Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report

2014–15

About the AIHW

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

Our mission

Authoritative information and statistics to promote better health and wellbeing.

Our role

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

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

Our values

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

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

In performing our work, we exemplify the **Australian Public Service Values**. We are:

- impartial, committed to service, accountable, respectful and ethical.

We promote best practice in the collection, compilation and dissemination of statistics consistent with the **National Statistical Service key principles**:

- statistical integrity, relevance, coherence, timeliness, accessibility, interpretability, accuracy, professionalism and trust of data providers.

Australian Government

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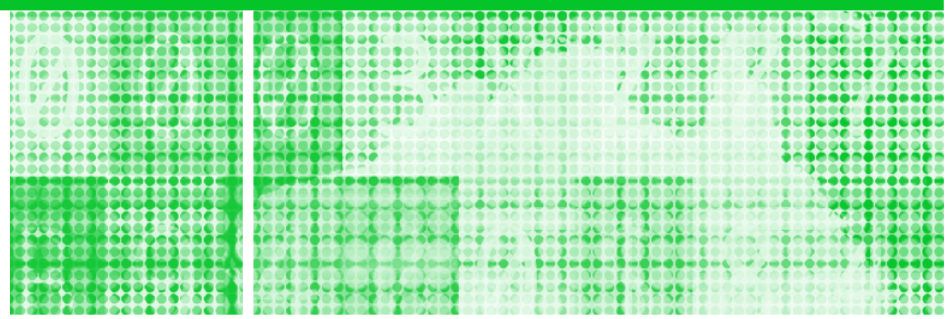

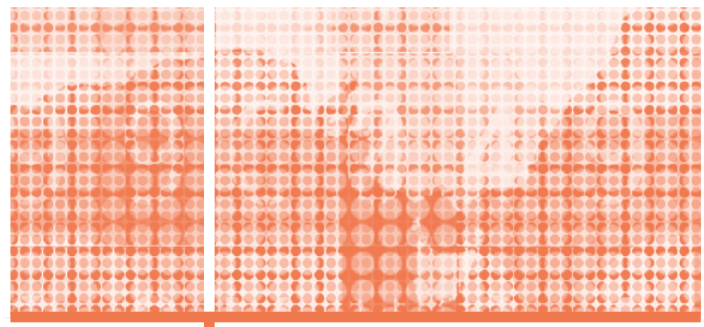

2014–15

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Australian Institute of Health and Welfare
Board Chair
Dr Mukesh C Haikerwal AO

Acting Director
Ms Kerry Flanagan PSM

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Chair's report

The 'winds of change' that have been blowing since the 2014 Federal Budget remain with us. I am confident, however, that these will bring with them a change for the betterment of the Australian Institute of Health and Welfare (AIHW). The AIHW will move from an established agency to an even more responsive and progressive Institute with an assured future. Our business is to help improve the provision of health and welfare services in Australia. The outcomes of deliberations on changes to various federal agencies are now clearer and the Department of Health has instituted a review of the AIHW to map and guide our course into the future. I congratulate the Australian Government and the department on their direction and thank the wider group of stakeholders from the community, academia and across the political spectrum for their continuing trust and confidence in the work of the AIHW and the way in which it conducts its business.

This report shows that 2014–15 was another very productive and rewarding year. We prepared our landmark biennial report *Australia's welfare 2015*, which was presented to the Parliament by the Hon. Sussan Ley MP, Minister for Health and Minister for Sport, and launched by the Hon. Scott Morrison MP, Minister for Social Services, shortly after the end of the financial year. In addition, the AIHW produced a range of high quality and informative reports on key issues affecting the health and welfare of Australians, some of which are highlighted in this report. The 'readability' and presentation of these documents is changing, reflecting community need for understandable, succinct and cogent information.

In December 2014 the AIHW Director, Mr David Kalisch, left following his appointment as the Australian Statistician. We thank Mr Kalisch for his work at the AIHW. We are proud of his achievements and wish him well in that role.

I would like to welcome our acting AIHW Director, Ms Kerry Flanagan, who has joined us from the Department of Health. Ms Flanagan has had a very successful career in key senior leadership posts in the Commonwealth public sector and was a member of the AIHW Board from September 2011. She has had a whirlwind period in her new role. The AIHW as a whole, and I as its Chair, have benefited from the knowledge, expertise and guidance that Ms Flanagan has brought to her new role and I thank her for this. As noted above, despite the turbulence, we kept on a steady and successful course. Clear skies and a calmer trajectory are in sight.

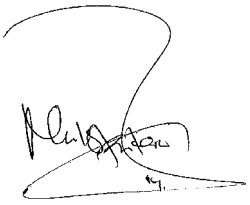
Since my appointment as Chair in July 2014 I have been impressed with the continued commitment of the AIHW's management and staff to the high standards, professionalism and continuous improvement for which the Institute is renowned. There is clear comradeship and a positive *'esprit de corps'* across the organisation which has facilitated the outcomes achieved in challenging times.

In this context I commend to you the *Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19*, which details our strategies to further enhance our technical, analytical and value adding capabilities. The corporate plan reflects the AIHW Board's emphasis on innovation and responsiveness to stakeholder needs, while at the same time complying with our legislative responsibilities and the expectations, particularly with regard to privacy and confidentiality, of data providers who allow us the privilege of curating their data.

The corporate plan also sets out our key business priorities, such as embracing our capacities in geospatial information, data linkage and predictive statistics, filling information gaps in primary health care, and supporting the information needs of Australia's federation.

The plan will be updated annually, but before we move to the 2016–17 update the board has decided to review the AIHW's strategic directions. We will consult with our major stakeholders to gain their valued input into what our priorities should be into the future.

The AIHW looks forward to maintaining and enhancing strong and respectful collaborations with the Australian community, the governments of Australia and all of our stakeholders as we stride into the future with hope and high expectations that we will be successful and of value to all Australians.



Dr Mukesh C Haikerwal AO

AIHW Board Chair

Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

The Hon. Sussan Ley MP
Minister for Health, Minister for Sport
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present you with the annual report of the Australian Institute of Health and Welfare (AIHW) for the year ending 30 June 2015.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and, for the year ending 30 June 2015, was subject to the *Public Governance, Performance and Accountability Act 2013*.

The report was endorsed on 24 September 2015 at a meeting of the members of the AIHW and satisfies the requirements of section 46 of the *Public Governance, Performance and Accountability Act 2013* and related legislation as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011
- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015.

The report also provides information required by other applicable legislation.

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

Yours sincerely

Dr Mukesh C Haikerwal AO
Board Chair
24 September 2015

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Contents

This annual report reviews the activities and achievements of the AIHW in the 2014–15 financial year. It enables the Australian Parliament, the Australian Government and the people of Australia to assess the efficiency, effectiveness and economy of the AIHW, in accordance with the requirements of the *Public Governance, Performance and Accountability Act 2013*.

The mission, role and values of the AIHW are detailed on the inside front cover.

Contact information is on the inside back cover.

Appendixes 139

Contains specific governance-, management- and compliance-related information.

Reader guides 277

Provides information to assist in finding or explaining information within this report.

In brief

Who we are and what we do

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity in the Health portfolio.

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

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

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

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

Our strategic directions—guiding the AIHW forward

1. Further strengthen our policy relevance
2. Improve the availability of information for the community and AIHW stakeholders
3. Improve information quality, protecting privacy
4. Capitalise on the contemporary information environment
5. Cultivate and value a skilled, engaged and versatile workforce

We partner with our stakeholders

We work collaboratively

Collaborating with other entities is integral to the way the AIHW operates. Delivering on our mission—*authoritative information to promote better health and wellbeing*—would not be possible without strong relationships with our stakeholders. These relationships are built on the solid foundations of our enabling legislation and robust governance arrangements.

We work collaboratively with stakeholders to collect health and welfare data, report information, and determine priorities for improvements in data and information. We do this through participation in national information committees and day-to-day interactions with data suppliers. This is crucial to promoting national consistency and comparability, and enhancing quality and timeliness.

Our stakeholders

Our stakeholders are important to us—they are the various groups to which we are accountable, who fund us, or to which we target our products. They may fall into one of more of these categories:

- the Australian Parliament and people of Australia
- the Australian Government and its departments and agencies, notably: the Departments of Health, Social Services, Human Services, Education and Training, Prime Minister and Cabinet, Defence, and Veterans' Affairs; the Australian Bureau of Statistics; and various health and social services portfolio agencies
- state and territory governments and their departments with responsibilities for health, community services and justice
- health and welfare service providers, professionals and organisations
- the research community.

In particular, strong relationships with Australian Government and state and territory government agencies are critical to our activities. Much of the data collected and reported by the AIHW relates to services provided or funded by state and territory governments, and the AIHW works with relevant agencies to improve the timeliness and comparability of their information. Examples of agreements in place between the Institute and state and territory networks include those with: the Registrars of Births, Deaths and Marriages; the Australasian Juvenile Justice Administrators; and state and territory departments responsible for health, children and families, and prisoner health.

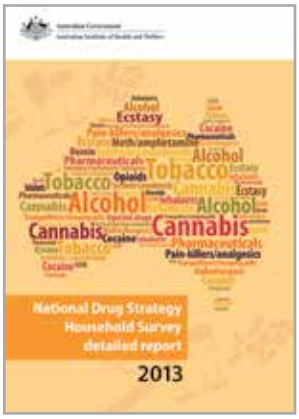
The AIHW also collaborates with selected Australian universities in specialist areas of data and information, and funds work carried out at these universities, supported by data-sharing agreements.

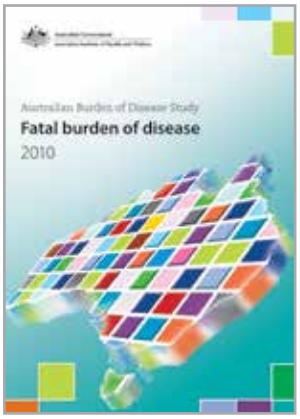
We deliver trusted data suited to policy needs

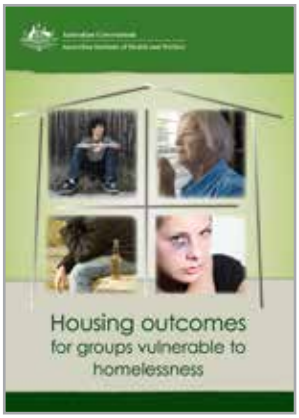
Our performance

The AIHW continued to improve its products and services during 2014–15.

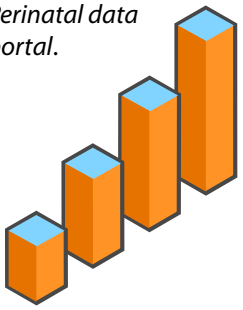
We improved the availability of health and welfare information. We released 179 products (print and web), including those following; 7 more than for the previous year. We increased the range and variety of formats designed to make our products more accessible.







Australia's first online interactive *Perinatal data portal*.



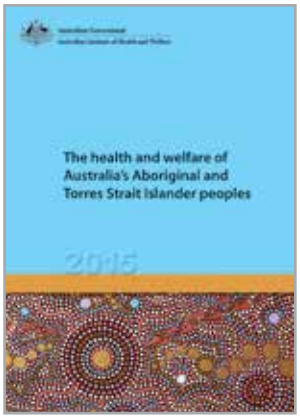
We improved the quality and timeliness of health and welfare information.

More than half of our annual national collection releases were delivered in less than 1 year.

We supported improved practices by data suppliers to validate data completeness and accuracy, including for cancer and cancer screening collections.

We promoted national standards in the provision and reporting of information through our METeOR information standards repository.

We strengthened our policy relevance by delivering products keenly-sought by government and other funders.



We supplied data for a range of performance indicators in national agreements on health, housing and homelessness, disability and Indigenous reform.

We completed 38 data linkage projects for academic researchers, research agencies and government departments as agreed under the National Collaborative Research Strategy.

We also:

- achieved all of our performance deliverables and met our indicator targets listed in the 2014–15 Portfolio Budget Statements (PBS), or, where there was more than one measure for the deliverable or indicator, achieved the target for two or more measures
- achieved most of the key planned deliverables set out in our internal planning document, the *AIHW Work Plan 2014–15*
- lived within our financial resources
- complied with key legislative and regulatory requirements.

Further information about our achievements is provided in:

- **Director's report** on page xviii
- **Chapter 1 Our performance**—Table 1.1 on page 4 sets out details of our results against planned PBS commitments for 2014–15
- **Chapter 2 Our groups**—there are lists detailing achievements, by organisational group, against those planned for 2014–15
- 'Spotlight' articles throughout this report, which highlight particular achievements and products in more detail (refer to the list of Spotlight articles on page 286).

Our revenue is $49 million; 66% from clients

Our financial performance

Both our revenue and expenditure fell in 2014–15. We maintained a surplus.

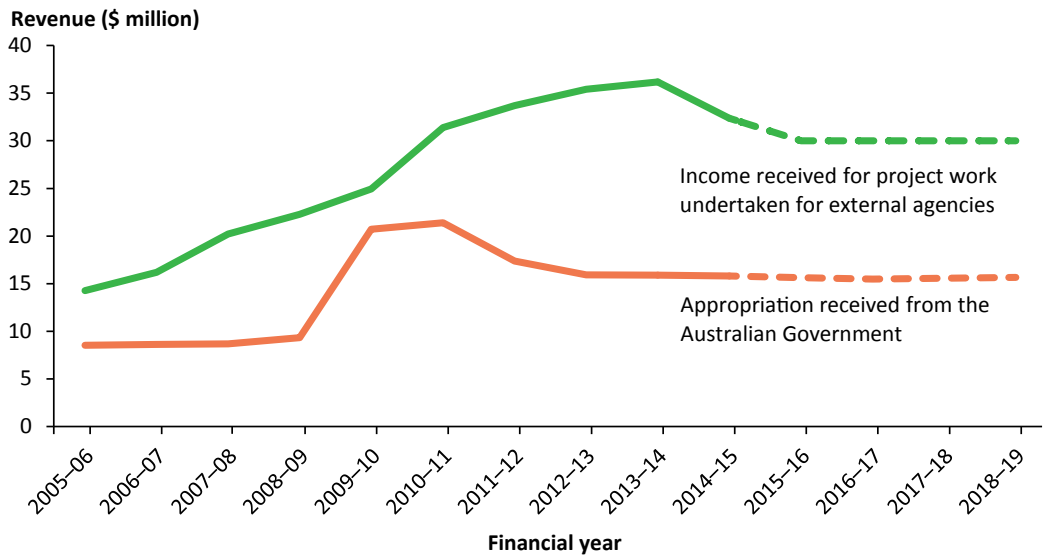
Revenue (million)	
2014–15	$49.2
2013–14	$53.0

Expenditure (million)	
2014–15	$48.7
2013–14	$52.9

Surplus (million)	
2014–15	> $0.6
2013–14	> $0.1

Revenue split 2014–15	
Appropriation	31.5%
Clients	66.4%
Interest and other	2.1%

Assets minus liabilities (equity) (million)	
2014–15	$5.3
2013–14	$4.7



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

Figure 1: Major revenue sources, 2005–06 to 2014–15, with projections, 2015–16 to 2018–19

Further information about the AIHW's financial performance is in 'Our financial performance' in **Chapter 1 Our performance**. The AIHW's financial statements are available in Appendix 11 on page 235.

We released 179 reports/web products

Our communications

We aspire to communicate our data and analysis as widely as possible in free and accessible formats for all our stakeholders.

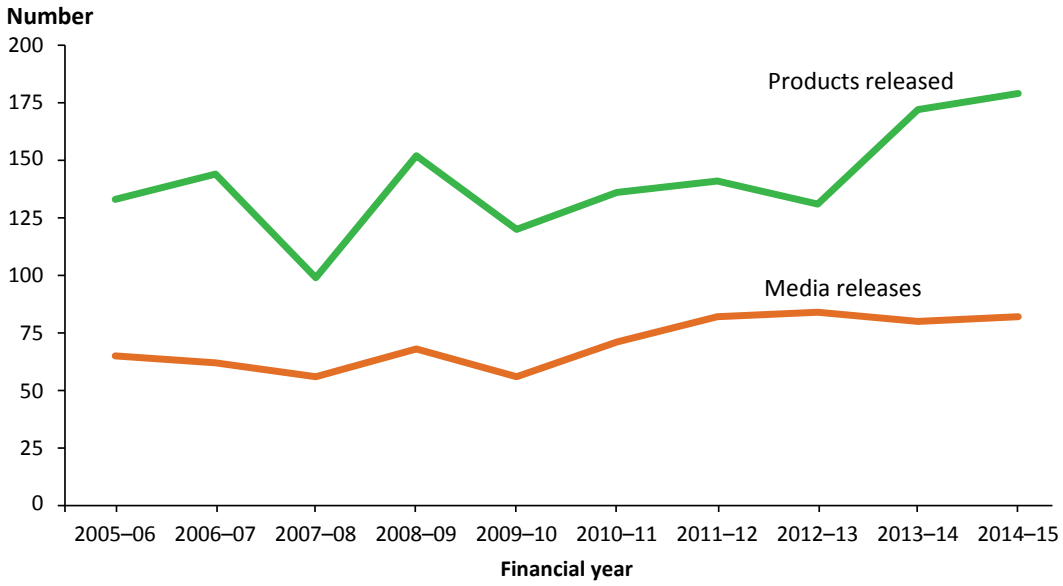
Products	
2014–15	179
2013–14	172

Products	
Reports	147
Web products	32

Website sessions	
2014–15	2.7 million
2013–14	2.6 million

Media releases	
2014–15	82
2013–14	80

Media coverage (items)	
2014–15	4,173
2013–14	3,575



Notes

1. Prior to 2012–13, web products were excluded from the count of products released. They were few in number.
2. Data for this figure are available in Table A10.2.

Figure 2: Products released and media releases, 2005–06 to 2014–15

Further information about our reports, and online information and data, is in **Chapter 3 Our communications**. Product lists are in Appendix 8 on page 205.

Our board reports through the Health Minister

Our organisation

The *Australian Institute of Health and Welfare Act 1987* (AIHW Act; see Appendix 1 on page 140) is our enabling legislation and establishes the AIHW Board as the Institute's governing body. The role and composition of the board are specified in section 8(1).

The board is accountable to the Parliament of Australia through the Minister for Health, and is responsible for setting the overall policy and strategic direction of the Institute. As at 30 June 2015, the Minister for Health was the Hon. Sussan Ley MP.

The Hon. Sussan Ley MP.

The Charter of Corporate Governance outlines the AIHW Board's structure, processes and responsibilities (see Appendix 2 on page 161).

The Director of the AIHW manages the day-to-day affairs of the Institute with the assistance of an Executive Committee. Our staff operate within 7 organisational groups.

The Institute operates in accordance with the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). For planning purposes, it prepares a corporate plan and budget estimates as required by the PGPA Act. For reporting purposes, it prepares this annual report, which must include a set of annual financial statements and, from next year, a set of annual performance statements, also as required by the PGPA Act.

Much of the work we undertake is subject to ethical clearance by the AIHW Ethics Committee, which is established by the AIHW Act.

Further information about how we operate is in **Chapter 4 Our organisation**.

We have 339 highly skilled staff

Our people

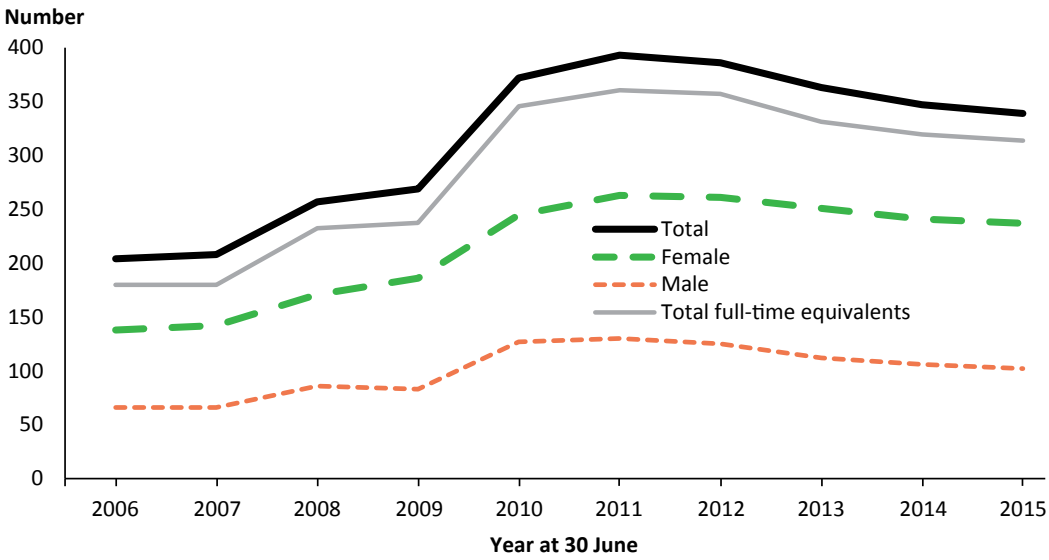
We strive to provide a workplace that offers fulfilling and challenging work, as well as promoting the professional and personal development of our employees. We rely on highly skilled and competent staff to support our strategic directions and work plan. The professionalism and expertise of our workforce have been prevailing constants throughout the AIHW's history.

Staff	Individuals
30 June 2015	339
30 June 2014	347

Active staff	Individuals
30 June 2015: Full-time	221
30 June 2015: Part-time	86

Staff	Full time equivalents
30 June 2015	313.9
30 June 2014	319.6

In general, changes in staffing levels are related to the requirements of project work undertaken for external agencies.



Note: Data for this figure are available in Table A10.3.

Figure 3: Staff numbers, 2006–2015

Further information about our staff, human resource services, facilities services and workplace health and safety is in **Chapter 5 Our people**.

Director's report

I was delighted to be appointed Acting Director of the Australian Institute of Health and Welfare in January 2015.

Before joining the AIHW, I worked in a range of senior Australian government positions focusing on health and welfare policy, both nationally and internationally. I had been representing the Department of Health on the AIHW Board prior to my appointment.

This experience has equipped me with a keen appreciation of the vital work of the AIHW in informing public policy development, and public awareness more generally, in relation to the health and welfare of the Australian population.

I look forward to building on the excellent work of my predecessor, Mr David Kalisch, who was appointed as the Australian Statistician in December 2014. The AIHW made significant progress under his 4-year stewardship.

2014–15 achievements

During the year under review, the AIHW has striven to continue to build on its many strengths—to deliver high quality, relevant, accessible, useful, independent data and analysis—consistent with its mission of 'authoritative information and statistics to promote better health and wellbeing'. And this has occurred against the backdrop of some uncertainty about the organisation's future directions and a shrinking budget.

The continued achievement of the AIHW has been underpinned by the hard work and commitment of our highly qualified staff who I feel privileged to work with. Our work entails a full spectrum of activities, such as establishing nationally consistent data standards and classifications, collecting information from a variety of sources, quality assurance, data reporting and analysis and data linkage. AIHW staff display ongoing attention to detail and sensitivity. They collaborate well with data providers and stakeholders to build common ownership of data improvement strategies.

2014-15 products

In 2014–15 the AIHW released 179 publications and web products in areas as diverse as child protection, bowel cancer screening, mortality inequalities, patterns in use of aged care, and youth detention. We also completed 38 data linkage projects for health and welfare researchers.

Some of our more significant reports included:

- *National Drug Strategy Household Survey detailed report: 2013*
- *Health expenditure Australia 2012–13*
- *Housing outcomes for groups vulnerable to homelessness: 1 July 2011 to 31 December 2013*
- *Australian Burden of Disease Study: fatal burden of disease 2010*.

By the end of the year, work was almost completed on the AIHW flagship report *Australia's welfare 2015*, due for release in August 2015.

The AIHW continued to attach high priority to furthering the nation's understanding of issues affecting the health and welfare of Australia's Indigenous population. Major AIHW work in this area included:

- updated estimates of Indigenous health expenditure
- release of reports through the Closing the Gap Clearinghouse
- mapping of Indigenous health services
- *Australian Burden of Disease Study: fatal burden of disease in Aboriginal and Torres Strait Islander people 2010*.

Business processes

During the year the AIHW continued to explore and implement ways to enhance our business processes. Key achievements included:

- consolidating our business transformation program, with a renewed focus on raising project management and knowledge management skills—212 projects were completed during 2014–15 under our project management system—and we continue to refine these processes so that they are useful in managing our diverse business
- further reducing the average time taken to release reports after the end of the data collection period
- enhancing documentation and ethics oversight of our extensive data collections
- ensuring compliance with the new *Public Governance, Performance and Accountability Act 2013*, including requirements for corporate planning and performance monitoring
- embarking on a major project to redevelop METeOR, the agreed repository for metadata under major national information agreements.

Our relationships

The AIHW has a well-deserved reputation for the quality and strength of its relationships with key stakeholders and funders. We appreciate the access that is provided to important data from a range of government and non-government bodies without which we could not perform our legislated tasks. We also welcome the trust that is placed in us to collect and manage significant data holdings that enrich our knowledge of health and welfare issues.

During the year we commenced work under our memorandum of understanding (MoU) which was signed with the Department of Human Services in June 2014, and concluded new MoUs with the Department of the Prime Minister and Cabinet and the Department of Veterans' Affairs. We also agreed 12-month extensions to our MoUs with the Department of Health and the Department of Social Services.

Our resources

Around 30% of our budget is provided as ongoing funding, with nearly 70%—$32.4 million in 2014–15—provided via 'at risk' contract work, mainly from Commonwealth, state and territory governments. This provides a sometimes challenging and unpredictable environment in which we currently manage employment of 339 staff to deliver our work.

The AIHW continues to operate within the level of resources allocated to it by government and our external funding providers. In 2014–15 we made a small surplus despite a reduction in revenue caused mainly by funding ceasing for a small number of projects.

The AIHW gained significantly from its move to a new purpose-built office building in June 2014. The consolidation of our staff into one site, combined with more shared space, has improved internal collaboration and efficiency. We were delighted that the then Minister for Health, the Hon. Peter Dutton MP, opened our new building on 24 November 2014.

Our future

As well as producing our own reports, the AIHW will continue to function as a primary source of trusted information for paying clients, key stakeholders and the public, including providing services related to high-risk, complex data integration (linkage) projects. We will continue to seek new work and provide external funders with value-for-money services, and place data and commentary that are accessible and relevant in the public domain in a robust and independent manner.

The Department of Health is undertaking a review of the AIHW. As well, it is proposed that the AIHW take over reporting under the Performance and Accountability Framework and associated capabilities when the National Health Performance Authority closes at the end of June 2016. We will work closely with the department and other agencies in the Health portfolio, and prepare ourselves for the possibility of taking on more functions from 1 July 2016.

Over the longer term, the AIHW Board and management, as part of the process of developing the AIHW's corporate plan for 2015–16 to 2018–19, have set out a range of business priorities to guide our activities and ensure we retain and build on our reputation for quality and responsiveness to our customers and other stakeholders. For 2015–16, these are:

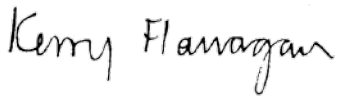
- geospatial information
- data linkage
- value-added feedback to data providers
- filling information gaps in primary health care
- diverse product formats
- predictive modeling and analysis
- data quality
- supporting information needs in a federated system.

The AIHW Board has decided to conduct a review of the AIHW's strategic directions and will consult with major stakeholders about our priorities before developing our 2016–17 corporate plan.

We also intend to invest additional effort in promoting our unique understanding, from a federal perspective, of the interactions between the Commonwealth, and state and territory, health and welfare systems.

These initiatives will be underpinned by an increased focus on providing learning and development opportunities for our staff and an information and communication technology capability that supports our data collection, analysis and reporting capabilities.

The AIHW is ideally placed to grasp the opportunities presented by a dynamic and changing business environment, and we look forward to further success in the year ahead.



Kerry Flanagan PSM

Acting Director

Objectivity

Responsiveness

Accessibility

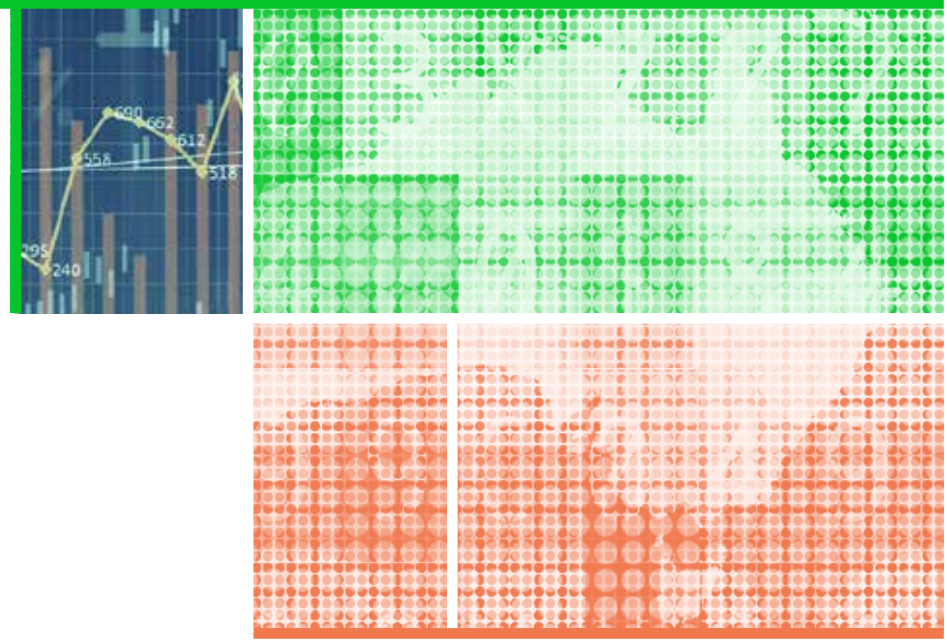
Privacy

Expertise

Innovation

Chapter 1

Our performance



Our activities are underpinned and guided by legislative and administrative requirements. These include the 2014–15 Portfolio Budget Statements (PBS), and the AIHW's work plan, contractual obligations and financial objectives.

This chapter focuses on our performance in achieving our key performance indicators and expected major deliverables for 2014–15.

The chapter also summarises our financial performance.

Understanding our performance

The AIHW's mission statement is:

> *Authoritative information and statistics to promote better health and wellbeing.*

The AIHW's outcome—that is, the intended impact on the Australian community, as stated in the 2014–15 PBS, is:

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

Our work provides governments, key stakeholders and the broader Australian community with valuable evidence and insights about key issues affecting the health and welfare of Australia's population. This can be crucial in informing difficult decisions on complex policy issues in these areas of vital national interest.

The information and data we publish, and otherwise make available, contribute to the quality of public discussion aimed at securing a sustained increase in quality of life for Australians over time.

As the AIHW's work does not have a measurable direct impact on the health and welfare of the community, we assess the value of our work by the level of government, stakeholder and community confidence in, and use of, our products. External confidence in the AIHW is demonstrated by our exemplary reputation and acknowledgment of our achievements over many years. It is also reflected in the high level of engagement by other organisations with us, in terms of both pursuit of joint endeavours and use of our services. Another way to assess the value placed on our contribution is by the level of our external funding and in the volume and variety of commissioned project work.

Our achievements and valued contribution rest on our demonstrated record in:

- providing authoritative, accurate information in a timely fashion
- providing information that is useful for governments, service providers and the community
- providing information in formats that are useful to individual users.

Our objective is to continually build on and enhance our capabilities to ensure we are best meeting our statutory responsibilities and satisfying our stakeholders. This is reflected in our strategic directions (see 'Who we are and what we do' on page x), taking into account the rapidly changing and competitive environment in which we operate (see the *AIHW Corporate Plan 2015–16 to 2018–19*, available at <www.aihw.gov.au/publication-detail/?id=60129551938>). Our single PBS program is:

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

Our performance against PBS program objectives

In the 2014–15 PBS, we included the following 3 program objectives:

- improve the availability of health and welfare information
- improve the quality and timeliness of health and welfare information
- strengthen policy relevance.

These objectives were tested by 5 deliverables and 4 key performance indicators. Some of these deliverables and indicators were measured in more than one way. Our achievements against each of these are summarised below and detailed in Table 1.1. All deliverables and key performance indicators were achieved or, where they were measured in several ways, were achieved for at least 2 measures. Where measures were not achieved, they are further discussed.

Summary of performance

2014–15 PBS deliverables and key performance indicators

For the objective 'Improve the availability of health and welfare information', we:

- released 4 specific new products covering 3 topics
- met targets for 5 of 7 measures of availability, 2 for one deliverable and 3 for one indicator
- fully complied with privacy requirements for all data releases.

For the objective 'Improve the quality and timeliness of health and welfare information', we:

- met targets for 2 of 3 measures for one indicator of improved timeliness.

For the objective 'Strengthen policy relevance', we:

- released a specific new product
- continued our involvement in the provision of data required by governments.

Detailed performance information

Table 1.1: Status of performance targets and deliverables committed to in the 2014–15 Portfolio Budget Statements

PBS objective: Improve the availability of health and welfare information		
Planned target or deliverable	**Result**	
Release a report on the 2013 National Drug Strategy Household Survey by 30 October 2014.	We released the *National Drug Strategy Household Survey detailed report: 2013* on 25 November 2014. However, at the request of the funder, key findings from the survey were released earlier, on 17 July 2015, and it was agreed that release of the detailed findings be slightly delayed.	Achieved
Release the first online interactive perinatal data portal by 30 June 2015.	We released perinatal data in manipulatable chart and table display formats using Microsoft Excel on 18 June 2015.	Achieved
Release reports on the fatal component of burden of disease for the general Australian population and for Indigenous Australians by 30 June 2015.	We released Australian *Burden of Disease Study: Fatal burden of disease 2010* on 31 January 2015 and *Australian Burden of Disease Study: Fatal burden of disease in Aboriginal and Torres Strait Islander people 2010* on 10 April 2015.	Achieved
Improved availability of information measured by the minimum number of:	We released:	
• 141 publications[(a)] released	• 147 publications (see Figure 2 on page xv for trends over time)	Achieved
• 17 products released in HTML formats	• 32 products in HTML formats	Achieved
• 48 new external research projects considered by the AIHW Ethics Committee.	• 47 new external research projects (see Figure 4.1 on page 99 for trends over time).	Not achieved (see **External research projects target** on page 6)
Make data releases widely accessible within privacy and confidentiality constraints, such that they:		
• are accessible in a number of formats	All AIHW publications are available free-of-charge as PDF documents on the AIHW's website. Increasingly, key publications are being made available in HTML format. All report summaries are available in HTML format.	Achieved
• meet the requirements of funding bodies	We received positive feedback from funding bodies, the public and data users regarding data access.	Achieved
• fully comply with all privacy and confidentiality requirements.	Data releases fully complied with all privacy and confidentiality requirements; there were no known breaches.	Achieved

continued

Table 1.1 (continued): Status of performance targets and deliverables committed to in the 2014–15 Portfolio Budget Statements

Provide free, high-quality information measured by the minimum number of:	All AIHW publications are available free-of-charge via the internet at <www.aihw.gov.au/>. We provided, high-quality information, as demonstrated by:	
• 46,500 website downloads of *Australia's health*	• 46,612 website downloads of editions of *Australia's health*, including 30,336 downloads of the latest 2014 edition. A companion publication, *Australia's health 2014—in brief*, was downloaded 6,571 times (see 'Downloads of popular reports' on page 76)	Achieved
• 3,000 website downloads of *Australia's welfare*	• 3,182 website downloads of editions of *Australia's welfare*, including 2,504 of the latest 2013 edition. A companion publication, *Australia's welfare 2013—in brief*, was downloaded 598 times	Achieved
• 2.6 million visits to the AIHW website[(b)]	• 2.699 million AIHW website visits (see Figure 3.1 on page 76 for trends over time)	Achieved
• 6,500 references to the agency and its products in the media.[(c)]	• 4,173 references (see Table 3.3 on page 77 for trends over time).	Not achieved (see **Media coverage target** on page 7)
PBS objective: Improve the quality and timeliness of health and welfare information		
Planned target or deliverable	**Result**	
Improve the timeliness of statistical information products—on a measure of the number of days between the end of their data collection period and the release of annual national publications[(d)]—by achieving releases in:	For the 29 AIHW annual national collection releases that occurred in 2014–15:	
• an average of less than 300 days	• the average number of days to release was 351 days	Not fully achieved (see **Improving timeliness of products target** on page 7)
• less than 6 months for 20%	• 21% were released in less than 6 months	Achieved
• less than 1 year for 50%.	• 55% were released in less than 1 year (see Figure 1.1 on page 8 for trends over time).	Achieved

continued

Table 1.1 (continued): Status of performance targets and deliverables committed to in the 2014–15 Portfolio Budget Statements

PBS objective: Strengthen policy relevance		
Planned target or deliverable	**Result**	
Release an overview report on Indigenous health and welfare by 30 June 2015.	We released *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015* on 9 June 2015. An *Indigenous Health and Welfare Statistics* app was also released.	Achieved
Provide leadership that contributes to national information-related undertakings or requests by state and territory governments and the Australian Government by: • continuing involvement in the development, coordination and supply of data for governments, including a range of performance indicators in the Council of Australian Governments (COAG) national agreements on health, housing and homelessness, disability and Indigenous reform.	We took a lead role in the development, coordination and supply of data for performance indicators in the COAG national agreements on health, housing and homelessness, disability and Indigenous reform.	Achieved

(a) A publication is a public release of data or information on a discrete topic occurring on a single day, which was not previously publicly available. It may be in the form of a written report, data tables or other communication products, including interactive web products.

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

(c) This 2014–15 target was increased based on estimates available at the time of publication of the 2015–16 PBS.

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

Measures not achieved

External research projects target

Our 2014–15 deliverable of improving the availability of health and welfare information, shown in Table 1.1, specified targets for 3 measures. We achieved the target for 2 of these measures. The target for the measure concerned with new external research projects considered by the AIHW Ethics Committee was not quite achieved. The committee considered 47 projects compared to the target of 48. This was because we did not gain access to records from the Medical Benefit Schedule and the Pharmaceutical Benefits Schedule as expected, which meant that the committee did not receive applications from external researchers for ethical clearance of projects involving use of these particular data sets.

Media coverage target

Our performance indicator in 2014–15 of providing free, high-quality information involved 4 measures. As shown in Table 1.1, we achieved our targets for 3 of the 4 measures. However the target of 6,500 references to the AIHW and our products in the media was not achieved.

Our records of overall media coverage in Table 3.3 (on page 77) show a rise of 16.7% in media mentions—up to 4,173 items. Subsequent to setting the target of 6,500 references used for the PBS in May 2014, we changed the method we use to count media coverage. Previously we had included an estimate of syndicated coverage, that is, estimates of occasions where a single news article is syndicated across multiple media outlets. The change will provide a better picture of coverage of unique news stories. However, as a result, the PBS target for 2014–15 has not been met and targets for 2015–16 and beyond will need to be reset to accord with this new counting method.

Improving timeliness of products target

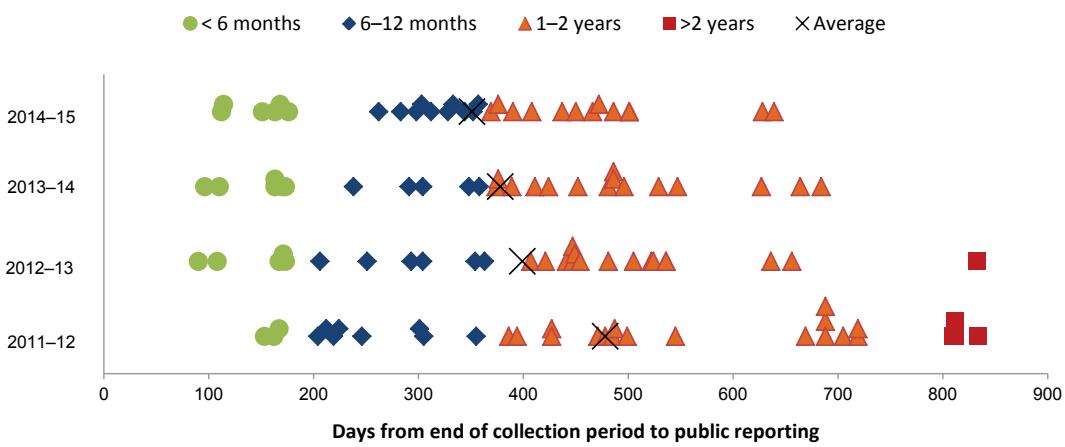
Our performance indicator for 2014–15 about improving the timeliness of our statistical information products relied on 3 measures, as shown in Table 1.1. The measures all relate to the length of time between the end of the data collection period and the release of annual publications that fully report or publicly release national data collections that we collate. Publications produced by AIHW collaborating centres are not included.

We achieved the target for 2 of the 3 measures. Although 6 products were released less than 6 months after the collection end date, and another 10 were released in 6–12 months, the average time to release—353 days in 2014–15—was longer than the target of 300 days. Nonetheless the average time to release has fallen progressively over recent years (Figure 1.1). It was 478 days in 2011–12.

The elapsed time to release includes:

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

We work with data providers to introduce systems that assist them in providing data more quickly and easily.



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

Figure 1.1: Distribution of time to release for annual national data collections, 2011–12 to 2014–15

Examples of instances where there has been a reduction in the time taken to supply data to the AIHW or the total time to release were:

- The annual *Alcohol and other drug treatment services in Australia* collection report. The report published in 2012–13 was released 505 days after the end of the collection period. The collection cycle for the next report was the first time that the AIHW's Validata™ software for data validation processing had been used for this collection; the report was published in 424 days. In 2014–15, 2 annual reports were released 408 and 353 days after the end of their respective collection years. This represents a 30% reduction in time to release for the collection's main reports achieved over only 3 cycles. In addition, in 2014–15, key findings for this collection were released on the AIHW website 298 days after the collection period ended.
- The most recent report on *Housing assistance in Australia*, which covers several national housing collections, was released 333 days after the last of its various collection periods. This is 144 days shorter than the previous edition, and represents a 30% reduction in time to release achieved over only 1 cycle.
- The time to release the report on services provided under the National Disability Agreement, *Disability support services*, has fallen for each of the past 5 reports released over 4 years. The overall reduction in release time between the reports of the 2009–10 and 2013–14 collection cycles was 119 days (from 471 days to 352 days), a 25% reduction, which has contributed to the overall reduction in 2014–15.

Other aspects of our performance

Improving the availability of health and welfare information

In 2014–15, we improved the availability of health and welfare information by:

- contributing to the Australian statistical system through membership of the National Statistical Service—15 of our collections are designated by the Australian Bureau of Statistics (ABS) as among the 184 'Essential Statistical Assets for Australia' detailed at <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1395.02014?OpenDocument>
- maintaining our data collections as listed in Appendix 7 on page 201
- enhancing our data collections and releases, where relevant, including releasing for the first time:
  - a publication focusing specifically on private hospitals
  - outpatient care information on patient age, sex, Indigenous status and funding of non-admitted patient services
  - data about clients of homelessness services who had a disability
- making our data collections accessible for the purposes of research, including by:
  - disseminating information in diverse and accessible formats—48% of our statistical reporting products featured data in a manipulatable format—meaning the product is released with supplementary spreadsheets, data cubes and similar components—in addition to a static report with text, tables and figures
  - completing 38 data linkage projects for academic researchers, government departments and research agencies, including high-risk, complex data integration (linkage) projects as agreed under the National Collaborative Research Strategy
  - satisfying 217 requests for customised data analysis and, for a further 183 requests received via our website application form, directing clients to published information that met their needs
  - satisfying about 2,000 requests for information sent to our general email address
  - operating the National Aged Care Data Clearinghouse to provide access to significant aged care data collections
- actively engaging with key stakeholders to ensure that we meet current and emerging information needs that contribute to the evidence base for policy and service delivery, such as through:
  - participation in national committees (see Appendix 5 on page 184)
  - supporting the Indigenous Observatory—a repository of information on the health and welfare of Indigenous Australians
- exemplifying and promoting the National Statistical Service Key Principles (see inside front cover of this report) in our:
  - application of end-to-end data management
  - internal streamlined production processes

- providing more detailed analyses of health expenditure by sector and over time, and completing analyses for the Aboriginal and Torres Strait Islander Performance Framework
- reporting on topics of significant public policy interest such as mental health, the use of tobacco, alcohol and illicit drugs, and cancer screening programs.

Improving the quality and timeliness of health and welfare information

In 2014–15, we improved the quality and timeliness of information by:

- promoting national standards in the provision and reporting of information through our METeOR information standards repository, where:
  - the *National Health Data Dictionary* was updated twice and the *National Community Services Data Dictionary* was updated once
  - a total of 2,268 metadata items were made standard or endorsed in METeOR
  - 472 metadata items were superseded, retired or archived
- operating a Commonwealth-accredited Data Integration Services Centre through which we continually strive to enhance our data linkage and analytical capabilities and methodologies
- performing high quality data validation and supporting improved data validation practices by data suppliers, including for cancer and cancer screening collections
- reporting earlier in the collection cycle than in previous years on some collections such as the alcohol and other drug treatment services collection.

Project management

Three years ago the AIHW adopted a new project management system which provides a better indication than previously of the number of projects we undertake. In 2014–15, 212 projects were formally completed (Table 1.2). This is a rise from 2013–14; however figures for the previous two years reflect the start-up of the system. There were 169 projects under active management at 30 June 2015, a fall from 210 at 30 June 2014.

Table 1.2: Projects under management, 2012–13 to 2014–15

	Formally completed in the year	Started in the year	Active at year's end
2012–13	7	204	168
2013–14	178	247	210
2014–15	212	203	169

Note: Figures reflect projects managed through the AIHW's project management system.

Our financial performance

Results

The AIHW's financial results since 2010–11 are summarised in Table 1.3.

Table 1.3: Financial results, 2010–11 to 2014–15 ($ million)

	2010–11	2011–12	2012–13	2013–14	Change 2013–14 to 2014–15	2014–15
Revenue	53.952	52.237	52.225	52.982	▼	49.240
Expenditure	53.818	54.086	51.822	52.926	▼	48.671
Surplus (or deficit)	0.134	(1.849)	0.403	0.056	▲	0.569
Total assets	30.676	31.848	33.752	37.200	▲	42.119
Total liabilities	24.557	27.578	29.079	32.471	▲	36.821
Total equity	6.119	4.270	4.673	4.729	▲	5.298

Income and expenditure

Figure 1 on page xiv shows the relative importance of our two main income types over time—appropriation income from the Australian Parliament and income from externally funded projects—including budgeted revenue for the next 4 years.

Due to the annual whole-of-Australian Government efficiency dividend our appropriation income from the Australian Parliament fell to $15.8 million in 2014–15, compared with $15.9 million in 2013–14 (Table 1.4 and Figure 1.2).

Due to the completion of a small number of large projects, income from externally funded projects fell to $32.4 million in 2014–15 from $36.2 million in 2013–14—a decrease of 10.5%. Most of this income came from Australian Government departments, with the largest funder being the Department of Health.

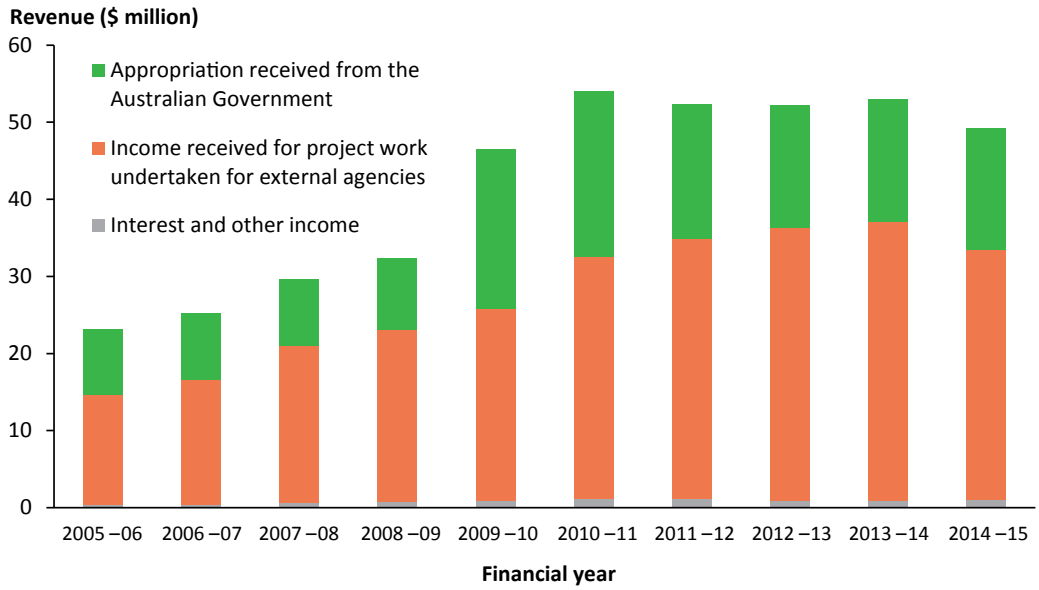
Interest income fell to $682,000 in 2014–15, from $890,000 in 2013–14, due to lower prevailing interest rates.

Employee-related expenditure fell to $35.1 million in 2014–15 from $36.2 million in 2013–14. This was because fewer staff were needed to complete externally funded projects.

The overall result for the year was a surplus of $569,000.

Table 1.4: Income and expenditure, 2010–11 to 2014–15 ($ million)

	2010–11	2011–12	2012–13	2013–14	Change 2013–14 to 2014–15	2014–15
Appropriation revenue	21.408	17.389	15.912	15.898	▼	15.800
Revenue for project work for external agencies	31.398	33.690	35.410	36.176	▼	32.365
Interest	1.146	1.138	0.897	0.890	▼	0.682
Other revenue	—	0.020	0.006	0.018	▼	0.394
Total revenue	**53.952**	**52.237**	**52.225**	**52.982**	▼	**49.240**
Employee-related expenditure	35.124	36.028	36.910	36.173	▼	35.054
Other expenditure	18.694	18.058	14.912	16.753	▼	13.617
Total expenditure	**53.818**	**54.086**	**51.822**	**52.926**	▼	**48.671**
Surplus (or deficit)	**0.134**	**(1.849)**	**0.403**	**0.056**	▲	**0.569**



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

Figure 1.2: Revenue sources, 2005–06 to 2014–15

Balance sheet

Assets totalled $42.1 million in 2014–15—a rise of $4.9 million on the previous year (Table 1.5). This was due mainly to an increase in cash received in advance from funders. The cash balance remains high at $25.6 million, most of which is invested in term deposits in accordance with our investment policy.

Liabilities rose by $4.3 million to $36.8 million in 2014–15 from $32.5 million in 2013–14. All of this increase is due to an increase in income received in advance.

Overall, total equity increased to $5.3 million, from $4.7 million the previous year.

Table 1.5: Balance sheet summary, 2010–11 to 2014–15 ($ million)

	2010–11	2011–12	2012–13	2013–14	Change 2012–13 to 2013–14	2014–15
Financial assets	27.113	29.240	31.590	26.821	▲	32.420
Non-financial assets	3.563	2.608	2.162	10.379	▼	9.699
Total assets	**30.676**	**31.848**	**33.752**	**37.200**	▲	**42.119**
Provisions	9.199	10.262	11.164	10.967	▲	11.082
Payables	15.358	17.316	17.915	21.504	▲	25.739
Total liabilities	**24.557**	**27.578**	**29.079**	**32.471**	▲	**36.821**
Equity	**6.119**	**4.270**	**4.673**	**4.729**	▲	**5.298**

Cash flow

Net cash received in 2014–15 from operating activities was $3.8 million. This related mainly to income received in advance at the end of year. We spent a net amount of $0.2 million on the purchase of property, plant and equipment, and leasehold improvements in 2014–15, compared with $5.6 million in 2013–14. The comparatively high amount in 2013–14 was mainly due to fit-out expenditure on the new building.

The net cash increase in the year was $3.6 million, increasing the cash balance to $25.6 million from $22.0 million (see the 'Cash flow statement for the period ended 30 June 2015' in Appendix 11 on page 235).

Financial outlook

Our appropriation income from the Australian Parliament will fall slightly in 2015–16 because whole-of-Australian Government efficiencies will total more than an offsetting indexation of the appropriation. We have also budgeted for income from externally funded projects being about $2.4 million lower in 2015–16 than in 2014–15 (see Figure 1 on page xiv) due to non-renewal after 2014–15 of a small number of high-value projects.

Our total expenditure in 2015–16 is expected to be lower than for 2014–15 due to the reduction in revenue outlined in the previous paragraph. We are also expecting a small reduction in staff numbers. We have budgeted to break even in 2015–16, before an accrual of $518,000 required by compliance with relevant accounting standards in relation to the AIHW's new office lease. We have obtained approval from the Department of Finance to run a loss to cover this accrual for at least the next 3 years. This will have no effect on cash balances and will reverse over the lifetime of the lease.

The value of our land and buildings is expected to fall in 2015–16 due to depreciation of fit-out costs, which will continue over the term of the lease. We do not expect other significant changes in the balance sheet items.

Auditor-General's report

The Australian National Audit Office conducts an annual audit of our financial statements. The auditors issued an unqualified audit opinion that the financial statements for 2014–15 were appropriately prepared and give a 'true and fair view' of our financial position (see the auditor's report on page 236).

Our compliance with legislation on reporting

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

- the *Work Health and Safety Act 2011* and the *Environment Protection and Biodiversity Conservation Act 1999* in **Chapter 5 Our people**
- other specific matters required to be reported by legislation in Appendix 9 on page 220.

The 'Compliance index' on page 289 provides more details about the sources of the various compliance requirements.

Chapter 2

Our groups

This chapter reports on the responsibilities and achievements of our 7 organisational groups and 4 AIHW collaborating centres.

Our groups

Our 7 groups are as follows.

- Chief Information Officer Group
- Health Group
- Housing and Specialised Care Group
- Business and Governance Group
- Community Services and Communication Group
- Hospitals, Resourcing and Classifications Group
- Indigenous and Children's Group

The Chief Information Officer Group, and the Community Services and Communication Group, fulfil both statistical and corporate functions. The Business and Governance Group fulfils corporate functions only. The remaining 4 groups fulfil primarily statistical functions. Information on the units that sit within these groups is provided in Figure 4.2 Organisation chart on page 100.

Our 4 collaborating centres are as follows.

- Australian Centre for Airways disease Monitoring
- National Injury Surveillance Unit
- Dental Statistics and Research Unit
- National Perinatal Epidemiology and Statistics Unit

Information about the roles and achievements of each group (except for the Business and Governance Group) and collaborating centre, is presented in the following format:

- 'What we do'—a brief description of the role and functions of the group or collaborating centre
- table showing progress on key planned deliverables for 2014–15
- 'In the spotlight' accounts of key activities in 2014–15
- descriptions of 'Selected products' released in 2014–15
- (where applicable) references to other areas of the report where corporate activities of the group are described.

The responsibilities of the Business and Governance Group are described, together with references to other areas in this report where corporate activities for the year are given in more detail.

Chief Information Officer Group

What we do

Enabling richer research

The Chief Information Officer Group works to increase the information value of existing data collections through data integration (linkage) work—for the AIHW and external researchers—that supports innovative analyses. Examples of work supported in this way include longitudinal studies and movements of people between health and welfare services.

The group also:

- provides technological leadership, computing and communications infrastructure, and applications development and maintenance services to the organisation
- identifies, develops and promotes business process innovations in support of our strategic directions
- supports our information and communications technology requirements.

Progress on key planned deliverables

Operate a Data Integration Services Centre to undertake high risk, complex data integration projects.	✓	
Assist development of a single data access and release approach to enable the appropriate external sharing of data.	✓	
Produce linked datasets that enable:		
• a project on the educational outcomes of children in child protection services	✓	
• comparison of the mortality and cancer incidence of personnel involved with the F-111 Deseal/Reseal Program with other air force personnel and the community generally	✓	
• investigation of the safety of vaccine use (the VaLID project)	X	*Delayed due to late delivery of data*
• preparation of a national performance indicator on treatment rates for mental illness by removing double counting of clients.	X	*On hold due to difficulty in obtaining appropriate data*
Complete data linkage services for 60 or more projects, including with the National Death Index and the Australian Cancer Database.	✓	

In the spotlight

Evaluating Australia's immunisation program through data linkage

The Australian Childhood Immunisation Register is a national register that records vaccinations given to children less than 7 years old. A project involving linkage with the register and the National Death Index of birth and health data from New South Wales and Western Australia was undertaken collaboratively by the AIHW, the Centre for Health Record Linkage, NSW, and the WA Data Linkage Branch. It covered the 2 million children born in the two states between 1996 and 2012. The register provides information on vaccine coverage, and the state databases provide information about the occurrence of vaccine-preventable diseases.

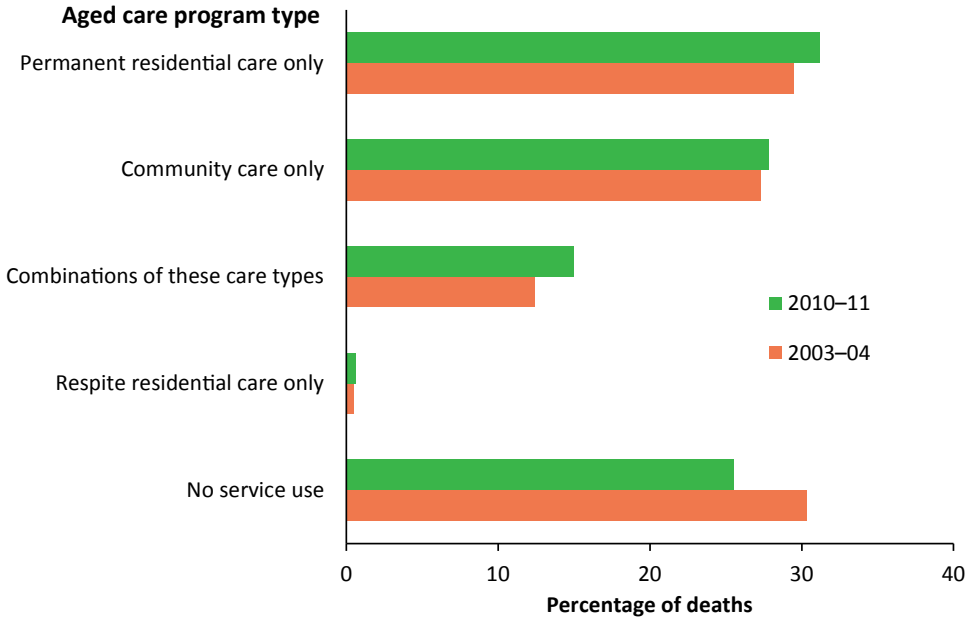
The resulting linked data set will enable a more accurate and detailed view of the relationship between vaccination uptake and timeliness and the development of disease—particularly in specific risk populations that may experience a higher burden of infection, such as Aboriginal and Torres Strait Islander people. The analysis, being undertaken by researchers at the University of New South Wales, will provide accurate population-based estimates of vaccine effectiveness and coverage, and assist in targeting measures to improve coverage and timeliness.

The project shows the feasibility and value of collaborative linkage across jurisdictions, in particular the linkage of Commonwealth and state data sets. The experience gained from this collaboration will help improve and streamline processes for future cross-jurisdictional projects, and continue the building of a national data linkage system.

Selected product

Since the 1990s, there have been changes in the focus and provision of aged care services. While permanent care in a residential care facility remains an important service for many older people, in recent years greater emphasis has been placed on the provision of home-based support. The report *Patterns in the use of aged care 2002–03 to 2010–11* investigates how this shift has affected the way that older people use aged care programs, and investigates the initial take-up of care. The analysis shows that use of aged care programs before a person enters permanent residential care is increasing, as is the use of any aged care service in a person's last year of life.

The analysis uses the extended Pathways in Aged Care database, developed by the AIHW through linking data covering aged care assessments, records about usage of 7 aged care programs and death records.



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

Figure 2.1: Aged care program use rates in the 12 months before death by people aged 65 or more, by program type and financial year of death, 2003–04 and 2010–11

The report is available at <www.aihw.gov.au/publication-detail/?id=60129548008>.

Community Services and Communication Group

What we do

The Community Services and Communication Group develops, maintains and analyses national data to support monitoring and reporting on:

- the health and welfare of key sub-populations—including children and youth, older Australians and persons living with disability
- use of services within a range of health and welfare sectors—including community-based services focused on aged care, child protection, juvenile justice and disability services.

The group also:

- manages the AIHW's website, intranet and other related websites to deliver our online communication activities
- promotes the Institute and its work through the media, and marketing and client relations activities
- helps AIHW staff produce interesting and informative work
- provides a range of print-ready publishing, production and distribution services for the organisation
- manages the production of biennial editions of both the *Australia's welfare* and *Australia's health* publications.

Progress on key planned deliverables

Publish *Australia's welfare 2015*	✓	*Released in August 2015*
Publish annual national reports and web-based data updates from ongoing national data collections including:		
• *Residential aged care and Home Care 2013–14* (web product)	X	*To be released in 2015–16*
• *Child protection Australia 2013–14*	✓	
• *Youth justice in Australia 2013–14*—and associated products	✓	
• *Disability services in Australia 2012–13*	✓	
• *Disability services in Australia 2013–14.*	✓	
Expand the capacity of the new National Aged Care Data Clearinghouse as a repository of aged care data.	✓	
Consolidate and continue the development of the Child Protection National Minimum Data Set (NMDS).	✓	
Provide ongoing input to the 'enhancing the evidence base' priority of the National Framework for Protecting Australia's Children 2009–2020.	✓	
Conduct the 2015 Prisoner Health Data Collection on an electronic basis.	✓	
Publish an updated bulletin on changes in life expectancy and disability.	✓	
Enhance the Disability Services NMDS to support national agreements and align with National Disability Insurance Scheme information requirements—if agreed with jurisdictions.	X	*Support obtained to re-specify an existing data item to indicate clients exiting to the scheme*

In the spotlight

- Prisoner health data collected on tablet computers
- Disability support services: new data on the National Disability Insurance Scheme.

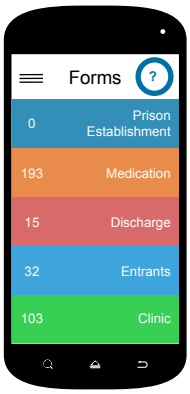
Prisoner health data collected on tablet computers

The AIHW's National Prisoner Health Data Collection comprises data collected regularly about the health of prisoners based on a nationally-agreed set of specifications. The 4th National Prisoner Health Data Collection was conducted in early 2015, with electronic data collection being used for the first time. Previously, all data were collected using paper forms; in 2015, these were replaced with a purpose-designed application for tablet computers provided to prisons across Australia.

The electronic data collection system has several advantages over paper forms. In-built checks for logical consistency of responses and automatic skipping of irrelevant questions mean that the forms are quicker and simpler to administer. This ensures the collection of more accurate data which can be immediately assessed for any inconsistencies. Initial assessment of the 2015 data collection indicates that the move to electronic data collection has also contributed to improved response rates across prisons.

Information is collected on:

- the health of people entering prison
- conditions and problems managed by prison health clinics
- medications taken by prisoners
- the health experiences and prison health clinic experiences of people due to be released from prison
- the operation of the prison health clinics.

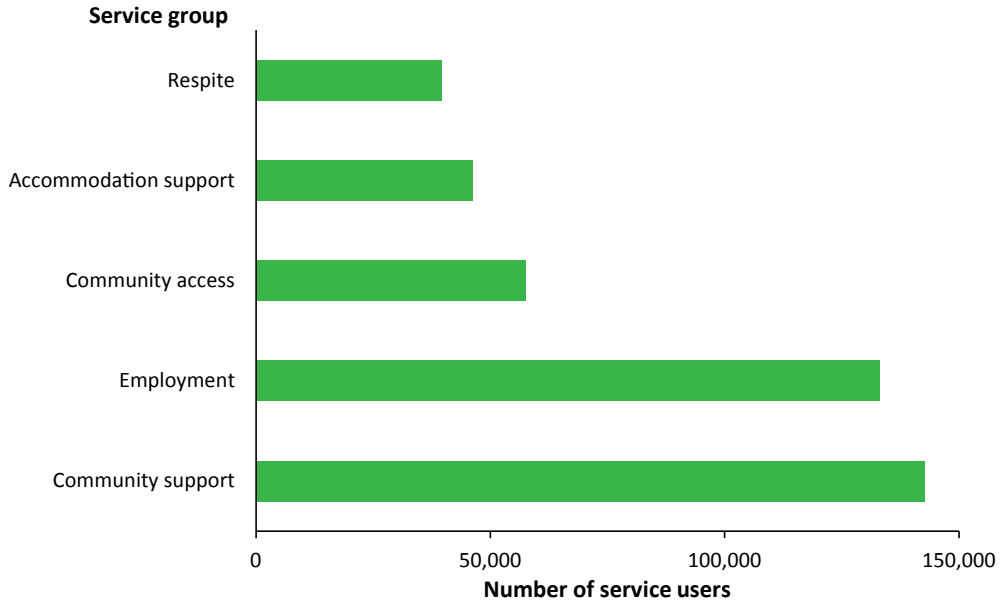


A good example of the policy relevance of this national collection can be seen in the context of policies on smoking in prisons. Smoking bans have been introduced recently in some, but not all, Australian prisons. It will be interesting to see if future AIHW analysis of the National Prisoner Health Data Collection shows a reduction in smoking behaviour and intention to smoke in prisons where a total smoking ban is in place.

Information about Prisoner Health is available at <www.aihw.gov.au/prisoner-health/>.

Disability support services: new data on the National Disability Insurance Scheme

Most users of disability services currently receive services under the National Disability Agreement with usage data captured in the Disability Services NMDS collated by the AIHW. Figure 2.2 shows the types of services provided to clients under the agreement.



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

Figure 2.2: Users of National Disability Agreement support service, by service group, 2013–14

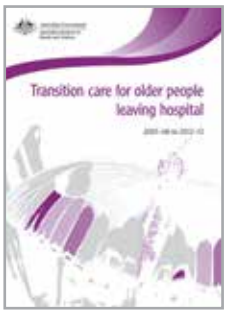
Over time, the National Disability Insurance Scheme will replace these services for people aged under 65. At present, however, Disability Services NMDS data are the main source of information for reporting on disability support services, and provide context for how the scheme will operate.

Disability support services: services provided under the National Disability Agreement 2013–14 shows that, according to the Disability Services NMDS for that year, 4,200 people transitioned from services under the agreement to services under the new scheme, representing nearly 2% of the 220,000 agreement service users who used comparable services (excluding open employment services). However, scheme data are also collected separately by the National Disability Insurance Agency, and Disability Services NMDS figures do not capture all scheme approvals. At 30 June 2014, over 7,300 people had an approved plan under the scheme.

The report can be found at <www.aihw.gov.au/publication-detail/?id=60129551443>.

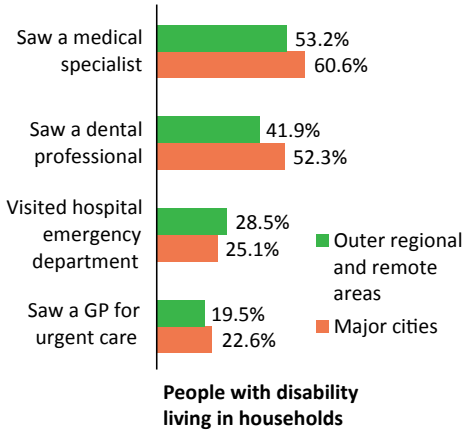
Selected products

Products released by the Community Services and Communication Group during the year include the selected highlights that follow.



The Transition Care Program aims to improve people's functional capacity following discharge from hospital. Between 2005–06 and 2012–13, over 87,000 people received transition care services. Overall, only 34% entered residential aged care within 12 months of their first transition care episode.

The report, *Transition care for older people leaving hospital: 2005–06 to 2012–13*, is available at <www.aihw.gov.au/publication-detail/?id=60129548459>.



Source: AIHW 2015. Access to health services by Australians with disability 2012. Bulletin no. 129. Cat. no. AUS 191. Canberra: AIHW: Table A4.

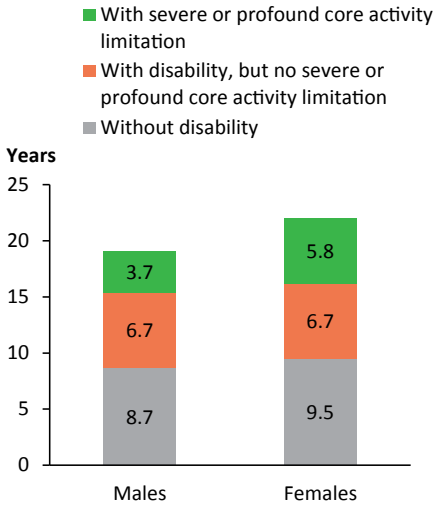
Figure 2.3: Use of health services by people with disability living in households, by remoteness, 2012

The vast majority (95%) of people with disability living in the community saw a general practitioner (GP) in 2012. However, people with disability living in outer regional and remote areas used services provided by GPs, medical specialists and dentists at a lower rate than people with disability living in major cities. They were also more likely to visit a hospital emergency department for health issues that could potentially be dealt with by non-hospital services.

The bulletin *Access to health services by Australians with disability 2012* is available at <www.aihw.gov.au/publication-detail/?id=60129551404>.

On an average day in 2013–14, about 1 in 433 young people aged between 10 and 17 were under youth justice supervision. These young people were most likely to be 14–17 year old males under community-based supervision (90%).

The *Youth justice in Australia 2013–14* report is available at <www.aihw.gov.au/publication-detail/?id=60129550638>. The report was released with a range of accompanying fact sheets.



Source: AIHW 2014. Healthy life expectancy in Australia: patterns and trends 1998 to 2012. Bulletin no. 126. Cat. no. AUS 187. Canberra: AIHW: Table A2.

Figure 2.4: Selected health expectancies (in years) at age 65, by sex, 2012

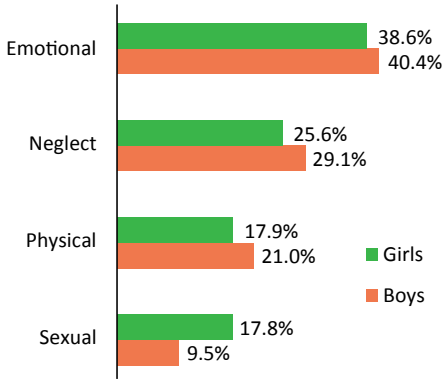
Australians can now expect to enjoy longer lives with more years free of disability. Compared to 1998, in 2012 Australians were living longer, and more of these additional years were disability-free.

- People gained similar increases in both life expectancy and years of life without disability—4.0 and 4.4 years for men, respectively, and 2.8 and 2.4 years for women.

Gender gaps in life expectancy are narrowing across all age groups, although women can still expect to live longer than men.

- Between 1998 and 2012, the gap between males and females for years free of disability nearly halved, from 4.1 years to 2.1 years.
- Men aged 65 in 2012 could expect to live another 8.7 years without disability, while for women aged 65 this figure was 9.5 years.

The bulletin *Healthy life expectancy in Australia: patterns and trends 1998 to 2012* is available at <www.aihw.gov.au/publication-detail/?id=60129549634>.

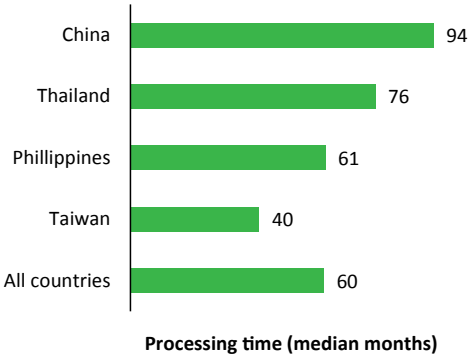


Source: AIHW 2015. Child protection Australia 2013–14. Child Welfare series no. 61. Cat. no. CWS 52. Canberra: AIHW: Table A7.

Figure 2.5: Children who were the subjects of substantiations of notifications received during 2013–14, by primary type of abuse or neglect

The number of children receiving child protection services in 2013–14 rose by 6% compared to the previous year. Around 143,000 children, equivalent to 1 in 37 children, received child protection services in 2013–14, compared with 135,000 in 2012–13. Three-quarters (73%) of these children were repeat clients in 2013–14—that is, they had previously been the subject of an investigation, care and protection order and/or out-of-home care placement. Emotional abuse was the most common primary type of substantiated abuse, followed by neglect, physical abuse and sexual abuse. This describes only the primary type of abuse—in reality, children may experience a combination of some or all of these types of abuse.

The *Child protection Australia 2013–14* report is available at <www.aihw.gov.au/publication-detail/?id=60129550762>.



Source: <analytics.aihw.gov.au/Viewer/VisualAnalyticsViewer_guest.jsp?reportPath=%2FAIHW%2FReleasedPublic%2FAdoptions%2FReports&reportName=Adoptions&appSwitcherDisabled=true>.

Figure 2.6: Processing time for intercountry adoptions, by country of origin, 2013–14

New data display for intercountry adoptions

In addition to releasing the *Adoptions Australia 2013–14* report, we launched a new dynamic data display for intercountry adoptions. The display allows users to explore trends and patterns in intercountry adoptions in Australia. The online charts can be customised by users to display information such as age, sex, country of origin, year of finalisation and adoption processing times.

- The median number of months taken to process intercountry adoptions finalised in 2013–14 was 60 months.

Both the report and dynamic data display are available at <www.aihw.gov.au/adoptions/>.

Corporate functions

For detailed descriptions of activities and achievements in 2014–15 in relation to the Group's communication functions, please refer to **Chapter 3 Our communications**.

Health Group

What we do

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

Revealing the health of Australians

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

Progress on key planned deliverables

Coordinate preparation of national burden of disease estimates, including fatal burden, non-fatal burden and the contribution of various risk factors.	✓
Monitor cancer screening programs and release the following products:	
• *BreastScreen Australia monitoring report 2011–12*	✓
• *BreastScreen Australia data dictionary*	✓
• *Cervical screening in Australia 2012–13*	✓
• *National cervical cancer prevention data dictionary*	✓
• *National Bowel Cancer Screening Program: monitoring report 2013–14*	✓
• *Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program*	✓
• *Key performance indicators for the National Bowel Cancer Screening Program: technical report*.	✓
Monitor cancer incidence, treatment, mortality and survival and release the following products:	
• *Cancer in Australia: an overview 2014* and its companion booklet *Cancer in Australia: in brief 2014*	✓
• *Australian Cancer Database: current status and a vision for the future*	✓
• *Radiation oncology areas of need: cancer incidence projections 2014–2024*.	✓

continued

Progress on key planned deliverables (continued)

Monitor cardiovascular disease, diabetes and chronic kidney disease and release 4 products on deaths, prevalence and incidence, hospitalisations and risk factors for a series:		
• *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts*.	✓	
Monitor chronic musculoskeletal and respiratory conditions and release:		
• a new online *Musculoskeletal compendium*	✓	
• *Respiratory medication use in Australia 2003–2013: treatment of asthma and COPD*.	✓	
Improve the timeliness of delivery of participation data for the breast and cervical screening programs.	✓	
Release *Monitoring the health impact of mandatory folic acid and iodine fortification*.	X	*Renegotiated release date at funder's request; to be released in 2015–16*
Coordinate and deliver Australia's response to several international population health data requests by the Organisation for Economic Co-operation and Development (OECD) and World Health Organization (WHO).	✓	
Facilitate access to national mortality data and fill priority information gaps.	✓	
Complete work on performance indicators related to primary health care.	✓	

In the spotlight

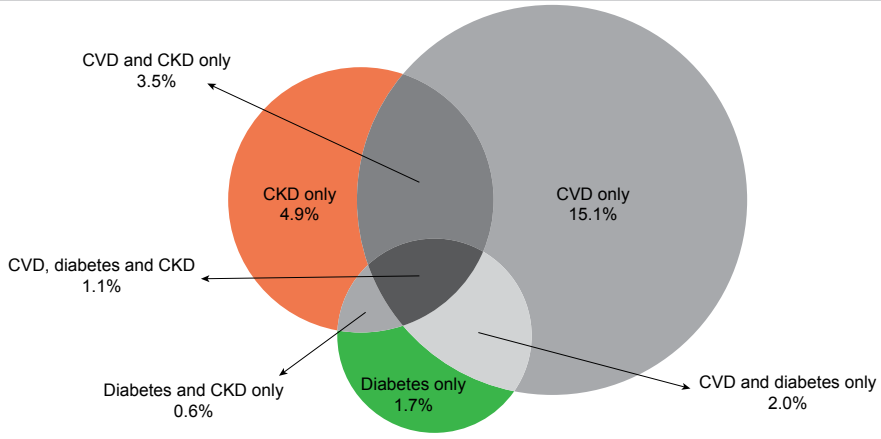
- Looking at the comorbidity of cardiovascular disease, diabetes and chronic kidney disease
- Bowel cancer screening significantly reduces risk of bowel cancer death
- First results from the Australian Burden of Disease Study 2011.

Looking at the comorbidity of cardiovascular disease, diabetes and chronic kidney disease

Cardiovascular disease, diabetes and kidney disease—Australian facts is a series of 5 reports produced by our National Centre for Monitoring Vascular Diseases that describe cardiovascular disease (CVD) (including heart disease, stroke and heart failure), diabetes and chronic kidney disease (CKD) and their interrelationships. The series covers prevalence and incidence, hospitalisations, deaths, risk factors and Indigenous Australians.

In 2014–15, for the first time since the centre was established, all 3 diseases and their comorbidities have been reported together in one 'Australian facts' publication series. This approach highlights the interrelated nature of CVD, diabetes and CKD and their determinants, as well as emphasising the burden of these 3 diseases, both individually and combined.

In 2011–12, an estimated 4.9 million Australian adults, or more than 1 in 4 (29%), had CVD, diabetes, or CKD. Of these, nearly one-quarter (1.2 million or 7.2% of adults) had more than one of CVD, diabetes or CKD. An estimated 1.1% or 182,000 Australian adults had all 3 conditions.



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

Figure 2.7: Prevalence of cardiovascular disease, diabetes and chronic kidney disease in adults, and their comorbidity, 2011–12

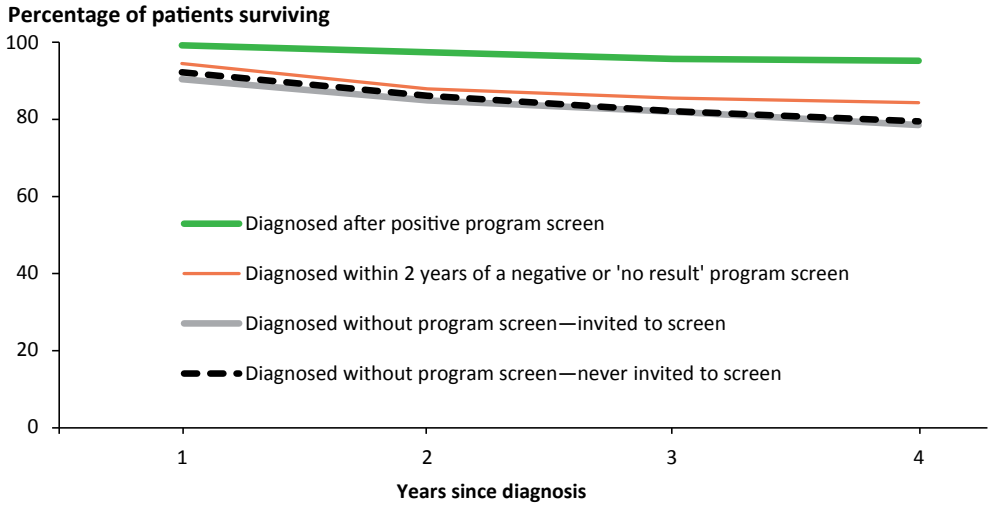
Venn diagrams were chosen to demonstrate the co-occurrence and interrelated nature of these conditions. They show, for example, that CVD and CKD are very often reported in those with diabetes. This form of graphical representation (see Figure 2.7) enables quite complex information to be presented simply.

One of the reports, *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: prevalence and incidence*, is available at <www.aihw.gov.au/publication-detail/?id=60129549616>.

Bowel cancer screening significantly reduces risk of bowel cancer death

In 2014–15, AIHW released the results of a data linkage study that analysed for the first time the outcomes of an Australian cancer screening program at the population level. The study linked National Bowel Cancer Screening Program (NBCSP) data, and cancer incidence and mortality data, to enable a comparison of mortality outcomes and cancer characteristics for those invited to screen in the NBCSP in 2006–2008, and those of a similar age who had not been invited to screen in that time period.

NBCSP invitees who participated in the program had less risk of dying from bowel cancer, and were more likely to have less-advanced bowel cancers when diagnosed, than non-invitees.



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

Figure 2.8: Survival of bowel cancer patients diagnosed 2006–2008 who had been invited to participate in the National Bowel Cancer Screening Program compared with those never invited

The reduction in mortality risk for the NBCSP invitees was greatest for those whose bowel cancer was diagnosed through participation in the screening program, compared with bowel cancers diagnosed later in those who chose not to participate. The risk of death from bowel cancer was over 2.3 times as high in people who had chosen not to participate, but who later had a bowel cancer diagnosed by other means.

The report provides conclusive evidence for the first time that the NBCSP is meeting its objectives of contributing to reductions in morbidity and mortality from bowel cancer. This demonstrates the benefit of analyses that AIHW is able to perform using data linkage.

The report, *Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program*, is at <www.aihw.gov.au/publication-detail/?id=60129549725>.

First results from the Australian Burden of Disease Study 2011

The AIHW is currently undertaking the third Australian Burden of Disease Study, which will provide updated estimates for over 200 diseases and injuries in Australia, and for the Aboriginal and Torres Strait Islander population.

Burden of disease analysis combines information from multiple data sources to count and compare the total fatal and non-fatal health loss from diseases and injuries in a population, and its attribution to specific risk factors.

In 2014–15, AIHW released 2 reports on fatal burden in 2010, and the leading causes of these deaths, using the measure 'years of life lost'. One year of life lost represents 1 year of healthy life lost due to premature death.

The first report, *Australian Burden of Disease Study: fatal burden of disease 2010*, shows that there were around 143,500 deaths in Australia in 2010, resulting in 2.25 million years of life lost. Five disease groups accounted for 81% of the fatal burden in 2010, with cancers and cardiovascular disease together accounting for more than half (58%).

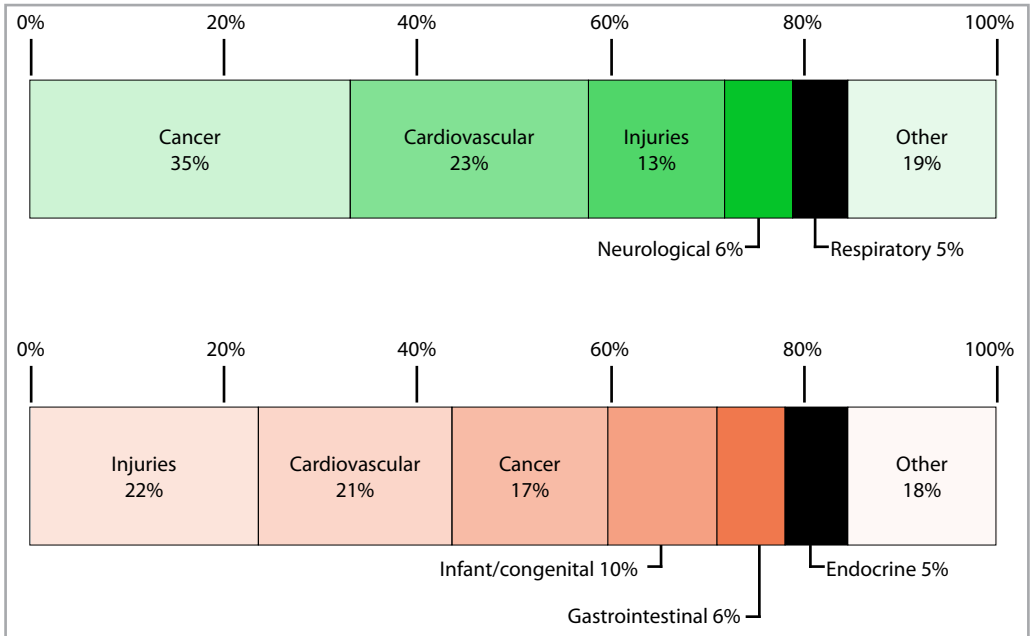
The second report, *Australian Burden of Disease Study: fatal burden of disease in Aboriginal and Torres Strait Islander people 2010*, focuses not only on fatal burden for Indigenous Australians, but also presents estimates of the 'gap' in fatal burden between Indigenous and non-Indigenous Australians. In 2010, the rate of fatal burden experienced by Indigenous Australians was 2.6 times the rate experienced by non-Indigenous Australians. The leading causes of fatal burden (by major disease group) in 2010 for Aboriginal and Torres Strait Islander people were injuries and CVD (22% and 21% respectively), followed by cancers (17%).

Estimates of fatal and non-fatal burden of disease and risk factors for 2011 and 2003 are underway, with results expected to be published in the first half of 2016.

The results will provide an important resource for health policy formulation and service planning, and for monitoring population health, including the gap between Indigenous and non-Indigenous Australians. AIHW is building infrastructure that will enable efficient updates, as well as more detailed analysis and modelling for particular diseases and risk factors, and other extensions.

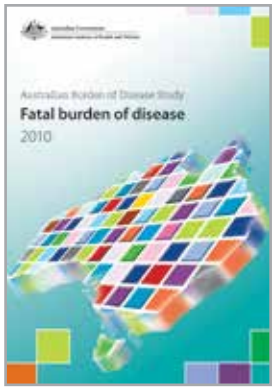
continued

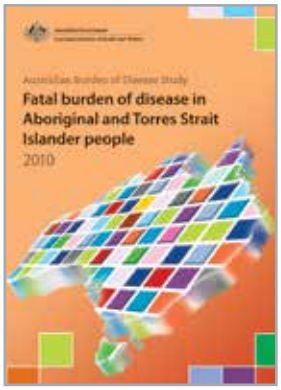
First results from the Australian Burden of Disease Study 2011 (continued)



Source: <www.aihw.gov.au/burden-of-disease/>.

Figure 2.9: Leading causes of fatal burden in 2010, all Australians *(top)* and Indigenous Australians *(bottom)*





The reports are available at <www.aihw.gov.au/publication-detail/?id=60129550176> and <www.aihw.gov.au/publication-detail/?id=60129550618> respectively. See also <www.aihw.gov.au/infographics/>.

Selected products

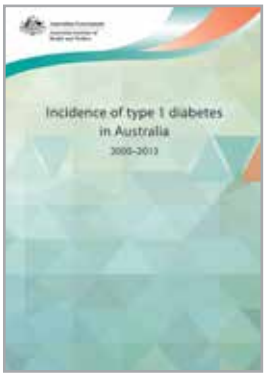
Significant products released by the Health Group during the year include these highlights.

Musculoskeletal compendium

The new online musculoskeletal compendium delivers a complete web presence for the 5 main musculoskeletal conditions: osteoarthritis, rheumatoid arthritis, juvenile arthritis, osteoporosis and back problems.

The compendium includes companion documents such as printable fact sheets and PowerPoint presentations to meet the needs of different audiences.

These products are available at <www.aihw.gov.au/arthritis-and-musculoskeletal-conditions/>.

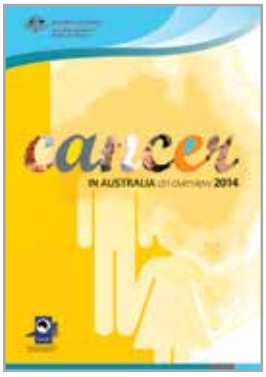


Incidence of type 1 diabetes in Australia, 2000–2013 presents the latest national data on new cases of type 1 diabetes from Australia's National (insulin-treated) Diabetes Register—essential to monitoring type 1 diabetes in Australia.

The report covers sociodemographic characteristics and trends—the incidence of type 1 diabetes has remained relatively stable between 2000 and 2013.

The new short report format delivers this information in a visually appealing and reader-friendly way to reach a broad readership.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129550890>.



Cancer in Australia: an overview 2014 presents the latest available information on national population screening programs, cancer incidence, hospitalisations, survival, prevalence and mortality. Estimates show that the most commonly diagnosed cancers in 2014 will be prostate cancer, colorectal cancer and breast cancer. These estimates exclude basal and squamous cell carcinoma of the skin, as these cancers are not notifiable diseases in Australia. For all cancers combined, the incidence rate is estimated to have risen by 22% between 1982 and 2014, but the mortality rate is estimated to have fallen by 20%.

This report is available at <www.aihw.gov.au/publication-detail/?id=60129550047>.

Hospitals, Resourcing and Classifications Group

What we do

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

Detailing the health care system

The group focuses on shaping our future role in hospital data management and reporting, and health sector performance reporting, against a backdrop of national health reforms. We also publish policy-relevant statistical information about health and welfare expenditure and the health workforce.

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

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

Progress on key planned deliverables

Release:		
• *Australian hospital statistics* reports (6) plus an 'at a glance' summary	✓	
• *Australian hospital statistics 2013–14: Private hospitals*	✓	
• a report on hospital peer groups	X	*To be released in 2015–16*
• a report on new emergency department diagnosis information	X	*To be released in 2015–16*
• 3 web products using 2013 data for the medical, nursing and midwifery, and allied health workforces	✓	
• *Health expenditure Australia 2012–13* and *Health expenditure Australia 2012–13: analysis by sector*	✓	
• revised estimates of welfare expenditure in *Australia's welfare 2015*	✓	
• updates of the national data dictionaries for health and community services.	✓	

continued

Progress on key planned deliverables (continued)

Enhance online validation checks for public hospital establishments and Local Hospital Networks data.	✓	
Improve public hospital establishments and Local Hospital Networks metadata.	X	*Rescheduled to 2015–16*
Prepare a paper for the Australian Health Ministers' Advisory Council on measuring waiting time between GP referral to first appointment with a surgeon.	✓	
Update and report National Healthcare Agreement performance indicator specifications.	✓	
Review and update indicators within the National Health Performance Framework.	X	*Rescheduled to 2015–16 with additional activities*
Develop data specifications for high-priority complications that occur during hospital care.	✓	
Pilot a full-year national collection on radiotherapy waiting times.	X	*To be released in 2015–16*
Establish the AIHW as a WHO field trial centre for International Classification of Diseases, 11th Revision field trials and coordination of initial field testing.	X	*Rescheduled to 2015–16 to align with WHO*

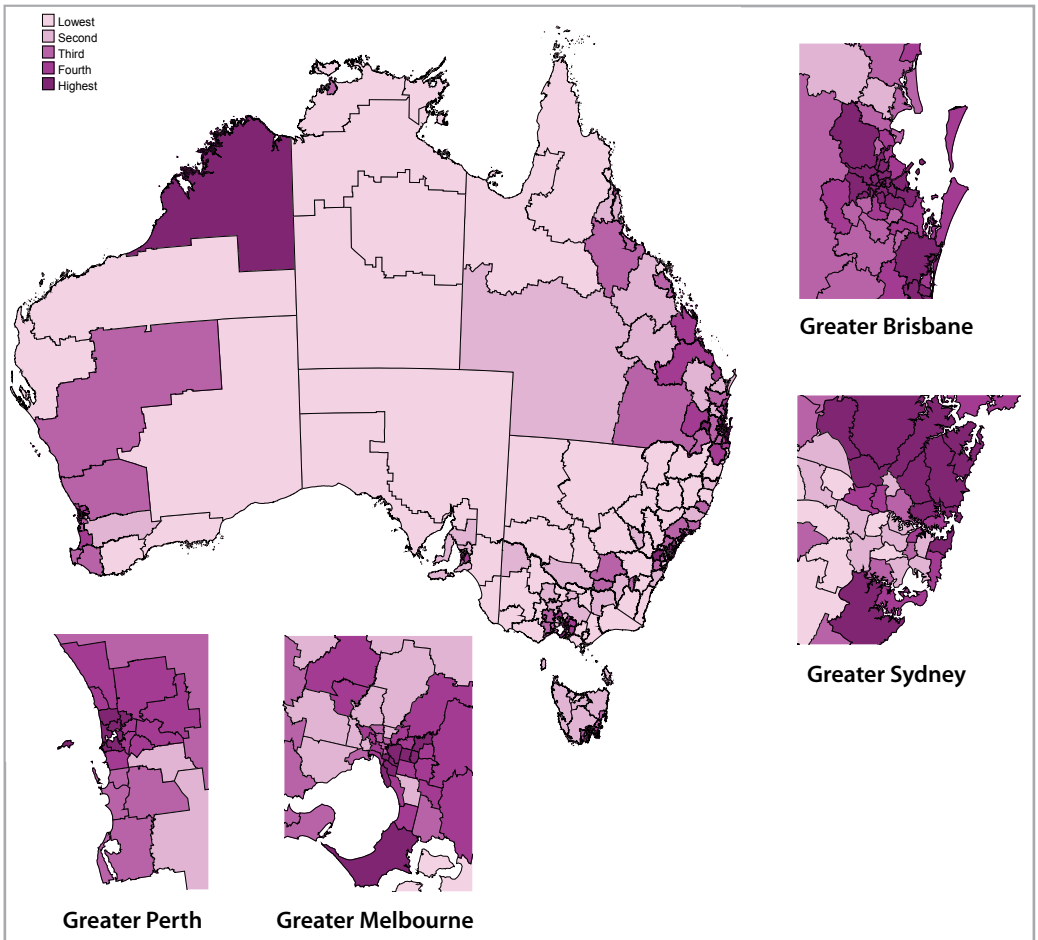
In the spotlight

- Private hospitals report—a collaborative project
- Registration Authorities in METeOR
- Establishment of the Australian Health Classifications Advisory Committee
- Review and restructure of *Australian hospital statistics* publications
- AIHW's role in national health performance reporting.

Private hospitals report—a collaborative project

We were pleased to collaborate extensively during the year with a broad range of stakeholders from across the private hospital sector on the preparation of a key report on the nation's private hospitals, *Australian hospital statistics 2012–13: private hospitals*.

Private hospitals have long played an important role in Australia's health care system, and contribute to caring for and improving the health of many people each year. We have released reports on the nation's hospital system for many years now, but most publications have focused on activity in public hospitals. This publication is the first in our Australian Hospital Statistics series to focus specifically on private hospitals.



Source: AIHW 2014. Australian hospital statistics 2012–13: private hospitals. Health services series no. 57. Cat. no. HSE 152. Canberra: AIHW Figure 3.5.

Figure 2.10: Private hospital separations per 1,000 persons by Statistical Area 3 geography, 2012–13

continued

Private hospitals report—a collaborative project (continued)

The report presents innovative features such as:

- our newly developed private hospital peer groups classification, to illustrate the diversity of private hospitals
- mapping of private hospital separation (admission) rates for small areas (such as Statistical Areas—see Glossary), to illustrate the variation in use of private hospital services. The highest rates generally occur around capital cities, with the exception of the Kimberley region, where 88% of all private hospital separations were for 'Care involving dialysis'.

The report also brings together statistics from a variety of sources to detail private hospital activity, performance and resources. Detailed data from AIHW hospitals, health expenditure and health workforce data collections are included. These data are supplemented with data from organisations such as the ABS and the Australian Government Department of Health.

The *Australian hospital statistics 2012–13: private hospitals* report is available at <www.aihw.gov.au/publication-detail/?id=60129548955>.

Registration Authorities in METeOR

Metadata (or information about data) for a particular sector or subject area may be managed within METeOR—the AIHW's online metadata registry—by a nominated Registration Authority. These authorities include several that are supported by national ministerial council processes. For example, the Health Registration Authority is underpinned by the Australian Health Ministers' Advisory Council. Individual government agencies have been set up as Registration Authorities to register, develop and endorse their own metadata, supported by the high quality structures and processes within METeOR.

Over recent years, there has been a marked increase in the number of agencies that have chosen to use METeOR as their metadata repository and become Registration Authorities. During 2014–15, we set-up two Commonwealth agencies as new Registration Authorities—the Department of Social Services for its Aged Care Gateway metadata and the Department of Health for its health-related business metadata. These add to the existing Registration Authorities: the Independent Hospitals Pricing Authority, the National Health Performance Authority and the Western Australian and Tasmanian departments of health. The South Australian Department of Health automatically incorporates METeOR metadata into its own metadata systems.

METeOR is available at <http://meteor.aihw.gov.au>. The Advanced Search page in METeOR which has a list of all the Registration Authorities is available at <http://meteor.aihw.gov.au/content/index.phtml/itemId/237518>.

Establishment of the Australian Health Classifications Advisory Committee

The AIHW is the Australian Collaborating Centre for the WHO Family of International Classifications. In this role, we participate in the WHO's work to develop the International Classification of Diseases, 11th Revision (ICD-11) and other international health classifications.

With the support of the Australian Health Ministers' Advisory Council, we established the Australian Health Classifications Advisory Committee in 2014–15 to assist and advise us (as the centre) in this work, especially in relation to Australia's participation in the ICD-11 development activities. Members of the committee include senior Commonwealth representatives from the AIHW, ABS, Independent Hospital Pricing Authority and Department of Health.

At the first meeting of the committee, the WHO's Coordinator of Classifications, Terminologies and Standards provided an overview of the WHO's work on ICD-11 and answered questions.

In our capacity as the Australian Collaborating Centre, we anticipate that we will act as the WHO Field Trial Centre in Australia, coordinating field trial activities on behalf of WHO and ensuring the trials and its outcomes best suit Australian needs. The committee will provide the necessary oversight and advice, both on the trials and any other issues related to approval and implementation of ICD-11.

Review and restructure of *Australian hospital statistics* publications

In 2014–15 we reviewed the format and structure of the *Australian hospital statistics* reports to improve their accessibility and allow more timely dissemination of the data presented.

We subsequently published 6 reports in the *Australian hospital statistics* series, based on the outcome of the review, along with the shorter companion report *Australian hospitals 2013–14: at a glance*. Information on admitted patient care, hospital resources, and outpatient care, previously published together in one report, was released in 3 separate reports, each presenting short, topical, standalone snapshots.

- *Admitted patient care 2013–14: Australian hospital statistics*. This report included information on some aspects of intensive care not previously reported by the AIHW—the numbers of hours spent in intensive care units and the number of hours of machine-assisted ventilation. In 2013–14, 2% of public hospital separations (admissions) involved a stay in intensive care. About 9.4 million hours of intensive care were reported for public hospitals.
- *Hospital resources 2013–14: Australian hospital statistics*. This report extends past presentations of hospital resource information using the new AIHW public hospital peer group classification. In 2013–14, public hospital recurrent expenditure was $44 billion, with 'Principal referral hospitals' accounting for almost one-third of that expenditure.
- *Non-admitted patient care 2013–14: Australian hospital statistics*. In this report, for the first time, our outpatient care information included data on age, sex, and Indigenous status, and how the services were funded. In 2013–14, about 56% of outpatient care service events were for females and 30% were for people aged 65 and over.

In addition to these innovative reports, we produced new graphical summaries of *Staphylococcus aureus* bacteraemia ('Golden staph') cases in an *Australian public hospitals 2013–14: Australian hospital statistics* report.

We also published reports on elective surgery waiting times and related information, and on emergency department care in public hospitals.

The *Australian hospital statistics 2013–14* reports are available at <www.aihw.gov.au/hospitals/australian-hospital-statistics/>.

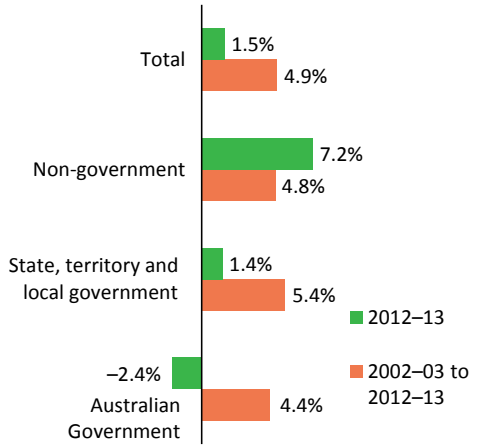
AIHW's role in national health performance reporting

Health performance indicators are vital to understanding, comparing, and improving our health system. As data custodian of several major national health datasets, we play an important role in developing and reporting indicators, but also in providing data to other organisations that enable health performance reporting. Examples of work completed in 2014–15 follow.

- Nationally, we contributed to the annual program of performance indicator reporting agreed under the National Healthcare Agreement. This is a high-level agreement between the Commonwealth, states and territories that outlines the aspirations of these governments in relation to prevention, primary and community care, hospital and related care, and aged care.
- We coordinate the development of the National Healthcare Agreement performance indicator specifications, and publish the final specifications on METeOR. AIHW is also a key data contributor for many of the indicators. In 2015, the indicators were reported on in the Steering Committee for the Review of Government Service Provision's annual *Report on government services*, with the AIHW also reporting on selected indicators, for example in our *Australian hospital statistics* series of reports.
- In 2014–15, specifications were finalised for a new performance indicator on public dental waiting times and updated performance measures of potentially avoidable deaths and potentially avoidable hospitalisations.
- Internationally, we contributed health performance indicator data on behalf of Australia to the OECD's Health Care Quality Indicators project. These data included information on: avoidable hospital admissions as a measure of the quality of primary care; acute care; cancer care; and patient safety. The data were drawn primarily from our National Hospital Morbidity Database.
- The data contributed by AIHW will be made available by the OECD in an online database in late 2015 and selected data will also be featured in the OECD's *Health at a glance* report to be published in late 2015. In the 2015–16 year the AIHW will prepare a publication summarising the Australian data for these indicators, including how we compare with other OECD countries.

Selected products

Products released by the Hospitals, Resourcing and Classifications Group during the year include these highlights.



Source: AIHW 2014. Health expenditure Australia 2012–13. Health and welfare expenditure series no. 52. Cat. no. HWE 61. Canberra: AIHW: Table 3.3.

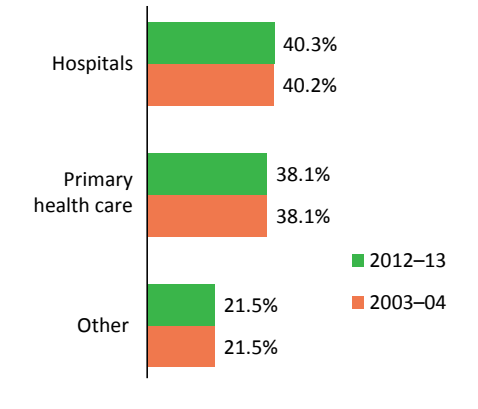
Figure 2.11: Average annual growth in funding of total health expenditure, constant prices, by source of funds, 2002–03 to 2012–13

Health expenditure Australia 2012–13

This report shows that growth in spending on health in 2012–13 slowed to record low levels. Total spending on health goods and services was estimated at $147.4 billion in 2012–13 (9.67% of Gross Domestic Product)—just 1.5% higher than in 2011–12. This was the lowest growth the AIHW has recorded since it began the *Health Expenditure Australia* series in the mid-1980s, and less than one-third of the average annual growth over the period 2002–03 to 2012–13 (4.9%).

Government spending on health overall fell by 0.9% in 2012–13. This was largely due to a fall of 2.4% in the Australian Government's funding of health.

This report is available at <www.aihw.gov.au/publication-detail/?id=60129548871>.



Source: AIHW 2014. Health expenditure Australia 2012–13: analysis by sector. Health and welfare expenditure series no. 53. Cat. no. HWE 62. Canberra: AIHW: Table A1.

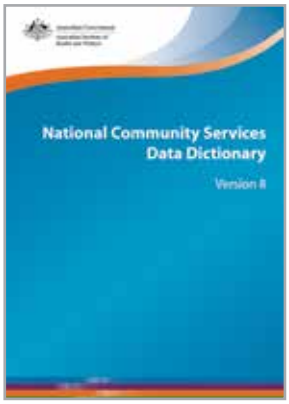
Figure 2.12: Percentage share of recurrent health expenditure, constant prices, by broad area of expenditure, 2003–04 and 2012–13

Health expenditure Australia 2012–13: analysis by sector

Over the last decade, the respective shares of recurrent health expenditure taken up by hospitals, primary health care and other areas of health has remained stable.

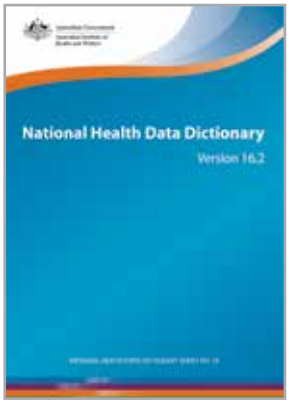
In 2012–13, $55.9 billion was spent on hospitals, $52.9 billion on primary health care and $29.9 billion on other areas of health spending.

This report is available at <www.aihw.gov.au/publication-detail/?id=60129550083>.



We have led the way over several decades in setting national data standards for the health and community services sectors. Publication of these standards has occurred as data dictionaries.

- The *National Community Services Data Dictionary: version 8*, released on 3 September 2014, will be the final version because community services data standards are being replaced with sector-specific standards, such as those for child welfare and disability services. Version 8 reflects changes to data standards between July 2012 and April 2014.



- The *National Health Data Dictionary: version 16.2*, released on 23 March 2015, will be the last published in PDF format, reflecting changing user preferences for accessing the information contained in data dictionaries. Version 16.2 reflects changes to national data standards for the health sector between July 2013 and June 2014. An earlier Version 16.1 was also published in 2014–15, and reflects changes between May 2012 and June 2013.

The community services data dictionary is available at <www.aihw.gov.au/publication-detail/?id=60129548464>.

The latest health data dictionary is available at <www.aihw.gov.au/publication-detail/?id=60129550408>.

These versions will continue to be maintained electronically through METeOR. Work was undertaken in 2014–15 to develop enhancements in METeOR for the publication of data dictionary content.

Online reporting of health workforce data

In the 2014–15 we moved to online reporting of health workforce data and redeveloped our workforce web pages. The web pages are now the key means through which information relating to all the health professions registered under the National Registration and Accreditation Scheme are published, including nurses and midwives, medical practitioners and 16 allied health professions.

This information can be found at <www.aihw.gov.au/workforce/>.

Housing and Specialised Services Group

What we do

The Housing and Specialised Services Group produces statistics, analysis and information on:

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

Living statistics

Surveying licit and illicit drug use

The group also supports statistical excellence at the AIHW through statistical quality assurance work.

Progress on key planned deliverables

Release:		
• *National Drug Strategy Household Survey detailed report: 2013*	✓	
• *Alcohol and other drug treatment services in Australia 2013–14*	✓	
• *Mental Health Online* updates and *Mental health services—in brief 2014*	✓	
• *Palliative care services in Australia 2014*	✓	
• *Housing assistance in Australia 2014*	✓	
• *Specialist homelessness services 2012–13* data cubes for each state and territory	✓	
• *Specialist homelessness services 2013–14*	✓	
• *Housing outcomes for groups vulnerable to homelessness: 1 July 2011 to 31 December 2013*	✓	
• *Exploring transitions between homelessness and public housing: 1 July 2011 to 30 June 2013*	✓	
• *Housing assistance in Australia 2015*	✓	
• 2014 National Social Housing Survey report.	X	*To be released in 2015–16*
Prepare the Specialist Homelessness Services Collection client management system for 2015–16 collection.	✓	
Undertake fieldwork for the 2014 National Social Housing Survey.	✓	
Develop a mental health services Seclusion and Restraint Collection Data Set Specification	✓	

In the spotlight

- Supporting efforts to tackle the rise in 'Ice' use
- Palliative care—online *Palliative care services in Australia* report
- Hotline support for more than 1,500 homelessness agencies
- Exploring transitions between homelessness and public housing.

Supporting efforts to tackle the rise in 'Ice' use

Illicit drug use is associated with many risks of harm to users, their families and the community. The harms associated with methamphetamine, especially in its crystal form ('Ice') are particularly concerning, and can result in significant long-term psychological and physical damage. In response to the issues created for individuals, families and communities by the use of Ice, the Prime Minister established a National Ice Taskforce in April 2015 to investigate the issues and impacts, and develop a coordinated response and national action plan to tackle this problem.

We worked closely with the Drug Strategy Branch of the Australian Government Department of Health to respond to the National Ice Taskforce's requests for data to inform an interim and final report to the Prime Minister for consideration by the Council of Australian Governments.

Data were supplied on Ice use, the treatment provided by alcohol and other drug treatment services, and hospitalisations of Ice users. Information was sourced from the National Drug Strategy Household Survey, the Alcohol and Other Drug Treatment Services NMDS and the National Hospitals Morbidity Database.

We have also provided submissions to parliamentary inquiries into the 'Ice' issue in recent years, including two in 2014–15 (see 'Parliamentary relations' on page 78).

Palliative care—online *Palliative care services in Australia* report

The *Palliative care services in Australia* (PCSiA) report was first published by the AIHW in 2012 as a print-ready report. It provides a broad picture of the status of palliative care in Australia and a 'one-stop shop' of national palliative care activity and expenditure data. The collation of available national palliative care data presented in PCSiA is a valuable resource for governments and the community.

In 2014–15, the third print-ready PCSiA report was released and an abbreviated version presented in online format. Moving to an online report not only improves accessibility to our palliative care data—it also provides increased flexibility to update information as new data become available from specific sources.

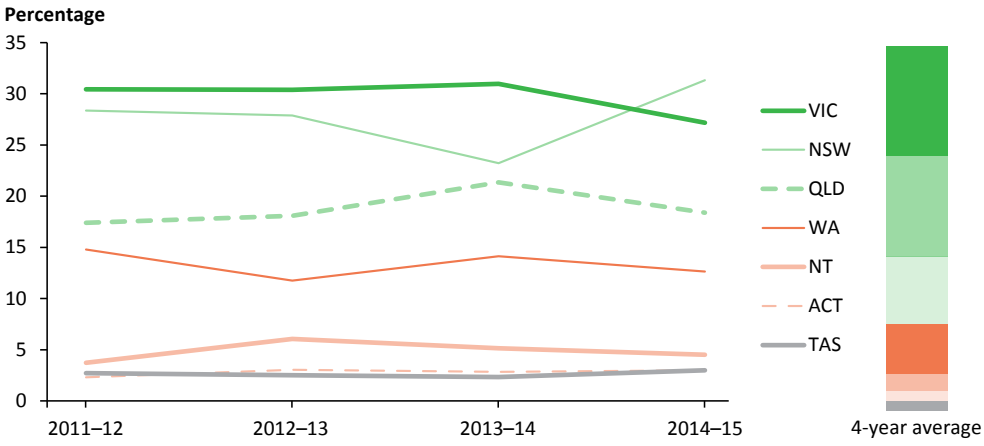
Information presented covers palliative care in relation to: general practice; admitted patients; palliative medicine specialists; residential aged care; medications; care facilities and services; and care outcomes. By the end of 2015, the information is expected to be updated twice; each for some of its component parts.

The 2014 PCSiA online report is available at <www.aihw.gov.au/palliative-care/>.

Hotline support for more than 1,500 homelessness agencies

The Specialist Homelessness Services Collection (SHSC) has been operating since 1 July 2011. We value the participation of the more than 1,500 agencies that provide services to the homeless, and the contribution of state and territory departments that fund the services. This strong partnership helps make the SHSC a success.

We provide a free-call hotline to help these agencies report their client information. In 2014–15, the AIHW and Infoxchange Australia responded to over 11,400 queries. Since the collection started, about 54,500 queries have been fielded, with the majority of these from Victoria (30% of queries) and NSW (28%). There is some variability in the proportion of queries for participating jurisdictions across years (see Figure 2.13).



Notes

1. In South Australia, assistance is provided to agencies by the Department of Communities and Social Inclusion directly, rather than through the AIHW. As a result, the percentage of calls received by AIHW from South Australia is negligible.
2. Data for this figure are available in Table A10.10.

Figure 2.13: Hotline queries received by the AIHW and Infoxchange Australia from specialist homelessness services agencies, by state and territory, 2011–12 to 2014–15

We also provide support by delivering face-to-face training and training webinars for SHSC agency staff. The webinars are especially useful for agencies located in remote communities.

Exploring transitions between homelessness and public housing

The report *Exploring transitions between homelessness and public housing* presents findings from a unique data linkage activity examining the outcomes and experiences of people who were both public housing tenants and users of homelessness services at some time between 1 July 2011 to 30 June 2013. The data linkage was made possible through a collaboration involving the AIHW, the NSW Department of Families and Communities, and WA Housing.

We have not linked data across these sectors before. Data from the SHSC database were linked to public housing data from NSW and WA using a statistical linkage key (see Glossary), known as SLK-581. In the 2 years between 1 July 2011 and 30 June 2013, 14,000 adults were identified who had been assisted by both public housing programs and specialist homelessness services.

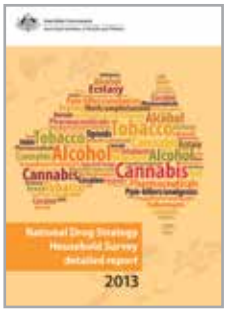
This analysis highlighted the role that specialist homelessness agencies play in assisting people into public housing as well as supporting existing tenants to remain in their public housing. Without this effort, many public housing tenants would become homeless.

The report demonstrates the value of data linkage projects of this nature. It has added another dimension to existing research in the housing and homelessness fields. The success of this linkage exercise opens up the prospect of further similar studies using the SLK-581 key with other data sets we hold.

The *Exploring transitions between homelessness and public housing* report is available at <www.aihw.gov.au/publication-detail/?id=60129550887>.

Selected products

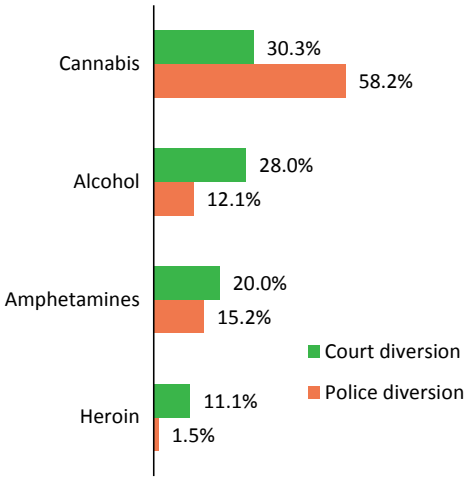
Products released by the Housing and Specialised Services Group during the year include these highlights.



The *National Drug Strategy Household Survey detailed report: 2013* shows that fewer Australians are smoking daily and they are smoking fewer cigarettes. Other major findings are:

- Fewer people are exceeding the lifetime risk and single occasion risk guidelines for alcohol use.
- Illicit drug use has remained stable overall, but use of some drugs declined while others increased.
- Alcohol continues to be the drug of most concern to the community, but concerns about meth/amphetamines are increasing.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129549469>.



Source: AIHW 2014. Alcohol and other drug treatment and diversion from the Australian criminal justice system 2012–13. Bulletin no. 125. Cat. no. AUS 186. Canberra: AIHW: Table S13.

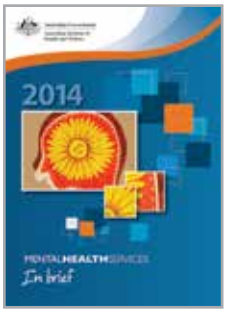
Figure 2.14: Treatment episodes provided to clients diverted into alcohol and other drug treatment, by courts or the police and by selected principal drug of concern, 2012–13

Drug diversion programs

Throughout Australia there are programs that divert people who have been apprehended or sentenced for a minor drugs offence from the criminal justice system to drug treatment services. *Alcohol and other drug treatment and diversion from the Australian criminal justice system: 2012–13* examines the nature of drug diversion programs and the treatment provided to clients who have been referred to treatment agencies as part of a drug diversion program.

- 24,069 clients were diverted into alcohol and other drug treatment in 2012–13, comprising 24% of all alcohol and other drug treatment clients.
- Police diversion episodes were more likely than court diversion episodes to be cannabis-related, while court diversion episodes were more likely to be related to alcohol or heroin.

The bulletin is available at <www.aihw.gov.au/publication-detail/?id=60129548946>.

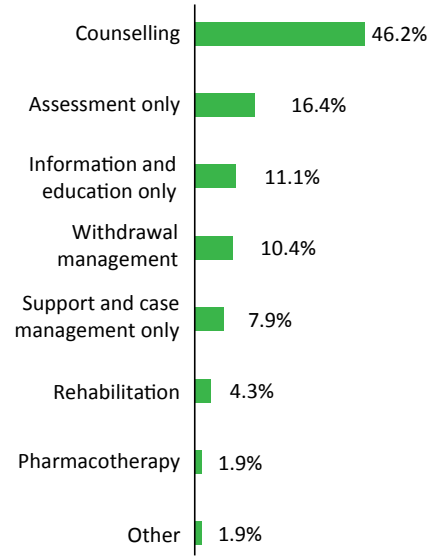


Almost 16 million GP encounters were mental health-related in 2012–13, or 12.3% of all GP encounters during the year.

- Depression (32%), anxiety (16%) and sleep disturbance (12%) were the 3 most frequently managed mental health-related problems in 2012–13.
- Medication(s) prescribed, supplied or recommended by a GP was the most common form of management.

Mental health services—in brief 2014 provides an overview of data about the national response of the health and welfare system to the mental health care needs of Australians. It is designed to accompany more comprehensive data on mental health services available online at <http://mhsa.aihw.gov.au/home/>.

The 'In brief' publication is available at <www.aihw.gov.au/publication-detail/?id=60129549463>.



Source: AIHW 2015. Alcohol and other drug treatment services in Australia 2013–14. Drug treatment series no. 25. Cat. no. HSE 158. Canberra: AIHW: Table SC.17b.

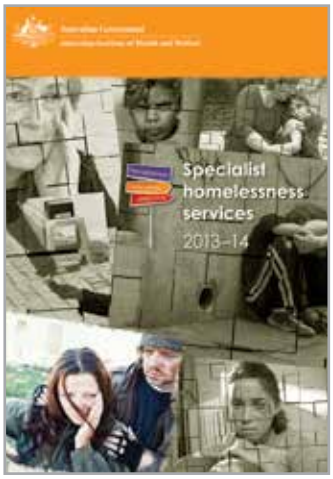
Figure 2.15: Clients of alcohol and other drug treatment services, by main treatment type, 2013–14

Alcohol and other drug treatment services in Australia 2013–14

The age profile of people accessing publicly-funded alcohol and other drug treatment agencies is changing.

- Over the 5 years to 2013–14, the proportion of people being treated who were aged 40 and over rose from 30% to 33%, while those aged 20–29 fell from 29% to 27%.
- In 2013–14, around 122,000 clients received treatment from agencies. This equates to about 1 in 200 people in the general population.

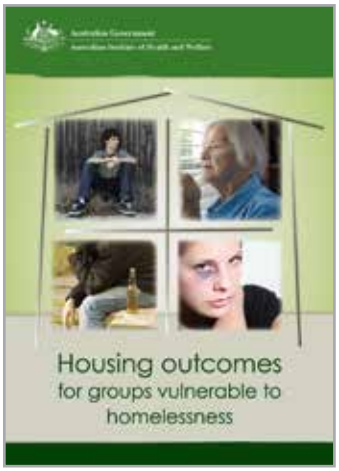
Alcohol and other drug treatment services in Australia 2013–14 is available at <www.aihw.gov.au/publication-detail/?id=60129551120>.



The third annual report of the Specialist Homelessness Services Collection describes the characteristics of clients who have received specialist homelessness support, the assistance they sought and were provided, and the outcomes achieved for those clients. For the first time, data about clients with a disability are included.

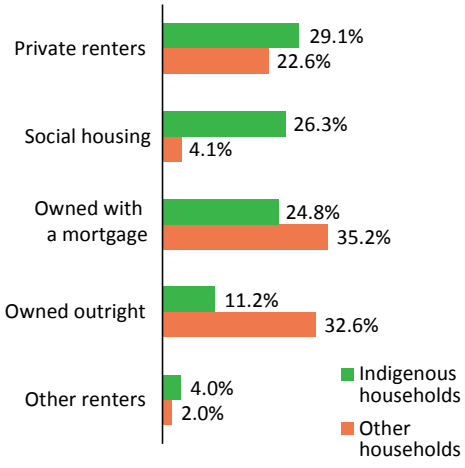
- Over the past 3 years, agencies have supported more than half a million Australians who were homeless or at risk of homelessness.
- In 2013–14, specialist homelessness services assisted around 254,000 clients, a 4% increase from the previous year.

Specialist homelessness services 2013–14 is available at <www.aihw.gov.au/publication-detail/?id=60129550000>.



Using data sourced from specialist homelessness agencies, *Housing outcomes for groups vulnerable to homelessness: 1 July 2011 to 31 December 2013* examines 4 cohorts of people vulnerable to homelessness, and shows differences in their housing outcomes, both across and within the cohorts. The report provides valuable insights into why some people retain or attain housing while others become or stay homeless.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129548971>.



Source: AIHW 2014. Housing circumstances of Indigenous households: tenure and overcrowding. Cat. no. IHW 132. Canberra: AIHW:Table B2.1.

Figure 2.16: Housing tenure type, by Indigenous status of household, 2011

Housing circumstances of Indigenous households: tenure and overcrowding

This report uses Census data in considering trends for issues faced by Indigenous households such as housing tenure and overcrowding. Differences in housing outcomes associated with remoteness, jurisdiction and socioeconomic status are also considered.

- In 2011, Indigenous households were about half as likely as other Australian households to own their home and more than 3 times as likely to be overcrowded.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129548060>.

Indigenous and Children's Group

What we do

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

A particular emphasis in 2014–15 has been calculating burden of disease estimates for the Aboriginal and Torres Strait Islander population.

Observing the next generation's wellbeing

Delivering better data on Indigenous people

Progress on key planned deliverables

Release:		
• *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*	✓	
• *Australian Burden of Disease Study: fatal burden of disease in Aboriginal and Torres Strait Islander people 2010*	✓	
• *Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2013–14*	✓	
• *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013*	✓	
• *Spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care* which included maps on the location of services relative to the Indigenous population distribution	✓	*Released in July 2015*
• an annual report on the health indicators in the National Partnership Agreement on Indigenous Early Childhood Development	X	*To be released in 2015–16*
• *Perinatal data portal* (web product) of selected perinatal outcomes data	✓	
• *Children's headline indicators reporting: January 2013 to June 2015* (web product)	✓	
• youth headline indicators as a web product	X	*To be released in 2015–16*
• *Aboriginal and Torres Strait Islander Health Performance Framework detailed analyses 2014.*	X	*Web product released; reports to be released in 2015–16*

In the spotlight

- Innovative Indigenous Health and Welfare Statistics App
- Mapping access to primary health care services for the Indigenous population shows where service gaps exist
- *Healthy Futures—Aboriginal Community Controlled Health Services: report card*
- Perinatal data portal—a new way of displaying perinatal data.

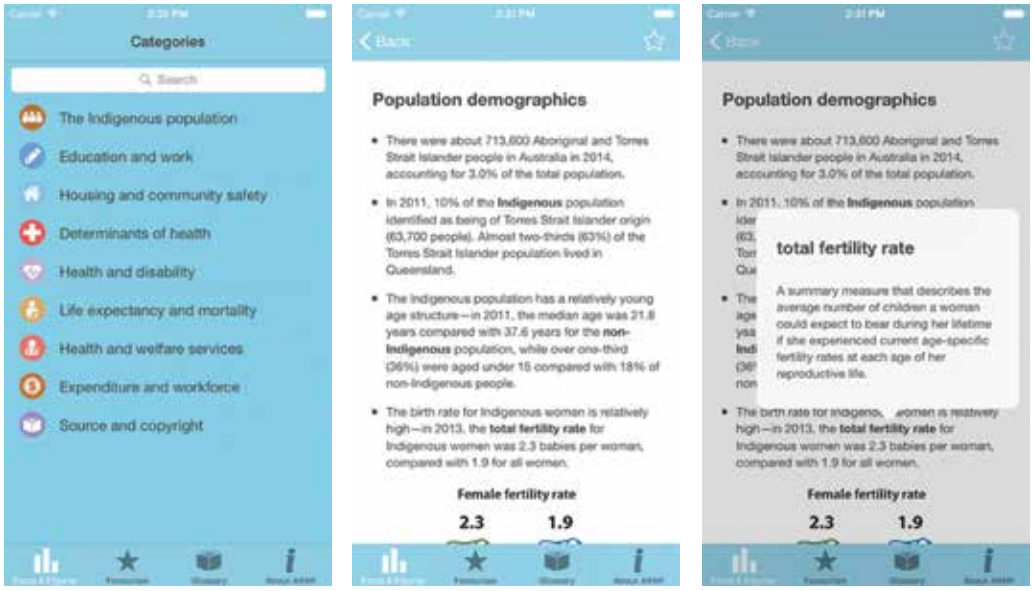
Innovative Indigenous Health and Welfare Statistics app

In June 2015 we released our first *Indigenous Health and Welfare Statistics* app. The app was developed for use on iPads and iPhones to complement our report *The Health and Welfare of Aboriginal and Torres Strait Islander peoples 2015*.

This free app provides statistics and fast facts on:

- the Indigenous population
- education and work
- housing and community safety
- determinants of health
- health and disability
- life expectancy and mortality
- health and welfare services
- expenditure and workforce.

The app can be accessed at <https://itunes.apple.com/au/app/indigenous-health-welfare/id985484597?mt=8>.



Screenshots of *Indigenous Health and Welfare Statistics App* for iPhone and iPad.

Mapping access to primary health care services for the Indigenous population shows where service gaps exist

During 2014–15, we analysed and mapped, at the small area level, access to primary health care services relative to the distribution of the Aboriginal and Torres Strait Islander population. This revealed areas where critical primary health care service gaps exist for Aboriginal and Torres Strait Islander people. The work was supported by the Australian Government Department of Health with the objective of informing relevant health policy decisions and planning of health services.

Access to services is measured in terms of physical access to:

- Indigenous-specific primary health care services based on drive time to services
- physical access to GP services in general relative to the per capita need for primary health care, using an index we developed.

This work shows that, overall, Australian Government-funded Indigenous-specific primary health care services appear to be well positioned relative to the geographic distribution of Aboriginal and Torres Strait Islander people, and relative to the distribution of other GP services. There are, however, several areas where Aboriginal and Torres Strait Islander people have very limited access to both Indigenous-specific services and GP services in general.

In total, 40 Statistical Areas Level 2 (medium-sized areas) were identified as service gap areas, with no Indigenous-specific primary health care services within 1 hour's drive and with poor access to GP services in general. These areas are highlighted in Figure 2.17.

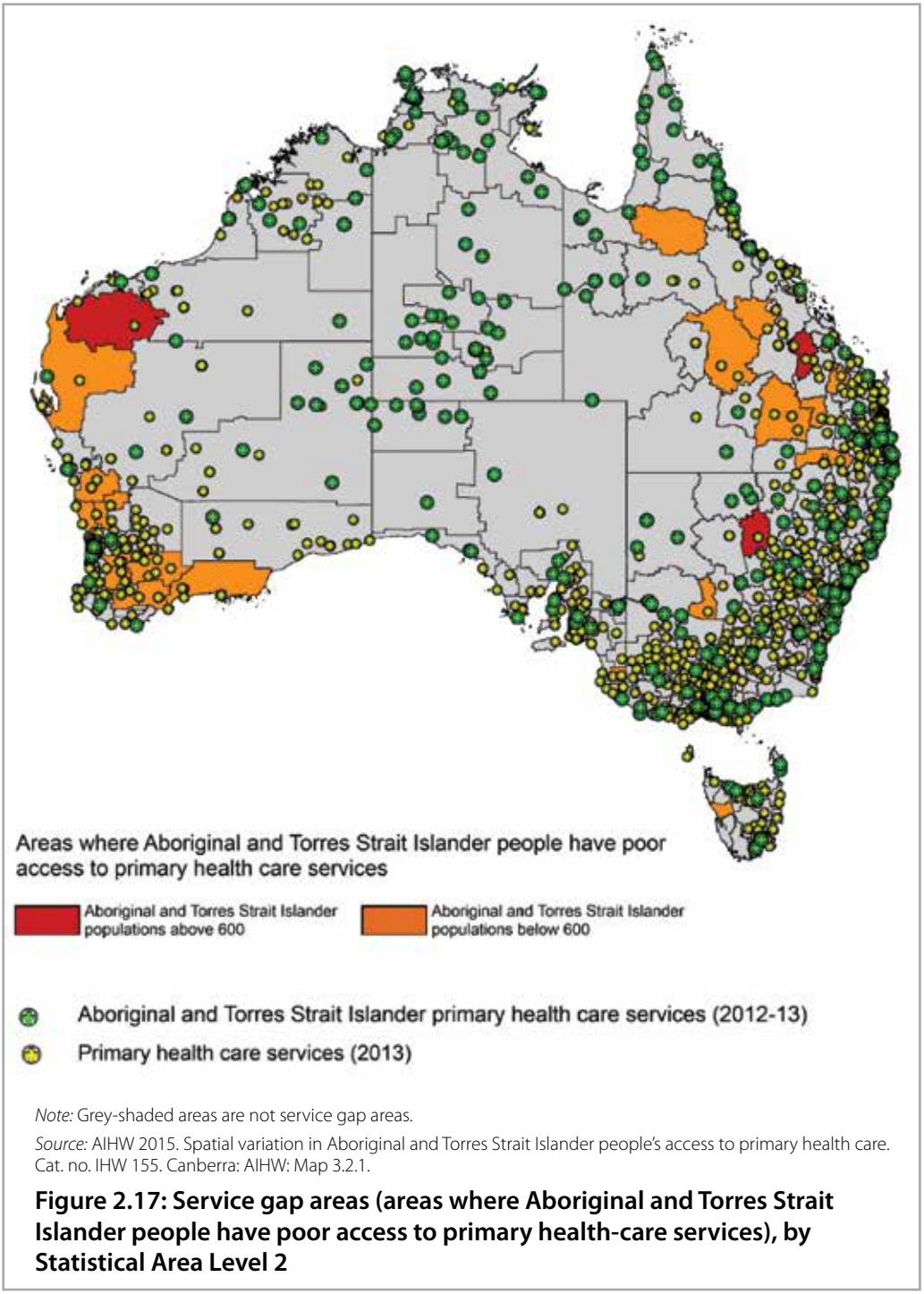
- 10 of these service gap areas have an Aboriginal and Torres Strait Islander population of 600 or more (areas shaded in red in the map).
- Many of these areas are in 'Remote' and 'Very remote' areas of Queensland and Western Australia.

Outreach services and some state/territory funded Indigenous-specific services were not included in the analyses—these services play an important role in health service delivery for the Indigenous population.

The report, *Spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care*, is available at <www.aihw.gov.au/publication-detail/?id=60129551602>.

continued

Mapping access to primary health care services for the Indigenous population shows where service gaps exist (continued)



Note: Grey-shaded areas are not service gap areas.

Source: AIHW 2015. Spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care. Cat. no. IHW 155. Canberra: AIHW: Map 3.2.1.

Figure 2.17: Service gap areas (areas where Aboriginal and Torres Strait Islander people have poor access to primary health-care services), by Statistical Area Level 2

Healthy Futures—Aboriginal Community Controlled Health Services: report card

This publication presents information on 124 Aboriginal Community Controlled Health Services (ACCHS) that provide primary health care to Aboriginal and Torres Strait Islander people, especially in the areas of maternal and child health, and chronic disease prevention and management. It was produced at the request of the National Aboriginal Community Controlled Health Organisation, and was launched by the organisation on 26 March 2015.

The report card shows that the number of regular clients seen by these services rose by 6% between December 2012 and December 2013, from 183,435 to 194,521 clients. It also reveals that the services continued to improve on a range of 'process of care' indicators between these periods, for example, the proportions of:

- women attending antenatal visits prior to 13 weeks of pregnancy
- clients aged 0–4 and 25 or more who had a Health Assessment (Medicare Benefits Schedule [MBS] item 715)
- clients with type 2 diabetes or chronic obstructive pulmonary disease (COPD) who were immunised against influenza
- clients with type 2 diabetes who received an MBS General Practice Management Plan or Team Care Arrangement.

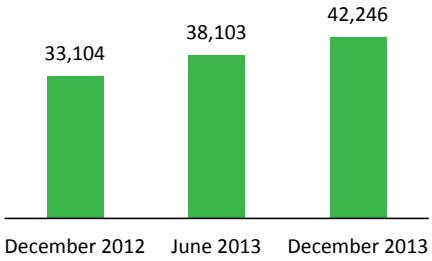


Figure 2.18a: ACCHS clients aged 25 or more who had a Health Assessment (Medicare Benefits Schedule item 715) in the last 2 years

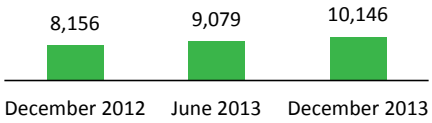


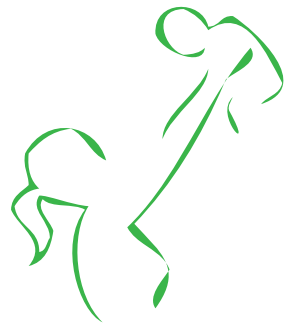
Figure 2.18b: ACCHS clients with type 2 diabetes who had a general practice management plan

Source: AIHW 2015. Healthy Futures—Aboriginal Community Controlled Health Services: report card. Cat. no. IHW 150. Canberra: AIHW: pages 19 and 20.

Healthy Futures—Aboriginal Community Controlled Health Services: report card is available at <www.aihw.gov.au/publication-detail/?id=60129550479>.

Perinatal data portal—a new way of displaying perinatal data

In 2014–15 we published maternal and perinatal data from the National Perinatal Data Collection in an online dynamic data display. The data are available in 2 modules, and include overviews of mothers and babies, maternal demographics and antenatal care for 2010–2012.

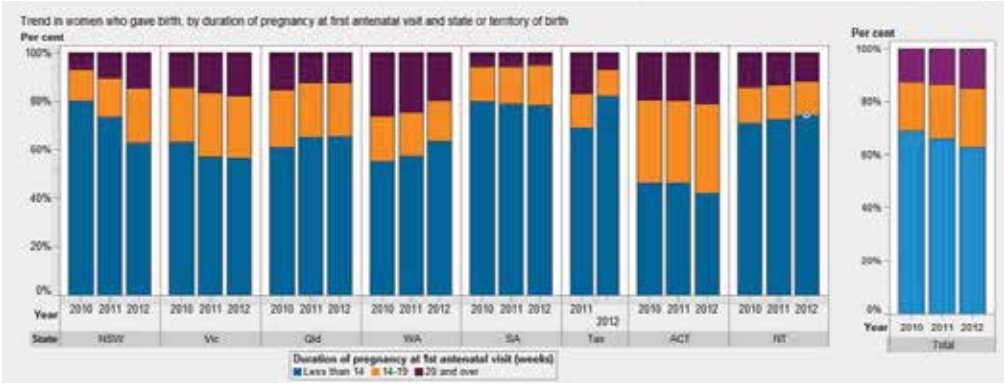


This innovative presentation is a 'first' for perinatal data, and allows the user to customise the data display by their own preferred disaggregation. Options for data presentation include maternal characteristics, geography, Indigenous status, and antenatal information.

Key findings from the data include:

- The majority of women attended an antenatal visit within the first 14 weeks of pregnancy (62.9%)—although this proportion varied across jurisdictions. At 20 weeks duration of pregnancy this number improved to 85% of women nationally receiving antenatal care.
- Living in a rural or remote area can affect women's antenatal care and birth options. In 2012, around 61% of mothers living in *Major cities* and *Inner regional* areas attended their first antenatal visit during the first trimester, while the proportion was greatest for mothers from *Outer regional* areas at 70.9%. Between 2011 and 2012, there appeared to be an increase in early attendance of first antenatal visits among mothers from more remote areas, whereas proportions have declined over this period for mothers in *Major cities* and *Inner regional* areas.

The perinatal data portal is available at <www.aihw.gov.au/perinatal-data/>.

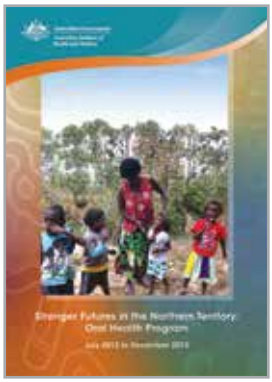


Source: Perinatal data portal available at <www.aihw.gov.au/perinatal-data/> / Antenatal period / Antenatal visits trend.

Figure 2.19: Duration of pregnancy at the first antenatal visit by women who gave birth, by state and territory, 2010–2012

Selected products

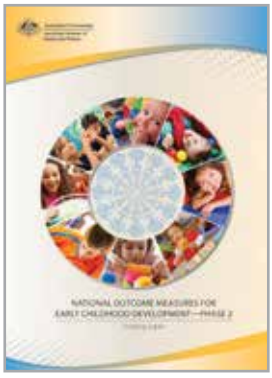
Products released by the Indigenous and Children's Group during the year include these highlights.



Stronger Futures in the Northern Territory: oral health services July 2012 to December 2013 presents information on services provided to Indigenous children under 16 years through the Stronger Futures in the Northern Territory Oral Health Program. This includes both preventive treatments and clinical services.

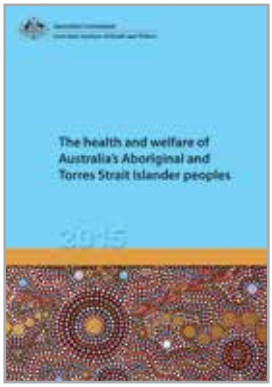
The report reveals that between July 2012 and December 2013, over 4,700 Indigenous children received clinical services such as check-ups, fillings and extractions, through the program. Between 2009 and 2013, the proportion of children with caries decreased in most age groups.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129549684>.



National Outcome Measures for Early Childhood Development project—Phase 2: scoping paper provides potential indicators for 5 indicator topic areas (child behavioural problems, peer relationships, racism, school engagement and parenting quality/capacity), as well as potential data sources for a further 2 areas (social and emotional wellbeing, and family social networks).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129550051>.



The health and welfare of Aboriginal and Torres Strait Islander peoples: 2015—released in June 2015—is the 8th in this series of reports. It provides a comprehensive picture of the health and welfare of Australia's Indigenous population, and highlights areas where there have been improvements, such as in Year 12 retention and home ownership, as well as where significant gaps remain, such as smoking and diabetes rates.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129550168>.

Collaborating centres

During 2014–15, the AIHW had collaborating centre arrangements in place with 4 research organisations, based mainly at universities. These organisations were:

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

Asthma and other airways disease monitoring

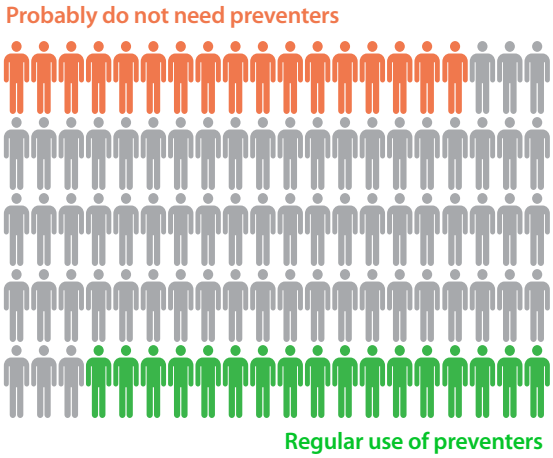
The Australian Centre for Airways disease Monitoring aims to help reduce the burden of asthma and other airways diseases by developing, collating and interpreting data relevant to airways disease prevention, management and health policy.

Progress on key planned deliverables

Review and contribute to updates to the *Asthma Snapshot* and *COPD snapshot* web products.	✓
Release *Mortality from asthma and COPD in Australia*.	✓
Release *Respiratory medication use in Australia 2003–2013: treatment of asthma and COPD*.	✓

Selected product

Respiratory medication use in Australia 2003–2013: treatment of asthma and COPD describes patterns of dispensing of respiratory medications in Australia. Through detailed analyses of Pharmaceutical Benefits Scheme data and other sources, the report draws inferences about respiratory medication use among patients with asthma and chronic obstructive pulmonary disease (COPD). It improves our knowledge and understanding of how these diseases are managed. For example, it shows that for every 100 patients with asthma and COPD who were dispensed preventer inhalers, 17 probably did not need them, 66 used them infrequently, and a further 17 used them regularly.



Source: Respiratory medication use PowerPoint presentation available at <www.aihw.gov.au/publication-detail/?id=60129550778>: Slide 22. Derived from AIHW: Correll PK, Poulos LM, Ampon R, Reddel HK & Marks GB 2015. Respiratory medication use in Australia 2003–2013: treatment of asthma and COPD. Cat. no. ACM 31. Canberra: AIHW.

Figure 2.20: Patients with asthma and COPD dispensed preventer inhalers, by frequency of use, 2013

This report is available at <www.aihw.gov.au/publication-detail/?id=60129550778>.

Dental statistics

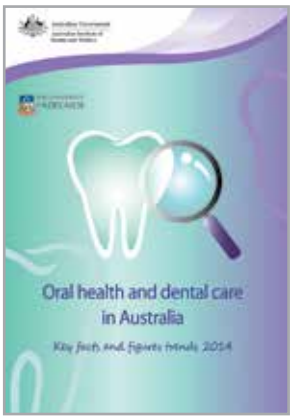
The Dental Statistics and Research Unit aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics, and through research on dental health status, dental practices, use of dental services, and the dental labour force.

Progress on key planned deliverables

Release *Oral health and dental care in Australia: key facts and figures trends 2014*	✓
Collate National Dental Telephone Interview Survey data	✓
Collate Child Dental Health Survey data	✓

In the spotlight

Mixed trends in oral health

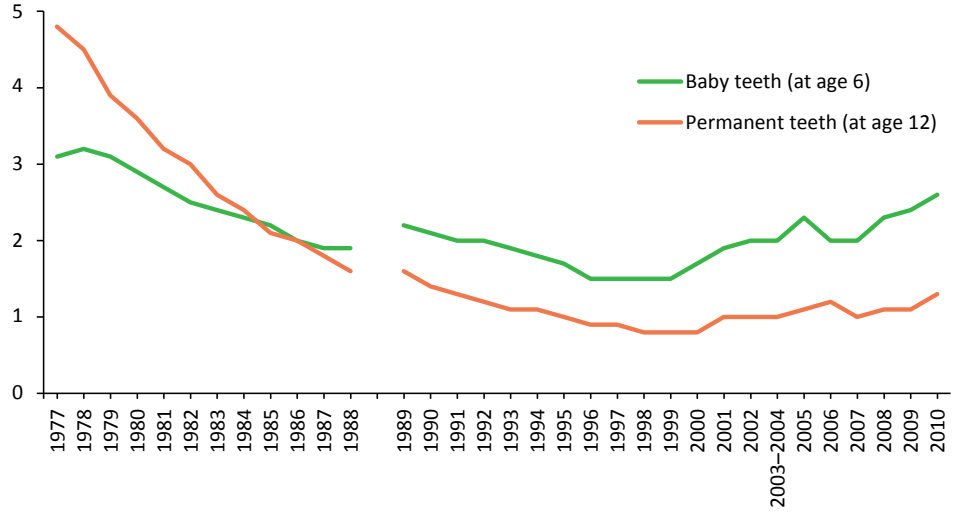


Oral health and dental care in Australia: key facts and figures trends 2014 is the latest report in this series. The statistics suggest that, overall, there have been improvements over the long term but there is some cause for concern over trends in recent years.

In adults, there was a decrease in the average number of teeth affected by decay from nearly 15 in 1987–88 to around 13 in 2004–06. From 1994 to 2010, however, the proportion of adults reporting any adverse oral health impact generally increased, and ranged from 31.4% in 1994 to a peak of 39.9% in 2008.

For children, the number of baby teeth and permanent teeth affected by decay fell between 1977 and 1999, but rose from that point on to new highs in 2010.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129548265> and is summarised on our dental and oral health web pages at <www.aihw.gov.au/dental-and-oral-health/>.



Notes

1. Data for this figure are available in Table A10.11.
2. The break in the table is due to differing data sources used from 1977 to 1988 and 1989 to 2010 respectively (see Table A10.11).

Figure 2.21: Average number of decayed, missing or filled teeth in children, 1977 to 2010

Injury surveillance

The National Injury Surveillance Unit develops and reports national statistical information on injury. We also contribute to improving national information on injury, and to the work of WHO in developing ICD-11.

Progress on key planned deliverables

Release:		
• *Hospitalised injury in children and young people 2011–12*	✓	
• *Australian sports injury hospitalisations 2011–12*	✓	
• *Suicide and hospitalised self-harm in Australia: trends and analysis*	✓	
• *Hospitalised injuries in older Australians 2011–12*	✓	
• *Trends in injury deaths, Australia 1999–00 to 2009–10* and related technical report	✓	
• a report on serious injury due to land transport accidents.	X	*To be released in 2015–16*

In the spotlight

Football is the leading cause of hospitalised sports injury

AIHW's data on hospital care includes information on the activity in which patients admitted to hospital were participating at the time of injury. There is scope to improve this information, but it was of sufficient quality to support publication of a report on sports injury hospitalisations. The report, the first on this topic by AIHW since 2007, was the subject of widespread media attention.

During 2011–12, about 36,200 people aged 15 and over were hospitalised due to an injury sustained while playing sport, and spent a total of 79,000 days in hospital.

Injuries sustained by individuals while playing Australian Rules football make up the largest proportion of sports-related injuries requiring hospitalisation—with nearly 3,200 people hospitalised—followed by soccer, cycling, wheeled motor sports and water sports.

The sport which exhibited the highest rate of participation-based hospitalisation was wheeled motor sports—such as motorcycling and go-carting—with 3,574 hospitalisations per 100,000 participants. This was followed by roller sports such as roller skating and skateboarding, then Australian Rules football and Rugby (league or union).

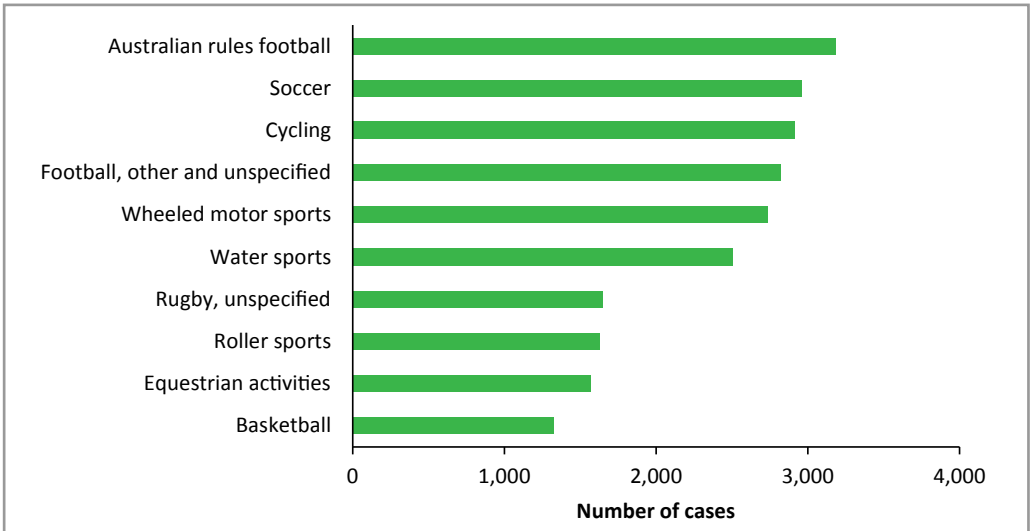
Injury severity varied by the type of sport. Three sports—cycling, motor sports and equestrian activities—had particularly high proportions of more severe injuries, each with about one-quarter of cases considered to be life-threatening.

In all but 2 sports—netball and fishing—the most common diagnosis was a fracture. The most commonly affected body region was the knee and lower leg.

Australian sports injury hospitalisations 2011–12 is available at <www.aihw.gov.au/publication-detail/?id=60129549100>.

continued

Football is the leading cause of hospitalised sports injury (continued)



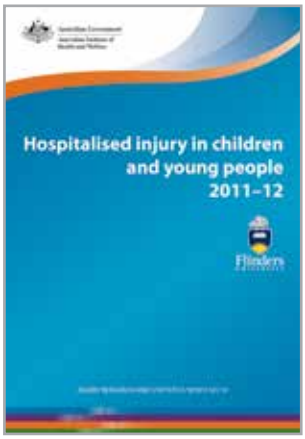
Note: Data for this figure are available in Table A10.12.

Figure 2.22: Top 10 sports where participants required hospitalisation for injury, 2011–12

Selected product

In total, more than 130,000 children and young people were hospitalised as a result of an injury in 2011–12. Boys outnumbered girls by 2 to 1. Generally, rates of injury were higher for the older age groups, with the highest overall rate being among males aged 18–24 years. Rates of injury were also higher in rural and remote areas and for Aboriginal and Torres Strait Islander children and young people.

Hospitalised injury in children and young people 2011–12 is available at <www.aihw.gov.au/publication-detail/?id=60129549325>.



Perinatal statistics

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

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

Progress on key planned deliverables

Contribute data tables for the Steering Committee for the Review of Government Service Provision's *Report on government services 2014*.	✓	
Release *Australia's mothers and babies 2012*.	✓	
Produce annual statistical tables for 3 National Healthcare Agreement indicators and 4 National Indigenous Reform Agreement indicators using perinatal data.	✓	
As part of the National Maternity Data Development Project:		
• develop metadata for the models of maternity care	✓	
• further develop the national review process for the reporting of maternal mortality	✓	
• develop governance arrangements and test methods for national perinatal mortality reporting.	X	*To be released in 2015–16*
Enhance national metadata standards in the Perinatal NMDS.	✓	

Selected product

Maternal deaths in Australia 2008–2012 is the 16th report on women who die in association with pregnancy and childbirth. Maternal death review is one of the oldest known forms of clinical care quality assurance.

In 2008–2012, there were 105 maternal deaths in Australia that occurred within 42 days of the end of pregnancy, representing a maternal mortality ratio of 7.1 deaths per 100,000 women who gave birth. All such deaths are devastating for the woman's family and the community, and should be carefully examined for possible lessons learned that may prevent future similar events.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129551119>.

Business and Governance Group

The Business and Governance Group provides services and strategic and policy advice to enable optimal use of our financial and human resources to achieve business objectives. More specifically, the group provides:

- executive support and secretariat services for the AIHW Director, AIHW Board, Executive Committee and a number of national information committees (see **Chapter 4 Our organisation**)
- pricing and contract advice, business analysis and preparation of financial statements (see 'Our financial performance' on pages xiv and 11)
- leadership and support in governance and legal matters, including data management and release arrangements, ethics, privacy, development and negotiation of external agreements, and the strategic management of internal and external relationships critical to our role (see **Chapter 4 Our organisation** and 'Parliamentary relations' on page 78)
- recruitment services, coordination of learning and development activities, workforce planning, performance management support, management of people and building safety, facilities management, and accommodation planning (see **Chapter 5 Our people**).

Objectivity

Responsiveness

Accessibility

Privacy

Expertise

Innovation

Chapter 3

Our communications

This chapter focuses on how we get our messages out better.

Communicating well

We are committed to making the information and statistics we produce widely accessible and easy to understand. All our publications are rigorously peer reviewed and professionally edited to ensure that they are accurate and succinct. Wherever possible, we publish under Creative Commons licences so that people can use and adapt AIHW information, with acknowledgment, without seeking our formal approval.

We produce policy-relevant reports for health and welfare policymakers and the public, and help the media to use and accurately report AIHW statistics and information. Increasingly, we are producing products other than traditional printed reports.

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

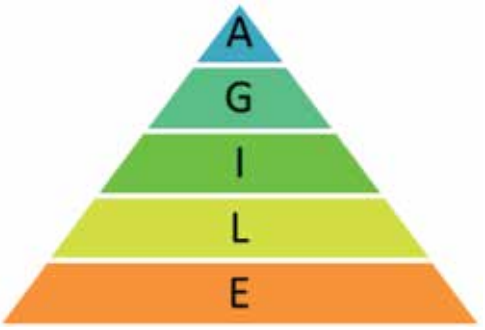
In 2014–15 we reviewed the kinds of products we produce and considered what changes we could make to better meet the varying needs of our different audiences. We spoke to other businesses, to stakeholders in a variety of sectors, and to our own staff. The strongest demand was for 'bite-sized' information, and data that clients can manipulate themselves (see 'Improving product planning with AGILE').

Improving product planning with AGILE

In 2014–15 we developed a new approach to product planning, preparation and output. This was based on a stocktake of our current approach to product planning and identification of best practice in the communication of statistical information. We also spoke to other organisations that perform similar roles and to our external stakeholders about new ways to produce and present our information. Key directions that emerged for us were needs for:

- bite-sized information
- manipulatable data
- more and better data visualisation
- layered content
- better internal product planning and preparation processes.

As a result, the AGILE product pyramid was developed. Each of the 5 layers comprises similar products or products that serve a common purpose. The top 3 layers focus on a broad audience and the bottom 2 on a more targeted audience.



ATTRACT products are very short; they get people's attention.

GRAB products are short, easy-to-find and use; they are for people in a hurry.

IMPACT products have information organised in ways that are more meaningful.

LEARN products answer questions and explore ideas; they are tailored to the needs of specific audiences.

EXPLORE products allow access to more detailed data; they are for those with specific interests.

AIHW authors have been given access to examples of these AGILE product types, enabling them to think more creatively about the best product mix to prepare using the data they have.

Our web products

Our web products present information in formats that combine quick facts with graphics. They provide a gateway to more information and in-depth data and analyses. Key points and simple graphics are generally just one click away from the AIHW home page, while more in-depth information can be found by 'drilling down'. Where web products accompany a printed report, they link to a downloadable print-ready (PDF) version of the report. In some cases, full reports have been converted to web pages (HTML).

During 2014–15, new web products covered topics such as:

- workforces—medical, nursing and midwifery, and allied health professionals
- residential aged care, and aged care in the community 2013
- National Drug Survey Household Survey
- Deaths (see 'Deaths snapshot and links to related information')
- National Opioid Pharmacotherapy Statistics Annual Data collection
- rheumatoid arthritis
- housing assistance
- palliative care services.

Three new full-text online reports were released in HTML format in 2014–15 in addition to downloadable PDF versions:

1. *Australia's hospitals 2013–14: at a glance*
2. *Cancer in Australia 2014: an overview*
3. *AIHW Annual report 2013–14.*

The *Mental health services in Australia* website <http://mhsa.aihw.gov.au/home/> was updated 5 times during the year with new information on the mental health workforce and mental health-related services. There were about 101,800 visitor sessions on these web pages in 2014–15—less than the 139,400 sessions in 2013–14.

Eight new publications were added in 2014–15 to the Closing the Gap Clearinghouse (a joint AIHW and Australian Institute of Family Studies (AIFS) collaboration). These publications included resource sheets, issues papers and an annual report. There were more than 34,800 visitor sessions on the clearinghouse site in 2014–15—less than the 40,400 sessions in 2013–14.

Deaths snapshot and links to related information

We aim to make our data and information available online in several different formats, from traditional print-ready PDF and online (HTML) reports to infographics, snapshots and detailed source data tables.

'Snapshots' in particular are an increasingly popular product. AIHW snapshots are created for online-only publication and are easier to find and navigate than other publication formats. They comply with Web Content Accessibility Guidelines 2.0 Level AA accessibility requirements.

An example is the Deaths snapshot released in 2014–15, which is available at <www.aihw.gov.au/deaths/>.

Deaths data enable health policymakers and public health researchers to monitor mortality trends, including specific causes of death and life expectancy over time. The data can also be used to investigate differences between population groups.

Users exploring this topic may start on the Deaths landing page where they will find quick facts such as:

- 3 in 10 deaths were due to circulatory diseases in 2012
- the leading single cause of death (underlying) was coronary heart disease
- 4 in 5 deaths due to natural causes involved more than one disease.

These facts link through to sub-pages where readers can find out more about leading underlying causes of death for each sex, and about multiple and underlying causes of death. The sub-pages provide more detailed information, which is further enhanced by figures, tables, and other graphical representations of data.

Readers can also navigate to related PDF publications to learn more about specific deaths-related topics such as injury deaths trends, use of aged care services before death, and fatal burden of disease.

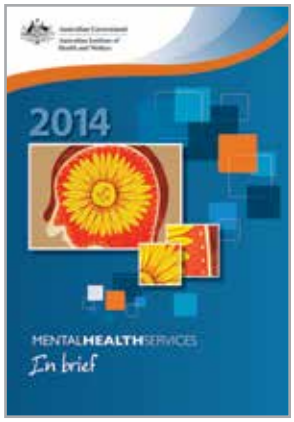
Drilling down further still, users can find the General Record of Incidence of Mortality books. These are Excel workbooks that house historical and recent deaths data for specific causes of death. They are available for different time spans for different causes of death, depending on data availability, with some books starting at 1907. They are the only national-level source of readily available electronic tabulations of deaths data for deaths registered prior to 1964.

'In brief' and 'at a glance' publications

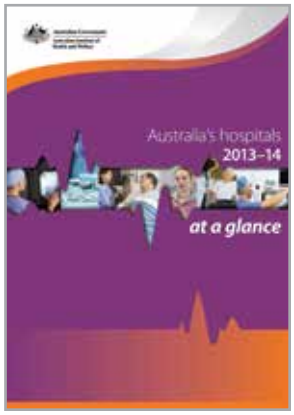
Our commitment to making information accessible includes providing 'in brief' or 'at-a-glance' summary publications to accompany key reports. We published several 'in brief' and 'at a glance' publications in 2014–15 including:

1. The 33-page *Cancer in Australia: in brief 2014*, which presents key points and trends from the more detailed 218-page biennial report about cancer in Australia, *Cancer in Australia: an overview, 2014*.

2. The 48-page *Mental health services—in brief 2014*, a companion publication to the AIHW's *Mental health services in Australia* website <http://mhsa.aihw.gov.au/home/>, which provides a comprehensive picture of how the health and welfare service systems respond to the mental health care needs of Australians.



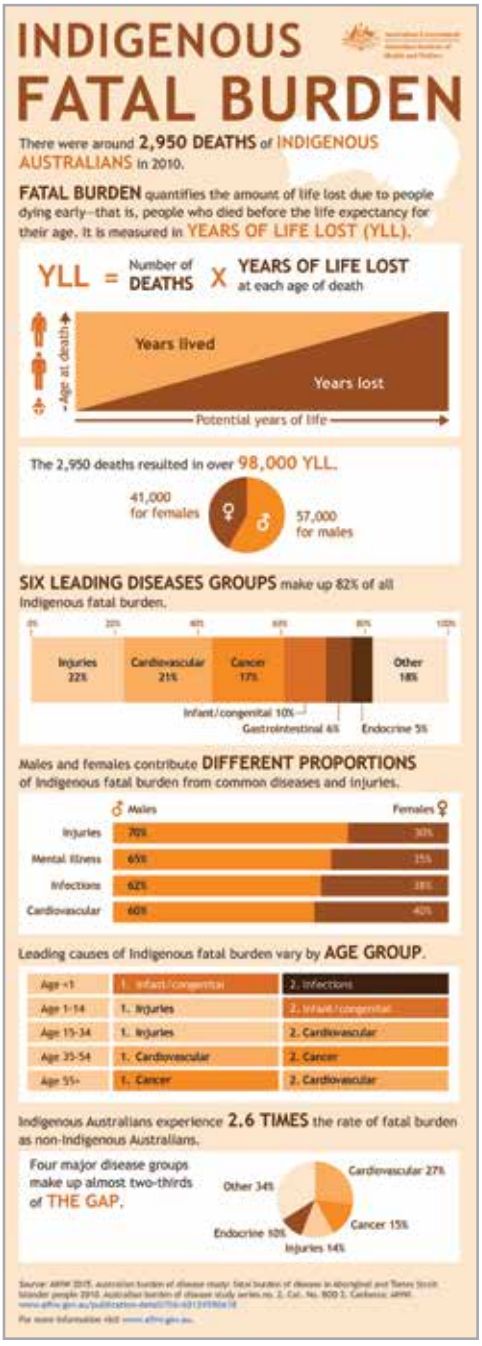
3. The 32-page *Australia's hospitals 2013–14: at a glance*, provides information on Australia's public and private hospitals and is part of the 2013–14 *Australian hospital statistics* suite of publications.

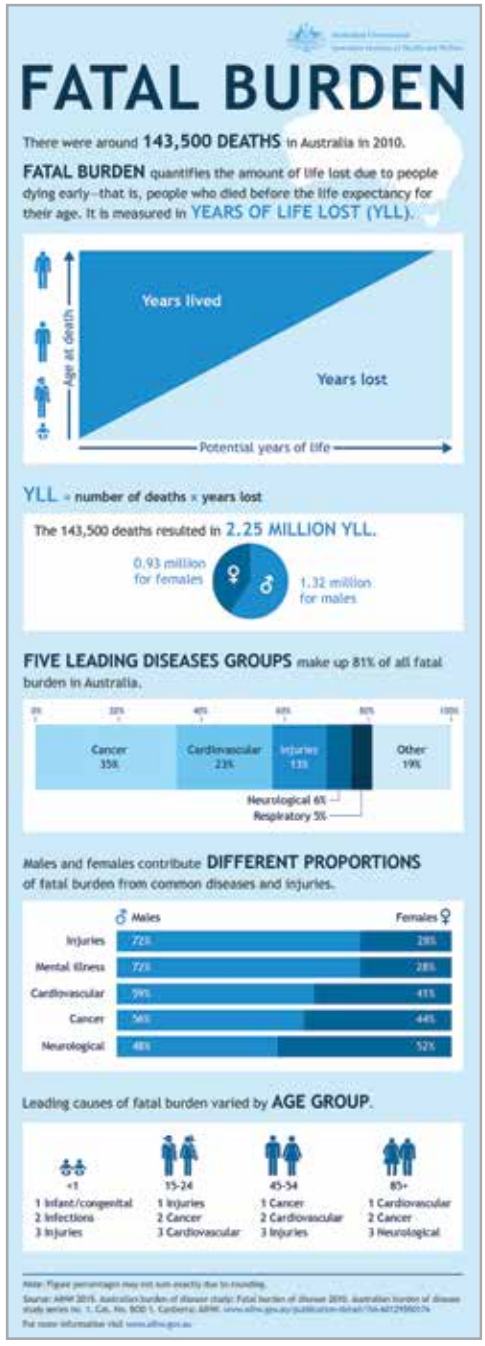


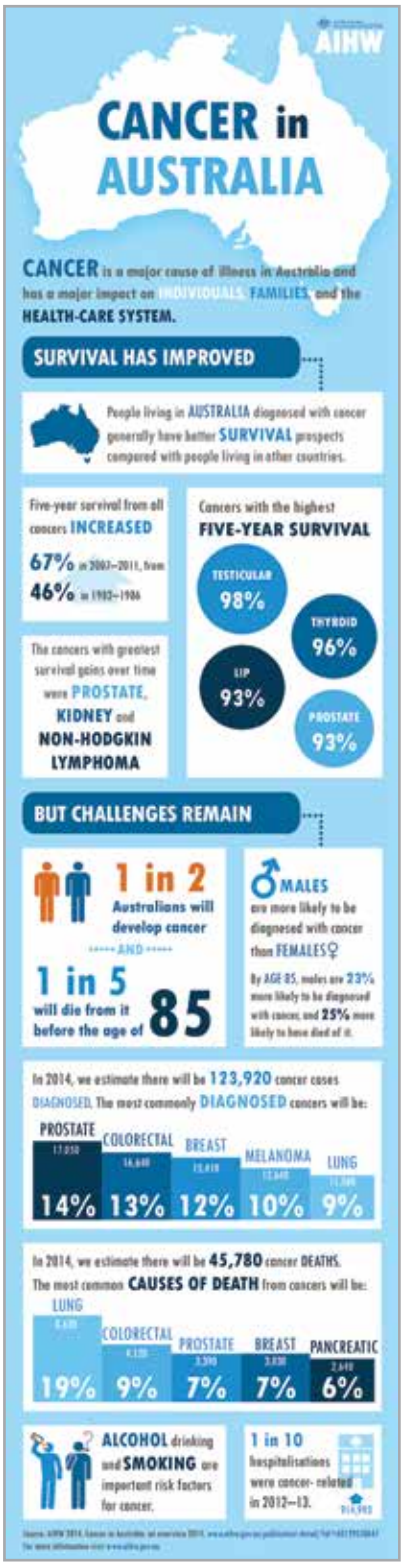
Infographics

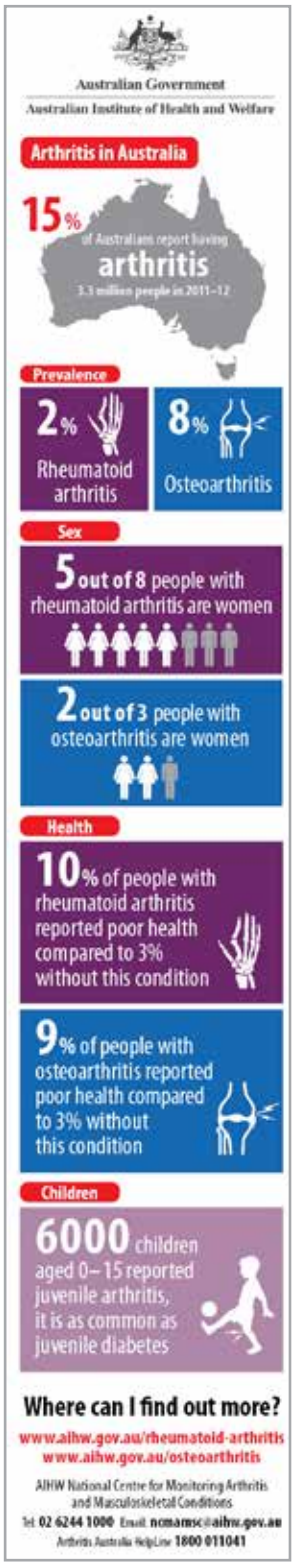
Infographics—see examples provided—and 'stats mats' re-present statistical information from print and online versions of our 'in brief' reports in easy-to-interpret graphic formats.

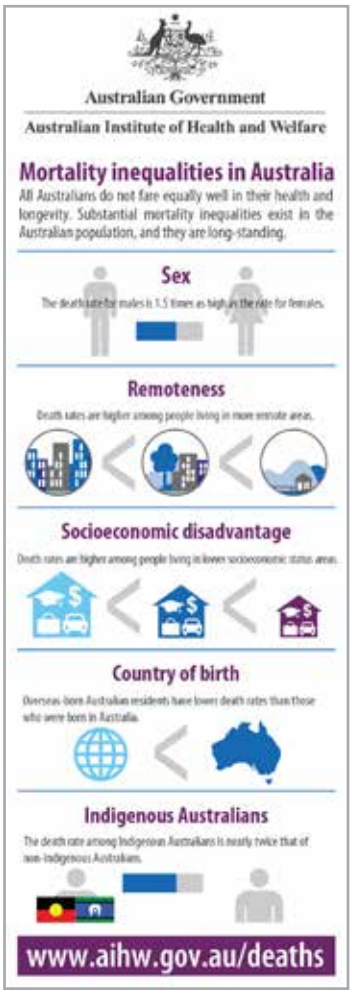
Our infographics are designed for users who need quick facts. They are ideal for the education sector, the general public, media and policymakers. Some of the infographics shown have been made available as bookmarks.











More examples of infographics as discussed on the previous page.

Apps

We have released 3 free apps on the Apple iOS platform. The latest app, Indigenous Health and Welfare Statistics, was released in June 2015 and is based on *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015* report.

Indigenous Health and Welfare Statistics

The apps present facts and figures in interesting, colourful, and easy-to-use formats—making them particularly valuable for students and teachers, as well as people who might not usually be interested in statistics. The apps also include a comprehensive glossary and material about the AIHW.

OzWelfare

The other two AIHW apps, OzWelfare and OzHealth, also include quizzes that draw 10 multiple-choice questions from a bank of questions within the app, and provide answers and scores.

During 2014–15, the apps were downloaded more than 2,000 times (3,000 in 2013–14). Most users were from Australia, followed by China, USA, Canada and Europe. The OzHealth app was the most popular, with 1,560 downloads, followed by OzWelfare, and Indigenous Health and Welfare Statistics.

OzHealth

The apps will be updated with new data when the corresponding reports are updated and released. The OzHealth app was updated with new data from the *Australia's health 2014* report in early 2015.

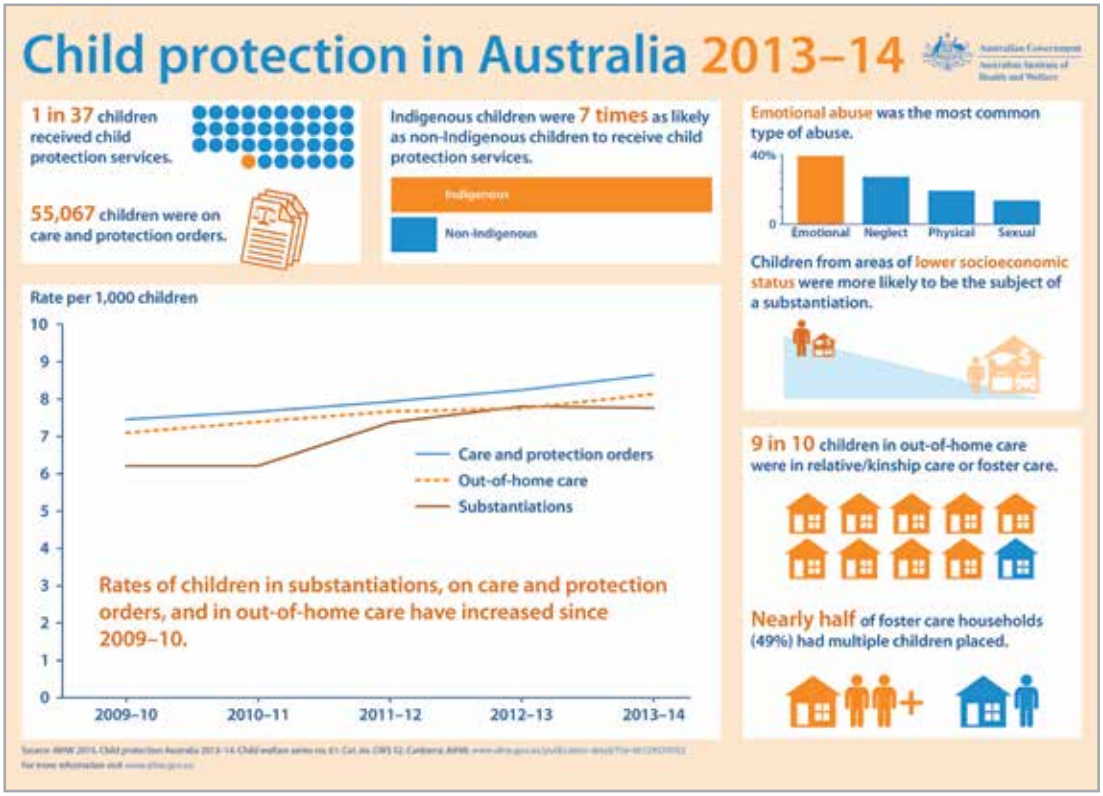
Social media

We use our Twitter tag, @aihw, to keep followers informed about new releases on the AIHW website. There were around 7,000 @aihw followers on 30 June 2015 (compared with 5,000 in 2013–14).

The tweet with the most impressions (2,803) and link clicks (69) to 30 June 2015 was about child protection:

> #Children receiving #protectionservices up 6%, 3/4 are repeat clients. #childprotection aihw.gov.au/media-release-… pic.twitter.com/0zay9R3KKx

This tweet was released on 8 May 2015 and included the following infographic.



Notification services for clients and stakeholders

In addition to using Twitter to announce new releases, we advise clients and stakeholders of the release of our publications and newsletters through free self-subscription email notification services. Subscriptions to these notices rose by 11.1% in 2014–15 compared with the previous year (Table 3.1). The biggest increase was for our long-established printed and online newsletter, *AIHW Access*. The content of this newsletter has been revamped over the past 2 years to focus on the main messages emerging from recent AIHW product releases.

Table 3.1: Email notification service subscriptions, 2011 to 2015

Year at 30 June	2011	2012	2013	2014	Change 2014 to 2015	2015
Health publication releases	4,629	5,382	6,090	5,729	▲	**5,984**
Welfare publication releases	3,442	4,102	4,583	4,426	▲	**4,670**
Education resources and promotions	1,171	2,157	2,961	3,581	▲	**4,144**
AIHW Access online releases	1,069	2,398	3,620	4,632	▲	**5,609**
Total	**10,311**	**14,039**	**17,254**	**18,368**	▲	**20,407**
Employment vacancies	1,640	2,478	4,051	4,831	. .	—[(a)]

(a) In 2014–15, the AIHW discontinued its job vacancies notification service.

Customer care charter

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

AIHW staff responded to over 2,000 requests for general information in 2014–15—an average of about 8 requests a day.

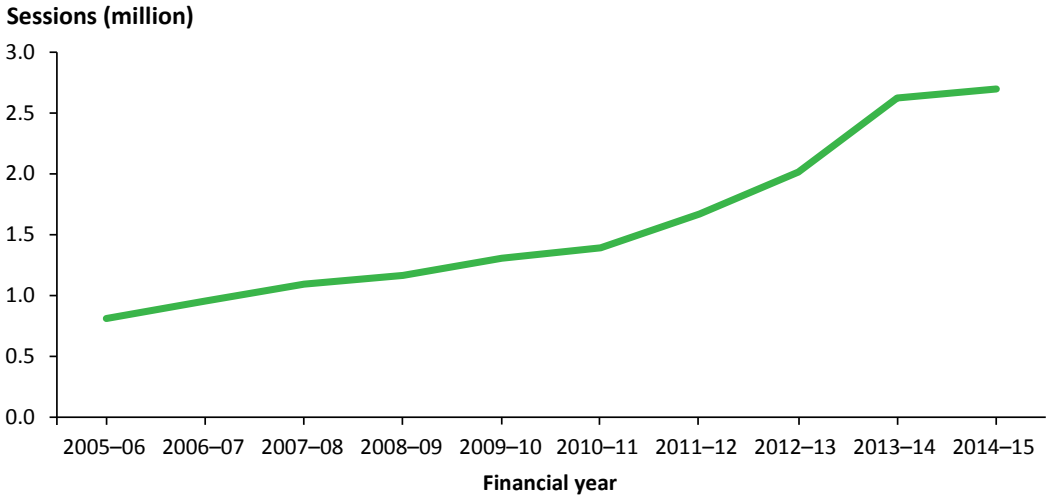
New releases

In 2014–15, we released 179 products—147 were printed or print-ready publications and 32 were web products (see Appendix 8). Overall, 8 more products were released in 2014–15 than in 2013–14 (see Figure 2 on page xv for a longer time series).

AIHW website

The AIHW website at <www.aihw.gov.au/> is the main conduit for all AIHW information, principally our print-ready products, web products and a range of other data-related outputs. All these products are free to view or download.

There were nearly 2.7 million sessions on our website in 2014–15—an increase of 2.9% over 2013–14 (2.6 million). The increase was not as high as for previous years (Figure 3.1).



Note: Data for this figure are available in Table A10.13.

Figure 3.1: Sessions on the AIHW website, 2005–06 to 2014–15

Downloads of popular reports

The publications most frequently downloaded from the AIHW website in 2014–15 are detailed in Table 3.2. *Australia's health 2014* was by far the most downloaded report, with 30,336 downloads. *Australia's health* has been consistently our most downloaded publication for nearly 20 years.

Other publications consistently appearing in our top 10 downloaded publications in recent years have been *Young Australians: their health and wellbeing 2011*, *The burden of disease and injury in Australia 2003* and *A picture of Australia's children*.

Table 3.2: Top 10 publications downloaded from the AIHW website, 2014–15

1	*Australia's health 2014*	30,336
2	*Australia's health 2012*	12,337
3	*Young Australians: their health and wellbeing 2011*	10,623
4	*Australia's health 2014—in brief*	6,571
5	*A picture of Australia's children 2012*	6,567
6	*National Drug Strategy Household Survey detailed report 2013* (released 25 November 2014)	5,675
7	*Child protection Australia 2012–13* (released 25 July 2014)	5,319
8	*Health expenditure Australia 2012–13* (released 23 September 2014)	5,154
9	*The burden of disease and injury in Australia 2003*	5,101
10	*Australian hospital statistics 2012–13*	4,187

Note: These rankings are based on downloads of each report either during 2014–15 or from the stated release date to 30 June 2015.

Media

Media coverage

We issued 82 media releases in 2014–15, 2 more than in 2013–14 (Table 3.3; see Figure 2 on page xv for a longer-term time series).

Overall media coverage rose by 16.7%. With the exception of print media, all types of media coverage continued to increase.

Table 3.3: Media coverage (items) and media releases, 2010–11 to 2014–15

Media type	2010–11	2011–12	2012–13	2013–14	Change 2013–14 to 2014–15	2014–15
Print	698	564	458	507	▼	**426**
Radio	1,645	1,956	1,929	1,620	▲	**1,826**
Television	103	138	128	122	▲	**230**
Online	1,651	1,778	1,894	1,311	▲	**1,650**
Australian Associated Press	77	96	92	15	▲	**41**
Total	**4,174**	**4,532**	**4,501**	**3,575**	▲	**4,173**
Media releases	**71**	**82**	**84**	**80**	▲	**82**

Note: Figures for online media coverage from 2011–12 to 2013–14 published in previous editions of the AIHW Annual Report have been revised in this edition to exclude estimates of occasions where a single news article is syndicated across multiple media outlets.

Media coverage of individual reports

The AIHW reports that attracted the most media coverage during the year are listed in Table 3.4, headed by two reports on the 2013 National Drug Strategy Household Survey.

Neither of the Institute's biennial flagship reports was released in 2014–15, as both *Australia's welfare 2013* and *Australia's health 2014* were released in the 2013–14 period. They were the top two reports for media coverage in that year.

Table 3.4: Top 10 reports for media coverage, 2014–15

		Number of media items
1	*National Drug Strategy Household Survey 2013—key findings*	189
2	*National Drug Strategy Household Survey: detailed report 2013*	177
3	*Health expenditure Australia 2012–13*	162
4	*Child protection Australia 2012–13*	122
5	*Australian sports injury hospitalisations: 2011–12*	119
6	*Maternal deaths in Australia 2008–2012*	117
7	*Cervical screening in Australia 2012–13*	95
8	*Child protection Australia 2013–14*	87
9	*Adoptions Australia 2013–14*	86
10	*Australian hospital statistics 2013–14: elective surgery waiting times*	77

Parliamentary relations

Budget estimates hearings

The AIHW Director appeared at the Estimates hearing for the Health portfolio before the Senate Community Affairs Legislation Committee on 1 June 2015. Arising from this hearing and other annual Senate Estimates hearings occurring on 22 October 2014 and 25 February 2015, during 2014–15, the AIHW provided an individual response to 1 question on notice and input for 6 portfolio-wide responses to questions on notice.

Inquiries

The AIHW provided 13 submissions to 11 parliamentary committee inquiries in 2014–15 (Table 3.5). Staff appeared before 4 committees during the year. Three of these appearances are indicated in the table. The other was the Legislative Assembly of the Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder on 1 August 2014.

Table 3.5: Submissions to parliamentary inquiries, 2014–15

Federal committee	Inquiry name
Senate Standing Committees on Community Affairs—References Committee.	Adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia (2 submissions; appeared before the committee on 15 May 2015).
	Availability of new, innovative and specialist cancer drugs in Australia.
	Grandparents who take primary responsibility for raising their grandchildren (second submission).
	Out-of-pocket costs in Australian healthcare (second submission; appeared before the committee on 29 July 2014).
	Out of home care (2 submissions; appeared before the committee on 16 April 2015).
	Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability.
Senate Standing Committees on Finance and Public Administration—References Committee.	Access to legal assistance services, but more particularly, on the Aboriginal and Torres Strait Islander experience of law enforcement and justice services.
Senate Standing Committees on Legal and Constitutional Affairs—Legislation Committee.	The Regulator of Medicinal Cannabis Bill 2014.
House of Representatives Standing Committee on Health.	Hepatitis C in Australia.
Joint Committee on Law Enforcement.	Crystal methamphetamine (ice).
State/territory committee	
Legislative Assembly of the Northern Territory Select Committee on 'Ice'.	'Ice'.

Objectivity

Responsiveness

Accessibility

Privacy

Expertise

Innovation

Chapter 4

Our organisation

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

Legislation

The AIHW was established as a Commonwealth statutory authority in 1987, as the then Australian Institute of Health. The composition, functions, powers and obligations of the Institute in reporting on the nation's health were set out in its enabling legislation, the *Australian Institute of Health Act 1987*.

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

- The AIHW Act is reproduced in Appendix 1 on page 140, with our functions specified in section 5 (see also 'Who we are and what we do' on page x).
- The AIHW Act establishes the AIHW Board as our governing body.
- We operate under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

Our main functions, described in section 5 of the AIHW Act, are to collect, analyse and disseminate health- and welfare-related information and statistics. Although the Act requires the AIHW to place information in the public domain, it also contains a confidentiality provision. Section 29 of the Act establishes strict confidentiality requirements which prohibit the release of documents and/or information 'concerning a person' held by the AIHW, unless one of the specific exceptions in the Act applies. The Act also recognises that the AIHW's many data providers may attach such conditions to the use of their data as they deem appropriate, and release of data is subject to compliance with any written terms and conditions imposed by data providers.

The AIHW Act therefore facilitates the release of information designed to ultimately benefit the public, protects the identity of individuals and organisations and ensures data providers may have confidence that we will comply with data supply terms and conditions.

As a Commonwealth entity, we are also subject to the *Privacy Act 1988*, which establishes obligations on private and public sector organisations for collecting, using or disclosing personal information. Hence the data in our care are protected by two sets of obligations: those contained in the Privacy Act and those in the AIHW Act.

Importantly, both Acts recognise the importance of data being made available for the purposes of research that benefits the community. Subject to strict requirements and considerations, the AIHW Ethics Committee may authorise the release of personal information for medical research that would otherwise be a breach of an Australian Privacy Principle in the Privacy Act; and/or the release of health- or welfare-related information as permitted by section 29 of the AIHW Act.

Accountability

We have a range of reporting mechanisms to ensure transparency and accountability in our operations. Key documents are:

- **AIHW strategic directions**—provides the foundation for establishing, recording, refining and assigning priorities to our activities.
- **AIHW corporate plans**—are a requirement of section 35 of the PGPA Act—the first of which was prepared during 2014–15 with application to the period 2015–16 to 2018–19.
- **Portfolio Budget Statements**—annual statements informing members of the Australian Parliament of the proposed allocation of resources to government outcomes and programs. Annual direct funding from the Australian Parliament is appropriated to us on the basis of outcomes. Our outcome and program structure under the PBS consists of 1 outcome and 1 program (see 'Understanding our performance' on page 2).
- **Annual work plans**—internal management documents that provide the AIHW Board, AIHW Director and AIHW staff with an overview of proposed activities for the next year, against which progress is monitored.
- **Annual reports**—an annual report to the Minister for Health for presentation to the Australian Parliament, required by section 46 of the PGPA Act.

Ministerial accountability

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the Minister of its activities as required. This includes occasions when we receive or expend significant funds, for example, when we undertake contract work valued over a certain amount (currently $1.5 million) for other agencies and organisations. This amount is specified in the Regulations under the AIHW Act (see Appendix 1 on page 140).

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

AIHW Board

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

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

Board members

Information follows about individual board members at 30 June 2015, including qualifications, current positions and affiliations. Appendix 3 on page 172 details the meetings attended by board members during 2014–15 and lists board members outgoing during 2014–15.

Mukesh Haikerwal AO MB, ChB, Dip IMCRCS (Ed), DRCOG, FAMA, FRACGP (Hon)

Chair

Non-executive Director

Term: 19 July 2014 – 18 July 2015; 19 July 2015 – 18 July 2016

Dr Haikerwal is a medical General Practitioner in Melbourne. He is Chair of the Council of the World Medical Association, having held that position since May 2011. Dr Haikerwal is also a Professor in the School of Medicine in the Faculty of Health Sciences at Flinders University, South Australia. He is Chair of the Beyondblue National Doctors' Mental Health Program and Co-Chair of the Australian Asian Medical Federation, and sits on the Advisory Board of Brain Injury Australia. Dr Haikerwal was the 19th Federal President of the Australian Medical Association and, prior to that, the association's Victorian State President.

Dr Haikerwal was honoured as an Officer of the Order of Australia in 2011 for distinguished service to medical administration, to the promotion of public health through leadership roles with professional organisations, particularly the Australian Medical Association, to the reform of the Australian health system through the optimisation of information technology, and as a General Practitioner.

Kerry Flanagan PSM BA

Director, Australian Institute of Health and Welfare

Executive Director (acting appointment)

Terms: 12 January 2015 – 11 April 2015; 12 April 2015 – 11 January 2016

In 2014–15, Ms Flanagan's ex-officio appointment to the board was initially as the representative of the Secretary, Department of Health, but continued after that appointment as Acting AIHW Director on 12 January 2015. Prior to joining the AIHW, Ms Flanagan worked in senior executive roles in the Australian Public Service covering health, social services and the status of women.

Ms Flanagan was awarded a Public Service Medal in 2014 for outstanding public service leading to better health and hospital services, especially through the Commonwealth Medical Internship program and the publication of national data on hospitals. Further details about Ms Flanagan are available on the AIHW's website at <www.aihw.gov.au/aihw-senior-staff/>.

David Filby PSM BA (Hons), PhD

Nominee of the Australian Health Ministers' Advisory Council

Non-executive Director

Terms: 12 August 2009 – 11 August 2012; 30 August 2012 – 29 August 2015; 30 August 2015 – 29 November 2015

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council (AHMAC) and SA Health. He has worked for more than 30 years in the public health sector, including as Executive Director of the Department of Health (SA) and the Department of Human Services (SA), and as the Deputy Director-General of Queensland Health. Dr Filby's primary roles have been in the areas of policy development and legislative reform, strategic planning, intergovernmental relations and national health reform activities, information and data analysis and performance reporting, and research policy and planning. He is a board member of the National Health Performance Authority, as well as Chair of Helping Hand New Aged Care in South Australia. Dr Filby was, until June 2014, Chair of the National Health Information Standards and Statistics Committee of AHMAC, and has previously served as a member of the Australian Statistics Advisory Council of the ABS, the Child Health Research Institute Council (SA), the National Centre for Education and Training on Addiction, and the Council of the Institute of Medical and Veterinary Science (SA).

Dr Filby was awarded a Public Service Medal in 2008 for outstanding public service to the Australian health care system.

Vacant

Nominee of the Standing Committee of Social Welfare Administrators

Non-executive Director

Vacant

Representative of the State Housing Departments

Non-executive Director

David Kalisch BEc, AICD

Australian Statistician

Non-executive Director

Term: Ex-officio appointment

In 2014–15, Mr Kalisch's ex-officio appointment to the board was initially as the AIHW Director, but he continued to serve on the Board after his appointment as Australian Statistician on 11 December 2014.

Mr Kalisch is the 15th Australian Statistician and the non-judicial member of the Australian Electoral Commission. He is an economist with public sector experience in research and analysis, policy development and service delivery. He has an interest in labour markets, macroeconomics, retirement incomes, welfare to work strategies and health policy. He has pursued organisational performance and renewal through recent leadership responsibilities. Previous appointments have been as the AIHW Director for 4 years, a Commissioner at the Productivity Commission and a Deputy Secretary in the Australian Government Department of Health. Mr Kalisch has had senior executive roles in a range of departments since 1991 and has had 2 appointments at the OECD in Paris.

Paul Madden

Representing Mr Martin Bowles, Secretary, Department of Health

Non-executive Director

Term: Ex-officio appointment

Mr Madden holds the position of Deputy Secretary and Special Adviser, Strategic Health Systems and Information Management in the Australian Government Department of Health. His role includes the development and implementation of visions and strategies for, and the operation of, information, knowledge, technology and performance activities. He also provides strategic guidance and advice for eHealth initiatives such as the Personally Controlled eHealth Record, Telehealth, ePrescribing and health system performance reporting.

Mr Madden also manages the implementation of the Department's enterprise information management strategy, as well as data governance and enterprise information technology governance and approval regimes. Prior to joining the Department, Mr Madden was Program Director of the Standard Business Reporting Program led by the Australian Treasury from 2007 to 2010.

Erin Lalor BSc (Hons) (Speech and Hearing), PhD, GCCM

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

Non-executive Director

Terms: 21 November 2012 – 20 February 2013; 1 March 2013 – 29 February 2016

Dr Lalor has been Chief Executive Officer of the National Stroke Foundation since 2002. She is the immediate past Chair of the National Vascular Disease Prevention Alliance, current Chair of the Australian Chronic Disease Prevention Alliance and co-Chair of the Australian Stroke Coalition. She is a Director of the World Stroke Organization, a member of its Executive Committee and Chair of the World Stroke Campaign Committee.

Dr Lalor was a Victorian finalist in the Telstra Business Woman of the Year Awards 2013 and was recognised as one of the Financial Review/Westpac Top 100 Women of Influence in 2013. Dr Lalor has a unique perspective and insight into stroke at all stages of recovery, having worked as a speech pathologist in Western Australia while completing her PhD in cognitive neuropsychology.

David Conry BBus (Marketing)

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

Non-executive Director (acting appointment)

Terms: 19 December 2014 – 30 June 2015; 1 July 2015 — 18 December 2015

Mr Conry has been Managing Director, Damarcon, since 2011. Damarcon provides services in business development and strategy. Mr Conry also serves on the boards of the Queensland Gambling and Community Benefit Fund, and the Queensland Museum Network. Previous positions and organisations include News Ltd, National Group Sales Director for Pacific Magazines and Printing, National Head (Channel Marketing) for Flight Centre Ltd and Executive Director and Chairman of Youngcare. Mr Conry also has experience and expertise in governance frameworks for not-for-profit organisations.

Michael Perusco BBus (Acc)

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

Non-executive Director

Terms: 21 November 2012 – 20 February 2013; 1 March 2013 – 29 February 2016

Mr Perusco is Chief Executive Officer of the St Vincent de Paul Society NSW. He has previously worked with international accounting firm Arthur Andersen, the not-for-profit Brotherhood of St Laurence, Melbourne's Sacred Heart Mission (as CEO) and the Department of Prime Minister and Cabinet.

Mr Perusco is a former Australia Day Ambassador and was shortlisted as Victorian State Finalist for the 2010 Australian of the Year Awards for his work with people experiencing homelessness. He is a member of the NSW Premier's Council on Homelessness, and a board member of the NSW Council of Social Services.

Mr Perusco has also served as Chair or Director of the Council to Homeless Persons (in Victoria), Australians for Affordable Housing, Catholic Social Services Victoria, Hanover Welfare Services, Goodcompany, the Mirabel Foundation and the Fitzroy Learning Network.

Lyn Roberts AO DipAppSc, BA (Hons), PhD

Ministerial nominee with expertise in research into public health issues

Non-executive Director

Terms: 12 November 2009 – 11 November 2012; 21 November 2012 – 20 February 2013; 1 March 2013 – 29 February 2016

Dr Roberts resigned as Chief Executive Officer (National) of the National Heart Foundation of Australia in late 2013 having held that position since 2001. She was Vice-President of the World Heart Federation from 2009 to 2010 and participated in the Australian Chronic Disease Prevention Alliance. Dr Roberts has also held the following positions: Member, Australian National Preventive Health Agency Advisory Council; Vice-President-Elect, World Heart Federation; Chair, Australian Chronic Disease Prevention Alliance; Treasurer, Asia Pacific Heart Network; Board Member, Asia Pacific Heart Network; Board Chairperson, Child and Youth Health, South Australia; Board Member, Child, Adolescent and Family Health Service, South Australia; and Vice-President, Family Planning Association, South Australia.

Dr Roberts was honoured as an Officer of the Order of Australia in 2015 for distinguished service to community health through executive and governmental advisory roles in a range of public outreach and education initiatives aimed at improving cardiovascular wellbeing.

Siew-Ean Khoo MSc, DSc (Population Sciences)

Ministerial nominee

Non-executive Director

Terms: 21 November 2012 – 20 February 2013; 1 March 2013 – 29 February 2016

Dr Khoo retired from her position as Senior Fellow at the Australian Demographic and Social Research Institute, Australian National University, in 2013. Her research and teaching there focused on Australia's population and demography. She is also a former Executive Director of the Australian Centre for Population Research at the university.

Dr Khoo, a graduate of Harvard University, also worked with the East–West Population Institute at the East–West Center in Hawaii, the ABS, and the Australian Government Bureau of Immigration, Multicultural and Population Research, as well as at the Department of Immigration and Multicultural Affairs.

Other roles held by Dr Khoo have included: consultant to the AIFS and the WHO; member of the AIHW Ethics Committee; and Vice-President of the Australian Population Association.

Andrew Goodsall BA (Hons), Grad. Dip. Asian Studies, MBA

Ministerial nominee

Non-executive Director (acting appointment)

Terms: 19 December 2014 – 30 June 2015; 1 July 2015 — 18 December 2015

Mr Goodsall has been Managing Director (Healthcare) with financial services firm UBS Australia since 2006. He serves on the boards of the North Shore Local Health District (Sydney), the NSW Bureau of Health Information, and the Australian Institute of Policy and Science.

Mr Goodsall's previous positions include several as policy adviser and manager with the Victorian Government, soldier, army reservist, and Chief of Staff and Senior Adviser to a Victorian Health Minister. He also served as an adviser with the Victorian State Opposition, as Senior Equities Analyst with Burdett Buckeridge Young, and as Director (Healthcare) with Citigroup Australia.

Vacant

Ministerial nominee

Non-executive Director

Devin Bowles MA (Hons), BSc (Hons)

Staff-elected representative

Non-executive Director
(acting appointment)

Terms: 19 December 2014 – 30 June 2015;
1 July 2015 — 18 December 2015

Mr Bowles has worked at the AIHW since 2009 as a Senior Project Manager. He is also a weekend support worker for a young man with intellectual disability. He has previously worked as a community development worker for a non-government organisation, for the ACT Department of Disability, Housing and Community Services, and for several Australian Government departments.

Charter of Corporate Governance

The AIHW Board has adopted a Charter of Corporate Governance that outlines the governance framework of the Institute (see Appendix 2 on page 161). It provides board members with a clear set of arrangements to assist them to meet their legislative and other obligations.

The charter was reviewed during 2014–15 to align with the PGPA Act, and was amended by the board at its June 2015 meeting. It is available on our website at: <www.aihw.gov.au/aihw-board/>.

Board performance review

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

A review of the board was conducted in 2012–13, with findings considered and adopted by the board at its June 2013 meeting.

The board review scheduled for 2014–15 was deferred pending clarification of the AIHW's status and responsibilities expected to follow the Australian Government's announcement in the 2014 Commonwealth Budget of the potential merging of a number of agencies in the Health portfolio.

Education of board members

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

In 2014–15, the board received presentations on several AIHW publications: *Child Protection Australia 2012–13*, *Alcohol and other drug treatment services in Australia 2012–13*, *Australian Burden of Disease Study: fatal burden of disease 2010* and a forthcoming publication on spatial variation in Aboriginal and Torres Strait Islander people's access to primary health care.

Remuneration and allowances for board members

Remuneration and allowances for board members are determined by the Remuneration Tribunal. As at 30 June 2015, the relevant determination is *Determination 2015/083: Remuneration and allowances for holders of part-time public office*, which can be found at <www.remtribunal.gov.au/offices/part-time-offices>.

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

Board committees

The AIHW Board has 2 committees: the Audit and Finance Committee and the Remuneration Committee. Details of their responsibilities and operation are provided in part 8 of Appendix 2 on page 161. Details of attendance by members at meetings held during 2014–15, including for members outgoing during 2014–15, are in Appendix 3 on page 172.

Audit and Finance Committee

The Audit and Finance Committee authorises and oversees the AIHW's audit program and reports to the board on strategic, financial and data audit matters (see 'Financial management' on page 109 and 'Risk oversight and management' on page 111).

At 30 June 2015, the committee comprised:

- 3 non-executive board members—Mr Michael Perusco (Chair), Dr Erin Lalor and Dr Lyn Roberts
- 1 independent member—Mr Max Shanahan.

Staff of our internal auditors (Protiviti) and external auditors (the Australian National Audit Office) attend meetings.

Major matters reported to the board in 2014–15 included: a review of the 2013–14 financial statements (in September 2014); our draft 2015–16 budget (in June 2015); our 2014–15 and 2015–16 internal audit programs; and reviews of our business risks. The committee also reviewed its terms of reference in light of the requirements of the PGPA Act, and considered arrangements for preparation of our first annual performance statements—a new requirement under the PGPA Act for 2015–16 and subsequent years.

Remuneration Committee

The Remuneration Committee advises the board on the AIHW Director's performance and remuneration, within the constraints of the Remuneration Tribunal's *Determination 2013/09: Principal Executive Office—Classification Structure and Terms and Conditions*.

At 30 June 2015, the committee comprised:

- Chair of the AIHW Board—Dr Mukesh Haikerwal AO (Chair)
- Chair of the Audit and Finance Committee—Mr Michael Perusco
- 1 other board member—Dr David Filby PSM.

AIHW Ethics Committee

The AIHW uses data to create authoritative information that benefits the public, while protecting the privacy and confidentiality of that data, and minimising the risk of inappropriate use and access. The operations of the AIHW Ethics Committee are integral to this purpose.

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. The Australian Institute of Health and Welfare Ethics Committee Regulations 1989 prescribe the committee's functions and composition (see Appendix 1 on page 140).

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

Consistent with the AIHW Act and the *Privacy Act 1988*, we may release personal health and welfare data for research purposes with the written approval of the committee, provided that release does not contravene the terms and conditions under which the data were supplied to us. The committee also approves the establishment of new health and welfare data collections.

Committee members

Information follows about individual AIHW Ethics Committee members at 30 June 2015. Appendix 3 on page 172 details the meetings attended by committee members during 2014–15 and lists committee members outgoing during the year.

Wayne Jackson PSM BEc (Hons)

Chair

Term: 1 July 2014 – 30 June 2016

Mr Jackson is a retired public servant, having served as Deputy Secretary in the Department of Prime Minister and Cabinet and in the former Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). He chaired a wide range of interdepartmental and corporate committees, including the FaHCSIA Risk Assessment and Audit Committee and the Research Committee, and was a member of the Australian Statistics Advisory Council. After leaving the public service, Mr Jackson undertook a number of projects as a consultant to FaHCSIA and the Department of Finance relating to disability income support, employment, and care and support (including the National Disability Insurance Scheme).

Mr Jackson is currently a Director of Aboriginal Hostels Limited and a board member of L'Arche Geneserat, a community organisation providing supported accommodation for people with intellectual disabilities living in Canberra.

Mr Jackson was awarded a Public Service Medal in 2006 for outstanding public service in the development and implementation of social policy.

Kerry Flanagan PSM BA

Acting Director, Australian Institute of Health and Welfare

Terms: 12 January 2015 – 11 April 2015; 12 April 2015 – 11 January 2016

Information about Ms Flanagan is provided in her entry under **Board members**.

Purnima Bhat MBBS, FRACP, PhD

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Term: 25 September 2014 – 24 September 2017

Dr Bhat is a practising gastroenterologist and research scientist, having completed her PhD at the University of Melbourne on 'Hepatitis B virus in polarised epithelia'. She is currently a Senior Research Fellow at the Australian National University Medical School, where she lectures in gastrointestinal immunology and tumour immunology, and is also involved in student admissions.

Dr Bhat's recent research papers (2014) include: 'The kinematics of cytotoxic lymphocytes affect their ability to kill target cells' and 'mRNA structural constraints on EBNA1 synthesis impact on in vivo antigen presentation and early priming of CD8+ T cells'. Her current research interests include the development of immunotherapies for bowel cancer, and investigating the role of gut microbiota in disease and health.

Malcolm Sim BMedSc, MBBS, MSc, GDipOccHyg, PhD, FAFOEM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of, and current experience in, the areas of research that are regularly considered by the committee

Terms: 29 June 2007 – 28 June 2010; 29 June 2010 – 30 June 2013; 1 July 2013 – 30 June 2016

Professor Sim is an occupational and public health physician who is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is chief investigator on several projects or programs funded by National Health and Medical Research Council and Australian Research Council grants, including a centre for research excellence in the population health effects of electromagnetic energy, a study of mental health in firefighters and a long-term study of workers' compensation claimants. He is also an investigator on several national and international studies investigating the role of workplace and environmental hazards in the development of chronic diseases such as cancer, respiratory disease, and musculoskeletal and psychological disorders.

Professor Sim has published more than 180 research papers in refereed journals. He is the Editor-in-Chief of *Occupational and Environmental Medicine*, a specialty journal of the *British Medical Journal*, and is on the Editorial Board of the Occupational Safety and Health Review Group of the Cochrane Collaboration. Professor Sim is an elected member of the Board of the International Commission on Occupational Health and led a successful bid to host the commission's congress in Melbourne in 2021. He has strong collaborative research links in the Asia Pacific region and has led several projects in China, Thailand, Malaysia and Sri Lanka to help build occupational health research and professional capacity in those countries. In recognition of his international activities he received the Dean's Award for Excellence in External Engagement at Monash University in 2014. Professor Sim has had several roles with the Australasian Faculty of Occupational and Environmental Medicine of the Royal Australasian College of Physicians, for which he was awarded a College Medal for outstanding Service.

Erin Keleher BOT, MEdLeadMgmt

Member representing the Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Ms Keleher is the Registrar of the Victorian Registry of Births, Deaths and Marriages. She has had extensive experience in Australian Government, state government, non-government organisations and the private sector, in areas as diverse as management, legislative development and regulation, training and development, workplace rehabilitation, policy advice, state and federal program management, and clinical practice. Ms Keleher has a particular interest in research and evaluation.

James Barr BA (Hons), BTheol (Hons), MAppSci

Member who is a minister of religion

Terms: 12 December 2008 – 11 December 2011; 12 December 2011 – 11 December 2014; 12 December 2014 – 11 December 2017

The Reverend Barr has a background in leadership development, and pastoral and community work. His work has ranged from organising communities in Third World slums to consulting for companies and government agencies in the fields of corporate ethics and leadership development. An ordained Baptist minister, he has served as Minister of the Collins Street Baptist Church, Melbourne, where he was founding Director of the Urban Mission Unit (now Urban Seed), Director of the Zadok Institute for Christianity and Society, pastoral associate of Melbourne City Mission, and Senior Minister of the Canberra Baptist Church. The Reverend Barr is also a former member of the Human Research Ethics Committee of RMIT University and is currently co-Minister of the Melbourne Welsh Church.

John Carroll BCom, LLB

Member who is a lawyer

Term: 1 April 2013 – 31 March 2016

John Carroll has been a partner of the Canberra office of the Clayton Utz legal firm since 2009. Mr Carroll has expertise in health law and policy, administrative law and information law, including privacy, confidentiality, ownership of health information, secrecy provisions and freedom of information. His expertise is derived from 25 years' experience as both in-house counsel for government, and as a partner in private practice. Before entering private practice, Mr Carroll was Assistant Secretary, Legal Services Branch, in the then Commonwealth Department of Health and Community Services, where he dealt regularly with sensitive health, ethical and information management issues. Prior to that, he held a range of senior positions in the Australian Government Attorney-General's Department involving administrative law and information access matters. Mr Carroll has also served as the lawyer member of the Ethics Committee of Calvary Hospital in Canberra. He is a member of the Australian Institute of Administrative Law National Executive, the Institute of Public Administration Australia and the Law Society of the Australian Capital Territory.

Margaret Reynolds BA, DipSpecialEd

Member representing general community attitudes

Term: 17 August 2011 – 16 August 2014; 17 August 2014 – 16 August 2017

Ms Reynolds has a background in education, public policy and human rights advocacy, and has served in various local government roles. She served as a Senator for Queensland from 1983 to 1999, and, for periods during that time, as Minister for Local Government and Regional Development, Minister Assisting the Prime Minister for the Status of Women, and representative of the Minister for Immigration in the Senate. She has also served as the Australian Government representative on the Council for Aboriginal Reconciliation (1991–1996), Chair of the Commonwealth Human Rights Initiative (1993–2004) and National President of the United Nations Association of Australia (1999–2005).

Ms Reynolds has been a visiting professor at the University of Queensland and University of Tasmania, and currently holds a similar position at the University of Technology in Sydney, where she works with the Australian Centre of Excellence in Local Government. In addition she has spent the last 10 years working in the disability sector advising state and federal governments on the introduction of the National Disability Insurance Scheme, and is the Tasmanian Expert with the Flinders University Team evaluating trial sites (2013–2016) for the scheme.

Ms Reynolds has also written 2 books: *The last bastion: Labor women working towards equality in the parliaments of Australia* and *Living politics*.

David Garratt BEd, GradDipRE

Member representing general community attitudes

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

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

Work of the committee

The AIHW Ethics Committee met 4 times in 2014–15 and the ethical acceptability of 186 projects and data collections, either new or seeking modification approved. A large proportion of the committee's work concerned assessments of the ethical acceptability of research applications from external researchers and the AIHW, including our collaborating centres.

New project applications

In 2014–15, the committee considered 47 new project applications. Of these, 45 were approved and a decision was pending for 2 applications at 30 June 2015 (Table 4.1).

Most (33) of the new applications were submitted by researchers from external organisations such as departments and research centres affiliated with universities or large metropolitan teaching hospitals. For example, applications were received from the Royal Melbourne Hospital, the Royal Perth Hospital and the Kirby Institute at the University of New South Wales. The committee also received applications from, for example, the Australian Government Departments of Education and Veterans' Affairs and the Northern Territory Department of Health.

The AIHW submitted 14 new applications. These related to a variety of data, including data about children in out-of-home care, disability services and Indigenous mortality.

Most applications sought approval for linkage to the National Death Index which is held at the AIHW. Other AIHW-held databases to which access was sought included the Australian Cancer Database, the Alcohol and Other Drugs NMDS collection and the Specialist Homelessness Services Collection. There is also an increasing number of researchers requesting linkage to Medicare and Pharmaceutical Benefits Scheme data. Researchers may request access to more than one database in each application—for example, some applications sought access to both the National Death Index and the Australian Cancer Database.

Table 4.1: Research project applications considered by the AIHW Ethics Committee, 2014–15

	Considered	Approved	Not approved	Decision pending
Applications for approval				
AIHW, including collaborating centres	14	14	—	—
External researchers	33	31	—	2
Subtotal	*47*	*45*	—	*2*
Applications for modification or extension				
AIHW, including collaborating centres	35	35	—	—
External researchers	104	103	—	1
Subtotal	*139*	*138*	—	*1*
Total	**186**	**183**	**—**	**3**

Monitoring projects

The committee monitors approved projects to their completion, and considers requests for modifications to previously-approved projects. A total of 236 annual monitoring reports were received from researchers during 2014–15.

Requests for modification or extension

A total of 139 requests for amendment were considered during the year (Table 4.1). More than half (71) included a request for an extension of time, and 62 proposed research staff changes.

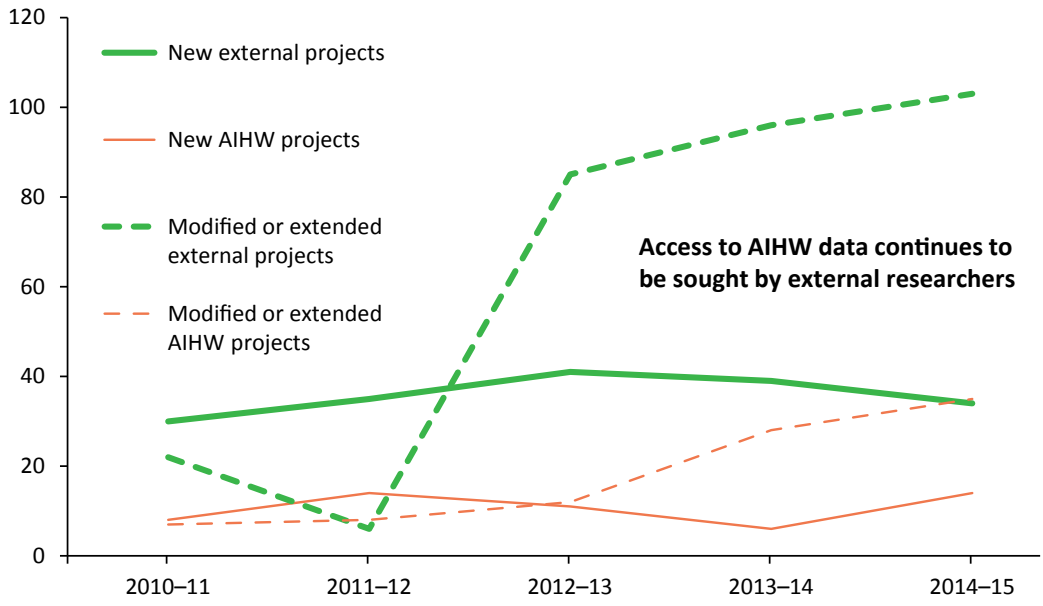
Finalised projects

To ensure that research outcomes are freely available, the AIHW Ethics Committee requires public dissemination of the results of approved projects. In 2014–15, the AIHW received 32 final project reports accompanied by associated research results, most of which were published in peer-reviewed journals or other publicly-available reports.

Trends in research applications

The number of requests for amendments to existing projects has increased in recent years (Figure 4.1). This is due in large part to:

- more rigorous enforcement of the requirement for formal project amendment requests where project details have changed
- increased identification of instances where an amendment is required to maintain compliance, for example, where the project approval date has expired.



Notes

1. AIHW projects include those for AIHW collaborating centres.
2. Data for this figure are available in Table A10.14.

Figure 4.1: Research project applications approved by the AIHW Ethics Committee, 2010–11 to 2014–15

Organisational structure

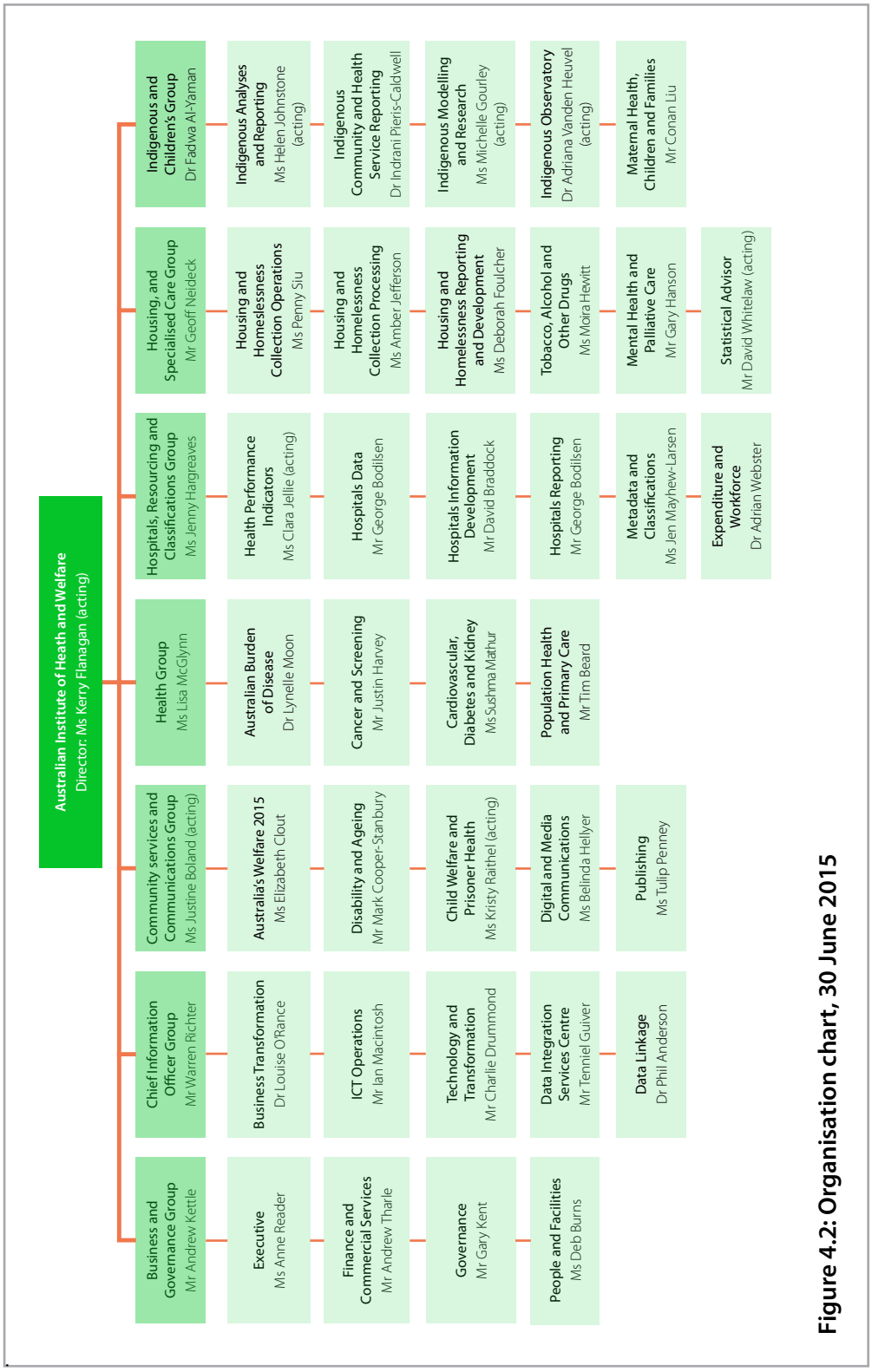


Figure 4.2: Organisation chart, 30 June 2015

Executive

The AIHW Director, Ms Kerry Flanagan, manages the day-to-day affairs of the Institute. She is supported by 7 senior executives, who together comprise the Executive Committee. During the year, the Executive Committee met regularly to consider policy, financial and other corporate matters.

Of the 7 senior executives, 4 managed organisational groups that oversaw specific statistical areas only; 1 managed a group that provided corporate support services only to the whole organisation, and 2 managed groups that delivered both statistical and corporate services.

During the year, the Institute reduced the number of groups from 8 to 7. Responsibilities of the former Statistics and Communications Group moved as follows:

- **data linkage and integration services** to the Chief Information Officer Group
- **communications, media and publishing** to the Community Services and Communication Group
- **expenditure and workforce** to the Hospitals, Resourcing and Classifications Group
- **statistical advice** to the Housing and Specialised Services Group.

In addition, responsibility for managing work relating to:

- **mental health and palliative care** moved from the former Continuing and Specialised Care Group to the Housing and Specialised Services Group
- coordination of the preparation of **health and welfare reports required for tabling in Parliament** was centralised in the Community Services and Communication Group.

Senior executive team

Information on the AIHW's senior executive team as at 30 June 2015, is given below. More detailed information on each person is available at <www.aihw.gov.au/aihw-senior-staff/>.

Senior Executive, Business and Governance Group

Andrew Kettle MA (Hons), CA

Mr Kettle has held a senior executive position since 2006, the year he first arrived to work at the AIHW. His last position was as Chief Financial Officer for the Australian Fisheries Management Authority. Mr Kettle is the AIHW's Chief Financial Officer.

Senior Executive, Chief Information Officer Group

Warren Richter BEc, MSc

Mr Richter came to the AIHW in late 2011 to work on metadata standards and then began managing a new ICT and Business Transformation Program. He now heads a group. Before coming to the AIHW, Mr Richter spent 6 years as CEO of Space Time Research, an Australian statistical and analytical processing and dissemination software company.

Senior Executive, Community Services and Communication Group

Justine Boland BA (acting)

Ms Boland has acted as a senior executive since March 2014. She led the AIHW's Health Performance Indicators Unit for nearly 2 years prior to that. She came to the AIHW—for the second time—after several years working with the ABS and the (former) Department of Families, Housing, Community Services and Indigenous Affairs.

Senior Executive, Health Group

Lisa McGlynn BAppSc

Ms McGlynn has worked for 5 years in this position. Her last position was as a senior executive in the Australian Government Department of Health. Her broad range of experience spans 3 levels of government and includes contracting, planning, monitoring and reporting, program and project management, clinical service delivery, and corporate and clinical governance and financial management.

Senior Executive, Hospitals, Resourcing and Classifications Group

Jenny Hargreaves BSc (Hons), Grad Dip Population Health

Ms Hargreaves gained her first position on the AIHW senior executive team in 2006 when she headed the former Economics and Health Services Group. Her experience with Australian hospital statistics, for which she is responsible, is extensive. She is also responsible for the Institute's work related to health sector performance indicators, health classifications and management of national health and welfare data standards.

Senior Executive, Housing and Specialised Services Group

Geoff Neideck BBusStud, Grad Cert Mgt

Mr Neideck has been managing the AIHW's housing and homelessness collections since mid-2006 when he came to head the former Housing and Disability Group. Prior to that, he managed large national social and economic statistics programs at the ABS and Statistics Canada, where he gained experience in data design and statistical infrastructure projects.

Senior Executive, Indigenous and Children's Group

Fadwa Al-Yaman PSM BSc, MA, PhD

Dr Al-Yaman has been on the AIHW Executive Committee since 2008. She has been instrumental in driving development of statistics on Indigenous health and welfare within the AIHW's data collections since she first came to the AIHW in 2002. In 2008 Dr Al-Yaman was awarded a Public Service Medal for outstanding public service in improving the accuracy and reliability of the data on Indigenous Australians contained in information collections for health, housing and community services.

Other staff

Further information about staff leading our units is in Appendix 4 on page 178 and about staff more generally is in **Chapter 5 Our people**.

Ideas are sprouting

In late 2014 the AIHW embarked on the Innovative Institute project, aimed at developing ways to foster innovation in the workplace. This resulted in 10 suggestions being put to a staff vote, with an 'Ideas Garden' concept emerging as the most popular proposal.

The Ideas Garden is an intranet space where staff can seek ideas from colleagues to resolve an issue or fix a problem, and then collaborate on implementing solutions. It is based on international best practice where 'ideas systems' rather than suggestion boxes are used to drive innovation.

The basic principles of the Ideas Garden are:

- targeting efforts to identified business priorities
- openness—all staff are invited to participate, and all contributions are visible
- options for feedback on ideas through voting and comment
- accountability and knowledge-sharing—all ideas 'planted' in the Garden are assessed and responded to, with reasons for implementing, modifying or not going ahead with an idea clearly explained.

Ideas Garden

Ideas to make the AIHW flourish

Preparing the soil

A sponsor creates a challenge. The sponsor is someone who is committed to implementing solutions to an issue and has the authority to do so.

Cultivating

People suggest ideas and grow upon the ideas of others.

Pruning

Each idea is investigated, assessed and given a response by the challenge working group.

Taking root

We all work together to implement the approved ideas.

Collaborating to achieve common objectives

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

Australian Government

Department of Health

The AIHW is an independent corporate Commonwealth entity in the Health portfolio. Our relationship with the Department of Health is therefore vital.

The Secretary of the Department of Health or his/her nominee is an AIHW Board member. We also provide the department with copies of all AIHW publications in advance of public release.

With the exception of work that must be put to competitive tender by the department, the AIHW's work for the Department of Health is guided by an MoU between the two organisations. The department directly funds us to undertake significant additional projects beyond work funded through appropriation.

Department of Social Services

Our relationship with the Australian Government Department of Social Services (DSS) is also very important, particularly in areas such as aged care, housing and homelessness, disability services and child protection.

Under formal deed arrangements, the AIHW is data custodian of the department's Australian Government Housing Data Set. Additionally, an MoU guides all work undertaken by the AIHW for DSS that has not otherwise been subject to competitive tender. During 2014–15, the parties extended the existing MoU arrangements for a further year.

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

Australian Bureau of Statistics

The AIHW interacts regularly with the ABS as a key partner on a range of activities. This relationship is enshrined in the AIHW Act, which provides that the collection of health- and welfare-related information and statistics by the AIHW must be with the agreement of the ABS, and, if necessary, with its assistance.

The Australian Statistician or his/her nominee is an AIHW Board member. The AIHW and ABS are collaborators in a number of national information agreements with the Australian Government and state and territory governments, covering ongoing availability of health, community services, early childhood education and care, and housing and homelessness information.

Other Australian Government bodies

During 2014–15, we collaborated with many agencies in developing, collecting, compiling, analysing, managing and disseminating health and welfare data and information. These organisations included:

- **Australian Commission on Safety and Quality in Health Care:** The AIHW and the commission are parties to an MoU reflecting our joint commitment to working collaboratively towards a more informative and usable national system of information to enhance the safety and quality of health care. During 2014–15 the AIHW worked with the commission on data development activities.
- **Australian Institute of Family Studies:** The AIHW and AIFS work collaboratively under an MoU acknowledging that the sharing of information and expertise is critical to effective and meaningful research by both bodies. In December 2014, the parties agreed to an extension of the MoU for a further 5 years. During 2014–15 the AIHW also became a member of an expert panel to support organisations funded under DSS' Families and Children Activity.
- **Cancer Australia:** During 2014–15 the AIHW and Cancer Australia renewed their relationship under an MoU that reflects the commitment of both parties (in consultation with partner organisations and stakeholders) to work in a planned and coordinated manner to ensure that national cancer data needs are met effectively. The AIHW Director is a member of the Cancer Australia Research and Data Advisory Group. Cancer data from state and territory cancer registries are coordinated nationally through the National Cancer Statistics Clearing House, which is housed at, and managed by, the AIHW in collaboration with the Australasian Association of Cancer Registries.
- **Department of Education:** Our relationship with the Department of Education focuses on areas such as the development of information on early childhood education and care. The Institute provides consultancy services through the department's Research, Evaluation and Analysis Panels. During 2014–15, the department and the AIHW (and several collaborating parties) signed an agreement establishing the Australian Research Council Centre of Excellence for Children and Families over the Life Course. They also entered arrangements for the AIHW to provide performance indicator reporting, national standards and data development services.
- **Department of Human Services:** The AIHW and the Department of Human Services are parties to an agreement facilitating the sharing of advice and services in data and information areas where the agencies share common interests and responsibilities. This includes the provision of services to the department by the AIHW in our capacity as an accredited Commonwealth Data Integrating Authority.
- **Department of the Prime Minister and Cabinet:** During 2014–15, the AIHW and the Department of the Prime Minister and Cabinet signed an MoU to facilitate provision of data and information services by the AIHW to the department, following the department's newly acquired responsibility for Indigenous policies and programs.

- **Department of Veterans' Affairs:** During 2014–15, this department and the AIHW renewed their relationship under an updated MoU. The MoU reflects a strategic partnership committed to the development of information sources for the delivery of world-class health care policies and services to veterans. At an operational level, the MoU facilitates provision of services to the department, including research and analytical work, reporting, data linkage and integration, and data custodianship.
- **Department of Agriculture:** The AIHW and the Department of Agriculture are parties to an MoU for the development of data standards for agricultural diseases that may pose a risk to humans.
- **Independent Hospital Pricing Authority:** AIHW's MoU with the authority provides the framework for a relationship that supports cooperative work to improve national data on hospitals and exchange of hospitals-related data. During 2014–15, we supported the authority to register and publish its data standards on METeOR.
- **National Health Funding Body:** The AIHW and the National Health Funding Body are parties to an MoU facilitating the exchange of information and assistance on matters of mutual interest, particularly with respect to data and information on public hospitals.
- **National Health Performance Authority:** An MoU underpins the AIHW's work in supporting the authority's development of performance indicators and the publishing of its performance indicator specifications in METeOR. During 2014–15, we provided the authority with data analyses services to inform the development of an emergency room performance indicator.
- **National Mental Health Commission:** The AIHW works with the commission under an MoU to source and analyse data for the commission's annual National Report Card on Mental Health and Suicide Prevention. We also provide technical assistance to the commission in its role as Chair of the Roadmap for Mental Health Reforms Expert Reference Group.
- **Organ and Tissue Authority:** The authority and the AIHW are parties to an MoU that facilitates, among other things, our assistance in the development of the authority's data dictionary, which is stored in the AIHW's Metadata Online Registry (METeOR).

State and territory governments

Much of the government services data reported by the AIHW at a national level is received from state and territory government departments that fund those services. Close working relationships with state and territory governments are therefore critical to developing and reporting nationally consistent and comparable health and welfare data. During 2014–15, we continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with achieving this aim.

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

Some relationships are formalised by agreements, such as our MoUs with the Australasian Juvenile Justice Administrators, the Registrars of Births, Deaths and Marriages, and state and territory departments responsible for health, children and families, and prisoner health. We also have an MoU with the Sydney Children's Hospital Network.

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

In engaging with other national committees in various areas of health, welfare and housing assistance (see Appendix 5 on page 184) we focus on actively contributing evidence to policy debates and improving information arrangements. We provide secretariat services to some of these national committees.

Members of the National Youth Information Advisory Group, chaired by Professor George Patton *(foreground)*, with staff of the AIHW on 12 November 2014, planning the overarching framework for a youth indicators portal.

Other collaborations and partnerships

During the year, we actively maintained and strengthened our engagement with allied organisations, including peak bodies and other national forums, to help satisfy their needs for information to assist policy development and program delivery. We also provided advice in areas of specialist knowledge to parliamentary inquiries and committees (see 'Parliamentary relations' on page 78).

We fund work and have data-sharing agreements with several universities to support collaboration and to enable us to draw on expertise in specialist research areas. AIHW collaborating centres at 4 universities provide expertise in the areas of injury statistics, asthma and chronic respiratory conditions, dental statistics, and perinatal statistics.

The AIHW also has data-sharing agreements with other specialist centres, such as that at the University of Western Australia. Under this arrangement, the AIHW participates in the Population Health Research Network—a network made possible through the National Collaborative Research Infrastructure Strategy. The strategy is administered by the Australian Government Department of Education and Training.

The universities and specialist centres with which the AIHW had funding or data-sharing arrangements in 2014–15 are listed in Appendix 6 on page 200.

At an international level, the AIHW plays an important role in data standards and classifications work through the World Health Organization's Family of International Classifications, and reports health statistics to the Organisation for Economic Co-operation and Development. During 2014–15 an AIHW staff member was on secondment to the Canadian Institute for Health Information.

Dr Tevfik Bedirhan Üstün of the World Health Organization *(centre)* during his visit to the AIHW on 6 February 2015, with AIHW Director, Ms Kerry Flanagan *(left)* and the Head of the Australian Collaborating Centre for the WHO Family of International Classifications, Ms Jenny Hargreaves *(right)*. The AIHW is designated as the centre.

Financial management

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

- *Australian Institute of Health and Welfare Act 1987* (sections 20–26)
- *Public Governance, Performance and Accountability Act 2013*
- *Auditor-General Act 1997*.

We separate our financial and budget operations into internal and external arrangements.

Our **internal** operations use funds received from:

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

These funds are allocated through a process conducted by the AIHW Executive Committee in May–June each year. Funds are spent on:

- project work undertaken by our statistical groups
- collaborations with universities that undertake specialist activities (see Appendix 6 on page 200)
- corporate services, such as financial, human resources, executive support, governance and legal, records management and ICT services.

Our externally-funded project work is undertaken by our statistical groups for external agencies. The quantum of funds for each project is determined using a board-approved pricing template set to cover our costs.

These funds are allocated to, and spent directly on, projects for which the funds were received. Expenditure is monitored to ensure it matches budget allocations for each project. Explanations are sought for projects that appear to be over budget or behind schedule.

Contract management

Our contracts include:

- contracts for the purchase of services—most commonly these are for standard support services such as rent, cleaning, payroll processing, internal audit, ICT equipment and consultancy advice
- 'revenue' contracts for the provision of services—most commonly these are schedules under MoUs with Australian Government departments for information services, contracts with Australian Government departments awarded under competitively tendered arrangements, or contracts with state or territory departments, usually through a ministerial council arrangement, or non-government organisations
- binding agreements—these typically underpin our collaborating centre arrangements with universities.

Purchase contracts

For purchase contracts, we use, wherever possible, standard short- and long-form contracts prepared by legal advisers as the basis of contracts with suppliers. They contain standard clauses on matters such as insurance, indemnity, intellectual property, privacy and performance standards. They also require the specification of tasks, deliverables and due dates that are linked to payment.

Procurement requirements

From 1 July 2014 the AIHW was required by section 30 of the *Public Governance and Accountability Rule 2014* to comply with the 2014 Commonwealth Procurement Rules (CPRs).

The CPRs represent the Government Policy Framework under which entities govern and undertake their own procurement. They combine both Australia's international obligations and good practice and enable agencies to design processes that are robust, transparent and instil confidence in the Australian Government's procurement.

The AIHW must comply with the mandatory procurement procedures in all circumstances above the $400,000 threshold.

We complied with our obligations under the CPRs during 2014–15.

Revenue contracts

The scope, timing, deliverables and budget for most externally-funded projects are detailed in our revenue contracts and in our standard schedules to MoUs. We treat the schedules as revenue contracts, although some are not contracts in a strictly legal sense.

Most revenue contracts centre on provision of services related to projects being managed by organisational units. In the case of purchase contracts, payments are often linked to delivery of these services to a satisfactory standard.

Contract approval

Contracts—purchase or revenue, but not schedules—involving receipt or payment of amounts more than $1.5 million must be approved by the Minister for Health.

Contracts—purchase or revenue, including schedules—must be signed by the appropriate AIHW delegate.

Internal clearance and approval arrangements in place in 2014–15 specified that:

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

Purchase contract managers must be satisfied that the supplier is meeting their obligations under the contract before recommending the payment of invoices.

Risk oversight and management

Risks facing the AIHW relate to:

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

Risk management is integral to the AIHW's business operations. During the year the AIHW Board approved a new Risk Management Framework based on the new Commonwealth Risk Management Policy. In accordance with the framework we twice updated our register of significant organisational risks and neccessary mitigation actions. Both updates were reviewed by the Audit and Finance Committee and considered by the board. A statement of risks of special relevance to board members was prepared. At the operational level, project managers are now required to identify, assess and monitor risks related to their project and record them in our project management system.

The *AIHW Fraud Control Plan 2014–2016* provides for a proactive approach to minimising the potential for instances of fraud within the AIHW. It contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes to meet the specific needs of the AIHW and comply with the *Commonwealth Fraud Control Guidelines*.

We engage external contractors to perform our internal audit function. In 2014–15, the internal auditors—Protiviti—completed internal audits of:

1. Revenue to receipts process
2. Project management
3. Preparedness and implementation of the PGPA Act (part 1).

The project management audit found that the project management framework was 'sensible and appropriate'. However, the audit recommended stronger governance to provide whole-of-AIHW leadership and reinforcement of the framework to drive conformance and achieve desired outcomes. Other audit recommendations were of a minor nature.

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

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

During 2014–15, we:

- continued to review our policies and procedures in the light of the recently reformed Privacy Act requirements. We developed a new privacy policy, which is published on our website at <www.aihw.gov.au/privacy/>
- created a data confidentialisation decision register on our intranet to provide a central place to document our decisions on managing data confidentiality and reliability
- publicly released our *Data Governance Framework*
- ensured that our staff attended mandatory fraud awareness training
- held activities during Privacy Awareness Week to highlight our privacy responsibilities
- reviewed our internal arrangements regarding declarations of conflict of interest in the light of new requirements for 'duties of officials' under the PGPA Act.

Strong data governance is critical to our work

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

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

These data governance arrangements apply to:

- data collected and/or enhanced by the AIHW
- data collected on the our behalf (for example under collaborative or sub-contractual agreements)
- data obtained from all external sources.

The framework and a short overview document are available at <www.aihw.gov.au/data-governance-framework/>.

Managing ethically

Several measures are in place that promote and maintain high ethical standards at the Institute and protect the privacy and confidentiality of data, both of which are of prime importance to the AIHW in carrying out its responsibilities (see 'Legislation' on page 82).

- All employees are required to maintain appropriate ethical standards of behaviour (see 'Managing performance and behaviour' on page 124), including adherence to the APS Values, Employment Principles and Code of Conduct. These standards are exemplified by senior management and expected of all staff throughout the Institute. They are actively promoted to all new staff.

- We periodically refresh our policies and practices to reduce and manage fraud, to ensure that protecting privacy is central to our work and to manage other business risks (see 'Risk oversight and management' on page 111 for details of initiative implemented in 2014–15).
- Specific physical and electronic security measures are in place to maintain the confidentiality of AIHW data. These measures are particularly secure for specific projects undertaken by the AIHW's Data Integration Services Centre—an accredited Commonwealth Data Integration Authority. The work of the centre often involves the use of administrative records containing personal information.
- As detailed on page 92, the AIHW Ethics Committee considers the ethical acceptability of certain data-related activities.
- New AIHW staff members are required to sign undertakings that draw to their attention the section 29 confidentiality provisions of the AIHW Act.
- Members of committees set up by the AIHW may, as part of their role, have access to information of a confidential nature, and are therefore required to sign a deed agreeing to certain measures designed to protect against disclosure and unauthorised use of confidential information.

For a general overview of how the AIHW protects the privacy of individuals, its legal obligations and the Institute's data custody and governance arrangements visit: <www.aihw.gov.au/privacy-of-data/>.

Freedom of information

Requests received

In 2014–15, there were no requests for access to records under the Freedom of Information Act 1982 (FoI Act), and no requests for internal review.

Details of freedom of information requests and records accessed under the FoI Act are published in the disclosure log on the AIHW website: <www.aihw.gov.au/foi-disclosure-log/>.

Information Publication Scheme

Part II of the FoI Act requires the AIHW to publish information under the Information Publishing Scheme that is accurate, up-to-date and complete. The FoI Act established the Information Publication Scheme for Australian Government agencies subject to the FoI Act. Under the scheme, agencies are required to publish a range of information, including an organisation chart, functions, annual reports and certain details of document holdings.

During 2014–15, the AIHW complied with the scheme. The information is published at <www.aihw.gov.au/ips/>.

Enquiries

Enquiries about making a formal request under the FoI Act should be emailed to <foi@aihw.gov.au>.

FoI requests should be sent to:
FoI Contact Officer
Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

or emailed to <foi@aihw.gov.au>.

Full details about the AIHW's arrangements for complying with its obligations under the FOI Act may be found in the information published under the Information Publication Scheme.

Supporting innovation through Open Data and GovHack14

In 2014–15 we participated in GovHack—a national competition in which hundreds of 'data hackers' form into teams to work together over a weekend to create the best new data visualisations and apps using data made available by government agencies. It is an opportunity for agencies that hold data to interact with the data community to foster innovation in the use of data and information exchange. The competition is sponsored by a diverse group of public and private organisations and has been running annually since 2009.

We contributed to GovHack by:

- creating a number of machine readable open data sets
- providing a data mentor to discuss and explain the data
- giving a prize to the most successful project.

Our data sets were amongst the most popular data sets used by 'data hacker' teams in the competition. A number of entries used our data exclusively.

We received special recognition for our participation, winning second place in the 'Best Government Participation' category for 'publishing new data, engaging with developers, providing support throughout the weekend and making the funniest sponsor video'.

More information on the GovHack competition is available at <www.govhack.org/>.

Objectivity

Responsiveness

Accessibility

Privacy

Expertise

Innovation

Chapter 5

Our people

This chapter details our staffing profile and workforce strategies.

'Cultivate and value a skilled, engaged and versatile workforce': our fifth strategic direction

The Institute relies on highly skilled and competent people to support the achievement of its strategic directions, and strives to provide a workplace that offers fulfilling and challenging work. We have a friendly and nurturing work environment that promotes the professional and personal development of all staff. We want to ensure that we remain a versatile and adaptable organisation with a wide range of skills to produce our reports, and other products and deliverables, on time and within budget.

The limitations on Australian Public Service (APS) recruitment that applied during the year (due to the interim APS recruitment arrangements in effect from 31 October 2013 to 30 June 2014), and our 2014–15 budget requirement to decrease average staffing levels, posed staffing challenges. We continued to monitor staffing needs, and wherever possible looked to redeploy staff internally. We also maintained our focus on tailored in-house training and development to meet the professional development needs of our staff, and to ensure we maintained the skills required to produce our deliverables quickly and efficiently.

AIHW staff outside our new building on 24 November 2014.

Staff profile

Employment numbers and categories

We employed a total of 339 staff (representing 313.9 full-time equivalent staff) at 30 June 2015. These figures have fallen over the last few years (Table 5.1). Figure 3 on page xvii details longer term trends.

Table 5.1: Active staff and total staff, 2013–2015

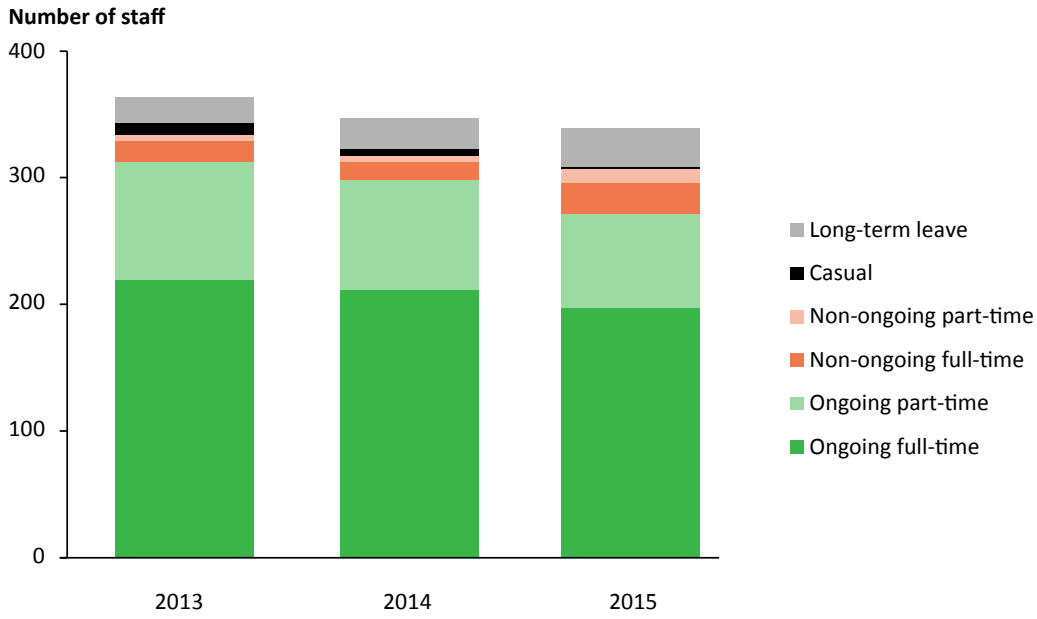
	30 June 2013	30 June 2014	30 June 2015
		Number	
Active staff	343	322	308
Staff on long-term leave	20	25	31
Total staff	**363**	**347**	**339**
		Full-time equivalent	
Active staff	313.5	297.4	284.8
Total staff	**331.3**	**319.6**	**313.9**

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

Active staff numbers have also fallen in the last few years, while the number of staff on long-term leave of more than 3 months has risen. There were 308 active staff and 31 staff on long-term leave at 30 June 2015.

Of our active staff, 272 (88.3%) were ongoing employees at 30 June 2015 (Figure 5.1). Both the number and proportion of active staff who were ongoing were less than for the previous 2 years: 298 (92.5%) at 30 June 2014 and 313 (91.3%) at 30 June 2013. This was partly the result of APS-wide restrictions on recruitment during this reporting period.

We have a high level of part-time employment—but both the number and proportion of active employees working part-time declined over the past year: from 92 (28.6%) at 30 June 2014 to 86 (27.9%) at 30 June 2015. Of the 86 active part-time employees in 2015, 75 were ongoing.



Notes

1. Staff in all categories except the long-term leave category are 'active'.
2. Data for this figure and category definitions are available in Table A10.15.

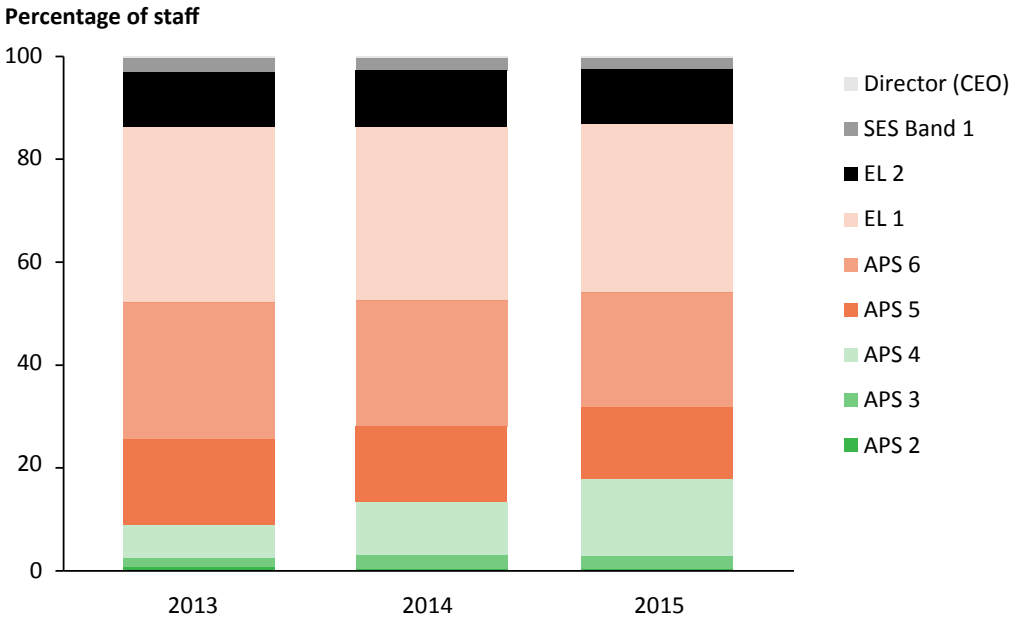
Figure 5.1: Category of staff employment, 2013–2015 (30 June)

Classification level

Of our active staff at 30 June 2015, about one-third (102 staff) were classified and employed as Executive Level 1 (EL 1) officers and nearly one-quarter (70 staff) were employed as APS 6 officers (Figure 5.2).

The number of Senior Executive Staff (SES) officers fell from 9 at 30 June 2013 to 6 at 30 June 2015.

The proportion and number of active APS 4 full-time equivalent (FTE) staff has risen over the last 2 years. Over 15% of active FTE staff at 30 June 2015 were employed as APS 4—our entry level for graduates—compared with 10% in 2014 and 6% in 2013. These increases at the APS 4 level drove an increase in the overall proportion of active APS FTE staff from 52% at 30 June 2013 to 54% at 30 June 2015, despite falls in numbers at other APS levels, notably APS 6.



Note: Data for this figure are available in Table A10.16.

Figure 5.2: Active full-time equivalent staff by classification level, 2013–2015 (30 June)

Groups

In December 2014, we restructured our organisational groups within the Institute, reducing the total number from 8 to 7 groups. Of the 308 active staff at 30 June 2015, 241 (78.2%) were employed in statistical work-related functions across 6 groups, and 66 (21.4%) were employed in corporate work-related functions across 3 groups (Table 5.2). (Two groups undertake both statistical and corporate services work.)

Table 5.2: Active staff employed, by group, 30 June 2015

	Ongoing	Non-ongoing and casual	Total
Director (CEO)	—	*1*	*1*
Statistical groups			
Chief Information Officer (statistical functions)	9	1	10
Health	50	5	55
Hospitals, Classifications and Performance	40	2	42
Housing, Homelessness and Drugs	47	6	53
Indigenous and Children's	49	10	59
Community Services and Communication (statistical functions)	18	4	22
Subtotal	*213*	*28*	*241*
Corporate groups			
Business and Governance	22	3	25
Chief Information Officer (corporate functions)	26	3	29
Community Services and Communication (corporate functions)	11	1	12
Subtotal	*59*	*7*	*66*
Total	**272**	**36**	**308**

Note: Information for two groups has been split to show staff whose functions are (primarily) statistical or corporate.

Workforce management

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

Staff commencements and turnover

Eleven new employees commenced ongoing employment with the Institute during 2014–15 (Table 5.3), of which 8 were our 2015 graduate intake of staff at the APS 4 level.

A total of 32 ongoing employees exited AIHW during 2014–15, of which 15 moved to another APS agency. The remaining 17 separated from AIHW via resignation (11) or retirement (6). This equates to a 9.9% separation rate for ongoing staff in 2014–15 and represents an increase compared to recent years' separation rates (4.0% in 2013–14, 5.8% in 2012–13 and 8.1% in 2011–12).

Table 5.3: Commencements and separations of ongoing staff, 2014–15

Ongoing staff at 30 June 2014	**323**
• Staff engaged from outside the APS	+9
• Staff moving from another APS agency	+2
Total commencing staff	***+11***
• Staff separating through resignation	-11
• Staff separating through retirement	-6
Sub-total separating staff	*-17*
• Staff who moved to another APS agency on transfer	-14
• Staff who moved to another APS agency on promotion	-1
Total exiting staff	***-32***
Ongoing staff at 30 June 2015	**302**

Notes

1. 'Ongoing staff' refers to staff employed on an ongoing basis, whether active or on long-term leave.
2. Staff aged 55 or more who resigned are counted as having retired.

AIHW graduate intake

Our annual graduate intake remains a key strategy for building the AIHW's workforce capability. We offer excellent employment opportunities for suitable graduates seeking to apply their qualifications in the fields of health and welfare information. Of the 8 new graduates employed in the 2014–15 intake, 3 relocated from interstate.

Compared with earlier years' intakes (2010–11 and 2011–12), graduates from the 2012–13 intake onwards have had limited opportunity for career advancement (see Table 5.4) due to the limitations on APS recruitment and budget requirements in 2014–15, as referred to in the introduction to this chapter.

Table 5.4: Graduate recruitment intake and outcomes, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15
Graduate intake (all at APS 4 level)	**14**	**12**	**7**	**8**	**8**
Graduates remaining at the AIHW at 30 June 2015	**5**	**5**	**5**	**7**	**7**
• as an APS 4	—	2	5	7	7
• promoted to APS 5	2	2	—	—	—
• promoted to APS 6	3	1	—	—	—
• promoted to EL 1	—	—	—	—	—

In March 2015, Human Resources Advisor Fiona Kelly *(on left)* and Data Analyst and 2014 graduate Dian Xu *(on right)* attended the University of Canberra Careers Fair for Health and Education students. The event provided an opportunity for the AIHW to engage with potential applicants for our graduate intake.

Managing performance and behaviour

The first full cycle of a new AIHW performance management process was undertaken in 2014–15. This included the introduction of annual Individual Performance Agreements (IPAs) for all staff and a revised Performance Communication and Feedback Policy.

IPAs are designed to align individual performance to our strategic priorities and annual (financial year) work plan, with the overall aim of improving individual and organisational performance. IPAs also focus on individual learning and development needs and broader APS career development.

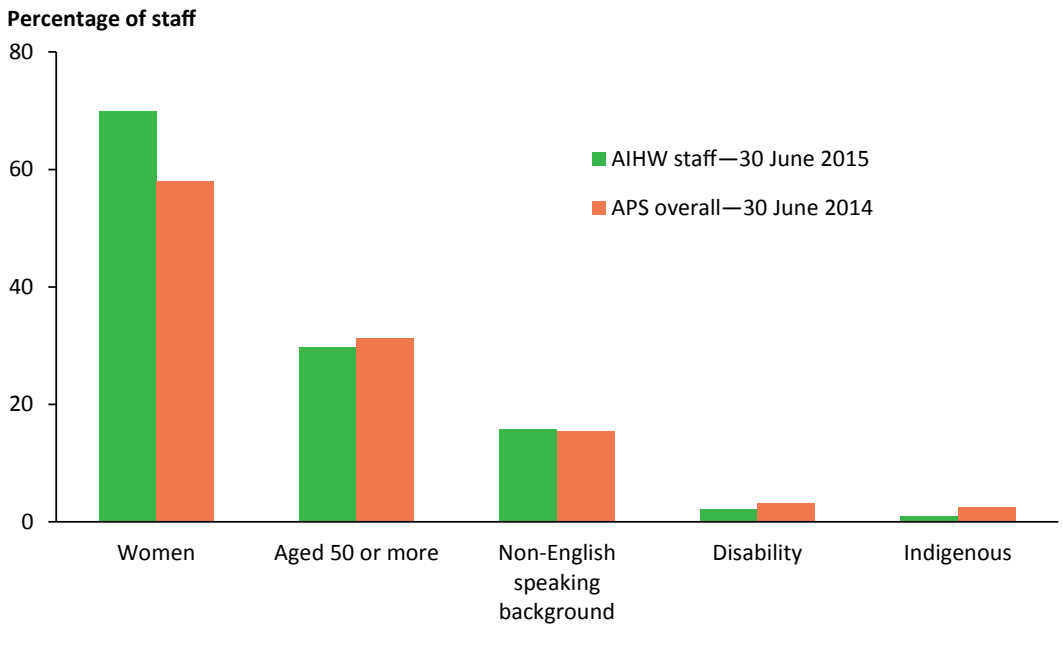
AIHW policy requires a current IPA to be in place for existing staff by July–August each financial year and, for new employees, within 3 months of their commencement at the Institute. 287 staff had an IPA in place at the beginning of the 2014–15 cycle, and 293 staff participated in the mid-cycle review of the IPAs during January–February 2015.

A review of the IPA template and policy was undertaken in the latter half of 2014–15. The review took into account staff and managers' feedback of their experience of the first mid-cycle review. As a result, a revised IPA template and associated policy document were implemented in time for the 2014–15 end-of-cycle reviews and the development of IPAs covering the 2015–16 cycle.

Recognising diversity

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

Figure 5.3 compares the proportions of AIHW staff with APS staff overall in terms of identifying as being of Aboriginal and/or Torres Strait Islander background, having disability, or being from a non-English speaking background, as well as the proportion of staff who are women, or aged 50 or more.



Note: Data for this figure is available in Table A10.17.

Figure 5.3: Staff diversity groups

More than two-thirds of our total staff (69.9%) at 30 June 2015 were women. Among our active staff, women represent half (3 of 6) of our SES Band 1 staff, and nearly two-thirds (65.2%) of our EL 1 and EL 2 staff. By comparison, in the broader APS, women comprised 58.0% of overall active staff, 41.4% of SES Band 1 employees, 42.0% of EL 2 employees and 49.6% of EL 1 employees at June 2014 (APSC, *State of the Service Report 2013–14*, p. 221, available at <www.apsc.gov.au/__data/assets/pdf_file/0007/39913/SoSR-2013-14-web.pdf>).

We maintain a Workplace Diversity Program aimed at ensuring that:

- the diversity of our employees is recognised, fostered and made best use of within the workplace
- employees are helped to balance their work, family and other caring responsibilities effectively
- all relevant anti-discrimination laws are complied with.

Responses from AIHW staff to the 2015 APSC State of the Service Employee Survey indicate that:

- 86% believe their supervisor is accepting of people from diverse backgrounds
- 74% are satisfied with their ability to access and use flexible working arrangements.

The Workplace Diversity Program was refreshed in 2014–15 (see 'SES Diversity Champions' below).

SES Diversity Champions

We refreshed our Workplace Diversity Program in 2014–15. The program assists managers and staff in giving effect to the APS Employment Principles regarding diversity.

One of the leading initiatives in the new program was the introduction of SES Diversity Champions. Dr Fadwa Al-Yaman, Head of the Indigenous and Children's Group, was appointed AIHW SES Indigenous Champion and Ms Justine Boland, Acting Head of the Community Services and Communication Group, was appointed AIHW SES Disability Champion.

The role of the SES Diversity Champions includes:

- championing equal access and inclusion within the AIHW for people in their diversity group
- advocating good practice relating to employment policies and processes
- providing leadership to drive diversity-related employment initiatives and organisational change to create a workplace at the AIHW that values and supports people from diverse backgrounds
- committing to understanding the barriers and representing the rights of employees from certain diversity groups across the AIHW and the APS more broadly
- attending APS-wide Diversity Champion Network meetings and other relevant events
- providing high level endorsement and support to AIHW members of Diversity Employee Networks, including support for practical solutions identified through these networks.

A copy of the AIHW Workplace Diversity Program can be found on the AIHW website at <http://www.aihw.gov.au/jobs/>.

Launching our Reconciliation Action Plan

Our third Reconciliation Action Plan was launched at an outdoor event for all staff on 4 December 2014.

Mr David Kalisch, AIHW Director at that time, welcomed staff and special guests Ngunnawal Elder Aunty Agnes Shea, and Mr Dean Widders, Welfare and Education Officer for the National Rugby League, and South Sydney league team member.

Following a Welcome to Country by Aunty Agnes, AIHW Board Chair Dr Mukesh Haikerwal AO gave an address, which in turn was followed by an entertaining and inspiring talk from Mr Widders about his career. Mr Widders focused on how he used his leadership skills to make a difference for other Indigenous league players, as well as for the wider community.

Through this latest plan we are focusing on directly increasing training and support for, and the participation of, Indigenous people in our workforce.

The key objectives of the plan are:

- to collaborate with universities to provide training opportunities and encourage employment of Indigenous people at the AIHW
- to enhance awareness of Indigenous cultures at the AIHW
- to inform and shape policy and community debate by highlighting issues affecting Indigenous people through statistics, and relevant information and advice.

Dean Widders launches the *AIHW Reconciliation Action Plan July 2014–June 2017* on 4 December 2014.

Terms and conditions of employment

Enterprise Agreement

The Institute's current Enterprise Agreement (EA) came into effect on 22 October 2012 and nominally expired on 30 June 2014. It covers all non-SES staff employed under the *Public Service Act 1999* and continues to operate until a new agreement comes into effect. The AIHW Director issued a Notice of Employee Representational Rights on 23 May 2014, which initiated bargaining for a new EA. Bargaining occurred throughout 2014–15, with 14 bargaining meetings taking place. A proposal is expected to be put to a staff vote in the first half of 2015–16.

Remuneration

Salary ranges based on classification level from our current EA are shown in Table 5.5. The salary regime does not provide access to, or include, performance pay.

Table 5.5: AIHW Enterprise Agreement salary range for APS and EL employees, 30 June 2015

	Lowest salary point ($)	Highest salary point ($)
APS 1	42,098	47,225
APS 2	48,954	53,623
APS 3	55,676	60,918
APS 4	62,405	67,589
APS 5	69,573	74,519
APS 6	78,033	86,263
EL 1	95,443	106,468
EL 2	116,804	131,267

SES remuneration

The terms and conditions of employment for SES staff are contained in common law contracts. These instruments set the remuneration and employment conditions for SES staff and provide for non-salary inclusions relating to leave arrangements and entitlements, superannuation, salary sacrifice, travel and allowances.

Individual flexibility arrangements

Our EA contains provision for individual flexibility arrangements to enable tailoring of remuneration and conditions for individual employees in particular circumstances. At 30 June 2015, 3 non-SES staff had individual flexibility arrangements in place.

Engaging with staff

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

Consultative Committee

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

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

The committee met 4 times during 2014–15 and, among other matters, discussed issues arising during the year from the move to the new building, and reviewed changes to the AIHW's performance feedback policy, including Individual Performance Agreements (see see 'Managing performance and behaviour' on page 124).

Health and Safety Committee

The Institute maintained a Health and Safety Committee during 2014–15 as required by Division 4 of the *Work Health and Safety Act 2011* (WHS Act). The committee facilitates cooperation between management and employees in instigating, developing and carrying out measures designed to ensure the health and safety of our people at work.

The committee met 4 times during 2014–15 and, among other matters, commented on proposed changes to the AIHW's Rehabilitation and Return to Work Policy.

Learning and Development Advisory Committee

The Learning and Development Advisory Committee provides strategic direction for, and enables stakeholder input to, the planning and delivery of learning and development initiatives across the Institute. The committee comprises representatives from the various AIHW Groups.

The committee met 3 times during 2014–15.

Social Club

The Institute has an active Social Club, which focuses on coordinating social activities and events that help foster a positive and collaborative workplace environment. The club, the members of which include staff from the latest graduate intake each year, takes the lead in organising the annual staff Christmas Party, and other events held throughout the year.

Recognising and building expertise

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

Staff qualifications

Of the 223 AIHW staff (73% of all staff) who responded to the 2015 APSC State of the Service Employee Survey, 192 (86%) reported having tertiary-level qualifications (Table 5.6). These qualifications covered a broad range of fields, including health sciences, social sciences, education, information technology and business.

Table 5.6: Highest level of qualification completed by AIHW staff, 2015

	Doctorate	Master's degree	Postgraduate diploma	Bachelor's degree	Below bachelor's degree
Staff (number)	31	57	25	79	31
Staff (% of staff who were survey respondents)	13.9	25.6	11.2	35.4	13.9

Source: APSC 2015 State of the Service Employee Survey. The survey was a self-report survey of staff held in May–June 2015.

External study

The Institute has a Studybank program which supports staff in undertaking formal external study for a recognised qualification relevant to the AIHW's work. Twelve staff received assistance for formal study during Semester 2 2014 and Semester 1 2015. Areas of study included biostatistics, social sciences and business.

Corporate learning and development program

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

We provided 74 individual in-house courses during 2014–15 under the Institute's Corporate Learning and Development Program (the L&D Program). These courses were attended by 686 staff in total (with some staff attending more than one course). In 2014–15, the program's focus was on leadership development, written communication skills, statistical and data analysis skills, and corporate competencies.

In addition to the courses provided under the program, Fraud Awareness Training was provided in March 2015, with 297 staff attending one of nine sessions or accessing an online recording of the session.

SES and EL 2 leadership development

The AIHW Work Plan 2014–15 included tailored leadership training for SES and EL 2 staff. This involved: 42 active SES and EL 2 staff undertaking the Centre for Public Management's 360-degree feedback process in February–March 2015. They received confidential, anonymous feedback from their work colleagues as a means of identifying their leadership strengths and development needs. Each participant was provided with a detailed report and a one-on-one debriefing session with one of the centre's coaches.

The process also identified potential areas of leadership development for the SES and EL2 cohort as a whole. This information formed the basis of a facilitated Leadership Engagement Day held offsite on 6 May 2015, which allowed the AIHW Director, SES and EL 2 staff to reflect on issues of working styles and preferences, interpersonal behaviour and collaboration, and change management.

SAMAC conversations

The Statistical and Analytical Methods Advisory Committee holds regular 'conversations' to provide a forum for staff to:

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

Nine conversations were held in 2014–15. Some of the topics discussed were:

- Current Indigenous issues—mortality, population and life expectancy
- Scope and coverage—the impact of collection scope and coverage on interpreting data
- Age-standardisation—removing the confounding effects of age
- Tell me where—the use of mapping in Indigenous reporting
- Administrative versus survey data—the impact of source on analysis and interpretation of data
- Data visualisation—presenting data in new and interesting ways.

Australia Day awards

Australia Day awards were presented to 4 staff members and 8 teams in January 2015 in recognition of their outstanding contributions to the AIHW (Table 5.7).

Table 5.7: Australia Day awards, January 2015

Name	For enhancing the AIHW's reputation and innovation through:
Jennifer Mayhew-Larsen	Leadership excellence as Head of the Metadata and Classifications Unit.
James Thompson	Outstanding work on GovHack 2014.
Sam Chambers	Outstanding work in making the online adoptions data portal a reality.
Alison Budd	Excellence over a long period.
Vlado Bujaroski, Ian Macintosh and Adriana Vanden Heuvel	Significant contributions to the new building.
National Drug Strategy Household Survey Team	Analytical excellence.
Mary Beneforti, Michelle Quee, Lisa Gaal and Stacey Costello	Outstanding work in making the online perinatal data a reality under very tight time frames.
Adrian Webster, Rebecca Bennetts, Dian Xu and Adam Majchrzak-Smith	Significantly improving our way of working through the redevelopment of the AIHW's Health Expenditure Database.
The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples report team	Excellent teamwork as well as for perseverance, resilience, hard work and commitment to excellence.
Product Planning and Review Project Team	Innovation and excellent work.
ICT Operations	Excellence demonstrated in the extremely successful move of 2 data centres to the new building.
Australian and Indigenous Burden of Disease Team	Excellence and innovation in the development of the Australian and Indigenous Burden of Disease studies.

Australia Day award recipients *(left to right)*: Jennifer Mayhew-Larsen, James Thompson and Alison Budd.

Encouraging work health and safety

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

Initiatives and outcomes

During the year we continued to focus on early prevention strategies. All staff have sit-stand workstations and professional training in initial workstation set-up.

The Institute also introduced several other initatives during the year to ensure work health and safety, and to advance the overall wellbeing of staff. Table 5.8 provides a summary of the key WHS initiatives undertaken during 2014–15.

Table 5.8: Key work health and safety initiatives, 2014–15

Initiative	Outcomes
WHS-related training—for managers	1 course; 7 managers attended
WHS-related training—for staff	5 courses; 64 attendances
'Try Standing Day'	All staff present received an in-house workstation assessment
Workstation assessments by an Occupational Therapist	48 assessments conducted
Workplace safety inspections	4 inspections conducted
Employee Assistance Program	Staff utilisation rate: 5.6% (for 1 March 2014 to 28 February 2015)
Flu vaccinations	177 vaccinations were administered to staff (representing 51.8% of staff)
Discounted gym membership	47 staff used this membership option (at 30 June 2015)

During 2014–15 we conducted a review of all corporate roles in work health and safety (Emergency Wardens, First Aid Officers and Workplace Harassment Contact Officers) and refreshed membership where required by inviting new nominations.

Incidents and compensation

Despite the promotion and implementation of various prevention measures, we were unable to prevent some workplace incidents/injuries from occurring. In 2014–15, 4 new compensation claims were lodged (and accepted) by Comcare, compared with 3 claims lodged (2 accepted) in 2013–14 and 2 claims lodged (and accepted) in 2012–13. The majority of compensation claims were for repetitive/overuse injuries.

Notifiable incidents and investigations

Under the WHS Act, we are required to report 'notifiable incidents' which includes the death of a person, serious injury or illness, or a dangerous incident which arises out of our undertaking.

Consistent with recent years, there were no notifiable incidents reportable for 2014–15.

Workplace inspections and Comcare investigations

During the year, our health and safety representatives and staff responsible for facilities carried out 4 inspections of our workplace. These inspections occur about a fortnight before Health and Safety Committee meetings to enable findings and recommendations to be considered and actioned quickly. Changes made during 2014–15 were of a minor nature, such as the removal of trip hazards and improved health and safety signage.

No investigations by Comcare (the regulator) were conducted in 2014–15. No directions, notices, offences or penalties were served against the AIHW under the WHS Act.

Accommodation and energy efficiency

The AIHW operated from a single office building in Canberra during 2014–15, located at 1 Thynne Street, Bruce. The AIHW has taken a 15-year lease on the 3-storey building and its basement and open-air car parks. The building was purpose-built to suit AIHW's functional requirements, which included flexibility in layout.

The whole building is designed to achieve a 4.5 star National Australian Built Environment Rating System (NABERS) rating. During our first 12 months of occupying 1 Thynne Street, the building's energy performance far exceeded this rating, tracking at 6% higher than a 5 star NABERS energy rating. This excellent result can be attributed to the seamless performance of the integrated fit-out in conjunction with the base building design.

Tables 5.9 and 5.10 provide more information.

Former AIHW Director, Mr David Kalisch (left), with the Hon. Peter Dutton MP, Minister for Health, at the opening ceremony for our new building on 24 November 2014.

Ecological sustainable development

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

Table 5.9: Ecologically sustainable development reporting, 30 June 2015

Legislation administered during 2014–15 accords with the principles of ecologically sustainable development	The AIHW does not administer legislation.
The effect of the AIHW's activities on the environment	The AIHW's key environmental impacts relate to the consumption of energy and goods, and waste generated by staff in the course of business activities. Table 5.10 includes available information on energy consumption and recycling of waste.
Measures taken to minimise the impact of AIHW activities on the environment	During the first few months of 2014–15 the AIHW finalised the handover of its previous accommodation, consisting of 3 separate office buildings located in Bruce for which leases expired in July–August 2014. As part of the handover back to the owners the AIHW managed to dispose of all unwanted assets within the old accommodation using efficient and environmentally sustainable methods. Significant environmental achievements included landfill savings totalling 18.2 tonnes via asset recycling and asset re-use initiatives. Provision of amenities for staff who ride bicycles to work. Use of energy-efficient lighting including the installation of light-emitting diode lighting in selected areas. Purchasing 10% GreenPower. Purchasing only energy-efficient equipment that is Energy Star compliant. 'Shutting-down' multi-functional devices when they are left idle for long periods. Movement-activated lighting that turns off after 20 minutes of no movement being detected. Double glazed windows to increase the efficiency of heating and cooling. Installation of a modern, efficient air-conditioning system. Installation of rainwater tank system to supply the water closets, urinals and external taps. Recycling of toner cartridges and paper. Purchasing only paper with at least 50% recycled content for printing and copying. Re-use of stationery items such as ring binders. Recycling bins in all AIHW kitchens for collection of organic waste. Printing of our publications using 'print-on-demand' processes is done using paper sourced from sustainably-managed, certified forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	During 2014–15, the AIHW worked to comply with benchmark environmental impact indicators during the first year of occupying a new office building at 1 Thynne St, which is designed to achieve a 4.5 star National Australian Built Environment Rating System rating.

Table 5.10: Energy consumption and recycled waste, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15
Energy consumption					
Electricity (kilowatt hours, as office tenant light and power)[(a)]	936,410	827,312	858,439	753,153	630,093
Paper (reams)	n.a.	n.a.	3,380	2,570	1,620
Recycled waste					
Organics from kitchens (tonnes)	2.1	2.4	1.8	2.4	2.5
Toner cartridges (number)	n.a.	n.a.	331	329	74

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

The significant decrease in toner cartridge recycling and use of paper in 2014–15 (Table 5.10) coincided with the introduction of central printing pools in the new building, increased use of the Institute's online project management system and increased staff use of a redeveloped intranet site. All of these initiatives appear to have contributed to the printing of fewer hard copies of documents by staff.

Government greenhouse and energy reporting

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

The policy requires agencies to comply with certain minimum energy performance standards, including the requirement that eligible new leases contain a Green Lease Schedule with at least a 4.5 Star NABERS Energy requirement. As outlined earlier in this chapter, the lease agreement for 1 Thynne Street meets this requirement.

AIHW's Business Continuity Framework, Policy and Plan

During 2014–15, the AIHW reviewed its plans for restoring vital business operations in the event of a major disruption at our premises.

Our internal auditors reviewed the existing Business Continuity Plan and made several recommendations. One recommendation was to consider changing the format of the plan to a framework underpinned by policy and informed by a mock test of the plan, including 'activation' of our Crisis Management Team.

We undertook a mock test in October 2014 that involved the team being activated and an offsite meeting taking place. The test was successful, but also resulted in several recommendations being incorporated into the development of a new framework and revised plan.

For example, the test highlighted the need for better use of technology in responding to a crisis, and the need to remind staff, from time to time, to review their contact details on our human resource information system to ensure they can receive timely messages during a crisis.

A new Business Continuity Framework, Policy and Plan were endorsed by the AIHW Executive Committee in February 2015.

Objectivity

Responsiveness

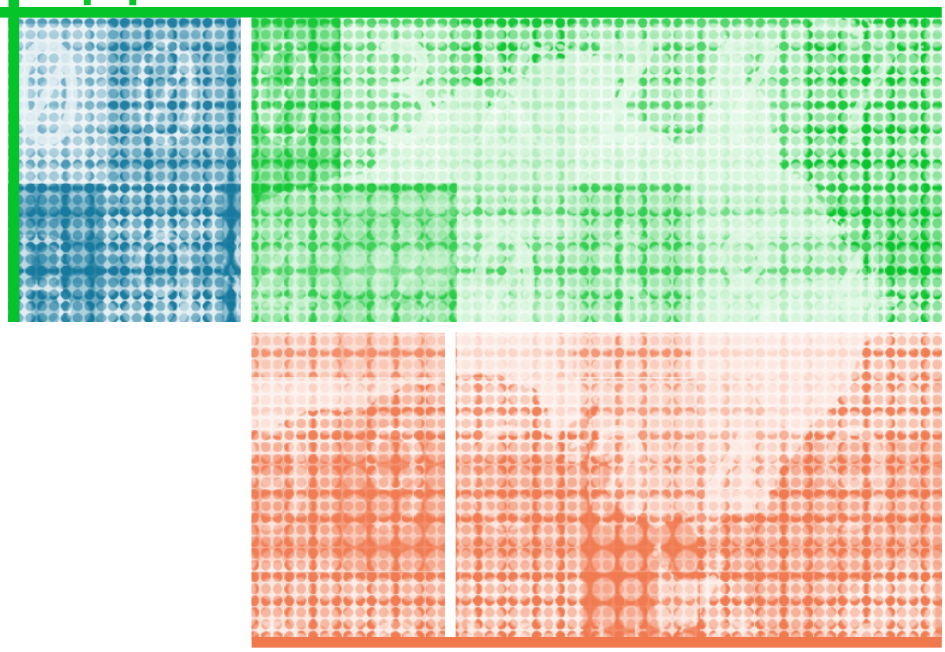
Accessibility

Privacy

Expertise

Innovation

Appendixes



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

Appendix 1

Enabling legislation

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

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

  The AIHW Act establishes the AIHW and describes its composition, functions, powers and obligations. The compilation is current at as 30 June 2015 and includes all amendments to the AIHW Act taking effect by that date. It may be found at: <www.comlaw.gov.au/Series/C2004A03450>.

- Australian Institute of Health and Welfare Regulations 2006 (Select Legislative Instrument 2006 No. 352, made under the AIHW Act)

  The regulations require the AIHW to seek Ministerial approval to enter into contracts involving the expenditure or receipt of amounts exceeding $1.5 million. They may be found at <www.comlaw.gov.au/Series/F2006L04013> and are due to cease on 1 April 2017.

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

  The regulations prescribe the functions and composition of the AIHW Ethics Committee. The compilation is current at 30 June 2015 and includes all amendments up to that date. It may be found at <www.comlaw.gov.au/Series/F1997B01703> and are due to cease on 1 April 2018.

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

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended.

Contents

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

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

Finance Minister means the Minister administering the *Public Governance, Performance and Accountability Act 2013*.

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

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

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

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

(c) the Minister of the Northern Territory;

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

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

State Housing Minister means:

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

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

(c) the Minister of the Northern Territory;

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

State Welfare Minister means:

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

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

(c) the Minister of the Northern Territory;

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

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

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

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

welfare services includes:

(a) aged care services; and

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

(c) services for people with disabilities; and

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

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

(f) other community services.

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

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

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

(2) The Institute:

(a) is a body corporate with perpetual succession;

(b) shall have a common seal; and

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

Note: The *Public Governance, Performance and Accountability Act 2013* applies to the Institute. That Act deals with matters relating to corporate Commonwealth entities, including reporting and the use and management of public resources.

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

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

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

[Health-related functions]

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

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

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

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

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

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

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

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

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

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

(k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and

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

[Welfare-related functions]

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

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

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

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

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

(e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and

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

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

(h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

[Functions of Australian Bureau of Statistics not limited by this section]

(3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

6 Powers of Institute

The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

(a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;

(b) to acquire, hold and dispose of real or personal property;

(c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

(d) to appoint agents and attorneys and act as an agent for other persons;

(e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;

(f) subject to section 29, to:

(i) release data to other bodies or persons; and

(ii) publish the results of any of its work; and

(g) to do anything incidental to any of its powers.

7 Directions by Minister

(1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

(3) This section does not affect the application, in relation to the Institute, of section 22 of the *Public Governance, Performance and Accountability Act 2013* (which deals with the application of government policy to corporate Commonwealth entities).

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

(1) Subject to subsection (2), the Institute shall consist of the following members:

(a) the Chairperson;

(b) the Director;

(c) a member nominated by the Australian Health Ministers' Advisory Council;

(ca) a member nominated by the Standing Committee of Social Welfare Administrators;

(cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;

(d) the Australian Statistician;

(e) the Secretary to the Department;

(f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;

(fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;

(fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;

(fc) a person nominated by the Minister who has expertise in research into public health issues;

(g) 3 other members nominated by the Minister;

(h) a member of the staff of the Institute elected by that staff.

(1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:

(a) before nominating the member referred to in paragraph 8(1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and

(b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and

(c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

(d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

(1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):

(a) may be made by one or more bodies; and

(b) may contain one or more names.

(2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.

(3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

(a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);

(b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

(ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);

(c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).

(4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).

(5) Subject to this section, a member shall be appointed by the Governor-General.

(5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full time or a part time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.

(5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part time basis for a period of one year commencing on:

(a) the day on which the poll for the election of the member is held; or

(b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

(7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.

(8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

(a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office.

Note: For rules that apply to acting appointments, see section 33A of the *Acts Interpretation Act 1901*.

10 Remuneration and allowances

(1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the Remuneration Tribunal Act 1973.

11 Leave of absence

(1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

(2) The Minister may:

(a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

(b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

12 Resignation

A member may resign by instrument in writing delivered to the Governor-General.

13 Termination of appointment

(1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

(2) If a member:

(a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;

(c) being a full-time member who is paid remuneration under this Part:

(i) engages in paid employment outside his or her duties without the consent of the Minister; or

(ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or

(d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

the Governor-General may terminate the appointment of the member.

Note: The appointment of a member may also be terminated under section 30 of the *Public Governance, Performance and Accountability Act 2013* (which deals with terminating the appointment of an accountable authority, or a member of an accountable authority, for contravening general duties of officials).

(3) Where:

(a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

(b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or

(c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

the Governor-General shall terminate the appointment of the member.

14 Disclosure of interests

Neither section 29 of the *Public Governance, Performance and Accountability Act 2013* (which deals with the duty to disclose interests), nor any rules made for the purposes of that section, apply to a member's interest if:

(a) the member is of a kind referred to in paragraph 8(1)(c), (ca), (cb) or (h), or subsection 8(2), of this Act; and

(b) the member only has the interest by reason of being nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

(1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

(2) The Institute shall meet at least once every 4 months.

(3) The Chairperson:

(a) may at any time convene a meeting; and

(b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

(4) The Minister may convene such meetings as the Minister considers necessary.

(5) At a meeting:

(a) if the Chairperson is present, the Chairperson shall preside;

(b) if the Chairperson is absent, the members present shall appoint one of their number to preside;

(c) a majority of the members for the time being constitute a quorum;

(d) all questions shall be decided by a majority of the votes of the members present and voting; and

(e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

(6) The Institute shall keep minutes of its proceedings.

(7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 Committees

(1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.

(2) The functions and composition of the Ethics Committee shall be as prescribed.

(3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.

(4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.

(5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.

(6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).

(7) The members of a committee may include members of the Institute.

(8) A member of a committee holds office for such period as is specified in the instrument of appointment.

(9) A member of a committee may resign by instrument in writing delivered to the Institute.

(10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.

(11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.

(12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.

(13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:

(a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and

(b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.

(14) The disclosure must be recorded in the minutes of the meeting.

(15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

(1) There shall be a Director of the Institute.

(2) The Director shall be appointed by the Minister on the recommendation of the Institute.

(3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.

(5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.

(6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.

(7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.

(8) Sections 11 and 14 apply to the Director.

(9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

18 Functions of Director

(1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.

(2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

19 Staff

(1) The staff required for the purposes of this Act shall be:

(a) persons engaged under the *Public Service Act 1999*; and

(b) persons appointed or employed by the Institute.

(2) For the purposes of the *Public Service Act 1999*:

(a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and

(b) the Director is the Head of that Statutory Agency.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

(1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.

(2) The Finance Minister may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

22 Money of Institute

(1) The money of the Institute consists of:

(a) money paid to the Institute under an appropriation; and

(b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

(a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

(b) in payment of remuneration and allowances payable under this Act; and

(c) in making any other payments required or permitted to be made by the Institute.

(3) Subsection (2) does not prevent investment, under section 59 of the *Public Governance, Performance and Accountability Act 2013*, of money that is not immediately required for the purposes of the Institute.

23 Contracts

The Institute shall not, except with the written approval of the Minister:

(a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding $200,000 or such higher amount as is prescribed; or

(b) enter into a lease of land for a period of 10 years or more.

24 Annual report

The annual report prepared by the members and given to the Minister under section 46 of the *Public Governance, Performance and Accountability Act 2013* for a period must include:

(a) particulars of each direction given under subsection 7(1) that is applicable to the period; or

(b) if the Institute considers those particulars contain information concerning a person or are of a confidential nature—a statement that a direction under that subsection was given.

25 Trust money and trust property

The Institute:

(a) shall pay trust money into an account or accounts containing no money other than trust money;

(b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

(c) may only invest trust money:

(i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or

(ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

(1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; and

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 Delegation by Director

(1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; or

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

29 Confidentiality

(1) Subject to this section, a person (in this subsection called the ***informed person***) who has:

(a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

(i) holding an office, engagement or appointment, or being employed, under this Act;

(ii) performing a duty or function, or exercising a power, under or in connection with this Act; or

(iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an ***information subject***), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

(c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);

(d) produce that document to any person (including an information subject); or

(e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: $2,000 or imprisonment for 12 months, or both.

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

(a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ***information provider***) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.

(2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

(a) ***court*** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

(b) ***person*** includes a body or association of persons, whether incorporated or not, and also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—a deceased person;

(c) ***produce*** includes permit access to;

(d) ***publication***, in relation to conclusions, statistics or particulars, includes:

(i) the divulging or communication to a court of the conclusions, statistics or particulars; and

(ii) the production to a court of a document containing the conclusions, statistics or particulars; and

(e) a reference to information concerning a person includes:

(i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and

(ii) a reference to information identifying a person or body providing information concerning a person.

30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*

(1) The Epidemiological Studies (Confidentiality) Act 1981 (in this section called the Confidentiality Act) does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

(a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and

(b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

(a) ***epidemiological*** study has the same meaning as in the Confidentiality Act; and

(b) ***prescribed study*** has the same meaning as in the Confidentiality Act.

31 Periodical reports

(1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

(a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and

(b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

(a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:

(i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and

(ii) ending on 30 June 1993; and

(b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

(a) a health or welfare report for any period; or

(b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

(a) statistics and related information concerning the health of the people of Australia; and

(b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(3A) A welfare report must provide:

(a) statistics and related information concerning the provision of welfare services to the Australian people; and

(b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

The Governor-General may make regulations, not inconsistent with this Act, prescribing matters required or permitted by this Act to be prescribed.

Australian Institute of Health and Welfare Regulations 2006

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement

These Regulations commence on the day after they are registered.

3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions

In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit

For paragraph 23 (a) of the Act, the amount of $1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended.

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

2 Definition

In these Regulations:

identifiable data means data from which an individual can be identified.

3 Functions

The functions of the Ethics Committee are:

(a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:

(i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and

(ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and

(iii) the release, or proposed release, of identifiable data by the Institute for research purposes;

having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

(a) a chairperson;

(b) the Director of the Institute or a nominee of the Director;

(c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;

(d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;

(e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;

(f) a minister of religion or a person who performs a similar role in a community;

(g) a lawyer;

(h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.

Appendix 2

Corporate governance

The Charter of Corporate Governance outlines the structure, responsibilities and processes of the AIHW Board. The full text is reproduced here.

Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its June 2015 meeting.

Purpose

This Charter of Corporate Governance outlines the corporate governance framework of the Australian Institute of Health and Welfare (AIHW).

The AIHW is a corporate Commonwealth entity and operates within the Commonwealth legislative, regulatory and financial structure. The charter defines the roles and responsibilities of the board, and codifies board operating practices and procedures for the benefit of board members and management to allow them to best manage the requirements of the organisation.

Introduction

The AIHW is a national agency established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) as an independent entity, to provide reliable, regular and relevant information and statistics on Australia's health and welfare. The AIHW is a body corporate subject to the *Public Governance, Performance and Accountablity Act 2013* (PGPA Act).

The AIHW Act provides that the members of the Institute, meeting as the AIHW Board, are responsible for the governance of the Institute. Day to day management of the AIHW's affairs is delegated to the AIHW Director.

AIHW's mission and values

The AIHW is guided in all its activities by its mission and values.

Mission

Authoritative information and statistics to promote better health and wellbeing.

Values

Our values are:

- the **APS values**—being impartial, committed to service, accountable, respectful and ethical
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the changing needs of those who provide or use data and information which are collected by AIHW
- **accessibility**—making data and information as accessible as possible

- **privacy**—safeguarding the privacy of all individuals and groups about whom we collect data, or who provide data to us
- **expertise**—applying and developing highly specialised knowledge and high standards
- **innovation**—developing original, relevant and valued new products, processes and services.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

The AIHW was established in 1987 by the *Australian Institute of Health Act 1987*. In 1992, the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987*.

The AIHW is constituted under the AIHW Act as a body corporate.

Key responsibilities of the AIHW include:

- developing knowledge, intelligence and statistics to better inform policymakers and the community
- establishing data standards for health and welfare statistics
- providing biennial reports to the Minister and to Parliament on Australia's health and Australia's welfare.

Under the AIHW Act, AIHW Board members are collectively referred to as 'the Institute'.

The board may appoint committees as it thinks fit to assist it in performing its functions (section 16 of the AIHW Act).

The duties and responsibilities of AIHW Board members are specified by the PGPA Act, under which the board is deemed to be the Institute's 'accountable authority'.

Responsible Minister

The Minister for Health is the Minister responsible for the AIHW, as it is an agency within the Health portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the AIHW Board.

The following members are appointed for a term of up to 3 years, by the Governor-General:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community and Disability Services Ministers' Advisory Council
- a representative of the Housing Ministers' Advisory Council
- 3 members nominated by the Minister for Health
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services

- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Board members holding office by virtue of the position they hold—and therefore not formally appointed to the board by the Governor-General—are:

- the AIHW Director
- the Australian Statistician, Australian Bureau of Statistics
- the Secretary of the portfolio department.

The Australian Statistician and the portfolio Secretary may each formally nominate a person as a member of the AIHW Board on their behalf should they not be available.

A member of staff of the AIHW is also a board member. The member is elected through a staff ballot and formally appointed by the Governor-General. The term of the staff-elected member is no more than 12 months, but they are eligible for re-appointment.

Board members who are Commonwealth or state/territory officers, other than the AIHW Director and the staff-elected member, are referred to in this document as departmental representatives.

Role of observers

Visitors, guests and staff members may be invited to attend board meetings as observers for discussion on matters that are of immediate concern to them or for which they are responsible.

Secretariat

The Board Secretary and a minute taker have standing invitations to attend board meetings and are not observers.

Acting members

Section 9 of the AIHW Act allows the Minister to appoint a person to act as the Board Chair, AIHW Director or a member of the board when there is a vacancy. The Minister may also appoint an individual to act in a position where a current member is unable to perform the functions of their position. Further requirements relating to the appointment of acting board members are contained within section 33A of the *Acts Interpretation Act 1901*.

3. Conduct of AIHW Board members

Board members are expected to ensure that they understand their responsibilities under both the PGPA Act and the AIHW Act, and to uphold the AIHW's values.

Sections 25–29 and section 30 of the PGPA Act respectively describe the general duties of board members (see also **Declaration of an interest** and **Conflict of roles** in section 7 of this charter).

4. Roles

Role of the AIHW Board

The AIHW Board determines the AIHW's mission and values, sets the overall policy and strategic direction of the AIHW and has broad collective responsibilities to:

- govern in a way that is consistent with the AIHW Act and the PGPA Act
- prepare documents required of the board as an accountable authority under the PGPA Act:
  - corporate plans
  - annual performance statements that measure and assess performance in achieving the AIHW's purposes, including the keeping of records that properly record and explain this performance
  - budget estimates of the financial impacts of the AIHW's activities
  - annual financial statements, including the keeping of accounts and records about transactions and financial position
  - annual reports
- govern the AIHW in a way that promotes efficient, effective, economical and ethical use and management of public resources, and the AIHW's financial sustainability, including by:
  - establishing and maintaining systems relating to risk oversight and management and internal control
  - determining the functions of an audit committee (see **Audit and Finance Committee** in section 8 of this charter)
  - preventing, detecting and dealing with fraud
- encourage cooperation with others to achieve common objectives
- keep Ministers informed about the AIHW's activities, including significant decisions or issues affecting the AIHW
- make recommendations to the Minister with respect to the appointment of the AIHW Director (subsection 17(2) of the AIHW Act refers) and sets the Director's remuneration consistent with policies and determinations of the Remuneration Tribunal (see **Remuneration Committee** in section 8 of this charter)
- appoint members to the AIHW Ethics Committee (subsection 16(1) of the AIHW Act refers; see section 9 of this charter)
- ensure that the AIHW complies with other legislative and regulatory requirements.

Role of the Board Chair

In addition to the role of the board, the Board Chair has responsibilities to:

- chair meetings of the board and oversee associated processes
- manage formal relationships between the AIHW and the Minister for Health, other relevant Ministers and key stakeholders
- manage matters of significance that are not more appropriately managed by the AIHW Director, between meetings of the board
- represent the board in its relationship and communication with the AIHW Director
- participate in key AIHW activities, notably launches of *Australia's health* and *Australia's welfare*, and the development of corporate plans.

Role of the AIHW Director

In addition to the role of the board, the AIHW Director has responsibilities to:

- provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions
- manage the affairs of the AIHW in accordance with the AIHW Act and the PGPA Act, consistent with the requirements of the board
- identify emerging strategic, operational and financial risks to the AIHW, in the context of the Risk Management Framework and Policy approved by the board, and actively implement strategies to mitigate those risks
- establish and maintain, in conjunction with the Board Chair, appropriate working relationships with the portfolio Minister and other Ministers whose portfolios include activities within the scope of the AIHW
- establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory departments and agencies, and associated Commonwealth/state forums
- liaise as required with non-government business partners and stakeholders
- ensure the board is properly advised on all matters properly within its purview
- ensure the security of data provided to and held by the AIHW, and ensure appropriate confidentiality and privacy arrangements are in place as required by relevant statutory, regulatory and best practice requirements
- develop the corporate plan and the work plan for consideration by the board
- within the board-approved budget and subject to any board directions on financial matters, ensure the continued strong financial position and viability of the AIHW
- promote a work environment and employment conditions designed to attract and retain the committed and skilled staff necessary to carry out the AIHW's functions
- discharge responsibilities as 'Agency Head' under the *Public Service Act 1999*, 'employer' under the *Fair Work Act 2009* and 'person conducting a business or undertaking' under the *Work Health and Safety Act 2011*
- ensure that the Institute provides a full induction briefing to new board members on the AIHW's functions, its operating and legislative frameworks, and members' roles and responsibilities.

Role of individual board members

In addition to the role of the board, individual board members have responsibilities to:

- act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW
- support the Board Chair and AIHW Director in decision making
- participate in board committees established under section 16(4) of the AIHW Act
- provide input to the board based on their knowledge and background

- advocate and promote the role of the AIHW, including its independence, in improving health and welfare outcomes through the carrying out of its data collection and reporting functions
- secure feedback from stakeholders on the use of AIHW products.

It has been agreed between the AIHW and the Australian Statistician that the Statistician's agreement to an AIHW survey at the board will constitute agreement under subsections 5(1)(a) and 5(1A)(a) of the AIHW Act, provided there is adequate notice of the proposal.

Role of the Board Secretary

The Board Secretary is responsible for providing administrative support and corporate governance advice to the board that is independent of the AIHW's management.

5. Relationships

With management

Management representatives may be invited to attend parts of board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders, ranging from the Minister to the general public, are important to the proper functioning of the AIHW. The states and territories are key stakeholders, given that they are both data and potential funding providers to the Institute. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The AIHW Act places the employment and terms and conditions of staff under the responsibility of the board within a framework provided by the *Public Service Act 1999*. The AIHW Director, as Agency Head, has the powers of an employer under the *Public Service Act 1999*, which includes approving the AIHW's Enterprise Agreement. The board seeks to ensure the development and welfare of staff, and provides advice to the AIHW Director when considered appropriate.

6. Delegation of powers and actions

The AIHW Board has delegated to the AIHW Director powers for the day-to-day operations of the AIHW (section 27 of the AIHW Act).

7. Board processes

Meetings

The AIHW Act provides that the board should meet at least once every 4 months. Board meetings are usually scheduled for March, June, September and December in each year. This timing is consistent with the key reporting obligations, including approving PGPA Act compliance obligations, notably the preparation of corporate plans, annual financial statements and annual reports.

On occasion, where issues are to be discussed by independent members only, for example, certain commercially or otherwise sensitive issues, the Board Chair may excuse from discussion the AIHW Director or other representatives as appropriate.

Agenda and papers

The AIHW Director develops a draft agenda for each board meeting, which is approved by the Board Chair. Individual board members are encouraged to propose items for inclusion on the agenda.

Board papers are prepared in a consistent format according to a board-endorsed template. Papers are generally developed by the AIHW Director in consultation with, and with the assistance of, relevant AIHW senior executive staff.

Board papers are distributed to members electronically and in hard copy at least 1 week before the meeting date.

The board will consider late papers with the approval of the Board Chair.

Confidentiality

All papers for board meetings are 'board in-confidence' unless otherwise determined by the board. Board members are responsible for maintaining the confidentiality of board discussions and board papers. Papers may only be distributed to persons other than members for the purpose of briefing board members on the matters raised in that paper.

Board papers may not be used for any purpose other than that for which they are intended.

The staff-elected member may circulate the Board agenda to AIHW staff before the meeting.

Staff will be notified of relevant Board decisions/outcomes by the Director or Chair.

Minutes

The Board Secretary's record of the meeting is provided to the Board Chair shortly after the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Board Chair before circulation to all members. The minutes primarily reflect the major decisions taken by the board at the meeting. Where it is appropriate to do so, a brief background to or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are approved, with any amendments considered appropriate, at the subsequent meeting of the board. Following their approval, the minutes are signed by the Board Chair and retained for the official record and availability for audit scrutiny.

Declaration of an interest

Section 29 of the PGPA Act requires board members to disclose material personal interests that relate to the AIHW's affairs. Material personal interests could arise, for example, when a board member is also a director of an organisation that is seeking to provide services to the AIHW.

A board member who considers that they may have a material personal interest in a matter must disclose the nature and extent of the interest and how it relates to the AIHW's affairs by:

- advising the Board Chair as soon as the board member becomes aware of the interest, if this is practicable between meetings
- declaring any interests, when asked by the Chair at the commencement of meetings
- providing details of the interest as requested by other board members to determine its nature and extent

- unless the other board members at the meeting determine otherwise, removing themselves from discussion and decision-making relating to the matter, including physically from the room
- ensuring that the meeting minutes adequately record the declaration of interest and any determinations made by other board members at the meeting concerning the board member not being required to remove themselves from discussion or decision-making or both on the matter.

Board members holding office by virtue of the position they hold must not be present during consideration by other board members at the meeting to determine whether the board member must remove themselves from discussion or decision-making or both on a matter in which the board member has an interest. They must not take part in making that determination.

If there is a change in the nature or extent of a declared interest, the board member must amend the record using the same process.

The requirement for board members to disclose material personal interests applies to meetings of AIHW Board subcommittees and will be managed through the same process.

This section of the charter draws on sections 14, 15, 16A, 16B and 16C of the Public Governance, Performance and Accountability Rule 2014.

Conflict of roles

Board members are members of the Institute and not representatives of their field of work. In some cases, board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a board member should declare their interest with regard to particular matters being considered at a meeting through the above process. The other board members will make a determination on whether the board member must remove themselves from discussion of the matter.

Concerns held by any board member who is a customer or other stakeholder of the AIHW will be pursued through an outside stakeholder-consultation process and brought to the attention of the board as necessary.

The portfolio Secretary, as a board member, is simultaneously:

- chief policy adviser to the Minister for Health, expected to oversee the AIHW's compliance with government policy objectives
- a customer of the AIHW, which provides services to the portfolio department
- pursuing the interests of the AIHW.

If board members make a determination that the portfolio Secretary or their nominee must remove themselves from discussions on particular matters, such as those concerning forthcoming budget strategy, the portfolio Secretary or their nominee may offer advice on the matter before leaving. Relevant agenda papers and minutes should not be forwarded to the portfolio Secretary or their nominee on such matters.

Decisions

Decisions of the board are generally reached on a consensus basis. Decisions are recorded in the minutes.

Sections 15(d) and 15(e) of the AIHW Act provide that 'all questions shall be decided by a majority of the votes of the members present', and 'the member presiding has a deliberative vote and, if necessary, a casting vote'.

Quorum

A quorum is the majority of members at the time of the meeting (subsection 15(5)(c) of the AIHW Act).

Members may provide the Board Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Board Chair is absent, the members present shall appoint one of their number to preside.

Remuneration and travel

In accordance with the AIHW Act, board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Review of performance

The board will review its own performance every 2 years. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, the appropriateness of the mix of skills and experience among board members to enable it to adequately fulfil its functions, and board member performance.

Induction

New members will be offered an induction program comprising:

- meetings with the Board Chair and AIHW Director (separately) to discuss the role of the board, ministerial expectations, and the AIHW's strategic directions
- a briefing from the AIHW Chief Financial Officer on AIHW finances, with a particular focus on assets, liabilities and risks
- a tour of the AIHW premises and presentations from line staff in AIHW on a selection of key projects
- a briefing on the legal responsibilities of board members arising from the PGPA Act
- provision of a package of essential governance information.

Professional development

The AIHW will make available, as agreed by the Board Chair, professional development opportunities relevant to the operations of the board.

Indemnity

The AIHW provides appropriate indemnity for board members.

Complaints regarding conduct

Complaints about the conduct of members in carrying out their duties should be referred in the first instance to the Board Chair. The Board Chair may provide advice and/or refer the matter to the portfolio Secretary. Resolution of such matters will depend on the nature of the complaint and the conduct that is the subject of that complaint.

8. AIHW Board committees

Audit and Finance Committee

The Audit and Finance Committee is established to provide advice and assurance to the AIHW Board, independent of AIHW management, on the integrity of the AIHW's financial reporting and its systems of risk management and internal control. Its functions include to:

- oversight the AIHW's risk management strategy and review the AIHW's business risk assessment at least every 6 months prior to its submission to the board
- monitor and review the fraud control framework
- recommend to the board the appointment of an internal auditor
- approve the internal audit work program, which must include adequate reviews of the AIHW's system of internal controls
- ensure the internal auditor fulfils the responsibilities required
- consider issues arising from audit reports and monitor and evaluate AIHW management's response to, and action on, those reports and recommendations
- report to the board on any matters arising from either the internal audit or the external audit functions about which the board needs to be informed
- review the AIHW's business continuity framework, including whether business continuity and disaster recovery plans have been periodically reviewed and updated
- review reports from AIHW management on compliance with the PGPA Act prior to their submission to the board
- carry out, or cause to be carried out, any investigation of any matter referred to it by the board
- comment on the AIHW's most recent monthly and year-to-date financial reports prior to their submission to the board by AIHW management
- review the AIHW's draft audited annual financial statements and discuss with the Australian National Audit Office prior to their submission to the board by AIHW management
- review the AIHW's draft budget and financial projections prior to their submission to the board by AIHW management
- review the AIHW Investment Policy and current investments
- advise the board on financial delegations
- advise the board on the appropriateness of the financial and non-financial performance indicators used by the AIHW to report on its performance
- consider any issues relating to the AIHW's performance that are referred to the committee by the board.

Membership comprises 4 or more persons appointed by the board who hold appropriate qualifications, knowledge, skills or experience to assist the committee to perform its functions. Three members of the committee shall be board members other than the Board Chair and the AIHW Director, and one of these board members shall be appointed as chair of the committee by the board. The fourth member of the committee shall be independent of the AIHW. A quorum is 2 committee members who are board members.

The AIHW Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. A person representing the internal auditors and an Australian National Audit Office staff member shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

The committee will meet prior to each board meeting at which the board considers a budget, finance or risk assessment report, which is currently four times a year.

Remuneration Committee

The Remuneration Committee advises the AIHW Board on the remuneration of the AIHW Director and provides performance feedback to the AIHW Director. It reviews remuneration annually, that is, considers an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal.

Membership comprises the Board Chair, the Chair of the Audit and Finance Committee and one other board member.

9. AIHW Ethics Committee

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW Ethics Committee is not a committee of the AIHW Board as it is not subject to direction by the board.

The AIHW Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. It assists the AIHW to fulfil its function to enable researchers to have access to the data it holds. Through the AIHW Ethics Committee Secretariat, the committee monitors existing projects annually, and maintains a register of applications for projects.

Members of the committee are appointed by the board. Committee composition is prescribed by regulation. The usual practice is to appoint members for 3-year terms with the opportunity for re-appointment.

The AIHW Board oversees the activities of the AIHW Ethics Committee, as part of its overall responsibility for the good governance of the AIHW, through a process of regular reporting by way of an annual written report summary.

The AIHW Ethics Committee provides a yearly report of its operations to the National Health and Medical Research Council.

Appendix 3

Meeting attendance—AIHW Board and AIHW Ethics Committee, and outgoing members, 2014–15

Below are details of meeting attendance in 2014–15 by members of the AIHW Board (including the 2 board committees) and meeting attendance by members of the AIHW Ethics Committee. Information on members leaving the board during 2014–15 is also presented.

Biographical details of current members of the AIHW Board and AIHW Ethics Committee are in **Chapter 4 Our organisation**.

Meetings attended by AIHW Board members

Table A3.1: Meetings attended by AIHW Board members, 2014–15

		Appointment change	Meetings attended	Eligible meetings
AIHW Board				
The Hon. Andrew Refshauge	Chair	Until 18 July 2014	—	0
Dr Mukesh Haikerwal AO	Chair	From 19 July 2014	7	7
Mr David Kalisch	Director, AIHW	Until 11 December 2014	2	2
Ms Kerry Flanagan PSM	Acting Director, AIHW	From 12 January 2015 (acting appointment)	4	5
Dr David Filby PSM	Nominee of the Australian Health Ministers' Advisory Council		6	7
Vacant	Nominee of the Children and Families Secretaries (of state departments)		—	7
Ms Mercia Bresnehan	Representative of the Housing and Homelessness Chief Executives Network (of state departments)	Until 24 December 2014 (resigned)	1	2
Vacant	Representative of the Housing and Homelessness Chief Executives Network (of state departments)	From 25 December 2014	—	5

continued

Table A3.1 (continued): Meetings attended by AIHW Board members, 2014–15

		Appointment change	Meetings attended	Eligible meetings
Mr Peter Harper	Member nominated by the Australian Statistician	Until 29 June 2015 (nomination withdrawn; also withdrawn for a period of 1 day on 25 September 2014 and 26 March 2015)	5	5
Dr Paul Jelfs	Member nominated by the Australian Statistician	From 25 September 2014 until 25 September 2014; from 26 March 2015 until 26 March 2015	2	2
Mr David Kalisch	Australian Statistician	From 30 June 2015	—	0
Ms Kerry Flanagan PSM	Member nominated by the Secretary, Department of Health	Until 11 January 2015 (except 25 September 2015)	0	1
Ms Janet Anderson	Member nominated by the Secretary, Department of Health	From 25 September 2014 to 25 September 2014	1	1
Mr Paul Madden	Member nominated by the Secretary, Department of Health	From 23 January 2015	5	5
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services		6	7
Ms Samantha Page	Ministerial nominee with knowledge of the needs of consumers of welfare services	Until 6 August 2014	—	0
Mr David Conry	Ministerial nominee with knowledge of the needs of consumers of welfare services	From 19 December 2014 (acting appointment)	3	5
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services		5	7
Dr Lyn Roberts AO	Ministerial nominee with expertise in public health research		7	7
Dr Siew-Ean Khoo	Ministerial nominee		6	7

continued

Table A3.1 (continued): Meetings attended by AIHW Board members, 2014–15

		Appointment change	Meetings attended	Eligible meetings
Mr Andrew Goodsall	Ministerial nominee	From 19 December 2014 (acting appointment)	3	5
Ms Sandra de Poi	Ministerial nominee	Until 15 April 2015 (resigned)	1	6
Dr Adrian Webster	Staff-elected representative	Until 29 August 2014	—	0
Mr Devin Bowles	Staff-elected representative	From 19 December 2014 (acting appointment)	4	4
Audit and Finance Committee				
Mr Michael Perusco	Chair		5	5
Ms Samantha Page		Until 6 August 2014	—	0
Dr Erin Lalor			5	5
Dr Lyn Roberts AO		From 19 November 2014	2	3
Mr Max Shanahan	Independent member		4	5
Remuneration Committee				
The Hon. Andrew Refshauge	Chair	Until 18 July 2014	—	0
Dr Mukesh Haikerwal AO	Chair	From 19 July 2014	3	3
Dr David Filby PSM			3	3
Mr Michael Perusco			3	3

Members of the AIHW Board, March 2015

Back row (left to right): Lyn Roberts, Paul Madden, David Conry, David Filby, Erin Lalor, Siew-Ean Khoo.

Front row (left to right): Mukesh Haikerwal, Kerry Flanagan, Devin Bowles.

Absent: Michael Perusco, David Kalisch, Andrew Goodsall.

Outgoing members of the AIHW Board 2014–15

Andrew Refshauge MBBS, FAICD

Chair

Non-executive Director

Term: 19 July 2011 – 18 July 2014

Peter Harper BEc

Member nominated by the Australian Statistician

Non-executive Director

Term: Ex-officio appointment

Mr Harper's nomination ceased on 29 June 2015, following his retirement from the ABS.

Mercia Bresnehan BEd

Representative of State Housing Departments

Non-executive Director

Terms: 13 June 2012 – 29 August 2012; 30 August 2012 – 29 August 2015

Ms Bresnehan resigned on 24 December 2014.

Samantha Page BA, MA, MAICD

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

Non-executive Director

Term: 7 August 2011 – 6 August 2014

Sandra de Poi BA, DipSocAdmin, FAICD

Ministerial nominee

Non-executive Director

Term: 5 August 2013 – 4 August 2016

Ms De Poi resigned on 15 April 2015.

Adrian Webster BA (Hons), BSc, PhD

Staff-elected representative

Non-executive Director

Term: 30 August 2012 – 29 August 2013; 30 August 2013—29 August 2014

Meetings attended by AIHW Ethics Committee members

Table A3.2: Meetings attended by AIHW Ethics Committee members, 2014–15

		Appointment change	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair		4	4
Mr David Kalisch	Director, AIHW	Until 11 December 2014	2	2
Ms Kerry Flanagan PSM	Acting Director, AIHW	From 12 January 2015	2	2
Dr Angela McLean	Person experienced in professional care, counselling and treatment of people	Until 29 August 2014	1	1
Dr Purnima Bhat	Person experienced in professional care, counselling and treatment of people	From 25 September 2014	3	3
Professor Malcolm Sim	Person experienced in research		3	4
Ms Erin Keleher	Nominee of Registrars of Births, Deaths and Marriages		4	4
Reverend James Barr	Minister of religion		4	4
Mr John Carroll	Lawyer		3	4
Mr David Garratt	Male general community representative		4	4
The Hon. Margaret Reynolds	Female general community representative		3	4

Members of the AIHW Ethics Committee, March 2015

Back row (left to right): David Garratt, Malcolm Sim, James Barr, Wayne Jackson, John Carroll.

Front row (left to right): Erin Keleher, Kerry Flanagan, Purnima Bhat.

Absent: Margaret Reynolds.

Outgoing member of the AIHW Ethics Committee 2014–15

Angela McLean MBBS, Dip RACOG, MPH, FAFPHM (RACP), MRepMed

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Term: 30 August 2011 – 29 August 2014

David Kalisch BEc, AICD

AIHW Director

Term: Ex-officio appointment

Appendix 4

Senior Executives and Unit Heads

AIHW Senior Executives and Unit Heads.

Director

Kerry Flanagan PSM (acting) BA
02 6244 1100 • kerry.flanagan@aihw.gov.au

Business and Governance Group

Senior Executive

Andrew Kettle MA (Hons), CA
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Corporate support

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Executive Unit

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Finance and Commercial Services Unit

Andrew Tharle BComm, CPA
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Governance Unit

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People and Facilities Unit

Deb Burns BBus, Grad Cert Public Sector Management
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Chief Information Officer Group

Senior Executive

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Business Transformation Unit

Louise O'Rance BMedSc (Hons), PhD
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Information and Communications Technology Operations Unit

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Technology and Transformation Unit

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Data Integration Services Centre

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Data Linkage Unit

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Community Services and Communication Group

Senior Executive

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Australia's Welfare Unit

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Disability and Ageing Unit

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Child Welfare and Prisoner Health Unit

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Digital and Media Communications Unit

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Publishing Unit

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Health Group

Senior Executive

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Australian Burden of Disease Unit

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Cancer and Screening Unit

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Cardiovascular, Diabetes and Kidney Unit

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Population Health and Primary Care Unit

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Hospitals, Resourcing and Classifications Group

Senior Executive

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Expenditure and Workforce Unit

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Hospitals Data Unit

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Hospitals Information Development Unit

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Hospitals Reporting Unit

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Metadata and Classifications Unit

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Housing and Specialised Care Group

Senior Executive

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Housing and Homelessness Collection Operations Unit

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Tobacco, Alcohol and Other Drugs Unit

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Senior Executive

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Indigenous Community and Health Service Reporting Unit

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Indigenous Modelling and Research Unit

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Maternal Health, Children and Families Unit

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Collaborating centres

Australian Centre for Airways disease Monitoring

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Dental Statistics and Research Unit

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National Injury Surveillance Unit

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National Perinatal Epidemiology and Statistics Unit

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Appendix 5

Participation in national committees

This appendix lists the AIHW's participation in national committees at 30 June 2015.

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Major national committees				
Children and Families Secretaries	—	Mr Michael Coutts-Trotter (Secretary, Department of Family and Community Services, NSW)	Observer	The Child Welfare and Prisoner Health Unit supports the AIHW Director (Observer)
Housing and Homelessness Chief Executives Network (informal group)	—	Mr Phillip Fagan-Schmidt (Housing SA)	Liaison through the Housing and Homelessness Data Network	—
National Health Information and Performance Principal Committee	Australian Health Ministers' Advisory Council	Dr Leonard Notaras (NT Health)	Member	All units with responsibility for relevant health information support the AIHW Director (Member)
Steering Committee for the Review of Government Service Provision	Council of Australian Governments	Mr Peter Harris AO (Productivity Commission)	Member	All units with responsibility for relevant health and welfare information support the AIHW Director (Member)
National Health Information Standards and Statistics Committee	National Health Information and Performance Principal Committee	Dr Zoran Bolevich (Ministry of Health, NSW)	Secretariat, Member	Executive Unit (Secretariat); Health Performance Indicators Unit and Metadata and Classifications Unit support Ms Jenny Hargreaves (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Special Purpose Working Group on Privacy and Proper Use of Health Data	National Health Information and Performance Principal Committee	Ms Kerry Flanagan PSM (AIHW)	Chair	All units with responsibility for relevant health information support the Chair
Australian Government Statistical Forum	—	Mr David Kalisch (Australian Bureau of Statistics)	Member	Statistical Advisor supports Mr Geoff Neideck (Member)
Chief Information Officer Group				
Data linkage				
Population Health Research Network Participant Council	Population Health Research Board	Professor Brendon Kearney OAM (Chair, Health Policy Advisory Committee on Technology and EuroScan International Network)	Member	Data Integration Services Centre supports Mr Warren Richter (Member)
Cross Portfolio Data Integration Reference Group	Cross Portfolio Data Integration Oversight Board	Mr Anthony O'Connor (Department of Health) and Dr Phillip Gould (Australian Bureau of Statistics)	Member	Data Integration Services Centre (Member) supports Mr Warren Richter (Member)
Statistical Clearing House Advisory Forum	Australian Government Statistical Forum	Mr Justin Farrow (Australian Bureau of Statistics)	Member	Statistical Advisor
Community Services and Communication Group				
Ageing and aged care				
Aged Care Working Group	Steering Committee for the Review of Government Service Provision	Ms Rebekah Burton (Department of Premier and Cabinet, Tasmania)	Member	Disability and Ageing Unit
Joint Agency Executive Working Group—National Aged Care Data Clearinghouse	AIHW	Ms Justine Boland (AIHW)	Chair, Secretariat, Member	Disability and Ageing Unit (Secretariat, Member) supports the Chair

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Aged Care Data Advisory Group	AIHW	Ms Justine Boland (AIHW)	Chair, Secretariat	Disability and Ageing Unit (Secretariat, Member) supports the Chair
DecisionAssist Evaluation Advisory Group	University of Queensland	Professor Deborah Parker (University of Western Sydney)	Member	Disability and Ageing Unit
Child welfare				
Children and Families Data Network	Children and Families Secretaries	Ms Justine Boland (AIHW)	Chair, Secretariat, Member	Child Welfare and Prisoner Health Unit (Secretariat, Member) supports the Chair
Juvenile Justice Research and Information Group	Australasian Juvenile Justice Administrators	Ms Heather Thompson (Department of Health and Human Services, Victoria)	Secretariat, Member	Child Welfare and Prisoner Health Unit
National Forum for Protecting Australia's Children	Children and Families Secretaries	Ms Roslyn Baxter (Department of Social Services) and a jurisdictional representative (to be confirmed)	Observer	Child Welfare and Prisoner Health Unit
Child Protection and Youth Justice Working Group	Steering Committee for the Review of Government Service Provision	Mr Barry Thomas (Department of Treasury, WA)	Member	Child Welfare and Prisoner Health Unit
Prisoner health				
National Prisoner Health Information Committee	AIHW	Dr Michael Levy (Clinical Director, Justice Health Services, ACT)	Secretariat, Member	Child Welfare and Prisoner Health Unit
Technical Expert Group	National Prisoner Health Information Committee	Professor Tony Butler (University of NSW)	Secretariat, Member	Child Welfare and Prisoner Health Unit

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Disability				
Disability Services Working Group	Steering Committee for the Review of Government Service Provision	Mr Jeremy Nott (Department of Treasury and Finance, Victoria)	Member	Disability and Ageing Unit
Disability Research and Data Working Group	Disability Policy Group	Dr Ron Chalmers (Disability Services Commission, WA)	Member	Disability and Ageing Unit supports Ms Justine Boland (Member)
National Disability Data Network (a sub-working group)	Disability Research and Data Working Group	Currently vacant	Secretariat, Member	Disability and Ageing Unit
Survey of Disability, Ageing and Carers Reference Group	Australian Bureau of Statistics	Dr Paul Jelfs (Australian Bureau of Statistics)	Member	Disability and Ageing Unit
Health Group				
Arthritis				
National Arthritis and Musculoskeletal Conditions Monitoring Advisory Group	AIHW	Professor Lyn March (University of Sydney and Royal North Shore Hospital)	Secretariat	Population Health and Primary Care Unit
Asthma				
National Asthma and Other Chronic Respiratory Conditions Monitoring Advisory Group	AIHW	Ms Lisa McGlynn (AIHW)	Chair, Secretariat	Population Health and Primary Care Unit (Secretariat) supports the Chair
Cancer				
Cancer Monitoring Advisory Group	AIHW	Professor Jim Bishop (Comprehensive Cancer Centre, Victoria)	Secretariat, Member	Cancer and Screening Unit (Secretariat) supports Ms Lisa McGlynn (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Australasian Association of Cancer Registries	Australasian Association of Cancer Registries Executive Committee	Ms Helen Farrugia (Victorian Cancer Registry, Cancer Council Victoria)	Secretariat, Member	Cancer and Screening Unit
National Bowel Cancer Screening Program Advisory Group	Department of Health	Ms Alice Creelman (Department of Health)	Member	Cancer and Screening Unit
National Bowel Cancer Screening Program Biennial Screening Working Group	Department of Health	Dr Bernie Towler (Department of Health)	Member	Cancer and Screening Unit
Quality and Safety Monitoring Committee	Standing Committee on Screening	Professor David Roder, AM (University of South Australia)	Member	Cancer and Screening Unit
Vascular diseases				
National Vascular Diseases Monitoring Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Dr Erin Lalor (National Stroke Foundation)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Cardiovascular Disease Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Professor Andrew Tonkin (Monash University)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Diabetes Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Professor Jonathan Shaw (Baker IDI Heart and Diabetes Institute)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Chronic Kidney Disease Expert Advisory Group	AIHW National Centre for Monitoring Vascular Diseases	Associate Professor Tim Mathew (Kidney Health Australia)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Population health				
Australasian Mortality Data Interest Group	—	Associate Professor Tim Driscoll (University of Sydney)	Member	Population Health and Primary Care Unit

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Primary health care				
National Advisory Committee of the Centre of Research Excellence in Accessible and Equitable Primary Health Service Provision in Rural and Remote Australia	Monash University School of Rural Health	Professor John Humphreys (Monash University)	Member	Population Health and Primary Care Unit supports Ms Lisa McGlynn (Member)
Hospitals, Resourcing and Classifications Group				
Hospitals				
Atlas Advisory Group	Australian Commission on Safety and Quality in Health Care	Professor Anne Duggan (Australian Commission on Safety and Quality in Health Care)	Member	Hospitals Information Development Unit supports Ms Jenny Hargreaves (Member)
Australian Hospital Statistics Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Reporting Unit (Secretariat) supports the Chair
Clinical Priority Hospital Complications Working Group	Australian Commission on Safety and Quality in Health Care's Hospital Complications Study Clinical Reference Group	Dr Robert Herkes (Australian Commission on Safety and Quality in Health Care)	Secretariat	Hospitals Information Development Unit (Secretariat) supports the Chair
Cost per Weighted Separation Technical Advisory Committee	National Health Performance Authority	Dr Martin McNamara (National Health Performance Authority)	Member	Hospitals Reporting Unit and Expenditure and Workforce Unit support Ms Jenny Hargreaves and Dr Adrian Webster (Members)
Haemovigilance Advisory Committee	National Blood Authority	Ms Alison Street, Department of Health	Member	Ms Jenny Hargreaves

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Health Working Group	Steering Committee for the Review of Government Service Provision	Ms Michelle Dumazel (Department of Premier and Cabinet, NSW)	Observer	Health Performance Indicators Unit
Hospital Complications Study Clinical Reference Group	Australian Commission on Safety and Quality in Health Care	Associate Professor Brian McCaughan (Cardiothoracic surgeon)	Member	Ms Jenny Hargreaves
Hospital Casemix Protocol and Private Hospital Data Bureau Working Group	Department of Health	Lindsay D'Esprey-Barton (Department of Health)	Member	Hospitals Data Unit
Hospital Mortality Technical Advisory Group	National Health Performance Authority	Dr Martin McNamara AM (National Health Performance Authority)	Member	Hospitals Information Development Unit (Member) supports Ms Jenny Hargreaves (Member)
Measuring Access Time to Elective Surgery Working Group	National Health Information Performance Principal Committee	Ms Gillian Shaw (Department of Health)	Secretariat, Member	Hospitals Information Development Unit (Secretariat) supports Ms Jenny Hargreaves (Member)
NMDS Working Group	National Health Information Standards and Statistics Committee	Dr Zoran Bolevich (Ministry of Health, NSW)	Secretariat, Member	Executive Unit (Secretariat) and Hospitals Data Unit support Ms Jenny Hargreaves (Member)
Potentially Avoidable Hospitalisations Report Advisory Committee	National Health Performance Authority	Dr Martin McNamara (National Health Performance Authority)	Member	Hospitals Information Development Unit supports Ms Jenny Hargreaves (Member)
Public Hospitals Establishment National Minimum Data Set Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Development Unit (Secretariat) supports the Chair
Private Hospital Statistics Advisory Committee	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Development Unit (Secretariat) supports the Chair

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Radiotherapy Waiting Times Working Group	National Health Information Standards and Statistics Committee	Mr Adam Chapman (Department of Health, Victoria)	Secretariat, Member	Health Performance Indicators Unit
Readmissions Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Development Unit (Secretariat) supports the Chair
Staphylococcus aureus bacteraemia Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Health Performance Indicators Unit (Secretariat) supports the Chair
Health data classification				
Australian Health Classifications Advisory Committee	AIHW	Ms Kerry Flanagan (AIHW)	Chair, Secretariat, Member	Metadata and Classifications Unit (Secretariat) supports the AIHW Director (Chair) and Ms Jenny Hargreaves (Member)
ICD Technical Group	Australian Consortium for Classification Development	Ms Jennie Shepheard (Department of Health and Human Services, Victoria)	Member	Metadata and Classifications Unit
World Health Organization Family of International Classifications Australian Collaborating Centre Committee	AIHW (Australian Collaborating Centre for the WHO Family of International Classifications)	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Metadata and Classifications Unit (Secretariat) supports the Chair
WHO Family of International Classifications Collaborating Centres Network Advisory Council (and its Small Executive Group)	World Health Organization	Mr Lars Berg (Nordic Collaborating Centre) and Ms Jenny Hargreaves (Australian Collaborating Centre)	Co-Chair	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Co-Chair)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO Family of International Classifications Education and Implementation Committee	WHO Family of International Classifications Network	Mr Huib ten Napel (Netherlands Collaborating Centre) and Ms Yokiko Yokobori (Japan Collaborating Centre)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
WHO Family of International Classifications Family Development Committee	WHO Family of International Classifications Network	Ms Lynn Hanmer (South African Collaborating Centre) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Metadata and Classifications Unit (Secretariat) supports Ms Jenny Hargreaves (Co-Chair)
WHO International Classification of Diseases Revision Steering Group	WHO	Dr Chris Chute (WHO)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
WHO Family of International Classifications Updating and Revision Committee	WHO Family of International Classifications Network	Dr Ulrich Vogel (German Collaborating Centre) and Mr Francesco Gongolo (Italian Collaborating Centre)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Member)
Australian Clinical Terminology User Group	National E-Health Transition Authority	David Evans (NeHTA) and a co-Chair (vacant)	Member	Metadata and Classifications Unit
Expenditure				
Disease Expenditure Project Steering Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit (Secretariat) supports the Chair
Health Expenditure Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit (Secretariat) supports the Chair
Indigenous Expenditure Report Steering Committee	Productivity Commission	Mr Peter Harris AO (Productivity Commission)	Member	Expenditure and Workforce Unit supports Ms Kerry Flanagan (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Indigenous Expenditure Report Working Group	Productivity Commission	Ms Patricia Scott (Convenor of the group) (Productivity Commission)	Member	Expenditure and Workforce Unit
Indigenous Health Expenditure Technical Advisory Group	AIHW	Ms Kirrily Harrison (Department of Prime Minister and Cabinet) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Expenditure and Workforce Unit (Secretariat) supports Ms Jenny Hargreaves (Co-Chair)
Housing and Specialised Services Group				
Housing and homelessness				
Housing and Homelessness Data Network	The network reports directly to each jurisdiction	Mr Geoff Slack (Department for Communities and Social Inclusion)	Secretariat, Member	Executive Unit (Secretariat); 3 units in the Housing and Specialised Services Group and the Metadata and Classifications Unit support Mr Geoff Neideck (Member)
Housing and Homelessness Working Group	Steering Committee for the Review of Government Service Provision	Ms Janelle Thurlby (Department of Treasury, Queensland)	Member	Housing and Homelessness Collection Processing Unit
Specialist Homelessness Services User Advisory Group	AIHW	Mr Geoff Neideck (AIHW)	Chair, Secretariat, Member	Housing and Homelessness Reporting and Development Unit (Secretariat, Member) and Housing and Homelessness Collection Operations Unit (Member) support the Chair
AHURI Research Panel	AHURI	Mr Ian Winter (AHURI)	Observer	Housing and Homelessness Reporting and Development Unit supports Mr Geoff Neideck (Observer)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Drugs				
Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group	Intergovernmental Committee on Drugs	Mr Christopher Moon (Northern Territory Department of Health)	Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
National Opioid Pharmacotherapy Statistics Annual Data Working Group	AIHW	Ms Moira Hewitt (AIHW)	Chair, Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
Mental health				
Mental Health Information Strategy Standing Committee	Mental Health Drug and Alcohol Principal Committee	Dr Grant Sara (NSW Health)	Secretariat, Member	Mental Health and Palliative Care Unit
National Mental Health Performance Subcommittee	Mental Health Information Strategy Standing Committee	Ms Ruth Fjeldsoe (Queensland Health)	Secretariat, Member	Mental Health and Palliative Care Unit
National Minimum Data Set Subcommittee (for mental health)	Mental Health Information Strategy Standing Committee	Mr Gary Hanson (AIHW)	Chair, Secretariat, Member	Mental Health and Palliative Care Unit
Indigenous and Children's Group				
Children and youth				
Early Childhood Data Subgroup	Data Strategy Group, Department of Education and Training	Ms Oon Ying Chin (Department of Education and Training)	Observer	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (Observer)
Australian Early Childhood Development Census National Committee	Department of Education and Training	Mr Matthew Hardy (Department of Education and Training)	Member	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Clinical and Data Reference Group	National Maternity Data Development Project Advisory Group	Professor Jeremy Oats (Consultative Council on Obstetric and Paediatric Morbidity and Mortality, Victoria)	Secretariat, Member	Maternal Health, Children, Youth and Families Unit (Secretariat, Member); National Perinatal Epidemiology and Statistics Unit (Member)
National Maternity Data Development Project Advisory Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Maternal Health, Children, Youth and Families Unit (Secretariat, Member) supports the Chair; National Perinatal Epidemiology and Statistics Unit (Member)
National Perinatal Data Development Committee	AIHW	Ms Sue Cornes (Queensland Health)	Secretariat	Maternal Health, Children, Youth and Families Unit
National Youth Information Advisory Group	AIHW	Professor George Patton (Centre for Adolescent Health, Murdoch Children's Research Institute)	Secretariat, Member	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (Member)
Early Childhood Education and Care Working Group	Steering Committee for the Review of Government Service Provision	Mr Chris Chinn (Department of the Premier and Cabinet, Queensland)	Observer	Maternal Health, Children, Youth and Families Unit
National Core Maternity Indicators Expert Commentary Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Maternal Health, Children, Youth and Families Unit (Secretariat, Member) supports the Chair
Longitudinal Studies Advisory Group	Department of Social Services	Ms Fiona Sawyers (Department of Social Services)	Member	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Indigenous				
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	National Health Information and Performance Principal Committee	Mr David Swan (SA Health)	Secretariat, Member	Executive Unit (Secretariat); all units in the Indigenous and Children's Group with responsibilities for Indigenous matters support Dr Fadwa Al-Yaman (Member)
Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group	Australian Bureau of Statistics	Mr Graeme Brown (Australian Bureau of Statistics)	Member	Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (Member)
International Group for Indigenous Health Measurement	—	Dr Francis (Sam) Notzon (US National Center for Health Statistics and Prevention) and Ms Michele Connolly (Consultant on American Indians and Alaska Natives, US)	Member	All units in the Indigenous and Children's Group with responsibilities for Indigenous matters support Dr Fadwa Al-Yaman (Member)
National Indigenous Reform Agreement Performance Information Management Group	—	Mr Matthew James (Department of the Prime Minister and Cabinet)	Secretariat, Member	Executive Unit (Secretariat); Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (Member)
National Aboriginal and Torres Strait Islander Health Standing Committee	Community Care and Population Health Principal Committee	Ms Carmen Parter (Centre for Aboriginal Health, NSW)	Observer	Indigenous Analyses and Reporting Unit and Indigenous Modelling and Research Unit provide support to Dr Fadwa Al-Yaman (Observer)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
OCHREStreams Advisory Group	Indigenous and Rural Health Division, Department of Health	Ms Tania Rishniw (Department of Health) and Vacant (National Aboriginal-Controlled Community Health Organisation)	Member	Indigenous Community and Health Service Reporting Unit supports Dr Fadwa Al-Yaman (Member)
Overcoming Indigenous Disadvantage Working Group	Steering Committee for the Review of Government Service Provision	Dr Patricia Scott (Productivity Commission)	Member	Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (Member)
Cross-group activity				
Burden of disease				
Burden of Disease Expert Advisory Group	—	Associate Professor Ching Choi (University of NSW)	Secretariat, Member	Cross-group team drawn from the Australian Burden of Disease Unit (Secretariat) and the Indigenous Modelling and Research Unit support Ms Lisa McGlynn (Member) and Dr Fadwa Al-Yaman (Member)
Burden of Disease Indigenous Reference Group	Burden of Disease Expert Advisory Group	Professor Len Smith (ANU)	Secretariat, Member	Indigenous Modelling and Research Unit (Secretariat, Member) support Dr Fadwa Al-Yaman (Member)
Collaborating centres				
WHO International Classification of Diseases Revision Steering Group	World Health Organization	Dr Chris Chute (WHO)	Member	National Injury Surveillance Unit supports Professor James Harrison (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO International Classification of Diseases Revision Topic Advisory Group for External Causes and Injuries	World Health Organization	Professor James Harrison (National Injury Surveillance Unit)	Chair	National Injury Surveillance Unit supports Professor James Harrison (Chair)
WHO International Classification of Diseases Revision Topic Advisory Group for Quality and Safety	World Health Organization	William Ghali (University of Calgary) and Harold Pincus (Columbia University)	Member	National Injury Surveillance Unit supports Professor James Harrison (Member)
Australian Research Centre in Population Oral Health Expert Advisory Committee	Australian Research Centre in Population Oral Health	Professor Julie Owens (Australian Research Centre in Population Oral Health, University of Adelaide)	Member	Expenditure and Workforce Unit
National Injury Surveillance Unit Advisory Committee	AIHW	Dr Greg Stewart (NSW Health)	Member, Observer	National Injury Surveillance Unit; Health Performance Indicators Unit (Observer) supports Ms Jenny Hargreaves (Member)
Maternity Care Classification System Working Party	National Maternity Data Development Project Advisory Group	Dr Georgina Chambers (National Perinatal Epidemiology and Statistics Unit, University of NSW)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat)); Maternal Health, Children, Youth and Families Unit (Member) supports Dr Fadwa Al-Yaman (Member)
National Maternal Mortality Advisory Committee	Maternal Mortality Report component of the National Maternity Data Development Project	Professor Michael Humphrey (Queensland Health)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat); Maternal Health, Children, Youth and Families Unit (Member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Perinatal Mortality Report Advisory Group	National Maternity Data Development Project Advisory Group	Professor Michael Humphrey (Queensland Health)	Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Secretariat, Member); Maternal Health, Children, Youth and Families Unit (Member)
National Sentinel Events and Post-Partum Haemorrhage Workshop Group	Australian Commission on Safety and Quality in Health Care	Vacant	Member	National Perinatal Epidemiology and Statistics Unit (Member); Maternal Health, Children, Youth and Families Unit (Member)

Appendix 6

Collaboration with universities and specialist centres

The AIHW collaborated with the following Australian universities and specialist centres during 2014–15.

Funding for specialist activities

- **Flinders University:** An agreement supports the functions of the National Injury Surveillance Unit at this university's Research Centre for Injury Studies.
- **University of Adelaide:** An agreement supports the functions of the Dental Statistics and Research Unit at this university's Australian Research Centre for Population Oral Health.
- **University of New South Wales:** An agreement supports the functions of the National Perinatal Epidemiology and Statistics Unit at this university's School of Women's and Children's Health.
- **Woolcock Institute of Medical Research Limited:** An agreement supports monitoring of asthma and linked chronic respiratory conditions through this institute's Australian Centre for Airways disease Monitoring.

Further information is provided in 'Collaborating centres' on page 57.

Data sharing

- **University of Western Australia:** The AIHW is a participant in an arrangement supporting data linkage activities under the Commonwealth's Education Investment Fund Super Science Initiative.

Other arrangements

- **Australian National University:** The AIHW supervises final-year medical school population health students to undertake special projects under a memorandum of understanding with the University.
- **Cooperative Research Centre for Spatial Information:** The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that facilitates joint research and development activities.
- **University of Sydney:** An agreement governs the ongoing management of Bettering the Evaluation and Care of Health (BEACH) data collected before 30 June 2011.

Appendix 7

Data collections

This appendix details data collections managed by the AIHW at 30 June 2015.

Group and Unit managing the collection	Data collection
Chief Information Officer Group	
Data Linkage Unit	National Death Index
Community Services and Communication Group	
Child Welfare and Prisoner Health Unit	Adoptions
	Child Protection
	Juvenile Justice
	Prisoner Health
	Intensive Family Support Services (Child Protection)
	Survey on the views of children and young people in out-of-home care
Disability and Ageing Unit	Disability Services National Minimum Data Set
	Home And Community Care Minimum Data Set
	Hospital Dementia Services Survey
	National Aged Care Data Clearinghouse
	Younger people with disability in residential aged care
Health Group	
Cancer and Screening Unit	Australian Cancer Database
	BreastScreen Australia Database
	National Bowel Cancer Screening Dataset
	National Cervical Cancer Screening Database
	Cervical Screening (Safety Monitoring) Dataset
Cardiovascular, Diabetes and Kidney Unit	National (insulin-treated) Diabetes Register
Population Health and Primary Care Unit	Adult Vaccination Survey data collections
	Australian Infant Feeding Survey 2010
	National Mortality Database
	Bettering the Evaluation and Care of Health (BEACH) Survey (before 1 July 2011)
	Risk Factor Prevalence Surveys

continued

Group and Unit managing the collection	Data collection
Health Group	
	Selected veterans and defence health databases and nominal rolls
	National Health Survey
	National Physical Activity Surveys
	National Survey of Lead in Children 1995
Hospitals, Resourcing and Classifications Group	
Group as a whole	Injury presentations to selected hospital emergency departments
	National Coronial Information System data
Health Performance Indicators Unit	Australian Spinal Cord Injury Register
	Radiotherapy waiting times
Hospitals Data Unit	National Hospital Morbidity Database
	National Public Hospitals Establishments Database
	National Elective Surgery Waiting Times data collections
	National Non-admitted Patient Emergency Department Care Database
	National Outpatient Care Database
	National Non-admitted Patient Care Database
	National Emergency Access Target Database
	National Elective Surgery Target Database
	Hand Hygiene Collection
	State and territory infection surveillance data collection
	Hospital Utilisation and Costs Study
	Medical Indemnity National Collection
Expenditure and Workforce Unit	Health and Welfare Expenditure Database
	Aboriginal and Torres Strait Islander health expenditure database
	Health Labour Force Collections
	Medical Schools Outcomes Database
	Dental: Health Surveys
	Expenditure Output data collection

continued

Group and Unit managing the collection	Data collection
Housing and Specialised Services Group	
Housing and Homelessness Collection Operations Unit	Specialist Homelessness Establishment Database
Housing and Homelessness Collection Processing Unit	Specialist Homelessness Services
	Public Rental Housing
	Mainstream Community Housing data collection
	Indigenous Community Housing data collection
	Australian Government Housing data
	Private Rental Assistance data collection
	Home Purchase Assistance data collection
	National Social Housing Survey
	Supported Accommodation Assistance Program
	Commonwealth Rent Assistance Survey 1998
	ABS Household Data Collection
	Commonwealth–State Housing Agreement Collection
	Community Housing Mapping Data Collection 1998
	Community Services Commission data collection
	High and Complex Needs Survey
	Youth Homelessness Pilot Program Collection
Mental Health and Palliative Care Unit	National Community Mental Health Care Database
	National Mental Health Establishments Database
	ABS Survey of Mental Health and Wellbeing 1997
	National Community Mental Health Establishments Database
	National Residential Mental Health Care Database
	National Survey of Mental Health Services
Tobacco, Alcohol and Other Drugs Unit	Alcohol and Other Drug Treatment Services
	National Opioid Pharmacotherapy Statistics Annual Data
	National Drug Strategy Household Surveys
Statistical Advisor	Census of Population and Housing Sample File 2011

continued

Group and Unit managing the collection	Data collection
Indigenous and Children's Group	
Group as a whole	National Perinatal Data Collection
Indigenous Analyses and Reporting Unit	Child Health Check (CHC) data collection
	National Aboriginal and Torres Strait Islander Survey 1994
Indigenous Community and Health Services Reporting Unit	Online Services Report data collection
	Indigenous Primary Healthcare National Key Performance Indicators
	Closing the Gap Clearinghouse
Maternal Health, Children, Youth and Families Unit	Footprints in Time—the Longitudinal Study of Indigenous Children
	Growing Up in Australia—the Longitudinal Study of Australian Children
	Household, Income and Labour Dynamics in Australia survey

Appendix 8

Products, journal articles and presentations

Products

The AIHW and its collaborating centres published 179 products in 2014–15.

The AIHW released 147 print and/or print-ready publications and 32 web products including new and updated web snapshots, dynamic data displays and reports in HTML format. Web versions of print products are not included in these figures.

All publications are available free-of-charge on the AIHW's website as PDF documents. Increasingly, key publications are being made available in HTML format. Users experiencing difficulties accessing our products are invited to contact us for assistance.

Many publications, including our two flagship products, *Australia's health* and *Australia's welfare*, can be purchased in hard copy. Other publications can be printed on demand, at a cost to the customer. Some printed publications, such as the AIHW Annual Report, are available as hard copies, free of charge.

For further details on obtaining AIHW products, see <www.aihw.gov.au/publications/>.

Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander health organisations: online services report—key results 2012–13. Cat. no. IHW 139. Canberra: AIHW, 2014.

Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2013–14. Cat. no. IHW 152. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework detailed analyses 2014. Cat. no. WEB 075. Canberra: AIHW, 2015.

Access to primary health care relative to need for Indigenous Australians. Cat. no. IHW 128. Canberra: AIHW, 2014.

AIHW national key performance indicators database: user guide 2015. Cat. no. IHW 154. Canberra: AIHW, 2015.

Birthweight of babies born to Indigenous mothers. Cat. no. IHW 138. Canberra: AIHW, 2014.

Data about and for Aboriginal and Torres Strait Islander Australians. Closing the Gap Clearinghouse. Biddle N. Cat. no. IHW 136. Canberra: AIHW & Melbourne: AIFS, 2014.

Determinants of wellbeing for Indigenous Australians. Cat. no. IHW 137. Canberra: AIHW, 2014.

Ear disease in Aboriginal and Torres Strait Islander children. Closing the Gap Clearinghouse. Cat. no. IHW 122. Canberra: AIHW & Melbourne: AIFS, 2014.

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Closing the Gap Clearinghouse. Dudgeon P, Walker R, Scrine C, Shepherd CCJ, Calma T & Ring I. Cat. no. IHW 143. Canberra: AIHW & Melbourne: AIFS, 2014.

Engaging Indigenous parents in their children's education. Closing the Gap Clearinghouse. Higgins D & Morley S. Cat. no. IHW 130. Canberra: AIHW & Melbourne: AIFS, 2014.

Fetal alcohol spectrum disorders: a review of interventions for prevention and management in Indigenous communities. Closing the Gap Clearinghouse. Cat. no. IHW 148. Canberra: AIHW & Melbourne: AIFS, 2015.

Funding Indigenous organisations: improving governance performance through innovations in public finance management in remote Australia. Closing the Gap Clearinghouse. Moran M, Porter D & Curth-Bibb J. Cat. no. IHW 141. Canberra: AIHW & Melbourne: AIFS, 2014.

Health indicators for Remote Service Delivery communities: a summary report. Cat. no. IHW 142. Canberra: AIHW, 2014.

Healthy Futures—Aboriginal Community Controlled Health Services: report card. Cat. no. IHW 150. Canberra: AIHW, 2015.

Hearing health outreach services to Indigenous children and young people in the Northern Territory: 2012–13 and 2013–14. Cat. no. IHW 149. Canberra: AIHW, 2015.

Homelessness among Indigenous Australians. Cat. no. IHW 133. Canberra: AIHW, 2014.

Housing assistance for Indigenous Australians. Cat. no. IHW 131. Canberra: AIHW, 2014.

Housing circumstances of Indigenous households: tenure and overcrowding. Cat. no. IHW 132. Canberra: AIHW, 2014.

Indigenous child safety. Cat. no. IHW 127. Canberra: AIHW, 2014.

Indigenous health check (MBS 715) data tool. Cat. no. WEB 053. Canberra: AIHW, 2014.

Indigenous health check data tool. Cat. no. WEB 041. Canberra: AIHW, 2014.

Law and justice: prevention and early intervention programs for Indigenous youth. Closing the Gap Clearinghouse. Higgins D & Davis K. Cat. no. IHW 135. Canberra: AIHW & Melbourne: AIFS, 2014.

Mortality and life expectancy of Indigenous Australians: 2008 to 2012. Cat. no. IHW 140. Canberra: AIHW, 2014.

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2013. Cat. no. IHW 146. Canberra: AIHW, 2014.

New Directions: Mothers and Babies Services—assessment of the program using nKPI data—December 2012 to December 2013. Cat. no. IHW 145. Canberra: AIHW, 2014.

Positive learning environments for Indigenous children and young people. Closing the Gap Clearinghouse. Ockenden L. Cat. no. IHW 134. Canberra: AIHW & Melbourne: AIFS, 2014.

Stronger Futures in the Northern Territory: oral health program July 2012 to December 2013. Cat. no. IHW 144. Canberra: AIHW, 2014.

The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW, 2015.

Ageing and aged care

Cultural and linguistic diversity measures in aged care: working paper 2014. Cat. no. AGE 74. Canberra: AIHW, 2014.

Improving dementia data in Australia: supplement to Dementia in Australia 2012. Cat. no. AGE 76. Canberra: AIHW, 2014.

Patterns in use of aged care: 2002–03 to 2010–11. Cat. no. CSI 20. Canberra: AIHW, 2014.

Residential aged care and aged care packages in the community 2012–13. Cat. no. WEB 039. Canberra: AIHW, 2014.

Transition care for older people leaving hospital: 2005–06 to 2012–13. Cat. no. AGE 75. Canberra: AIHW, 2014.

Use of aged care services before death. Cat. no. CSI 21. Canberra: AIHW, 2015.

Alcohol and other drugs

Alcohol and other drug treatment and diversion from the Australian criminal justice system: 2012–13. Cat. no. AUS 186. Canberra: AIHW, 2014.

Alcohol and other drug treatment services in Australia: 2012–13. Cat. no. HSE 150. Canberra: AIHW, 2014.

Alcohol and other drug treatment services in Australia 2013–14. Cat. no. HSE 158. Canberra: AIHW, 2015.

Alcohol and Other Drug Treatment Services (AODTS) in Australia 2013–14 collection and reporting. Cat. no. WEB 067. Canberra: AIHW, 2015.

Amphetamine treatment by method of use: AODTS NMDS 2012–13. Cat. no. WEB 060. Canberra: AIHW, 2015.

National Drug Strategy Household Survey 2013. Cat. no. WEB 037. Canberra: AIHW, 2014.

National Drug Strategy Household Survey detailed report: 2013. Cat. no. PHE 183. Canberra: AIHW, 2014.

National opioid pharmacotherapy statistics 2014. Cat. no. AUS 190. Canberra: AIHW, 2015.

National Opioid Pharmacotherapy Statistics Annual Data collection 2014–15. Cat. no. WEB 066. Canberra: AIHW, 2015.

Burden of Disease

Australian Burden of Disease Study: fatal burden of disease 2010. Cat. no. BOD 1. Canberra: AIHW, 2015.

Australian Burden of Disease Study: fatal burden of disease in Aboriginal and Torres Strait Islander people 2010. Cat. no. BOD 2. Canberra: AIHW, 2015.

Cancer

Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program. Cat. no. CAN 87. Canberra: AIHW, 2014.

Australian Cancer Database: current status and a vision for the future. Cat. no. CAN 86. Canberra: AIHW, 2014.

BreastScreen Australia monitoring report 2011–2012. Cat. no. CAN 83. Canberra: AIHW, 2014.

Cancer in Australia: an overview 2014. Cat. no. CAN 88. Canberra: AIHW, 2014.

Cancer in Australia: in brief 2014. Cat. no. CAN 89. Canberra: AIHW, 2014.

Cervical screening in Australia 2012–2013. Cat. no. CAN 91. Canberra: AIHW, 2015.

Key performance indicators for the National Bowel Cancer Screening Program: technical report. Cat. no. CAN 84. Canberra: AIHW, 2014.

National Bowel Cancer Screening Program: monitoring report 2013–14. Cat. no. CAN 92. Canberra: AIHW, 2015.

Radiation oncology areas of need: cancer incidence projections 2014–2024. Cat. no. CAN 82. Canberra: AIHW, 2014.

Cardiovascular disease

Cardiovascular disease, diabetes and chronic kidney disease: Australian facts: mortality. Cat. no. CDK 1. Canberra: AIHW, 2014.

Cardiovascular disease, diabetes and chronic kidney disease: Australian facts: prevalence and incidence. Cat. no. CDK 2. Canberra: AIHW, 2014.

Cardiovascular disease, diabetes and chronic kidney disease: Australian facts: morbidity—hospital care. Cat. no. CDK 3. Canberra: AIHW, 2014.

Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: risk factors. Cat. no. CDK 4. Canberra: AIHW, 2015.

Children

Adoptions Australia 2013–14. Cat. no. CWS 51. Canberra: AIHW, 2014.

Child protection Australia 2012–13. Cat. no. CWS 49. Canberra: AIHW, 2014.

Child protection Australia 2013–14. Cat. no. CWS 52. Canberra: AIHW, 2015.

Children's headline indicators dashboard. Cat. no. WEB 050. Canberra: AIHW, 2014.

Children's Headline Indicators reporting: January 2013 to June 2015. Cat. no. WEB 071. Canberra: AIHW, 2015.

Development of a national education and training data standards strategy and implementation plan. Cat. no. EDU 04. Canberra: AIHW, 2015.

Developing the National Early Childhood Development Researchable Data Set. Cat. no. PHE 179. Canberra: AIHW, 2014.

National outcome measures for early childhood development—phase 2: scoping paper. Cat. no. PHE 184. Canberra: AIHW, 2014.

SCSEEC successful school attendance strategies evidence-based project: literature review. Standing Council on School Education and Early Childhood (SCSEEC) & AIHW. Cat. no. EDU 2. Canberra: AIHW, 2014.

SCSEEC successful school attendance strategies evidence-based project: summary report. SCSEEC & AIHW. Cat. no. EDU 3. Canberra: AIHW, 2014.

SCSEEC successful school attendance strategies evidence-based project: final report. SCSEEC & AIHW. Cat. no. EDU 1. Canberra: AIHW, 2014.

Towards a performance measurement framework for equity in higher education. Cat. no. IHW 129. Canberra: AIHW, 2014.

Corporate publications

AIHW Access no. 38. Cat. no. HWI 127. Canberra: AIHW, 2014.

Annual report 2013–14. Cat. no. AUS 185. Canberra: AIHW, 2014.

Reconciliation Action Plan: July 2014 – June 2017. Canberra: AIHW, 2014.

Data standards and data development

A new approach to national child protection data: implementation of the Child Protection National Minimum Data Set. Cat. no. CWS 50. Canberra: AIHW, 2014.

BreastScreen Australia data dictionary: version 1.1. Cat. no. CAN 90. Canberra: AIHW, 2015.

National Community Services Data Dictionary, version 8. Cat. no. HWI 126. Canberra: AIHW, 2014.

National cervical cancer prevention data dictionary version 1: working paper. Cat. no. CAN 85. Canberra: AIHW, 2014.

National Health Data Dictionary: version 16.1. Cat. no. HWI 130. Canberra: AIHW, 2015.

National Health Data Dictionary: version 16.2. Cat. no. HWI 131. Canberra: AIHW, 2015.

The nKPI data collection: data quality issues working paper. Cat. no. IHW 153. Canberra: AIHW, 2015.

Deaths

Deaths (mortality). Cat. no. WEB 051. Canberra: AIHW, 2015.

Mortality inequalities in Australia 2009–2011. Cat. no. AUS 184. Canberra: AIHW, 2014.

Dental health

Oral health and dental care in Australia: key facts and figures trends 2014. Cat. no. DEN 228. Canberra: AIHW, 2014.

Diabetes

Incidence of type 1 diabetes in Australia 2000–2013. Cat. no. CVD 69. Canberra: AIHW, 2015.

Disability

Access to health services by Australians with disability 2012. Cat. no. AUS 191. Canberra: AIHW, 2015.

Disability support services: services provided under the National Disability Agreement 2012–13. Cat. no. AUS 182. Canberra: AIHW, 2014.

Disability support services: services provided under the National Disability Agreement 2013–14. Cat. no. AUS 192. Canberra: AIHW, 2015.

Health expenditure

Health expenditure Australia 2012–13. Cat. no. HWE 61. Canberra: AIHW, 2014.

Health expenditure Australia 2012–13: analysis by sector. Cat. no. HWE 62. Canberra: AIHW, 2014.

Health and welfare labour force

Allied health workforce 2013. Cat. no. WEB 054. Canberra: AIHW, 2014.

Medical workforce 2013. Cat. no. WEB 042. Canberra: AIHW, 2014.

Nursing and midwifery workforce 2013. Cat. no. WEB 043. Canberra: AIHW, 2014.

Health and welfare services and care

Admitted patient care 2013–14: Australian hospital statistics. Cat. no. HSE 156. Canberra: AIHW, 2015.

Australia's hospitals 2013–14: at a glance. Cat. no. HSE 157. Canberra: AIHW, 2015.

Australia's hospitals 2013–14: at a glance. Cat. no. WEB 083. Canberra: AIHW, 2015.

Australian hospital statistics 2012–13: private hospitals. Cat. no. HSE 152. Canberra: AIHW, 2014.

Australian hospital statistics 2013–14: elective surgery waiting times. Cat. no. HSE 151. Canberra: AIHW, 2014.

Australian hospital statistics 2013–14: emergency department care. Cat. no. HSE 153. Canberra: AIHW, 2014.

Healthy life expectancy in Australia: patterns and trends 1998 to 2012. Cat. no. AUS 187. Canberra: AIHW, 2014.

Hospital resources 2013–14: Australian hospital statistics. Cat. no. HSE 160. Canberra: AIHW, 2015.

Mental health services in Australia/tranche 3 2014. Cat. no. WEB 045. Canberra: AIHW, 2014.

Mental health services in Australia/tranche 4 2014. Cat. no. WEB 046. Canberra: AIHW, 2014.

Mental health services in Australia/tranche 5 2014. Cat. no. WEB 047. Canberra: AIHW, 2014.

Mental health services in Australia/tranche 6 2014. Cat. no. WEB 048. Canberra: AIHW, 2014.

Mental health services in Australia/tranche 1 2015. Cat. no. WEB 055. Canberra: AIHW, 2015.

Mental health services—in brief 2014. Cat. no. HSE 154. Canberra: AIHW, 2014.

Non-admitted patient care 2013–14: Australian hospital statistics. Cat. no. HSE 159. Canberra: AIHW, 2015.

Palliative care services in Australia 2014. Cat. no. HWI 128. Canberra: AIHW, 2014.

Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Cat. no. HSE 155. Canberra: AIHW, 2014.

Housing and homelessness

Exploring transitions between homelessness and public housing: 1 July 2011 to 30 June 2013. Cat. no. HOU 277. Canberra: AIHW, 2015.

Housing assistance in Australia 2014. Cat. no. HOU 275. Canberra: AIHW, 2014.

Housing assistance Australia 2015. Cat. no. WEB 073. Canberra: AIHW, 2015.

Housing outcomes for groups vulnerable to homelessness: 1 July 2011 to 31 December 2013. Cat. no. HOU 274. Canberra: AIHW, 2014.

Specialist homelessness services 2013–14. Cat. no. HOU 276. Canberra: AIHW, 2014.

Injury

Australian sports injury hospitalisations: 2011–12. AIHW: Kreisfield R, Harrison JE & Pointer S. Cat. no. INJCAT 168. Canberra: AIHW, 2014.

Hospitalised injuries in older Australians: 2011–12. AIHW: Tovell A, Harrison JE & Pointer S. Cat. no. INJCAT 166. Canberra: AIHW, 2014.

Hospitalised injury in children and young people: 2011–12. AIHW: Pointer S. Cat. no. INJCAT 167. Canberra: AIHW, 2014.

Injury deaths data, Australia: technical report on issues associated with reporting for reference years 1999–2010. AIHW: Harrison JE & Henley G. Cat. no. INJCAT 170. Canberra: AIHW, 2015.

Suicide and hospitalised self-harm in Australia: trends and analysis. AIHW: Harrison JE & Henley G. Cat. no. INJCAT 169. Canberra: AIHW, 2014.

Trends in injury deaths, Australia: 1999–00 to 2009–10. AIHW: Henley G & Harrison JE. Cat. no. INJCAT 150. Canberra: AIHW, 2015.

Perinatal and maternal health

Australia's mothers and babies 2012. AIHW: Hilder L, Zhichao Z, Parker M, Jahan S & Chambers G. Cat. no. PER 69. Canberra: AIHW, 2014.

Fetal alcohol spectrum disorders: strategies to address information gaps. AIHW: Bonello MR, Hilder L & Sullivan EA. Cat. no. PER 67. Canberra: AIHW, 2014.

Maternal deaths in Australia: 2006–2010. AIHW: Johnson S, Bonello MR, Li Z, Hilder L & Sullivan EA. Cat. no. PER 61. Canberra: AIHW, 2014.

Maternal deaths in Australia 2008–2012. AIHW: Humphrey MD, Bonello MR, Chughtai A, Macaldowie A, Harris K & Chambers GM. Cat. no. PER 70. Canberra: AIHW, 2015.

Maternal mortality: data linkage methodology: foundations for enhanced maternity data collection and reporting in Australia National Maternity Data Development Project Stage 1. Cat. no. PER 65. Canberra: AIHW, 2014.

National core maternity indicators—stage 2 report: 2007–2011. Cat. no. PER 68. Canberra: AIHW, 2014.

National perinatal mortality data reporting project: issues paper, October 2012—Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Project: Stage 1. Cat. no. PER 66. Canberra: AIHW, 2014.

Nomenclature for models of maternity care: consultation report, December 2012—Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Stage 1. Cat. no. PER 64. Canberra: AIHW, 2014.

Nomenclature for models of maternity care: literature review, July 2012—Foundations for enhanced maternity data collection and reporting in Australia: National Maternity Data Development Stage 1. Cat. no. PER 62. Canberra: AIHW, 2014.

Perinatal data. Cat. no. WEB 049. Canberra: AIHW, 2014.

Perinatal data portal. Cat. no. WEB 077. Canberra: AIHW, 2015.

Stillbirths in Australia 1991–2009. AIHW: Hilder L, Li Z, Zeki R & Sullivan EA. Cat. no. PER 63. Canberra: AIHW 2014.

Population health

An AIHW framework for assessing data sources for population health monitoring: working paper. Cat. no. PHE 180. Canberra: AIHW, 2014.

Arthritis, osteoporosis and other musculoskeletal conditions. Cat. no. WEB 036. Canberra: AIHW, 2014.

Asthma snapshot 2014. Cat. no. WEB 033. Canberra: AIHW, 2014.

Asthma snapshot 2015. Cat. no. WEB 064. Canberra: AIHW, 2015.

Assessment of the Australian Rheumatology Association Database for national population health monitoring: working paper. Cat. no. PHE 181. Canberra: AIHW, 2014.

Assessment of the coding of ESKD in deaths and hospitalisation data: a working paper using linked hospitalisation and deaths data from Western Australia and New South Wales. Cat. no. PHE 182. Canberra: AIHW, 2014.

Chronic respiratory conditions including asthma and Chronic Obstructive Pulmonary Disease (COPD). Cat. no. WEB 078. Canberra: AIHW, 2015.

COPD snapshot. Cat. no. WEB 065. Canberra: AIHW, 2015.

Estimating the prevalence of osteoporosis in Australia. Cat. no. PHE 178. Canberra: AIHW, 2014.

Health-care expenditure on arthritis and other musculoskeletal conditions: 2008–09. Cat. no. PHE 177. Canberra: AIHW, 2014.

Mortality from asthma and COPD in Australia. AIHW: Poulos LM, Cooper SJ, Ampon R, Reddel HK & Marks GB. Cat. no. ACM 30. Canberra: AIHW, 2014.

Musculoskeletal fact sheet: back problems. Cat. no. PHE 185. Canberra: AIHW, 2015.

Musculoskeletal fact sheet: osteoarthritis. Cat. no. PHE 186. Canberra: AIHW, 2015.

Musculoskeletal fact sheet: osteoporosis. Cat. no. PHE 187. Canberra: AIHW, 2015.

Musculoskeletal fact sheet: rheumatoid arthritis. Cat. no. PHE 188. Canberra: AIHW, 2015.

Osteoarthritis and back problems update. Cat. no. WEB 044. Canberra: AIHW, 2014.

Osteoporosis and juvenile arthritis: musculoskeletal online compendium. Cat. no. WEB 061. Canberra: AIHW, 2015.

Respiratory medication use in Australia 2003–2013: treatment of asthma and COPD. AIHW: Correll PK, Poulos LM, Ampon R, Reddel HK & Marks GB. Cat. no. ACM 31. Canberra: AIHW, 2015.

Rheumatoid arthritis: musculoskeletal online compendium. Cat. no. WEB 062. Canberra: AIHW, 2015.

Prisoner health

Prisoner health services in Australia: 2012. Cat. no. AUS 183. Canberra: AIHW, 2014.

Safety and quality of health care

Australia's medical indemnity claims: 2012–13. Cat. no. HSE 149. Canberra: AIHW, 2014.

Youth justice

Australian Capital Territory: youth justice supervision in 2013–14. Cat. no. JUV 55. Canberra: AIHW, 2015.

Comparisons between Australian and international youth justice systems: 2012–13. Cat. no. JUV 52. Canberra: AIHW, 2014.

Comparisons between the youth and adult justice systems: 2012–13. Cat. no. JUV 51. Canberra: AIHW, 2014.

Detention entries and exits: 2012–13. Cat. no. JUV 47. Canberra: AIHW, 2014.

First entry to supervision: 2012–13. Cat. no. JUV 49. Canberra: AIHW, 2014.

Long-term trends in youth justice supervision: 2012–13. Cat. no. JUV 43. Canberra: AIHW, 2014.

New South Wales: youth justice supervision in 2013–14. Cat. no. JUV 56. Canberra: AIHW, 2015.

Northern Territory: youth justice supervision in 2013–14. Cat. no. JUV 57. Canberra: AIHW, 2015.

Pathways through youth justice supervision. Cat. no. JUV 40. Canberra: AIHW, 2014.

Queensland: youth justice supervision in 2013–14. Cat. no. JUV 58. Canberra: AIHW, 2015.

Remoteness area and socioeconomic status: 2012–13. Cat. no. JUV 48. Canberra: AIHW, 2014.

Sentenced detention: 2012–13. Cat. no. JUV 46. Canberra: AIHW, 2014.

South Australia: youth justice supervision in 2013–14. Cat. no. JUV 59. Canberra: AIHW, 2015.

Tasmania: youth justice supervision in 2013–14. Cat. no. JUV 60. Canberra: AIHW, 2015.

Time under youth justice supervision: 2012–13. Cat. no. JUV 42. Canberra: AIHW, 2014.

Types of community-based supervision: 2012–13. Cat. no. JUV 44. Canberra: AIHW, 2014.

Unsentenced detention: 2012–13. Cat. no. JUV 45. Canberra: AIHW, 2014.

Using the Juvenile Justice National Minimum Data Set to measure returns to sentenced youth justice supervision: stage 2. Cat. no. JUV 54. Canberra: AIHW, 2015.

Victoria: youth justice supervision in 2013–14. Cat. no. JUV 61. Canberra: AIHW, 2015.

Western Australia: youth justice supervision in 2013–14. Cat. no. JUV 62. Canberra: AIHW, 2015.

Youth detention population in Australia 2014. Cat. no. JUV 53. Canberra: AIHW, 2014.

Youth justice in Australia 2013–14. Cat. no. AUS 188. Canberra: AIHW, 2015.

Youth justice orders and supervision periods: 2012–13. Cat. no. JUV 41. Canberra: AIHW, 2014.

Youth justice snapshot. Cat. no. WEB 40. Canberra: AIHW, 2014.

Youth justice supervision history: 2012–13. Cat. no. JUV 50. Canberra: AIHW, 2014.

Journal articles

Journal articles by AIHW staff

AIHW staff contributed to 2 journal articles in 2014–15:

Budd AC, Brotherton JML, Gertig DM, Chau T, Drennan K & Saville M 2014. Cervical screening rates for women vaccinated against human papillomavirus. Medical Journal of Australia 201:279–282.

Neideck G, Siu P & Waters A 2015. Meeting national information needs on homelessness: partnerships in developing, collecting and reporting homelessness services statistics. Statistical Journal of the International Association for Official Statistics 31(2):277–284.

Journal articles by AIHW collaborating centre staff

AIHW collaborating centre staff produced 4 journal articles in 2014–15:

Australian Research Centre for Population Oral Health 2014. Oral health of Australian Indigenous children compared to non-Indigenous children enrolled in school dental services. Australian Dental Journal (Data Watch) 59(3):395–400.

Ha D, Crocombe LA & Mejia G 2014. Clinical oral health of Australia's rural children in a sample attending school dental services. Australian Journal of Rural Health 22(6):316–322.

Lalloo R, Jamieson LM, Ha D, Ellershaw A & Luzzi L 2014. Does fluoride in the water close the dental caries gap between Indigenous and non-Indigenous children in Australia? Australian Dental Journal (e-pub ahead of print): doi: 10.1111/adj.12239.

Peres MA, Luzzi L, Peres KG, Sabah W & Antunes JL 2015. Income-related inequalities in inadequate dentition over time in Australia, Brazil and USA. Community Dentistry and Oral Epidemiology. Early online 22 January 2015: doi: 10.1111/cdoe.12144.

Conference papers and presentations

Papers and presentations by AIHW staff

AIHW staff gave 54 papers and presentations at conferences and workshops in 2014–15:

Allan J & Hanson G 2015. Five years of national seclusion data: a team effort. Presentation to 10th National Seclusion Restraint and Reduction Forum, Melbourne, 28 May.

Al-Yaman F & Boland J 2015. AIHW data and research interests. Presentation at the Life Course Centre Data Resource Workshop #2, Brisbane 10–11 March.

Al-Yaman F & Briggs L 2015. National Key Performance Indicators. Presented at 'Continuous Quality Improvement in Health Information in the Aboriginal and Islander Community Controlled Health Services Sector: a Participatory Workshop with CEOs and Practice Managers', Brisbane, 2 April.

Al-Yaman F & Dugbaza T 2014. The Enhanced Mortality Database project: an overview, Presentation to the Ninth Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group meeting, ABS, Canberra, 26 November.

Al-Yaman F & Dugbaza T 2015. Indigenous identification in health and welfare data. Presentation to the Understanding Aboriginal and Torres Strait Islander Identification Workshop, Canberra, 13–14 May.

Al-Yaman F & Gourley M 2015. Indigenous health and welfare information and statistics. Presentation at the ABS National Centre for Aboriginal and Torres Strait Islander Statistics offsite, Canberra, 27 May.

Al-Yaman F 2014. Maternal and antenatal services and target population. Presentation to International Group for Indigenous Health Measurement meeting, Vancouver, 1–4 October.

Al-Yaman F 2014. Using linked data to better understand infant mortality. Presentation to International Group for Indigenous Health Measurement meeting, Vancouver, 1–4 October.

Al-Yaman F 2015. Presentation from AIHW on Implementation Plan targets, indicators, process, analysis. Presentation at the Health Plan Implementation Plan Meeting, Department of Health, Canberra, 17 June.

Al-Yaman F 2014. Stepping forward: the evidence. Presentation to 2nd National Indigenous Health Summit, Cairns, 30 July.

Al-Yaman F 2015. The health of Australia's Aboriginal and Torres Strait Islander people: an overview. Guest lecture presented to Nutrition, Disease and the Human Environment students, Australian National University, Canberra, 21 April.

Anderson P 2014. Data availability, access and linkage at the AIHW. Presentation at the Symposium on New Ideas and Challenges for Demographic Research in Australia, Canberra, 23 October.

Anderson P 2014. Data linkage at the AIHW and beyond. Presentation at the 4th Rural and Remote Health Scientific Symposium: Maximising the Value of Rural and Remote Health Research, Canberra, 2–3 September.

Anderson P 2014. National Death Index update. Presentation to Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18–19 November.

Anderson P 2014. Panel discussion, data linkage—opportunities in the information age. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18–19 November.

Anderson P 2015. Update from the AIHW. Presentation to the Population Health Research Network 4th Technical Forum, Sydney, 29–30 April.

Beard T 2015. Building a more responsive Australian child protection data collection. Presentation at the 14th Australasian Conference on Child Abuse and Neglect (ACCAN 2015), Auckland, 29 March – 1 April.

Berg L & Hargreaves J 2014. Report from the Council. Poster at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Bishop K & Goodwin M 2014. Development and impact of redistribution methods for the Australian Burden of Disease Study. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting 2014, Auckland, New Zealand, 8–10 October.

Bishop K 2014. Development and impact of redistribution methods for the Australian Burden of Disease Study. Australasian Mortality Data Interest Group: Mortality Data in the Information Age, Sydney, 18–19 November.

Chambers S & Kilo R 2014. Advancing national child protection data. Presentation at the Association of Children's Welfare Agencies Conference (ACWA) 2014, Sydney, 18–20 August.

Claydon C, Webber K, Jefferson A & Neideck G 2014. The 2013 National Drug Strategy Household Survey: key trends and emerging issues. Presentation at the Annual Scientific Conference of the Australasian Professional Society on Alcohol and Other Drugs, Adelaide, 9–12 November.

Cooper-Stanbury M & Hargreaves J 2014. A standardised disability flag for Australia. Poster presentation to the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Dugbaza T 2015. Identification issues in Indigenous health surveillance. Presentation at Public Health Surveillance course, ANU, Canberra, 27 February.

Dugbaza T, Pham L, Zhang J & Al-Yaman F 2014. Assessment of the quality of Indigenous identification in mortality and morbidity data sets using data linkage and audits. Poster at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Dugbaza T, Scott B & Al-Yaman F 2014. Differentials in risk factors associated with disparities in birth outcomes between Indigenous and non-Indigenous mothers. Presentation at the Australian Population Association Conference, Hobart, 3–5 December.

Edvardsson M 2014. Access to primary health care relative to needs: geospatial index. Presentation at Webinar for the Royal Australasian College of General Practitioners, AIHW, Canberra, 24 September.

Foulcher D 2015. What do the data tell us about the work and effectiveness of homelessness outreach? Presentation at the Council to Homeless Persons (CHP) Reach Out: The Role of Homelessness Outreach Parity Launch and Sector Forum, Melbourne, 20 March.

Goodwin M 2014. Counting unknown primary cancers in burden of disease analysis. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting 2014, Auckland, 8–10 October.

Gourley M 2014. Methodological considerations for Indigenous Burden of Disease estimates. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Auckland, 8–10 October.

Guiver T 2015. Sampling-based clerical assessment methods. Presentation to the Population Health Research Network 4th Technical Forum, Sydney, 29–30 April.

Hargreaves J 2014. Implementing the WHO Strategy on People Centred Integrated Health Services: comments from the WHO Australian Collaborating Centre for the WHO Family of International Classifications. Presentation at the 2nd World Congress on Integrated Care, Sydney, 23 November.

Hargreaves J 2014. Panel discussion ICD-11: the WHO Australian Collaborating Centre. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18 November.

Hargreaves J 2014. Shared ontologies for the Family of International Classifications. Poster presentation at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Hargreaves J, Metz K, Macpherson B & Njeru J 2014. Australian Collaborating Centre annual report 2014. Poster at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Hargreaves J, ten Napel H & Macpherson B 2014. Family Development Committee annual report 2014. Poster at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Hargreaves J, ten Napel H & Macpherson B 2014. Family of International Classifications: an updated definition, foundation and structure. Poster presentation at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Hargreaves J, ten Napel H & Macpherson B 2014. Principles for an international casemix classification system. Poster presentation at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Hargreaves J, ten Napel H & Macpherson B 2014. Use of the Family of International Classifications to support performance reporting for universal health coverage. Poster presentation at the WHO-FIC Network annual meeting, Barcelona, 11–17 October.

Jefferson A, Baker T & Brown S 2014. Heroin and prescription opioid dependence in opioid pharmacotherapy in Australia. Poster presentation at the Annual Scientific Conference of the Australasian Professional Society on Alcohol and Other Drugs, Adelaide, 9–12 November.

Jefferson A, Graham R, Baker T, DaSilva K & Brown S 2014. The size and growth of the diversion client group in publicly funded alcohol and other drug treatment. Poster presentation at the Annual Scientific Conference of the Australasian Professional Society on Alcohol and Other Drugs, Adelaide, 9–12 November.

Johnston I 2014. Drug use among prisoners in Australia. Presentation at the Annual Scientific Conference of the Australasian Professional Society on Alcohol and Other Drugs, Adelaide, , 9–12 November.

Karmel R & Cooper-Stanbury M 2014. Pathways in aged care 2002 to 2011. Presentation to the ACT Branch of the Australian Association of Gerontology, Canberra, 4 December.

Karmel R 2014. Movement between care programs: the importance of identifying deaths. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18–19 November.

McGrath M 2014. Estimating the relative contribution of risk factors and social determinants to the health gap between Indigenous and non-Indigenous Australians. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Auckland, 8–10 October.

Moon L 2014. Determining the methodological approach for the Australian Burden of Disease Study 2011. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Auckland, 8–10 October.

Neideck G 2014. Researching complexities in homelessness using the national Specialist Homelessness Services collection. Presentation at the 8th National Homelessness Conference, Gold Coast, 10–12 September.

Neideck G 2014. Meeting national information needs on homelessness: partnerships in developing, collecting and reporting homelessness services statistics. Presentation at the International Association for Official Statistics 2014 Conference, Da Nang, 8–10 October.

Rahman N, Kerrigan J & Hunt A 2015. Arthritis and its comorbidities. Poster presentation at the Australian Rheumatology Association 56th Annual Scientific Meeting, Adelaide, 23–26 May.

Ritson A 2015. Vulnerability to homelessness and its impact on housing outcomes. Presentation at the Australasian Housing Researchers Conference, Hobart, 18–20 February.

Sweeney J, Schlumpp A & Petrie M 2014. Pathways through youth justice supervision. Presentation at the Australian and New Zealand Society of Criminology (ANZSOC) conference, Sydney, 1 October.

Tyas J 2014. Mortality inequalities in Australia. Poster presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Auckland, 8–10 October.

Tyas J 2014. Mortality inequalities in Australia. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18–19 November.

Von Sanden N 2014. Real time monitoring for all causes of death: an application for influenza. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age, Sydney, 18–19 November.

Papers and presentations by AIHW collaborating centre staff

AIHW collaborating centre staff gave 6 papers and presentations at conferences and workshops in 2014–15:

Donnolley N 2014. A road freshly paved: the development and validation of a classification system for maternity models of care. Presentation at the 31st Annual Health Information Management Association Australia and National Centre for Classification in Health National Conference, Darwin, 7–9 October.

Ha D, Jamieson LM, Luzzi L, Lalloo R & Do L 2014. Trends of caries experience and associated factors among Indigenous children. International Indigenous Oral Health Conference, University of Adelaide, Adelaide, 27–29 August.

Ha D, Jamieson LM & Luzzi L 2014. Trends of caries experience and associated factors among Indigenous children. Presentation at the Annual Scientific Meeting of the ANZ Division of the International Association for Dental Research, 'Inequalities to Personalized Medicine: A Tale of Disparities', Brisbane, 29 September–1 October

Harford JE, Chrisopoulos S & Luzzi L 2015. Tooth retention in Australia, 1994–2010: age-period-cohort analysis. Poster presentation at the General Session and Exhibition of the International Association for Dental Research, Boston, 11–14 March.

Henley G 2014. Suicide in Australia: changing patterns of methods. Presentation at the Australasian Mortality Data Interest Group Conference: Mortality Data in the Information Age 2014, Sydney, 18–19 November.

Lalloo R, Jamieson L, Ha D, Ellershaw A & Luzzi L 2014. Does fluoride in the water close the dental caries gap in Indigenous and non-Indigenous children in Australia? Presentation at 2014 International Indigenous Oral Health Conference, University of Adelaide, Adelaide, 27–29 August.

Appendix 9

Compliance matters

This appendix describes AIHW's compliance in 2014–15 with:

- *Commonwealth Electoral Act 1918*
  - advertising and market research
- Commonwealth Authorities (Annual Reporting) Orders 2011
  - exemptions from requirements
  - ministerial directions issued
  - government policy orders
  - general policies before 1 July 2008
  - related entity transactions
  - significant decisions or issues
  - key changes to affairs or activities
  - amendments to enabling or other legislation
  - judicial decisions and decisions of administrative tribunals
  - reports by third parties
  - unobtainable information from subsidiaries
  - indemnities and insurance premiums for officers
  - disclosure requirements for government business enterprises
- Finance Circular 2008/05 Compliance Reporting—CAC Act Bodies
  - report on 2013–14 compliance with CAC Act legislation
- *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
  - equal employment opportunity programs and reporting
- Legal Services Directions 2005
  - Legal services expenditure.

Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires that Commonwealth agencies report payments of $10,000 and above for advertising and market research, including those covered by the *Public Service Act 1999*.

In 2014–15, the AIHW did not undertake any advertising campaigns or make any individual payments for advertising that exceeded this threshold.

Reporting requirements under Orders

The following information relates to specific reporting requirements under the Commonwealth Authorities (Annual Reporting) Orders 2011 (the Orders) that must be included in this annual report (see 'Compliance index' on page 289). Section 7AB of the Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Rule 2014 (the Transitional Rule) continues the application of the Orders to the Institute's annual report for the 2014–15 reporting period.

Exemptions from requirements

Clause 7 of the Orders requires the AIHW to detail any written exemptions to the Orders issued by the Finance Minister. The AIHW has not been granted any such exemptions.

Ministerial directions

Section 7 of the AIHW Act provides that the Minister for Health may give directions to the AIHW on the performance of its functions or the exercise of its powers. Before issuing such a direction, the Minister must consult the AIHW Chair and relevant state and territory ministers. Clause 12 of the Orders requires that the AIHW provide details of ministerial directions issued to it, whether under section 7 of the AIHW Act or by any minister under other Commonwealth legislation.

The following current ministerial directions have been issued to the AIHW:

- Legal Services Directions 2005.

No new ministerial directions were issued to the AIHW in 2014–15.

Government policy orders

Under section 22 of the PGPA Act, Australian Government policy orders can be applied to the AIHW by the Finance Minister. The AIHW Board must ensure compliance with government policy orders that are applied. Clause 12 of the Orders and subparagraph 7AB(4)(d) of the Transitional Rule require that the AIHW provide details of any government policy orders that are applicable to it.

No government policy orders were notified to the AIHW in 2014–15 and none are applicable to the AIHW.

General policies before 1 July 2008

Clause 12 of the Orders require that the AIHW provide details of general policies of the Australian Government notified to it under section 28 of the *Commonwealth Authorities and Companies Act 1997* (CAC Act) before 1 July 2008 that are still applicable.

No such policies remain applicable to the AIHW.

Related entity transactions

Clause 15 of the Orders requires the AIHW to disclose any related entity transactions. Related entity transactions are those where the AIHW Board approves payment for a good or service provided by another entity, or provides a grant to another entity; and a board member is also a director of that other entity; and a single transaction, or the aggregate value of transactions (if there is more than one) to that entity in a reporting period exceeds $10,000.

There were no related entity transactions approved by the Board in 2014–15.

Significant decisions or issues

Section 19 of the PGPA Act requires the AIHW to notify the Minister of significant decisions or issues. The Orders and subparagraph 7AB(4)(d) of the Transitional Rule require the AIHW to provide details of these events.

There were no such decisions or issues in 2014–15.

Key changes to affairs or activities

Under clause 16 of the Orders, the AIHW is required to provide details of key changes to the AIHW's state of affairs or principal activities.

There were no such changes in 2014–15.

Amendments to enabling or other legislation

Clause 16 of the Orders requires the AIHW to provide details of amendments to its enabling legislation and any other legislation directly relevant to its operation.

In 2014–15, there were changes to the *Australian Institute of Health and Welfare Act 1987* to incorporate amendments in Schedule 7 of the *Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Act 2014*. The amendments took effect from 1 July 2014 and are available at <www.comlaw.gov.au/Details/C2014A00062>.

There were no changes in 2014–15 to the Australian Institute of Health and Welfare Regulations 2006 or the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

Judicial decisions and decisions of administrative tribunals

Clause 17 of the Orders requires the AIHW to provide details of judicial decisions and decisions of administrative tribunals that have had, or may have, a significant effect on the AIHW's operations.

In 2014–15, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Reports by third parties

Clause 17 of the Orders requires the AIHW to provide details of reports made about the Institute by the Commonwealth Ombudsman, Parliamentary committees, the Office of the Australian Information Commissioner and the Auditor-General.

In 2014–15, the Australian National Audit Office reported on the AIHW's financial statements for 2013–14 (see Appendix 11 of the *Australian Institute of Health and Welfare Annual report 2013–14* which is available at <www.aihw.gov.au/aihw-annual-report-2013-14/app11/>).

There were no other reports made by the above-named organisations or committees about the AIHW in 2014–15.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries; therefore, clause 18 of the Orders, which requires the AIHW to detail information that was unable to be obtained from subsidiaries, does not apply.

Indemnities and insurance premiums for officers

Clause 19 of the Orders requires the AIHW to provide details in its annual report of any indemnity given to an officer against a liability, including premiums paid, or agreed to be paid, for insurance against the officer's liability for legal costs.

The AIHW has insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption.

In 2014–15, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. Standard premiums were paid to Comcover, amounting to $18,289 (excluding Goods and Services Tax (GST)), compared with $12,567 for 2013–14.

The AIHW made no claims against its directors and officers liability insurance policy in 2014–15.

Disclosure requirements for government business enterprises

The AIHW is not a government business enterprise; therefore, the disclosure requirements in clause 20 of the Orders do not apply.

Report on compliance with CAC Act legislation

The AIHW was required by Finance Circular 2008/05 Compliance Reporting—CAC Act Bodies to report to the Minister for Health and the Minister for Finance on its compliance with *Commonwealth Authorities and Companies Act 1997* (CAC Act) legislation and financial sustainability by 15 October each year for the previous financial year. This reporting is separate to the financial reporting required to be included in the *AIHW Annual report 2013–14*.

In 2014–15, the AIHW complied with this requirement for the 2013–14 financial year, the last year for which the CAC Act was in effect.

The AIHW is required by the Minister for Finance pursuant to section 19 of the PGPA Act to give the Minister for Health and the Minister for Finance, by 15 October each year, commencing 2014–15, a report on compliance with the PGPA legislation and financial sustainability.

The Department of Finance's *Resource Management Guide No. 208 PGPA Framework Compliance reporting* (issued January 2015) specifies a template for the provision of this report.

Equal employment opportunities

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act) requires that the AIHW develop and implement an equal employment opportunity program. The program should ensure that, in relation to employment matters, appropriate action is taken to eliminate discrimination by the AIHW against women and persons in designated groups and promote equal opportunity for people in these groups.

Under section 9 of the EEO Act, the AIHW must report annually on the development and implementation of its program. The report may be submitted to the AIHW's responsible Minister through its annual report. A report should include:

- a detailed analysis of action taken to develop and implement its program
- an assessment of how well program implementation is monitored and evaluated
- an assessment of the effectiveness of the program
- details of each direction given by the Minister about the AIHW's performance obligations under the EEO Act.

The AIHW adopts equal employment opportunity practices common across the Australian Public Service, including access to paid parental leave and maternity leave, and recruitment opportunities specifically for Indigenous people. The AIHW accommodates reasonable requests for flexible working arrangements so that staff can meet family commitments, and seeks to remove obstacles that might discourage people who have a disability or whose first language is not English from seeking employment at the AIHW.

The AIHW monitors and evaluates its equal employment opportunity policies by comparing itself against other agencies that similarly contribute information on diversity to the APSC's annual *State of the Service Report* to Parliament. The AIHW is comparable with other APS agencies; however, notably in relation to equal employment opportunity, it has a higher than average proportion of female employees. Further details are in **Chapter 5 Our people**.

The AIHW has not received any ministerial directions about its performance obligations under the EEO Act.

Legal services expenditure

Paragraph 12 of the Attorney-General's Legal Services Directions 2005 and section 8 of the Transitional Rule require PGPA Act bodies to provide annually—within 60 days of the end of the financial year—to the Office of Legal Services Coordination, Australian Government Department of the Attorney-General:

- a report of legal services expenditure that complies with paragraph 11.1(da) of the directions
- a certificate by the Chief Executive of an agency about the service of any legal proceedings that complies with paragraph 11.1(ba) of the directions.

During 2014–15, the AIHW complied with the directions for the 2013–14 year.

External legal expenditure in 2014–15 was $32,169 compared with $5,522 in 2013–14.

Appendix 10

Data for figures in this report

This appendix contains tables that provide supporting information for figures used in the report. The specific figure number can be found in the table caption. A list of figures, giving their location in the report, is in the **Reader guides**.

Table A10.1 for Figure 1: Major revenue sources, 2005–06 to 2014–15, with projections, 2015–16 to 2018–19

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies
	$ million	
2005–06	8.549	14.263
2006–07	8.625	16.203
2007–08	8.678	20.227
2008–09	9.325	22.278
2009–10	20.708	24.944
2010–11	21.408	31.398
2011–12	17.389	33.690
2012–13	15.912	35.410
2013–14	15.898	36.176
2014–15	15.800	32.365
2015–16	15.625	30.000
2016–17	15.478	30.000
2017–18	15.569	30.000
2018–19	15.652	30.000

Table A10.2 for Figure 2: Products released and media releases, 2005–06 to 2014–15

	Media releases	Products released
2005–06	65	133
2006–07	62	144
2007–08	56	99
2008–09	68	152
2009–10	56	120
2010–11	71	136
2011–12	82	141
2012–13	84	131
2013–14	80	173
2014–15	82	179

Note: In 2012–13, the AIHW commenced counting its online products with its publications.

Table A10.3 for Figure 3: Staff numbers, 2006–2015

Year at 30 June	All	Female	Male	All (full-time equivalent)
2006	204	138	66	180.0
2007	208	142	66	180.0
2008	257	171	86	232.5
2009	269	186	83	237.4
2010	372	245	127	345.8
2011	393	263	130	360.5
2012	386	261	125	357.1
2013	363	251	112	331.3
2014	347	241	106	319.6
2015	339	237	102	313.9

Note: Figures for 2009 and earlier do not include the AIHW Director.

Table A10.4 for Figure 1.1: Days from the end of a collection period to the release of data for annual AIHW collections, 2011–12 to 2014–15

	2011–12	2012–13	2013–14	2014–15
Collection 1	167	167	163	163
Collection 2	427	[(a)]447	—	—
Collection 3	153	—	—	—
Collection 4	—	108	96	112
Collection 5	—	206	173	176
Collection 6	—	90	110	114
Collection 7	499	505	424	408; 353
Collection 8	—	—	238	328
Collection 9	305	293	304	262
Collection 10	812; 688	441; 363	—	376
Collection 11	750	—	—	—
Collection 12	705	656	664	639
Collection 13	669; 487	522	486	486
Collection 14	204	251	—	390; 312
Collection 15	219	—	—	—
Collection 16	—	421	411	—
Collection 17	471	449	376	369; 352
Collection 18	485	454	452	450
Collection 19	—	524	496	477; 333
Collection 20	224	173	163	151
Collection 21	478	407; 304	291	303
Collection 22	688; 545	481	481	344
Collection 23	834	—	—	—
Collection 24	719	536	627	501
Collection 25	—	833; 636	684	628
Collection 26	719	536	529	501
Collection 27	246	—	374; 358	357
Collection 28	355	354	348	283
Collection 29	810; 394	—	547	466
Collection 30	812; 688	—	—	—
Collection 31	—	—	486	437
Collection 32	427	[(a)]447	—	—
Collection 33	162	171	170	168
Collection 34	212	—	389	—
Collection 35	386; 301	—	—	—
Average	478	399	378	353

(a) Release of the collection was discontinued as a separate publication, and incorporated in another publication from the 2013–14 reporting year.

Notes

1. This relates to AIHW products that fully report or release publicly an annual national data collection that is collected by the AIHW.
2. Where 2 separate reports for a collection were released within the year, the time to publication is shown separately for each report in the order of release.

Table A10.5 for Figure 1.2: Revenue sources, 2005–06 to 2014–15

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies	Interest and other income
		$ million	
2005–06	8.549	14.263	0.394
2006–07	8.625	16.203	0.361
2007–08	8.678	20.227	0.695
2008–09	9.325	22.278	0.744
2009–10	20.708	24.944	0.893
2010–11	21.408	31.398	1.146
2011–12	17.389	33.690	1.158
2012–13	15.912	35.410	0.903
2013–14	15.898	36.176	0.908
2014–15	15.800	32.365	1.075

Table A10.6 for Figure 2.1: Aged care program use rates in the 12 months before death by people aged 65 or more, by care type and financial year of death, 2003–04 and 2010–11

	Percentage of deaths	
	2003–04	**2010–11**
Permanent residential care only	29.5	31.2
Community care only	27.3	27.8
Combinations of these care types	12.4	15.0
Respite residential care only	0.5	0.6
No service use	30.3	25.5
Total	**100.0**	**100.0**

Source: AIHW 2014. Patterns in use of aged care 2002–03 to 2010–11. Data linkage series no.18. CSI 20. Canberra: AIHW: Table A2.16.

Table A10.7 for Figure 2.2: Users of National Disability Agreement support services, by service group, 2013–14

	Number	Percentage
Community support	142,549	44.3
Employment	133,151	41.4
Community access	57,493	17.9
Accommodation support	46,177	14.4
Respite	39,480	12.3
Total	**321,531**	**100.0**

Note: Service user data are estimates made after use of a statistical linkage key to account for individuals who received services from more than one service type outlet during the 12-month period.

Source: AIHW 2015. Disability support services: services provided under the National Disability Agreement 2013–14. Bulletin no. 130. Cat. no. AUS 192. Canberra: AIHW: Table 2.3.

Table A10.8 for Figure 2.7: Prevalence of cardiovascular disease, diabetes and chronic kidney disease in adults, and their comorbidity, 2011–12

	Number of adults ('000)	Percentage of adults	Percentage of adults [95% confidence interval*]
Cardiovascular disease only	2,579.8	15.1	[14.3–15.9]
Diabetes only	298.1	1.7	[1.4–2.0]
Chronic kidney disease only	833.9	4.9	[4.3–5.5]
Cardiovascular disease and diabetes only	341.9	2.0	[1.7–2.3]
Cardiovascular disease and chronic kidney disease only	600.8	3.5	[3.1–3.9]
Diabetes and chronic kidney disease only	95.9	0.6	[0.4–0.8]
Cardiovascular disease, diabetes and chronic kidney disease	181.9	1.1	[0.9–1.3]

* Confidence interval means a range (interval) of values within which there is 'confidence' that the true value lies, usually because it has a 95% or higher chance of being so.

Note: Cardiovascular disease prevalence is based on the self-reported data of people who participated in the measured part of the Australian Health Survey only; diabetes prevalence is based on glycated haemoglobin and self-reported data; and chronic kidney disease prevalence is based on estimated glomerular filtration rate and albumin:creatinine ratio test results.

Source: AIHW 2014. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Prevalence and incidence. Cardiovascular, diabetes and chronic kidney disease series no. 2. Cat. no. CDK 2. Canberra: AIHW: Table C15.

Table A10.9 for Figure 2.8: Survival of bowel cancer patients diagnosed 2006–2008 who had been invited to participate in the National Bowel Cancer Screening Program compared with those never-invited

	Years since diagnosis				
	0	1	2	3	4
	Percentage of people surviving				
Diagnosed after positive screen	100.0	99.2	97.5	95.9	95.4
Diagnosed within 2 years of a negative or 'no result' screen ('interval' cancers)	100.0	93.4	86.9	84.8	83.6
Diagnosed without earlier screen—invited to screen	99.9	90.3	84.3	81.0	77.5
Diagnosed without earlier screen—never invited to screen	99.9	92.3	85.9	82.0	79.4

Source: AIHW 2014. Analysis of bowel cancer outcomes for the National Bowel Cancer Screening Program. Cat. no. CAN 87. Canberra: AIHW: Figure 6.

Table A10.10 for Figure 2.13: Hotline queries received by the AIHW and Infoxchange Australia from specialist homelessness services agencies, by state and territory, 2011–12 to 2014–15

	2011–12	2012–13	2013–14	2014–15	4-year average
			Percentage		
NSW	28.4	27.9	23.2	31.3	27.7
Vic	30.4	30.4	31.0	27.2	29.9
Qld	17.4	18.1	21.3	18.4	18.6
WA	14.8	11.7	14.1	12.6	13.5
SA	0.3	0.3	0.0	0.0	0.2
Tas	2.7	2.5	2.3	3.0	2.6
ACT	2.3	3.0	2.8	3.0	2.7
NT	3.7	6.1	5.1	4.5	4.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table A10.11 for Figure 2.21: Average number of decayed, missing or filled teeth in children, 1977 to 2010

	Baby teeth (at age 6)	Permanent teeth (at age 12)		Baby teeth (at age 6)	Permanent teeth (at age 12)
Australian School Dental Scheme evaluation data			**Child Dental Health Survey**		
1977	3.1	4.8	1989	2.2	1.6
1978	3.2	4.5	1990	2.1	1.4
1979	3.1	3.9	1991	2.0	1.3
1980	2.9	3.6	1992	2.0	1.2
1981	2.7	3.2	1993	1.9	1.1
1982	2.5	3.0	1994	1.8	1.1
1983	2.4	2.6	1995	1.7	1.0
1984	2.3	2.4	1996	1.5	0.9
1985	2.2	2.1	1997	1.5	0.9
1986	2.0	2.0	1998	1.5	0.8
1987	1.9	1.8	1999	1.5	0.8
1988	1.9	1.6	2000	1.7	0.8
			2001	1.9	1.0
			2002	2.0	1.0
			2003–2004 combined	2.0	1.0
			2005	2.3	1.1
			2006	2.0	1.2
			2007	2.0	1.0
			2008	2.3	1.1
			2009	2.4	1.1
			2010	2.6	1.3

Notes: Data were not available for New South Wales for 2001 to 2006, and 2008 to 2010, and for Victoria from 2005.

Source: AIHW 2014. Oral health and dental care in Australia: key facts and figures trends 2014. Cat. no. DEN 228. Canberra: AIHW: Figure 2.1. Derived from Child Dental Health Survey, 1977 to 2010.

Table A10.12 for Figure 2.22: Top 10 sports where participants required hospitalisation for injury, 2011–12

	Number of cases
Basketball	1,322
Equestrian activities	1,568
Roller sports	1,632
Rugby, unspecified	1,650
Water sports	2,502
Wheeled motor sports	2,737
Football, other and unspecified	2,821
Cycling	2,917
Soccer	2,962
Australian rules football	3,186
All other sports	12,940
Total	**36,237**

Source: AIHW: Kreisfeld R, Harrison JE & Pointer S 2014. Australian sports injury hospitalisations 2011–12. Injury research and statistics series no. 92. Cat. no. INJCAT 168. Canberra: AIHW: Table 2.5.

Table A10.13 for Figure 3.1: AIHW website sessions, 2005–06 to 2014–15

	Sessions
	Millions
2005–06	0.812
2006–07	0.957
2007–08	1.096
2008–09	1.167
2009–10	1.308
2010–11	1.393
2011–12	1.670
2012–13	2.020
2013–14	2.624
2014–15	2.699

Note: Figures for website sessions exclude the METeOR, Specialist Homelessness Services and Closing the Gap Clearinghouse websites.

Table A10.14 for Figure 4.1: Research project applications approved by the AIHW Ethics Committee, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15
New external projects	30	35	41	39	34
New AIHW projects[(a)]	8	14	11	6	14
Modified or extended external projects	22	6	85	96	103
Modified or extended AIHW projects[(a)]	7	8	12	28	35

(a) AIHW projects include those for AIHW collaborating centres.

Table A10.15 for Figure 5.1: Category of staff employment, 2013–2015

	30 June 2013	30 June 2014	30 June 2015
		Number	
Active staff	*343*	*322*	*308*
• Ongoing full-time	219	211	197
• Ongoing part-time	94	87	75
• Non-ongoing full-time	16	14	24
• Non-ongoing part-time	5	5	11
• Casual	9	5	1
Staff on long-term leave	*20*	*25*	*31*
Total staff	**363**	**347**	**339**
		Full-time equivalent	
Active staff	*313.5*	*297.4*	*284.8*
Total staff	**331.3**	**319.6**	**313.9**

Notes

1. 'Ongoing' staff refers to staff employed on an ongoing basis.
2. 'Non-ongoing' staff refers to staff employed on contracts or temporary transfer for specified terms and specified tasks, including staff on temporary transfer from other APS agencies.
3. 'Casual' staff refers to staff employed for irregular or intermittent duties.
4. 'Staff on long-term leave' refers to staff on any form of continuous leave for more than 3 months, for example, long service leave and maternity leave.

Table A10.16 for Figure 5.2: Active staff by classification level, 2013–2015

	30 June 2013			30 June 2014			30 June 2015		
	Number	*FTE*	*FTE (%)*	*Number*	*FTE*	*FTE (%)*	*Number*	*FTE*	*FTE (%)*
APS 2	2	2.0	0.6	1	1.0	0.3	1	1.0	0.4
APS 3	6	6.0	1.9	9	8.4	2.8	8	7.1	2.5
APS 4	22	20.3	6.5	33	30.6	10.3	46	43.2	15.2
APS 5	58	52.1	16.6	48	43.5	14.6	43	39.6	13.9
APS 6	92	83.1	26.5	79	72.8	24.5	70	63.4	22.3
EL 1	117	107.1	34.2	109	100.4	33.8	102	93.1	32.7
EL 2	36	32.9	10.5	35	32.7	11.0	31	30.4	10.7
SES Band 1	9	9.0	2.9	7	7.0	2.4	6	6.0	2.1
Director (CEO)	1	1.0	0.3	1	1.0	0.3	1	1.0	0.4
Total	**343**	**313.5**	**100.0**	**322**	**297.4**	**100.0**	**308**	**284.8**	**100.0**

Note: Previous AIHW annual reports have reported staff at the classification level at which they were acting, or were based on total staff, and are not comparable. The figures in this table reflect the substantive classification level for active staff.

Table A10.17 for Figure 5.3: Staff diversity groups

	Women	Aged 50 or more	Non-English speaking background	Disability	Aboriginal and/or Torres Strait Islander
AIHW staff—30 June 2015 (number)	237	99	55	7	3
AIHW staff—30 June 2015 (%)	69.9	29.7	15.8	2.1	0.9
APS overall—30 June 2014 (%)	58.0	31.3	15.5	3.1	2.4

Sources: AIHW's human resources information system; APS Employment Database data for ongoing and non-ongoing employees from: APS Commission 2014. State of the Service report 2013–14: Tables A5.3, A5.6, A5.9, A5.14 and A5.17.

Appendix 11

Financial statements

Australian National
Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying annual financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2015, which comprise:

- Statement by Directors, Chief Executive Officer and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Schedule of Commitments; and
- Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies and other explanatory information.

Accountable Authority's Responsibility for the Financial Statements

The Directors of the Australian Institute of Health and Welfare are responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act. The Directors are also responsible for such internal control as is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Accountable Authority of the entity, as well as evaluating the overall presentation of the financial statements.

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

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

(b) present fairly the financial position of the Australian Institute of Health and Welfare as at 30 June 2015 and its financial performance and cash flows for the year then ended.

Australian National Audit Office

Michael White
Executive Director

Delegate of the Auditor-General

Canberra
24 September 2015

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

STATEMENT BY ACCOUNTABLE AUTHORITY, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2015 comply with subsection 42(2) of *the Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

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

Mukesh Haikerwal AO	Kerry Flanagan	Andrew Kettle
Board Chair	Acting Chief Executive	Chief Financial Officer
24 September 2015	24 September 2015	24 September 2015

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

Australian Institute of Health and Welfare

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2015

	Notes	2015 $'000	2014 $'000
NET COST OF SERVICES			
Expenses			
Employee benefits	3A	**35,054**	36,173
Supplier	3B	**12,565**	15,711
Depreciation and amortisation	3C	**1,052**	940
Write-down and impairment of assets	3D	**—**	84
Finance costs	3E	**—**	18
Total expenses		**48,671**	52,926
Own-source Income			
Own-source revenue			
Sale of goods and rendering of services	4A	**32,365**	36,176
Interest	4B	**682**	890
Other revenues	4C	**2**	18
Total own-source revenue		**33,049**	37,084
Gains			
Gain from write-off of provision for makegood	4D	**391**	**—**
Total gains		**391**	**—**
Total own-source income		**33,440**	37,084
Net cost of services		**15,231**	15,842
Revenue from government	4E	**15,800**	15,898
Surplus		**569**	56
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation surplus		**—**	—
Total other comprehensive income		**—**	—
Total comprehensive income attributable to the Australian Government		**569**	56

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

Australian Institute of Health and Welfare

STATEMENT OF FINANCIAL POSITION

as at 30 June 2015

	Notes	2015 $'000	2014 $'000
ASSETS			
Financial assets			
Cash and cash equivalents	6A	**25,562**	21,984
Trade and other receivables	6B	**6,858**	4,837
Total financial assets		**32,420**	26,821
Non-financial assets			
Buildings	7A, 7C	**5,037**	5,236
Property, plant and equipment	7B, 7C	**3,845**	4,520
Intangibles	7D	**—**	5
Other non-financial assets	7E	**817**	618
Total non-financial assets		**9,699**	10,379
Total assets		**42,119**	37,200
LIABILITIES			
Payables			
Suppliers	8A	**(1,840)**	(2,032)
Other payables	8B	**(4,572)**	(4,886)
Contract income in advance	8C	**(19,327)**	(14,586)
Total payables		**(25,739)**	(21,504)
Provisions			
Employee provisions	9A	**(11,082)**	(10,497)
Other provisions	9B	**—**	(470)
Total provisions		**(11,082)**	(10,967)
Total liabilities		**(36,821)**	(32,471)
Net assets		**5,298**	4,729
EQUITY			
Contributed equity		**2,756**	2,756
Reserves		**2,288**	2,288
Retained surplus (accumulated deficit)		**254**	(315)
Total equity		**5,298**	4,729

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

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

for the period ended 30 June 2015

	Retained Earnings		Asset Revaluation Surplus		Contributed Equity/Capital		Total Equity	
	2015	2014	**2015**	2014	**2015**	2014	**2015**	2014
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Opening balance								
Balance carried forward from previous period	(315)	(371)	2,288	2,288	2,756	2,756	4,729	4,673
Adjusted opening balance	(315)	(371)	2,288	2,288	2,756	2,756	4,729	4,673
Surplus (Deficit) for the period	569	56	—	—	—	—	569	56
Total comprehensive income attributable to the Australian Government	569	56	—	—	—	—	569	56
Closing balance at 30 June	254	(315)	2,288	2,288	2,756	2,756	5,298	4,729

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

Australian Institute of Health and Welfare

CASH FLOW STATEMENT

for the period ended 30 June 2015

	Notes	2015 $'000	2014 $'000
OPERATING ACTIVITIES			
Cash received			
Receipts from government		**15,800**	15,898
Goods and services		**35,856**	40,369
Interest		**696**	866
Net GST received		**440**	851
Other		**2**	18
Total cash received		**52,794**	58,002
Cash used			
Employees		**(34,534)**	(36,000)
Suppliers		**(14,509)**	(16,936)
Total cash used		**(49,043)**	(52,936)
Net cash from (used by) operating activities	10	**3,751**	5,066
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		**(173)**	(5,640)
Total cash used		**(173)**	(5,640)
Net cash from (used by) investing activities		**(173)**	(5,640)
Net increase (decrease) in cash held		**3,578**	(574)
Cash and cash equivalents at the beginning of the reporting period		**21,984**	22,558
Cash and cash equivalents at the end of the reporting period	6A	**25,562**	21,984

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

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2015

	2015 $'000	2014 $'000
BY TYPE		
Commitments receivable		
Project[1]	**17,730**	24,109
Net GST recoverable on commitments	**2,930**	2,495
Total commitments receivable	**20,660**	26,604
Commitments payable		
Other commitments		
Operating leases[2]	**(47,795)**	(50,683)
Other[1]	**(2,174)**	(955)
Total other commitments	**(49,969)**	(51,638)
Total commitments payable	**(49,969)**	(51,638)
Net commitments by type	**(29,309)**	(25,034)
BY MATURITY		
Commitments receivable		
Within 1 year	**11,233**	18,743
Between 1 to 5 years	**6,727**	4,866
More than 5 years	**2,700**	2,995
Total commitments receivable	**20,660**	26,604
Commitments payable		
Operating lease commitments		
Within 1 year	**(2,797)**	(2,888)
Between 1 to 5 years	**(15,297)**	(14,851)
More than 5 years	**(29,701)**	(32,944)
Total operating lease commitments	**(47,795)**	(50,683)
Other commitments		
Within 1 year	**(1,269)**	(955)
Between 1 to 5 years	**(905)**	—
Total other commitments	**(2,174)**	(955)
Total commitments payable	**(49,969)**	(51,638)
Net commitments by maturity	**(29,309)**	(25,034)

Note: Commitments are GST inclusive where relevant.

1. Project and other commitments are primarily amounts relating to the AIHW's contract work.
2. The AIHW currently has an agreement with B & T Investments to lease property at 1 Thynne St, Bruce, ACT. The current lease expires on 29 June 2029. The lease has a fixed increase of 3% annually.

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

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

1.1 Objectives of the Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is structured to meet a single outcome:

- A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics. This outcome is included in the Department of Health's (Health) Portfolio Budget Statements.

1.2 Basis of preparation of the financial statements

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

The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR) for reporting periods ending on or after 1 July 2014; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FRR, assets and liabilities are recognised in the Statement of Financial Position when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executory contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the contingencies note.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured. Financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

1.3 Significant accounting judgements and estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements.

- The fair value of leasehold improvements and property, plant and equipment has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Australian Accounting Standard has been adopted earlier than the application date as stated in the standard.

New standards, revised standards, interpretations or amending standards that were issued prior to the signing off date and are applicable to the current reporting period did not have financial impact and are not expected to have a future financial impact on the AIHW.

The AASB 1055 Budgetary Reporting requires the AIHW to report on budgetary information and explanation of significant variances between actual results and budgeted amounts. The AIHW has applied the new disclosure within the financial statements as outlined in Note 16: Budgetary Reports and Explanations of Major Variances.

Future Australian Accounting Standard requirements

New standards, revised standards and interpretations that were issued by the Australian Accounting Standards Board prior to the signing off date and are applicable to the future reporting period are not expected to have a future financial impact on the AIHW.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the entity retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

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

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Revenues from government

Funding received or receivable from Health (appropriated to Health as a Corporate Commonwealth entity payment item for payment to AIHW) is recognised as Revenue from government unless they are in the nature of an equity injection or a loan.

Australian Institute of Health and Welfare
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1.6 Gains

Resources received free of charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another government agency or authority as a consequence of a restructuring of administrative arrangements.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the government as owner

Equity injections

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

1.8 Employee benefits

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within 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 2015. The

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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

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

Superannuation

AIHW staff are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme or the Public Sector Superannuation Scheme accumulation plan.

The first two are defined benefit schemes for the Australian Government. The third is a defined contribution scheme.

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

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

The liability for superannuation recognised as at 30 June 2015 represents outstanding contributions for the final fortnight of the year.

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial assets

The AIHW classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

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Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost: if there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

1.13 Financial liabilities

Financial liabilities are classified as other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Other financial liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent liabilities and contingent assets

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

1.15 Acquisition of assets

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

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

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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.16 Property, plant and equipment

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than $3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Revaluations

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

Asset class	Fair value measured at:
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets. A valuation was carried out for June 2015 and the assets were assessed that there is no material difference in the valuation as to the book values shown

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

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

Depreciation

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

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

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

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	2015	2014
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2015. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

1.17 Intangibles

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than $50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2013–14: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2015.

As at 30 June 2015 all of AIHW's intangibles have been fully amortised.

1.18 Taxation

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

Revenues, expenses, assets and liabilities are recognised net of GST except:

- where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- for receivables and payables.

Note 2: Events after the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015 $'000	2014 $'000
Note 3: Expenses		
Note 3A: Employees benefits		
Wages and salaries	**(26,287)**	(27,595)
Superannuation:		
Defined contribution plans	**(1,927)**	(1,934)
Defined benefit plans	**(3,226)**	(3,510)
Leave and other entitlements	**(3,614)**	(3,134)
Total employee benefits	**(35,054)**	(36,173)
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants and contractors	**(2,799)**	(6,242)
Collaborating centres	**(1,850)**	(2,145)
Information technology	**(1,174)**	(1,385)
Printing and stationery	**(194)**	(211)
Training	**(332)**	(353)
Travel	**(453)**	(557)
Telecommunications	**(144)**	(181)
Other	**(2,465)**	(2,233)
Total goods and services supplied or rendered	**(9,411)**	(13,307)
Goods supplied in connection with		
Related parties	**—**	(1)
External parties	**(503)**	(656)
Total goods supplied	**(503)**	(657)
Services rendered in connection with		
Related parties	**(787)**	(940)
External parties	**(8,121)**	(11,710)
Total services rendered	**(8,908)**	(12,650)
Total goods and services	**(9,411)**	(13,307)

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	2015	2014
	$'000	$'000
Other supplier		
Operating lease rentals—lease payments	**(2,928)**	(2,124)
Workers compensation premiums	**(226)**	(280)
Total other supplier expenses	**(3,154)**	(2,404)
Total supplier expenses	**(12,565)**	(15,711)

Note 3C: Depreciation and amortisation

Depreciation:		
Leasehold improvements	**(360)**	(558)
Property, plant and equipment	**(687)**	(237)
Library collection	**—**	(50)
Total depreciation	**(1,047)**	(845)
Amortisation:		
Intangibles		
Computer software	(5)	(95)
Total amortisation	(5)	(95)
Total depreciation and amortisation	**(1,052)**	(940)

Note 3D: Write-down and impairment of assets

Write off on disposal of property, plant and equipment	**—**	(84)
Total write down and impairment of assets	**—**	(84)

Note 3E: Finance costs

Unwinding of discount on restoration obligations	**—**	(18)
Total finance costs	**—**	(18)

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	2015	2014
	$'000	$'000
Note 4: Revenues		
Note 4A: Sale of goods and rendering of services		
Rendering of service in connection with		
Related entities	**23,202**	26,685
External parties	**9,163**	9,491
Total rendering of services	**32,365**	36,176
Total sale of goods and rendering services	**32,365**	36,176
Note 4B: Interest		
Deposits	**682**	890
Total interest	**682**	890
Note 4C: Other revenues		
Other	**2**	18
Total other revenues	**2**	18
Note 4D: Gain from write-off of provision for makegood		
Write-off of provision for makegood	**391**	–
Total gains	**391**	–
Note 4E: Revenue from government		
Corporate Commonwealth entity payment item	**15,800**	15,898
Total revenue from government	**15,800**	15,898

Note 5: Fair Value Measurements

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

The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Unobservable inputs for the asset or liability.

Note 5A: Fair Value Measurements, Valuation Techniques and Inputs Used

Fair value measurements at the end of the reporting period by hierarchy for assets and liabilities in 2015

Fair value measurements at the end of the reporting period using

	Fair value		Level 1 inputs		Level 2 inputs		Level 3 inputs	
	2015	2014	**2015**	2014	**2015**	2014	**2015**	2014
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Non-financial assets								
Leasehold improvements	5,037	5,236	**-**	**-**	-	-	**5,037**	5,236
Other property, plant and equipment	3,845	4,520	**-**	**-**	3,635	4,154	**210**	366
Total non-financial assets	8,882	9,756	-	-	3,635	4,154	**5,247**	5,602
Total fair value measurements of assets in the statement of financial position	8,882	9,756	-	-	3,635	4,154	**5,247**	5,602

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

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

There are no liabilities measured at fair value.

No assets were transferred between level 1 and level 2.

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Note 5B: Valuation Technique and Inputs for Level 2 and Level 3 Fair Value Measurements

Level 2 and 3 fair value measurements - valuation technique and the inputs used for assets and liabilities in 2015

	Category (Level 2 or Level 3)	Fair value $'000	Valuation technique(s)[1]	Inputs used	Range (weighted average)[2]
Non-financial assets					
Leasehold improvements	Level 3	5,037	Depreciated replacement cost	Replacement cost new	N/A
				Consumed economic benefit / obsolescence of asset	6.7%
Other property, plant and equipment	Level 2	3,635	Market value	Sales price of comparable assets	N/A
Other property, plant and equipment	Level 3	210	Depreciated replacement cost	Latest valuation less subsequent depreciation	N/A

1. No change in valuation technique occurred during the period.
2. Significant unobservable inputs only. Not applicable for assets or liabilities in the Level 2 category.

Recurring and non-recurring Level 3 fair value measurements - valuation processes

In 2013 the AIHW procured valuation services from Liquidity Partners and relied on valuation models provided by Liquidity Partners. Liquidity Partners provided written assurance to the entity that the model developed is in compliance with AASB 13. Level 3 property, plant and equipment are represented at their latest valuation less any subsequent depreciation.

Note 5C: Reconciliation for Recurring Level 3 Fair Value Measurements

Recurring Level 3 fair value measurements - reconciliation for assets

	Non-financial assets					
	Other property, plant and equipment		Leasehold improvements		Total	
	2015	2014	**2015**	2014	**2015**	2014
	$'000	$'000	**$'000**	$'000	**$'000**	$'000
Opening balance as at 1 July	366	725	5,236	—	5,602	725
Purchases	—	—	161	5,236	161	5,236
Depreciation	(156)	(359)	(360)	—	(516)	(359)
Closing balance as at 30 June	210	366	5,037	5,236	5,247	5,602

The entity's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

Australian Institute of Health and Welfare
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	2015 $'000	2014 $'000
Note 6: Financial Assets		
Note 6A: Cash and cash equivalents		
Cash on hand or on deposit	**25,562**	21,984
Total cash and cash equivalents	**25,562**	21,984
Note 6B: Receivables		
Goods and services receivables in connection with		
Related parties	**6,414**	3,999
External parties	**155**	566
Total goods and services receivable	**6,569**	4,565
GST receivable from the Australian Taxation Office	**206**	175
Other receivables	**83**	97
Total receivables (gross)	**6,858**	4,837
Less: impairment allowance	**–**	–
Total receivables (net)	**6,858**	4,837
Receivables are aged as follows:		
Not overdue	**6,853**	4,619
Overdue by:		
0 to 30 days	**5**	215
31–60 days	**–**	–
61-90 days	**–**	–
Greater 90 days	**–**	3
Total receivables (gross)	**6,858**	4,837
Receivables is expected to be recovered in:		
No more than 12 months	**6,858**	4,837
Total receivables (gross)	**6,858**	4,837

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	2015	2014
	$'000	$'000

Note 7: Non-Financial Assets

Note 7A: Buildings

Leasehold improvements		
Fair value	**5,397**	5,236
Accumulated depreciation	(360)	–
	5,037	5,236
Restoration obligations	–	612
Accumulated depreciation	–	(612)
	–	–
Total buildings	**5,037**	5,236

No indicators of impairment were found for leasehold improvements.

Note 7B: Property, plant and equipment

Property, plant and equipment		
Fair value	**4,939**	4,926
Accumulated depreciation	**(1,094)**	(406)
Total property, plant and equipment	**3,845**	4,520

No indicators of impairment were found for property, plant and equipment.

Revaluations of non-financial assets

A revaluation increment of nil (2014: nil) for leasehold improvements, nil (2014: nil) for restoration obligations assets and nil (2014: nil) for changes in provision for restoration obligations. Revaluation decrement for property, plant and equipment was nil (2014: nil)

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	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
Note 7C: Analysis of property, plant and equipment				
TABLE A: Reconciliation of the opening and closing balances of property, plant and equipment (2014–15)				
As at 1 July 2014				
Gross book value	5,848	4,926	350	11,124
Accumulated depreciation	(612)	(406)	(350)	(1,369)
Net book value 1 July 2014	5,236	4,520	–	9,756
Additions				
by purchase	161	12	–	173
Revaluations recognised in operating results				
Depreciation expense	(360)	(687)	–	(1,047)
Write back of depreciation on write-off			–	
Write back of depreciation on revaluation				
Write-offs			–	
Net book value 30 June 2015	5,037	3,845	–	8,882
Net book value as at 30 June 2014 represented by:				
Gross book value	6,009	4,938	350	11,297
Accumulated depreciation	(972)	(1,093)	(350)	(2,415)
Net book value 30 June 2015	5,037	3,845	–	8,882

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
TABLE B: Reconciliation of the opening and closing balances of property, plant and equipment (2013–14)				
As at 1 July 2013				
Gross book value	2,180	880	350	3,410
Accumulated depreciation	(1,593)	(222)	(300)	(2,115)
Net book value 1 July 2013	587	658	50	1,295
Additions				
by purchase	5,236	4,154	–	9,390
Revaluations recognised in operating results				
Depreciation expense	(558)	(237)	(50)	(845)
Write back of depreciation on write-off	1,539	52	–	1,591
Write back of depreciation on revaluation				
Write-offs	(1,568)	(107)	–	(1,675)
Net book value 30 June 2014	5,236	4,520	–	9,756
Net book value as at 30 June 2013 represented by:				
Gross book value	5,848	4,926	350	11,124
Accumulated depreciation	(612)	(406)	(350)	(1,369)
Net book value 30 June 2014	5,236	4,520	–	9,756

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
	$'000	$'000
Note 7D: Intangibles		
Computer software		
purchased—in use	**361**	361
accumulated amortisation	**(361)**	(356)
	—	5
internally developed	**724**	724
accumulated amortisation	**(724)**	(724)
	—	—
Total intangibles	**—**	5

No indications of impairment were found for intangibles.

TABLE A: Reconciliation of the opening and closing balances of intangibles (2014–15)

	Computer software—internally developed	**Computer software—purchased (in use)**	**Total**
	$'000	$'000	$'000
As at 1 July 2014			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(356)	(1,080)
Net book value 1 July 2014	—	5	5
Additions:			
by purchase or internally developed			
Amortisation	—	(5)	(5)
Disposals			
Net book value 30 June 2015	—	—	—
Net book value as at 30 June 2015 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(361)	(1,085
Net book value 30 June 2015	—	—	—

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

TABLE B: Reconciliation of the opening and closing balances of intangibles (2013–14)

	Computer software—internally developed	Computer software—purchased (in use)	Total
	$'000	$'000	$'000
As at 1 July 2013			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(261)	(985)
Net book value 1 July 2013	—	100	100
Additions:			
by purchase or internally developed			
Amortisation	—	(95)	(95)
Disposals			
Net book value 30 June 2014	—	5	5
Net book value as at 30 June 2014 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(356)	(1,080)
Net book value 30 June 2014	—	5	5

Note 7E: Other non-financial assets

	2015	2014
	$,000	$,000
Prepayments	**817**	618
Total other non-financial assets	**817**	618

All other non-financial assets are expected to be recovered in no more than 12 months.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
	$'000	$'000
Note 8: Payables		
Note 8A: Suppliers		
Trade creditors	**(1,248)**	(2,027)
Operating lease rentals	**(592)**	(5)
Total supplier payables	**(1,840)**	(2,032)
Supplier payables expected to be settled in no more than 12 months:		
Related parties	**(24)**	(83)
External parties	**(1,816)**	(1,949)
Total supplier payables	**(1,840)**	(2,032)
No suppliers payables expected to be settled in greater than 12 months:		
Settlement was usually made within 30 days.		
Note 8B: Other payables		
Wages and salaries	**(899)**	(976)
Superannuation	**(173)**	(160)
Lease incentive	**(3,500)**	(3,750)
Total other payables	**(4,572)**	(4,886)
Note 8C: Contract income in advance		
Contract income	**(19,327)**	(14,586)
Total contract income in advance	**(19,327)**	(14,586)
All income in advance payables is expected to be settled in 12 months.		

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
	$'000	$'000
Note 9: Provisions		
Note 9A: Employee provisions		
Leave	**(11,082)**	(10,497)
Total employee provisions	**(11,082)**	(10,497)
Employee provisions expected to be settled in:		
No more than 12 months	**(1,173)**	(2,798)
More than 12 months	**(9,909)**	(7,699)
Total employee provisions	**(11,082)**	(10,497)
Note 9B: Other provisions		
Provision for restoration	**—**	(470)
Total other provisions	**—**	(470)
Other provisions expected to be settled:		
No more than 12 months	**—**	(470)
More than 12 months	**—**	—
Total other provisions	**—**	(470)

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
	$'000	$'000

Note 10: Cash Flow Reconciliation

Reconciliation of cash and cash equivalents per balance sheet to cash flow statement

Cash and cash equivalents as per:		
Cash flow statement	**25,562**	21,984
Statement of financial position	**25,562**	21,984
Discrepancy	**–**	–
Reconciliation of net cost of services to net cash from/(used by) operating activities		
Net cost of services	**(15,231)**	(15,842)
Add revenue from government	**15,800**	15,898
Adjustment for non-cash items		
Depreciation/amortisation	**1,052**	940
Net write down and impairment of assets (excluding write down of inventories)	**–**	84
Movements in assets / liabilities		
Assets		
(Increase) / decrease in receivables	**(2,021)**	4,195
(Increase) / decrease in prepayments	**(199)**	149
Liabilities		
Increase / (decrease) in supplier payables	**(192)**	869
Increase / (decrease) in lease incentive liability	**(250)**	(3,750)
Increase / (decrease) in other payables	**(64)**	3,835
Increase / (decrease) in employee provisions	**585**	7
Increase / (decrease) in other income in advance	**4,741**	(1,115)
Increase / (decrease) in other provisions	**(470)**	(204)
Net cash from operating activities	**3,751**	5,066

Note 11: Contingent Assets and Liabilities

As at 30 June 2015, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2014: nil).

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 12: Senior Management Personnel Remuneration

	2015	2014
Short-term employee benefits		
Salary	**1,618,017**	1,717,327
Performance bonuses	**35,012**	41,781
Motor vehicle allowance	**193,909**	193,585
Total short-term employee benefits	**1,846,938**	1,952,693
Post-employment benefits		
Superannuation	**320,628**	330,803
Total post-employment benefits	**320,628**	330,803
Other long term benefits		
Annual leave*	**(16,031)**	(12,931)
Long-service leave	**34,860**	54,958
Total other long term employee benefits	**18,829**	42,027
Total senior executive remuneration expenses	**2,186,395**	2,325,523

* This is annual leave taken in excess of annual leave accrued.

Note 12 is prepared on an accrual basis.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
Note 13: Remuneration of Auditors		
Remuneration for auditing the financial statements for the reporting period	**$31,000**	$29,000
No other services were provided by the Australian National Audit Office.		
	2015	2014
	$'000	$'000
Note 14: Financial Instruments		
Note 14A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash at bank	**25,562**	21,984
Receivables for goods and services	**6,569**	4,565
Total loans and receivables	**32,131**	26,549
Total financial assets	**32,131**	26,549
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	**1,248**	2,027
Financial liabilities measured at amortised cost	**1,248**	2,027
Total financial liabilities	**1,248**	2,027

The AIHW holds basic financial instruments in the form of cash and cash equivalents, receivables for goods and services and trade creditors. The carrying value of financial instruments reported in the balance sheet is a reasonable approximation of fair value.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2015	2014
	$'000	$'000
Note 14B: Net income and expense from financial assets		
Loans and receivables		
Interest revenue	**682**	**890**
Net gain loans and receivables	**682**	**890**
Net gain from financial assets	**682**	**890**

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other government organisations. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2015: $6,569,000 and 2014: $4,565,000). The AIHW has assessed the risk of the default on payment and has allocated $0 in 2015 (2014: $0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Credit quality of financial instruments not past due or individually determined as impaired:

	Not past due nor impaired 2015	Not past due nor impaired 2014	**Past due or impaired 2015**	Past due or impaired 2014
	$'000	$'000	**$'000**	$'000
Cash at bank	**25,562**	21,984	**–**	–
Receivables for goods and services	**6,564**	4,347	**5**	218
Total	**32,126**	26,331	**5**	218

Ageing of financial assets that are past due but not impaired for 2015:

	0–30 days $'000	31–60 days $'000	61–90 days $'000	90+ days $'000	Total $'000
Receivables for goods and services	5	–	–	–	5
Total	**5**	**–**	–	**–**	**5**

Ageing of financial assets that are past due but not impaired for 2014:

	0–30 days $'000	31–60 days $'000	61–90 days $'000	90+ days $'000	Total $'000
Receivables for goods and services	215	–	3	–	218
Total	215	–	3	–	218

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 14D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 14E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Note 15: Reporting of Outcomes

Net cost of outcome delivery	**2015 $'000** Outcome 1	2014 $'000 Outcome 1	**2015 $'000** Total	2014 $'000 Total
Departmental				
Expenses	**48,671**	52,926	**48,671**	52,926
Own-source income	**33,440**	37,084	**33,440**	37,084
Net cost / (contribution) of outcome	**15,231**	15,842	**15,231**	15,842

Outcome 1 is described in Note 1.1.

The primary statements of these financial statements represent Tables B and C: Major classes of departmental expense, income, assets and liabilities by outcome.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 16: Budgetary Reports and Explanations of Major Variances

The following tables provide a comparison of the original budget as presented in the 2014–15 Portfolio Budget Statements (PBS) as presented in accordance with the Australian Accounting Standards for the AIHW. The Budget is not audited.

Note 16A: Net cost of outcome delivery

Statement of Comprehensive Income

for the period ended 30 June 2015

	Actual	Budget estimate Original[1]	Variance[2]
	2015	2015	2015
NET COST OF SERVICES	$'000	$'000	$'000
Expenses			
Employee benefits	**35,054**	34,671	383
Supplier	**12,565**	14,615	(2,050)
Depreciation and amortisation	**1,052**	898	154
Total expenses	**48,671**	50,184	(1,513)
Own-Source Income			
Own-source revenue			
Sale of goods and rendering of services	**32,365**	33,000	(635)
Interest	**682**	758	(76)
Other revenues	**2**	30	(28)
Total own-source revenue	**33,049**	33,788	(739)
Gains			
Gain from "write-off" of provision for makegood	**391**	—	391
Total gains	**391**	—	391
Total own-source income	**33,440**	33,788	(348)
Net cost of services	**15,231**	16,396	(1,165)
Revenue from government	**15,800**	15,800	—
Surplus / (Deficit)	**569**	(596)	(1,165)

1. The AIHW's original budgeted financial statement that was first presented to parliament in respect of the reporting period.
2. Variance is between the actual and original budgeted amounts for 2015. Explanations of major variances are provided below.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Statement of Financial Position

as at 30 June 2015

	Actual	Budget estimate Original[1]	Variance[2]
	2015	2015	2015
	$'000	$'000	$'000
ASSETS			
Financial assets			
Cash and cash equivalents	**25,562**	17,604	7,958
Trade and other receivables	**6,858**	9,632	(2,774)
Total financial assets	**32,420**	27,236	5,184
Non-financial assets			
Buildings	**5,037**	4,283	754
Property, plant and equipment	**3,845**	1,172	2,673
Intangibles	**—**	294	(294)
Other non-financial assets	**817**	767	50
Total non-financial assets	**9,699**	6,516	3,183
Total assets	**42,119**	33,752	8,367
LIABILITIES			
Payables			
Suppliers	**1,840**	1,163	677
Other payables	**23,899**	15,782	8,117
Total payables	**25,739**	16,945	8,794
Provisions			
Employee provisions	**11,082**	11,460	(378)
Other provisions	**—**	1,270	(1,270)
Total provisions	**11,082**	12,730	(1,648)
Total liabilities	**36,821**	29,675	7,146
Net assets	**5,298**	4,077	1,221
EQUITY			
Contributed equity	**2,756**	2,756	**—**
Reserves	**2,288**	2,288	**—**
Retained surplus (accumulated deficit)	**254**	(967)	1,221
Total equity	**5,298**	4,077	1,221

1. The AIHW's original budgeted financial statement that was first presented to parliament in respect of the reporting period.
2. Variance is between the actual and original budgeted amounts for 2015. Explanations of major variances are provided below.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Statement of Changes in Equity

for the period ended 30 June 2015

	Retained Earnings			Asset Revaluation Surplus			Contributed Equity/Capital			Total Equity		
	Actual	**Budget estimate original[1]**	Variance[2]	**Actual**	**Budget estimate original[1]**	Variance[2]	**Actual**	**Budget estimate original[1]**	Variance[2]	**Actual**	**Budget estimate original[1]**	Variance[2]
	2015	**2015**	2015	**2015**	**2015**	2015	**2015**	**2015**	2015	**2015**	**2015**	2015
	$'000	**$'000**	$'000	**$'000**	**$'000**	$'000	**$'000**	**$'000**	$'000	**$'000**	**$'000**	$'000
Opening balance												
Balance carried forward from previous period	**(315)**	(371)	56	**2,288**	2,288	—	**2,756**	2,756	—	**4,729**	4,673	56
Adjusted opening balance	**(315)**	(371)	56	**2,288**	2,288	—	**2,756**	2,756	—	**4,729**	4,673	56
Surplus (Deficit) for the period	**569**	(596)	1,165	**—**	—	—	—	**—**	—	**569**	(596)	1,165
Total comprehensive income	**569**	(596)	1,165	**—**	—	—	—	**—**	—	**569**	(596)	1,165
Closing balance at 30 June	**254**	(967)	1,221	**2,288**	2,288	—	**2,756**	**2,756**	—	**5,298**	4,077	1,221

1. The AIHW's original budgeted financial statement that was first presented to parliament in respect of the reporting period.

2. Variance is between the actual and original budgeted amounts for 2015. Explanations of major variances are provided below.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Cash Flow Statement

for the period ended 30 June 2015

	Actual	Budget estimate Original[1]	Variance[2]
	2015	2015	2015
OPERATING ACTIVITIES	**$'000**	$'000	$'000
Cash received			
Receipts from government	**15,800**	15,800	**—**
Goods and services	**35,856**	32,929	2,927
Interest	**696**	758	(62)
Net GST received	**440**	1,198	(758)
Other	**2**	30	(28)
Total cash received	**52,794**	50,715	2,079
Cash used			
Employees	**(34,534)**	(34,074)	460
Suppliers	**(14,509)**	(15,743)	(1,234)
Total cash used	**(49,043)**	(49,817)	(774)
Net cash from (used by) operating activities	**3,751**	898	2,853
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	**173**	1,650	(1,477)
Total cash used	**173**	1,650	(1,477)
Net cash from (used by) investing activities	**(173)**	(1,650)	(1,477)
Net increase (decrease) in cash held	**3,578**	(752)	4,330
Cash and cash equivalents at the beginning of the reporting period	**21,984**	18,356	3,628
Cash and cash equivalents at the end of the reporting period	**25,562**	17,604	7,958

1. The AIHW's original budgeted financial statement that was first presented to parliament in respect of the reporting period.
2. Variance is between the actual and original budgeted amounts for 2015. Explanations of major variances are provided below.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 16B: AIHW major budget variances for 2015

Explanations of major variances	Affected line items (and statement
Suppliers paid	
The variance was caused by the timing of project expenditure between 2014 and 2015. Supplier expenses were incurred in the late 2014 financial year that were budgeted to occur in 2015.	Supplier expense, sale of goods and rendering of services (statement of comprehensive income)
Financial assets and payables	
Cash and cash equivalents and Other payables have increased as the income received in advance was higher than budgeted.	Cash and cash equivalents and Other payables (statement of financial position), Cash received (cash flow statement)
Investing activities	
Purchase of property, plant and equipment is lower because expenditure relating to the move to 1 Thynne St was paid in 2014 instead of 2015.	Investing activities (cash flow statement)

Objectivity

Responsiveness

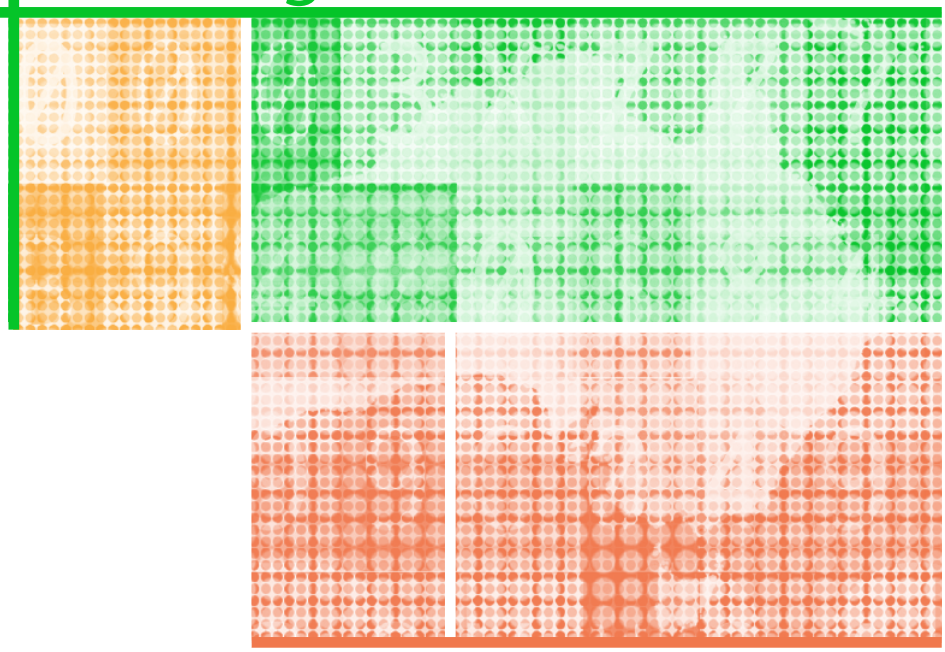
Accessibility

Privacy

Expertise

Innovation

Reader guides



These guides help readers find specific information in this annual report, as well as correcting errors and specifying omissions, if any, in the previous annual report.

Abbreviations, acronyms and symbols

Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ACCHS	Aboriginal Community Controlled Health Services
ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
APS	Australian Public Service
APSC	Australian Public Service Commission
CAC Act	*Commonwealth Authorities and Companies Act 1997*
CEO	Chief Executive Officer
COAG	Council of Australian Governments
COPD	chronic obstructive pulmonary disease
CKD	chronic kidney disease
CVD	cardiovascular disease
DSS	Australian Government Department of Social Services
EA	AIHW's Enterprise Agreement
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EL	Executive Level
FRR	Public Governance, Performance and Accountability (Financial Reporting) Rule 2015
FoI Act	*Freedom of Information Act 1982*
FTE	full-time equivalent
GP	general practitioner
GST	Goods and Services Tax
HTML	hypertext markup language
ICD-11	International Classification of Diseases, 11th Revision
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
IPA	Individual Performance Agreement [for AIHW staff]
MBS	Medicare Benefits Schedule
METeOR	AIHW's Metadata Online Registry

MoU	memorandum of understanding
NABERS	National Australian Built Environment Rating System
NBCSP	National Bowel Cancer Screening Program
nKPI	national key performance indicator
NMDS	National Minimum Data Set (see 'Glossary')
OECD	Organisation for Economic Co-operation and Development
the Orders	Commonwealth Authorities (Annual Reporting) Orders 2011
PBS	Portfolio Budget Statements
PCSiA	*Palliative care services in Australia*
PDF	portable document format
RAP	Reconciliation Action Plan
SCSEEC	Standing Council on School Education and Early Childhood (Note: on 1 July 2014, the SCSEEC became the Education Council.)
SES	Senior Executive Service
SHSC	Specialist Homelessness Services Collection
the Transitional Rule	Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Rule 2014
WHO	World Health Organization
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Australian jurisdictions

NSW	New South Wales
Vic	Victoria
Qld	Queensland
WA	Western Australia
SA	South Australia
Tas	Tasmania
ACT	Australian Capital Territory
NT	Northern Territory

Symbols

%	per cent
—	not defined, nil or rounded to zero (in tables)
n.a.	not available (in tables)

Glossary

Australian Associated Press	Australian Associated Press is an Australian news agency.
COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. See <www.coag.gov.au> for more information.
data dictionary	A reference document containing standardised, accepted terms and protocols used for data collection.
data linkage	The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and, in certain cases, can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.
energy consumption	The amount of energy used. Energy consumption can be measured, for example, in kilowatt hours, megajoules or gigajoules.
Energy Star	An international standard/program for energy-efficient electronic equipment. In Australia, the program applies to office equipment and home entertainment products. Australian Government policy for the procurement of office equipment requires departments and agencies to purchase only office equipment that complies with the 'Energy Star' standard, where it is available and fit-for-purpose. A key feature of Energy Star compliance is that the associated equipment will have power management features allowing it to meet a minimum energy performance standard.
financial results	The results shown in the financial statements of this AIHW annual report.
full-time equivalent (staff numbers)	A standard measure of the number of workers in an organisation, profession or occupation that also takes into account the number of hours each person works. During 2014–15, AIHW staff members considered full-time were committed to working 37 hours and 5 minutes per week.
GreenPower	An energy product purchased from an Australian Government accredited energy provider that supplies renewable energy.
'Ice'	The crystal form of the chemical methamphetamine.

indicator	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision-making.
Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.
metadata	Information that describes data in relation to its structure, organisation and content.
METeOR	METeOR is Australia's repository for national metadata standards for the health, community services and housing assistance sectors. It operates as a metadata registry—a system or application where metadata is stored, managed and disseminated—based on the ISO/IEC 11179 international standard. METeOR was developed by the AIHW and provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions, and tools for creating new definitions based on existing already-endorsed components. Through METeOR, users can find, view and download data standards, and develop new ones.
National Australian Built Environment Rating System	A performance-based rating system for existing buildings. It rates a commercial office, hotel or residential building on the basis of its measured operational impacts on the environment. National Australian Built Environment Rating System (NABERS) ratings for offices include NABERS Energy (previously the Australian Building Greenhouse Rating), NABERS Water, NABERS Waste and NABERS Indoor Environment. The Australian Building Greenhouse Rating was a rating of a building's energy efficiency that takes into account consumption of electricity, gas and other products like fuels. The rating can be used to benchmark the greenhouse performance of office premises. The Australian Government's Energy Efficiency in Government Operations Policy advises that this rating scheme is suitable as an energy performance measurement tool for office buildings. The ratings scheme is also known as NABERS Office Energy.
National Minimum Data Set	A minimum set of data elements agreed for mandatory collection and reporting at national level.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.

outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.
outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Australian public sector external to the AIHW.
performance indicators (of the AIHW)	Measures (indicators) that relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that relate to the health system as a whole or to parts of it, such as hospitals and health centres. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care, and safety.
Portfolio Budget Statements	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health portfolio, usually published in May each year.
Statistical Area	The ABS Australian Statistical Geography Standard divides Australia into geographical areas at specific levels. A Statistical Area 2 is designed to represent a community that interacts socially and economically. A Statistical Area 3 is a cluster of Statistical Area 2 areas with similar regional characteristics. See <www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+(ASGS)> for more detail.
statistical linkage key	A statistical linkage key is some combination of a person's characteristics, commonly including some letters from first and last names, and date of birth. It enables the linkage of information on the person from different sources for statistical purposes, without the person being fully identified. The SLK581 key, developed by AIHW in the 1990s, is commonly used to link records from two or more community services data collections which will most likely be records for the same person. It is a combination of the 2nd and 3rd letters of first name, 2nd, 3rd and 5th letters of last name, date of birth and a code for sex of a person.

Lists of tables, figures and spotlights

Tables

Figures

Note: Data for figures (that are not included with the figures) are available in Appendix 10 (Tables A10.1–A10.17).

Spotlights

Chief Information Officer Group

Community Services and Communication Group

Health Group

Hospitals, Resourcing and Classifications Group

Housing and Specialised Services Group

Indigenous and Children's Group

Collaborating centres

Corporate activities

Annual report 2013–14 errors and omissions

A footnote to Table 2.1 of the AIHW's *Annual report 2013–14* referred to Mr Max Shanahan as an employee of the AIHW's internal auditor—Oakton. During 2013–14 and to date Mr Shanahan was not an employee of Oakton.

Compliance index

The *Public Governance, Performance and Accountability Act 2013* (section 46) requires the AIHW Board to prepare this 2014–15 annual report and provide it to the Minister for Health by 15 October 2015. While subsection 46(3) of the PGPA Act permits rules for annual reports to be made, none had been made prior to preparation of this report.

The index below shows compliance with information requirements contained in legislation related to the preparation of annual reports of corporate Commonwealth entities or other reporting requirements, as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011 (the Orders), which advise the accountable authority of a corporate Commonwealth entity on requirements for an entity's annual report of activities to be provided under the PGPA Act. The Orders are available at <www.comlaw.gov.au/Details/F2011L02064>
- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR), which relates to the preparation of financial statements. The FRR is available at <www.comlaw.gov.au/Details/F2015L00131>.

The Orders are applicable to annual reports for corporate Commonwealth entities as per Section 7AB of the Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Rule 2014 (the Transitional Rule) which is made under the *Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Act 2014*. The Transitional Rule is available at <www.comlaw.gov.au/Details/F2015C00510>.

The index is ordered by section, subsection or clause in the PGPA Act, the Orders or the FRR.

Index of annual report and other related reporting requirements

PGPA Act	Section or subsection of the PGPA Act	Page in this report
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Financial statements prepared by the accountable authority, as given to the Auditor-General	42(1)	239–275
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(a) At the time of printing this annual report, compliance with this requirement was expected to be achieved.

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General enquiries and comments

The AIHW welcomes your comments on this report, including feedback on our performance. This will help us better understand the information needs and interests of our stakeholders so that we can continue to improve our reporting.

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This publication

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Acknowledgments

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Australian Institute of Health and Welfare **Annual report 2014–15**