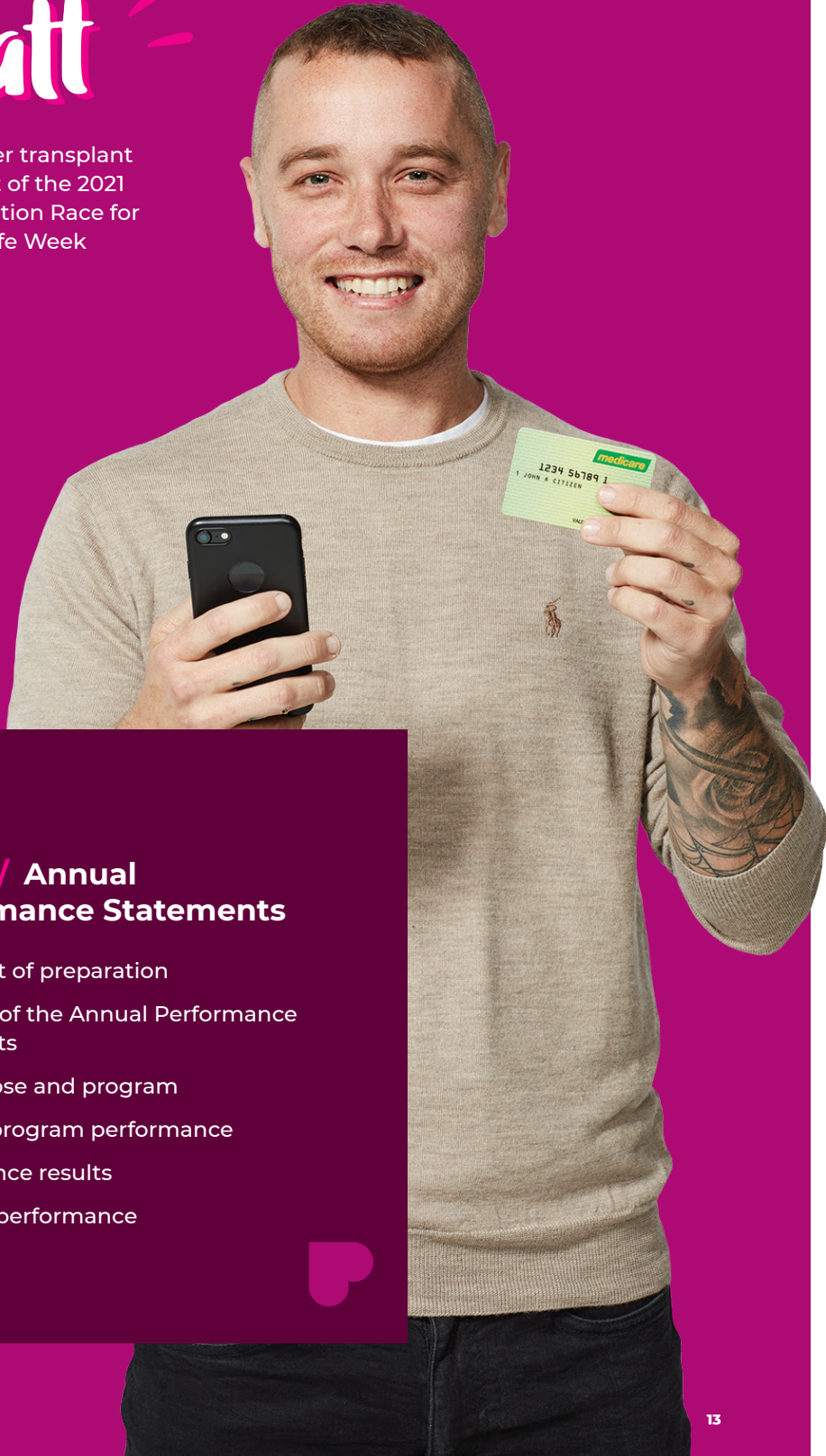
The OTA and DonateLife Network deliver a national professional education program to train donation specialists, including through the national Family Donation Conversation workshop, which is designed to ensure families are well supported and informed about donation.

Figure 3 / DonateLife Network hospitals by jurisdiction



Matt

received a liver transplant
and was part of the 2021
Great Registration Race for
DonateLife Week



Part 2 / Annual Performance Statements

Statement of preparation
Structure of the Annual Performance
Statements
Our purpose and program
National program performance
Performance results
Financial performance



Statement of preparation

I, the OTA CEO, as the Accountable Authority of the Organ and Tissue Authority (OTA), present the 2021–22 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 2021–22 Health Portfolio Budget Statements and the OTA's 2021–22 Corporate Plan.

Yours faithfully



Lucinda Barry
Chief Executive Officer

10 October 2022

Structure of the Annual Performance Statements

The Annual Performance Statements detail results achieved against planned performance criteria set out in the OTA chapter of the Health Portfolio Budget Statements 2021–22 and the OTA Corporate Plan 2021–22.

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

We report our performance against measures as:

- + **Met** (100% of the target)
- + **Substantially met** (75–99% of the target)
- + **Not met** (less than 75% of the target).

The Annual Performance Statements include:

- + the overall performance of the national program
- + activity highlights and challenges
- + analysis of performance by objective
- + results against performance measures.

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 2021 Australian Donation and Transplantation Activity Report at donatelife.gov.au/2021activityreport.

Our purpose and program

Purpose	To save and improve the lives of more Australians through optimising potential organ and tissue donation for transplantation
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
Objectives	<div>Increase donation for transplantation</div> <div>Increase consent rates for deceased organ and tissue donation</div> <div>Provide specialist support for families involved in the donation process</div> <div>Enhance systems and processes to support donation and transplantation</div>
Measures	<div>+ Increase the donation rate of deceased organ donors per million population (dpmp) through the delivery of a nationally coordinated and consistent approach</div> <div>+ Increase the rate of consent to organ donation through clinical best practice and community engagement</div> <div>+ Increase the percentage of family donation conversations involving a donation specialist when the opportunity for donation is raised by clinical staff</div> <div>+ Through community awareness and education, increase registrations on the Australian Organ Donor Register (AODR)</div>

National program performance

From the beginning of the national program in 2009, donation rates increased from 247 to a peak of 554 in 2018. The number of transplant recipients increased across the same time period from 799 to 1,544.

The COVID-19 pandemic impacted the program through 2020 and 2021. In 2021 there were 421 donors and 1,174 transplant recipients.

National program 2009–2021

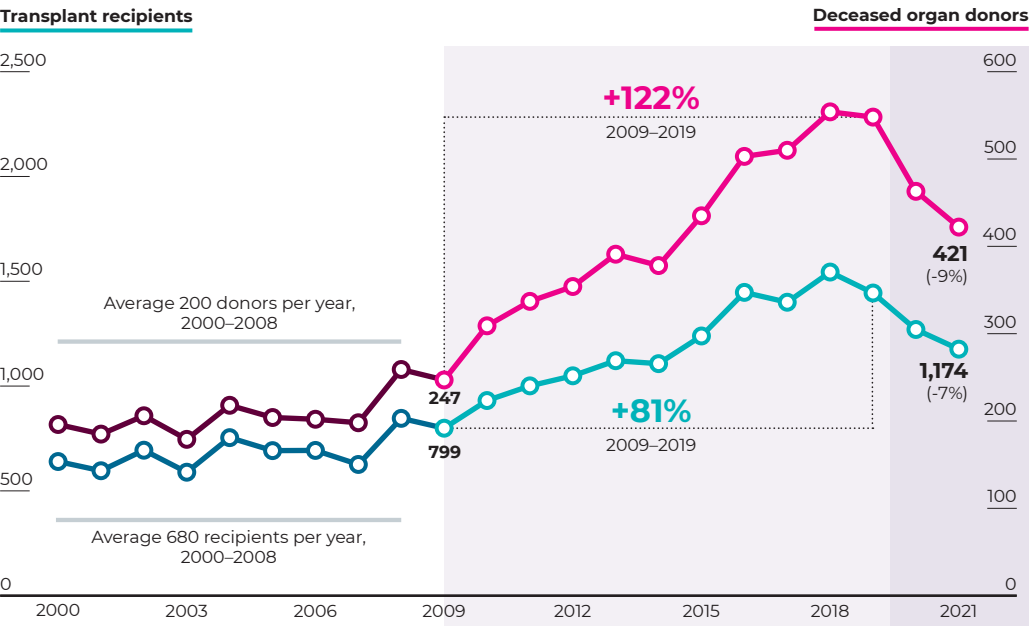
15,525

Organ transplant recipients from

5,450

deceased organ donors

Figure 4 / Deceased organ donation and transplant recipients 2000–2021



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.

Performance results

Highlights



Partnering for success

In July 2021 we appointed 7 partners to extend the reach of the DonateLife Week 2021 and 2022 campaigns. These multi-year partnerships across the sporting, media, health care and community sectors help drive awareness of organ donation and increase registration on the Australian Organ Donor Register (AODR).



OrganMatch enhancements

In March 2022 the Australian Government announced funding of \$14.9 million for further development and ongoing maintenance of the OrganMatch system to optimise the way donated organs are allocated to recipients. Since the system began in 2019, 31 highly sensitised patients have received a kidney transplant, including one who had been waiting 17 years and 12 who had been waiting more than 5 years.



The Great Registration Race

The Great Registration Race for DonateLife Week 2021 was launched on 8 July 2021. In the 10th year of the DonateLife Week initiative, we saw 108,952 new registrations on the AODR, exceeding the goal of 100,000.



Commonwealth Tribute to Life

In March 2022 the OTA CEO signed a memorandum of understanding for the collaborative Commonwealth Tribute to Life project. The project aims for Commonwealth countries to share knowledge and expertise for the purpose of increasing organ and tissue donation and transplantation to the benefit of all Commonwealth citizens.



ANZKX

The 202 living kidney donors in Australia in 2021 included 38 who donated through the Australian and New Zealand Paired Kidney Exchange (ANZKX) Program, an increase from 29 in 2020, even with trans-Tasman exchanges not possible due to border closures between Australia and New Zealand.



Virtual crossmatch (VXM)

We collaborated with the Transplantation Society of Australia and New Zealand (TSANZ) and Australian Red Cross Lifeblood on a significant 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.



Web-coaching program

As part of the move to virtual approaches in response to COVID-19 restrictions, we introduced a web-coaching program for specialised professional training in family donation support conversations. Through this program we delivered 56 one-on-one sessions across the states and territories.

Objective 1

Increase donation for transplantation

Best practice donation processes

Despite the impacts of COVID-19 on the Australian health care system, 1,174 Australians received transplants from 421 deceased organ donors in 2021. However, these outcomes represent a 19% decrease in organ transplants from the pre-COVID-19 environment of 2019.

With only around 2% of deaths in hospital occurring in a way that makes organ donation medically possible, a key focus of the donation system in Australia is that all potential donors are identified at planned end-of-life in ICUs and EDs and are referred to DonateLife agency or hospital specialist staff for consideration of donation. This process is a key element of the Clinical Practice Improvement Program (CPIP) embedded in DonateLife hospitals.

In July 2021 we released Phase 4 of CPIP to align with revisions outlined in the Best Practice Guideline for Offering Organ and Tissue Donation in Australia. DonateLife hospitals were monitored against key performance indicators through jurisdictional and hospital dashboards, and 6 monthly progress report meetings.

In 2021, even with the impacts of COVID-19 on the national program, we continued to observe improvements at the national level across key performance indicators in the CPIP framework. Routine referral of patients in ICUs or EDs approaching end-of-life occurred in 81% of cases, up from 77% in 2020. Involvement of a donation specialist nurse in family conversations about donation increased from 74% in 2020 to 77% in 2021. Routine checking of the AODR remained stable at 91%.

Transplantation practices continued to influence donation rates, and our collaboration with TSANZ remained integral to optimising donation opportunities through the TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors.

Opportunities for living donation

In 2021–22 the ANZKX program continued independently within both Australia and New Zealand due to international border closures in both countries. The program, established in 2019, increases the number of living kidney donations by matching incompatible donor and recipient pairs with other incompatible pairs across Australia and New Zealand. The 202 living kidney donors in 2021 included 38 through the ANZKX program, an increase from 29 in 2020, even with trans-Tasman exchanges not possible due to border closures. On 1 July 2022, following the reopening of borders between Australia and New Zealand and the increase in commercial flight activity, trans-Tasman exchanges through the ANZKX program recommenced.

In 2021

Difference to 2020

81%

+4%

Routine referral of patients in ICUs or EDs approaching end-of-life

77%

+3%

Involvement of a donation specialist nurse in family conversations about donation



Organ donation for transplantation across state borders can involve significant logistical challenges – but one multi-organ donation case that happened during the COVID-19 pandemic challenged our teams. Three fortunate recipients received life-saving transplants because of strong cooperative efforts.

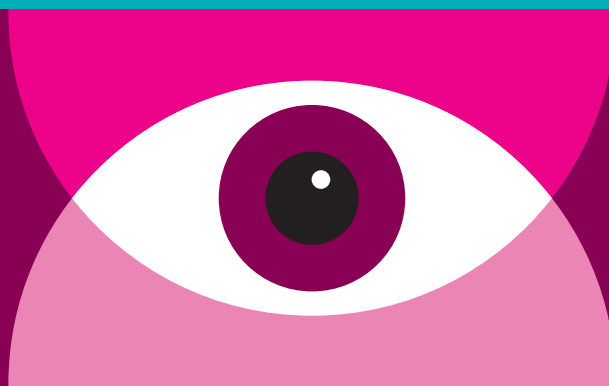
Our DonateLife Network team in the Northern Territory overcame extraordinary logistical challenges, including border closures and reduced commercial flights, to facilitate a multi-organ donation at the height of the COVID-19 pandemic.

In line with organ allocation processes (which are based on a set of agreed national procedures), the heart and lungs from this donor were allocated to and accepted by recipients in different states. The DonateLife NT team took proactive steps to obtain essential exemptions from the NT Government to allow interstate organ retrieval teams to enter the territory. However, with significant COVID-19

outbreaks occurring at this time across the nation, it became clear that additional restrictions on personnel from some states entering the NT meant that the accepting heart retrieval team was unable to enter. This had the potential to derail the donation.

In a remarkable feat of collaboration and coordination, a heart retrieval team from another state stepped in to assist and chartered a flight into Darwin to retrieve the heart on their behalf. The heart was transported in a COVID-safe way to the awaiting aircraft and on to the receiving transplantation unit. At the same time, the lungs were successfully transported via another chartered flight to the awaiting transplant unit.

Incredibly, 3 recipients around the country received life-saving transplants through this donation. Its success is attributed to the collaboration of the donation and transplantation teams across the different jurisdictions, as well as the generosity of the donor family in agreeing to delay retrieval surgery until a retrieval team could arrive.



“For as long as I live, I will remember the people who donated their eye tissue so that people like me can grow up with the ability to see.”

— Oscar, tissue recipient, Queensland

Each year, thousands of Australian lives are changed through transplantation for the gift of donated tissue, including eye tissue. Many more people can become eye and tissue donors than organ donors, as donation can occur following death outside of hospital, and tissue can be stored.

Eye and tissue donations transform lives in many ways, including saving burn victims, restoring sight, repairing heart defects in babies and adults, rebuilding tendons and reconstructing bones.

In 2022 the OTA enlisted the help of its social media followers by asking them what they would like to know about eye and tissue donation.

Using this to inform content and resources, we worked with the Eye and Tissue Working Group, Eye and Tissue Advisory Committee, DonateLife agencies and clinical staff to create 88 dedicated social media posts.

The OTA ran the first Eye and Tissue Awareness Week. We shared social media content answering questions, busting common myths, sharing statistics and facts, showcasing people who work in the sector, and sharing stories from Australians whose lives were saved or transformed when they received donations.

Eye and Tissue Awareness Week was a great success, with high levels of engagement including 394,000 social media impressions and 15,000 total engagements.

We expect to continue to shine a spotlight on eye and tissue donation each year.

In 2021

Difference to 2020

1,472

deceased eye donors

+12%

2,413

Australians received corneal transplants

+6%

244

deceased organ donors also donated eye and/or other tissue

26,000

Australians received a corneal transplant between 2009 and 2021

Objective 2

Increase consent rates for deceased organ and tissue donation

Community awareness

In 2021, requests to families to donate were made in 1,170 cases, with 655 families (56%) saying yes to donation. There are many factors that affect a family's decision to proceed or not with donation. We know that registration on the AODR and/or prior family knowledge of the intention to donate results in a much higher rate of consent by families, as the majority want to honour the wishes of their family member.

COVID-19 restrictions prevented the majority of face-to-face community events over the year, and in some cases we shifted to online and social media activities. Despite these challenges, in conjunction with our community representatives and partners, we successfully delivered a program of activities and events, including DonateLife Thank You Day on 21 November 2021, as well as supporting Jersey Day (3 September) and Saffron Day (22 October).

Support from our partners is crucial to sharing information about the importance of organ and tissue donation and to let people know how easy it is to register on the AODR. Through our DonateLife Partnerships grants, announced on 8 July 2021, we appointed 7 high-profile partners for multi-year partnerships across the sporting, media, health care and community sectors.

The 2021 DonateLife Community Awareness Grants were also announced on 8 July 2021, with 14 grants awarded to community organisations for projects and activities to raise awareness about organ and tissue donation in 2021. In March 2022 we also announced more than \$540,000 in grants for a further 11 community organisations to undertake activities in 2022. These activities include national events, media and publicity, and research and education projects to help raise awareness in groups of people who are under-represented on the AODR – including young Australians, First Nations peoples, and culturally and linguistically diverse Australians.

Increasing registrations on the AODR

Our DonateLife Week awareness campaign for 2021, 'The Great Registration Race for DonateLife Week', launched on 8 July 2021. For the 10th anniversary of DonateLife Week, we focused on urging people to get involved in 'The Great Registration Race' by registering to be an organ and tissue donor. The aim was to spark urgency by racing towards our goal of 100,000 registrations by the end of August and encourage the community to share the message and get behind us. The campaign also sought to get people to check their registration on the AODR, as we know many people think they are registered but are not.

Unfortunately, changing COVID-19 restrictions in New South Wales, South Australia, Victoria and Queensland saw many of our face-to-face community events for DonateLife Week cancelled for the second year running, as well as significant adjustments for our official sporting partnership games with the Western Bulldogs, Sunshine Coast Lightning and Melbourne Storm. Key activities included targeted TV, digital and radio advertising; social media engagement; ambassador outreach; and a strong PR and media push across TV, radio and print media. Through these channels we had the unique privilege of sharing some remarkable stories of love, loss, resilience, hope and gratitude from donor families, transplant recipients, and staff and volunteers from all around Australia.

The 3 months of the campaign period between June and August 2021 resulted in the most successful single registration drive since the program started in 2009, with 108,952 new registrations recorded on the AODR.

In December 2021 we also ran a social media campaign to encourage registrations through the Express Plus Medicare app while people were downloading their COVID-19 vaccination certificates. We saw a significant jump in the number of registrations on the AODR coinciding with the time when people were downloading the app to their devices. To support this registration channel, we produced a simple video, accessible through social media, showing a step-by-step process for registering through the app.

Objective 3

Provide specialist support for families involved in the donation process

Specialist support for families throughout the donation experience

Education and training of donation specialists and intensive care and other clinical staff remained a priority for the OTA in 2021–22 to ensure that optimal donation practices were maintained. Our goal is for information to be provided to families in a clear and sensitive manner and tailored to the needs of individual families.

As part of the CPIP applicable to our DonateLife Network hospitals, it is a best practice principle to offer the opportunity for donation to families of potential donors and to involve a donation specialist nurse in the family donation conversation. This ensures appropriate and empathetic planning, support and expertise is provided to guide communication with families of potential donors.



260+

**donation specialist staff support
95 hospitals across Australia**

Our national target of involving a donation specialist nurse in family discussions in 80% of cases was not met, as a range of circumstances arising from the COVID-19 pandemic affected donation conversations and the number of families who ultimately agreed to donation. These circumstances include some donation discussions being held over videoconferencing or by phone, the physical barrier of wearing full personal protective equipment during very emotional conversations, and DonateLife nurses (who are usually intensive care trained nurses specialising in donation) not being available for conversations as they were redeployed into ICUs during peak COVID-19 waves.

Throughout 2021–22 the OTA continued to expand and deliver resources and education programs to support the professional development of donation specialists in the delivery of the organ donation program. To help reach our national target for family donation conversations involving a donation specialist, we delivered:

- + *DonateLife Web Coaching Program* – 56 one-on-one sessions
- + *Family Donation Conversation workshops* – 9 core and 7 practical workshops to assist the training of over 250 health professionals.

The OTA also updated its DonateLife learning site, which provides a comprehensive range of learning materials for DonateLife staff and the broader clinical community, to provide greater accessibility and ease of use.

Research on the experience of donor families

The OTA commissioned Proof Research to undertake Wave 5 of the national Donor Family Study. Wave 5 included families involved in the donation process in 2018–2019. The aim of the study is to seek feedback from families who made a decision about donation in a hospital setting in Australia, to better understand the family experience, including the donation conversation, the donation process, and support provided to families after a donation decision was made. The data for Wave 5 is under analysis. Findings from the study will inform improvements in the care and support provided to families by hospital and DonateLife staff.



Organ donation is only considered when someone is dying. This is an intensely emotional time for families and can be challenging for all involved. Our dedicated DonateLife staff are called upon to provide excellent care and communication with families when discussing donation.

Since 2011, the OTA has been providing specialist training to DonateLife staff so that organ donation conversations and requests for family members' consent to organ donation are carried out in the best possible way.

A key focus of the training program, known as the Family Donation Conversation (FDC) workshop, is that specialist staff involved in the donation conversation are trained with the skills to have an empowering, open discussion with families. They are equipped to approach the conversation in a balanced way, sharing information that enables families to make an informed consent decision. The program also has a practical element focused on skills-based training through simulation and

discussion of the challenging elements of the donation conversation. All donation specialists attend this workshop every 2 years to remain current in their practice.

The restrictions in place due to COVID-19 meant rethinking face-to-face training. The OTA embraced the move to virtual platforms for communication and introduced the DonateLife Web Coaching Program – using a video platform to simulate an FDC with an experienced coach. Over the course of the year 56 one-on-one sessions were delivered across the nation.

The FDC workshop has also been revised to include valuable discussions and learnings on conversations with First Nations people, and a new set of short videos demonstrating best practice in handling specific elements of the conversation.

We continue to develop the training program and through collaboration with the College of Intensive Medicine, the Australian and New Zealand Intensive Care Society and the Australian College of Critical Care Nurses the FDC workshops are tailored to meet the needs of clinical staff in our hospitals.

“Having the opportunity to watch myself and my communication style back was incredibly helpful and insightful.”

— Web-coaching participant

“It was formal, but friendly and the opportunity to feel safe. Every time I do this session, I feel like I learn and practice more, and [the coach] is fantastic.”

— Web-coaching participant



Data has become part of our everyday lives – from determining our news and social media content, to matching a donor organ with the person in most need of a transplant. OrganMatch is Australia’s organ waitlisting and matching system, providing real-time access for clinicians to share time-critical information across tissue-typing labs, DonateLife agencies and transplant units.

OrganMatch has changed the way organs are allocated to recipients, enabling clinicians to achieve the best possible matching outcomes and prioritising patients who are highly sensitised – and hard to match for medical reasons – as well as young recipients and people who urgently need a transplant.

Since the system went live in 2019, 32 highly sensitised patients have received a kidney transplant who otherwise would have been unlikely to find a suitable match without OrganMatch. One of these recipients had been waiting for a kidney transplant for 17 years, while 12 had been waiting more than 5 years. The system has also matched 85 young transplant recipients with high-quality donor kidneys, giving them more years of life with their transplant.

Donor families benefit from this streamlined system too, with reduced timeframes between time of their family member’s death and organ retrieval surgery, meaning they spend less time waiting in a hospital, and more time with family and friends when they most need that support.

OrganMatch is delivered through contractual arrangements between the OTA and Australian Red Cross LifeBlood.

Objective 4

Enhance systems and processes to support donation and transplantation

Collect and analyse data to inform clinical best practice for donation and transplantation

An essential part of improving donation and transplantation outcomes is the collection, analysis and reporting of data to inform best practice systems and process. We continued to utilise and refine our dashboard reporting system to collect and present key donation metrics to the DonateLife Network and hospital staff, and state and territory health departments, to inform and drive best practice in donation activities.

Enhance the safety of organ donation and transplantation

During the reporting period, we collaborated with the clinical sector and a range of professional groups to deliver a number of clinical best practice guidelines for organ donation and transplantation. This included:

- + contributing to the finalisation of the new section 2.4 'Risk of donor transmitted malignancy' of the TSANZ Clinical Guidelines for Organ Transplantation from Deceased Donors
- + supporting and contributing to the update of the TSANZ clinical guidance on paediatric organ donation and allocation
- + reviewing and updating the TSANZ COVID-19 guidelines, with a particular focus on new guidance for COVID-recovered donors
- + developing the Best Practice Guideline for Donation after Circulatory Determination of Death in Australia, which promotes a consistent, medically appropriate and highly ethical practice of donation after circulatory determination of death
- + in conjunction with the National Health and Medical Research Council (NHMRC), drafting the ethical guidelines for cell tissue and organ donation and transplantation in Australia.

In our efforts to enhance the safety of organ donation and transplantation we led discussions with stakeholders on a draft Overview of Deceased Organ Donation for Transplantation Safety and Quality Cycle. These discussions included the Vigilance and Surveillance Expert Advisory Committee (VSEAC) and all OTA clinical advisory and jurisdictional committees. The cycle outlines the various responsibilities and accountabilities across the system, with a view to gaining a shared understanding of processes and any weaknesses or gaps.

The VSEAC continued to play an integral role in the vigilance and surveillance of organ donation and transplantation, including the sector's response to the pandemic. The committee continued to review, monitor and track serious adverse events and reactions during the reporting period and provide updates and recommendations for clinical practice improvements to the Australian donation and transplantation sector.

Notably, in 2021, the VSEAC had its first submission accepted and published in the international reporting system through the Project Notify Library, a publicly accessible curated international database of adverse occurrences that seeks to improve safety and quality in donation and transplantation.

Work with the clinical sector to improve the equity and efficiency of organ allocation and offer processes

Over the year we supported a significant project, through TSANZ and Australian Red Cross Lifeblood, to transition to a national virtual crossmatch (VXM) assessment of organ compatibility, replacing physical crossmatch testing and streamlining the process of identifying suitable organ recipients. Traditionally this was a lab test performed using blood samples from the donor and the recipient, but technical improvements in antibody screening and donor tissue typing make it now possible to determine if an organ is compatible with a particular recipient without the need for a physical crossmatch test in almost all cases.

In March 2022 the Australian Government announced funding of \$14.9 million for further development and ongoing maintenance of the OrganMatch system, providing for a series of additional enhancements as part of the OrganMatch Enhancement Project. OrganMatch is a world-class software system, developed in Australia for clinicians for real-time compatibility matching between organ donors and people on the waitlist. The project aims to provide a more streamlined, efficient, and secure method of communication between the donation and transplantation sectors and reduce the current administrative burden experienced by clinicians in the sector. These enhancements will enable transplant units to enrol and manage their own transplant waitlist patients within the system and improve the overall capture of clinical patient information aimed at improving outcomes for patients.

Collaboration with the Commonwealth Department of Health and Aged Care and the states and territories

Throughout the year, the OTA continued to contribute to the Jurisdictional Organ and Tissue Steering Committee to oversee the development of the draft National Strategy for Organ Donation, Retrieval and Transplantation and the National Eye and Tissue Sector Framework. The draft strategy was developed through discussions with government and jurisdictional officials and sets out the future direction of the Australian organ donation, retrieval and transplantation system. It was released for public consultation in June 2022, seeking input from clinicians, peak bodies, transplant recipients, donor families and other interested parties to strengthen the evidence base for the strategy.

Challenges in 2021–22

The COVID-19 pandemic has had a significant impact on the health system, the health workforce, and the community – causing a significant decrease in donation and transplantation activity over the last 2 years.

ICUs and EDs managed high numbers of COVID-19 cases, resulting in substantial flow-on effects on donation and transplantation opportunities. There were also significant concerns about capacity to care for transplant recipients both in and out of hospital, and transplant teams needed to reassess risks versus benefits of transplantation for immunosuppressed people.

Hospital visits were severely restricted and donation conversations with families occurred in challenging circumstances – sometimes without extended family support, over the phone or via videoconference, and while wearing masks and other protective clothing to comply with COVID-safe requirements.

The transportation of organs and the movement of transplant teams was extremely difficult to navigate. Transportation and courier services were severely strained due to COVID-19 restrictions, an increased demand for courier services, and impacts on staff of isolation regulations. Airline schedules were similarly disrupted due to border closures and restrictions and reduced staffing levels.

Performance measures

Increase the donation rate of deceased organ donors per million population (dpmp) through the delivery of a nationally coordinated and consistent approach

✓ Met

✓ Substantially met

✗ Not met

Target 2021	Result 2021	2020	2019	2018
25.0 dpmp	16.4 dpmp	18.0 dpmp	21.6 dpmp	22.2 dpmp

The national donation rate for 2021–22 dropped for a second consecutive year in 2021. COVID-19 has had a significant impact on Australia’s dpmp, as it has in many other countries.

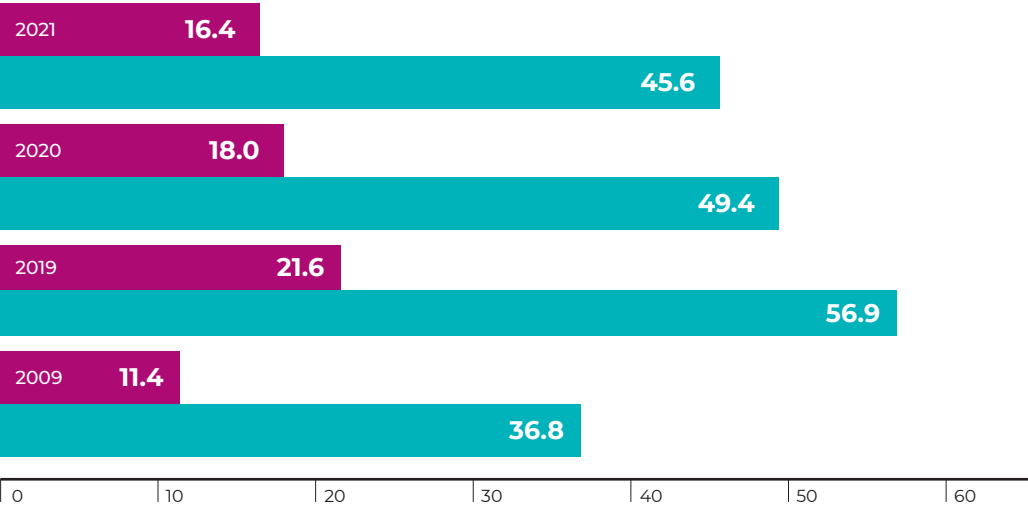
The 421 deceased organ donors in 2021 resulted in a national donation rate of 16.4 dpmp, a decrease from the rate in 2020 (18.0 dpmp).

State and territory outcomes in 2021 continued to vary. South Australia was the only jurisdiction to exceed the national target, with a donation rate of 28.2 dpmp.

The 2021 outcomes represent a 19% decrease in organ transplants from the pre-COVID-19 environment of 2019. The transplantation rate was 45.6 transplant recipients per million population (trpmp); lower than 2020 (49.4 trpmp).

Figure 5 / Deceased organ donation and transplantation rates

dpmp | trpmp



Increase the rate of consent to organ donation through clinical best practice and community engagement

✓ Met

✓ Substantially met

✗ Not met

Target 2021	Result 2021	2020	2019	2018
70%	56%	58%	62%	64%

The national consent rate target for 2021–22 was substantially met. The national consent rate dropped to 56% in 2021, meaning fewer families said yes to donation.

Requests to families for donation were made in 1,170 cases, with 655 families saying yes.

In 2021, of 655 donation consents, 421 proceeded to donation. Largely for medical and logistical reasons, 234 did not proceed to donation. The COVID-19 pandemic affected donation conversations with families and there was a decrease in the number of families who agreed to donation. Due to restrictions, many families were unable to be in the hospital, with these conversations taking place over the phone or videoconferencing.

Figure 6 / Consent rates by jurisdiction



Increase the percentage of family donation conversations involving a donation specialist when the opportunity for donation is raised by clinical staff

✓ Met

✓ Substantially met

✗ Not met

Target 2021	Result 2021	2020	2019	2018
80%	76%	74%	74%	N/A

The national target was substantially met. The proportion of cases where donation was raised by staff and a donation specialist was involved in the conversation with the family increased from 74% in 2020 to 76% in 2021.

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 2021, 59% of Australian families agreed to donate when they were supported by a donation specialist nurse. This dropped to 19% when there was no donation specialist nurse involved.

Family donation conversations were impacted when the DonateLife nurses (who are usually intensive care trained nurses specialising in donation) were not available for conversations as they were redeployed into ICUs during peak COVID-19 waves.

Figure 7 / The importance of involving a donation specialist in discussions with families



Through community awareness and education, increase registrations on the Australian Organ Donor Register (AODR)

Met

Substantially met

Not met

Target 2021	Result 2021	2020	2019	2018
10% increase in new registrations on the AODR from 2020	+87%	-16%	+9%	+12%

Despite the challenges of COVID-19, a record number of people registered to be a donor and showed their support for donation.

In 2021 there were more than 349,947 new registrations on the AODR, 87% more than in 2020 (186,656). This has been a remarkable achievement lead by a strong DonateLife digital engagement campaign in 2021 as well as increased numbers of people registering while accessing myGov and the Express Plus Medicare app to download their COVID-19 vaccination certificates.

There are over 7 million people registered on the AODR. This is 36% of the eligible Australian population (aged 16 or over).

In 2021, South Australia had the highest registration rate on the AODR (73%). South Australia is currently the only state where individuals can register to be a donor on their driver's licence.

Figure 8 / New registrations on the AODR

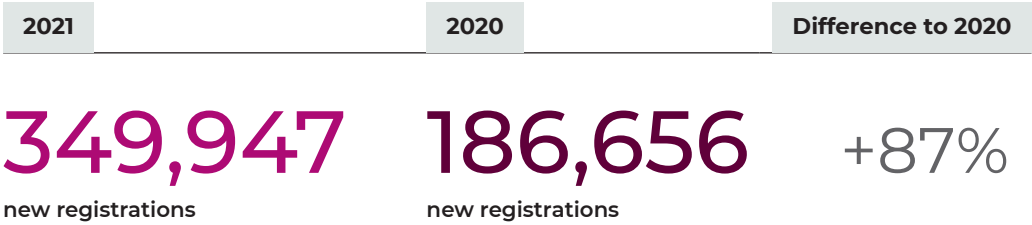


Figure 9 / The importance of registration for consent rates

When donation is a possibility, it helps when families know what their family member wanted

9/10

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's wishes

4/10

families gave consent for donation when their family member was not registered and had not discussed donation

DonateLife Week is our key annual public awareness activity showcasing the importance of organ and tissue donation and encouraging more Australians to talk about donation and to register on the Australian Organ Donor Register (AODR). 2021 marked the 10th anniversary of DonateLife Week and a record number of registrations!

COVID-19 presented a significant challenge for our usual community-based face-to-face engagement events. In an unpredictable environment with ongoing lockdown restrictions in most states, we shifted to fully integrated digital activities to reach out to the Australian community.

We know there are around 13 million Australians aged 16+ who are eligible to register as an organ and tissue donor – but haven't. In 2021, a poll of 60,000 Australians showed 4 out of 5 Australians are willing to donate their organs when they die (ABC Talks 2021), but only 36% of the eligible Australian population is currently registered.

Our call to action this year was to 'join The Great Registration Race for DonateLife Week'. Our aim was to create a sense of urgency about the importance of registering and to get Australians

to put their beliefs into action and register on the AODR. We set ourselves the ambitious target of getting 100,000 more Australians to join the race and register as organ and tissue donors.

DonateLife Week was supported by the OTA's strategic partnerships within the sporting, media and community sectors to extend the reach of the activities, as well as targeting those least likely to be registered – young people (16–25), culturally and linguistically diverse Australians and First Nations peoples. Our key activities included targeted TV, digital and radio advertising, social media engagement, ambassador outreach and a strong PR and media push across TV, radio and print media.

Our achievement was truly remarkable and exceeded our target with 108,952 new registrations on the AODR recorded during the campaign (June, July and August). We well and truly won the Great Registration Race for DonateLife Week with a whopping 87% increase (or almost 350,000) in registrations compared with 2020.

An added bonus came when DonateLife Week won the best Government-sponsored campaign award at the annual Mumbrella CommsCon Awards for public relations.

Well done Australia on a record number of registrations!



Financial performance

Departmental

Operating result

The OTA's operating result for 2021–22 was a surplus of \$0.481 million, compared with the forecast deficit of \$0.512 million, which includes unfunded depreciation and amortisation expenses. The movements in expenses were largely due to difficulties in recruiting staff to fill vacant positions, and reduced travel costs resulting from COVID-19 pandemic-related travel restrictions. The OTA's commitment to financial management is reflected in its financial performance and unqualified financial statements.

Departmental income

The OTA received \$5.978 million in revenue from government in 2021–22, compared to \$5.276 million in 2020–21. The increase reflects additional departmental funding received for the OrganMatch measure and to supplement cost pressures.

Departmental expenses

The OTA's expenses for 2021–22 were \$5.597 million, which was an increase of \$0.053 million from 2020–21 (1% increase).

The variance in expenses compared with budget was largely due to difficulty recruiting for vacant positions, and restricted travel and meeting costs resulting from the COVID-19 pandemic.

Net asset position

Net assets increased from 2020–21 to 2021–22, driven by an increase in appropriation receivable at year end resulting from budget being underspent. This has been partially offset by a reduction in lease liabilities as principal is repaid over time.

Total assets increased by \$0.358 million to \$4.594 million (2020–21: \$4.236 million), largely due to an increase in appropriation receivable at 30 June 2022.

Total liabilities decreased by \$0.383 million to \$1.916 million (2020–21: \$2.299 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 2022.

Capital budget

In 2021–22, the OTA received a capital budget of \$0.261 million. Capital expenditure during the year was limited to purchases of minor communications equipment and computer software.

Administered

Administered income

No administered income was received during the period.

Administered expenses

For 2021–22, the OTA reported supplier expenses of \$1.769 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 \$46.471 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 2022, the OTA held total assets of \$0.921 million, which is \$0.177 million lower than the previous year. This consists of \$0.143 million in cash holdings and \$0.723 million in GST receivable from the Australian Taxation Office.

Administered liabilities

Total administered liabilities decreased by \$2.983 million, resulting from a decrease in grants payable at 30 June 2022.

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 2021–22 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 2021–22

	Actual available appropriation for 2021–22 (\$)	Payments made 2021–22 (\$)	Balance remaining 2021–22 (\$)
	(a)	(b)	(a)-(b)
Departmental			
Annual appropriations – ordinary annual services ^{1,2}	9,157,900	5,691,354	3,466,546
Total departmental annual appropriations	9,157,900	5,691,354	3,466,546
Administered			
Annual appropriations – ordinary annual services ¹	48,281,000	39,664,226	
Total administered annual appropriations	48,281,000	39,664,226	
Total ordinary annual services	57,438,900	45,355,580	
Total resourcing and payments for OTA	57,438,900	45,355,580	

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

2 Includes an amount of \$0.261 million in 2021–22 for the departmental capital budget. For accounting purposes this amount has been designated as 'contributions by owners'.

Table 2 / Expenses for Outcome 1

Outcome 1: Improved access to organ and tissue transplants, including through a nationally coordinated and consistent approach and system

	Budget¹ 2021–22 (\$)	Actual expenses 2021–22 (\$)	Variation 2021–22 (\$)
	(a)	(b)	(a)-(b)

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

Administered expenses

Ordinary annual services (Appropriation Act No. 1)	48,281,000	48,240,054	40,946
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Departmental expenses

Departmental appropriation ²	5,978,000	4,996,598	981,402
Expenses not requiring appropriation in the budget year	799,000	600,662	198,338

Total for Program 1.1	55,058,000	53,837,314	1,220,686
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Total expenses for Outcome 1	55,058,000	53,837,314	1,220,686
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	2020–21	2021–22
Average staffing level (number)	21.28	23.04

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

2 Departmental appropriation combines ordinary annual services (Appropriation Act Nos 1, 3 and 5) and retained revenue receipts under section 74 of the *Public Governance, Performance and Accountability Act 2013*.

Hannah

received a tissue transplant
and was part of the 2021
Great Registration Race for
DonateLife Week



Part 3 / Management and accountability

Corporate governance

People management

Workplace health and safety

Resource management



Corporate governance

The OTA is a non-corporate Commonwealth entity under the Public Governance, Performance and Accountability Act 2013 (the PGPA Act). During 2021–22 the Accountable Authority transitioned from the Australian Organ and Tissue Donation and Transplantation Board (the OTA Board) to the CEO of the OTA.

Accountable Authority

1 July 2021 to 31 October 2021

For the period 1 July 2021 to 31 October 2021 the Accountable Authority for the OTA was the OTA Board. The OTA Board had 7 members, including the CEO, with a range of clinical, business and management experience, knowledge and expertise to strengthen oversight of the OTA and our efforts to increase organ and tissue donation rates.

During the period 1 July 2021 to 31 October 2021 the OTA Board met on one occasion and considered out-of-session resolutions as required.

From 1 November 2021

On 1 November 2021, amendments to the *Australian Organ and Tissue Donation and Transplantation Authority Act 2008* (OTA Act) took effect and the role of the Accountable Authority was transitioned from the OTA Board to the CEO of the OTA. The amendments to the OTA Act also included the establishment of the OTA Advisory Board.

The amendments to the OTA Act also specified that for the purposes of sections 39, 42 and 46 of the PGPA Act, relating to annual reporting requirements, the CEO is the Accountable Authority in relation to the reporting period commencing on 1 July 2021.

Executive

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

Table 3 / Details of the OTA Board for the period 1 July 2021 to 31 October 2021

Name	Position held	Date of commencement	Date of cessation
Dr Mal Washer	Chair	1 July 2017	31 October 2021
Professor Carol Pollock AO	Deputy Chair	1 July 2017	31 October 2021
Ms Lucinda Barry	Member	17 September 2017	31 October 2021
Dr Marisa Herson	Member	4 October 2017	31 October 2021
Mr Oren Klemich	Member	4 October 2017	31 October 2021
Ms Margaret Kruger	Member	4 October 2017	31 October 2021
Professor Stephen Lynch AC	Member	4 October 2017	31 October 2021

Lucinda Barry **Chief Executive Officer**

Lucinda Barry commenced as the Chief Executive Officer of the OTA in 2017. Lucinda has extensive experience in health care, both clinical and policy. She has held senior leadership roles within government and the public service, and in 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; the Commonwealth 'Tribute to Life' International Advisory Panel; and the International COVID-19 Donation and Transplantation Forum. 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.



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 Intensive Care Unit. Helen is responsible for providing expert clinical advice to the OTA CEO, DonatLife 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 (ANZICS) 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 July 2021 and is responsible for providing direction on governance including financial and operational issues, risk and security management, 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 reviews and advises on the appropriateness of the OTA's audit and risk, financial and performance reporting frameworks, as well as 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 2021–22 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.

Table 4 / Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience
Gayle Ginnane Committee Chair	<p>Ms Ginnane is an experienced executive with significant board and audit committee experience. Formally 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> <hr/> <p>4 meetings attended / 4 meetings total</p> <hr/> <p>Total annual remuneration \$7,700 GST inclusive</p>
Don Cross	<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> <hr/> <p>4 meetings attended / 4 meetings total</p> <hr/> <p>Total annual remuneration \$7,700 GST inclusive</p>
Robert Antich	<p>Mr Antich has extensive experience in senior executive roles at the Australian Department of Finance and the Australian Competition and Consumer Commission and 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> <hr/> <p>4 meetings attended / 4 meetings total</p> <hr/> <p>Total annual remuneration \$4,400 GST inclusive</p>

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.

OTA Advisory Board

The amendments to the OTA Act during 2021 provided for the transition of the OTA Board members to the new Advisory Board. Members Dr Marisa Herson and Professor Stephen Lynch AC completed their term with the Advisory Board on 31 December 2021. The OTA welcomed 2 new ministerial appointments to the Advisory Board on 1 January 2022, Ms Shelly Park and Mr Nick Brown.

Under section 28 of the OTA Act, 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.

Biographies of the Advisory Board members are available at donatelife.gov.au/our-board.

Jurisdictional Advisory Group

The Jurisdictional Advisory Group (JAG) is the key advisory committee on the national program. The group considers and makes recommendations to the CEO about all aspects of the program, including strategic priorities, clinical and data governance, and program planning and resources for the DonateLife Network. The JAG works to ensure the national program is consistent with state and territory legislation, policies and processes. Chaired by the OTA CEO, this group comprises jurisdictional and Commonwealth health department representatives, the OTA national and state medical directors, DonateLife agency managers and the OTA Chief Operating Officer.

Clinical Governance Committee

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 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 JAG.

OTA Transplant Advisory Group

The OTA Transplant Advisory Group, formally known as the Transplant Liaison Reference 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, donation specialists, and Transplant Australia representing consumers.

Eye and Tissue Advisory Committee

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 committee's chair changed from the OTA CEO to Dr Marisa Herson in February 2022. Its 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.

Vigilance and Surveillance Expert Advisory Committee

The Vigilance and Surveillance Expert Advisory Committee (VSEAC) 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 and membership comprises the OTA National Medical Director and high-level technical specialists with relevant expertise from key clinical stakeholders and government. The OTA CEO was also a member until September 2021.

Community Engagement Group

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.

OrganMatch Strategic Governance Committee

The OrganMatch Strategic Governance Committee provides governance and oversight of the OrganMatch system for the benefit of donors, families and transplant recipients and to provide an interface and foster ongoing collaboration between the donation and transplantation sectors. The committee is chaired by Professor Toby Coates and membership comprises the OTA CEO, the OTA National Medical Director, and high-level technical specialists with relevant expertise.

COVID-19 specific forums

COVID-19 National Transplantation and Donation Rapid Response Taskforce

The COVID-19 National Transplantation and Donation Rapid Response Taskforce was established in March 2020 as a collaboration between OTA and the Transplantation Society of Australia and New Zealand to monitor the impact of COVID-19 on donation, retrieval and transplantation.

For most of 2021–22 the taskforce initially met on a fortnightly basis, moving to monthly in January 2022, to discuss emerging issues in Australia and New Zealand and to share domestic and international literature and data on COVID-19, focusing on organ donation, transplantation, and vaccination for transplant recipients and those on the waitlist. In addition to our CEO, our National Medical Director, OTA VSEAC representatives and DonateLife representatives, our National Manager Analytics and Technology presents current domestic and international COVID-19 data and trends.

COVID-19 forum for international sharing, facilitated by Canadian Blood Services

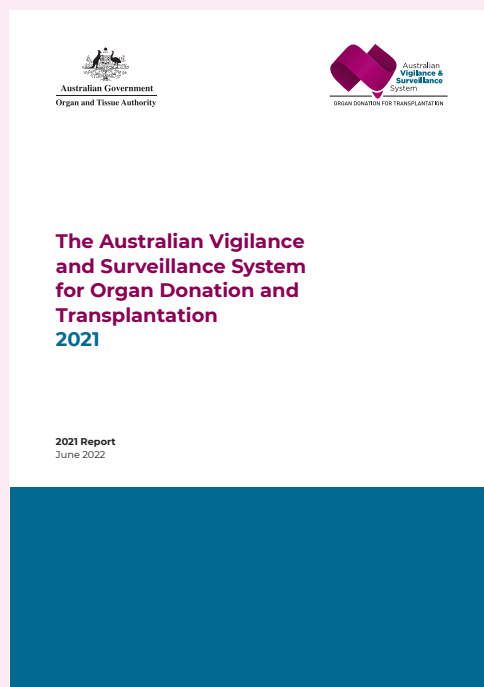
Our CEO and National Medical Director, along with DonateLife state medical directors, are active participants in this monthly meeting.

The Vigilance and Surveillance Expert Advisory Committee

The Vigilance and Surveillance Expert Advisory Committee (VSEAC) produces and publishes an annual report each year detailing its work in monitoring the vigilance and surveillance system established to safeguard and improve quality and safety in organ donation and transplantation and, importantly, to identify trends and avoid re-occurrences of serious adverse events and/or reactions.

In June 2022 VSEAC released the Australian Vigilance and Surveillance System for Organ Donation and Transplantation 2021 Report, covering notifications received from 1 January to 31 December 2021. The report provides the Australian community with a clear view of vigilance and surveillance in the system and provides confidence to those who need a transplant that the sector is doing everything they can to make it as safe as possible. VSEAC also issued 2 communiqués to the clinical sector to drive clinical practice improvements.

The VSEAC annual report has reached international status with a request for it to be published on the Project Notify website. Project Notify is a global initiative, co-sponsored by the World Health Organization and the Italian National Transplant Centre. It supports the sharing of published vigilance information for teaching purposes and for greater public transparency on the use of medical products of human origin.



VSEAC strongly encourages early reporting. In the event that an incident requires local review and evaluation it is desirable that preliminary notification to VSEAC occurs, with more complete information provided when it becomes available

The Australian Vigilance and Surveillance System provides a national and international coordinated notification function

The Australian Vigilance and Surveillance System works in parallel with state and territory clinical incident management and reporting systems in deceased organ donation and transplantation

Corporate planning

The OTA's Strategic Plan 2021–22 to 2024–25 outlines strategic objectives, priorities and performance measures.

The Corporate Plan 2021–22 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 objectives.

Overall performance against performance measures is reported annually in the Australian Donation and Transplantation Activity Report available at www.donatelife.gov.au and is presented in Part 2, Annual Performance Statements, of this Annual Report. Performance measures are reported by calendar year to align with Australian and international donation and performance reporting practice.

Figure 10 / Planning and performance reporting framework	
Planning	Performance reporting
Strategic Plan	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 to further enhance a workplace culture that openly discusses risk regularly, explores new ideas, empowers its officials to act and learn from their mistakes and is collaborative and open-minded. We are also working to gain a better understanding of the risks we share with our stakeholders.

Risk appetite

We face a range of risks reflecting the diversity of activities we undertake to fulfil our purpose.

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.

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

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 a 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.

External scrutiny

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

During 2021–22 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 2021–22.

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.

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 PGPA Rule 10, 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*.

The OTA is not aware of any allegations of fraud and there are no ongoing investigations arising from the 2021–22 financial year.

I, Lucinda Barry, certify that I am satisfied that for 2021–22, 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 faithfully



Lucinda Barry
Chief Executive Officer
Organ and Tissue Authority

10 October 2022

People management

During 2021-22 we continued our commitment to leading and developing our employees to meet organisational objectives.

Our diverse workforce brings to the organisation a valuable 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 work involves collaboration with a broad range of stakeholders across the donation, transplantation and community sectors, who make a significant contribution to our work and achievements nationally.

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

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

I	Impartial
C	Committed to service
A	Accountable
R	Respectful
E	Ethical

As a result of the COVID-19 pandemic and our successful transition to remote working arrangements in 2021-22, we have been able to continue to offer flexible remote working options for our employees. As the COVID-19 pandemic is a dynamic and evolving situation, we are well placed to quickly move to working from home on a regular basis should the need arise.

Spotlight on 2022 APS Employee Census results

The results of the 2022 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 health and wellbeing and employee engagement.



1st out of 98

agencies for employee engagement



2nd out of 98

agencies for leadership results for senior leadership team



5th out of 98

agencies for wellbeing policy and support

Employee engagement: Say, Stay, Strive

100% I am proud to work in my agency

100% I would recommend my agency as a good place to work

100% I believe strongly in the purpose and objectives of my agency

100% I feel committed to my agency's goals

100% I suggest ideas to improve our way of doing things

100% I am happy to go the 'extra mile' at work when required

Employee profile

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. 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 to provide employees with increases to their existing salary ranges and their allowances under the terms of the Enterprise Agreement.

At 30 June 2022 we had 26 employees in addition to the CEO. 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 2021–22 reporting period all employee figures are reported as headcount as at 30 June 2022.

In 2021–22 there were:

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

Our staff

Gender diversity



18

Female



6

Male

Full-time to part-time ratio



20

Full-time



4

Part-time

5:1

Ratio

Ongoing to non-ongoing ratio



24

Ongoing



2

Non-ongoing

12:1

Ratio

Professional and personal development

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.

As part of our role in the health sector, employees across relevant areas of the organisation are supported to attend a range of health conferences to promote organ donation awareness; however, due to the ongoing COVID-19 pandemic, these opportunities continued to be limited in 2021–22.

Performance management

All employees participate in our Performance and Development Agreement 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 employees
- + provide a basis for determining salary advancement
- + identify learning and development needs
- + identify and manage instances of underperformance.

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 working arrangements, including time off in lieu (where appropriate) and recognition of travel time
- + a cultural or religious holidays substitution scheme
- + flexible home-based working arrangements
- + 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.

Table 5 / Information about remuneration for key management personnel

		Short-term benefits (\$)		Post-employment benefits (\$)		Other long-term benefits (\$)		Termination benefits (\$)	Total remuneration (\$)
Name	Position title	Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits		
Lucinda Barry	Chief Executive Officer	318,051	-	-	45,816	6,069	-	-	369,936
Belinda Small	Chief Operating Officer	183,778	-	24,013	32,818	4,601	-	-	245,210
Malcolm Washer	OTA Board Chair	27,633	-	-	3,023	-	-	-	30,656
Carol Pollock	OTA Board Deputy Chair	9,203	-	-	1,129	-	-	-	10,331
Stephen Lynch	OTA Board Member	9,203	-	-	920	-	-	-	10,123
Oren Klemich	OTA Board Member	9,203	-	-	1,129	-	-	-	10,331
Marisa Herson	OTA Board Member	9,203	-	-	1,000	-	-	-	10,203
Margaret Kruger	OTA Board Member	9,203	-	-	1,048	-	-	-	10,251

Remuneration for Board members is limited to the period that the OTA Board was the Accountable Authority, 1 July 2021 to 31 October 2022.

Table 6 / All ongoing employees current report period (2021–22)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	0	1	1	0	0	0	0	0	0	1
ACT	5	0	5	14	3	17	0	0	0	22
Total	5	1	6	14	3	17	0	0	0	23

Table 7 / All non-ongoing employees current report period (2021–22)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	0	0	0	1	0	1	0	0	0	1
ACT	1	0	1	1	0	1	0	0	0	2
Total	1	0	1	2	0	2	0	0	0	3

Table 8 / All ongoing employees previous report period (2020–21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
NSW	1	0	1	0	0	0	0	0	0	1
ACT	4	0	4	11	3	14	0	0	0	18
Total	5	0	5	11	3	14	0	0	0	19

Table 9 / All non-ongoing employees previous report period (2020–21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
ACT	2	0	2	4	0	4	0	0	0	6
Total	2	0	2	4	0	4	0	0	0	6

**Table 10 / Australian Public Service Act ongoing employees
current report period (2021–22)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
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
Total	5	1	6	15	3	18	0	0	0	24

**Table 11 / Australian Public Service Act non-ongoing employees
current report period (2021–22)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
EL 2	0	0	0	1	0	1	0	0	0	1
APS 5	1	0	1	0	0	0	0	0	0	1
Total	1	0	1	1	0	1	0	0	0	2

**Table 12 / Australian Public Service Act ongoing employees
previous report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
SES 1	1	0	1	0	0	0	0	0	0	1
EL 2	0	0	0	4	0	4	0	0	0	4
EL 1	3	0	3	4	3	7	0	0	0	10
APS 6	0	0	0	1	0	1	0	0	0	1
Total	4	0	4	9	3	12	0	0	0	16

**Table 13 / Australian Public Service Act non-ongoing employees
previous report period (2020–21)**

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total male	Full-time	Part-time	Total female	Full-time	Part-time	Total indeterminate	
EL 2	0	0	0	1	0	1	0	0	0	1
EL 1	2	0	2	3	0	3	0	0	0	5
APS 6	0	0	0	1	0	1	0	0	0	1
Total	2	0	2	5	0	5	0	0	0	7

**Table 14 / Australian Public Service Act employees by full-time and
part-time status current report period (2021–22)**

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
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
Total	20	4	24	2	0	2	26

Table 15 / Australian Public Service Act employees by full-time and part-time status previous report period (2020–21)

	Ongoing			Non-ongoing			Total
	Full-time	Part-time	Total ongoing	Full-time	Part-time	Total non-ongoing	
SES 1	1	0	1	0	0	0	1
EL 2	4	0	4	1	0	1	5
EL 1	7	3	10	5	0	5	15
APS 6	1	0	1	1	0	1	2
Total	13	3	16	7	0	7	23

Table 16 / Australian Public Service Act employment type by location current report period (2021–22)

	Ongoing	Non-ongoing	Total
NSW	1	1	2
ACT	23	1	24
Total	24	2	26

Table 17 / Australian Public Service Act employment type by location previous report period (2020–21)

	Ongoing	Non-ongoing	Total
NSW	1	0	1
ACT	15	7	22
Total	16	7	23

**Table 18 / Australian Public Service Act employment arrangements
current report period (2021–22)**

	SES	Non-SES	Total
Enterprise Agreement	0	19	19
EA and approved individual flexibility arrangements	0	7	7
Total	0	26	26

**Table 19 / Australian Public Service Act employment salary ranges by
classification level (minimum/maximum) current report period (2021–22)**

	Minimum salary	Maximum salary
SES 1	\$178,335	\$220,167
EL 2	\$129,669	\$153,519
EL 1	\$108,682	\$123,953
APS 6	\$88,440	\$99,774
APS 5	\$80,169	\$84,616
APS 4	\$73,707	\$77,870
APS 3	\$65,057	\$72,111
APS 2	\$56,296	\$61,433
APS 1	\$48,168	\$54,096
Minimum/maximum range	\$48,168	\$220,167

Workplace health and safety

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 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.

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.

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

There were no claims for injury in 2021–22 and no return-to-work programs conducted.

There were no reportable incidents lodged with Comcare during 2021–22.

Health and wellbeing

The initiatives we undertook during the year to maintain our ongoing commitment to a healthy, safe and secure workplace include:

- + the provision of 4 wellbeing webinars facilitated through our Employee Assistance Program provider
- + encouraging health initiatives, including access to sit-to-stand workstations and a computer-installed rest-and-stretch program
- + the provision of influenza vaccinations to all employees at no charge
- + access to a free and confidential Employee Assistance Program
- + monthly morning teas and awareness-raising activities to encourage social connection
- + the continued availability of workstation assessments for all new starters, as well as assessments for existing employees who felt it necessary for their wellbeing
- + the provision of information and communications technology remote working capabilities for employees
- + specific safety and hygiene measures to promote a COVID-safe work environment.

Resource management

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 non-compliance issues in 2021–22 that required reporting to the 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 2021–22 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 2021–22 can be found in Part 4, Financial statements.

Purchasing

In 2021–22 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 2021–22 the OTA continued focusing on improving the practices and knowledge of staff and delegates undertaking procurement activities.

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 2021–22 that included a variation to the standard terms and conditions allowing such access.

Exempt contracts

During 2021–22 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 enterprises 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.

In recognition and support of on-time payment performance to small businesses, 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.

Grant programs

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2021–22 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 and ad hoc grants awarded to community, grassroots, and Indigenous engagement organisations. Our grant recipients deliver a range of events and digital activities across Australia to 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 2021 to 30 June 2022 is available at donatelife.gov.au/our-partners and on the Australian Government's grant information system, GrantConnect, at www.grants.gov.au.

Reportable contract data for 2021–22

The OTA is a non-corporate Commonwealth entity. During 2021–22 we did not conduct any advertising campaigns. The OTA's 2021–22 reportable contract data is presented in tables 20 and 21.

Table 20 / Reportable consultancy contract data 2021–22

Name of organisation	Expenditure \$'000 (GST inc.)
Australian Government Solicitor (92 661 124 436) was engaged to provide expert legal advice.	\$39
Health Consult PTY LTD (67 118 337 821) was engaged to review the transmission of deidentified medical images.	\$14

Table 21 / Reportable non-consultancy contract data 2021–22

Name of organisation	Expenditure \$'000 (GST inc.)
Make Mate (54 650 976 855) was engaged to provide creative direction, concept and development of the DonateLife 2022 campaign.	\$83
Datacom (39 135 427 075) was engaged to host the DonateLife website and associated services.	\$65
Dr Gemma Munro (22 323 646 634) was engaged to undertake the Spark Change program with OTA staff.	\$62
Studio Elevenses (96 606 770 144) was engaged to provide a range of corporate creative design services.	\$52
Upstride Creative Agency (41 538 329 686) was engaged to provide public relations and communications strategy support.	\$50
Studio Elevenses (96 606 770 144) was engaged to provide a range of general creative design services.	\$47
Chartertech (30 617 464 990) was engaged to setup Xero and related financial management applications.	\$46
Elliott Gray Pty Ltd (17 618 093 422) was engaged to provide short-term backfilling of administrative staff.	\$46
Magnetizer (27 605 097 443) was engaged to deliver video and photography services to create a training video for practical workshops.	\$44
Transplant Connect (N/A US company) was engaged to deliver enhancements to the EDR Family Services module.	\$43
ICC (66 154 480 748) was engaged to provide facilities for the DonateLife Forum.	\$42

Expenditure on reportable consultancy contracts

During 2021–22 there were 2 new consultancy contracts entered into involving total actual expenditure of \$52,716. 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.

Decisions to engage consultants during 2021–22 were 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 uses the following 3 justifications for engaging consultants:

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

Table 22 / Expenditure on reportable consultancy contracts current report period (2021–22)		
Reportable consultancy contracts 2021–22	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	2	\$53
Ongoing contracts entered into during a previous reporting period	0	–
Total	2	\$53

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.

Table 23 / Expenditure on reportable non-consultancy contracts current report period (2021–22)		
Reportable non-consultancy contracts 2021–22	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	26	\$864
Ongoing contracts entered into during a previous reporting period	19	\$896
Total	45	\$1,759

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 2021–22 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.

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.

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 donatelife.gov.au/freedom-of-information.

Dinesh

is a living kidney donor
and was part of the 2021
Great Registration Race for
DonateLife Week



Part 4 / Financial statements



Financial summary

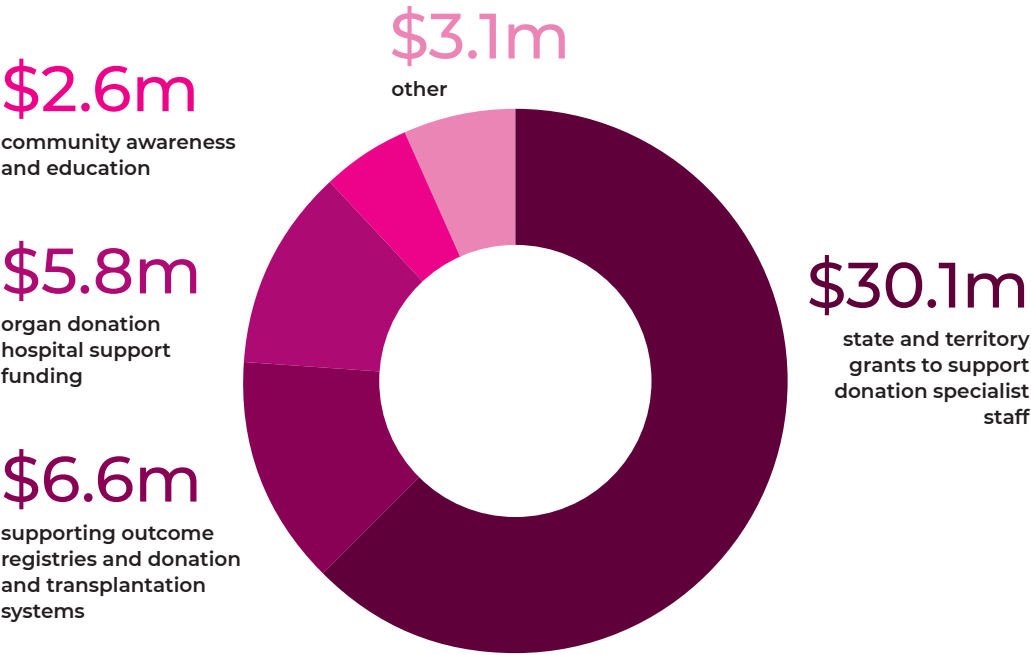
Total departmental expenditure

\$5.6m

Total administered expenditure

\$48.2m

Administered expenditure 2021-22



Statement of financial position

\$4.6m

total assets

\$1.9m

total liabilities

\$2.7m

total equity

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Independent Auditor's Report



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 2022:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2022 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2022 and for the year then ended:

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

Basis for opinion

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

Accountable Authority's responsibility for the financial statements

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

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

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

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

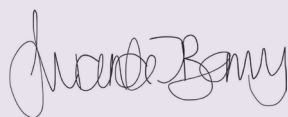
26 September 2022

Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2022 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the 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

21 September 2022

Signed



Mr Mark Saunders
Chief Financial Officer

21 September 2022

Statement of comprehensive income

for the period ended 30 June 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Net cost of services				
Expenses				
Employee benefits	1.1A	3,681,148	3,772,884	4,258,000
Suppliers	1.1B	1,330,597	1,193,476	1,405,000
Finance costs	1.1C	5,943	8,867	14,000
Depreciation and amortisation	3.2A	500,662	522,915	694,000
Write-down and impairment of assets		78,910	46,379	–
Total expenses		5,597,260	5,544,521	6,371,000
Own-source income				
Own-source revenue				
Other revenue	1.2A	100,000	289,276	105,000
Total own-source revenue		100,000	289,276	105,000
Total own-source income		100,000	289,276	105,000
Net cost of services		(5,497,260)	(5,255,246)	(6,266,000)
Revenue from Government	1.2B	5,978,000	5,276,000	5,754,000
Surplus / (Deficit)		480,741	20,754	(512,000)
Other comprehensive income				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation reserve		–	3,697	–
Total comprehensive income / (loss)		480,741	24,451	(512,000)

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

Statement of financial position

as at 30 June 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Assets				
Financial assets				
Cash and cash equivalents	3.1A	113,226	267,776	75,000
Trade and other receivables	3.1B	3,472,099	2,385,542	2,243,000
Total financial assets		3,585,325	2,653,318	2,318,000
Non-financial assets				
Buildings ¹	3.2A	529,355	903,018	1,153,000
Property, plant and equipment	3.2A	178,075	211,800	34,000
Computer software ²	3.2A	194,743	347,477	665,000
Prepayments		106,989	120,605	78,000
Total non-financial assets		1,009,162	1,582,900	1,930,000
Total assets		4,594,487	4,236,218	4,248,000
Liabilities				
Payables				
Suppliers	3.3A	150,398	409,568	294,000
Other payables	3.3B	341,281	164,102	137,000
Total payables		491,679	573,670	431,000
Interest bearing liabilities				
Leases	3.4A	433,895	764,420	1,110,000
Total interest bearing liabilities		433,895	764,420	1,110,000
Provisions				
Employee provisions	6.1A	990,442	961,398	1,043,000
Total provisions		990,442	961,398	1,043,000
Total liabilities		1,916,016	2,299,488	2,584,000
Net assets		2,678,471	1,936,730	1,664,000
Equity				
Contributed equity		3,941,000	3,680,000	3,941,000
Asset revaluation reserve		666,478	666,478	662,000
Accumulated deficit		(1,929,007)	(2,409,748)	(2,939,000)
Total equity		2,678,471	1,936,730	1,664,000

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
- 2 The prior year amount for computer software has been restated to adjust for a prior year error where certain intangible items had been incorrectly capitalised. Refer Overview - Prior Year Adjustments for further discussion.

Statement of changes in equity

for the period ended 30 June 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Contributed equity				
Opening balance				
Balance carried forward from previous period		3,680,000	3,418,000	3,680,000
Adjusted opening balance		3,680,000	3,418,000	3,680,000
Transactions with owners				
Contributions by owners				
Departmental capital budget		261,000	262,000	261,000
Total transactions with owners		261,000	262,000	261,000
Closing balance as at 30 June		3,941,000	3,680,000	3,941,000
Retained earnings				
Opening balance¹				
Balance carried forward from previous period		(2,409,748)	(2,430,502)	(2,427,000)
Adjusted opening balance		(2,409,748)	(2,430,502)	(2,427,000)
Comprehensive income				
Surplus/(Deficit) for the period		480,741	20,754	(512,000)
Total comprehensive income		480,741	20,754	(512,000)
Closing balance as at 30 June		(1,929,007)	(2,409,748)	(2,939,000)
Asset revaluation reserve				
Opening balance				
Balance carried forward from previous period		666,478	662,781	662,000
Adjusted opening balance		666,478	662,781	662,000
Comprehensive income				
Other comprehensive income		-	3,697	-
Total comprehensive income		-	3,697	-
Closing balance as at 30 June		666,478	666,478	662,000

Statement of changes in equity for the period ended 30 June 2022 continued

Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Total equity			
Opening balance			
Balance carried forward from previous period	1,936,730	1,650,279	1,915,000
Adjusted opening balance	1,936,730	1,650,279	1,915,000
Comprehensive income			
Surplus/(Deficit) for the period	480,741	20,754	(512,000)
Other comprehensive income	-	3,697	-
Total comprehensive income	480,741	24,451	(512,000)
Transactions with owners			
Contributions by owners			
Departmental capital budget	261,000	262,000	261,000
Total transactions with owners	261,000	262,000	261,000
Closing balance as at 30 June	2,678,471	1,936,730	1,664,000

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

- 1 Prior year equity amounts have been restated to adjust for a prior year error where certain intangible items had been incorrectly capitalised. Refer Overview – Prior Year Adjustments for further discussion.

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 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Operating activities				
Cash received				
Appropriations		5,536,574	5,516,106	5,754,000
Net GST received		159,001	131,751	203,000
Section 74 receipts		171,681	329,521	–
Total cash received		5,867,256	5,977,378	5,957,000
Cash used				
Employees		(3,714,783)	(3,865,257)	(4,258,000)
Suppliers		(1,614,710)	(1,166,684)	(1,300,000)
Interest payments on lease liabilities		(5,944)	(8,867)	(14,000)
Section 74 receipts transferred to OPA		(171,451)	(329,521)	–
Other		(159,001)	(131,751)	(203,000)
Total cash used		(5,665,889)	(5,502,081)	(5,775,000)
Net cash from operating activities		201,367	475,297	182,000
Investing activities				
Cash used				
Purchase of property, plant and equipment		(3,631)	(117,192)	(261,000)
Purchase of computer software		(15,818)	(131,445)	–
Total cash used		(19,449)	(248,637)	(261,000)
Net cash used by investing activities		(19,449)	(248,637)	(261,000)
Financing activities				
Cash received				
Contributed equity		–	262,000	261,000
Total cash received		–	262,000	261,000
Cash used				
Principal payments of lease liabilities		(336,468)	(295,596)	(182,000)
Total cash used		(336,468)	(295,596)	(182,000)
Net cash from/(used by) financing activities		(336,468)	(33,596)	79,000
Net increase/(decrease) in cash held		(154,550)	193,064	–
Cash and cash equivalents at the beginning of the reporting period		267,776	74,712	75,000
Cash and cash equivalents at the end of the reporting period	3.1A	113,226	267,776	75,000

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

Budget variances commentary

Statement of comprehensive income

Employee Benefits

The variance in employee benefits compared to budget was primarily due to higher than anticipated staff turnover throughout the year. This led to periods where positions remained unfilled while recruitment activities were underway.

Suppliers

Supplier expenses were lower than budget largely due to the impact of COVID-19 on travel and training costs.

Depreciation and amortisation

The variance against the original budget is relatively minor. Very few new assets were purchased during the year resulting in lower than anticipated depreciation compared with budget.

Other revenue

Other revenue is comprised solely of audit fees which are provided free of charge by the ANAO. The amount is approximately equal to the original budget.

Statement of financial position

Cash and cash equivalents

It is the OTA's usual practice to maintain only small working balances of cash on hand. The variance to budget at 30 June reflects this approach.

Trade and other receivables

The variance in trade and other receivables is attributable to the higher than anticipated appropriation receivable balance at 30 June 2022 which in turn reflected the operating result surplus at 30 June 2022.

Buildings

The estimated value for buildings, including right of use assets, is below budget due to lower than anticipated purchases for leasehold improvements.

Property, plant and equipment

Depreciation estimates for property, plant and equipment were lower than estimated in the budget resulting in a higher net value than originally budgeted.

Other non-financial assets

The variance against budget is the result of restatement of the value of computer software to correct a prior year error. Refer Overview - Prior Year Adjustments for further discussion.

Payables and other payables

Supplier payables at year end were lower than budgeted due to an effort to pay outstanding creditors at 30 June. Other payables at 30 June are higher than budgeted and relate to employee liabilities such as salary and leave accruals as well as FBT and PAYG liabilities.

Leases

The budget estimate for lease liabilities has not been reduced for lease payments made during the year. As a result the liability at 30 June is considerably lower than estimated.

Statement of changes in equity

Variances to budget in the Statement of Equity reflect the OTA's operating result for 2021-22 and specifically the difference between the surplus reported and the budgeted deficit.

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 and no drawdown from the Departmental Capital Appropriation was required in the year.

Administered schedule of comprehensive income

for the period ended 30 June 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Net cost of services				
Expenses				
Suppliers	2.1A	1,769,306	1,613,197	1,496,000
Grants	2.1B	46,470,748	45,356,902	43,532,000
Total expenses		48,240,054	46,970,099	45,028,000
Income				
Revenue				
Non-taxation revenue				
Other	2.2	-	1,930,945	-
Total non-taxation revenue		-	1,930,945	-
Total revenue		-	1,930,945	-
Net cost of services		(48,240,054)	(45,039,154)	(45,028,000)
Deficit		(48,240,054)	(45,039,154)	(45,028,000)
Total comprehensive loss		(48,240,054)	(45,039,154)	(45,028,000)

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

Administered schedule of assets and liabilities

as at 30 June 2022

	Notes	2022 (\$)	2021 (\$)	Original budget (\$)
Assets				
Financial assets				
Cash and cash equivalents	4.1A	143,080	65,153	80,000
Trade and other receivables	4.1B	722,637	559,912	8,014,000
Total financial assets		865,717	625,065	8,094,000
Non-financial assets				
Prepayments		55,449	473,331	231,000
Total non-financial assets		55,449	473,331	231,000
Total assets administered on behalf of Government		921,166	1,098,396	8,325,000
Liabilities				
Payables				
Suppliers	4.2A	148,558	241,381	225,000
Grants	4.2B	8,505,783	11,395,845	7,711,000
Total payables		8,654,341	11,637,226	7,936,000
Total liabilities administered on behalf of Government		8,654,341	11,637,226	7,936,000
Net liabilities		(7,733,175)	(10,538,830)	389,000

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

Budget variances commentary

Schedule of comprehensive income

Suppliers and grants

The variance to budget for grant expenditure reflects funding for the measure OrganMatch – Delivery of Best Practice in Organ Donation, which was received at Portfolio Additional Estimates and is not reflected in the original budget. Supplier expenditure is close to budget.

Schedule of assets and liabilities

Trade and other receivables

Variance in trade and other receivables is due to the inclusion of appropriation receivable in the budget but is not reported on the primary financial statements.

Other non-financial assets

Only a small number of prepayments were entered into at 30 June compared with the prior year and the budget estimate.

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 2022. Where possible payments were made prior to 30 June.

Administered reconciliation schedule

for the period ended 30 June 2022

	2022 (\$)	2021 (\$)
Opening assets less liabilities as at 1 July	(10,538,830)	(7,199,976)
Opening balance adjustment	946	(946)
Adjusted opening assets less liabilities	(10,537,884)	(7,200,922)
Net cost of services		
Income	-	1,930,945
Expenses		
Payments to entities other than corporate Commonwealth entities	(48,240,054)	(46,970,099)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Net GST appropriations	394,588	57,792
Annual appropriations		
Payments to entities other than corporate Commonwealth entities	50,650,174	43,868,422
Appropriation transfers to OPA		
Transfers to OPA	-	(2,224,968)
Closing assets less liabilities as at 30 June	(7,733,175)	(10,538,830)

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 2022

	Notes	2022 (\$)	2021 (\$)
Operating activities			
Cash received			
Net GST received		1,085,054	930,927
Section 74 receipts		-	2,224,968
Other		-	1,930,945
Total cash received		1,085,054	5,086,840
Cash used			
Suppliers		(1,586,939)	(2,029,460)
Grants		50,465,897	(44,773,474)
Total cash used		52,052,836	(46,802,934)
Net cash used by operating activities		(50,967,782)	(41,716,094)
Cash from Official Public Account			
Appropriations		50,651,121	43,868,422
GST appropriation		1,310,915	1,009,178
Total cash from Official Public Account		51,962,036	44,877,600
Cash to Official Public Account			
Appropriations		-	(2,224,968)
Return of GST appropriations to the Official Public Account		(916,327)	(951,385)
Total cash to Official Public Account		(916,327)	(3,176,353)
Net (decrease)/ increase in cash held		77,927	(14,847)
Cash and cash equivalents at the beginning of the reporting period		65,153	80,000
Cash and cash equivalents at the end of the reporting period	4.1A	143,080	65,153

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 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 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

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

AASB 1060 applies to annual reporting periods beginning on or after 1 July 2021 and replaces the reduced disclosure requirements (RDR) framework. The application of AASB 1060 involves some reduction in disclosure compared to the RDR with no impact on the reported financial position, financial performance and cash flows of the OTA.

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 policies as for departmental items, including the application of Australian Accounting Standards.

Events after the reporting period

Departmental

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

Administered

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

Prior Year Adjustments

A re-assessment of the OTA's intangible assets was undertaken in response to the Department of Finance and the International Financial Reporting Standards Interpretations Committee (IFRIC) releasing revised guidance on the accounting for intangible assets. The assessment found that the OTA has in prior periods recognised certain amounts as intangible assets (computer software) where some of these amounts should have been expensed in the period that the outlay was incurred. Material components are payments for the OrganMatch Interface and for EDR Eye Modules. The prior period error has been restated in the Statement of Comprehensive Income, Statement of Financial Position and the Statement of Changes in Equity.

	Previous year (\$)	Adjustment (\$)	Restated (\$)
Statement of Comprehensive Income			
Depreciation and Amortisation	660,920	(138,005)	522,915
Total Expenses	5,682,526	(138,005)	5,544,521
Comprehensive income – surplus/(deficit) for the period	(113,553)	138,005	24,451
Statement of Financial Position			
Computer software	766,958	(419,481)	347,477
Net assets	2,356,211	(419,481)	1,936,730
Statement of Changes in Equity			
Retained earnings – opening balance	(1,873,017)	(557,485)	(2,430,502)
Comprehensive income – Deficit for the period	(117,250)	138,004	20,754
Closing balance at 30 June	2,356,211	(419,481)	1,936,730

Notes to the financial statements

Note 1	Financial performance 81	This section analyses the financial performance of the OTA for the year ended 2022.
Note 2	Income and expenses administered on behalf of Government 84	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 3	Financial position 86	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 4	Assets and liabilities administered on behalf of the Government 92	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 5	Funding 94	This section identifies the OTA's funding structure.
Note 6	People and relationships 97	This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.
Note 7	Managing uncertainties 100	This section analyses how the OTA manages financial risks within its operating environment.
Note 8	Other information 105	

Note 1.1

Expenses

	2022 (\$)	2021 (\$)
1.1A / Employee benefits		
Wages and salaries	2,923,168	2,786,141
Superannuation:		
Defined benefits plans	198,445	227,279
Defined contribution plans	324,143	258,499
Leave and other entitlements	234,374	318,069
Separation and redundancies	-	175,276
Other employee expenses	1,018	7,620
Total employee benefits	3,681,148	3,772,884

Accounting policy

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

	2022 (\$)	2021 (\$)
1.1B / Suppliers		
Goods and services supplied or rendered		
Contractors and consultants	218,591	131,432
Equipment and software	518,167	414,101
Facilities	73,789	84,610
Staff recruitment and training	140,832	83,608
Travel	49,577	12,119
Office supplies and stationery	6,746	7,077
Printing and publishing	324	28,881
Resources received free of charge	100,000	114,000
Shared services MoU	145,947	244,851
Other	58,218	35,014
Total goods and services supplied or rendered	1,312,191	1,155,693
Goods supplied	11,869	9,295
Services rendered	1,300,322	1,146,398
Total goods and services supplied or rendered	1,312,191	1,155,693

Note 1.1 continued

	2022 (\$)	2021 (\$)
Other suppliers		
Low value leases	1,881	18,164
Workers compensation expenses	16,525	19,619
Total other suppliers	18,406	37,783
Total suppliers	1,330,597	1,193,476

The OTA has no short-term lease commitments as at 30 June 2022. The OTA has one low-value lease commitment 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.

	2022 (\$)	2021 (\$)
1.1C / Finance Costs		
Interest on lease liabilities	5,943	8,867
Total finance costs	5,943	8,867

The above lease disclosures should be read in conjunction with the accompanying note 3.2

Accounting policy

All borrowing costs are expensed as incurred.

Note 1.2

Own-source revenue and gains

Own-source revenue

	2022 (\$)	2021 (\$)
1.2A / Other revenue		
Resources received free of charge		
Remuneration of auditors	100,000	114,000
Other revenue	-	175,276
Total other revenue	100,000	289,276

Resources received free of charge include services provided by the Australian National Audit Office for the end of financial year statement audit. Other revenue includes resources received from the Department of Health for the provision of employee separation payments.

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.

Revenue from Government

	2022 (\$)	2021 (\$)
1.2B / Revenue from Government		
Appropriations		
Departmental appropriations	5,978,000	5,276,000
Total revenue from Government	5,978,000	5,276,000

Accounting policy

Revenue from Government

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

Note 2.1

Administered – expenses

	2022 (\$)	2021 (\$)
2.1A / Suppliers		
Goods and services supplied or rendered		
Board fees	87,811	226,667
Contractors and consultants	485,969	516,959
Public relations and research	42,660	34,567
Travel	9,642	2,420
Software licence and maintenance	847,661	637,462
Other	295,563	195,122
Total goods and services supplied or rendered	1,769,306	1,613,197
Services rendered	1,769,306	1,613,197
Total goods and services supplied or rendered	1,769,306	1,613,197
Total suppliers	1,769,306	1,613,197
2.1B / Grants		
Public sector		
State and Territory Governments	35,836,576	35,403,396
Private sector		
Not-for-profit organisations	10,634,172	9,953,506
Total grants	46,470,748	45,356,902

Accounting policy

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

Note 2.2
Administered – income

	2022 (\$)	2021 (\$)
2.2A / Other revenue		
Organ match funding	-	1,930,945
Total revenue	-	1,930,945

Note 3.1

Financial assets

	2022 (\$)	2021 (\$)
3.1A / Cash and cash equivalents		
Cash on hand or on deposit	113,226	267,776
Total cash and cash equivalents	113,226	267,776

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.

	2022 (\$)	2021 (\$)
3.1B / Trade and other receivables		
Goods and services receivables		
Other	95,034	8,902
Total goods and services receivables	95,034	8,902
Appropriation receivables		
Appropriation receivable	3,353,550	2,320,670
Total appropriation receivables	3,353,550	2,320,670
Other receivables		
GST receivable from the Australian Taxation Office	23,515	55,970
Total other receivables	23,515	55,970
Total trade and other receivables (gross)	3,472,099	2,385,542
Total trade and other receivables (net)	3,472,099	2,385,542

No indicators of impairment were found for trade and other receivables in 2022 (2021: nil).

Credit terms for goods and services were within 30 days (2021: 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.

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 (\$)
As at 1 July 2021				
Gross book value	1,501,750	211,800	1,857,238	3,570,788
Accumulated depreciation, amortisation and impairment	(598,732)	–	(1,509,761)	(2,108,493)
Total as at 1 July 2021	903,018	211,800	347,477	1,462,295
Additions				
Purchase	–	3,631	15,818	19,449
Depreciation and amortisation	(74,297)	(34,483)	(92,516)	(201,296)
Disposals	–	(2,874)	(76,036)	(78,910)
Depreciation on right-of-use assets	(299,366)	–	–	(299,366)
Total as at 30 June 2022	529,355	178,075	194,743	902,173
Total as at 30 June 2022 represented by				
Gross book value ¹	1,501,750	209,131	503,802	2,214,683
Accumulated depreciation, amortisation and impairment	(972,395)	(31,056)	(309,059)	(1,312,510)
Total as at 30 June 2022 represented by	529,355	178,075	194,743	902,173
Carrying amount of right-of-use assets	424,102	–	–	424,102

¹ Gross book value includes assets under construction amount for computer software of 2022: nil (2021: \$54,850).

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 to conduct the revaluations as at 30 June 2021. No revaluation was performed for 2021-22. 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 2022 (2021: Nil).

Note 3.2 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:

	2022	2021
Buildings	Lease term	Lease term
Plant and Equipment	3 to 5 years	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.

Impairment

All assets were assessed for impairment at 30 June 2022. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the 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 (2020-21: 1 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2022.

Note 3.3

Payables

	2022 (\$)	2021 (\$)
3.3A / Suppliers		
Trade creditors and accruals	150,398	409,568
Total suppliers	150,398	409,568

Settlement was usually made within 20 days.

	2022 (\$)	2021 (\$)
3.3B / Other payables		
Salaries and wages	127,913	63,873
Superannuation	12,349	8,989
Other	201,019	91,240
Total other payables	341,281	164,102

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).

Note 3.4

Interest bearing liabilities

	2022 (\$)	2021 (\$)
3.4A / Leases		
Lease liabilities	433,895	764,420
Total leases	433,895	764,420

Total cash outflow for leases for the year ended 30 June 2022 was \$336,468 (2021: \$295,596)

Maturity analysis - contractual undiscounted cash flows

Within 1 year	326,449	311,342
Between 1 to 5 years	110,515	436,964
Total leases	436,964	748,306

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.

Note 4.1

Administered – financial assets

	2022 (\$)	2021 (\$)
4.1A / Cash and cash equivalents		
Cash on hand or on deposit	143,080	65,153
Total cash and cash equivalents	143,080	65,153

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.

	2022 (\$)	2021 (\$)
4.1B / Trade and other receivables		
Other receivables		
GST receivable from the Australian Taxation Office	722,637	559,912
Total other receivables	722,637	559,912
Total trade and other receivables (gross)	722,637	559,912
Total trade and other receivables (net)	722,637	559,912

No indicators of impairment were found for trade and other receivables in 2022 (2021: nil).

Credit terms for goods and services were within 30 days (2021: 30 days).

Note 4.2

Administered – payables

	2022 (\$)	2021 (\$)
4.2A / Suppliers		
Trade creditors and accruals	148,558	241,381
Total suppliers	148,558	241,381

Settlement was usually made within 20 days

	2022 (\$)	2021 (\$)
4.2B / Grants		
State and Territory Governments	8,505,783	8,761,785
Non-profit organisations	-	2,634,060
Total grants	8,505,783	11,395,845

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

Note 5.1

Appropriations

5.1A / Annual Appropriations ('Recoverable GST exclusive')

	2022 (\$)	2021 (\$)
Departmental		
Ordinary annual services		
Annual appropriation	5,978,000	5,276,000
Receipts retained under PGPA Act – Section 74	171,681	329,521
Total appropriation	6,149,681	5,605,521
Appropriation applied (current and prior years)	5,532,351	5,204,655
Variance¹	617,330	400,866
Capital Budget		
Annual departmental capital budget ²	261,000	262,000
Payments for non-financial assets ³	19,449	248,637
Variance	241,551	13,363

	2022 (\$)	2021 (\$)
Administered		
Ordinary annual services		
Annual appropriation	48,281,000	45,041,000
Receipts retained under PGPA Act – Section 74	–	2,224,968
Total appropriation	48,281,000	47,265,968
Appropriation applied (current and prior years)	50,650,174	43,868,422
Variance⁴	(2,369,174)	3,397,546

- 1 The variance of \$617,330 for departmental ordinary annual services is primarily due to higher than anticipated attrition resulting in employee underspends.
- 2 Departmental capital budgets are appropriated through Appropriation Acts (No. 1, 3, 5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts.
- 3 Payments made for non-financial assets include asset purchases and capitalised expenditure.
- 4 The variance of -\$2,369,174 for administered ordinary annual services reflects the timing of supplier and grant payments.

5.1B / Unspent annual appropriations ('recoverable GST exclusive')

	2022 (\$)	2021 (\$)
Departmental		
Appropriation Act (No.1) 2020–21	–	2,320,670
Appropriation Act (No.1) 2021–22	3,092,550	–
Appropriation Act (No.1) 2021–22 – Departmental Capital Budget	261,000	–
Cash at bank	113,226	267,776
Total departmental	3,466,776	2,588,446

	2022 (\$)	2021 (\$)
Administered		
Appropriation Act (No.1) 2018–19	–	4,080
Appropriation Act (No.1) 2019–20	6,052	10,000
Appropriation Act (No.1) 2020–21	1,846	10,983,845
Appropriation Act (No.1) 2021–22	5,363,774	–
Appropriation Act (No.3) 2021–22	3,253,000	–
Cash at bank	143,080	65,153
Total administered	8,767,752	11,063,078

Note 5.2

Net cash appropriation arrangements

	2022 (\$)	2021 (\$)
Total comprehensive income/(loss) as per the Statement of comprehensive income	480,741	24,452
<i>Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections)¹</i>	201,296	223,549
<i>Plus: depreciation right-of-use assets²</i>	299,366	299,366
<i>Less: lease principal repayments²</i>	(330,525)	(286,729)
Net cash operating surplus / (deficit)	650,878	260,639

- 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.

Note 6.1

Employee provisions

	2022 (\$)	2021 (\$)
6.1A / Employee provisions		
Leave	990,442	961,398
Total employee provisions	990,442	961,398

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.

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 Chair of the Board and its members from 1 July 2021 to 1 November 2021 (2021: 1 July 2020 to 30 June 2021), the Chief Executive Officer from 1 July 2021 to 30 June 2022 (2021: 1 July 2020 to 30 June 2021) and the Chief Operating Officer from 1 July 2021 to 30 June 2022 (2021: n/a). Key management personnel remuneration is reported in the table below:

	2022 (\$)	2021 (\$)
Short-term employee benefits	599,488	498,773
Post-employment benefits	86,884	65,406
Other long-term employee benefits	10,670	6,585
Total key management personnel remuneration expenses¹	697,042	570,764

The total number of key management personnel that are included in the above table are 8 (2021: 7).

- 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.

Note 6.3

Related party disclosures

Related party relationships

The parent entity to OTA is the Department of Health. The OTA is an Australian Government controlled entity. Related parties to the OTA are key management personnel, including the OTA Board, 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.

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

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

Accounting policy

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

7.1B / Administered contingent liabilities and assets

Quantifiable administered contingencies

The OTA had no quantifiable contingencies at reporting date.

Unquantifiable administered contingencies

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

Note 7.2

Financial instruments

	2022 (\$)	2021 (\$)
7.2A / Categories of financial instruments		
Financial assets at amortised cost		
Cash and cash equivalents	113,226	267,776
Trade and other receivables	95,034	8,902
Total financial assets at amortised cost	208,260	276,678
Total financial assets	208,260	276,678
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	150,398	409,568
Total financial liabilities measured at amortised cost	150,398	409,568
Total financial liabilities	150,398	409,568

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.

Note 7.2 continued

Accounting policy (cont.)

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).

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 2022 and 30 June 2021.

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 2022 and 30 June 2021.

Note 7.3

Administered financial instruments

	2022 (\$)	2021 (\$)
7.3A / Categories of financial instruments		
Financial assets at amortised cost		
Loans and receivables		
Cash and cash equivalents	143,080	65,153
Total financial assets at amortised cost	143,080	65,153
Total financial assets	143,080	65,153
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	148,558	241,381
Grants payable	8,505,783	11,395,845
Total financial liabilities measured at amortised cost	8,654,341	11,637,226
Total financial liabilities	8,654,341	11,637,226

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 2022 and 30 June 2021.

7.3C / Net gains or losses on financial liabilities

There is no interest income or expense from financial assets not at fair value through profit or loss in the years ended 30 June 2022 and 30 June 2021.

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

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 3 years. The fair value of property, plant and equipment is determined using either the Market Approach or the Cost Approach.

7.4A / Fair value measurements

Fair value measurements at the end of the reporting period

	2022 (\$)	2021 (\$)
Non-financial assets		
Buildings	105,253	179,550
Property, plant and equipment	178,075	211,800
Total non-financial assets	283,328	391,350

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

Note 8.1

Current/non-current distinction for assets and liabilities

	2022 (\$)	2021 (\$)
8.1A / Departmental – current/non-current distinction for assets and liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	113,226	267,776
Trade and other receivables	3,472,099	2,385,542
Other non-financial assets	88,530	83,687
Total no more than 12 months	3,673,855	2,737,005
More than 12 months		
Buildings	529,355	903,018
Property, plant and equipment	178,075	211,800
Computer software	194,743	347,477
Other non-financial assets	18,459	36,918
Total more than 12 months	920,632	1,499,213
Total assets	4,594,487	4,236,218
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	150,398	409,568
Other payables	341,281	164,102
Leases	323,607	304,171
Employee provisions	354,602	289,922
Total no more than 12 months	1,169,888	1,167,763
More than 12 months		
Leases	110,288	460,249
Employee provisions	635,840	671,476
Total more than 12 months	746,128	1,131,725
Total liabilities	1,916,016	2,299,488

Note 8.1 continued

	2022 (\$)	2021 (\$)
8.1B / Administered – current/non-current distinction for assets and liabilities		
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	143,080	65,153
Trade and other receivables	722,637	559,912
Other non-financial assets	55,449	473,331
Total no more than 12 months	921,166	1,098,396
Total assets	921,166	1,098,396
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	148,558	241,381
Grants	8,505,783	11,395,845
Total no more than 12 months	8,654,341	11,637,226
Total liabilities	8,654,341	11,637,226

Muffy

received bone marrow
and corneal transplants
and was part of the 2021
Great Registration Race for
DonateLife Week



Part 5 / Appendices

Appendix 1: Stakeholders

Appendix 2: List of tables and figures

Appendix 3: Abbreviations

Appendix 4: Glossary

Appendix 5: List of requirements

Appendix 6: Alphabetical index



Appendix 1

Stakeholders

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

Government

- + ACT Health
- + Australian Health Ethics Committee
- + 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
- + Department for Health and Wellbeing, South Australia
- + Department of Health and Human Services, Tasmania
- + Department of Health and Human Services, Victoria
- + Department of Health, Northern Territory
- + Department of Health, Western Australia
- + NSW Ministry of Health
- + Queensland Health

Professional associations

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

- + College of Intensive Care Medicine of Australia and New Zealand
- + Eye Bank Association of Australia and New Zealand
- + The Pharmacy Guild of Australia
- + The Royal Australian College of General Practitioners
- + 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 Banks (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 Families Australia
- + 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

- + Australian Professional Leagues (A League and W League)
- + 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 Transplant Registry
- + Australia and New Zealand Organ Donation Registry
- + Australian Corneal Graft Registry

Other organisations

- + Australia Post
- + Australian Red Cross Lifeblood
- + DataCom
- + Qantas
- + 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, Spain
- + International Society for Organ Donation and Procurement
- + National Health Service Blood and Transplant, United Kingdom
- + National Transplant Organization, Spain
- + Organ Donation New Zealand
- + Project Notify
- + The Transplantation Society
- + United Network for Organ Sharing, USA
- + World Health Organization

Appendix 2

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Appendix 3

Abbreviations

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

Appendix 4

Glossary

Australian Donation and Transplantation Activity Report	The OTA's annual report released in February that provides the donation and transplantation outcomes.
Australian Organ and Tissue Donation and Transplantation Authority (OTA)	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.
Australian Organ Donor Register (AODR)	The national register for Australians to record their organ and tissue donation decision.
Australian and New Zealand Paired Kidney Exchange (ANZKX) Program	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.
Best Practice Guideline for Offering Organ and Tissue Donation in Australia	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.
Clinical Guidelines for Organ Transplantation from Deceased Donors	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.
Clinical Practice Improvement Program (CPIP) Phase 4	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.
Consent rate	The number of consents as a percentage of all requests made to potential deceased donor families in the hospital.
DonateLife	The Australian Government brand for all initiatives undertaken as part of the national program to increase organ and tissue donation for transplantation.

DonateLife agencies	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.
DonateLife Audit	A nationally consistent retrospective audit to collect data about hospital deaths in the context of organ donation.
DonateLife Network	The national network of state-based donation agencies and hospital-based staff focused on increasing organ and tissue donation.
DonateLife Thank You Day	A national day to acknowledge organ and tissue donors and families who agreed to donation.
DonateLife Week	A national awareness week promoting organ and tissue donation.
Electronic Donor Record	A national electronic web-based IT system for managing the donation process and offering organs for transplantation.
Ethical guidelines for organ transplantation from deceased donors	Guidelines that inform ethical practice 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.
Family Donation Conversation workshop	Workshop-based training that provides health professionals with the knowledge and skills to communicate with families about death and donation, and to support families to make an informed donation decision.
Hospital-based staff	Specialist hospital staff, including 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.
Organ Donation Hospital Support Funding	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.
OrganMatch	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.
Portfolio Budget Statements	Statements prepared by portfolios to explain the Budget appropriations in terms of outcomes and programs.
Virtual crossmatch	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
17AD(g)	Letter of transmittal		
17AI	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	VI
17AD(h)	Aids to access		
17AJ(a)	Table of contents (print only).	Mandatory	III
17AJ(b)	Alphabetical index (print only).	Mandatory	122–126
17AJ(c)	Glossary of abbreviations and acronyms.	Mandatory	112
17AJ(d)	List of requirements.	Mandatory	115–121
17AJ(e)	Details of contact officer.	Mandatory	II
17AJ(f)	Entity's website address.	Mandatory	II
17AJ(g)	Electronic address of report.	Mandatory	II
17AD(a)	Review by accountable authority		
17AD(a)	A review by the accountable authority of the entity.	Mandatory	2–4
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	A description of the role and functions of the entity.	Mandatory	10, 36
17AE(1)(a)(ii)	A description of the organisational structure of the entity.	Mandatory	10
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	36

PGPA Rule Reference	Description	Requirement	Page
17AE(1)(aa)(ii)	Position title of the accountable authority or each member of the accountable authority.	Mandatory	36
17AE(1)(aa)(iii)	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory	36
17AE(1)(b)	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory	N/A
17AE(2)	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory	N/A
17AD(c) Report on the Performance of the entity			
Annual performance Statements			
17AD(c)(i); 16F	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory	13–34
17AD(c)(ii) Report on Financial Performance			
17AF(1)(a)	A discussion and analysis of the entity's financial performance.	Mandatory	4, 32–34
17AF(1)(b)	A table summarising the total resources and total payments of the entity.	Mandatory	33–34
17AF(2)	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.	N/A
17AD(d) Management and Accountability			
Corporate Governance			
17AG(2)(a)	Information on compliance with section 10 (fraud systems).	Mandatory	44
17AG(2)(b)(i)	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory	44
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	44
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	44

PGPA Rule Reference	Description	Requirement	Page
17AG(2)(c)	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory	36–44
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
Audit Committee			
17AG(2A)(a)	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory	38
17AG(2A)(b)	The name of each member of the entity's audit committee.	Mandatory	38
17AG(2A)(c)	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory	38
17AG(2A)(d)	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory	38
17AG(2A)(e)	The remuneration of each member of the entity's audit committee.	Mandatory	38
External Scrutiny			
17AG(3)	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory	43
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
Management of Human Resources			
17AG(4)(a)	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory	45–48
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	50

PGPA Rule Reference	Description	Requirement	Page
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"> + Statistics on staffing classification level; + Statistics on full-time employees; + Statistics on part-time employees; + Statistics on gender; + Statistics on staff location; + Statistics on employees who identify as Indigenous. 	Mandatory	47, 51–53
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 Public Service Act 1999.	Mandatory	47, 54
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	54
17AG(4)(c)(ii)	The salary ranges available for APS employees by classification level.	Mandatory	54
17AG(4)(c)(iii)	A description of non-salary benefits provided to employees.	Mandatory	48
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
Assets Management			
17AG(5)	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory	56
Purchasing			
17AG(6)	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory	56

PGPA Rule Reference	Description	Requirement	Page
Reportable consultancy contracts			
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	59
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	59
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	59
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	59
Reportable non-consultancy contracts			
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	59
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	59
17AD(daa) Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts			
17AGA	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory	58

PGPA Rule Reference	Description	Requirement	Page
Australian National Audit Office Access Clauses			
17AG(8)	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory	56
Exempt contracts			
17AG(9)	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory	56
Small business			
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	57
17AG(10)(b)	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	57
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	57
Financial Statements			
17AD(e)	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	61–106
Executive Remuneration			
17AD(da)	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory	49

PGPA Rule Reference	Description	Requirement	Page
17AD(f)	Other Mandatory Information		
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	57
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	57
17AH(1)(c)	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	60
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	60
17AH(1)(e)	Correction of material errors in previous annual report.	If applicable, mandatory	N/A
17AH(2)	Information required by other legislation.	Mandatory	55, 60

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