Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report 2021–22

Australian Institute of Health and Welfare

Annual report 2021–22

© The Australian Institute of Health and Welfare 2022

All material presented in this document is provided under a Creative Commons Attribution 4.0 International licence, with the exception of the Commonwealth Coat of Arms or any material owned by third parties, including for example, design, layout or images obtained under licence from third parties and signatures. All reasonable efforts have been made to identify and label material owned by third parties.

The details of the relevant licence conditions are available on the Creative Commons website, as is the full legal code for the CC BY 4.0 licence.

This publication is part of the Australian Institute of Health and Welfare's corporate series. A complete list of the institute's publications is available from the institute's website.

ISBN 978-1-922802-15-6 (Online) ISSN 2205-4960 (Online)
ISBN 978-1-922802-16-3 (Print) ISSN 1321-4985 (Print)

Suggested citation

Australian Institute of Health and Welfare (2022) *Australian Institute of Health and Welfare Annual report 2021–22*, catalogue number AUS 244, AIHW, Australian Government.

Any enquiries about or comments on this publication should be directed to:
Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.
Tel: (02) 6244 1000. Email: info@aihw.gov.au

Aboriginal and Torres Strait Islander people are advised that this report may contain images of deceased people.

Published by the Australian Institute of Health and Welfare.

About this report

The Australian Institute of Health and Welfare (AIHW) is a corporate Commonwealth entity, which has provided high-quality, objective evidence on health and welfare in Australia since 1987. Our data, products and services enhance the delivery of health and welfare for Australians by enabling other organisations to design, review and improve their policies and services using reliable and accessible information and statistics. Our vision is stronger evidence, better decisions, improved health and welfare.

Board Chair: Mrs Louise Markus

Chief Executive Officer: Mr Rob Heferen

This report describes our performance from 1 July 2021 to 30 June 2022, in accordance with objectives outlined in our *Corporate Plan 2021–22* and measures in the *Health Portfolio Budget Statements 2021–22*.

The report has been prepared in accordance with Resource Management Guide No. 136: *Annual reports for corporate Commonwealth entities,* the *Public Governance, Performance and Accountability Act 2013* and the *Public Governance, Performance and Accountability Rule 2014*.

Accessing this report online

This publication is available electronically in portable document format (PDF) on the AIHW website.

The annual report can also be found on the Australian Government Transparency Portal.

Contents

Letter of transmittal .... **vii**

Chair's report .... **viii**

CEO's report .... **x**

Chapter 1: About us **1**

- Our role and functions 1
- Outcomes and program 1
- Our strategic goals 2
- Our values 3
- Our structure 3

Chapter 2: Our performance **7**

- Introductory statement 7
- Our performance 7
- Performance results 8
- Performance summary 9
- Results achieved 10
- Our financial results 16
- Case studies 18

Chapter 3: Our products, services and stakeholders **23**

- Our services 23
- Our stakeholders 26
- Our products 30

Chapter 4: Our people **37**

- Our workforce 37
- Building capability 38
- Diversity and inclusion 39
- Encouraging work health and safety 40
- Employee engagement 41
- Employment conditions 41

Chapter 5: Management and accountability **43**
Our corporate governance 43
Data governance and privacy 54
Digital capabilities 55
Managing risk and fraud 56
Financial management 57
Mandatory reporting 57

Appendices **60**
Appendix A: List of reporting requirements 60
Appendix B: Errors and omissions 63
Appendix C: Releases, journal articles and presentations 64
Appendix D: Workforce statistics 75
Appendix E: Executive remuneration 77
Appendix F: Financial statements 79

User guides **102**
Abbreviations and acronyms 102
List of tables 104
List of figures 104
List of website references 105
Index 107

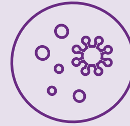
At a glance

12 of 13 performance measures achieved

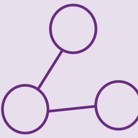
620 employees

299 products released

15 reports on the impact of COVID-19 were published

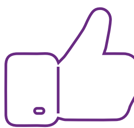


89 data linkage projects completed



51 project applications approved by the AIHW Ethics Committee

91% of stakeholder survey respondents were satisfied with our products and services



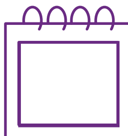
Source: 2022 AIHW stakeholder survey

80% staff engagement score

Source: APS Employee Census

6.7 million sessions on the AIHW website

83% of annual products released within 6 months of final receipt of data



Letter of transmittal

The Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House
Canberra ACT 2600

Dear Minister

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2021–22. This report was approved by the Board on 23 September 2022.

This report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, the Public Governance, Performance and Accountability Rule 2014 and other relevant legislation.

The report includes the AIHW's audited financial statements and annual performance statements for 2021–22.

I am satisfied that the AIHW has, in accordance with section 10 of the Public Governance, Performance and Accountability Rule 2014, prepared fraud risk assessments and a fraud control plan and has appropriate fraud prevention, detection, investigation, reporting and data collection mechanisms to meet the specific needs of the AIHW.

Yours sincerely

Mrs Louise Markus
Chair, AIHW Board
23 September 2022

1 Thynne Street, Bruce ACT 2617
+61 2 6244 1000
www.aihw.gov.au
GPO Box 570, Canberra ACT 2601
info@aihw.gov.au
@aihw

Chair's report

On behalf of the board of the Australian Institute of Health and Welfare (AIHW), I am pleased to present the AIHW's annual report for 2021–22.

Following the federal election, the AIHW is looking forward to working with the new Minister for Health and Aged Care, the Hon Mark Butler MP, who is very supportive of the institute's work.

I continue to be impressed by the professionalism and commitment AIHW staff have shown to their work during sometimes trying circumstances in 2021–22, such as lockdowns and the return of home-learning for schools.

The board has closely monitored the AIHW's response to the ongoing pandemic, which has included investments in technology to enable more staff to work from home as needed.

The provision of timely and robust health and welfare data by agencies, including the AIHW, has proved to be an important tool in government responses to the pandemic and will remain important as policymakers and service providers deal with ongoing challenges to the health and wellbeing of Australians.

The experience of the first 2 years of the pandemic were significant in the development of the *AIHW strategic directions 2022–2026*. The development of the new strategic directions was overseen and approved the board and builds on the achievements of our previous strategic directions for 2017–2021. The new directions include the strategic goals of being:

- a trusted leader in health and welfare data and analysis
- innovative producers of data sets and analysis
- a strong strategic partner
- recognised for our organisational excellence.

The board is confident the AIHW will achieve these goals and we will closely monitor progress against a series of objectives designed to support them. These include investing in our skilled workforce and expanding our program of renewal to ensure the provision of high-quality technology and tools to deliver our data and analysis.

Many of the strategic issues discussed by the board in 2021–22 were relevant to these goals, including discussions about staffing issues, the introduction of new technology and work with our partners on data linkage projects.

The board is monitoring the implementation of new projects funded in 2021–22, including data work related to mental health, aged care, and family, domestic and sexual violence. While new projects often attract attention, most of our work - such as hospitals reporting, is ongoing. The board is pleased that this work is performed to high standards and that employees are continually improving the quality and relevance of the data and analysis they produce.

The board also looked at its own performance in 2021–22, and consistent with the AIHW's Charter of Corporate Governance, sought independent advice on both governance and cultural aspects of board performance. The final report was endorsed in May 2022 and members agreed on a plan to address the report's recommendations at its June meeting. My goal, with the board, is to build on strong performance, and its positive culture, engagement and respect, and continue to support the AIHW to achieve its strategic goals.

I congratulate our Chief Executive Officer, Mr Rob Heferen, for the leadership he has provided during his first full year at the AIHW and look forward to working with him and the rest of the staff in 2022–23.

Mrs Louise Markus

Chair, AIHW Board

23 September 2022

CEO's report

Throughout the COVID-19 pandemic, the AIHW has remained focused on our overarching goal of providing stronger evidence to support better decisions and improved health and wellbeing for all Australians.

During 2021–22, our employees have continued to deliver high-quality data products and analysis and expanded our product offerings. The AIHW has balanced the need for our stakeholders – particularly government policy advisors and decision-makers – to have access to real-time and near-real-time data, while also providing more long-term and detailed reports and other data products.

The AIHW is contributing to the national response to COVID-19 and other health and welfare issues. The value of our work has been demonstrated by the fact we were commissioned to undertake a range of additional activities over the past year.

Our success in meeting increased demand for data and analysis in 2021–22 was made possible by the professionalism of our people, support and oversight of the board, and our strong relationships with other Australian, state and territory government agencies, and other health and welfare organisations.

Following the change of government at the election in May 2022, we look forward to working constructively with the Hon Mark Butler MP, Minister for Health and Aged Care, who is the AIHW's new portfolio minister.

COVID-19 response

The widespread effects of COVID-19 on Australian society mean that almost all AIHW collections and reports containing data from 2020 onwards are relevant to the pandemic. However, some specific COVID-19-related work undertaken in 2021–22 deserves mention.

Work began on the development of a COVID-19 linked data set. This work was initiated due to emerging evidence of the medium- and long-term effects of COVID-19. It will provide information and ongoing monitoring of the health outcomes and health system needs of people who have had a COVID-19 diagnosis. The development of the platform was supported through a grant from the National Health and Medical Research Council (NHMRC) Medical Research Future Fund.

Australia's welfare 2021 took an in-depth look at the wellbeing of Australians during the first months of the pandemic, including tracking the effects of the pandemic on social cohesion, employment, the social security system, housing, education and population and migration.

In September 2021, the AIHW released *The first year of COVID-19 in Australia: direct and indirect health effects*. This report included information on case numbers, deaths and burden of disease as well as the impact on other diseases, health services, changes in health behaviours and social determinants up until June 2021. Notably, the report compared COVID-19 case and death rates with 4 other countries with similar life expectancy and health systems. Australia had lower crude case and death rates than Canada, Sweden and the United Kingdom but higher crude case and death rates than New Zealand.

We have been continually producing data about the mental wellbeing of Australians during the pandemic and the use of mental health services. For example, levels of psychological distress appeared to increase during the first months of the pandemic, particularly for adults aged 18–45. By April 2021, the average level of psychological distress had returned to pre-pandemic levels but continued to be higher for young people. *Australia's health 2022*, released in July 2022, also had a strong focus on the pandemic.

Other major events in 2021–22

The AIHW launched some significant products, including:

- The fourth annual report on suicide among permanent, reserve and ex-serving members of the Australian Defence Force (ADF) was released on 29 September 2022. This was the first report in the series to include information on people who had served in the ADF since 1985 (the previous reports only included information on those who had served since 2001).
- The Indigenous Mental Health and Suicide Prevention Clearinghouse was launched on 14 July 2021. It includes information about Aboriginal and Torres Strait Islander people's wellbeing, mental health and suicide prevention.
- A world-first monitoring system including data on ambulance attendances was released on our suicide and self-harm monitoring website on 20 July 2021.
- The first phase of the redevelopment of the AIHW's METEOR platform was completed in mid-2022. METEOR is the repository for Australian metadata standards for statistics and information in areas such as health, housing and homelessness, aged care, Indigenous Australians, disability, children, families and youth.

New and expanded work

The AIHW received budget funding to begin several new significant projects in 2021–22.

In the area of mental health, the AIHW is developing a single collection for people receiving mental health services in the community and has assumed a greater role in the development of the National Mental Health Service Planning Framework, through the establishment of a secure subsite on the AIHW website.

The AIHW will also develop and maintain a mental health enduring linked data asset, to include services funded by Australian and state and territory governments and expand the scope of analytical work and products presented in the *Mental health services in Australia* online report.

The AIHW's family, domestic and sexual violence work is being expanded to enhance reporting and evidence, including the development of a new AIHW subsite. The AIHW was also funded to deliver a prototype family, domestic and sexual violence integrated data system.

The AIHW is also working on new aged care data improvement activities, including the development of a national minimum data set and aged care data asset.

Looking forward

In accordance with the *AIHW strategic directions 2022–2026*, we will continue to work with our stakeholders to identify and fill significant gaps in health and welfare data. As the volume of data and reports the AIHW produces has been increasing in recent years, we will also continue to work with our partners – particularly those in government – to ensure that relevant decision-makers are aware of important AIHW data and analysis.

The AIHW's workforce has grown rapidly in recent years to meet the demands for our health and welfare data analysis. Even with this growth, the 2021 Australian Public Service (APS) Employee Census results showed the AIHW was in the top rankings for engagement and wellbeing scales out of 101 agencies.

We are confident that this growth has been sustainable, and that the workforce has the required skills.

As in other workplaces, the pandemic has led to more flexible working conditions at the AIHW, including an increase in the number of employees seeking to working from home for at least 1 or 2 days per week on an ongoing basis. In early 2021, the AIHW's flexible working policy was updated to make it easy for employees to spend part of their week working from home. Following staff consultation, refinements to this policy are expected to come into effect in 2022–23.

Finally, as I reflect on my first full year as Chief Executive Officer, I am proud to be part of an organisation that is making a positive contribution to the health and wellbeing of all Australians.

Mr Rob Heferen

Chief Executive Officer, AIHW

23 September 2022

Chapter 1: About us

Our role and functions

Our vision: Stronger evidence, better decisions, improved health and welfare

The Australian Institute of Health and Welfare (AIHW) is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and an independent statutory authority, established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

Our purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians. Our work provides governments, stakeholders and the broader community with valuable evidence and insights about key issues affecting the health and welfare of Australians.

Our functions are set out in section 5 of the AIHW Act. Our role is to:

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

The AIHW is part of the Health and Aged Care Portfolio. We are governed by the AIHW Board. The board is accountable to the Parliament of Australia through the Minister for Health and Aged Care, the Hon Mark Butler MP. We were accountable to the former minister for health, the Hon Greg Hunt, between 1 July 2021 and 22 May 2022.

Outcomes and program

We are responsible for delivering one outcome to the Australian Government. Table 1 describes the outcome and program structure as set out in the *Health Portfolio Budget Statements 2021–22*.

Table 1: Outcome and program structure, 2021–22

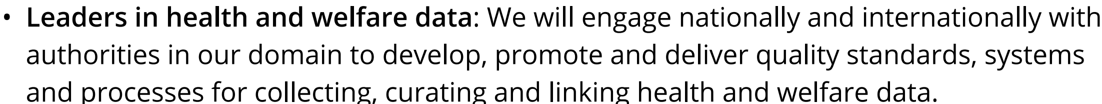
Outcome	Program
Outcome 1: A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics	Program 1.1: Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.

To deliver Program 1.1 we:

- Develop, maintain and promote statistical information standards for the health, community services and housing assistance sectors, and publish comprehensive biennial reports on Australia's health and Australia's welfare.
- Release a range of health and welfare data and information products relevant to key policy areas.
- Enhance data resources with the addition of new health and welfare data assets to the AIHW's data holdings to fill data gaps in the health and welfare sectors.
- Modernise the presentation of national health and welfare data and analyses to meet the needs of diverse audiences.

Our strategic goals

Our strategic goals are defined in the *AIHW strategic directions 2017–2021*, and comprise:



- **Leaders in health and welfare data**: We will engage nationally and internationally with authorities in our domain to develop, promote and deliver quality standards, systems and processes for collecting, curating and linking health and welfare data.
- **Drivers of data improvements**: We will build on our trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings. We will support our partners to develop and capture the data required to inform national priorities.
- **Expert sources of value-added analysis**: We will harness and enhance our capabilities in the health and welfare domains to turn data and information into knowledge and intelligence. We will translate this evidence to provide insight into patterns, trends and outcomes, including how these compare across organisations, regions and internationally.
- **Champions for open and accessible data and information**: We will leverage emerging technology and enhance our products and services in order to provide data and information tailored to diverse access, timeliness and quality requirements. We will support our partners in making their data accessible while protecting privacy.
- **Trusted strategic partners**: We will foster strategic partnerships and engage collaboratively with stakeholders to deliver program-specific expertise and enable others to achieve their strategic goal.

In 2021–22, we updated our strategic goals to ensure that we remain aligned with national health and welfare priorities and continue to provide a clear direction for the institute into the future. The new strategic goals, set out in the *AIHW strategic directions 2022–2026*, came into effect on 1 July 2022 and inform an improved and integrated performance management framework for 2022–23.

Our values

We draw on our independence and our expertise in health and welfare to strive for excellence in all we do. We uphold the Australian Public Service (APS) Values. We are:

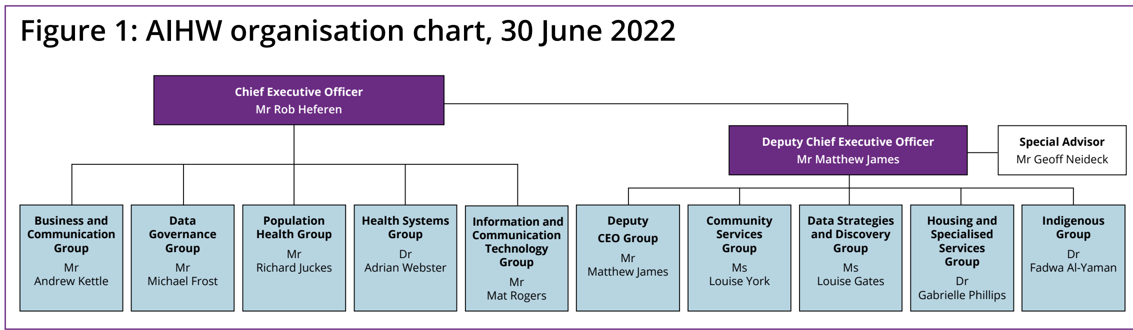
- **Impartial**: We are apolitical and provide the government with advice that is frank, honest, timely and based on the best available evidence.
- **Committed to service**: We are professional, objective, innovative and efficient, and work collaboratively to achieve the best results for the Australian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

Our structure

The Chief Executive Officer (CEO), Rob Heferen, is appointed under the AIHW Act and is responsible for the institute's day-to-day operations. The structure of our leadership team and organisation is shown in Figure 1.

As at 30 June 2022, the institute's leadership team comprised:

- Rob Heferen, CEO
- Matthew James, Deputy CEO
- Andrew Kettle, Group Head, Business and Communications
- Louise York, Group Head, Community Services
- Michael Frost, Group Head, Data Governance
- Louise Gates, Group Head, Data Strategies and Discovery
- Adrian Webster, Group Head, Health Systems
- Gabrielle Phillips, Group Head, Housing and Specialised Services
- Fadwa Al-Yaman, Group Head, Indigenous
- Mat Rogers, Group Head, Information and Communication Technology
- Richard Juckes, Group Head, Population Health



Business and Communications Group

This group enables optimal use of our financial, human and communications resources. This includes providing services and advice on pricing and contracts, budget, internal audit, strategic communication and media, stakeholder engagement, parliamentary and the institute's website management.

It also leads the institute's recruitment, learning and development, workforce planning, performance management support and work health and safety, and manages the institute's facilities and accommodation.

Community Services Group

This group leads the development, maintenance and analysis of national data to support the monitoring and reporting of the health and welfare information about key subpopulation groups, including children and youth, older Australians, people with disability, and victims and perpetrators of family, domestic and sexual violence. This includes service use across a range of health and welfare sectors, and pathways and outcomes for health and welfare service users.

Data Governance Group

This group protects the confidentiality and privacy of data holdings through strong data governance. This includes supporting the AIHW Ethics Committee, contributing to development of My Health Record data and primary health-care data for research and public health purposes, and national and international health classifications. It enhances national data and information governance infrastructure by leading engagement with senior government health officials on national health data and information strategies, providing expert assistance for national health and welfare metadata, managing our national Metadata Online Repository – METEOR – and supporting technical capabilities development across the institute.

Data Strategies and Discovery Group

This group leads the development of the institute's strategies for acquiring, managing and integrating major data assets. This includes reporting on veterans' health and welfare, including suicide monitoring, and leading the development, monitoring and reporting of information and statistics on maternal and perinatal health. It also oversees key relationships across government in support of the public sector data agenda.

Deputy Chief Executive Officer Group

This group leads the institute's data and information on palliative care, suicide and self-harm monitoring, and mental health. As part of its work on suicide and self-harm and mental health, the group facilitates detailed and timely data sharing across Australian, state and territory agencies. The group is also responsible for the institute's flagship reports – Australia's welfare and Australia's health, which are both published every 2 years (released in alternate years).

Health Systems Group

This group manages national data assets and produces information and analyses relating to the activity and performance of the Australian health system. This includes maintaining the national record on health spending and reporting on the performance, safety and quality of the health system through the Australian Health Performance Framework and MyHospitals subsites and monitoring the incidence and nature of injuries.

The group has also developed, and continues to maintain, a data-sharing system to monitor hospital capacity and activity during the COVID-19 pandemic. These data are collated and made available to all jurisdictions to help ensure the health system does not breach capacity limits.

Housing and Specialised Services Group

This group collects and analyses data to support health and welfare policy and service provision. This includes the use of alcohol, tobacco and other drugs, and related treatment services, homelessness, adoption, child protection, youth justice and the health and welfare of people in prison.

It leads several national collections including the National Social Housing Survey, the National Drug Strategy Household Survey and the National Prisoner Heath Data Collection.

Indigenous Group

This group leads the development, monitoring and reporting of national data about the health and welfare of Aboriginal and Torres Strait Islander people. This includes the Aboriginal and Torres Strait Islander Health Performance Framework, Indigenous Burden of Disease, the number and circumstances of Stolen Generations survivors, the implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, and Indigenous-specific Medicare Benefits Schedule health checks.

It also develops data and reports on cultural safety in health care, hearing and eye health, and cardiac care for Indigenous Australians. In addition, it provides improved access to data for mental health and suicide prevention through the Indigenous Mental Health and Suicide Prevention Clearinghouse, and regional statistics and modelling for primary health-care services. In 2021–22, the group started analyses of key factors that drive change for Indigenous outcomes, as included in the latest Closing the Gap targets.

Information and Communication Technology Group

This group informs information and communication technology (ICT) investment decisions and provides ICT advice and services to the institute. This includes centralised design, costing and program management services and providing secure, fit-for-purpose technology and service management for the institute's corporate and data functions. It provides strategic advice to implement contemporary corporate systems, and data and analytics platforms, including secure cloud-based services.

Population Health Group

This group reports on the health of Australians. This includes monitoring of specific chronic diseases such as cardiovascular disease, diabetes, kidney disease, dementia, cancer, musculoskeletal conditions and respiratory conditions.

The group also monitors and reports on the health of different population groups, health inequalities, risk factors, international health comparisons, cancer screening, mortality and the burden of disease.

Chapter 2: Our performance

Introductory statement

On behalf of the Australian Institute of Health and Welfare Board, which is the accountable authority, I present the institute's 2021–22 annual performance statement, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

This statement reports the institute's performance in 2021–22, including performance measures defined in the institute's Corporate Plan 2021–22 to 2024–25 and the *Health Portfolio Budget Statements 2021–22*.

In my opinion, this performance statement accurately reflects the performance of the AIHW for 2021–22 and complies with subsection 39(2) of the PGPA Act.

Louise Markus

Chair, AIHW Board

23 September 2022

Our performance

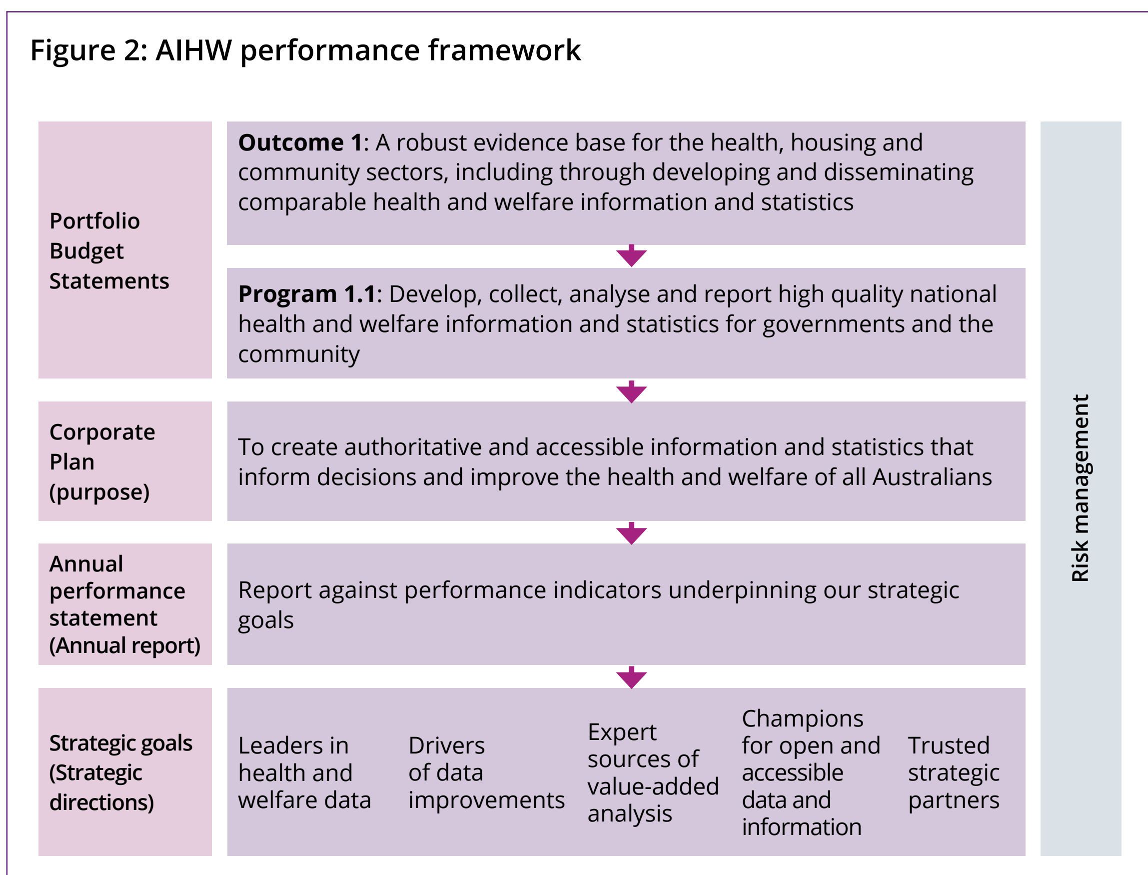
The annual performance statement presents results against criteria from the *Health Portfolio Budget Statements 2021–22* and measures as set out in the *Corporate Plan 2021–22* (Corporate Plan) from 1 July 2021 to 30 June 2022.

Figure 2 provides an overview of our performance framework and the relationship between the *Health Portfolio Budget Statements 2021–22*, Corporate Plan and annual performance statement. We provide regular performance reports to the AIHW Board and its Risk, Audit and Finance Committee.

On 30 June 2022, the board issued the *AIHW Strategic directions 2022–2026* to ensure that the institute remains aligned with national health and welfare priorities. These directions inform our performance framework for 2022–23.

In 2021–22, we achieved 12 of our 13 performance measures, and partially achieved one performance measure.

Figure 2: AIHW performance framework



Performance results

In 2021–22, we delivered on our purpose to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians. This was achieved through 2 key activities:

1. Lead in the delivery of open and accessible health and welfare data and provide expert sources of value-added analysis.
2. Collaborate with partners to drive data improvement.

Our 13 performance indicators comprise both qualitative and quantitative measures, which underpin these activities. Summary results against our performance criteria are provided in the 'Performance summary'. More detailed information for each indicator is provided in 'Results achieved'.

Performance summary

Activity 1: Lead in the delivery of open and accessible health and welfare data and provide expert sources of value-added analysis	
Performance indicator	**2021–22 result**
1. Publish ≥200 health and welfare data products incorporating expert analysis on the AIHW's website for public access. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
2. Publish ≥80% annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
3. Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
4. Finalise Australia's welfare 2021 and Australia's health 2022 reports and present to the Minister for Health. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
5. Increase the number of reports that are produced on a quarterly basis, either through new work or increased frequency of reporting existing work by 2. Source: *Health Portfolio Budget Statements 2021–22*	Partially achieved
6. Publish 10 reports on the impact of the COVID-19 pandemic on health and welfare on the AIHW website. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
7. 5.5 million sessions on the AIHW website. Source: *Corporate Plan 2021–22*	Achieved
8. 4,600 references to the AIHW and its products in the media. Source: *Corporate Plan 2021–22*	Achieved
Activity 2: Collaborate with partners to drive data improvement	
Performance indicator	**2021–22 result**
9. Collaborate with the Australian Government and participating jurisdictions to provide technical advice to the investment case using the lessons learned during the pilot phase and make recommendations for the design of the enduring National Disability Data Asset. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
10. Collaborate with the Australian Government and jurisdictions on the future phases of the National Disability Data Asset. Source: *Health Portfolio Budget Statements 2021–22*	Achieved
11. Collaborate with stakeholders to implement data management processes and governance structures for the national suicide and self-harm monitoring project and update data published on the AIHW website by 30 June 2022. Source: *Health Portfolio Budget Statements 2021–22*	Achieved

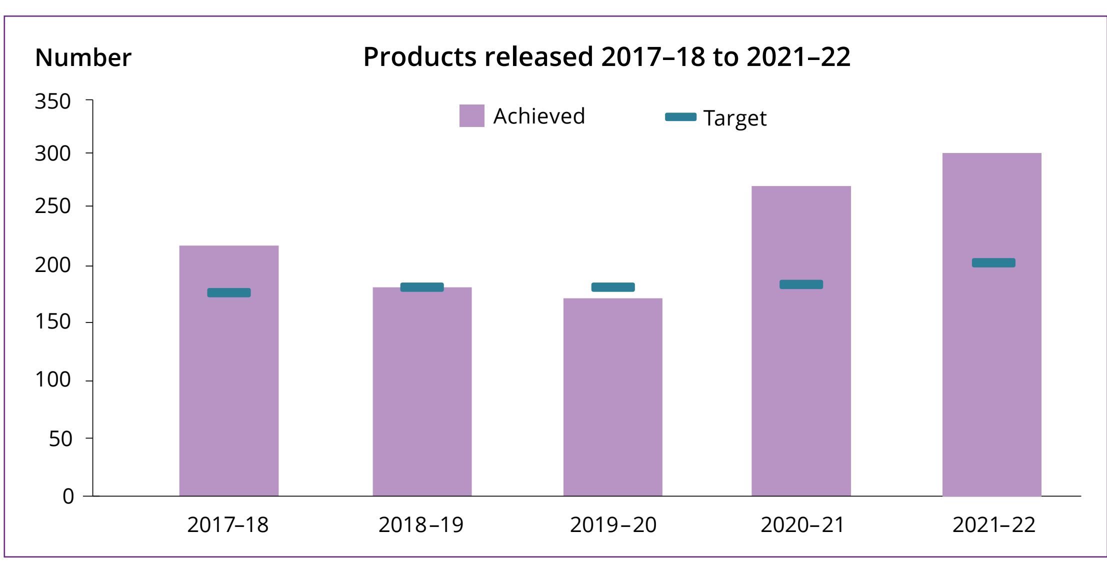
Performance indicator	2021–22 result
12. Provide expert data analysis to the National Commissioner for Defence and Veteran Suicide Prevention and supply the final report to the Office of the National Commissioner for Defence and Veteran Suicide Prevention by 31 August 2021.	Achieved
Source: *Health Portfolio Budget Statements 2021–22*	
13. 60 data linkage projects completed as agreed under the National Collaborative Research Infrastructure Strategy 2013.	Achieved
Source: *Corporate Plan 2021–22*	

Results achieved

Activity 1: Lead in the delivery of open and accessible health and welfare data and provide expert sources of value-added analysis

1. Publish ≥200 health and welfare data products incorporating expert analysis on the AIHW's website for public access.

We published 299 products on the AIHW website compared to 270 products in 2020–21. See 'Our products' (Chapter 3) for more information.



Result: achieved.

2. Publish ≥80% annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data.

We released 24 out of 29 annual products (83%) on the AIHW's website within 6 months of receipt of final data. This is a negligible decrease from 86% last year.

Result: achieved.

3. Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps.

Five new data collections or linkages were added to our data assets to fill in identified information gaps. These were:

- The 2022 National Drug Strategy Household Survey. The Department of Health and Aged Care and the relevant technical advisory group approved the inclusion of an Australian Defence Force service question in the survey. This will address the data gap of understanding drug use patterns, method of use and source of supply in relation to a veterans' health and mental health status.
- Study of Health Outcomes in Aircraft Maintenance Personnel phase III. This is a general health and medical study involving a detailed postal questionnaire and a series of health and neuropsychological examinations to assess exposure and outcomes for individuals involved in any of the F-111 Deseal/Reseal program activities and comparisons.
- Perinatal Mental Health pilot (PMHp). The PMHp will use data collected through the iCOPE digital perinatal screening platform and other jurisdictional mental health screening.
- The COVID-19 linked data project. In 2021–22, the COVID-19 project received funding through the Medical Research Future Fund. The project has received data from 5 jurisdictions (New South Wales, South Australia, the Australian Capital Territory, the Northern Territory and Tasmania) for which data linkage has begun. A public interest certificate has been received for the use of Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) in this project. We have clearance to include state and territory hospitals data, which has been prepared for inclusion in the COVID-19 linked data asset.
- Younger People in Residential Aged Care (YPIRAC). Following updates to the Pathways in Aged Care link map to include aged care and mortality data to 30 June 2020, an additional data set was created for use in YPIRAC analysis. Plans are underway for future analysis into aged care priority areas in 2022–23.

See 'Our services' (Chapter 3) for more information on AIHW data linkage.

Result: achieved.

4. Finalise *Australia's welfare 2021* and *Australia's health 2022* reports and present to the Minister for Health.

We provided *Australia's welfare 2021* to the former minister for health for out-of-session tabling on 16 September 2021. The report was launched via a video message by former senator, the Hon Anne Ruston. See 'Product spotlight: *Australia's welfare 2021*' (Chapter 3) for more information.

Australia's health 2022 was provided to the Minister for Health and Aged Care on 8 June 2022 and was released on 7 July 2022.

Result: achieved.

5. Increase the number of reports that are produced on a quarterly basis, either through new work or increased frequency of reporting existing work by 2.

Before 2021–22, 5 reports were produced quarterly (or more frequently):

- *Quality Indicator Program reporting for residential aged care* (19 April 2022)
- *Younger people in residential aged care* (29 April 2022)
- *Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data* (18 February 2022)
- *Specialist Homelessness Services: monthly data* (26 May 2022)
- *Mental Health Services in Australia (MHSA) update* (17 May 2022)

We have increased the frequency of quarterly reporting by one additional product: *Cancer screening programs: quarterly data*.

Result: partially achieved.

6. Publish 10 reports on the impact of the COVID-19 pandemic on health and welfare on the AIHW website.

In 2021–22, we published 15 reports on the impact of the COVID-19 pandemic. Two reports were published with a primary focus on the effects of the pandemic on the health and welfare of Australians:

- *The first year of COVID-19 in Australia: direct and indirect health effects report* (1 September 2021) included information on COVID-19 case numbers, deaths, burden of disease, the impact on other diseases, health services, changes in health behaviours and social determinants.
- *Australia's welfare 2021* (16 September 2021) tells part of the nation's pandemic story, from the start of the pandemic in Australia to early- to mid-2021.

We also published 13 other reports, which included analysis on the impacts of COVID-19 across a range of health and welfare topics:

- *Indigenous health checks and follow-ups (*2 July 2021) included analysis of the MBS telehealth health check items that were introduced as part of the pandemic response.
- *Australia's welfare 2021* (16 September 2021) included a section on the regional variation in assistance to homeless Indigenous Australians.
- *Cancer in Australia 2021* (1 December 2021) included the impact on the uptake of some cancer-related services.
- *Life and work experiences of Australians with chronic conditions* (8 December 2021) provided a baseline snapshot of how working-age Australians (15–64 years) with chronic conditions were faring before 2020 and describes how their life may be affected by the pandemic.
- *Emergency department care 2020–21* (14 December 2021) included a section on impacts on emergency department activity.
- *Health expenditure Australia 2019–20* (17 December 2021) included the impacts on health expenditure.
- *Elective surgery waiting times 2020–21* (23 January 2022) included advice about the impact of COVID-19 and associated restrictions on elective surgery activity and waiting times.
- *Sports injury hospitalisations in Australia, 2019–20* (23 March 2022) included analysis of the effects of COVID-19 restrictions on admissions after March 2020.
- *Falls in older Australians 2019–20: hospitalisations and deaths among people aged 65 and over* (7 April 2022) included findings about the social restrictions and behaviour changes associated with the pandemic, and the impact on the number and type of fall hospitalisations and deaths.

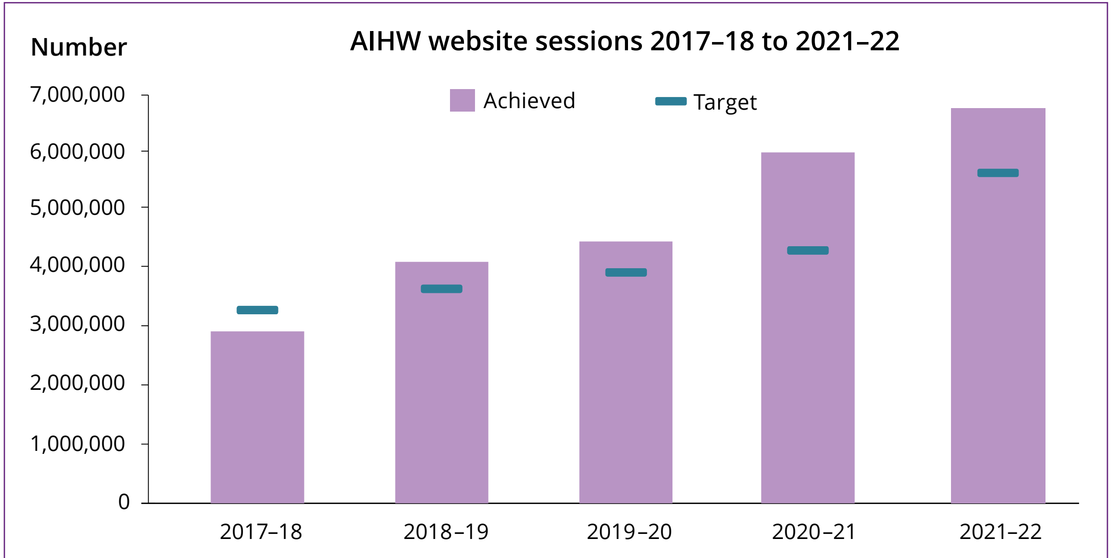
- *Mental health services in Australia* (17 May 2022) included quarterly data on the impact on mental health services.
- *Palliative Care Services in Australia* (25 May 2022) included monthly MBS, PBS and residential aged care data to assess the impact of the pandemic on palliative care services.
- *Admitted patient care 2020–21* (3 June 2022) included information about the ongoing impact on admitted patient care activity in Australia's hospitals.
- *Injury in Australia* (16 June 2022) included injury hospital admissions by month for the most recent 3 years and illustrates the impact of COVID-19 on injury hospitalisations after March 2020 compared with previous years.

Result: achieved.

7. 5.5 million sessions on the AIHW website.

There were about 6.7 million sessions on the AIHW website.

For more information on our websites, see 'Our products' (Chapter 3).

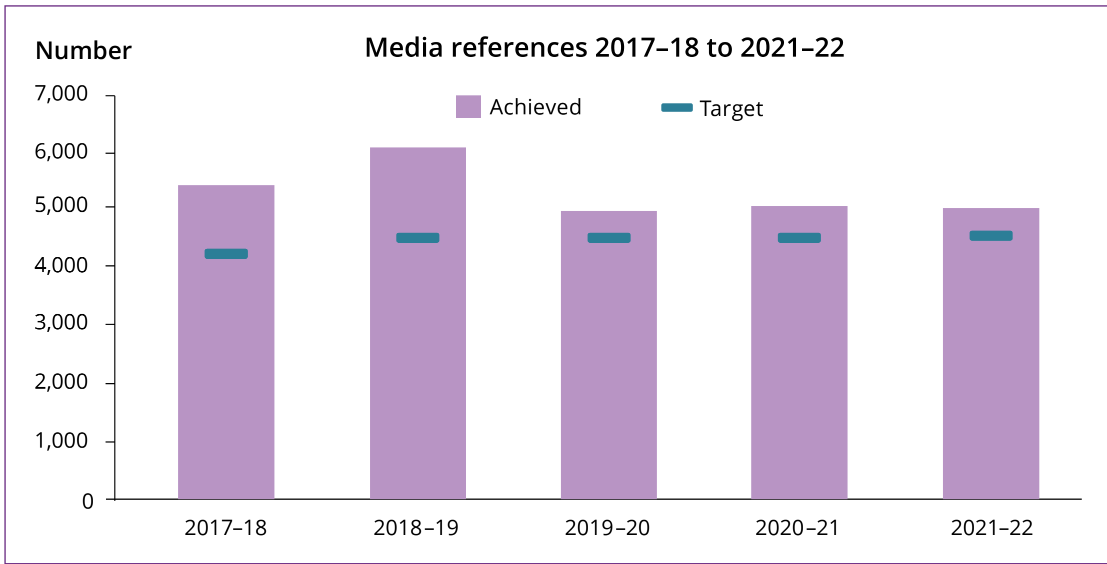


Result: achieved.

8. 4,600 references to the AIHW and its products in the media.

There were 5,008 references to the AIHW and its products in the media, broken down by channel:

- Radio: 1,126
- Print: 1,246
- Online: 2,446
- Television: 190



Result: achieved.

Activity 2: Collaborate with partners to drive data improvement

9. Collaborate with the Australian Government and participating jurisdictions to provide technical advice to the investment case using the lessons learned during the pilot phase and make recommendations for the design of the enduring National Disability Data Asset (NDDA).

The AIHW collaborated with Australian Government and participating jurisdictions on the pilot phase and design of the enduring NDDA.

The NDDA aims to bring together Commonwealth, state and territory data sets to address gaps in information about the experiences of people with a disability using mainstream services to inform policy and program, and measure outcomes.

The pilot phase, completed in December 2021, involved 5 studies, focusing on – early childhood, transition to employment, mental health, justice and housing assistance, and involved numerous data collections. The pilot phase also supported development of a design blueprint for an enduring NDDA and associated Australian National Data Integration Infrastructure (ANDII).

Result: achieved.

10. Collaborate with the Australian Government and jurisdictions on the future phases of the National Disability Data Asset.

The next phase of NDDA work is underway, with the AIHW and the Australian Bureau of Statistics providing technical leadership to the Australian, state and territory governments co-design and implementation process including the planned ANDII.

Result: achieved.

11. Collaborate with stakeholders to implement data management processes and governance structures for the national suicide and self-harm monitoring project and update data published on the AIHW website by 30 June 2022.

The AIHW collaborated with stakeholders by publishing 8 major data updates for the National Suicide and Self-harm Monitoring System throughout the financial year.

Content from the Suicide and self-harm monitoring project was also uploaded to the Suicide and Self-harm Monitoring Analyst Portal noting from June 2022 this portal became accessible to external users from all 31 Primary Health Networks.

Result: achieved.

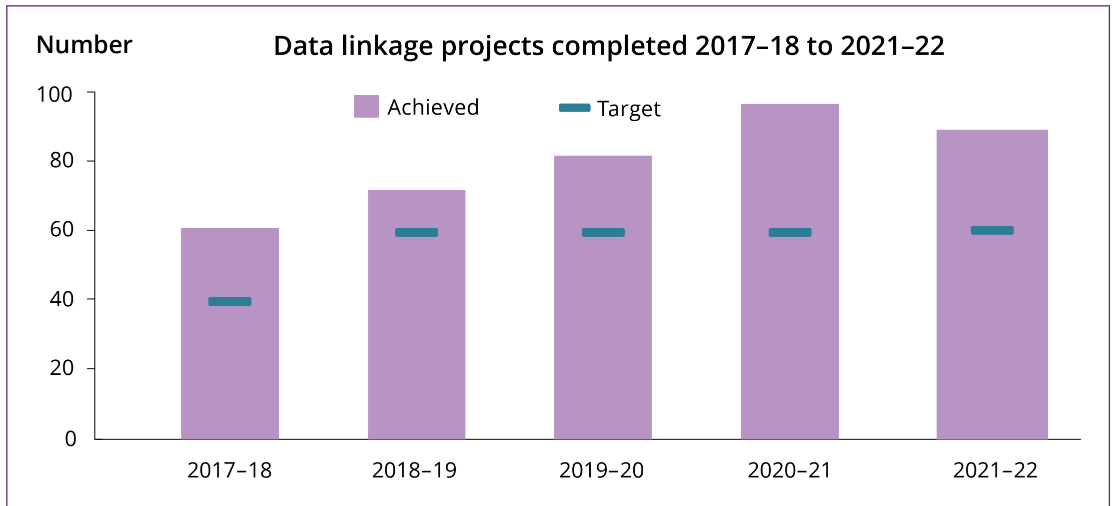
12. Provide expert data analysis to the National Commissioner for Defence and Veteran Suicide Prevention and supply the final report to the Office of the National Commissioner for Defence and Veteran Suicide Prevention by 31 August 2021.

The AIHW compared and analysed health and welfare experiences of serving and ex-serving defence members with at least one day of service from 1 January 2001 who have died by suicide from 1 January 2001 to 31 December 2018. We delivered the final report on 13 August 2021 to the Office of the National Commissioner for Defence and Veteran Suicide Prevention. It was tabled in the Australian Parliament and published on 29 September 2021. See the 'Better understanding the health and wellbeing of serving and ex-serving Australian Defence Force members: suicide monitoring' case study (Chapter 2) for more information.

Result: achieved.

13. 60 data linkage projects completed as agreed under the National Collaborative Research Infrastructure Strategy 2013.

The AIHW completed 89 data linkage projects, 36 new and 53 updated.



Result: achieved.

Our financial performance

The AIHW has 2 main types of income – appropriation from the Australian Parliament and income from externally funded projects. The institute also earned income from interest on its financial assets.

The overall financial result for the year was a deficit of $2.1 million, which was less than the approved budgeted deficit.

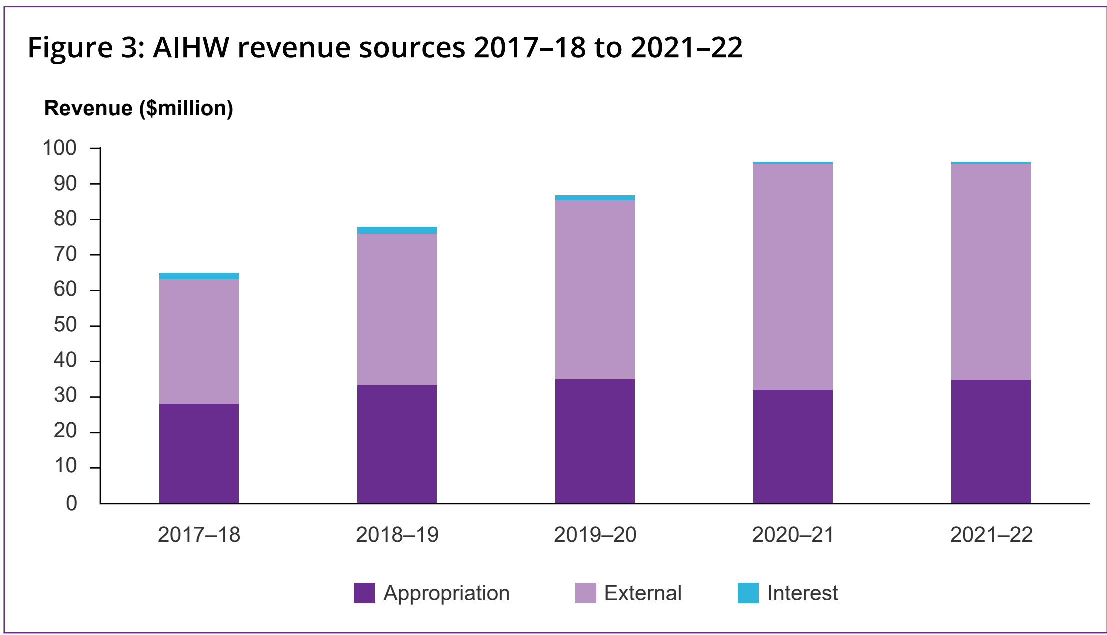
We received an unqualified audit opinion from the Australian National Audit Office for the 2021–22 financial statements. The statements comply with subsection 42(2) of PGPA Act and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

Our financial results from 2020–21 to 2021–22 are summarised in Table 2. Audited 2021–22 financial statements are available at Appendix F: Financial statements.

Table 2: Financial results, 2020–21 to 2021–22

	2020–21 ($million)	2021–22 ($million)	Change (2020–21 to 2021–22)
Income	96.200	96.477	increase
Expenditure	96.235	98.592	increase
Surplus (or deficit)	**(0.035)**	**(2.115)**	**decrease**
Total assets	144.946	152.130	increase
Total liabilities	106.909	116.262	increase
Total equity	**38.037**	**35.868**	**decrease**

In 2021–22 our appropriation was $34.9 million, compared with $32.2 million in 2020–21. Income from externally funded projects decreased to $60.8 million from $63.5 million in 2020–21. Most of the externally funded income came from Australian Government departments, with the largest funder being the Department of Health and Aged Care. Large projects funded by the Department of Health and Aged Care include chronic diseases, national suicide and self-harm monitoring and mental health services. The Department of Social Services funded work on the National Disability Data Asset and the Department of Veterans' Affairs funded work on veterans health and welfare data development.



The cash balance component of the institute's financial assets remained high at $93.1 million, most of which is invested in term deposits in accordance with our investment policy. In 2021–22, interest income was $460,000, compared with $500,000 in 2020–21.

Our total revenue for 2021–22 was $96.5 million, which represents a slight increase of $300,000 on 2020–21.

Our contract income received in advance has increased by $11.3 million due to cash received for future work.

The institute's operating expenditure for 2021–22 was $98.6 million compared to $96.2 million in 2020-21.

Employee-related expenditure increased to $48.7 million in 2021–22 from $44.2 million in 2020–21. This was due to an increase in average staff numbers and a pay increase.

There was a decrease of $3.5 million in supplier expenses, mostly due to some large non-recurring third-party payments in 2020-21.

Financial outlook

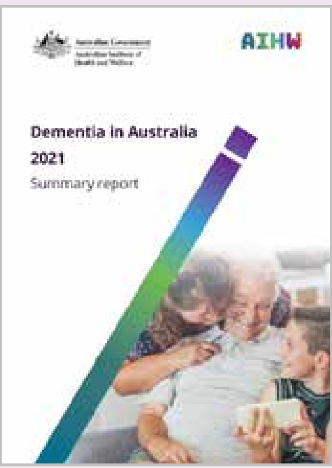
Appropriation is expected to increase by $231,000 in 2022–23 to $35.1 million. We have budgeted for income from externally funded projects to be $62.0 million.

We received approval to budget for a loss of $3.1 million in 2022–23. The 2 components of this loss are $228,000 for accrual accounting adjustments required for office leases under AASB16, and $2.8 million for non-ongoing expenses related to improving information management and data analytical capability.

Case studies

Dementia in Australia: delivering new insights about people living with dementia

Contributing to our strategic goal of 'leaders in health and welfare data'



Our understanding of the prevalence of dementia in Australia and the experiences of people living with dementia, or caring for someone with dementia, has long been limited by substantial data gaps in health and aged care data collections. This includes inconsistencies in how information on dementia diagnoses is captured. Australia's population is ageing, and dementia is an increasing and leading cause of burden of disease, ill health and death in our community. It is imperative that we improve the quality and breadth of information on dementia available to health and aged care policymakers, researchers and the public.

The Department of Health and Aged Care funded the AIHW to establish the National Centre for Monitoring Dementia (NCMD) and to produce timely, policy-relevant dementia statistics. This project also includes a range of data improvement activities.

In September 2021, former minister for senior Australians and aged care services, the Hon Richard Colbeck, Chief Executive Officer of Dementia Australia, Maree McCabe, and dementia advocate Natalie Ive, launched the *Dementia in Australia* report.

This report provides the first comprehensive picture of dementia in Australia in a decade. It includes statistics on prevalence, burden of disease, deaths and spending, and poignant personal stories. It uses linked data from the National Integrated Health Services Information Analysis Asset (NIHSI AA) to report on the use of health and aged care services including, for the first time, insights into the use of general practitioners and specialist services by people living with dementia.

Linked data have transformed our capacity to report on people living with dementia and understand how they use health and aged care services. We can now report from the patient perspective rather than being limited to documenting episodes of care.

Since the release of *Dementia in Australia*, NCMD staff have used a variety of linked data sources to develop analytical approaches to filling data gaps and to shed new light on the impact of dementia. For example, using the NIHSI AA, we have demonstrated that Medicare Benefits Schedule claims data, which contain no dementia diagnosis

information, can be used to identify people with probable early dementia. This uses a key national data asset for health condition monitoring in a way never previously possible and contributes to our understanding of dementia prevalence in Australia.

However, there is still much to be done to improve the breadth and quality of data available for dementia monitoring. In future work, the NCMD will develop and enact a national dementia data improvement plan and continue to report on, and explore, policy and research priorities for dementia.

Supporting Australia's ongoing pandemic response through our responsive data assets

Contributing to our strategic goal of 'drivers of data improvements'

When COVID-19 was first diagnosed in Australia in 2020, there was no real-time national picture of how our health system would cope with an evolving pandemic. Our national hospitals data holdings were focused on maintaining the long-term national record using high-quality validated data rather than real-time operational uses. It was clear that the pandemic would be a challenge to Australia's health system, and a better national view of the evolving situation was needed.

In 2020, as part of our role in supporting the Australian Government's response to the pandemic, we supported hospital capacity and activity operational data sharing between states, territories and the Australian Government, which provided a near-real-time source of information on our hospital system. As the pandemic evolved, it became clear that insights into the impact on the broader health system – including vaccination status, the effects of lockdowns, elective surgery cancellations and primary health care – were still largely unavailable.

To address this, we expanded the scope and functionality of the secure data-sharing platform to include data from the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and the Australian Immunisation Registry. This provides a richer, more holistic view of health system activity across state and territory governments, assisting them in administering the health system during the pandemic. These data are restricted to reporting across all tiers of government and are not released publicly.

Work has also begun on the COVID-19 linked data set to collect data and analysis on the medium- and long-term effects of COVID-19. It will provide information and ongoing monitoring of the health outcomes and health system needs of people who have had a COVID-19 diagnosis. The development of the linked data set was supported through a grant from the National Health and Medical Research Council (NHMRC) Medical Research Future Fund.

Strengthening the family and domestic violence evidence base

Content warning: This case study contains information some readers may find distressing as it refers to data about family, domestic and sexual violence.

Contributing to our strategic goal of 'expert sources of value-added analysis'

Family and domestic violence (FDV) encompasses violence that occurs between family members, and violence that occurs between intimate partners. Each year, there are around 6,500 hospitalisations for injuries known to be related to FDV.

The health system has an important role in responding to FDV. Hospitals can be a crucial intervention point in cases where FDV results in injuries requiring hospital treatment and care. However, we currently do not have a thorough understanding of FDV hospitalisations, particularly repeat hospitalisations, and patterns of broader hospital service use and death for people hospitalised for FDV.

With support from the Department of Social Services, we used the NIHSI AA to examine hospital use and deaths for people hospitalised for FDV from 2010–11 to 2018–19. This was the first time such a data linkage project had been undertaken.

Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19 was published in December 2021. It found that:

- Around 1 in 8 people who had an FDV hospital stay had at least one additional hospital stay for FDV, with almost 2 in 3 of these occurring within one year.
- Around 1 in 5 people who had a FDV stay had multiple assault hospital stays (including both FDV and other assault).
- People who had a FDV hospital stay had a higher rate of death and different causes of death than a comparison group.
- The FDV group was 10 times as likely to die due to assault, 3 times as likely to die due to accidental poisoning or liver disease and 2 times as likely to die due to suicide as the comparison group.

This exploratory analysis was well received by experts, and funding to undertake additional analysis by Indigenous status and remoteness has been secured.

Further analysis could predict the risk factors for hospital re-admission for FDV, and explore the broader health service interactions that did, or did not, occur before an FDV-related death. The targeted collection of FDV data in some other national collections – for example, emergency departments – would help to provide a more comprehensive picture of service use by people experiencing FDV.

If the information presented raises any issues for you, these services can help:

- 1800RESPECT (1800 737 732, www.1800respect.org.au)
- Lifeline (13 11 14, www.lifeline.org.au)
- Kids Helpline (1800 551 800, www.kidshelpline.com.au)
- No to Violence (1300 766 491, www.ntv.org.au)
- Blue Knot Helpline and Redress Support Services | provides trauma counselling, information and referral to adults who have experienced complex trauma, commonly from childhood | Mon-Sun 9-5 EST | 1300 657 380 or https://blueknot.org.au/

Improving access to local data for Indigenous communities

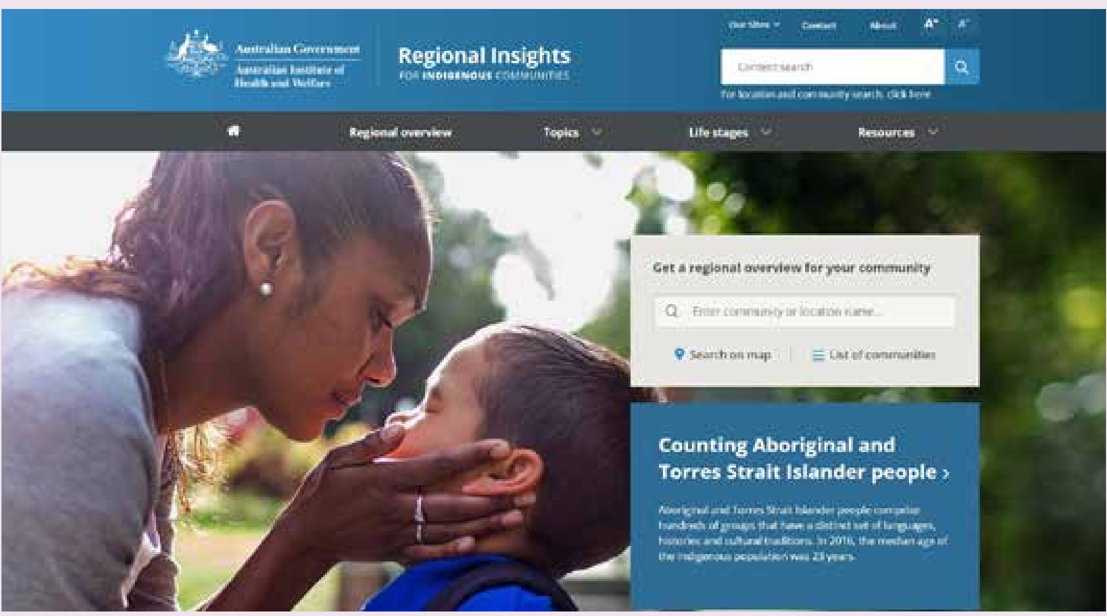
Contributing to our strategic goal of 'champions for open and accessible data and information'

Local communities, services and policymakers need access to accurate and locally relevant health and wellbeing data to make informed decisions. However, for many stakeholders, finding this information is difficult and often requires them to search multiple government websites and reports.

In response to these challenges, we developed the Regional Insights for Indigenous Communities (RIFIC) website, so that data about Aboriginal and Torres Strait Islander people and their health and wellbeing is available in one place. The website allows users to customise their search, and use maps or a list of locations, to find regional statistics relevant to their communities or other locations of interest. These statistics can then be compared with those about other regions, states and territories, remoteness areas and national statistics. Data are presented as user-friendly maps, dashboards and interactive visualisations.

The RIFIC website aims to help communities set their priorities and inform their planning with government and service providers. The website development was guided by user testing by governments and Aboriginal and Torres Strait Islander stakeholders and organisations.

Since its public release on 13 December 2021, the RIFIC website has had more than 6,000 unique users. Feedback from users and from stakeholders who participated in the user testing has been positive. Most comments highlight how great it is to have all this information in the one place. The RIFIC website content will continue to be expanded in consultation with stakeholders to include other types of data, including the 2021 Census.



Our performance

Better understanding the health and wellbeing of serving and ex-serving Australian Defence Force members: suicide monitoring

Content warning: This case study contains information some readers may find distressing as it refers to data about suicide.

Contributing to our strategic goal of 'trusted strategic partnerships'

In September 2021, the AIHW released its fourth annual report on suicide among permanent, reserve and ex-serving Australian Defence Force (ADF) members. Previous editions of the report included members with at least one day of ADF service since 1 January 2001. The 2021 report expanded the population under consideration to include members with at least one day of ADF service since 1 January 1985.

Expanding the size of the veterans group meant that results were more representative of the whole ex-serving ADF population, and detailed analysis of subgroups, including ex-serving females and younger ex-serving males, could be presented for the first time.

However, although the overall rates and patterns of suicide were similar to those reported previously (that is, there was no observed increase in suicide risk), the number of suicides did increase because of the greater number of ex-serving ADF members included in the study. Our challenge was to manage public messaging to ensure that reporting the increase in suicides did not cause undue distress to the veteran community.

In partnership with the Department of Veterans' Affairs, we established a comprehensive communications plan to engage with numerous strategic partner organisations in veteran suicide prevention, including the Department of Defence, National Mental Health Commission, Everymind and Open Arms. Our aim was to ensure that messaging around the expanded population in the report, and the report findings, were communicated appropriately. The plan included several webinars with media, key stakeholders and veterans' organisations. We worked closely with journalists to ensure media reports were accurate and responsible.

The report was successfully released with extensive media coverage. Media reports were accurate and measured, and we received positive feedback from our stakeholders.

If you need help or support, please contact:

Please consider your need to read the following information. If this material raises concerns for you or if you need immediate assistance, please contact any of the following:

Open Arms - Veterans and Families Counselling 1800 011 046
Open Arms Suicide Intervention page
Defence All-hours Support Line (ASL) 1800 628 036
Defence Member and Family Helpline 1800 624 608
Defence Chaplaincy Support 1300 333 362
ADF Mental Health Services
Lifeline 13 11 14
Suicide Call Back Service 1300 659 467
Beyond Blue Support Service 1300 22 4636

For information on support provided by DVA, see:

- Mental health support services
- Free mental health care for veterans

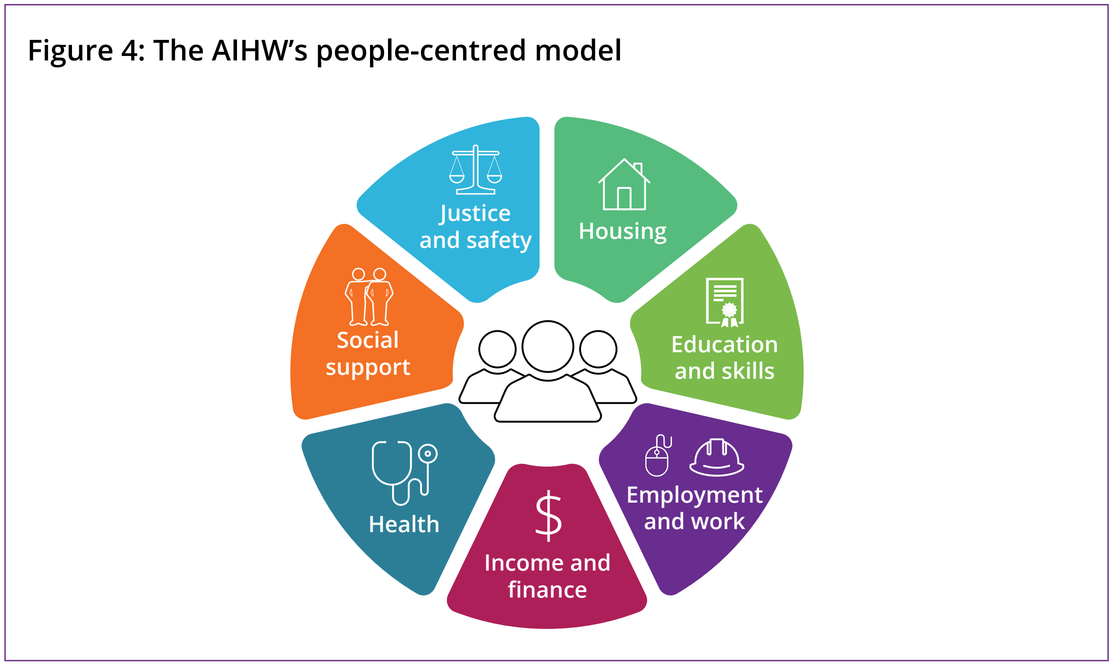
Chapter 3: Our products, services and stakeholders

Our services

We collect, host, analyse and release data and information that aid better understanding of important health and welfare issues. Our information is crucial to inform good health and welfare policy and effective service delivery, which affects all Australians.

We recognise that a person's circumstances – such as their age, where they live and work, and their employment – influence their health and wellbeing. These aspects of our lives are known as social determinants. We use a people-centred model for reporting data that helps us to better understand the relationships between social determinants and our health and wellbeing (Figure 4).

Figure 4: The AIHW's people-centred model



We collect and hold more than 150 data sets on many topics. We continue to strengthen our data assets and are constantly working to improve the accessibility of our data and timeliness of our reporting.

In 2021–22, we provided timely insights to the Australian, state and territory governments on the impact of COVID-19 across health and welfare services. This included how the pandemic affected Medicare services, hospital admissions, elective surgeries and mental health. See the 'Supporting Australia's ongoing pandemic response through our responsive data assets' case study (Chapter 2). We also received ethics approval to begin linkage of COVID-19 notification data to create a new national COVID-19 linked data set.

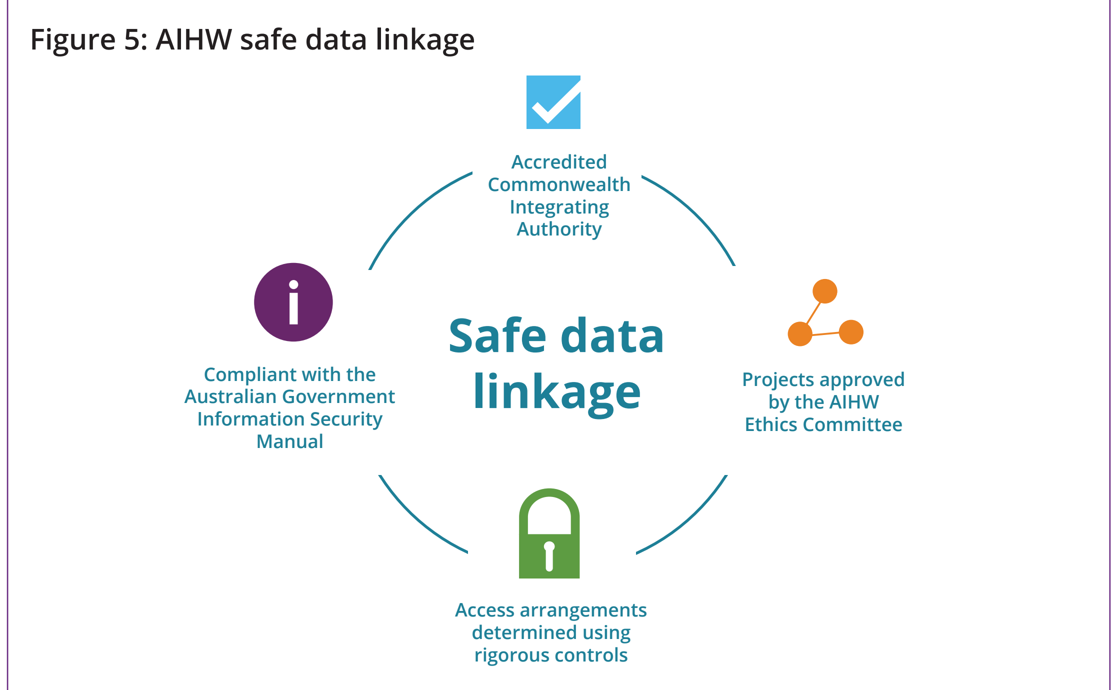
Data linkage

One of our core services is linking data sets from various sources to deliver new insights to better understand complex interactions Australians have with health and welfare services.

We are an accredited Commonwealth Integrating Authority and an international leader in data linkage. We work closely with other data custodians including Australian, state and territory governments, and health and welfare service providers (Figure 5).

We have rigorous data governance controls in place to protect the privacy and confidentiality of data. All data linkage projects must be approved by the AIHW Ethics Committee and comply with the Australian Government's Information Security Manual. See 'Data governance and privacy' (Chapter 5) for more information.

Figure 5: AIHW safe data linkage



Demand continues to grow for accessible and large-scale linked data assets to inform complex cross-sector and cross-jurisdictional research.

To meet this demand, we use and continue to build enduring multisource, linked data assets including the National Integrated Health Service Infrastructure Analysis Asset (NIHSI AA), the proposed National Disability Data Asset (NDDA) and the Australian Bureau of Statistics (ABS) Multi-Agency Data Integration Project.

In 2021–22, we completed 89 data linkage projects, compared with 97 in 2020–21 (Table 3).

Table 3: Data linkage projects, 2019–20 to 2021–22

	2019–20	2020–21	2021–22
Number of data linkage projects	82	97	89

The NIHSI AA is an enduring data asset that links data from the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Repatriation Pharmaceutical Benefits Scheme, hospitals, residential aged care and the National Death Index. The NIHSI AA includes data from New South Wales, Victoria, Queensland, South Australia, Tasmania and the Australian Capital Territory. This linked data set enables us to gain a better understanding of how people use and interact with the health system. In 2021–22, more than 40 projects were approved to undertake analysis under the NIHSI AA. In December 2021, we released new, exploratory analysis of hospital service use and outcomes for people experiencing family and domestic violence, using the NIHSI AA.

We also completed a pilot of the NDDA, in collaboration with the Australian, state and territory governments. Currently, measuring and improving outcomes for people with disability are limited. The NDDA pilot aimed to identify the most effective ways to share, link and access data to deliver a more complete picture of experiences of people with disability and identify the most effective ways to support the National Disability Strategy. The outcomes of this pilot informed the high-level design and governance principles for the enduring NDDA. The Australian Government has committed $36.9 million for the next stage of the asset, which will be co-designed, co-governed and co-funded with the state and territories, with technical delivery jointly led by the institute and the ABS.

This year, we enhanced the Indigenous mortality data collection by using new data linkage to provide more accurate Indigenous life expectancy estimates, more frequently and to more jurisdictions. We are also exploring future opportunities to use the NIHSI AA to derive more cardiac care data sources for Aboriginal and Torres Strait Islander people, such as follow-up care and medication use after a cardiac event. These achievements further strengthen the evidence base to monitor progress against the Closing the Gap life expectancy target and monitor Australia's health and welfare more broadly.

Custom data

We offer a range of competitively priced services from data development to analyses and linkage, tailored to each client's needs. We provide custom data on request, which provides clients with access to data tables from our data assets on a cost-recovery basis.

The Metadata Online Registry

Metadata are information about how data are defined, collected and structured. They provide meaning and context, which assists in data interpretation and supports consistency and comparisons.

We provide support for metadata developed or revised by registration authorities. Registered authorities are responsible for endorsing data standards for different sectors and jurisdictions.

In 2021–22, we updated metadata elements to reflect the updated sex and gender variables defined in the ABS *Standard for sex, gender, variations of sex characteristics and sexual orientation variables, 2020.* After extensive consultation, these standards were implemented in our health data collections.

In May 2022, we launched the new national Metadata Online Registry – METEOR. METEOR is Australia's repository for national metadata standards relating to statistics and information in the areas of health, homelessness and housing assistance, community services and early childhood information. METEOR retains the gold standard metadata infrastructure and processes of its predecessor, with the added benefits of Azure cloud technologies. METEOR is an integral aspect of how we support Australia's continued improvement in data standards and alignment with best practice for data governance.

Our stakeholders

Our work is driven by the needs of our stakeholders to inform and influence decisions for improved health and welfare for Australians.

We work closely with our stakeholders to understand the data landscape and data gaps and to identify future information needs. There is increasing demand for information that is easily accessible, timely and integrated at national, state and territory, and local levels. Our focus continues to reflect these needs, as reflected in *AIHW strategic directions 2022–2026*, which was released on 30 June 2022.

We engage with stakeholders in many ways, including through committees and advisory groups, sector briefings, our embargo platform, product release notifications, social media and attendance at sector conferences, events and workshops.

In March 2022, we completed a stakeholder survey to better understand our stakeholders' perceptions of our performance and how they prefer to use our products and services. This survey showed that 91% of respondents were satisfied with our products and services.

Australian Government

We work with several Australian Government agencies to develop, collect, compile, analyse, manage and disseminate health and welfare data and information (Table 4).

Table 4: Australian Government stakeholders

Department or agency	Description
Department of Health and Aged Care	The Department of Health and Aged Care (formerly the Department of Health) provides funding for significant additional projects beyond work funded through appropriation. This work is underpinned by a formal deed. We provide the department with embargoed copies of all our products.
Department of Social Services	We are the data custodian of the Department of Social Services housing data set and a member of a panel of experts established to support organisations funded under its families and children activity. We act as a release point for the Data Over Multiple INdividual Occurrences (DOMINO) data asset. We provide the department with embargoed copies of relevant products.
Australian Bureau of Statistics	We work collaboratively with the Australian Bureau of Statistics (ABS) to develop, maintain and enhance integrated data assets through data-sharing agreements. These include the National Disability Data Asset and the Australian National Data Integration Infrastructure. We use data released by the ABS to inform analysis and information on the health and wellbeing of the Australian population.
Department of Veterans' Affairs	A memorandum of understanding is in place with the Department of Veterans' Affairs. The aim of this partnership is to: • compile comprehensive information on the health and welfare of Australia's veteran population • facilitate a coordinated, whole-of-population approach to monitoring and reporting on the current status and future needs of veterans and their families.
Department of the Prime Minister and Cabinet	We work with the Department of the Prime Minister and Cabinet on initiatives associated with the Australian Government's data agenda and interjurisdictional data sharing. We provide technical advice on developing new ways of integrating and sharing data, and aspects of data policy development.
National Indigenous Australians Agency	We support the provision and sharing of statistics and strategic information services relevant to Aboriginal and Torres Strait Islander people. This includes analysis and reporting relating to the Aboriginal and Torres Strait Islander Health Performance Framework, and projects to improve data and reporting about Indigenous suicide.
National Mental Health Commission	The National Mental Health Commission, the AIHW and the Department of Health and Aged Care are a collaborative partnership to deliver the National Suicide and Self-harm Monitoring System. The commission leads engagement activities with the sector.
Office of the National Data Commissioner	We supported the Office of the National Data Commissioner in developing the Data Availability and Transparency Bill, which was passed on 30 March 2022. The *Data Availability and Transparency Act 2022* establishes a data-sharing scheme, allowing Australian Government entities to share their public sector data with accredited users.
Attorney-General's Department	We work with the Attorney-General's Department on the institute's contributions to royal commission inquiries. In 2021–22, this included the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Defence and Veteran Suicide. We engage with the department regularly on whole-of-government legal issues.

State and territory governments

Much of the government services data that we report at the national level are provided by state and territory government agencies that fund and deliver those services. Our close partnerships with state and territory governments are crucial to nationally consistent and comparable health and welfare data.

Agreements are in place to ensure effective infrastructure and governance arrangements for the development, supply and use of nationally consistent data across the health, community services, early childhood education and care, and housing and homelessness sectors.

We facilitate secure data-sharing arrangements with state and territories to provide de-identified Australian Government data to inform health and welfare service delivery.

Primary Health Networks

We provide Primary Health Networks (PHNs) with local area data to inform planning of primary health-care services.

We engage with PHNs through committees and advisory groups on data governance, information requirements and future work planning. PHNs are also invited to contribute to relevant data products.

Non-government organisations

We continue to increase our engagement with non-government organisations (NGOs) that provide specialised services for select groups of the population. We do this through regular briefings, product consultation and providing NGOs with embargoed access to relevant releases. We also have a role to report on NGO data through several of our releases; for example, *Specialist homelessness services: monthly data*.

Academia and research centres

Our data provide a valuable evidence base on a broad range of health and welfare related issues. Academics and researchers rely on our data to inform medical and social research and development leading to better health and welfare for all Australians.

The AIHW Ethics Committee provides advice to the research community on the ethical acceptability of proposed research in alignment with the principles and standards established by the National Health and Medical Research Council. Each year we also contribute to academic and peer-reviewed journals across the health, welfare, and data governance disciplines. A list of published articles is included at Appendix C: Releases, journal articles and presentations.

International engagement

We share information with many international organisations, such as the World Health Organization (WHO) and the Organisation for Economic Co-operation and Development (OECD). We also have informal collaborative arrangements with other international agencies and bodies, such as the Canadian Institute of Health Information and the International Group for Indigenous Health Measurement.

We are designated as the World Health Organization Collaborating Centre for the Family of International Classifications (WHO-FIC) in Australia. The Australian Collaborating Centre (ACC) assists the WHO with its efforts to support national and international health information systems, statistics and evidence. The ACC is part of a network of collaborating centres that contributes to developing, disseminating, maintaining and using products that help categorise concepts in health and the health system. The AIHW has held this role since 1991 and was redesignated as the ACC for a further 4 years to 2026.

We are also a member of the National Initiative Network, a collective of almost 20 countries, to share experiences in the areas of metadata, data quality and artificial intelligence. We also regularly engage with the National Center for Health Statistics (United States of America), Stats NZ (Statistics New Zealand) and the Commonwealth Fund.

In 2021–22, we further strengthened our Pacific partnerships by delivering an initial quality review of the Healthy Islands Monitoring Framework for the WHO and entering a memorandum of understanding with the Pacific Community with a focus on providing support for health information and data governance across the region.

Advisory groups and committees

We convene or participate in a broad range of committees with experts from many different subject areas. Some committees develop standards or performance indicators, while others support our purpose or enable us to widen our influence on public debate. This involvement ensures we are informed by contemporary best practice and diverse perspectives. More details are available on the AIHW website.

We provide a crucial role in delivering on the purpose of Australia's National Health Reform Agreement and the National Health Information Agreement, to ensure the availability of nationally consistent and high-quality health information to improve health outcomes for Australians.

The National Health Reform Agreement outlines an 'activity-based' system where Australian Government funding is based on the estimated cost of the activities performed in each hospital. It provides greater transparency, governance and financing of Australia's hospital system. The National Health Information Agreement was established to coordinate the development, collection and dissemination of health information in Australia, including national data standards. This work is informed by the following advisory committees:

- Strategic Committee for National Health Information: The committee provides strategic advice to the AIHW to inform its national health information work, including priorities and health sector performance reporting. Membership comprises state and territory health departments, relevant Australian Government agencies and the primary health-care sector.
- National Health Data and Information Standards Committee: The committee provides advice to the institute to inform its work in developing and maintaining national health data and information standards and related national health information infrastructure, in the context of the National Health Information Agreement. This includes national health information needs and priorities, national statistical protocols and standards, and statistical system implications for new or emerging health information issues.

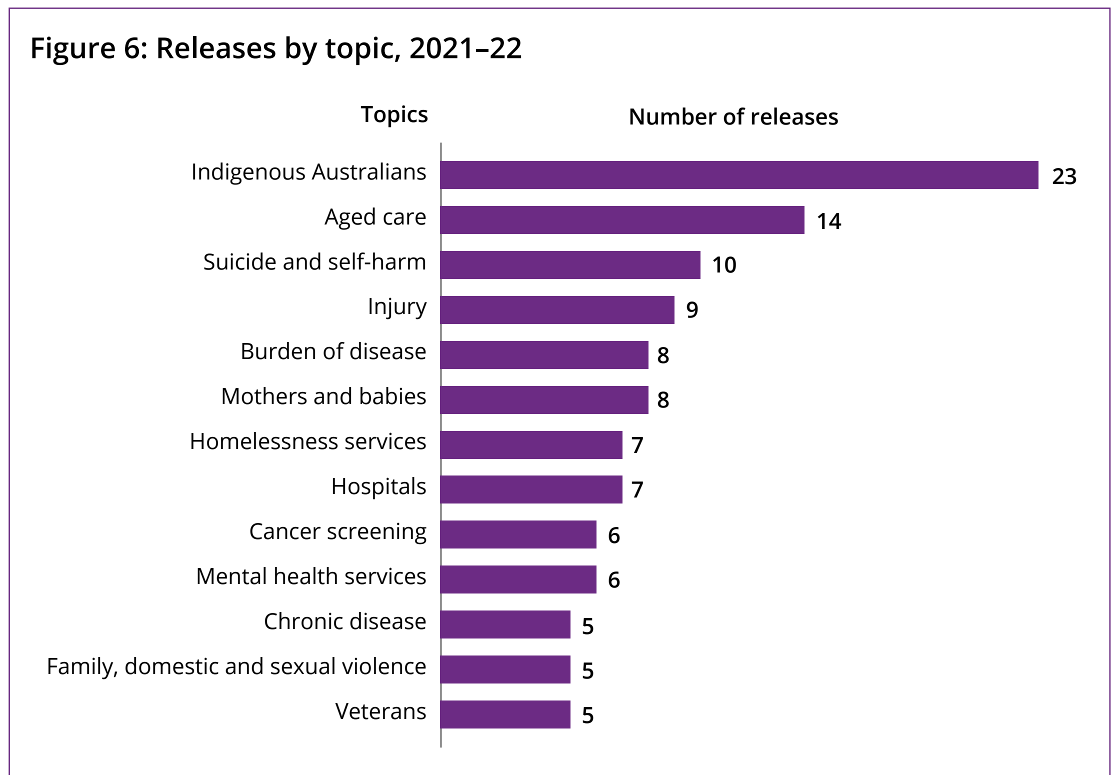
Our products

We are focused on turning data into useful information and telling the broader story. Our products range from simple fact sheets and infographics to in-depth statistical reports and data cubes. Our ability to securely link multiple data sets and provide customised data services enables our data users to conduct their own analysis and research.

Releases

In 2021–22, we published more than 299 products for 161 releases covering a diverse range of health and welfare topics (Figure 6). All releases are available from our website.

Figure 6: Releases by topic, 2021–22



Releases included our flagship welfare report *Australia's welfare 2021*. More releases are using data visualisation tools such as Tableau and Esri geospatial mapping, giving users the ability to customise data. A full list of our releases is provided in Appendix C: Releases, journal articles and presentations. The most popular releases are listed in Table 5.

Table 5: Most popular AIHW releases, 2021–22

Report	Unique views
Suicide register data	171, 800
Deaths by suicide over time	147,800
Deaths in Australia, leading causes of death	121,100
Australia's health 2020	92,000
Mental health: prevalence and impact	91,900
Homelessness and homelessness services	86,600
Family, domestic and sexual violence in Australia, 2018	76,000
Overweight and obesity	72,300
Social determinants of health	72,200
Indigenous health and wellbeing	69,200

Product spotlight: *Australia's welfare 2021*

Australia's welfare 2021 brings together multiple data sources to provide a holistic picture of the current state of welfare and wellbeing in Australia and describe the underlying data environment. *Australia's welfare 2021* was launched by the Hon Anne Ruston, former minister for families and social services on 16 September 2021.

Australia's welfare 2021 presents current evidence on long-established welfare topics from aged care and people with disability to education and housing. It also tells part of the nation's COVID-19 pandemic story, from the start of the pandemic in Australia in 2020 to early to mid-2021. It explores how the pandemic affected Australia's housing sector, employment and income support, and general wellbeing.

Australia's welfare 2021 continues the series' recent departure from a single large print publication towards a more accessible multiproduct release, which comprised:

- *Australia's welfare 2021: data insights* – a print report containing 8 original articles on welfare-related issues and the welfare information environment in Australia
- Australia's welfare snapshots – 43 online web pages presenting statistics on key welfare topics
- *Australia's welfare 2021: in brief* – a print report summarising the key findings from snapshots and data insights to provide a holistic picture of welfare and wellbeing in Australia
- Australia's welfare indicators – a collection of welfare-related indicators that summarise the performance of welfare services, track individual and household determinants of wellbeing, and provide insights into the nation's wellbeing status more broadly.

Figure 7: Extract from *Australia's welfare 2021*

At a glance: *Australia's welfare*

Based on the latest available data in Australia:

588,000 people were employed in the welfare workforce in 2020

$195.7 billion was spent on welfare related services and payments by Australian and state and territory governments in 2019–20

5.5 million people received an income support payment as at 26 March 2021

4.4 million people were estimated to have some form of disability in 2018

450,000 people were active participants in the National Disability Insurance Scheme as at 31 March 2021

One million people receive support from aged care services in 2019–20

2.6 million people received Age Pension as at 26 March 2021

116,000 people are estimated to be homeless on Census night in 2016

290,500 clients were assisted by Specialist Homelessness Services in 2019–20

174,700 children aged 0–17 receive child protection services in 2019–20

266,600 apprentices and trainees were training as at 30 June 2020

384,400 undergraduate students commenced in 2019

1.6 million women reported experiencing physical or sexual violence by a current or previous partner since the age of 15 in 2016

Our websites

The AIHW website is our main channel for AIHW data and information. We are committed to making the information and statistics we produce widely available and accessible.

We continue to improve and update our websites, with the aim to meet the Australian Government's web accessibility requirements. This includes compliance with the World Wide Web Consortium's Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA.

In 2021–22, we delivered 2 additional standalone websites – the Indigenous Mental Health and Suicide Prevention Clearinghouse and the Regional Insights for Indigenous Communities website – and rebuilt and significantly upgraded the METEOR website. This brings the number of AIHW-managed websites to 8 standalone sites (Table 6), and 3 subsites (Table 7).

Table 6: AIHW websites, 2021–22

Website	Description
Australian Institute of Health and Welfare	Data are made publicly available via the AIHW website. Each year, we publish reports and data releases on a range of health and welfare topics. aihw.gov.au
Aboriginal and Torres Strait Islander Health Performance Framework	The website brings together information from numerous sources in one place to provide a comprehensive, up-to-date view of the state of Aboriginal and Torres Strait Islander health outcomes, the broader determinants of health and health system performance. Content is regularly updated to inform policy, service planning, program development and research. indigenoushpf.gov.au
Australian Mesothelioma Registry	The registry contains information about people with mesothelioma, monitors new cases diagnosed in Australia from 1 July 2010 and collects information about asbestos exposure. We manage the registry on behalf of Safe Work Australia. mesothelioma-australia.com
GEN – Aged Care Data	GEN is a comprehensive single site for data and information about aged care services in Australia. It reports on capacity and activity in the aged care system, focusing on the people, their care assessments and the services they use. gen-agedcaredata.gov.au
Housing data	The website brings together data from over 20 key national data sets into an interactive housing data dashboard. housingdata.gov.au

Website	Description
Indigenous Mental Health and Suicide Prevention Clearinghouse	The clearinghouse was released in July 2021 to further strengthen the evidence base to improve mental health services and outcomes for Aboriginal and Torres Strait Islander people. The website was established under the Fifth National Mental Health and Suicide Prevention Plan and content is developed with Indigenous stakeholders and experts through the Clearinghouse Steering Committee. indigenousmhspc.gov.au
METEOR (Metadata Online Registry)	METEOR is the repository for Australian metadata standards for statistics and information in areas such as health, housing and homelessness, aged care, Indigenous, disability, children, families and youth. meteor.aihw.gov.au
Regional Insights for Indigenous Communities	The website was released in December 2021 after extensive consultation with Aboriginal and Torres Strait Islander stakeholders and organisations. The website provides access to a wide range of data and statistics about Aboriginal and Torres Strait Islander people. Statistics can be compared by region, state, territory or remoteness area. It helps Indigenous communities set their own priorities and informs joint planning with government and service providers. rific.gov.au

Table 7: AIHW subsites, 2021–22

Subsite	Description
Australian Health Performance Framework	The framework is the 'national front door' to information about Australia's health system. aihw.gov.au/reports-data/australias-health-performance
MyHospitals	MyHospitals is a national reporting platform that allows users to explore information about more than 1,000 public and private hospitals, Local Hospital Networks and trends across Australia. aihw.gov.au/reports-data/myhospitals
Suicide and self-harm monitoring	The website was established as part of the national effort to address suicide and self-harm in Australia. It explains the nature and extent of suicidal and self-harming behaviours and identifies those at increased risk. aihw.gov.au/suicide-self-harm-monitoring

Social media

We use social media to tell the story of Australia's health and welfare. This includes promoting our data, sharing health and welfare information with new and existing audiences, showcasing our corporate attributes and monitoring sentiment towards the institute and its products.

Our social media strategy focuses on improving the quality of our content, enhancing our social media following, improving our engagement with stakeholders and reaching new audiences.

In 2021–22, we achieved this by increasing bite-sized and shareable digital content, such as infographics, micro-videos (reels), animated GIFs and interactive polls. We also sought to engage with stakeholders more broadly by profiling AIHW employees in the *Humans of AIHW* series and through executive leadership articles. Through these avenues, we have captured the attention of new audiences and strengthened our engagement with existing stakeholders.

We use Twitter, LinkedIn and Instagram and continue to see sustained growth in engagement across these 3 platforms (Table 8).

Table 8: Social media engagement, 2021–22

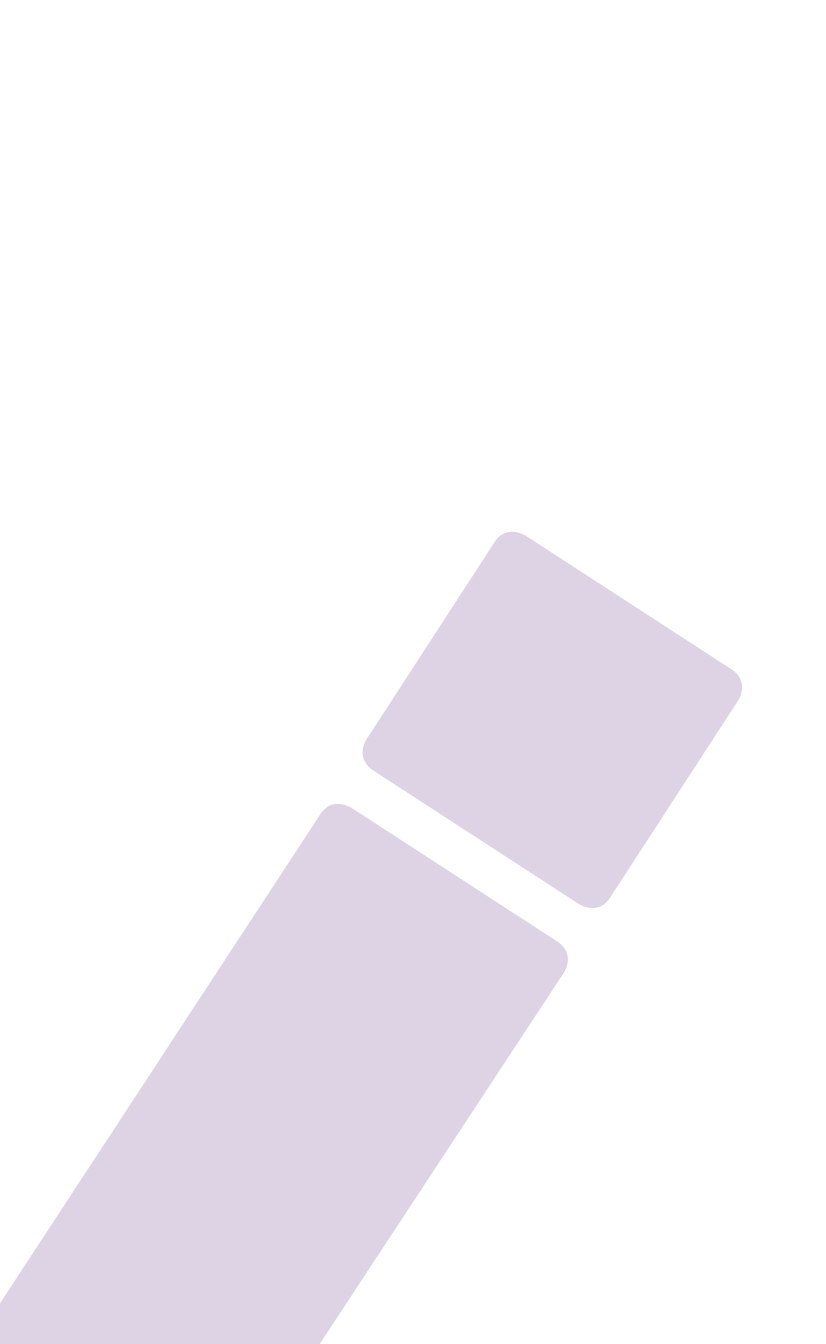
	Number of followers		Average engagement rate (%)[a]	
	2020–21	**2021–22**	**2020–21**	**2021–22**
Twitter	22,871	24,365	1.1	1.8
LinkedIn	7,563	12,566	4.4	3.7
Instagram	n/a[b]	915	n/a[b]	6.0

(a) Engagement rate: Number of engagements divided by the total number of impressions. Rates between 33 and 100 reactions for every 1,000 followers (3.3%–10%) are very high.

(b) The AIHW Instagram account was created in April 2021, therefore follower and engagement metrics are unavailable for 2020–21.

Education resources

We publish various educational resources, including fact sheets, infographics and data visualisation, for students and teachers. These resources cover a range of topics, including burden of disease, chronic disease, housing, social determinants, and behavioural and biomedical risk factors. All education resources are available free on the AIHW website.



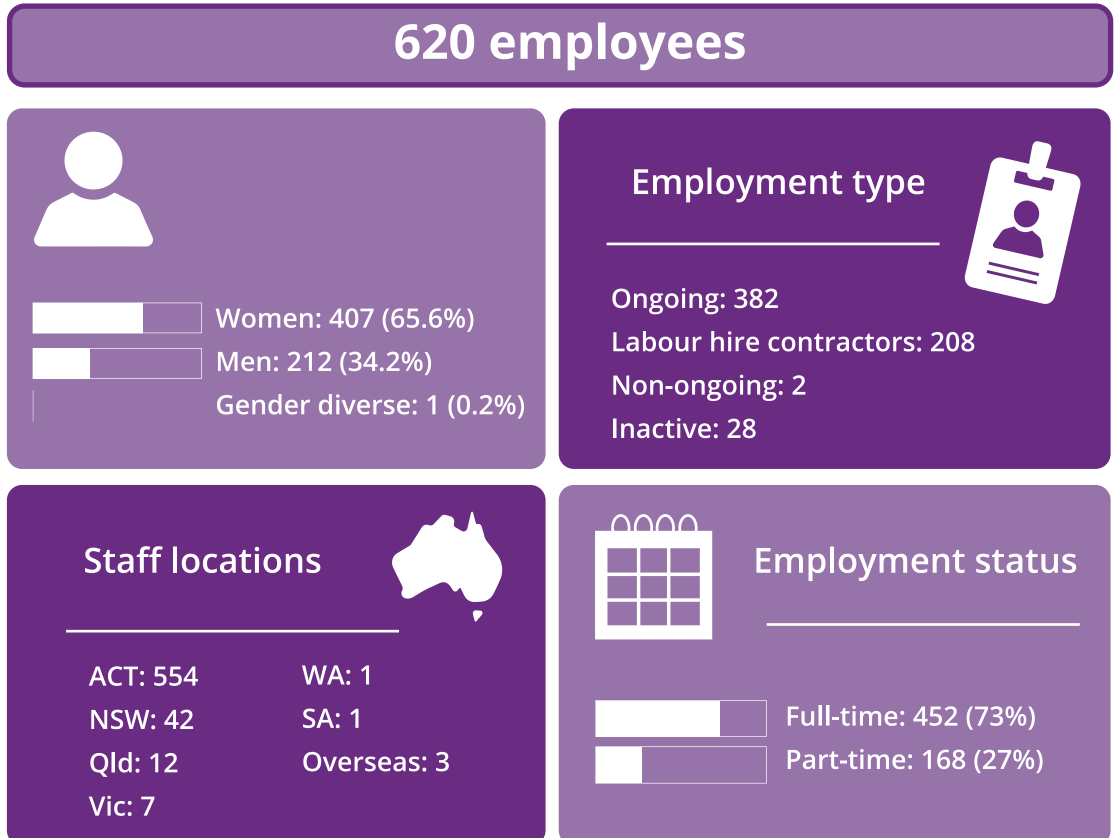
Chapter 4: Our people

Our workforce

We are a high-performing organisation with a capable and engaged workforce. Our people are our greatest asset, and we continue to invest in enhancing the expertise, skills and diversity of our workforce. We offer challenging and fulfilling work, competitive salaries, flexible working conditions, a positive workplace culture, and excellent learning and development opportunities.

As at 30 June 2022, we had 620 employees, inclusive of active and inactive Australian Public Service (APS) staff and labour hire contractors (Figure 8).

Figure 8: AIHW workforce, 30 June 2022



Contract staff numbers made up about one-third of our workforce in 2021–22, which is consistent with 2020–21. Use of contractors enables us to meet the needs of externally funded projects while complying with the average staffing level cap set for APS agencies.

In 2021–22, 95 new employees commenced ongoing employment with the institute. In the same period, 66 ongoing employees left the institute, which equated to a turnover rate of 17.3% compared with 8.8% in 2020–21. Appendix D: Workforce statistics, provides details of our workforce profile.

Building capability

Our People Plan 2021–22 focuses on building our workforce capability to ensure our people have the right balance of core, technical and leadership skills to undertake their roles, now and into the future. All employees are required to have a Performance and Development Agreement in place by August each year. These agreements align individual performance with the institute's strategic goals and focus on specific learning and development needs and career development.

In 2021–22, the following initiatives were completed to build the capability of our people:

- We offered a range of learning opportunities for all employees, which included face-to-face, hybrid and virtual training formats. This included:
    - The bespoke AIHW executive leadership program aims to strengthen leadership and strategic capabilities of Executive Level (EL) 1 and EL 2 employees. In 2021–22, 38 people participated in this program.
    - Virtual and face-to-face induction programs are provided for new starters. All employees are also required to complete 9 mandatory self-paced e-learning modules within 6 months of joining the institute. As at 30 June 2022, the average completion rate for the modules was 92%.
    - In-house training further supports employees to acquire and maintain specialised knowledge and skills. We provided 158 in-house training courses in 2021–22 across a range of topics.
    - The development of a series of short writing modules, based on best practice principles. Four modules were released in 2021–22 to help employees write clear and engaging content.
- All employees were invited to attend the virtual guest speaker series, which sees external speakers share their insights and perspectives. In 2021–22, we hosted 13 guest speakers, including representatives from the Organisation for Economic Co-operation and Development (OECD), the Sax Institute, the Australian Government Solicitor, the ACT Human Rights Commission, the National Mental Health Commission, Deadly Runners, the Australian Bureau of Statistics, and the Canadian Institute for Health Information.
- Our study assistance policy provides financial support and paid leave to employees wishing to undertake further studies aligned with the institute's strategic directions. In 2021–22, 21 employees accessed study assistance under this policy.
- Employees have access to development opportunities through staff exchange programs, secondments and mobility within the institute. In 2021–22, we supported secondments for 39 employees to other Australian, state or territory government agencies.
- We participated in several internship programs providing students with relevant practical experience to prepare them for careers in health and welfare data. Fourteen interns were engaged through the Australian National University, the University of Canberra, LaTrobe University and the Australian Network on Disability 'Stepping Into' program.

- We participated in the Indigenous Australian Government Development Program. We engaged an ongoing employee to work at the institute and supported them through a Diploma of Government at the Canberra Institute of Technology.
- Our annual graduate intake remains one of our key strategies to build workforce capability. Eleven graduates started the AIHW graduate program in 2021–22.

Diversity and inclusion

We continued to recognise and support the diversity of our employees, providing a workplace that is inclusive and free of discrimination.

We are an Equal Employment Opportunity employer. Our recruitment and selection processes are fair, equitable and consistent with anti-discrimination legislation. We aim to remove obstacles for Aboriginal and Torres Strait Islander people, people with disability and people whose first language is not English, so they can participate in all aspects of employment with the institute.

Our policies and practices reflect the principles of the Australian Public Service Disability Employment Strategy 2020–25 and the Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–24.

Our Enterprise Agreement also provides flexible working and leave arrangements to support caring responsibilities, religious commitments and attendance at cultural events.

Our policies are supported by our diversity and inclusion communities – the Pride Network, Cultural and Linguistic Diversity Network, Family and Domestic Violence Awareness Working Group, Reconciliation Action Plan Working Group and Inclusion Working Group. These groups:

- promote diversity and inclusion awareness through initiatives such as NAIDOC Week, Reconciliation Week, Harmony Week, International Day Against Homophobia, Biphobia, Interphobia and Transphobia, National Close the Gap Day and Wear It Purple Day. Other initiatives include informal discussions, presentations and intranet posts on topics such as lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual (LGBTQIA+) and culturally and linguistic diversity in the APS.
- provide opportunities for employees to build social connections.
- advocate for employees and work with them to address unique issues they may face in the workplace.

The work of these groups is supported at a leadership level by Senior Executive Service (SES) Diversity Champions.

The AIHW is committed to reconciliation with Aboriginal and Torres Strait Islander people. Our Reconciliation Action Plan (RAP) outlines our strategic goals and actions to continue to build and maintain respectful relationships with Aboriginal and Torres Strait Islander people. Through the RAP, we commit to increase training, support and participation of Aboriginal and Torres Strait Islander people in our workforce. The 2018–21 RAP was extended to December 2022.

Encouraging work health and safety

We are committed to maintaining a productive and safe work environment and meeting our obligations under the *Work Health and Safety Act 2011* (WHS Act).

This year, we continued our commitment to employee health, safety and wellbeing, with a focus on prevention strategies. In 2021–22:

- The Health and Safety Committee continued to facilitate cooperation between management and employees. The committee met 4 times during the year.
- All employees had access to free and confidential counselling services through the institute's Employee Assistance Program (EAP). As well as regular in-person and virtual appointments, we offered an onsite EAP counsellor one day per month, excluding lockdown periods.
- We continued to provide employees with information and advice on setting up an ergonomically correct workstation to mitigate any risk of injury. We provided workstation assessments for all new starters, and for existing employees on request.
- All employees were able to access free flu vaccinations.
- We released the AIHW Mental Health Strategy 2022–24 to prevent harm, educate employees on mental health and support recovery pathways.
- We provided all employees with access to mental health and work health and safety e-learning modules to help them identify and manage physical and mental health risks.
- We have a network of workplace harassment officers and health and safety representatives in all our offices. Our health and safety representatives carry out quarterly workplace inspections to identify and rectify potential hazards.

We have continued to support employee safety and wellbeing through the COVID-19 pandemic to ensure all staff have access to a COVID-safe work environment and work-from-home arrangements and remain informed on the latest health advice.

We introduced COVID-19 safety measures aligned with health advice issued by the former Department of Health, Safe Work Australia, the Australian Public Service Commission, and relevant states and territories. These measures included:

- options for employees to work from home, if preferred, with requirements for formal work-from-home agreements temporarily suspended
- office transmission reduction strategies, which included advice to stay home when unwell and, for office-based work, physical distancing measures and meeting room limits in place, and antibacterial products provided in all communal areas
- air quality regularly monitored in all AIHW offices
- reasonable adjustments, where necessary, for employees with a pre-existing medical condition
- regular communication with employees, which included updates from the Chief Executive Officer and a dedicated COVID-19 intranet page
- paid time for employees who wished to obtain a COVID-19 vaccination or booster.

We continue to provide case management support for rehabilitation and return to work of employees with a work-related injury or illness. This support is provided in partnership with third-party providers, employees and their managers.

The number of compensation claims and notifiable incidents fell in 2021–22; there were no compensation claims lodged with Comcare, compared with 2020–21, where 3 claims were lodged and 2 were accepted.

There was one notifiable incident reported to Comcare under section 38 of the WHS Act. A notifiable incident refers to a workplace incident that involves the death of a person, a serious injury or illness, or a dangerous incident. There were no investigations or notices served to the AIHW under part 10 of the WHS Act.

Employee engagement

We recognise that engaging employees in decisions that affect them leads to better service delivery, use of resources, overall performance and experiences. The 2021 APS Employee Census results show high levels of engagement across our workforce, with an overall employee engagement score of 80%. These results further support our strong culture of collaboration and commitment to excellence. The institute was in the top 10 rankings in both engagement and wellbeing scales out of 101 APS agencies.

We provide regular opportunities for employees to engage directly with leadership, through the Executive Committee Question and Answer (ExCo Q&A) and Group Head Connect virtual events. Group Head Connect allows groups to share information with all employees about their work, including key findings from product releases. There were 9 Group Head Connect sessions in 2021–22, which covered a range of topics, including Australia's youth, community trust, specialist homelessness services, and elective and emergency hospital data.

The ExCo Q&A brings together a panel of up to 4 group heads to share their perspectives on emerging themes or topics of interest. The 3 ExCo Q&A events held in 2021–22 explored preparing the AIHW for the next 10 to 15 years, data management and linkage, and work–life balance and corporate culture. All events were recorded and available to staff on the intranet.

The Consultative Committee, which is established under the AIHW Enterprise Agreement, is the principal forum for formal consultation and discussions on workplace relations and change management. This includes financial and human resource planning, organisational structures, major accommodation issues, new or updated policies and general employee concerns. The committee met 4 times in 2021–22.

We also have an active social club that fosters a collaborative and positive workplace culture.

Employment conditions

The AIHW Enterprise Agreement (EA) sets out the terms and conditions of employment for all non- SES employees. As at 30 June 2022, all non-SES APS employees were covered under the EA.

The current EA began on 19 October 2016 and had a nominal expiry date of 18 October 2019. Through staff consultation and subsequent survey results, most employees agreed that under subsection 24(1) of the *Public Service Act 1999*, the AIHW would maintain the current terms and conditions outlined in the 2016 EA. The determination provides for an annual 2% pay increase to nominal salary and corporate role allowances over a period of 3 years (2019–2021). The annual pay increase came into effect on 19 October 2021.

In accordance with the terms of the EA, salaries for non-SES APS employees range from $47,404 (APS 1.1) to $147,814 (EL 2.3). Our remuneration arrangements do not provide access to, or include, performance pay. Details of non-salary benefits available to our employees are included in our EA.

Our EA contains provisions for flexible arrangements to tailor remuneration and conditions for employees in particular circumstances. As at 30 June 2022, 3 non-SES employees had an individual flexibility agreement in place.

As at 30 June 2022, 10 SES were employed under common law contracts. The CEO determines SES remuneration and conditions under subsection 24(1) of the *Public Service Act 1999*. Remuneration of SES is reviewed annually in accordance with the Australian Public Service Commissioner's executive remuneration policy (Appendix E: Executive remuneration).

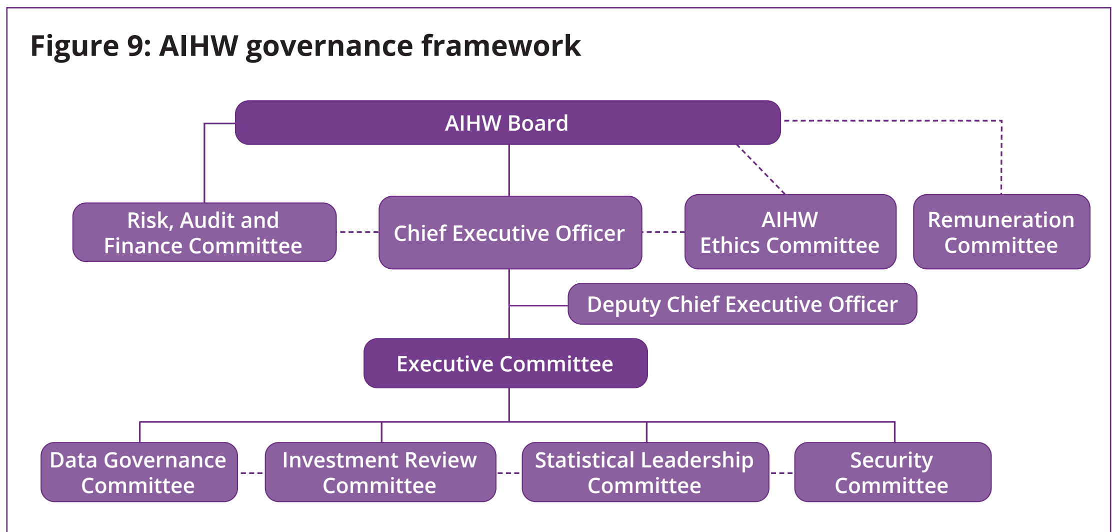
Chapter 5: Management and accountability

Our corporate governance

Our governance framework encompasses effective planning, risk management and accountability measures to achieve our purpose and meet the expectations of our stakeholders and data custodians.

The framework complies with all statutory requirements and is reviewed regularly to ensure the governance and decision-making structures remain effective. Our governance and committee structure is shown in Figure 9.

Figure 9: AIHW governance framework



AIHW Board and executive committees

AIHW Board

The AIHW Board is established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) and is the AIHW's accountable authority under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The board is responsible for determining the AIHW's vision, purpose and values, and sets the overall policy and strategic direction of the institute. Its functions and responsibilities are detailed in the Charter of Corporate Governance, which is available on the AIHW website. The board is accountable to the Minister for Health and Aged Care.

Board members, except for the Chief Executive Officer (CEO), are appointed by the Minister for Health and Aged Care and hold office for a specified term not exceeding 5 years. The CEO is an ex-officio board member. Under section 18F of the AIHW Act, the CEO does not attend board deliberations, nor takes part in any decision, that relates to their appointment, remuneration or performance.

The AIHW Act states that the board must comprise no more than 12 members. As at 30 June 2022, the board had 12 members, including the ex-officio member.

In 2021–22, board members received payment in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2021. The CEO and members who were Australian Government, state or territory public servants did not receive any remuneration. Board member remuneration is included in Appendix E: Executive remuneration.

Peter White was appointed as a non-executive director for a 5-year term, and Erin Lalor and Simone Scovell had their terms extended by 12 months.

In 2021–22, the board met 4 times. Details of meeting attendance is detailed in Table 9.

Table 9: AIHW Board meeting attendance, 2021–22

Name	Position	Meetings attended	Eligible meetings
Louise Markus	Chair	4	4
Erin Lalor	Deputy Chair	4	4
Rob Heferen	AIHW CEO/Executive Director	4	4
Zoran Bolevich	Non-executive Director	4	4
Marilyn Chilvers	Non-executive Director	4	4
Christine Gee	Non-executive Director	4	4
Romlie Mokak	Non-executive Director	4	4
Christine Pascott	Non-executive Director	3	4
Michael Perusco	Non-executive Director	3	4
Cathryn Ryan	Non-executive Director	4	4
Simone Scovell	Non-executive Director	3	4
Peter White	Non-executive Director	4	4

Under the Charter of Corporate Governance, the board reviews its performance every 2 years. In February 2022, the board engaged a third-party provider to undertake an independent review of its operations to ensure it operates effectively and is fit for purpose. The review outcomes were considered by the board at its June 2022 meeting and an action plan in response to recommendations is being developed.

Board members

Board member information as at 30 June 2022.

Louise Markus BSocWk
Chair
Current term: 14 December 2019 to 13 December 2022

Mrs Markus was elected to the House of Representatives in 2004 and 2007 for the seat of Greenway and in 2010 for the seat of Macquarie. During her time in the Parliament of Australia, she held the positions of shadow parliamentary secretary for immigration and citizenship and shadow minister for veterans' affairs. Mrs Markus left the House of Representatives on 2 July 2016.

During her career as a social worker, Mrs Markus worked in the Department of Social Security, Wesley Mission, as a Technical and Further Education teacher and led multidisciplinary teams in the health sector. Since 2016, she has stepped into health coaching, empowering people to choose a lifestyle for optimal health, while continuing to serve in her local community in numerous volunteer roles.

Erin Lalor AM BSc (Hons) (Speech and Hearing) GAICD PhD GCCM
Deputy Chair
Current term: 3 December 2018 to 2 December 2022

Dr Lalor was appointed CEO of the Alcohol and Drug Foundation in November 2017. She has more than 20 years of leadership experience in the health sector, working in clinical, academic and executive roles. She was previously the CEO of the National Stroke Foundation and a director of the World Stroke Organization.

Dr Lalor is the Chair of the AIHW's Chronic Conditions Advisory Group. She is a former director of VincentCare Victoria, and a member of the Australian National Advisory Council on Alcohol and Other Drugs, the Victorian Liquor Control Advisory Council and the National Alliance for Action on Alcohol. She was twice recognised as a Victorian finalist in the Telstra Businesswoman of the Year awards and identified in the Australian Financial Review 100 Women of Influence in 2013.

Dr Lalor was awarded the Member of the Order of Australia in January 2019 for her services to health through the not-for-profit sector and to people with stroke.

Rob Heferen
AIHW CEO, Executive Director
Current term: 1 July 2021 to 30 June 2026; ex-officio appointment

Mr Heferen was appointed to the position of AIHW CEO, starting in July 2021.

Before this, Mr Heferen was deputy secretary for higher education, research and international in the Department of Education, Skills and Employment. He has also served as deputy secretary for energy at the Department of the Environment and Energy and had responsibility for energy policy, including electricity and gas markets, and fuel security. Mr Heferen was also Australia's representative on the International Energy Agency's Governing Board.

In April 2016, Mr Heferen was deputy secretary with the Department of Industry, Innovation and Science with responsibilities for energy, resources and the Office of Northern Australia. Before joining the Department of Industry, Innovation and Science, Mr Heferen was the deputy secretary, revenue group at the Treasury from March 2011 to April 2016, with responsibility for tax policy, tax legislation and revenue forecasting. Mr Heferen was first promoted to deputy secretary in 2010 to the Department of Families, Housing, Community Services and Indigenous Affairs, with responsibility for Indigenous affairs.

Mr Heferen joined the APS in 1989 as a graduate in the Australian Customs Service. He worked at the Australian Taxation Office, and Treasury working on tax policy, Commonwealth and state financial relations, and social policy.

Zoran Bolevich DM MBA FRACMA
Non-executive Director
Current term: 3 March 2020 to 2 March 2023

Dr Bolevich is the Chief Executive of eHealth NSW and the Chief Information Officer for NSW Health. eHealth NSW is a specialised agency within NSW Health. It is responsible for planning, implementing and supporting a digitally enabled, integrated and patient-centric health information environment. During his prior 25-year career, Dr Bolevich worked in a range of senior health management, information and communication technology (ICT) leadership roles in Australia and New Zealand.

Before joining eHealth NSW, Dr Bolevich worked at NSW Ministry of Health as executive director for health system information and performance reporting, and as acting deputy secretary for system purchasing and performance.

Marilyn Chilvers BEc (Hons) MAppStat GradDipTertEd
Non-executive Director
Current term: 3 March 2020 to 2 March 2023

Ms Chilvers is an Executive Director in the New South Wales Government, working in the Customer, Delivery and Transformation Division of the Department of Customer Service. She is responsible for driving data integration and insight development initiatives to improve outcomes for citizens, particularly those who are most vulnerable. She led the design, development and implementation of the NSW Human Services Outcomes Framework, and enabled data sharing, modelling and measurement of outcomes and benefits for New South Wales citizens, driving a reformed NSW Human Services data ecosystem to deliver better outcomes.

Ms Chilvers is currently shaping transformational design of complex integrated data initiatives, including the National Disability Data Asset and the NSW Stronger Communities Data Partnership.

Christine Gee MBA
Non-executive Director
Current term: 3 December 2018 to 2 December 2023

Ms Gee is the CEO of the Toowong Private Hospital. She is a past national president and current board member of the Australian Private Hospitals Association, a member of its Private Psychiatric Hospitals Data Reporting and Analysis Management Committee, and Chair of its Policy and Advocacy Taskforce, Safety and Quality Taskforce and Psychiatry Committee. She is Treasurer of the Private Hospitals Association of Queensland and Chair of its Mental Health Facilities Network.

Ms Gee is a member of the Board of the Australian Commission on Safety and Quality in Health Care and Chair of the commission's Private Hospital Sector Committee. She is a member of the Queensland Board of the Medical Board of Australia and Chair of the Medical Board of Australia's National Special Issues Committee.

Ms Gee was the 2021 recipient of the Australian Council on Healthcare Standards' Gold Medal.

Romlie Mokak BSocSc PGDipSpEd
Non-executive Director
Current term: 3 December 2018 to 2 December 2023

Mr Mokak is a Djugun man, a member of the Yawuru people and a Commissioner with the Productivity Commission. He led key national Aboriginal and Torres Strait Islander organisations as CEO of the Lowitja Institute and the Australian Indigenous Doctors' Association.

Mr Mokak previously worked for the Australian Government, where he had policy and program responsibility in areas such as substance use, male health and eye health, within the Office for Aboriginal and Torres Strait Islander Health. At the state level, he was the first Aboriginal policy officer appointed to the NSW Department of Ageing and Disability.

Mr Mokak was a past chair of the National Health Leadership Forum, the Canada–Australia Indigenous Health and Wellness Working Group and the Pacific Region IndigenousDoctors Congress CEOs' Forum.

Christine Pascott MBBS FRACGP GAICD CHIA GCertIDI
Non-executive Director
Current term: 3 December 2018 to 2 December 2023

Dr Pascott is an experienced general practitioner and for more than 20 years was medical director at the University of Western Australia.

She is a graduate of the Australian Institute of Company Directors and a member of the Medical Defence Association National Board and its audit and risk committees. Dr Pascott has experience in digital health and public health and is a clinical reference lead for the Australian Digital Health Agency.

Michael Perusco BBus (Acc)
Non-executive Director
Current term: 3 December 2018 to 2 December 2023

Mr Perusco started as CEO of Berry Street in February 2018. Before that he was CEO of St Vincent de Paul Society (New South Wales) and Sacred Heart Mission. He has worked in the Department of the Prime Minister and Cabinet, leading the social inclusion agenda, not-for-profit reform agenda and social policy areas. He has also worked at KPMG and Arthur Andersen.

Mr Perusco is a member of the Victorian Government's Roadmap Implementation for Reform Ministerial Advisory Group, the Aboriginal Children's Forum and the Centre for Excellence in Child and Family Welfare. He was a finalist in the 2010 Victorian Australian of the Year awards.

Cathryn Ryan RN BEd GradDipHlthAdmin GradDipENT (UK) GradCertCritCare (Emerg) GAICD
Non-executive Director
Current term: 3 December 2018 to 2 December 2023

Ms Ryan has worked for more than 35 years in the public and private health sectors in both Australia and the United Kingdom. She has held a wide range of operational and senior managerial roles, focusing on care outcomes, efficiency, productivity and funding.

More recently, Ms Ryan held the national role as general manager, health funding, strategy and performance at Australia's largest not-for-profit private and public hospital operator, St John of God Health Care. There, she headed up an integrated team responsible for funding, health information, audit and related analytics for just over 10 years. Ms Ryan is currently the Group Director for Health Funding and Patient Services with Cabrini Health, which provides acute, subacute and aged care services in Victoria.

Ms Ryan also has more than 10 years of experience as a non-executive director of a not-for-profit organisation for children with special needs. She is a graduate of the Australian Institute of Company Directors, a current grant assessor for the Medical Research Future Fund and a member of the Prostheses List Advisory Committee.

Dr Simone Scovell (formerly Ryan) MBBS BMedSci, MOccEnvHlth FAFOEM (RACP) DAME
Non-executive Director
Current term: 3 December 2019 to 2 December 2022

Dr Simone Scovell is the founder and CEO of TOTIUM, a business-to-business med-tech and health services company delivering quality, affordable and tailored preventative healthcare solutions for some of the world's most iconic companies. She is a Specialist Occupational Physician and Fellow of Medicine within the Royal Australasian College of Physicians who brings a wealth of considerable experience in commercial, clinical and health data governance.

Simone was a recent Non-Executive Director addition to the ASX-listed Board of Cronos Australia. With Cronos, she also chairs the Clinical Governance Committee as having a Committee Membership seat in Risk, Audit and Finance. She is a Non-Executive Director for the Whiddon Group - an award-winning, not-for-profit aged care provider - where she chairs both the ICT and Clinical Governance Committees. She is a former director of the Royal Australasian College of Physicians (RACP) and a RACP Risk Director. Simone is a Founding member of the RACP's Physician Health and Wellbeing Reference Group.

Simone holds triple degrees in Medicine, Surgery and Medical Science (University of Sydney), is a Master of Occupational and Environmental Health (Monash) and is currently completing an Associate Degree in Artificial Intelligence in Healthcare (Stanford University School of Medicine, USA). As a former elite basketballer, Simone won 4 WNBL titles and represented Australia. She was voted Doctor of the Year by her peers in 2005; her final year working as an in-house Resident Surgeon in Cardiothoracic Surgery at St Vincent's Hospital, Sydney.

Peter White BBus (Prop) BEc MBA
Non-executive Director
Current term: 1 September 2021 to 31 August 2026

Mr White is the Deputy Secretary for Community Services, Infrastructure and Housing in the Department of Communities Tasmania, and has been responsible for management of homelessness and social housing programs since March 2012. With more than 30 years of experience in senior executive state government housing roles, including more than 15 years in Housing Tasmania, he has an extensive history in the development of new housing and facilitating the growth of community housing providers.

Mr White managed the delivery of 530 units under the Nation Building Economic Stimulus Plan, oversaw the transfer of 6,000 homes to management by the community housing sector and recently delivered a range of initiatives under the Tasmanian Government's Affordable Housing Strategy. Before working with Housing Tasmania, Mr White was the project manager for the Tasmanian Natural Gas Project.

He was awarded the University of Tasmania's McCarthy Medal for Most Outstanding Student in the Master of Business Administration course. He is also an Associate of the Australian Property Institute.

Risk, Audit and Finance Committee

The AIHW Risk, Audit and Finance Committee (RAFC) provides independent advice and assurance to the AIHW Board, on the integrity of the AIHW's financial reporting and its systems of risk management, performance management, compliance with laws and policies, and internal controls. The RAFC functions and responsibilities are detailed in the Charter of Corporate Governance, which is available on the AIHW website.

In 2021–22, the RAFC had 4 members:

- 3 non-executive board members – Mr Michael Perusco (Chair), Dr Erin Lalor and Dr Simone Scovell. Details of their professional experience and qualifications are available under 'AIHW Board and executive committees' (Chapter 5).
- one independent member, Mr Alistair Nicholson. In 2021–22, Mr Nicholson's term was extended by 12 months.

Alistair Nicholson BSc CISA CISM
Current term: 1 January 2020 to 31 December 2022

Mr Nicholson is a Director of e-Strategists Pty Ltd. He is President of the Canberra Chapter of ISACA (the international professional information systems audit and control association), a member of the Audit and Risk Committee of the Department of the House of Representatives, and a past member of the Australian Computer Society's Canberra Branch Board.

He is active in governance, risk management, cybersecurity framework development and consultative committees. Mr Nicholson's industry awards include a Government Technology Efficiency Award and an IBM Asia Pacific Achievement Award.

Members of the Executive Committee, the internal auditor (Synergy) and the Australian National Audit Office also regularly attend RAFC meetings. Table 10 provides details on committee membership, attendance and remuneration. Board members on the RAFC do not receive additional remuneration.

Table 10: Risk, Audit and Finance Committee meeting attendance and remuneration, 2021–22

Name	Position	Meetings attended	Eligible meetings	Remuneration ($)
Mr Michael Perusco	Chair	3	4	0[(a)]
Dr Erin Lalor	Board member	3	4	0[(a)]
Dr Simone Scovell	Board member	3	4	0[(a)]
Mr Alistair Nicholson	Independent member	4	4	5,280

(a) Board member remuneration is included in Appendix E: Executive remuneration.

Remuneration Committee

The AIHW Board is the employing body of the CEO. The CEO position is in the Principal Executive Office structure administered by the Remuneration Tribunal.

The Remuneration Committee advises the board on the CEO's performance and remuneration, within the parameters set in the Remuneration Tribunal (Principal Executive Offices – Classification Structure and Terms and Conditions) Determination 2020.

As at 30 June 2022, the committee comprised:

- Chair of the AIHW Board – Mrs Louise Markus (Chair)
- Chair of the RAFC – Mr Michael Perusco
- one other board member – Dr Christine Pascott.

Table 11 provides details of the meetings attended by Remuneration Committee members.

Table 11: Remuneration Committee meeting attendance, 2021–22

Name	Position	Meetings attended	Eligible meetings
Mrs Louise Markus	Chair	3	3
Mr Michael Perusco	RAFC Chair	2	3
Dr Christine Pascott	Board member	2	3

AIHW Ethics Committee

The AIHW Ethics Committee is established under subsection 16(1) of the AIHW Act and is responsible for providing advice on the ethical acceptability, or otherwise, of current or proposed health- and welfare-related activities of the institute, or bodies with which we collaborate.

The AIHW Ethics Committee Chair receives an annual fee and members receive a daily sitting fee in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2020.

The committee comprised 12 members representing a broad cross-section of the community, including professionals experienced in providing care, researchers and people representing the general community (Table 12).

In 2021–22, the committee met 9 times and provided approvals regarding the ethical acceptability of new projects and data collections. The committee typically meets 5 times a year. An additional 4 meetings were held to consider urgent applications.

Table 12: AIHW Ethics Committee meeting attendance, 2021–22

Name	Position	Meetings attended	Eligible meetings
Wayne Jackson	Chair	8	9
Jennifer Taylor	Deputy Chair	9	9
Mr Rob Heferen	AIHW CEO	6	9
Barbara Anderson	Person experienced in professional care, counselling and treatment of people	9	9
Owen Bradfield	Person experienced in professional care, counselling and treatment of people	6	9
Maryjane Crabtree	Person who is a lawyer	9	9
Tim Driscoll	Person experienced in areas of research regularly considered by the committee	8	9
Kimberley Flanagan	Female representing general community attitudes	9	9
Amanda Ianna	Nominee of the Registrars of Births, Deaths and Marriages	8	9
Ray Mahoney	Person experienced in areas of research regularly considered by the committee	8	9
Damien Tillack	Male representing general community attitudes	8	9
Nicholas White	Person performing a pastoral care role in a community	8	9

AIHW Ethics Committee outcomes

The AIHW Ethics Committee requires public dissemination of results of all approved projects, ensuring research outcomes are freely available. In limited circumstances, research may not be released into the public domain.

In 2021–22, the committee considered 52 new applications, compared with 76 in 2020–21. The committee approved 51 of these new applications (Table 13). New applications were submitted by Australian Government departments and agencies (14%), state and territory government departments (5%), university-affiliated research centres (37%), large metropolitan teaching hospitals (12%), regional health centres (5%) and other research organisations or care providers (28%). The committee considered 9 new applications submitted by the AIHW to establish new data assets in the areas of diabetes, alcohol, tobacco and other drugs, perinatal mental health, housing, prisoner health and immunisation. The committee also monitors approved projects to completion and considers requests from researchers to modify or extend approved projects (Table 13). Information about projects involving data linkage approved by the committee is available on the AIHW website.

Table 13: AIHW Ethics Committee outcomes, 2021–22

	2020–21	2021–22
Final project reports received	8	37
New project applications	76	52
Project applications approved	74	51
Annual monitoring reports submitted	462	535
Requests to modify or extend a project	204	234

Chief Executive Officer

The head of the AIHW is the Chief Executive Officer (CEO). Rob Heferen was appointed as CEO on 1 July 2021. The CEO is responsible for the effective day-to-day administration of the institute and is the primary point of liaison between the Board and the Executive Committee. Refer to 'AIHW Board and executive committees' (Chapter 5) for more information.

Executive Committee

The Executive Committee provides cohesive leadership to the AIHW and advice to the CEO to assist in managing institute operations, risks and meeting the institute's strategic directions.

The committee is chaired by the CEO and comprises all group heads and the head of the Communications and Engagement Unit. The Executive Committee meets fortnightly.

Investment Review Committee

The AIHW Investment Review Committee supports the CEO's consideration and decision-making regarding requests for allocation of internal funding. It is chaired by the CEO and other members are the Deputy CEO and the Group Head, Business and Communications Group.

Data Governance Committee

The Data Governance Committee is chaired by the Deputy CEO and reports to the Executive Committee.

The committee oversees data-related instruments and policy reviews and examines proposed new or changed data-related principles or approaches to data governance. It also sponsors the institute's internal data custodian forums and provides advice and recommendations on data-governance-related project proposals and whole-of-government developments in data governance and management.

Statistical Leadership Committee

The Statistical Leadership Committee is chaired by the Deputy CEO. The committee provides leadership on statistical matters and develops and actions statistical priorities. It also provides advice to the CEO to assist in the management of, and investment in, statistical operations.

Security Committee

The Security Committee is chaired by the Group Head, Business and Communications Group. The committee provides assurance to the Executive Committee that security risks are identified and managed. It also ensures effective information, data, personnel and protective security across the institute that complies with relevant legislation and internal policies.

Data governance and privacy

We have a long history of effective compliance with our privacy and confidentiality obligations and are committed to maintaining the privacy and security of all information we hold.

The AIHW Ethics Committee provides advice and sets conditions on ethical aspects of AIHW activities and partnerships, including proposed projects. Researchers can submit ethics applications to the committee on a fee-for-service basis.

We have mature and robust data governance arrangements. Privacy, confidentiality and respect for the sensitivity of data we hold are assured through legislation, including the AIHW Act and the *Privacy Act 1988* and are deeply ingrained in our organisational culture, policies, guidelines and procedures.

The AIHW data governance framework provides a comprehensive overview of key concepts related to data and data governance. It defines our:

- legal, regulatory and governance environments
- core data governance structures and roles
- systems and tools to support data governance
- data policies, guidelines and procedures
- compliance and reporting responsibilities.

The data governance framework is underpinned by the Five Safes framework. The Five Safes is an internationally recognised approach to considering strategic, privacy, security, ethical and operational risks as part of a holistic assessment of risks associated with data sharing or release.

Our 2021–22 Privacy Management Plan, which is required under the Privacy (Australian Government Agencies – Governance) APP Code 2017, included 5 actions to further strengthen our data governance and privacy arrangements. The Executive Committee monitored progress against these actions.

In 2021–22 we:

- reviewed our data de-identification and separation policies
- conducted a review of data custodians' compliance with data collection management principles and data collection monitoring requirements during the preceding 12 months
- undertook internal audits of our data governance arrangements
- delivered information and training sessions on data governance, privacy and confidentiality at induction courses, data custodian forums and for new unit heads
- contributed to Australian Government data champions network data governance and ethics forums
- made a submission to the Attorney-General's Department Privacy Act Review discussion paper.

Digital capabilities

Underpinned by the AIHW information and communications technology strategy 2020–23, we have continued to transform our digital capability to better support core analysis and work-from-home arrangements while enhancing our products, services and security. This included:

- migrating all information communication and technology systems to a dedicated data centre, which improves the reliability and availability of digital services
- establishing the future analytics model to inform the institute's analytical technical capabilities
- introducing Microsoft 365 and Microsoft mobile application management to improve access and productivity, while further supporting flexible work arrangements
- transitioning systems to cloud-based platforms to provide more secure, robust and accessible services
- exploring machine learning and artificial intelligence solutions.

Continued investment in our digital infrastructure and its security is crucial to keep pace with our expanding work to ensure the ongoing confidentiality, integrity and availability of our information and data. We continue to examine our data supply and analysis chains to speed up the receipt of data and its availability to users.

Managing risk and fraud

Our risk management framework applies a consistent and coordinated approach to risk management and aims to embed a strong risk culture across the institute. It articulates our risk appetite and risk tolerance and key responsibilities for managing risk. The framework is consistent with the Commonwealth Risk Management Policy and the international risk management standard (AS/NZS ISO 31000).

The Chief Risk Officer monitors the risk management framework and oversees its implementation. The Risk, Audit and Finance Committee (RAFC) reviews and makes recommendations to the AIHW Board. The board is accountable for oversight of the risk management framework.

In 2021–22, our risk management activities focused on managing cybersecurity risks and improving the ability of our systems to handle very large, complex data sets. A strategic risk report on the 8 most significant risks faced by the AIHW was prepared and discussed with the Executive Committee, the RAFC and the board every 6 months.

The institute's risk management framework was independently reviewed in 2021–22. The risk management specialist concluded that the framework is fit for purpose. The review recommended that the framework be better embedded in key decision-making processes and that management of high-level operational risks be reported to the RAFC and the board.

Our business continuity framework provides for a crisis management team to meet if an incident significantly affects AIHW operations. As part of routine risk management activities, the crisis management team met once during the year to ensure the members understood their roles and communication channels.

Fraud control

We have appropriate fraud prevention, detection, investigation, monitoring and reporting mechanisms to meet the specific needs of the agency.

Our fraud control plan provides assurance that we are take all reasonable measures to minimise and appropriately deal with fraud, in compliance with section 10 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule) and the Commonwealth Fraud Control Framework.

We have zero tolerance for fraud. We are committed to minimising the incidence of fraud by implementing and regularly reviewing strategies that prevent, detect and respond to fraud and corruption. In 2021–22, the institute, assisted by its internal auditors, updated its fraud risk assessment, and prepared a new fraud control plan, which was approved by the AIHW Board in June 2022. No incidents of fraud were reported in 2021–22.

Internal audit

The internal auditor undertakes the annual internal audit program as directed by the RAFC. Our internal audit service provider is Synergy.

Financial management

Our finances are managed in accordance with the *Australian Institute of Health and Welfare Act 1987* (AIHW Act), the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the *Auditor-General Act 1997*.

We are funded by parliamentary budget appropriations, fee-for-service income for project work undertaken for external agencies and miscellaneous sources, such as bank account interest. Fees charged for externally funded project work are set on a full cost-recovery basis that includes salaries and on-costs, other direct costs and an overhead cost-recovery charge for infrastructure and corporate support. Our fees are reviewed and updated each year.

Expenditure incurred in each project is accounted for separately and monitored monthly.

Procurement

Our approach to purchasing and procurement is consistent with the Commonwealth Procurement Rules and is designed to promote fairness, equity and value for money.

We comply with the additional mandatory procedures for all non-exempt procurements above the $400,000 threshold. Any contract over $1.5 million must be approved by the CEO.

The rules are applied to our operations through the delegations, procurement policies and operational guidance available to all employees via the intranet.

Asset management

We manage financial and non-financial assets in accordance with our asset management policy, which was renewed in 2021–22. Financial assets include cash and receivables, which are subject to internal controls and reconciliations. Non-financial assets are held for operational purposes and include building fit-out, furniture and ICT assets.

In 2021–22, we engaged an independent expert to conduct a formal valuation of the agency’s non-financial assets in accordance with the requirements of the Australian Accounting Standards Board, Standard AASB 13 – Fair Value Measurement. The fair value of non-financial assets are reported in Appendix F: Financial statements.

Mandatory reporting

Ministerial directions and policy orders

Under section 7 of the AIHW Act, the Minister for Health may give the AIHW a direction concerning the performance of its functions or the exercise of its powers. We received no such directions in 2021–22.

We also did not receive any government policy orders in 2021–22, as defined under section 22 of the PGPA Act.

Non-compliance with finance law

There were no significant issues of non-compliance with finance law reported to the Minister for Health in 2021–22.

Related entity transactions

The AIHW had no transactions with related entities of the board in 2021–22.

Insurance and indemnities

We have insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption. In 2021–22, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. In previous years, we have only reported an estimate for directors and officers liability insurance.

The Comcover insurance premium paid for this coverage in 2021–22 was $109,450 (excluding GST) compared with $106,892 in 2020–21.

No claims were made against AIHW directors and officers liability insurance in 2021–22.

External scrutiny

Our operations are subject to examination by tribunals or courts, parliamentary committees, the Auditor-General, the Commonwealth Ombudsman, and the Office of the Australian Information Commissioner.

In 2021–22, there were no judicial decisions or decisions of administrative tribunals that affected our operations.

There were no reports made by the Auditor-General (excluding financial statements), the Commonwealth Ombudsman or the Office of the Australian Information Commissioner relating to the AIHW in 2021–22.

In 2021–22, the institute appeared before the Senate Community Affairs Legislation Committee on 27 October 2021.

Advertising and market research

Under the *Commonwealth Electoral Act 1918,* we are required to report payments of $14,500 and above to advertising agencies, market research or polling organisations.

In 2021–22, we did not undertake any advertising campaigns or make any individual payments for advertising that exceeded the prescribed threshold.

Legal services expenditure

The AIHW's legal services expenditure for 2021–22, in accordance with the requirements of par. 11.1(ba) of the Legal Services Directions 2017, was a total of $288,139 (excluding GST).

Freedom of information

In 2021–22, we received 7 requests under the *Freedom of Information Act 1982* (FOI Act). We are required to publish information on our website about how documents that have been released in response to a request under the FOI Act may be obtained, as required under section 11C of the FOI Act.

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

More information about FOI and the Information Publication Scheme is available on our website.

Ecologically sustainable and environmental performance

We uphold the principles of ecologically sustainable development defined under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* and are committed to making a positive contribution to achieve its objectives.

The AIHW has 4 offices, 3 in Canberra and one in Sydney. Our 2 largest Canberra office tenancies (1 and 11 Thynne Street, Bruce) are designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating. NABERS measures a building's environmental performance across the areas of energy, water, waste and the indoor environment (tenancy). Table 14 includes available information on energy consumption and waste recycling.

Our publications are print on demand, with paper sourced from certified, sustainably managed forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems. We support the Australian Government's digital transition, which will see further reductions in toner and paper consumption in future years.

Table 14: Energy and paper consumption and recycled waste, 2020–21 to 2021–22

	2020–21	2021–22
Electricity consumption (kilowatt hours)		
Canberra offices (as office tenant light and power)[(a)]	510,102	506,359
Sydney office	37,616	35,290
Paper consumption (reams)		
Canberra offices	1,127	516
Sydney office	13	10
Recycled waste		
Organics from kitchens (tonnes)[(b)]	2.5	1.4
Toner cartridges Canberra offices (number)	98	38
Toner cartridges Sydney office	1	4

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

(b) Values are for all 3 Canberra offices.

Appendices

Appendix A: List of reporting requirements

This annual report was prepared in accordance with the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

Table A.1: Annual report compliance index

PGPA Rule Reference	Description	Requirement	Page number
17BE	**Contents of annual report**		
17BE(a)	Details of the legislation establishing the body	Mandatory	1
17BE(b)(i)	A summary of the objects and functions of the entity as set out in legislation	Mandatory	1–2
17BE(b)(ii)	The purposes of the entity as included in the entity's corporate plan for the reporting period	Mandatory	1–2, 7
17BE(c)	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers	Mandatory	1
17BE(d)	Directions given to the entity by the Minister under an Actor instrument during the reporting period	If applicable, mandatory	57
17BE(e)	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	57
17BE(f)	Particulars of non-compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	Not applicable
17BE(g)	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the rule	Mandatory	7–22
17BE(h), 17BE(i)	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance	If applicable, mandatory	58
17BE(j)	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period	Mandatory	43–49
17BE(k)	Outline of the organisational structure of the entity (including any subsidiaries of the entity)	Mandatory	4

PGPA Rule Reference	Description	Requirement	Page number
17BE(ka)	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees (b) statistics on part-time employees (c) statistics on gender (d) statistics on staff location	Mandatory	37, 75–76
17BE(l)	Outline of the location (whether or not in Australia) of major activities or facilities of the entity	Mandatory	37, 59, 76
17BE(m)	Information relating to the main corporate governance practices used by the entity during the reporting period	Mandatory	43–44, 50–54
17BE(n), 17BE(o)	For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than $10,000 (inclusive of GST): (a) the decision-making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company; and (b) the value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions	If applicable, mandatory	58
17BE(p)	Any significant activities and changes that affected the operation or structure of the entity during the reporting period	If applicable, mandatory	Not applicable
17BE(q)	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity	If applicable, mandatory	58
17BE(r)	Particulars of any reports on the entity given by: (a) the Auditor-General (other than a report under section 43 of the Act); or (b) a Parliamentary Committee; or (c) the Commonwealth Ombudsman; or (d) the Office of the Australian Information Commissioner	If applicable, mandatory	58
17BE(s)	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report	If applicable, mandatory	Not applicable

PGPA Rule Reference	Description	Requirement	Page number
17BE(t)	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs)	If applicable, mandatory	58
17BE(taa)	The following information about the audit committee for the entity: (a) a direct electronic address of the charter determining the functions of the audit committee (b) the name of each member of the audit committee (c) the qualifications, knowledge, skills or experience of each member of the audit committee (d) information about each member's attendance at meetings of the audit committee (e) the remuneration of each member of the audit committee	Mandatory	50, 106
17BE(ta)	Information about executive remuneration	Mandatory	77–78
17BF	**Disclosure requirements for government business enterprises**		
17BF(1)(a)(i)	An assessment of significant changes in the entity's overall financial structure and financial conditions	If applicable, mandatory	Not applicable
17BF(1)(a)(ii)	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions	If applicable, mandatory	Not applicable
17BF(1)(b)	Information on dividends paid or recommended	If applicable, mandatory	Not applicable
17BF(1)(c)	Details of any community service obligations the government business enterprise has including: (a) an outline of actions taken to fulfil those obligations; and (b) an assessment of the cost of fulfilling those obligations	If applicable, mandatory	Not applicable
17BF(2)	A statement regarding the exclusion of information on the grounds that the information is commercially sensitive and would be likely to result in unreasonable commercial prejudice to the government business enterprise	If applicable, mandatory	Not applicable

Appendix B: Errors and omissions

The AIHW Annual report 2020–21 included the following errors and omissions:

Page 114 Table A3.1: Staff numbers, 2017–21

The reported figure of 217.11 full-time equivalent total staff as at 30 June is 2021 is incorrect. The correct figure is 538.4.

Page 96 Staff commencements and turnover

The reported turnover rate of 11% for 2020–21 is incorrect. The correct figure is 8.8%.

Appendix C: Releases, journal articles and presentations

Releases

In 2021–22, we published 161 releases across a diverse range of health and welfare topics. Each release may comprise of several products. For example, web reports, PDF reports, data tables, data visualisations, snapshots, factsheets and in-brief reports. A total of 299 products were released in 2021–22.

Table C.1: AIHW releases, 2021–22

Release date	Title
2 Jul 2021	Indigenous health checks and follow-ups – update
8 Jul 2021	Infant and child mortality rates for Indigenous Australians using linked and unlinked data: linked perinatal, birth, death data set
8 Jul 2021	Pregnancy and birth outcomes for Aboriginal and Torres Strait Islander women 2016–2018
14 Jul 2021	Indigenous Mental Health and Suicide Prevention Clearinghouse website
16 Jul 2021	Alcohol and other drug treatment services in Australia 2019–20
16 Jul 2021	Acute rheumatic fever and rheumatic heart disease in Australia, 2015–2019 – update
20 Jul 2021	Mental health (tranche 3) – update
20 Jul 2021	Suicide and self-harm monitoring website (data updates, new ambulance attendance data and international estimates data)
21 Jul 2021	Non–admitted patient care 2019-20 – update
22 Jul 2021	Alcohol, tobacco and other drugs in Australia
27 Jul 2021	GEN: younger people in residential aged care (phase 2) – update
30 Jul 2021	National Framework for Protecting Australia's Children indicators – update
3 Aug 2021	Geographical variation in disease: diabetes, cardiovascular and chronic kidney disease
3 Aug 2021	Sleep-related breathing disorders with a focus on obstructive sleep apnoea
5 Aug 2021	Older mothers in Australia 2019
11 Aug 2021	Serving and ex-serving Australian Defence Force members who have served since 1985: population characteristics 2019

Release date	Title
17 Aug 2021	Hospital resources 2019–20 – update
18 Aug 2021	Australian Burden of Disease Study 2018: key findings
19 Aug 2021	GEN: annual dashboard update – batch 3 (My Aged Care region, Aboriginal and Torres Strait Islander people using aged care, and Commonwealth Home Support Programme aged care services
20 Aug 2021	Philanthropic and charitable donations
25 Aug 2021	Disease expenditure in Australia 2018–19
27 Aug 2021	Practice Incentives Program Quality Improvement Measures: national report on the first year of data 2020–21
30 Aug 2021	Specialist homelessness services quarterly reporting – quarterly update
31 Aug 2021	Geographical analysis of hospitalised injury and injury deaths data
31 Aug 2021	Pedal cyclist hospitalisations: estimating on-road cases
1 Sep 2021	Hearing health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory July 2012 – December 2020
1 Sep 2021	Indigenous eye health measures 2021
1 Sep 2021	Suicide and self-harm monitoring – update
3 Sep 2021	Patient experiences in Australia by small geographic areas – update
10 Sep 2021	The first year of COVID-19 in Australia: direct and indirect health effects
16 Sep 2021	Australia's welfare 2021
20 Sep 2021	Dementia in Australia
24 Sep 2021	Alcohol, tobacco and other drugs in Australia – update
24 Sep 2021	Impacts of COVID-19 on Medicare Benefits Scheme [Schedule] and Pharmaceutical Benefits Scheme service use: quarterly data – update
27 Sep 2021	Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections, update
28 Sep 2021	GEN: residential aged care quality indicators – April to June 2021
29 Sep 2021	Heart, stroke and vascular disease – Australian facts

Release date	Title
29 Sep 2021	Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019
29 Sep 2021	Final report to the independent review of past defence and veteran suicides
30 Sep 2021	Suicide and self-harm monitoring – data update
1 Oct 2021	BreastScreen Australia monitoring report 2021
1 Oct 2021	Cancer screening programs: quarterly data – update
7 Oct 2021	Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people
8 Oct 2021	Diabetes technology in Australia: scoping report
14 Oct 2021	Mental health (tranche 4) – update
15 Oct 2021	Suicide and self-harm monitoring – ambulance attendances update and socioeconomic factors and deaths by suicide
19 Oct 2021	Young people returning to sentenced youth justice supervision 2019–20
20 Oct 2021	GEN: aged care in rural and remote Australia factsheet
20 Oct 2021	Predicting early dementia using Medicare claims: a feasibility study using the National Integrated Health Services Information Analysis Asset
21 Oct 2021	AIHW annual report 2020–21
27 Oct 2021	Medicare-subsidised GP, allied health and specialist health care across local areas: 2019–20 to 2020–21, update
28 Oct 2021	GEN: Department of Health 2020 aged care workforce census dashboard
29 Oct 2021	The Aboriginal and Torres Strait Islander Child Placement Principle indicators
29 Oct 2021	Palliative care services in Australia (phase 2) – update
1 Nov 2021	GEN: younger people in residential aged care (phase 3) – update
4 Nov 2021	The health impact of suicide and self-inflicted injuries in Australia, 2019
4 Nov 2021	Suicide and self-harm monitoring – update

Release date	Title
5 Nov 2021	Monitoring perpetrator interventions in Australia
10 Nov 2021	Mesothelioma in Australia 2020
12 Nov 2021	Data update: short-term health impacts of the 2019–20 Australian bushfires
12 Nov 2021	Admitted patient care 2019–20: Australian hospitals statistics data cubes – update
17 Nov 2021	Oral health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2020
18 Nov 2021	National core maternity indicators – 2019 update
18 Nov 2021	Maternity care in Australia: first national report on models of care 2021
18 Nov 2021	Maternal deaths
18 Nov 2021	Stillbirths and neonatal deaths 2019 – update
24 Nov 2021	Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018
24 Nov 2021	Australian Burden of Disease Study 2018: interactive data on disease burden
24 Nov 2021	Australian Burden of Disease Study 2018: interactive data on risk factor burden
24 Nov 2021	Australian Burden of Disease Study: methods and supplementary material 2018
26 Nov 2021	Sleep problems as a risk factor for chronic conditions
30 Nov 2021	Better cardiac care measures for Aboriginal and Torres Strait Islander people: sixth national report 2021
30 Nov 2021	Older Australians
30 Nov 2021	Specialist homelessness services: September quarterly data – update
1 Dec 2021	Cancer in Australia 2021
2 Dec 2021	National Mental Health Service Planning Framework subsite
3 Dec 2021	Adoptions Australia 2020–21
3 Dec 2021	National Cervical Screening Program monitoring report 2021

Release date	Title
7 Dec 2021	Cancer screening programs: quarterly data
7 Dec 2021	Specialist homelessness services annual report 2020–21
7 Dec 2021	Specialist homelessness services collection data cubes 2011–12 to 2020–21 – update
8 Dec 2021	Life and work experiences of Australians with chronic conditions
8 Dec 2021	Mental health (COVID-19 update)
8 Dec 2021	Suicide and self-harm monitoring – ambulance attendances update, suicide in the context of COVID-19
9 Dec 2021	Health service use for patients with traumatic brain injury
9 Dec 2021	Injury in Australia – update
9 Dec 2021	Suicide and self-harm monitoring – data from suicide registers, youth consultation report, and a scoping review of analytic methods used within the peer reviewed literature and secure content (analyst portal)
10 Dec 2021	Safety of children in care 2020–21
13 Dec 2021	Regional Insights for Indigenous Communities website
13 Dec 2021	Tracking progress against the implementation plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023 – update
14 Dec 2021	Emergency department care – update
14 Dec 2021	Youth detention population in Australia 2021
15 Dec 2021	GEN: residential aged care quality indicators annual report 2020–21
15 Dec 2021	Alcohol, tobacco and other drugs in Australia – update
15 Dec 2021	National Perinatal Data Collection preliminary update 2020 – data tables
16 Dec 2021	Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19
16 Dec 2021	Family, domestic and sexual violence data in Australia
16 Dec 2021	Family, domestic and sexual violence service responses in the time of COVID-19
17 Dec 2021	Health expenditure Australia 2019–20

Release date	Title
25 Jan 2022	MyHospitals: elective surgery waiting times 2020–21 – update
27 Jan 2022	Palliative care national information priorities reference document
1 Feb 2022	Mental health services in Australia – tranche 1
3 Feb 2022	Suicide and self-harm monitoring data from suicide registers – update
4 Feb 2022	Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections – 2022 update
8 Feb 2022	The incidence of insulin-treated diabetes in Australia – update
10 Feb 2022	GEN: younger people in residential aged care (phase 4) – update
11 Feb 2022	GEN: revision to residential aged care quality indicators annual report 2019–20
18 Feb 2022	Impacts of COVID-19 on Medicare Benefits Scheme [Schedule] and Pharmaceutical Benefits Scheme: quarterly data – update
18 Feb 2022	National sports injury data strategy: draft consultation report
18 Feb 2022	Economics of sports injury and participation – preliminary results
24 Feb 2022	Specialist homelessness services: monthly data – update
25 Feb 2022	Australia's children – update 2022
2 Mar 2022	GEN: residential aged care quality indicators – July to September 2021
8 Mar 2022	Coordination of health care: patient and primary care factors associated with potentially preventable hospitalisations for chronic conditions
10 Mar 2022	Australian Burden of Disease Study 2018: interactive data on disease burden among Aboriginal and Torres Strait Islander people
10 Mar 2022	Australian Burden of Disease Study 2018: interactive data on risk factor burden among Aboriginal and Torres Strait Islander people
10 Mar 2022	Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018
11 Mar 2022	Technical paper: alignment of the specialist homelessness services collection and ABS Census definitions of homelessness
17 Mar 2022	Oral health and dental care in Australia (tranche 5) – update
23 Mar 2022	Sports injury hospitalisations in Australia, 2019–20

Release date	Title
24 Mar 2022	Epilepsy in Australia
25 Mar 2022	Indigenous Mental Health and Suicide Prevention Clearinghouse website – second round of articles
30 Mar 2022	National opioid pharmacotherapy statistics annual data collection – update
31 Mar 2022	Youth justice in Australia 2020–21
1 Apr 2022	Congenital anomalies 2016
5 Apr 2022	Health system spending per case of disease and for certain risk factors
7 Apr 2022	Falls in older Australians 2019–20: hospitalisations and deaths among people aged 65 and over
12 Apr 2022	Acute rheumatic fever and rheumatic heart disease in Australia, 2016–2020
14 Apr 2022	Alcohol and other drug treatment services in Australia: early insights 2020–21
19 Apr 2022	GEN: residential aged care quality indicators – October to December 2021
20 Apr 2022	Alcohol, tobacco and other drugs in Australia – data updates
20 Apr 2022	National partnership on essential vaccines: performance report 2020–21
21 Apr 2022	OECD health care quality and outcomes indicators, Australia 2021
27 Apr 2022	Suicide and self-harm monitoring – update
28 Apr 2022	Use of Medicare chronic disease management items by patients with long-term health conditions
29 Apr 2022	GEN: younger people in residential aged care (phase 5) – update
29 Apr 2022	GEN: data updates (people using aged care, services and places, government expenditure) – batch 1
5 May 2022	Cancer screening programs: quarterly data – update (first release)
6 May 2022	National Strategic Framework for Chronic Conditions – reporting framework and indicator results
10 May 2022	National Cervical Screening Program data dictionary: version 1.1
17 May 2022	Mental health services in Australia – tranche 2

Release date	Title
25 May 2022	Palliative care services in Australia (phase 1) – update
26 May 2022	Specialist homelessness services: March quarterly data – update
27 May 2022	Aboriginal and Torres Strait Islander Health Performance Framework – data update
1 Jun 2022	MyHospitals: admitted patient care – update
7 Jun 2022	Specialist homelessness services client pathways: analysis insights
7 Jun 2022	Health of veterans
8 Jun 2022	Suicide and self-harm monitoring update – suicide registers
9 Jun 2022	Deaths in Australia, GRIM and MORT books – updates
10 Jun 2022	Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections-2022 (data updates from 4 Feb release)
15 Jun 2022	Child protection Australia 2020–21
15 Jun 2022	National Framework for Protecting Australia's Children indicators – update
16 Jun 2022	Injury in Australia, 2019–20 – update
21 Jun 2022	National Perinatal Data Collection – 2020 data update
23 Jun 2022	Australia's hospitals at a glance
29 Jun 2022	Ear and hearing health of Aboriginal and Torres Strait Islander people 2021
29 Jun 2022	Cultural safety in health care for Indigenous Australians: monitoring framework – update
29 Jun 2022	Housing assistance in Australia
30 Jun 2022	AIHW strategic directions 2022–2026
30 Jun 2022	Family, domestic and sexual violence data in Australia
30 Jun 2022	Veterans in the 2021 Census: first result

Journal articles and book chapters

Brijnath B, Croy S, Sabates J, Thodis A, Ellis S, de Crespigny F, Moxley A, Day R, Dobson A, Elliott C, Etherington C, Geronimo MA, Hlis D, Lampit A, Low L-F, Straiton N and Temple J (2022) 'Including ethnic minorities in dementia research: recommendations from a scoping review', *Alzheimer's & Dementia: Translational Research & Clinical Interventions*, 8(1):e12222, doi:10.1002/trc2.12222.

Day K, Whittaker R, Bennett V, Selak V and Stokes B (2021) 'Working as a public health informatician', in Butler-Henderson K, Day K and Gray K (eds) *The health information workforce*, Springer, Cham, 339–347, doi:10.1007/978-3-030-81850-0_24.

Hall C, Northam H, Webster A and Strickland K (2021) 'Determinants of seasonal influenza vaccination hesitancy among healthcare personnel: an integrative review', *Journal of Clinical Nursing*, epub, doi:10.1111/jocn.16103.

Jensen L (2022) 'Using data integration to improve health and welfare insights', *International Journal of Environmental Research and Public Health*, 19(2):836, doi:10.3390/ijerph19020836.

Harvey L, Harris I, Mitchell R, Webster A, Cameron I, Jorm L, Seymour H, Sarrami P and Close J (2021) 'Impact of pre-surgery hospital transfer on time to surgery and 30-day mortality for people with hip fractures', *Medical Journal of Australia*, 215(2):87–88, doi:10.5694/mja2.51083.

Harvey L, Harris, I, Mitchell R, Webster A, Cameron I, Jorm L, Seymour H, Sarrami P and Close J (2022) 'Improved survival rates after hip fracture surgery in New South Wales, 2011–2018', *Medical Journal of Australia*, 216(8):420–421, doi:10.5694/mja2.51440.

Liaw S-T, Guo J, Ansari S, Jonnagaddala J, Godinho M, Borelli A, de Lusignan S, Capurro D, Liyanage H, Bhattal N, Bennett V, Chan J and Kahn M (2021) 'Quality assessment of real-world data repositories across the data life cycle: a literature review', *Journal of the American Medical Informatics Association*, 28(7):1591–1599, doi10.1093/jamia/ocaa340.

Shelly S, Lodge E, Heyman C, Summers F, Young A, Brew J and James M (2021) 'Mental health services data dashboards for reporting to Australian Governments during COVID-19', *International Journal of Environmental Research and Public Health*, 18(19):10514, doi:10.3390/ijerph181910514.

Wyper GMA, Assuncao R, Fletcher E, Gourley M, Grant I, Haagsma JA, Hilderink H, Idavain J, Lesnik T, von der Lippe E, Majdan M, Mccartney G, Santric-Milicevic M, Parrari E, Pires SM, Plass D, Porst M, Santos JV, de Haro Moro MT, Stockton DL and Devleesschauwer B (2021) 'The increasing significance of disease severity in a burden of disease framework', *Scandinavian Journal of Public Health*, epub, doi:10.1177/14034948211024478.

Presentations

Bennett V (12 September 2021) 'The role of the EMR in the preparation of HIM in accordance with the current law', *Building an Integrated EMR According to the Need of Patients' Clinical Care*, online.

Bennett V (11 November 2021) 'Collecting and collating information on the health impacts of climate change', *44th World Hospital Congress,* Barcelona.

Bennett V (7–8 December 2021) 'ICD-11 planning in Australia', *International Federation of Health Information Management Associations/Saudi Arabia Health Information Management Association's co-sponsored 2nd Annual Conference*, online.

Bennett, V (9 February 2022) 'The Australian health information system', *Health Information Management Association of Australia (HIMAA) webinar*, online.

Dolar V (3–6 September 2021) 'Australian burden of disease study: risk factors', *World Congress of Epidemiology virtual conference*, online.

Gates L (15 March 2022) 'Delving into data: APS showcase', *Annual Graduate Data Forum*, Canberra.

Gates L (8 April 2022) 'Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019', *Australian Military Medicine Association 2021 Conference*, Melbourne.

Gee A (21 May 2022) 'Navigating the national mental health data landscape', *The Australian Psychological Society College of Clinical Psychologists Conference*, Brisbane.

Gourley M (3–6 September 2021) 'Burden of disease and injury in Australia', *World Congress of Epidemiology virtual conference*, online.

Gourley M (3–6 September 2021) 'The burden of COVID-19 in Australia in 2020', *World Congress of Epidemiology virtual conference*, online.

Gourley M (24 November 2021) 'National burden of disease studies: experience from Australia', *Association of Southeast Asian Nations (ASEAN) Burden of Diseases Networking virtual workshop*, online.

Irvine L (30 May 2022) 'Inferring early dementia from linked Medicare claims using machine learning approaches', *Australian Dementia Research Forum virtual conference*, online.

James M and Scott D (5 April 2022) 'Suicide surveillance and the national ambulance surveillance system – a world first in use of ambulance data to improve opportunities for intervention', *Chronic Disease Management Summit*, Sydney.

Kaya S (3–6 September 2021) 'Muscle strengthening activities among Australian adults', *World Congress of Epidemiology virtual conference*, online.

Killick-Moran C and Volker N (5 May 2022) 'Suicide and self-harm monitoring in Australia symposium', *International Association of Suicide Prevention 10th Asia Pacific Conference*, Gold Coast.

Leake M (9 November 2021) 'Using government data and data linkage to promote health and improve the ageing experience for Australia's culturally and linguistically diverse population', *54th Australian Association of Gerontology pre-conference workshop*, online.

Lum On M (4 November 2021) 'Enhancing national chronic disease surveillance: stroke', *National Stroke Quality Improvement Virtual Workshop*, online.

Mathur S and Curvers S (16 June 2022) 'The power of linked data in understanding transitions from out-of-home care', *Australian Institute of Family Studies Conference*, Melbourne.

O'Donnell B (20 June 2022) 'Towards an Australian COVID-19 linked data set', *Communicable Diseases & Immunisation Conference*, Sydney.

Prem Thapa (17 May 2022) 'Analysing the effects of antenatal care, birth conditions and socio-economic status on early child mortality in NSW using linked data', *Annual Conference of the Australian and New Zealand Child Death Review and Prevention Group*, Sydney.

Prescott V (9 May 2022) 'Australian National Obesity Strategy 2022–2032', *OECD Expert Group on the Economics of Public Health*, Paris.

Rogers M (11–12 November 2021) 'APS leadership and transformation amidst a rapidly changing environment', *7th Annual FST Government Australia Digital Summit*, online.

Sparke C (2 December 2021) 'Short-term health impacts of the 2019–20 Australian bushfires', *Exploring the Nexus of Climate Change, Human Health, and Healthcare System NHMRC Partnership Centre for Health System Sustainability* webinar, online.

Spyby K (21 March 2022) 'The role of metadata in data standards and data utilisation in Australia: Australia's data quality experience', *National Initiative Network: Metadata Sub-group Meeting, International Group*, online.

Appendix D: Workforce statistics

Table D.1: Ongoing, non-ongoing and labour hire contractors, 2020–21 and 2021–22

	2020–21	2021–22
Ongoing	342[a]	410[b]
Non-ongoing	5	2
Labour hire contractors	207	208
Total	**554**	**620**

(a) Excludes inactive employees. There were 36 inactive employees in 2020–21.

(b) Includes 28 inactive employees.

Table D.2: Full-time and part-time employees (including labour hire contractors), 2020–21 and 2021–22

	2020–21	2021–22
Full-time	396	452
Part-time	158	168
Total	**554**[a]	**620**[b]

(a) Active employees only.

(b) Inclusive of active and inactive employees.

Table D.3: Employees by gender (including labour hire contractors), 2020–21 and 2021–22

	2020–21	2021–22
Women	351	407
Men	203	212
Gender diverse	0	1
Total	**554**[a]	**620**[b]

(a) Active employees only.

(b) Inclusive of active and inactive employees.

Table D.4: Employees by employment type and location (including labour hire contractors), 2021–22

	Ongoing			Non-ongoing			Labour hire contractors			Total[a]
	Full-time	Part-time	*Total*	Full-time	Part-time	*Total*	Full-time	Part-time	*Total*	
NSW	18	4	22	0	0	0	16	4	20	**42**
Vic	2	2	4	0	0	0	3	0	3	**7**
Qld	3	4	7	0	0	0	4	1	5	**12**
WA	1	0	1	0	0	0	0	0	0	**1**
SA	0	0	0	0	0	0	0	1	1	**1**
Tas	0	0	0	0	0	0	0	0	0	**0**
ACT	271	102	373	2	0	2	131	48	179	**554**
NT	0	0	0	0	0	0	0	0	0	**0**
Overseas	1	2	3	0	0	0	0	0	0	**3**
Total[a]	**296**	**114**	**410**	**2**	**0**	**2**	**154**	**54**	**208**	**620**

(a) Employee location in 2021–22 is reported based on the location of employees with a formal telework agreement in place as at 30 June 2022. In previous years, we have reported employees by office location, rather than by geographical location.

Table D.5: Employees by employment type and location (including labour hire contractors), 2020–21

	Ongoing			Non-ongoing			Labour hire contractors			Total
	Full-time	Part-time	*Total*	Full-time	Part-time	*Total*	Full-time	Part-time	*Total*	
NSW	5	3	8	0	0	0	8	3	11	**19**
Vic	0	0	0	0	0	0	0	0	0	**0**
Qld	0	0	0	0	0	0	0	0	0	**0**
WA	0	0	0	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	0	0	0	**0**
ACT	234	100	334	5	0	5	144	52	196	**535**
NT	0	0	0	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	0	0	0	**0**
Total	**239**	**103**	**342**	**5**	**0**	**5**	**152**	**55**	**207**	**554**

Appendix E: Executive remuneration

Table E.1: Remuneration for key management personnel

		Short-term benefits			Post-employment benefits	Other long-term benefits		Termination Benefits	Total remuneration
Name	Position Title	Base Salary[(a)]	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave[(a)]	Other long-term benefits		
Rob Heferen	CEO	403,053	0	0	75,764	71,380	0	0	550,197
Matthew James	Deputy CEO	260,335	0	28,690	46,573	9,859	0	0	345,457
Louise Markus	Chair	77,372	0	0	7,737	0	0	0	85,109
Erin Lalor	Deputy Chair	38,686	0	0	3,869	0	0	0	42,555
Simone Ryan	Board Member	38,686	0	0	3,869	0	0	0	42,555
Michael Perusco	Board Member	38,686	0	0	3,869	0	0	0	42,555
Cathryn Ryan	Board Member	38,686	0	0	3,869	0	0	0	42,555
Christine Pascott	Board Member	38,686	0	0	3,869	0	0	0	42,555
Christine Gee	Board Member	38,686	0	0	3,869	0	0	0	42,555
Romlie Mokak	Board Member	0	0	0	0	0	0	0	0
Zoran Bolevich	Board Member	0	0	0	0	0	0	0	0
Christine Castley	Board Member	0	0	0	0	0	0	0	0
Marilyn Chilvers	Board Member	0	0	0	0	0	0	0	0

(a) Base salary and long service leave include the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

Table E.2: Information about remuneration for senior executives[(a)]

		Short-term benefits			Post-employment benefits	Other long-term benefits		Termination Benefits	Total remuneration
Total remuneration bands	Number of senior executives	Average base salary[(a)]	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave[(a)]	Average other long-term benefits	Average termination benefits	Average total remuneration
$0–$220,000	1	238,936	0	9,523	12,743	-207,681	0	0	53,521
$220,000–$245,000	1	170,463	0	23,084	26,314	3,300	0	0	223,161
$245,001–$270,000	2	195,910	0	26,914	34,939	11,274	0	0	269,036
$270,001–$295,000	6	213,211	0	26,914	37,581	3,619	0	0	281,325
$295,001–$320,000	0	0	0	0	0	0	0	0	0
$320,001–$345,000	0	0	0	0	0	0	0	0	0
$345,001–$370,000	0	0	0	0	0	0	0	0	0
$370,001–$395,000	0	0	0	0	0	0	0	0	0
$395,001–$420,000	0	0	0	0	0	0	0	0	0
$420,001–$445,000	0	0	0	0	0	0	0	0	0
$445,001–$470,000	0	0	0	0	0	0	0	0	0
$470,001–$495,000	0	0	0	0	0	0	0	0	0
$495,001–	0	0	0	0	0	0	0	0	0

(a) Base salary and long service leave include the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare (the Entity) for the year ended 30 June 2022:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2022 and its financial performance and cash flows for the year then ended.

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

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

Basis for opinion

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

Accountable Authority's responsibility for the financial statements

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

In preparing the financial statements, the Board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

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

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

SBond.

Sally Bond

Executive Director

Delegate of the Auditor-General

Canberra

23 September 2022

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

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

In our opinion, at the date of this statement, there are reasonable grounds to believe that the corporate Commonwealth entity will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.

Louise Markus Board Chair	Rob Heferen Chief Executive Officer	Andrew Kettle Chief Financial Officer
23 September 2022	23 September 2022	23 September 2022

Statement of Comprehensive Income

for the period ended 30 June 2022

	Notes	2022 $'000	2021 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	**48,690**	44,189	42,330
Suppliers	1.1B	**42,435**	45,915	46,962
Depreciation and amortisation	2.2A	**6,650**	5,727	4,695
Finance costs	1.1C	**364**	390	441
Losses from asset sales		**-**	14	-
Revaluation decrement		**453**	-	-
Total expenses		**98,592**	96,235	94,428
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	**60,810**	63,519	56,000
Interest	1.2B	**461**	503	800
Other revenue		**289**	-	30
Total own-source revenue		**61,560**	64,022	56,830
Net cost of services		**37,032**	32,213	37,598
Revenue from Government	1.2C	**34,917**	32,178	33,959
(Deficit)		**(2,115)**	(35)	(3,639)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		**(179)**	-	-
Total other comprehensive income		**(179)**	-	-
Total comprehensive (deficit)		**(2,294)**	(35)	(3,639)

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

Budget Variances Commentary

Employee Benefits are higher than budgeted as more staff were used to work on the service revenue contracts.
Depreciation and amortisation are higher than budget due to the recognition of the associated right of use asset and fitout of new premises.
Most of the increase in revenue from contracts with customers is for Australian Government Departments. Interest is lower because of reduced rates of interest. Revenue from Government is higher than budget because of extra funding through Additional Estimates.

Statement of Financial Position

as at 30 June 2022

	Notes	2022 $'000	2021 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents	2.1A	**93,148**	82,063	97,607
Trade and other receivables	2.1B	**15,722**	16,719	8,844
Total financial assets		**108,870**	98,782	106,451
Non-financial assets[1]				
Buildings	2.2A	**34,830**	39,416	26,184
Plant and equipment	2.2A	**3,250**	4,123	3,997
Intangibles		**1,736**	-	-
Internally developed software under development		**-**	771	-
Prepayments		**3,444**	1,854	2,311
Total non-financial assets		**43,260**	46,164	32,492
Total assets		**152,130**	144,946	138,943
LIABILITIES				
Payables				
Suppliers		**4,545**	4,292	4,997
Contract liability		**60,676**	49,422	58,684
Other payables	2.3A	**776**	861	709
Total payables		**65,997**	54,575	64,390
Interest bearing liabilities				
Lease liability	2.4A	**32,389**	35,810	24,581
Total interest bearing liabilities		**32,389**	35,810	24,581
Provisions				
Employee provisions	3.1	**17,156**	16,254	15,913
Makegood provision		**720**	270	139
Total provisions		**17,876**	16,524	16,052
Total liabilities		**116,262**	106,909	105,023
Net assets		**35,868**	38,037	33,920
EQUITY				
Contributed equity		**31,824**	31,699	31,824
Reserves		**1,831**	2,010	2,009
Retained surplus		**2,213**	4,328	87
Total equity		**35,868**	38,037	33,920

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

1. Right-of-use assets are included in Buildings.

Budget Variances Commentary

Cash and cash equivalents are lower than budget because of higher trade and other receivables. Non-financial assets have increased due to the recognition of the associated right of use asset for new leased premises and the fitout and equipment related to the premises. This has also increased the lease liability.

Software under development in 2021 relates to the project to replace the METeOR system. This has now been transferred to intangibles as the new METeOR system is in operation.

Prepayments include a 5 year advance payment for an operating system related to computer equipment.

Statement of Changes in Equity

for the period ended 30 June 2022

	Notes	2022 $'000	2021 $'000	Original Budget $'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		**31,699**	30,424	31,699
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		**125**	1,275	125
Total transactions with owners		**125**	1,275	125
Closing balance as at 30 June		**31,824**	31,699	31,824
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		**4,328**	4,363	3,726
Comprehensive income				
(Deficit) for the period		**(2,115)**	(35)	(3,639)
Total comprehensive income		**(2,115)**	(35)	(3,639)
Closing balance as at 30 June		**2,213**	4,328	87
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		**2,010**	2,010	2,009
Other comprehensive income		**(179)**	-	-
Total comprehensive income		**(179)**	-	-
Closing balance as at 30 June		**1,831**	2,010	2,009
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		**38,037**	36,797	37,434
Adjusted opening balance		**38,037**	36,797	37,434
Comprehensive income				
(Deficit) for the period		**(2,115)**	(35)	(3,639)
Other comprehensive income		**(179)**	-	-
Total comprehensive income		**(2,294)**	(35)	(3,639)
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		**125**	1,275	125
Total transactions with owners		**125**	1,275	125
Closing balance as at 30 June		**35,868**	38,037	33,920

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

Equity injections

Amounts designated as equity injections for a year are recognised directly in contributed equity in that year.

Cash Flow Statement

for the period ended 30 June 2022

	Notes	2022 $'000	2021 $'000	Budget $'000
OPERATING ACTIVITIES				
Cash received				
Appropriations		**34,917**	32,178	33,959
Sale of goods and rendering of services		**74,424**	45,734	55,000
Interest		**266**	551	800
Other		**289**	-	30
Total cash received		**109,896**	78,463	89,789
Cash used				
Employees		**47,871**	43,708	42,330
Suppliers		**44,511**	46,471	46,937
Interest payments on lease liabilities		**364**	280	441
Total cash used		**92,746**	90,459	89,708
Net cash from/(used by) operating activities		**17,150**	(11,996)	81
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		**(2,082)**	(4,277)	(525)
Total cash used		**(2,082)**	(4,277)	(525)
Net cash (used by) investing activities		**(2,082)**	(4,277)	(525)
FINANCING ACTIVITIES				
Cash received				
Appropriations - equity injection		**125**	1,275	125
Total cash received		**125**	1,275	125
Cash used				
Principal payments of lease liabilities		**(4,108)**	(3,782)	(2,919)
Total cash used		**(4,108)**	(3,782)	(2,919)
Net cash (used by) financing activities		**(3,983)**	(2,507)	(2,794)
Net increase/(decrease) in cash held		**11,085**	(18,780)	(3,238)
Cash and cash equivalents at the beginning of the reporting period		**82,063**	100,843	100,845
Cash and cash equivalents at the end of the reporting period		**93,148**	82,063	97,607

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

Budget Variances Commentary

Employee cashflows have increased to service the higher than budgeted revenue from contracts.

The sale of goods and rendering of services are higher than the budget due to advance payments received for revenue projects for future work.

Interest is lower because of lower rates received on term deposits.

Purchase of property, plant and equipment is higher than budget due to the fitout and equipment related to the new premises.

Overview

The AIHW is a Corporate Commonwealth Entity that provides meaningful information and statistics for the benefit of the Australian people.

The principal place of business is 1 Thynne St Bruce ACT 2617

The Basis of Preparation

The financial statements are required by section 42 of the Public Governance, Performance and Accountability Act *2013* .

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)* ; and

b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are prepared in Australian dollars.

New Accounting Standards

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

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

Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant notes. They may arise from uncertainty about 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.

The AIHW has no contingent assets or liabilities (2020-21: $0)

Taxation

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

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.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in the notes, the AIHW has made judgements in relation to the valuation of property, plant and equipment and the carrying amount of leave liabilities recognised. The underlying basis for these estimates is described in the respective notes, specifically Note 2.2 for property, plant and equipment, and Note 3.1 for the employee leave liabilities.

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.

1.1 Expenses

	2022 $'000	2021 $'000
1.1A: Employee Benefits		
Wages and salaries	**37,401**	33,901
Superannuation		
Defined contribution plans	**4,186**	3,454
Defined benefit plans	**2,704**	2,860
Leave and other entitlements	**4,272**	3,784
Separation and redundancies	**127**	190
Total employee benefits	**48,690**	44,189

Accounting policies for employee related expenses is contained in Note 3.1

	2022 $'000	2021 $'000
1.1B: Suppliers		
Audit of financial statements	**42**	40
Contractors	**23,679**	21,448
Consultants[1]	**8,509**	15,043
Collaborating centres	**398**	694
Data acquisitions	**1,218**	798
Internal audit program	**103**	72
Internet connectivity & cloud services	**1,579**	1,223
IT services	**3,679**	2,689
Printing & stationery	**77**	106
Training	**410**	457
Travel	**147**	129
Telecommunications	**60**	155
Other	**2,123**	2,648
Total goods and services supplied or rendered	**42,024**	45,502
Other suppliers		
Workers compensation expenses	**411**	413
Total other suppliers	**411**	413
Total suppliers	**42,435**	45,915
1.1C: Finance costs		
Interest on lease liabilities	**364**	390
Total finance costs	**364**	390

1. Includes payments to Government agencies and Universities.

The above leases disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C, 2.2A.

1.2 Own Source Revenue and gains

	2022 $'000	2021 $'000
Own-Source Revenue		
1.2A: Revenue from contracts with customers		
Sale of goods	**-**	1
Rendering of services	**60,810**	63,518
Total revenue from contracts with customers	**60,810**	63,519
Major product / service line:		
Research services	**60,810**	63,518
Sales of publications	**-**	1
	60,810	**63,519**
Type of customer:		
Australian Government entities (related parties)	**51,659**	54,914
State and Territory Governments	**4,737**	5,175
Non-government entities	**4,414**	3,430
	60,810	63,519
Timing of transfer of goods and services:		
Over time	**60,810**	63,519
Point in time	**-**	-
	60,810	63,519
1.2B: Interest		
Deposits	**461**	503
Total interest	**461**	503
1.2C: Revenue from Government		
Department of Health		
Corporate Commonwealth entity payment item	**34,917**	32,178
Total revenue from Government	**34,917**	32,178

Accounting Policy

Revenues from rendering of services

Performance obligations are satisfied over time with revenue from the rendering of services recognised by reference to the completion stage of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and inputs can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The completion stage of contracts at the reporting date is determined by reference to the proportion that inputs 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. The collectability of debts is reviewed at the balance date. Allowances are made when the collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method.

Revenues from Government

Amounts appropriated for departmental appropriations for the year are recognised as Revenue from Government when the entity gains control of the appropriation, except for specific amounts that relate to reciprocal activities, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts. Funding received or receivable from non-corporate Commonwealth entities is recognised as Revenue from the Government by the AIHW unless the funding is in the nature of an equity injection or a loan.

2.1 Financial Assets

	2022 $'000	2021 $'000
2.1A: Cash and cash equivalents		
Cash at bank	**2,148**	563
Term deposits - cash equivalents	**91,000**	81,500
Total cash and cash equivalents	**93,148**	82,063

Accounting Policy

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

a) cash on hand; and

b) demand deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value

	2022 $'000	2021 $'000
2.1B: Trade and Other Receivables		
Goods and services receivables		
Goods and services	**8,988**	12,801
Contract assets	**6,734**	3,918
Total goods and services receivables	**15,722**	16,719
Total trade and other receivables	**15,722**	16,719

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

All trade and other receivables were assessed for impairment at 30 June. No indicators of impairment were identified for trade and other receivables.

Accounting Policy

Financial Assets

Financial assets are recognised when the AIHW becomes a party to the contract and, consequently, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

The entity classifies its financial assets in the following categories

a) financial assets at fair value through profit or loss

b) financial assets at fair value through other comprehensive income

c) financial assets are measured at amortised cost.

Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

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

Effective Interest Method

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

Impairment of financial assets

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

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

2.2 Non Financial Assets

2.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

Reconciliation of the opening and closing balances of property, plant and equipment for 2022

	Buildings $'000	Plant and equipment $'000	Intangibles $'000	Internally developed software under development $'000	Total $'000
As at 1 July 2021					
Gross book value	48,516	5,066	-	771	54,353
Accumulated depreciation, amortisation and impairment	(9,100)	(943)	-	-	(10,043)
Total as at 1 July 2021	39,416	4,123	-	771	44,310
Additions					
Purchase	450	638	-	-	1,088
Internally developed	-	-	1,765	994	2,759
Right-of-use assets	704	-	-	-	704
Revaluations recognised in net cost of services		(2,408)	-	-	(2,408)
Revaluations recognised in asset revaluation reserve	(1,372)		-	-	(1,372)
Write back of depreciation on revaluation	-	1,957	-	-	1,957
Write back of depreciation on revaluation processed through asset revaluation reserve	1,193				1,193
Depreciation and amortisation	(728)	(1,060)	(29)	-	(1,817)
Depreciation on right-of-use assets	(4,833)	-	-	-	(4,833)
Movement from Internally developed software under development to completed	-	-	-	(1,765)	(1,765)
Total as at 30 June 2022	34,830	3,250	1,736	-	39,816
Total as at 30 June 2022 represented by					
Gross book value	48,298	3,296	1,765	-	53,359
Accumulated depreciation, amortisation and impairment	(13,468)	(46)	(29)	-	(13,543)
Total as at 30 June 2022 represented by	34,830	3,250	1,736	-	39,816
Carrying amount of right-of-use-assets	30,567	-	-	-	30,567

Disclosure

Figures for 2020-21 have been reclassified between Gross book value and Accumulated depreciation, amortisation and impairment to correct disclosures made in the 2020-21 financial statements

Accounting Policy

1. Assets may be sold over the next 12 months in line with a regular replacement program.

2. All assets were assessed for impairment at 30 June. There were no indications of impairment.

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.

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.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at:
Buildings-leasehold improvements	Fair market value
Property, plant and equipment	Fair market value

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

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

A formal revaluation of assets was completed by AllBids as at 30 June 2022.

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:

	2022	2021
Leasehold improvements	Lease term	Lease term
Buildings/Right-of-use assets	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

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

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

Intangibles

The AIHW's intangibles comprise internally developed software (METeOR Ssystem) for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software are 10 years for METeOR.

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

2.3 Payables

	2022	2021
	$'000	$'000
2.3A: Other Payables		
Salaries and wages	**668**	746
Superannuation	**108**	115
Total other payables	**776**	861

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Fair Value Through Profit or Loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Suppliers 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).

2.4 Interest bearing liabilities

	2022 $'000	2021 $'000
2.4A: Lease liability		
Lease liability	**32,389**	**35,810**
Total lease liability	**32,389**	**35,810**

Accounting Policy

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

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

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

3.1 Provisions

	2022 $'000	2021 $'000
3.1: Employee Provisions		
Annual leave	**5,780**	5,149
Long service leave	**11,376**	11,105
Total employee provisions	**17,156**	16,254

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

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

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2022. 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 (CSS), the Public Sector Superannuation Scheme (PSS) or the Public Sector Superannuation Scheme accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

3.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the AIHW, directly or indirectly, including any director (whether executive or otherwise) of the AIHW. Key management personnel remuneration is reported in the table below.

	2022	2021
	$'000	$'000
Short-term employee benefits	**1,002**	1,000
Post-employment benefits	**153**	137
Other long-term employee benefits	**81**	(17)
Total key management personnel remuneration expenses	**1,236**	1,120

The total number of key management personnel included in the above table is 13 (2021: 13).

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

3.3 Related Party Disclosures

Related party relationships:

The AIHW is an Australian Government controlled entity. Related parties to this entity are the Minister for Health and Executive, Directors, Key Management Personnel and AIHW Executive, and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. The AIHW's arrangements with the government sector are conducted under contracts as normal business with the same conditions as with private enterprise. These transactions have not been separately disclosed in this note.

There were no other related party transactions during the financial year (2020-21: $0)

4.1 Financial Instruments

	2022 $'000	2021 $'000
4.1A: Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and Cash Equivalents	**93,148**	82,063
Trade and Other Receivables	**15,722**	16,719
Total financial assets at amortised cost	**108,870**	98,782
Total financial assets	**108,870**	98,782
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade Creditors	**4,545**	4,292
Total financial liabilities measured at amortised cost	**4,545**	4,292

4.2 Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

4.2A: Fair Value Measurements, Valuations Techniques and Inputs Used

The following tables provide an analysis of assets and liabilities that are measured at fair value.

Fair value measurements at the end of the reporting period using	Fair Value ($'000)	
	2022	2021
Leasehold improvements	**8,513**	4,720
Other property, plant and equipment	**3,250**	4,123
Total non-financial assets	**11,763**	8,843
Total fair value measurements of assets in the statement of financial position	**11,763**	8,843

Fair value measurements - highest and best use differs from current use for non-financial assets (NFAs)

The highest and best use of all non-financial assets are the same as their current use.

There are no liabilities measured at fair value

In 2022 the AIHW procured valuation services from AllBids and relied on valuation models provided by AllBids. AllBids provided written assurance to the entity that the model developed is in compliance with AASB 13 - Fair Value Measurment. All assets were valued using the Fair Market Value Technique.

5.1 Current/non current distinction for assets and liabilities

5.1a Current/non-current distinction for assets and liabilities

	2022 $'000	2021 $'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	**93,148**	82,063
Trade and other receivables	**15,722**	16,719
Prepayments	**3,444**	1,854
Total no more than 12 months	**112,314**	100,636
More than 12 months		
Buildings	**34,830**	39,416
Plant and equipment	**3,250**	4,123
Work in Progress - Software development	**-**	771
Intangibles	**1,736**	-
Total more than 12 months	**39,816**	44,310
Total assets	**152,130**	144,946
Liabilities expected to be recovered in:		
No more than 12 months		
Suppliers	**4,545**	4,292
Other payables	**776**	861
Lease liability	**4,550**	3,820
Employee provisions	**3,695**	2,986
Contract liablity	**60,676**	49,422
Total no more than 12 months	**74,242**	61,381
More than 12 months		
Employee provisions	**13,461**	13,268
Lease liability	**27,839**	31,990
Makegood provision	**720**	270
Total more than 12 months	**42,020**	45,528
Total liabilities	**116,262**	106,909

User guides

Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ABS	Australian Bureau of Statistics
ACC	Australian Collaborating Centre
ACT	Australian Capital Territory
ADF	Australian Defence Force
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
ANDII	Australian National Data Integration Infrastructure
ANAO	Australian National Audit Office
APS	Australian Public Service
CEO	Chief Executive Officer
COVID-19	coronavirus disease
DOMINO	Data Over Multiple INdividual Occurrences
DVA	Department of Veterans' Affairs
EA	AIHW Enterprise Agreement
EAP	Employee Assistance Program
EL	Executive Level
ExCo Q&A	Executive Committee Question and Answer
FBT	fringe benefits tax
FDV	family and domestic violence
FOI Act	*Freedom of Information Act 1982*
GIF	graphical interchange format
GST	goods and services tax
ICT	information and communication technology
institute	Australian Institute of Health and Welfare
LGBTQIA+	lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual

MBS	Medicare Benefits Schedule
METEOR	AIHW's Metadata Online Registry
NABERS	National Australian Built Environment Rating System
NCMD	National Centre for Monitoring Dementia
NDDA	National Disability Data Asset
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NIHSI AA	National Integrated Health Services Information Analysis Asset
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PBS	Pharmaceutical Benefits Scheme
PDF	portable document format
PGPA Act	*Public Governance, Performance and Accountability Act 2013*
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PMHp	Perinatal Mental Health pilot
PHN	Primary Health Network
Privacy Act	*Privacy Act 1988*
Qld	Queensland
RAFC	Risk, Audit and Finance Committee
RAP	Reconciliation Action Plan
RIFIC	Regional Insights for Indigenous Communities
SA	South Australia
SES	Senior Executive Service
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization
WHO-FIC	World Health Organization's Family of International Classifications
WHS Act	*Work Health and Safety Act 2011*
YPIRAC	Younger people in residential aged care

List of tables

Table	Title	Page
1	Outcome and program structure, 2021–22	2
2	Financial results, 2020–21 to 2021–22	16
3	Data linkage projects, 2019–20 to 2021–22	24
4	Australian Government stakeholders	27
5	Most popular AIHW releases, 2021–22	31
6	AIHW websites, 2021–22	33
7	AIHW subsites, 2021–22	34
8	Social media engagement, 2021–22	35
9	AIHW Board meeting attendance, 2021–22	44
10	Risk, Audit and Finance Committee meeting attendance and remuneration, 2021–22	50
11	Remuneration Committee meeting attendance, 2021–22	51
12	AIHW Ethics Committee meeting attendance, 2021–22	52
13	AIHW Ethics Committee outcomes, 2021–22	53
14	Energy and paper consumption, and recycled waste, 2020–21 to 2021–22	59
A.1	Annual report compliance index	60
C.1	AIHW releases, 2021–22	64
D.1	Ongoing, non-ongoing and labour hire contractors, 2020–21 and 2021–22	75
D.2	Full-time and part-time employees (including labour hire contractors), 2020–21 and 2021–22	75
D.3	Employees by gender (including labour hire contractors), 2020–21 and 2021–22	75
D.4	Employees by employment type and location (including labour hire contractors), 2021–22	76
D.5	Employees by employment type and location (including labour hire contractors), 2020–21	76
E.1	Remuneration for key management personnel	77
E.2	Remuneration for senior executives	78

List of figures

Figure	Title	Page
Figure 1	AIHW organisational chart, 30 June 2022	4
Figure 2	AIHW performance framework	8
Figure 3	AIHW revenue sources 2017–18 to 2021–22	17
Figure 4	AIHW people-centred model	23
Figure 5	AIHW safe data linkage	24
Figure 6	Releases by topic, 2021–22	30
Figure 7	Extract from *Australia's welfare 2021*	32
Figure 8	Our workforce, 30 June 2022	37
Figure 9	AIHW governance framework	43

List of website references

Reference	URL	Page
AIHW website	aihw.gov.au	ii, iii, 29, 30, 33, 35
Transparency portal	transparency.gov.au	iii
Commonwealth Coat of Arms terms of use	pmc.gov.au/government/commonwealth-coat-arms	ii
Creative Commons license	creativecommons.org/licenses/by/4.0/	ii
Public Governance, Performance and Accountability Act 2013	legislation.gov.au/Details/C2017C00269	1
Australian Institute of Health and Welfare Act 1987	legislation.gov.au/Series/C2004A03450	1
AIHW strategic directions 2022–26	aihw.gov.au/reports/corporate-publications/aihw-strategic-directions-2022-2026/contents/about	3, 26
The institute's leadership team	aihw.gov.au/about-us/our-people-structure/our-management-team	3
Dementia in Australia report	aihw.gov.au/reports/dementia/dementia-in-aus/contents/about	18
Examination of hospital stays due to family and domestic violence 2010–11 to 2018–19	aihw.gov.au/reports/domestic-violence/examination-of-hospital-stays-due-to-family-and-do/summary	20
Regional Insights for Indigenous Communities website	rific.gov.au	21, 34
Fourth annual report on suicide among permanent, reserve and ex-serving Australian Defence Force members	aihw.gov.au/reports/veterans/serving-and-ex-serving-adf-suicide-monitoring-2021/contents/about	22
Australian Government's Information Security Manual	cyber.gov.au/acsc/view-all-content/ism	24
Metadata Online Registry	meteor.aihw.gov.au/content/181162	26
Specialist homelessness services: monthly data	https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/about	28
National Health Reform Agreement	health.gov.au/initiatives-and-programs	29
National Health Information Agreement	meteor.aihw.gov.au	29
Australian Public Service Disability Employment Strategy 2020–25	apsc.gov.au/publication/australian-public-service-disability-employment-strategy-2020-25	39
Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–24	apsc.gov.au/working-aps/diversity-and-inclusion/aboriginal-and-torres-strait-islander-workforce/commonwealth-aboriginal-and-torres-strait-islander-workforce-strategy-2020-2024	39

Reference	URL	Page
Charter of Corporate Governance	aihw.gov.au/about-us/our-governance/our-charter	43, 50
Data linkage projects	aihw.gov.au/our-services/data-linkage/approved-aihw-linkage-projects	52
Data governance framework	aihw.gov.au/about-our-data/data-governance	54
The Five Safes framework	aihw.gov.au/about-our-data/data-governance/the-five-safes-framework	54
The Attorney-General's Department Privacy Act Review	consultations.ag.gov.au/rights-and-protections/privacy-act-review-discussion-paper	55
Commonwealth Risk Management Policy	finance.gov.au/government/comcover/commonwealth-risk-management-policy	56
Freedom of Information	aihw.gov.au/about-us/freedom-of-information	59
Information Publication Scheme	aihw.gov.au/about-us/freedom-of-information/information-publication-scheme-ips	59

Index

A

Aboriginal and Torres Strait Islander Health Performance Framework website, 33

Aboriginal Australians, *see* Indigenous Australians

academia and research centres, 28, 52

accommodation (AIHW offices), 59

accommodation (housing), 33, 52
  homelessness and homelessness services, 12, 30, 31
  people with disability, 14

accountability and management, 43–59

accountable authority, 43
  statement by, 7

acts, *see* legislation

administrative tribunal decisions, 58

Admitted patient care 2020–21, 13

advertising and market research, 58

advisory groups and committees, 29

aged care, xii, 30
  dementia data, 18
  GEN—Aged Care Data website, 33
  residential, 11, 12, 13, 25

AIHW Board, *see* Board

AIHW Ethics Committee, 24, 28, 51–3, 54

AIHW Mental Health Strategy 2022–24, 40

AIHW strategic directions 2017–2021, 2

AIHW strategic directions 2022–2026, viii, 3, 7

air quality, 40

aircraft maintenance personnel, 11

alcohol, 52

ambulances, xi

analytics, 55

annual Performance and Development Agreements, 38

annual performance statement, 7–22

Annual report 2020–21 errors and emissions, 63

annual report on suicide among serving and ex-serving ADF members, 22

annual research monitoring reports submitted, 53

appropriation income, 16, 17

APS Disability Employment Strategy 2020–25, 39

APS Employee Census, 41

assets and liabilities, 16, 57

Attorney-General's Department, 27, 55

Auditor-General Act 1997, 57
audits and auditors, 16, 50, 55, 56, 58
Australian Bureau of Statistics (ABS), 24, 25, 27, 38
    Standard for sex, gender, variations of sex characteristics and sexual orientation variables, 2020, 26
Australian Defence Force, 11, 15, 22
Australian Government data champions network data governance and ethics forums, 55
Australian Government department and agencies, 26–7
    new project applications submitted by, 52
Australian Health Performance Framework, 34
Australian Information Commissioner, 58
Australian Institute of Health and Welfare Act 1987 (AIHW Act), 1, 43, 57
Australian Mesothelioma Registry, 33
Australian National Audit Office (Auditor-General), 16, 50, 58
Australian National Data Integration Infrastructure (ANDII), 14, 15
Australian National University, 38
Australian Network on Disability 'Stepping Into' program, 38
Australian Public Service Disability Employment Strategy 2020–25, 39
Australian Public Service Employee Census, 41
Australia's health 2020, 31
Australia's health 2022, xi, 11
Australia's welfare 2021, x, 11, 12, 31–2

B

babies and mothers, 11, 30
Board, 43–9, 50, 51
    Chair's report, viii–ix
    remuneration, 44, 77
    risk and fraud management, 56
book chapters and journal articles, 72
budget, *see* finance
burden of disease, xi, 18, 30
Business and Communications Group, 3, 4, 53, 54
business continuity framework, 56

C

cancer, 12
    mesothelioma, 33
cancer screening, 12, 30
cardiac care, 25
Chair, 45
    attendance at meetings, 44, 51
    remuneration, 77
    report, viii–ix

Charter of Corporate Governance, 43, 44, 50
Chief Executive Officer (CEO), 3, 42, 43, 45–6, 53
    attendance at meetings, 44, 52
    contract approval, 57
    remuneration, 44, 51, 77
    report, x–xii
Chief Risk Officer, 56
children with disability, 14
chronic conditions/disease, 12, 30
Closing the Gap life expectancy target, 25
cloud-based platforms, 55
collaboration with partners, 14–15
Comcare, 41, 58
Comcover, 58
Commonwealth Aboriginal and Torres Strait Islander Employment Strategy 2020–24, 39
Commonwealth Electoral Act 1918, 58
Commonwealth Fund, 29
Commonwealth Ombudsman, 58
Communications and Engagement Unit, 53
Community Services Group, 3, 4
compensation claims, 41
conferences, presentations at, 73–4
confidentiality and privacy, 54–5
Consultative Committee, 41
contract management, *see* purchasing
contract staff, 75, 76
corporate governance, 43–54
    see also Board; Chief Executive Officer
Corporate plan, 7
court decisions, 58
COVID-19, xii, 40
COVID-19 data, x–xi, 12–13, 19
    linked data set, 11, 19, 23
crisis management team, 56
custom data, 25
cybersecurity risk management, 56

D

dashboards, 33
data governance, 25–6, 54–5
Data Governance Committee, 53
Data Governance Group, 3, 4

data linkage (integration), 11, 15, 18–20, 23–5, 52
COVID-19 data set, 11, 19, 23
disability, 14–15, 25
mental health, xii
Data Strategies and Discovery Group, 3, 4
de-identified data, 28, 55
deaths, 25, 31
COVID-19-related, xi, 12
dementia-related, 18
family and domestic violence-related, 20
see also suicide
Defence Force personnel, 11, 15, 22
dementia, 18–19
Department of Health and Aged Care, 11, 16, 18, 27
Department of Social Services, 16, 20, 27
Department of the Prime Minister and Cabinet, 27
Department of Veterans' Affairs, 22, 27
Deputy Chair, 44, 45, 77
Deputy Chief Executive Officer (Deputy CEO), 3, 53, 54, 77
Deputy Chief Executive Officer Group, 5
diabetes, 52
digital capabilities, 55
disability, 14–15, 16, 25
internship program, 38
staff with, 39
diversity of employees, 39
domestic and family violence, xii, 20, 30, 31
drugs, 11, 52
see also Pharmaceutical Benefits Scheme

E

e-learning modules, 38, 40
early childhood, 14
ecologically sustainability, 59
education resources, 35
Elective surgery waiting times 2020–21, 12
electricity consumption, 59
Emergency Department care 2020–21, 12
Employee Assistance Program (EAP), 40
employee engagement, 41
employee learning and development, 38–9
data governance, privacy and confidentiality, 55
work health and safety, 40

employees, xii, 35, 37–42, 75–8
  Annual report 2020–21 errors and emissions, 63
  compensation claims, 41
  diversity and inclusion, 39
  employment conditions, 41–2
  employment status, 37, 75, 76
  employment type, 37, 75, 76
  Enterprise Agreement (EA), 39, 41–2
  exchanges and secondments, 38
  Executive Level (EL), 38
  expenses related to, 17
  gender, 37, 75
  graduate intake, 39
  health and safety, 40–1
  individual flexibility arrangements, 42
  insurance coverage, 58
  interns, 38
  journal articles and book chapters, 72
  location, 76
  presentations, 73–4
  recruitment (commencements), 37, 38
  remuneration, 42, 78
  Senior Executive Service (SES), 39, 42, 78
  social club, 41
  turnover, 37, 63
  working from home, xii, 40
employment, 12, 14
energy consumption, 59
Enterprise Agreement (EA), 39, 41–2
environmental reporting, 59
establishment, 1
Ethics Committee, 24, 28, 51–3, 54
Examination of hospital stays due to family and domestic violence 2010–2019, 20
Executive Committee, 50, 53, 55, 56
Executive Committee Question and Answer (ExCo Q&A) events, 41
executive leadership program, 38
Executive Level (EL) employees, 38
expenditure, *see* finance
external researchers, applications and reports from, 52–3
external scrutiny, 58
externally-funded projects, 16, 17

F

F-111 Deseal/Reseal program, 11
Falls in older Australians 2019–20, 12
family and domestic violence, xii, 20, 30, 31

feedback from stakeholders, 26
females, *see* women
final project reports submitted, 53
finance, 16–17, 50, 57, 58, 79–101
    see also purchasing; remuneration
financial assets, 57
The first year of COVID-19 in Australia: direct and indirect health effects, xi
Five Safes framework, 54
flexible working arrangements, xii, 39, 40, 42
flu vaccinations, 40
fraud control, 56
freedom of information, 59
full-time employees, 37, 75, 76
functions, 1

G

GEN—Aged Care Data, 33
gender of employees, 37, 75
general practitioner use by people living with dementia, 18
governance, 43–55
    see also Board; Chief Executive Officer; data governance; legislation
government policy orders, 57
Group Head Connect events, 41
groups and group heads, 3–6, 53, 54
guest speaker series, 38

H

health and health care, 11, 18–19, 25, 29, 30
    AIHW employee health and safety, 40–1
    Indigenous Australians, 12, 21, 25, 33
    most popular releases, 31
    project applications to establish, 52
    websites and subsites, 33, 34
    see also cancer; COVID-19 data; deaths; hospitals; mental health
Health and Safety Committee, 40
health and safety representatives, 40
health expenditure, 12
    dementia, 18
Health Portfolio Budget Statements, 1–2, 7
Health Systems Group, 3, 5
Healthy Islands Monitoring Framework, 29
heart disease, 25

homelessness and homelessness services, 12, 30, 31
hospitals, 25, 30
    COVID-19 data, 12, 13, 19
    family and domestic violence data, 20
    MyHospitals website, 34
    new project applications submitted by, 52
housing and housing assistance, 14, 33, 52
Housing and Specialised Services Group, 3, 5
human resources, *see* employees

I

Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme: quarterly data, 12
inactive employees, 37
income, *see* finance
indemnities, 58
Indigenous Australian Government Development Program, 39
Indigenous Australians, xi, 12, 27, 30, 31
    cardiac care, 25
    mortality data collection, 25
    Reconciliation Action Plan, 39
    staff identifying as, 39
    websites, 21, 33, 34
Indigenous Group, 3, 5
Indigenous health checks and follow-ups, 12
Indigenous Mental Health and Suicide Prevention Clearinghouse, xi, 34
individual flexibility agreements, 42
induction programs, 38
information and communication technology (ICT), 55
    COVID-19 intranet page, 40
    cybersecurity risk management, 56
    e-learning modules, 38, 40
    see also websites
Information and Communication Technology Group, 3, 6
Information Publication Scheme, 59
injuries, 12, 13, 20, 30
    work-related, 41
inquiries, submissions to, 55
Instagram, 35
insurance policies, 58
integrated data, *see* data linkage
interest income, 17
internal auditors and audits, 50, 55, 56
international engagement, 28–9, 38

internet, *see* websites
internship programs, 38
Investment Review Committee, 53

J

journal articles and book chapters, 72
judicial decisions, 58
justice, 14

L

labour hire contractors, 75, 76
LaTrobe University, 38
leadership program, 38
legal decisions, 58
legal services expenditure, 58
legislation, 1, 43, 44, 51, 56
    financial management, 16, 57
    freedom of information, 59
    ministerial directions under, 57
    privacy and confidentiality provisions, 54, 55
    remuneration and employment conditions, 42, 44, 51
    reporting requirements, 7, 57–9, 60–2
    work health and safety, 40, 41
liability insurance, 58
Life and work experiences of Australians with chronic conditions, 12
linkage of data, see data linkage
LinkedIn, 35
location of employees, 76

M

male employees, 37, 75
management and accountability, 43–59
market research and advertising, 58
media coverage, 14
    annual report on suicide among serving and ex-serving ADF members, 22
Medical Research Future Fund, 11
Medicare Benefits Schedule (MBS), 18–19, 25
    COVID-19 data, 11, 12, 13, 19
meetings
    Board, 44
    Consultative Committee, 41
    Ethics Committee, 51–2
    Executive Committee, 53

Health and Safety Committee, 40
Remuneration Committee, 51
Risk, Audit and Finance Committee, 50
membership, 53–4
Board, 44–9
Ethics Committee, 51, 52
Remuneration Committee, 51
Risk, Audit and Finance Committee, 50
memorandums of understanding, 27, 29
men employees, 37, 75
mental health, xi–xii, 11, 13, 30, 31
Indigenous Australians, xi, 34
people with disability, 14
work health and safety strategy, 40
see also suicide
Mental health services in Australia, xii, 13
mesothelioma, 33
Metadata Online Registry (METEOR), 25–6
Microsoft, 55
military, 11, 15, 22
minister, 1, 43
non-compliance with finance law reported to, 58
reports presented to, 11
ministerial directions, 57
monitoring reports submitted, 53
mortality, *see* deaths
mothers and babies, 11, 30
MyHospitals website, 34

N

National Australian Built Environment Rating System (NABERS), 59
National Center for Health Statistics, 29
National Centre for Monitoring Dementia (NCMD), 18, 19
National Collaborative Research Infrastructure Strategy 2013, 15
National Commissioner for Defence and Veteran Suicide Prevention, 15
National Data Commissioner, 27
National Death Index, 25
National Disability Data Asset (NDDA), 14–15, 16, 25
National Disability Strategy, 25
National Drug Strategy Household Survey, 11
National Health and Medical Research Council (NHMRC), 19, 28
National Health Data and Information Standards Committee, 29
National Health Information Agreement, 29
National Health Reform Agreement, 29

National Indigenous Australians Agency, 27
National Initiative Network, 29
National Integrated Health Services Information Analysis Asset (NIHSI AA), 18–19, 20, 25
National Mental Health and Suicide Prevention Plan, 34
National Mental Health Commission, 27, 38
National Mental Health Service Planning Framework, xi
national suicide and self-harm monitoring project, 15
new project applications, 52, 53
New Zealand, 29
non-compliance with finance law, 58
non-English speaking background, employees from, 39
non-financial assets, 57
non-government stakeholders, 28
non-ongoing employees, 75, 76
notifiable incidents, 41

O

office accommodation, 59
Office of the Australian Information Commissioner, 58
Office of the National Commissioner for Defence and Veteran Suicide Prevention, 15
Office of the National Data Commissioner, 27
older Australians, 12
    see also aged care
Ombudsman, 58
ongoing employees, 37, 75, 76
online media references, 14
online services, *see* websites, web products and online services
operating result, 16–17
organic waste, 59
organisation and structure, 1–6, 43–54
organisation charts, 4, 43
Our People Plan 2021–22, 38
outcome and program, 1–2
overweight and obesity, 31

P

Pacific Community, 29
Palliative Care Services in Australia, 13
pandemic, *see* COVID-19
paper and paper consumption, 59
parliamentary committee inquiries, 58

part-time employees, 37, 75, 76
Pathways in Aged Care link map, 11
pay, *see* remuneration
people-centred model, 23
people management, *see* employees
Performance and Development Agreements, 38
performance indicators, 12, 31
performance indicators, AIHW, 7, 8–15
performance pay, 42
performance statement, 7–22
Perinatal Mental Health pilot, 11
Pharmaceutical Benefits Scheme (PBS), 25
    COVID-19 data, 11, 12, 13, 19
policy orders, 57
Population Health Group, 3, 6
Portfolio Budget Statements, 1–2, 7
portfolio membership, 1
presentations by staff, 73–4
Primary Health Networks, 15, 28
print media references, 14
prisoners, 52
privacy and confidentiality, 54–5
procurement, *see* purchasing
program and outcome, 1–2
project applications, 52–3
Public Governance, Performance and Accountability Act 2013 (PGPA Act), 1, 7, 16, 43, 57
Public Governance, Performance and Accountability Rule 2014 (PGPA Rule), 56, 60–2
Public Service Act 1999 subsection 24(1), 42
purchasing, 17, 57
    advertising and market research, 58
    labour hire contractors, 75, 76
purpose, 1

Q

Quality Indicator Program reporting for residential aged care, 12
quarterly reports, 12

R

radio references, 14
Reconciliation Action Plan, 39
recycled waste, 59
regional health centres, new project applications submitted by, 52

Regional Insights for Indigenous Communities website, 21
related entity transactions, 58
remuneration, 42, 77–8
    board members, 44, 77
    CEO, 44, 51, 77
    Ethics Committee members, 51
    Risk, Audit and Finance Committee members, 50
Remuneration Committee, 51
Repatriation Pharmaceutical Benefits Scheme, 25
research centres and academia, 28, 52
researchers, *see* Ethics Committee
residential aged care, 11, 12, 13, 25
revenue, *see* finance
Risk, Audit and Finance Committee (RAFC), 50, 51, 56
risk management, 56
role and functions, 1

S

Safe Work Australia, 33, 40
salaries, *see* remuneration
satisfaction with products and services, 26
Security Committee, 54
self-harm, *see* suicide
Senate Community Affairs Legislation Committee, 58
Senior Executive Service (SES) employees, 39, 42, 78
social media, 35
Specialist Homelessness Services: monthly data, 12
Sport injury hospitalisations in Australia, 2019–20, 12
staff, *see* employees
stakeholders, 26–9
state and territory governments, 28
    new project applications submitted by, 52
Statistical Leadership Committee, 54
StatsNZ, 29
Strategic Committee for National Health Information, 29
strategic directions, viii, 2–3, 7
strategic goals, viii, 2–3, 18–22
    performance results, 9–15
strategic risk report, 56
study assistance policy, 38
Study of Health Outcomes in Aircraft Maintenance Personnel phase III, 11

submissions, 55
  Ethics Committee applications and reports, 52–3
suicide and self-harm, xi, 30, 31
  ADF members and veterans, 15, 22
  Indigenous Australians, xi, 34
  national suicide and self-harm monitoring project, 15
  websites, subsites and portals, 15, 34
Sydney office, 59
Synergy, 50, 56

T

telehealth, 12
television references, 14
tenders, *see* purchasing
term deposits, 17
time waiting for elective surgery, 12
timeliness, 10
tobacco, 52
toner cartridge use, 59
Torres Strait Islanders, *see* Indigenous Australians
tribunal decisions, 58
turnover of staff, 37, 63
Twitter, 35

U

United States, 29
University of Canberra, 38

V

vaccinations, 40
values, 3
veterans, 11, 15, 22, 25, 30
violence, xii, 20, 30, 31
vision statement, 1

W

waiting times for elective surgery, 12
waste management, 59
websites, web products and online services, 10, 33–4
  family, domestic and sexual violence, xii
  Indigenous Mental Health and Suicide Prevention Clearinghouse, xi, 34

mental health, xi
Metadata Online Registry (METEOR), 25–6
most popular releases unique views, 31
page views, 31
Regional Insights for Indigenous Communities, 21
sessions, 13
social media, 35
Suicide and Self-harm Monitoring Analyst Portal, 15

weight, 31

welfare, x, 11, 12, 31–2
COVID-19 effects, x
homelessness and homelessness services, 12, 30, 31
housing and housing assistance, 14, 33, 52
people with disability, 14
see also aged care

women
employees, 37, 75
veterans, 22

work health and safety, 40–1

Work Health and Safety Act 2011 (WHS Act), 40, 41

workers compensation claims, 41

workplace diversity and inclusion, 39

workplace harassment officers, 40

workplace relations, 41

workstations, 40

World Health Organization (WHO), 29

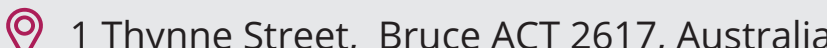
writing modules, 38

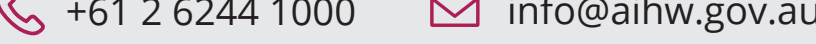
Y

younger people
in residential aged care, 11, 12
veterans, 22

Australian Institute of Health and Welfare

Annual report 2021–22





www.aihw.gov.au @aihw

Stronger evidence,
better decisions,
improved health and welfare