Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report 2017–18

AIHW

About the AIHW

The Australian Institute of Health and Welfare (AIHW) is a national asset, providing high-quality, independent evidence on health and welfare in Australia for over 30 years. Our reports and other information products enhance the delivery of health and welfare for Australians by enabling other organisations to improve their policies and services and achieve their goals by making better use of evidence.

Our vision

Stronger evidence, better decisions, improved health and welfare.

About this report

This is the AIHW's report to the Minister for Health for the financial year ended 30 June 2018. This report has been prepared in accordance with the Australian Government Department of Finance's *Resource management guide no. 136: annual reports for corporate Commonwealth entities*.

As required under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), this report contains the AIHW's Annual Performance Statements for 2017–18. The Annual Performance Statement details the results the AIHW has achieved against our performance criteria as set out in the 2017–18 Health Portfolio Budget Statements (PBS) and the AIHW's Corporate Plan 2017–18 to 2020–21.

This report also contains other mandatory requirements and information about the AIHW, our work and our people.

The 'Compliance index' on page 190 will direct you to where required information can be found.

The Institute's branding colours and elements have been used to design the cover and internal pages of the report. The angular square shape represents a data point and each graph-like bar element is positioned in an upwards trajectory to show how the Institute is moving forwards and outwards, focused on its vision of 'Stronger evidence, better decisions, improved health and welfare'.

Australian Institute of Health and Welfare

Annual report 2017–18

AIHW

The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and wellbeing of all Australians.

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Australian Institute of Health and Welfare

Board Chair
Mrs Louise Markus

Director
Mr Barry Sandison

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Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

AIHW

The Hon. Greg Hunt, MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present you with the annual report of the Australian Institute of Health and Welfare (AIHW) for the year ending 30 June 2018.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and, for the year ending 30 June 2018, was subject to the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The report meets the requirements of section 46 of the PGPA Act and related legislation as follows:

- Public Governance, Performance and Accountability Rule 2014
- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015.

The report also provides information required by other applicable legislation.

The members of the AIHW Board resolved to approve the report at their meeting on 27 September 2018.

I am satisfied that the AIHW has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures that meet the specific needs of the entity.

Yours sincerely

Louise Markus
Board Chair

27 September 2018

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Board Chair's report

On behalf of the AIHW Board, I am pleased to introduce the AIHW's Annual report for 2017–18.

In 2016–17 the AIHW Board approved new Strategic Directions to guide the AIHW in achieving its vision of *'delivering stronger evidence, better decisions, improved health and welfare'*. In 2017–18, the AIHW applied these Strategic Directions across its work program, as we continue to strengthen our data capabilities and turn data and information into knowledge and intelligence. The major achievements made by the AIHW throughout the year are highlighted in this report.

Over the past 31 years, the AIHW has fostered and established many strategic and trusted partnerships across the health and welfare sectors. In collaboration with these partners, the AIHW has continued to develop and capture the data required to inform national policy and health and welfare priorities.

The environment in which the AIHW operates continued to evolve in 2017–18, providing a number of new challenges and opportunities for growth. The Productivity Commission's report on Data Availability and Use (released in May 2017), highlights the extraordinary growth in data generation and usability. With a key focus on the huge value to be gained from data and the overwhelming need to make it more readily available, the report also highlights the importance of building public trust in the government's use of data. As a highly respected long-term player in developing and using people-centred data, the AIHW is well-placed to ride this wave of support for better access to and use of data.

In May 2018 the Board focussed on risk management, and through a workshop, deepened its understanding of strategic risk management and its oversight of the Institute's risk management, governance and assurance frameworks. The Board has identified key strategic risks and is reviewing the Institute's Risk Management Framework.

Government introduced amendments to the AIHW Act via the Australian Institute of Health and Welfare Amendment Bill 2018. If passed, the representative-based structure of the AIHW Board will be replaced with membership comprising a collective mix of skills and experience from a range of different fields.

I would like to thank Lyn Roberts, Mark Cormack, Philip Fagan-Schmidt and Gillian Adamson, each of whom finished their term as Board members during or at the end of the financial year, for their valuable contributions to the Board. I would also like to acknowledge the management team and more than 400 staff for their outstanding contribution, commitment and expertise who, together with the passion, leadership and vision of the AIHW's Director, Barry Sandison, make the AIHW's achievements possible. The Board is excited about the AIHW's future, as the Institute leads the way in a rapidly evolving health-and-welfare data landscape.

Louise Markus
AIHW Board Chair

AIHW Director's report

The last year started with a celebration of the AIHW's 30th birthday. Since 1987, the AIHW has provided independent, authoritative and accessible evidence that 'tells the story' of health and welfare in Australia. As a trusted long-term player in developing and using people-centred data, the AIHW continued to build on this reputation in 2017–18, delivering over 200 products, providing a powerful insight into the health and welfare patterns, trends and outcomes that affect Australians.

The AIHW's data holdings include more than 150 data sets covering fields as diverse as homelessness, perinatal health, disability, alcohol and other drugs, cancer and hospitals. We also operate as the access point to share Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and Centrelink data sets. We are one of a small number of Commonwealth agencies authorised to integrate national data sets which, along with our broader linkage activities, gives us the capability to tell a much richer story than any one data set could tell on its own.

The breadth of our data holdings, and our role as a Commonwealth Integrating Authority, is testament to the safe and secure data custodianship services that the AIHW offers. The recent announcement that the AIHW will manage the governance arrangements for the release of secondary data from the Australian Government's My Health Record initiative demonstrates the confidence that stakeholders have in us.

The contribution the AIHW makes to the evidence base and to the development of health and welfare policies and programs was affirmed by the Hon Greg Hunt, MP, Minister for Health, during his visit in August. We were also honoured to host a visit in October by the Hon Ken Wyatt, AM, MP, Minister for Aged Care and Minister for Indigenous Health. The minister met with staff and heard about our work on variations in access to primary health care services.

Today, we operate in a rapidly changing digital age, fuelled by growing expectations that data will be available quickly, and reported in a way that supports multiple information needs. We strive to be a champion for open and accessible data by continually enhancing the presentation of our work to meet our users' needs.

Key achievements for the AIHW in 2017–18 include:

- announcement in the 2018 Federal Budget of a 25% increase in the AIHW's appropriation funding to an ongoing total of about $33 million a year
- successful completion of 92% of all measurable performance targets (see **Chapter 1 Our performance** for detail)
- approval and commencement of work to establish the National Integrated Health Services Information (NIHSI) Analysis Asset (AA) that will allow the AIHW and other analysts to report on patient journeys through the health and aged care sectors
- completion of 61 data linkage projects compared with 55 in 2016–17 and 33 in 2015–16
- release of biennial flagship reports, *Australia's welfare 2017* (launched by Senator the Hon Zed Seselja) and *Australia's health 2018* (launched by the Hon Greg Hunt, MP)
- release of the AIHW's first *Family, domestic and sexual violence in Australia* report that brought together information from multiple sources on victims and perpetrators and on the causes, impacts and outcomes of violence
- release of 2 reports on overweight and obesity: *A picture of overweight and obesity in Australia 2017* and *Overweight and obesity in Australia: a birth cohort analysis*

- the first release from the Australian Burden of Disease Study 2015—the *Australian Burden of Disease Study 2015: fatal burden preliminary estimates* provides interactive data displays for more than 200 diseases and injuries in Australia
- release of *Private health insurance use in Australian hospitals 2006–07 to 2015–16*, presenting information on admitted patient hospitalisations that were completely or partially funded by private health insurance
- launch of the GEN website in August by the Hon Ken Wyatt AM, MP. GEN reports on capacity and activity in the aged care system
- the sold-out 2-day 'Breaking the Data Silos' conference, run in partnership with the Australia and New Zealand School of Government, featured experts from a range of industries and sectors who shared their data insights
- the AIHW and Canadian Institute for Health Information jointly hosted a health information forum in Vancouver, with representatives from England, New Zealand, Scotland, Ireland and Finland
- participation in the world-first White Ribbon Workplace Accreditation Program, demonstrating the AIHW's commitment to a safe and healthy workplace
- creation of the AIHW Pride Network to promote an inclusive culture and LGBTIQ visibility at the AIHW.

What lies ahead?

Increased appropriation funding from the 2018 Federal Budget is a strong and positive signal about the value of the AIHW's work. The staff of the Institute are critical to our success and 2018–19 will see us reinforce the role our people play in maintaining the Institute as a flexible and agile organisation.

We are committed to remaining at the cutting edge of developments as part of the public sector data agenda, ensuring that data are not just 'big', but 'smart'—that they can be used to inform discussion, debate and public policy. We will build on our existing data governance framework and data capabilities by increasing transparency about our data holdings, reviewing internal data-related policies, and identifying opportunities to fill gaps created by the changing data landscape. We will focus on closing data gaps in relation to primary health care, housing and homelessness, vulnerable children and youth, ambulance services, Centrelink payments and the pathways of people across services (e.g. NIHSI AA).

We will continue to implement our new information and communications technology (ICT) strategy and ensure our ICT infrastructure supports the needs of both internal and external users. This will include replacing the AIHW's online repository for metadata, METeOR, and improving or redeveloping the range of websites under the AIHW umbrella. We will also further modernise our products, with a focus on improved data visualisation capabilities, and new formats for our 2 flagship reports, starting with *Australia's welfare 2019*.

Above all, we will reinforce our attention on being a national asset, focused on people data.

I would like to thank the AIHW Board and Board Chair, Mrs Louise Markus, for their oversight and counsel during the year, and extend my heartfelt thanks to the AIHW staff, whose dedication, passion and expertise are the foundations on which the Institute is built.

Barry Sandison
Director

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Chapter 3 Our communications 41

Outlines the AIHW's public affairs and publishing activities, including how messages from the AIHW's data on health and welfare are presented to policy makers and the public.

4 **Chapter 4 Our organisation 53**

Describes the AIHW's corporate governance arrangements, including accountabilities to the Minister for Health and the roles and responsibilities of the AIHW Board and the AIHW Ethics Committee. Also summarises the AIHW's organisational structure.

5 **Chapter 5 Our people 95**

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In brief

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Our values

In pursuing our vision, we draw on our independence and our expertise in health and welfare, to strive for excellence in all we do. We also uphold the Australian Public Service values of being:

- **Impartial**—we are apolitical and provide the Australian Government with advice that is frank, honest, timely and based on the best available evidence.
- **Committed to service**—we are professional, objective, innovative and efficient, and work collaboratively to achieve the best results for the Australian community and the government.
- **Accountable**—we are open and accountable to the Australian community under the law and within the framework of ministerial responsibility.
- **Respectful**—we respect all people, including their rights and their heritage.
- **Ethical**—we demonstrate leadership, are trustworthy and act with integrity in all that we do.

Our strategic goals

Over the next 5 years, we will apply and strengthen our capabilities to be:

Leaders in health and welfare data

We will engage nationally and internationally with authorities in our domain to develop, promote and deliver quality standards, systems and processes for collecting, curating and linking health and welfare data.

Drivers of data improvements

We will build on our trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings. We will support our partners to develop and capture the data required to inform national priorities.

Expert sources of value-added analysis
We will harness and enhance our capabilities in the health and welfare domains to turn data and information into knowledge and intelligence. We will translate this evidence to provide insight into patterns, trends and outcomes, including how these compare across organisations, regions and internationally.

Champions for open and accessible data and information
We will leverage emerging technology and enhance our products and services in order to provide data and information tailored to diverse access, timeliness and quality requirements. We will support our partners in making their data accessible while protecting privacy.

Trusted strategic partners
We will foster strategic partnerships and engage collaboratively with stakeholders to deliver program-specific expertise and enable others to achieve their strategic goals.

Our organisation

The AIHW Act is our enabling legislation and establishes the AIHW Board as the Institute's governing body. Further information about how we operate and the role and composition of the board are specified in **Chapter 4 Our organisation**.

The board is accountable to the Parliament of Australia through the Minister for Health, and is responsible for setting the overall policy and strategic directions of the Institute. As at 30 June 2018, the Minister for Health was the Hon Greg Hunt, MP.

The Charter of Corporate Governance outlines AIHW's governance arrangements, including the board's structure, processes and responsibilities. The AIHW Director manages the day-to-day affairs of the Institute with the assistance of a Deputy Director and an executive committee.

The Institute operates in accordance with the PGPA Act. For planning purposes, it prepares a corporate plan and budget estimates as required by the PGPA Act. For reporting purposes, it prepares this annual report, which must include a set of annual financial statements and an annual performance statement, also as required by the PGPA Act. Much of the work we undertake is subject to ethical clearance by the AIHW Ethics Committee, which is established by the AIHW Act.

Functions and role

The detailed functions of the AIHW are prescribed in section 5 of the AIHW Act. In summary, the Institute has responsibility to:

- collect and produce, and coordinate and assist the collection and production of, health- and welfare-related information and statistics
- conduct and promote research into Australians' health and their health services
- develop specialised standards and classifications for health, health services and welfare services
- publish reports on its work
- make recommendations to the Minister on prevention and treatment of diseases and improvement and promotion of the health awareness of Australians
- provide researchers with access to health- and welfare-related information and statistics.

Data collections

The AIHW is committed to providing statistical information that governments and the community can use to promote discussion and inform decisions on health, housing and community services. In doing so, we ensure that data privacy and confidentiality are maintained and that the requirements of the *Privacy Act 1988* and the AIHW Act are met.

Our health and welfare data holdings are substantial, including more than 150 data sets. These essential statistical assets cover fields as diverse as expenditure, hospitals, disease, injury, mental health, ageing, homelessness, housing, disability, child protection and mortality. The AIHW also operates as the access point for the sharing of Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and Centrelink data sets.

These data are used in many of the reports, bulletins and data products we release and are also used by the community, policymakers, researchers and service providers. A full list of products released during the year is provided in Appendix 2 on page 122. A printable list of our data collections can be accessed via the AIHW website at https://www.aihw.gov.au/about-our-data/our-data-collections.

For further information on the AIHW's Data Governance Framework, data security and privacy protections, refer to **Chapter 4 Our organisation** on page 53.

Stakeholders

Our stakeholders are important to us as groups to which we are accountable, who fund us, and to whom we target our products. They include:

- the Parliament of Australia and people of Australia
- the Australian Government and its departments and agencies
- state and territory governments and their departments with responsibilities for health, community services, housing assistance, education and justice
- health and welfare service providers, professionals and non-government organisations
- consumers of health, welfare and housing assistance services
- the research community.

The AIHW collaborates closely and has effective partnerships with many individual government entities, universities, research centres, non-government organisations and individual experts throughout the country. More details on our collaborative partners are provided in **Chapter 4 Our organisation** on page 83–87.

In 2017 the AIHW commissioned a comprehensive survey to gain insight into the perceptions of our stakeholders. Overall, the survey provided positive results and evidence that the AIHW is achieving its strategic objectives. Further details of the survey findings are provided in **Chapter 1 Our performance** on page 21–22.

International partnerships

The AIHW has a role in information sharing with a number of international organisations, such as the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD). We also have informal collaborative arrangements with other international agencies and bodies, such as the Canadian Institute for Health Information (CIHI) and the International Group for Indigenous Health Measurement.

Chapter 1 Our performance

Data linkage services

We completed data linkage services for 61 projects, including linkage of data sets to MBS and PBS data, the National Death Index and the Australian Cancer Database.

Access to data for analysis

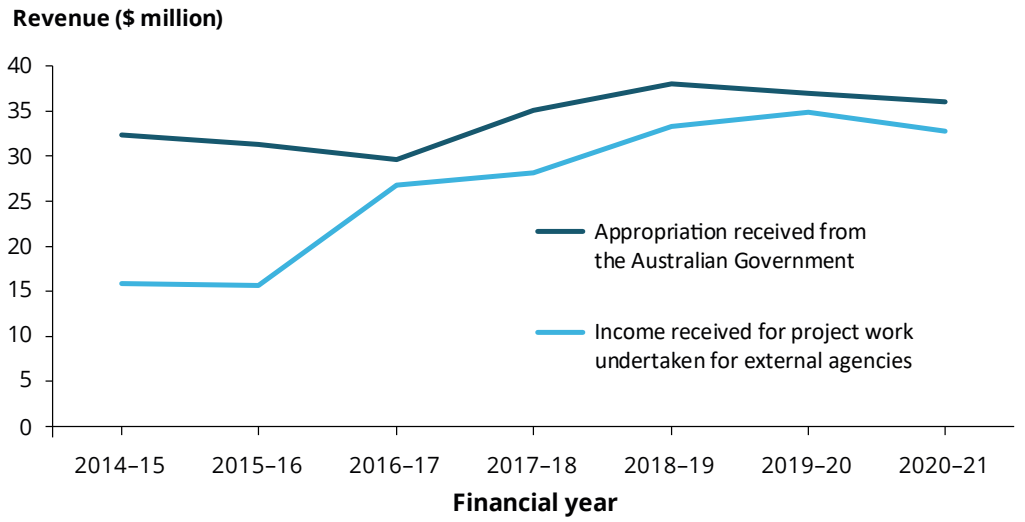
During 2017–18, we completed 184 requests for customised data analysis, which provides access to statistics that are not available in published reports, tables, dynamic data displays or data cubes. In addition, we are continuing to develop ways to release more statistical products that allow users to manipulate information into formats suitable for their analysis.

Financial performance

Our total revenue for 2017–18 was $65.1million, which represents an increase of $7.3 million from 2016–17. Appropriation has increased due to new funding from the 'Public Modernisation Fund' for the AIHW to participate in the Data Integration Partnership for Australia partly offset by efficiency dividends and wage cost index adjustments.

Fee-for-service work also increased by $5.5 million. Our financial result for the year was a surplus of $133,000.

Figure 1: Major revenue sources, 2014–15 to 2017–18, with projections, 2018–19 to 2020–21



Chapter 2 Our products

Products released

We released 218 products during 2017–18 covering a broad range of topics, such as life expectancy and disability in Australia, injury, aged care, the impact of overweight and obesity, youth justice, hospital statistics, health expenditure, domestic and sexual violence, mental health, Australia's health, Australia's welfare and trends in Indigenous mortality and life expectancy.

Chapter 3 Our communications

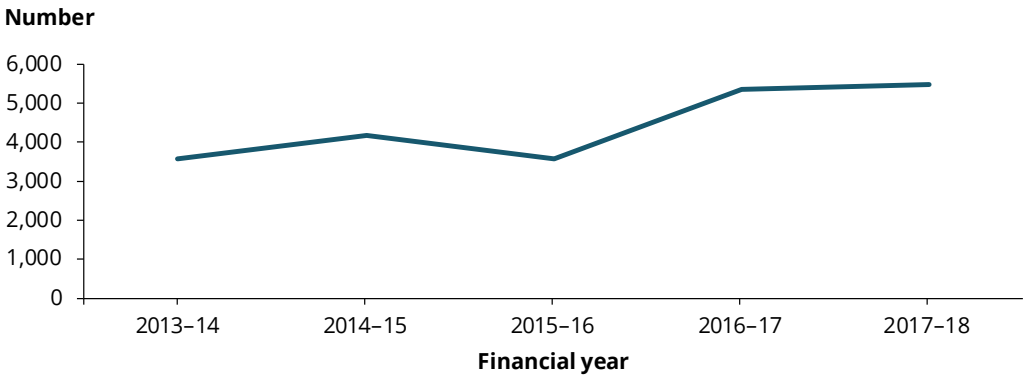
Infographics

In 2017–18, we produced and expanded the number of infographics across all topic areas, providing our audience with an easy-to-interpret graphical format.

Media and online presence

Media coverage of AIHW products increased in 2017–18 compared with the previous year. There was a slight dip in website traffic, a temporary consequence of the introduction of the new AIHW website in September 2017.

Figure 2: Number of mentions in the media attributed to the AIHW



Website sessions	*million*
2017–18	**2.9**
2016–17	**3.0**

Media coverage	*items*
2017–18	**5,472**
2016–17	**5,354**

Chapter 4 Our organisation

AIHW Board

The AIHW is managed by the AIHW Board. The board is an 'accountable authority' under the PGPA Act. The board's composition is prescribed by section 8(1) of the AIHW Act. Board members are appointed by the Governor-General and hold office for a specified term not exceeding 3 years. In addition, there are 3 ex-officio board members: the AIHW Director, the Australian Statistician or nominee, and the Secretary of the Department of Health or nominee. In 2017–18, the AIHW Board met 5 times.

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. In 2017–18, the AIHW Ethics Committee met 5 times and considered 76 new project applications.

Chapter 5 Our people

In 2017–18:

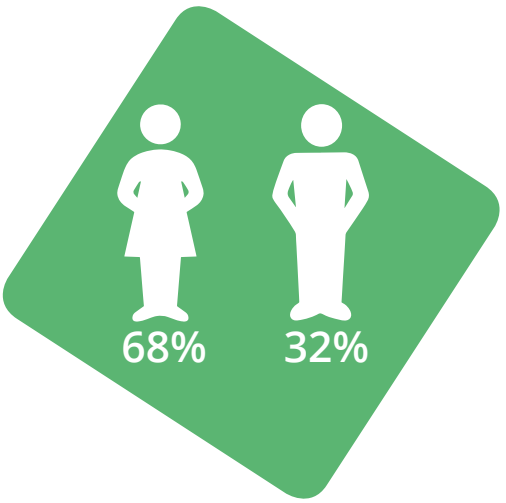
347 public service staff were employed by the AIHW

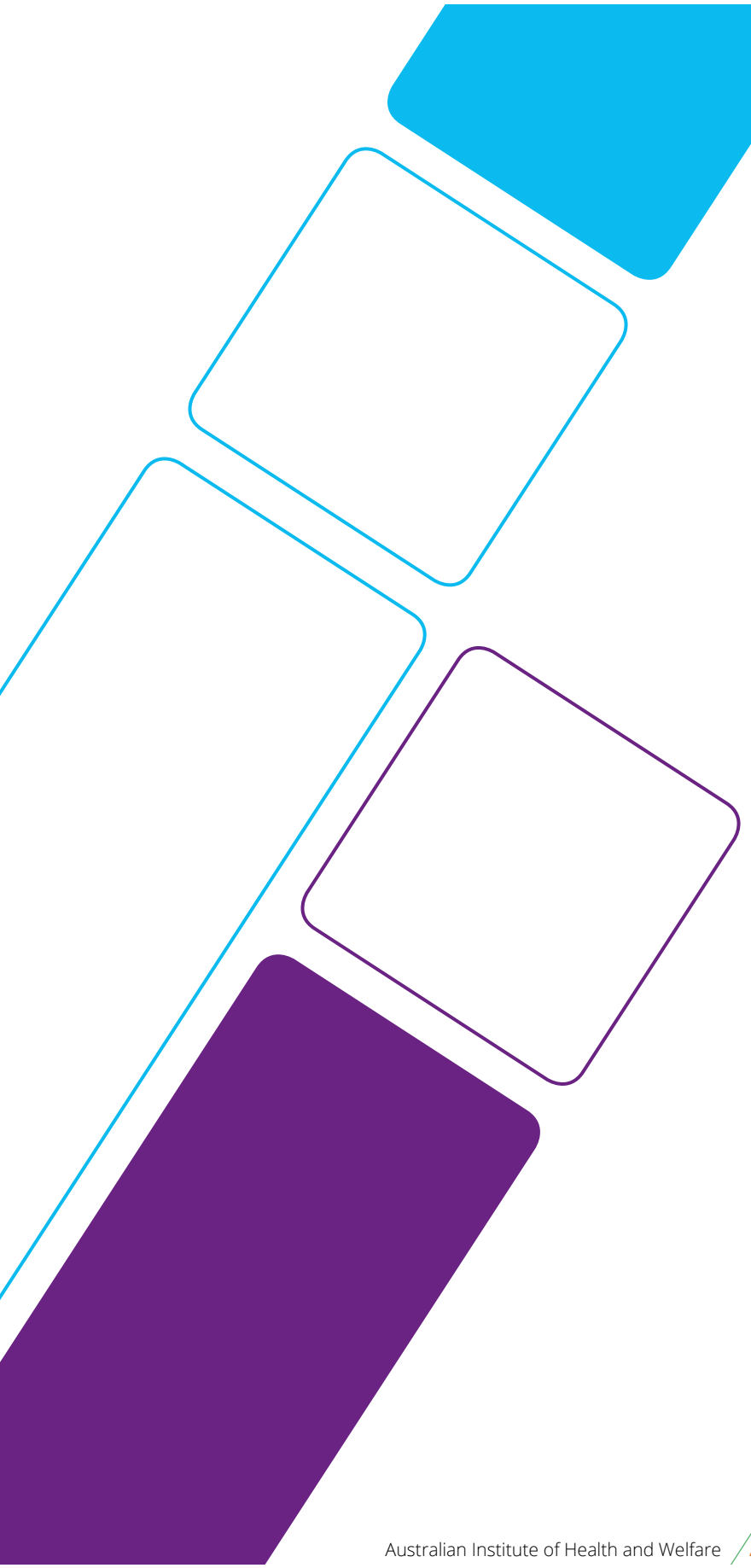
102 contract staff were employed at the AIHW

26% of employees worked within part-time arrangements

18 staff were employed as part of our graduate intake

20 staff were presented with long-service awards, having reached their 10- or 20-year anniversaries.





Chapter 1

Our performance

This chapter encompasses our 2017–18 performance statement, which is the required means for reporting on all performance criteria included in our corporate plan. It focuses on achievements against our key performance indicators and expected major deliverables for the year.

The chapter also summarises our financial performance, which is detailed in our 2017–18 financial statements in Appendix 6, our compliance with legislation on reporting and an overview of findings from the Australian Institute of Health and Welfare's (AIHW's) inaugural stakeholder survey.

Statement by accountable authority

Australian Government
Australian Institute of Health and Welfare

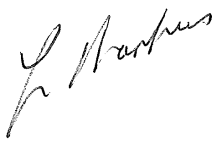
AIHW

On behalf of the board of the Australian Institute of Health and Welfare (AIHW), which is the accountable authority of the AIHW, I present, in this chapter of the *Australian Institute of Health and Welfare annual report 2017–18*, the 2017–18 annual performance statement of the AIHW, as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

In my opinion, this 2017–18 annual performance statement is based on properly maintained records, accurately reflects the performance of the Institute, and complies with subsection 39(2) of the PGPA Act.

The members of the AIHW Board resolved to approve this 2017–18 annual performance statement at their meeting on 27 September 2018, in the context of approval of the *Australian Institute of Health and Welfare annual report 2017–18*. This statement is made in accordance with that resolution.

The chapter also includes summary information about financial performance and compliance with legislation.



Louise Markus
Board Chair
27 September 2018

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Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Our work provides governments, key stakeholders and the broader Australian community with valuable evidence and insights about key issues affecting the health and welfare of Australia's population.

The information and data we publish, and otherwise make available, inform open debate and discussion at the national and jurisdictional levels, and in the broader community, on significant issues aimed at securing a sustained increase in quality of life for Australians.

Outcome

A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.

We are committed to providing high-quality, independent evidence on health and welfare in Australia, presented in meaningful and relevant ways and delivered in a timely manner. Accurate statistical information, comprehensive data development, high-quality analyses and related services support an increased understanding of health and welfare issues. This evidence base is critical to good policy making and effective service delivery, both of which have a direct impact on the lives of Australians.

External confidence in the AIHW is demonstrated by our exemplary reputation and acknowledgment of our achievements over 30 years. It is also reflected in the high level of engagement with us by other organisations, in terms of pursuit of joint endeavours and use of our services. Another way to assess the value placed on our contribution is the level of our external funding and the volume and variety of commissioned project work.

Our achievements and valued contribution rest on our demonstrated record in providing information that is:

- authoritative, accurate, accessible and timely
- useful for governments, service providers and the community
- in formats that are useful to individual users.

Public Governance, Performance and Accountability Act 2013 (PGPA Act)

As required under the PGPA Act, this report contains the AIHW's annual performance statement for 2017–18. The annual performance statement details results achieved against the planned performance set out in the 2017–18 Portfolio Budget Statements (PBS) and the *Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21*.

Program

Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.

Program objectives and performance criteria

Our corporate plan includes 2 program objectives:

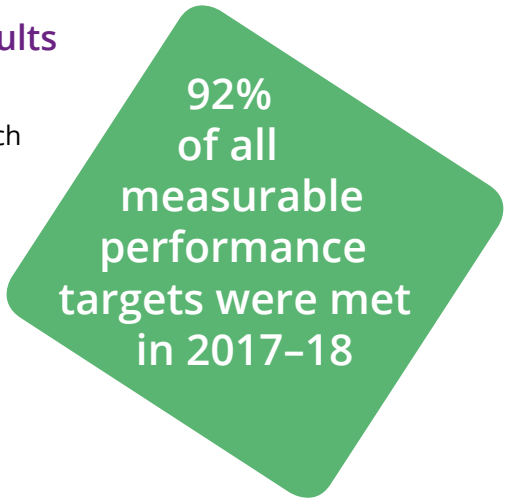
- providing health and welfare information and analysis
- providing leadership and improvements in health and welfare data and information.

Twenty-four targets relating to these objectives are grouped into 7 performance criteria. Of these, 4 relate to the first program objective and 3 to the second program objective.

The sources for these criteria and targets are the 2017–18 PBS and the AIHW's 2017–18 corporate plan available at www.health.gov.au/internet/budget/publishing.nsf/content/2017-2018_Health_PBS and www.aihw.gov.au/reports/corporate-publications/aihw-corporate-plan-2017-18-to-2020-21/contents/table-of-content, respectively.

Summary of our performance results

Twenty-two of 24 targets were met.
Details of performance against targets for each criterion are provided in tables 1.1 to 1.7.

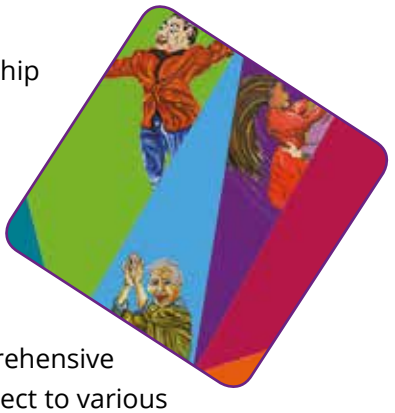


Deliverables contributing to program objective 1: providing health and welfare information and analysis

Table 1.1: Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 1

Performance criterion 1: Release a range of information products relevant to key policy areas	
2017–18 target	**2017–18 result**
Present *Australia's welfare 2017* to the Minister for Health by 31 December 2017.	✓ *Australia's welfare 2017* was released on 19 October 2017.
Present *Australia's health 2018* to the Minister for Health by 30 June 2018.	✓ *Australia's health 2018* was released on 20 June 2018.
Release products by 30 June 2018 relating to: • health expenditure in 2015–16 • admitted hospital patient care in 2016–17 • detailed findings from the 2016 National Drug Strategy Household Survey • residential and community mental health services in 2015–16 • pathways in aged care and cause of death.	✓ *Health expenditure Australia 2015–16* was released on 6 October 2017. ✓ *Admitted patient care 2016–17: Australian hospital statistics* was released on 24 May 2017. ✓ The *National Drug Strategy Household Survey 2016: detailed findings* was released on 28 September 2017. ✓ Updates to the online Mental Health Services Australia pages on 13 October 2017 included: - *Residential mental health care 2015–16* - *Community mental health care 2015–16*. ✓ *Cause of death patterns and people's use of aged care: a Pathways in Aged Care analysis of 2012–14 death statistics* was released on 24 January 2018.
Overall result: 7 of 7 targets met	

Australia's welfare 2017

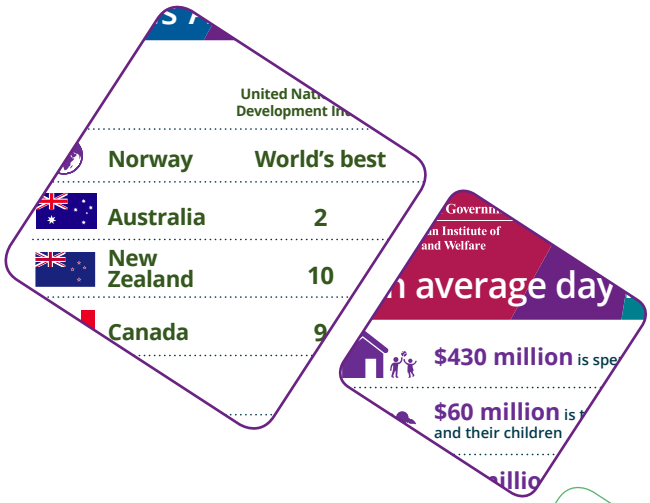


Australia's welfare 2017 is the AIHW's 13th biennial flagship report on welfare. It is framed around 'welfare' in its broadest context. The report is underpinned by the concept that a person's wellbeing results from the interplay of many interrelated individual, societal and environmental factors, and introduces the 'person-centred data model'.

The 2017 edition of *Australia's welfare* provides a comprehensive coverage of welfare topics. It looks at welfare with respect to various population groups and sectors, including children and youth, education and training, employment, housing, ageing and aged care, and disability. The report also includes an overview of what we know about family, domestic and sexual violence; a discussion on how to better understand health and welfare data; a chapter dedicated to the welfare of Indigenous Australians; and 2 feature articles authored by academic experts—'Persistent disadvantage in Australia: extent, complexity and some key implications' (Professor Alan Hayes and Dr Andrew Hacker) and 'The changing nature of work and worker wellbeing' (Professor Mark Wooden). The report concludes with a comprehensive analysis of welfare indicators based on a framework developed by the AIHW.

Australia's welfare 2017: in brief is a companion report to *Australia's welfare 2017* that summarises key statistics and concepts from the main report. This edition of *Australia's welfare* also contained a variety of online resources, including supplementary data tables.

The full report is available at www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017.



Australia's health 2018

Australia's health 2018 is the AIHW's 16th biennial flagship report on the health of Australians. The report profiles our health status and use of health services, outlining the leading types of illness, risk factors, health behaviours, and the services available to help prevent and treat ill health. The report also contains a breadth of information on the health—and health inequalities—experienced by selected population groups, including Indigenous Australians; people from culturally and linguistically diverse backgrounds; veterans; lesbian, gay, bisexual, transgender and intersex Australians; and those living in rural and remote areas.

Australia's health 2018 looks at some topical health issues in depth, including the contribution of risk factors to disease burden; the impact of the natural environment on our health; and factors contributing to the increasing prevalence of overweight and obesity in Australia. Other featured topics include mesothelioma—Australia has one of the highest diagnosis rates in the world for this cancer—and the increasing harm caused by the use of both pharmaceutical and illegal opioids.

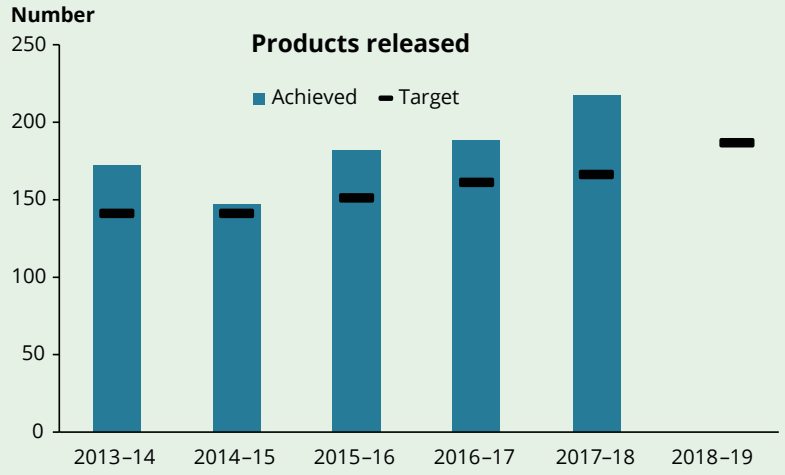
To meet the growing demand for timely and accessible digital content, the AIHW flagship reports are moving towards more diverse, layered formats. The 2018 edition of *Australia's health* includes a range of online visual presentations that supplement some material in the report. This includes, for the first time, dedicated online reporting of Australia's performance against national indicators of health. The online version includes dynamic or interactive data visualisations for selected topics. A summary of the key statistics and concepts in the main report feature in the companion report, *Australia's health 2018: in brief*.

The report is available at www.aihw.gov.au/reports/australias-health/australias-health-2018.

'The findings in the report will underpin important work by governments to develop policies and programs as well as providing valuable sources of information for every Australian.'

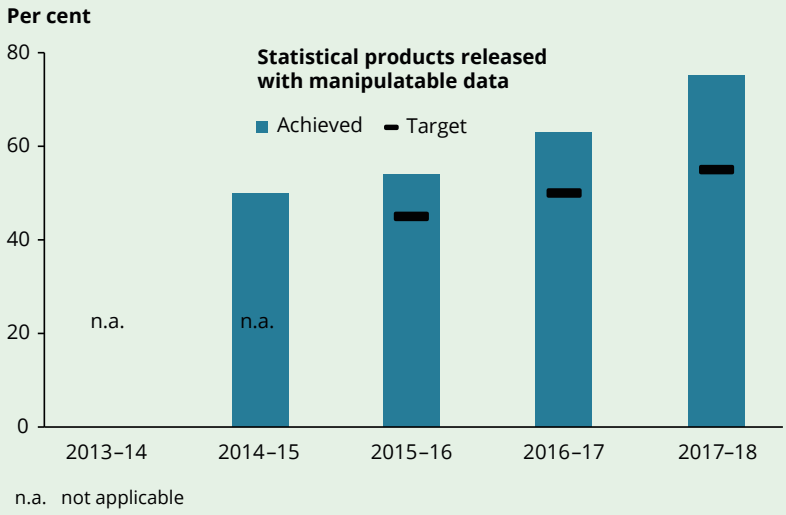
–The Hon Greg Hunt MP.

Table 1.2: Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
176 products	✓ The AIHW released 218 products during 2017–18 including 144 print-ready and 74 web products. **Figure 1.1 shows the trends from 2013–14 onwards and the target for 2018–19** 

continued

Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
≥56% statistical products released that include data in a manipulable format	✓ 75% of the AIHW's statistical products released in 2017–18 included interactive data allowing users to produce the specific information they are seeking. The percentage continues to increase as more of our products use data visualisation tools and/or include manipulable data tables. **Figure 1.2 shows the trends from 2014–15 onwards. This indicator will be reported as a whole number from 2018–19**  n.a. not applicable

continued

Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

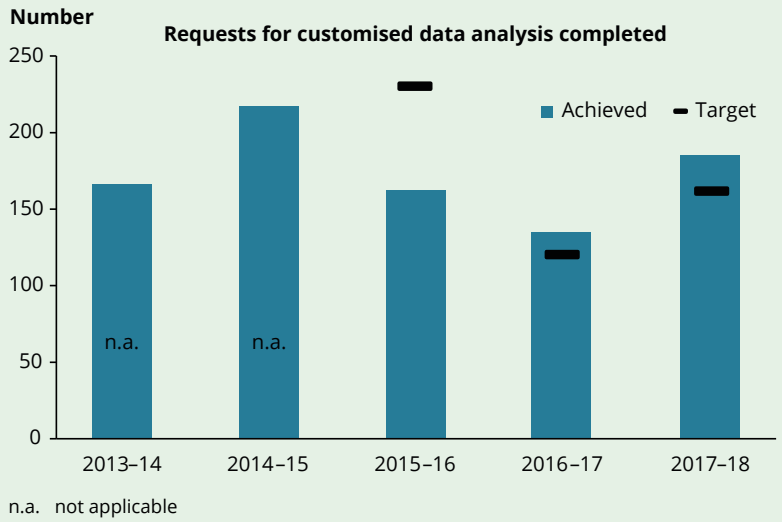
Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
160 completed requests for customised data analysis	✓ The AIHW completed 184 requests for customised data analysis. **Figure 1.3 shows the trends from 2013–14 onwards. Targets from 2016–17 were revised to be consistent with current demand estimates. This indicator has changed for 2018–19 hence target not shown**  n.a. not applicable

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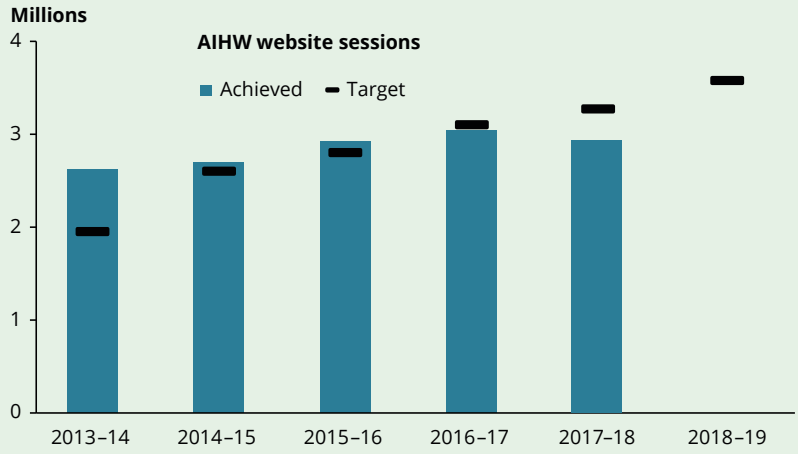
Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
3.3 million sessions on the AIHW website	✖ The AIHW recorded 2,939,038 sessions on its website in 2017–18. **Figure 1.4 shows the trends from 2013–14 onwards and the target for 2018–19**  A dip in website sessions compared to previous years was reported from September to December 2017, a temporary consequence of the introduction of the new AIHW website in September 2017. The figures increased again from January 2018 and were above previous years in the last quarter of 2017–18.

continued

Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

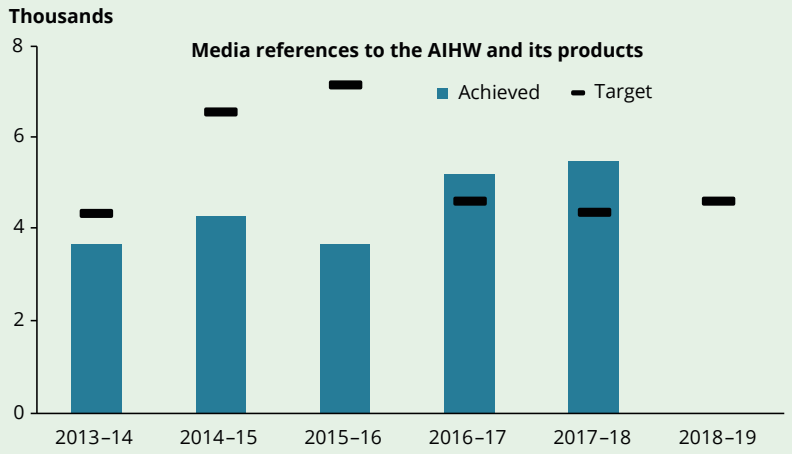
Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
4,300 references to the AIHW and its products in the media	✓ There were 5,472 references to the AIHW and its products in the media in 2017–18. Targets from 2016–17 onwards were revised for consistency with past media coverage sourced from media monitoring. **Figure 1.5 shows the trends from 2013–14 onwards and the target for 2018–19** 

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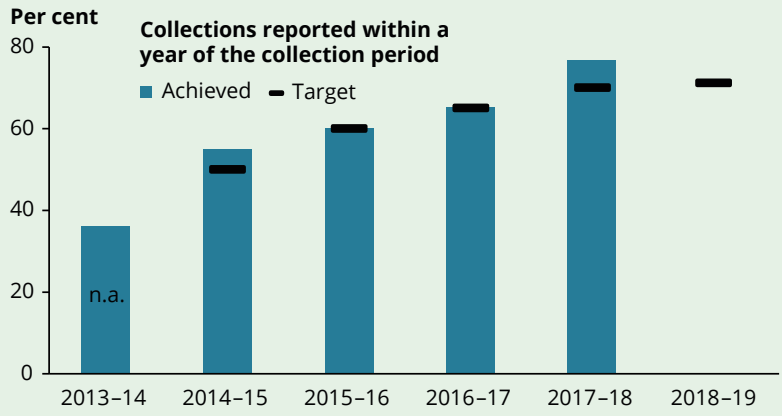
Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

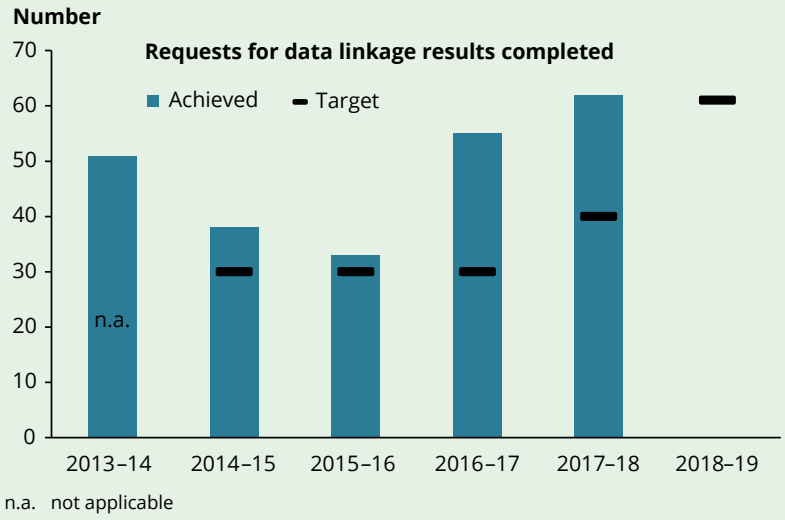
Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
≥70% statistical products relating to annual national collections for which data are reported less than 1 year after the end of the data collection period	✓ Data for 76% of AIHW annual national collections were reported less than 1 year after the end of their data collection period. **Figure 1.6 shows the trends from 2013–14 onwards and the target for 2018–19**  n.a. not applicable Publications produced by AIHW collaborating centres are not included. The elapsed time to release of these products includes: • time taken by data providers, after the end of the collection period, to prepare administrative data for supply to us • time taken by us to prepare data for release—ensuring that the statistics and analyses are of the quality and accuracy required.

continued

Table 1.2 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 2

Performance criterion 2: Provision of free, high-quality information	
2017–18 target	**2017–18 result**
Provision of free, high-quality information measured by the release or completion of:	
≥70% statistical products relating to annual national collections for which data are reported less than 1 year after the end of the data collection period	We work with data providers to introduce systems that assist them in providing data more quickly. For example, using the AIHW's Validata™ application, data providers can validate the data they supply more easily and quickly. Together with our own efforts to reduce time taken to release data, this allows us to report earlier in the collection cycle than in previous years for those collections.
Overall result: 5 of 6 targets met	

Table 1.3: Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 3

Performance criterion 3: Provide access to data and information in an environment that supports stringent governance, capability, data management and privacy requirements, measured by the number of completed data linkage project requests as agreed under the National Collaborative Research Infrastructure Strategy 2013	
2017–18 target	**2017–18 result**
Satisfy requests for data linkage relating to more than 40 projects by 30 June 2018	✓ The AIHW completed data linkage services for 61 projects, including linkage of other data sets to Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) data, the National Death Index and the Australian Cancer Database, as agreed under the strategy. **Figure 1.7 shows the trends from 2013–14 onwards and the target for 2018–19.**  n.a. not applicable

continued

Table 1.3 (continued): Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 3

Performance criterion 3: Provide access to data and information in an environment that supports stringent governance, capability, data management and privacy requirements, measured by the number of completed data linkage project requests as agreed under the National Collaborative Research Infrastructure Strategy 2013	
2017–18 target	**2017–18 result**
Satisfy requests for data linkage relating to more than 40 projects by 30 June 2018	Projects may be for academic researchers, government departments or research agencies. We continue to work to enhance our data linkage and analytical capabilities and methodologies. As well as requests for customised data analysis from external clients, some researchers request results of data linkages between their data collections and ours. In these cases, they must submit project proposal applications for ethical clearance (see 'AIHW Ethics Committee' on page 67) before being granted access to linkage results. The AIHW Ethics Committee secretariat and relevant data custodians provide advice on how to progress these applications. Once approval is granted, the AIHW undertakes the linkages in a secure environment on a cost-recovery basis. In both 2016–17 and 2017–18, we far exceeded our targets. We have raised our target for 2018–19 in recognition of the increased interest in data linkage across the health and welfare sectors.
Overall result: target met	

Table 1.4: Results for 2017–18 program objective 1: providing health and welfare information and analysis—performance criterion 4

Performance criterion 4: Assist reporting, or report on, nationally agreed performance indicators	
2017–18 target	**2017–18 result**
Supply data required for performance indicators in the Council of Australian Government's (COAG's) national agreements on health-care and Indigenous reform by 30 June 2018.	✓ The AIHW provided data for the COAG's national agreements on health-care and Indigenous reform by 30 June 2018.
Supply data to timetables required for the Review of Government Service Provision's Report on Government Services 2018 volumes on health, housing and homelessness, and community services.	✓ The AIHW provided data for the publication of the Review of Government Service Provision's Report on Government Services 2018 volumes on health, housing and homelessness, and community services.
Release products relating to local-level health performance indicators by 30 June 2018.	✓ A range of products were released by 30 June relating to local-level health performance indicators (includes MyHospitals and MyHealthyCommunities websites).
Overall result: 3 of 3 targets met	

Deliverables contributing to program objective 2: providing leadership and improvements in health and welfare data and information

Table 1.5: Results for 2017–18 program objective 2: providing leadership and improvements in health and welfare data and information—performance criterion 5

Performance criterion 5: Work with trusted partners to identify and fill priority data gaps	
2017–18 target	**2017–18 result**
Complete work toward the Coordination of Health Care Study, linking data from participants in the Australian Bureau of Statistics (ABS) Survey of Health Care with other data sets to find out about their use of primary care, hospital and emergency department services, and pharmaceuticals for periods before and after the survey.	✓ Work toward the Coordination of Health Care Study undertaken in collaboration with the ABS was completed, including data linkages on primary care and pharmaceuticals. The first *Survey of Health care* report was released on the ABS website. A second report, *Healthy Communities: Coordination of Health Care–experiences with GP care among patients aged 45 and over, 2016* is due for release on 26 July 2018.
Release products by 30 June 2018 relating to under-identification of Indigenous people in key data sets.	✓ The report *Trends in Indigenous mortality and life expectancy 2001–2015* was released on 1 December 2017.
Improve data in at least 1 subject area where there is a demonstrable data gap; for example, family and domestic violence, primary health care or disability.	✓ The report *Family, domestic and sexual violence in Australia 2018* was released on 28 February 2018.
Overall result: 3 of 3 targets met	

Table 1.6: Results for 2017–18 program objective 2: providing leadership and improvements in health and welfare data and information—performance criterion 6

Performance criterion 6: Modernise presentation of national health- and welfare-related data and analysis	
2017–18 target	**2017–18 result**
Release a redeveloped AIHW website, including links to content from the former National Health Performance Authority.	✓ Redeveloped AIHW website was launched in September 2017.
Overall result: target met	

Table 1.7: Results for 2017–18 program objective 2: providing leadership and improvements in health and welfare data and information—performance criterion 7

Performance criterion 7: Enhance data analysis capabilities	
2017–18 target	**2017–18 result**
Complete analysis of linked data from 3 national cancer screening programs by 30 June 2018.	✓ Analysis of linked data from three national cancer screening programs was completed by 30 June 2018.
Complete the second of three work phases to improve storage, accessibility and analysis of locational data in AIHW data holdings, enabling better information on, for example, patterns and trends of service use.	✗ The first of three phases of work to improve storage, accessibility and analysis of locational data in AIHW data holdings was completed. Phase 2 is currently underway.
Demonstrate, as case studies, AIHW contributions shown externally in 2017–18 of improved reporting of population- or service-related health and welfare outcomes.	✓ The AIHW contributed to the improved reporting of population- or service-related health and welfare outcomes in 2017–18 as demonstrated by the release of the following products: - *Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001–2015* - *Overweight and obesity in Australia: a birth cohort analysis*.
Overall result: 2 of 3 targets met	

Looking ahead

Our strategic goals

Over the next 5 years, we will apply and strengthen our capabilities to be:

- leaders in health and welfare data
- drivers of data improvements
- expert sources of value-added analysis
- champions for open and accessible data and information
- trusted strategic partners.

Priority action areas

The following 10 priority action areas are critical to achieving our strategic goals and responding to changes in the environment. We will continue to work closely with stakeholders in each of these areas:

- Data governance
- Data management infrastructure
- Data analysis capability
- Data gaps
- Data accessibility
- Timeliness
- Our processes
- Communication and stakeholder engagement
- Presentation of work
- Our people and structures.

Each of these priority areas is sponsored by a senior executive and features various projects and activities. Further information regarding the priority areas can be found in the *Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21* at www.aihw.gov.au/reports/corporate-publications/aihw-corporate-plan-2017-18-to-2020-21/contents/table-of-content.

AIHW Stakeholder survey

The AIHW commissioned Essence Communications to conduct an inaugural comprehensive survey in October 2017 of the perceptions of a range of its stakeholders. The online survey split key stakeholders into three tiers, with each tier receiving a different mix of survey questions:

- tier 1: senior executives in government, private and non-government sectors who had some awareness of the AIHW
- tier 2: informed users of AIHW products and services, funders and data providers
- tier 3: agencies and organisations to which the AIHW would like to offer products and services in the future; these respondents may not be aware of the Institute.

Overall results of the survey were positive and provided evidence that the Institute is achieving its strategic objectives.

Highlights

- **Awareness and knowledge:** A high proportion of respondents (over 90%) from tiers 1 and 2 were aware of the AIHW and familiar with its work. They viewed the AIHW as a 'one-stop shop' for trusted and accessible information in health and welfare.
- **Trust:** A very high percentage of key stakeholders considered the AIHW to be a 'well trusted' organisation. Similarly, there was very high product trust among key stakeholders in the data, statistics and information the AIHW produces.
- **Satisfaction and meeting expectations:** Key stakeholders were largely satisfied with AIHW data, analyses and services and in how the AIHW is meeting their expectations.
- **Engagement:** The vast majority of key stakeholders had interacted with the AIHW in the previous 12 months, mainly by using AIHW reports or data/statistics.
- **Flagship reports:** Stakeholders deemed the Institute's flagship reports (*Australia's health* and *Australia's welfare*) to be of high value.
- **National asset:** Stakeholders viewed the AIHW as a national asset that provided value to Australia, and as a leader in health and welfare data, statistics and information.

For improvement

- **Engagement:** Stakeholders expect the AIHW to better understand and anticipate their needs beyond current levels of service.
- **Timeliness:** The AIHW needs to work on managing expectations about product releases.
- **Flagship reports:** There is a need to make *Australia's health* and *Australia's welfare* reports more user friendly and timely in release.
- **AIHW products:** Many products/services are unknown and therefore under-utilised. Readers expect the AIHW to help them understand policy or practice implications of reports or data releases.

Reinforcing our strategic goals

Results of the survey also provide evidence to measure performance against the Institute's 5 strategic goals.

Survey results will help the Institute improve its services for stakeholders and build evidence on areas for improving stakeholder services. Insights from the survey will guide a new strategic stakeholder engagement strategy and enable the Institute to measure performance against its *Strategic directions 2017–2021*.

Our financial performance

Results

The AIHW's financial results since 2013–14 are summarised in Table 1.8.

Table 1.8: Financial results, 2013–14 to 2017–18 ($ million)

	2013–14	2014–15	2015–16	2016–17	Change 2016–17 to 2017–18	2017–18
Income	52.982	49.240	48.401	57.844	▲	65.075
Expenditure	52.926	48.671	48.135	57.768	▲	64.942
Surplus	**0.056**	**0.569**	**0.266**	**0.076**	▲	**0.133**
Total assets	37.200	42.119	42.612	73.536	▲	93.675
Total liabilities	32.471	36.821	36.926	42.606	▲	63.045
Total equity	**4.729**	**5.298**	**5.686**	**30.930**	▼	**30.630**

Income and expenditure

The AIHW has 2 main types of income—appropriation income from the Australian Parliament and income from externally funded projects—including budgeted revenue for the next 4 years.

Our appropriation income was $28.1 million in 2017–18, compared with $26.8 million in 2016–17 (Table 1.9 and Figure 1.8). This increase was due to new funding from the 'Public Modernisation Fund' to enable AIHW participation in the Data Integration Partnership for Australia partly offset by efficiency dividends and wage cost index adjustments required by the Australian Government.

Income from externally funded projects rose to $35.1 million in 2017–18 from $29.6 million in 2016–17—an increase of 18.6%. Most of this income came from Australian Government departments, with the largest source being the Department of Health.

Interest income rose to $1.8 million in 2017–18, compared with $1.0 million in 2016–17.

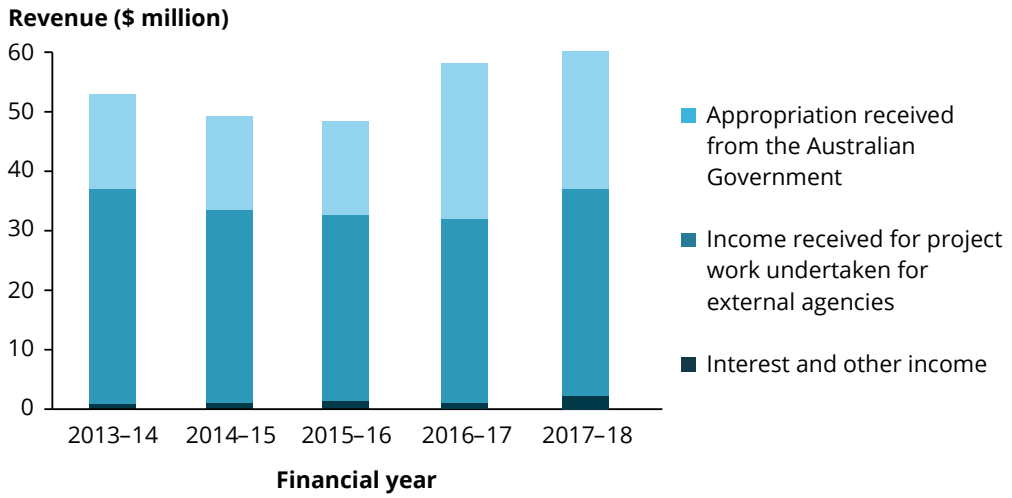
Employee-related expenditure increased to $38.3 million in 2017–18 from $36.5 million in 2016–17.

The overall result for the year was a surplus of $133,000.

Table 1.9: Income and expenditure, 2013–14 to 2017–18 ($ million)

	2013–14	2014–15	2015–16	2016–17	Change 2016–17 to 2017–18	2017–18
Appropriation revenue	15.898	15.800	15.625	26.918	▲	28.078
Revenue for project work for external agencies	36.176	32.365	31.334	29.628	▲	35.096
Interest	0.890	0.682	0.759	1.021	▲	1.759
Other revenue	0.018	0.394	0.683	0.277	▼	0.142
Total revenue	**52.982**	**49.240**	**48.401**	**57.844**	▲	**65.075**
Employee-related expenditure	36.173	35.054	33.817	36.436	▲	38.253
Other expenditure	16.753	13.617	14.318	21.332	▲	26.689
Total expenditure	**52.926**	**48.671**	**48.135**	**57.768**	▲	**64.942**
Surplus	**0.056**	**0.569**	**0.266**	**0.076**	▲	**0.133**

Figure 1.8: Revenue sources, 2013–14 to 2017–18



Balance sheet

Assets totalled $93.7 million in 2017–18—a rise of $20.2 million on the previous year (Table 1.10). The cash balance component of financial assets remains high at $74.7 million, most of which is invested in term deposits in accordance with our investment policy.

Liabilities rose by $20.4 million to $63.0 million in 2017–18, from $42.6 million in 2016–17. This was due mostly to an increase in income received in advance and employee provisions.

Overall, total equity decreased to $30.6 million from $30.9 million last year.

Table 1.10: Balance sheet summary, 2013–14 to 2017–18 ($ million)

	2013–14	2014–15	2015–16	2016–17	Change 2016–17 to 2017–18	2017–18
Financial assets	26.821	32.420	33.655	64.471	▲	85.111
Non-financial assets	10.379	9.699	8.957	9.065	▼	8.564
Total assets	**37.200**	**42.119**	**42.612**	**73.536**	▲	**93.675**
Provisions	10.967	11.082	11.817	12.108	▲	12.645
Payables	21.504	25.739	25.109	30.498	▲	50.400
Total liabilities	**32.471**	**36.821**	**36.926**	**42.606**	▲	**63.045**
Equity	**4.729**	**5.298**	**5.686**	**30.930**	▼	**30.630**

Cash flow

Net cash received from operating activities in 2017–18 was $16.0 million. This related mainly to income received in advance at the end of year. We spent a net amount of $1.1 million on the purchase of property, plant and equipment, and leasehold improvements in 2017–18, compared with $0.8 million in 2016–17.

The net cash increase over the year was $15.0 million, increasing the cash balance to $74.7 million from $59.7 million (see the 'Cash flow statement for the period ended 30 June 2018' in Appendix 6 from page 154).

Financial outlook

Appropriation income will increase by $6.3 million in 2018–19 consistent with the 2018–19 Budget measures *National Health and Medical Industry Growth Plan* and *Improving Housing Related Data*. This will be offset by whole-of-Australian Government efficiencies. We have budgeted for income from externally funded projects of approximately $38.0 million (see Figure 1 on page xvi).

We have budgeted to break even in 2018–19, before an accrual of $282,000 which is required to comply with relevant accounting standards in relation to the AIHW's new office lease. We have obtained approval from the Department of Finance to run at a loss to cover this accrual to the end of 2021–22. This will have no effect on cash balances and will reverse over the lifetime of the lease.

The value of our land and buildings is expected to fall in 2018–19 due to depreciation of fit-out costs, which will continue over the term of the lease. However, we will be moving to an additional building for extra staff which will involve additional fit-out and ICT equipment.

Auditor-General's report

The Australian National Audit Office conducts an annual audit of our financial statements. It issued an unqualified audit opinion that the financial statements for 2017–18 were appropriately prepared and give a 'true and fair view' of our financial position (see the auditor's report on page 155–156).

Our compliance with legislation on reporting

We complied with the key legislative and regulatory requirements that must be reported in this annual report. Information may be found on:

- the *Work Health and Safety Act 2011* and the *Environment Protection and Biodiversity Conservation Act 1999* in **Chapter 5 Our people**.
- other specific matters required to be reported by legislation in Appendix 5 on page 149.

The 'Compliance index' on page 190 details the sources of the various compliance requirements.

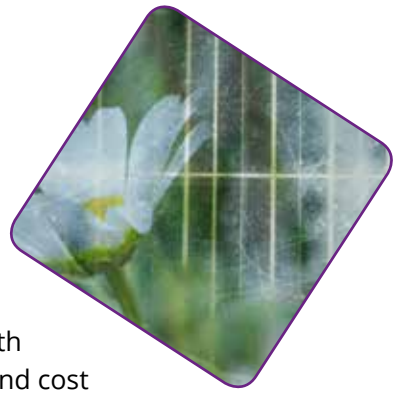
Chapter 2

Our products

This chapter highlights some of our products released in 2017–18.

A full list of products released during the year is provided in Appendix 2 on page 122.

Family, domestic and sexual violence in Australia 2018



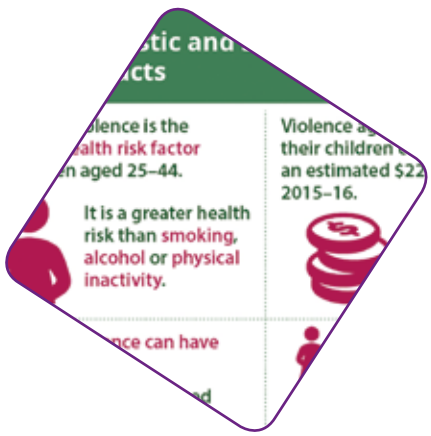
This report is the AIHW's first comprehensive report on family, domestic and sexual violence. It brings together information from more than 20 different data sources to build the evidence for what is known about this major health and welfare issue. The report explores the extent, impact and cost of family, domestic and sexual violence in Australia, and looks at what could be done to fill important data gaps.

Family violence includes physical violence, sexual violence and emotional abuse between family members, as well as current or former partners; domestic violence is a subcategory of family violence, involving current or former partners. Sexual violence incudes a range of non-consensual sexual behaviours, perpetrated by partners, former partners, family members, acquaintances or strangers.

The report shows that women are more likely to experience violence from a known person in their home, whereas men are more likely to experience violence from strangers in a public place. Although men are victims of family, domestic and sexual violence, most victims are women. Some groups are at greater risk of these forms of violence, particularly young women, pregnant women, women separating from their partners, Indigenous women, women with disability and women experiencing financial hardship. Children who are physically or sexually abused are around 3 times as likely to experience domestic violence in later life as children who have not experienced or witnessed violence earlier in life.

The report is available at www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/related-material.

The report received considerable media mentions (over 200), including all major outlets and multiple television interviews. The report's key findings were also referenced in other publications, such as the Australia's National Research Organisation for Women's Safety Fast Facts release, and the Council of Homeless Persons monthly magazine.



Teenage mothers in Australia 2015

This is the first report on the teenage mothers' population group (those aged under 20) using data from the National Perinatal Data Collection. The report summarises the characteristics of teenage mothers in Australia, as well as comparing the antenatal risk factors, labour and birth outcomes, and baby outcomes for teenage mothers with 20–24-year-old mothers.

This report indicates that of all babies born in Australia in 2015, 2.7% (8,268 babies) were born to teenage mothers, with nearly three-quarters (73.9%) of these mothers aged 18 or 19. Between 2005 and 2015, the teenage birth rate per 1,000 women aged 15–19 decreased by 35%.

Teenage mothers were 9 times more likely to live in low socioeconomic areas than in high socioeconomic areas. When compared with 20–24-year-old mothers, teenage mothers were more likely to smoke during pregnancy and their babies had poorer outcomes at birth, such as being born early (preterm) and being of low birthweight.

The report is available at www.aihw.gov.au/reports/mothers-babies/teenage-mothers-in-australia-2015/contents/table-of-contents.

Positive feedback was received from key stakeholders about the usefulness of this report in developing service planning and policy formulation at both the local and state levels.

Overweight and obesity suite of products

Overweight and obesity are major public health issues in Australia with significant health and financial costs. Following the release of *Impact of overweight and obesity as a risk factor for chronic conditions* in 2016–17, another 2 products relating to overweight and obesity were released by the AIHW in 2017–18.

A picture of overweight and obesity in Australia 2017 provides comprehensive up-to-date information on overweight and obesity. It summarises factors that influence people's energy intake and expenditure and contribute to the rising prevalence of overweight and obesity, as well as some approaches aimed at reducing prevalence.

Almost one-quarter of children and two-thirds of adults are overweight or obese, and rates continue to rise, largely due to an increase in obesity specifically, which cost the economy $8.6 billion in 2011–12. Some groups were more likely than others to be overweight or obese, including those living outside major cities, Indigenous Australians and those in lower socioeconomic groups.

Overweight and obesity in Australia: a birth cohort analysis explores the prevalence of overweight and obesity by birth cohort to examine potential differences at a given age between people born most recently and those born 4, 8 and 20 years earlier. The novel analysis showed that adults in 2014–15 were significantly more likely to be obese than adults of the same age 20 years earlier.

A data visualisation tool accompanied these reports and is available at www.aihw.gov.au/reports/overweight-obesity/interactive-insight-into-overweight-and-obesity/contents/how-many-people-are-overweight-or-obese.

The tool enables overweight and obesity to be explored by age and sex at the national level, by selected population groups, and by Organisation for Economic Co-operation and Development (OECD) countries. Primary Health Network (PHN) analysis is also included. In addition, comparisons of overweight and obesity over time are presented.

A picture of overweight and obesity in Australia 2017 was the AIHW's fifth most downloaded publication in 2017–18.

The AIHW was invited to make a submission to the Senate Select Committee inquiry into obesity in Australia. Available statistics from these reports as well as upcoming reports on physical activity and nutrition will be included in the AIHW submission in July 2018.

Non-medical use of pharmaceuticals: trends, harms and treatment, 2006–07 to 2015–16

The use of pharmaceuticals for non-medical purposes is a growing problem. Pharmaceutical drugs used for non medical purposes can cause considerable physical, mental and social harms.

The report looks at 2 main types of prescription drugs: opioid analgesics (to treat pain and addiction to heroin and other opioids, and include morphine, codeine and tramadol) and benzodiazepines (to improve sleep and treat stress).

Over the past decade, there has been a substantial rise in the number of deaths involving a prescription drug, with drug-induced deaths more likely to be due to prescription drugs than illegal drugs. In 2016, there were 1,808 drug-induced deaths in Australia with benzodiazepines the most common single drug type, identified in 663 drug-induced deaths, followed by 550 deaths from other opioids (including prescription painkillers such as oxycodone, morphine and codeine).

The report shows that, in 2016, about 1 million Australians (4.8% of the total population) aged 14 or older had misused a pharmaceutical drug in the past 12 months, up from 3.7% in 2007. In 2016, the non-medical use of pharmaceuticals was higher than all illegal drugs, except cannabis (10.4%). Indigenous Australians were more than twice as likely to have recently used a pharmaceutical for non-medical purposes as non-Indigenous Australians.

Recent users of pharmaceuticals for non-medical purposes were also more likely than those who had not misused pharmaceuticals to experience mental illness (29.0% compared with 15.2%, respectively), chronic pain (15.9% compared with 10.3%), and high or very high levels of psychological distress (24.1% compared with 10.9%).

Internationally, the non-medical use of pharmaceuticals and resulting harms are also rising, including in the United States of America and Canada. The report is available at www.aihw.gov.au/reports/illicit-use-of-drugs/non-medical-use-pharmaceuticals/contents/table-of-contents.

This report raises awareness on the rise in use of pharmaceuticals for non-medical purposes and its associated harms, for service providers, policy makers and health care professionals.

National Social Housing Survey–detailed results 2016

The National Social Housing Survey (NSHS) 2016 is the most recent in a series of biennial surveys designed to gather information on social housing tenants and their housing experiences.

Results from the 2016 NSHS included that the majority of respondents (74%) reported that, overall, they were satisfied with the services provided by their housing organisation. The majority (81%) of respondents lived in a dwelling of an acceptable standard—with 4 or more working facilities and no more than 2 major structural problems.

Around 1 in 10 (11%) social housing respondents had experienced homelessness in the 5 years before the survey. Around 1 in 3 social housing households included at least 1 member with disability—that is, someone who 'always' or 'sometimes' requires assistance with self-care, body-movement or communication activities.

The reports are available at www.aihw.gov.au/reports-statistics/health-welfare-services/housing-assistance/reports.

The NSHS complements other data about social housing in Australia, especially administrative data collected by social housing providers and reported by the AIHW. These administrative data provide valuable information about social housing programs, including the stock of dwellings, the characteristics of tenants and the extent to which people in special needs groups are able to access social housing.

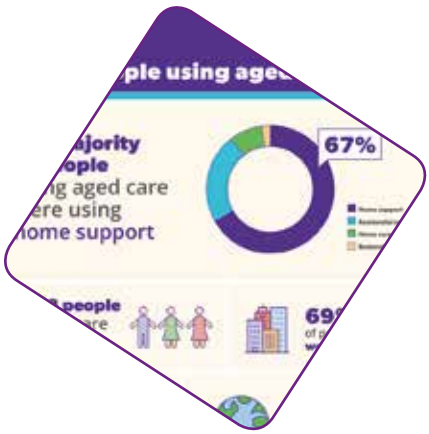
GEN—a new website for information and data on aged care in Australia

GEN—Aged Care Data is a one-stop-shop website that reports on capacity and activity in the aged care system focusing on the people, their care assessments and the services they use. GEN caters for students seeking information for assignments, right through to data modellers and actuaries.

GEN draws from the National Aged Care Data Clearinghouse (NACDC), which holds data about all recipients of government-funded aged care from 1997 onwards, including prior activity data for those in care in 1997.

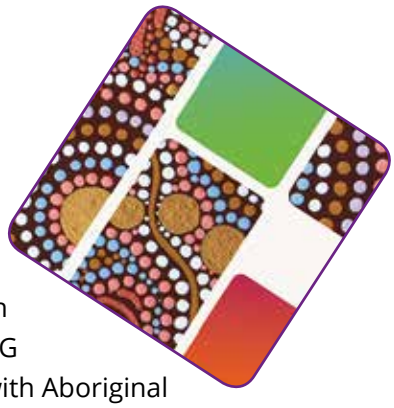
Launched on 15 August 2017 by the Hon Ken Wyatt AM, MP, Minister for Aged Care and Minister for Indigenous Health, this AIHW 'satellite' site was the first to feature widespread implementation of the Tableau® visualisation functionality, now available on many other AIHW web pages.

Further information on the use of the GEN website is provided in **Chapter 3 Our communications** on page 46



GEN has been very well received by stakeholders as a modern and user-friendly way to access data and information. GEN is available at www.gen-agedcaredata.gov.au

GEN is Australia's only central, independent repository of national aged care data.



Closing the Gap targets: 2017 analysis of progress and key drivers of change

This report provides detailed information and analysis on the Closing the Gap targets, including the key drivers of change. It provides context for policy debate and discussion for the Closing the Gap Refresh, a joint initiative of the COAG in which all members have agreed to work in partnership with Aboriginal and Torres Strait Islander Australians to revise the Closing the Gap agenda.

The report summarises the evidence up to mid-2017 on progress towards meeting the 7 existing Closing the Gap targets and draws on data modelling and evidence from the literature to highlight the key factors associated with outcomes. The 7 target areas are child mortality, early childhood education, school attendance, literacy and numeracy, year 12 attainment, employment and life expectancy.

The report is available at www.aihw.gov.au/reports/indigenous-australians/closing-the-gap-targets-2017-analysis-of-progress/contents/summary.

The analysis revealed a number of key themes across the targets that will be useful to consider in formulating the revised Closing the Gap agenda, namely:

- social determinants are critical
- remoteness has a relatively large impact
- improved access to services is needed
- investment is needed across the lifecourse
- interactions between outcomes are important
- more evidence on 'what works' is needed.

Northern Territory Outreach Hearing Health Program: July 2012 to December 2016

Hearing loss is more prevalent among Aboriginal and Torres Strait Islander people than non-Indigenous Australians, and continues to be an important health and social issue. Indigenous children are reported to have 2.9 times the rate of ear/hearing problems compared with non-Indigenous children, making hearing health especially important for these children.

This report presents information on ear and hearing health outreach services for Indigenous children and young people aged under 21 in the Northern Territory.

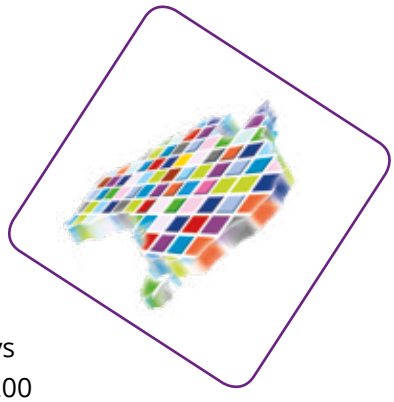
The report's findings suggest that hearing health programs and services have improved the ear health outcomes of Indigenous children in the Northern Territory. For example, from July 2012 to December 2016, the percentage of children and young people:

- with at least 1 ear disease decreased by 15 percentage points (from 76% to 61%)
- with hearing loss decreased by 10 percentage points (from 55% to 45%).

The report and online tables are available at www.aihw.gov.au/reports/indigenous-health-welfare-services/nt-ear-hearing-program-2012-to-2016/contents/table-of-contents.

This report has been made more accessible and timely than previous reports through the addition of infographics and extra figures, and by providing online data tables.

Australian Burden of Disease Study 2015: fatal burden preliminary estimates



The *Australian Burden of Disease Study 2015: fatal burden preliminary estimates* is the first product to be released from the Australian Burden of Disease Study 2015. It is a data visualisation tool that provides interactive data displays of preliminary deaths and fatal burden estimates for over 200 diseases and injuries in Australia.

Fatal burden is a measure of years lost due to premature death from disease or injury and makes up the fatal component of burden of disease analysis which measures the impact of different diseases or injuries on a population. Burden of disease is an important resource for health policy formulation and service planning, and for monitoring population health.

The study estimates that 2.4 million years of life were lost (YLL) from all diseases and injuries in 2015. Leading causes of fatal burden for people aged under 45 were suicide, poisoning and road traffic injuries (motor vehicle occupants). Leading causes of fatal burden for those aged 65 and over were coronary heart disease, dementia and lung cancer. The rate of fatal burden from all diseases decreased by 19.6% between 2003 and 2015. Around 17% of the fatal burden experienced by the lowest socioeconomic group could have been avoided if they experienced the same rate of burden as the highest group.

The data visualisation tool is available at www.aihw.gov.au/reports/burden-of-disease/fatal-burden-2015-preliminary-estimates/contents/summary.

The tool enables fatal burden estimates for specific diseases or injuries to be explored by age and sex at the national level, by state/territory, remoteness area and socioeconomic group. In addition, comparisons of changes in fatal burden over time are presented.

Brain and other central nervous system cancers

This is the first national report to present key data specific to brain and other central nervous system (CNS) cancers. While such cancers are rare, they have a substantial social and economic impact on individuals, families and the community. Non-malignant brain and other CNS tumours also cause significant morbidity and mortality.

The report estimates that approximately 2,100 new cases of brain and other CNS cancers were diagnosed in Australia in 2017 and 1,500 people died from these cancers. From 2009 to 2013, people diagnosed with brain and other CNS cancers had a 25% chance of surviving 5 years compared with their counterparts in the general population, while 5-year survival was 68% for all cancers combined. While 5-year survival rates for all cancers improved 20 percentage points over the last 30 years, there have been no clear improvements for brain and other CNS cancers.

Using data from 2011, the report reveals that the health burden of brain and other CNS cancers is significant, despite being relatively rare (representing just 1.5% of all cancers diagnosed). Brain and other CNS cancers are 17th on the list of most commonly diagnosed cancers, but are 6th when it comes to the causes of cancer burden and 96% of that burden is due to dying prematurely as a result of these cancers. Among children, this group of cancers is the second most common type diagnosed, and is the leading cause of cancer burden, with an even higher percentage attributed to early death (98%).

The report is available at www.aihw.gov.au/reports/cancer/brain-other-central-nervous-system-cancers.

In 2017, there was a Commonwealth Government Inquiry into Funding for Research into Cancers with Low Survival Rates. The available statistics for low-survival cancers (including brain cancer) were included in a submission from AIHW to the Inquiry and AIHW cancer statistics were also cited in other organisations' submissions to the Inquiry.

The statistics presented in the *Brain and other central nervous system cancers* report contributed to active policy discussions. In late 2017, the Australian Government established a $100 million Australian Brain Cancer Mission to double survival rates and improve the quality of life of people living with brain cancer over the next 10 years.

Private health insurance use in Australian hospitals 2006–07 to 2015–16—Australian hospital statistics

This report presents information on admitted patient separations (hospitalisations) that were completely or partially funded by private health insurance in Australia's public and private hospitals. As not all services are available at all hospitals, particularly in regional and remote areas, sometimes the type of care required may determine which type of hospital is used.

Private health insurance-funded hospitalisations in public and private hospitals combined increased from 2.7 million in 2006–07 (36% of all hospitalisations) to 4.5 million in 2015–16 (42% of all hospitalisations), or an increase of 5.6% on average each year. This compares with a yearly average increase of 3.8% for all hospitalisations. Patients aged 85 and over had the largest percentage increase in private health insurance-funded separations in both public hospitals (15.0% on average each year) and private hospitals (10.5%).

In 2006–07, about 1 in 7 (14.0%) private health insurance-funded hospitalisations occurred in public hospitals, and this increased to about 1 in 5 (19.5%) in 2015–16.

For public hospitals, private health insurance-funded hospitalisations increased from 382,000 in 2006–07 (8.2% of hospitalisations) to 872,000 in 2015–16 (13.9%)—an increase of 9.6% on average each year.

For private hospitals, private health insurance-funded hospitalisations increased from 2.3 million in 2006–07 (80% of hospitalisations) to 3.6 million in 2015–16 (83%)—an increase of 4.9% on average each year.

The report is available at www.aihw.gov.au/reports/hospitals/private-health-insurance-use-hospitals/contents/table-of-contents.

This report was the subject of considerable media coverage, and a wide range of stakeholders used the statistics; for example, media releases incorporating the statistics were issued by the Minister for Health, the Australian Healthcare and Hospitals Association, the Australian Private Hospitals Association, the Consumers Health Forum of Australia and the National Rural Health Alliance.

Health expenditure Australia 2015–16

This report is available as either an interactive data visualisation or as a 'traditional' report, similar to the previous editions of AIHW's health expenditure reports, published annually over the last 33 years.

Total health expenditure (recurrent and capital expenditure combined) in 2015–16 was $170.4 billion—$6.5 billion (4.0%) higher in real terms than in 2014–15. This was the fourth consecutive year that growth in health expenditure was below the 10-year average (4.8% between 2005–06 and 2015–16). Growth in real total health expenditure per Australian ($7,096 in 2015–16) was also relatively low, at about 80% of the average annual growth rate over the decade (2.5% compared with 3.0%).

Total government health expenditure ($114.6 billion)—about two-thirds (67.3%) of all health expenditure—grew by 4.5% in real terms in 2015–16. This was the same as the average annual growth rate for the decade. Government expenditure on public hospital services was $46.9 billion (40.9% of total government expenditure) in 2015–16. In real terms, this was up from $44.3 billion the previous year—an increase of 5.7%. State and territory expenditure accounted for 52.5% of all sources of expenditure on public hospital services in 2015–16. In 2015–16, primary health care ($34.6 billion) accounted for 30.2% of all government expenditure—three-quarters of this was Australian Government expenditure (74.0%).

Non-government sources (individuals, private health insurance funds and other non-government sources) spent $55.8 billion on health in 2015–16 (32.7% of total health spending, down from 33.1% the previous year). Growth in non-government expenditure in 2015–16 (2.9%) was half the average annual real growth over the decade (5.5%). Expenditure by individuals accounted for 52.7% of non-government expenditure—down from 53.4% in real terms from the previous year—and represented 17.3% of total health expenditure, down from 17.7% in 2014–15.

The report is available at www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2015-16/contents/data-visualisations.

The high value of the *Health expenditure Australia* reports is reflected in their use to inform negotiations between the Australian Government and the states and territories in relation to the financing of Australia's health system.

Chapter 3

Our communications

This chapter focuses on how we communicate with our audience and stakeholders.

Breaking down the silos and reaching our audiences

In 2017–18, there were many developments in the AIHW's approach to communicating its work and capabilities. A year after the launch of our *Strategic directions 2017–2021*, we saw many changes, both in our outputs and the ways in which we communicate them to the outside world.

Over the last year, we launched the new AIHW website, as well as GEN, a new 'one-stop-shop' for aged care data. Both websites allow our audiences easier access to our data and products, including increased data visualisation capability and greater use of quick, 'at a glance' facts.

While better meeting the needs of our stakeholders through our products is one important component of our communications approach, there has also been significant commitment to strengthening relationships with stakeholders through complementary release activities.

We have done this in part through increased engagement with the health, welfare and data sectors through pre- and post-release activities with a wider network of stakeholders. One particularly notable example of this was during the release of *Family, domestic and sexual violence in Australia 2018*—the AIHW's first comprehensive report on this topic.

The report was a significant new piece of work for the AIHW, providing an important resource for those working in family, domestic and sexual violence policy and service delivery. To ensure the report reached those who could use it the most, a detailed stakeholder engagement plan was developed to engage expert groups before the report's release. These groups included 1800RESPECT and White Ribbon Australia, which were briefed on the key findings of the report and provided with the opportunity to ask questions so they could better understand what the data might mean for their organisation—and for family violence policies and services in the future. This in turn allowed these organisations to promote the report through their own networks and respond to media queries relating to policies, services and survivor perspectives.

The AIHW has increased its engagement with non-government organisations over the past year. This report was a noteworthy example of how effective this practice can be in widening our audiences and ensuring data on significant issues are accessible to those who can use it to effect real change in the health and wellbeing of Australians.

Engaging with stakeholders across and outside government was also a key objective of the AIHW's first national conference in several years. Held in March 2018, 'Breaking the Data Silos' was a joint effort between the Institute and the Australia and New Zealand School of Government. The conference brought together national and international speakers who challenged attendees to think about concepts such as trust and transparency in data, the role of the citizen in managing their own data, and the concept of data as a renewable resource.

The conference was a clear example of 3 of the Institute's strategic goals in action: 'Leaders in health and welfare data'; 'Champions for open and accessible data and information'; and, importantly, 'Trusted strategic partners'.

As we look forward, we will continue to foster this trust and build these partnerships across an ever-growing audience of data users.

Reaching our audiences

The AIHW is committed to making its work widely accessible and easy to understand. Our information is downloadable free of charge on the AIHW website in a variety of formats to suit individual user's needs. All publications are available in alternative formats upon request.

Notification services for clients and stakeholders

One of our communication channels is a on-the-day email notification service alerting subscribers to new AIHW product releases. As at 30 June 2018, more than 26,000 people subscribed to this service. Subscriptions to these notifications rose by 7.5% in 2017–18 compared with the previous year (Table 3.1).

Table 3.1: Email notification service subscriptions for releases of AIHW products by category, 2013–14 to 2017–2018

Year at 30 June	2013–2014	2014–2015	2015–2016	2016–2017	Change 2016–17 to 2017–18	2017–2018
For releases of our:						
health-related products	5,729	5,984	6,308	6,650	▲	7,234
welfare-related products	4,426	4,670	4,947	5,250	▲	5,649
education resources and promotions	3,581	4,144	4,573	5,010	▲	5,617
AIHW Access online newsletter	4,632	5,609	6,499	7,299	▲	7,519
Total	**18,368**	**20,407**	**22,327**	**24,209**	▲	**26,019**

Twitter

In 2017–18, we continued to use Twitter (@aihw) as a means of communicating with our stakeholders. The AIHW had around 15,800 @aihw followers as at 30 June 2018; an increase of 32% compared with the previous year (12,000 in 2016–17). The number of views of our tweets also rose, with 852,000 'impressions' compared with 786,000 in 2016–17.

We will continue in 2018–19 to increase communication with our Twitter followers through targeted Twitter campaigns.

Spotlight on our products

In 2017–18, we published 144 print-ready publications and 74 web products, including new and updated web snapshots, dynamic data displays and reports in HTML format (see Appendix 2, page 122).

The publications most frequently downloaded from the AIHW website in 2017–18 are detailed in Table 3.2. By this measure, Australia's health 2016 was our most popular report during the year. Australia's health, our flagship report, has been consistently our most downloaded publication for nearly 20 years.

Table 3.2: Top 10 publications downloaded from the AIHW website, 2017–18

Rank	Title	Release date
1	*Australia's health 2016*	13 September 2016
2	*Cancer in Australia 2017*	3 February 2017
3	*National Drug Strategy Household Survey 2016: detailed findings*	28 September 2017
4	*Family, domestic and sexual violence in Australia 2018*	28 February 2018
5	*A picture of overweight and obesity in Australia 2017*	24 November 2017
6	*Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*	10 May 2016
7	*Australia's health 2018*	20 June 2018
8	*Australia's welfare 2017*	19 October 2017
9	*The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*	9 June 2015
10	*A picture of Australia's children 2012*	31 October 2012

Note: These rankings are based on downloads of each report during 2017–18 either for the full year or from the stated release date in 2017–18 to 30 June 2018.

Flagship report overview

The 2017–18 financial year saw the release of the AIHW's biennial flagship reports. *Australia's welfare 2017* and *Australia's health 2018* were released in October 2017 and June 2018, respectively.

Australia's welfare 2017 was launched by Senator the Hon Zed Seselja, the then Assistant Minister for Social Services and Multicultural Affairs, on 19 October 2017.

Australia's health 2018 was launched on 20 June 2018 by the Hon Greg Hunt MP, Minister for Health. In his address to guests, Minister Hunt noted that there was, in his view, 'no more credentialed and no more respected health data institution in the world' than the AIHW.

(Left) Barry Sandison (*left*) and Minister Hunt (*right*) at the launch of Australia's health 2018.

(Right) *left to right:* AIHW Director, Barry Sandison, Senator Seselja and Board Chair Louise Markus at the launch of Australia's welfare 2017.

AIHW website

The AIHW website at www.aihw.gov.au is the main conduit for all AIHW information; principally our PDF and HTML (web) reports and a range of other data-related outputs including interactive and manipulable outputs. All online products are free to view or download. In September 2017, we launched our new-look website.

The AIHW uses 'sessions' as a measure of our web traffic—obtained through Google Analytics. A session is a discrete period of time in which a single visitor is actively engaged with the website.

There were 2.9 million sessions on our website in 2017–18—a slight decrease from 3.0 million in 2016–17.

The AIHW manages 4 additional websites; namely, GEN—Aged Care Data, MyHealthyCommunities, MyHospitals and the Australian Mesothelioma Registry, which address the needs of more specific audiences.

GEN—Aged Care Data www.gen-agedcaredata.gov.au was launched on 15 August 2017 by the Minister for Aged Care, the Hon Ken Wyatt AM, MP. GEN gives access to data and information from the NACDC which is managed by the AIHW and is Australia's only central, independent repository of national aged care data.

GEN is designed to cater for all levels of users, from students seeking information for assignments, right through to data modellers and actuaries. The data and information are presented at different levels. Each section begins with an overview and 'fast facts' of the topic, followed by greater detail and the option of interacting with the data.

The data that underpin each topic are available for further analysis and additional data, not necessarily displayed in a topic, are available in the 'Analyse' section. If data needed are not available on GEN, they can be requested.

The AIHW and the Department of Health have worked together to develop GEN as part of continuous quality improvement for the NACDC.

GEN has had 52,300 sessions since its launch.

Left to right: AIHW's Felicty Van Der Zwan, Veronique Thouroude, Nathan Wakefield, Minister Wyatt, AIHW's Deanne Johnson and Mark Cooper-Stanbury at the GEN launch.

MyHealthyCommunities www.myhealthycommunities.gov.au is an interactive website that enables users to see how their local health area is performing and how it compares with other similar areas. It covers a range of topic areas, including hospitalisations, immunisation rates, patient experiences, participation in screening programs, incidence of cancers and risk factor rates.

There were just over 57,000 sessions on this website in 2017–18—a 16% increase over 2016–17 (49,000).

The **MyHospitals** website www.myhospitals.gov.au provides nationally consistent, locally relevant information that allows fair comparisons to be made between individual hospitals or health services. The intended audience for this website includes: members of the public; clinicians, including doctors and nurses; academics and researchers; hospital and health service managers; and journalists.

There were nearly 868,000 sessions on this website in 2017–18—a 13% increase over 2016–17 (770,000).

The **Australian Mesothelioma Registry (AMR)** www.mesothelioma-australia.com has been managed by the AIHW on behalf of Safe Work Australia since July 2017. The AMR contains information about people with mesothelioma, monitors all new cases diagnosed from 1 July 2010 in Australia and collects information about asbestos exposure. The AMR helps the Australian Government develop policies to best deal with the asbestos still present in Australia's buildings and environment, with the aim of reducing mesothelioma in the future.

Session numbers will be available from 2018–19.

Media coverage

The AIHW issued 37 media releases in 2017–18, 2 more than in 2016–17. Media coverage remained steady over this period due to the issue of several high-profile media releases during the year (for example, domestic violence, immunisation and increased local-level reporting).

Compared with 2016–17, the AIHW's media coverage increased most notably in 2017–18 for television (up 23.5%) and print (up 13.5%). Radio coverage saw a slight increase (up 0.5%) while online coverage dropped 9%. Table 3.3 provides the number of media mentions from 2013–14 to 2017–18.

Table 3.3: Media coverage (items) and media releases, 2013–14 to 2017–18

Media type	2013–14	2014–15	2015–16	2016–17	Change 2016–17 to 2017–18	2017–18
Print	507	426	798	1,694	▲	1,923
Radio	1,620	1,826	1,106	1,617	▲	1,629
Television	122	230	129	221	▲	273
Online	1,311	1,650	1,496	1,822	▼	1,645
Australian Associated Press	15	41	37	. .	. .	. .
Total	**3,575**	**4,173**	**3,566**	**5,354**	▲	**5,472**
Media releases	**80**	**82**	**57**	**35**	▲	**37**

. . not applicable

Media coverage of individual reports

The AIHW's *National Drug Strategy Household Survey 2016: detailed findings, Family, domestic and sexual violence in Australia 2018* and *Australia's health 2018* reports attracted the most media coverage in 2017–18. The top 10 reports for media coverage are listed in Table 3.4.

Table 3.4: Top 10 reports for media coverage, 2017–18

Rank	Title	Media mentions
1	*National Drug Strategy Household Survey 2016: detailed findings*	234
2	*Family, domestic and sexual violence in Australia 2018*	202
3	*Australia's health 2018*	200
4	*Non-medical use of pharmaceuticals: trends, harms and treatment, 2006–07 to 2015–16*	183
5	*MyHealthyCommunities: Immunisation rates for children 2016–17* *MyHealthyCommunities: HPV immunisation rates 2015–16*	142
6	*Participation in national cancer screening programs in 2015–2016* *Incidence of selected cancers in 2009–2013* *MyHealthyCommunities: Child and maternal health in 2013–2015*	90
7	*Cancer in Aboriginal and Torres Strait Islander people of Australia*	89
8	*Elective surgery waiting times 2016–17: Australian hospital statistics*	88
9	*Child protection Australia 2016–17*	79
9	*MyHealthyCommunities: Life expectancy and potentially avoidable deaths in 2013–2015* *MyHealthyCommunities: Health risk factors in 2014–15: lifetime risky alcohol consumption* *MyHealthyCommunities: Health risk factors in 2014–15: high blood pressure* *MyHealthyCommunities: Health risk factors in 2014–15: insufficient physical activity*	78
10	*A picture of overweight and obesity in Australia 2017* *Overweight and obesity in Australia: a birth cohort analysis*	73

Parliamentary relations

Budget estimates hearings

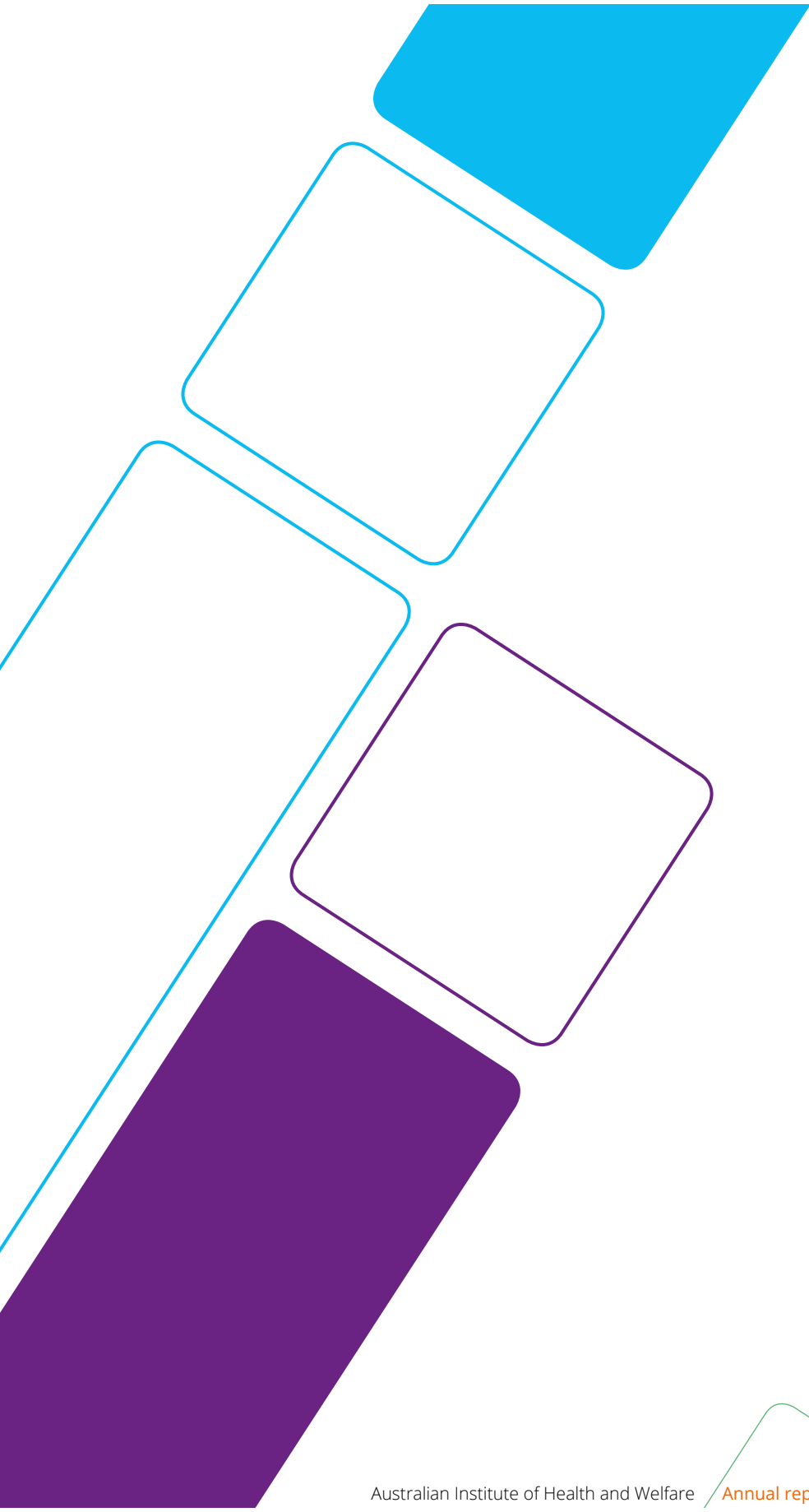
The AIHW Director was not called to appear before the Senate Community Affairs Legislation Committee in 2017–18. The AIHW provided responses to 4 questions on notice and input for 4 portfolio-wide responses to questions on notice arising from Senate Estimates hearings occurring during 2017–18.

Inquiries

The AIHW provided 5 submissions to parliamentary and government committee inquiries in 2017–18 (Table 3.5). Staff appeared before 2 committees during the year, the Inquiry into Local Adoption of Children in Australia and the Victorian Drug Law Reform Inquiry.

Table 3.5: Submissions to parliamentary and government inquiries, 2017–18

Committee	Inquiry name
Australian Government	
Senate Standing Committee on Community Affairs	Inquiry into the Value and Affordability of Private Health Insurance and Out-of-pocket Medical Costs
House of Representatives Standing Committee on Health, Aged Care and Sport	Quality of Care in Residential Aged Care Facilities in Australia
House of Representatives Standing Committee on Social Policy and Legal Affairs	Inquiry into Local Adoption of Children in Australia
Senate Select Committee on Stillbirth Research and Education	Stillbirth Research and Education Inquiry
State/territory	
Parliament of NSW–Legislative Council	Inquiry into the Alcoholic Beverages Advertising Prohibition Bill



Chapter

4

Our organisation

This chapter describes our governance and management arrangements, including our accountabilities to the Minister for Health, and the roles and responsibilities of the AIHW Board and the AIHW Ethics Committee.

Legislation

The AIHW was established as a Commonwealth statutory authority in 1987 as the Australian Institute of Health. The composition of the Institute and its functions and powers in the analysis, reporting and dissemination of the nation's health-related information and statistics were set out in its enabling legislation, the *Australian Institute of Health Act 1987*.

In 1992, our role was expanded to include welfare-related information and statistics, and the organisation was renamed the Australian Institute of Health and Welfare. The amended Act became the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

- Information on the AIHW Act is in Appendix 1 on page 121.
- The AIHW Act establishes the AIHW Board as our governing body.
- We operate under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The Institute's functions are prescribed in section 5 of the AIHW Act. In summary, these are:

- to collect and produce health- and welfare-related information and statistics, and assist other bodies in these tasks
- to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies
- to conduct and promote research into the health of the people of Australia
- to develop specialised statistical standards and classifications relevant to health and welfare services
- to enable researchers to have access to health- and welfare-related information and statistics held by the Institute or by bodies with which AIHW has contracts or arrangements
- to publish methodological and substantive reports on work carried out by the Institute
- to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people.

The AIHW Act requires the AIHW to place information in the public domain; it also contains a strict confidentiality provision. Section 29 of the Act prohibits the release of documents and/or information 'concerning a person' held by the AIHW other than in compliance with any written terms and conditions imposed by the data provider.

As a corporate Commonwealth entity, we are also subject to the *Privacy Act 1988* (Privacy Act), which imposes strict obligations in relation to the collection, use and disclosure of personal information. Hence, the data in our care are protected by 2 sets of obligations: those contained in the AIHW Act and those in the Privacy Act.

In certain circumstances, the AIHW Ethics Committee may authorise the release of personal information for medical research that would otherwise constitute a breach of an Australian Privacy Principle in the Privacy Act.

Accountability

We have a range of reporting mechanisms to ensure transparency and accountability in our operations. This is a short outline of our key documents:

- **AIHW Strategic directions**—is the foundation for establishing, recording, refining and assigning priorities to our activities.
- **AIHW Corporate plan**—is a requirement of section 35 of the PGPA Act.
- **Portfolio Budget Statements (PBS)**—the AIHW develops an annual statement specific to our organisation, informing members of the Parliament of Australia of the proposed allocation of resources to government outcomes and programs. Annual direct funding from the Parliament of Australia is appropriated to us on the basis of outcomes. Our outcome and program structure under the PBS consists of 1 outcome and 1 program (see **Chapter 1 Our performance** on page 3).
- **Annual report**—is provided to the Minister for Health for presentation to the Parliament of Australia, required by section 46 of the PGPA Act.

Ministerial accountability

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the minister of its activities as required. This includes occasions when we receive or expend significant funds; for example, when we undertake contract work valued over a certain amount (currently $3 million) for other agencies and organisations. This amount is specified in Regulations made under the AIHW Act (see Appendix 1 on page 121).

We ensure that the Minister for Health—and other relevant ministers in the Australian Government and state and territory governments—have early embargoed access to our products.

AIHW Board

The Institute is managed by the AIHW Board. The board is an 'accountable authority' under the PGPA Act.

The board's composition is prescribed by section 8(1) of the AIHW Act. Board members are appointed by the Governor-General and hold office for a specified term not exceeding 3 years. In addition, there are 3 ex-officio board members: the AIHW Director, the Australian Statistician or nominee, and the Secretary of the Department of Health or nominee. The AIHW Director is appointed by the Minister for Health on the recommendation of the Institute and may hold office for a term not exceeding 5 years.

AIHW Board.

Back row *(left to right)*: Marissa Veld, Luise McCulloch, Zoran Bolevich, Philip Fagan-Schmidt, Gillian Adamson, David Conry, Lyn Roberts, Erin Lalor, Andrew Goodsall.

Front row *(left to right)*: Michael Perusco, Simone Ryan, Barry Sandison, Marilyn Chilvers.

Absent: Caroline Edwards *(bottom left)*, Louise Markus *(bottom right)*.

Board members

Information follows about individual board members as at 30 June 2018, including qualifications, current positions and affiliations. The AIHW Board met 5 times in 2017–18. Appendix 3 on page 139 details the meetings attended by board members and lists outgoing board members during 2017–18.

Louise Markus BSocWk
Chair
Non-executive Director
Term: 14 December 2016–13 December 2019

Mrs Markus was elected to the House of Representatives in 2004 and 2007 for the seat of Greenway and in 2010 for the seat of Macquarie.

During her time in the Parliament of Australia, Mrs Markus held the positions of shadow parliamentary secretary for immigration and citizenship and shadow minister for veterans' affairs. Mrs Markus left the House of Representatives on 2 July 2016.

Mrs Markus holds a Bachelor of Social Work from the University of New South Wales. During her career as a social worker, she worked at the Department of Social Security, Wesley Mission and as a TAFE teacher. Mrs Markus is passionate about developing and delivering programs that provide opportunities for young people and being a strong voice for those in her community.

Barry Sandison BBusMgt, FANZSG
AIHW Director
Executive Director
Term: 5 May 2016–4 May 2021

Mr Sandison has extensive public sector experience, with previous roles in both policy and service delivery. Most recently, he was the deputy secretary, health and information, in the Australian Government Department of Human Services where he was responsible for the administration and delivery of a range of programs in the health, government and business areas. Before this, Mr Sandison was a deputy chief executive at Centrelink and held senior executive roles in the former Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Employment and Workplace Relations. Mr Sandison is a board member of L'Arche Genesaret, an Australian Capital Territory community organisation for people with intellectual disabilities.

Zoran Bolevich DM, MBA, FRACMA

Nominee of the Australian Health Ministers' Advisory Council

Non-executive Director

Term: 11 February 2016–10 February 2019

Dr Bolevich is the Chief Executive and Chief Information Officer of eHealth NSW, a dedicated health information technology (IT) agency responsible for planning, implementation and supporting the digital transformation of New South Wales Health. During his 25-year career in health, he has worked in a range of senior health management and information and communications technology (ICT) leadership roles in Australia and New Zealand. Before joining eHealth NSW, Dr Bolevich worked at the New South Wales Ministry of Health as executive director for health system information and performance reporting and, most recently, as acting deputy secretary for system purchasing and performance. Earlier, he spent several years leading a regional shared services agency for district health boards, after which he moved to New Zealand's Ministry of Health where he was responsible for the national health information strategy and architecture.

Marilyn Chilvers BEc (Hons), Grad Dip Tert Ed, MAppSc, MAICD

Nominee of the Children and Families Secretaries Group (of state and territory departments)

Non-executive Director

Terms: 18 January 2016–17 January 2017;
19 January 2017–18 January 2018;
19 January 2018–18 April 2018;
19 April 2018–30 June 2018

Ms Chilvers is the Executive Director of Analysis and Research at the New South Wales Department of Family and Community Services (FACS). She is responsible for leading the development and dissemination of the agency's evidence base to inform policy, service design and local planning. Ms Chilvers is also co-investigator on a number of linkage research projects, and Chief Investigator for the FACS Pathways of Care Longitudinal Study, which examines the outcomes of children and young people entering out-of-home care in New South Wales for the first time. Ms Chilvers' previous roles include several senior statistical and economic roles in FACS, the New South Wales Bureau of Crime Statistics and Research, and at Macquarie University.

Philip Fagan-Schmidt PSM MPublicPolicy

Representative of the State Housing Departments (nominated through the Senior Housing Officials—a network of senior officials from Australian, state and territory governments)

Non-executive Director

Terms: 18 January 2016–17 January 2017;
19 January 2017–18 January 2018;
19 January 2018–18 April 2018;
19 April 2018–30 June 2018

Mr Fagan-Schmidt was appointed to the position of Executive Director, Housing SA in 2009. He was awarded a Public Service Medal for his work in social housing policy and practice in 2015. Mr Fagan-Schmidt has worked in both academic and government spheres and in a range of subject areas, including health, housing, natural resource management, infrastructure and major projects.

Luise McCulloch BA (Hons)

Nominated by Mr David Kalisch, Australian Statistician, Australian Bureau of Statistics

Non-executive Director

Term: Ex-officio appointment—from 4 August 2016

Ms McCulloch is the Deputy Australian Statistician leading the Statistical Services Group, which is responsible for producing the ABS demographic, economic and social statistics. Ms McCulloch joined the ABS in November 2015 after 7 years at the Commonwealth Treasury department, during which time she held a number of positions including: division head, Corporate and International Tax Division; acting executive director, Policy Coordination and Governance Division; general manager, Budget Policy Division; general manager, Infrastructure, Industry, Environment and Defence Division; head of the Sustainable Population Strategy Taskforce and principal adviser (2010 Intergenerational Report). Ms McCulloch previously held the positions of assistant secretary (tax, superannuation and workplace relations) and assistant secretary (fiscal policy) in the Department of the Prime Minister and Cabinet (PM&C). Ms McCulloch joined the public service in 1990 as a graduate with PM&C.

Caroline Edwards BA Law (first class Hons)
Nominated by Ms Glenys Beauchamp PSM, Department of Health
Non-executive Director
Term: Ex-officio appointment—from 24 November 2017

Ms Edwards is Deputy Secretary, Health Systems Policy and Primary Care, of the Department of Health. Her responsibilities include strategic policy, hospitals funding, primary care and mental health, health economics and research and Indigenous health. Immediately before joining the department, Ms Edwards was deputy secretary of the Health and Aged Care Group in the Department of Human Services performing the role of chief executive officer (CEO) of Medicare. Ms Edwards has spent most of her career in social policy, particularly Aboriginal and Torres Strait Islander affairs with experience in land rights and native title, housing and remote program delivery. She spent 10 years living in the Northern Territory where she worked for Aboriginal Legal Aid, as a judicial registrar in the Northern Territory Magistrates Court and in the Federal Court where she mediated and case-managed native title and other cases as delegate of a judge. Ms Edwards is committed to leadership development in the Australian Public Service (APS) as well as to fostering diversity and innovation.

Erin Lalor BSc (Hons) (Speech and Hearing), PhD, GCCM
Ministerial nominee with knowledge of the needs of consumers of health services
Non-executive Director
Terms: 21 November 2012–20 February 2013;
1 March 2013–29 February 2016;
23 March 2016–22 March 2017;
24 March 2017–23 March 2018; 24 March 2018–23 June 2018

Dr Lalor was the CEO of the National Stroke Foundation from 2002 to 2015. She is a member of the Executive Committee of the World Stroke Organization and Chair of the World Stroke Campaign Committee. Dr Lalor was a Victorian finalist in the Telstra Business Woman of the Year Awards 2013 and recognised as one of the Financial Review/Westpac Top 100 Women of Influence in 2013.

David Conry

Ministerial nominee with knowledge of the needs of consumers of welfare services

Non-executive Director

Terms: 19 December 2014–30 June 2015; 1 July 2015–18 December 2015; 18 January 2016–17 January 2017; 19 January 2017–18 January 2018; 19 January 2018–18 April 2018; 19 April 2018–30 June 2018

Mr Conry is Managing Director of Damarcon, a privately owned advisory and investment business. He contributes more broadly to the community as Chair of Brisbane Powerhouse and the Queensland Museum and holds non-executive directorships or board roles with PHN Central Queensland, Wide Bay, Sunshine Coast and Inclusive Brisbane. Mr Conry was named Queensland's Australian of the Year 2007 and Ernst & Young Global Limited Social Entrepreneur of the Year 2007 for his work in founding the national disability organisation Youngcare. He is an Australia Day Ambassador, provides support and advice to many Queensland not-for-profit organisations and remains a strong advocate for those with disabilities.

Michael Perusco BBus (Acc)

Ministerial nominee with knowledge of the needs of consumers of housing assistance services

Non-executive Director

Terms: 21 November 2012–20 February 2013; 1 March 2013–29 February 2016; 23 March 2016–22 March 2017; 24 March 2017–23 March 2018; 24 March 2018–23 June 2018

Mr Perusco is the CEO of Unison Housing in Melbourne (formerly Yarra Community Housing), Victoria's largest provider of community housing which focuses particularly on housing people with a history of homelessness and disadvantage. Mr Perusco was previously CEO of St Vincent de Paul Society New South Wales. His experience also includes 9 years as CEO of Sacred Heart Mission, a Victorian organisation that works with people experiencing homelessness. Mr Perusco has also chaired the Council to Homeless Persons and Australians for Affordable Housing and been a member of the NSW Premier's Council on Homelessness and the board of the NSW Council of Social Service. He is currently on the board of the Community Housing Federation of Victoria. Mr Perusco also has experience in the commercial sector with KPMG and Arthur Andersen.

Lyn Roberts AO DipAppSc, BA (Hons), PhD

Ministerial nominee with expertise in research into public health issues

Non-executive Director

Terms: 12 November 2009–11 November 2012; 21 November 2012–20 February 2013; 1 March 2013–29 February 2016; 3 April 2016–2 April 2017; 4 April 2017–3 April 2018; 4 April–3 July 2018

Dr Roberts has extensive experience in working within health non-government organisations, having spent over 25 years working at an executive level in state, national and international capacities. She has considerable expertise in strategic public health policy development and implementation, working with a wide range of stakeholders. She has been a member of a number of expert advisory committees for the government and non-government sectors. Dr Roberts holds a number of board positions and her current roles include the Institute for Physical Activity and Nutrition at Deakin University (board member); Deakin University Council (council member) and the Victorian Government Justice Health Ministerial Advisory Committee (member). She is currently working part-time as a Principal Adviser with the Victorian Health Promotion Foundation.

Andrew Goodsall BA (Hons), GradDipAsianStudies, MBA

Ministerial nominee

Non-executive Director

Terms: 19 December 2014–30 June 2015; 1 July 2015–18 December 2015; 18 January 2016–17 January 2017; 19 January 2017–18 January 2018; 18 January 2018–18 April 2018; 19 April 2018–30 June 2018

Mr Goodsall has been Managing Director (Healthcare Analyst) with financial services firm UBS Australia since 2006. He serves on the boards of the North Shore Local Health District (Sydney), the New South Wales Bureau of Health Information and the Australian Institute of Policy and Science. Mr Goodsall's previous positions include chief of staff and senior adviser to a Victorian health minister, in addition to a management role within the Victorian Government, and an Australian Army Reserve officer.

Gillian Adamson

Ministerial nominee

Non-executive Director

Terms: 1 September 2016–31 August 2017;
1 September 2017–30 March 2018; 31 March–30 June 2018

Ms Adamson worked with Pfizer Australia for over a decade as senior manager for public affairs and policy, heading a team responsible for establishing and maintaining relationships with Australia's peak bodies for medical and nursing professions and health consumer organisations. Her responsibilities also extended to the development and implementation of Pfizer's quality use of medicines strategy and the effective implementation of Pfizer Australia's community engagement strategy, including corporate volunteering and employee giving. She also represented Pfizer Australia on a number of industry committees. During her time at Pfizer, Ms Adamson was awarded the W.E. Upjohn Award, a global award for outstanding dedication and exemplary performance in her role. Since 2015, Ms Adamson has been a board member of Rare Cancers Australia and is currently working as a Management Consultant in the aged care sector.

Simone Ryan BMedSci, MBBS, FAFOEM (RACP), MOccEnvHlth, ACCAM, DAME

Ministerial nominee

Non-executive Director

Terms: 1 September 2016–31 August 2017;
1 September 2017–30 March 2018; 31 March–30 June 2018

Dr Ryan is a specialist occupational and environmental physician. She is the founder and current CEO of One Life. Live It, a multinational small–medium enterprise in the corporate health-care sector, leading teams across Australia, Asia and the United States of America. Dr Ryan has a keen interest in health-care data; her company is currently the only one in Australia that records return on investment for corporates regarding their health-care spend. Dr Ryan is a past board member of the Royal Australasian College of Physicians (RACP) and past chair of the RACP College Trainees' Committee. She is an active philanthropist, especially in the field of Australian Indigenous education and a current member of the RACP Foundation reference group.

Marissa Veld BAppSc, MA (Bus)
Staff-elected representative
Non-executive Director
Terms: 26 May 2017–25 May 2018; 26 May 2018–25 May 2019

Ms Veld has worked at the AIHW since 2013 as a Senior Project Manager across a range of subject areas, including family, domestic and sexual violence, and housing and homelessness reporting. Ms Veld has experience in policy and data reporting in welfare services and criminal justice sectors through her previous work for the Australian Federal Police, the Australian Capital Territory Government and the Australian Institute of Criminology.

Charter of Corporate Governance

The AIHW Board has adopted a Charter of Corporate Governance that outlines the governance framework of the Institute and is designed to assist board members meet their legislative and other obligations. The charter is available on our website at www.aihw.gov.au/aihw-board.

Board performance review

In August 2015, the Australian Government asked the Department of Health to commission an independent review of the AIHW's role. The report of the review, by the Nous Group, recommended some changes to the AIHW's governance. In response to the Nous recommendations on board governance, the government introduced amendments to the AIHW Act in the spring 2018 session of parliament through the Australian Institute of Health and Welfare Amendment Bill 2018. If passed, the representative-based structure of the AIHW Board will be replaced with membership comprising a collective mix of skills from a range of different fields. Parliamentary debate on the Bill is expected to resume in August 2018.

Education of board members

Board members are provided with information about the AIHW Board and the AIHW's governance framework at the start of their first term. They are also briefed by the AIHW Director on the board's role and key current issues for the Institute. In May 2018, the AIHW Board members participated in a risk management workshop. Information on the outcomes from this workshop are provided in the 'Risk oversight and management' section later in this chapter.

Remuneration and allowances for board members

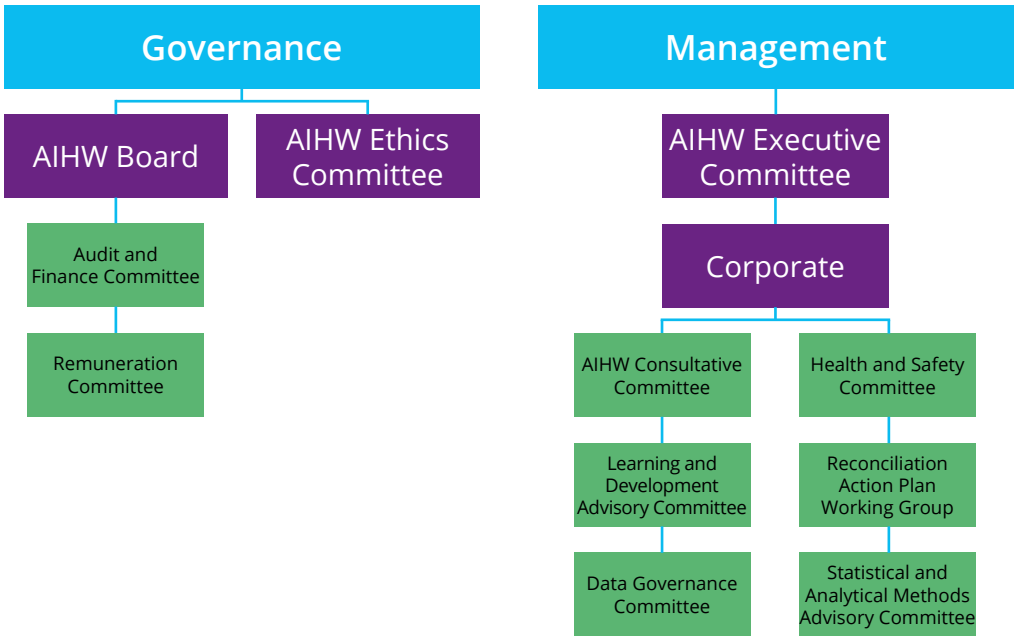
Remuneration and allowances for board members are determined by the Remuneration Tribunal. As at 30 June 2018, the relevant determination is *Determination 2016/18: remuneration and allowances for holders of part-time public office* which can be found on the tribunal's website at www.remtribunal.gov.au.

Board members who were employed by an Australian Government, state or territory government department or entity did not receive remuneration for their work as a member of the AIHW Board.

Board committees

The AIHW Board has 2 committees: the Audit and Finance Committee and the Remuneration Committee (Figure 4.1). Details of their responsibilities and operations are provided in part 8 of the Charter of Corporate Governance, which is available at www.aihw.gov.au/aihw-board. Details of attendance by members at meetings held during 2017–18, including for members who departed during the year, are in Appendix 3 on page 139.

Figure 4.1: Governance and management committees, 30 June 2018



Notes

1. The AIHW Director is a member common to the AIHW Board, the AIHW Ethics Committee and the AIHW Executive Committee.
2. Operational committees are convened as required.

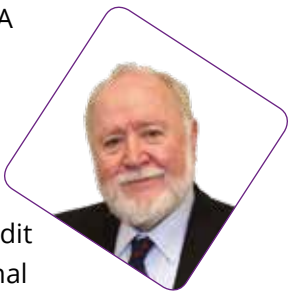
Audit and Finance Committee

The Audit and Finance Committee authorises and oversees the AIHW's audit program and reports to the AIHW Board on strategic, financial and data audit matters (see 'Financial management' on page 88 and 'Risk oversight and management' on page 89).

As at June 2018, the committee comprised:

- 3 non-executive board members—Mr Michael Perusco (Chair), Dr Erin Lalor and Mr Andrew Goodsall—whose details are provided under 'Board members' earlier in this chapter
- 1 independent member—Mr Max Shanahan.

Maxwell Shanahan BA, FCPA, CGEIT, CISA, MACS (Senior), MIIAA
Independent member
Term: from 8 December 2011



Mr Shanahan is the Director of Max Shanahan & Associates. He is currently an independent member of the ABS Audit Committee, Chair of the Snowy Mountains Regional Council Audit Committee and a member of the Queanbeyan-Palerang Regional Council Audit, Risk and Improvement Committee. His prior experience includes 5 years with Walter Turnbull Chartered Accountants and 15 years with the Australian National Audit Office (ANAO), where he was a member of the senior executive with responsibility for IT auditing. Mr Shanahan was the project editor for 2 governance-related standards: AS/NZ 8016: 2013 Governance of IT enabled projects and ISO/IEC TR 38502: 2014 Governance of IT, framework and model.

Auditors

Senior representatives from our internal auditors (Protiviti) and external auditors (ANAO) attend meetings of the committee.

The committee received the ANAO's audit report on the 2016–17 financial statements. The committee also reviewed recommendations from internal audits on:

- MBS/PBS database audit—to assess the readiness to adequately manage the MBS/PBS data collections conforming with the requirements of the AIHW Data Collection Management Principles
- credit card controls—to provide assurance about the design and operating effectiveness of key controls related to payments made through corporate credit cards to ensure compliance with Australian Government requirements and internal policies and procedures.

Appropriate action in response to the recommendations of these internal audits is underway.

Protiviti began work in 2017–18 on a review of the privacy of information held at the AIHW, business continuity/disaster recovery planning and following up on the implementation of the data custodian checklist.

Remuneration Committee

The employing body of the AIHW Director is the AIHW Board. The Director position is within the Principal Executive Office structure administered by the Remuneration Tribunal, for which information can be found at www.remtribunal.gov.au/offices/principal-executive-offices. The AIHW Board Remuneration Committee advises the board on the AIHW Director's performance and remuneration, within the constraints of the Remuneration Tribunal's *Determination 2015/19: Principal Executive Office—classification structure and terms and conditions*.

As at June 2018, the committee comprised:

- Chair of the AIHW Board—Mrs Louise Markus
- Chair of the Audit and Finance Committee—Mr Michael Perusco
- 1 other board member—Dr Erin Lalor.

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. The Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018 prescribe the committee's functions and composition (see Appendix 1 on page 121).

The committee is recognised by the National Health and Medical Research Council as a properly constituted human research ethics committee, and an annual report of its activities in each calendar year is provided to the council.

Subject to the requirements of the AIHW Act and the *Privacy Act 1988*, the AIHW may release personal health and welfare data for research purposes with the written approval of the committee, provided that release is consistent with the terms and conditions under which the data were supplied to us. The committee also approves the establishment of new health and welfare data collections.

Committee members

Information follows about individual AIHW Ethics Committee members as at 30 June 2018. Appendix 3 on page 139 details the meetings attended by committee members during 2017–18 and lists committee members who departed during the year.

Wayne Jackson PSM BEc (Hons)
Chair
Terms: 1 July 2014–30 June 2016; 1 July 2016–30 June 2019

Mr Jackson is a retired Australian Government public servant, having served as deputy secretary in PM&C and in FaHCSIA. He chaired a wide range of interdepartmental and corporate committees, including the FaHCSIA Risk Assessment and Audit Committee and the Research Committee, and was a member of the Australian Statistics Advisory Council. After leaving the public service, Mr Jackson undertook a number of projects as a consultant to FaHCSIA and the Department of Finance relating to disability income support, employment, and care and support (including the National Disability Insurance Scheme). Mr Jackson was awarded a Public Service Medal in 2006 for outstanding public service in the development and implementation of social policy. He served as Director of Aboriginal Hostels Limited from 2009 to 2016.

Barry Sandison BBusMgt, FANZSG
AIHW Director
Term: 5 May 2016–5 May 2021

Information about Mr Sandison is provided in his entry under 'Board members' on page 57.

Purnima Bhat MBBS, FRACP, PhD
Person experienced in the professional care, counselling and treatment of people
Terms: 25 September 2014–24 September 2017;
25 September 2017–24 September 2020

Dr Bhat is a physician-scientist. She graduated with an MBBS from the University of Queensland, and obtained her specialist qualifications and PhD from the University of Melbourne. She is a gastroenterologist at Canberra Hospital and at Canberra Gastroenterology, and a Fellow at the Australian National University Medical School where she teaches and conducts medical research. Her current research interests include the development of novel immunotherapies for bowel cancer and hepatitis B virus infection, as well as studying the use of medical investigations in complex decision making within gastroenterology. Dr Bhat collaborates with many national and international institutes with shared global interests in disease management and best practice. She has a clinical interest in liver disease and the diagnosis and management of precancerous conditions of the gut through endoscopic procedures.

Tim Driscoll FAVOEM, FAFPHM, PhD, MOHS, MBBS, BSc (Med)

Person experienced in areas of research regularly considered by the committee

Term: 1 July 2016–30 June 2019

Professor Driscoll is an occupational epidemiologist and a specialist physician in occupational and environmental medicine and public health medicine. He is a Professor in epidemiology and occupational medicine in the Sydney School of Public Health at the University of Sydney and is Director of the Master of Public Health. His main areas of research and professional interest are the burden of occupational disease and injury; occupational cancer and exposure to occupational carcinogens, particularly asbestos; occupational fatal injury; increasing the practical application and influence of epidemiological principles and findings; and improving the communication of epidemiological principles and findings to the general public. He leads the Occupational risk factors expert working group in the Global Burden of Disease study. Professor Driscoll has published more than 170 research papers in refereed journals and is on the editorial boards of the International Journal of Epidemiology and the Journal of Occupational Safety and Health. He is Chair of the Scientific Committee on Occupational Medicine of the International Commission on Occupational Health and served for 8 years as chair of the Education Committee of the Faculty of Occupational and Environmental Medicine of the RACP.

Amanda Ianna GradCertChangeMgt, AGSM

Nominee of Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Ms Ianna has extensive experience in the field of civil registration, organisational change and leadership. She is currently the 17th Registrar (since 1856) at the New South Wales Registry of Births Deaths & Marriages which she commenced in 2014; 1 of only 2 women to hold this position. In her role, Ms Ianna has championed the registry's drive towards quality standards accreditation, building online solutions for the registry's customers and developing community outreach programs, especially with the homeless and Indigenous communities throughout New South Wales. She is passionate about her staff, customers and keeping records safe for the people of New South Wales. Ms Ianna has been in the public service sector for 31 years and has been in a number of leadership roles over this time.

Nicholas White BA (Hons), GradDipEd, PhD
Person who is a minister of religion
Term: 12 December 2017–11 December 2020

The Reverend Dr White is a social anthropologist and Anglican priest, currently Vicar of St Paul's Anglican Church in Kew East, Melbourne. Before ordination in 2013, Dr White held social policy roles in the Victorian Department of Premier and Cabinet, the Department for Victorian Communities and, most recently, as executive officer, Social Planning and Development with the Yarra Ranges Shire Council. His PhD at the University of Melbourne addressed the negotiation of nationhood and social identity in multi-ethnic Germany and was based on field research sponsored by the Institute for Migration Research and Intercultural Studies of the University of Osnabrück. Dr White is currently on the board of the Christian Research Association and has served on the Council of the Anglican Diocese of Melbourne.

Maryjane Crabtree BA/LLB, GAICD
Person who is a lawyer
Term: 14 April 2016–13 April 2019

Ms Crabtree was a partner of Allens Linklaters, until her retirement in 2016. Ms Crabtree has had previous experience on a human research ethics committee and is currently the President of the Epworth HealthCare Board of Management and Deputy Chair of the Racing Analytical Services Board. Her expertise has been built on her experience in running a large national professional services organisation as well as practising in many fields, including occupational health and safety, environment, product liability and sports law. Ms Crabtree is also involved in not-for-profit organisations in the areas of health, education and sport. She is currently a member of Chief Executive Women, the Victorian Legal Admissions Board, the Law Institute of Victoria Council, the Board of Ormond College, the Coronial Council of Victoria and the Board of Racing Analytical Services Ltd.

David Garratt BEd, GradDipRE

Male representing general community attitudes

Terms: 26 March 2010–25 March 2013;
26 March 2013–25 March 2016; 26 March 2016–25 March 2019

Mr Garratt is a retired school principal. His last appointment was as principal, Daramalan College, Canberra, from which he retired in 2008. He has extensive experience in education in the Australian Capital Territory and has served on committees administering government programs. Mr Garratt was on the founding boards of 2 schools, St Francis Xavier and the Orana School for Rudolf Steiner Education, and was chair of the latter. He was a community representative on the Dickson Neighbourhood Planning Group, and was a board member of Northside Community Services in Canberra for 14 years and is a company member and past board chair of the National Folk Festival.

Margaret Reynolds BA, Dip Special Ed

Female representing general community attitudes

Terms: 17 August 2011–16 August 2014;
17 August 2014–16 August 2017; 17 August 2017–16 August 2020

The Hon Margaret Reynolds has a career in education and social issues public policy. As a Queensland senator, she served as minister for local government and the status of women. She spent 20 years in local and national government working with community organisations to develop new programs that offered greater equality for a range of marginalised groups. As CEO of National Disability Services in Tasmania, she was instrumental in responding to deinstitutionalisation and working to develop the National Disability Insurance Scheme. Ms Reynolds has worked closely with international human rights organisations and was an inaugural member of the Council for Aboriginal Reconciliation. Ms Reynolds now lives in Richmond, Tasmania, and is currently writing a book about women in politics.

Work of the committee

The AIHW Ethics Committee increased its number of meetings to 5 in 2017–18 compared with 4 in previous years. This increase has enabled the committee to better manage its increasing workload and to ensure that the approvals timetable does not act as a barrier to timely conduct of important research. The committee provided approvals regarding the ethical acceptability of 244 new or modified projects and data collections in 2017–18 increasing from 205 in 2016–17.

New project applications

In 2017–18, the committee considered 76 new project applications compared with 62 in the previous year. Of these, 63 were approved and 1 was withdrawn. A decision was pending in relation to 12 applications as at 30 June 2018 (Table 4.1).

Most (50) of the new applications were submitted by researchers from external organisations, such as departments and research centres affiliated with universities or large metropolitan teaching hospitals. For example, applications were received from Monash University, the University of Adelaide, the University of New South Wales, Griffith University and other major Australian universities. The committee also received applications from research organisations such as the National Drug and Alcohol Research Centre, the Murdoch Children's Research Institute, South Australian Health and Medical Research Institute and various government agencies, including the Australian Tax Office, the Australian Government Department of Social Services and the Department of Health, the Western Australian Department of Health. The AIHW submitted 26 new applications.

The Committee has responded to the heightened sensitivity of some of the new and emerging data collections being managed by the Institute, including MBS/PBS, NIHSI AA and the forthcoming My Health Record (MHR) for Secondary Use, by sharpening its focus on the data governance arrangements within the Institute and the related assurance mechanisms.

There were 33 applications that sought approval for linkage to the National Death Index which is held at the AIHW. Other AIHW-held databases to which access was sought included the NACDC and hospitals data. There is an increasing number of researchers requesting linkage to MBS and PBS data. Researchers may request access to more than 1 database in each application; for example, some applications sought access to both the National Death Index and the Australian Cancer Database.

Table 4.1: Research project applications considered by the AIHW Ethics Committee, 2017–18

	Considered	Approved	Rejected/ withdrawn	Decision pending
Applications for approval				
AIHW, including collaborating centres	26	26	—	—
External researchers	50	37	1	12
Subtotal	*76*	*63*	—	*12*
Applications for modification or extension				
AIHW, including collaborating centres	8	8	—	—
External researchers	173	172	1	—
Subtotal	*181*	*180*	*1*	—
Total	**256**	**243**	**1**	**12**

Monitoring projects

The committee monitors approved projects to their completion, and considers requests for modifications to previously approved projects. Researchers submitted 384 annual monitoring reports during 2017–18.

Requests for modification or extension

In all, 181 requests for amendment were considered during the year (Table 4.1). Approximately 70% (128) were requests for an extension of time and/or proposed research staff changes.

Finalised projects

To ensure that research outcomes are freely available, the committee requires public dissemination of the results of approved projects. In 2017–18, the AIHW received 8 final project reports accompanied by associated research results, most of which were published in peer-reviewed journals or other publicly available reports. There are some limited exceptions where results are not released into the public domain: an example is when data are provided to a government department to enable it to create a model for internal use. In this situation, it is expected that any learnings are shared among other interested government agencies.

Organisational structure

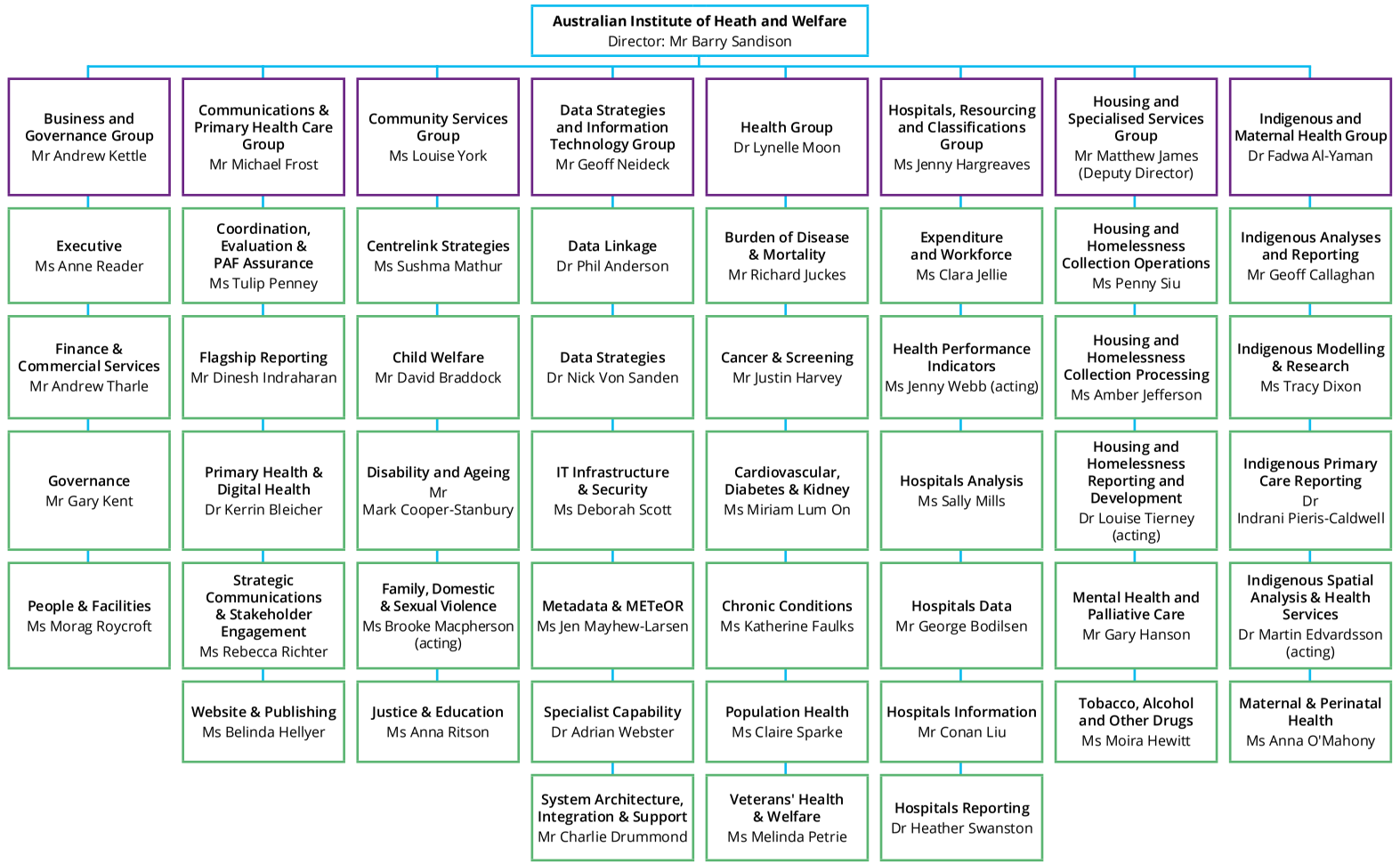
The AIHW organisational structure comprises 8 groups. Information about the responsibilities of those groups during 2017–18 follows. Figure 4.2 shows the unit structure within each group as at 30 June 2018.

With an increasing focus on appropriate management of data and privacy, from 1 July 2018, the AIHW will introduce a new internal structure, with the establishment of a new Data Governance Group. This group will house a new unit: My Health Record Secondary Use Governance, focusing on the work we will be doing as data custodians for the My Health Record secondary use of data.

In recognising the volume of work related to primary health care and digital health, 2 new units will be established: Primary Health Care Data—to lead our work in establishing a national primary health-care data asset; and My Health Record Secondary Use Data Management—to focus on technical work with the My Health Record secondary use of data.

A second data linkage unit will also be created in order to enhance the AIHW's capability to meet the growing demand for data-linking services.

Figure 4.2: AIHW Organisational chart, 30 June 2018



Business and Governance Group

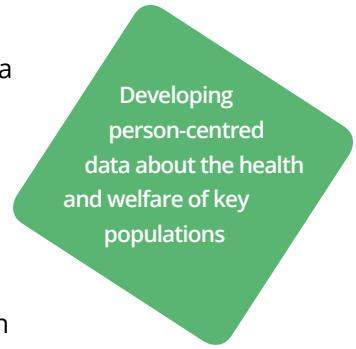
This group provides services and advice to enable optimal use of the Institute's financial and human resources to achieve business objectives. More specifically, the group is responsible for:

- executive support and secretariat services for the AIHW Director, AIHW Board, AIHW Executive Committee and a number of national information committees
- leadership and support in governance and legal matters, including data governance, management and release arrangements, ethics, privacy, development and negotiation of external agreements, the strategic management of internal and external relationships critical to our role, and the preparation of key corporate planning and reporting documents
- pricing and contract advice, business analysis and preparation of financial statements (see Appendix 6, page 154)
- recruitment services, coordination of learning and development activities, workforce planning, performance management support, management of people and building safety, facilities management and accommodation planning (see **Chapter 5 Our people** for more detailed descriptions of activities and achievements in 2017–18)
- business improvement and project management support, including advice on planning, risk management and delivery of projects.

Communications and Primary Health Care Group

This group is responsible for leading the Institute's strategic external communications, including stakeholder engagement, and print and online services. The group produces the AIHW's biennial flagship series, *Australia's welfare* and *Australia's health*. It has also recently established a work program to enhance the Institute's capabilities in digital health and, for part of the year also conducted geospatial analysis and data visualisation, including for the purposes of independent and transparent monitoring and performance reporting on local health-care organisations.

Community Services Group



This group develops, maintains and analyses national data to support monitoring and reporting of:

- the health and welfare of key subpopulations, including children and youth, older Australians and people with disability
- use of services within a range of health and welfare sectors, including community-based services focused on aged care, child protection, juvenile justice and disability services
- victims and perpetrators of family, domestic and sexual violence through the establishment of a new Family, Domestic and Sexual Violence Data Clearinghouse.

The group has also recently established a program of work using income support (Centrelink) data to better understand experiences and outcomes for key population groups.

Data Strategies and Information Technology Group

This group works with Australian Government agencies, state and territory governments and other key stakeholders to promote access to health and welfare data for policy, research and community information. The group aims to increase the information value of existing data collections through data integration (linkage) work and data-sharing arrangements—for the AIHW and external researchers—that support innovative analyses. Examples of work supported in this way include patient and client pathways analysis and movements of people between health and welfare services.

The group also:

- identifies, develops and promotes business process innovations, computing and communications infrastructure and technological leadership in support of our strategic directions
- supports our ICT requirements.

'Data security' on page 91 describes activities and achievements in 2017–18 in relation to the group's corporate data security functions.

Health Group

This group develops, maintains and enhances national data to support monitoring and reporting on the health of Australians, covering:

- chronic diseases, both as a group and in relation to some key diseases such as cardiovascular disease, diabetes, kidney disease, cancer, musculoskeletal conditions and respiratory conditions. This disease monitoring work covers their level, impact, risk factors, prevention, treatment and outcomes
- population health issues, such as health inequalities, broader determinants such as social and environmental, international health comparisons, mortality and burden of disease
- specific population groups, such as veterans and people living in rural areas.

Hospitals, Resourcing and Classifications Group

This group develops data and information infrastructure, compiles the national hospital and health expenditure databases, undertakes analyses and disseminates policy-relevant statistical information about hospitals, resources in the health and welfare sectors, and health sector performance. *Australian hospital statistics* reports and *MyHospitals* website information are major products, as are health expenditure reports.

The group also has responsibility for the coordination of Australia's international health classification work and manages the AIHW's relationship with the National Injury Surveillance Unit, which is the AIHW's collaborating centre.

Housing and Specialised Services Group

This group produces statistics, analysis and information on:

- homelessness
- community housing
- housing assistance
- mental health and palliative care services
- drug use and treatment services, including tobacco and alcohol.

Providing statistics on a range of vulnerable groups

The group is responsible for the administration, data analysis and reporting of 2 national surveys:

- the National Drug Strategy Household Survey—a large triennial survey which collects information on alcohol and tobacco consumption, illicit drug use and attitudes and perceptions relating to tobacco, alcohol and other drug use
- the NSHS—a biennial survey of tenants in selected housing programs, designed to collect information for national reporting about tenant satisfaction with housing amenities, facilities and services.

Indigenous and Maternal Health Group

This group leads the development, monitoring and reporting of information and statistics in 2 main areas: the health and welfare of Aboriginal and Torres Strait Islander people, and maternal and perinatal health.

Monitoring the next generation's wellbeing and delivering better evidence on Indigenous people and services they use

The work of this group includes:

- analysing and reporting on performance measures based on the Aboriginal and Torres Strait Islander Health Performance Framework, at the national and jurisdictional levels, in collaboration with the Department of the PM&C and states and territories
- working with Indigenous primary health-care services and other service providers to improve the quality and usefulness of their data in order to support better outcomes for their clients
- modelling geographical variation in access to services relative to need with a particular focus on identifying areas where Indigenous Australians experience service gaps
- analysing and reporting on national data about pregnancy and childbirth of mothers, and the characteristics and outcomes of their babies.

Executive

The AIHW Director Mr Barry Sandison manages the day-to-day affairs of the Institute. Mr Sandison is supported by Deputy Director and Senior Executive, Mr Matthew James who, together with 7 senior executives, comprise the AIHW Executive Committee. During the year, the committee met regularly to consider policy, financial and other corporate matters.

During 2017–18, of the 8 senior executives, 4 managed organisational groups that oversaw specific statistical areas only; 1 managed a group that provided solely corporate support services to the whole organisation; and 3 managed groups that delivered both statistical and corporate services.

Senior executive team

Information follows about the AIHW's senior executive team as at 30 June 2018.

Deputy Director and Senior Executive, Housing and Specialised Services Group

Matthew James PSM BEc (Hons)

Matthew James is the Deputy Director of the Institute. He is also responsible for this group, which leads the Institute's data development and reporting on housing and homelessness, mental health, palliative care and drugs and alcohol. Before joining the Institute in November 2016, he held leadership roles in performance, information and evaluation as assistant secretary, Indigenous Affairs Group in PM&C, and as a branch manager within FaHCSIA. Mr James was also a branch manager in the former Department of Education, Employment and Training, where he worked on employment policy and implementation as well as workplace relations policy and analysis. From 2002 to 2004, he was counsellor—Employment, Education, Science and Training in the Australian Delegation to the OECD in Paris. Mr James was awarded a Public Service Medal in 2016.

Senior Executive, Business and Governance Group

Andrew Kettle MA (Hons), CA

Mr Kettle has held a senior executive position since starting at the AIHW in 2006. He is responsible for leading the management of the Institute's finances, human resources, governance, business improvement services and office accommodation. Mr Kettle qualified as a chartered accountant in the United Kingdom. He worked as a professional accountant for Coopers and Lybrand in Canada and Australia and was chief financial officer at the Australian Fisheries Management Authority. Mr Kettle acted as director of the AIHW for 6 months in 2015–16.

Senior Executive, Data Strategies and Information Technology Group

Geoff Neideck BBusStud, GradCertMgt

Mr Neideck has been managing the AIHW's Data Strategies and Information Technology Group since December 2015. Prior to that, he headed the former Housing and Specialist Services Group. Before joining the AIHW, Mr Neideck managed large national social and economic statistics programs at the ABS and Statistics Canada, where he gained experience in data design and statistical infrastructure projects.

Senior Executive, Community Services Group

Louise York BEc, BSc, GradDipPopHealth

Ms York has led the Community Services Group since January 2017. She has over 20 years' experience at the AIHW, including leadership positions in both health and welfare areas, and 1 year at the Telethon Institute for Child Health Research.

Senior Executive, Health Group

Lynelle Moon BMath, GradDipStat, GradDipPopHealth, PhD

Dr Moon is responsible for the Health Group which reports and collects data on the health of Australians, including population health, disease monitoring and primary health care.
Dr Moon has held a number of health leadership positions in the AIHW since 1995, particularly in relation to specific chronic diseases and the burden of disease, and spent 2 years working in the Health Division of the OECD in Paris.

Senior Executive, Communications and Primary Health Care Group

Michael Frost BEc (Soc Sc) (Hons), GradDipPublicAdmin

Mr Frost transferred to the AIHW in April 2016 from his position as executive director, strategic initiatives, in the former National Health Performance Authority. His experience in policy advice, performance reporting and administrative roles spans 17 years in federal and state governments, including as the deputy head, Secretariat for the COAG Reform Council.

Senior Executive, Hospitals, Resourcing and Classifications Group

Jenny Hargreaves BSc (Hons), GradDipPopHealth

Ms Hargreaves has served on the AIHW senior executive team since 2006, when she was appointed to head the former Economics and Health Services Group. Her experience with Australian hospital statistics, for which she is responsible, is extensive. She is also responsible for the Institute's work related to health expenditure, health sector performance indicators and health classifications.

Senior Executive, Indigenous and Maternal Health Group

Fadwa Al-Yaman PSM BSc, MA, PhD

Dr Al-Yaman has wide-ranging experience in statistical analyses and reporting, demographic techniques, data development, data quality assessment and improvement activities, and in building collaborative stakeholder relationships. She has a strong research background in health, and a keen interest in knowledge translation and the link between research, policy and practice. She holds a PhD in Immunology from the John Curtin School of Medical Research and a Masters of Population Studies from the ANU. Dr Al-Yaman was awarded a Fulbright Fellowship in 1990 and the Australian Public Service Medal in 2008.

Other staff

Further information about staff leading our units is in Appendix 4 on page 144 and about staff more generally is in **Chapter 5 Our people**.

Collaborating to achieve common objectives

In successfully performing our functions, we rely on forging and maintaining positive, productive relationships with many agencies and organisations across the Australian, state and territory governments, and non-government sectors. The multisectoral nature of our work is reflected in the statutory composition of the AIHW Board and the AIHW Ethics Committee and the diverse range of entities with which the AIHW has entered into agreements and memorandums of understanding (MoUs).

Australian Government

Department of Health

The AIHW is an independent corporate Commonwealth entity in the Health portfolio. The Institute has a strong relationship with the Department of Health.

With the exception of work that is required to be put out to competitive tender by the Department of Health, our work for the department is guided by a formal deed between the 2 organisations. The department provides funding for significant additional projects beyond work funded through appropriation. The AIHW Act stipulates that the Secretary of the Department of Health (or their nominee) is a member of the AIHW Board.

The AIHW provides the department with copies of all AIHW publications in advance of public release.

Department of Social Services

Our relationship with the Department of Social Services (DSS) is important, particularly in areas such as housing and homelessness, disability services, child protection and income support.

The AIHW is data custodian of the department's Australian Government Housing Data Set and is a member of a panel of experts established to support organisations funded under the DSS's Families and Children Activity. The AIHW acts as a release point for DSS's researchable Centrelink data asset (DOMINO) and the agencies have established a collaborative work arrangement to support enhanced use of income support data for understanding population health and welfare outcomes.

We also provide the DSS with copies of all AIHW publications relevant to DSS functions in advance of public release.

Other Australian Government bodies

New collaborations with other Australian Government agencies were formed in 2017–18.

Australian Digital Health Agency

The AIHW and the Australian Digital Health Agency (ADHA) are working closely on the implementation of a framework to guide the secondary use of My Health Record (MHR) system data, under which the function of data custodian for public health and research purposes will be undertaken by the AIHW. An implementation period commencing from July 2018 has been agreed to allow a deliberate, systematic and inclusive implementation process to ensure the quality of the data obtained from the MHR system is fit for public health and research purposes. An implementation plan is being developed with the aim of establishing the framework's governance and other arrangements to enable access to the MHR data to commence in 2020.

Australian Institute for Teaching and School Leadership

The AIHW and the Australian Institute for Teaching and School Leadership, in conjunction with state and territory teacher registration authorities, are collaborating in the creation, ongoing operations and maintenance of the Australian Teacher Workforce Data Set. Establishment of this data collection, and the linkage of data between the various data sources, will enable research to be conducted into the demographic and educational background of teachers, the geographical distribution of teachers, and their experiences as teachers.

Department of Veterans' Affairs

The AIHW and the department are parties to an MoU that reflects their commitment to the development of information sources for the delivery of world-class health-care policies and services to veterans. In 2017–18, new work began under an existing MoU to further strengthen and formally extend this strategic partnership to 30 June 2021. The overarching aim of the partnership is to develop a comprehensive profile of the health and welfare of Australia's veteran population, and to facilitate a coordinated, whole-of-population approach to monitoring and reporting on the current status and future needs of veterans and their families, in support of the department's strategic, research and data needs.

Safe Work Australia

Safe Work Australia and the AIHW have a mutual interest (in consultation with other partner organisations and stakeholders) in compiling a national data set of mesothelioma cases and documenting information about asbestos exposure via the AMR. These accessible and credible data are integral to inform research, operational activities, development of policy and programs, and raise public awareness of asbestos exposure in Australia. The AIHW started managing the AMR (funded by Safe Work Australia) in July 2017 and this work will continue until August 2021.

Ongoing collaborations in 2017–18

During 2017–18, we continued to work with many other Australian Government agencies in developing, collecting, compiling, analysing, managing and disseminating health and welfare data and information. Some of these agencies included:

- Australian Bureau of Statistics
- Australian Commission on Safety and Quality in Health Care
- Australian Taxation Office
- Cancer Australia
- Department of Education and Training
- Department of Human Services
- Department of Infrastructure and Regional Development
- Department of the Prime Minister and Cabinet
- Independent Hospital Pricing Authority
- National Health Funding Body
- National Mental Health Commission.

State and territory governments

Much of the government services data reported by the AIHW at a national level are provided by state and territory government departments that fund those services. Close working relationships with state and territory governments are critical to developing and reporting nationally consistent and comparable health and welfare data.

During 2017–18, we continued to engage with jurisdictions through national and ministerial committees and forums charged with achieving this aim. We also maintained strong relationships with state and territory government departments, including those working under the auspices of the COAG.

The AIHW established 2 new committees in 2017–18. Both the following committees comprise all states and territories, the Department of Health, and other key agencies and stakeholders:

- The Strategic Committee for National Health Information (SCNHI) provides strategic advice in relation to our national health information work, including overall priorities, and the AIHW's health sector performance reporting. The SCNHI will also provide advice to support our engagement with the Australian Health Ministers' Advisory Council (AHMAC).
- The National Health Data and Information Standards Committee provides advice in relation to its work in developing and maintaining national health data and information standards and related national health information infrastructure.

While these committees report directly to the AIHW, relationships will also be established with the Health Services Principal Committee (HSPC)—the new committee established under the AHMAC to advise on health services reform requiring national collaboration. The HSPC also comprises all states and territories, along with the AIHW and the ADHA.

The AIHW and numerous government entities from all jurisdictions are parties to national information agreements that underpin the activities of national information committees. Separate agreements cover health, community services, early childhood education and care, and housing and homelessness. The agreements ensure that effective infrastructure and governance arrangements are in place for the development, supply and use of nationally consistent data for each of these areas.

Collaborating centre

During 2017–18, the AIHW continued the collaborating centre arrangements with the National Injury Surveillance Unit at Flinders University. The unit develops, analyses and reports national statistical information about injury and contributes to the work of the World Health Organization (WHO) in developing the International Statistical Classification of Diseases and Related Health Problems, 11th Revision (ICD-11).

Other collaborations and partnerships

During 2017–18, we maintained and strengthened our engagement with the following allied organisations, including peak bodies and other national forums, to help satisfy their needs for information to assist policy development and program delivery. Examples of these collaborations are:

- **Australian Research Council Centre of Excellence for Children and Families over the Life Course**: Under a multiparty agreement administered by the University of Queensland, the AIHW provides data and technical data expertise to assist activities undertaken by the collaborating parties.
- **University of Western Australia**: Under this arrangement, the AIHW participates in the Population Health Research Network—a network made possible through the National Collaborative Research Infrastructure Strategy. The strategy is administered by the Australian Government Department of Education and Training.

International collaborations

At the international level, the AIHW plays an important role in data standards and classifications work through the World Health Organization's Family of International Classifications, and reports health statistics to the OECD.

During 2017–18, the AIHW and the Canadian Institute for Health Information (CIHI) continued to work together under an MoU to facilitate the temporary exchange of staff between the organisations. In addition, staff from both agencies are currently working on a joint project to create parallel reports on opioid-related harm, using similar definitions and data sources where possible. Opioid-related harm has been shown to be a major health concern in other countries and, increasingly, in Australia. Early results from the collaboration were presented at the Vancouver meeting of international health information organisations in April 2018. The final report from each country will be published in late 2018.

Financial management

Financial management in the AIHW operates within the following legislative framework:

- AIHW Act
- PGPA Act
- *Auditor-General Act 1997*.

Our **internal** operations are funded by:

- parliamentary appropriations
- contributions from income received for project work undertaken for external agencies to provide corporate services for that work
- miscellaneous sources, such as bank interest, ad hoc information services and publication sales.

These funds are allocated in a detailed budget process conducted in May–June each year. Funds are spent on:

- project work undertaken by our statistical groups
- collaborations with universities that undertake specialist activities
- corporate services, such as financial, human resources, executive support, governance and legal, records management, business improvement services, communications and ICT services.

Our **externally funded** project work is undertaken by the AIHW's statistical groups for external agencies. The fees charged for each project are determined using a pricing template set to cover our costs, which include salaries and on-costs, other direct costs and a corporate cost-recovery charge which recovers infrastructure and corporate support costs. The pricing template is updated each year. Expenditure incurred in each project is accounted for separately and monitored monthly.

Purchase contracts

For purchase contracts with suppliers, we use, wherever possible, template contracts prepared by legal advisers. These template contracts aim to manage risks and ensure value for money through provisions, such as: deliverables and performance standards linked to milestone payments; necessary insurances and indemnities; intellectual property ownership and requirements; and requirements for privacy and confidentiality.

Purchase contract payments are typically linked to delivery of services to a satisfactory standard.

Procurement requirements

The AIHW is required by section 30 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) to comply with the Commonwealth Procurement Rules, which establish requirements for Australian Government entities regarding their procurement activities. The procurement rules are available at www.finance.gov.au/procurement/procurement-policy-and-guidance/commonwealth-procurement-rules.

The AIHW must comply with the mandatory procedures for all procurements above the $400,000 threshold.

We complied with our obligations under the procurement rules during 2017–18.

Revenue contracts

Most revenue contracts were for provision of services related to projects being managed by our statistical units.

Our revenue contracts and standard schedules for MoUs detail the scope, timing, deliverables and budget for most externally funded projects we undertake.

Contract approval

Purchase and revenue contracts, involving receipt or payment of amounts over $3 million, must be approved by the Minister for Health.

Any contract over $200,000 must be approved by the AIHW Director.

Risk oversight and management

Effective risk management is integral to the AIHW's business operations. During the year, the AIHW Board engaged a risk management specialist to facilitate a workshop on risk management, which was held in May 2018. The discussion identified several strategic risks and the need to review and update the AIHW's Charter of Corporate Governance and Risk Management Framework. Work on the latter is continuing with the expectation that the Board will approve a new framework before the end of 2018.

The AIHW Fraud Control Plan 2017–19 adopts a proactive approach to minimising the potential for instances of fraud within the AIHW. It contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes to meet the specific needs of the AIHW and comply with the Commonwealth Fraud Control Guidelines.

We engage external contractors to perform our internal audit function. In 2017–18, the internal auditors, Protiviti, completed 2 internal audits (see 'Audit and Finance Committee' on page 66).

Data governance

Our Data Governance Framework provides an overview of the AIHW's robust data governance arrangements, including:

- a description of key concepts in data and data governance
- the legal, regulatory and governance environment in which the AIHW operates
- core data governance structures and roles
- an overview of AIHW data-related policies, procedures and guidelines
- systems and tools supporting data governance
- compliance regimes.

The framework and a short overview document, *Data governance—in-brief*, are available at www.aihw.gov.au/about-our-data/data-governance.

Our Data Governance Committee establishes an annual work plan of data governance activities, makes operational decisions, and provides advice and recommendations to the AIHW Executive Committee on data governance matters. In 2017–18, the Data Governance Committee met 5 times, convened 3 data custodian forums to discuss matters of interest and issues affecting AIHW data custodians, and reported regularly to the AIHW Executive Committee on the delivery and/or progress on a range of projects in its work plan. These included:

- reviewing the AIHW's internal guideline on the custody of data
- publishing enhanced information about the AIHW's data holdings on the redeveloped AIHW website
- advising data custodians
- assessing the first 6 months of operation of a checklist for data custodians designed to provide greater guidance on key responsibilities and the documentary evidence required for data audits
- enhancing the AIHW's internal data catalogue and creating an information sheet for internal data users.

Data security

Data security at the AIHW is a high priority and is constantly reviewed to ensure we meet the changing needs of the organisation in response to any emerging security threats and vulnerabilities, new security standards and measures required of government agencies and available technology solutions to deal with security issues.

Actions undertaken during the year to further improve our data security arrangements included:

- reviewing compliance with the Australian Signals Directorate mandatory top 4 security requirements and Essential Eight mitigation strategies
- refreshing the internet and mail gateway security environment.

The AIHW's data holdings continue to grow and we have expanded our range of products and services. At all stages of data handling involving transfer, management, and release, the AIHW has appropriate governance and security policies and practices.

Protecting privacy

The AIHW protects the privacy of the information it holds under a comprehensive set of data governance arrangements involving designated data custodians, the AIHW Ethics Committee, audit activities and physical and IT security. These multiple layers of defence ensure that data are accessed only by authorised personnel for appropriate purposes in a secure environment.

Visit www.aihw.gov.au/privacy-policy for a general overview of how the AIHW protects the privacy of individuals, its legal obligations and the Institute's data custody and governance arrangements.

Freedom of information

In accordance with section 11C of the *Freedom of Information Act 1982* (FOI Act), the AIHW is required to publish information that has been released in response to a freedom of information access request. The AIHW is not required to publish:

- personal information about any person if publication of that information would be 'unreasonable'
- information about the business, commercial, financial or professional affairs of any person if publication of that information would be 'unreasonable'
- other information, covered by a determination made by the Australian Information Commissioner, if publication of that information would be 'unreasonable'
- any information if it is not reasonably practicable to publish the information because of the extent of modifications that would need to be made to delete the information listed in the above points.

In 2017–18, the AIHW received only 1 request made under the FOI Act. The AIHW responded to this request within the statutory timeframe.

Information Publication Scheme

The FOI Act established the Information Publication Scheme for Australian Government agencies subject to the FOI Act. Under the scheme, agencies are required to publish a range of information, including an organisational chart, functions, annual reports and certain details of document holdings.

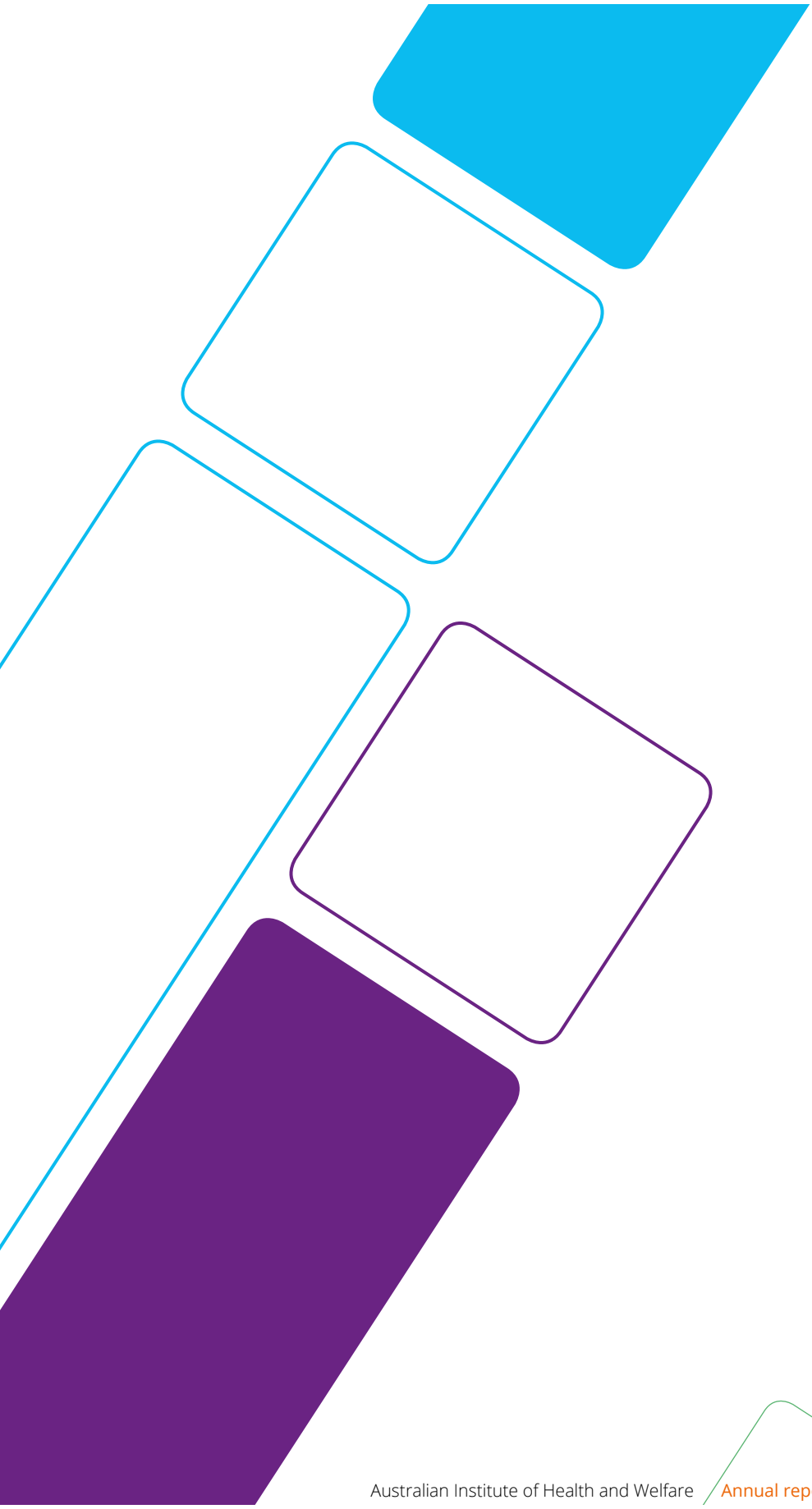
The required information is published at www.aihw.gov.au/about-us/freedom-of-information/information-publication-scheme-ips.

Enquiries

Freedom of information requests and enquiries should be sent to:

FOI Contact Officer
Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

or emailed to foi@aihw.gov.au.



Chapter 5

Our people

This chapter details our staffing profile and workforce strategies.

Our people are our greatest strength and we are committed to ensuring that AIHW's workplace continues to attract, develop and retain the right people with the right skills.

Staff profile

Employment numbers and categories

As at 30 June 2018, there were 449 people, including contract (labour hire) staff, who worked at the AIHW compared with 386 as at 30 June 2017. Contract staff numbers increased significantly because of higher funding for the AIHW and as a result of the ongoing cap on the number of APS staff we are allowed to employ. We employed 324 active APS staff as at 30 June 2018—compared with 344 active APS staff as at 30 June 2017 (Table 5.1). The number of active full-time equivalent (FTE) APS staff decreased from 318.0 as at 30 June 2017 to 302.8 as at 30 June 2018. The numbers shown in Table 5.1 are for AIHW staff engaged under the *Public Service Act 1999* and contract (labour hire) staff.

Table 5.1: Active staff and total staff, 2014–2018

	30 June 2014	30 June 2015	30 June 2016	30 June 2017	30 June 2018
			Number		
Active APS staff	322	308	310	344	324
APS staff on long-term leave	25	31	37	25	23
Contractors	—	—	—	17	102
Total staff	**347**	**339**	**347**	**386**	**449**
			FTE		
Active APS staff	297.4	284.8	286.6	318.0	302.8
Contractors	—	—	—	15.9	89.9
Total staff (including long-term leave)	**319.6**	**313.9**	**321.6**	**358.1**	**414.0**

Note: 'Staff on long-term leave' refers to staff on any form of continuous leave for more than 3 months—for example, long-service leave and maternity leave.

The number of staff on long-term leave of more than 3 months decreased to 23 as at 30 June 2018, compared with 25 a year earlier.

Of our 324 active APS staff as at 30 June 2018:

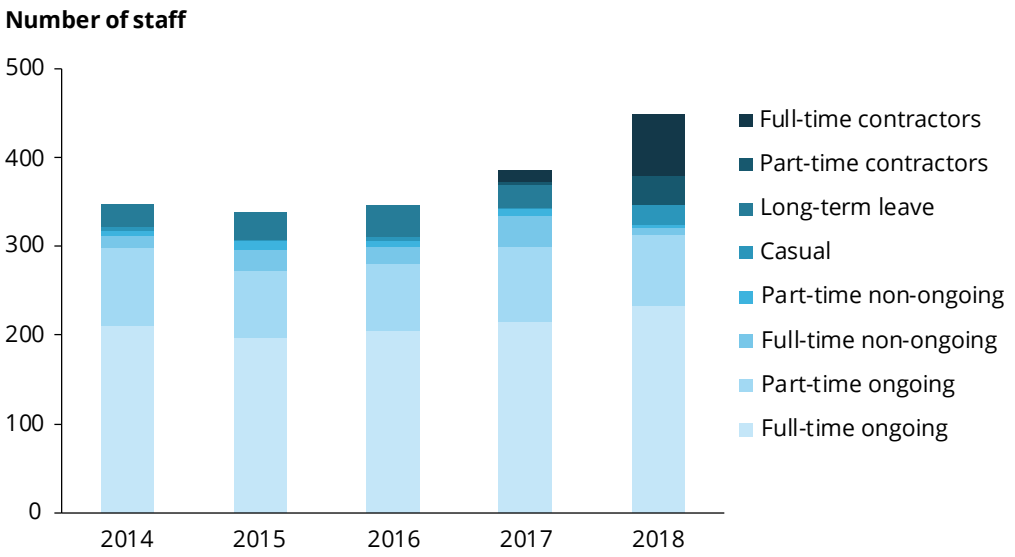
- 313 (97%) were ongoing employees, which is an increase of 10% compared with 30 June 2017
- the number of non-ongoing employees decreased from 44 in June 2017 to 11 in June 2018
- 83 (26%) employees worked part-time, which is a decrease of 0.3% compared with 30 June 2017 as outlined in Figure 5.1
- 220 (68%) were female as shown in Figure 5.2.

Table 5.2: Staff gender characteristics, 2014–2018

	30 June 2014	30 June 2015	30 June 2016	30 June 2017	30 June 2018
			Number		
Active APS staff					
Female	241	237	241	234	220
Male	106	102	105	110	104
Person who does not exclusively identify as male or female	—	—	—	—	—
Total	**347**	**339**	**346**	**344**	**324**
Contractors					
Female				8	52
Male				9	50
Person who does not exclusively identify as male or female	—	—	—	—	—
Total				**17**	**102**
Total all staff (including contractors)	**347**	**339**	**346**	**361**	**426**

Note: Figures relating to gender identity have been updated to omit persons who do not exclusively identify as male or female due to low numbers.

Figure 5.1: Category of staff employment, 2014–2018 (30 June)



Note: staff in all categories except the long-term leave category are 'active'.

Classification level

Of our active APS staff as at 30 June 2018, 31% (102 staff) were classified and employed as Executive Level (EL) 1 officers and 27% (86 staff) were employed as APS 6 officers (Figure 5.2).

The percentage of active FTE staff at levels APS 2 to APS 6 was maintained at 54%. EL FTE staff increased slightly to 44% compared with 43% at the same time last year. The most notable changes between the previous and current year relates to EL 1 and APS 6 staff, where the percentages decreased slightly. All other classification levels remained relatively stable.

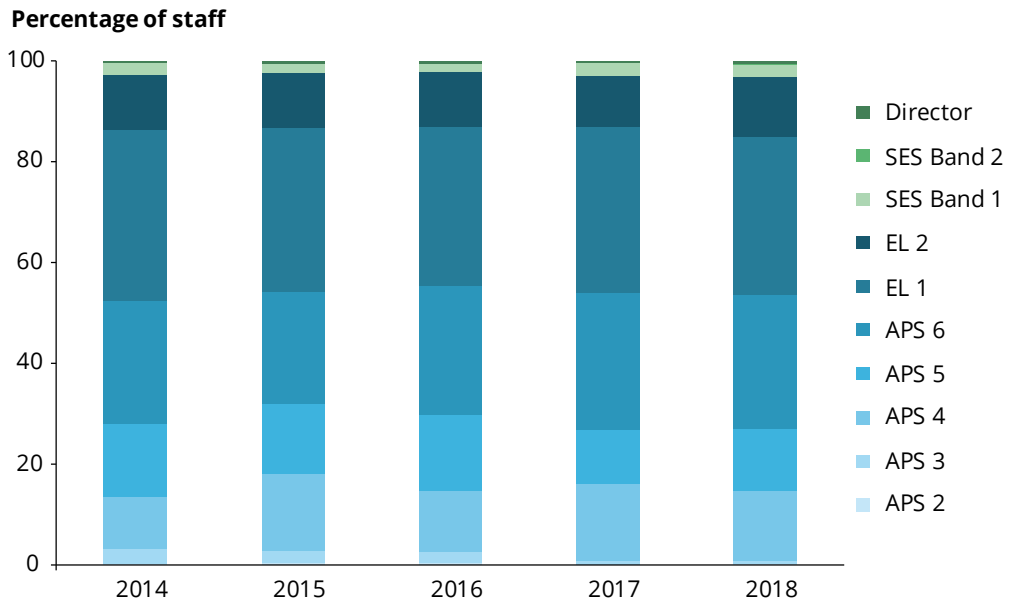
By role

As at 30 June 2018, 263 (81%) of our active APS staff and 71 (70%) of our contract staff performed statistical work, while 61 (19%) of our active APS staff and 31 (30%) of our contract staff were employed in corporate support work-related functions, including IT, finance, human resources, governance, publishing, media and communications.

Workforce management

We aim to attract and retain talented staff by offering challenging and fulfilling work, competitive salaries, flexible working conditions, excellent learning and development opportunities, and a friendly and inclusive work environment.

Figure 5.2: Active FTE staff by classification level (excluding contract staff), 2014–2018 (30 June)



Staff commencements and turnover

Forty-three new employees began ongoing employment at the Institute during 2017–18 (Table 5.3), of which 18 were in our 2017–18 graduate intake.

A total of 30 ongoing employees left the AIHW during 2017–18; 9 transferred to another APS agency at level, while a further 4 moved to another APS agency as a result of a promotion to a higher classification level. Of the remaining 30 staff, 8 resigned and 9 retired. This equates to a turnover rate of 9.1% for ongoing staff in 2017–18, which is the lowest rate since 2014–15, when it was 9.9%.

Table 5.3: Commencements and separations of ongoing staff, 2017–18

Type	Number
Ongoing staff as at 30 June 2017	323
• Staff engaged from outside the APS	23
• Staff moving from another APS agency	20
Total commencing staff	***43***
• Staff separating through resignation	8
• Staff separating through retirement	9
• Deceased	0
Subotal separating staff	
• Staff who moved to another APS agency on transfer	9
• Staff who moved to another APS agency on promotion	4
Total exiting staff	***30***
Ongoing staff as at 30 June 2018	**336**

Notes

1. 'Ongoing staff' refers to staff employed on an ongoing basis, whether active or on long-term leave.
2. Staff aged 55 and over who resigned from the APS are counted as having retired.
3. Ongoing staff as at 30 June 2017 have been updated to accurately reflect staff numbers on that date.

AIHW graduate intake

Our annual graduate intake remains a key strategy for building the AIHW's workforce capability. We offer excellent employment opportunities for suitable graduates seeking to apply their qualifications in the fields of health and welfare information.

Of the 18 graduates employed in the 2017–18 intake, 9 relocated from interstate. Of the 8 graduates employed in the 2013–14 intake, 6 have remained at the AIHW (Table 5.4).

Table 5.4: Graduate recruitment intake and outcomes, 2013–14 to 2017–18

	2013–14	2014–15	2015–16	2016–17	2017–18
Graduate intake (all at APS 4 level)	**8**	**8**	**21**	**14**	**18**
Graduates remaining at the AIHW as at 30 June 2018	**6**	**5**	**17**	**14**	**18**
• as an APS 4	—	2	14	14	18
• promoted to APS 5	—	1	1	—	—
• promoted to APS 6	6	2	2	—	—

Managing performance and behaviour

Our Managing for Performance Policy recognises that regular constructive feedback encourages good performance, enhances continuing development and helps employees and managers communicate with each other informally and regularly about performance matters. The policy also affirms that performance management is a core activity at the AIHW that is embedded in all management functions.

Annual Individual Performance Agreements (IPAs) are designed to align individual performance to our strategic priorities, with the overall aim of improving individual and organisational performance. IPAs also focus on individual learning and development needs and broader APS career development. AIHW policy requires a current IPA to be in place for existing staff, including contractors, by July–August each financial year and, for new employees, within 3 months of their commencement at the Institute.

In 2017–18, the AIHW rolled out a new Executive Leadership Program designed to raise capabilities in both strategic and people/performance management. In addition, programs on mastering feedback, leading and managing small teams and working effectively at level were also provided to staff, to assist in raising and maintaining capabilities to achieve AIHW goals.

Recognising diversity

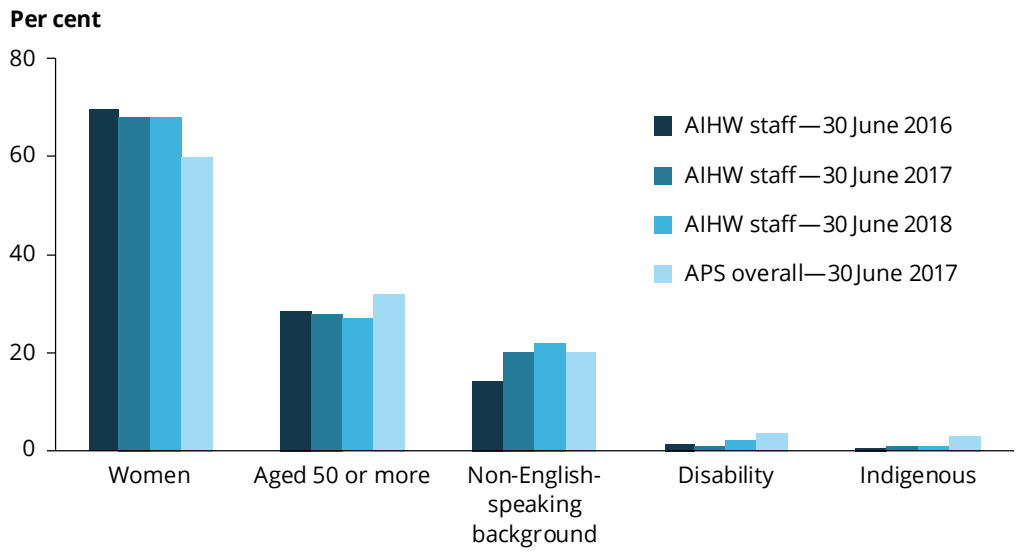
We continue to recognise and support the diversity of our staff. Our Enterprise Agreement (EA) provides flexible working and leave arrangements to support employees' caring responsibilities, religious commitments and attendance at events of cultural significance, including Institute-organised activities that commemorate Indigenous histories, cultures and achievements.

Barry Sandison *(left)* and Michael Frost *(right)* celebrating the International Day Against Homophobia, Biphobia, Intersexism and Transphobia (IDAHOBIT) with rainbow biscuits.

In 2017–18, the AIHW established a Pride Network to provide peer support and raise visibility of our lesbian, gay, bisexual, transgender, queer or questioning and intersex (LGBTQI) staff members. In addition, the AIHW launched a new cultural awareness program, which educates staff about the cultural significance of the Ngunnawal people—the Indigenous people of the Canberra region and its first inhabitants. The AIHW also joined the Australian Public Service Commission's GradAccess program.

Figure 5.3 compares the percentages of AIHW staff with APS staff overall in terms of identifying as being of Aboriginal and/or Torres Strait Islander heritage, having disability, and/or being from a non-English-speaking background. It also displays the percentage of staff who are women, and staff aged 50 and over. The AIHW continues to exceed the APS average for employment of women, but we are below average for employment of staff aged 50 and over, Indigenous staff and staff with disability. As a result, the AIHW will continue to look at strategies to increase representation in each of these diversity areas.

Figure 5.3: AIHW staff diversity groups, 2016–2018 compared with APS overall 2017



Women comprised more than two-thirds of our total active staff (68%). Among our active staff, 50% of substantive Senior Executive Service (SES) staff were women, and women continued to represent 65% of our EL staff.

We maintain a Workplace Diversity Program aimed at ensuring that we:

- recognise, foster and make best use of the diversity of our employees within the workplace
- help employees to balance their work, family and other caring responsibilities
- comply with all relevant anti-discrimination laws.

The Institute monitors progress and reports against strategies outlined in its Reconciliation Action Plan. Three SES members have been appointed to the roles of Disability Champion, Indigenous Champion and Champion of the AIHW Pride Network respectively.

AIHW National Reconciliation Week celebrations.

(Left) Simone Georg, from the AIHW's Child Welfare Unit presents the findings from her PhD research.

(Right) Ngunawal Elder, Wally Bell opens the ceremony with the Welcome to Country address.

Employment frameworks

As at 30 June 2018, all non-SES APS staff were employed under the AIHW's EA. Eight SES staff members were employed under common law contracts.

Enterprise Agreement

The AIHW's current EA began on 19 October 2016 and has a nominal expiry date of 18 October 2019. The EA outlines the terms and employment conditions of non-SES employees of the AIHW. The AIHW intends to begin negotiations for a new EA in May 2019.

Remuneration

Salary ranges based on classification level from our current EA are shown in Table 5.5. The AIHW's remuneration arrangements do not provide access to, or include, performance pay.

Table 5.5: AIHW EA salary range for APS and EL employees, 30 June 2018

	Salary points ($)	
	Lowest	Highest
APS 1	44,228	49,615
APS 2	51,431	56,336
APS 3	58,493	64,000
APS 4	65,563	71,009
APS 5	73,093	78,290
APS 6	81,981	90,628
EL 1	100,272	106,057
EL 2	122,174	137,909

Individual flexibility arrangements

Our EA contains provisions for flexible arrangements to enable tailoring of remuneration and conditions for individual employees in particular circumstances. As at 30 June 2018, 2 non-SES staff had individual flexibility arrangements in place.

SES terms and conditions

The terms and conditions of employment for SES staff, including remuneration, are contained in common law contracts. They provide for salary entitlements as well as non-salary benefits relating to leave arrangements and entitlements, superannuation, salary sacrifice, travel and allowances. As at 30 June 2018, the ranges within which the AIHW Director could set salaries were $168,096 to $194,361 for SES Band 1 and $209,000 to $234,600 for SES Band 2.

Engaging with staff

We recognise the importance of engaging with staff in decisions that affect them. This leads to better service delivery, use of resources, overall performance and staff experiences. Our staff consultative arrangements include several formal committees.

AIHW Consultative Committee

This committee is the principal forum through which formal consultation and discussions on workplace relations matters take place between management and employees.

Consultative Committee processes support the change management and consultation obligations outlined in the Institute's EA. The committee discusses workplace relations matters in a spirit of cooperation and trust.

The committee met 4 times during 2017–18. A key focus was discussion of proposed changes to a number of human resources policies, accommodation to support the increase in staff numbers and car parking facilities.

Health and Safety Committee

The Institute maintained a Health and Safety Committee during 2017–18 as required by sections 75–79 of the *Work Health and Safety Act 2011* (WHS Act). The committee facilitates cooperation between management and employees in initiating, developing and carrying out measures designed to ensure the health and safety of our people at work.

The committee met 4 times during the year and, among other matters, reviewed the mental health strategy, action items required following an audit of the AIHW's work health and safety (WHS) management system, testing and tagging of electrical and fire safety equipment, and improved technology for staff using multiple computer-based systems.

Learning and Development Advisory Committee

This committee provides strategic direction for, and enables stakeholder input to, the planning and delivery of the AIHW learning and development program across the Institute. The committee comprises representatives from each group at the AIHW. The committee met 3 times during the year, and focussed on establishing a learning management system and learning and development strategy.

Social and fitness

The Institute has an active Social Club, which focuses on social activities and events to help foster a positive and collaborative workplace environment. Membership of the Social Club committee comprises an SES sponsor and staff from the latest graduate intake. Members take the lead in organising the annual staff Christmas party and other events held throughout the year.

AIHW staff enthusiastically participate in a variety of activities promoting health and fitness, including the ABS Fun Run, AIHW Melbourne Cup walking and running races, AIHW birthday soccer matches and lunchtime table tennis, yoga and pilates classes.

(Left) AIHW's 'Fern Hill Gliders' following the ABS Fun Run in May 2018.

(Middle) Annual AIHW birthday soccer match, July 2017.

(Right) The AIHW Choir celebrates the Institute's 30th birthday in July 2017.

Corporate social responsibility

The Institute continued to foster stakeholder partnerships and engage collaboratively with community organisations by providing pro bono services and making presentations at conferences and seminars.

AIHW staff recognise the importance of giving back to the community by holding a range of events throughout the year to raise funds for charities (e.g. Diversity ACT, Karinya House, Movember Foundation, The Smith Family, the Children's Medical Research Institute). Staff also continued to contribute to the Red Cross blood donation service, supported by the AIHW's Enterprise Agreement 2016 which provides paid time off work for this activity.

The AIHW also participates in the Workplace Giving Program, providing a simple and convenient way for employees to donate money to one or more specified deductible gift recipients (DGRs) through the payroll system (including some Indigenous-focused charities).

White Ribbon Workplace Accreditation Program

The AIHW has started work in the White Ribbon Workplace Accreditation Program with the aim of receiving accreditation (with White Ribbon Australia) in 18 months. The world-first program addresses the issue of gender discrimination and domestic violence, and provides organisations with a structured framework to examine current policies, procedures, training and communication. The AIHW believes that all forms of violence are unacceptable and acknowledges that both men and women can be victims and the positive role that men play alongside women in preventing violence against women.

This initiative aligns with our work and helps enhance our position as an employer of choice and socially responsible organisation. Our participation in the program is a significant organisational investment and demonstrates AIHW's commitment to a safe and healthy workplace. To achieve accreditation, the AIHW must provide evidence to demonstrate that relevant training, policies and practices that have been implemented.

Recognising and building expertise

We recognise and make good use of the high levels of education and skills of our staff, both of which are critical to performing effectively in the complex work of the Institute.

Staff qualifications

The AIHW values the professional capability of AIHW staff. Most of our staff (79%) work directly on statistical and data-related work: preparing and linking data sets and undertaking data analysis. As at 30 June 2018, a high percentage (over 84%) were tertiary qualified; we had 173 staff with postgraduate qualifications (45 doctorates, 103 masters degrees and 25 graduate diplomas).These figures include staff on long-term leave.

External study

A study assistance scheme is available to reimburse employees for approved courses of study for a recognised qualification relevant to their work at the AIHW. Nineteen staff received assistance for formal study during 2017–18. Areas of study included rehabilitation case management, social science, economics, statistics, public health, nutrition and dietetics, clinical psychology and business administration.

Corporate learning and development program

We continue to invest in the learning and development of all our staff, including formal induction programs for all new employees.

Our program of in-house training sessions complements on-the-job training and helps ensure that staff develop and maintain specialised knowledge and skills. We provided 85 in-house courses in 2017–18 as part of the Institute's corporate learning and development program. These courses were attended by 1,073 staff (with some staff attending more than 1 course). The 2017–18 program continued to focus on learning activities related to the work of the AIHW, including technical training, written communication, report writing, statistical and data analysis, project management, leadership, and WHS. In addition, the AIHW has made a significant investment in the development of its middle-level managers, with the development of a highly interactive 6-month, modular Executive Leadership Program; more than 50 staff are currently participating in the program.

Staff were also provided with regular opportunities throughout 2017–18 to attend other training courses and seminars relevant to their roles.

SAMAC conversations

The Statistical and Analytical Methods Advisory Committee (SAMAC) holds regular 'conversations' which aim to provide a forum for staff to:

- access relevant expertise
- discuss emerging practices and their implications
- share innovative and potentially re-usable practices
- broaden their knowledge of the work of the Institute
- hone their skills in strategic conversation
- develop habits of constructively giving and receiving feedback on analytical issues.

Four conversations were held in 2017–18. The topics discussed included:

- an overview of AIHW's work on the Data Integration Partnership for Australia
- a focus on the classification system used to report the National Hospitals Mortality Database Diagnosis and Procedure codes
- to map or not to map—when to use choropleth maps and alternative geospatial analyses
- loading data to the SQL Database.

Institute Awards

The AIHW Institute Awards recognise exceptional individual and team contributions to the AIHW. In 2017, new criteria for assessing nominations were introduced to recognise excellence in supporting our new strategic goals, and excellence in delivering and/or supporting AIHW services and products. All staff were invited to nominate an employee or team for the awards, with the final decision on successful candidates made by the AIHW Director.

Institute Awards were given out to 9 staff in 2017–18 (Table 5.6).

Table 5.6: Institute Awards, March 2018

Name	Reason for nomination
Jeanie Henchman and Juanita Dawson, Website and Publishing Unit	Jeanie and Juanita were nominated for their exceptional contribution to redeveloping the AIHW website.
Jess Carter, People and Facilities Unit	Jess consistently provides sound advice and a high-quality service in her role as Human Resources Officer.
Kate Phillips and Karen Mitchell, Governance Unit	The work of the AIHW Ethics Committee has been steadily growing in complexity and volume over recent times and Kate and Karen have managed these changes with aplomb.
Kristy Raithel and Rachel Kilo, Child Protection Team	Input from Kristy and Rachel has been keenly sought from other countries on effective ways to collect and collate national data and statistics on child protection. They have worked diligently with states and territories to implement and enhance a new unit record data collection.
Scott Guthrie, People and Facilities Unit	Scott has been instrumental in supporting the health and wellbeing of staff. He has gone above and beyond in his dedication in several complex return-to-work cases and provided a supportive environment on their return.
Lucinda Macdonald, Health Group	In addition to performing her normal role to a high standard, Lucinda has taken on work to manage the accommodation shortage.

Long-serving staff

During the year, 20 staff received service awards. Seventeen staff were recognised for their 10 years of service, while a further 3 staff were recognised for their 20 years of service at the Institute (Table 5.7).

Table 5.7: Staff long-service anniversary recognition, 2017–18

10 years	10 years	20 years
Alison Budd	Ronda Ramsay	Helen Johnstone
Ellen Connell	Rachel Reid	Indrani Piers-Caldwell
Kristina Da Silva	Ingrid Seebus	Naila Rahman
Gary Hanson	Kate Spyby	
Brett Henderson	Nancy Stace-Winkles	
Moira Hewitt	Thomas Watson	
Cherie McLean	Katrina Williams	
David Meere	Qinghe Yin	
Michael Metz		

Staff exchanges

In April 2018, the AIHW entered into a new MoU with the CIHI for a further 5 years, under which both organisations provide reciprocal exchange of specialised knowledge about business practices and processes, sharing of new initiatives and transfer of expertise, primarily through the temporary exchange of employees. As reported last year, the AIHW was pleased to welcome 2 CIHI employees on secondment to the AIHW, throughout the 2017–18 financial year. The AIHW is currently progressing a staff exchange for 2018–19.

Encouraging work health and safety

We are committed to maintaining a productive and safe work environment for all staff and to meeting our obligations under the WHS Act. Senior managers, supervisors, Health and Safety Representatives, the Health and Safety Committee, and all AIHW staff work cooperatively to ensure that WHS risks are effectively managed.

Initiatives and outcomes

During the year, we continued to focus on early prevention strategies. All staff have sit–stand workstations; upon commencement, new staff are provided workstation assessments.

The Institute also introduced several other initiatives during the year to raise knowledge and capabilities in managing WHS across the AIHW. Table 5.8 provides a summary of these key WHS initiatives undertaken during 2017–18.

Table 5.8: Key WHS initiatives, 2017–18

Initiative	Outcomes
Mastering feedback	4 courses, 48 attendants
Handling challenging calls	1 course, 13 attendants
Cultural appreciation	2 courses, 33 attendants
Health and Safety Representative refresher training	1 course, 1 attendant
Workplace harassment contact officer training	2 courses, 7 attendants
Leading and managing small teams	1 course, 13 attendants
Mental health first aid training	2 courses, 27 attendants
Mental Health Week	Online learning modules and seminar to raise awareness on mental health.
Wellbeing support	Intranet page detailing support services to assist staff.
Release of Mental health strategy	Designed to raise awareness and support staff who may be affected by mental health issues.
White Ribbon Australia Accreditation	Participation in a program to gain accreditation with White Ribbon Australia (refer to the section 'White Ribbon Workplace Accreditation Program').
Employee Assistance Program	Staff utilisation rate: 8.2% (for 1 March 2017 to 28 February 2018).
Flu vaccinations	252 vaccinations were administered to staff (representing 59% of total active staff and contractors in April 2017).
Discounted gym membership	55 staff members are current members.
Yoga, pliates and meditation	These are programs managed by staff.

Rehabilitation management system

As the AIHW is considered a 'low-risk' agency, consistent with Comcare's Guidelines for Rehabilitation Authorities 2012, an annual audit was not required. The AIHW continues to meet the applicable criteria of the system and conform with the expectation and practices of the guidelines.

Incidents and compensation

Despite the active promotion and implementation of various prevention measures, some workplace incidents/injuries occurred.

In 2017–18, 3 new compensation claims were lodged with Comcare (2 accepted, 1 currently pending decision), which is the same number of new claims reported in 2016–17, compared with 5 claims lodged in 2015–16 (3 accepted and 2 denied), 4 claims lodged and accepted in 2014–15 and 3 claims lodged (2 accepted) in 2013–14.

Of the 2017–18 claims, all 3 were for physical conditions.

Notifiable incidents and investigations

Under the WHS Act, the AIHW is required to notify Comcare (the regulator) when incidents occur that involve the death of a person, a serious injury or illness, or a dangerous incident as detailed in the WHS Act.

No incidents were notified to Comcare during the year.

Workplace inspections and Comcare investigations and audits

During the year, our Health and Safety Representatives and staff responsible for facilities carried out 4 workplace inspections. These inspections occur about a fortnight before Health and Safety Committee meetings to enable findings and recommendations to be considered and actioned. Changes made during 2017–18 were minor, such as the removal of trip hazards, an audit of fire and safety equipment, environmental measures (such as adjustments to the air conditioning) and improvements to technology to support broader WHS.

No investigations by Comcare were conducted in 2017–18. No directions, notices, offences or penalties were served against the AIHW under the WHS Act.

An audit of the AIHW WHS management system was conducted by Comcare in August 2017. The AIHW was found to be highly compliant in the practical management of all WHS functions; however, it was found that existing practices were not adequately documented in formal processes. Action has been taken to ensure the AIHW complies in these areas.

Accommodation and energy efficiency

In Canberra, the AIHW operated from a single office building during 2017–18, located at 1 Thynne Street, Bruce. The AIHW is in the fourth year of a 15-year lease on a purpose-built 3-storey building. The building is designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating.

In May 2018, the AIHW signed a new 3-year lease on our Sydney-based office, which continues to operate from Level 9, 1 Oxford Street, Darlinghurst. The new lease includes a reduction of office space from 959 square metres to approximately 574 square metres. The revised office space accommodates up to 35 staff.

Tables 5.9 and 5.10 provide more information on our efforts to reduce AIHW's impact on the environment.

Ecological sustainable development

We uphold the principles of ecologically sustainable development outlined in the *Environment Protection and Biodiversity Conservation Act 1999* and are committed to making a positive contribution to achieving the objectives of the legislation (see tables 5.9 and 5.10). Section 516A(6) of the Act requires the AIHW to report on environmental matters, including ecologically sustainable development.

Table 5.9: Ecologically sustainable development reporting, 30 June 2018

Reporting area	Activities undertaken by the AIHW
Legislation administered during 2017–18 accords with the principles of ecologically sustainable development	The AIHW does not administer legislation.
The effect of the AIHW's activities on the environment	The AIHW's key environmental impacts relate to the consumption of energy and goods, and waste generated by staff in the course of business activities. Table 5.10 includes available information on energy consumption and recycling of waste.
Measures taken to minimise the impact of AIHW activities on the environment in our main office in Canberra	Provision of amenities for staff who ride bicycles to work. Use of energy-efficient lighting, including the installation of light-emitting diode lighting in selected areas. Purchasing 10% GreenPower electricity. Purchasing only energy-efficient equipment that is Energy Star compliant. 'Shutting-down' multifunctional devices when they are left idle for long periods. Movement-activated lighting that turns off after 20 minutes of no movement being detected. Double-glazed windows to increase the efficiency of heating and cooling. Installation of a modern, efficient air-conditioning system. Installation of a rainwater tank system to supply the toilets, urinals and external taps. Recycling of toner cartridges and paper. Purchasing only paper with at least 50% recycled content for printing and copying. Re-use of stationery items such as ring binders. Recycling bins in AIHW kitchens for collection of organic waste for worm farming. Printing of our publications using 'print-on-demand' processes uses paper sourced from sustainably managed, certified forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	During 2017–18, the AIHW worked to comply with benchmark environmental impact indicators at 1 Thynne St, which is designed to achieve a 4.5-star NABERS rating.

The AIHW continues to manage its toner cartridge recycling and use of paper through central printing pools, increased use of the Institute's online project management system and increased staff use of a redeveloped intranet site. In addition, the AIHW has implemented a new e-Recruit system which will help reduce paper consumption and EL staff have been allocated tablets, reducing the requirement to print documents and creating a more mobile workforce. The AIHW is also reducing the volume of its paper-based publications and transitioning content to online platforms. In comparison with 2016–17, the AIHW has consumed more toner and paper, reflecting an increase in staff numbers and an increase in the number of committees meetings with external members. The AIHW is progressing with plans to support broader Australian Government initiatives in relation to digital transition, which will see a reduction in toner and paper consumption.

Table 5.10: Energy consumption and recycled waste, 2013–14 to 2017–18

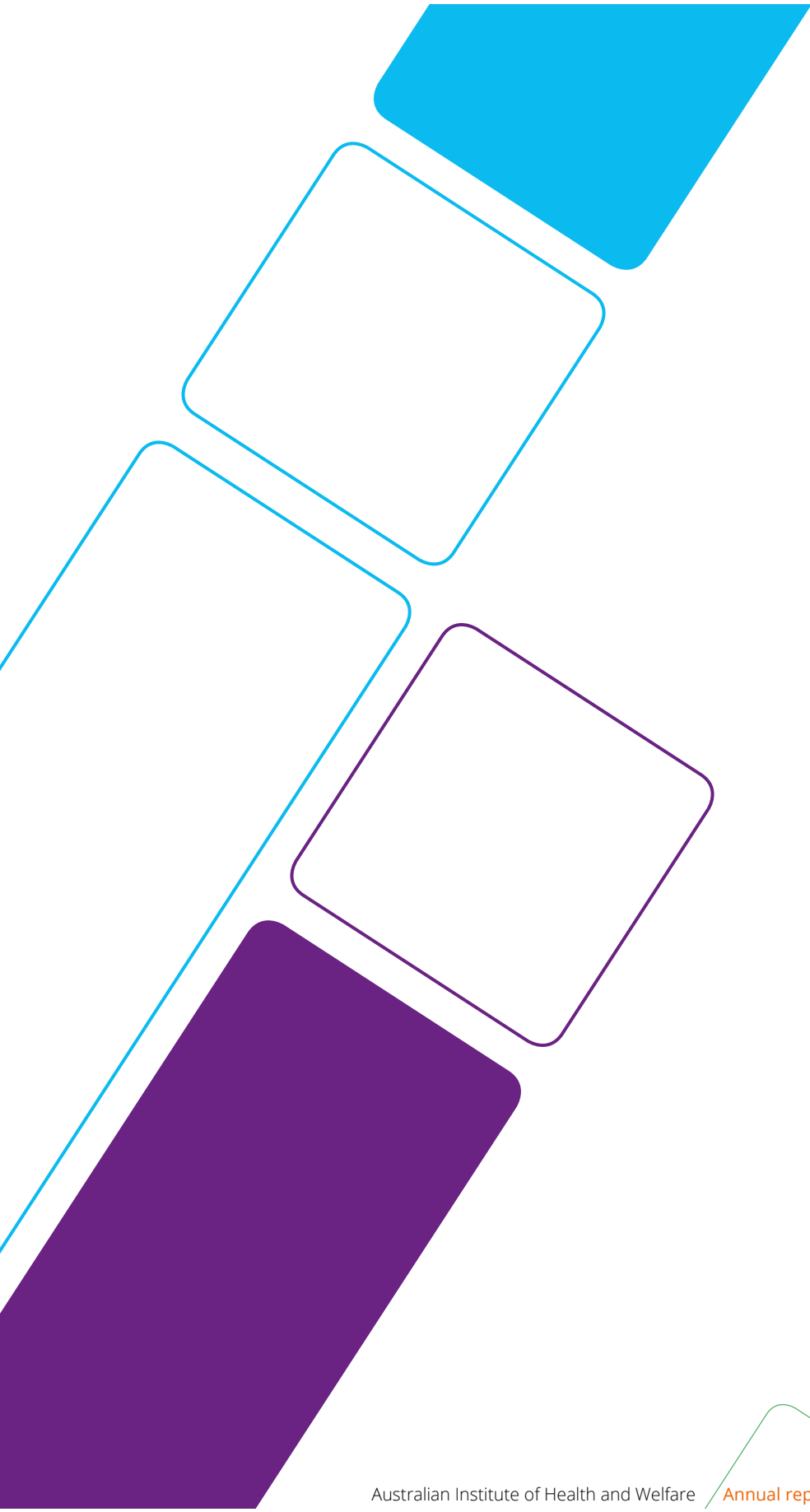
	2013–14	2014–15	2015–16	2016–17	2017–18
Energy consumption					
Electricity Canberra[(a)]	753,153	630,093	689,494	701,147	794,091
Sydney office	..	..	..	69,238	63,345
Paper Canberra (reams)	2,570	1,620	1,605	1,927	2,375
Sydney office				55	50
Recycled waste					
Organics from kitchens (tonnes)	2.4	2.5	2.3	2.3	2.6
Toner cartridges Canberra (number)	329	74	81	70	118
Sydney office	..	..	..	8	4

.. not applicable

(a) Kilowatt hours, as office tenant light and power. Office air-conditioning is metered to the base building while light and power are separately metered. Government greenhouse and energy reporting.

The Australian Government's Energy Efficiency in Government Operations policy helps government agencies to identify opportunities to save energy. The AIHW is required to comply with the policy because it derives more than half the funds for its operations from the Australian Government, either directly or indirectly.

The policy requires agencies to comply with certain minimum energy performance standards, including the requirement that eligible new leases contain a Green Lease Schedule with at least a 4.5-star NABERS energy requirement. As outlined earlier in this chapter, the lease agreement for our Canberra office meets this requirement. The Sydney office is exempt from this policy as the area leased is less than 2,000 square metres.



Appendixes

The appendixes contain information on governance and compliance matters, including the audited financial statements, and on activities and outputs, such as products and papers. Data that support figures used in this report are also included.

- Appendix 1 Enabling legislation 121
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Appendix 1
Enabling legislation

The Commonwealth legislation and regulations that established and continue to govern the Australian Institute of Health and Welfare (AIHW) are listed here. The full text of these instruments, including a history of amendments, is on the Australian Government's Federal Register of Legislation website www.legislation.gov.au.

- *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Act No. 41 of 1987)

  The AIHW Act established the AIHW and describes its composition, functions, powers and obligations.

  The latest compilation current at 21 October 2016 registered on 28 October 2016 and incorporates amendments to the AIHW Act up to Act No. 61, 2016. It can be found at www.legislation.gov.au/Details/C2016C01008.

- Australian Institute of Health and Welfare (Contracts) Regulation 2016

  The regulation requires the AIHW to seek Ministerial approval to enter into contracts involving the expenditure or receipt of amounts exceeding $3 million. It can be found at www.legislation.gov.au/Details/F2016L01806.

- Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018. The regulations prescribe the functions and composition of the AIHW Ethics Committee. It can be found at www.legislation.gov.au/Details/F2018L00317.

Appendix 2
Products, journal articles and presentations

Products

The AIHW and its collaborating centres published 218 products in 2017–18.

The AIHW released 144 print and/or print-ready publications and 74 web products, including new and updated web snapshots, dynamic data displays and reports in HTML format. Web versions of print products are not included in these figures to avoid duplication.

All print-ready publications are available free of charge on the AIHW's website as accessible PDF documents. Increasingly, key publications are being made available in HTML format. Users are invited to contact the AIHW if they need information from the website presented in an alternative format for accessibility reasons.

Printed copies of our 2 flagship products, *Australia's health* and *Australia's welfare*, can be purchased online. Other publications can be printed on demand, at a cost to the customer. Some printed publications, such as the AIHW annual report series, are available free of charge.

For further details about obtaining AIHW products, see www.aihw.gov.au/publications.

Adoptions

Adoptions Australia 2016–17

Adoptions Australia 2016–17: headline figures (web)

Ageing and aged care

Cause of death patterns and people's use of aged care: a Pathways in Aged Care analysis of 2012–14 death statistics

GEN—Aged Care Data: Admissions into aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: Admissions into aged care 2016–17 (web and fact sheet)

GEN—Aged Care Data: Aged care data snapshot 2017 (web)

GEN—Aged Care Data: Government spending on aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: Government spending on aged care 2016–17 (web and fact sheet)

GEN—Aged Care Data: My aged care region (web)

GEN—Aged Care Data: People leaving aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: People leaving aged care 2016–17 (web and fact sheet)

GEN—Aged Care Data: People using aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: People using aged care 2016–17 web and fact sheet)

GEN—Aged Care Data: People's care needs in aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: People's care needs in aged care 2016–17 (web and fact sheet)

GEN—Aged Care Data: Services and places in aged care 2015–16 (web and fact sheet)

GEN—Aged Care Data: Services and places in aged care 2016–17 (web and fact sheet)

Pathways in Aged Care 2014: technical guide

Pathways to permanent residential aged care in Australia: a Pathways in Aged Care analysis of people's aged care program use before first entry to permanent residential aged care in 2013–14

Alcohol and other drug treatment services

Alcohol and other drug treatment services in Australia 2016–17

Alcohol and other drug treatment services in Australia 2016–17: state and territory summaries (web)

Alcohol and other drug treatment services in Australia 2016–17: key findings (web)

Alcohol and Other Drug Treatment Services in Australia 2016–17: Primary Health Network analysis (web)

National Drug Strategy Household Survey 2016: detailed findings

National opioid pharmacotherapy statistics 2017 (web)

National opioid pharmacotherapy statistics 2016 supplementary tables (updated) (web)

Burden of disease

Australian Burden of Disease Study 2015: fatal burden preliminary estimates (web)

Health-adjusted life expectancy in Australia: expected years lived in full health 2011

Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011

Impact of physical inactivity as a risk factor for chronic conditions: Australian Burden of Disease Study

The burden of chronic respiratory conditions in Australia: a detailed analysis of the Australian Burden of Disease Study 2011

The burden of musculoskeletal conditions in Australia: a detailed analysis of the Australian Burden of Disease Study 2011

Cancer

Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program 2018

Australian Cancer Incidence and Mortality 2017 (web)

Brain and other central nervous system cancers

BreastScreen Australia and National Cervical Screening Program participation data 2015–2016 (web)

BreastScreen Australia monitoring report 2014–2015

Cancer in Aboriginal and Torres Strait Islander people of Australia (web)

Cancer in adolescents and young adults in Australia

Cancer incidence and mortality by small geographic areas

Cancer screening in Australia by small geographic areas 2015–2016 (web update)

Cervical screening in Australia 2018

National Bowel Cancer Screening Program: monitoring report 2018

Cardiovascular disease

Medicines for cardiovascular disease

Risk factors to health (web)

Trends in cardiovascular deaths

Child protection

Child protection Australia 2016–17

Child protection Australia 2016–17 (web)

Children admitted to out-of-home care 2014–15

National framework for protecting Australia's children (NFPAC) indicators (web)

Chronic diseases

Chronic conditions compendium updates 2017–18: asthma, chronic obstructive pulmonary disease, cardiovascular disease, chronic kidney disease, diabetes, back, arthritis (×3), osteoporosis, gout (web)

Geographical variation in chronic kidney disease (web)

Corporate publications

Australian Institute of Health and Welfare Corporate Plan 2017–18 to 2020–21 (web)

Australian Institute of Health and Welfare Annual report 2016–17

Australia's health 2018: in brief

Australia's health 2018

Australia's welfare 2017: in brief

Australia's welfare 2017

Deaths

General Record of Incidence of Mortality (GRIM) and Mortality Over Regions and Time (MORT) books update (deaths): XLS data tables × 63 (web)

Dental health

A discussion of public dental waiting times information in Australia: 2013–14 to 2016–17

Diabetes

Deaths among people with diabetes in Australia, 2009–2014

Incidence of insulin-treated diabetes in Australia (web)

Disability

Access to health services by Australians with disability (web)

Disability support services: services provided under the National Disability Agreement 2016–17

Domestic violence

Family, domestic and sexual violence in Australia 2018

Expenditure

Australian health expenditure: demographics and diseases—hospital admitted patient expenditure 2004–05 to 2012–13

Government health expenditure and tax revenue 2015–16

Health expenditure Australia 2015–16

Health expenditure Australia 2015–16 (web)

Health expenditure by the Department of Veterans' Affairs 2015–16

Private health insurance expenditure 2015–16

Health indicators

Radiotherapy in Australia 2015–16

Homelessness

Specialist homelessness services 2016–17: Australian Capital Territory (fact sheet)

Specialist homelessness services 2016–17: New South Wales (fact sheet)

Specialist homelessness services 2016–17: Northern Territory (fact sheet)

Specialist homelessness services 2016–17: Queensland (fact sheet)

Specialist homelessness services 2016–17: South Australia (fact sheet)

Specialist homelessness services 2016–17: Tasmania (fact sheet)

Specialist homelessness services 2016–17: Victoria (fact sheet)

Specialist homelessness services 2016–17: Western Australia (fact sheet)

Specialist homelessness services (SHS) 2016–17: additional content release (web)

Specialist homelessness services (SHS) annual report 2016–17 (web)

Specialist Homelessness Services Collection data cubes 2011–17 (web)

Hospitals

Admitted patient care 2016–17: Australian hospital statistics

Australia's hospitals at a glance 2015–16

Australia's hospitals at a glance 2016–17

Elective surgery waiting times 2016–17: Australian hospital statistics

Emergency department care 2016–17: Australian hospital statistics

Hospital resources 2015–16: Australian hospital statistics

Hospital resources 2016–17: Australian hospital statistics

Non-admitted patient care 2016–17: Australian hospital statistics

Private health insurance use in Australian hospitals, 2006–07 to 2015–16: Australian hospital statistics

Staphylococcus aureus bacteraemia in Australian hospitals 2016–17: Australian hospital statistics

Variation in hospital admission policies and practices: Australian hospital statistics

Housing

Housing assistance in Australia 2017 (web)

Housing assistance in Australia 2018 (web)

National Social Housing Survey: detailed results 2016

Social housing: experiences of homelessness (In Focus)

Social housing: households with children (In Focus)

Social housing: Indigenous tenants (In Focus)

Social housing: working-age tenants (In Focus)

The National Social Housing Survey (fact sheet)

Illicit use of drugs

Non-medical use of pharmaceuticals: trends, harms and treatment, 2006–07 to 2015–16

Indigenous health and welfare

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Australian Capital Territory

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: New South Wales

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Northern Territory

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Queensland

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Victoria

Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: Western Australia

Closing the Gap targets: 2017 analysis of progress and key drivers of change

Indigenous eye health measures 2017 (fact sheet)

Indigenous eye health measures 2017 (web)

Indigenous health check (MBS 715) data tool release 6, 2017 (web update)

Northern Territory Outreach Hearing Health Program: July 2012 to December 2016

Northern Territory Remote Aboriginal Investment: Oral Health Programs, July 2012 to December 2016

Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023 (web)

Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023 (web update)

Trends in Indigenous mortality and life expectancy 2001–2015: evidence from the Enhanced Mortality Database

Injury

Eye injuries in Australia, 2010–11 to 2014–15

Hospital care for Australian sports injury 2012–13

Hospitalised farm injury, Australia: 2010–11 to 2014–15

Spinal cord injury, Australia, 2008–09

Spinal cord injury, Australia, 2009–10

Spinal cord injury, Australia, 2010–11

Spinal cord injury, Australia, 2011–12

Spinal cord injury, Australia, 2012–13

Spinal cord injury, Australia, 2013–14

Spinal cord injury, Australia, 2014–15

Spinal cord injury, Australia: summary 2008–09 to 2012–13

Trends in hospitalisations due to falls by older people, Australia 2002–03 to 2012–13

Trends in hospitalised injury due to falls in older people, 2002–03 to 2014–15

Trends in hospitalised injury, Australia 1999–00 to 2014–15

Trends in injury deaths, Australia, 1999–00 to 2011–12

Work-related hospitalised injuries, Australia, 2006–07 to 2013–14

Men and women

Health of Australia's males and females (web)

Mental health

Mental health services in Australia—tranche 1, 2018 (web)

Mental health services in Australia—tranche 2, 2018 (web)

Mental health services in Australia—tranche 4, 2017 (web)

Mental health services in Australia—tranche 5, 2017 (web)

Mental health services—in brief 2017

Mothers and babies

Australia's mothers and babies 2015—in brief

Enhancing maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 3 and 4—working paper

Maternal deaths in Australia 2012–2014

Perinatal deaths in Australia 2013–2014

Perinatal data portal update 2017 (web)

Spatial variation in Aboriginal and Torres Strait Islander women's access to 4 types of maternal health services

Teenage mothers in Australia 2015

My Healthy Communities

MyHealthyCommunities: Child and maternal health in 2013–2015

MyHealthyCommunities: Child and maternal health in 2013–2015 (web update)

MyHealthyCommunities: Health risk factors 2014–15 (web update)

MyHealthyCommunities: Health risk factors in 2014–15: high blood pressure

MyHealthyCommunities: Health risk factors in 2014–15: insufficient physical activity

MyHealthyCommunities: Health risk factors in 2014–15: lifetime risky alcohol consumption

MyHealthyCommunities: Incidence of selected cancers in 2009–2013 (web update)

MyHealthyCommunities: Life expectancy and potentially avoidable deaths in 2013–2015

MyHealthyCommunities: Hospitalisations for mental health conditions and intentional self-harm in 2015–16 (web update)

MyHealthyCommunities: HPV immunisation rates 2015–16 (web update)

MyHealthyCommunities: Immunisation rates for children 2016–17 (web update)

MyHealthyCommunities: Medicare Benefits Schedule GP and specialist attendances and expenditure in 2015–16 (web update)

MyHealthyCommunities: Medicare Benefits Schedule GP and specialist attendances and expenditure in 2016–17

MyHealthyCommunities: Overweight and obesity rates across Australia, 2014–15

MyHealthyCommunities: Participation in national cancer screening programs in 2015–2016 (web update)

MyHealthyCommunities: Potentially preventable hospitalisations in 2015–16 (web update)

MyHealthyCommunities: Tobacco smoking rates across Australia 2014–15

MyHealthyCommunities: Use of emergency department and GP services in 2015–16 (web)

MyHealthyCommunities: Use of emergency department and GP services in 2015–16 (web update)

My Hospitals

MyHospitals: Average length of stay in public hospitals in 2016–17 (web update)

MyHospitals: Healthcare-associated *Staphylococcus aureus* bloodstream infections in private hospitals in 2015–16 (web update)

MyHospitals: Healthcare-associated *Staphylococcus aureus* bloodstream infections in 2016–17 (web update)

MyHospitals: Healthcare-associated *Staphylococcus aureus* bloodstream infections in public and private hospitals in 2016–17 (web update)

MyHospitals: Hospital services in 2016–17 (web update)

MyHospitals: Patient admissions and services in 2015–16 (web update)

MyHospitals: Patient admissions in 2016–17 (web update)

MyHospitals: Time spent in emergency departments in 2016–17 (web update)

MyHospitals: Waiting times for elective surgery in 2016–17 (web update)

Overweight and obesity

A picture of overweight and obesity in Australia 2017

An interactive insight into overweight and obesity in Australia (web)

Overweight and obesity in Australia: a birth cohort analysis

Palliative care

Palliative care services in Australia 2017—tranche 2 (web)

Palliative care services in Australia 2018—tranche 1 (web)

Rural health

Survey of Health Care: selected findings for rural and remote Australians (web)

Veterans

Incidence of suicide in serving and ex-serving Australian Defence Force personnel: detailed analysis 2001–2015

Youth justice

Comparisons between Australian and international youth justice systems: 2015–16

Comparisons between the youth and adult justice systems: 2015–16

First entry to youth justice supervision: 2015–16

National data on the health of justice-involved young people: a feasibility study 2016–17

Remoteness, socioeconomic position and youth justice supervision: 2015–16

Trends in youth justice supervision to 2015–16

Types of community-based youth justice supervision: 2015–16

Young people in child protection and under youth justice supervision 2015–16

Young people in sentenced detention: 2015–16

Young people in unsentenced detention: 2015–16

Youth detention entries and exits: 2015–16

Youth detention population in Australia 2017

Youth justice in Australia 2016–17

Youth justice in New South Wales 2016–17

Youth justice in Queensland 2016–17

Youth justice in South Australia 2016–17

Youth justice in Tasmania 2016–17

Youth justice in the Australian Capital Territory 2016–17

Youth justice in the Northern Territory 2016–17

Youth justice in Victoria 2016–17

Youth justice in Western Australia 2016–17

Youth justice orders and supervision periods: 2015–16

Youth justice supervision history: 2015–16

Journal and other articles by AIHW staff

AIHW 2018. No doctor nearby: rural and remote Australians share their experiences. Partyline 63. Viewed 29 July 2018, https://ruralhealth.org.au/partyline/article/aihw-survey-health-care-remote-areas.

Al-Yaman F 2017. The Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people, 2011. Public Health Research and Practice 27(4):e2741732.

Barnett M & Coppin J 2018. Sleeping rough: a profile of Specialist Homelessness Services clients. Parity, May 2018, 31(3).

Butler J 2017. Palliative care in residential aged care: an overview. Australasian Journal on Ageing 36(4): 258–61.

Coppin J 2017. Social housing—support for low income and vulnerable groups (infographic). Parity, July 2017, 30(5):6.

Rabjohns S 2018. Trauma, the expectation not the exception for young people experiencing homelessness? Parity, April 2018, 31(2):4.

Tierney L 2017. Homeless—a pathway to poverty? Parity, July 2017, 30(5):5.

Presentations and posters by AIHW staff

Al-Yaman F 2017. Indigenous data at the AIHW. Presentation to the Indigenous Data Sovereignty Symposium, Melbourne, 11 October.

Al-Yaman F 2017. Measuring and mapping Indigenous health. Presentation to the International Group on Indigenous Health Measurement, Atlanta USA, 2 November.

Al-Yaman F 2017. The evidence base—Indigenous eye health data. Presentation to the Eye Health for Aboriginal and Torres Strait Islander People Roundtable, Melbourne, 1 December.

Al-Yaman F 2017. The impact of the burden of disease on Indigenous Australians. Presentation to the Walter and Eliza Hall Institute of Medical Research Reconciliation Seminar Series, Melbourne, 4 October.

Al-Yaman F 2017. The welfare of Australia's Aboriginal and Torres Strait Islander people. Presentation at the Social Policy Research Centre Conference, Sydney, 27 September.

Al-Yaman F 2018. Indigenous ear health. Presentation to the Ear Health for Aboriginal and Torres Strait Islander People Roundtable, Canberra, 23 March.

Al-Yaman F 2018. Renal health—disease burden and emerging trends. Presentation to the Renal Health in Aboriginal and Torres Strait Islander People Roundtable, Darwin, 22 February.

Al-Yaman F 2018. Rheumatic heart disease—disease burden and emerging trends. Presentation to the Rheumatic Heart Disease in Aboriginal and Torres Strait Islander People Roundtable, Darwin, 23 February.

Al-Yaman F 2018. The burden of disease in the Aboriginal and Torres Strait Islander population. Presentation to the NHMRC [National Health and Medical Research Council] Health Innovation Advisory Committee, Canberra, 21 June.

Al-Yaman F, Carroll L & Edvardsson M 2017. Modelling variation in local access to services relative to need—the Access Relative to Need (ARN) index. Presentation to the Department of Social Services, Canberra, 28 August.

Anderson P 2017. Data linkage at AIHW. Presentation to the National Forum on Viral Hepatitis Data Linkage Studies, Melbourne, 8 November.

Anderson P 2017. Data linkage at AIHW and beyond. Presentation to the Australian Capital Territory branch of the Health Information Management Association of Australia, Canberra, 7 December.

Bayliss T 2017. Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015. Presentation at the Australasian Military Medicine Association Conference 2017, Brisbane, 6 October.

Bayliss T 2018. Incidence of suicide among serving and ex-serving Australian Defence Force personnel: detailed analysis 2001–2015. Presentation to the Department of Veterans' Affairs, Canberra, 24 January.

Bracewell L & Hargreaves J 2017. Report from the WHO-FIC Network Advisory Council. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting, Mexico City, Mexico, 16–21 October.

Brooks R 2017. Obesity in Australia: a birth cohort analysis. Presentation to the ANZOS-OSSANZ-AOCO [Australia & New Zealand Obesity Society, Obesity Surgery Society of Australia and New Zealand and Asia–Oceania Conference on Obesity] Joint Annual Scientific Meeting, Adelaide, 4–6 October.

Claydon C 2017. Methodology and results of the National Drug Strategy Household Survey, alcohol consumption trends. Presentation at the Australasian Liquor Licensing Authorities Forum, Brisbane, 12 October.

Cooper-Stanbury M & Blumer C 2017. Final pathways in aged care: association with causes of death. Presentation at the Australian Association of Gerontology Conference, Perth, 8 November.

Dugbaza T & Al-Yaman F 2017. Indigenous life expectancy. Presentation at the Symposium on Mortality in Australia, University of Melbourne, Melbourne, 13 November.

Dunford M 2018. Potential health benefits from population changes in overweight/obesity and physical inactivity levels. Presentation at the Public Health Prevention Conference, Sydney, 2–4 May.

Edvardsson M 2017. Modelling variation in local access to services relative to need: the ARN index. Presentation at the ABS [Australian Bureau of Statistics] Statistical Spatial Framework Forum, Canberra, 17 October.

Goodwin M 2017. Detailed estimates of the burden of cancer in Australia. Presentation to the Australian Epidemiology Association, Sydney, 28–30 September.

Gourley M 2017. Burden of alcohol use in Australia and the Indigenous population, 2011. Presentation at the Global Alcohol Policy Conference, Melbourne, 4–6 October.

Hanmer L, Martinuzzi A & Macpherson B 2017. Family Development Committee Annual report 2017. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, 16–21 October.

Hanmer L, Martinuzzi A, Macpherson B, Linton C & Denny K 2017. WHO-FIC Family paper: progress on revision for the ICD-11 era. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico, 16–21 October.

Hargreaves J, Frattura L & Tonel P 2017. Update and Revision Committee (URC) Annual report. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico, 16–21 October.

Hargreaves J, Macpherson B & Katte J 2017. Australian Collaborating Centre Annual report 2017. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico 16–21 October.

James M 2017. Data Integration at the AIHW. Presentation to the IPAA [Institute of Public Administration Australia] Data Integration Conference, Canberra, 3 November.

James M 2017. Household Survey Program 2015–16 to 2019–20. Presentation to the ABS Population and Social Statistics Advisory Group, Canberra, 15 November.

James M 2017. Mental Health and Data Network. Presentation to the Australian Healthcare & Hospitals Association, Data Innovation Collaboration Network meeting, Dubbo, 7 December.

James M 2017. Overview of *Australia's welfare*. Presentation at the Australian Social Policy Conference—University of New South Wales, Sydney, 25–27 September.

James M 2018. AIHW case studies: key success factors for stronger evidence, better decisions and approved outcomes. Presentation to the Data Analytics Road Show, Canberra, 11 April.

James M 2018. Data on tobacco, alcohol and other drugs at AIHW. Presentation to the Department of Health, Canberra, 2 July.

James M 2018. Making better use of homelessness data, integrating data to break down silos. Presentation to the AIHW ANZSOG [Australia New Zealand School of Government] Breaking the Data Silos conference, Canberra, 27–28 March.

James M 2018. Overview of the AIHW. Presentation to Stats Sweden, Stockholm, 4 June.

James M 2018. Overview of the AIHW. Presentation to the Finland National Institute of Health and Welfare, Helsinki, 30 May.

Joenpera J 2017. Pathways in aged care: program use before entering permanent care. Poster presented at the Australian Association of Gerontology Conference, Perth 8–10 November.

Johnson D 2017. New 'GEN aged care data' website. Presentation at the 'Do it with data' data analytics expo (Department of Health), Canberra, 9 November.

Johnson D 2017. New 'GEN aged care data' website. Presentation to the Aged Care Webinar (Department of Health) [online], 24 August.

Lum On M 2017. Challenging the data gaps in health outcomes due to domestic violence. Presentation at the Health Information Management Association of Australia/National Centre for Classification in Health National Conference, Cairns, 1–3 November.

Lum On M 2018. Assessing the impact of the Australian Burden of Disease Study. Presentation at the Public Health Prevention Conference, Sydney, 2–4 May.

Macpherson B 2017. Field trialling ICD-11 in Australia: the next phase of testing. Presentation at the ABF PCSI [Activity Based Funding/Patient Classification Systems International] Conference 2017, Sydney 9–13 October.

Macpherson B 2017. Field trialing ICD-11 in Australia: the next phase of testing. Presentation at the 34th Annual HIMAA NCCH [Health Information Management Association Australia/National Centre for Classification in Health] National Conference, Cairns 1–3 November.

Macpherson B, Eynstone-Hinkins J, Hargreaves J, Katte J & Walker S 2017. ICD-11 field testing: Australian experiences. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, 16–21 October.

Macpherson B, Katte J & Hargreaves J 2017. Phase 2 morbidity field testing of ICD-11 MMS in Australia. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico, 16–21 October.

Martinuzzi A, Hanmer L & Macpherson B 2017. Assessing the actual and potential future joint use of the WHO-FIC. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico, 16–21 October.

Martinuzzi A, Hanmer L, Macpherson B & Jakob, R 2017. The WHO-FIC as a tool to monitor and promote universal health coverage (UHC). Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, Mexico, 16–21 October.

Mathur S, Trinh L & Vu T 2017. Geographical variation in chronic kidney disease: interactive map journals. Presentation to members of the Department of Health, Canberra, 29 November.

McFarlane L, DaSilva K & Hewitt M 2017. Exploring characteristics of alcohol and other drug (AOD) treatment clients experiencing family and domestic violence. Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference, Melbourne, 12–15 November.

Moon L 2017. Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015. Presentation to the Prime Ministerial Advisory Council on Veterans' Mental Health, Canberra, 9 August.

Moon L 2017. Strategic partnership: AIHW and DVA [Department of Veterans' Affairs]. Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2015. Presentation to the Veteran Ministers' Roundtable, Canberra, 8 November.

Moon L 2018. Burden of disease estimation and analysis in Australia. Presentation at the AIHW and CIHI [Canadian Institute for Health Information] Health Information Forum, Vancouver, 11–12 April.

Moon L 2018. New uses of burden of disease data: informing policies and prevention programs. AIHW/ANZSOG [Australia New Zealand School of Government] Breaking the Data Silos Conference, Canberra, 27–28 March.

Moon L 2018. Opioid harm in Australia. AIHW and CIHI [Canadian Institute for Health Information] Health Information Forum, Vancouver, 11–12 April.

Moon L & Anderson P 2017. AIHW mortality data holdings and how we use the data. Presentation to the National Registration and Statistics Improvement Committee, Brisbane, 23 August.

Neideck G 2018. Establishing a national master linkage key. Presented to the PHRN Participant Council Meeting, Melbourne, 27 April.

Neideck G 2018. Implementing data-sharing and collaboration to inform policy decision making. Presentation to the 4th Australian Government Data Summit, Canberra, 7 March.

Neideck G 2018. Proposed model for NIHSI [National Integrated Health Services Information]. Presented to the Health Roundtable, Canberra, 10 April.

Ougrinovski E 2018. Clerical review. Presentation to Population Health Research Network Technical Forum, Brisbane, 3–4 May.

Prescott V 2017. Contribution of vascular risk factors to dementia burden in Australia. Presentation to the Australian Epidemiology Association Annual Scientific Meeting, Sydney, 28–30 September.

Prescott V 2017. Impact of overweight and obesity as a risk factor for chronic conditions. Presentation to the Australian Epidemiology Association Annual Scientific Meeting, Sydney, 28–30 September.

Sandison B 2017. CoAct (Not for Profit): presentation to CEOs, Sydney 14 November.

Sandison B 2018. Presentation to the Preventative Health Summit, Perth, 2 March.

Sandison B 2018. Teradata Presentation: to members, CEOs, Canberra, 31 May.

Sparke C 2018. Coordination of Health Care Study: local level reporting on patient experiences of coordination and continuity of care. Presentation at the 6th Rural and Remote Health Scientific Symposium, Canberra, 11–12 April.

Sparke C 2018. The Coordination of Health Care Study. Presentation at the 4th International Health Care Reform Conference, Sydney, 21–23 April.

Steinum O & Macpherson B 2017. Field testing ICD-11: comparing results from three national centres. Presentation at the 34th Annual HIMAA NCCH [Health Information Management Association Australia/National Centre for Classification in Health] National Conference, Cairns, 1–3 November.

Steinum O & Macpherson B 2017. Field testing ICD-11: comparing results from three national centres. Presentation at ABF PCSI [Activity Based Funding/Patient Classification Systems International] Conference 2017, Sydney, 9–13 October.

Steinum O, Macpherson B, Boreklev M & Katte J 2017. Pilot testing ICD-11: reasons for disagreement in code allocation using the results from two field trial centres. Poster presented at the WHO-FIC [World Health Organization Family of International Classifications] Network Annual Meeting 2017, Mexico City, 16–21 October.

Sweeney J & Claydon C 2017. Attitudes, policy support and drug-related harms in Australia: findings from the National Drug Strategy Household Survey. Presentation at the Australian and New Zealand Society of Criminology (ANZSOC) Conference, Canberra, 6 December.

Sweeney J, Webber K & Claydon C 2017. Changing patterns in alcohol use and attitudes across Australia, people aged 18–39. Presentation at the Australian Professional Society on Alcohol & other Drugs (APSAD) Conference, Melbourne, 12–15 November.

Thapa P 2017. Closing the Gap: current progress and what is driving change? Presentation to the Indigenous Affairs Division, Department of Prime Minister and Cabinet, Canberra, 10 November.

Trinh L & Vu T 2018. Geographical variation in chronic kidney disease: interactive map journals. Presentation to members of the Primary Care Education Advisory Committee for KHA (PEAK), Sydney, 25 May.

Van Der Zwan F 2017. New 'GEN aged care data' website. Presentation to the Doorways to Data Webinar (Australian Association of Gerontology special interest group on Housing and the Built Environment) [online], 14 September.

Veld M 2018. Overview of the non-medical use of pharmaceutical opioids in Australia. Presentation at the AIHW ANZSOG [Australia New Zealand School of Government] Breaking the Data Silos Conference, Canberra, 27–28 March.

Webber K, Claydon C & Sweeney J 2017. It's not cool when you do it, Mum—a generational analysis of drug and alcohol use trend in the NDSHS. Australasian Professional Society on Alcohol and other Drugs (APSAD) Conference, Melbourne, 12–15 November.

York L 2018. Building the evidence base to help reduce FDSV. ANROWS [Australia's National Research Organisation for Women's Safety] 2nd National Research Conference, Sydney, 15–17 May.

York L 2018. Place-based projects. Presentation to the Department of Social Services, Canberra, 5 March.

Appendix 3
Meeting attendance—AIHW Board and AIHW Ethics Committee, and outgoing members

This appendix provides details of meeting attendance in 2017–18 by members of the Australian Institute of Health and Welfare (AIHW) Board, the 2 board committees, the AIHW Ethics Committee and on members leaving the board during 2017–18.

Biographical details of current members of the AIHW Board and AIHW Ethics Committee are in **Chapter 4 Our organisation**.

Meetings attended by AIHW Board members

Table A3.1: Meetings attended by AIHW Board members, 2017–18

Name	Position	Appointment change during the year	Meetings attended	Eligible meetings
AIHW Board meetings				
Mrs Louise Markus	Chair		4	5
Mr Barry Sandison	Director, AIHW		5	5
Dr Zoran Bolevich	Nominee of the Australian Health Ministers' Advisory Council		4	5
Ms Marilyn Chilvers	Nominee of the Children and Families Secretaries Group	To 30 June 2018; from 19 April 2018. To 18 April 2018; from 19 January 2018.	5	5
Mr Phillip Fagan-Schmidt PSM	Representative of the State Housing Departments	To 30 June 2018; from 19 April 2018. To 18 April 2018; from 19 January 2018.	5	5
Ms Luise McCulloch	Member nominated by the Australian Statistician	Ex-officio	5	5
Mr Mark Cormack	Member nominated by the Department of Health	Ex-officio to 23 November 2017; from 19 December 2016.	1	1
Ms Caroline Edwards	Member nominated by the Department of Health	Ex-officio from 24 November 2017.	3	5
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services	To 23 June 2018; from 24 March 2018.	5	5
Mr David Conry	Ministerial nominee with knowledge of the needs of consumers of welfare services	To 30 June 2018; from 19 April 2018. To 18 April 2018; from 19 January 2018.	5	5

continued

Table A3.1 (continued): Meetings attended by AIHW Board members, 2017–18

Name	Position	Appointment change during the year	Meetings attended	Eligible meetings
AIHW Board meetings				
Dr Lyn Roberts AO	Ministerial nominee with expertise in research into public health issues	To 3 July 2018; from 4 April 2018.	4	5
Mr Andrew Goodsall	Ministerial nominee	To 30 June 2018; from 19 April 2018. To 18 April 2018; from 18 January 2018.	5	5
Ms Gillian Adamson	Ministerial nominee	To 30 June 2018; from 31 March 2018. To 30 March 2018; from 1 September 2017.	3	5
Dr Simone Ryan	Ministerial nominee	To 30 June 2018; from 31 March 2018. To 30 March 2018; from 1 September 2017.	5	5
Ms Marissa Veld	Staff-elected representative	To 25 May 2019; from 26 May 2018.	4	5
Audit and Finance Committee meetings				
Mr Michael Perusco	Chair	To 23 June 2018	3	4
Dr Erin Lalor	Board member	To 23 June 2018	3	4
Mr Max Shanahan	Independent member		4	4
Mr Andrew Goodsall	Board member	To 30 June 2018	3	4
Remuneration Committee meetings				
Mrs Louise Markus	Chair		3	3
Dr Erin Lalor	Board member	To 23 June 2018; from 24 March 2018.	3	3
Mr Michael Perusco	Board member	To 23 June 2018; from 24 March 2018.	3	3

Outgoing member of the AIHW Board 2017–18

Mr Mark Cormack

Nominated by Mr Martin Bowles, Secretary, Department of Health

Non-executive Director

Term: Ex-officio appointment–from 19 December 2016 to 23 November 2017

Meetings attended by AIHW Ethics Committee members

Table A3.2: Meetings attended by AIHW Ethics Committee members, 2017–18

Name	Position	Appointment change during the year	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair		5	5
Mr Barry Sandison	Director, AIHW		5	5
Dr Purnima Bhat	Person experienced in professional care, counselling and treatment of people		5	5
Professor Tim Driscoll	Person experienced in areas of research regularly considered by the committee		4	5
Ms Amanda Ianna	Nominee of Registrars of Births, Deaths and Marriages		5	5
The Reverend James Barr	Person who is a minister of religion	To 11 December 2017	2	3
The Reverend Dr Nicholas White	Person who is a minister of religion	12 December 2017–11 December 2020	3	3
Ms Maryjane Crabtree	Person who is a lawyer		4	5
Mr David Garratt	Male representing general community attitudes		5	5
The Hon Margaret Reynolds	Female representing general community attitudes		5	5

Outgoing member of the AIHW Ethics Committee 2017–18

The Reverend James Barr

Person who is a minister of religion

Terms: 12 December 2008–11 December 2011; 12 December 2011–11 December 2014; 12 December 2014–11 December 2017

Appendix 4
Senior executives and unit heads

Director

Barry Sandison BBusMgt, FANZSG

Deputy Director

Matthew James PSM BEc (Hons)

Business and Governance Group

Senior Executive

Andrew Kettle MA (Hons), CA

Executive

Anne Reader BA (Hons), DipIndSt, MSc, GAIDC

Finance and Commercial Services

Andrew Tharle BComm, CPA

Governance

Gary Kent LLB, BComm, GradDipPubLaw, GAICD

People and Facilities

Morag Roycroft Cert IV HR, level 1 coaching

Communications and Primary Health Care Group

Senior Executive

Michael Frost BEc (Soc Sc) (Hons), GradDipPubAdmin

Coordination, Evaluation and PAF Assurance

Tulip Penney BA, BPsych (Hons), MBA

Flagship Reporting

Dinesh Indraharan BBiomedSc (Hons), GradDipBiostat

Primary Health and Digital Health

Kerrin Bleicher BSc, GradDipPhysio, GradDipMusculoskeletalPhysio, PhD

Strategic Communications and Stakeholder Engagement

Rebecca Richter BSc/BComm, GradCertAppFin&Inv, GradCertPubPol&Gov

Website and Publishing

Belinda Hellyer BA, MA

Community Services Group

Senior Executive

Louise York BEc, BSc, GradDipPopHealth

Centrelink Strategies

Sushma Mathur BMath

Child Welfare

David Braddock BSc (Hons)

Disability and Ageing

Mark Cooper-Stanbury BSc

Family, Domestic and Sexual Violence

Brooke Macperson (acting) BBSc, BHS BHIM (Hons)

Justice and Education

Anna Ritson BA

Data Strategies and Information Technology Group

Senior Executive

Geoff Neideck BBusStudies, GradCertMgt

Data Linkage

Phil Anderson BA, BSc (Hons), PhD

Data Strategies

Nick von Sanden BEc, BSc (Hons), PhD

IT Infrastructure and Security

Deborah Scott BSc, BComm

Metadata and METeOR

Jennifer Mayhew-Larsen BEc, BA, MBA

Specialist Capability

Adrian Webster BA (Hons), BSc, PhD

System Architecture, Integration and Support

Charlie Drummond BSc (Hons), GradDipCompSc

Health Group

Senior Executive

Lynelle Moon BMath, GradDipStats, GradDipPopHealth, PhD

Burden of Disease and Mortality

Richard Juckes BA (Hons)

Cancer and Screening

Justin Harvey BSc

Cardiovascular, Diabetes and Kidney

Miriam Lum On BAppSc (HIM), Grad Cert AppEpi

Chronic Conditions

Katherine Faulks BMedSc (Hons), GradDipClinEpid

Population Health

Claire Sparke BSc, GradDipClinEpid

Veterans' Health and Welfare

Melinda Petrie BAppSc

Hospitals, Resourcing and Classifications Group

Senior Executive

Jenny Hargreaves BSc (Hons), GradDipPopHealth

Expenditure and Workforce

Clara Jellie BA, GradDipBehStud Healthcare, MPopHealth

Health Performance Indicators

Jenny Webb (acting) BSc

Hospitals Analysis

Sally Mills BSc, MPubHealth

Hospitals Data

George Bodilsen BA, GradDipPopHealth, AdvDipProjMgt

Hospitals Information

Conan Liu BA (Hons), MAppMedSc

Hospitals Reporting

Heather Swanston BSc (Hons), PhD

Housing and Specialised Services Group

Senior Executive

Matthew James PSM BEc (Hons)

Housing & Homelessness Collection Operations

Penny Siu BA, MBA

Housing & Homelessness Collection Processing

Amber Jefferson BSc

Housing & Homelessness Reporting & Development

Louise Tierney BSc, MSc, PhD (acting)

Mental Health & Palliative Care

Gary Hanson BPsych, MA

Tobacco, Alcohol & Other Drugs

Moira Hewitt BHealthSc, MA, MAppEpid, MAppSc

Indigenous and Maternal Health Group

Senior Executive

Fadwa Al-Yaman PSM BSc, MA, PhD

Indigenous Analyses & Reporting

Geoff Callaghan BComm, BHealthSc

Indigenous Modelling & Research

Tracy Dixon BMath, BSc (Hons), MAppStats

Indigenous Primary Care Reporting

Indrani Pieris-Caldwell BA, GradDipDemog, PhD

Indigenous Spatial Analysis & Health Services

Martin Edvardsson MSc, PhD (acting)

Maternal & Perinatal Health

Anna O'Mahony BSc (Psych, Hons)

Collaborating centre

National Injury Surveillance Unit

James Harrison MBBS, MPH, FAFPHM

Appendix 5
Compliance matters

This appendix describes the Australian Institute of Health and Welfare's (AIHW's) compliance in 2017–18 with:

- *Commonwealth Electoral Act 1918*
  - advertising and market research
- *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act)
  - equal employment opportunity programes and reporting
- Legal Services Directions 2017
  - legal services expenditure
- Public Governance, Performance and Accountability Rule 2014 (PGPA Rule)
  - ministerial directions
  - government policy orders
  - significant issues relating to finance law non-compliance
  - related entity transactions
  - significant activities and changes affecting the entity
  - judicial or tribunal decisions affecting the entity
  - reports by third parties
  - unobtainable information from subsidiaries
  - indemnity applying to the entity and its officers.

See also 'Compliance index' on page 190.

Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires that Commonwealth agencies report payments of $10,000 and above for advertising and market research, including those covered by the *Public Service Act 1999*.

In 2017–18, the AIHW did not undertake any advertising campaigns or make any individual payments for advertising that exceeded this threshold.

Equal employment opportunities

Section 5 of the EEO Act requires that the AIHW develop and implement an equal employment opportunity program. The program should ensure that, in relation to employment matters, appropriate action is taken to eliminate discrimination by the AIHW against women and persons in designated groups and promote equal opportunities for people in these groups.

Under section 9 of the EEO Act, the AIHW must report annually on the development and implementation of its program. The report may be submitted to the AIHW's responsible minister through its annual report. A report should include:

- a detailed analysis of action taken to develop and implement its program
- an assessment of how well program implementation is monitored and evaluated
- an assessment of the effectiveness of the program
- details of each direction given by the minister about the AIHW's performance obligations under the EEO Act.

The AIHW adopts equal employment opportunity practices common across the Australian Public Service (APS), including access to paid parental leave and maternity leave, and recruitment opportunities specifically for Indigenous people. The AIHW accommodates reasonable requests for flexible working arrangements so that staff can meet family commitments, and seeks to remove obstacles that might discourage people with disability or whose first language is not English from seeking employment at the AIHW.

The AIHW signed a memorandum of understanding (MoU) with the APS Commission in February 2018 to participate in the GradAccess program. GradAccess offers agencies the opportunity to recruit people with disability into graduate roles through a centrally coordinated program managed by the APS Commission. The recruitment process has been designed to encourage the broadest range of graduates to apply through a safe and supported entry point to the APS. The program is strategically aligned with As One: Making it Happen: the APS Disability Employment Strategy 2016–19, the National Disability Strategy 2010–20, the Australian Government's diversity and inclusion policies, and broader APS reforms. The AIHW hopes to be able to engage at least 1 graduate through this process for its 2019 intake.

The AIHW monitors and evaluates its equal employment opportunity policies by comparing itself against other agencies that similarly contribute information on diversity to the APS Commission's annual *State of the service report* to the Parliament of Australia. The AIHW is comparable with other APS agencies; however, notably in relation to equal employment opportunity, it has a higher than average proportion of female employees. Further details are in **Chapter 5 Our people**.

The AIHW has not received any ministerial directions about its performance obligations under the EEO Act.

Compliance with the Legal Services Directions 2017

The Attorney-General's Legal Services Directions 2017 require the AIHW to provide—within 60 days of the end of the financial year—to the Office of Legal Services Coordination, Australian Government Attorney-General's Department:

- a report of the AIHW's legal services expenditure for the financial year
- a certificate about the service of any documents in respect of legal proceedings involving the Commonwealth (if any).

The AIHW complied with its obligations for 2017–18. The AIHW's legal expenditure during the year was $141,593.30.

Reporting requirements under the PGPA Rule

The following information relates to specific reporting requirements under the PGPA Rule that must be included in this annual report and which are not covered elsewhere in the report.

Ministerial directions

Section 7 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) provides that the Minister for Health may give directions to the AIHW on the performance of its functions or the exercise of its powers. Before issuing such a direction, the minister must consult the AIHW Board Chair and relevant state and territory ministers. Clause 17BE(d) of the PGPA Rule requires that the AIHW provide details of any directions given to it by a minister under an Act; for example, under section 7 of the AIHW Act, or instrument of the Commonwealth.

No new ministerial directions were issued to the AIHW in 2017–18. No instances of non-compliance with current ministerial directions issued to the AIHW are known to have occurred in 2017–18.

Government policy orders

Under section 22 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), Australian Government policy orders can be applied to the AIHW by the Minister for Finance. The AIHW Board must ensure compliance with government policy orders that are applied. Clause 17BE(e) of the PGPA Rule requires that the AIHW provide details of any government policy orders that are applicable to it under section 22 of the PGPA Act. Particulars of any non-compliance must also be detailed.

No government policy orders were applicable to the AIHW during 2017–18.

Significant issues relating to finance law non-compliance

Paragraph 19(1)(e) of the PGPA Act requires the AIHW to notify the Minister for Health of significant issues that have affected it. Clause 17BE(h) of the PGPA Rule requires the AIHW to provide a statement of any such significant issue that relates to non-compliance with the finance law and an outline of the action that has been taken to remedy the non-compliance.

There were no significant issues relating to finance law non-compliance in 2017–18.

Related entity transactions

Clause 17BE(n) of the PGPA Rule requires the AIHW to disclose any related entity transactions. Related entity transactions are those where the AIHW Board approves payment for a good or service provided by another entity, or provides a grant to another entity; and a board member is also a director of that other entity; and a single transaction, or the aggregate value of transactions (if there is more than 1) to that entity in a reporting period exceeds $10,000. Where they have occurred, particulars of the decision-making process undertaken by the AIHW Board in relation to these transactions must also be reported.

There were no related entity transactions approved by the board in 2017–18.

Significant activities and changes affecting the entity

Under clause 17BE(p) of the PGPA Rule, the AIHW is required to provide details of significant activities and changes that affected the operations or structure of the entity during the period.

In the 2018 Federal Budget, the AIHW's appropriation funding was increased by 25% to an ongoing total of $33 million a year. This increase will fund investment in information technology (IT) to improve data security and also fund new data development and analysis in several subject areas. In response to its increasing focus on appropriate management of data and privacy and, in recognition of the increasing volume of work related to primary health care and digital health, the AIHW will introduce a new organisational structure from 1 July 2018.

Judicial or tribunal decisions affecting the entity

Clause 17BE(q) of the PGPA Rule requires the AIHW to provide details of judicial decisions and decisions of administrative tribunals that have had, or may have, a significant effect on the AIHW's operations.

In 2017–18, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Reports by third parties

Clause 17BE(r) of the PGPA Rule requires the AIHW to provide details of reports made about the Institute by the Auditor-General, a Parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner.

There were no reports made by the above-named organisations or committees about the AIHW in 2017–18.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries; therefore, clause 17BE(s) of the PGPA Rule, which requires the AIHW to detail information that was unable to be obtained from subsidiaries, does not apply.

Indemnity applying to the entity and its officers

Clause 17BE(t) of the PGPA Rule requires the AIHW to provide details of any indemnity that applied to the AIHW Board, any member of the AIHW Board or officer of the AIHW against a liability (including premiums paid, or agreed to be paid, for insurance against the AIHW Board, member or officer's liability for legal costs).

The AIHW has insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption.

In 2017–18, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. Standard premiums were paid to Comcover, amounting to $20,025 excluding goods and services tax (GST), compared with $19,136 for 2016–17.

The AIHW made no claims against its directors and officers liability insurance policy in 2017–18.

Appendix 6
Financial statements

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Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2018:

(a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Australian Institute of Health and Welfare as at 30 June 2018 and its financial performance and cash flows for the year then ended.

The financial statements of the Australian Institute of Health and Welfare, which I have audited, comprise the following statements as at 30 June 2018 and for the year then ended:

- Statement by Accountable Authority, Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- 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 Australian Institute of Health and Welfare 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* (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 Australian Institute of Health and Welfare the Directors are responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under that Act. The Directors are also responsible for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Australian Institute of Health and Welfare's ability to continue as a going concern, taking into account whether the entity's operations will cease as a result of an administrative restructure or for any other reason. The Directors are 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.

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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 those charged with governance 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

Lesa Craswell
Executive Director

Delegate of the Auditor-General

Canberra
28 September 2018

Australian Government
Australian Institute of Health and Welfare

AIHW

STATEMENT BY ACCOUNTABLE AUTHORITY, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2018 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 Australian Institute of Health and Welfare will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.

Louise Markus	Barry Sandison	Andrew Kettle
Board Chair	Chief Executive	Chief Financial Officer
27 September 2018	27 September 2018	27 September 2018

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Australian Institute of Health and Welfare

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2018

	Notes	**2018** **$'000**	2017 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	2A	**38,253**	36,513	38,432
Supplier	2B	**25,176**	20,192	22,042
Depreciation and amortisation	6A	**1,225**	1,063	1,000
Revaluation decrement		**288**	—	—
Total expenses		**64,942**	57,768	61,474
Own-Source Income				
Own-source revenue				
Sale of goods and rendering of services	3A	**35,096**	29,628	32,000
Interest	3B	**1,759**	1,021	1,000
Other revenues	3C	**142**	277	30
Total own-source revenue		**36,997**	30,926	**33,030**
Net cost of services		**27,945**	26,842	28,444
Revenue from government	3D	**28,078**	26,918	28,078
Surplus / (Deficit)		**133**	76	(366)
OTHER COMPREHENSIVE INCOME				
Change in asset revaluation reserve		**(433)**	—	—
Total other comprehensive income		**(433)**	—	—
Total comprehensive surplus / (deficit) attributable to the Australian Government		**(300)**	76	(366)

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

Australian Institute of Health and Welfare

STATEMENT OF FINANCIAL POSITION

as at 30 June 2018

	Notes	2018 $'000	2017 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents		**74,655**	59,696	28,402
Trade and other receivables	5	**10,456**	4,775	30,582
Total financial assets		**85,111**	64,471	58,984
Non-financial assets				
Buildings	6	**3,907**	4,697	4,362
Property, plant and equipment	6	**3,063**	3,073	2,935
Intangibles	6	**164**	253	—
Prepayments		**1,430**	1,042	1,076
Total non-financial assets		**8,564**	9,065	8,373
Total assets		**93,675**	73,536	67,357
LIABILITIES				
Payables				
Suppliers		**(2,622)**	(1,467)	(2,983)
Other payables	7	**(5,008)**	(4,990)	(3,872)
Contract income in advance		**(42,770)**	(24,041)	(15,098)
Total payables		**(50,400)**	(30,498)	(21,953)
Provisions				
Employee provisions		**(12,525)**	(11,969)	(11,817)
Makegood on leases		**(120)**	(139)	(3,988)
Total provisions		**(12,645)**	(12,108)	(15,805)
Total liabilities		**(63,045)**	(42,606)	(37,758)
Net assets		**30,630**	30,930	29,599
EQUITY				
Contributed equity		**27,924**	27,924	27,501
Reserves		**1,977**	2,410	2,410
Retained surplus (accumulated deficit)		**729**	596	(312)
Total equity		**30,630**	30,930	29,599

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

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

for the period ended 30 June 2018

	Retained Earnings			Asset Revaluation Surplus			Contributed Equity/Capital			Total Equity		
	2018	2017	Original Budget	**2018**	2017	Original Budget	**2018**	2017	Original Budget	**2018**	2017	Original Budget
	$'000	$'000	$'000	**$'000**	$'000	$'000	**$'000**	$'000	$'000	**$'000**	$'000	$'000
Opening balance												
Balance carried forward from previous period	**596**	520	54	**2,410**	2,410	2,410	**27,924**	2,756	27,501	**30,930**	5,686	29,965
Adjusted opening balance	**596**	520	54	**2,410**	2,410	2,410	**27,924**	2,756	27,501	**30,930**	5,686	29,965
Other Comprehensive Income	**—**	—	—	**(433)**	—	—	—	—	—	**(433)**	—	—
Transfer from National Health Performance Authority (note 14)	**—**	—	—	**—**	—	—	**—**	25,168	—	**—**	25,168	—
Surplus (Deficit) for the period	**133**	76	(366)	**—**	—	—	**—**	—	—	**133**	76	(366)
Total comprehensive income attributable to the Australian Government	**133**	76	(366)	**(433)**	—	—	**—**	25,168	—	**(300)**	25,244	(366)
Closing balance at 30 June	**729**	596	(312)	**1,977**	2,410	2,410	**27,924**	27,924	27,501	**30,630**	30,930	29,599

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

Australian Institute of Health and Welfare

CASH FLOW STATEMENT

for the period ended 30 June 2018

	Notes	2018 $'000	2017 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Receipts from government		**28,078**	26,918	28,078
Goods and services		**49,397**	37,064	32,000
Interest		**1,344**	902	1,000
Net GST received		**1,503**	1,211	—
Other		**142**	275	30
Total cash received		**80,464**	66,370	61,108
Cash used				
Employees		**(37,701)**	(36,052)	(37,527)
Suppliers		**(26,748)**	(21,805)	(22,527)
Total cash used		**(64,449)**	(57,857)	(60,054)
Net cash from (used by) operating activities		**16,015**	8,513	1,054
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		**(1,056)**	(752)	(572)
Total cash used		**(1,056)**	(752)	(572)
Net cash from (used by) investing activities		**(1,056)**	(752)	(572)
FINANCING ACTIVITIES				
Cash received				
NHPA – Appropriation & Bank Account		—	24,715	—
Total cash received		—	24,715	0
Net cash from (used by) financing activities		—	24,715	0
Net increase (decrease) in cash held		**14,959**	32,476	482
Cash and cash equivalents at the beginning of the reporting period		**59,696**	27,220	27,920
Cash and cash equivalents at the end of the reporting period		**74,655**	59,696	28,402

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

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

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Note 1: Summary of Significant Accounting Policies

1.1 Objectives of the Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is an Australian Government controlled entity. It is a not for profit entity and is structured to meet a single outcome:

- A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics. This outcome is included in the Department of Health's (Health) Portfolio Budget Statements.
- The continued existence of AIHW in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for AIHW's administration and programs.

1.2 Basis of preparation of the financial statements

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.
The financial statements have been prepared in accordance with:

a) Public Governance, Performance and Accountability (Financial reporting Rule 2015); and
b) Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.
The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.
Unless an alternative treatment is specifically required by an accounting standard or the FRR, assets and liabilities are recognised in the statement of financial position when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured.
Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured. Financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

1.3 Significant accounting judgements and estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements and property, plant and equipment has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Australian Accounting Standard has been adopted earlier than the application date as stated in the standard.

New standards, revised standards, interpretations or amending standards that were issued prior to the signing off date and are applicable to the current reporting period did not have financial impact and are not expected to have a future financial impact on the AIHW.

Future Australian Accounting Standard requirements

New standards, revised standards and interpretations that were issued by the Australian Accounting Standards Board prior to the signing off date and are applicable to the future reporting period and may have a financial impact on the AIHW financial statements are:

- AASB 15 *Revenue from Contracts with Customers* establishes principles for reporting information about the nature, amount, timing and uncertainty of revenue and cash flows arising from an entity's contracts with customers, with revenue recognised once performance obligations are satisfied. The new requirements will impact revenue recognition from rendering of services. AIHW is currently assessing the impact, if any, the new requirements will have on revenue recognition.
- AASB 16 *Leases* requires all lessees to account for their leases (except those at low value or less than 12 months) on the Statement of Financial Position. This will impact the recognition, measurement and disclosure of AIHW operating leases for office accommodation in Canberra and Sydney.

These new standards are effective for reporting periods commencing on or after 1 July 2019.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the entity retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

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

Interest revenue is recognised using the effective interest method.

Revenues from government

Funding received or receivable from Health is recognised as Revenue from government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the government as owner

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

1.8 Employee benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW'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 is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2018. 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. AIHW 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

AIHW staff are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme or the Public Sector Superannuation Scheme accumulation plan.

The first two are defined benefit schemes for the Australian Government. The third is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation entitlements of the AIHW's employees. The AIHW 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 final fortnight of the year.

1.9 Leases

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.**12** Financial assets

The AIHW classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

Financial assets held at amortised cost: if there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

1.13 Financial liabilities

Financial liabilities are classified as other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Other financial liabilities

Supplier and other payables 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).

1.14 Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset 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.

1.15 Acquisition of assets

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 revenues 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 authority's accounts immediately prior to the restructuring.

1.16 Property, plant and equipment

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than $3,000, 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. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Revaluations

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

Asset class	Fair value measured at:
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ 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 is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a

previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and 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.
A formal revaluation of assets was completed by Allbids.com.au Pty Ltd as at 30 June 2018.

Depreciation

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

	2018	2017
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2018. 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 AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

1.17 Intangibles

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

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than $50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2016–17: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2018.

1.18 Taxation

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

Revenues, expenses, assets and liabilities are recognised net of GST except:

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

	2018 $'000	2017 $'000
Note 2: Expenses		
Note 2A: Employees benefits		
Wages and salaries	**(29,099)**	(27,863)
Superannuation:		
Defined contribution plans	**(2,793)**	(2,295)
Defined benefit plans	**(2,666)**	(2,900)
Leave and other entitlements	**(3,695)**	(3,455)
Total employee benefits	**(38,253)**	(36,513)
Note 2B: Suppliers		
Goods and services supplied or rendered		
Consultants and contractors	**(12,302)**	(7,923)
Collaborating centres	**(1,273)**	(780)
Information technology	**(3,493)**	(3,766)
Printing and stationery	**(163)**	(182)
Training	**(463)**	(267)
Travel	**(839)**	(761)
Telecommunications	**(206)**	(215)
Other	**(2,717)**	(2,473)
Total goods and services supplied or rendered	**(21,456)**	(16,367)
Other supplier		
Operating lease rentals—lease payments	**(3,290)**	(3,355)
Workers compensation premiums	**(430)**	(470)
Total other supplier expenses	**(3,720)**	(3,825)
Total supplier expenses	**(25,176)**	(20,192)

The Canberra office lease has a fixed annual 3% rent increase. This increase has been averaged over the 15 year term of the lease.

Leasing commitments
The Commission in its capacity as lessee has obligations for accommodation. The lease payments the AIHW has for accommodation are subject to annual increases of 3%.

	2018	2017
	$'000	$'000
Within 1 year	**3,555**	3,345
Between 1 to 5 years	**17,670**	16,228
More than 5 years	**19,377**	22,921
Total operating lease commitments	**40,602**	42,494

Note 3: Revenue

Note 3A: Sale of goods and rendering of services

Sale of goods	**3**	16
Rendering of services	**35,093**	29,612
Total sale of goods and rendering services	**35,096**	29,628

Note 3B: Interest

Deposits	**1,759**	1,021
Total interest	**1,759**	1,021

Note 3C: Other revenues

Other	**142**	277
Total other revenues	**142**	277

Note 3D: Revenue from government

Corporate Commonwealth entity payment item	**28,078**	26,918
Total revenue from government	**28,078**	26,918

Note 4: Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

Note 4A: Fair Value Measurements, Valuation Techniques and Inputs Used

Fair value measurements at the end of the reporting period by hierarchy for assets and liabilities in 2018

Fair value measurements at the end of the reporting period using

	Fair Value	
	2018	2017
Leasehold improvements	**3,907**	4,697
Other property, plant and equipment	**3,063**	3,073
Total non-financial assets	**6,970**	7,770
Total fair value measurements of assets in the statement of financial position	**6,970**	7,770

Fair value measurements - highest and best use differs from current use for non-financial assets (NFAs)
The highest and best use of all non-financial assets are the same as their current use.

There are no liabilities measured at fair value

In 2018 the AIHW procured valuation services from All Bids and relied on valuation models provided by All Bids. All Bids provided written assurance to the entity that the model developed is in compliance with AASB 13. All assets were valued using the Fair Market Value Technique.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2018	2017
	$'000	$'000

Note 5: Financial Assets

Receivables

Receivables are aged as follows:

Not overdue	**10,355**	4,712
Overdue by:		
0 to 30 days	**95**	60
31–60 days	**1**	3
61-90 days	**5**	–
Total receivables (gross)	**10,456**	4,775

Note 6: Non-Financial Assets

Revaluations of non-financial assets

In 2018 there was a revaluation decrement of $433,000 (2017: nil) for leasehold improvements and property, plant and equipment of $288,000 (2017: nil).

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Intangibles $'000	Total $'000
Note 6: Analysis of property, plant and equipment				
Reconciliation of the opening and closing balances of property, plant and equipment (2017–18)				
As at 1 July 2017				
Gross book value	5,250	3,570	267	9,087
Accumulated depreciation	(553)	(497)	(14)	(1,064)
Net book value 1 July 2017	4,697	3,073	253	8,023
Additions				
by purchase	194	862	–	1,056
Revaluations recognised in operating results	–	(288)	–	(288)
Revaluations recognised in Asset Revaluation Reserve	(440)	7	–	(433)
Depreciation expense	(544)	(592)	(89)	(1,225)
Net book value 30 June 2018	3,907	3,062	164	7,133
Net book value as at 30 June 2018 represented by:				
Gross book value	3,914	3,064	267	7,245
Accumulated depreciation	(7)	(2)	(103)	(112)
Net book value 30 June 2018	3,907	3,062	164	7,133

	2018 $'000	2017 $'000
Note 7: Payables		
Other payables		
Wages and salaries	**(261)**	(266)
Superannuation	**(43)**	(43)
Lease incentive - Canberra	**(2,750)**	(3,000)
Lease incentive – Sydney	**–**	(128)
Operating lease	**(1,954)**	(1,553)
Total other payables	**(5,008)**	(4,990)

Note 8: Contingent Assets and Liabilities

As at 30 June 2018 the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2017: nil).

Note 9: Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the AIHW, directly or indirectly, including any director (whether executive or otherwise) of the AIHW. The AIHW has determined the key management personnel to be the Director, Board of Directors and Group Heads. Key management personnel remuneration is reported in the table below

	2018	2017
	$'000	$'000
Short-term employee benefits	**2,423**	2,227
Post-employment benefits	**361**	325
Other long term benefits	**33**	133
Total key management remuneration expenses	**2,817**	2,685

The total number of key management personnel included in the above table is 17 (2017: 18). Note 9 is prepared on an accrual basis.

Note 10: Related Party Disclosures

Related party relationships:

The AIHW is an Australian Government controlled entity. Related parties to this entity are the Minister for Health, Directors, Key Management Personnel 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. The AIHW's arrangements with the government sector are conducted under contracts as normal business with the same conditions as with private enterprise. These transactions have not been separately disclosed in this note.

There were no related party transactions during the financial year (2016-17: $0)

Note 11: Remuneration of Auditors

	2018	2017
Remuneration for auditing the financial statements for the reporting period	**$37,000**	$35,000

No other services were provided by the Australian National Audit Office.

Note 12: Financial Instruments	2018	2017
Note 12A: Categories of financial instruments	$'000	$'000
Financial assets		
Loans and receivables		
Cash at bank	**74,655**	59,696
Receivables for goods and services	**9,316**	4,196
Total loans and receivables	**83,971**	63,892
Total financial assets	**83,971**	63,892
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	**4,011**	1,467
Financial liabilities measured at amortised cost	**4,011**	1,467
Total financial liabilities	**4,011**	1,467

The AIHW holds basic financial instruments in the form of cash and cash equivalents, receivables for goods and services and trade creditors. The carrying value of financial instruments reported in the balance sheet is a reasonable approximation of fair value.

Note 12B: Net gains and losses from financial assets		
Loans and receivables		
Interest revenue	**1,759**	1,021
Net gain loans and receivables	**1,759**	1,021
Net gain from financial assets	**1,759**	1,021

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other government organisations. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2018: $9,339,000 and 2017: $4,196,000). The AIHW has assessed the risk of the default on payment and has allocated $0 in 2018 (2017: $0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Note 12C: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 12D: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Note 13: Net assets transferred to the AIHW

During 2016-17 the National Health Performance Authority was abolished and its net assets transferred to the AIHW as follows:

	2018	2017
	$'000	$'000
Assets Recognised		
Cash	—	24,715
Leasehold Improvements	—	450
Property, Plant & Equipment	—	3
Total Assets Recognised	—	25,168

Note 14: Major budget variances

Explanations of major variances	**Affected line items (and statement)**
Expenses	
Supplier costs have increased to service the higher than budgeted fee for service work.	Supplier expenses and sale of goods and rendering of services (statement of comprehensive income)
Financial assets	
Cash and cash equivalents have increased as the income received in advance was higher than budgeted and the receivables were lower than budgeted. The higher cash balances during the year also reflected an increase in interest income.	Cash and cash equivalents, trade and other receivables and Contract Income in Advance (statement of financial position), Cash received (cash flow statement), Interest (statement of comprehensive income)

Reader guides

These guides help readers find specific information in this annual report, as well as correcting errors and specifying omissions, if any, in the previous annual report.

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Abbreviations, acronyms and symbols

Abbreviations and acronyms	
ABS	Australian Bureau of Statistics
ADF	Australian Defence Force
ADHA	Australian Digital Health Agency
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
AMR	Australian Mesothelioma Registry
ANAO	Australian National Audit Office
APS	Australian Public Service
ATWD	Australian Teacher Workforce Data Set
BMI	body mass index
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
CNS	central nervous system
COAG	Council of Australian Governments
DOMINO	Data Over Multiple Individual Occurrences
DSS	Australian Government Department of Social Services
EA	AIHW's Enterprise Agreement
ED	emergency department
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EL	Executive Level
FACS	New South Wales Department of Family and Community Services
FaHCSIA	(former) Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FOI Act	*Freedom of Information Act 1982*
FRR	Public Governance, Performance and Accountability (Financial Reporting) Rule 2015
FTE	full-time equivalent
GDP	gross domestic product
GRIM	General Record of Incidence of Mortality
GST	goods and services tax
HTML	hypertext markup language
HSPC	Health Services Principal Committee
ICD-11	International Statistical Classification of Diseases and Related Health Problems, 11th Revision
ICOH	International Commission on Occupational Health
ICT	information and communications technology
IDAHOBIT	International Day Against Homophobia, Transphobia and Biphobia

Abbreviations and acronyms	
Institute	Australian Institute of Health and Welfare
IPA	Individual Performance Agreement [for AIHW staff]
IT	information technology
MBS	Medicare Benefits Schedule
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
METeOR	AIHW's Metadata Online Registry
MORT	Mortality Over Regions and Time
MoU	memorandum of understanding
NABERS	National Australian Built Environment Rating System
NACDC	National Aged Care Data Clearinghouse
NHIDISC	National Health Data Information Standards Committee
NHPF	National Health Performance Framework
NIHSI	National Integrated Health Services Information
NSHS	National Social Housing Survey
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PBS	Pharmaceutical Benefits Schedule
PBS	Pharmaceutical Benefits Scheme
PBS	Portfolio Budget Statements
PDF	portable document format
PGPA Act	*Public Governance, Performance and Accountability Act 2013*
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PHN	Primary Health Network
PM&C	Australian Government Department of the Prime Minister and Cabinet
RACP	Royal Australasian College of Physicians
RMS	Rehabilitation Management System
SA	South Australia
SAMAC	AIHW's Statistical and Analytical Methods Advisory Committee
SCNHI	Strategic Committee for National Health Information
SES	Senior Executive Service
SOMIH	State Owned and Managed Indigenous Housing
WHO	World Health Organization
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Symbols	
%	per cent
n.a.	not available (in tables)
n.a.	not applicable (in figures)
—	not defined, nil or rounded to zero (in tables)
. .	not applicable (in tables)

Glossary

Term	Definition or explanation
Australian Health Ministers' Advisory Council	The Australian Health Ministers' Advisory Council (AHMAC) is the advisory and support body to the COAG Health Council. It operates to deliver health services more efficiently through a coordinated or joint approach on matters of mutual interest. The AHMAC is responsible for providing effective and efficient support to the COAG Health Council by advising on strategic issues relating to the coordination of health services across the nation and, as applicable, with New Zealand and operating as a national forum for planning, information sharing and innovation.
Australian Associated Press	An Australian news agency.
COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. See www.coag.gov.au for more information.
data linkage	The bringing together (linking) of information from 2 or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and, in certain cases, can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.
energy consumption	The amount of energy used. Energy consumption can be measured, for example, in kilowatt hours, megajoules or gigajoules.
Energy Star	An international standard/program for energy-efficient electronic equipment. In Australia, the program applies to office equipment and home entertainment products. Australian Government policy for the procurement of office equipment requires departments and agencies to purchase only office equipment that complies with the 'Energy Star' standard, where it is available and fit for purpose. A key feature of Energy Star compliance is that the associated equipment will have power management features allowing it to meet a minimum energy performance standard.
financial results	The results shown in the financial statements of this AIHW annual report.
full-time equivalent (staff numbers)	A standard measure of the number of workers in an organisation, profession or occupation that also takes into account the number of hours each person works. During 2017–18, AIHW staff members considered full-time were committed to working 37 hours and 5 minutes per week.

Term	Definition or explanation
GreenPower	An energy product purchased from an Australian Government accredited energy provider that supplies renewable energy.
indicator	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.
Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.
Infographics	Infographics present complex information in a way that is visually stimulating and easily understandable. We produce infographics, posters and report profiles to highlight key information from our reports, which can be used as education resources.
metadata	Information that describes data in relation to their structure, organisation and content.
METeOR	METeOR is Australia's repository for national metadata standards for the health, community services and housing assistance sectors. It operates as a metadata registry—a system or application where metadata are stored, managed and disseminated—based on the International Organization for Standardization/International Electrotechnical Commission's ISO/IEC 11179 international standard. METeOR was developed by the AIHW and provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions, and tools for creating new definitions based on existing already-endorsed components. Through METeOR, users can find, view and download data standards, and develop new ones.
National Australian Built Environment Rating System	A performance-based rating system for existing buildings. It rates a commercial office, hotel or residential building on the basis of its measured operational impacts on the environment. National Australian Built Environment Rating System (NABERS) ratings for offices include NABERS Energy (previously the Australian Building Greenhouse Rating), NABERS Water, NABERS Waste and NABERS Indoor Environment. The NABERS is a rating of a building's energy efficiency that takes into account consumption of electricity, gas and other products like fuels. The rating can be used to benchmark the greenhouse performance of office premises. The Australian Government's Energy Efficiency in Government Operations Policy advises that this rating scheme is suitable as an energy performance measurement tool for office buildings. The ratings scheme is also known as NABERS Office Energy.

Term	Definition or explanation
national minimum data set	A minimum set of data elements agreed for mandatory collection and reporting at national level.
outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Australian Government public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Australian public sector external to the AIHW.
performance indicators (of the AIHW)	Measures that relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that relate to the health system as a whole or to parts of it, such as hospitals and health centres. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care, and safety.
Portfolio Budget Statements	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health portfolio, usually published in May each year.

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Annual report 2016–17 errors and omissions

Page 85 – Staff commencements and turnover

Table 5.3: Commencement and separations of ongoing staff, 2016–17 contained errors. The number of ongoing staff at 30 June 2017 was incorrectly reported as 280 and the number of ongoing staff at 30 June 2017 was incorrectly reported as 300. The numbers should have read 316 and 321, respectively. The corrected table is reproduced below.

Table 5.3: Commencements and separations of ongoing staff, 2016–17

Type	Number
Ongoing staff as at 30 June 2016	**316**
• Staff engaged from outside the APS	24
• Staff moving from another APS agency	18
Total commencing staff	***42***
• Staff separating through resignation	21
• Staff separating through retirement	7
• Deceased	1
Subtotal separating staff	*29*
• Staff who moved to another APS agency on transfer	7
• Staff who moved to another APS agency on promotion	1
Total exiting staff	***37***
Ongoing staff as at 30 June 2017	**321**

Notes

1. 'Ongoing staff' refers to staff employed on an ongoing basis, whether active or on long-term leave.
2. Staff aged 55 and over who resigned from the APS are counted as having retired.

Compliance index

The index that follows shows compliance with information requirements contained in legislation related to the preparation of annual reports of corporate Australian Government entities or other reporting requirements, as follows:

1. *Public Governance, Performance and Accountability Act 2013* (PGPA Act), section 46 of which requires the AIHW Board to prepare this 2017–18 annual report and provide it to the Minister for Health by 15 October 2018. Subsection 46(3) of the PGPA Act permits rules for annual reports to be made. The PGPA Act is available at www.legislation.gov.au/Details/C2017C00269.
2. Public Governance, Performance and Accountability Rule 2014 (PGPA Rule), clause 17B of which prescribes requirements for annual reports for corporate Australian Government entities. The PGPA Rule is available at www.legislation.gov.au/Details/ F2018C00441.
3. Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR), which relates to the preparation of financial statements. The FRR is available at www.legislation.gov.au/Details/ F2018C00194.

The index is ordered by section, subsection or clause in the PGPA Act, the PGPA Rule or the FRR.

Index of annual report and other related reporting requirements

PGPA Act	Section or subsection of the PGPA Act	Page in this report
Annual report on the entity's activities prepared by the accountable authority	46(1)	iv–ix 1–177
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Statement that the financial statements comply with subsection 42(2)	42(3)	157
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Presentation to the responsible minister by 15 October	46(2)	n.a.[(a)]

n.a. not applicable

PGPA Rule	Clause in the PGPA Rule	
Approval of annual report by accountable authority (including the signature of a member, details of how and when approved and a statement of responsibility as per section 46 of the PGPA Act)	17BB	iii
Parliamentary standards of presentation	17BC	throughout
Plain English and clear design, including: • preparation with regard to the interests of Parliament and any others with an interest • relevant, reliable, concise, understandable and balanced information using clear design, defined acronyms and technical terms, tables, graphs, diagrams and charts and any appropriate additional matters	17BD 17BD(1) 17BD(2)	throughout
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(a) At the time of printing this annual report, compliance with this requirement was expected to be achieved.

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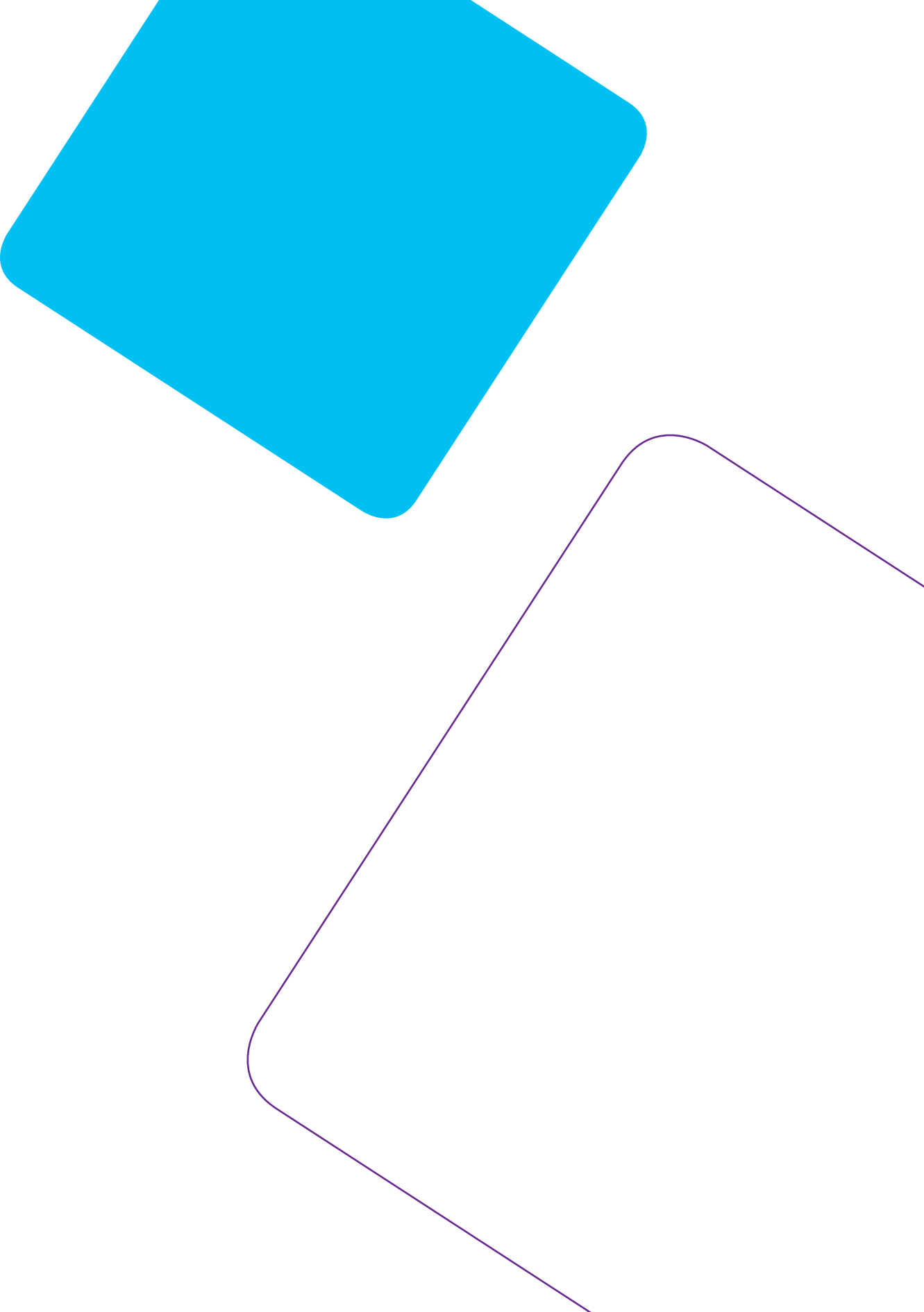

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