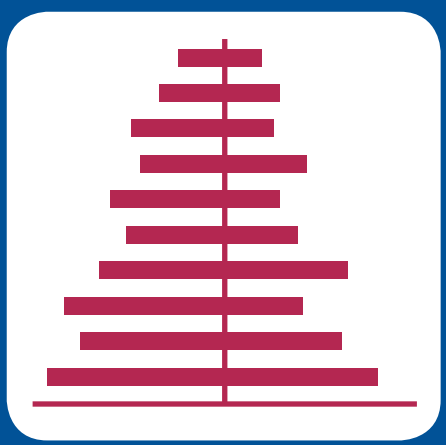
Australian Government

Australian Institute of Health and Welfare

Annual report 2013–14



About the AIHW

The Australian Institute of Health and Welfare is a major national agency that provides authoritative information and statistics on Australia's health and welfare. We are an independent statutory agency in the Health portfolio.

Our mission

Authoritative information and statistics to promote better health and wellbeing.

Our role

The AIHW is committed to providing high-quality national data and analysis across the health, housing and community services sectors, presented in meaningful and relevant ways and delivered in a timely manner. Accurate statistical information, comprehensive data development and high-quality analyses support an increased understanding of health and welfare issues. This evidence base is critical to good policymaking and effective service delivery, which have a direct impact on the lives of Australians.

We are custodians of several major national health and welfare data collections and maintain close engagement with our data providers to ensure the quality and integrity of our work. We aim to communicate our data, information and analytical products as widely as possible in accessible formats to key stakeholders and the broader public.

Our values

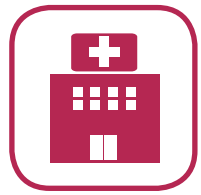
Our decisions and interactions with our colleagues and external stakeholders are guided by these values:

- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the changing needs of those who provide or use data and information that we collect
- **accessibility**—making data and information as accessible as possible
- **privacy**—safeguarding the privacy of all individuals and groups about whom we collect data or who provide data to us
- **expertise**—applying and developing highly specialised knowledge and standards
- **innovation**—developing original, relevant and valued new products, processes and services.

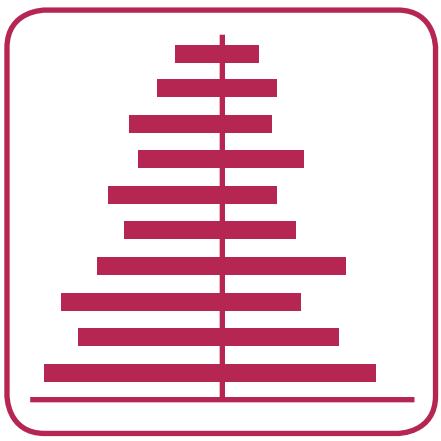
We also subscribe to the Australian Public Service values of being committed to service, ethical, respectful, accountable and impartial.

Australian Government

Australian Institute of Health and Welfare



Annual report 2013–14



This publication is part of the Australian Institute of Health and Welfare's corporate series. A complete list of the AIHW's publications is available from the AIHW's website <www.aihw.gov.au>.

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Photos of building interior by Ben Wrigley.

Guide to this report

This annual report reviews the activities and achievements of the AIHW in the 2013–14 financial year. It enables the Australian Parliament, the Australian Government and the people of Australia to assess the efficiency, effectiveness and economy of the AIHW, in accordance with the requirements of the *Commonwealth Authorities and Companies Act 1997*.

The report begins with the AIHW Board **Chair's report**, the AIHW **Director's report**—which includes highlights of the AIHW's work over the year—and an **In brief** summary of the report's contents. The mission, strategic directions and values of the AIHW are detailed on the inside front cover. Contact information is on the inside back cover.

The first chapter, **Our performance**, summarises the AIHW's activities in 2013–14 and reports against targets and deliverables described in the 2013–14 Portfolio Budget Statements. It also summarises financial performance.

Chapter 2, **Governance and the organisation**, describes the AIHW's corporate governance arrangements, including accountabilities to the Minister for Health and the roles and responsibilities of the AIHW's Board and Ethics Committee.

The third chapter, **Our operating groups**, records the achievement of specific planned deliverables for 2013–14 by each group involved in statistical analysis and reporting, as well as our collaborating centres and corporate groups.

The AIHW's staffing profile and information about how the AIHW supports its staff, are described in the fourth chapter, **Our people**.

The final chapter, **Our communications**, outlines public affairs and online and print publishing activities, including how messages from the AIHW's data on health and welfare are presented to policymakers and the public.

The **Appendixes** contain specific governance-related information: legislation, the AIHW Board's Charter of Corporate Governance, membership of the AIHW Board and AIHW Ethics Committee, and a list of the AIHW's Executive and unit heads. The appendixes also list the AIHW's participation in national committees, universities with which the AIHW maintains strong working relationships, and the data collections managed by the AIHW. Details of the AIHW's products, matters that the AIHW is required by law to report and data used for the figures and graphs in the main body of the report are also provided. Lastly, the AIHW's **financial statements** are presented in Appendix 11.

The **Reader guides** section at the end of this report comprises: a list of abbreviations; a glossary; lists of tables and figures, and 'spotlights' giving accounts of specific key activities; a compliance index showing where to find specific pieces of information that are required by law to be published in this annual report; and a general index for the entire report.

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Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

The Hon Peter Dutton MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Dear Minister Peter

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 2014.

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 2014, was subject to the *Commonwealth Authorities and Companies Act 1997*.

The report was endorsed on 25 September 2014 at a meeting of the members of the AIHW and satisfies the requirements of section 9 of the *Commonwealth Authorities and Companies Act 1997* and relevant Finance Minister's orders, as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2011).

The report also provides information required by other applicable legislation.

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 agency.

Yours sincerely

Dr Mukesh C Haikerwal AO
Board Chair

25 September 2014

1 Thynne Street, Bruce ACT 2617 • GPO Box 570, Canberra ACT 2601 • PHONE **02 6244 1000** • FAX **02 6244 1299** • **www.aihw.gov.au**

Chair's report

I was delighted to be appointed Chair of the Australian Institute of Health and Welfare in July 2014 by the Minister for Health and Minister for Sport, The Hon Peter Dutton MP.

As a medical practitioner in active practice and with considerable experience in health policy—at home as well as internationally—and health information systems, I have a good appreciation of the AIHW's work and have admired it and utilised it extensively from many perspectives. I also know the AIHW's reputation for producing reliable information on a wide range of health and welfare subjects is highly regarded by many people and organisations throughout Australia.

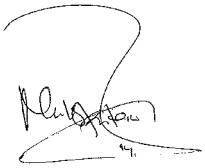
On behalf of the Board I would like to thank my predecessor, the Hon Andrew Refshauge, for his significant contribution to the continued success of the AIHW over the past 3 years. His wisdom and knowledge in this sphere of activity have been invaluable.

The year under review provided ample evidence of the Institute's success in carrying out its mission. Highlights included the publication of 2 flagship reports, *Australia's welfare 2013* and *Australia's health 2014*, which provide valuable resources to the community, legislators, policymakers, researchers and other interested partners.

The AIHW prides itself on making its information accessible and I am pleased that during 2013–14 it continued to find new and innovative ways to convey information and analysis to a diverse audience. Other notable achievements in 2013–14 included new business infrastructure, and initiatives to enhance the comprehensiveness and timeliness of our reporting; and yes, we have the obligatory 'App'.

The year ahead poses a number of challenges in anticipating and responding to a changing public policy and institutional environment. In particular, the AIHW Board is continuing to assist the Australian Government in its consideration of the potential merger of a number of agencies, as announced in the 2014–15 Budget. The AIHW Board will continue to play its key role in governing the work of the Institute and assisting with the many stakeholder relationships that are necessary to the AIHW successfully performing its key functions.

I look forward to working with the Director of the AIHW and his talented and committed staff to ensure that the Institute maintains and builds on the very high standards it has set for itself and which are rightly assumed by its many stakeholders. The way in which the AIHW performs its activities, the high level of confidence placed in it by the domains from which it draws its information, the way it presents this information, and the value and esteem in which its work is held, is a spur to perform better into the future!



Dr Mukesh C Haikerwal AO
Board Chair

Director's report

In 2013–14, the AIHW has continued to deliver on its mission to provide authoritative information and statistics to promote better health and wellbeing.

We remain the trusted source of quality information for governments, service providers, researchers and the broader community on topics as diverse as hospital activity, disease trends, disability services, aged care, child protection, juvenile justice, expenditure on the health system, drug and alcohol use, the health workforce and the range of housing and homelessness services. During the year we released 143 print publications and 29 web products in a variety of formats designed to cater to different audiences, with considerable media attention every week on new information that we publish.

The AIHW is also well known for its valuable national data resources, a number of which have been included in the Australian Bureau of Statistics' (ABS') recent list of *Essential Statistics for Australia*. The AIHW is a key source of data and information for academics and researchers, helping them to answer research questions of national and international importance.

Behind our expert services and products are thorough professional processes aimed at ensuring data quality and availability. We set and iteratively improve data standards aimed at building comparability of information; we check the veracity of information provided to us; we report on data quality; and we actively work to improve access to national data resources for a wide range of purposes.

The Institute's broad remit in the area of health and welfare allows us to develop new insights about the importance of education, employment and housing (some of which are often referred to as the social determinants of health) to achieving good health outcomes, and our work has also shown the critical role that health can play in influencing the likelihood of people achieving self-reliance.

Some of the particular highlights of our work in 2013–14 were:

- publishing our 2 flagship reports, as the bookends to the year—*Australia's welfare 2013* in August 2013 and *Australia's health 2014* in June 2014. Among many other purposes, these reports serve as portals to the important insights that the AIHW can provide from our extensive reporting activities
- drawing on our understanding of data and key statistical trends to progress value-added analyses, such as for disease projections, reasons for the Indigenous health and life expectancy gaps, risk factors for diseases and key learnings from evaluations of Indigenous programs
- further improving the timeliness of our reports
- further innovation in our reporting to enhance use and accessibility of key information—for example, we have embraced 'visual analytics' to highlight new insights from our comprehensive 'big data' national datasets
- bedding down our new internal business infrastructure and processes, complementing our sound financial and human resource management
- a smooth transition to our new office accommodation, without disruption to our business activity—indications are that the new workplace is already contributing to improved collaboration and productivity.

Over the past year, the Institute has also pursued other core activities essential to our mission, including:

- using our extensive data linkage capability to complete 51 projects, including several linking hospitals and aged care
- working with Registrars of Births, Deaths and Marriages, Coroners and the ABS to ensure timely availability of cause of death data, essential for monitoring disease impacts
- continuing to improve the quality and comparability of data in a range of areas as diverse as public hospital elective surgery, child protection, housing/homelessness and perinatal health
- progressing the complex Burden of Disease project, working closely with our expert advisors on the main methodology released in June 2014, and towards the main report outputs in 2015
- developing an overarching data governance framework that demonstrates how relevant legislation and AIHW's policies, practices and expertise ensure safe and secure use of sensitive data at the Institute.

Five key factors allow the Institute to deliver these outcomes.

1. Our legislation enables effective use of information for a wide range of national purposes while providing necessary checks and balances around appropriate use of data.
2. We operate with the trust and cooperation of data providers and data users, across governments and non-government organisations, in partnerships and collaborations that have been nurtured over many years.
3. We have well qualified and experienced staff. The Institute has been able to attract and retain expert staff who have a strong commitment to, and passion for, the work we do.
4. We accord priority to improving the efficiency and productivity of AIHW operations. Our dedicated business infrastructure program has delivered an electronic data submission and validation tool, comprehensive project management system, and other software improvements that help us improve productivity and enhance the quality and timeliness of our work.
5. We have sound governance arrangements, ensuring that the Institute is well-managed and capable of responding to new opportunities and emerging risks. The members of our diverse senior management group have strong individual attributes, experiences and commitment. They work well as a team and in an effective partnership with the AIHW Board.

I would like to take this opportunity to thank the AIHW Board for its support and guidance over the past year. I recognise the contribution of the former Chair, Dr Andrew Refshauge, and in particular the role he has played in reshaping board processes and ensuring effective governance of the Institute over the past 3 years.

I would also like to recognise the contributions of AIHW staff, our collaborators from the Australian Institute of Family Studies and our external experts who together have delivered the Closing the Gap Clearinghouse over the past 5 years. This valuable resource about what works, what does not work and what we do not know about programs and services for Indigenous Australians, provides quality information freely available through the AIHW website that can help governments close the gap in Indigenous disadvantage.

In its recent Budget, the Australian Government announced that it will consult with the states and territories to consider merging the functions of a number of agencies including the AIHW. We will continue to actively engage and assist with this process.

Over the coming year, we will continue to deliver value for money services for all of our stakeholders and pursue further innovation across our range of products and operations.

David Kalisch
Director

In brief

Who we are and what we do

The Australian Institute of Health and Welfare (AIHW) is a Commonwealth statutory authority. Its enabling legislation is the *Australian Institute of Health and Welfare Act 1987* (AIHW Act, see Appendix 1).

The AIHW's main functions are to collect, analyse and disseminate health- and welfare-related information and statistics. These functions require information to be developed, collected and reported in the following areas:

- health
- aged care services
- child care services
- services for people with disabilities
- housing assistance
- child welfare services
- other community services.

The AIHW provides authoritative and timely information and analysis to governments, other organisations and the community in these subject areas, drawn from the national data collections it manages and from other credible data sources. The AIHW produces many public reports and actively promotes its work to the community.

Additionally, the Institute provides national leadership and the necessary infrastructure for developing, maintaining and promoting information standards in health, welfare and housing assistance to ensure that data are nationally consistent and fit for purpose.

Our achievements

The AIHW undertook a range of significant activities during 2013–14.

Strengthening policy relevance

The AIHW:

- started work to update Australia's national burden of disease study which will identify the extent and distribution of health problems in Australia and quantify the contribution of key health risks (see Spotlight on page 45)
- operated an accredited Data Integration Services Centre to undertake high-risk, complex data integration (linkage) projects designed to yield new insights relevant to policy (see Spotlight on page 69)
- reported new data showing links between aged care services and disability services (see Spotlight on page 40) and movement of patients between hospital and residential aged care
- conducted an analysis of the reasons for Indigenous health and life expectancy gaps (see Spotlight on page 65)
- operated the Closing the Gap Clearinghouse (together with the Australian Institute of Family Studies; see Spotlight on page 66)
- added to the usefulness of homelessness data by including a disability 'flag' to help better understand the needs of homelessness services clients who have long term health conditions or disabilities (see Spotlight on page 58)
- delivered the first results for national key performance indicators for Indigenous primary health care (see Spotlight on page 64)
- managed the data collection phase of the 2013 National Drug Strategy Household Survey.

Delivering quality, timely products and information

The AIHW:

- published our 2 flagship reports, *Australia's welfare 2013* and *Australia's health 2014* (see Spotlight on page 115)
- worked extensively with newly released deaths data—essential for monitoring the impact of disease (see Spotlight on page 45)
- operated the National Aged Care Clearinghouse, designed to improve access to aged care data for researchers, data providers and the public (see Spotlight on page 39)
- released information revealing patterns of use across 7 aged care services programs (see Spotlight on page 71).

Improving the quality and timeliness of information

The AIHW:

- continued to implement the outcomes of recent reviews of Council of Australian Governments (COAG) performance indicators for the National Healthcare Agreement and the National Partnership Agreement on Homelessness (see Spotlight on page 59)
- worked to improve indicators for public hospital elective surgery (see Spotlight on page 51)
- improved the timeliness of our reporting on alcohol and other drug treatment services, cancer screening participation (see Spotlight on page 47) and the health workforce
- implemented the Child Protection National Minimum Data Set, which will allow reporting of the total number of children receiving child protection services in each jurisdiction and identify children receiving multiple services (see Spotlight on page 40).

Supporting our organisation

The AIHW:

- developed information technology infrastructure designed to improve the efficiency and productivity of our operations through a common workflow environment with linked and sequenced components
- developed an *AIHW Data Governance Framework* that describes how legislation and AIHW policies, practices and expertise ensure safe and secure use of sensitive data
- maintained its commitment to well-designed job structures, adherence to Australian Public Service (APS) work-level standards, and more comprehensive management of staff performance
- relocated all staff to a new building, which will better meet the needs of the organisation and government energy-efficiency requirements (see Spotlight on page 101).

Further information about the AIHW's achievements is provided in **Chapter 1 Our performance** and in **Chapter 3 Our operating groups**. 'Spotlight' articles throughout the report (see list on page 271) highlight particular achievements and products in more detail.

Our revenue is $53 million—68% from clients

Our financial performance

The AIHW's financial results since 2009–10 are summarised in **Table 1**.

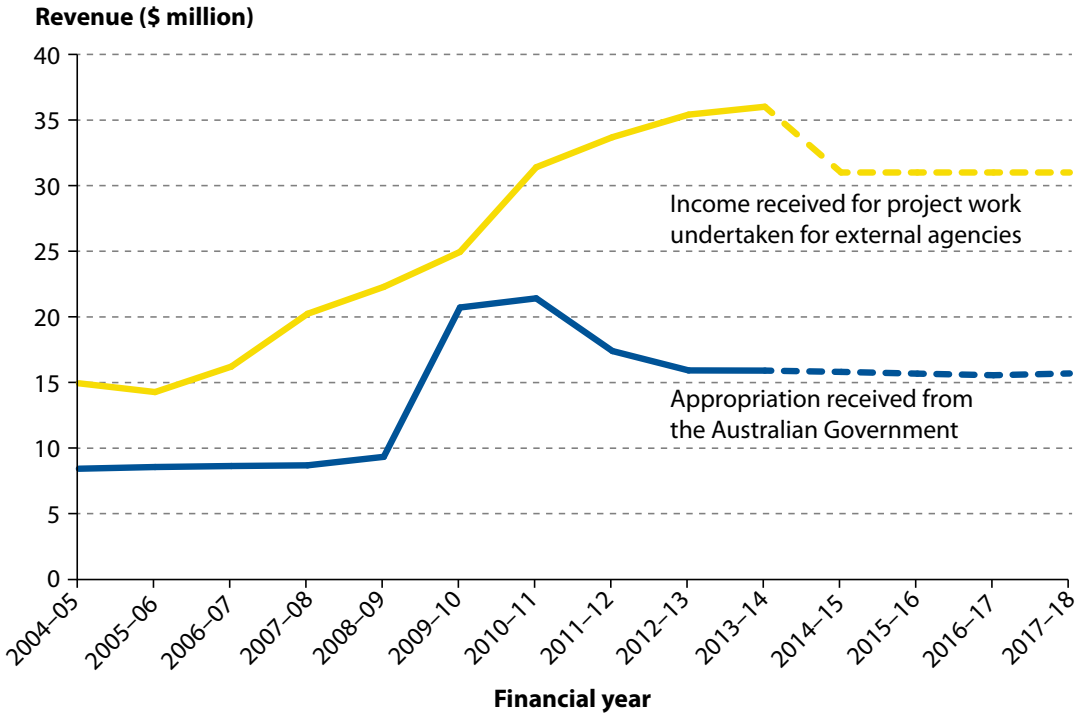
Table 1: Financial results, 2009–10 to 2013–14 ($'000)

	2009–10	2010–11	2011–12	2012–13	Change 2012–13 to 2013–14	2013–14
Revenue	46,445	53,952	52,237	52,225	▲	52,982
Expenditure	44,268	53,818	54,086	51,822	▲	52,926
Surplus (or deficit)	2,177	134	(1,849)	403	▼	56
Total assets	31,901	30,676	31,848	33,752	▲	37,200
Total liabilities	25,916	24,557	27,578	29,079	▲	32,471
Total equity	5,985	6,119	4,270	4,673	▲	4,729

In 2013–14, the AIHW reported a surplus of $56,000, compared with a surplus of $403,000 in 2012–13. Revenue in 2013–14 was $53.0 million, a 1.5% increase compared with 2012–13. Equity remained at a satisfactory level of $4.7 million.

The AIHW obtained about 30% of its revenue in 2013–14 directly from the Australian Parliament as a budget appropriation, about 68% from clients (mainly for specific project work undertaken for government agencies) and 2% from interest.

The relative importance of the 2 main income types over time, including budgeted revenue for the next 4 years, is shown in **Figure 1**. The proportion of the AIHW's total revenue obtained from appropriation has returned to about 30% following the planned finish of temporary funding for data development for COAG provided in the May 2009 Federal Budget.



Note: Data for this figure are available in Table A10.1.

Figure 1: Major revenue sources, 2004–05 to 2013–14, with projections, 2014–15 to 2017–18

Further information about the AIHW's financial performance is in **Our financial performance** on page 7. The AIHW's financial statements are available in **Appendix 11**.

Our board reports through the Health Minister

How we are governed

The AIHW Act establishes the AIHW Board as the Institute's governing body. The role and composition of the board are specified in section 8(1).

The Hon Peter Dutton MP

The board is accountable to the Parliament of Australia through the Minister for Health, and is responsible for setting the overall policy and strategic direction of the Institute. As at 30 June 2014, the Minister for Health was The Hon Peter Dutton MP.

The Charter of Corporate Governance adopted by the board provides the basis for its operations (see **Appendix 2**).

The Director of the AIHW manages the day-to-day affairs of the Institute.

An accountability framework for the AIHW (see Figure 2.1 on page 13) describes the legislative and reporting relationships that ensure the Institute's operations and funding contribute to achieving its objectives and outcomes.

The Portfolio Budget Statements (PBS) for the former Health and Ageing portfolio (now the Health portfolio) are among the reporting components of this framework (see **Chapter 1 Our performance**). The AIHW's outcome—that is, the intended results for, benefits to, or consequences for, the Australian community—as stated in the 2013–14 PBS is:

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

The AIHW has 1 program:

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

The Institute operates in accordance with the *Commonwealth Authorities and Companies Act 1997* (CAC Act). It prepares a set of annual financial statements as required by the Finance Minister's Orders made pursuant to the CAC Act and the Australian Accounting Standards.

Other components of the accountability framework include the AIHW's *Strategic directions 2011–2014* and the annual work plans.

We work collaboratively with stakeholders

Collaboration and effective partnerships

The Institute collaborates closely and has effective partnerships with government entities, universities, research centres, non-government organisations and other experts throughout the country. Delivering on our mission—authoritative information to support better health and wellbeing—would not be possible without these strong relationships, which are underpinned by our governing legislation and robust governance arrangements.

In particular, we work collaboratively with others to collect health and welfare data, report information, and determine priorities for improvements in data and information. This is crucial to promoting national consistency and comparability, and enhancing quality and timeliness.

The AIHW's key partners at the federal level include the Department of Health, of which the AIHW is a portfolio agency; the ABS; the Department of Social Services; the Department of Education; and the Department of Veterans' Affairs. The AIHW also has agreements with the Department of Human Services and the various health agencies formed under the National Health Reform Agreement.

Strong relationships with state and territory governments are also critical to the success of the AIHW. Much of the data collected and reported by the AIHW relates to state and territory government services, and the AIHW works with all jurisdictions to improve the timeliness and comparability of their information.

The AIHW also funds work plans, supported by data-sharing agreements, with selected Australian universities. These collaborations enable the AIHW to draw on the expertise of these bodies in specialist areas of data and information.

Further information on the AIHW's governance arrangements and external relationships is in Chapter 2 Governance and the organisation.

We have 347 highly skilled staff

Our people

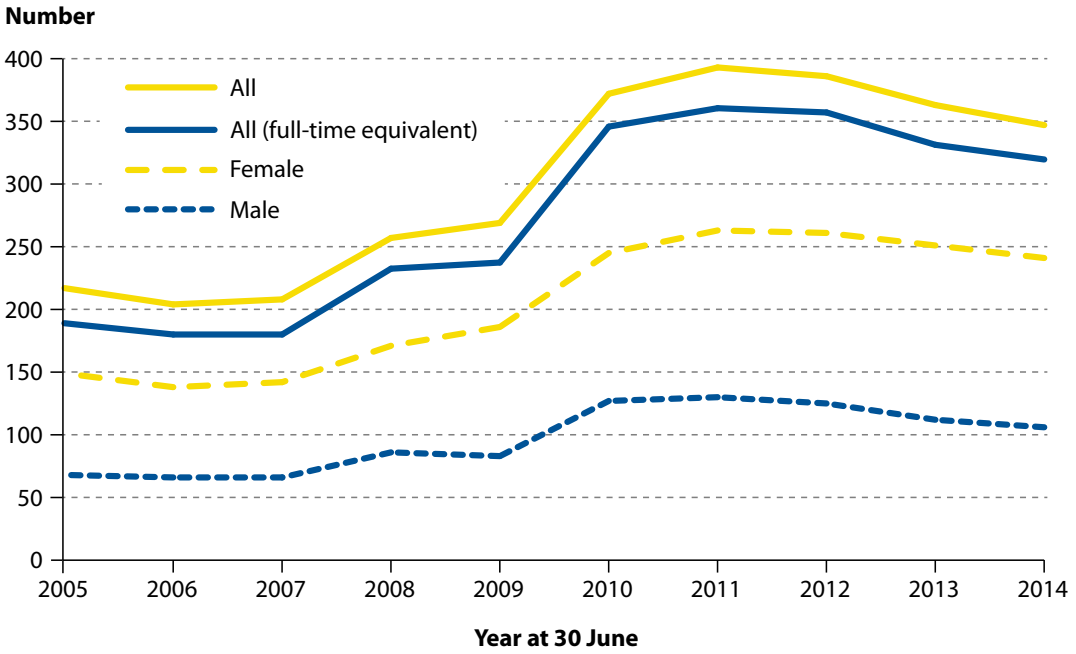
The AIHW relies on highly skilled and competent staff to support its strategic directions. The professionalism and expertise of our workforce have been prevailing constants throughout the AIHW's history. Most staff members have postgraduate qualifications, and the Institute strongly supports workforce learning and development.

The AIHW strives to provide a workplace that offers fulfilling and challenging work, as well as promoting the professional and personal development of its employees. Our employment conditions provide staff with the opportunity to achieve a work–life balance in which the interests of both the organisation and the individual are valued and respected.

The AIHW's size allows it to retain in-house financial, legal and communications expertise. We effectively manage more than 270 projects at any one time, a large number of which are externally funded, with the necessary contractual and financial controls. The variety and number of products that the AIHW puts into the public domain each year have necessitated the acquisition of expertise and capacity in web and print design and layout, and media communications. In general, staffing levels are related to the requirements of project work for external agencies.

The adoption of strategies to support, attract and retain valued staff is central to one of the AIHW's strategic directions: Cultivate and value a skilled, engaged and versatile workforce.

Figure 2 shows changes in staff numbers since 2005. At the end of June 2014, the AIHW employed 347 people, or 319.6 full-time equivalent staff. This was 40.9 full-time equivalent staff fewer than the peak 30 June staffing level which occurred in 2011 (a 11.3% fall). The reduction occurred through natural attrition. Some departing staff were not replaced following the planned finish of temporary funding for data development for COAG purposes provided in the Federal Budget.



Note: Data for this figure are available in Table A10.2.

Figure 2: Staff numbers, 2005–2014

Further information about the AIHW's staff, human resource services, facilities services and workplace health and safety is in **Chapter 4 Our people**.

We released 172 reports and web products

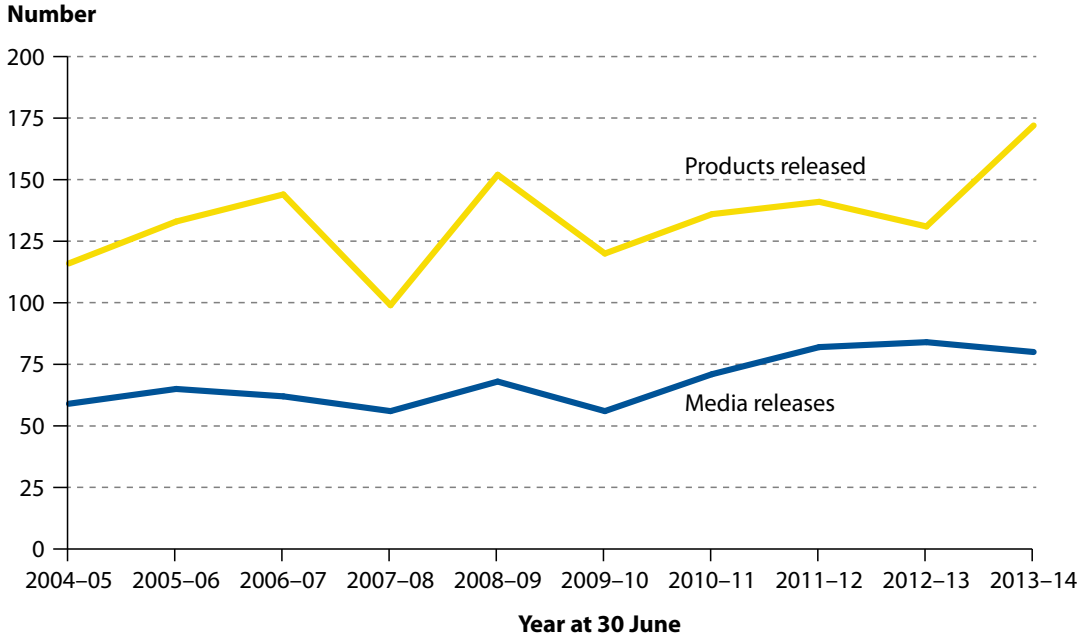
Our communications

The AIHW communicates its information and statistics to the public, its stakeholders and clients in a variety of ways, including:

- printed reports and accompanying report profiles, summaries and media releases
- web publications and online snapshots
- stand-alone websites and 'satellite' web pages for specific purposes
- online datasets
- new smartphone and tablet apps.

All AIHW publications are available for download free of charge on the AIHW's website in a variety of formats to suit individual users' needs, including versions suitable for people with impaired vision and to meet other accessibility requirements. They are also available through print-on-demand, at cost to the purchaser.

In 2013–14, the AIHW released 143 publications in traditional and web-only report formats and 29 web products and produced 80 media releases (**Figure 3**). This was more than the 121 publications and 10 web products produced in 2012–13, but the number of media releases fell slightly.



Notes

1. In 2012–13, the AIHW started counting its online products with its publications.
2. Data for this figure are available in Table A10.3.

Figure 3: Products released and media releases, 2004–05 to 2013–14

The annual number of sessions on the AIHW's website increased by 30% during the year to 2.6 million sessions (see Figure 5.1 on page 114).

Further information about the AIHW's reports, and online information and data, is in **Chapter 5 Our communications**.

More products to come and a possible merger

Our future

The AIHW has significant projects to progress in 2014–15 and beyond. These include:

- *Australia's welfare 2015*, to be launched in mid-2015
- an Indigenous health and welfare overview report, to be finalised by the end of 2014
- production of 2 'Burden of disease' reports covering national estimates of the burden of fatalities for the Australian population and for Aboriginal and Torres Strait Islander people by 30 June 2015
- release of a demonstration statistical report on private hospitals by 31 October 2014
- production of a final report on the 2013 National Drug Strategy Household Survey by December 2014
- release of Australia's first online interactive perinatal data portal by 30 June 2015.

As well as producing its own reports, the AIHW will continue to function as a primary source of trusted information for paying clients, key stakeholders and the public.

We will continue to be entrepreneurial, provide external funders with value-for-money services, and place data and commentary in the public domain in a robust and independent manner. A key component of these functions in 2014–15 will be the continued operation of a Data Integration Services Centre to undertake high-risk, complex data integration (linkage) projects.

In common with all APS agencies, the AIHW will be working to ensure compliance with the new *Public Governance, Performance and Accountability Act 2013*—the key provisions of which became effective on 1 July 2014. The AIHW—a Commonwealth authority under the now-replaced CAC Act—is a Commonwealth corporate entity under the new Act. Provisions under the new Act on corporate planning and performance monitoring are likely to result in some changes to the way the AIHW manages internally and reports externally.

At the same time, the AIHW will be actively working with the Department of Health in relation to the *Smaller Government—additional reductions in the number of Australian Government bodies measure* announced by the Australian Government in its May 2014 Federal Budget concerning a possible merger with other agencies in the portfolio.

AIHW capabilities, collaboration and common ownership

AIHW staff are experts in managing large data holdings. This entails a full spectrum of activities, such as establishing nationally consistent data standards and classifications, collecting information from a variety of sources, data collation and quality assurance.

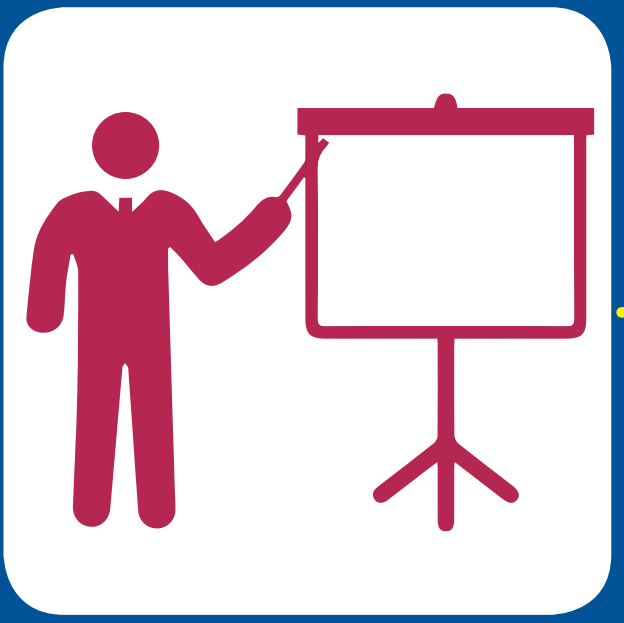
We also have considerable analytical and research experience, and can go beyond straight reporting of numbers to more complex professional analyses and research, including using data integration techniques, modelling and forecasting.

There is great potential for the AIHW to do much more of this kind of value-adding by working with stakeholders and funders to identify areas where these approaches would help gain better value from data. We are also actively exploring ways in which we can provide more timely and focused research and analytical services to clients, including extending the use of visual analytics.

A recently-conducted capability self-assessment (see Spotlight on page 25) emphasised the manner in which AIHW staff collaborate and build common ownership of data improvement strategies with stakeholders, while navigating changing committee and other structures.

We operate with the trust, support and expertise of Commonwealth and state and territory governments, and non-government service providers. All 3 aspects are essential to achieving good national outcomes, and all require ongoing attention and sensitivity on the part of AIHW project managers. The level of external fee-for-service funding received by the AIHW—over $36 million in 2013–14—is testament to those skills.

Chapter 1
Our performance



The AIHW's activities are underpinned and guided by legislative and administrative requirements. These include the 2013–14 Portfolio Budget Statements (PBS), the AIHW's work plan, contractual obligations and financial objectives.

This chapter focuses on the AIHW's performance in achieving our key performance indicators and expected major deliverables for 2013–14.

This chapter also summarises our financial performance.

Understanding the AIHW's performance

The AIHW's mission statement is 'authoritative information and statistics to promote better health and wellbeing'.

Our value to governments and the broader community is based on the Institute's demonstrated record of achievement in:

- providing authoritative, accurate information in a timely fashion
- providing information that is useful for governments, service providers and the community
- providing information in formats that are understandable to individual users
- making best use of the skills and experience of our staff and available technology, to deliver these outcomes in a cost-effective way.

Our work provides governments and key stakeholders with valuable evidence and insights across key aspects of health and wellbeing. This can be crucial in dealing effectively with complex issues involving difficult policy judgements.

Our statistical and information services and products are also used within broader public policy debates in the wider community—debates that ultimately contribute to improvements in the lives of Australians, along with many other influences operating often over long periods of time. The Institute is rarely in a position to demonstrate its influence directly.

A key measure of our performance is external confidence in the AIHW's work. This is currently very high due to the Institute's exemplary reputation and achievements over many years. External confidence is reflected in the degree to which other organisations cooperate with the Institute, use our services and rely on our information and statistics. It is also demonstrated by a continuing rise in the level of AIHW's external funding (see Figure 1 on page xv) and in the volume and breadth of commissioned project work. Further evidence is the increasing number and range of products and services delivered by the Institute.

Performance summary

In 2013–14, we:

- achieved 7 of our 8 performance targets and deliverables listed in the 2013–14 PBS
- released 172 print or web products, an increase of 41 from 2012–13
- gave external researchers and the general public access to our data, while fully complying with all privacy and confidentiality requirements, by:
  - assisting with approvals by the AIHW Ethics Committee of 39 applications for access
  - completing 51 data linkage projects for academic researchers, government departments and research agencies
  - satisfying 124 requests for data that were received through an online application form
  - satisfying about 1,100 requests for information sent to our general email address

- improved the quality and timeliness of information by building the information infrastructure needed, covering relationships, processes, procedures, tools, facilities and technology. Examples included:
  - promoting national standards in the provision and reporting of information through our METeOR information standards repository— a total of 1,122 metadata items were made standard or endorsed in METeOR and 367 metadata items were superseded, retired or archived
  - enhancing our internal processes through our business transformation program to lift outputs and capability within a resource-constrained environment
  - operating a Commonwealth-accredited Data Integration Services Centre that continually strives to enhance our data linkage and analytical capabilities and methodologies
  - investing in our IT infrastructure
  - building infrastructure that will enable ongoing updates of burden of disease estimates
- strengthened our policy relevance by delivering significant products or data desired by governments—see Our achievements on page xii
- achieved most of the key planned deliverables set out in our *AIHW Work Plan 2013–14*—see **Chapter 3 Our operating groups** for more detail
- lived within our financial resources—a small surplus was achieved
- complied with key legislative and regulatory requirements — including those requiring yearly reporting in our annual report.

Performance against program objectives

In the 2013–14 PBS, the AIHW had the following 3 program objectives:

- improve the availability of health and welfare information
- improve the quality and timeliness of health and welfare information
- strengthen policy relevance, including assisting the COAG reform agenda.

Under these objectives there were 8 specified groups of deliverables and performance indicators. Our achievements against each of these items are summarised in **Table 1.1** and further discussed in the 'Exception' paragraphs that follow.

Table 1.1: Status of performance targets and deliverables committed to in the 2013–14 Portfolio Budget Statements

Planned target or deliverable	Result	
PBS objective: Improve the availability of health and welfare information		
Deliver new editions of the *Australia's welfare* and *Australia's health* reports by:	New editions of *Australia's welfare 2013* and *Australia's health 2014*:	
• presenting them to the Minister by 31 December 2013 and 30 June 2014 respectively	• were presented to the Minister by the due dates	Achieved
• releasing each report with associated communication products.	• released with associated communication products.	Achieved
Support initiatives to implement Commonwealth approaches that make integrated data more available by adhering to the *High level principles for data integration involving Commonwealth data for statistical and research purposes* for all relevant projects by 30 September 2013.	The AIHW adhered to the Principles by 30 September 2013 for all relevant projects.	Achieved
Deliver a repository of aged care data by:	The National Aged Care Data Clearinghouse:	
• launching the National Aged Care Data Clearinghouse by 1 July 2013	• was launched by the AIHW on 1 July 2013	Achieved
• expanding its capacity to respond to information requests by 30 June 2014.	• expanded its capacity to respond to information requests by 30 June 2014, with the addition of more aged care datasets.	Achieved
Improve the availability of information measured the minimum numbers of:	The AIHW released:	
• 141 publications released	• 172 publications. It also supported ethical human research, providing controlled access to datasets for specific research, by assisting the AIHW Ethics Committee to consider:	Achieved
• 40 external research projects considered by the AIHW Ethics Committee.	• 136 external research projects—40 sought approval and 96 sought modification or extension.	Achieved
Provide free, high-quality information measured by the minimum number of:	The AIHW provided, high-quality information, as demonstrated by:	
• 24,400 website downloads of *Australia's health*	• 32,715 website downloads of *Australia's health 2012*	Achieved
• 2,300 website downloads of *Australia's welfare*	• 5,764 website downloads of *Australia's welfare 2013*	Achieved
• 1.950 million visits to the AIHW website[(a)]	• 2.624 million AIHW website visits[(a)]	Achieved
• 4,327 references to the agency and its products in the media.	• 6,042 references to the AIHW and its products in the media.	Achieved
	All AIHW publications are available free of charge via the internet at <www.aihw.gov.au/>.	

Planned target or deliverable	Result	
PBS objective: Improve the availability of health and welfare information		
Make data releases widely accessible within privacy and confidentiality constraints, such that:	The AIHW released data to the extent possible given privacy requirements and resources available. Data releases were widely accessible, within privacy and confidentiality constraints.	
• feedback regarding data access is positive	• The AIHW received positive feedback from the public and data users regarding data access.	Achieved
• data releases are timely and fully comply with all privacy and confidentiality requirements.	• Data releases fully complied with all privacy and confidentiality requirements.	Achieved
PBS objective: Improve the quality and timeliness of health and welfare information		
Improve the timeliness of statistical information products by achieving an average 365 days measured between the end of their data collection period and the release of annual national publications(b).	For 2013–14, the average number of days was 377, covering 25 AIHW releases.	Not achieved
PBS objective: Strengthen policy relevance, including assisting the COAG reform agenda		
Provide leadership that contributes to emerging national information-related policy, at the request of state and territory governments and the Australian Government, as seen by continuing participation by departments and agencies of state and territory governments and the Australian Government in AIHW-led consultative processes and national information committees.	The AIHW took a lead role in the development, coordination and supply of data for a range of performance indicators in the COAG national agreements on health, housing and homelessness, disability and Indigenous reform.	Achieved

(a) The figure for website visits excludes the METeOR, Specialist Homelessness Services, and Closing the Gap Clearinghouse websites.

(b) This relates to products that fully report or publicly release an annual national data collection that is collated by the AIHW.

Exception—improving timeliness of products

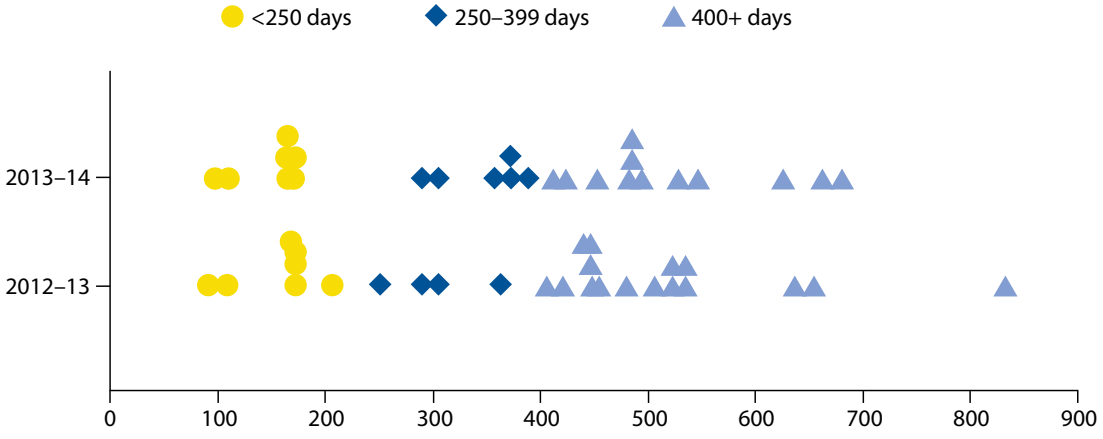
Since 2011–12, the AIHW has set targets for the improved timeliness of its statistical information products. The indicator used is the average number of days between the end of the data collection period and the release of annual national publications. This relates to products that fully report or publicly release an annual national data collection that is collated by the AIHW. Publications produced by AIHW collaborating centres are not included.

In 2013–14, the AIHW aimed to release information on average within a year of the end of the relevant data collection period. This target was not achieved, as the actual time taken for the 25 products that reported on annual national data collections was 377 days. However, this was an improvement on 2012–13 when the average release time was 392 days for 27 products.

Although 7 products were released in under 250 days, 12 products took more than 400 days (**Figure 1.1**). The elapsed time to release includes:

- time taken by data providers to prepare administrative data for supply to the AIHW
- time taken by the AIHW to prepare data for release—ensuring that the statistics and analyses are of the quality and accuracy required for broader dissemination and publication.

For many products, the time taken for the first component exceeded a year. The AIHW is working with data providers to introduce systems that assist them in providing data more quickly and easily.



Note: Data for this figure are available in Table A10.4.

Figure 1.1: Distribution of time to release for annual AIHW data collections, 2012–13 and 2013–14

Some examples of collections where the time taken to supply data to the AIHW or the total time to release was reduced were:

- the alcohol and other drug treatment services collection, with an improvement of 81 days
- cancer screening participation data (see Spotlight on page 47)
- medical, nursing and midwifery workforce data.

Our financial performance

Income and expenditure

The AIHW's appropriation income from the Australian Parliament fell slightly ($14,000) to $15.898 million in 2013–14, compared to 2012–13 (**Table 1.2** and **Figure 1.2**).

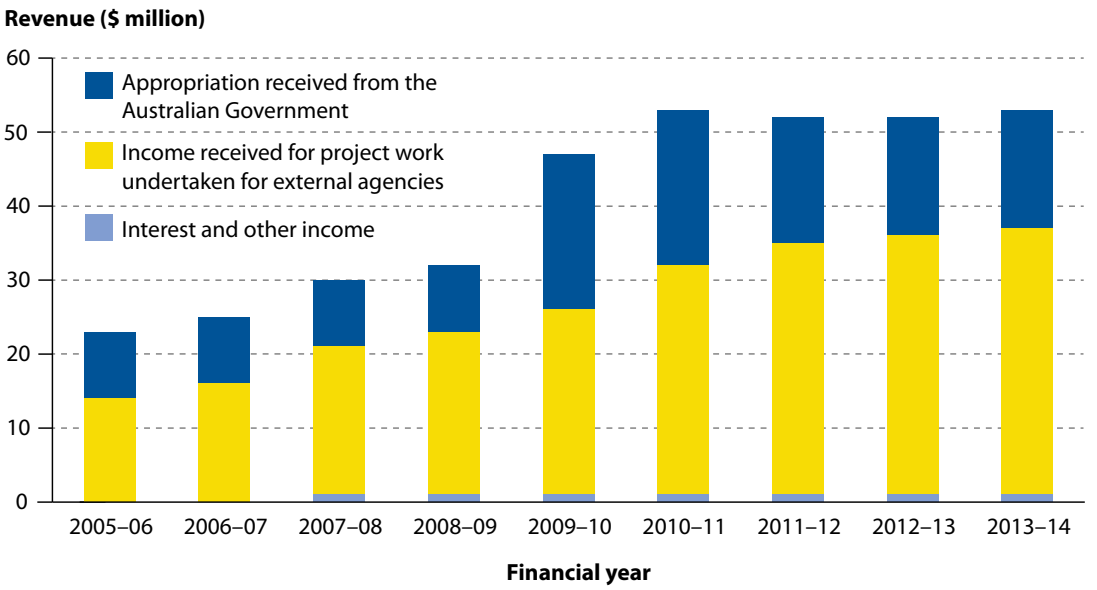
Income from externally funded projects rose from $35.4 million in 2012–13 to $36.2 million in 2013–14—an increase of 2.2% from the previous year. Most of this income came from Australian Government departments, notably the Department of Health and the Department of Social Services. There was no significant change in interest or other income.

Table 1.2: Income and expenditure, 2009–10 to 2013–14 ($'000)

	2009–10	2010–11	2011–12	2012–13	Change: 2012–13 to 2013–14	2013–14
Appropriation revenue	20,708	21,408	17,389	15,912	▼	15,898
Revenue for project work for external agencies	24,944	31,398	33,690	35,410	▲	36,176
Interest	754	1,146	1,138	897	▼	890
Other revenue	39	—	20	6	▲	18
Total revenue	**46,445**	**53,952**	**52,237**	**52,225**	▲	**52,982**
Employee-related expenditure	28,375	35,124	36,028	36,910	▼	36,173
Other expenditure	15,893	18,694	18,058	14,912	▲	16,753
Total expenditure	**44,268**	**53,818**	**54,086**	**51,822**	▲	**52,926**
Surplus (or deficit)	**2,177**	**134**	**(1,849)**	**403**	▼	**56**

Employee-related expenditure fell from $36.9 million in 2012–13 to $36.2 million in 2013–14. This was due to a reduction in staff numbers partly offset by a pay rise in July 2013.

The overall result was a small surplus of $0.06 million.



Note: Data for this figure are available in Table A10.5.

Figure 1.2: Revenue sources, 2005–06 to 2013–14

Balance sheet

Assets totalled $37.2 million in 2013–14—a rise of $3.4 million on the previous year (**Table 1.3**). This was due mainly to an investment of $9.4 million in fit-out and information technology equipment, mostly for the AIHW's new building. This investment was offset by a fall of $4.2 million in trade receivables, a fall of $0.6 million in cash, and $1.0 million of depreciation and amortisation. Cash balances remain strong at $22.0 million, most of which is invested in term deposits in accordance with the AIHW's investment policy.

Table 1.3: Balance sheet summary, 2009–10 to 2013–14 ($'000)

	2009–10	2010–11	2011–12	2012–13	Change: 2012–13 to 2013–14	2013–14
Financial assets	28,156	27,113	29,240	31,590	▼	26,821
Non-financial assets	3,745	3,563	2,608	2,162	▲	10,379
Total assets	**31,901**	**30,676**	**31,848**	**33,752**	▲	**37,200**
Provisions	7,895	9,199	10,262	11,164	▼	10,967
Payables	18,021	15,358	17,316	17,915	▲	21,504
Total liabilities	**25,916**	**24,557**	**27,578**	**29,079**	▲	**32,471**
Equity	**5,985**	**6,119**	**4,270**	**4,673**	▲	**4,729**

Liabilities rose by $3.4 million from $29.1 million in 2012–13 to $32.5 million in 2013–14. This increase was mostly due to the $3.75 million lease incentive received from the owner of the new building that was used to partly fund the cost of the fit-out and which will be credited to income over the life of the lease.

Total equity remained stable at $4.7 million.

Cash flow

Net cash received from operating activities was $5.1 million in 2013–14. The cash received from operating activities was $0.8 million lower in 2013–14 than 2012–13. This was due mostly to the timing of payments for external project work offset by an increase in net Goods and Services Tax received. The AIHW spent a net amount of $5.6 million on the purchase of property, plant and equipment, and leasehold improvements, compared with $0.1 million in 2012–13. This was mainly for fit-out and information technology equipment for the new building. The building owner funded an additional $3.75 million of the fit-out cost through a lease incentive. The net cash decrease in the year was $0.6 million, decreasing the cash balance from $22.6 million to $22.0 million (see the cash flow statement in **Appendix 11**).

Financial outlook

The AIHW has budgeted for income from externally funded projects to be about $5.2 million lower in 2014–15 than in 2013–14 (see Figure 1 on page xv) due to the completion of some non-recurring work in 2013–14. Appropriation income from the Australian Parliament will fall slightly in 2014–15 due to whole of Australian Government efficiencies totalling more than offsetting indexation of appropriation.

The AIHW's total expenditure in 2014–15 is expected to be lower than for 2013–14. The AIHW has budgeted to break even in 2014–15, before an accrual of $596,000 required by accounting standards in relation to the AIHW's new office lease. The AIHW has obtained approval to run a loss to cover this accrual for at least the next 4 years, which will have no effect on cash balances and will reverse over the lifetime of the lease.

The value of land and buildings is expected to fall in 2014–15 due to depreciation of fit-out costs, which will continue over the term of the lease. No other significant changes in the balance sheet items are expected.

Auditor-General's report

The Australian National Audit Office conducts an annual audit of the AIHW's financial statements. The auditors issued an unqualified audit opinion on the financial statements for 2013–14.

Our compliance with legislation on reporting

The AIHW complied with the key legislative and regulatory requirements that are required to be reported in this annual report. Information may be found on:

- procurement requirements in **Chapter 2 Governance and the organisation**
- the *Work Health and Safety Act 2011* and the *Environment Protection and Biodiversity Conservation Act 1999* in **Chapter 4 Our people**
- other specific matters required by legislation in **Appendix 9**.

The **Compliance index** on page 271 provides more details about the source of each compliance requirement.

Chapter 2

Governance and the organisation

This chapter describes the AIHW's governance and management arrangements, including our accountabilities to the Minister for Health, and the roles and responsibilities of our board and ethics committee.

The Australian Institute of Health was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health.

In 1992, the Institute's 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*.

- The AIHW Act is reproduced in **Appendix 1**, with the AIHW's functions specified in section 5 (see also **Who we are and what we do** on page xi).
- The AIHW Act establishes the AIHW Board as the governing body of the Institute.
- The AIHW operates under the *Commonwealth Authorities and Companies Act 1997*. It prepares a set of annual financial statements as required by the Finance Minister's Orders made under the CAC Act.

The AIHW has a range of reporting mechanisms to ensure transparency and accountability in its operations. Key documents identified in the AIHW's accountability framework (**Figure 2.1**) are:

- ***AIHW Strategic directions 2011–2014***: provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities for 2011–2014.
- **Portfolio Budget Statements**: annual statements informing members of the Australian Parliament of the proposed allocation of resources to government outcomes and programs. Annual direct funding from the Australian Parliament is appropriated to the AIHW on the basis of outcomes (see **Glossary** on page 264). The AIHW's outcome and program structure under the PBS consists of 1 outcome and 1 program (see **How we are governed** on page xvi).
- **Annual work plans**: internal management documents that provide the AIHW Board, AIHW Director and AIHW staff with an overview of proposed activities for the next year, against which progress is monitored.
- **Annual reports:** an annual report to the Minister for Health for presentation to the Australian Parliament, required by section 9 of the CAC 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 the AIHW receives or expends significant funds, for example, when it undertakes work valued over a certain amount (currently $1.5 million) for other agencies and organisations. This is specified in the Regulations under the AIHW Act (see **Appendix 1**).

In November 2012, the then Minister provided a Statement of Expectations to the AIHW advising expectations concerning the operations and performance of the Institute. The board responded with a Statement of Intent in March 2013.

The AIHW ensures that the Minister for Health—and other relevant ministers in the Australian Government and state and territory governments—has early embargoed access to its reports.

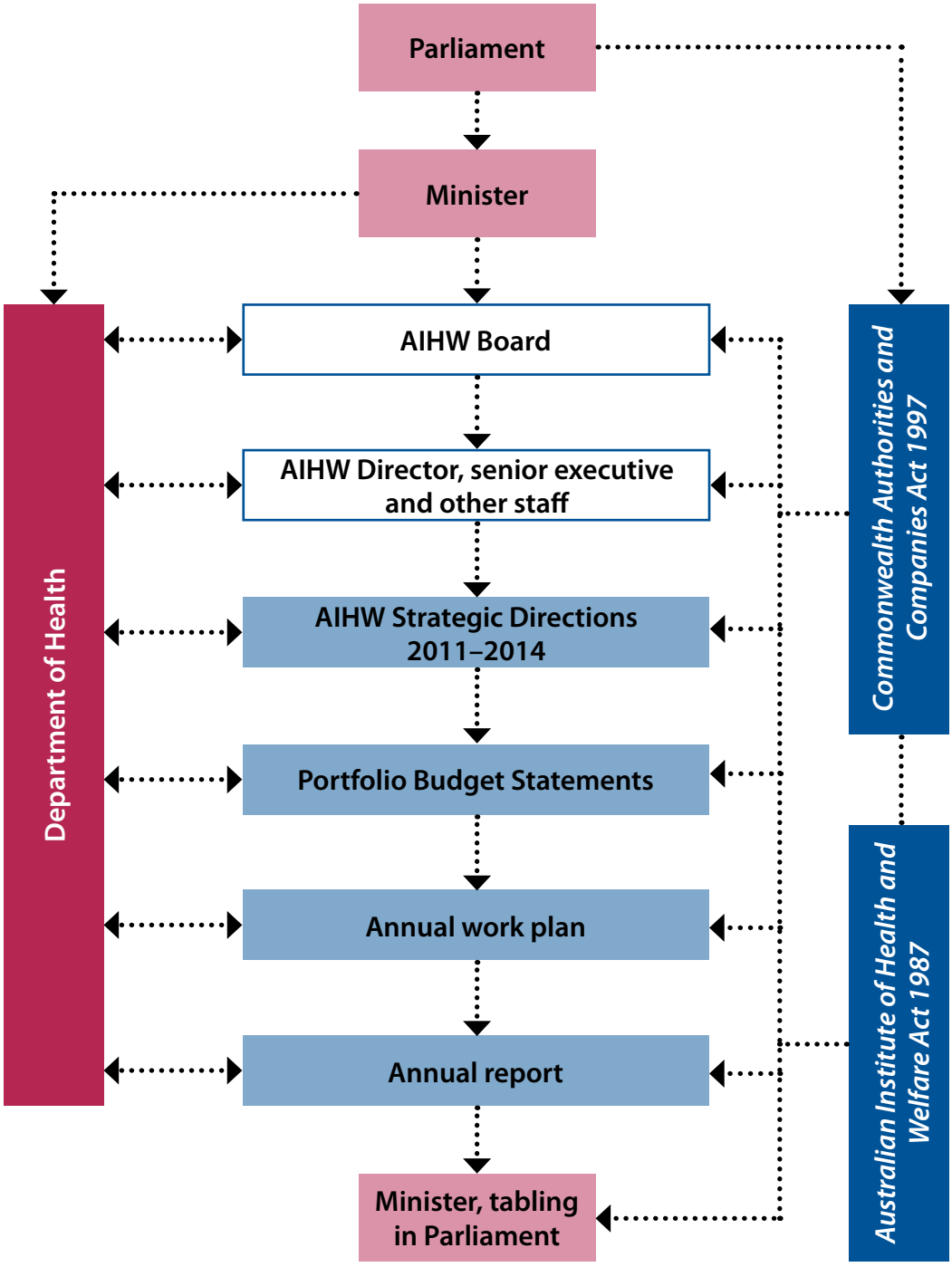


Figure 2.1: Accountability framework

AIHW Board

The Institute is managed by the AIHW Board.

The board's composition is specified by s. 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, with the exception of the 3 ex-officio board members. The ex-officio board members are the AIHW's Director, the Australian Statistician or nominee, and the Secretary of the Department of Health, or nominee. The AIHW Director is appointed by the Governor-General and may hold office for a term not exceeding 5 years.

Table 2.1 details the meetings attended by board members during 2013–14. Further information about board members, including qualifications, current positions and affiliations, is in Appendix 3.

Members of the AIHW Board as at 30 June 2014

Back row (left to right):
Mercia Bresnehan, Samantha Page, Andrew Refshauge (Chair), Peter Harper, Adrian Webster, David Filby, David Kalisch (Director).

Front row (left to right):
Erin Lalor, Kerry Flanagan, Siew-Ean Khoo.

Absent:
Lyn Roberts, Michael Perusco, Sandra de Poi.

Table 2.1: Members of the AIHW Board and its subcommittees—meeting attendance 2013–14

		Appointment change	Meetings attended	Eligible meetings
The Hon. Andrew Refshauge	Chair		5	5
Mr David Kalisch	Director, AIHW		5	5
Dr David Filby, PSM	Nominee of the Australian Health Ministers' Advisory Council		4	5
Mr James Moore	Nominee of the Standing Council on Community and Disability Services Advisory Council	Until 29 June 2014	0	5
Ms Mercia Bresnehan	Representative of state housing departments		4	5
Mr Brian Pink	Australian Statistician		[(a)]1	1
Mr Peter Harper	Member nominated by the Australian Statistician from 23 September 2013		4	4
Ms Kerry Flanagan, PSM	Member nominated by the Secretary, Department of Health		3	5
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services		5	5
Ms Samantha Page	Ministerial nominee with knowledge of the needs of consumers of welfare services		4	5
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services		3	5
Dr Lyn Roberts, AM	Ministerial nominee with expertise in public health research		3	5
Dr Siew-Ean Khoo	Ministerial nominee		5	5
Professor Claire Jackson	Ministerial nominee	Resigned on 22 October 2013	0	2
Ms Sandra de Poi	Ministerial nominee	From 5 August 2013	2	4
Dr Adrian Webster	Staff-elected representative		5	5

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		Appointment change	Meetings attended	Eligible meetings
Audit and Finance Committee				
Dr Lyn Roberts, AM	Chair	Until 5 December 2013	3	3
Mr Michael Perusco	Chair	Until 5 December 2013 as a member; from 5 December 2013 as Chair	4	5
Ms Samantha Page			4	5
Dr Erin Lalor		From 5 December 2013	1	2
Mr Max Shanahan	Independent member[b]		5	5
Remuneration Committee				
The Hon. Andrew Refshauge	Chair		3	3
Dr David Filby, PSM			3	3
Dr Lyn Roberts, AM		Until 5 December 2013	2	2
Mr Michael Perusco		From 5 December 2013	1	1

(a) Mr Brian Pink was represented at this meeting by Mr Peter Harper.

(b) Mr Max Shanahan is an employee of the AIHW's internal auditor—Oakton.

Charter of Corporate Governance

The AIHW Board has adopted a Charter of Corporate Governance that outlines the governance framework of the Institute (see **Appendix 2**). It provides board members with a clear set of arrangements to assist them to meet their legislative and other obligations.

The charter describes, among other things:

- legislation governing the operations of the AIHW
- constitution of the board
- conduct of board members and the Director
- roles of board members
- Board delegations
- Board processes (such as conduct of meetings and dealing with role conflicts)
- Board committees.

Board performance review

Consistent with best practice, the AIHW Charter of Corporate Governance provides that the board should review its performance every 2 years. Matters reviewed may include its success in pursuing the AIHW's objectives, protocol and clarity of roles, procedural matters, and the individual performance of board members.

In October 2012, the board engaged Mr Stephen Bartos, of ACIL Tasman Pty Ltd, to conduct a performance review. The review examined the board's function and role, conflicts of roles, committee structures and roles, induction of new board members and matters related to the conduct of meetings. The board considered the review's recommendations at its June 2013 meeting, and subsequently agreed that:

- the board is a governing body with compliance responsibilities relating to legislative reporting requirements, financial arrangements, risk management and strategic planning
- with respect to the AIHW Ethics Committee, the board has responsibilities to appoint members, endorse terms of reference and note guidelines and practices
- there will be no formal observers at board meetings
- informal observers may attend meetings by invitation only
- there will be an annual cyclical program of agenda items
- each meeting will include an item relating to strategic issues
- a more formal induction program for new board members would be developed.

The Charter of Corporate Governance has been amended to reflect these outcomes.

Education of board members

Board members are provided with information about the AIHW Board and the AIHW's governance frameworks at the start of their first term. They are also given the opportunity to meet the Director to discuss the board's role and key current issues for the Institute.

Board members also received presentations in 2013–14 on several of the AIHW's publications—*Health expenditure Australia 2011–12*, *Australia's welfare 2013*, *Depression in residential aged care 2008–2012*, *Adoptions Australia 2012–13* and *Australia's health 2014*—and on the Australian Bureau of Statistics (ABS) Australian Health Survey and its health and welfare statistical programs.

Remuneration and allowances for board members

Remuneration and allowances for board members are determined by the Remuneration Tribunal. As at 30 June 2014, the relevant determination is *Determination 2014/03: Remuneration and allowances for holders of part-time public office*, which can be found at <www.remtribunal.gov.au>.

Board members who are employed full-time by the Commonwealth are not entitled to remuneration for their work as a member of the AIHW Board.

Board committees

The AIHW Board has 2 subcommittees: the Audit and Finance Committee and the Remuneration Committee.

Audit and Finance Committee

The Audit and Finance Committee authorises and oversees the AIHW's audit program and reports to the board on strategic, financial and data audit matters (see also **Financial management** on page 30 and **Risk oversight and management** on page 32).

In 2013–14, the committee comprised 3 non-executive board members and 1 independent member. Major matters on which it reported included the review of annual financial statements, the draft budget, the internal audit program and business risks. The committee also reviewed its terms of reference in light of the outcomes of the performance review of the board.

During the year the committee considered the appointment of internal auditors due to the expiry of the contract with Oakton on 30 June 2014. Based on an analysis of competitive proposals, the committee decided to recommend that the AIHW appoint Protiviti as new internal auditors with effect from 1 July 2014. The committee thanked Oakton for their many years of service as internal auditors.

Remuneration Committee

The Remuneration Committee advises the board on the Director's performance and remuneration, within the constraints of the Remuneration Tribunal's *Determination 2013/09: Principal executive office—classification structure and terms and conditions*. The committee comprises the Chair of the AIHW Board, the Chair of the Audit and Finance Committee and 1 other board member.

Further details about the responsibilities and operation of these 2 committees are provided in part 8 of **Appendix 2**.

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related 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 1989 prescribe the committee's functions and composition (see **Appendix 1**).

The committee is registered with the National Health and Medical Research Council as a properly constituted human research ethics committee, and an annual report of its activities for the preceding calendar year is presented to the Council.

Consistent with 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 AIHW Ethics Committee, provided that release does not contravene the terms and conditions under which the data were supplied to the AIHW. The committee also approves the establishment of new health and welfare data collections.

Members of the AIHW Ethics Committee and their meeting attendance in 2013–14 are shown in **Table 2.2**. Committee members' details are in **Appendix 3**.

The committee met 4 times during the reporting period and the ethical acceptability of 169 projects, either new or seeking modification, was approved (**Table 2.3**). A large proportion of the committee's work concerned determinations of the ethical acceptability of research applications from external researchers and the AIHW, including the AIHW's collaborating centres.

New project applications

In 2013–14, the committee considered 46 new project applications. Of these, 45 were approved and a decision was pending for 1 application at 30 June 2014.

Most (40) 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 the Royal Children's Hospital Melbourne Centre for Community Child Health, the Royal Brisbane and Women's Hospital, and the Department of Cardiothoracic Surgery at the Prince of Wales Hospital, Randwick, New South Wales. Applicants also included Australian Government and state and territory government departments, for example, the Northern Territory Department of Health.

The AIHW submitted 6 new applications. These related to a variety of data, including the rural health workforce, housing and homelessness, and the educational outcomes of children in child protection services.

Most applications sought approval for linkage to the National Death Index (NDI) at the AIHW. Researchers may request access to more than 1 database in each application. A number of these applications sought access to both the NDI and the Australian Cancer Database (also held by AIHW).

Table 2.2: Members of the AIHW Ethics Committee—meeting attendance 2013–14

		Appointment change	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair		4	4
Mr David Kalisch	Director, AIHW		4	4
Dr Angela McLean	Person experienced in professional care, counselling and treatment of people		4	4
Professor Malcolm Sim	Person experienced in research		4	4
Ms Erin Keleher	Nominee of Registrars of Births, Deaths and Marriages		4	4
Reverend James Barr	Minister of religion		3	4
Mr John Carroll	Lawyer		4	4
Mr David Garratt	Male general community representative		3	4
The Hon Margaret Reynolds	Female general community representative		4	4

Table 2.3: Research project applications considered by the AIHW Ethics Committee, 2013–14

	Considered	Approved	Not approved	Decision pending
Applications for approval				
AIHW, including collaborating centres	6	6		
External researchers	40	39	—	1
Subtotal	*46*	*45*	—	*1*
Applications for modification or extension				
AIHW, including collaborating centres	28	28	—	—
External researchers	96	96	—	—
Subtotal	*124*	*124*	—	—
Total	**170**	**169**	**—**	**1**

Wayne Jackson (Chair, AIHW Ethics Committee; second from left) at a preparation meeting with secretariat staff—(left to right) Kate Phillips, Gary Kent and John Steggall.

Monitoring projects

The committee monitors approved projects to their completion and considers requests for modifications to already-approved projects. A total of 259 annual monitoring reports were received from researchers during 2013–14.

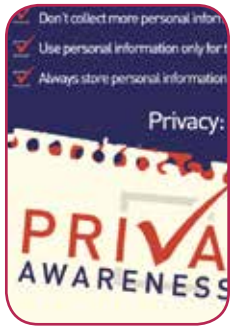
Requests for modification or extension

A total of 124 requests for amendment were considered (**Table 2.3**). Most (71) requested an extension of time, and 49 proposed research staff changes.

Finalised projects

To ensure that research outcomes are freely available, the AIHW Ethics Committee requires public dissemination of the results of approved projects. In 2013–14, the AIHW received 36 final project reports accompanied by associated research results, most of which were published in peer-reviewed journals or other publicly available reports.

Privacy at the AIHW



The Institute uses data to create authoritative reports that benefit the public, while protecting the privacy and confidentiality of the data and minimising the risk of inappropriate use and access.

The AIHW is committed to protecting the privacy of information for 3 reasons:

- It is the law. The Institute's strong privacy policies and processes are underpinned by the AIHW Act and the *Privacy Act 1988*.
- Our stakeholders rely on us. If the AIHW does not properly protect the data it receives, our data providers may not agree to provide us with sensitive information as they, in turn, are relied upon by their communities. The AIHW can only carry out its responsibilities if it has the full confidence of its stakeholders and data providers.
- We set the bar high. The AIHW wants to preserve its reputation for integrity in handling data, especially with our status as an accredited Commonwealth Data Integrating Authority.

In May 2014, staff participated in several activities during Privacy Awareness Week that highlighted the Institute's privacy responsibilities. Events included a refresher presentation on the new Australian Privacy Principles that took effect in March 2014. During 2013–14, the Institute began reviewing its policies and procedures in the light of the new privacy requirements and briefed staff and the AIHW Ethics Committee on the effect of the changes.

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 visit: <www.aihw.gov.au/privacy-of-data/>.

Executive

The Director of the AIHW manages the day-to-day affairs of the Institute. He is supported by a senior executive team of 8 Group Heads, who together comprise the Executive Committee. During the year, the Executive Committee met regularly to consider policy, financial and other corporate matters.

Of the 9 Executive Committee members, 5 Group Heads managed groups that oversaw specific subject areas, 2 managed groups that provided corporate support services to the whole organisation and 1 managed a group that delivered both statistical and corporate services.

During the year, the Institute reduced the number of operating groups from 9 to 8. Responsibility for managing work relating to:

- **communications, media and publishing** moved from the Governance and Communications Group to the new Statistics and Communication Group
- **executive support and governance** moved from the Governance and Communications Group to the new Business and Governance Group
- **ICT operations** moved from the Business Group to the ICT and Business Transformation Program Group
- **metadata** moved from the Information and Statistics Group to the new Hospitals, Classifications and Performance Group.

Members of the Executive Committee, as at 30 June 2014, are pictured below.

Members of the AIHW Executive Committee

Back row (left to right):
Andrew Kettle, Geoff Neideck, David Kalisch and Warren Richter.

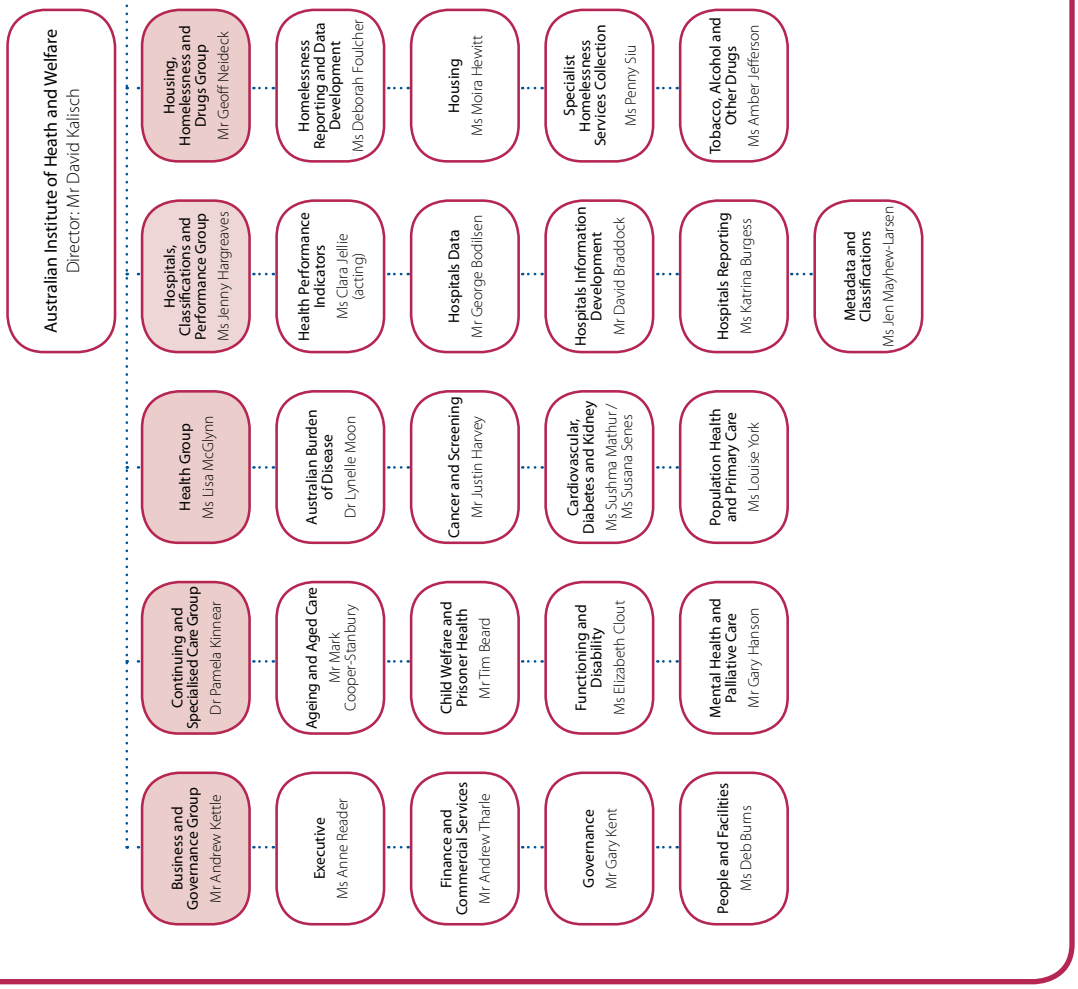
Front row (left to right):
Lisa McGlynn, Fadwa Al-Yaman, Jenny Hargreaves, Pamela Kinnear and Justine Boland.

Further information about AIHW senior executives and unit heads working in each group is in **Appendix 4**. Additional information about staffing is in **Chapter 4 Our people**.

Organisational structure

A chart showing the AIHW's structure at 30 June 2014 is shown in **Figure 2.2**.

Figure 2.2: Organisation chart, 30 June 2014



Capability self-assessment

At a one-day planning session in March 2014, AIHW senior executives and unit heads discussed the AIHW's Capability Statement (available at <www.aihw.gov.au/capability-statement/>) and undertook an assessment task focussing on the AIHW's capabilities as an organisation serving Australians by informing debate and decisions on health and welfare policy and services.

Topics covered included:

- setting leadership directions
- motivating and developing people
- outcome-focused strategies and evidence-based choices
- collaborating and building common purpose (see Spotlight on page xxiii)
- innovative delivery, with a shared commitment using sound delivery models
- managing performance.

The group self-assessed these topics, with ratings ranging from 'development area' through to 'strongly placed'.

The insights from the assessment will feed into future corporate planning and priority setting for staff learning and development activities.

Relationship management

The AIHW's health- and welfare-related work encompasses Australian Government, state and territory government and non-government areas of responsibility. Successful engagement and productive, positive relationships with the many agencies and organisations across these sectors are crucial to effective performance of our functions.

Australian Government

Department of Health

The AIHW is an independent statutory authority in the Health portfolio. The AIHW's relationship with the Department of Health is vital—the department directly funds us to undertake significant additional work to that funded through appropriation.

With the exception of work that must be competitively tendered, as required by the Commonwealth Procurement Rules and other Commonwealth procurement requirements, the AIHW's work for the Department of Health is guided by a memorandum of understanding (MoU) between the two organisations. A management group comprising senior executives from both agencies ensures the effective administration of projects funded or procured under the MoU, and deals with any issues that may arise.

The Secretary of the Department of Health or his/her nominee is an AIHW Board member. The AIHW consults the department about the AIHW's annual work plan before it is presented to the AIHW Board for approval. The AIHW also provides the department with copies of all AIHW publications in advance of public release.

Department of Social Services

The AIHW's relationship with the Department of Social Services (DSS) is also very important, particularly in areas such as aged care, housing and homelessness, disability services, Indigenous affairs and child protection. Under formal deed arrangements, the AIHW is data custodian of the Department's Australian Government Housing Data Set.

Additionally, an MoU guides all work undertaken by the AIHW for DSS that has not otherwise been subject to competitive tender. A management group of senior executives from both agencies ensures the effective administration of projects funded or procured under the MoU and deals with any matters that may arise.

The AIHW consults DSS about the AIHW's annual work plan before it is submitted to the AIHW Board for approval. The AIHW also provides DSS with copies of all AIHW publications relevant to DSS functions in advance of public release.

Australian Bureau of Statistics

The AIHW interacts regularly with the ABS as a key partner on a range of activities. This relationship is enshrined in the AIHW Act, which provides that collecting health-related and welfare-related information and statistics by the AIHW—not receipt of data—must be with the agreement of the ABS, and, if necessary, with its assistance. The Australian Statistician or his/her nominee is an AIHW Board member.

In April 2014, the AIHW and the ABS entered an MoU under which the AIHW will support the Strategic Cross-Sectoral Data Committee for Early Childhood, Education and Training by developing a national data standards strategy.

Potential shared ICT service arrangement explored

In 2013–14, the ABS and the AIHW undertook an assessment of the feasibility of the ABS providing information and communications technology (ICT) operations services to the AIHW.

An exhaustive initial phase concluded that there were no technical, legal or administrative impediments to a shared service arrangement. However, the differences between our respective ICT and business environments were substantial and precluded achievement of significant economies of scale at this time. It was also clear that AIHW ICT infrastructure is currently provided at a very modest cost by industry standards.

The feasibility study provided useful authoritative technical assessments and costings, and clarified risks associated with maintaining our current ICT infrastructure. Collaboration on the project also served to enhance working relationships between AIHW and ABS corporate support areas.

The process indicated the potential for future collaborations between the AIHW and ABS, given that both organisations are pursuing innovative ICT services and infrastructure. The AIHW looks forward to maintaining close connections with the ABS so that both organisations can capitalise on ICT opportunities that improve our mutual business activities.

Other Australian Government bodies

During 2013–14, the AIHW worked closely with many other government organisations on matters of mutual interest in the development, collection, compilation, analysis, management and dissemination of health and welfare related data and information. Organisations we worked with included:

- **Australian Commission on Safety and Quality in Health Care:** The AIHW and the commission signed an MoU reflecting our joint commitment to working collaboratively towards a more informative and usable national system of information to enhance the safety and quality of health care. During 2013–14 the AIHW became a member of the commission's Health Information Services Panel under a deed of standing offer.
- **Australian Institute of Family Studies (AIFS):** The AIHW and the AIFS work collaboratively under an MoU that acknowledges that the sharing of information and expertise is critical to effective and meaningful research by both bodies.
- **Cancer Australia:** Our relationship with Cancer Australia is guided by an MoU that reflects the parties' commitment (in consultation with partner organisations and stakeholders) to work in a planned and coordinated manner to ensure that national cancer data needs are met effectively. The AIHW Director is a member of the Cancer Australia Research and Data Advisory Group. Cancer data from state and territory cancer registries in each state and territory are coordinated nationally through the National Cancer Statistics Clearing House, which is housed at, and managed by, the AIHW in collaboration with the Australasian Association of Cancer Registries.
- **Department of Education:** The AIHW's relationship with the department focuses on areas such as the development of information on early childhood education and care. We have also entered into arrangements with the department to provide consultancy services through its Research, Evaluation and Analysis Panels.
- **Department of Human Services:** During 2013–14, the AIHW and the department signed an agreement facilitating the sharing of advice and services in data and information areas where the agencies have a common interest and responsibilities.
- **Department of the Prime Minister and Cabinet:** During 2013–14, the AIHW and the department began negotiations on a mutual agreement taking into account the department's increased responsibility for Indigenous policies and programs.
- **Department of Veterans' Affairs:** The AIHW provides consultancy and related services to the department under an MoU. The MoU reflects a strategic partnership committed to the development of information sources for the delivery of world-class veterans' health care policies and services. At an operational level, the MoU facilitates the collection and use of relevant statistics essential to the delivery of health and aged care services to the veteran community. The AIHW also manages selected veterans and defence health databases and nominal rolls.
- **The Treasury:** The AIHW is a member of the Treasury's Housing Research Panel, under a deed of standing offer signed in February 2013.
- **Department of Agriculture:** During 2013–14, the AIHW and the department signed an MoU for the development of data standards for agricultural diseases that may pose a risk to humans.

- **Health Workforce Australia (HWA):** The AIHW and HWA are parties to an MoU under which both organisations exchange data and share information on the professional health workforce. A tripartite MoU involving the AIHW, HWA and the Australian Health Practitioners Registration Authority governs exchange of data on health practitioners.
- **Independent Hospital Pricing Authority:** AIHW's MoU with the authority provides the framework for a relationship that supports cooperative work to improve national data on hospitals and exchange of hospitals-related data. During 2013–14, the AIHW supported the authority in its work to become a registration authority and publish its data standards on METeOR.
- **National Health Funding Body:** During 2013–14, the AIHW and the Funding Body agreed on an MoU facilitating the exchange of information and assistance on matters of mutual interest, particularly with respect to data and information on public hospitals.
- **National Health Performance Authority:** An MoU underpins the AIHW's work in supporting the authority's development of performance indicators and the publishing of its performance indicator specifications in METeOR. The MoU also facilitates our provision of hospital performance indicator data for the authority's *MyHospitals* website and support services for the maintenance of the website.
- **National Mental Health Commission:** The AIHW works with the commission under an MoU to source and analyse data for the commission's annual National Report Card on Mental Health and Suicide Prevention. We also provide technical assistance to the commission in its role as Chair of the Roadmap for Mental Health Reforms Expert Reference Group. This group has been asked by COAG to develop a set of national mental health indicators that could show whether mental health reforms are making a difference to people's lives.
- **Organ and Tissue Authority:** Under an MoU with the authority, the AIHW is working to develop a data dictionary that will form part of the authority's 'best practice' data governance framework. The data dictionary will be developed and stored in METeOR.

State and territory governments

Much of the government services-related data reported by the AIHW at national level is received from the state and territory government departments that fund those services. Close working relationships with state and territory governments are therefore critical to developing and reporting nationally consistent and comparable health and welfare data. During 2013–14, we continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with achieving this aim.

We also maintained strong relationships with state and territory government departments working under the auspices of COAG and on the National Disability Insurance Scheme.

Following changes to COAG ministerial council arrangements in December 2013, the AIHW has worked with all governments to ensure the continuity of essential data supply, development and reporting activities. This has been particularly the case with changes to previous councils oversighting housing and homelessness, and community services.

Some relationships are formalised by agreements, such as our MoU with the Australasian Juvenile Justice Administrators and our agreement with the Sydney Children's Hospital Network. The AIHW also has formal agreements in place with, for example, the Department for Health and Ageing South Australia and the Department of Health Western Australia relating to metadata development and registration authority status in METeOR.

The AIHW and numerous entities from all Australian jurisdictions are parties to national information agreements that underpin the activities of national information committees. These separate agreements cover health, community services, early childhood education and care, and housing and homelessness. They ensure that effective infrastructure and governance arrangements are in place for the development, supply and use of nationally consistent data for each area. The National Health Information Agreement was revised during 2013–14.

In engaging with other national committees in various areas of health, welfare and housing assistance (see **Appendix 5**) we focus on actively contributing evidence to policy debates and improving information arrangements. We provide secretariat services to some of these committees.

Other collaborations and partnerships

During the year, we actively maintained and strengthened our engagement with allied organisations, including peak bodies and other national forums, to help satisfy their needs for information to assist policy development and program delivery. We also provided advice in areas of specialist knowledge to parliamentary inquiries and committees (see **Parliamentary relations** on page 117).

The AIHW conducts its work in Aboriginal and Torres Strait Islander health and welfare information in close collaboration with national Indigenous information committees to ensure that the work is shaped by relevant policy requirements. We continued to provide secretariat support to the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, and participated in the National Aboriginal and Torres Strait Islander Health Standing Committee.

We fund work plans and have data-sharing agreements with a number of universities to support collaboration and to enable us to draw on expertise in specialist research areas. AIHW collaborating centres at 4 universities provide expertise in the areas of injury statistics, asthma and chronic respiratory conditions, dental statistics, and perinatal statistics. The AIHW's arrangements with these centres were reviewed during the year and new agreements subsequently concluded.

The AIHW also has data-sharing agreements with other specialist centres. These agreements provide for the use of AIHW data with the protection of the confidentiality provisions of the AIHW Act, to facilitate the development of information in areas such as immunisation research and surveillance, and human immunodeficiency virus epidemiology and clinical research.

The universities and specialist centres with which the AIHW had funding or data-sharing arrangements during 2013–14 are listed in **Appendix 6**.

At an 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 Organisation for Economic Co-operation and Development.

Financial management

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

- *Australian Institute of Health and Welfare Act 1987*
- *Commonwealth Authorities and Companies Act 1997*
- *Auditor-General Act 1997*.

The AIHW classifies all expenditure as internally- or externally-funded.

Internal expenditure relates to:

- project work undertaken by the AIHW's statistical units
- collaborations with universities to fund specialist activities (see **Appendix 6**)
- corporate services, for example, financial, human resources, executive support, governance and legal, records management, communications and IT services.

Funding for internal expenditure is derived from:

- appropriation (through Australian Government Budget and Estimates processes)
- contributions to overheads earned on externally-funded projects
- miscellaneous sources, such as bank interest and the sale of publications.

A large proportion of the AIHW's revenue comes from external funding for specific projects. Externally-funded projects operate on a cost-recovery basis, with revenues derived through agreements with external clients. The financial arrangements are determined using an AIHW Board-approved pricing template. Many agreements are conducted under the auspices of MoUs with Australian Government departments.

A draft detailed budget for the following financial year is prepared by the AIHW Executive in May each year.

The Audit and Finance Committee met 5 times during 2013–14 to consider reports on the AIHW's financial statements and financial controls. Internal and external auditors attended each of these meetings. The committee reviews the draft budget, which is then considered by the AIHW Board for approval at its June meeting.

Contract management

The AIHW's contractual business is conducted through:

- contracts for the purchase of services
- revenue 'contracts' for the provision of services, which are usually in the form of schedules under MoUs, such as those with the Department of Health and the Department of Social Services
- agreements with third parties, such as those underpinning collaborating centre arrangements with universities.

Purchase contracts

Most of the AIHW's purchase contracts are for standard support services such as rent, cleaning, payroll processing, internal audit, ICT equipment and consultancy advice. The AIHW has adopted standard short- and long-form contracts prepared by its legal advisers. Wherever possible, these documents are used as the basis of contracts with suppliers. They contain standard clauses on matters such as insurance, indemnity, intellectual property, privacy and performance standards. They also require the specification of tasks, deliverables and due dates that are linked to payment.

Procurement requirements

Clause 5 of the Finance Minister's (CAC Act Procurement) Directions 2012 provides that the Commonwealth Procurement Rules must be applied by a relevant CAC Act body when the body is undertaking procurement at or above the relevant procurement thresholds of $400,000 for non-construction procurements and $9.0 million for the procurement of construction services. However, under clause 5(2) of the Directions, provisions of the Rules relating to coordinated procurements (that is, whole of Australian Government arrangements for procuring goods and services) at or above the relevant threshold are not mandatory for CAC Act bodies such as the Institute.

The AIHW complied with its obligations under the Directions during 2013–14.

Revenue 'contracts'

The scope, timing, deliverables and budget for most externally-funded projects are detailed in schedules to MoUs, typically with Australian Government departments and agencies. The AIHW treats these schedules as revenue contracts, although some schedules are not contracts in the strict legal sense. In some cases the AIHW has also entered into revenue contracts with non-government organisations. In both cases, the relevant unit head is responsible for the delivery of these services to a satisfactory standard and within budget. The AIHW's Finance and Commercial Services Unit monitors expenditure against the budget and seeks explanations for any projects that appear to be over budget or behind schedule.

Contract approval

Contracts must be signed by the appropriate AIHW delegate. The contract manager must be satisfied that the supplier is meeting their obligations under the contract before recommending the payment of invoices. Any contract involving receipt or payment of more than $1.5 million must be approved by the Minister for Health.

In addition, the AIHW notifies the Minister for Health of any revenue or expenditure commitments of a non-contractual nature worth more than $1.5 million into which it enters with other Commonwealth entities.

Internal clearance and approval arrangements in place in 2013–14 specified that:

- any purchase contract worth more than $25,000 must be approved by a Senior Executive Service (SES) officer
- purchase contracts worth more than $100,000 must be cleared by the Business and Governance Group Head and approved by the Director
- revenue contracts or schedules for amounts up to and including $100,000 must be cleared by the relevant group head and, if there are non-standard clauses, by the Business and Governance Group Head
- revenue contracts or schedules worth more than $100,000 must be cleared by the relevant group head and the Business and Governance Group Head, and approved by the Director.

Risk oversight and management

Risks facing the AIHW relate to:

- financial matters, such as maintaining external funding
- the excellence of organisational operations and planning
- positioning among alternative providers such that the best value is added to data held by the AIHW
- maintaining reputation.

Risk management is integral to the AIHW's business operations. The AIHW updated its Business Risk Assessment twice during 2013–14, consistent with our practice of reviewing business risks every 6 months. Each assessment identified high-level risks for the AIHW and actions needed to mitigate them. The assessment was reviewed by the Audit and Finance Committee and considered by the AIHW Board. During the year a statement of risks of special relevance to Board members was prepared.

The *AIHW Fraud Control Plan 2014–2016* provides for 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*.

The AIHW contracts out its internal audit function. During 2013–14, the internal auditors—Oakton— updated 2 risk management plans—the *AIHW Fraud Control Plan 2014–2016* and the *AIHW Business Continuity Plan*—and conducted internal audits of 2 data collections, the National Diabetes Register and the Disability Services National Minimum Data Set.

The audits of the 2 plans resulted in several recommendations for improving the management of relevant risks. The AIHW's management team reported to the Audit and Finance Committee regularly on progress in implementing the recommendations.

The 2 data collection audits were received by the Audit and Finance Committee during the year. Other than minor recommendations, the audits found that management of the collections complied with data collection management principles.

The AIHW has a wide range of policies and practices to reduce and manage business risks, including those relating to:

- corporate governance
- physical security
- information security
- information privacy, confidentiality and reliability
- fraud control
- work health and safety
- business continuity
- tenders and procurements
- indemnities for officers
- financial delegations and guidelines
- data governance and management
- work plan development
- ethical clearance
- publications review and refereeing
- embargoed release of reports and other information products
- engagement with stakeholders.

During the year the AIHW Board approved a new AIHW *Data Governance Framework* and the *AIHW Work Plan 2013–14*. Several other policies and protocols were revised and a new policy on confidentiality of data was released (see Spotlight on page 34).

Also during 2013–14, the Australian Parliament enacted a number of substantial amendments to the *Public Service Act 1999*. Following these amendments, the AIHW Director made a number of consequential amendments to the Director's delegations and *Procedures for APS Code of Conduct investigations and sanctions*.

Managing ethically

A number of arrangements have been adopted to promote and maintain high ethical standards at the Institute.

- All employees are required to maintain appropriate ethical standards of behaviour (see **Workplace behaviour** on page 92), including adherence to the APS Values, Employment Principles and Code of Conduct. These standards are exemplified by senior management and expected of all staff throughout the Institute. New APS Values, which came into effect on 1 July 2013, were actively promoted to staff.
- The AIHW periodically refreshes its policies and practices to reduce and manage fraud and business risks.

- Specific physical and electronic security measures are in place to maintain the confidentiality of AIHW data. These measures are particularly secure for specific projects undertaken by the Data Integration Services Centre, for which administrative records involving personal information may be used.
- As detailed on page 19, the **AIHW Ethics Committee** considers the ethical acceptability of certain data-related activities.
- New AIHW staff members are required to sign undertakings that draw to their attention the section 29 confidentiality provisions of the AIHW Act.
- Members of committees set up by the AIHW may, as part of their role, have access to information of a confidential nature and are required to sign a deed agreeing to certain measures designed to protect against disclosure and unauthorised use of confidential information.

New policy on confidentiality of AIHW data

Confidentiality of data is of prime importance to the AIHW and its role. Section 29 of the AIHW Act is devoted to data confidentiality and contains strong compliance requirements. For example, we cannot be forced to divulge information about a person to the police, other authorities or even a court of law.

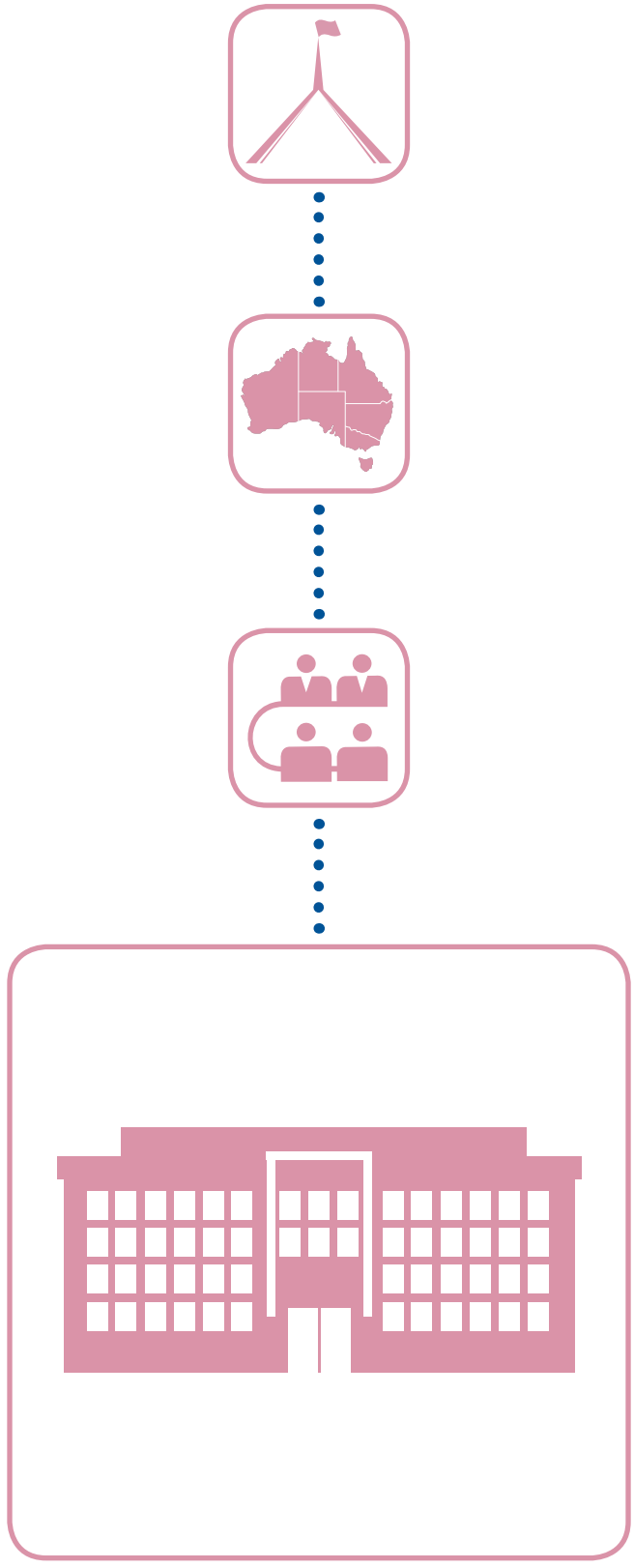
These strong provisions are valued by those who provide data to us. It goes without saying that we must meet the section 29 requirements, while also endeavouring to fulfil our obligations under the AIHW Act to make data available to researchers, subject to ethical approval.

During 2013–14, a new *AIHW Policy on Reporting to Manage Confidentiality and Reliability* was adopted. The policy is the result of careful deliberation, drawing upon expert legal advice and the recommendations of a formal review undertaken by the former Australian Statistician, Mr Dennis Trewin. It provides guidance to staff on how best to present published data in a form that ensures compliance with the AIHW's statutory confidentiality and privacy obligations, while at the same time maximising the usefulness of the information that is disclosed.

Accordingly, the policy governs the use of statistical practices and techniques to manage:

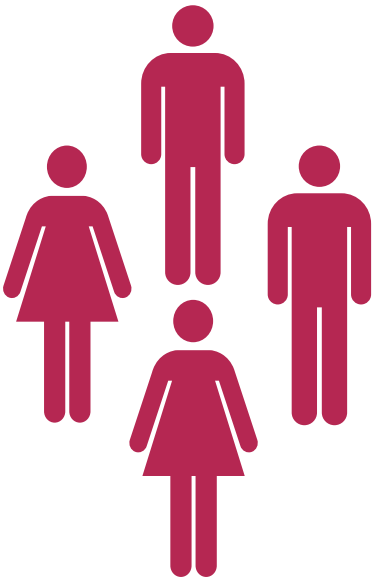
- attribute disclosure, that is, instances where details about a person or organisation, are revealed in a table without allowing their identification
- reliability of reporting
- specific requirements of data providers or clients.

We trialled a draft policy with stakeholders and staff and acted on the valuable feedback received before finalising the policy, which will serve us well into the future.



Chapter 3

Our operating groups



This chapter reports on the responsibilities and achievements of the 8 operating groups at the AIHW, and our 4 AIHW collaborating centres. Five of the 8 groups, and all 4 collaborating centres are primarily focused on statistical analyses and reporting of data. Two groups undertake corporate support functions, and 1 group, the Statistics and Communication Group, undertakes both statistical and corporate functions.

For the statistical groups and collaborating centres, snapshot tables of progress against planned deliverables for 2013–14 are presented, together with 'In the spotlight' accounts of key activities and descriptions of selected products produced.

For the corporate groups, descriptions of responsibilities are given, together with referrals to other areas in this report where corporate activities for the year are described in more detail.

Continuing and Specialised Care Group

What we do

Quality data on community services

The Continuing and Specialised Care Group develops, maintains and analyses national data to support monitoring and reporting on:

- the health and welfare of key sub-populations, including:
  - children and youth
  - older Australians
  - people living with disability
- the use of a range of care services in the health and welfare sectors, including hospital and community-based services focused on mental health, palliative care, aged care, child protection, juvenile justice and disability.

Progress on key planned deliverables

Contribute to *Australia's health 2014*	✓	
Publish reports and associated web-based data updates for:		
• *Residential aged care and aged care packages in the community 2011–12*—a web product	✓	
• *Child protection Australia 2012–13*	✓	*Released July 2014*
• *Youth justice in Australia 2012–13*	✓	
• *Disability support services: services provided under the National Disability Agreement 2012–13* (see page 43)	✓	*Released July 2014*
• *Mental health services in Australia* online releases (6) and *Mental health services—in brief 2013* (see also page 108)	✓	
• *Palliative care services in Australia 2013*	✓	
Enhance the new National Aged Care Data Clearinghouse (see Spotlight on page 39)		
Complete the implementation of the Child Protection National Minimum Data Set (NMDS) (see Spotlight on page 40)	✓	
Develop 5 new indicators to support the staged implementation of Out of Home Care Standards	✓	*Indicators included in the Child Protection NMDS*
Produce specifications for the National Prisoner Health Data Collection, enabling ongoing collection and reporting	X	*Work in progress*

Publish 3 bulletins on disability using ABS data	X	*Deferred due to late availability of data*
Enhance the Disability Services NMDS to support national agreements and information requirements	X	*Work deferred by relevant national committee*
Publish *People using both disability services and Home and Community Care in 2010–11* and an associated technical report (see Spotlight on page 40)	✓	
Scope the development of a new capability to publish mental health service key performance indicators	✓	*Indicators released on website*

In the spotlight

- New National Aged Care Data Clearinghouse
- Child Protection NMDS implemented
- Linking for new insights on disability support
- Mental health—seclusion and restraint data development

New National Aged Care Data Clearinghouse

The AIHW brought the National Aged Care Data Clearinghouse into full operation during the year. Launched on 1 July 2013, the Clearinghouse is designed to enable timelier public access to aged care data, and encourage transparency and independence in aged care policy research and evaluation.

In addition to responding to numerous direct requests for data and information, our activities during the first year of operation focused on: settling arrangements for governance of the Clearinghouse and release of the data; finalising the transfer of aged care data held by the former Department of Health and Ageing (and now by the Department of Social Services); and developing full documentation for the data.

The Clearinghouse web page has been viewed an average of 695 times per month since January 2014, with a sharp upturn from April 2014 onwards, coinciding with widespread promotion by the AIHW through peak industry and research organisations.

We have established an Aged Care Data Advisory Group to support the operations of the Clearinghouse that includes representatives of peak industry groups, consumers, the clinical and research sectors, and DSS.

The National Aged Care Data Clearinghouse is at <www.aihw.gov.au/national-aged-care-data-clearinghouse/>.

Child Protection NMDS implemented

The Child Protection NMDS was implemented in mid-2013, following a development project led by the AIHW. It involved effective collaboration with each state and territory department responsible for child protection and DSS. The implementation was the culmination of 5 years of dedicated consultation, technical development and testing, with the new data collection allowing the AIHW to receive national information at an individual (child) level for the first time.

Compared with the previous data collection (where data providers contributed aggregated data to pre-formatted tables), the new Child Protection NMDS is a much richer dataset that allows for more meaningful analyses using a consistent, nationally agreed methodology.

As such, it provides a new evidence base for developing child welfare and family support policies because it reveals a more comprehensive and accurate picture of child abuse and neglect.

While there have been some data quality and completeness issues in the first year of operation, the usefulness of the dataset will increase with the development of a longitudinal time series, and as more complete sets of data become available.

Quick facts about child protection are available at <www.aihw.gov.au/child-protection/>.

Linking for new insights on disability support

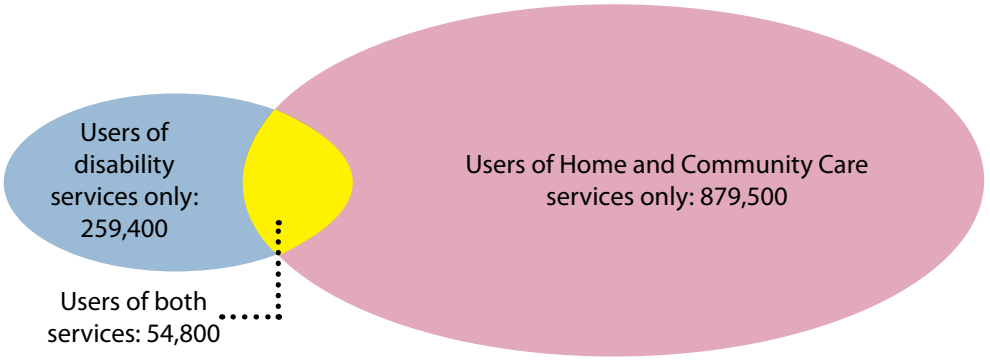
Many people with disability, and the frail elderly, need specialised services to enhance or maintain a reasonable quality of life, or to maintain their independence for as long as possible. This support may be provided through specialist disability services, or through the more general Home and Community Care (HACC) program.

In response to a request from the former Community and Disability Services Advisory Council to link 2 community services datasets, the AIHW selected the Disability Services NMDS and the HACC Minimum Data Set. The request had the dual aims of furthering knowledge, experience and capability in data linkage across community service administrative data collections and analysing the characteristics of clients common to more than 1 service sub-sector at the same time.

The linked dataset contained nearly 530,000 Disability Services NMDS service records (relating to 314,300 disability services clients) and 934,400 HACC client records (with service records attached to each client record).

Based on the unique match number of each user of each of the programs, there were about 1,193,800 people who used either specialist disability services or HACC services in 2010–11. Of these, about:

- 259,400 used specialist disability services only
- 879,500 used HACC services only
- 54,800 used both services—17% of specialist disability services clients, and 6% of HACC clients.



Total service users: 1,193,800—comprising 314,300 disability service clients and 934,400 HACC clients

Figure 3.1: Use of specialist disability services and HACC services, 2010–11

Further information is available from the report *People using both Disability Services and Home and Community Care in 2010–11* which is available at <www.aihw.gov.au/publication-detail/?id=60129547587>.

Mental health—seclusion and restraint data development

Since endorsement by Health Ministers of the *National safety priorities in mental health: a national plan for reducing harm* in 2005, public mental health services have been aiming to reduce the use of seclusion and restraint of mental health clients in acute hospital settings.

At present there is no formal, routine, nationally agreed, data collection and reporting framework for seclusion and restraint as used in specialised mental health public acute hospital services. However, the AIHW has been assisting Australian Health Ministers' Advisory Council (AHMAC) mental health committees to formalise an 'interim 'seclusion data collection methodology developed by AHMAC's Safety and Quality Partnership Standing Committee.

In 2013, AHMAC authorised the annual release of these data via our *Mental Health Services in Australia* online product. The first of these releases occurred in July 2013, updated in November 2013.

National and state and territory seclusion data for 2008–09 to 2012–13 are available at <http://mhsa.aihw.gov.au/services/admitted-patient/restrictive-practices/> as *Use of restrictive practices during admitted patient care*. It is expressed as the number of seclusion events per 1,000 bed days.

In the pipeline…

We are now working with AMHAC mental health committees to:

- develop a similar 'interim' collection of restraint events in public mental health services with a view to reporting a national restraint indicator
- develop an aggregate seclusion and restraint dataset specification for the 2015–16 collection period.

We anticipate that national restraint data will be publicly released for the first time in the final quarter of the 2014 calendar year.

Selected products

Products released by the Continuing and Specialised Care Group during the year include those highlighted below.

Entry into residential aged care can be a challenging experience and the presence of depression can add to this challenge. *Depression in residential aged care 2008–2012* provides the first in-depth review of its kind. In 2012, over half (52%) of all permanent residential aged care residents had symptoms of depression. Between 2008 and 2012, residents admitted to care for the first time who had symptoms of depression were more likely to have high care needs, and were more likely to have behaviours which impacted on care needs.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129544869>.

In 2012–13, Australian governments spent $7.2 billion on disability support services under the National Disability Agreement. *Disability support services: services provided under the National Disability Agreement 2012–13* shows that more than 312,500 people used these services during this time. The 3 most common service user groups continued to be people with intellectual, physical and psychiatric disabilities (32%, 30% and 27% respectively).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129547855>.

Prisoners have significant health issues, with high rates of mental health problems, communicable diseases, alcohol misuse, smoking and illicit drug use.

The health of Australia's prisoners 2012 shows that:

- 38% of prison entrants have been told, at some time, that they have a mental illness
- 32% have a chronic condition
- 84% are current smokers, although almost half of those would like to quit
- 37% of prisoners about to be released said their health was much better than when they entered prison.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129543948>.

The AIHW's Youth Justice Fact Sheets series cover 3 main areas:

- youth justice supervision, including specific supervision types and long-term trends
- state and territory youth justice facts
- contextual information on youth and adult justice systems.

The fact sheets are available at <www.aihw.gov.au/youth-justice/fact-sheets/>.

Young people aged 10–14 in the youth justice system 2011–12 shows that this small group is at risk of becoming chronic, long-term offenders.

Around 85% of young people born in 1993–94 who were supervised at age 10–14 returned to (or continued under) supervision when they were 15–17. They were more likely than those first supervised at older ages to experience all types of supervision when 15–17 and spent more time in total under supervision.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129543944>.

Health Group

What we do

Revealing the health of Australians

The Health Group develops and maintains national data to support monitoring and reporting on the health of Australians, covering:

- specific chronic diseases, such as cardiovascular disease, diabetes, kidney disease, cancer (including cancer screening), musculoskeletal conditions, and respiratory conditions
- health-related issues, such as population (preventive) health, health inequalities, risk factors, social determinants of health, international health comparisons, mortality, burden of disease and primary health care.

Progress on key planned deliverables

Contribute to *Australia's health 2014*	✓	
Commence work to assess methods used in the Global Burden of Disease Study 2010 for the Australian Burden of Disease Study 2011 (see Spotlight on page 45)	✓	
Investigate broader use of mortality data (see Spotlight on page 45)	✓	
Publish monitoring reports on national screening programs for breast, cervical and bowel cancer	✓	
Improve the timeliness of delivery of cancer data products (see Spotlight on page 47)	✓	
Establish the Vascular Diseases Monitoring Centre	✓	
Contribute to the evidence base available for reporting on primary health care	✓	
Publish a report on the use of medicines and self-care	X	*Delayed due to late receipt of data*

In the spotlight

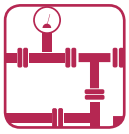
- Progress of Australian Burden of Disease Study 2011
- Using deaths data more broadly
- More timely cancer screening data

Progress of Australian Burden of Disease Study 2011

In recent years, it has become increasingly clear that the Australian burden of disease estimates produced in 2003 need updating. In 2013, with funding assistance primarily from the Department of Health, the AIHW began work on updating these estimates, building on our previous burden of disease studies and disease monitoring work.

Burden of disease analysis allows a comparable examination of the fatal and non-fatal effects of different diseases and injuries and the impact of various risk factors. It summarises health loss due to premature death, illness or disability, or a combination of these factors. The estimates are important for: monitoring population health over time and between population groups; highlighting which diseases contribute the greatest burden and how this can change over time; and enabling assessment of the broader impact of diseases and the cost-effectiveness of interventions.

The first phase of the project explored a range of methodological issues, including developments identified in the Global Burden of Disease 2010 Study, to determine the best methods for updating national and Indigenous estimates. *Assessment of Global Burden of Disease 2010 methods for the Australian context* described various aspects of this phase (see <www.aihw.gov.au/burden-of-disease/working-papers/>.



In the pipeline…

The second phase of the Australian Burden of Disease Study 2011 involves producing the updated burden of disease estimates, including analysis of fatal burden, non-fatal burden and attributable burden. We expect to publish these results in 2015.

Using deaths data more broadly

The AIHW's National Mortality Database contains the latest data on causes of death. Deaths data are sourced from the Registrars of Births, Deaths and Marriages in each state and territory and the National Coronial Information System, and coded by the ABS. The database has been named an Essential Statistical Asset for Australia by the ABS.

We use deaths data widely in our products, including chronic disease reports, the Australian Burden of Disease Study, Indigenous-specific reporting and mortality-specific analytical products.

In January 2014, we released the *Deaths* snapshot—a web product—presenting the latest data on deaths, including information on age at death, trends over time, causes of death and life expectancy. Since its release, the *Deaths* snapshot has become one of the most-visited AIHW web pages.

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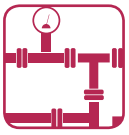
	1st	2nd	3rd	4th	5th
Persons	Circulatory **Coronary heart disease**	Circulatory **Cerebrovascular diseases**	Other **Dementia & Alzheimer disease**	Cancer **Lung cancer**	Respiratory **COPD**
Males	Circulatory **Coronary heart disease**	Cancer **Lung cancer**	Circulatory **Cerebrovascular diseases**	Cancer **Prostate cancer**	Respiratory **COPD**
Females	Circulatory **Coronary heart disease**	Circulatory **Cerebrovascular diseases**	Other **Dementia & Alzheimer disease**	Cancer **Lung cancer**	Cancer **Breast cancer**

Source: Deaths snapshot <www.aihw.gov.au/deaths/>.

Figure 3.2: Leading underlying causes of death by sex, 2009–2011

Launched at the same time were the latest AIHW *General Record of Incidence of Mortality Books*—also known as the *GRIM Books*—which are interactive workbooks that present summary statistics on deaths and are the only national-level electronic source of readily available tabulations of data for deaths registered prior to 1964. The GRIM Books are available at <www.aihw.gov.au/deaths/aihw-deaths-data/#grim>.

We also play a role in interpreting mortality statistics. For example, recent national and international publications have reported both cardiovascular diseases and cancers as the leading causes of death in Australia. Our understanding of deaths data enables us to contribute to relevant debate and describe the different metrics that can legitimately lead to these different interpretations.



In the pipeline…

An August 2014 release on mortality inequalities for the period 2009–2011, shows that despite relatively high standards of health and health care, there are significant inequalities between different segments of the population when it comes to early death or death from potentially avoidable causes.

More timely cancer screening data

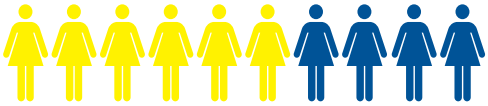
Cancer screening programs aim to reduce illness and death resulting from cancer through an organised approach to screening. Australia has 3 cancer screening programs:

- BreastScreen Australia
- National Cervical Screening Program
- National Bowel Cancer Screening Program.

The programs target specific groups and certain age groups where evidence shows screening is most effective at reducing cancer-related illness and death.

The AIHW monitors the programs by publishing data annually from each program against performance indicators specific to each program, in combination with relevant cancer incidence and mortality data.

One indicator of major interest is the level of participation in screening programs; if participation falls, then it is possible for governments to intervene to stop further falls. Timely availability of participation information is therefore important. In 2013–14, we released participation data ahead of other data for the breast and cervical cancer screening programs. Participation data for 2011–2012 were released in February 2014—9 months earlier for breast cancer screening and 3 months earlier for cervical screening, than in previous years.



Nearly 6 in 10
women aged 20–69 (58%) had a Pap test in 2011 or 2012. That is more than 3.7 million women.

Around 4 in 10
Aboriginal and Torres Strait Islander women aged 50–69 (38%) had a mammogram through BreastScreen Australia in 2011 or 2012. That is around 13,000 women.

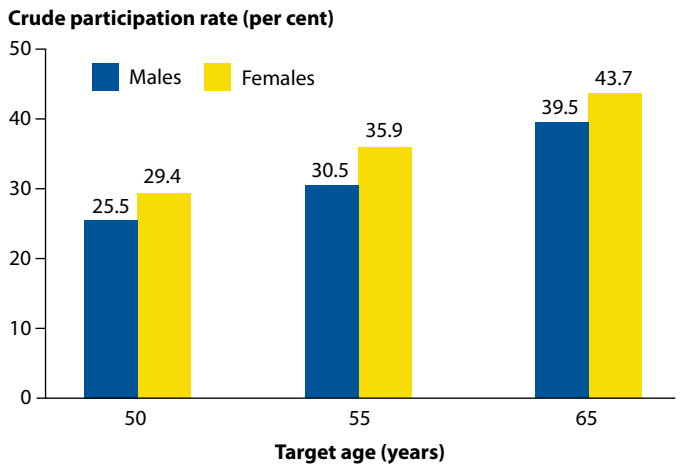
More information on cancer screening is available at <www.aihw.gov.au/cancer/screening/>.

Selected products

Products released by the Health Group during the year include those highlighted below.

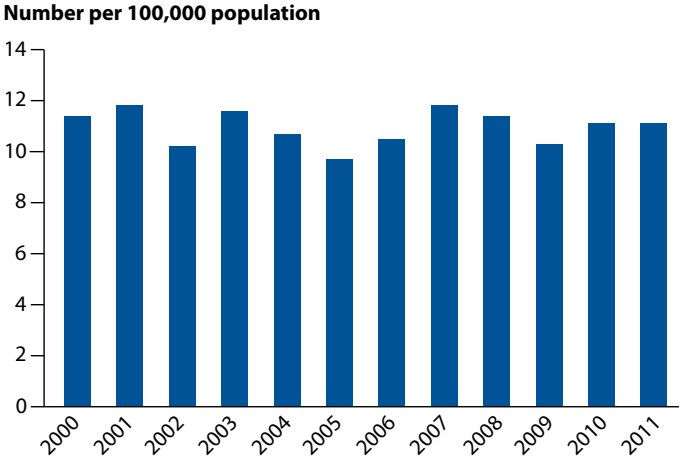
The *National Bowel Cancer Screening Program: monitoring report 2012–13* presents statistics on the NBCSP for Australians invited to take part from July 2012 to June 2013. Just over 320,000 of those invited chose to screen, with about 23,500 found to require further assessment. One in 17 assessments detected an advanced adenoma (precancerous lesion), and a bowel cancer was detected from 1 in 32 assessments.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129547721>.



Source: National Bowel Cancer Screening Program Register as at 31 December 2013.

Figure 3.3: Crude bowel cancer screening participation rates, by age and sex, 2012–13



Note: Data for this figure are available in Table A10.6.

Figure 3.4: New cases of type 1 diabetes by year of diagnosis, 2000–2011

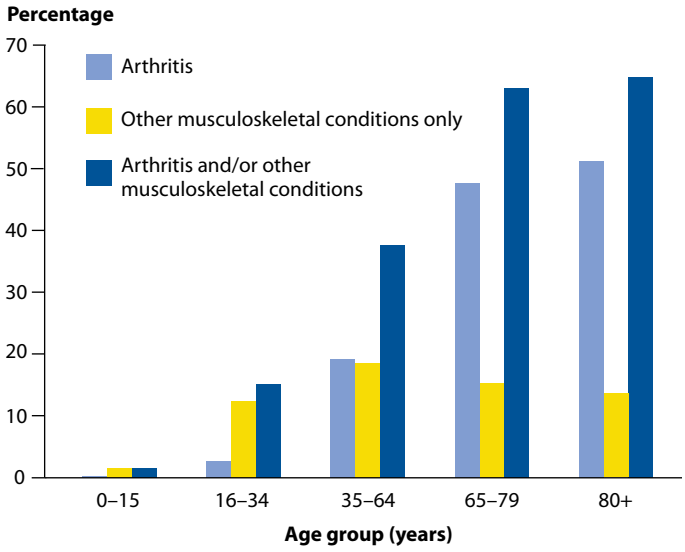
Incidence of insulin-treated diabetes in Australia 2000–2011 presents the latest available national data on new cases of insulin-treated diabetes from Australia's National Diabetes Register. In 2011, there were 2,367 new cases of type 1 diabetes, equating to 11 new cases per 100,000 population. This rate has remained stable over the last decade, with between 10 and 12 new cases per 100,000 population per year.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129546997>.

Findings from *The health of Australia's males 25 years and over* include:

- males aged 25 and over in 2011 can expect, on average, to live to 80 or over
- 1 in 10 males aged 50–59 (11%) and 60–69 (10%) are, on a daily basis, at risk of injury resulting from excessive alcohol
- employed males are less likely to rate their health as fair or poor (11%) compared with unemployed males (37%) and males not in the labour force (41%).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129543994>.



Note: Data for this figure are available in Table A10.8.

Figure 3.5: Prevalence of musculoskeletal conditions by age group, 2011–12

Arthritis and other musculoskeletal conditions affect an estimated 6.1 million Australians (about 28% of the total population) across all ages. Due to their diverse nature, there is considerable variation in the prevalence, quality of life, and treatment and management of people with these conditions across various life stages.

The report, *Arthritis and other musculoskeletal conditions across the life stages*, describes these impacts and is available at <www.aihw.gov.au/publication-detail/?id=60129547059>.

Hospitals, Classifications and Performance Group

What we do

Detailing the healthcare system

The Hospitals, Classifications and Performance Group leads the development, compilation, analysis and dissemination of policy-relevant information about hospitals and health sector performance.

The group focuses on shaping the AIHW's future role in hospital data management and reporting, and health sector performance reporting, against a backdrop of national health reforms.

It also contributes to national and international data and information infrastructure development by maintaining and improving statistical infrastructure, such as:

- classifications and standards, including coordinating aspects of Australia's international health classification work
- national metadata standards, as represented on METeOR, which is the AIHW's electronic repository of metadata for the health, community services, housing assistance and homelessness sectors, and early childhood education and care.

Progress on key planned deliverables

Redevelop the Public Hospital Establishments NMDS	✓	
Publish the *Australian Hospital Statistics* set of products for 2012–13 (4 reports and a summary report) (see Spotlight on page 54)	✓	
Develop a new peer group classification for public and private hospitals	X	*Work in progress; private hospital classification to be finalised in 2014–15*
Publish a report on private hospitals	X	*Work in progress; to be released in 2014–15*
Update and report National Healthcare Agreement performance indicator specifications	✓	
Progress the development of:		
• National Healthcare Agreement performance indicators	✓	
• Emergency department performance indicators under the National Partnership Agreement (NPA) on Improving Public Hospital Services	✓	

Develop a scoping paper on measuring access time for elective surgery from general practitioner (GP) referral (see Spotlight below)	✓	*Paper provided to AHMAC committees*
Publish *Australia's medical indemnity claims, 2012–13*; develop and review the collection	✓	*Report released July 2014*
Collate state and territory data provided under the NPA on Improving Public Hospital Services, and provide to the Department of Health and the COAG Reform Council	✓	
Publish updates of the national data dictionaries for health and community services	X	*Work in progress*

In the spotlight

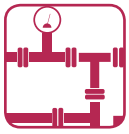
- Measuring access times to elective surgery
- Redesignation as the Australian Collaborating Centre for the WHO's Family of International Classifications
- Exploring healthcare variation geographically
- Flashback: *Australian hospital statistics* then and now

Measuring access times to elective surgery

In 2013–14, the AIHW completed an initial investigation of methods to measure access time to elective surgery from the time of GP referral to a surgeon. Current elective surgery waiting times statistics refer only to the time waited between when a patient is assessed by the surgeon as requiring surgery and the time that surgery was provided.

The work was done in response to COAG's agreement that the health ministers would agree that consideration would be given to such a measure, to reflect the 'actual' waiting time for patients. We undertook the work with the assistance of AHMAC's National Health Information and Performance Principal Committee, and with the advice of a wide range of stakeholders.

The report of the work included recommendations for progressing development of the measures in a staged manner, given the complexity of patient pathways to elective surgery, inconsistent current data availability among the states and territories and the need for jurisdictions to consider the costs and benefits of each stage.



In the pipeline…

Health ministers agreed to further work on measuring access times to elective surgery in early 2014. Work is now under way, with a focus on how to measure the time spent between GP referral and a first appointment with a surgeon. This further work includes exploring approaches to linking or using Medicare and hospital data together—an approach that could help in overcoming information issues related to the siloed nature of public and private health service provision. This applies not only to elective surgery, but to other health services that operate across the public and private sectors.

Redesignation as the Australian Collaborating Centre for the WHO's Family of International Classifications

In May 2014, the AIHW was redesignated by the World Health Organization (WHO) as the Australian Collaborating Centre for WHO's Family of International Classifications (FIC), for a further 4-year period. The Australian Collaborating Centre is one of about 20 Collaborating Centres around the world that form the WHO-FIC Network that assist WHO to develop and implement the classifications. We undertake this work in collaboration with Australian stakeholders and experts, aiming to maximise the extent to which the WHO's work will suit Australian needs.

In the pipeline…

The AIHW will establish an Australian Health Classifications Advisory Committee to provide advice to the AIHW as the Australian Collaborating Centre for WHO-FIC. The AIHW is also likely to be a WHO field trial centre responsible for coordinating Australian participation in field testing the 11th revision of the International Classification of Diseases.

Exploring healthcare variation geographically

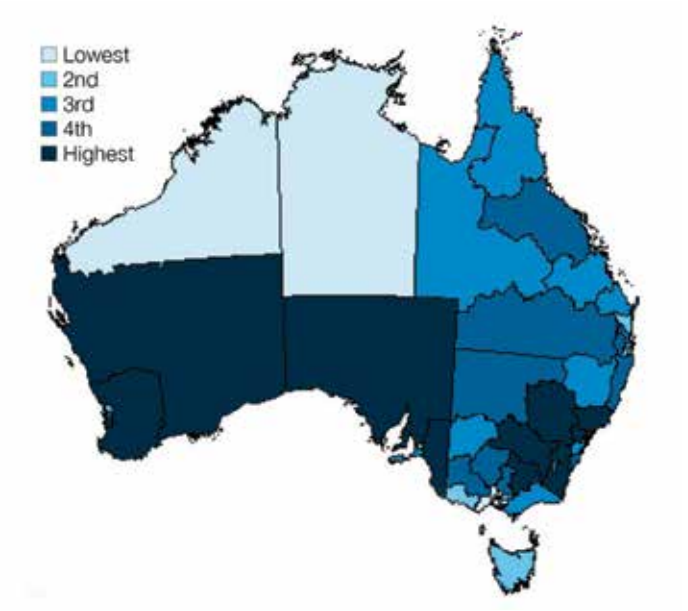
The AIHW was pleased to be able to collaborate with the Australian Commission on Safety and Quality in Health Care during the year on the preparation of a discussion paper, *Exploring healthcare variation in Australia: analyses resulting from an OECD study*.

Examining medical practice variation can help to identify areas of potential improvement in the quality and appropriateness of health care by focusing national discussion on unwarranted variation.

We led the technical and data-related components of the report, while the commission undertook consultations with stakeholders. Data were prepared in multiple formats, including maps such as that shown over, which show considerable variation for knee replacements. Similar maps for major cities also demonstrated considerable variation.

Hip fracture, knee replacement, knee arthroscopy, Caesarean section, hysterectomy, cardiac catheterisation, coronary artery bypass graft, angioplasty and stenting data were all presented from hospital admissions collections for each Medicare Local geographical area. Variation between areas was evident and expressed as the 'fold-difference' or ratio of the highest to lowest admission rate. It was smallest for Caesarean section (1.6-fold) and largest for cardiac catheterisation (7.4-fold).

The approach can be used to explore variation across other specified geographical boundaries.



Note: Data for this figure are available in Table A10.7.

Source: ACSQHC & AIHW 2014. *Exploring healthcare variation in Australia: analyses resulting from an OECD study*. Sydney: ACSQHC.

Figure 3.6 Admissions for knee replacement per 100,000 population by Medicare Local geographic area, 2010–11

Australian hospital statistics then and now

In 2013–14, the AIHW marked the completion of 20 continuous years of publication of hospital statistics through the *Australian hospital statistics* series of reports.

The series was initiated following a review of previous hospital statistical reporting arrangements, published by the AIHW as the *Hospital Utilisation and Costs Study* series of reports.

The first issue of *Australian hospital statistics* covered the 1993–95 reference years and was published on 1 June 1997, almost 2 years after the end of the two-year reference period for the report.

The 80-page *Australian hospital statistics 1993–95: an overview* report presented summary statistics about public hospitals, admitted patients in public and private hospitals, and psychiatric hospital services.

In contrast, in 2013–14, *Australian hospital statistics 2012–13* was published on our website as an integrated set of 5 different types of outputs to suit various audiences: hard-copy reports; 'snapshots'; 'at a glance' content; extended data spreadsheets; and data cubes.

The main outputs were released 4–10 months after the end of the reference period, that is, after 30 June 2013. A separate demonstration report focusing on private hospitals will complete the set when it is published later in the 2014 calendar year.

The expanded and more timely range of material is the result of our efforts over the last 2 decades in: developing hospital data; making more data available tailored to different audiences; focusing on policy-relevance such as through nationally-agreed performance indicators; improving data processing efficiency; and, importantly, collaborating with data providers, major stakeholders and data users to shape the reports.

All of our hospitals reports, from the 1993–95 report onward, are listed at <www.aihw.gov.au/hospitals-publications/>.

Selected products

Products released by the Hospitals, Classifications and Performance Group during the year include those highlighted below.

Australia's medical indemnity claims: 2012–13 presents data on the number, nature and costs of public sector and private sector medical indemnity claims for 2012–13 in the context of claims data from the previous 4 years.

In 2012–13, the number of new public sector claims was about 950 (less than any of the previous 4 years) and the number of new private sector claims was about 3,300 (similar to the previous 2 years). The number of closed public sector claims was about 1,500 (slightly higher than any of the previous 4 years) while the number of private sector claims closed each year rose continually from about 2,400 in 2008–09 to 3,800 in 2012–13.

The report (released in July 2014) is available at <www.aihw.gov.au/publication-detail/?id=60129547940>.

In 2012–13, all states and territories had rates of hospital-associated *Staphylococcus aureus* bacteraemia (also known as 'Golden staph') below the national benchmark, with rates ranging from 0.7 to 1.3 cases per 10,000 patient days. There were 1,724 cases of hospital-associated 'Golden staph' reported, which occurred during approximately 18.8 million days of patient care.

Australian hospital statistics 2012–13: Staphylococcus aureus *bacteraemia in Australian public hospitals* is available at <www.aihw.gov.au/publication-detail/?id=60129545754>.

Housing, Homelessness and Drugs Group

What we do

Living statistics

Surveying licit and illicit drug use

The Housing, Homelessness and Drugs Group produce statistics, analysis and information on:

- homelessness
- community housing
- housing assistance
- drug use and treatment services, including tobacco and alcohol.

Work encompasses: specialist homelessness services; public rental housing; state-owned and managed Indigenous housing; community housing; home purchase assistance; Commonwealth rent assistance; private rent assistance (including state- and territory-provided assistance, where applicable); Indigenous community housing; and drug use, attitudes and treatment.

Progress on key planned deliverables

Manage the 2013 National Drug Strategy Household Survey	✓	*Fieldwork complete*
Undertake the collection and reporting of specialist homelessness services (SHS) data	✓	
Manage the provision and maintenance of the SHS Collection client management system to over 7,000 users	✓	
Implement data and system enhancements to support the SHS Collection	✓	
Collect and report government administrative data on social housing and housing assistance	✓	
Manage the 2014 National Social Housing Survey	✓	
Continue to implement, where possible, the outcomes of recent reviews of COAG performance indicators, including indicators for the National Affordable Housing Agreement and the NPA on Homelessness (see Spotlight on page 59)	X	*Work in progress*
Develop a range of statistical and analytical products from the SHS Collection dataset including *Specialist Homelessness Services 2012–13*, confidentialised unit record files and data cubes (see Spotlight over)	✓	

Develop a roadmap for data development to support future strategic policy needs in social housing	✓	
Undertake a project linking specialist homelessness services and housing assistance data to improve understanding of housing pathways for people who receive government assistance and support	X	Work in progress

In the spotlight

- Better access to homelessness data
- Use of a disability 'flag' with homelessness data
- Helping governments improve performance reporting requirements for housing and homelessness

Better access to homelessness data

In 2013–14, the AIHW developed several data products to support policy developers, researchers and analysts interested in SHS.

Data on clients of SHS for 2011–12 and 2012–13 have been developed as confidentialised unit record files (CURFs) and as national client data cubes. Access has been improved and is available through the AIHW website at <www.aihw.gov.au/shs/data-cubes/> or by completing a customised data analysis request at <https://datarequest.aihw.gov.au/_layouts/AdHocDataRequest/LodgeRequest.aspx>.

A data cube is a multidimensional representation of a dataset. It allows users to quickly select, filter and arrange aggregated data for variables of interest using drag and drop functionality. Data from this generated view can be exported into spreadsheets for data analysis, graphing and reporting. The data cubes for the SHS Collection currently contain information on client demographics, housing situation, support services, and other (non-housing) outcomes.

A CURF presents detailed client-level information in a way that prevents identification of individuals. CURFs are therefore essential for analysts and researchers wanting to examine survey results in detail. Conditions apply for access to client-level data, and research proposals may need the approval of the AIHW Ethics Committee.

Use of a 'disability flag' with homelessness data

From July 2013, the SHS Collection introduced questions—a flag—to indicate whether SHS clients have long-term health conditions or disabilities that restrict their everyday activities with self-care, mobility or communication. The questions were developed in conjunction with disability services information committees and have been designed for general application to community services administrative information systems.

In the SHS Collection, information collected from clients with a disability 'flag' will be used to better understand their circumstances and experiences when they access SHS agencies. This information enables governments to better target service delivery. For instance, the disability flag will enable reporting against the performance measures contained in the NPA on Homelessness on outcomes for people with disabilities.

The next question is about whether, and to what extent, a long-term health condition or disablity restricts your client's everyday activities.

A long-term health condition is one that has lasted, or is expected to last, 6 months or more. Examples of long-term health conditions that might restrict your everyday activities include severe asthma, epilepsy, mental health condition, hearing loss, arthritis, autism, kidney disease, chronic pain, speech impairment, stroke.

Disability is a general term that covers:

- impairments in body structures or functions (for example, loss or abnormality of a body part)
- limitations in everyday activities (such as difficulty bathing or managing daily routines)
- restrictions in participation in life situations (such as needing special arrangements to attend work).

34 *Please cross one circle only in each row*	Always/sometimes need help and/or supervision	Have difficulty, but don't need help/supervision	Don't have difficulty, but use aids/equipment	Have no difficulty	Don't Know
(a) Self-care — Does the client need help/supervision with self-care (e.g. showering or bathing, dressing or undressing, toileting, eating food)?	1	2	3	4	99
(b) Mobility — Does the client need help/supervision with mobility (e.g. moving around the house, moving around outside the home, getting in or out of a chair)?	1	2	3	4	99
(c) Communication — Does the client need help/supervision with communication (e.g. understanding or being understood by other people, including people they know)?	1	2	3	4	99

Figure 3.7: Questions on disability included in the SHS Collection

Helping governments improve performance reporting requirements for housing and homelessness

The National Affordable Housing Agreement (NAHA) commenced on 1 January 2009. It replaced a number of earlier multilateral arrangements including the Commonwealth-State Housing Agreement and the Supported Accommodation Assistance Program. The overall objective of the NAHA is to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.

The AIHW continues to support government needs for high quality data for performance reporting under the NAHA and related national partnership agreements. We have a longstanding relationship with governments in managing housing and homelessness performance information, built over the life of the NAHA and earlier arrangements. One of our primary roles is to help governments secure continued improvement in national performance reporting.

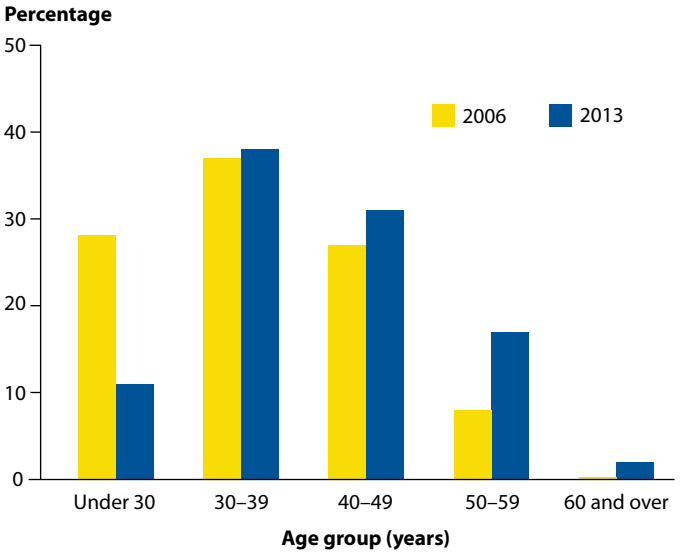
As an example, in 2013–14, the AIHW worked with state, territory and Commonwealth housing officials to assess and propose enhancements to the current evidence base for the NAHA. We provided data and expert advice to help housing officials tell a compelling story about the status and impacts of housing and homelessness assistance, and to develop a plan for future national data development work. This was achieved through a 2-stage approach. The first involved identifying the highest priority policy information needs, presenting the existing evidence about these and highlighting any data gaps. Building on this approach, we helped governments assess the extent to which the current NAHA performance indicators meet policy needs, and recommended data development activities to fill the most important data gaps. These recommendations are currently being integrated into the work program of the Housing and Homelessness Data Network. The network is a national information committee comprising jurisdictional representatives.

Selected products

Products released by the Housing, Homelessness and Drugs Group during the year include those highlighted below.

On a snapshot day in 2013, over 47,000 clients received pharmacotherapy treatment for their opioid dependence at 2,355 dosing points. Methadone was the most common pharmacotherapy drug, with around two-thirds (68%) of clients treated with this drug. Trends suggest an ageing cohort of people in opioid pharmacotherapy treatment.

National opioid pharmacotherapy statistics 2013 is available at <www.aihw.gov.au/publication-detail/?id=60129547308>.



Note: Data for this figure are available in Table A10.9.

Figure 3.8: Clients receiving pharmacotherapy on a snapshot day by age group, 2006 and 2013

Developing client-based analyses for reporting on alcohol and other drug treatment services outlines the AIHW's intended techniques to:

- estimate the number and rate of clients receiving alcohol and other drug treatment
- explore patterns of drug use and pathways through treatment
- explore the characteristics of different client groups, for example, those who return to treatment over many years with multiple drugs of concern or treatment types.

Some of these analyses either require, or would be improved by, future data development activities for this collection. These activities will be considered in the context of other possible improvements to data collection to support service planning, policy and evidence priorities.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129545495>.

Specialist Homelessness Services 2012–13 describes the clients who received specialist homelessness support, the assistance they sought and were provided, and the outcomes achieved for those clients.

In 2012–13, over 244,000 clients were assisted. Of these clients, 54% were at risk of homelessness, and 46% were already homeless when they first began receiving support. Around 22% of those who were homeless had no shelter or were living in an improvised dwelling, and 35% were in short-term accommodation.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129545629>.

Housing assistance in Australia 2013 looks at trends in housing and housing assistance provided by governments in 2012–13. It explores the various types of housing assistance provided to low-income households and special needs groups, including first home buyers, Indigenous Australians, young and older Australians, people with disability, and those who are homeless.

A high proportion of low income households (42%) spend more than 30% of their income on rent. This creates a large demand for:

- social housing dwellings—over 200,000 applicants were on waiting lists in 2011–12 and there were a total of over 418,000 social housing dwellings at 30 June 2013
- financial assistance—1.2 million recipients ('income units') were receiving Commonwealth Rent Assistance at 30 June 2012 and there were a further over 100,000 recipients of private rent assistance in 2011–12.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129545054>.

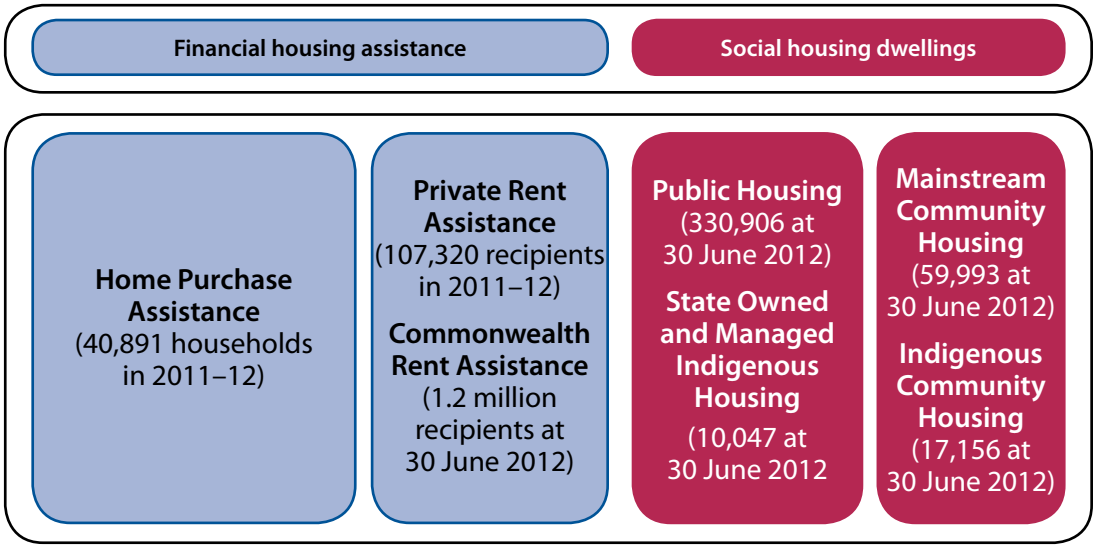


Figure 3.9: Key statistics from AIHW housing and homelessness data collections

Indigenous and Children's Group

What we do

Observing the next generation's wellbeing
Delivering better data on Indigenous people

The Indigenous and Children's Group leads the development of information and statistics on the health and welfare of children, youth, families and Indigenous people.

We also maintain and analyse national data to support monitoring and reporting.

The group also manages the Closing the Gap Clearinghouse, in collaboration with the Australian Institute of Family Studies, and the Indigenous Observatory.

Progress on key planned deliverables

Publish 9 resource sheets, 2 issues papers and 1 annual paper, in association with the AIFS, on the Closing the Gap Clearinghouse website	✓	
Publish 8 papers on the Indigenous Observatory	✓	*Released June–August 2014*
Produce national core maternity indicators (see Spotlight over)	✓	
Release updated data for Children's Headline Indicators online	✓	
Publish *Indigenous Early Childhood Development National Partnership Agreement: first annual report on health performance indicators*	✓	
Produce tables, graphs and statistical analysis for each performance indicator included in the Aboriginal and Torres Strait Islander Health Performance Framework for which data are available	✓	
Progress the development of a national, linked perinatal, birth and death dataset	✓	
Publish *Access to primary health care relative to need for Indigenous Australians*—a national report based on geospatial modelling	✓	Released July 2014
Publish *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: first national results June 2012 to June 2013* and associated state reports (see Spotlight on page 64)	✓	
Commence work to assess methods used in the Global Burden of Disease Study 2010 for the Aboriginal and Torres Strait Islander population for the Australian Burden of Disease Study 2011 (see Spotlight on page 45)	✓	

In the spotlight

- National Core Maternity Indicators portal
- Indigenous primary health care performance indicators—a collaborative project
- Socioeconomic factors and the Indigenous–non-Indigenous health gap
- Closing the Gap Clearinghouse public seminar program

National Core Maternity Indicators portal

The National Core Maternity Indicators interactive data portal was launched in November 2013. It provides a dynamic display of 10 indicators—allowing users to customise charts and tables according to the characteristics of mothers, babies, delivery method, geography and hospital groups.

The portal, which has been endorsed by AHMAC, complements the *National core maternity indicators* report, released in March 2013. Both products present baseline information and commentary about indicators for the assessment, monitoring and evaluation of maternity care between 2004 and 2009.

Indicators relate to: smoking in pregnancy, antenatal care in the first trimester, episiotomy, condition of newborns (Apgar score), induction of labour, Caesarean section, vaginal birth and small post-term babies.

The portal can be viewed at <www.aihw.gov.au/ncmi/>.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129542685>.

Indigenous primary health care performance indicators—a collaborative project

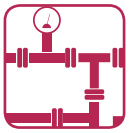
Australian, state and territory health departments, service providers and the AIHW have collaborated to develop a set of national key performance indicators (nKPIs) for Indigenous-specific primary health care services. The purpose of these nKPIs is to improve the delivery of primary health care services by supporting quality improvement activity among service providers.

These nKPIs are designed to monitor:

- government-funded primary health care services provided to Aboriginal and Torres Strait Islander Australians
- progress towards the COAG Closing the Gap targets—in particular, the targets for life expectancy and child mortality.

In 2013–14, data for 19 'process of care' and 'health outcomes' indicators, which focus on the prevention and management of chronic disease and maternal and child health, were collected from about 200 Indigenous-specific primary health care services. The indicators were approved by health ministers. Service-level reports were then developed and provided to each service to help with continuous quality improvement activities and staff training. The reports contained aggregate information about clients and comparisons with state and territory data.

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: first national results June 2012 to June 2013 shows improvements against most of the 'process of care' indicators. It also shows that organisations that perform well are spread across different geographic and service delivery environments. The report is available at <www.aihw.gov.au/publication-detail/?id=60129546941>.



In the pipeline…

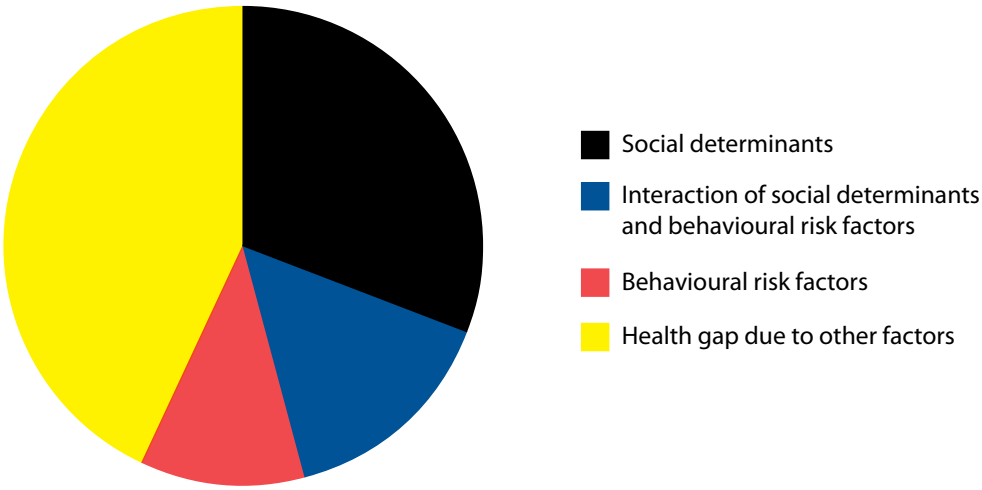
Additional nKPIs will be added to the National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care over time. We anticipate that from mid-2015, data collection for the indicators will be expanded to include all services funded by states and territories.

Socioeconomic factors and the Indigenous–non-Indigenous health gap

During 2013–14, the AIHW investigated the impact of social determinants of health—such as employment, education, income, housing tenure, and overcrowding—on the health gap between Indigenous and non-Indigenous Australians. Health was measured using a composite score combining scores for self-assessed health status, self-reported long-term conditions, and emotional wellbeing.

A statistical model was developed to separately estimate the impact of social determinants and behavioural risk factors on the health gap.

This analysis suggested that social determinants alone explained nearly one-third (31%) of the health gap, compared with 11% for behavioural risk factors. Interactions between social determinants and behavioural risk factors were estimated to explain an additional 15% of the health gap. Other factors, including access to services, explained the remaining 43% of the health gap.



Source: AIHW analysis of the ABS 2004–05 National Aboriginal and Torres Strait Islander Health Survey.

Figure 3.10: Proportion of the Indigenous–non-Indigenous health gap explained by social determinants, behavioural risk factors and other factors

Of the social determinants examined, the analysis found that household income, highest level of school completed and employment status had the largest estimated impacts.

The analysis is available at <www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129547777>.

Closing the Gap Clearinghouse public seminar program

To promote the work of the Closing the Gap Clearinghouse to wider audiences and to generate discussions about what works to overcome Indigenous disadvantage, the AIHW introduced free public seminars in 2012. The seminars were very popular with stakeholders and well-attended, so have been continued since.

Seminars are conducted in different capital cities and each covers 2–3 topics. Presenters are contributing authors to the Closing the Gap Clearinghouse.

During 2013–14, nearly 550 people attended 8 seminars that were presented on 4 themes:

- Evidence-based public policy: interpersonal safety and trauma-informed programs in Indigenous communities (presented in Canberra and Melbourne in September 2013).
- The evidence on engaging with Indigenous communities and improving community governance (presented in Perth in October 2013 and Canberra in November 2013).
- What works? Improving labour market outcomes and early childhood development for Indigenous Australians (presented in Adelaide and Canberra in March 2014).
- What works? The social and economic determinants of Indigenous health, and engaging with Indigenous communities (presented in Brisbane and Canberra in May 2014).

A video and the presentations from these seminars are available at <www.aihw.gov.au/closingthegap/past-clearinghouse-seminars/>.

Selected products

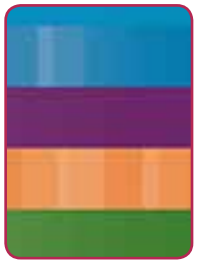
Products released by the Indigenous and Children's Group during the year include those highlighted below.

Aboriginal and Torres Strait Islander health services report 2011–12: online services report—key results is the fourth national report on health services, and Aboriginal community controlled and non-community controlled health organisations, funded by the Office for Aboriginal and Torres Strait Islander Health.

In 2011–12:

- primary health care services provided 2.6 million episodes of care to about 445,000 Aboriginal and Torres Strait Islander clients—a 5% increase from 2010–11
- substance use services provided treatment and assistance to about 32,600 clients—a 14% increase from 2010–11
- Bringing Them Home and Link Up counselling services were accessed by about 9,800 clients—96% of whom were Aboriginal and Torres Strait Islander clients.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129544671>.



Indigenous child safety, released in July 2014, shows that Indigenous children aged 0–17:

- have higher rates of hospitalisations and deaths due to injury than non-Indigenous children
- are more likely to be victims of child abuse, neglect and sexual assault
- are over-represented in homelessness and youth justice statistics.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129547839>.

Child social exclusion and health outcomes: a study of small areas across Australia shows that children living in areas with a relatively high-risk of social exclusion also experience relatively poor health outcomes. As the risk of child social exclusion increases, so do the rates of both potentially preventable hospitalisations and avoidable deaths.

This bulletin is available at <www.aihw.gov.au/publication-detail/?id=60129547317>.

Statistics and Communication Group

What we do

Data on system resources

Enabling richer research

The Statistics and Communication Group publishes policy-relevant statistical information about health and welfare expenditure and the health workforce.

We also work at increasing the information value of existing data collections through data integration (linkage) work—for the AIHW and external researchers—that supports innovative analyses. Examples of these analyses include longitudinal studies and movements of Australians between health and welfare services.

Another major role is supporting statistical excellence at the AIHW through statistical quality assurance work.

The group also has corporate functions—see **Corporate groups** on page 79.

Progress on key planned deliverables

Operate a Data Integration Services Centre to undertake high risk, complex data linkage projects (see Spotlight over)	✓	
Provide linkage services that enable:		
• external researchers to access information on the National Death Index and the Australian Cancer Database	✓	
• evaluation of a 3-year pilot of a new model of diabetic healthcare delivery (the Diabetes Care Pilot)	✓	
• comparison of the mortality and cancer incidence of personnel involved with the F-111 Deseal/Reseal Program with other air force personnel and with Australians generally	X	*Rescheduled by funders*
• external researchers to investigate the safety of vaccine use (the VaLID project)	X	*Delayed due to late delivery of data*
Publish statistical products on health expenditure (see Spotlight on page 70)	✓	
Make health workforce data more accessible, more relevant to policy and more timely	✓	

Publish a range of products covering all registered health professions included in the National Health Workforce Data Set and providing a longitudinal perspective on health practitioners	✓
Develop information on dental service use and oral health	✓

In the spotlight

- Telling a bigger story with integrated data
- New health expenditure products and processes
- Patterns in use of aged care 2002–03 to 2010–11

Telling a bigger story with integrated data

The AIHW's data linkage work program has continued apace. Throughout 2013–14 we operated the Data Integration Services Centre as one of 2 accredited Commonwealth Integrating Authorities. Clients wanting to undertake high-risk data linkage projects involving the use of Commonwealth datasets must use an accredited Authority.

In addition to continuing our long-standing data integration work program, we have worked on streamlining arrangements for project application, approval and data supply. We have also actively participated in key data linkage governance forums, including the Population Health Research Network and Commonwealth-led forums.

During 2013–14 we completed 51 data linkage projects, including our first high-risk projects conducted under the Commonwealth Governance and Institutional Arrangements for Statistical Data Integration involving Commonwealth data. Projects included the following, the first 2 being high-risk projects involving Commonwealth data:

- Linkage of National Diabetes Services Scheme (NDSS) data to Pharmaceutical Benefits Scheme data (relating to diabetes medicines use and self-care) to analyse the use of cardiovascular disease medications, eye disease medications and chronic kidney disease medications by people with diabetes. The linked dataset will allow exploration of how self-care products and medications are purchased for the management of both Type 1 and Type 2 diabetes.
- Linkage of the NDSS dataset to Pharmaceutical Benefits Scheme data to derive insulin status for registrants on the NDSS. This project improved data quality in the NDSS dataset and subsequently the National Diabetes Register, which is derived from the NDSS dataset. The project has resulted in improved ability to monitor the incidence of insulin-treated diabetes and enhanced utility of the register for epidemiological and clinical research.

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- The Diabetes Care Project is a 3-year pilot of a new model of healthcare delivery designed to improve care for people with diabetes. The project involved around 150 practices in 3 states, and the results will support comparisons between 2 intervention groups and a control group. The AIHW carried out periodic linkage between the project cohort and a number of health data sources, managing the complex data flows involved to provide information to the care facilitators in the field and to create a dataset for analysis and evaluation. We completed this data integration component in June 2014 by establishing data flow protocols, implementing data management regimes and undertaking a wide range of data linkages. The analysis stage—conducted by a consortium of universities—will involve evaluating whether new models of care can: deliver better quality healthcare outcomes; enable care to be provided in more flexible ways; improve patient and practitioner experiences; and prove economically sustainable and scalable to national level.

New health expenditure products and processes

In 2013–14, the AIHW introduced a new range of health expenditure products. For the first time, we published a broad national overview report as well as a report that contained more specific analysis of expenditure by health sector and jurisdiction.

These products included new analysis of government health expenditure as a proportion of government revenue, and the inaugural reporting of expenditure on primary health care.

Health expenditure Australia 2011–12 and *Health expenditure Australia 2011–12: analysis by sector* are available at <www.aihw.gov.au/health-expenditure/>.

The identification of expenditure on primary healthcare services as a defined sector has highlighted the growth in primary healthcare over recent years compared with expenditure on hospitals. For the Australian Government, health expenditure has grown faster for primary healthcare than for hospitals, whereas for the states and territories the opposite has occurred.

In addition to expanding the depth and breadth of health expenditure information that we publish, during the year we rebuilt our processes for collating and analysing this information.

We have moved away from a spreadsheet format system towards SAS software. This should result in significant improvements in the timeliness, reliability and efficiency of future collections, as well as opening up new opportunities for enhancing the scope and accessibility of the information we release.

Patterns in use of aged care 2002–03 to 2010–11

For some years, the AIHW has been examining the pathways through aged care services of older Australians. This has involved the linkage of datasets covering 7 aged care programs, as well as mortality data. The resulting linked dataset supports analyses of people's experience of aged care programs, rather than focusing on each program separately. Understanding changes to program use and the way programs complement each other helps policymakers develop programs that better meet the needs of older people.

More specifically, this work has examined use of the 7 programs by people aged 65 and over between 2002–03 and 2010–11, and the take-up of care following assessment.

While permanent care in a residential care facility remains a key service for many older Australians, in recent years greater emphasis has been placed on the provision of home-based support. This shift has affected the way that people use aged care programs, in particular resulting in an increase in the use by older people of community aged care programs before they enter permanent residential care.

During the 9-year period covered by the study, the number of older Australians using aged care services in a year rose by more than one-third, from 642,000 to 874,000. The growth rate in client numbers was greater than the growth rate for the older population as a whole, which means the increase in client numbers did not just result from growing numbers of old people. Much of the increase was due to greater use of community care programs.

Over the same period around **1 in 6** people aged 65 and older were using aged care services on a standard day, with around 1 in 20 living in residential aged care.

More older people are using aged care services in the last year of life. In particular, 75% of older people who died in 2010–11 used a service in their last year of life compared with 70% who died in 2003–04.

Patterns in use of aged care: 2002–03 to 2010–11 (released August 2014) is available at <www.aihw.gov.au/publication-detail/?id=60129548008>.

Selected products

Products released by the Statistics and Communication Group during the year include those highlighted below.

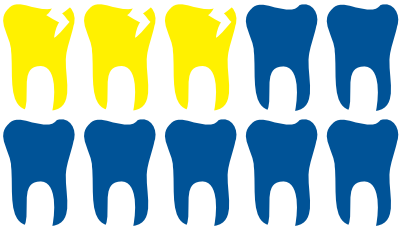
Medical Workforce 2012 reported that the supply of employed medical practitioners increased from 323.2 to 355.6 full-time equivalent practitioners per 100,000 population between 2008 and 2012, which reflected a 16.4% rise in employed practitioner numbers. Women made up 37.9% of practitioners in 2012 compared with 34.9% in 2008.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129546100>.

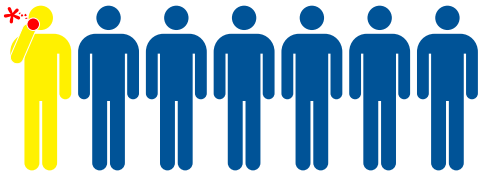
In 2013–14 we also released reports on the nursing and midwifery, and allied health workforces.

New Dental and Oral Health web pages provide access to key facts and figures on oral health and dental care. Information is drawn from a range of data sources, including national surveys as well as administrative collections.

The data suggest that:



- 3 in 10 adults aged 25–44 have untreated tooth decay



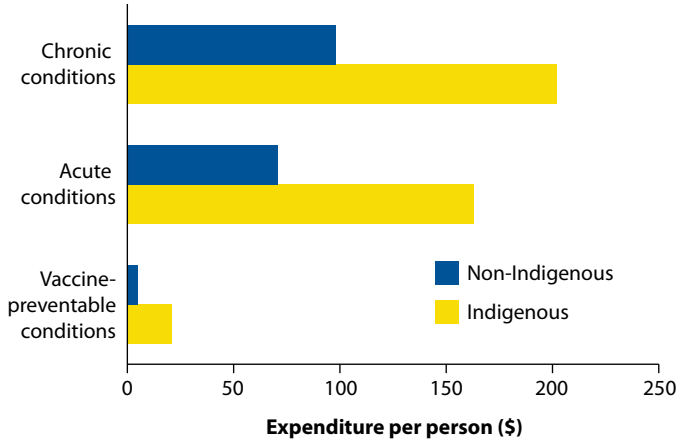
- 1 in 7 people aged 15 and over had toothache in the last year

- 2 in 3 people aged 5 and older visited a dentist in the past year.

The web pages are at <www.aihw.gov.au/dental-and-oral-health/>.

Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease provides a detailed analysis of health expenditure for Indigenous and non-Indigenous Australians in 2010–11.

For selected health services (admitted patients, Aboriginal Community Controlled Health Services, Medicare Benefits Schedule and Pharmaceutical Benefits Scheme), for every dollar spent per non-Indigenous Australian, $1.52 was spent per Indigenous Australian. Expenditure increased with remoteness for both Indigenous and non-Indigenous Australians.



Note: Data for this figure are available in Table A10.10.

Figure 3.11: Expenditure on hospital separations for potentially preventable hospitalisations by Indigenous status, 2010–11

The report is available at <www.aihw.gov.au/publication-detail/?id=60129544367>.

Collaborating centres

During 2013–14, the AIHW had collaborating centre arrangements in place with 4 research organisations, based mainly at universities. These organisations were:

- the Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited, which monitors asthma and linked chronic respiratory conditions
- the Australian Research Centre for Population Oral Health at The University of Adelaide, to operate the Dental Statistics and Research Unit which collects and analyses statistics relating to dental care and oral health
- the National Injury Surveillance Unit at Flinders University, which develops and analyses information about the control of injury
- the National Perinatal Epidemiology and Statistics Unit at the University of New South Wales, which develops and analyses information about perinatal health.

Asthma and other airways disease monitoring

The Australian Centre for Asthma Monitoring aims to help reduce the burden of asthma and other airways diseases by developing, collating and interpreting data relevant to prevention, management and health policy.

Progress on key planned deliverables

Finalise and publish a discussion paper on *Monitoring asthma in pregnancy*	✓	
Publish a discussion paper on *Monitoring pulmonary rehabilitation and long-term oxygen therapy for people with chronic obstructive pulmonary disease (COPD)*	✓	
Publish a report on *Mortality from asthma and COPD in Australia*	✓	*Released August 2014*
Commence a report on respiratory medication use	✓	
Contribute to web snapshot updates about asthma and COPD	✓	

Dental statistics

The Dental Statistics and Research Unit aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics, and through research on dental health status, dental practices, use of dental services, and the dental labour force.

Progress on key planned deliverables

Conduct the National Dental Telephone Interview Survey	✓	
Finalise a report on *Adult oral health and dental visiting in Australia: results from the National Dental Telephone Interview Survey 2010*	✓	
Publish *Oral health and dental care in Australia: key facts and figures trends 2014*	✓	*Released August 2014*

In the spotlight

National Dental Telephone Interview Survey

In 2013–14, the unit conducted a National Dental Telephone Interview Survey of a general population sample to obtain up-to-date data on access to dental care, self-assessed oral health status, current oral health treatment needs, use of dental services and preventive behaviours, satisfaction with dental services, cost of dental care and oral health related quality of life.

Due to the changing nature of phone ownership, which has led to a decline in the number of households listed in the electronic white pages—particularly among households with young adults—a sample of randomly generated mobile phone numbers was included in the survey for the first time. The person interviewed in this sample was the regular user of the mobile phone provided they were aged 18 years and over. To select a sample of children, the mobile phone user was asked if any children aged 5–17 years lived in their household. One child was then randomly selected based on the birthdays of child household members.

The target number of interviews was 8,000 (6,600 adults; 1,400 children aged 5–17). Data from both the electronic white pages and mobile samples were combined, resulting in 6,348 completed adult interviews and 1,615 completed interviews of children aged 5–17.

Table 3.1: Number of completed interviews in the National Dental Telephone Interview Survey

	Electronic white pages sample	Mobile sample	Total	Target
Adults (18 years or more)	5,479	869	**6,348**	6,600
Children (5–17 years)	1,458	157	**1,615**	1,400
Total	**6,937**	**1,026**	**7,963**	**8,000**

Injury surveillance

The National Injury Surveillance Unit develops and reports national statistical information on injury.

It also contributes to improving national information on injury and to the work of the WHO in developing the International Classification of Diseases.

Progress on key planned deliverables

Publish reports on:		
• *Trends in hospitalised injury, Australia, 1999–00 to 2010–11*	✓	
• *Injury of Aboriginal and Torres Strait Islander people due to transport: 2005–06 to 2009–10*	✓	
• *Hospitalised injuries to older Australians, 2011–12*	✓	
• Hospitalised injury in children and young people, 2011–12	X	*Work in progress*
• Australian sports injury hospitalisations, 2011–12	X	*Work in progress*
• Suicide and hospitalised self-harm in Australia: trends and analysis for 2010–11	X	*Work in progress*
• Serious injury due to land transport accidents, Australia 2008–10	X	*Work in progress*
• Selected drugs and their association with injury: results from the 2007 National Drug Strategy Household Survey	X	*Work in progress*
• Alcohol-related injury: results from the 2010 National Drug Strategy Household Survey	X	*Work in progress*
• Hospitalised spinal cord injury for 2008–09, 2009–10 and 2010–11	X	*Work in progress*
Continue work to convert the Spinal Cord Injury Register from an injury incidence register into a clinical quality register	✓	*Ongoing*
Undertake classification enhancement and development work related to the ICD-11 revision	✓	*Ongoing*

In the spotlight

Trends in hospitalised injury

Trends in hospitalised injury, Australia: 1999–00 to 2010–11 describes characteristics of hospitalised injury cases and examines trends in the occurrence of injuries requiring hospitalisation.

In 2010–11, there were around 438,000 injury and poisoning cases that needed hospitalisation:

- Males were more likely to be injured than females, and also had higher rates of injury.
- The largest proportion of hospitalised injuries occurred in people aged 65 and older (27%). This was also true for females, but for males the largest proportion of hospitalised injuries occurred at 25–44 years.
- Falls accounted for the largest proportion of injury hospitalisations (39%); transport was the second most common specific cause (12%).

From 1999 to 2011 the annual number of cases of hospitalised injury rose from about 327,000 to 438,000:

- The rate of hospitalised injury increased over this period by an average of 1% per year.
- Increases in rates across the period were found for injuries due to: falls (2% increase per year), intentional self-harm (1% increase per year), assaults (1% increase per year) and the residual group 'other unintentional injuries' (1.4% increase per year).
- Significant decreases occurred in the rate of hospitalisations due to poisoning by pharmaceuticals (5% per year) and by other substances (4% per year), and drowning and near-drowning (1% decrease per year, and 3% for children 0–4).
- No significant trends were observed for transport, or exposure to smoke, fire, heat and hot substances.

The report is at <www.aihw.gov.au/publication-detail/?id=60129544399>.

Perinatal statistics

The National Perinatal Epidemiology and Statistics Unit aims to improve the health and wellbeing of mothers and babies through:

- research, analysis and reporting on reproductive, maternal and perinatal health—including assisted reproduction, pregnancy outcomes, maternal morbidity and mortality, admission to neonatal intensive care and perinatal mortality
- assessing needs and opportunities for new information sources and mechanisms and improvement of existing information sources
- developing new information sources and other relevant infrastructure
- providing advice and other services to assist others who are engaged in monitoring and research of perinatal health.

Progress on key planned deliverables

Publish reports on:		
• *Australia's mothers and babies 2011*	✓	
• *Foundations for enhanced maternity data collection and reporting in Australia: National maternity data development project—Stage 1*	✓	
Contribute data tables for:		
• Children's Headline Indicator reporting	✓	
• the *Report on government services 2014* produced for COAG	✓	
• 3 National Healthcare Agreement and 4 National Indigenous Reform Agreement indicators	✓	
As part of the National Maternity Data Development Project:		
• develop metadata for the models of maternity care	X	*Work in progress*
• further develop the national review process for the reporting of maternal mortality	X	*Work in progress*
• develop governance arrangements and test methods for national perinatal mortality reporting	X	*Work in progress*
Publish a report on maternal deaths for 2006–2010	X	*Work in progress*

In 2011, 297,126 women gave birth to 301,810 babies. This was an increase of 2,247 births (0.8%) on the total reported in 2010, and a total increase of 18.3% since 2002. Nationally, the proportion of teenage mothers (younger than 20) declined from 3.9% in 2010 to 3.7% in 2011, compared with 4.9% in 2002.

Australia's mothers and babies 2011 is available at <www.aihw.gov.au/publication-detail/?id=60129545702>.

Corporate groups

Business and Governance Group

- *Executive Unit* provides executive support and secretariat services for the AIHW Director, AIHW Board, Executive Committee and a number of national information committees (see **Chapter 2 Governance and the organisation**).
- *Finance and Commercial Services Unit* provides services that support the AIHW's financial and business operations, including pricing, contract advice, business analysis and preparation of financial statements (see **Our financial performance** on pages xiv and 7).
- *Governance Unit* provides leadership and support in governance and legal matters, including data management and release arrangements, ethics, privacy, development and negotiation of external agreements, and the strategic management of internal and external relationships critical to the AIHW's role (see **Chapter 2 Governance and the organisation** and **Parliamentary relations** on page 117).
- *People and Facilities Unit* provides a range of strategic and operational human resource management and facility services that assist in achieving the AIHW's business objectives, including recruitment, learning and development, workforce planning, performance management support, people and building safety, facilities management, and accommodation planning (see **Chapter 4 Our people**).

These units also provide advice on strategies and policies for optimal use of the AIHW's financial and human resources to achieve business objectives.

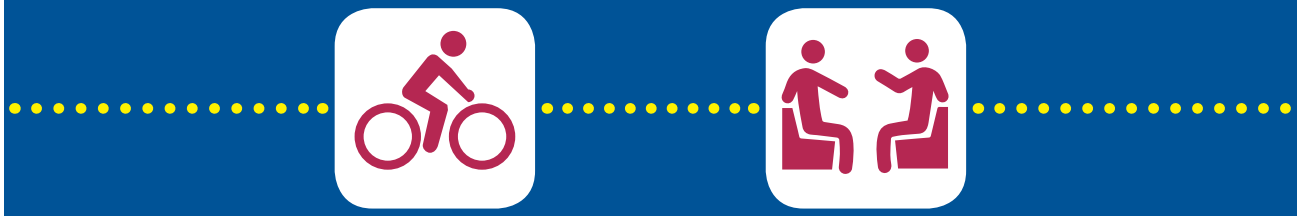
Statistics and Communication Group

- *Digital and Media Communications Unit* manages the AIHW's website, intranet and other related websites to deliver our online communication activities (see **AIHW's website** on page 114). It also promotes the Institute and its work through the media, and marketing and client relations activities, and takes a leading role in helping AIHW staff produce interesting and informative work (see **Chapter 5 Our communications**).
- *Publishing Unit* provides a range of publishing, production and distribution services for the AIHW.

The group also coordinated and published *Australia's health 2014* during the year.

Information and Communications Technology and Business Transformation Program Group

- *Business Transformation Unit* supports improvements to the efficiency and effectiveness of the AIHW's business processes, and provides the infrastructure and frameworks to improve the quality and timeliness of AIHW statistics and information products.
- *Information and Communications Technology Operations Unit* provides services that support the AIHW's computing and communications infrastructure and security.
- *Technology and Transformation Unit* supports the development and implementation of ICT and related initiatives in support of the AIHW's strategic directions.



Chapter 4
Our people

This chapter details the AIHW's staffing profile and workforce strategies.

The AIHW's fifth strategic direction, 'Cultivate and value a skilled, engaged and versatile workforce', recognises that its people are critical to achieving the AIHW's corporate objectives.

The AIHW aims to:

- support and develop the capabilities of staff to meet its work requirements
- attract and retain skilled, adaptable and responsive people
- promote a culture in which people work within and across teams to maximise expertise and produce results that benefit the whole AIHW
- refine organisational processes to position the AIHW as a dynamic, mid-sized organisation that can respond quickly and flexibly to emerging needs.

The AIHW's People and Facilities Unit has an important role in achieving these goals. It delivers quality services for professional employee development, workforce planning and administration of external employee services, including employee assistance programs and rehabilitation management services.

In addition to providing information about conditions of service to staff, and advice to managers on performance management, the unit also manages office accommodation and supplies and ensures compliance with work health and safety (WHS) requirements.

Staff profile

Employment numbers and categories

The AIHW had 319.6 full-time equivalent staff, or 347 total staff, at 30 June 2014. This was a 3.5% decrease on the 331.3 full-time equivalent staff employed at 30 June 2013 and a 4.4% decrease in total staff numbers.

Staffing numbers for 2013 and 2014 are detailed in **Table 4.1**.

Table 4.1: Category of staff employment, 30 June 2013 and 30 June 2014

	All staff 2013	All staff 2014	Male staff 2014	Female staff 2014
	Number of staff			
Active ongoing staff	*313*	*298*	*95*	*203*
• Full-time	218	211	80	131
• Part-time	95	87	15	72
Active non-ongoing staff	*30*	*24*	*7*	*17*
• Full-time	22	17	6	11
• Part-time	8	7	1	6
Active staff	**343**	**322**	**102**	**220**
Staff on long-term leave	*20*	*25*	*4*	*21*
• Ongoing full-time	13	18	2	16
• Ongoing part-time	6	7	2	5
• Non-ongoing full-time	1	—	—	—
Total staff	**363**	**347**	**106**	**241**
	Number of full-time equivalent staff			
Total staff	**331.3**	**319.6**	**103.7**	**215.9**

Notes

1. 'Active staff' refers to staff not on any form of leave for a continuous period of more than 90 days.
2. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW.
3. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts or temporary transfer for specified terms and specified tasks, including staff on temporary transfer from other APS agencies.

Ongoing employees comprised 93.1% of all staff at 30 June 2014, maintaining the increase in this proportion in recent years: 91.5% of staff were ongoing at 30 June 2013 and nearly 90% at 30 June 2012.

The AIHW has a high level of part-time employment. The number of part-time employees as a proportion of all staff fell slightly to 29.1% (101 employees) at 30 June 2014, compared with 30.0% at 30 June 2013. Of the 101 part-time employees in 2014, 94 were ongoing.

More than two-thirds (69.5%) of the AIHW's workforce is female: women comprise 69.3% of ongoing employees and 82.2% of part-time employees.

Twenty-five staff were on long-term leave at 30 June 2014, compared with 20 at 30 June 2013. A variety of long-term leave types were available to staff for purposes such as maternity leave, career development and study.

Classification level

The most common classification levels of active AIHW staff are Executive Level (EL) 1 (106 staff; 32.9% of total staff) and APS 6 level (79; 24.5%) (**Table 4.2**).

Table 4.2: Active staff by classification level, 30 June 2013 and 30 June 2014

	Staff 2013	Staff 2014	Male staff 2014	Female staff 2014
	Number of active staff			
Director (CEO)	1	1	1	0
SES Band 1	[(a)]10	8	3	5
EL 2	49	44	18	26
EL 1	110	106	37	69
APS 6	89	79	22	57
APS 5	54	49	13	36
APS 4	23	27	7	20
APS 3	5	7	1	6
APS 2	2	1	—	1
Total	**343**	**322**	**102**	**220**

(a) 1 employee served in a short-term acting arrangement while an SES Band 1 employee was on leave.

Note: Staff on higher duties are included at the level at which they are acting.

During 2013–14, non-SES staff numbers fell across the four higher classification levels: EL 2 staff numbers reduced by 10.2%, EL 1 by 3.6%, APS 6 by 11.2% and APS 5 by 9.3%. There were increases in APS 4 (4 more) and APS 3 (2 more) staff. The number of SES Band 1 staff decreased from 10 to 8, though the first figure—for 30 June 2013—includes one SES Band 1 acting arrangement.

Women are well represented across all classification levels, occupying 5 of the 8 SES Band 1 positions, nearly two-thirds (63.3%) of EL and almost three-quarters (73.6%) of APS level staff positions.

Operating groups

In August 2013, the AIHW restructured its operating groups, reducing from nine to eight groups (**Table 4.3**). Of the 322 active staff, 251 (78.0%) were employed in statistical work-related functions across six groups and 70 (21.7%) in corporate functions across three operating groups. One group undertakes both statistical and corporate services work. The number of full-time equivalent staff in each group ranged from 22.1 in the Business and Governance Group to 50.8 in the Indigenous and Children's Group.

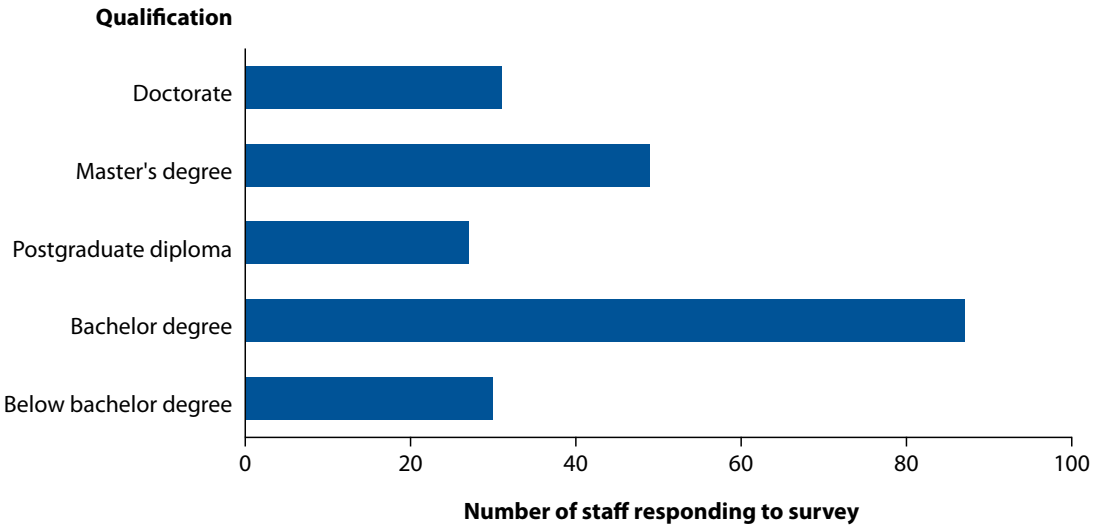
Table 4.3: Active staff employed by operating groups, 30 June 2014

	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
	Number of staff			Number of full-time equivalent staff		
Director (CEO)	—	*1*	*1*	—	*1.0*	*1.0*
Statistical groups	*232*	*19*	*251*	*211.2*	*17.6*	*228.8*
Continuing and Specialised Care	34	4	38	31.3	3.6	34.9
Health	43	4	47	39.1	4.0	43.1
Hospitals, Classifications and Performance	41	—	41	38.5	—	38.5
Housing, Homelessness and Drugs	40	3	43	37.0	3.0	40.0
Indigenous and Children's	51	7	58	44.6	6.2	50.8
Statistics and Communication (statistical functions)	23	1	24	20.7	0.8	21.5
Corporate groups	*66*	*4*	*70*	*63.8*	*3.8*	*67.6*
Business and Governance	22	1	23	21.1	1.0	22.1
ICT and Business Transformation	29	3	32	28.3	2.8	31.1
Statistics and Communication (corporate functions)	15	—	15	14.4	—	14.4
Total	**298**	**24**	**322**	**275.0**	**22.4**	**297.4**

Note: Information for the Statistics and Communication Group has been split to show staff whose functions are (primarily) statistical or corporate.

Staff qualifications

The AIHW participated in the third APS Employee Census conducted by the Australian Public Service Commission (APSC) in May–June 2014. Of the 224 staff who responded to a question about their highest level of qualification, 194 (86.6%) reported holding tertiary-level (graduate) qualifications (**Figure 4.1**). This compares favourably with the APS-wide level of 59.5% published in the APSC's *State of the Service Report 2012–13*.



Note: Data for this figure are available in Table A10.11.

Figure 4.1: Highest level of qualification completed by staff, May–June 2014

Encouraging workplace diversity

The AIHW continues to recognise and celebrate the diverse talent and experience brought to the workplace by its staff. Flexible working arrangements at the AIHW encourage and support workplace diversity.

Indigenous employees

Three staff identified as Indigenous in the AIHW's human resources information system at 30 June 2014. This represented 0.9% of all AIHW staff. All are ongoing staff members with more than 3 years service with the AIHW.

The same number of employees (3) identified themselves as Aboriginal and/or Torres Strait Islander in the APS Employee Census conducted in May–June 2014.

APS Indigenous Cadetship program

The AIHW participated in the APS Indigenous Cadetship program subsidised by the Department of Employment. The program provides financial assistance to cadets undertaking tertiary studies and offers them a 12-week work placement each year with the AIHW. During 2013–14, the AIHW maintained sponsorship of 1 Indigenous cadet who successfully completed a Bachelor of Health Science Degree at the end of 2013.

Reconciliation Action Plan and Working Group

The AIHW's *Reconciliation Action Plan 2012–2013* (RAP) remained in place throughout 2013–14 while the RAP Working Group commenced developing a new RAP for implementation in late 2014. The current RAP includes measurable targets to monitor implementation of the plan and is available at <www.aihw.gov.au/about/#doc>. The working group's December 2013 progress report to the AIHW Board and Reconciliation Australia noted that the AIHW achieved 17 of the 22 targets outlined in the RAP, with 5 targets being the subject of ongoing work.

Macquarie University Indigenous students

Each July, Indigenous students from Macquarie University are invited to visit the AIHW. These second-year, mature-age students are undertaking Bachelor in Community Management degree courses through the Warawara Department of Indigenous Studies. The visits provide students with an understanding of how Indigenous programs are coordinated at the national level and an awareness of AIHW publications that can help their community work. The visits help in raising the AIHW's profile in Indigenous communities, and enhance Indigenous community access to health and welfare information.

Employees with disability

Nine staff identified as having a disability in the AIHW's human resources information system at 30 June 2014. This represents 2.6% of all AIHW staff at 30 June 2014.

However, of the AIHW staff who responded to the APS Employee Census in May–June 2014, 15 reported that they had an ongoing disability. This discrepancy could indicate a level of under-reporting in the AIHW's human resources information system.

Breastfeeding Friendly Workplace

In recognition of our staffing profile, and in accordance with commitments in the *Australian Institute of Health and Welfare Enterprise Agreement 2012–2014*, AIHW obtained accreditation as a breastfeeding friendly workplace through the Australian Breastfeeding Association.

The association's Breastfeeding Friendly Workplace consultancy service to employers aims to remove workplace barriers to breastfeeding.

Over the past few years, around 5% of the AIHW's workforce has been on maternity leave at any given time. The Institute recognises the benefits that a supportive breastfeeding environment can deliver to employees, their families and the organisation. These include:

- contributing to the health and wellbeing of employees
- creating a positive working environment
- enhancing the AIHW's reputation
- significant cost savings through:
  - reducing staff turnover, resulting in reduced recruitment costs
  - increasing retention of skilled workers after the birth of children, resulting in reduced training and re-training costs
  - reducing leave time for parents of breastfed infants who are more resistant to illness, reducing the need for sick leave and carer's leave
  - higher job productivity, employee satisfaction, and morale, with enhanced loyalty among employees.

The AIHW supports mothers who are returning to work and who wish to make arrangements to continue to breastfeed or bottle-feed their babies. We provide nursing mothers with access to 1–2 lactation breaks a day, the timings of which are negotiated between employee and manager. We also provide a dedicated mothers' room for breastfeeding/expressing, equipped with a comfortable lounge chair, sitting chair, sink, fridge, microwave, nappy changing station and nappy disposal bins.

A dedicated parenting room is also available so that employees may care for children while carrying out their duties when alternative care arrangements are unavailable or cancelled.

Workforce management

The AIHW continues 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.

Recruitment

In 2013–14, 7 recruitment processes were completed— a significant reduction compared to the 27 completed processes in 2012–13 (**Table 4.4**). The reduction can be attributed largely to the Australian Government's interim arrangements for APS recruitment which began on 31 October 2013. Four additional recruitment processes under way at that time were suspended before offers of employment were made.

Table 4.4: Outcome of external recruitment processes completed in 2012–13 and 2013–14

	2012–13			2013–14		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
Promotion of AIHW staff (from inside the AIHW)	20	—	20	8	—	8
Promotion of APS staff (from outside the AIHW)	1	—	1	0	—	0
Transfer at level of APS staff (from outside the AIHW)	6	5	11	1	1	2
External appointments to AIHW (including graduates)	19	32	51	14	17	31
Total external recruitment processes completed	21	6	27	5	2	[(a)]7

(a) An additional 4 processes were suspended prior to offers of employment being made.

AIHW graduates

The AIHW offers excellent employment opportunities for graduates seeking to apply their qualifications in the field of health and welfare information. Of the 8 new graduates employed by the AIHW in the 2013–14 intake, 5 relocated from interstate. The new graduates commenced in ongoing statistics-related roles across the Institute. They were also offered a variety of learning and development opportunities specifically tailored for APS graduates by the APSC.

Of the 12 graduates recruited in the 2011–12 intake, 7 remain at the AIHW, with 4 promoted to APS 5 level and 1 to APS 6 level (**Table 4.5**).

Compared with previous years' intakes, graduates from the 2012–13 intake have had limited opportunities for career advancement due to the interim APS recruitment arrangements announced on 31 October 2013 (Table 4.5 compared to equivalent tables in the AIHW's previous annual report). Of the 5 graduates who remained at the AIHW as at 30 June 2014, 4 were performing higher level (APS 5) temporary duties and 1 was on leave without pay working for the ACT Government in an APS 5 equivalent position.

Table 4.5: Graduate recruitment intake and outcomes, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14
Graduate intake (all at APS 4 level)	**21**	**14**	**12**	**7**	**8**
Graduates remaining at the AIHW at 30 June 2014	**7**	**5**	**7**	**5**	**8**
• as an APS 4	0	0	2	5	8
• promoted to APS 5	1	2	4	0	0
• promoted to APS 6	5	3	1	0	0
• promoted to EL 1	1	0	0	0	0

Young Statisticians Network

In April 2014, the AIHW hosted a group of statisticians from the Canberra chapter of the Young Statisticians Network, which is the youth and early career section of the Statistical Society of Australia. The group was introduced by Geoff Neideck *(far left, photo below)* to the work of the AIHW. Tenniel Guiver *(far right)* gave a presentation on data linkage, and Fiona Kelly *(not pictured)* provided a brief overview of potential employment options at the AIHW.

Temporary employment

The AIHW maintains a Temporary Employment Register of individuals interested in short-term employment at the AIHW, which is promoted through the Institute's website and the *APSjobs* portal. Registration is current for a period of 6 months, after which interested individuals may re-register.

Periodically, due to a short-term increase in workload or when specialist skills are sought, opportunities may exist for short-term, non-ongoing employment at the Institute.

Improving manager access to the AIHW's Temporary Employment Register

During the 2013–14 year, we transformed the Temporary Employment Register from a collection of emails with attachments placed in a single folder to a searchable register and database facility. This has resulted in a significant time saving for all managers seeking temporary employees, as they no longer need to read through large numbers of applications but can now quickly scan the register using search fields such as skills, APS experience, location, salary expectations and hours of availability.

Since its launch in March 2014, more than 300 applicants have added their details to the new register and 7 managers have reviewed the register and provided positive feedback.

Managing for performance

The AIHW places strong emphasis on two-way communication between managers and staff. It conducts formal staff performance feedback and communication sessions twice a year to improve engagement between managers and staff on work priorities, workload, performance, learning and development, and other matters. Staff also receive feedback on their performance against the APS Integrated Leadership System capabilities and relevant Work Level Standards. In August 2013, 287 staff participated in formal performance discussions and in February 2014, 305 participated, demonstrating a strong commitment to the process.

Improving performance management processes

During 2013–14, we adopted a renewed focus on individual staff performance management, with the twin aims of building the capability and confidence of managers to better manage and support their teams and improving AIHW's performance management processes and tools.

This resulted in, for example, a substantial increase in frequency and availability of existing performance management programs for EL managers that were formerly offered in-house twice a year: 'managing performance' and 'difficult conversations'.

Two new programs were offered and delivered in-house: a 'Giving and receiving feedback' program for all staff (including managers), and a 'Spotlight on AIHW's performance and under-performance policies, procedures and templates' program.

In total, 27 training programs related to performance management were delivered during the year with a total attendance of 305.

During the year, SES employees trialled a new draft Individual Performance Agreement template in developing their own agreements with the Director of the Institute. They later consulted with staff in further developing and finalising the template to be implemented for all staff from July 2014. The aims of the new template are to better link individual planned work activities to group and unit deliverables in the *AIHW Work Plan 2014–15* and to clarify what constitutes satisfactory performance at the individual level.

Workplace behaviour

A positive work environment encourages workplace diversity, innovation and creativity, and helps to reduce absenteeism and employee turnover. All new AIHW employees receive training and information on the APS Values, Employment Principles and Code of Conduct, as well as the AIHW Values and Workplace Behaviour Policy, which collectively frame expectations of behaviour in the workplace. Existing staff have the opportunity to attend in-house programs on various aspects of workplace behaviour and to help ensure that the AIHW remains free of bullying and harassment.

The AIHW has 6 Harassment Contact Officers who are trained to provide advice on harassment and bullying matters. They represent various classification levels and AIHW locational spaces, and include both male and female officers. These officers are available on a confidential basis to all managers and staff for information and advice on bullying and harassment.

Nine staff sought advice from one of the Harassment Contact Officers during the 2013–14 reporting period.

No formal reports of bullying and harassment were made under the Workplace Behaviour Policy during the year. One staff member was investigated for potentially breaching the APS Code of Conduct. The outcome of the investigation found no breach had occurred, although the staff member was reminded of their obligations under the code.

Staff turnover

The AIHW's turnover of ongoing staff—that is, its separation rate excluding staff transferring to other APS agencies—has continued to decline. It dropped to 4.0% over 2013–14 from 5.8% over 2012–13 and 8.1% over 2011–12. The results for the 2 most recent years are lower than the 2012–13 separation rate of 6.3% for the wider APS published in the APSC's *State of the Service Report 2012–13*.

The AIHW's overall exit rate of ongoing staff—including ongoing staff permanently transferring to other APS agencies—was 7.3% in 2013–14, compared with 10.7% in 2012–13 and 15.6% in 2011–12.

Building and recognising expertise

Learning and development

The AIHW's Learning and Development Strategy 2011–2014 provides the framework for building staff capabilities through training courses, workshops and secondments. The calendar of courses and workshops is steered by a Learning and Development Advisory Committee that meets 3 times each year to consider staff needs. The committee uses information from the 6-monthly performance communication feedback discussions between staff and their managers to help identify learning and development needs and priorities.

Corporate learning and development program

In 2013–14, the AIHW's Corporate Learning and Development Program staff were offered 89 individual in-house courses covering key areas of required workforce capability (Table 4.6).

Three half-day corporate induction courses were delivered for new staff during the year, supplemented by individual or small group briefings on commencement.

Table 4.6: In-house learning and development courses, 2012–13 and 2013–14

	Occasions courses offered		Staff attendance numbers[(a)]	
Course type	**2012–13**	**2013–14**	**2012–13**	**2013–14**
Corporate induction (for new staff)	3	3	38	28
Communication and interpersonal skills	17	13	224	123
Management and leadership skills	17	24	161	284
Statistical, IT and data management skills	65	40	631	365
Health and wellbeing	6	9	101	106

(a) Some staff attended more than one course.

In 2013–14, the AIHW continued to focus on developing staff knowledge of and skills in using the Institute's Projects system, which was implemented during 2012–13. This training, when included with other statistical, ICT and data (technical) skills training, such as SAS, METeOR, epidemiology and the Microsoft suite, accounted for just under half of all courses delivered.

Some of the individual courses offered in the other capability areas included programs relating to performance management (see Spotlight on page 92), influencing skills, writing workshops, contract management, work health and safety awareness, mental health awareness, manual handling and Indigenous cultural awareness.

External study

The AIHW has a Studybank program to help staff undertake external study for a recognised qualification. Twenty staff received assistance for formal study during Semester 2, 2013 and Semester 1, 2014. Areas of study included public health policy, biostatistics, business, and social sciences.

Staff seminars

AIHW staff delivered a range of informal short staff seminars in their areas of expertise during the year. These included:

- 'tea-time sessions' on topics relating to the AIHW's new project management system and Microsoft SharePoint software
- seminars and training sessions on AIHW policies and processes, including writing for the AIHW, privacy, performance management and financial management
- 10 Statistical and Analytical Methods Advisory Committee 'conversations', covering a range of analytical and methodological topics (see Spotlight below).

Statistical 'conversations'

The AIHW's Statistical and Analytical Methods Advisory Committee holds regular 'conversations' which provide a forum for AIHW officers to discuss and debate statistical issues important to the Institute. Some of the topics discussed in 2013–14 included:

- Disease, diagnosis and classifications: how they fit together
- Moving beyond tables and graphs
- Communicating statistics online
- Quality assurance of data processes.

The conversations also allow the showcasing of analytical or work program developments—such as the June 2014 conversation on the AIHW's Australian Burden of Disease Study.

On occasion, there are opportunities for more light-hearted discussion such as the moderated debate 'To pie or not to pie', during which impassioned competing pleas were made to the audience to recognise the brilliance or perfidy of the pie chart.

Statistical support

The AIHW employs an expert statistical methodologist to advise staff on statistical work. This resource is augmented by a statistical consultancy panel. The AIHW statistical manual also provides a ready source of information to staff on AIHW statistical practices. The manual was updated during 2013–14 by the Statistical and Analytical Methods Advisory Committee on matters related to data confidentiality.

Building international relationships: Canadian reciprocal exchange

In recent years the Institute and the Canadian Institute for Health Information (CIHI) have had a reciprocal exchange program designed to provide temporary secondment opportunities for staff from both organisations to promote sharing of their heath statistical knowledge and skills. This exchange program was formalised through a non-binding MoU in April 2013.

Three CIHI staff have completed temporary secondments at AIHW, and 1 AIHW staff member, Sushma Mathur, completed a two-year secondment to CIHI in late 2013.

Following an expression of interest advertised to all AIHW staff in July 2013, Theresa Negrello was successful in gaining a 2-year secondment to CIHI from March 2014.

Australia Day awards

Australia Day awards were presented to 5 staff members and 2 units in January 2014 in recognition of their outstanding contributions to the AIHW (Table 4.7).

Table 4.7: Australia Day awards, January 2014

Name	For enhancing the AIHW's reputation and innovation through:
Phil Anderson	population health research collaborations
Therese Bourke	the Closing the Gap Clearinghouse
Jess Cargill	her contribution to a wide range of key AIHW activities
Anne Reader	her engagement with key stakeholders
Nikki Schroder	management and reporting of mental health administrative data
Cancer and Screening Unit	cancer data development and reporting, as well as cancer research
Indigenous Community and Health Service Reporting Unit	Indigenous-specific primary health care services development and reporting

Australia Day award recipients Jess Cargill, Anne Reader, Phil Anderson and Therese Bourke.

Long serving staff

During the year, 13 staff reached their 10 years or 20 years of service anniversaries at the Institute (Table 4.8).

Table 4.8: Staff long service anniversaries, 2013–14

20 years	10 years
Phil Anderson	Carey Doyle
Kuldeep Bhatia	Michelle Gourley
Karin Cerasani	Amber Jefferson
Nigel Harding	Ingrid Johnston
Chris Stevenson	Sally Mills
Xingyan Wen	Karen Mitchell
	Shubhada Shukla

Staff who reached 10 or 20 year service anniversaries during 2013–14

Back row (left to right):
Phil Anderson, Amber Jefferson, Michelle Gourley, Shubhada Shukla, Karin Cerasani and Karen Mitchell.

Foreground (left to right):
Kuldeep Bhatia, Nigel Harding, Chris Stevenson and Carey Doyle.

Absent:
Xingyan Wen, Ingrid Johnston and Sally Mills.

Encouraging work health and safety

Policy and arrangements

The AIHW is committed to maintaining a productive and safe work environment and meeting its obligations under the *Work Health and Safety Act 2011* (WHS Act). At the AIHW, senior managers, supervisors, Health and Safety Representatives, the Health and Safety Committee and all staff, work cooperatively to ensure that WHS risks are effectively managed.

WHS is a standing agenda item at the quarterly AIHW Board meetings. Updates on WHS matters are also provided regularly to internal committees, including the Executive Committee, the Consultative Committee and the Health and Safety Committee.

The AIHW's Health and Safety Policy Statement and Health and Safety Management Arrangements provide the framework within which the AIHW meets its legislative health and safety requirements and integrates WHS systems into its business activities.

The Health and Safety Committee meets at least 4 times a year, monitors incidents in the workplace, ensures any issues are dealt with effectively and efficiently, and reviews WHS policies and procedures. It also promotes appropriate health and safety practices, facilitates cooperation with staff, and assists in disseminating health and safety information.

Actions

Staff communication and training

The AIHW delivers health and wellbeing training and awareness programs regularly. During 2013–14, these included seminars on WHS awareness, mental health awareness, preventing bullying and harassment and musculo-skeletal health.

New staff are provided with information on the AIHW's WHS policies and procedures in their new starter packs and at corporate induction sessions. AIHW staff can also access information on maintaining their health and safety on the AIHW intranet.

Workstation assessments

During the year the AIHW continued to provide workstation assessments for all new staff and for any staff reporting discomfort or pain; 42 assessments were conducted in 2013–14. These assessments aim to minimise the incidence of workstation body-stressing injuries. Several sit-stand workstations were purchased for staff who, on medical advice, would benefit from them. All staff were provided with sit-stand workstations in late June 2014 as part of the fit-out of the AIHW's new office building.

Workplace safety inspections

Four workplace safety inspections covering all AIHW office locations were undertaken during 2013–14 in collaboration with Health and Safety Representatives.

Health and wellbeing

The AIHW continued to engage Davidson Trahaire Corpsych to provide short-term counselling services under its Employee Assistance Program. In the 12 months to 28 February 2014, 33 staff and 3 family members used the service.

As in previous years, the AIHW offered free influenza vaccinations to all staff ahead of the 2014 influenza season. A total of 192 staff received vaccinations provided by the Institute during March and April 2014.

The AIHW continued to support corporate gym membership during the year. This provides staff with access to a range of gyms across Canberra at a substantially reduced rate. The membership is paid for by staff and administered by the AIHW Social Club. In addition, the Institute made its own facilities available for lunch time Pilates and yoga classes for staff.

In recognition of the mutual benefits of a healthy lifestyle to both employees and the AIHW, the *Australian Institute of Health and Welfare Enterprise Agreement 2012–2014* provides financial assistance to help employees maintain and improve their health and wellbeing. Three hundred staff were reimbursed up to $299 during the Fringe Benefits Tax Year ending 31 March 2014 for items purchased to help them participate in physical activities.

Workplace health and safety performance outcomes

The AIHW's active commitment to early work health and safety intervention and rehabilitation minimises time off work for staff and enhances the prospects of a sustainable return to work. This is reflected in the AIHW's historically low level of workers' compensation premiums compared with all Comcare-insured agencies (**Table 4.9**).

Table 4.9: Proportion of payroll paid as workers' compensation premiums

	2010–11	2011–12	2012–13	2013–14	2014–15
AIHW	0.90	0.70	0.60	0.79	0.74
All Comcare-insured agencies	1.20	1.41	1.77	1.81	2.12

Note: 'Payroll' is as defined by Comcare, for workers entitled to benefit under the *Safety, Rehabilitation and Compensation Act 1988*.

No directions, notices, offences or penalties were served against the AIHW under the WHS Act, and no workplace incidents required notification to Comcare.

Three new compensation cases involving 2 employees were lodged with Comcare during 2013–14, of which two claims were accepted and the third was awaiting Comcare's decision at 30 June 2014.

Accommodation and energy efficiency

Current accommodation

The AIHW operated from 3 separate office buildings in Canberra for most of 2013–14:

- 26 Thynne Street, Fern Hill Park, Bruce (main building)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block A)
- 22 Thynne Street, Fern Hill Park, Bruce (Southlake).

The leases for these 3 buildings expired during July–August 2014.

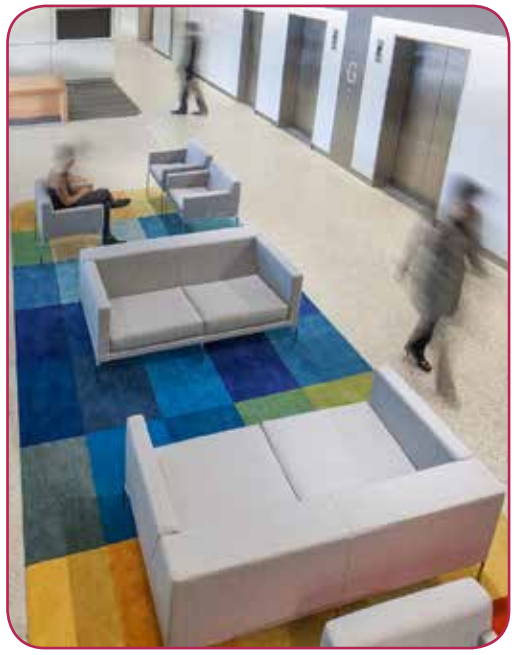
The 'old building': the main AIHW building at 26 Thynne Street, Bruce.

Staff progressively moved to a single new office building in June 2014 at 1 Thynne Street, Fern Hill Park, Bruce (see Spotlight over). The AIHW has taken a 15-year lease on the 3-storey building and its basement and open-air car parks.

A new office building

The new AIHW office building at 1 Thynne Street, Fern Hill Park, Bruce, ACT, is designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) energy efficiency rating. This rating is required by the Australian Government Energy Efficiency in Government Operations policy.

The new building is large enough to accommodate all current AIHW staff, with potential for more, and will maintain the AIHW's long-term association with Bruce.



The 'new building' at 1 Thynne Street, Bruce. (Photos: Ben Wrigley).

Construction started in April 2013. Due to time constraints, the builder responsible for the base building, Bloc ACT Pty Ltd, also installed the fit-out. A working group of AIHW Executive and staff representatives worked with the architects, Cox Architecture, and the builder, on design of the integrated fit-out, meeting at least every 2 weeks.

Prototypes of key furniture items such as workstations, mobile pedestals and storage units were displayed to staff, who were also kept informed of developments through presentations and a blog on the AIHW's intranet. Staff comments were invited at key stages, and resulted in significant changes being made, for example, the provision of electronic sit–stand desks for all staff.

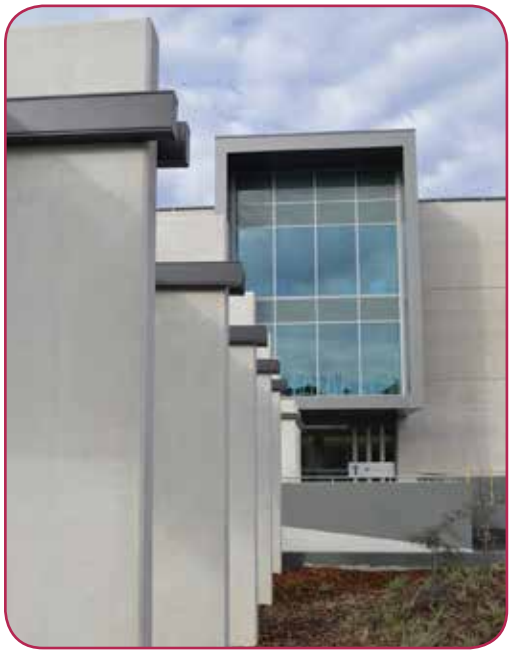
Representatives of the AIHW Executive and staff visited the building site monthly to inspect progress and gain a better understanding of how the fit-out would work in practice. Construction proceeded ahead of schedule and practical completion of the building and fit-out was achieved on 30 May 2014. The fit-out was jointly funded by the building owner and from the AIHW's own reserves.

The relocation from the old buildings to the new building was carefully planned. One of the biggest challenges was to move computer servers from 2 buildings into the new building. This was achieved by our IT staff over 6 weeks in May–June 2014. Normal operations from our old buildings continued via secure links to the servers in the new building, almost without interruption. The library was moved over several weeks in June. The final move of staff and documents took place over 2 weekends at the end of June with only a few hours downtime for each staff person. By 30 June 2014, all 3 old buildings had been vacated and all staff were working in the new building.

The 'new building' at 1 Thynne Street, Bruce. (Photos: Ben Wrigley).

The benefits of the new building, several of which have positive environmental impacts, include:

- co-location in 1 building instead of 3
- double glazing of windows throughout
- a server room substantially cooled by outside air
- expected lower power bills
- a more open design
- better meeting rooms with up-to-date technology and flexible videoconferencing facilities
- a reduction in the number of printers to less than 1 printer per 20 desktops
- more centralised management of stationery
- more centralised and systematic collection of recyclable waste.



The 'new building' at 1 Thynne Street, Bruce.

Ecologically sustainable development

The AIHW upholds the principles of ecologically sustainable development detailed in the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) and is committed to making a positive contribution to achieving the objectives of the legislation.

Section 516A(6) of the EPBC Act requires the AIHW to report on on environmental matters, including ecologically sustainable development. **Table 4.10** and **Table 4.11** provide this information.

Table 4.10: Ecologically sustainable development reporting, 30 June 2014

Legislation administered during 2013–14 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 4.11 includes available information on energy consumption and recycling of waste. Data on water consumption, gas consumption, and on use of recycled paper, cardboard and plastics for general or co-mingled waste production are not available.
Measures taken to minimise the impact of AIHW activities on the environment (excludes new 1 Thynne Street office location)	In accordance with the AIHW's commitment to protecting the environment, it has adopted a number of practices to reduce the environmental impact of its day-to-day operations. These include: • environmentally friendly tips and information on the AIHW intranet • provision of amenities for staff who ride bicycles to work • use of energy-efficient lighting • purchasing 10% GreenPower • purchasing only energy-efficient equipment that is Energy Star compliant • 'shutting-down' multi-functional devices when they are left idle for long periods • movement-activated lighting that turns off after 20 minutes of no movement being detected • solar tinting on windows to increase the efficiency of heating and cooling • installation of a modern, efficient air-conditioning boiler and chiller by the owner of 26 Thynne St, and a new building management system to better monitor electricity and gas usage in that building • designated car parks for staff who car-pool • water-saving devices in all 4 showers and 37 toilets across the three AIHW buildings • recycling of toner cartridges and paper • purchasing only paper with at least 50% recycled content for printing and copying • recycling of mobile phones • re-use of stationery items such as ring binders • recycling bins in all AIHW kitchens for collection of organic waste.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	During 2013–14, the AIHW worked to comply with benchmark environmental impact indicators during the planning, building and fit-out of the new office building at 1 Thynne St, which is designed to achieve a 4.5 star NABERS rating.

Table 4.11: Energy consumption and recycled waste, 2010–11 to 2013–14

	2010–11	2011–12	2012–13	2013–14
Energy consumption				
Electricity (kilowatt hours, as office tenant light and power)[(a)]	936,410	827,312	858,439	753,153
Paper (reams)	n.a.	n.a.	3,380	2,570
Recycled waste				
Organics from kitchens (tonnes)	2.1	2.4	1.8	2.4
Toner cartridges (number)	n.a.	n.a.	331	329

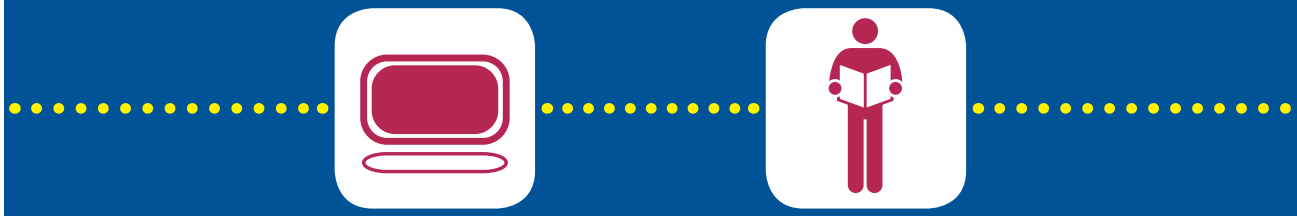
(a) Office air-conditioning is metered to the base building while light and power is separately metered.

Government greenhouse and energy reporting

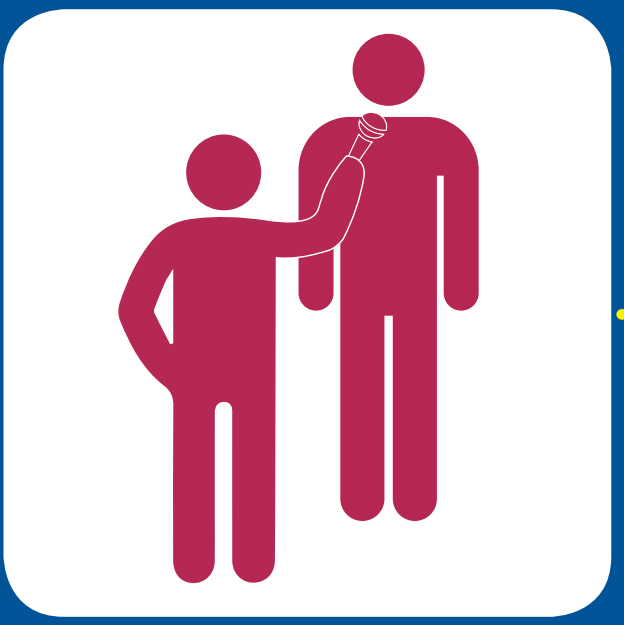
The Australian Government Energy Efficiency in Government Operations (EEGO) policy helps government agencies identify opportunities to save energy. The AIHW is required to comply with the EEGO policy because it derives more than half the funds for its operations from the Commonwealth, either directly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

During 2013–14, the AIHW submitted energy data to the Minister for Health as required for the 2012–13 year.

The EEGO policy also requires compliance 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. The agreement for lease for 1 Thynne Street meets this requirement.



Chapter 5
Our communications



This chapter focuses on how the AIHW gets its messages out better.

Communicating well

The AIHW is committed to making our work widely accessible and easy to understand. In particular, we focus on:

- conveying policy-relevant information to health and welfare policymakers and the public
- ensuring information is available in a variety of formats to cater to different audiences
- helping the media to use and accurately report AIHW statistics and information
- using innovative online communications to deliver information to the community
- wherever possible, publishing AIHW reports under Creative Commons licences so that people can use and adapt the information without seeking our formal approval.

AIHW publications and other information products are rigorously peer reviewed and professionally edited to ensure that they are accurate and succinct. There were 172 print publications and web products produced in 2013–14 (see **Appendix 8**). All AIHW publications include a 1-page 'plain English' summary.

'In brief' and 'at a glance' publications

The AIHW's commitment to making information accessible includes providing 'in brief' or 'at-a-glance' summary publications to accompany key reports. The AIHW published 4 'in brief' or 'at a glance' publications in 2013–14:

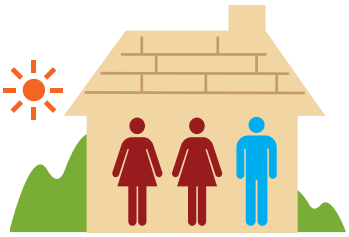
1. *Australia's health 2014: in brief* is an attractive, user-friendly short version of the biennial report *Australia's health 2014*. The 60-page 'in brief' publication is presented in an easy-to-use tabbed format. It highlights and summarises key statistics and concepts from the main report, and includes sections on 'The good news', 'Could do better', 'Life stages', 'Not faring so well', 'Behind the scenes' and 'What lies ahead?'.

2. The 48-page *Mental health services in Australia 2014: in brief* is a companion publication to the Mental Health Services Website <www.mhsa.aihw.gov.au/home/>. The website provides a comprehensive picture of how the health and welfare service system responds to the mental health care needs of Australians, while the 'in brief' publication provides an overview of key findings each year.

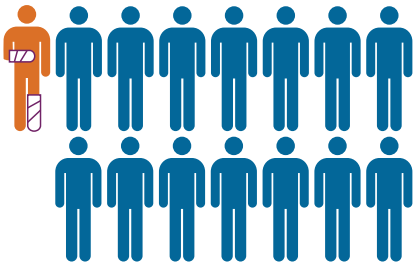
3. *Australia's welfare 2013: in brief* is the second welfare in-brief produced. The 28-page publication presents findings and concepts from the *Australia's welfare 2013* publication in an easy-to-read format. Sections include 'Key trends and facts', 'Who and where are we?', 'What about Indigenous Australians?', 'Are things different outside the major cities?' 'Learning and earning', 'For richer, for poorer', 'Caring for people in need' and 'What are we doing to find out more?'.

4. The 29-page *Australia's hospitals 2012–13: at a glance* presents an overview of statistics on Australian hospitals, and answers questions such as how many people are employed in Australia's hospitals, and what services Australia's hospitals provide. The larger, more detailed report, *Australia's hospitals 2012–13*, provides detailed statistics as well as information on how to interpret the data.

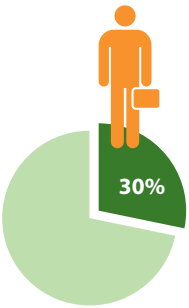
Samples of easy-to-interpret graphics from print and online versions of AIHW 'in brief' reports are shown below:



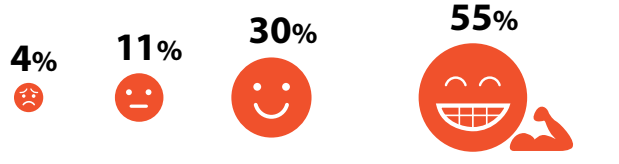
Women make up **two-thirds** of permanent residents in aged care



1 in 15 admissions was for an injury



Young people aged 20-39 living in capital cities



How Australians aged 15+ rated their own health in 2011–12

Report profiles

AIHW report profiles are short documents that illustrate the main findings of the report through the use of graphs, pictures and short summaries. They are designed for distribution at launches, conferences, meetings and other events. In 2013–14, the following publications were accompanied by report profiles:

- *The health of Australia's prisoners 2012*
- *Movement between hospital and residential aged care 2008–09*
- *Drug treatment for opioid dependence 2013*.

Web products

Web products, or 'snapshots', present information in an attractive and straightforward format and provide a gateway to more in-depth data and analyses. Key points and simple graphics are generally just 1 click away from the AIHW home page, while more in-depth information can be found by 'drilling down' with a few more clicks. Where web products accompany a printed report, they link to a downloadable portable document format (PDF) version of the report. In some cases, full reports have been made available as hypertext markup language (HTML) publications. During 2013–14, snapshots covered topics such as:

- adoptions
- Australia's hospitals at glance
- bronchiectasis
- cancer screening
- deaths
- disability
- aged care
- back problems
- cancer
- COPD
- dental and oral health
- osteoporosis
- youth justice.

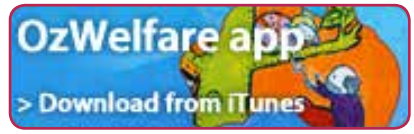
Nine new full-text online reports were released in HTML format in 2013–14 in addition to downloadable PDF versions:

1. *Annual report 2012–13*
2. *Australia's health 2014*
3. *Australia's health 2014: in brief*
4. *Australia's hospitals 2012–13: at a glance*
5. *Australia's welfare 2013: in brief*
6. *Cancer in Australia 2012: an overview*
7. *Cancer in Australia in brief 2012*
8. *Multiple causes of death*
9. *Risk factors contributing to chronic disease*

The *Mental health services in Australia* website <mhsa.aihw.gov.au/home/> was updated 6 times during the year with new information on the mental health workforce and mental health-related services. There were about 139,400 user sessions on the web pages in 2013–14—more than double the number of sessions in 2012–13.

The Closing the Gap Clearinghouse is delivered by the AIHW in collaboration with the Australian Institute of Family Studies. In 2013–14, the website <www.aihw.gov.au/closingthegap/> was redeveloped after a review of its content, navigation and search functionality. The updated website includes improved design and search capabilities. Links to Clearinghouse resources are provided through icons designed by Aboriginal artist Linda Huddleston. Twenty-one publications were added to the Clearinghouse in 2013–14, including resource sheets, issues papers and an annual report. There were more than 40,400 sessions on the site in 2013–14 which is a fall from the 70,000 reported in 2012–13.

OzHealth and OzWelfare apps



Our flagship publications, *Australia's health* and *Australia's welfare* (see Spotlight on page 115), are complemented by *OzHealth* and *OzWelfare* apps. They each present facts and figures in an interesting, colourful, and easy-to-use format—making them particularly valuable for students and teachers, and audiences that might not usually be interested in statistics. Both apps also include a quiz that draws 10 multiple-choice questions from a bank of questions within the app, and provides answers and scores. A comprehensive glossary and material about the AIHW are also included in both apps.

Versions for iPhone and iPad are available free from Apple's App Store. During 2013–14, the apps were downloaded more than 3,000 times. Most users were from Australia and elsewhere in the Asia Pacific region, followed by the USA and Canada, and Europe.

The *OzWelfare* app was released in late 2013 on the Apple iOS platform, and an update of *OzHealth* will be available in late 2014.

Social media

The AIHW uses its Twitter tag *@aihw* to keep followers informed about new releases on the AIHW website. There were almost 5,000 followers on 30 June 2014.

David Kalisch in a photo tweeted from the *Australia's health 2014* launch.

Getting our messages out better

The AIHW makes data and information available online in several different ways:

- **Downloadable PDFs**—these are standard with all AIHW reports
- **Snapshots**—these are popular multi-level web products that include:
  - **landing pages** that present key statistical messages in short line items, with graphics that visually support the messages
  - **web pages** that present information at the same level of complexity as an executive summary, with links to more detailed content
  - **detailed content**, which can include source data, tables, Excel spreadsheets, data cubes or SAS VA dynamic data displays
- **Online or HTML reports**—these are AIHW reports that have been either been converted into HTML web pages from existing PDFs, or prepared at the start in a web format. These reports allow greater accessibility and navigability than standard PDFs.

Snapshots are prepared by communications staff in close collaboration with statistical experts in order to assure an engaging and statistically accurate message. The target audience for web snapshots includes policymakers, key stakeholders, students, interest groups and the general public.

Snapshots that were created or updated in 2013–14 covered topics as diverse as adoptions, aged care, back problems, bronchiectasis, cancer, cancer screening, COPD, dental and oral health, disability, hospitals, osteoporosis, and youth justice.

In June 2014 the Institute released its first full HTML version of a flagship publication, *Australia's health 2014*—a resource-intensive task given the length of the publication (575 pages). *Australia's health 2014* links to other full HTML publications from AIHW such as *Cancer in Australia: an overview 2012*, *Risk factors contributing to chronic disease* and *Incidence of insulin-treated diabetes in Australia 2000–2009*.

A similar approach is planned for *Australia's welfare 2015*. This will not only provide users with better access to welfare information, but will support a better understanding of the complex links between the health and welfare sectors.

Notification services for clients and stakeholders

The AIHW advises clients and stakeholders of the release of AIHW publications, newsletters, and employment and tender notices through free self-subscription email notification services. Subscriptions to these notices rose by nearly 9% in 2013–14 (**Table 5.1**). The biggest increase was for the AIHW's long-established print and online newsletter, *AIHW Access*.

Table 5.1: Email notification service subscriptions, 2010 to 2014

Year at 30 June	2010	2011	2012	2013	Change 2013 to 2014	2014
Health publication releases	4,019	4,629	5,382	6,090	▼	**5,729**
Welfare publication releases	2,999	3,442	4,102	4,583	▼	**4,426**
Education resources and promotions	640	1,171	2,157	2,961	▲	**3,581**
Employment vacancies	629	1,640	2,478	4,051	▲	**4,831**
AIHW Access online releases	400	1,069	2,398	3,620	▲	**4,632**
Total	**8,687**	**11,951**	**16,517**	**21,305**	▲	**23,199**

Customer care charter

The AIHW's customer care charter is available at <www.aihw.gov.au/customer-care-charter/>. The charter describes the AIHW's standards for responding to requests for information, and details how we make information and data available and accessible. It also reinforces the AIHW's commitment to privacy in dealing with personal information and provides information on how clients can provide feedback, make complaints and obtain further information about AIHW products.

AIHW communications staff processed and responded to about 1,100 email requests for general information in 2013–14—an average of about 5 a day.

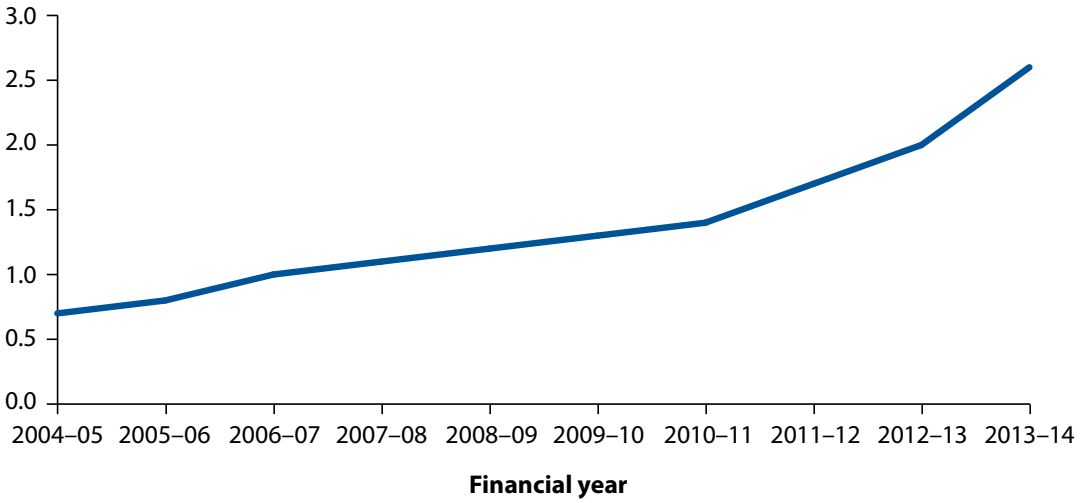
New products

Product releases

In 2013–14, the AIHW released 172 products—143 print publications and 29 web products (see **Appendix 8**)—which includes 24 Youth Justice Fact Sheets. Overall, 41 more products were released in 2013–14 than in 2012–13 (see Figure 3 on page xxi).

AIHW's website

There were more than 2.6 million sessions on the AIHW's website <www.aihw.gov.au/> in 2013–14—an increase of 30% over 2012–13 (2.0 million) (**Figure 5.1**). The AIHW website is the main conduit for all AIHW print-ready and web products and for a range of other data-related products. All these products are available free.



Notes: Data for this figure are available in Table A10.12.

Figure 5.1: Sessions on the AIHW website, 2004–05 to 2013–14

Downloads of popular reports

The publications most frequently downloaded from the AIHW website in 2013–14 are detailed in **Table 5.2**. *Australia's health 2012* was by far the most downloaded report, with 32,715 downloads.

Table 5.2: Top 10 publications downloaded from the AIHW website, 2013–14

1	*Australia's health 2012*	32,715
2	*Young Australians: their health and wellbeing 2011*	10,065
3	*2010 National Drug Strategy Household Survey report*	8,887
4	*A picture of Australia's children 2012*	8,038
5	*The burden of disease and injury in Australia 2003*	7,233
6	*Health expenditure Australia 2011–12* (released September 2013)	5,902
7	*Australia's welfare 2013* (released August 2013)	5,764
8	*Cancer in Australia: an overview 2012*	5,464
9	*Australia's health 2012—in brief*	5,073
10	*Cardiovascular disease: Australian facts 2011*	4,585

Note: This ranking is based on downloads of each report either during 2013–14 or from the stated release date to 30 June 2014.

A bumper year for flagships

The Institute is required to submit to the Australian Parliament biennial reports on statistics and related information concerning, respectively, the health and welfare of the people of Australia.

The 2013–14 year saw the release of both AIHW flagship reports and accompanying products.

Australia's welfare 2013 was released in August 2013, and was followed 11 months later by *Australia's health 2014*, released in June 2014.

Both reports are 'go to' national resources containing facts, figures and information on a vast array of health and welfare issues and topics. They are designed to meet the needs of a variety of audiences, from ministers and policymakers to the secondary and tertiary education sectors and the general public.

Not every audience needs, or has time to absorb, such comprehensive offerings—*Australia's welfare 2013* and *Australia's health 2014* are 536 and 575 pages respectively. So, for those who are 'time poor' or who need a quick reference guide, the 'big books' are accompanied by 'in brief' companion booklets (28 and 64 pages respectively).

These booklets highlight information from the main reports and provide overviews in an easy-to-follow format.

The plain English text is supported by eye-catching graphics that show, at a glance, facts ranging from how many young people are living in capital cities, to the percentages of women and men in permanent residential aged care, to how Australians rate their own health.

Media

Media coverage

The AIHW issued 80 media releases in 2013–14, 4 fewer than in 2012–13 (**Table 5.3**). However, overall media coverage rose by over 12%. A fall in broadcast coverage may reflect the continuing growth of the Internet as the most preferred source of news in the community.

Table 5.3: Media coverage, 2009–10 to 2013–14

	Print	Radio	TV	Online	AAP	Total	Media releases
	Number of media items						Number
2009–10	581	1,958	139	1,347	60	**4,085**	**56**
2010–11	698	1,645	103	1,651	77	**4,174**	**71**
2011–12	564	1,956	138	2,127	96	**4,881**	**82**
2012–13	458	1,929	128	2,758	92	**5,365**	**84**
Change 2012–13 to 2013–14	▲	▼	▼	▲	▼	▲	▼
2013–14	**507**	**1,620**	**122**	**3,778**	**15**	**6,042**	**80**

Media coverage of individual reports

The AIHW reports that attracted the most media coverage during the year are listed in Table 5.4.

Table 5.4: Top 10 reports for media coverage, 2013–14

		Number of media items
1	*Australia's health 2014*	243
2	*Australia's welfare 2013*	140
3	*Specialist homelessness services: 2012–13*	102
4	*Australian hospital statistics 2012–13: elective surgery waiting times*	94
5	*Australian hospital statistics 2012–13: emergency department care*	87
6	*Medical workforce 2012*	85
7	*Australian hospital statistics 2012–13* and *Australia's hospitals at a glance 2012–13*	78
8	*Trends in hospitalised injury, Australia: 1999–00 to 2010–11*	73
9	*The health of Australia's males: 25 years and over* and *The health of Australia's males: from birth to young adulthood (0–24 years)*	70
10	*Depression in residential aged care 2008–2012*	68

Parliamentary relations

Budget estimates hearings

During 2013–14, the AIHW Director appeared before the Senate Community Affairs Committee Additional Estimates and Budget Estimates hearings for the Health portfolio. Arising from this and the 2 other annual Senate Estimates hearings, the AIHW gave an individual response to a total of 9 questions on notice and provided input for a total of 27 portfolio-wide responses to questions on notice.

Inquiries

The AIHW provided 11 submissions to parliamentary or government inquiries in 2013–14 (Table 5.5).

Table 5.5: Submissions to parliamentary or government inquiries, 2013–14

Federal	
Joint Select Committee on Northern Australia	Inquiry into the Development of Northern Australia
Senate Standing Committees on Community Affairs—References Committee	Grandparents who take primary responsibility for raising their grandchildren
Senate Standing Committees on Community Affairs—References Committee	Inquiry into the out-of-pocket costs in Australian healthcare
House of Representatives Standing Committee on Health	Inquiry into skin cancer in Australia (2 submissions)
Senate Standing Committees on Economics—References Committee	Inquiry into affordable housing
House of Representatives Standing Committee on Indigenous Affairs	Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities
National Children's Commissioner, Australian Human Rights Commission	Examination of intentional self-harm and suicidal behaviour in children
State/territory	
NSW Legislative Council Select Committee on Social, Public and Affordable Housing	Inquiry into social, public and affordable housing
Victorian Law Reform, Drugs and Crime Prevention Committee	Inquiry into the supply and use of Methamphetamines, particularly 'ice'
Legislative Assembly of the Northern Territory Select Committee	Action to Prevent Foetal Alcohol Spectrum Disorder

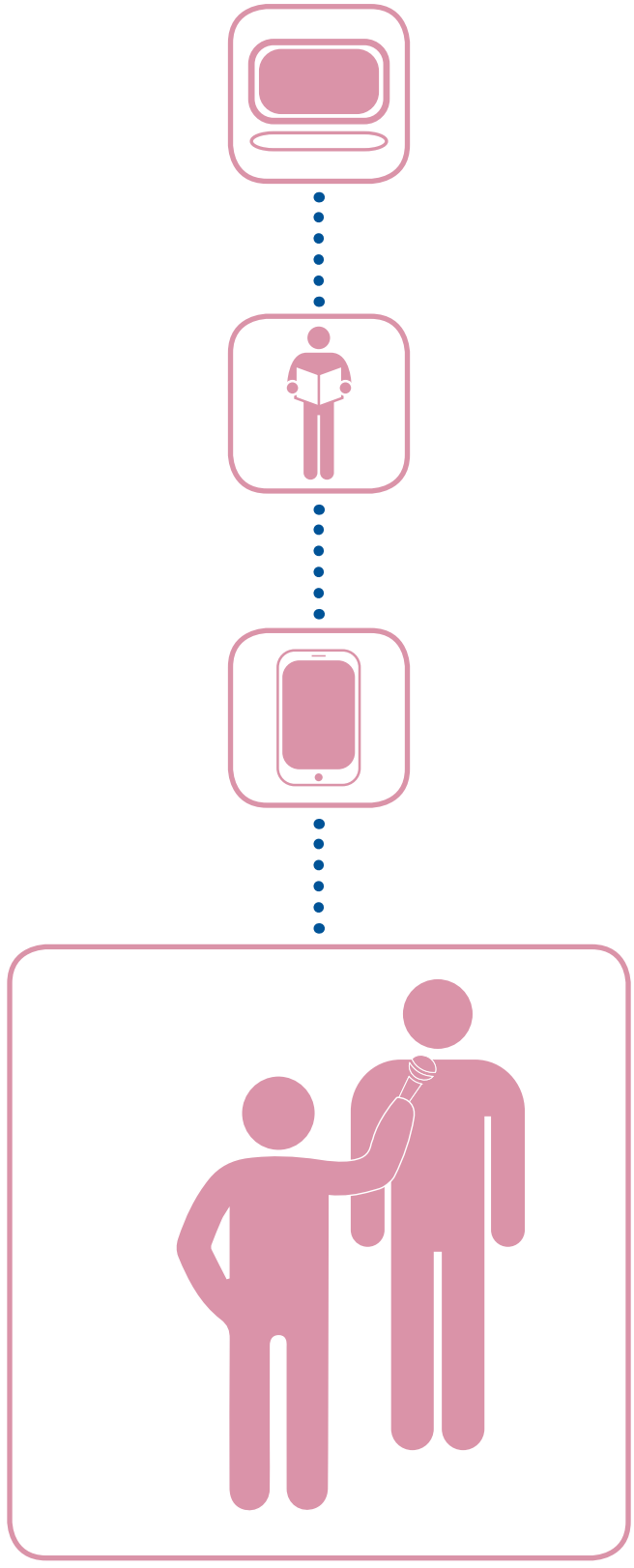
Meet 'Bruce', the AIHW's new intranet

In June 2014 the AIHW replaced its intranet, which had been in operation since 2002, with a new version based on Microsoft SharePoint 2013. Named via a staff competition, 'Bruce' supports business processes at the Institute, as well as the social and cultural sides of life at the AIHW.

Bruce is easier to use, and to search, than its predecessor. It also has more complete content and new features such as expanded staff profiles.

Enhanced staff profiles

Discover your colleagues' hidden talents



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

The Commonwealth legislation and regulations that established and continue to govern the AIHW are listed below. The full text of these instruments, including a history of amendments, are on the Australian Government's ComLaw website <www.comlaw.gov.au>.

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

  The AIHW Act establishes the AIHW and describes its composition, its functions, powers and obligations. The compilation current at 30 June 2014 includes all amendments up to 27 June 2011 and was prepared on 27 December 2011. It may be found at: <www.comlaw.gov.au/Series/C2004A03450>. The AIHW Act was further amended to be consistent with the *Public Governance, Performance and Accountability Act 2013* with effect from 1 July 2014. These amendments can be found in Schedule 7 of the *Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Act 2014* at <www.comlaw.gov.au/Details/C2014A00062/Html/Text#_Toc392143333>.

- Australian Institute of Health and Welfare Regulations 2006 (Select Legislative Instrument 2006 No. 352)

  The regulations currently prescribe only that the maximum value of contracts that can be entered into by the AIHW without seeking ministerial approval is $1.5 million. They may be found at <www.comlaw.gov.au/Series/F2006L04013>.

- Australian Institute of Health and Welfare Ethics Committee Regulations 1989 (Statutory Rules 1989 No. 118 as amended, made under the *Health Act 1987*)

  The regulations prescribe the functions and composition of the AIHW Ethics Committee. The current compilation includes all amendments up to 5 April 2002 and was prepared on 5 April 2002. It may be found at <www.comlaw.gov.au/Series/F1997B01703>.

The AIHW Act, AIHW regulations and AIHW Ethics Committee regulations, current to 30 June 2013, are reproduced below for ease of reference (excluding endnotes).

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended.

Contents

An Act to establish an Australian Institute of Health and Welfare, and for related purposes

Part I—Preliminary

1 Short title

This Act may be cited as the *Australian Institute of Health and Welfare Act 1987*.

2 Commencement

This Act shall come into operation on a day to be fixed by Proclamation.

3 Interpretation

(1) In this Act, unless the contrary intention appears:

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Australian Institute of Health and Welfare Ethics Committee.

Finance Minister means the Minister administering the *Financial Management and Accountability Act 1997*.

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

(a) the Minister of the Crown for a State;

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be.

State Housing Department means the Department of State of a State or Territory that deals with matters relating to housing in the State or Territory.

State Housing Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to housing in the State or Territory, as the case may be.

State Welfare Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to welfare in the State or Territory, as the case may be.

trust money means money received or held by the Institute on trust.

trust property means property received or held by the Institute on trust.

Welfare-related information and statistics means information and statistics collected and produced from data relevant to the provision of welfare services.

welfare services includes:

(a) aged care services; and

(b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and

(c) services for people with disabilities; and

(d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and

(e) child welfare services (including, in particular, child protection and substitute care services); and

(f) other community services.

(2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

Note: For the manner in which the Chairperson may be referred to, see section 18B of the *Acts Interpretation Act 1901*.

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

(1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.

(2) The Institute:

(a) is a body corporate with perpetual succession;

(b) shall have a common seal; and

(c) may sue and be sued in its corporate name.

Note: The *Commonwealth Authorities and Companies Act 1997* applies to the Institute. That Act deals with matters relating to Commonwealth authorities, including reporting and accountability, banking and investment, and conduct of officers.

(3) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Institute affixed to a document and shall presume that it was duly affixed.

5 Functions of the Institute

[Institute to have health-related and welfare-related functions]

(1AA) The functions of the Institute are:

(a) the health-related functions conferred by subsection (1); and

(b) the welfare-related functions conferred by subsection (1A).

[Health-related functions]

(1) The Institute's health-related functions are:

(a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;

(b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;

(c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;

(d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;

(e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;

(f) to conduct and promote research into the health of the people of Australia and their health services;

(g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;

(h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;

(j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;

(k) 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 of Australia; and

(m) to do anything incidental to any of the foregoing.

[Welfare-related functions]

(1A) The Institute's welfare-related functions are:

(a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and

(d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and

(e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and

(f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and

(g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and

(h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

[Functions of Australian Bureau of Statistics not limited by this section]

(3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

6 Powers of Institute

The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

(a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;

(b) to acquire, hold and dispose of real or personal property;

(c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

(d) to appoint agents and attorneys and act as an agent for other persons;

(e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;

(f) subject to section 29, to:

(i) release data to other bodies or persons; and

(ii) publish the results of any of its work; and

(g) to do anything incidental to any of its powers.

7 Directions by Minister

(1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

(3) This section does not affect the application of section 28 of the Commonwealth Authorities and Companies Act 1997 in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

(1) Subject to subsection (2), the Institute shall consist of the following members:

(a) the Chairperson;

(b) the Director;

(c) a member nominated by the Australian Health Ministers' Advisory Council;

(ca) a member nominated by the Standing Committee of Social Welfare Administrators;

(cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;

(d) the Australian Statistician;

(e) the Secretary to the Department;

(f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;

(fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;

(fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;

(fc) a person nominated by the Minister who has expertise in research into public health issues;

(g) 3 other members nominated by the Minister;

(h) a member of the staff of the Institute elected by that staff.

(1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:

(a) before nominating the member referred to in paragraph 8(1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and

(b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and

(c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

(d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

(1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):

(a) may be made by one or more bodies; and

(b) may contain one or more names.

(2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.

(3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

(a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);

(b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

(ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);

(c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).

(4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).

(5) Subject to this section, a member shall be appointed by the Governor-General.

(5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full time or a part time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.

(5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part time basis for a period of one year commencing on:

(a) the day on which the poll for the election of the member is held; or

(b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

(7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.

(8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

(1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

(a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office.

Note: For rules that apply to acting appointments, see section 33A of the *Acts Interpretation Act 1901*.

10 Remuneration and allowances

(1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the Remuneration Tribunal Act 1973.

11 Leave of absence

(1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

(2) The Minister may:

(a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

(b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

12 Resignation

A member may resign by instrument in writing delivered to the Governor-General.

13 Termination of appointment

(1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

(2) If a member:

(a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;

(b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;

(c) being a full-time member who is paid remuneration under this Part:

(i) engages in paid employment outside his or her duties without the consent of the Minister; or

(ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or

(d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

the Governor-General may terminate the appointment of the member.

(3) Where:

(a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

(b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or

(c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

the Governor-General shall terminate the appointment of the member.

14 Disclosure of interests

(3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

(1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

(2) The Institute shall meet at least once every 4 months.

(3) The Chairperson:

(a) may at any time convene a meeting; and

(b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

(4) The Minister may convene such meetings as the Minister considers necessary.

(5) At a meeting:

(a) if the Chairperson is present, the Chairperson shall preside;

(b) if the Chairperson is absent, the members present shall appoint one of their number to preside;

(c) a majority of the members for the time being constitute a quorum;

(d) all questions shall be decided by a majority of the votes of the members present and voting; and

(e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

(6) The Institute shall keep minutes of its proceedings.

(7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 Committees

(1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.

(2) The functions and composition of the Ethics Committee shall be as prescribed.

(3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.

(4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.

(5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.

(6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).

(7) The members of a committee may include members of the Institute.

(8) A member of a committee holds office for such period as is specified in the instrument of appointment.

(9) A member of a committee may resign by instrument in writing delivered to the Institute.

(10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.

(11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.

(12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.

(13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:

(a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and

(b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.

(14) The disclosure must be recorded in the minutes of the meeting.

(15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

(1) There shall be a Director of the Institute.

(2) The Director shall be appointed by the Minister on the recommendation of the Institute.

(3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.

(5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.

(6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.

(7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.

(8) Sections 11 and 14 apply to the Director.

(9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

18 Functions of Director

(1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.

(2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

19 Staff

(1) The staff required for the purposes of this Act shall be:

(a) persons engaged under the *Public Service Act 1999*; and

(b) persons appointed or employed by the Institute.

(2) For the purposes of the *Public Service Act 1999*:

(a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and

(b) the Director is the Head of that Statutory Agency.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

(1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.

(2) The Finance Minister may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

22 Money of Institute

(1) The money of the Institute consists of:

(a) money paid to the Institute under section 20; and

(b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

(a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

(b) in payment of remuneration and allowances payable under this Act; and

(c) in making any other payments required or permitted to be made by the Institute.

(3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

The Institute shall not, except with the written approval of the Minister:

(a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding $200,000 or such higher amount as is prescribed; or

(b) enter into a lease of land for a period of 10 years or more.

24 Extra matters to be included in annual report

(2) A report on the Institute under section 9 of the *Commonwealth Authorities and Companies Act 1997* must, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

(a) particulars of the direction; or

(b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

(1) The Institute:

(a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;

(b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

(c) may only invest trust money:

(i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or

(ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

(1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; and

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 Delegation by Director

(1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; or

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

29 Confidentiality

(1) Subject to this section, a person (in this subsection called the ***informed person***) who has:

(a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

(i) holding an office, engagement or appointment, or being employed, under this Act;

(ii) performing a duty or function, or exercising a power, under or in connection with this Act; or

(iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an ***information subject***), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

(c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);

(d) produce that document to any person (including an information subject); or

(e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: $2,000 or imprisonment for 12 months, or both.

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

(a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ***information provider***) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.

(2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

(a) ***court*** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

(b) ***person*** includes a body or association of persons, whether incorporated or not, and also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—a deceased person;

(c) ***produce*** includes permit access to;

(d) ***publication***, in relation to conclusions, statistics or particulars, includes:

(i) the divulging or communication to a court of the conclusions, statistics or particulars; and

(ii) the production to a court of a document containing the conclusions, statistics or particulars; and

(e) a reference to information concerning a person includes:

(i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and

(ii) a reference to information identifying a person or body providing information concerning a person.

30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*

(1) The Epidemiological Studies (Confidentiality) Act 1981 (in this section called the Confidentiality Act) does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

(a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and

(b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

(a) ***epidemiological*** study has the same meaning as in the Confidentiality Act; and

(b) ***prescribed study*** has the same meaning as in the Confidentiality Act.

31 Periodical reports

(1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

(a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and

(b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

(a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:

(i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and

(ii) ending on 30 June 1993; and

(b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

(a) a health or welfare report for any period; or

(b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

(a) statistics and related information concerning the health of the people of Australia; and

(b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(3A) A welfare report must provide:

(a) statistics and related information concerning the provision of welfare services to the Australian people; and

(b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

The Governor-General may make regulations, not inconsistent with this Act, prescribing matters required or permitted by this Act to be prescribed.

Australian Institute of Health and Welfare Regulations 2006

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations
These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement
These Regulations commence on the day after they are registered.

3 Repeal
The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions
In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit
For paragraph 23 (a) of the Act, the amount of $1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended.

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

2 Definition

In these Regulations:

identifiable data means data from which an individual can be identified.

3 Functions

The functions of the Ethics Committee are:

(a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:

(i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and

(ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and

(iii) the release, or proposed release, of identifiable data by the Institute for research purposes;

having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

(a) a chairperson;

(b) the Director of the Institute or a nominee of the Director;

(c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;

(d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;

(e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;

(f) a minister of religion or a person who performs a similar role in a community;

(g) a lawyer;

(h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.

Appendix 2
Corporate governance

The Charter of Corporate Governance outlines the structure, responsibilities and processes of the AIHW Board. The full text is reproduced below.

Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its June 2014 meeting.

Purpose

This Charter of Corporate Governance outlines the corporate governance framework of the Australian Institute of Health and Welfare (AIHW).

The AIHW is a statutory authority of the Australian Government and operates within the Commonwealth legislative, regulatory and financial structure. The Charter provides a clear set of instructions and processes outlining the Board's responsibilities and is designed to enable the Board to work effectively within this environment to best manage the requirements of the organisation. The Charter outlines the corporate governance responsibilities of the Board and the structures established to support it. It defines the roles and responsibilities of the Board, and codifies Board operating practices and procedures for the benefit of Board members and management.

Introduction

The AIHW is a national agency established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) as an independent statutory authority, to provide reliable, regular and relevant information and statistics on Australia's health and welfare. The AIHW is a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act).

The AIHW Act provides that the members of the Institute, meeting as the AIHW Board, are responsible for the governance of the Institute. Day to day management of the AIHW's affairs is delegated to the AIHW Director.

AIHW's mission and values

The AIHW is guided in all its activities by its mission and values.

Mission

Authoritative information and statistics to promote better health and wellbeing.

Values

Our values are:

- the **APS values**—being impartial, committed to service, accountable, respectful and ethical
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the changing needs of those who provide or use data and information which are collected by AIHW
- **accessibility**—making data and information as accessible as possible
- **privacy**—safeguarding the privacy of all individuals and groups about whom we collect data, or who provide data to us
- **expertise**—applying and developing highly specialised knowledge and high standards
- **innovation**—developing original, relevant and valued new products, processes and services.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

The AIHW was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987*. In 1992, the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987*.

Key responsibilities of the AIHW include:

- providing biennial reports to the Minister and to Parliament on Australia's health and Australia's welfare
- establishing data standards for health and welfare statistics
- developing knowledge, intelligence and statistics to better inform policymakers and the community.

Under the AIHW Act, AIHW Board members are collectively also referred to as the Institute.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a Commonwealth statutory authority, the AIHW is constituted under its Act as a body corporate. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act. From 1 July 2014, the CAC Act will be replaced by the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

Responsible Minister

The Minister for Health is the Minister responsible for the AIHW, which is an agency within the Health portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of up to 3 years, by the Governor-General:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community and Disability Services Ministers' Advisory Council
- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold—and therefore not formally appointed to the Board by the Governor-General—are:

- the AIHW Director
- the Australian Statistician (Australian Bureau of Statistics)(ABS)
- the Secretary of the Department of Health (Health).

The Australian Statistician and the Secretary of Health may formally nominate a person as a member of the Board on their behalf should they not be available.

A member of staff of the AIHW is also a member of the Board. The member is elected through a staff ballot and formally appointed by the Governor-General. The term of the staff-elected member is no more than 12 months, but they are eligible for re-appointment.

Board members who are Commonwealth or state/territory officers (other than the AIHW Director and staff member) are referred to in this document as departmental representatives.

Role of observers

Visitors, guests and staff members may be invited to attend Board meetings as observers for discussion on matters that are of immediate concern to them or for which they are responsible.

Secretariat

For the sake of clarity, the Board Secretary and/or minute taker, who have a standing invitation to attend Board meetings, are not 'observers'.

Acting Members

Section 9 of the AIHW Act allows the Minister to appoint a person to act as the Chairperson, Director or a member of the Board when there is a vacancy. The Minister may also appoint an individual to act in a position where a current member is unable to perform the functions of their position. Further requirements relating to the appointment of acting Board members are contained within section 33A of the *Acts Interpretation Act 1901*.

3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. From 1 July 2014, responsibilities of Board members will be dealt with in the PGPA Act.

Board members are expected to ensure that they understand their responsibilities under both the AIHW and CAC Acts and, from its commencement, the PGPA Act, and to uphold the AIHW's values.

4. Roles of the Board

Role of the Board

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- determine the AIHW's mission and values and set its strategic goals and directions, including endorsing its corporate plan and work plan
- ensure that the AIHW complies with legislative and administrative requirements
- make recommendations to the Minister with respect to the appointment of the AIHW Director and to set remuneration for, and assess the performance of, the Director
- secure the financial viability of the AIHW, including the two components of its funding arrangements, that is, the Commonwealth Budget appropriation and external contract work
- approve the Annual Report and the audited financial statements as required by the CAC Act and, upon commencement, the PGPA Act
- advocate and promote the role of the AIHW, including its independence, in improving health and welfare outcomes through the carrying out of its data collection and reporting functions
- identify and manage potential risks to AIHW
- monitor the performance of the organisation against its corporate plan and work plan
- appoint members to the Ethics Committee
- secure feedback from stakeholders on the use of AIHW products
- review its own performance on a regular basis; including the appropriateness of the mix of skills and experience among Board members to enable it to adequately fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- chair meetings of the Board and oversight associated processes
- manage formal relationships between the AIHW and the Minister for Health, other relevant Ministers and key stakeholders
- manage those significant issues that are not more appropriately managed by the Director, between meetings of the Board
- represent the Board in its relationship between and communication with the Director
- participate in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and the development of the corporate plan and the business plan.

Role of the Director

- provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions
- manage the affairs of the AIHW in accordance with the AIHW Act, CAC Act and, upon commencement, the PGPA Act, consistent with the requirements of the Board
- identify emerging strategic, operational and financial risks to the AIHW, in the context of the Risk Management Strategy approved by the Board, and actively implement strategies to mitigate those risks
- establish and maintain, in conjunction with the Chair, appropriate working relationships with the portfolio Minister and other Ministers whose portfolios include activities within the scope of the AIHW
- establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies and associated Commonwealth/state forums
- liaise as required with non-government business partners and stakeholders
- ensure the Board is properly advised on all matters properly within its purview
- ensure the security of data provided to and held by the AIHW, and ensure appropriate confidentiality and privacy arrangements are in place as required by relevant statutory, regulatory and best practice requirements
- develop the corporate plan and the work plan for consideration by the Board
- within the Board-approved financial framework, ensure the continued strong financial position and viability of the AIHW
- promote a work environment and employment conditions designed to attract and retain the committed and skilled staff necessary to carry out the AIHW's functions
- discharge their responsibilities as 'head of a statutory agency' under the *Public Service Act 1999* and, as a member of the Board, discharge responsibilities under the *Fair Work Act 2009* and *Work Health and Safety Act 2011*
- ensure that the Institute provides a full induction briefing to new Board members on the AIHW's functions, its operating and legislative frameworks, and members' roles and responsibilities.

Role of individual Board members

- act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW (see also 'Declaration of interest' below)
- support the Chair and Director of the AIHW in decision making
- participate in Board committees established under section 16(4) of the AIHW Act
- provide input to the Board based on their knowledge and background
- it has been agreed between the AIHW and the Australian Statistician that the Statistician's agreement to an AIHW survey at the Board will constitute his agreement under sections 5(1)(a) and 5(1A)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

Role of the Secretary to the Board

- provide administrative support and corporate governance advice to the Board independent of management.

5. Relationships

With management

Management representatives may be invited to attend parts of Board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders are important to the proper functioning of the AIHW, ranging from the Minister to the general public. The states and territories are key stakeholders, given that they are the data and potential funding providers to the Institute. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The AIHW Act places the employment and terms and conditions of staff under the responsibility of the Board within a framework provided by the *Public Service Act 1999*. The Director, as Agency Head, has the powers of an employer under the *Public Service Act 1999*, which includes approving the AIHW's Enterprise Agreement. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The AIHW Board has delegated powers for the day-to-day operations of the AIHW to the Director (section 27).

7. Board processes

Meetings

The AIHW Act provides that the Board should meet at least once every 4 months. Board meetings are usually scheduled for March, June, September and December in each year. This timing is consistent with the key reporting obligations, including approving the annual financial statements, annual report and CAC Act compliance obligations.

On occasion, where issues are to be discussed by independent members only, for example, certain commercially or otherwise sensitive issues, the Chair may excuse from discussion the Director or other representatives as appropriate.

Agenda and papers

The Director develops a draft Board meeting agenda, which is approved by the Chair. Individual Board members are encouraged to propose items for inclusion on the agenda.

Board papers are prepared in a consistent format according to a Board-endorsed template. Papers are generally developed by the Director in consultation with the assistance of, relevant AIHW senior executive staff.

Board Papers are distributed to members electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

Confidentiality

All papers for Board meetings are 'Board in Confidence' unless otherwise determined by the Board. Board Members are responsible for maintaining the confidentiality of Board discussions and Board papers. Papers may only be distributed to persons other than members for the purpose of briefing Board members on the matters raised in that paper.

Board papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff via the AIHW's internal web pages (intranet).

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

Minutes

The Board Secretary's record of the meeting is provided to the Chair shortly after the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions taken by the Board at the meeting. Where it is appropriate to do so, a brief background to or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are approved, with any amendments considered appropriate, at the subsequent meeting of the Board. Following their approval, the minutes are signed by the Chair and retained for the official record and availability for audit scrutiny.

Declaration of interest

The CAC Act and, upon commencement, the PGPA Act, requires Board members to disclose their interests relevant to the AIHW's functions, and not to participate in decisions where an interest is declared.

A member who considers that he or she may have an interest in a matter shall:

i. disclose the existence and the nature of the interest as soon as the member becomes aware of the interest. The secretariat will circulate prior to each meeting a list of declarations of interest for members to update. The Chair will ask members at the commencement of Board meetings whether there are any interests to be declared additional to those circulated prior to the meeting;

ii. provide details of the interest as requested by other members to determine the nature and extent of the interest; and

iii. remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

Conflict of roles

Board members are a member of the Institute and not a representative of their field of work. In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision-making.

Concerns by the any Board Director who is a customer or other stakeholder of the AIHW will be pursued through an outside stakeholder-consultation process and brought to the attention of the Board as necessary.

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and can be expected to oversight the AIHW's compliance with government policy objectives;
- a customer of the AIHW as service provider; and
- a Board member expected to pursue the interests of the AIHW.

If considered necessary for the portfolio Secretary or her nominee to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary or nominee may offer advice and then leave. Relevant papers should not be forwarded on such items.

Decisions taken

Decisions of the Board are generally reached on a consensus basis. Decisions are recorded in the minutes.

Sections 15(d) and (e) of the AIHW Act provide that 'all questions shall be decided by a majority of the votes of the members present', and 'the member presiding has a deliberative vote and, if necessary, a casting vote'.

Quorum

A quorum is the majority of members at the time of the meeting (section 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

Remuneration and travel

In accordance with the AIHW Act, Board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Ensuring continuous improvement

The Board will review its performance every 2 years. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and Board member performance.

Induction

New members will be offered an induction program comprising:

- meetings with the Board Chair and AIHW Director (separately) to discuss the role of the Board, Minister's expectations, and strategic directions of the organisation;
- briefing from the AIHW Chief Financial Officer on AIHW finances, with a particular focus on assets, liabilities and risks;
- a tour of the AIHW premises and presentations from line staff in AIHW on a selection of key projects;
- briefing on the legal responsibilities of Board members arising from the CAC Act or the PGPA Act when fully operational; and
- be provided with a package of essential governance information.

Professional development

AIHW will make available, as agreed by the Chair, professional development opportunities relevant to the operations of the Board.

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints regarding conduct

Complaints about the conduct of members in carrying out their duties should be referred in the first instance to the Chair. The Chair may provide advice and/or refer the matter to the Secretary of the Department of Health. Resolution of such matters will depend on the nature of the complaint and the conduct that is the subject of that complaint.

8. Board committees

Audit and Finance Committee

The Audit and Finance Committee is established to provide advice and assurance to the Board, independent of AIHW management, on the integrity of the AIHW's financial reporting, and its systems of risk management and internal control. Its functions include:

Risk and audit

- oversight the AIHW's risk management strategy and review the AIHW's business risk assessment at least every 6 months prior to its submission to the Board
- monitor and review the fraud control framework
- recommend to the Board the appointment of an internal auditor
- approve the internal audit work program, which must include adequate reviews of the AIHW's system of internal controls
- ensure the internal auditor fulfils the responsibilities required
- consider issues arising from audit reports and monitor and evaluate management's response to, and action on, those reports and recommendations
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- review reports from AIHW Management on compliance with the *Commonwealth Authorities and Companies Act 1997* (from 1 July 2014—*Public Governance, Performance and Accountability Act 2013*) prior to their submission to the Board
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board.

Finance

- comment on the AIHW's most recent monthly and year-to-date financial report prior to its submission to the Board by AIHW management
- recommend the AIHW's draft audited annual financial statements and discuss with the Australian National Audit Office prior to their submission to the Board by AIHW management
- recommend the AIHW's draft budget and financial projections prior to their submission to the Board by AIHW management
- advise the Board on financial delegations.

Membership

Membership comprises three or four persons appointed by the Board. Three members of the committee shall be non-executive members of the Board and one of these is appointed as Chair of the committee by the Board. The fourth member of the committee shall not be a member of the Board. A quorum is a minimum of 2 committee members who are also Board members. The AIHW's Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors and the Australian National Audit Office shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Frequency of meetings

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on financial and budgetary issues before it considers each quarterly financial report.

Remuneration Committee

The Remuneration Committee advises the Board on the remuneration of the AIHW Director.

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The Committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

9. Ethics Committee

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to: protect the confidentiality of the information it receives; respect the privacy and sensitivity of those to whom it relates; maintain high-level data security procedures; and, where appropriate, incorporate the requirements of its information providers in those procedures.

The Ethics Committee is not a committee of the Board as it does not make decisions as directed by the Board. Members of the Committee are appointed by the Board. Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC for Human Research Ethics Committees. The usual practice is to appoint members for three-year terms with the opportunity for re-appointment. However, the Board oversights the activities of the Committee as part of its overall responsibility for the good governance of the AIHW, through a process of regular reporting by way of an annual written report summary.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the Committee Secretariat, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operations to the National Health and Medical Research Council (NHMRC).

Appendix 3

Members of the AIHW Board and AIHW Ethics Committee

Members of the AIHW Board at 30 June 2014

Andrew Refshauge MB, BS, FAICD
Chair
Non-executive Director
Term: 19 July 2011–18 July 2014

Dr Refshauge was appointed Chair of the AIHW Board in 2010. He is a former Deputy Premier and Treasurer of NSW, and has also held ministerial positions in health, Aboriginal affairs, planning, housing, education and training and state development. Dr Refshauge is Chair of the Boards of CareFlight Limited and Independent Chairperson of the Investment Committee of the NSW Aboriginal Land Council. He is a former Chair of the Aged Care Standards and Accreditation Agency. He is also a Director of the Nelune Foundation. He is a former medical practitioner at the Aboriginal Medical Service in Redfern, Sydney.

David Kalisch BEc (Hons), FAICD
Director, Australian Institute of Health and Welfare
Executive Director
Term: Appointed 15 December 2010

Mr Kalisch has been the Director (Chief Executive Officer) of the AIHW since December 2010. He is an economist with more than 30 years' experience, largely in the Australian Public Service, across a range of social policy areas, including labour markets, employment programs, retirement incomes, welfare policy and programs, family and children's services, and health policy. Mr Kalisch's professional experience has included appointments as a Commissioner at the Productivity Commission, Deputy Secretary in the Australian Government Department of Health and Ageing, senior executive roles in the Departments of Family and Community Services, Social Security, and Prime Minister and Cabinet, and 2 appointments at the Organisation for Economic Co-operation and Development in Paris. He is a Fellow of the Australian Institute of Company Directors and a Public Policy Fellow at the Australian National University.

David Filby PSM BA (Hons), PhD

Nominee of the Australian Health Ministers' Advisory Council

Non-executive Director

Terms: 12 August 2009–11 August 2012; 30 August 2012–29 August 2015

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council (AHMAC) and SA Health. He has worked for more than 30 years in the public health sector, including as Executive Director of the Department of Health (SA) and the Department of Human Services (SA), and as the Deputy Director-General of Queensland Health. Dr Filby's primary roles have been in the areas of policy development and legislative reform, strategic planning, intergovernmental relations and national health reform activities, information and data analysis and performance reporting, and research policy and planning. He is a board member of the National Health Performance Authority as well as Chair of Helping Hand New Aged Care in South Australia. Dr Filby was until June 2014 Chair of the National Health Information Standards and Statistics Committee of AHMAC and has previously served as a member of the Australian Statistics Advisory Council of the ABS, the Child Health Research Institute Council (SA), the National Centre for Education and Training on Addiction, and the Council of the Institute of Medical and Veterinary Science (SA).

Vacant

Nominee of the Standing Council on Community and Disability Services Advisory Council

Non-executive Director

Mercia Bresnehan BEd

Representative of State Housing Departments

Non-executive Director

Terms: 13 June 2012–29 August 2012; 30 August 2012–29 August 2015

Ms Bresnehan is a Deputy Secretary of the Tasmanian Department of Health and Human Services where she is responsible for disability, housing, community services and strategic relationships with the community sector. Her previous experience has been in education, first as a teacher and then as a senior consultant in curriculum development and student support services. Ms Bresnehan has worked in senior policy officer roles in the Department of Premier and Cabinet and executive management positions in the Department of Health relating to health service planning, population health and primary health care. She was Executive Director of Housing Tasmania for 10 years. Ms Bresnehan is a graduate of the Australian Institute of Company Directors and has been a member of several community sector boards. She has represented the Housing Minister's Advisory Committee as a Director of the Australian Housing Urban Research Institute.

Peter Harper BEc

Representing Mr Brian Pink, Australian Statistician

Non-Executive Director

Term: Ex-officio appointment

Mr Harper is Deputy Australian Statistician, Population, Labour and Social Statistics Group, Australian Bureau of Statistics, and has worked at the ABS for almost 30 years. Among other things he is responsible for the ABS's health statistics. He has occupied other senior positions at the ABS including Chief Operating Officer and head of economic statistics. Mr Harper also worked for 3 years at the International Monetary Fund on balance of payments issues. He was a member of the Government 2.0 Taskforce, the State of Environment 2011 Committee, and the National Sustainability Council. Mr Harper is also actively involved in international statistical issues, including recently chairing the United Nations Committee of Experts on Environmental Economic Accounting.

Kerry Flanagan BA PSM

Representing Ms Jane Halton, Secretary, Department of Health

Non-executive Director

Term: Ex-officio appointment

Ms Flanagan is a Deputy Secretary of the Australian Government Department of Health. She has oversight of the Portfolio Strategies, Health Workforce, and Acute Care Divisions, and the Strategy Policy Unit. She is responsible for policy and program aspects of acute care (including hospitals and hospital-related aspects of health reform), health workforce and dental care. Ms Flanagan is also responsible for coordination functions, including the department's budget, briefing, correspondence and cabinet matters, and strategic policy and advice. She is Chair of the department's Finance Risk and Security Committee, and is a member of the Health Workforce Principal Committee and the Hospital Principal Committee that both report to the Australian Health Ministers Advisory Council. Ms Flanagan is also a member of the Jurisdictional Advisory Committees of the Independent Hospital Pricing Authority and the National Health Performance Authority. She has worked in senior executive roles in the Australian Public Service for the past 18 years, including as head of the Australian Government Office for Women between 2003 and 2006, and in the Department of Family and Community Services from 1992 to 2003. Ms Flanagan has worked for the World Bank in Washington DC on pension/social assistance systems in developing countries and for a number of Australian Government departments, including Finance, Housing and Treasury.

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

Dr Lalor has been the CEO of the National Stroke Foundation since 2002. She is the immediate past Chair of the National Vascular Disease Prevention Alliance, current Chair of the Australian Chronic Disease Prevention Alliance and co-Chair of the Australian Stroke Coalition. She is a Director of the World Stroke Organisation, a member of its Executive Committee 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 was recognised as one of the Financial Review/Westpac Top 100 Women of Influence in 2013. Dr Lalor has a unique perspective and insight into stroke at all stages of recovery, having worked as a speech pathologist in Western Australia while completing her PhD in cognitive neuropsychology.

Samantha Page BA, MA, MAICD

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

Non-executive Director

Term: 7 August 2011–6 August 2014

Ms Page is the Chief Executive Officer of Early Childhood Australia, the peak advocacy body for young children. She has held previous roles with Family and Relationship Services Australia, the Australian Government, Disability ACT, the ACT Legislative Assembly, the ACT Council of Social Service and a number of management consulting firms. Ms Page is a member of the ACT Child and Young People Death Review Committee and has served on a number of government advisory groups relevant to the wellbeing of young children and their families.

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

Mr Perusco is Chief Executive Officer of the St Vincent de Paul Society NSW. His previous work has been with international accounting firm Arthur Andersen, the not-for-profit Brotherhood of St Laurence, Melbourne's Sacred Heart Mission (as CEO) and the Department of Prime Minister and Cabinet. Mr Perusco is a former Australia Day Ambassador and was shortlisted as Victorian State Finalist for the 2010 Australian of the Year Awards for his work with people experiencing homelessness. He is a member of the NSW Premier's Council on Homelessness, and a Board member of NSW Council of Social Services. He has previously served as Chair or Director of the Council to Homeless Persons, Australians for Affordable Housing, Catholic Social Services Victoria, Hanover Welfare Services, Goodcompany, the Mirabel Foundation and the Fitzroy Learning Network.

Lyn Roberts AM 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

Dr Roberts is currently on an extended period of leave. Dr Roberts resigned as Chief Executive Officer (National) of the National Heart Foundation of Australia in late 2013 having held that position since 2001. She was Vice-President of the World Heart Federation from 2009 to 2010 and participated in the Australian Chronic Disease Prevention Alliance. Dr Roberts has also held the following positions: Member, Australian National Preventive Health Agency Advisory Council, Vice-President-Elect, World Heart Federation; Chair, Australian Chronic Disease Prevention Alliance; Treasurer, Asia Pacific Heart Network; Board Member, Asia Pacific Heart Network; Board Chairperson, Child and Youth Health, South Australia (previously CAFHS); Board Member, Child, Adolescent and Family Health Service South Australia; and Vice-President, Family Planning Association, South Australia.

Siew-Ean Khoo MSc, DSc (Population Sciences)

Ministerial nominee

Non-executive Director

Terms: 21 November 2012–20 February 2013;
1 March 2013–29 February 2016

Dr Khoo has recently retired from her position as Senior Fellow at the Australian Demographic and Social Research Institute, Australian National University, where her research and teaching have focused on Australia's population and demography. She is a former Executive Director of the Australian Centre for Population Research at the university. Dr Khoo is a graduate of Harvard University, and has worked with the East–West Population Institute at the East–West Center in Hawaii, the Australian Bureau of Statistics, and the Australian Government Bureau of Immigration, Multicultural and Population Research, and at the Department of Immigration and Multicultural Affairs. She has previously held positions as consultant to the Australian Institute of Family Studies and the World Health Organization, member of the AIHW Ethics Committee and Vice-President of the Australian Population Association.

Sandra de Poi BA, DipSocAdmin, FAICD

Ministerial nominee

Non-executive Director

Term: 5 August 2013–4 August 2016

Ms De Poi is the founding owner and Executive Director of De Poi Consulting Pty Ltd, employing more than 70 staff in the field of injury management and allied health consulting, specialising in delivering high quality vocational rehabilitation and return-to-work services for compensation authorities in Australia. Since 2003, she has been an integral non-executive director of a number of Boards, including The Inspired Earth Foundation Ltd; WorkCover Corporation; HomeStart Finance, and the Adelaide Cemeteries Authority. Ms de Poi has been instrumental in: managing and implementing corporate governance frameworks for Boards; developing long-term goals and strategic directions; developing and maintaining strong working relationships with a diverse range of stakeholders, including peak body groups; recruiting senior executive managers, including CEOs; managing culture change and business turnaround in underperforming organisations; and managing the financial performance of organisations.

Adrian Webster BA (Hons), BSc, PhD
Staff-elected representative
Term: 30 August 2012–29 August 2013; 30 August 2013–29 August 2014

Dr Webster is Head of the AIHW Expenditure and Workforce Unit. Between 2009 and April 2012, he was Head of the Primary Health and Respiratory and Musculoskeletal Monitoring Unit. Before joining the AIHW, Dr Webster held various roles in Australia and internationally, including heading the monitoring and evaluation department of an international aid organisation working across the former Soviet Union, serving as a drug and alcohol counsellor and community development worker in an Aboriginal health service in remote Australia, working as a consultant on project management and change management for government clients in Canberra, and conducting hospital data analysis and reporting for ACT Health. Dr Webster's primary field of study is sociology, with a focus on the technologies and tools of government. His doctoral thesis evaluated indicator-based approaches to the governance of essential services in Australia and the United Kingdom. Dr Webster's studies also include psychology, philosophy and statistics.

Outgoing members of the AIHW Board 2013–14

James Moore BA(Hons), GradDipAcc
Nominee of the Standing Council on Community and Disability Services Advisory Council
Non-executive Director
Term: 30 June 2011–29 June 2014

Claire Jackson MBBS, MPubHealth, GradCertMgmt, FAICD, FRACGP
Ministerial nominee
Non-executive Director
Terms: 21 November 2012–20 February 2013;
1 March 2013–29 February 2016
Dr Jackson resigned on 22 October 2013.

Members of the AIHW Ethics Committee at 30 June 2014

Wayne Jackson PSM, BEc (Hons)
Chair

Term: 1 July 2014–30 June 2016

Mr Jackson is a retired public servant, having served as Deputy Secretary in the Department of Prime Minister and Cabinet and in the former Department of Families, Housing, Community Services and Indigenous Affairs (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. In 2006, he was awarded a Public Service Medal for outstanding public service in the development and implementation of social policy. 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 is currently a Director of Aboriginal Hostels Limited and a Board member of L'Arche Geneserat, a community organisation providing supported accommodation for people with intellectual disabilities living in Canberra.

David Kalisch BEc (Hons), FAICD
Director, AIHW

Term: AIHW Director since 15 December 2010

Information about Mr Kalisch is provided in his entry under **Members of the AIHW Board at 30 June 2014**.

Angela McLean MBBS, Dip RACOG, MPH, FAFPHM (RACP), MRepMed

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Term: 30 August 2011–29 August 2014

Dr McLean is a public health physician who has worked in various fields of medical practice, including general practice, screening mammography, emergency management and environmental medicine. Since 2008, Dr McLean has worked as a fertility specialist at Repromed in Adelaide, assisting couples with infertility to achieve pregnancy. Dr McLean is also a clinical lecturer in the School of Population Health and Clinical Practice at the University of Adelaide with experience in teaching risk communication. Dr McLean has served on various committees, including the South Australian Public and Environmental Health Council and the Asbestos Advisory Committee.

Malcolm Sim BMedSc, MBBS, MSc, GDipOccHyg, PhD, FAFOM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of, and current experience in, the areas of research that are regularly considered by the committee

Terms: 29 June 2007–28 June 2010; 29 June 2010–30 June 2013; 1 July 2013–30 June 2016

Professor Sim is an occupational and public health physician who is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a chief investigator for several national and international studies examining the role of workplace and environmental hazards in chronic diseases such as cancer, respiratory disease and musculoskeletal disorders. He is also the chief investigator for a 5-year NHMRC Public Health Capacity Building Grant project and a 5-year NHMRC–EU Grant project. Professor Sim has published more than 160 research papers in refereed journals. He is Deputy Editor of *Occupational and Environmental Medicine*, a specialty journal of the *British Medical Journal*, and is on the Editorial Board of the Occupational Safety and Health Review Group of the Cochrane Collaboration. Professor Sim is an elected member of the Board of the International Commission on Occupational Health, and chairs its Occupational Medicine Scientific Committee. He has strong collaborative research links in the Asia Pacific region and has led several projects in China, Thailand, Malaysia and Sri Lanka to help build research and professional capacity in those countries. In recognition of these activities, he was awarded the Dean's Award for Excellence in External Engagement at Monash in 2014 and an Associate Editor for the *Asia Pacific Journal of Public Health*. He is also an elected member of the Epidemiology Subcommittee of the International Commission on Occupational Health and chair of its Scientific Committee for Occupational Medicine. He has strong international research links, including a current project with the Chinese National Institute of Occupational Health and Poison Control.

Erin Keleher BOT, MEdLeadMgmt

Member representing the Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Ms Keleher is the Registrar of the Victorian Registry of Births, Deaths and Marriages. She has had extensive experience in Australian Government, state government, non-government organisations and the private sector, in areas as diverse as management, legislative development and regulation, training and development, workplace rehabilitation, policy advice, state and federal program management and clinical practice. Ms Keleher has a particular interest in research and evaluation.

James Barr BA (Hons), BTheol (Hons), MAppSci

Member 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

Reverend Barr has a background in leadership development, and pastoral and community work. His work has ranged from organising communities in Third World slums to consulting for companies and government agencies in the fields of corporate ethics and leadership development. An ordained Baptist minister, he has served as Minister of the Collins Street Baptist Church, Melbourne, where he was founding Director of the Urban Mission Unit (now Urban Seed), Director of the Zadok Institute for Christianity and Society, pastoral associate of Melbourne Citymission, and Senior Minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University and is currently co-Minister of the Melbourne Welsh Church.

John Carroll BCom, LLB

Member who is a lawyer

Term: 1 April 2013–31 March 2016

John Carroll has been a partner of the Canberra office of the Clayton Utz legal firm since 2009. Mr Carroll has expertise in health law and policy, administrative law and information law, including privacy, confidentiality, ownership of health information, secrecy provisions and freedom of information. His expertise is derived from 25 years' experience as both in-house counsel for government, and as a partner in private practice. Before entering private practice, Mr Carroll was Assistant Secretary, Legal Services Branch, in the then Commonwealth Department of Health and Community Services, where he dealt regularly with sensitive health, ethical and information management issues. Before that, he held a range of senior positions in the Australian Government Attorney-General's Department involving administrative law and information access matters. Mr Carroll has also served as the lawyer member of the Ethics Committee of Calvary Hospital in Canberra. He is a member of the Australian Institute of Administrative Law National Executive, the Institute of Public Administration Australia and the Law Society of the Australian Capital Territory.

Margaret Reynolds BA, DipSpecialEd

Member representing general community attitudes

Term: 17 August 2011–16 August 2014; 17 August 2014–16 August 2017

Ms Reynolds has a background in education, public policy and human rights advocacy, and has served in various local government roles. She served as a Senator for Queensland from 1983 to 1999, and, for periods during that time, as Minister for Local Government and Regional Development, Minister Assisting the Prime Minister for the Status of Women, and representative of the Minister for Immigration in the Senate. She has also served as the Australian Government representative on the Council for Aboriginal Reconciliation (1991–1996), Chair of the Commonwealth Human Rights Initiative (1993–2004) and National President of the United Nations Association of Australia (1999–2005). Ms Reynolds has been a visiting professor at the University of Queensland and University of Tasmania and currently holds a similar position at the University of Technology in Sydney, where she works with the Australian Centre of Excellence in Local Government. She has spent the last 10 years working in the disability sector advising state and federal governments on the introduction of the National Disability Insurance Scheme and is the Tasmanian Expert with the Flinders University Team evaluating trial sites 2013–2016 for the scheme. Ms Reynolds has published 2 books The Last Bastion, a Labor Women's History and Living Politics, a personal memoir.

David Garratt BEd, GradDipRE

Member representing general community attitudes

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

Mr Garratt is a retired school principal. His last appointment was as principal of Daramalan College, Canberra, from which he retired in 2008. He has extensive experience in education in the ACT 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, is a board member of the Northside Community Service in Canberra and a member of the Company of the National Folk Festival.

Appendix 4

Senior Executives and Unit Heads

AIHW Senior Executives and Unit Heads.

Contact details and educational qualifications for the AIHW's Senior Executives, Unit Heads and heads of collaborating centres at 30 June 2014 are listed below.

Director

David Kalisch BEc (Hons), FAICD

02 6244 1100 • <david.kalisch@aihw.gov.au>

Business and Governance Group

Group head

Andrew Kettle MA (Hons), CA

02 6244 1010
<andrew.kettle@aihw.gov.au>

Executive Unit

Anne Reader BA (Hons),
Dip Industrial Studies, MSc

02 6244 1033
<anne.reader@aihw.gov.au>

Finance and Commercial Services Unit

Andrew Tharle BComm, CPA

02 6244 1087
<andrew.tharle@aihw.gov.au>

Governance Unit

Gary Kent LLB, BCom,
Grad Dip Public Law, GAICD

02 6249 5035
<gary.kent@aihw.gov.au>

People and Facilities Unit

Deb Burns BBus,
Grad Cert Public Sector Management

02 6244 1034
<deb.burns@aihw.gov.au>

Continuing and Specialised Care Group

Group head

Pamela Kinnear BA (Hons), PhD

02 6249 5096
<pamela.kinnear@aihw.gov.au>

Ageing and Aged Care Unit

Mark Cooper-Stanbury BSc

02 6244 1251
<mark.cooper-stanbury@aihw.gov.au>

Child Welfare and Prisoner Health Unit

Tim Beard BSc, BComm

02 6244 1270
<tim.beard@aihw.gov.au>

Functioning and Disability Unit

Elizabeth Clout BEc

02 6244 1208
<elizabeth.clout@aihw.gov.au>

Mental Health and Palliative Care Unit

Gary Hanson BPsych, MA

02 6244 1052
<gary.hanson@aihw.gov.au>

Health Group

Group head

Lisa McGlynn BAppSc

02 6244 1168
<lisa.mcglynn@aihw.gov.au>

Australian Burden of Disease Unit

Lynelle Moon BMath, Grad Dip Statistics, Grad Dip Population Health, PhD

02 6244 1235
<lynelle.moon@aihw.gov.au>

Cancer and Screening Unit

Justin Harvey BSc

02 6249 5057
<justin.harvey@aihw.gov.au>

Cardiovascular, Diabetes and Kidney Unit

Sushma Mathur BMath

02 6244 1067
<sushma.mathur@aihw.gov.au>

Susana Senes MSc, Grad Dip Computer Science

02 6244 1171
<susana.senes@aihw.gov.au>

Population Health and Primary Care Unit

Louise York BEc, BSc, Grad Dip Population Health

02 6244 1271
<louise.york@aihw.gov.au>

Hospitals, Classifications and Performance Group

Group head

Jenny Hargreaves BSc (Hons), Grad Dip Population Health

02 6244 1121
<jenny.hargreaves@aihw.gov.au>

Health Performance Indicators Unit

Clara Jellie (acting) BA, Grad Dip Beh. Stud. Healthcare, MPopHealth

02 6244 6244 1250
<clara.jellie@aihw.gov.au>

Hospitals Data Unit

George Bodilsen BA, Grad Dip Population Health, Adv Dip Project Management

02 6244 1157
<george.bodilsen@aihw.gov.au>

Hospitals Information Development Unit

David Braddock BSc (Hons)

02 6244 1136
<david.braddock@aihw.gov.au>

Hospitals Reporting Unit

Katrina Burgess BMath

02 6244 1215
<katrina.burgess@aihw.gov.au>

Metadata and Classifications Unit

Jennifer Mayhew-Larsen BEc, BA, MBA

02 6244 1294
<jen.mayhew-larsen@aihw.gov.au>

Housing, Homelessness and Drugs Group

Group head

Geoff Neideck BBusStudies, Grad Cert Management

02 6244 1163
<geoff.neideck@aihw.gov.au>

Homelessness Reporting and Data Development Unit

Deborah Foulcher

02 6249 5083
<deborah.foulcher@aihw.gov.au>

Housing Unit

Moira Hewitt BHealthSc, MA, MAppEpid, MAppSc

02 6244 1154
<moira.hewitt@aihw.gov.au>

Specialist Homelessness Services Collection Unit

Penny Siu BA

02 6249 5092
<penny.siu@aihw.gov.au>

Tobacco, Alcohol and Other Drugs Unit

Amber Jefferson BSc

02 6244 1137
<amber.jefferson@aihw.gov.au>

Information and Communications Technology and Business Transformation Program Group

Group head

Warren Richter BEc, MSc

02 6244 1224
<warren.richter@aihw.gov.au>

Business Transformation Unit

Louise O'Rance BMedSc (Hons), PhD

02 6244 1102
<louise.orance@aihw.gov.au>

Information and Communications Technology Operations Unit

Ian Macintosh

02 6249 5100
<ian.macintosh@aihw.gov.au>

Technology and Transformation Unit

Charlie Drummond BSc (Hons), Grad Dip Computer Sciences

02 6244 1106
<charlie.drummond@aihw.gov.au>

Indigenous and Children's Group

Group head

Fadwa Al-Yaman BSc, MA, PhD

02 6244 1146
<fadwa.al-yaman@aihw.gov.au>

Indigenous Analyses and Reporting Unit

Tracy Dixon BMath, BSc (Hons), MAppStats

02 6244 1103
<tracy.dixon@aihw.gov.au>

Anthony Cowley BSc

02 6244 1139
<anthony.cowley@aihw.gov.au>

Indigenous Clearinghouse and Data Improvements Unit

Helen Johnstone (acting) BSocSc, Grad Dip Population Health

02 6244 1259
<helen.johnstone@aihw.gov.au>

Indigenous Community and Health Service Reporting Unit

Indrani Pieris-Caldwell BA, Grad Dip Demography, PhD

02 6244 1162
<indrani.pieris-caldwell@aihw.gov.au>

Indigenous Modelling and Research Unit

Michelle Gourley (acting) BA (Hons)

02 6244 1214
<michelle.gourley@aihw.gov.au>

Indigenous Observatory Unit

Adriana Vanden Heuvel (acting) BAppSc, MA, PhD

02 6244 1184
<adriana.vandenheuvel@aihw.gov.au>

Maternal Health, Children and Families Unit

Conan Liu BA (Hons), MAppMedSci

02 6244 1054
<conan.liu@aihw.gov.au>

Statistics and Communication Group

Group head

Justine Boland (acting) BA

02 6249 5124
<justine.boland@aihw.gov.au>

Data Integration Services Centre

Tenniel Guiver (acting) BMet, BMath, Adv Dip Project Management

02 6249 5129
<tenniel.guiver@aihw.gov.au>

Data Linkage Unit

Phil Anderson BA, BSc (Hons), PhD

02 6244 1125
<phil.anderson@aihw.gov.au>

Digital and Media Communications Unit

Belinda Hellyer BA, MA

02 6244 1026
<belinda.hellyer@aihw.gov.au>

Expenditure and Workforce Unit

Adrian Webster BA (Hons), BSc, PhD

02 6244 1119
<adrian.webster@aihw.gov.au>

Publishing Unit

Tulip Penney BA, BPsych (Hons), MBA

02 6244 1114
<tulip.penney@aihw.gov.au>

Statistical Advisor

David Whitelaw BSc (Hons)

02 6249 5010
<david.whitelaw@aihw.gov.au>

Collaborating centres

Australian Centre for Asthma Monitoring

Guy Marks MBBS, PhD, FRACP, FAFPHM

02 9114 0466
<guy.marks@sydney.edu.au>

Dental Statistics and Research Unit

Liana Luzzi BSc (Hons), PhD

08 8313 4049
<liana.luzzi@adelaide.edu.au>

National Injury Surveillance Unit

James Harrison MBBS, MPH, FAFPHM

08 8201 7602
<james.harrison@flinders.edu.au>

National Perinatal Epidemiology and Statistics Unit

Georgina Chambers (acting) BAppSc, Grad Dip Computing, PhD, MBA

02 9382 1014
<g.chambers@unsw.edu.au>

Appendix 5

Participation in national committees

This appendix lists the AIHW's participation in national committees at 30 June 2014.

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Major national committees				
Housing and Homelessness Chief Executives Network	—	Mr Mike Allen (Housing NSW)	Observer	All units with responsibility for housing and homelessness information support the AIHW Director (Observer)
National Health Information and Performance Principal Committee	Australian Health Ministers' Advisory Council	Mr David Swan (SA Health)	Member	All units with responsibility for relevant health information support the AIHW Director (Member)
Steering Committee for the Review of Government Service Provision	Council of Australian Governments	Mr Peter Harris AO (Productivity Commission)	Member	All units with responsibility for relevant health and welfare information support the AIHW Director (Member)
Standing Council on Community and Disability Services Advisory Council	—	Mr Michael Coutts-Trotter (NSW Department of Family and Community Services)	Observer	All units with responsibility for relevant welfare information support the AIHW Director (Observer)
Continuing and Specialised Care Group				
Aged care				
Aged Care Working Group	Steering Committee for the Review of Government Service Provision	Tasmanian Department of Premier and Cabinet	Member	Ageing and Aged Care Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Joint Agency Executive Working Group—National Aged Care Data Clearinghouse	AIHW	Dr Pamela Kinnear (AIHW)	Chair, Secretariat	Ageing and Aged Care Unit (Secretariat) supports the Chair
National Aged Care Data Advisory Group	AIHW	Dr Pamela Kinnear (AIHW)	Chair, Secretariat	Ageing and Aged Care Unit (Secretariat) supports the Chair
Child welfare				
Juvenile Justice Research and Information Group	Australasian Juvenile Justice Administrators	Ms Valda Rusis (NSW Department of Attorney-General and Justice)	Secretariat, Member	Child Welfare and Prisoner Health Unit
National Forum for Protecting Australia's Children	Children and Families Secretaries Group	Ms Cate McKenzie (Department of Social Services) and a jurisdictional representative (to be confirmed)	Observer	Child Welfare and Prisoner Health Unit
Prisoner health				
National Prisoner Health Information Committee	AIHW	Dr Michael Levy, Clinical Director, Justice Health Services, ACT	Secretariat, Member	Child Welfare and Prisoner Health Unit (Secretariat) supports Dr Pamela Kinnear (Member)
Technical Expert Group	National Prisoner Health Information Committee	Professor Tony Butler (University of New South Wales)	Secretariat, Member	Child Welfare and Prisoner Health Unit
Disability				
Disability Services Working Group	Steering Committee for the Review of Government Service Provision	Mr Jeremy Nott (Victorian Department of Treasury and Finance)	Member	Functioning and Disability Unit
Disability Research and Data Working Group	Disability Policy Group	Dr Ron Chalmers (Disability Services Commission WA)	Member	Functioning and Disability Unit supports Dr Pamela Kinnear (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Disability Data Network (a sub-working group)	Disability Policy Group	Ms Alison Crisp (NSW Department of Family and Community Services)	Secretariat, Member	Functioning and Disability Unit
Mental health				
Mental Health Information Strategy Standing Committee	Mental Health Drug and Alcohol Principal Committee	Dr Grant Sara (NSW Health)	Secretariat, Member	Mental Health and Palliative Care Unit
National Mental Health Performance Subcommittee	Mental Health Information Strategy Standing Committee	Ms Ruth Catchpoole (Queensland Health)	Secretariat, Member	Mental Health and Palliative Care Unit
National Minimum Data Set Subcommittee (for mental health)	Mental Health Information Strategy Standing Committee	Mr Gary Hanson (AIHW)	Chair, Secretariat, Member	Mental Health and Palliative Care Unit
Health Group				
Arthritis				
National Arthritis and Other Musculoskeletal Conditions Advisory Group	AIHW	Professor Lyn March (University of Sydney and Royal North Shore Hospital)	Secretariat	Population Health and Primary Care Unit
Asthma				
National Asthma and Other Chronic Respiratory Conditions Monitoring Advisory Group	AIHW	Ms Lisa McGlynn (AIHW)	Chair, Secretariat	Population Health and Primary Care Unit (Secretariat) supports the Chair
Cancer				
Cancer Monitoring Advisory Group	AIHW	Professor Jim Bishop (Victorian Comprehensive Cancer Centre)	Secretariat, Member	Cancer and Screening Unit (Secretariat) supports Ms Lisa McGlynn (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Australasian Association of Cancer Registries	Australasian Association of Cancer Registries Executive Committee	Ms Helen Farrugia (Victorian Cancer Registry, Cancer Council Victoria)	Secretariat, Member	Cancer and Screening Unit
National Bowel Cancer Screening Program Advisory Group	Department of Health	Ms Alice Creelman (Department of Health)	Member	Cancer and Screening Unit
National Bowel Cancer Screening Program Biennial Screening Working Group	Department of Health	Dr Bernie Towler (Department of Health)	Member	Cancer and Screening Unit
Safety Monitoring Committee for the revised National Health and Medical Research Council's guidelines for women with abnormal Pap tests	Standing Committee on Screening	Professor David Roder, AM (University of South Australia)	Member	Cancer and Screening Unit
Vascular diseases				
National Vascular Diseases Monitoring Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Dr Erin Lalor (National Stroke Foundation)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Cardiovascular Disease Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Professor Andrew Tonkin (Monash University)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Diabetes Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Professor Jonathan Shaw (Baker IDI Heart and Diabetes Institute)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Chronic Kidney Disease Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Associate Professor Tim Mathew (Kidney Health Australia)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Population health				
Australasian Mortality Data Interest Group	—	Associate Professor Tim Driscoll (University of Sydney)	Member	Population Health and Primary Care Unit
Primary health care				
National advisory committee of the Centre of Research Excellence in accessible and equitable primary health service provision in rural and remote Australia	Monash University School of Rural Health	Professor John Humphreys (Monash University)	Member	Population Health and Primary Care Unit supports Ms Lisa McGlynn (Member)
Burden of disease				
Burden of Disease Expert Advisory Group	—	Associate Professor Ching Choi (University of New South Wales)	Secretariat, Member	Australian Burden of Disease Unit (Secretariat) supports Ms Lisa McGlynn and Dr Fadwa Al-Yaman (Members)
Burden of Disease Indigenous Reference Group	Burden of Disease Expert Advisory Group	Professor Len Smith (ANU)	Secretariat, Member	Australian Burden of Disease Unit (Secretariat) and Indigenous Modelling and Research Unit (Member) support Dr Fadwa Al-Yaman (Member)
Hospitals, Classifications and Performance Group				
Hospitals				
National Health Information Standards and Statistics Committee	National Health Information and Performance Principal Committee	Dr Zoran Bolevich (NSW Ministry of Health)	Secretariat, Member	Executive Unit (Secretariat); Health Performance Indicators Unit and Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Standing Committee on Performance and Reporting	National Health Information and Performance Principal Committee	Mr Peter Fitzgerald (Victorian Department of Health)	Member	All units with responsibility for relevant health information support the AIHW Director (Member)
Potentially Preventable Hospitalisations and Potentially Avoidable Deaths Working Group	National Health Information Standards and Statistics Committee	Mr Neville Board (Australian Commission for Safety and Quality in Health Care) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Hospitals Information Development Unit (Secretariat) supports Ms Jenny Hargreaves (Co-Chair)
Emergency Data Development Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Health Performance Indicators Unit (Secretariat) supports the Chair
Patient Experience Information Development Working Group	Australian Commission on Safety and Quality in Health Care	Mr Neville Board (ACSQHC)	Member	Health Performance Indicators Unit
Radiotherapy Waiting Times Working Group	National Health Information Standards and Statistics Committee	Mr Adam Chapman (Department of Health, Victoria)	Secretariat, Member	Health Performance Indicators Unit
Health Working Group	Steering Committee for the Review of Government Service Provision	Ms Janet Schorer (NSW Department of Premier and Cabinet)	Observer	Health Performance Indicators Unit
Australian Hospital Statistics Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Reporting Unit (Secretariat) supports the Chair
Public Hospitals Establishment National Minimum Data Set Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Comparison Unit (Secretariat) supports the Chair
Staphylococcus aureus bacteraemia Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Health Performance Indicators Unit (Secretariat) supports the Chair

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Private Hospital Statistics Advisory Committee	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Development Unit (Secretariat) supports the Chair
Measuring Access Time to Elective Surgery Working Group	National Health Information Performance Principal Committee	Ms Gillian Shaw (Department of Health)	Secretariat, Member	Hospitals Information Development Unit
Medical indemnity				
Medical Indemnity Data Working Group	National Health Information Standards and Statistics Committee	Ms Michele Murphy (NSW Department of Health)	Secretariat, Member	Hospitals Data Unit (Secretariat) supports Ms Jenny Hargreaves (Member)
Medical Indemnity National Collection Coordinating Committee	AIHW	Mr Julien Wicks (Department of Health) (Acting)	Secretariat, Member	Hospitals Data Unit (Secretariat) supports Ms Jenny Hargreaves (Member)
Health data classification				
WHO Family of International Classifications Collaborating Centres Network Advisory Council (and its Small Executive Group)	World Health Organization	Dr Stefanie Weber (German Collaborating Centre) and Ms Jenny Hargreaves (Australian Collaborating Centre)	Co-Chair	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Co-Chair)
WHO Family of International Classifications Australian Collaborating Centre Committee	AIHW (Australian Collaborating Centre for the WHO Family of International Classifications)	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Metadata and Classifications Unit (Secretariat) supports the Chair
WHO Family of International Classifications Family Development Committee	WHO Family of International Classifications Network	Dr Huib Ten Napel, (Netherlands Collaborating Centre) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Metadata and Classifications Unit (Secretariat) supports Ms Jenny Hargreaves (Co-Chair)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO International Classification of Diseases Revision Steering Group	WHO	Dr Chris Chute (WHO)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
WHO Family of International Classifications Updating and Revision Committee	WHO Family of International Classifications Network	Dr Ulrich Vogel (German Collaborating Centre) and Mr Francesco Gongolo (Italian Collaborating Centre)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
WHO Family of International Classifications Education and Implementation Committee	WHO Family of International Classifications Network	Ms Sue Walker (Australian Collaborating Centre; Queensland University of Technology) and Ms Cassia Buchalla (Brazilian Collaborating Centre)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
National Casemix and Classification Centre ICD-10-AM Technical Group	National Casemix and Classification Centre	Ms Jennie Shepheard (Department of Health, Victoria)	Member	Metadata and Classifications Unit
Metadata				
National Health Information Regulatory Framework Working Group	EHealth Working Group	Ms Linda Powell (Department of Health)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
Joint Standing Committee on Health Informatics Standards	National Health Information and Performance Principal Committee	—	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
IT-014 Standards Australia–Health Informatics Technical Committee	Standards Australia	Mr Mark Bezzina (StanCert)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
IT-014-02 Standards Australia–Health Concept Representation Sub-Committee	IT-014 Standards Australia–Health informatics	Ms Heather Grain (eHealth Education Pty Ltd) and Ms Christine Coleshill (Queensland Health)	Member	Metadata and Classifications Unit (Member)
Housing, Homelessness and Drugs Group				
Housing and homelessness				
Homelessness Statistics Reference Group	Australian Bureau of Statistics	Mr Peter Harper (Australian Bureau of Statistics)	Member	Homelessness Reporting and Data Development Unit supports Mr Geoff Neideck (Member)
Housing and Homelessness Data Network	—	Ms Marion Bennett (Department of Family and Community Services—Housing NSW)	Secretariat, Member	Executive Unit (Secretariat); a number of units (Homelessness Reporting and Data Development, Housing, Specialist Homelessness Services Collection, and Metadata and Classifications) support Mr Geoff Neideck (Member)
Connecting the Dots: Service Delivery Pathways and Homelessness Project Steering Committee	Department of Social Services	Department of Social Services	Member	Homelessness Reporting and Data Development Unit supports Mr Geoff Neideck (Member)
Specialist Homelessness Services User Advisory Group	AIHW	Mr Geoff Neideck (AIHW)	Chair, Secretariat, Member	Homelessness Reporting and Data Development Unit (Secretariat, Member) and Specialist Homelessness Services Collection Unit (Member) supports the Chair
Specialist Homelessness Services Working Group	Housing and Homelessness Information Management Group	Ms Maureen Flynn (WA Department for Child Protection and Family Support)	Secretariat, Member	Homelessness Reporting and Data Development Unit (Secretariat, Member); Specialist Homelessness Services Collection Unit (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Housing and Homelessness Working Group	Steering Committee for the Review of Government Service Provision	Ms Janelle Thurlby (Queensland Department of Treasury)	Member	Housing Unit and Homelessness Reporting and Data Development Unit support Mr Geoff Neideck (Member)
Housing and Homelessness Policy Network	Housing and Homelessness Chief Executives Network	Ms Tania Loosley-Smith (Housing WA)	Member	All units in the Group support Mr Geoff Neideck (Member)
Housing and Homelessness Policy and Data Group	Housing and Homelessness Policy Network	Mr Geoff Neideck (AIHW)	Chair, Member	All units in the Group support the Chair
Drugs				
Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group	Intergovernmental Committee on Drugs	Mr Christopher Moon (Northern Territory Department of Health)	Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
National Opioid Pharmacotherapy Statistics Annual Data Working Group	AIHW	Ms Amber Jefferson (AIHW)	Chair, Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
2013 National Drug Strategy Household Survey Technical Advisory Group	AIHW	Mr Geoff Neideck (AIHW)	Chair, Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit (Secretariat, Member) support the Chair
Indigenous and Children's Group				
Children and youth				
Early Childhood Data Subgroup	Data Strategy Group, Department of Education	Ms Gillian Mitchell (Department of Education)	Member	Maternal Health, Children and Families Unit (Member) supports Dr Fadwa Al-Yaman (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Australian Early Childhood Development Index National Committee	Department of Education	Mr Matthew Hardy (Department of Education)	Member	Maternal Health, Children and Families Unit supports Dr Fadwa Al-Yaman (Member)
Clinical and Data Reference Group	National Maternity Data Development Project Advisory Group	Professor Jeremy Oats (Victorian Consultative Council on Obstetric and Paediatric Morbidity and Mortality)	Secretariat, Member	Maternal Health, Children and Families Unit (Secretariat, Member); National Perinatal Epidemiology and Statistics Unit (Member)
National Maternity Data Development Project Advisory Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Maternal Health, Children and Families Unit (Secretariat, Member) supports the Chair; National Perinatal Epidemiology and Statistics Unit (Member)
National Perinatal Data Development Committee	AIHW	Ms Sue Cornes, Queensland Health	Secretariat	Maternal Health, Children and Families Unit
Early Childhood Education and Care Working Group	Steering Committee for the Review of Government Service Provision	Mr Chris Chinn (Queensland Department of the Premier and Cabinet)	Observer	Maternal Health, Children and Families Unit
Longitudinal Studies Advisory Group	Department of Social Services	Ms Fiona Sawyers (Department of Social Services)	Member	Maternal Health, Children and Families Unit supports Dr Fadwa Al-Yaman (Member)
National Centre for Immunisation Research and Surveillance Advisory Group	University of New South Wales	Professor Cheryl Jones (University of Sydney)	Member	Maternal Health, Children and Families Unit
Strategic Cross-sectoral Data Committee	—	Mr Martin Hehir (Department of Education)	Member	Maternal Health, Children and Families Unit supports Dr Fadwa Al-Yaman (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Indigenous				
Aboriginal and Torres Strait Islander Health Performance Framework Steering Committee	Department of the Prime Minister and Cabinet	Mr Matthew James (Department of the Prime Minister and Cabinet)	Member	Indigenous Analyses and Reporting Unit (Member) supports Dr Fadwa Al-Yaman (Member)
Aboriginal and Torres Strait Islander Health Performance Framework Technical Reference Group	Department of the Prime Minister and Cabinet	Ms Kirrily Harrison (Department of the Prime Minister and Cabinet)	Member	Indigenous Analyses and Reporting Unit
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	National Health Information and Performance Principal Committee	Mr David Swan (SA Health)	Secretariat, Member	Executive Unit (Secretariat); all units in the Group with responsibility for Indigenous matters support Dr Fadwa Al-Yaman (Member)
Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group	Australian Bureau of Statistics	Mr Graeme Brown (Australian Bureau of Statistics)	Member	Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (Member)
International Group for Indigenous Health Measurement	—	Dr Francis (Sam) Notzon (US National Center for Health Statistics and Prevention) and Ms Michele Connolly (Consultant on American Indians and Alaska Natives, US)	Member	All units in the Group with responsibility for Indigenous matters support Dr Fadwa Al-Yaman (Member)
National Indigenous Reform Agreement Performance Information Management Group	—	Mr Matthew James (Department of the Prime Minister and Cabinet)	Secretariat, Member	Executive Unit (Secretariat); Indigenous Analyses and Reporting Unit (Member) supports Dr Fadwa Al-Yaman (Member)
National Aboriginal and Torres Strait Islander Health Standing Committee	Community Care and Population Health Principal Committee	Ms Carmen Parter (Centre for Aboriginal Health, NSW)	Observer	All units in the Group with responsibility for Indigenous matters support Dr Fadwa Al-Yaman (Observer)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
OCHREStreams Advisory Group	Indigenous and Rural Health Division, Department of Health	Dr Masha Somi (Department of Health)	Member	Indigenous Community and Health Service Reporting Unit supports Dr Fadwa Al-Yaman (Member)
Overcoming Indigenous Disadvantage Working Group	Steering Committee for the Review of Government Service Provision	Dr Patricia Scott (Productivity Commission)	Member	Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (Member)
Data Quality Improvement Subcommittee	Tasmanian Overarching Bilateral Indigenous Planning Group, Ministerial Council of Federal Financial Relations	Ms Laurette Thorp (Tasmanian Department of Premier and Cabinet)	Member	Indigenous Analyses and Reporting Unit
Data Reform Group	Victorian Overarching Bilateral Indigenous Planning group, Ministerial Council of Federal Financial Relations	Ms Judy Henson (Australian Bureau of Statistics)	Member	Indigenous Analyses and Reporting Unit
Victorian Cancer Screening Data Linkage Working Group	Victorian Department of Health	Dr Dorota Gertig (Victorian Cytology Service)	Member	Indigenous Analyses and Reporting Unit
Statistics and Communication Group				
Data linkage				
Population Health Research Network Management Council	—	Professor Brendon Kearney, OAM (Chair, Health Policy Advisory Committee on Technology and EuroScan International Network)	Member	Data Integration Services Centre, Data Linkage Unit and Statistics and Communication Group Head support the AIHW Director (Member)
Population Health Research Network Operations Committee	Population Health Research Network Management Council	Professor Louisa Jorm (Sax Institute)	Member	Data Integration Services Centre

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Population Health Research Network Proof of Concept Reference Group	Population Health Research Network Management Council	Ms Diana Rosman (WA Department of Health)	Member	Data Integration Services Centre
Population Health Research Network Ethics, Privacy and Consumer Engagement Advisory Group	Population Health Research Network Management Council	Mr Andrew Stanley (SA–NT DataLink)	Member	Data Integration Services Centre supports Ms Justine Boland (Member)
Population Health Research Network Information Governance Framework Consultancy Group	Population Health Research Network Management Council	Mr John Bray (Curtin University)	Member	Data Integration Services Centre
Integrating Authorities Working Group	Health Policy Priorities Principal Committee	Department of Health	Member	Data Linkage Unit
Cross-Portfolio Data Integration Committee Reference Group	Cross-Portfolio Data Integration Oversight Board	Australian Bureau of Statistics and Department of Health	Member	Data Linkage Unit
Expenditure				
Health Expenditure Advisory Committee	AIHW	Ms Justine Boland (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit (Secretariat) supports Ms Justine Boland (Chair)
Indigenous Expenditure Report Steering Committee	Productivity Commission	Productivity Commission	Member	Expenditure and Workforce Unit
Labour force				
Workforce Planning and Research Advisory Committee	Department of Health	Ms Penny Shakespeare (Department of Health)	Member	Expenditure and Workforce Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Collaborating centres				
International Classification of Diseases Revision Steering Group; Injury and External Causes Topic Advisory Group	World Health Organization	Dr James Harrison (National Injury Surveillance Unit)	Chair	National Injury Surveillance Unit supports the Chair
National Maternal Mortality Advisory Committee	Maternal Mortality Report component of the National Maternity Data Development Project	Professor Michael Humphrey (Queensland Health)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat); Maternal Health, Children and Families Unit (Member)
Maternity Care Classification System Working Party	National Maternity Data Development Project Advisory Group	Professor Elizabeth Sullivan (University of Technology, Sydney)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat)); Maternal Health, Children and Families Unit (Member) supports Dr Fadwa Al-Yaman (Member)
National Perinatal Mortality Report Advisory Group	National Maternity Data Development Project Advisory Group	Professor Michael Humphrey (Queensland Health)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat, Member); Maternal Health, Children and Families Unit (Member)
National Sentinel Events and Post-Partum Haemorrhage Workshop Group	Australian Commission on Safety and Quality in Health Care	Vacant	Member	National Perinatal Epidemiology and Statistics Unit (Member); Maternal Health, Children and Families Unit (Member)

Appendix 6

Collaboration with universities and specialist centres

The AIHW collaborated with a number of Australian universities and specialist centres during 2013–14.

Funding for specialist activities

- **Flinders University:** An agreement supports the functions of the National Injury Surveillance Unit at the university's Research Centre for Injury Studies.
- **The University of Adelaide:** An agreement supports the functions of the Dental Statistics Research Unit at the university's Australian Research Centre for Population Oral Health.
- **The University of New South Wales:** An agreement supports the functions of the National Perinatal Epidemiology and Statistics Unit at the university's School of Women's and Children's Heath.
- **Woolcock Institute of Medical Research Limited:** An agreement supports monitoring of asthma and linked chronic respiratory conditions through the institute's Australian Centre for Asthma Monitoring.

Further information is in **Collaborating centres** on page 74.

Data sharing

- **The Children's Hospital at Westmead:** A research associate agreement facilitates collaboration with the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases.
- **The University of New South Wales:** A research associate agreement facilitates collaboration with the National Centre in HIV Epidemiology and Clinical Research. The centre has been renamed The Kirby Institute for Infection and Immunity in Society (commonly shortened to the Kirby Institute).
- **The University of Western Australia:** The AIHW is a participant in an arrangement supporting data linkage activities under the Commonwealth's Education Investment Fund Super Science Initiative.

Other arrangements

- **The Australian National University:** The AIHW supervises final-year medical school population health students to undertake special projects under a memorandum of understanding with the University.
- **Cooperative Research Centre for Spatial Information:** The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that facilitates joint research and development activities.
- **The University of Sydney:** An agreement governs the ongoing management of Bettering the Evaluation and Care of Health (BEACH) data collected before 30 June 2011.

Appendix 7

Data collections

This appendix details data collections managed by the AIHW at 30 June 2014.

Group and Unit managing the collection	Data collection
Continuing and Specialised Care Group	
Ageing and Aged Care Unit	The unit holds national administrative data provided by the Department of Social Services from its programs on: • Residential Aged Care • Community Aged Care Packages • Extended Aged Care at Home and Extended Aged Care at Home—Dementia • Transition Care • National Respite for Carers • Home and Community Care • Aged Care Assessment Program.
Child Welfare and Prisoner Health Unit	Juvenile Justice National Minimum Data Set Collection
	National Prisoner Health Data Collection
	Adoptions Australia Data Collection
	Intensive Family Support Services (Child Protection) Data Collection
	Child Protection National Minimum Data Set Collection
Functioning and Disability Unit	Disability Services National Minimum Data Set Collection
Mental Health and Palliative Care Unit	Admitted Patient Mental Health Care National Minimum Data Set Collection
	Mental Health Establishments National Minimum Data Set Collection
	Community Mental Health Care National Minimum Data Set Collection
	Residential Mental Health Care National Minimum Data Set Collection
	Palliative Care Performance Indicators Data Collection

Group and Unit managing the collection	Data collection
Health Group	
Cancer and Screening Unit	Australian Cancer Database
	BreastScreen Australia Database
	National Cervical Cancer Screening Database
	National Bowel Cancer Screening Database
Cardiovascular, Diabetes and Kidney Unit	National Diabetes Register
Population Health and Primary Care Unit	AIHW National Mortality Database
	Adult Vaccination Surveys Data Collection (legacy datasets)
	Pandemic Vaccination Survey Data Collection (legacy dataset)
	Selected veterans and defence health databases and nominal rolls (legacy collections)
	Chronic Disease Indicators Database (legacy collection)
	Database on sources of anthropometric, alcohol and tobacco data (legacy collection)
	Bettering the Evaluation and Care of Health (BEACH) survey data (collections before 1 July 2011), as data custodian
	Australian Infant Feeding Survey
	Risk Factor Prevalence Surveys
	Active Australia Surveys
	National Survey of Blood Lead Concentration in Pe-school Children (legacy datasets)
Hospitals, Classifications and Performance Group	
Health Performance Indicators Unit	Australian Spinal Cord Injury Register
Hospitals Data Unit	National Hospital Morbidity Database
	National Public Hospital Establishments Database (including Local Hospital Networks)
	National Elective Surgery Waiting Times Data Collections (Removals and Census)
	National Non-admitted Patient Emergency Department Care Database

Group and Unit managing the collection	Data collection
	National Outpatient Care Database
	National Emergency Access Target Database
	National Elective Surgery Target Database
	Hand Hygiene Audit Data Collection
	Staphylococcus aureus Bacteraemia National Data Collection
	Medical Indemnity National Collection (Public Sector)
	Medical Indemnity National Collection (Private Sector)
Hospitals Reporting Unit	Cancer Treatment Services Data Collection (a Data Set Specification under development)
	Supplementary Private Hospitals Data Collection (for the MyHospitals website)
Metadata and Classifications Unit	Metadata collections made available through the AIHW METeOR website
	AIHW Data Catalogue (internal to the AIHW)
Housing, Homelessness and Drugs Group	
Specialist Homelessness Services Collection Unit	Specialist Homelessness Establishment Database Administrative Data Collection
Homelessness Reporting and Data Development Unit	Specialist Homelessness Services National Minimum Data Set Collection
	Supported Accommodation Assistance Program Administrative Collection (legacy collection)
	Supported Accommodation Assistance Program Client Collection (legacy collection)
	Supported Accommodation Assistance Program Demand for Accommodation Collection (legacy collection)
	Victorian Homelessness Data Collection (legacy collection)
Housing Unit	Public Rental Housing Data Collection
	State Owned and Managed Indigenous Housing Data Collection
	Community Housing Data Collection
	Indigenous Community Housing Data Collection

Group and Unit managing the collection	Data collection
	Australian Government Housing Data Set
	Private Rent Assistance Data Collection
	Home Purchase Assistance Data Collection
	National Social Housing Survey Data Collection
Tobacco, Alcohol and Other Drugs Unit	Alcohol and Other Drug Treatment Services National Minimum Data Set Data Collection
	National Opioid Pharmacotherapy Statistics Annual Data Collection
	National Drug Strategy Household Survey Data Collection
Indigenous and Children's Group	
Indigenous Analyses and Reporting Unit	Stronger Futures in the NT datasets: • Child Health Check • Chart Review • Dental • Audiology • Ear, Nose and Throat Consultation • Ear, Nose and Throat Surgery. Child Hearing Health Coordinator dataset
Indigenous Community and Health Services Reporting Unit	Closing the Gap Clearinghouse Research and Evaluation Register
	Closing the Gap Clearinghouse database
	Healthy for Life Data Collection
	Online Services Report Data Collection
	National Indigenous Primary Health Care Key Performance Indicators collection
Maternal Health, Children and Families Unit	Perinatal National Minimum Data Set Collection
	Management of DSS-administered longitudinal datasets: Household, Income and Labour Dynamics in Australia survey, Longitudinal Study of Indigenous Childen, Longitudinal Study of Australian Children
	Maternity Information Matrix
	The Australian Congenital Anomalies Monitoring System

Group and Unit managing the collection	Data collection
Statistics and Communication Group	
Data Linkage Unit	National Death Index
Expenditure and Workforce Unit	Health Expenditure Database
	Government Health Expenditure National Minimum Data Set Collection
	Welfare Expenditure Database
	Indigenous Health Expenditure Database
	Disease Expenditure Database
	National Health Workforce Data Set collections: • nurses and midwives • medical practitioners • dental practitioners—that is, dentists, dental hygienists, dental prosthetists and dental therapists • pharmacists • physiotherapists • podiatrists • psychologists • optometrists • osteopaths • chiropractors • Aboriginal and Torres Strait Islander health practitioners • Chinese medicine practitioners • medical radiation practitioners • occupational therapists.
Statistical Advisor	AIHW Population Database (internal to the AIHW)
Collaborating centres	
Dental Statistics Research Unit	Child Dental Health Survey Data Collection
	National Dental Telephone Interview Survey Data Collection
	National Survey of Adult Oral Health Data Collection
National Perinatal Epidemiology and Statistics Unit	National Maternal Deaths Data Collection

Appendix 8

Products, journal articles and presentations

Products

The AIHW and its collaborating centres published 172 separate products in 2013–14.

There were 143 print publications and 29 web products comprised of 10 new and 19 updated web snapshots, dynamic data displays and reports in HTML format. Web versions of print products are not included in these figures.

All publications are available free-of-charge on the AIHW's website as PDF documents. Increasingly, key publications are being made available in additional full HTML format. RTF versions are available on request. Users experiencing difficulties accessing our products are invited to contact us for assistance.

Many publications, including our two flagship products, *Australia's health* and *Australia's welfare*, can be purchased in already-printed hard copy. Other publications can be printed on demand, at a cost to the customer. Some printed publications, such as the AIHW Annual Report, are available as hard copies, free of charge.

For further details on obtaining AIHW products, see <www.aihw.gov.au/publications/>.

Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Australian Capital Territory. Cat. no. IHW 96. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander health services report 2011–12: Online Services Report key results. Cat. no. IHW 104. Canberra: AIHW, 2013.

Closing the Gap Clearinghouse annual report 2011–12 and 2012–13. Cat. no. IHW 108. Canberra: AIHW, 2013.

Coronary heart disease and chronic obstructive pulmonary disease in Indigenous Australians. Cat. no. IHW 126. Canberra: AIHW, 2014.

Diverting Indigenous offenders from the criminal justice system. Closing the Gap Clearinghouse. Cat. no. IHW 109. Canberra: AIHW & Melbourne: AIFS, 2013.

Effectiveness of traineeships and apprenticeships for the Aboriginal and Torres Strait Islander population. Closing the Gap Clearinghouse. Biddle N, Brennan C and Yap M. Cat. no. IHW 125. Canberra: AIHW & Melbourne: AIFS, 2014.

Engagement with Indigenous communities in key sectors. Closing the Gap Clearinghouse. Hunt J. Cat. no. IHW 105. Canberra: AIHW & Melbourne: AIFS, 2013.

Engaging with Indigenous Australia: exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities. Closing the Gap Clearinghouse. Hunt J. Cat. no. IHW 106. Canberra: AIHW & Melbourne: AIFS, 2013.

Housing strategies that improve Indigenous health outcomes. Closing the Gap Clearinghouse. Ware V-A. Cat. no. IHW 110. Canberra: AIHW & Melbourne: AIFS, 2013.

Improving labour market outcomes through education and training. Closing the Gap Clearinghouse. Karmel T, Misko J, Blomberg D, Bednarz A & Atkinson G. Cat. no. IHW 118. Canberra: AIHW & Melbourne: AIFS, 2014.

Improving the accessibility of health services in urban and regional settings for Indigenous people. Closing the Gap Clearinghouse. Ware V-A. Cat. no. IHW 114. Canberra: AIHW & Melbourne: AIFS, 2013.

Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level. Closing the Gap Clearinghouse. Wise S. Cat. no. IHW 112. Canberra: AIHW & Melbourne: AIFS, 2013.

Increasing employment rates for Indigenous people with a disability. Closing the Gap Clearinghouse. Cat. no. IHW 119. Canberra: AIHW & Melbourne: AIFS, 2013.

Indigenous Early Childhood Development National Partnership Agreement: first annual report on health performance indicators. Cat. no. IHW 101. Canberra: AIHW, 2013.

Indigenous health check data tool dynamic data display. Cat. no. WEB 031. Canberra: AIHW, 2014.

Mentoring programs for Indigenous youth at risk. Closing the Gap Clearinghouse. Ware V-A. Cat. no. IHW 102. Canberra: AIHW & Melbourne: AIFS, 2013.

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: first national results June 2012 to June 2013. Cat. no. IHW 123. Canberra: AIHW, 2014.

Programs to improve interpersonal safety in Indigenous communities: evidence and issues. Closing the Gap Clearinghouse. Day A, Francisco A & Jones R. Cat. no. IHW 98. Canberra: AIHW & Melbourne: AIFS, 2013.

Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia. Closing the Gap Clearinghouse. Bowes J & Grace R. Cat. no. IHW 116. Canberra: AIHW & Melbourne: AIFS, 2014.

Stronger Futures in the Northern Territory: Hearing Health Services 2012–2013. Cat. no. IHW 117. Canberra: AIHW, 2014.

Success factors for Indigenous entrepreneurs and community-based enterprises. Closing the Gap Clearinghouse. Morley S. Cat. no. IHW 121. Canberra: AIHW & Melbourne: AIFS, 2014.

Supporting healthy communities through arts programs. Closing the Gap Clearinghouse. Ware V-A. Cat. no. IHW 115. Canberra: AIHW & Melbourne: AIFS, 2014.

Supporting healthy communities through sports and recreation programs. Closing the Gap Clearinghouse. Ware V-A & Meredith V. Cat. no. IHW 111. Canberra: AIHW & Melbourne: AIFS, 2013.

The role of community patrols in improving safety in Indigenous communities. Closing the Gap Clearinghouse. Cat. no. IHW 99. Canberra: AIHW & Melbourne: AIFS, 2013.

Timing impact assessment for COAG Closing the Gap targets: child mortality. Cat. no. IHW 124. Canberra: AIHW, 2014.

Trauma-informed services and trauma-specific care for Indigenous Australian children. Closing the Gap Clearinghouse. Atkinson J. Cat. no. IHW 95. Canberra: AIHW & Melbourne: AIFS, 2013.

What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence 2011–12. Closing the Gap Clearinghouse. Cat. no. IHW 107. Canberra: AIHW & Melbourne: AIFS, 2013.

What works? A review of actions addressing the social and economic determinants of Indigenous health. Closing the Gap Clearinghouse. Osborne K, Baum F & Brown L. Cat. no. IHW 113. Canberra: AIHW & Melbourne: AIFS, 2013.

Ageing and aged care

Depression in residential aged care 2008–2012. Cat. no. AGE 73. Canberra: AIHW, 2013.

Movement between hospital and residential aged care 2008–09. Cat. no. CSI 16. Canberra: AIHW, 2013.

National Aged Care Data Clearinghouse (web product). Canberra: AIHW, 2013.

Residential aged care and aged care packages in the community 2011–12 (web product). Cat. no. WEB 022. Canberra: AIHW, 2013.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2011–12. Cat. no. HSE 139. Canberra: AIHW, 2013.

Developing client-based analyses for reporting on alcohol and other drug treatment services. Cat. no. HSE 143. Canberra: AIHW, 2013.

National Opioid Pharmacotherapy Statistics 2013. Cat. no. HSE 147. Canberra: AIHW, 2014.

Cancer and cancer screening

BreastScreen Australia monitoring report 2010–2011. Cat. no. CAN 74. Canberra: AIHW, 2013.

Cancer snapshot (web product–update). Cat. no. WEB 026. Canberra: AIHW, 2013.

Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview. AIHW & Cancer Australia. Cat. no. CAN 75. Canberra: AIHW, 2013.

Cervical screening in Australia 2011–2012. Cat. no. CAN 79. Canberra: AIHW, 2014.

Head and neck cancers in Australia. Cat. no. CAN 80. Canberra: AIHW, 2014.

National Bowel Cancer Screening Program: July 2011–June 2012 monitoring report. Cat. no. CAN 71. Canberra: AIHW, 2013.

National Bowel Cancer Screening Program: monitoring report 2012–2013. Cat. no. CAN 81. Canberra: AIHW, 2014.

National breast cancer and cervical screening participation (web product–update). Cat. no. WEB 030. Canberra: AIHW, 2014.

Prostate cancer in Australia. Cat. no. CAN 76. Canberra: AIHW, 2013.

Report on monitoring activities of the National Cervical Screening Program Safety Monitoring Committee. Cat. no. CAN 77. Canberra: AIHW, 2013.

Cardiovascular disease

Acute coronary syndrome: validation of the method used to monitor incidence in Australia: a working paper using linked hospitalisation and deaths data from Western Australia and New South Wales. Cat. no. CVD 68. Canberra: AIHW, 2014.

Stroke and its management in Australia: an update. Cat. no. CVD 61. Canberra: AIHW, 2013.

Trends in coronary heart disease mortality: age groups and populations. Cat. no. CVD 67. Canberra: AIHW, 2014.

Children

Adoptions Australia 2012–13. Cat. no. CWS 47. Canberra: AIHW, 2013.

Children's headline indicators dynamic data display. Cat. no. WEB 019. Canberra: AIHW, 2013.

Children's headline indicators dynamic data display (update). Cat. no. WEB 034. Canberra: AIHW, 2014.

Child social exclusion and health outcomes: a study of small areas across Australia. Cat. no. AUS 180. Canberra: AIHW, 2014.

Corporate publications

AIHW Access no. 36. Cat. no. HWI 124. Canberra: AIHW, 2013.

AIHW Access no. 37. Cat. no. HWI 125. Canberra: AIHW, 2014.

Annual report 2012–13. Cat. no. AUS 177. Canberra: AIHW, 2013.

Data standards and data development

Assessment of Global Burden of Disease 2010 methods for the Australian context: Australian Burden of Disease Study. Working paper no. 1. Cat. no. WEB 035. Canberra: AIHW, 2014.

Creating nationally-consistent health information: engaging with the national health information committees. Cat. no. CSI 18. Canberra: AIHW, 2014.

Data sources for monitoring arthritis and other musculoskeletal conditions. Cat. no. PHE 175. Canberra: AIHW, 2014.

Development of an ongoing national data collection on the educational outcomes of children in child protection services: a working paper. Cat. no. CWS 46. Canberra: AIHW, 2013.

Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Project—Stage 1. Cat. no. PER 60. Canberra: AIHW, 2014.

Mapping of children and youth indicator reporting frameworks. Cat. no. CWS 48. Canberra: AIHW, 2014.

Monitoring asthma in pregnancy: a discussion paper. AIHW, Australian Centre for Asthma Monitoring (Marks G, Reddel H, Guevara-Rattray E & Ampon R). Cat. no. ACM 28. Canberra: AIHW, 2013.

Monitoring pulmonary rehabilitation and long-term oxygen therapy for people with chronic obstructive pulmonary disease (COPD) in Australia: a discussion paper. AIHW: Marks G, Reddel H, Guevara-Rattray E, Poulos L & Ampon R. Cat. no. ACM 29. Canberra: AIHW, 2013.

National definitions for elective surgery urgency categories: proposal for the Standing Council on Health. Cat. no. HSE 138. Canberra: AIHW, 2013.

National Framework for Protecting Australia's Children 2009–2020: technical paper on operational definitions and data issues for key national indicators. Cat. no. CWS 44. Canberra: AIHW, 2013.

National housing and homelessness data dictionary: version 1. Cat. no. HOU 269. Canberra: AIHW, 2013.

National performance indicators to support neonatal hearing screening in Australia. Cat. no. CAN 73. Canberra: AIHW, 2013.

Scoping reportable measures for the National Framework for Protecting Australia's Children 2009–2020: supporting outcome 1: working paper. Cat. no. CWS 45. Canberra: AIHW, 2013.

Taking the next steps: identification of Aboriginal and Torres Strait Islander status in general practice. Cat. no. IHW 100. Canberra: AIHW, 2013.

The inclusion of Indigenous status on pathology request forms. Cat. no. IHW 103. Canberra: AIHW, 2013.

The measurement of patient experience in non-GP primary health care settings: discussion paper for the National Health Standards and Statistics Committee April 2014. Cat. no. WP 66. Canberra: AIHW, 2014.

Using the Juvenile Justice National Minimum Data Set to measure juvenile recidivism. Cat. no. JUV 32. Canberra: AIHW, 2013.

Dental health

Adult oral health and dental visiting in Australia: results from the National Dental Telephone Interview Survey 2010. AIHW, Harford JE & Islam S. Cat. no. DEN 227. Canberra: AIHW, 2013.

Child and teenager oral health and dental visiting: results from the National Dental Telephone Interview Survey 2010. Luzzi L & Harford JE. Cat. no. DEN 226. Canberra: AIHW, 2013.

Dental and oral health snapshot (web product–update). Cat. no. WEB 029. Canberra: AIHW, 2014.

Dental and oral health snapshot (web product–update). Cat. no. WEB 032. Canberra: AIHW, 2014.

Diabetes

Diabetes and disability: impairments, activity limitations, participation restrictions and comorbidities. Cat. no. CVD 63. Canberra: AIHW, 2013.

Incidence of insulin-treated diabetes in Australia 2000–2011. Cat. no. CVD 66. Canberra: AIHW, 2014.

Type 2 diabetes in Australia's children and young people: a working paper. Cat. no. CVD 64. Canberra: AIHW, 2014.

Functioning and disability

Disability Services National Minimum Data Set collection: data transmission and technical guide. Cat. no. DIS 63. Canberra: AIHW, 2013.

Disability Services National Minimum Data Set: data guide: July 2013. Cat. no. DIS 62. Canberra: AIHW, 2013.

Disability snapshot (web product). Canberra: AIHW, 2014.

Disability support services: services provided under the National Disability Agreement 2011–12. Cat. no. AUS 173. Canberra: AIHW, 2013.

People using both disability services and Home and Community Care in 2010–11. Cat. no. DIS 64. Canberra: AIHW, 2014.

People using both disability services and Home and Community Care in 2010–11: technical report. Cat. no. CSI 19. Canberra: AIHW, 2014.

Health expenditure

Diabetes expenditure in Australia 2008–09. Cat. no. CVD 62. Canberra: AIHW, 2013.

Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease. Cat. no. HWE 58. Canberra: AIHW, 2013.

Health care expenditure on cardiovascular diseases 2008–09. Cat. no. CVD 65. Canberra: AIHW, 2014.

Health expenditure Australia 2011–12. Cat. no. HWE 59. Canberra: AIHW, 2013.

Health expenditure Australia 2011–12: analysis by sector. Cat. no. HWE 60. Canberra: AIHW, 2014.

Health system expenditure on cancer and other neoplasms in Australia 2008–09. Cat. no. CAN 78. Canberra: AIHW, 2013.

Health labour force

Allied health workforce 2012. Cat. no. HWL 51. Canberra: AIHW, 2013.

Dental workforce 2012. Cat. no. HWL 53. Canberra: AIHW, 2014.

Medical workforce 2012. Cat. no. HWL 54. Canberra: AIHW, 2014.

Nursing and midwifery workforce 2012. Cat. no. HWL 52. Canberra: AIHW, 2013.

Health and welfare services and care

Australia's health 2014. Cat. no. AUS 178. Canberra: AIHW, 2014.

Australia's health 2014: in brief. Cat. no. AUS 181. Canberra: AIHW, 2014.

Australia's welfare 2013. Cat. no. AUS 174. Canberra: AIHW, 2013.

Australia's welfare 2013: in brief. Cat. no. AUS 175. Canberra: AIHW, 2013.

Australian hospital statistics 2012–13. Cat. no. HSE 145. Canberra: AIHW, 2014.

Australia's hospitals at a glance 2012–13. Cat. no. HSE 146. Canberra: AIHW, 2014.

Australian hospital statistics 2012–13: elective surgery waiting times. Cat. no. HSE 140. Canberra: AIHW, 2013.

Australian hospital statistics 2012–13: emergency department care. Cat. no. HSE 142. Canberra: AIHW, 2013.

Hospitals snapshot (web product–update). Canberra: AIHW, 2013.

Mental health services: in brief 2013. Cat. no. HSE 141. Canberra: AIHW, 2013.

Mental health services in Australia (web product: tranche 3 2013–update). Cat. no. WEB 017. Canberra: AIHW, 2013.

Mental health services in Australia (web product: tranche 4 2013–update). Cat. no. WEB 018. Canberra: AIHW, 2013.

Mental health services in Australia (web product: tranche 4.2 2013–update). Cat. no. WEB 023. Canberra: AIHW, 2013.

Mental health services in Australia (web product: tranche 5 2013–update). Cat. no. WEB 024. Canberra: AIHW, 2013.

Mental health services in Australia (web product: tranche 1 2014–update). AIHW Canberra: AIHW, 2014.

Mental health services in Australia (web product: tranche 2 2014–update). AIHW Canberra: AIHW, 2014.

Palliative care services in Australia 2013. Cat. no. HWI 123. Canberra: AIHW, 2013.

Use of restrictive practices during admitted patient care (web product). Cat. no. WEB 020. Canberra: AIHW, 2013.

Housing and homelessness

Housing assistance in Australia 2013. Cat. no. HOU 271. Canberra: AIHW, 2013.

National Social Housing Survey: detailed results 2012. Cat. no. HOU 272. Canberra: AIHW, 2013.

Specialist homelessness services collection manual. Cat. no. HOU 268. Canberra: AIHW, 2013.

Specialist homelessness services: 2012–13. Cat. no. HOU 273. Canberra: AIHW, 2013.

Specialist homelessness services: July–December 2012. Cat. no. HOU 270. Canberra: AIHW, 2013.

Injury

Injury of Aboriginal and Torres Strait Islander people due to transport: 2005–06 to 2009–10. AIHW: Henley G & Harrison J. Cat. no. INJCAT 161. Canberra: AIHW, 2013.

Trends in hospitalised injury, Australia: 1999–00 to 2010–11. AIHW: Pointer S. Cat. no. INJCAT 162. Canberra: AIHW, 2013.

Perinatal and maternal health

Australia's mothers and babies 2011. Li Z, Zeki R, Hilder L & Sullivan EA. Cat. no. PER 59. Canberra: AIHW National Perinatal Epidemiology and Statistics Unit, 2013.

Maternity Indicator Matrix (web product). Canberra: AIHW 2014.

National core maternity indicators dynamic data display. Cat. no. WEB 027. Canberra: AIHW, 2013.

Population health

Arthritis and other musculoskeletal conditions across the life stages. Cat. no. PHE 173. Canberra: AIHW, 2014.

Asthma hospitalisations in Australia 2010–11. Cat. no. ACM 27. Canberra: AIHW, 2013.

Asthma snapshot (web product–update). Cat. no. WEB 012. Canberra: AIHW, 2013.

Back problems (web product–update). Canberra: AIHW, 2013.

Bronchiectasis in Australia (web product). Cat. no. WEB 021. Canberra: AIHW, 2013.

Chronic kidney disease: regional variation in Australia. Cat. no. PHE 172. Canberra: AIHW, 2013.

COPD [chronic obstructive pulmonary disease] snapshot (web product–update). Cat. no. WEB 013. Canberra: AIHW, 2013.

Deaths snapshot (web product). Cat. no. WEB 028. Canberra: AIHW, 2014.

Osteoarthritis snapshot (web product–update). Canberra: ACT 2014.

Projections of the prevalence of treated end-stage kidney disease in Australia: 2012–2020. Cat. no. PHE 176. Canberra: AIHW, 2014.

The health of Australia's males: from birth to young adulthood (0–24 years). Cat. no. PHE 168. Canberra: AIHW, 2013.

The health of Australia's males: 25 years and over. Cat. no. PHE 169. Canberra: AIHW, 2013.

The health of Australia's prisoners 2012. Cat. no. PHE 170. Canberra: AIHW, 2013.

Smoking and quitting smoking among prisoners 2012. Cat. no. AUS 176. Canberra: AIHW, 2013.

Safety and quality of health care

Australian hospital statistics 2012–13: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Cat. no. HSE 144. Canberra: AIHW, 2013.

Exploring healthcare variation in Australia: analyses resulting from an OECD Study. ACSQHC & AIHW. Canberra: AIHW, 2014.

Exploring healthcare variation in Australia: analyses resulting from an OECD Study: in brief. ACSQHC & AIHW. Canberra: AIHW, 2014.

OECD health-care quality indicators for Australia 2011–12. Cat. no. PHE 174. Canberra: AIHW, 2014.

Youth justice

Australian Capital Territory: overview of youth justice supervision in 2011–12. Youth justice fact sheet no. 16. Cat. no. JUV 28. Canberra: AIHW, 2013.

Australian Capital Territory: youth justice supervision in 2012–13. Youth justice fact sheet no. 19. Cat. no. JUV 34. Canberra: AIHW, 2014.

Comparisons between Australian and international youth justice systems: 2011–12. Youth justice fact sheet no. 18. Cat. no. JUV 30. Canberra: AIHW, 2013.

Comparisons between the youth and adult justice systems: 2011–12. Youth justice fact sheet no. 17. Cat. no. JUV 29. Canberra: AIHW, 2013.

Detention entries and exits: 2011–12. Youth justice fact sheet no. 7. Cat. no. JUV 18. Canberra: AIHW, 2013.

First entry to supervision: 2011–12. Youth justice fact sheet no. 9. Cat. no. JUV 21. Canberra: AIHW, 2013.

Long-term trends in youth justice supervision: 2011–12. Youth justice fact sheet no. 3. Cat. no. JUV 14. Canberra: AIHW, 2013.

New South Wales: overview of youth justice supervision in 2011–12. Youth justice fact sheet no. 11. Cat. no. JUV 23. Canberra: AIHW, 2013.

New South Wales: youth justice supervision in 2012–13. Youth justice fact sheet no. 20. Cat. no. JUV 35. Canberra: AIHW, 2014.

Queensland: overview of youth justice supervision in 2011–12. Youth justice fact sheet no. 13. Cat. no. JUV 25. Canberra: AIHW, 2013.

Queensland: youth justice supervision in 2012–13. Youth justice fact sheet no. 21. Cat. no. JUV 36. Canberra: AIHW, 2014.

Remoteness area and socioeconomic status: 2011–12: Youth justice fact sheet no. 8. Cat. no. JUV 20. Canberra: AIHW, 2013.

Sentenced detention: 2011–12. Youth justice fact sheet no. 6. Cat. no. JUV 17. Canberra: AIHW, 2013.

South Australia: overview of youth justice supervision in 2011–12. Youth justice fact sheet no. 14. Cat. no. JUV 26. Canberra: AIHW, 2013.

South Australia: overview of youth justice supervision in 2012–13. Youth justice fact sheet no. 22. Cat. no. JUV 37. Canberra: AIHW, 2014.

Tasmania: overview of youth justice supervision in 2011–12: Youth justice fact sheet no. 15. Cat. no. JUV 27. Canberra: AIHW, 2013.

Tasmania: youth justice supervision in 2012–13. Youth justice fact sheet no. 23. Cat. no. JUV 38. Canberra: AIHW, 2014.

Time under youth justice supervision: 2011–12. Youth justice fact sheet no. 2. Cat. no. JUV 13. Canberra: AIHW, 2013.

Types of community-based supervision: 2011–12. Youth justice fact sheet no. 4. Cat. no. JUV 15. Canberra: AIHW, 2013.

Unsentenced detention: 2011–12. Youth justice fact sheet no. 5. Cat. no. JUV 16. Canberra: AIHW, 2013.

Victoria: overview of youth justice supervision in 2011–12. Youth justice fact sheet no. 12. Cat. no. JUV 24. Canberra: AIHW, 2013.

Victoria: youth justice supervision in 2012–13. Youth justice fact sheet no. 24. Cat. no. JUV 39. Canberra: AIHW, 2014.

Young people aged 10–14 in the youth justice system 2011–12. Cat. no. JUV 19. Canberra: AIHW, 2013.

Youth detention population in Australia 2013. Cat. no. JUV 31. Canberra: AIHW, 2013.

Youth justice in Australia 2012–13. Cat. no. AUS 179. Canberra: AIHW, 2014.

Youth justice orders and supervision periods 2011–12. Youth justice fact sheet no. 1. Cat. no. JUV 12. Canberra: AIHW, 2013.

Youth justice snapshot (web product–update). Canberra: AIHW, 2013.

Youth justice snapshot (web product–update). Canberra: AIHW, 2014.

Youth justice supervision in the states and territories (web product–update). Canberra: AIHW, 2013.

Youth justice supervision history 2011–12. Youth justice fact sheet no. 10. Cat. no. JUV 22. Canberra: AIHW, 2013.

Journal articles

Journal articles by AIHW staff

AIHW staff contributed to 4 journal articles in 2013–14.

Bail K, Hudson C, Grealish L, Shannon K, Ehsan S, Peut A, et al. 2013. Characteristics of rural hospital services for people with dementia: findings from the Hospital Dementia Services Project. Australian Journal of Rural Health 21(4):208–215.

Gertig D, Brotherton J, Budd A, Drennan K, Chappell G & Saville M 2013. Impact of a population-based HPV vaccination program on cervical abnormalities: a data linkage study. BMC Medicine 11:227.

Kehoe H 2014. The under-used Indigenous health measures and how practice nurses can help. Primary Times 14(1):24.

AIHW 2013. Cancer in Australia: actual incidence data from 1991 to 2009 and mortality data from 1991 to 2010 with projections to 2012. Asia-Pacific Journal of Clinical Oncology 9(3):199–213.

Journal articles by AIHW collaborating centre staff

AIHW collaborating centre staff produced 8 journal articles in 2013–14.

Gabbe BJ, Lyons RA, Harrison JE, Rivara FP, Ameratunga S, Jolley D, et al. 2013. Validating and improving injury burden estimates study: the Injury-VIBES study protocol. Injury Prevention 20(3). doi: 10.1136/injuryprev-2013-040936.

Gabbe BJ, Simpson PM, Lyons RA, Polinder S, Rivara FP, Ameratunga S, et al. 2014. How well do principal diagnosis classifications predict disability 12-months post-injury? Injury Prevention 26. doi: 10.1136/injuryprev-2013-041037.

Gedeborg R, Warner M, Chen L-H, Gulliver P, Cryer C, Robitaille Y, et al. 2014. Internationally comparable diagnosis-specific survival probabilities for calculation of the ICD-10-based injury severity score. Journal of Trauma Acute Care Surgery 76(2):358–65. doi: 10.1097/TA.0b013e3182a9cd31.

Ghali WA, Pincus HA, Southern DA, Brien SE, Romano PS, Burnand B, et al. 2013. ICD-11 for quality and safety: overview of the WHO quality and safety topic advisory group. International Journal for Quality in Health Care 25(5):621–625 doi: 10.1093/intqhc/mzt074.

Gulson B, Anderson P & Taylor A 2013. Surface dust wipes are the best predictors of blood leads in young children with elevated blood lead levels. Environmental Research 126:71–78.

Hargreaves J 2013. Commentary. In: Australian Council on Healthcare Standards. The ACHS national report on health services accreditation performance 2011–2012. Sydney: ACHS.

Hargreaves J & Njeru J 2013. Governance of health related classification in Australia. HIM-Interchange 3(3):6–7.

Hargreaves J & Njeru J 2013. ICD-11: A dynamic classification for the information age. HIM-Interchange 4(1):6–9.

Conference papers and presentations

Papers and presentations by AIHW staff

AIHW staff gave 44 papers and presentations at conferences and workshops in 2013–14.

Al-Yaman F 2013. Closing the Gap Clearinghouse. Presentation to National Congress of Australia's First Peoples, Sydney, 3 July.

Al-Yaman F 2013. Measuring progress towards achieving the goals of the review: what is needed to identify and address priority projects at next meeting. Presentation at the Aboriginal and Torres Strait Islander Higher Education Advisory Council meeting, Melbourne, 29 July.

Al-Yaman F 2013. Infant mortality rate. Presentation to the International Group for Indigenous Health Measurement. Montreal, Canada, 6 August.

Al-Yaman F 2013. Linked perinatal births–deaths dataset. Presentation to the International Group for Indigenous Health Measurement. Montreal, Canada, 6 August.

Al-Yaman F 2013. Families and children: learning and development in the early years. Presentation at the *Australia's welfare 2013* seminar, DEEWR Theatre, Canberra, 5 September.

Al-Yaman F 2013. Aboriginal and Torres Strait Islander people's welfare. Presentation at the UNSW Social Policy Conference, UNSW, Sydney, 18 September.

Al-Yaman F 2013. Overview of the Closing the Gap Clearinghouse. Presentation at a Closing the Gap Clearinghouse public seminar, 'The evidence on engaging with Indigenous communities and improving community governance', Perth, 22 October 2013 and Canberra 12 November.

Al-Yaman F 2013. Indigenous heart disease: current data. Presentation to the Performance Improvement and Care Coordination Working Group's Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum, Sydney, 25 October.

Al-Yaman F, Smith L & Dugbaza T 2013. Access to data for the Enhanced Mortality Database Project: issues and problems. Presentation at the Lowitja Data Linkage Roundtable, Melbourne, 31 October.

Anderson P 2013. Why do people move from hospital to residential aged care? Presentation at the Australian Association of Gerontology 46th National Conference, Sydney, 27–29 November.

Anderson P 2013. Data integration at the AIHW. Presentation to the Australian Government Statistical Forum, Canberra, 30 October.

Anderson P 2014. The Hospital Dementia Services Project: the effects of person-based and hospital-based factors on outcomes of hospitalisation for people with dementia. Presentation at the International Health Data Linkage Conference, Vancouver, 28–30 April.

Anderson P & Boyd J 2014. Building national data linkage infrastructure for Australia. Presentation to the Alberta Centre for Child, Family and Community Research, Edmonton, Canada, 6 May.

Anderson P & Boyd J 2014. Building national data linkage infrastructure for Australia. Presentation to the Manitoba Centre for Health Policy, Winnipeg, Canada, 7 May.

Anderson P & Boyd J 2014. Building national data linkage infrastructure for Australia. Presentation to the Canadian Institute for Health Information, Ottawa, 8 May.

Baker T & Jefferson A 2014. Client-based insights into alcohol and other drug treatment services: unpacking recent changes to the national minimum dataset. Presentation at the Network of Alcohol and Other Drugs Agencies Conference, Sydney, 13 May.

Bishop K 2013. Assessment of Global Burden of Disease methods on Australian cause of death data. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Bowles D 2014. Pathways to better health: the role of the Online Services Report. Presentation at the AIATSIS National Indigenous Studies Conference 2014, Canberra, 28 May.

Brotherton J, Gertig D, Budd A, Malloy M, Drennan K, Chappell G & Saville M 2014. Are two doses of HPV vaccine enough? Analysis of linked registry data. Presentation at the Public Health Association of Australia Immunisation Conference, Melbourne, 17–19 June.

Cargill J 2013. Dementia: the 9th National Health Priority Area. Presentation to the VCE Health and Human Development Student Day Out, Melbourne, 9 September.

Chiew M, Dey A, Budd A, Liu B, Brotherton J & McIntyre P 2014. Declining rates of high-grade cervical abnormalities post HPV vaccination in Australia. Presentation at the Public Health Association of Australia Immunisation Conference, Melbourne, 17–19 June.

Claydon C 2013. A sneak peak at the 2013 National Drug Strategy Household Survey. Poster presentation at the Australasian Professional Society on Alcohol and other Drugs Scientific Conference, Brisbane, 24–27 November.

Clout E 2014. Service use patterns: a baseline for the National Disability Insurance Scheme. Presentation at the Centre for Applied Disability Research Conference on Research to Action, Sydney, 26–27 May.

Cooper-Stanbury M 2013. Depression in residential aged care 2008–2012. Presentation to the Australian Association of Gerontology Conference, Sydney, 26–29 November.

Cooper-Stanbury M 2013. Developing performance/quality indicators: lessons from the health sector. Presentation to the Catholic Health Australia National Conference, Melbourne, 27–28 August.

Dickinson T 2013. Data linkage in a federated system: opportunities and challenges. Presentation to the Scottish Informatics Program Conference, St Andrews, Scotland, 28–30 August.

Dickinson T & Guiver T 2013. Pathways in aged care: what we learn from record linkage. Presentation to the Scottish Informatics Program Conference, St Andrews, Scotland, 28–30 August.

Dixon T 2014. The Health Performance Framework report: a compendium of data for policy and planning. Presentation at the AIATSIS National Indigenous Studies Conference, Canberra, 27 March.

Dugbaza T, Scott B & Johnson D 2014. Program of data linkage and data improvement at the AIHW to enhance Indigenous identification in key datasets. Presentation at the AIATSIS National Indigenous Studies Conference, Canberra 26–28 March.

Grove A & Graham R 2013. Opioid pharmacotherapy prescribing trends in Australia 2006–2012. Poster presentation at the Australasian Professional Society on Alcohol and Other Drugs Scientific Conference 2013, Brisbane, 26 November.

Guiver T 2013. Sampling based clerical assessment. Presentation to the Scottish Informatics Program Conference, St Andrews, Scotland, 28–30 August.

Guiver T 2014. Data integration at the AIHW. Presentation at the International Symposium on Clinical and Translational Research Informatics, Melbourne, 27–28 March.

Hargreaves J 2013. Safety, quality and performance in health: a national perspective. Presentation at the Catholic Health Australia 2013 National Conference, Melbourne, 26–28 August.

Hargreaves J 2013. World Health Organization Family of International Classifications: how can they be used to support universal health coverage? Presentation at World Health Organization Family of International Classifications Network Annual Meeting, Beijing, China, 12–18 October.

Hudson C 2013. Dementia care in hospitals: costs and strategies. Presentation to the Australian Association of Gerontology Conference, Sydney, 26–29 November.

Johnston I 2013. Throughcare: the health needs of prisoners re-entering the community. Presentation at the 4th Annual Correctional Services Healthcare Summit, Melbourne, 29–30 October.

Liu C 2014. Barriers to collecting comprehensive data about intentional self-harm and suicide in children. Presentation to the Intentional Self-Harm and Suicidal Behaviour in Children Research Roundtable, Sydney, 25 June.

Pickles J 2013. The health and socioeconomic needs of soon to be released prisoners: new information from the 2012 National Prisoner Health Data Collection. Presentation at The Reintegration Puzzle Conference–Community: the Frame of the Puzzle, Auckland, New Zealand, 21–23 August.

Powierski A 2013. Aged care use: changes over a decade. Presentation at the Australian Association of Gerontology Conference, Sydney, 26–29 November.

Senes S, Blumer C, Prescott V & Abouzeid M 2013. Increases in hospitalisation rates for diabetic ketoacidosis in young Australians, 2000–01 to 2010–11. Poster presentation at the World Diabetes Congress, Melbourne, 4 December.

Siu P 2014. Specialist Homelessness Services Collection: national data and the Salvation Army. Presentation at the Salvation Army Homelessness Forum, Geelong, 30 June.

Tyas J 2013. Presenting the new AIHW General Record of Incidence of Mortality (GRIM) Books. Presentation at Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Webber K 2013. Where does my agency fit? Findings from the 2011–12 Alcohol and Other Drug Treatment Services National Minimum Data Set. Poster presentation at the Australasian Professional Society on Alcohol and other Drugs Scientific Conference, Brisbane, 24–27 November.

Zhang J 2013. Assessment of deaths with a 'not stated' Indigenous status in the AIHW National Mortality Database. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Papers and presentations by AIHW collaborating centre staff

AIHW collaborating centre staff gave 12 papers and presentations at conferences and workshops in 2013–14.

Bonello MR & Sullivan EA 2013. Development of the National Maternal Death Report prospective form—stage 2. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Donnolley N 2013. Developing a nomenclature for maternity models of care in Australia. Presentation at the Australian College of Midwives 18th Biennial Conference 2013, Hobart, 1–4 October.

Harrison JE 2013. International Classification of Diseases: ICD-11 is coming and you can contribute. Presentation at International Injury Research Unit, Johns Hopkins Bloomberg School of Public Health, Baltimore, USA, 12 September.

Harrison JE 2013. Invited address to Victorian Parliamentary Road Safety Committee inquiry into injury severity data. Victorian Parliamentary Road Safety Committee, Melbourne, 28 October.

Harrison JE 2013. Making the most of mortality data. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Harrison JE 2013. Transport injury and Aboriginal and Torres Strait Islander communities. Presentation at AIPN Aboriginal and Torres Strait Islander Injury Prevention Symposium, Sydney, 26 July.

Harrison JE 2014. Making the most of descriptive data. Presentation at NSW Health Department Epidemiology Special Interest Group, Sydney, 6 June.

Harrison JE 2014. Serious road injury: define, measure, report. Presentation at the Austroads Safety Taskforce, Adelaide, 26 June.

Henley G & Harrison JE 2013. How reliable are ABS mortality data on enumeration of deaths involving unintentional drowning? Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Hilder L, Li Z & Sullivan EA 2013. Prospective risk of stillbirth. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Sullivan EA & Bonello MR 2013. Classification and reporting of maternal deaths from psychosocial causes. Presentation at the Australasian Mortality Data Interest Group Workshop 2013, Canberra, 12–13 November.

Tovell A 2013. Australian Spinal Cord Injury Register. Presentation at meeting of the Adelaide Registries Consortium, SA Health and Medical Research Institute, Adelaide, 8 July.

Appendix 9

Compliance matters

This appendix describes AIHW's compliance during 2013–14 with:

- *Freedom of Information Act 1982*
  - freedom of information
- *Commonwealth Electoral Act 1918*
  - advertising and market research
- Commonwealth Authorities (Annual Reporting) Orders 2011
  - exemptions from requirements
  - ministerial directions issued
  - General Policy Orders
  - general policies of the Australian Government before 1 July 2008
  - related entity transactions
  - significant events
  - key changes to affairs or activities
  - amendments to enabling or other legislation
  - judicial decisions and decisions of administrative tribunals
  - reports by third parties
  - unobtainable information from subsidiaries
  - indemnities and insurance premiums for officers
  - disclosure requirements for government business enterprises
- Finance Circular 2008/05 Compliance Reporting—CAC Act Bodies
  - report on compliance with CAC Act legislation
- Financial Management and Accountability Regulations 1997
  - guidelines in relation to procurement
- *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
  - equal employment opportunity programs and reporting.
- Legal Services Directions 2005
  - Legal services expenditure

Freedom of information

Requests received

Section 93 of the *Freedom of Information Act 1982* (FoI Act) requires the AIHW to provide information to the Information Commissioner. This information is required to assist the commissioner to prepare reports under section 30 of the *Australian Information Commissioner Act 2010*.

In 2013–14, the AIHW complied with this requirement. There were 2 requests for access to records under the FoI Act and no requests for internal review. Details of FoI requests and records accessed under the Act are published in the FoI disclosure log on the AIHW website: <www.aihw.gov.au/foi-disclosure-log/>.

Information Publication Scheme

Part II of the FoI Act requires the AIHW to publish information under the Information Publishing Scheme that is accurate, up-to-date and complete. The FoI Act established the Information Publication Scheme for Australian Government agencies subject to the Act. Under the scheme, agencies are required to publish a range of information, including an organisation chart, functions, annual reports and certain details of document holdings.

During 2013–14, the AIHW complied with the scheme. The information is published at <www.aihw.gov.au/ips/>.

Enquiries

A request for access to documents under the FoI Act must be made in writing and include an address in Australia to which notices can be sent.

Applicants should provide as much detail as possible about the documents they are seeking. This helps the AIHW to provide a prompt response and meet its obligations under the FoI Act. A telephone number or an email address should be included so that the AIHW can contact the applicant should any clarification be required.

There is no application fee. Applicants may be liable to pay charges for activities related to an initial FoI request at rates prescribed by the Freedom of Information (Charges) Regulations 1982. These activities may include, for example, search and retrieval of documents, time taken to make a decision (including examination and consultation) if this is in excess of 5 hours, preparing transcripts, photocopying, supervising the inspection of documents by an applicant and delivery of documents.

Enquiries about making a formal request under the FoI Act should be emailed to <foi@aihw.gov.au>.

FoI requests 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>.

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 2013–14, the AIHW did not undertake any advertising campaigns or make any individual payments for advertising that exceeded this threshold.

Reporting requirements under Orders

The following information relates to specific reporting requirements under the Commonwealth Authorities (Annual Reporting) Orders 2011 (the Orders) that must be included in this annual report (see **Compliance index** on page 271).

Exemptions from requirements

Clause 7 of the Orders requires the AIHW to detail any written exemptions to the Orders issued by the Finance Minister. The AIHW has not been granted any such exemptions.

Ministerial directions

Section 7 of the 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 Chair and relevant state and territory ministers. The AIHW must provide details of ministerial directions issued to it, whether under section 7 of the AIHW Act or by any minister under other Commonwealth legislation.

The following ministerial directions have been issued to the AIHW:

- Legal Services Directions 2005
- Finance Minister's (CAC Act Procurement) Directions 2009
- Finance Minister's (CAC Act Procurement) Directions 2012.

No new ministerial directions were issued to the AIHW in 2013–14.

General Policy Orders

Under section 48A of the *Commonwealth Authorities and Companies Act 1997* (CAC Act), the Finance Minister may make a General Policy Order that specifies a general policy of the Australian Government. The AIHW is required to provide details of any General Policy Orders that are applicable to it.

No General Policy Orders were notified to the AIHW in 2013–14.

General policies before 1 July 2008

The AIHW is required to provide details of general policies of the Australian Government notified to it before 1 July 2008 under section 28 of the CAC Act that are still applicable.

No such policies remain applicable to the AIHW.

Related entity transactions

Clause 15 of the Orders 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 an AIHW 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.

There were no related entity transactions approved by the Board in 2013–14.

Significant events

Section 15 of the CAC Act requires the AIHW to notify the Minister of significant events, as defined in section 15(1) of that Act. The Orders require the AIHW to provide details of these events.

There were no such events in 2013–14.

Key changes to affairs or activities

Under clause 16 of the Orders, the AIHW is required to provide details of key changes to the AIHW's state of affairs or principal activities.

There were no such changes in 2013–14.

Amendments to enabling or other legislation

The AIHW is required to provide details of amendments to its enabling legislation and any other legislation directly relevant to its operation.

In 2013–14, there were no changes to the *Australian Institute of Health and Welfare Act 1987*, Australian Institute of Health and Welfare Regulations 2006 or Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

Judicial decisions and decisions of administrative tribunals

The AIHW is required 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 2013–14, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Reports by third parties

The AIHW is required to provide details of reports made about the Institute by the Commonwealth Ombudsman, Parliamentary committees, the Office of the Australian Information Commissioner and the Auditor-General.

In 2013–14, the Australian National Audit Office reported on the AIHW's financial statements for 2012–13 (see Appendix 11 of the *Australian Institute of Health and Welfare Annual report 2012–13*). There were no other reports made by the above-named organisations or committees about the AIHW in 2013–14.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries; therefore, clause 18 of the Orders, which requires the AIHW to detail information that was unable to be obtained from subsidiaries, does not apply.

Indemnities and insurance premiums for officers

Clause 19 of the Orders requires the AIHW to provide details in its annual report of any indemnity given to an officer against a liability, including premiums paid, or agreed to be paid, for insurance against the 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 2013–14, 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 $12,567 (excluding GST).

The AIHW made no claims against its directors and officers liability insurance policy in 2013–14.

Disclosure requirements for government business enterprises

The AIHW is not a government business enterprise; therefore, the disclosure requirements in clause 20 of the Orders do not apply.

Report on compliance with CAC Act legislation

The AIHW is required by Finance Circular 2008/05 Compliance Reporting—CAC Act Bodies to report to the Minister for Health and the Minister for Finance on its compliance with CAC Act legislation and financial sustainability by 15 October each year for the previous financial year. This reporting is separate to the financial reporting required to be included in the *AIHW Annual Report 2012–13*.

In 2013–14, the AIHW complied with this requirement for the 2012–13 financial year.

Guidelines in relation to procurement

The AIHW is required by the Finance Minister's (CAC Act Procurement) Directions 2012 to comply with certain aspects of the guidelines made under section 7 of the Financial Management and Accountability Regulations 1997 (given under section 47A of the CAC Act).

In 2013–14, the AIHW complied with guidelines in relation to procurement (see **Procurement requirements** on page 31).

Equal employment opportunities

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (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 opportunity 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, 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 who have a disability or whose first language is not English from seeking employment at the AIHW.

The AIHW monitors and evaluates its equal employment opportunity policies by comparing itself against other agencies that similarly contribute information on diversity to the Australian Public Service Commission's annual *State of the Service Report* to Parliament. 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 4 Our people**.

The AIHW has not received any ministerial directions about its performance obligations under the EEO Act.

Legal services expenditure

Paragraph 12 of the Attorney-General's Legal Services Directions 2005 require CAC Act bodies to provide annually—within 60 days of the end of the financial year—to the Office of Legal Services Coordination, Australian Government Department of the Attorney-General:

- a report of legal services expenditure that complies with paragraph 11.1(da) of the Directions)
- a certificate by the Chief Executive of an agency about the service of any legal proceedings that complies with paragraph 11.1(ba) of the Directions.

During 2013–14, the AIHW complied with the Directions for the 2012–13 year.

External legal expenditure in 2013–14 was $5,522.50 compared to $100,238.51 in 2012–13. The significantly larger legal expenditure in 2012–13 related to the preparation of documents in connection with the lease of AIHW's new premises.

Appendix 10

Data for figures in this report

This appendix contains tables supporting information in figures. A list of figures, giving their location in the report, is in the Reader guides.

Table A10.1: Major revenue sources, 2004–05 to 2013–14, with projections, 2014–15 to 2017–18

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies
	$ million	
2004–05	8.420	14.931
2005–06	8.549	14.263
2006–07	8.625	16.203
2007–08	8.678	20.227
2008–09	9.325	22.278
2009–10	20.708	24.944
2010–11	21.408	31.398
2011–12	17.389	33.690
2012–13	15.912	35.410
2013–14	15.898	36.176
2014–15	15.800	31.000
2015–16	15.667	31.000
2016–17	15.547	31.000
2017–18	15.681	31.000

Table A10.2: Staff numbers, 2005–2014

Year at 30 June	All	Female	Male	All (full-time equivalent)
2005	217	149	68	189.0
2006	204	138	66	180.0
2007	208	142	66	180.0
2008	257	171	86	232.5
2009	269	186	83	237.4
2010	372	245	127	345.8
2011	393	263	130	360.5
2012	386	261	125	357.1
2013	363	251	112	331.3
2014	347	241	106	319.6

Note: Figures for 2009 and earlier do not include the AIHW Director.

Table A10.3: Products released and media releases, 2004–05 to 2013–14

	Media releases	Products released
2004–05	59	116
2005–06	65	133
2006–07	62	144
2007–08	56	99
2008–09	68	152
2009–10	56	120
2010–11	71	136
2011–12	82	141
2012–13	84	131
2013–14	80	173

Note: In 2012–13, the AIHW commenced counting its online products with its publications.

Table A10.4: Days from the end of a collection period to the release of data for annual AIHW data collections, 2012–13 and 2013–14

	2012–13	2013–14
Collection 1	167	163
Collection 2	[a]447	—
Collection 3	108	96
Collection 4	293	304
Collection 5	206	173
Collection 6	90	110
Collection 7	505	424
Collection 8	[b]441; 363	—
Collection 9	656	664
Collection 10	522	486
Collection 11	251	—
Collection 12	421	411
Collection 13	449	376
Collection 14	454	452
Collection 15	524	496
Collection 16	173	163
Collection 17	[b]407; 304	291
Collection 18	481	481
Collection 19	[b]833; 636	684
Collection 20	536	627
Collection 21	536	529
Collection 22	—	[b]373; 358
Collection 23	170	164
Collection 24	—	547
Collection 25	—	486
Collection 26	[a]447	—
Collection 27	171	170
Collection 28	—	389

(a) Release of the collection was discontinued as a separate publication, and incorporated in another publication from the 2013–14 reporting year.

(b) Where a collection released 2 separate reports within the year, the time to publication is shown separately for each report in the order of release.

Table A10.5: Revenue sources, 2004–05 to 2013–14

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies	Interest and other income
	$ million		
2004–05	8.420	14.931	0.260
2005–06	8.549	14.263	0.394
2006–07	8.625	16.203	0.361
2007–08	8.678	20.227	0.695
2008–09	9.325	22.278	0.744
2009–10	20.708	24.944	0.893
2010–11	21.408	31.398	1.146
2011–12	17.389	33.690	1.158
2012–13	15.912	35.410	0.903
2013–14	15.898	36.176	0.908

Table A10.6: New cases of type 1 diabetes by year of diagnosis, 2000–2011

	Number per 100,000 population
2000	11.4
2001	11.8
2002	10.2
2003	11.6
2004	10.7
2005	9.7
2006	10.5
2007	11.8
2008	11.4
2009	10.3
2010	11.1
2011	11.1

Source: AIHW 2014. *Incidence of insulin-treated diabetes in Australia, 2000–2011*. Cat. no. CVD 66. Canberra: AIHW: Table A9.

Table A10.7: Admissions for knee replacement per 100,000 population by Medicare Local geographic area, 2010–11

Medicare Local	Category of rate
New South Wales	
Eastern Sydney	2
Inner West Sydney	1
South Eastern Sydney	4
South Western Sydney	3
Western Sydney	2
Nepean – Blue Mountains	5
Northern Sydney	2
Sydney North Shore and beaches	2
Central Coast NSW	5
Illawarra – Shoalhaven	4
Hunter	5
North Coast NSW	4
New England	3
Western NSW	5
Murrumbidgee	5
Southern NSW	5
Far West NSW	4
Victoria	
Inner North West Melbourne	1
Bayside	1
South Western Melbourne	1
Macedon Ranges and North Western Melbourne	1
Northern Melbourne	1
Inner East Melbourne	1
Eastern Melbourne	2
South Eastern Melbourne	1
Frankston – Mornington Peninsula	2
Barwon	1
Grampians	4
Great South Coast	2
Lower Murray	3
Loddon – Mallee – Murray	4
Hume	5
Goulburn Valley	4
Gippsland	3
Queensland	
Metro North Brisbane	3
Greater Metro South Brisbane	2
Gold Coast	2
Sunshine Coast	2
West Moreton – Oxley	3
Darling Downs – South West Qld	4
Wide Bay	3
Central Queensland	2
Central and North West Qld	3
Townsville – Mackay	4
Far North Qld	3
South Australia	
Northern Adelaide	4
Central Adelaide and Hills	1
Southern Adelaide – Fleurieu – Kangaroo Island	3
Country South	5
Country North	5
Western Australia	
Perth Central East Metro	2
Perth North Metro	3
Fremantle	2
Bentley – Armadale	4
Perth South Coastal	5
South West WA	5
Goldfields – Midwest	5
Kimberley – Pilbara	1
Tasmania	
Tasmania	4
Northern Territory	
Northern Territory	1
Australian Capital Territory	
Australian Capital Territory	3

Note: Rates are age- and sex-standardised. Each rate was ranked from lowest to highest and then split into 5 equal groups, with the Lowest category (1) representing those Medicare Locals with the lowest rates and the Highest category (5) representing those Medicare Locals with the highest rates. The rate ranges for each category were: Lowest - 140–182; 2nd - 183–217; 3rd - 218–241; 4th - 242–261; and Highest - 262–330.

Table A10.8: Prevalence of musculoskeletal conditions by age group, 2011–12

	Arthritis	Other musculoskeletal conditions only	Arthritis and/or other musculoskeletal conditions
	Percentage		
0–15	0.1	1.5	1.6
16–34	2.6	12.4	15.1
35–64	19.2	18.6	37.7
65–79	47.7	15.3	63
80+	51.2	13.6	64.8
All ages	**0.1**	**1.5**	**1.6**

Source: AIHW 2014. *Arthritis and other musculoskeletal conditions across the life stages:* Table B1.

Table A10.9: Clients receiving pharmacotherapy on a snapshot day by age group, 2006 and 2013

	2006	2013
	Percentage	
Under 30 years	28.4	11.3
30–39 years	36.9	38.4
40–49 years	26.9	30.7
50–59 years	7.6	17.0
60 years and over	0.3	2.4

Source: AIHW 2014. *National opioid pharmacotherapy statistics 2013:* Table A4.

Table A10.10: Expenditure on hospital separations for potentially preventable hospitalisations by Indigenous status, 2010–11

	Indigenous	Non-Indigenous
	Expenditure per person ($)	
Vaccine-preventable conditions	20.90	5.00
Acute conditions	162.50	70.70
Chronic conditions	201.80	97.80

Source: AIHW 2013. *Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease:* Table 4.1.

Table A10.11: Highest level of qualification completed by staff, 2014

Highest completed qualification	Number of staff responding to survey
Doctorate	31
Master's degree	49
Postgraduate diploma/certificate	27
Bachelor degree (including Honours)	87
Below bachelor degree	30

Source: APS State of the Service employee census, 12 May – 13 June 2014, AIHW results.

Table A10.12: Sessions on the AIHW website, 2004–05 to 2013–14

	Sessions
	millions
2004–05	0.671
2005–06	0.812
2006–07	0.957
2007–08	1.096
2008–09	1.167
2009–10	1.308
2010–11	1.393
2011–12	1.670
2012–13	2.020
2013–14	2.624

Notes

1. In 2013–14, Google Analytics changed its methodology for website traffic, renaming the metric 'visits' to 'sessions'.
2. Figures for website sessions exclude the *MyHospitals*, METeOR, Specialist Homelessness Services and Closing the Gap Clearinghouse websites.

Appendix 11
Financial statements

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2014, which comprise: a Statement by the Directors, Chief Executive and Chief Financial Officer; the Statement of Comprehensive Income; Statement of Financial Position; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; and Notes to and forming part of the Financial Statements including, a Summary of Significant Accounting Policies and other explanatory information.

Directors' Responsibility for the Financial Statements

The directors of the Australian Institute of Health and Welfare are responsible for the preparation of the financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997,* including the Australian Accounting Standards, and for such internal control as is necessary to enable the preparation of financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Institute of Health and Welfare's preparation of the financial statements that give a true and fair view 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 Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT 2600
Phone (02) 6203 7300 Fax (02) 6203 7777

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

(a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997,* including the Australian Accounting Standards; and

(b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Institute of Health and Welfare's financial position as at 30 June 2014 and its financial performance and cash flows for the year then ended.

Australian National Audit Office

Michael White

Executive Director

Delegate of the Auditor-General

Canberra

26 September 2014

Australian Government
Australian Institute of Health and Welfare

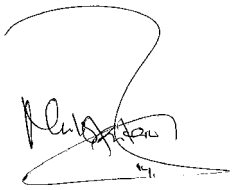
Authoritative information and statistics to promote better health and wellbeing

STATEMENT BY DIRECTORS, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2014 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, as amended.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.



Mukesh C Haikerwal AO
Board Chair

25 September 2014

David Kalisch
Chief Executive

25 September 2014

Andrew Kettle
Chief Financial Officer

25 September 2014

1 Thynne Street, Bruce ACT 2617 • GPO Box 570, Canberra ACT 2601 • PHONE **02 6244 1000** • FAX **02 6244 1299** • **www.aihw.gov.au**

Australian Institute of Health and Welfare

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2014

	Notes	2014 $'000	2013 $'000
EXPENSES			
Employee benefits	3A	**36,173**	36,910
Supplier	3B	**15,711**	13,953
Depreciation and amortisation	3C	**940**	939
Write-down and impairment of assets	3D	**84**	1
Finance costs	3E	**18**	19
Total expenses		**52,926**	51,822
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Sale of goods and rendering of services	4A	**36,176**	35,410
Interest	4B	**890**	897
Other revenues	4C	**18**	6
Total own-source revenue		**37,084**	36,313
Total own-source income		**37,084**	36,313
Net cost of services		**15,842**	15,509
Revenue from government	4D	**15,898**	15,912
Surplus attributable to the Australian Government		**56**	403
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation surplus		**—**	—
Total other comprehensive income		**—**	—
Total comprehensive income attributable to the Australian Government		**56**	403

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 2014

	Notes	2014 $'000	2013 $'000
ASSETS			
Financial assets			
Cash and cash equivalents	6A	**21,984**	22,558
Trade and other receivables	6B	**4,837**	9,032
Total financial assets		**26,821**	31,590
Non-financial assets			
Buildings	7A, 7D	**5,236**	587
Property, plant and equipment	7B, 7D	**4,520**	658
Library collection	7C, 7D	**—**	50
Intangibles	7E	**5**	100
Other non-financial assets	7F	**618**	767
Total non-financial assets		**10,379**	2,162
Total assets		**37,200**	33,752
LIABILITIES			
Payables			
Suppliers	8A	**(2,032)**	(1,163)
Other payables	8B	**(4,886)**	(1,051)
Contract income in advance	8C	**(14,586)**	(15,701)
Total payables		**(21,504)**	(17,915)
Provisions			
Employee provisions	9A	**(10,497)**	(10,490)
Other provisions	9B	**(470)**	(674)
Total provisions		**(10,967)**	(11,164)
Total liabilities		**(32,471)**	(29,079)
Net assets		**4,729**	4,673
EQUITY			
Contributed equity		**2,756**	2,756
Reserves		**2,288**	2,288
Retained surplus (accumulated deficit)		**(315)**	(371)
Total equity		**4,729**	4,673

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 2014

	Retained Earnings		Asset Revaluation Surplus		Contributed Equity/Capital		Total Equity	
	2014 $'000	2013 $'000	**2014 $'000**	2013 $'000	**2014 $'000**	2013 $'000	**2014 $'000**	2013 $'000
Opening balance								
Balance carried forward from previous period	(371)	(774)	2,288	2,288	2,756	2,756	4,673	4,270
Adjusted opening balance	(371)	(774)	2,288	2,288	2.756	2,756	4,673	4,270
Surplus (Deficit) for the period	56	403	—	—	—	—	56	403
Total comprehensive income, of which:	56	403	—	—	—	—	56	403
- attributable to the Australian Government	56	403	—	—	—	—	56	403
Closing balance at 30 June	(315)	(371)	2,288	2,288	2,756	2,756	4,729	4,673

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 2014

	Notes	2014 $'000	2013 $'000
OPERATING ACTIVITIES			
Cash received			
Goods and services		**40,369**	41,947
Receipts from government		**15,898**	15,912
Interest		**866**	921
Net GST received		**851**	—
Other		**18**	30
Total cash received		**58,002**	58,810
Cash used			
Employees		**(36,000)**	(35,994)
Suppliers		**(16,936)**	(17,744)
Net GST paid		**—**	(1,268)
Total cash used		**(52,936)**	(55,006)
Net cash from (used by) operating activities	10	**5,066**	3,804
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		**(5,640)**	(79)
Total cash used		**(5,640)**	(79)
Net cash from (used by) investing activities		**(5,640)**	(79)
Net increase (decrease) in cash held		**(574)**	3,725
Cash and cash equivalents at the beginning of the reporting period		**22,558**	18,833
Cash and cash equivalents at the end of the reporting period	6A	**21,984**	22,558

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

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2014

	2014 $'000	2013 $'000
BY TYPE		
Commitments receivable		
Project[1]	**24,109**	40,273
Net GST recoverable on commitments	**2,495**	1,361
Total commitments receivable	**26,604**	41,634
Commitments payable		
Other commitments		
Operating leases[2]	**(50,683)**	(51,949)
Other[1]	**(955)**	(3,289)
Total other commitments	**(51,638)**	(55,238)
Net commitments by type	**(25,034)**	(13,604)
BY MATURITY		
Commitments receivable		
One year or less	**18,743**	24,661
From one to five years	**4,866**	13,966
Over five years	**2,995**	3,007
Total commitments receivable	**26,604**	41,634
Commitments payable		
Operating lease commitments		
One year or less	**(2,888)**	(986)
From one to five years	**(14,851)**	(14,640)
Over five years	**(32,944)**	(36,323)
Total operating lease commitments	**(50,683)**	(51,949)
Other commitments		
One year or less	**(955)**	(3,171)
From one to five years	**—**	(118)
Total other commitments	**(955)**	(3,289)
Total commitments payable	**(51,638)**	(55,238)
Net commitments by maturity	**(25,034)**	(13,604)

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in July 2014 and August 2014
- The AIHW has entered into an agreement with B & T Investments for the building and fit-out of a new building which will then be leased for 15 years. The new building was completed in June 2014. The lease estimates for the 15 years have been included in the above figures.

Computer equipment lease

- Only 1 computer lease exists and it expires in September 2014. The AIHW has the option to extend the lease period, return the computers or trade in the computers for more up-to-date models.

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

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

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 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 Portfolio Budget Statements.

1.2 Basis of preparation of the financial statements

The financial statements are required by clause 1(b) of Schedule 1 to the *Commonwealth Authorities and Companies Act 1997* and are general purpose financial statements.

The continued existence of the AIHW in its present form and with its present programs is dependent on government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders for reporting periods ending on or after 1 July 2011; and
- 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 are in accordance with historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars 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 Finance Minister's Orders, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

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.

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.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

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 are not expected to have a future financial impact on the AIHW.

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 seller 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 as set out in AASB 139 *Financial Instruments: Recognition and Measurement.*

Revenues from government

Funding received or receivable from the Department of Health (appropriated to the department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Resources received free of charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Australian Institute of Health and Welfare
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Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another government agency or authority as a consequence of a restructuring of administrative arrangements.

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 12 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 2014. 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 2 are defined benefit schemes for the Australian Government. The third is a defined contribution scheme.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

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

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance 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 with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. 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 schedules and 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:

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Asset class	Fair value measured at:
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price
Library collection	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.

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:

	2014	2013
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years
Library collection	7 years	7 years

Impairment

All assets were assessed for impairment at 30 June 2014. 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.

Australian Institute of Health and Welfare
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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 (2012–13: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2014.

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.

Note 2: Events after the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

	2014 **$'000**	2013 $'000
Note 3: Expenses		
Note 3A: Employees benefits		
Wages and salaries	**(27,595)**	(28,338)
Superannuation:		
Defined contribution plans	**(1,934)**	(2,000)
Defined benefit plans	**(3,510)**	(3,207)
Leave and other entitlements	**(3,134)**	(3,365)
Total employee benefits	**(36,173)**	(36,910)
Note 3B: Suppliers		
Goods and services		
Consultants & Contractors	**(6,242)**	(4,353)
Collaborating Centres	**(2,145)**	(2,387)
Information technology	**(1,385)**	(1,021)
Printing and stationery	**(211)**	(239)
Training	**(353)**	(286)
Travel	**(557)**	(715)
Telecommunications	**(181)**	(206)
Other	**(2,233)**	(2,396)
Total goods and services	**(13,307)**	(11,603)

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	2014 $'000	2013 $'000
Provision of goods—related entities	**(1)**	—
Provision of goods—external parties	**(656)**	(623)
Rendering of services—related entities	**(940)**	(939)
Rendering of services—external parties	**(11,710)**	(10,041)
Total goods and services	**(13,307)**	(11,603)
Other supplier expenses		
Operating lease rentals—minimum lease payments	**(2,124)**	(2,176)
Workers compensation premiums	**(280)**	(174)
Total other supplier expenses	**(2,404)**	(2,350)
Total supplier expenses	**(15,711)**	(13,953)
Note 3C: Depreciation and amortisation		
Depreciation:		
Leasehold improvements	**(558)**	(560)
Property, plant and equipment	**(237)**	(218)
Library collection	**(50)**	(50)
Total depreciation	**(845)**	(828)
Amortisation:		
Intangibles		
Computer software	**(95)**	(111)
Total amortisation	**(95)**	(111)
Total depreciation and amortisation	**(940)**	(939)
Note 3D: Write-down and impairment of assets		
Revaluation decrement—property, plant and equipment	—	—
Inventory write down	—	—
Write off on disposal of property, plant and equipment	**(84)**	(1)
Total write down and impairment of assets	**(84)**	(1)
Note 3E: Finance costs		
Unwinding of discount on restoration obligations	**(18)**	(19)
Total finance costs	**(18)**	(19)

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2014 $'000	2013 $'000
Note 4: Revenue		
Note 4A: Sale of goods and rendering of services		
Provision of goods: external parties	**–**	25
Rendering of services—related entities	**26,685**	24,306
Rendering of services—external parties	**9,491**	11,079
Total sale of goods and rendering of services	**36,176**	35,410
Note 4B: Interest		
Deposits	**890**	897
Total interest	**890**	897
Note 4C: Other revenues		
Other	**18**	6
Total other revenues	**18**	6
Note 4D: Revenue from government		
CAC Act body payment item	**15,898**	15,912
Total revenue from government	**15,898**	15,912

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 5: Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.
The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Unobservable inputs for the asset or liability.

Note 5A: Fair Value Measurements

Fair value measurements at the end of the reporting period by hierarchy for assets and liabilities in 2014

	Fair value measurements at the end of the reporting period using			
	Fair value	Level 1 inputs	Level 2 inputs	Level 3 inputs
	$'000	$'000	$'000	$'000
Non-financial assets				
Leasehold improvements	5,236	–	–	5,236
Other property, plant and equipment	4,520	–	4,154	366
Total non-financial assets	9,756	–	4,154	5,602
Total fair value measurements of assets in the statement of financial position	9,756	–	4,154	5,602

Fair value measurements - highest and best use differs from current use for non-financial assets
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.

No assets were transferred between Level 1 and Level 2.

Note 5B: Valuation Technique and Inputs for Level 2 and Level 3 Fair Value Measurements

Level 2 and 3 fair value measurements - valuation technique and the inputs used for assets and liabilities in 2014

	Category (Level 2 or Level 3)	Fair value $'000	Valuation technique[1]	Inputs used	Range (weighted average)[2]
Non-financial assets					
Leasehold improvements	Level 3	5,236	Depreciated replacement cost	Replacement cost new	n.a.
				Consumed economic benefit/obsolescence of asset	6.7%
Other property, plant and equipment	Level 2	4,154	Market value	The assets were procured close to year end for new building	n.a.
Other property, plant and equipment	Level 3	366	Depreciated replacement cost	Latest valuation less subsequent depreciation	n.a.

1. No change in valuation technique occurred during the period.
2. Significant unobservable inputs only. Not applicable for assets or liabilities in the Level 2 category.

Recurring and non-recurring Level 3 fair value measurements - valuation processes

In 2013, the AIHW procured valuation services from Liquidity Partners and relied on valuation models provided by Liquidity Partners. Liquidity Partners provided written assurance to the entity that the model developed is in compliance with AASB 13. Level 3 property, plant and equipment are represented at their latest valuation less any subsequent depreciation.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 5C: Reconciliation for Recurring Level 3 Fair Value Measurements

Recurring Level 3 fair value measurements - reconciliation for assets

	Non-financial assets		
	Other property, plant and equipment 2014 $'000	Leasehold improvements 2014 $'000	Total 2014 $'000
Opening balance	—	—	—
Purchases	366	5,236	5,602
Closing balance	366	5,236	5,602

The entity's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2014 $'000	2013 $'000
Note 6: Financial Assets		
Note 6A: Cash and cash equivalents		
Cash on hand or on deposit	**21,984**	22,558
Total cash and cash equivalents	**21,984**	22,558
Surplus cash is invested in term deposits and is represented as cash and cash equivalents.		
Note 6B: Receivables		
Goods and services—related entities	**3,999**	7,082
Goods and services—external parties	**566**	1,795
	4,565	8,877
GST receivable from the Australian Taxation Office	**175**	80
Other receivables	**97**	75
Total receivables (gross)	**4,837**	9,032
Less: impairment allowance	**—**	—
Total receivables (net)	**4,837**	9,032
Receivables are aged as follows:		
Not overdue	**4,619**	8,270
Overdue by:		
Less than 30 days	**215**	724
31–60 days	**—**	32
Greater 60 days	**3**	6
Total receivables (gross)	**4,837**	9,032
Receivables is expected to be recovered in:		
No more than 12 months	**4,837**	9,032
Total receivables (gross)	**4,837**	9,032

Australian Institute of Health and Welfare
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	2014 $'000	2013 $'000
Note 7: Non-Financial Assets		
Note 7A: Buildings		
Leasehold improvements		
Fair value	**5,236**	1,568
Accumulated depreciation	**—**	(1,132)
	5,236	436
Restoration obligations	**612**	612
Accumulated depreciation	**(612)**	(461)
	—	151
Total buildings	**5,236**	587

No indicators of impairment were found for leasehold improvements.

Note 7B: Property, plant and equipment

Property, plant and equipment		
Fair value	**4,926**	880
Accumulated depreciation	**(406)**	(222)
Total property, plant and equipment	**4,520**	658

No indicators of impairment were found for leasehold improvements.

Note 7C: Library collection

Library collection		
Fair value	**350**	350
Accumulated depreciation	**(350)**	(300)
Total library collection	**—**	50

No indicators of impairment were found for Library collection.

Revaluations of non-financial assets

A revaluation increment of nil (2013: nil) for leasehold improvements, nil (2013: nil) for restoration obligations assets and nil (2013: nil) for changes in provision for restoration obligations. Revaluation decrement for property, plant & equipment was nil (2013: nil)

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
Note 7D: Analysis of property, plant and equipment				
TABLE A: Reconciliation of the opening and closing balances of property, plant and equipment (2013–14)				
As at 1 July 2013				
Gross book value	2,180	880	350	3,410
Accumulated depreciation	(1,593)	(222)	(300)	(2,115)
Net book value 1 July 2013	587	658	50	1,295
Additions				
by purchase	5,236	4,154	–	9,390
Revaluations recognised in operating results				
Depreciation expense	(558)	(237)	(50)	(845)
Write back of depreciation on write-off	1,539	52	–	1,591
Write back of depreciation on revaluation				
Write-offs	(1,568)	(107)	–	(1,675)
Net book value 30 June 2014	5,236	4,520	–	9,756
Net book value as at 30 June 2014 represented by:				
Gross book value	5,848	4,926	350	11,124
Accumulated depreciation	(612)	(406)	(350)	(1,369)
Net book value 30 June 2014	5,236	4,520	–	9,756

Australian Institute of Health and Welfare
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	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
TABLE B: Reconciliation of the opening and closing balances of property, plant and equipment (2012–13)				
As at 1 July 2012				
Gross book value	2,180	802	350	3,332
Accumulated depreciation	(1,033)	(5)	(250)	(1,288)
Net book value	1,147	797	100	2,044
Additions				
by purchase	–	79	–	79
Revaluations recognised in operating results	–	–	–	–
Depreciation expense	(560)	(217)	(50)	(827)
Write back of depreciation on disposal	–	–	–	–
Write back of depreciation on revaluation	–	–	–	–
Disposals	–	(1)	–	(1)
Net book value 30 June 2013	587	658	50	1,295
Net book value as at 30 June 2013 represented by:				
Gross book value	2,180	880	350	3,410
Accumulated depreciation	(1,593)	(222)	(300)	(2,115)
Net book value 30 June 2013	587	658	50	1,295

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2014 $'000	2013 $'000
Note 7E: Intangibles		
Computer software		
purchased—in use	**361**	361
accumulated amortisation	**(356)**	(261)
	5	100
internally developed	**724**	724
accumulated amortisation	**(724)**	(724)
	—	—
Total intangibles	**5**	100

No indications of impairment were found for intangibles.

TABLE A: Reconciliation of the opening and closing balances of intangibles (2013–14)

	Computer software—internally developed	Computer software—purchased (in use)	Total
	$'000	$'000	$'000
As at 1 July 2013			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(261)	(985)
Net book value 1 July 2013	—	100	100
Additions:			
by purchase or internally developed			
Amortisation	—	(95)	(95)
Disposals			
Net book value 30 June 2014	—	5	5
Net book value as at 30 June 2014 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(356)	(1,080)
Net book value 30 June 2014	—	5	5

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

TABLE B: Reconciliation of the opening and closing balances of intangibles (2012–13)

	Computer software — internally developed	Computer software — purchased (in use)	Total
	$'000	$'000	$'000
As at 1 July 2012			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(149)	(873)
Net book value 1 July 2012	—	212	212
Additions:			
by purchase or internally developed	—	—	—
Amortisation	—	(112)	(112)
Disposals	—	—	—
Net book value 30 June 2013	—	100	100
Net book value as at 30 June 2013 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(261)	(985)
Net book value 30 June 2013	—	100	100

	2014 $'000	2013 $'000
Note 7F: Other non-financial assets		
Prepayments	**618**	767
Total other non-financial assets	**618**	767

All other non-financial assets are expected to be recovered in no more than 12 months.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2014 $'000	2013 $'000
Note 8: Payables		
Note 8A: Suppliers		
Trade creditors	**(2,027)**	(1,045)
Operating lease rentals	**(5)**	(118)
Total supplier payables	**(2,032)**	(1,163)
Supplier payables expected to be settled in no more than 12 months:		
related entities	**(83)**	(155)
external parties	**(1,949)**	(890)
Total	**(2,032)**	(1,045)
Suppliers payables expected to be settled in greater than 12 months:		
external parties	**—**	(118)
Total	**—**	(118)
Total supplier payables	**(2,032)**	(1,163)
Settlement is usually made within 30 days.		
Note 8B: Other payables		
Salaries and wages	**(976)**	(831)
Superannuation	**(160)**	(139)
GST payable to Australian Taxation Office	**—**	(81)
Lease incentive	**(3,750)**	**—**
Total other payables	**(4,886)**	(1,051)
All other payables are expected to be settled in no more than 12 months:		
Note 8C: Contract income in advance		
Contract income	**(14,586)**	(15,701)
Total contract income in advance	**(14,586)**	(15,701)
All income in advance payables is expected to be settled in 12 months.		

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 9: Provisions

	2014 $'000	2013 $'000
Note 9A: Employee provisions		
Leave	**(10,497)**	(10,490)
Total employee provisions	**(10,497)**	(10,490)
Employee provisions expected to be settled in:		
no more than 12 months	**(2,798)**	(3,691)
more than 12 months	**(7,699)**	(6,799)
Total employee provisions	**(10,497)**	(10,490)
Note 9B: Other provisions		
Provision for restoration obligations	**(470)**	(674)
Total other provisions	**(470)**	(674)
Other provisions expected to be settled:		
no more than 12 months	**(470)**	(674)
more than 12 months	**—**	—
Total other provisions	**(470)**	(674)

	Provision for makegood $'000
Carrying amount 1 July 2013	674
Unwinding of discount	18
Restoration expenditure	(222)
Carrying amount 30 June 2014	470

The AIHW currently has 3 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2014 $'000	2013 $'000
Note 10: Cash Flow Reconciliation		
Reconciliation of cash and cash equivalents per balance sheet to cash flow statement		
Cash and cash equivalents as per:		
Cash flow statement	**21,984**	22,558
Balance sheet	**21,984**	22,558
Difference	**–**	**–**
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	**(15,842)**	(15,509)
Add revenue from government	**15,898**	15,912
Adjustment for non-cash items		
Depreciation/amortisation	**940**	939
Net write down and impairment of assets (excluding write down of inventories)	**84**	(18)
Finance costs	**–**	19
Changes in assets / liabilities		
(Increase) / decrease in receivables	**4,195**	1,375
Increase / (decrease) in lease incentive liability	**(3,750)**	–
(Increase) / decrease in other non-financial assets – prepayments	**149**	(415)
Increase / (decrease) in supplier	**869**	(1,790)
Increase / (decrease) in other payables	**3,835**	(493)
Increase / (decrease) in employee provisions	**7**	883
Increase / (decrease) in other income in advance	**(1,115)**	2,882
Increase / (decrease) in other provisions	**(204)**	19
Net cash from operating activities	**5,066**	3,804

Note 11: Contingent Assets and Liabilities

As at 30 June 2014, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2013: nil).

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 12: Directors Remuneration

The number of non-executive directors included in these figures is shown below in the relevant remuneration bands:

	2014	2013
$0–$29,000	**14**	17
Total number of directors of the AIHW	**14**	17
Total remuneration received or due and receivable by directors of the AIHW	**$36,044**	$28,024

Remuneration of executive directors is included in Note 13: Senior Executive Remuneration.

Note 13: Senior Executive Remuneration

Note 13A: Senior executive remuneration expense for the reporting period

	2014	2013
Short-term employee benefits:		
Salary	**(1,537,106)**	(1,583,351)
Performance bonuses	**(41,781)**	(41,432)
Motor vehicle allowance	**(174,251)**	(191,385)
Total short-term employee benefits	**(1,753,118)**	(1,816,168)
Post-employment benefits:		
Superannuation	**(296,431)**	(288,191)
Total post-employment benefits	**(296,431)**	(288,191)
Other long term benefits		
Annual leave *	**1,077**	(41,157)
Long-service leave	**(49,525)**	(46,418)
Total other long term benefits	**(48,448)**	(87,575)
Total senior executive remuneration	**(2,098,017)**	(2,191,934)

* This is annual leave taken in excess of annual leave accrued.

1. Note 13A is prepared on an accrual basis (therefore the performance bonus expenses disclosed above may differ from the cash 'Bonus paid' in Note 13B).

2. Note 13A excludes acting arrangements and part-year service where remuneration expensed was less than $195,000.

Note 13B: Average annual reportable remuneration paid to substantive senior executives during the reporting period

Average annual reportable remuneration[1]	Senior executives	Reportable salary[2, 6]	Contributed superannuation[3]	Reportable allowances[4]	Bonus paid[5]	Total
	No.	$	$	$	$	$
Average annual reportable remuneration paid to substantive senior executives in 2014						
Total remuneration (including part-time arrangements):			**2014**			
$195,000–$224,999	1	168,060	25,721	24,893	–	218,674
$225,000–$254,999	7	176,411	34,668	24,893	–	235,972
$345,000–$374,999	1	271,831	61,817	–	40,458	374,106
Total	9					
Average annual reportable remuneration paid to substantive senior executives in 2013						
Total remuneration (including part-time arrangements):			2013			
$195,000–$224,999	8	164,716	29,017	23,923	–	217,656
$225,000–$254,999	1	171,748	30,678	23,923	–	226,349
$345,000–$374,999	1	265,419	54,118	–	37,990	357,527
Total	10					

1. Note 13B reports substantive senior executives who received remuneration during the reporting period. Each row is an averaged figure based on headcount as at 30 June 2014 for individuals in the band.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

2. 'Reportable salary' includes the following:
   a) gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column);
   b) reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits); and
   c) exempt foreign employment income.
3. The 'contributed superannuation' amount is the average actual superannuation contributions paid to senior executives in that reportable remuneration band during the reporting period, including any salary sacrificed amounts, as per the individuals' payslips.
4. 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.
5. 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving the entity during the financial year.
6. Various salary sacrifice arrangements were available to senior executives including superannuation, motor vehicle and expense payment fringe benefits. Salary sacrifice benefits are reported in the 'reportable salary' column.

Note 13C: Other highly paid staff

During the reporting period, there were no employees who did not have a role as senior executives whose salary plus performance bonus were $195,000 or more (2013: nil).

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 14: Remuneration of Auditors

	2014	2013
Remuneration for auditing the financial statements for the reporting period	**$29,000**	$28,000

No other services were provided by the Australian National Audit Office.

Note 15: Financial Instruments

	2014 $'000	2013 $'000
Note 15A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash at bank	**21,984**	22,558
Receivables for goods and services	**4,565**	8,877
Carrying amount of financial assets	**26,549**	31,435
Financial liabilities		
Other financial liabilities		
Trade creditors	**(2,027)**	(1,045)
Carrying amount of financial liabilities	**(2,027)**	(1,045)

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 15B: Net income and expense from financial assets		
Loans and receivables		
Interest revenue	**890**	**897**
Net gain loans and receivables	**890**	897
Net gain from financial assets	**890**	897

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 15C: Credit Risk

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 (2014: $4,565,000 and 2013: $8,877,000). The AIHW has assessed the risk of the default on payment and has allocated $0 in 2014 (2013: $0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Credit quality of financial instruments not past due or individually determined as impaired:

	Not past due nor impaired 2014	Not past due nor impaired 2013	**Past due or impaired 2014**	Past due or impaired 2013
	$'000	$'000	**$'000**	$'000
Cash at bank	**21,984**	22,558	**—**	—
Receivables for goods and services	**4,347**	8,115	**218**	762
Total	**26,331**	30,673	**218**	762

Ageing of financial assets that are past due but not impaired for 2014:

	0–30 days	31–60 days	61–90 days	90+ days	Total
	$'000	$'000	$'000	$'000	$'000
Receivables for goods and services	215	—	3	—	218
Total					

Ageing of financial assets that are past due but not impaired for 2013:

	0–30 days	31–60 days	61–90 days	90+ days	Total
	$'000	$'000	$'000	$'000	$'000
Receivables for goods and services	724	32	6	—	762
Total	724	32	6	—	762

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 15D: 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 15E: 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 16: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth was made during the reporting period (2013: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2013: nil).

Note 17: Reporting of Outcomes

Note 17A: Net cost of outcome delivery

	Outcome 1 2014 $'000	Outcome 1 2013 $'000	**Total 2014 $'000**	Total 2013 $'000
Departmental				
Expenses	**52,926**	51,822	**52,926**	51,822
Own-source income	**37,084**	36,313	**37,084**	36,313
Net cost / (contribution) of outcome	**15,711**	15,509	**15,711**	15,509

Outcome 1 is described in Note 1.1.

The primary statements of these financial statements represent Tables B and C: Major classes of departmental expense, income, assets and liabilities by outcome. However, in accordance with Finance Minister's Order 121.4(c), entities with only 1 outcome can omit Tables B and C.

Reader guides

These guides help readers find specific information in this annual report and identify any errors and omissions in the previous annual report.

Abbreviations, acronyms and symbols

Abbreviations and acronyms

ABS	Australian Bureau of Statistics
AASB	Australian Accounting Standards Board
AHMAC	Australian Health Ministers' Advisory Council
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
APS	Australian Public Service
APSC	Australian Public Service Commission
CAC Act	*Commonwealth Authorities and Companies Act 1997*
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
COPD	chronic obstructive pulmonary disease
CURF	confidentialised unit record file
DSS (in the context of an organisation)	Australian Government Department of Social Services
DSS (in the context of data standards)	Data Set Specification
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EPBC Act	*Environment Protection and Biodiversity Conservation Act 1999*
EL	Executive Level
EEGO policy	Australian Government Energy Efficiency in Government Operations policy
FIC	(WHO's) Family of International Classifications
FoI	freedom of information
FoI Act	*Freedom of Information Act 1982*
FTE	full-time equivalent
GP	general practitioner
GST	Goods and Services Tax
HACC	Home and Community Care
HTML	hypertext markup language
HWA	Health Workforce Australia
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
METeOR	AIHW's Metadata Online Registry

MoU	memorandum of understanding
NABERS	National Australian Built Environment Rating System
NAHA	National Affordable Housing Agreement
NDDS	National Diabetes Services Scheme
NDI	National Death Index
NHA	National Healthcare Agreement
nKPI	national key performance indicator
NMDS	National Minimum Data Set
NPA	National Partnership Agreement
OECD	Organisation for Economic Co-operation and Development
PBS	Portfolio Budget Statements
PDF	portable document format
RAP	Reconciliation Action Plan
RTF	rich text format
SCRGSP	Steering Committee for the Review of Government Service Provision
SES	Senior Executive Service
SHS	specialist homelessness services
the Orders	Commonwealth Authorities (Annual Reporting) Orders 2011
WHO	World Health Organization
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Australian jurisdictions

NSW	New South Wales
Vic	Victoria
Qld	Queensland
WA	Western Australia
SA	South Australia
Tas	Tasmania
ACT	Australian Capital Territory
NT	Northern Territory

Symbols

%	per cent
—	not defined, nil or rounded to zero (in tables)
n.a.	not available (in tables)

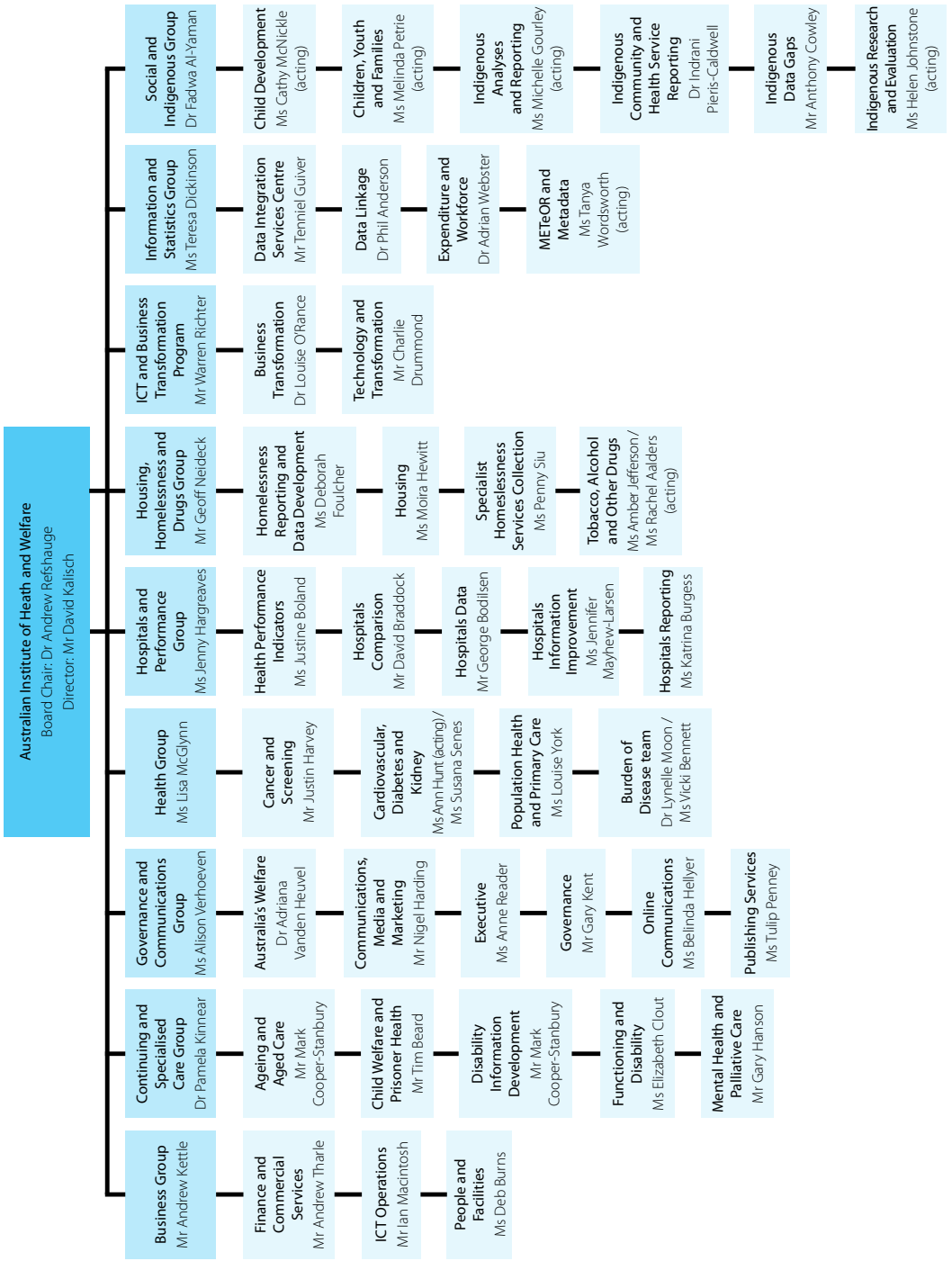
Glossary

Australian Building Greenhouse Rating	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 (see glossary term 'National Australian Built Environment Rating System').
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 dictionary	A reference document containing standardised, accepted terms and protocols used for data collection.
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 equipment has power management features allowing it to meet a minimum energy performance standard. These features should be enabled at the time of supply.
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 that takes account of the number of hours that each person works. During 2013–14, AIHW staff members considered full-time were committed to working 37 hours and 5 minutes per week.
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.
metadata	Information that describes data in relation to its 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 is stored, managed and disseminated—based on the international standard—ISO/IEC 11179. 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 (see glossary term 'Australian Building Greenhouse Rating').
National Minimum Data Set	A minimum set of data elements agreed for mandatory collection and reporting at national level.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
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.
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 (indicators) 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, health centres and so forth. 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 and Ageing portfolio, usually published in May each year.

Annual report 2012–13 errors and omissions

The AIHW organisation chart as at 30 June 2013 included in the AIHW's *Annual report 2012–13* contained errors. The corrected figure is reproduced below.



Lists of tables, figures and spotlights

Tables

Figures

Note: Data for figures not included with the figures are available in **Appendix 10** (Tables A10.1–A10.11).

Spotlights

Compliance index

The *Commonwealth Authorities and Companies Act 1997* (section 9) requires the AIHW Board to prepare this 2013–14 annual report and provide it to the Minister for Health by 15 October 2014. The index below shows compliance with information requirements contained in the CAC Act and further specified by orders made by the Minister for Finance under section 48(1), or other reporting requirements, as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011, which advise the directors of a Commonwealth authority on what is required for preparing the authority's annual report, specifically in terms of the report of operations that is to be provided annually under the CAC Act
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2011), which relate to the preparation of financial statements.

The index is ordered by subsection or clause in the CAC Act or orders.

CAC Act annual report requirements	Clause or subsection of the CAC Act	Page in this report
Report of operations prepared by the directors	9(1) and 1 in Schedule 1	i–xxiii, 1–222, 261–273
Financial statements prepared by the directors, including a 'true and fair view' statement	9(1) and 1 and 2 in Schedule 1	223–259
Auditor-General's report on the financial statements	9(1) and 1 in Schedule 1	224–225
Presentation to the responsible Minister by 15 October 2013	9(1) and 9(2)	(a)

CAC Act report of operations requirements	Clause in the 'annual reporting' Orders	Page in this report
Approval of the Report of Operations by directors (including the signature of a director and a statement of responsibility)	6	vi
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clear design		—
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CAC Act report of operations requirements	Clause in the 'financial statements' Orders	Page in this report
Requirements for the preparation of financial statements for reporting periods ending on or after 1 July 2011	3	223–259

Other reporting requirements	Authority	Page in this report
Report on compliance with CAC Act legislation and financial sustainability	Finance Circular 2008/05 Compliance Reporting—CAC Act Bodies	213
Provide information required by the Information Commissioner to prepare reports under s. 30 of the *Australian Information Commissioner Act 2010*	*Freedom of Information Act 1982* (section 93)	210
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(a) At the time of printing this annual report, compliance with this requirement is expected to be achieved.

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Contact information

Main street address

AIHW Building, Fern Hill Park, 1 Thynne Street, Bruce ACT 2617

Postal address

GPO Box 570, Canberra ACT 2601

General enquiries and comments

The AIHW welcomes your comments on this report, including feedback on our performance. This will help us better understand the information needs and interests of our stakeholders so that we can continue to improve our reporting. Enquiries or comments should be directed to:

Digital and Media Communications Unit

info@aihw.gov.au

+61 2 6244 1032

+61 2 6244 1299

This publication

Availability and accessibility

This publication is available electronically in HTML and PDF formats on the AIHW's website <www.aihw.gov.au>. The full address is <www.aihw.gov.au/aihw-annual-report-2013-14/>.

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Acknowledgments

This report was prepared by staff of the Governance Unit at AIHW, co-ordinated by Joanne Maples, with contributions and assistance from staff across the Institute.

GPO Box 570
Canberra ACT 2601

info@aihw.gov.au

+61 2 6244 1000

+61 2 6244 1299

www.aihw.gov.au