Australian Government

Australian Institute of Health and Welfare

Australian Institute of
Health and Welfare

Annual report

2020–21

AIHW

Australian Institute of Health and Welfare

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

Board Chair: Mrs Louise Markus

Chief Executive Officer: Mr Rob Heferen

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

About this report

This report describes our performance from 1 July 2020 to 30 June 2021, in accordance with objectives outlined in our *Corporate plan 2020–21* and measures in the *Health Portfolio Budget Statements 2020–21*.

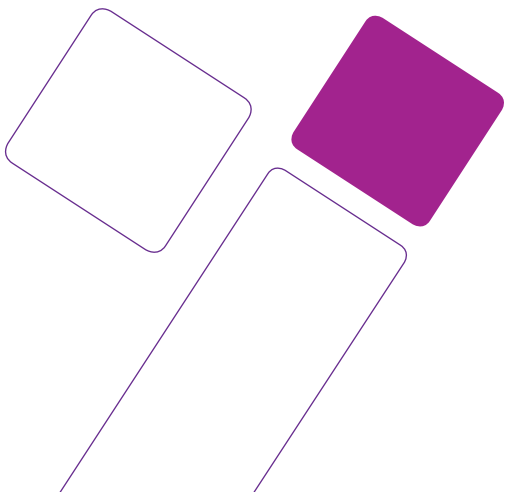
It outlines work the AIHW has undertaken in 2020–21, presents financial statements, explains our staffing profile and identifies plans to meet the challenges in the year ahead.

The index at Appendix 5 provides details of our compliance with legislative and regulatory reporting requirements for annual reports.

Cover design

Design of the front and back covers incorporate AIHW branding elements. The AIHW brand mark portrays the AIHW's role as a data-centric organisation, aiming to ensure that dynamic and responsive data visualisations are produced quickly and safely. Core graphic elements of the design include trajectory bars and data points which are typically included in charts and graphs displaying data analytics. These elements also appear in the design used throughout the report.

Embedded in the cover design is the AIHW's rainbow-coloured branding palette. The multicolours represent both the diversity of our stakeholders and audiences, and the wide-ranging data and information with which we work.



Our highlights

Performance

Achieved 10 of our 11 performance measures

Timeliness

86.2% of annual products released within 6 months of receipt of final data

Flagship launched

Products released

270

New and enhanced data resources

3

Data linkages

97

Customised data requests

201

Website hits

5.9 million

Submissions to inquiries
7

Ethics applications processed
76

Media mentions
5,129

Email subscribers
19,895

LinkedIn followers
7,563

Twitter followers
22,871

Staff awards
63

Awards
2

ESRI - Suicide and Self-harm Mapping project

Australasian Reporting Award

Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

AIHW

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

Dear Minister

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2020–21. This report was approved by the Board on 29 September 2021.

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

The report includes the AIHW's audited financial statements and annual performance statements for 2020–21.

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

Yours sincerely

Mrs Louise Markus
Chair
AIHW Board
29 September 2021

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Chair's report

Mrs Louise Markus

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2020–21.

In a year again dominated by issues associated with the COVID-19 pandemic, the board and I were impressed by the efforts, drive and expertise of the AIHW staff. In addition to maintaining high standards in health and welfare data, they contributed to the Australian Government's response to the pandemic. The AIHW has been tasked by the Australian Government with new work vital to monitoring progress in dealing with the pandemic, as well as to aiding recovery from it. The board oversighted AIHW's response to the COVID-19 pandemic, in terms of how it supported staff, managed ICT challenges and improved data flows and timeliness.

Priority health and welfare data issues relating to: mental health; aged care; family and child safety and domestic violence; and Indigenous Australians continued to be of great interest to the board. Members valued the presentations on these topics made by AIHW staff at board meetings.

On 26 September 2020, the Minister for Health, the Hon Greg Hunt MP, provided his Statement of Expectations of the AIHW. Our Statement of Intent in response affirmed our commitment to producing high-quality and timely health and welfare data to support an increased understanding of health and welfare issues. Key components of governance directing the AIHW's purpose are its strategic partnerships with stakeholders, transparency and accountability, and strong and productive relationships with the minister and his department.

The board's attention focused on a wide range of strategic issues that included: succession planning and appointment of the new chief executive officer, major budget initiatives and new funding, ICT strategy and cybersecurity, APS Employee Census 2020 results, strategic directions progress and extension, and some high-risk projects.

I thank all members of the board for their ongoing contributions to strategic issues and risk management, and members of the AIHW Ethics Committee for their advice and support in managing complex data-related issues. On behalf of the board, I thank Ms Christine Castley, whose term ended on 31 October 2020, for her service as a board member, and wish her well for the future.

The AIHW Board also thanks departing chief executive officer Mr Barry Sandison for his authentic and visionary leadership over the last 5 years. Under his exemplary tutelage, the AIHW has been transformed and grown significantly in capability, size and status. He established beneficial stakeholder relationships and showed great flexibility in adapting to our stakeholders' needs. The APS Employee Census 2020 confirmed that he was held in high esteem by AIHW staff. We appreciated his frank, honest and wise advice while assisting the board to fulfil its role as the AIHW's accountable authority. Mr Sandison leaves a legacy of which he can be justifiably proud, with the AIHW in good shape to face its ongoing challenges. We wish him the very best in all his future endeavours.

The board welcomes Mr Rob Heferen, who was appointed as Chief Executive Officer of the AIHW on 1 July 2021. We are delighted to have attracted such a high-calibre leader for the AIHW and look forward to working with Mr Heferen over the next 5 years.

CEO's report

Mr Rob Heferen

My appointment as Chief Executive Officer commenced on 1 July 2021. During the reporting year, the Australian Institute of Health and Welfare (AIHW) was under the leadership of my predecessor, Mr Barry Sandison.

In his 5-year term, Mr Sandison oversaw significant reforms and positioned the AIHW for the future. His contributions transformed the AIHW, expanded its suite of products and services, and achieved significant improvements in the way data are presented, making it more accessible and easier to understand.

On behalf of all the staff, I would like to thank the Chair of the AIHW Board and its members for their guidance and governance. I look forward to the opportunity of working with them. I am privileged to work with our talented, expert and highly committed staff who, as champions of open and accessible data and information, make the AIHW a national asset. I thank them all for their dedication, drive and efforts during the past year.

Sustaining momentum during a pandemic

In the midst of the global pandemic, 2020–21 was a year of managing risks, embracing challenges and grabbing opportunities for the AIHW.

The AIHW continued contributing to the Australian Government's response to COVID-19 in practical and valuable ways. Numerous staff were seconded to assist in the National Incident Room, the Department of Health and other agencies. We added value through our work as leaders in health and welfare data, and provided rapid, timely reports on relevant and crucial COVID-19-related data, including hospital capacity, mental health, regional insights and suicide. With a view to ensuring that our products remain relevant, we continued to assess ways in which they include COVID-19-related information.

We enhanced our flexible working arrangements with a focus on providing a supportive and healthy environment to ensure the wellbeing of our highly valued staff. Results of the APS Employee Census 2020, to which 84% of our staff responded, revealed largely positive feedback on the AIHW's culture of collaboration and commitment to excellence. Rankings against the engagement and wellbeing criteria were notably high.

Maintaining relationships and trust

We maintained collaborative formal and informal relationships with our stakeholders and strategic partners. We pursued mutual aims to build nationally consistent data, encouraged participation and feedback, and continued work focused on building community trust. Evidence from our 2020 stakeholder research, which explored levels of awareness and perceptions of the AIHW and our products and services, was affirming. We know that the AIHW's online products, data and analyses continue to be valued by our stakeholders. Our approach to engagement was rated highly, as was our capacity for listening to stakeholders and the contemporary way in which data critical to them are presented and shared. Rising demand for our services brought further recognition of the level of excellence associated with the work of the AIHW.

In this year characterised by great uncertainty and increased psychological distress in the community, access to a wide range of prompt, readily available data enabling holistic depictions of health and welfare issues became increasingly important. The AIHW expanded its role and value to its stakeholders through augmented investigation, collection and use of innovative data sources. We continued our shift from the release of static, one-off reports towards creating regularly updated online content on particular topics. Cognisant of the risks inherent in the continually expanding data we release, we applied rigorous controls on data security, access and storage to protect our data in the face of increasing cybersecurity threats and to maintain the trust of our data suppliers.

Our website continues to be critical in establishing the AIHW's identity and fostering relationships, especially in times of limits on social gatherings such as meetings and conferences. Extensive work on revamping the website and a targeted social media campaign preceded the virtual launch of our flagship publication, *Australia's heath 2020*.

Highlights of 2020–21

Launched by the AIHW Board Chair on 23 July 2020, *Australia's health 2020* is our 17th biennial report on the health of Australians. The report was the AIHW's most downloaded publication of the year, showing its continuing value to the Australian community. A mix of short statistical updates and longer discussions exploring selected topical issues, it also serves as a 'report card' on the health of Australians by looking at how we are faring as a nation.

Other key achievements of the year included:

- A website released on 29 September 2020 as part of the nationwide effort to address suicide and self-harm in Australia. Our National Suicide and Self-harm Monitoring System aims to provide a better understanding of suicide and self-harm in Australia by: explaining the nature and extent of suicidal and self-harming behaviours; improving the range of data available to help identify trends and emerging areas of concern; and highlighting those at increased risk.
- Our report on the 2019–20 bushfires released on 25 November 2020 examines a range of health data sources to assess the short-term health impacts of the unprecedented fires that swept across Australia. The report includes data on emergency department visits, prescription and purchase of asthma medicines, mental health service use and visits to general practitioners. Results show clear associations between increased bushfire activity and poor air quality and people seeking assistance for their health.
- On 17 December 2020, we released 6 reports and data updates that reviewed the impacts of COVID-19 on the Australian health system and the health of Australians. The combined release attracted high levels of media attention.
- The 2019 National Drug Strategy Household Survey (NDSHS) report was released on 16 July 2020. The survey collected information on alcohol and tobacco consumption, and illicit drug use, from almost 23,000 people aged 14 and over across Australia. For the first time since the NDSHS was initiated in 1998, the 2019 survey provides perspectives on emerging initiatives, such as the availability of pill and other drug testing for potential drug users.
- *Australia's youth* was released on 25 June 2021. It brings together a wide range of data on the wellbeing of adolescents and young adults (aged 12–24) at a critical period in their lives. The report provides an overview of the impact of COVID-19 on young people.

Looking to the future

Meeting the challenges of ongoing change in recent years has demonstrated our agility and resilience. Our suite of products and services continues to grow, with consequent benefits to the community across many social policy areas. Growth in size and funding of the AIHW comes with its own challenges and risks. Building capacity to manage further growth will be vital. As well as achieving the right balance of APS and contract staff to deliver on key projects, the AIHW needs to attract and retain sufficient numbers of suitably qualified and skilled people to meet our substantial workload.

We are maintaining the focus on improving the timeliness of our products. We are also examining our data supply and analysis chains to speed up the receipt of data and its availability to users. Using emerging technology is important for our core analysis and to enhance our products and services. Investing in our information and communication technology infrastructure and its security is crucial to keep pace with our expanding work to provide access to our data in secure environments. These are key to maintaining stakeholder and community trust.

Performance summary

We have 11 performance indicators underpinning our 5 strategic goals. Details of our integrated performance framework and strategic goals are on page 16. Progress reports on our performance were provided to our Executive Committee, the Risk Audit and Finance Committee (RAFC) and the Australian Institute of Health and Welfare (AIHW) Board in each quarter.

We achieved 10 of our 11 indicators and partially achieved one indicator in 2020–21 (Table S1).

Table S1: Performance measure achievement by strategic goal

Strategic goal	Number of measures	Achieved	Partially achieved
Leaders in health and welfare data	2	2	0
Drivers of data improvements	1	1	0
Expert sources of value-added analysis	2	2	0
Champions for open and accessible data and information	3	3	0
Trusted strategic partners	3	2	1
Total	**11**	**10**	**1**

Our financial performance

The AIHW has 2 main types of income – appropriation income from the Australian Parliament and income from externally funded projects.

Our total revenue for 2020–21 was $96.2 million, which represents an increase of $9.5 million from 2019–20. Most of this increase was due to a large rise in fee-for-service work. Our financial result for the year was a deficit of $35,000. More information on our financial performance is provided at page 38 and in Appendix 4.

Management of risks

In 2020–21 we focused on managing risks associated with the COVID-19 pandemic, cybersecurity, further organisational growth and investment in our information technology infrastructure and capabilities.

For details on risk oversight and management in the AIHW, see page 79.

Environmental performance

We report on our ecologically sustainable development and environmental performance under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*.

We decreased our electricity consumption by 15% in 2020–21. Details of our environmental performance is provided at page 100.

The year ahead

To align with the commencement of a new CEO, the AIHW's review and update of its Strategic directions has been deferred to 2021–22.

Also planning is underway to review the AIHW's Risk Management Framework and Strategic Risk Profile. Both these initiatives are aimed at sharpening the AIHW's strategic focus while managing risks.

A major focus will be on managing growth while attracting and maintaining relevant staff capabilities, continuation of our investment in ICT systems and architecture. These efforts will help the AIHW to meet our stakeholders' needs for health- and welfare-related data and information to support better policy and service delivery decisions.

About the AIHW

Our Vision

Stronger evidence, better decisions, improved health and welfare

Our enabling legislation

The AIHW is established by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

Our history

1984 Australian Institute of Health created within the Commonwealth Department of Health

1987 Australian Institute of Health established by legislation as an independent Commonwealth statutory authority

1988 First edition of flagship report *Australia's health*

1992 Welfare functions added and name changed to the Australian Institute of Health and Welfare

1993 First edition of *Australia's welfare* flagship report

2001 Ethics Committee enabled in the AIHW Act

2012 Accredited as an Integrating Authority to undertake data linkages

2016 AIHW took over reporting of the Performance and Accountability Framework, following the closure of the National Health Performance Authority

2018 AIHW Act amended to enhance the composition of the AIHW Board and streamline operations

2020 Provided data and information to support the Australian Government's response to COVID-19

Our purpose

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

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

Our functions

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

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

Our values

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

Overview of governance

The AIHW is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and is a body corporate with separate legal entity from the Commonwealth.

A 12-member board, chaired by Mrs Louise Markus, is the accountable authority of the AIHW. The AIHW Board sets our strategic directions and is responsible for fulfilling its functions under the AIHW Act.

The AIHW Act and the Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018 establish our Ethics Committee and set out its functions and membership.

Our Charter of Corporate Governance provides for a Risk, Audit and Finance Committee to oversee the AIHW's audit program and to report to the board on strategic risk, audit and financial matters.

The AIHW's corporate governance framework and accountability and management structures are explained in Chapter 3.

Our strategic goals

We continue to apply and strengthen our capabilities to be: leaders in health and welfare data; drivers of data improvements; expert sources of value-added analysis; champions for open and accessible data and information; and trusted strategic partners.

More information about our capabilities is available in the *Corporate Plan 2020–21*.

Leaders in health and welfare data

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

Drivers of data improvements

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

Expert sources of value-added analysis

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

Champions for open and accessible data and information

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

Trusted strategic partners

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

Our operating environment

Emerging data trends

The modern digital, information and communication environment is complex, with rapid developments in capacity to capture and analyse large volumes of data, often in real time. There have been growing expectations that our information will more accessible for research and community use and presented in ways to meet stakeholders' needs. To fulfil our role in providing statistics and information about key issues, the AIHW must remain at the forefront of external developments such as public sector open data, big data, smart data and digital health initiatives.

Privacy and data security

There are increasing community and data provider expectations about the protection of personal information and other data from both privacy and confidentiality perspectives. These expectations are mainly due to an increase in the amount and sensitivity of data on individuals held by government agencies and private organisations. It is based also on concerns about the adequacy of safeguards in circumstances where information is held in electronic form, including cloud-based storage.

We protect the privacy of the information we hold in compliance with legislation and under a comprehensive set of data governance arrangements involving designated data custodians, the AIHW Ethics Committee, audit activities and physical and ICT security. These multiple layers of defence ensure that data are accessed only by authorised personnel for appropriate purposes in a secure environment.

Trust of data providers

Much of our data is given to us voluntarily by organisations that have collected it for another purpose—generally an administrative purpose related to providing (often government-funded) services. Under our enabling legislation and comprehensive data management policies, we offer data providers safe and secure data custodianship services and assurance that data will only be released in compliance with their wishes and strict privacy requirements. Maintaining and building trust with our existing and new data providers to strengthen the knowledge base are critical to our future.

Community trust

Over the last few years, the Australian Government has focused on building trust in government data use. Recent research on community trust in the AIHW has provided better insights into community expectations on how we use and manage data. We will implement changes to enhance community trust in the AIHW's use of data and continue to monitor and gauge feedback related to community trust.

Stakeholder expectations

Our stakeholders are important to us as groups to whom we are accountable, who fund us and to whom we target our products and provide services. We will build on our collaboration and partnerships with Australian, state and territory government agencies and non-government organisations (NGOs).

There is increasing demand for information that is easily accessible, available in real time or up to date and integrated at national, state and territory, and local levels. Interest in data being presented in more flexible, user-friendly and interactive formats is growing. There is also demand for data at lower geographic levels to provide information needed for service planning and delivery.

Demand is also increasing for the generation of integrated information obtained through data linkage and other analytics techniques. These data sets provide new insights to improve our understanding of complex interactions.

Technology challenges

ICT infrastructure transformation remained a priority. Despite the ongoing disruptions caused by the COVID-19 pandemic, we continued to invest in technologies to support our data analytics capacity and the management of our data assets.

International cooperation

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

Stakeholder relationships

The AIHW's stakeholders are diverse, wide ranging and complex. Our work gathers statistical evidence and provides insights about key issues affecting the health and welfare of all Australians.

We collaborate and maintain relationships with many stakeholder groups including: the Minister for Health, the Department of Health, government agencies, state and territory governments and NGOs.

We engage with our stakeholders through participation on committees and advisory groups, memoranda of understanding, submissions, presentations, our websites and social media.

Activities directed at enhancing stakeholder relationships included 2 rounds of in-depth interviews with key stakeholder groups. This research followed on from the comprehensive stakeholder survey conducted in 2019–20.

We maintained our event and conference presence digitally through prerecorded and on demand presentations. A social media strategy was implemented to improve our messaging, widen our audience reach and enhance engagement with our stakeholders.

Further information about our stakeholder relationships and engagement is in Chapter 2.

Our people

We recognise that our people are our greatest strength. The AIHW's highly qualified, capable and committed staff are integral to achieving its strategic goals.

Our management practices are directed towards maintaining this capability. Recruitment and development strategies focus on enhancing expertise, skills and diversity.

Our staff are supported through employment conditions and a performance management program to motivate and enable them to achieve individual and corporate goals. Sixty-three staff were recognised for their achievements through our Institute awards (see page 85).

Flexible working arrangements contribute to a healthy working environment and the wellbeing of our staff. Responses to the 2020 APS Employee Census (84% participation) were markedly positive for the engagement and wellbeing criteria as well as the culture of collaboration and commitment to excellence.

As at 30 June 2021, the AIHW had 554 active staff (permanent, non-ongoing and temporary) based in Canberra and Sydney including 207 (37%) contract staff. Engagement of skilled people is essential for achieving our expanding work program. Contract staff have the same flexible working arrangements and development opportunities as ongoing staff.

Information about our workforce is provided in Chapter 4 and in Appendix 3.

Major events

- Released the 2019 National Drug Strategy Household Survey (NDSHS) on 16 July
- Launched *Australia's health 2020* via video on 23 July
- Launched the award winning National Suicide and Self-harm Monitoring System on 29 September
- Virtual launch of the Indigenous eye health measures annual report by the Minister for Health on 5 November
- Released *Australian bushfires 2019–20: short-term health impacts* report on 25 November
- Launched the Indigenous Health Performance Framework website on 8 December
- Released 6 COVID-19-related reports and data updates on 17 December
- Released results of the 2018–19 National Aboriginal and Torres Strait Islander Health Survey released on 2 June
- Released *Australia's youth* report on 25 June.

Our continued COVID-19 response

For the second year, the AIHW operated in the context of a global pandemic. COVID-19, a highly contagious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), seriously impacted Australia from March 2020.

The AIHW's core purpose meant that we had a significant role to play in the government's response to the pandemic. We assisted the Department of Health in the collation of national data about COVID-19, as well as other notifiable communicable diseases.

Not only were our data crucial to the national response, but there were escalating demands for rapid data sharing. We worked collaboratively with other agencies and bodies to ensure our COVID-19-related activities were coordinated. We produced data to assist in understanding interdependencies between the economic and social impacts of COVID-19 and child abuse and neglect, and the impact of lockdowns on the housing security of Australians. We assisted with a number of COVID-19-focused surveys throughout the year.

We established a real-time data-sharing dashboard on hospital capacity and activity and developed a separate dashboard on mental health issues. We continued to assist governments to share health system data through these and other means. AIHW reports that include key data on COVID-19 are included in the list of products in Appendix 1.

On 17 December 2020, the AIHW released 6 reports and data updates that reviewed impacts of COVID-19 on the Australian health system and the health of Australians. The reports were: Emergency department care 2019–20; *Elective surgery waiting times 2019–20; Impacts of COVID-19 on Medicare Benefits Scheme and Pharmaceutical Benefits Scheme service use; Cancer screening and COVID-19 in Australia; Mental health impact of COVID-19*; and *MyHospitals update: hand hygiene*.

Findings from these were summarised in an article on our website, with links to each item. The combined release was an example of the AIHW's use of Fasta Data to improve the timeliness and relevance of its data and analysis in response to the pandemic. The releases attracted a total of 108 media mentions.

Links to releases with information about COVID-19, and related resources, are listed on our COVID-19-related resources webpage.

Despite restrictions, we maintained a high level of international cooperation. We worked with the WHO on the development of appropriate coding of COVID-19 for use in health data. In October 2020, AIHW staff participated in OECD virtual meetings involving discussions on measuring the impact of COVID-19 and consequent changing needs for health statistics. Ongoing interactions with CIHI focused on sharing information about experiences in dealing with the pandemic.

Our staff expertise was recognised and shared through secondments of 22 AIHW employees to assist other agencies in the response to COVID-19. Most staff worked in the National Incident Room, some for the Department of the Prime Minister and Cabinet and 2 people worked for state government health agencies.

We continued to support the wellbeing of our people through our proactive approach to managing staff and our increasing work levels. Safety measures in the office were implemented in line with government and health advice. Flexible working arrangements, which enabled most staff to work from home when needed, were supported by the ongoing introduction of new technologies.

The pandemic has resulted in unprecedented data-sharing arrangements and systems that allow data to be collected from across the health system. It has highlighted some weaknesses in existing data systems and provides a strong impetus for data improvement. The AIHW is working with sector data collection agencies to explore how data sets of varying scope can be linked while maintaining privacy. We are focusing efforts on turning the lessons of COVID-19 into insightful information, and how dynamics within already sensitive sectors will be impacted.

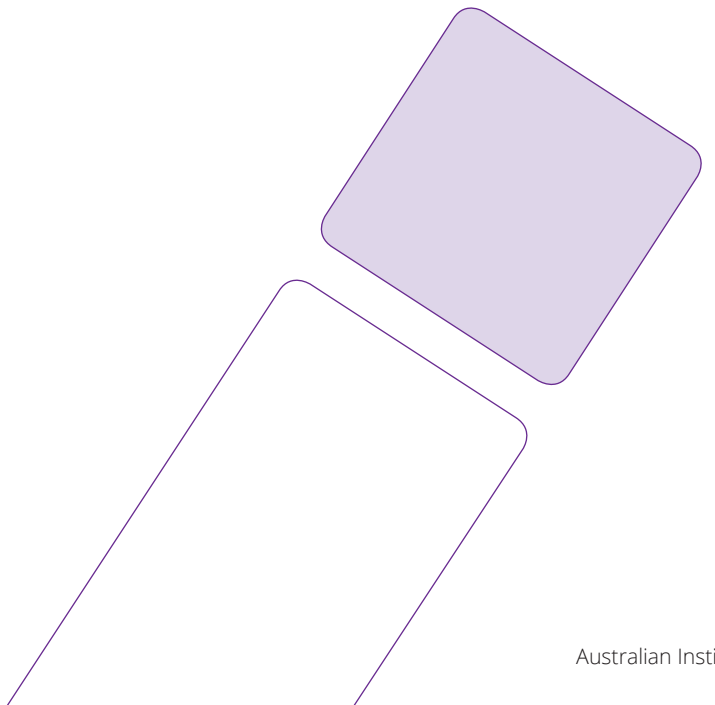
To meet ever-increasing demands for COVID-related data, we continue to focus on timeliness and develop a more mobile and dispersed workforce with greater capability to collaborate more flexibly.

The AIHW is developing a national, linked COVID-19 register and research data set to support research into the medium and longer term health effects of COVID-19, including effects on health system use.

Chapter 1

Our performance

- Statement by accountable authority
- Our performance
- Our financial performance



Statement by accountable authority

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, the accountable authority, I present the AIHW's 2020–21 annual performance statements, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

In our opinion, at the date of this statement, these annual performance statements accurately reflect the performance of the AIHW for 2020–21 and comply with section 39(2) of the PGPA Act.

The AIHW Board approved these performance statements by a resolution at its meeting on 29 September 2021.

Louise Markus
AIHW Board Chair

Our purpose

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

Outcome

Outcome 1 of the Portfolio Budget Statements: A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics. Figure 1.1 shows the relationships between the Portfolio Budget Statements, our corporate plan and our annual performance statements.

Program contributing to Outcome 1

Program 1.1 in the Portfolio Budget Statements: Develop, collect, analyse and report high quality national health and welfare information and statistics for governments and the community.

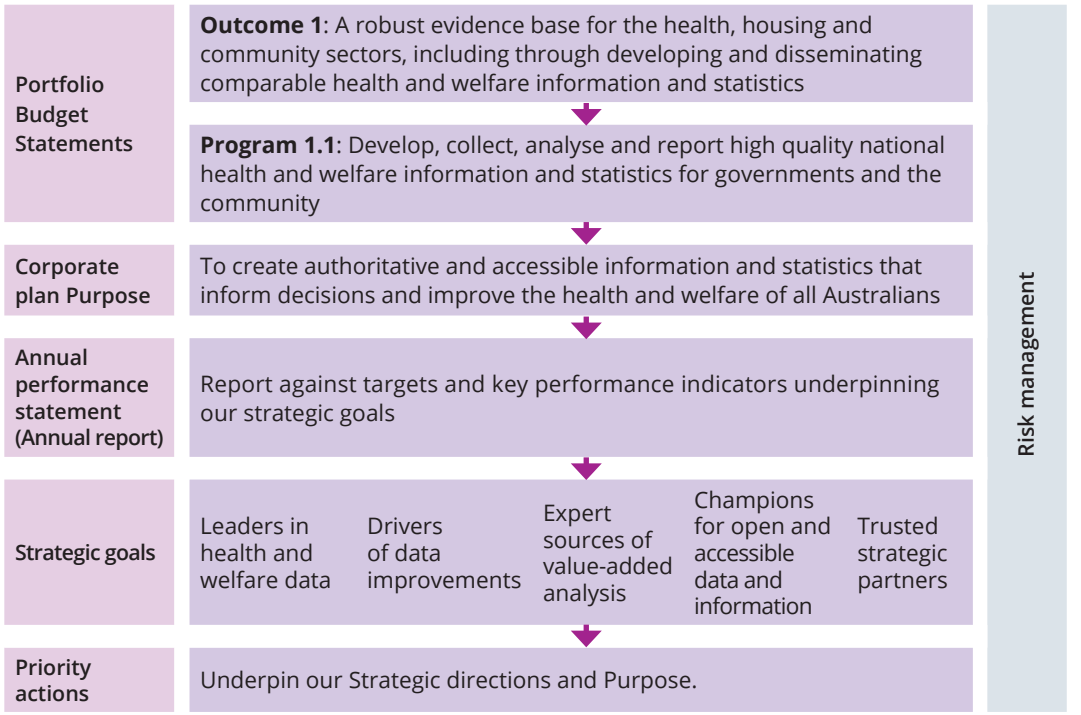
2020–21 results

We fully achieved 10 of our 11 performance measures in 2020–21 and partially achieved one. Table 1.1 provides a summary of these results (see page 17).

We have included data for 5 years, where available, to allow comparison of our performance over time.

Our performance

Figure 1.1: Relationships between Portfolio Budget Statements, Corporate Plan, Purpose, Annual performance statement, Strategic goals, Priority actions and Risk Management



Our 11 performance indicators comprise both qualitative and quantitative measures underpinning our strategic goals. These performance indicators are published in:

- the *Health Portfolio Budget Statements 2020–21* on pages 203–204 and
- our *Corporate plan 2020–21* on pages 12–14.

We report quarterly to the AIHW Board on progress against our performance measures and strategic priority actions through our Risk, Audit and Finance Committee (RAFC). This reporting enables the early identification of emerging issues and risks and provides the opportunity to develop appropriate actions.

Figure 1.2 on page 16 provides an overview of our integrated performance framework connecting our capabilities and operating environment with our purpose, vision, strategic goals, risk management and priority actions.

Figure 1.2: AIHW's integrated performance framework

Capabilities
The capabilities required by the AIHW now and in the future.

(see pages 7–8 of *Corporate plan 2020–21*)

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

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

Strategic goals

- Leaders in health and welfare data
- Drivers of data improvements
- Expert sources of value added analysis
- Champions for open and accessible data and information
- Trusted strategic partners

Priority action areas

- Our people
- Data gaps
- Data governance
- Data analysis capability
- Data management infrastructure
- Our processes
- Stakeholder engagement
- Presentation of work

Environment
External and internal factors we need to consider to achieve our strategic goals.

(see pages 5–6 of *Corporate plan 2020–21*)

Risk management

Summary of performance

In 2020–21, we fully achieved 10 of our 11 performance measures, and partially achieved one. Table 1.1 provides a summary of these results.

Table 1.1: Summary of results against performance measures

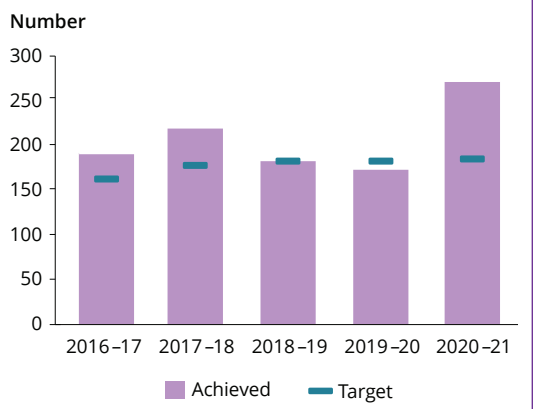
Performance measures	Results
Publish ≥183 health and welfare data products incorporating expert analysis on the AIHW's website for public access	✓
Publish ≥80% of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data	✓
Enhance data resources with 3 new or significantly enhanced data collections or linkages to fill in identified information gaps	✓
Attain 4.2 million sessions on the AIHW website	✓
Attain 4,600 references to the AIHW and its products in the media	✓
Collaborate with the Australian Government and participating jurisdictions to deliver the National Disability Data Asset pilot phase to enable the analysis of service pathways and outcomes of people with disability	◊
Collaborate with stakeholders to develop data management processes and governance structures to enable integration of national ambulance data into the National Suicide and Self Harm Monitoring project	✓
Provide expert data analysis to the National Commissioner for Defence and Veteran Suicide Prevention and supply data for the interim report by the Australian Commission on Safety and Quality in Health Care	✓
Complete 60 data linkage projects as agreed under the National Collaborative Research Infrastructure Strategy 2013	✓
Continue routine reporting under the Australian Health Performance Framework (AHPF), including ongoing improvement and filling of data gaps	✓
Supply data for nationally-agreed performance indicators, as determined collectively by governments	✓

Note: ✓ = achieved, ◊ = partially achieved.

1 Leaders in health and welfare data

Measure	Publish ≥183 health and welfare data products incorporating expert analysis on the AIHW's website for public access.
Context	Release a range of data and information products relevant to key policy areas.
Result	✓ Achieved. The AIHW released 270 products in 2020–21, compared with 172 in 2019–20 (Figure 1.3). The significant rise in product releases was because of the deferral of some of these from 2019–20 to 2020–21, due to the impact of coronavirus 2019 (COVID-19). A list of products is provided at Appendix 1.

Figure 1.3: Products released, 2016–17 to 2020–21



Analysis: We release products that inform stakeholders – in particular, policymakers – in the health and welfare sectors, including disability, child protection and mental health. We develop our products in consultation and collaboration with stakeholders in government agencies and non-government organisations (NGOs) to ensure we meet their needs. Placing national information on key policy areas in the public domain ensures informed debate, discussion and decision making by governments and NGOs.

Case studies: Through publishing high-quality health and welfare data products that incorporate expert analysis over a wide range of topics, the AIHW delivers information to stakeholders. The following 2 case studies demonstrate how the AIHW is a **leader in health and welfare data**:

- 'Case study 1: Putting cancer screening in perspective' illustrates that we are a leader in data and expert analysis, through monitoring cancer screening in Australia and assessing its effectiveness.
- 'Case study 2: Transforming acute mental health care' demonstrates that by our monitoring of acute mental health-care data we, as leaders, harness our capabilities in the health and welfare domains to drive change.

Case study

Case study 1: **Putting cancer screening in perspective**

Our challenge

Evaluating effectiveness of cancer screening using available data

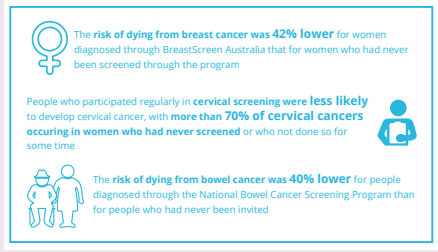
Australia has 3 national cancer screening programs for the early detection of cancer or precancerous changes, even when there are no symptoms. According to the World Health Organization (WHO), the effectiveness of screening is determined by whether it produces a population survival benefit that can be assessed by clinical and population-based cancer registry and screening data.

Cancer screening in Australia began in the 1960s with ad hoc cervical screening. More structured programs were introduced from the early 1990s: the National Cervical Screening Program began in 1991; the National Program for the Early Detection of Breast Cancer – now known as BreastScreen Australia – was established in 1991; and the National Bowel Cancer Screening Program was introduced in 2006, and fully implemented in 2020.

Our response

Combining data for national reporting

In 2018, the AIHW released the national results from an Australian-first project, combining data from BreastScreen Australia, the National Cervical Screening Program, the National Bowel Cancer Screening Program, the Australian Cancer Database, the National Death Index and the National HPV (human papillomavirus) Vaccination Program Register. 'Without exception, this analysis showed that all 3 programs significantly reduced the burden of these diseases on the Australian community,' said Ms Caroline Arthur, Director of Screening Policy at the Department of Health.



Our results

Screening programs supported by data

For breast cancer, the national data showed that those whose breast cancer was detected through BreastScreen Australia were 42% less likely to die from it within the study period than those diagnosed with breast cancer who had never been screened. The statistics were equally compelling for bowel cancer screening: the risk of dying from the disease was lower in those detected through the program than those who were not. This study also showed that people who participated regularly in cervical screening were less likely to develop cervical cancer, with more than 70% of cervical cancers occurring in women who had never been screened or who had not done so for some time.

'The figures give us a lot of confidence that the programs are worth running,' Ms Arthur said. 'If you compare all 3 programs in terms of how many dollars it takes to save a life, there is some variation. But I think most taxpayers would say it's a reasonable price to pay.'

'The AIHW helps keep the programs in the public eye and makes it clear what we are getting for this investment. This provides the opportunity to not only see that women survive better if their cancer is detected early, but how much money screening can save the health system,' Ms Arthur explained.

Our analysis of cancer screening data will continue to drive developments in the health system, as well as improve outcomes for patients.

Case study

Case study 2: **Transforming acute mental health care**

Our challenge

Highlighting disparity across approaches in acute mental health settings

For centuries, restrictive practices known as seclusion and restraint were the norm in acute mental health settings to manage the behaviour of people suffering from psychiatric illnesses. Currently in Australia, such practices are widely considered a violation of human rights with detrimental outcomes to patients. Hence, alternative clinical strategies are required.

Concerns about these practices in acute mental health settings were raised by patients and their families and carers over a decade ago, which led to improvements. Initially, clinicians began to reduce restrictive practices, and subsequently worked towards eliminating them. However, without a national picture of how, and to what extent, restrictive practices are being utilised, there is no standard for benchmarking and comparing the approaches of state and territory governments.

Our response

Monitoring the use of restrictive practices in mental health facilities

Working through the Australian Health Ministers' Advisory Council, Australia's 8 chief psychiatrists enlisted the assistance of the AIHW to develop a robust, national methodology to monitor the use of restrictive practices in mental health facilities.

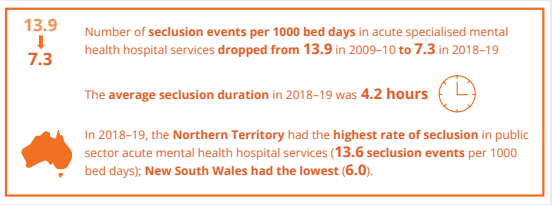
In 2013, the AIHW released the first national figures on seclusion as part of its Mental health services in Australia report. Since then, we have updated and expanded these data yearly.

Our results

Greater understanding of clinical care

Over the 7 years since the AIHW started reporting on the use of seclusion, the incidence of the practice has halved, reflecting frontline changes in clinical care. While we are unable to attribute this fall to the availability of data, these data have made a contribution – otherwise it would be unknown whether seclusion was becoming more or less prevalent. In 2017, national restraint data were publicly available for the first time.

This case study provides a powerful example of the influence of data to support and drive change.



Dr Nathan Gibson, the Chief Psychiatrist of Western Australia, said that these data have served like a 'powerful non-judgemental mirror' held up to clinicians and mental health facilities, allowing them to see how they are performing. 'This data has been a really explicit tool to actually say to people: "look how you're functioning compared with the next place",' he explained. Dr Gibson recognises the AIHW as a leader in health and welfare data, as he said that 'it's the transparency of the data and the fact that it's high quality. People trust it because it comes from the AIHW'.

'The delivery of this sort of data to people who are on the ground doing the work completely changes their engagement; it actually drives quality improvement,' said Dr Leanne Beagley, Chief Executive Officer (CEO) of Mental Health Australia. It demonstrates the AIHW's contribution to informing improvements to acute mental health care nationally.

1 Leaders in health and welfare data

Measure	Publish ≥80% of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data.
Context	Assist reporting of, or report on, nationally agreed performance indicators.
Result	✓ Achieved. We released 25 out of 29 annual products (86.2%) on the AIHW's website within 6 months of receipt of final data.

Analysis: The timely provision and delivery of data are integral to the AIHW remaining a national leader in health and welfare data. We strive to improve our timeliness by working with our stakeholders to reduce the lag between the end of a reference period and the release date, as well as reviewing our internal processes. It is important that the timeliness of data remains a key priority, without compromising on quality.

The Fasta Data initiative identified priority projects and compiled release information to formulate specific strategies aimed at improving timeliness. By negotiating with data suppliers, we increased the speed and frequency of data receipt for nominated projects. Additionally, we focused on shorter, web-based reports released sooner to ensure data were timely and up to date.

Examples of ongoing projects that were identified specifically for Fasta Data timeliness improvements included:

- the COVID-19 mental health dashboard
- the Aboriginal and Torres Strait Islander Health Performance Framework
- GEN – Aged Care Data updates.

Case study: Timely, high-quality data support the AIHW's provision of health- and welfare-related information to its stakeholders.

'Case study 3: Specialist Homelessness Services report on homelessness' illustrates how the AIHW's rapid provision of data relating to housing security during the COVID-19 pandemic enhanced its usefulness to stakeholders, reflecting our role as a **leader in health and welfare data**.

Case study

Case study 3: **Specialist Homelessness Services report on homelessness**

Our challenge

Providing timely data during COVID-19 lockdowns

Early in the COVID-19 pandemic in Australia, there were concerns about the impact of lockdowns on the housing security of Australians. There was a subsequent need for rapid data on people seeking and receiving Specialist Homelessness Services (SHS).

SHS Collection data were usually published on an annual basis and changes to the collection typically took around a year to plan, negotiate, build and implement. Quicker access to data was necessary to monitor the unprecedented implications of the lockdowns on housing security.

Our response

Supplying data more frequently

The AIHW receives and aggregates data from around 1,600 specialist homelessness services agencies across Australia on the clients who access their support. This includes information on the breakdown of specific target groups, the reasons clients sought assistance, homelessness status, clients receiving financial support for short-term accommodation and nights in short-term accommodation.

In early March 2020, the COVID-19 pandemic was added to the data collection as a reason for individuals seeking assistance from specialist homelessness services. These data help capture the direct and indirect implications of the COVID-19 pandemic on access to housing. Implementing this involved making changes to the client management system and instructional material for SHS agencies. A weekly supply of data to government stakeholders began on 5 April 2020 and was progressively adapted into a monthly data supply as the needs of stakeholders became clearer.

The usefulness of the monthly data prompted development of a new, publicly released SHS report. In consultation with stakeholders, work began on defining the scope of data and developing an efficient updating process that would support the timely release of data.

Agreement was reached that client-level aggregate data by month, state, age, sex, homelessness status, specific vulnerabilities, reason for seeking assistance, financial support provided and nights of accommodation provided would be beneficial.

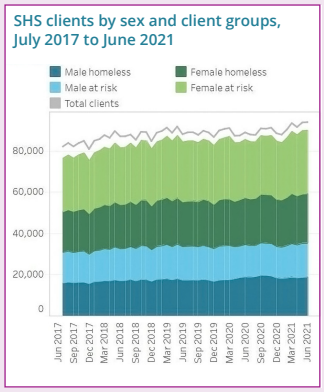
The inaugural report was released on 23 September 2020. This report is now updated each quarter within 2 weeks of the data supply cut-off by agencies.

Our results

Comprehensive picture of homelessness services support needs

The implementation of new COVID-19-related data items assisted with the monitoring of homelessness services support needs in the early stages of the pandemic in Australia.

The success of this ongoing report showcases the AIHW's capacity to adapt to stakeholder needs and deliver timely data.



Drivers of data improvements

Measure	Enhance data resources with 3 new or significantly enhanced data collections or linkages to fill in identified information gaps.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. To achieve our strategic directions, we collaborated with our key stakeholders across the health and welfare sectors to identify and fill data gaps.

Analysis: In 2020–21, the AIHW enhanced its data resources by completing:

- the National Dementia Linked Dataset in September 2020 to improve the accuracy of Australia's dementia statistics with an emphasis on determining dementia prevalence. We also commenced analysis of these data
- previously funded work on building and analysing a linked data set to improve information about welfare outcomes of children with experience of out-of-home care (OOHC). This work was endorsed by the Childrens and Families Secretaries Group. We released a high-level baseline report from this linkage study – *Income support receipt for young people transitioning from out-of-home care*
- enhancements to the national Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander specific primary health care in December 2020.

In addition, the AIHW Ethics Committee approved 7 new data sets to be added, including 2 COVID-19-related data sets: COVID-19 Hospital capacity and activity data collection; and Towards an Australian COVID-19 Register and linked data set.

Case studies: The AIHW identifies and responds to data gaps and opportunities to enhance data resources. Three case studies exemplify how the AIHW **drives data improvements**:

- 'Case study 4: Income support for young people transitioning from out-of-home-care' shows how the AIHW brings together Australian Government, state and territory administrative data from multiple policy settings for reliable national data on OOHC, driving improvements to the evidence base on this issue.
- 'Case study 5: Building the future for primary health-care data in Australia' demonstrates the progress made in 2020–21 towards building an enduring National Primary Health Care Data Asset, to address gaps in primary health-care data.
- 'Case study 6: Aboriginal and Torres Strait Islander Stolen Generations – 'the gap within the gap" addresses data on the 'gap within the gap' to inform responses to the unique ageing-related needs of this group.

Case study

Case study 4: **Income support for young people transitioning from out-of-home care**

Our challenge

Building a new national OOHC outcomes data asset

Children who are, or have been, in OOHC – such as foster care or kinship/relative care – face greater vulnerability than other children across several dimensions of their wellbeing. This is particularly the case as they transition to independent living, often with limited support networks. Complex circumstances, such as exposure to trauma, neglect and high levels of disadvantage, were likely to have contributed to a child's placement in OOHC. Similar factors may also influence their need for further services and support when leaving OOHC.

Reliable national data on outcomes for young people in the years leading up to, and after leaving, OOHC are currently lacking. Filling this information gap requires a combination of Australian Government, state and territory administrative data from multiple policy settings.

The first step in building the evidence base on outcomes for young people transitioning from OOHC is to examine their receipt of government financial assistance.

Our response

Establishing collaborative data-sharing arrangements

In 2018, the AIHW worked with our state and territory partners (departments responsible for children and family services) and the Australian Government (Department of Social Services) in building a national OOHC outcomes data asset. This collaborative cross-jurisdictional project facilitated safe sharing of data and outputs across governments. It also established governance processes and methods to pave the way for regularly updating the OOHC outcomes data asset in the future.

Our results

New insights into young people transitioning from OOHC

This is the first national study to report on receipt of income support and other payments for young people leading up to and after leaving OOHC. It provided new insights on their service use, life circumstances and outcomes.

The study highlighted that, compared with other young people, those in OOHC were far more likely to receive income support payments at ages 16–25 and for longer. It also identified some key challenges for this cohort at ages 18–20, such as not remaining on student payments, and relatively high proportions receiving parenting, unemployment or crisis payments.

Such information helps to inform the transition planning process and supports for young people, including current discussions on extended care models providing support for OOHC leavers aged over 18 years.

There is potential to extend this study to capture a broader range of services and outcomes. This approach would provide a more complete picture of the pathways and outcomes for care leavers as well as becoming a powerful platform for monitoring and evaluating OOHC policies and practice.

Case study

Case study 5: **Building the future for primary health-care data in Australia**

Our challenge

Filling gaps in primary health-care data

The primary health-care data landscape is disparate and disjointed, with little comprehensive or comparable data for national reporting. In May 2018, the AIHW received ongoing Australian Government funding to develop an enduring National Primary Health Care Data Asset as an accessible, value-added evidence base on health status, interventions and outcomes, collated from general practice, nursing and allied health.

The AIHW envisions that the data asset will:

- facilitate understanding of the primary health-care patient journey, and fill primary care data and information gaps
- be underpinned by robust and transparent data standards and data governance, including privacy, ethics, data sovereignty and security
- enable data linkage, analysis and outcome reporting
- be inclusive of the breadth of primary health-care data and practice.

Our response

Developing the data asset in stages

The AIHW has begun building the data asset. There are 3 broad streams of interrelated work:

1. develop protocols and processes for data governance (including privacy, consent, ethics and security), standards, linkage, analysis and reporting
2. undertake case studies to test the real-world application of those protocols and processes and demonstrate the value of the data asset
3. build data capacity and capability in nursing and allied health.

This staged approach followed a period of substantial consultation across the primary health-care sector, and an assessment of existing and emerging infrastructure, governance and primary care information models.

Our results

Ongoing progress and engagement

The AIHW has made considerable progress towards building the data asset in 2020–21.

We are working collaboratively with the WA Primary Health Alliance to explore the potential of the Primary Health Insights platform to host the data asset. This platform is designed to store de-identified primary care data collected by Primary Health Networks (PHNs). The focus of this exploratory work program will be to ensure robust governance arrangements for development of the data asset within the Primary Health Insights platform.

The AIHW has undertaken 2 well-received digital health audits in the physiotherapy sector, contributing to understanding the way in which patient- and service-level data are collected and used, and informing work to:

- map the physiotherapy digital health ecosystem and report on available data
- develop core data items for use across the allied health sector
- build understanding of data capacity and capability in other allied health professions.

Ongoing close engagement with stakeholders from governments, PHNs, professional bodies, research organisations, software vendors and consumers will ensure the value and utility of the data asset in the broader primary health-care information environment.

Case study

Case study 6: **Aboriginal and Torres Strait Islander Stolen Generations – 'the gap within the gap'**

Our challenge

Improving data on Stolen Generations survivors

The Stolen Generations refer to the Aboriginal and Torres Strait Islander children removed from their families, based on policies legislated in every jurisdiction in Australia between approximately 1910 and 1972, when the legislation specific to Indigenous children was repealed in all jurisdictions. Although Indigenous children continued to be removed after 1972 under other legislation, this year was used to estimate the numbers of children who comprise the Stolen Generations. It is believed that up to one-third of all Indigenous children were forcibly removed from their families and communities during this period.

Previous analysis by the AIHW has shown that the Stolen Generations survivors are a particularly disadvantaged group within the Indigenous Australian population. By 2022, all Stolen Generations survivors will be aged 50 and over. At this age, Indigenous Australians become eligible for aged care services, reflecting the earlier onset of ageing-related conditions in this population.

Our response

Highlighting the needs of a highly disadvantaged group

Data from the 2018–19 National Aboriginal and Torres Strait Islander Health Survey were used to estimate the number and geographical distribution of Stolen Generations survivors aged 50 and over. In addition, we compared outcomes for this group with those for Indigenous Australians who were not removed.

The results were released on 2 June 2021 in an address at the National Press Club along with the launch of the Healing Foundation report *Make healing happen: it's time to act*.

Our results

Data that support informed responses

The analysis showed that there were an estimated 27,200 Stolen Generations survivors aged 50 and over in 2018–19, representing around 1 in 5 Indigenous Australians of this age. Almost 3 in 5 were women, and most (81%) lived in non-remote areas.

Compared with other Indigenous Australians aged 50 and over who were not removed, Stolen Generations survivors were more likely to have:

- poor mental health
- a severe or profound disability
- experienced violence
- experienced discrimination in the previous 12 months.

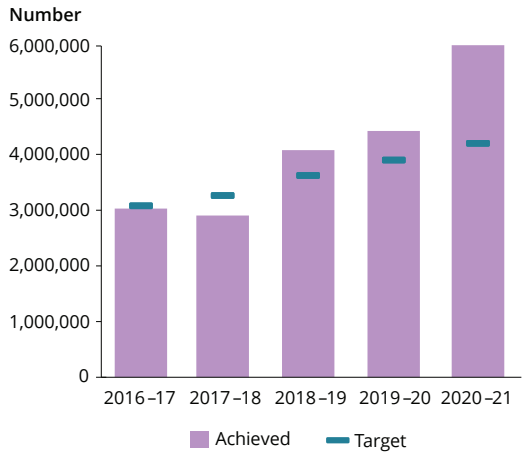
They were also more likely to rely on government payments and less likely to be homeowners or to live in a household that could raise funds in an emergency.

This report provides important data on the 'gap within the gap'; that is, the additional disadvantage experienced by Stolen Generations survivors compared with Aboriginal and Torres Strait Islander people who were not removed. Understanding this experience is important to ensure Stolen Generations survivors can access appropriate health, disability, welfare and other services as they age. Healing Foundation CEO Ms Fiona Cornforth stated: 'This data is hugely beneficial as we work towards healing for Stolen Generations survivors and their descendants'.

Expert sources of value-added analysis

Measure	Attain 4.2 million sessions on the AIHW website.
Context	Disseminate AIHW analysis publicly through our website and the media.
Result	✓ Achieved. There were 5,992,157 sessions on our main website, www.aihw.gov.au, an increase of 35% from 2019–20 (Figure 1.4).

Figure 1.4: AIHW website sessions, 2016–17 to 2020–21



Analysis: Our website is the main channel for AIHW information, including our PDF and HTML reports, other data-related outputs, our services and corporate information. We have developed enhancements to the AIHW website to improve the user experience. Increased visitor traffic reflects the greater use of the AIHW's products. For more information on our websites, see page 53.

Case study: By bringing together over 20 major data sources in consecutive reports relating to this government priority, 'Case study 7: Sexual assault in Australia' shows how the AIHW has attracted significant website traffic. This case study demonstrates that we are **expert sources of value-added analysis**, as the public turns to our website to access reliable, informative reports relating to national health and welfare issues.

Case study

Case study 7: **Sexual assault in Australia**

Our challenge

Supporting community understandings of sexual assault

Sexual assault is a major health and welfare issue in Australia.

The Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010–2022* highlights the need to examine the incidence, impacts and attitudes towards sexual violence and sexual harassment.

A single information product that brings together a range of national health, welfare and justice data can support better community understanding of the topic.

Our response

Providing accessible information


Australian Government
Australian Institute of Health and Welfare

infocus

Sexual assault in Australia

Published August 2020

Sexual assault is a major health and welfare issue in Australia and worldwide. For many victims, the effects can be wide-ranging and lifelong. They can experience physical injuries, long-term mental health effects, and disruption to everyday activities such as eating and sleeping habits (ABS 2017; Cashmore & Shackel 2013; Hailes et al. 2019).

According to the 2016 Australian Bureau of Statistics (ABS) Personal Safety Survey (PSS):

- almost **2 million** Australian adults had experienced **at least 1 sexual assault since the age of 15**
- more than **200,000** (1.1%) Australian adults had experienced **sexual assault in the 12 months** before the survey—an increase from 2012 (0.7%)
- around **639,000** Australian women experienced their most recent incident of **sexual assault perpetrated by a male in the last 10 years.**

Between 2010 and 2018, rates of sexual assault victimisation recorded by police for Australians aged 15 and over rose by more than 30% (from 66.8 to 90.2 per 100,000) (based on ABS 2019). However, it is unclear whether this reflects an increased incidence of sexual assault, an increased propensity to report sexual assault to police or increased reporting of historical crimes. Rates for children aged 0–14 remained stable in the 5 years up to 2018 (based on ABS 2019).

In 2018–19, the majority of sexual assault offenders recorded by police were male (97%); males aged 15–19 had the highest offender rates (102.9 per 100,000 of any age group (based on ABS 2020a). Over half (57%) of offenders found guilty of perpetrating sexual assault were sentenced to custody in a correctional institution (based on ABS 2020b).

Drawing together available national data sources, this report provides a summary of sexual assault in Australia. However, several notable data gaps exist, including data on a range of health services and other crisis and long-term service responses.

The 2016 PSS estimated that **1 in 6 women** (1%, or 1.6 million) and **1 in 25** men (4.3%, or 385,000) have experienced at least 1 sexual assault since the age of 15.

In 2018, the rate of police-recorded sexual assaults against **children aged 0–14** (167.6 per 100,000) was **nearly twice** that of people aged 15 and over (90.2 per 100,000).

During 2018–19, nearly all (**97%** of **sexual assault offenders** recorded by police were **male**.

AIHW

Providing accessible information

Sexual assault in Australia provides a summary of data on sexual assaults in Australia in a format that is easy to read and includes a range of infographics. This 'Infocus' report targets a general audience and covers broader themes – such as victim impacts, community attitudes, offender characteristics and criminal court findings – as well as includes the latest figures. It draws together a range of available data sources to provide a national summary of the extent, nature and impact of sexual assault.

Through bringing together these data sources, the report also highlights data gaps, including data on a range of health services and other crisis and long-term service responses.

Sexual assault in Australia complements the AIHW's national reporting on family, domestic and sexual violence, including:

- *Family, domestic and sexual violence in Australia, 2018*
- *Family, domestic and sexual violence in Australia: continuing the national story 2019*.

Our results

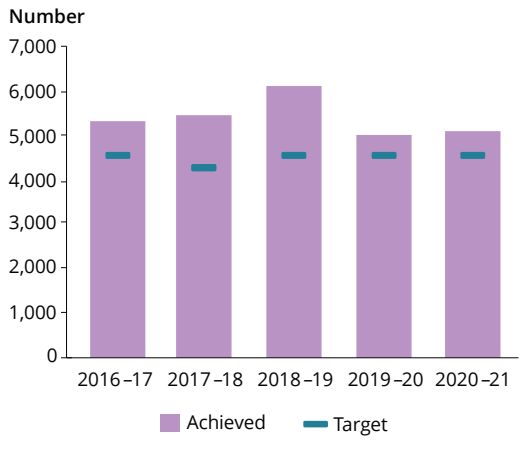
Strong community impact

This report had strong, immediate impact in the community, receiving more than 60 media mentions (including print, newspaper, radio and television) on release in August 2020, and continued to inform debate and discussion. Over a week in March 2021, during a time of considerable community engagement and debate on the topic, the report received more than 8,000 views on the AIHW website. This is almost double the number of views of the AIHW's most flagship report, Australia's health.

Expert sources of value-added analysis

Measure	Attain 4,600 references to the AIHW and its products in the media.
Context	Disseminate AIHW analysis publicly through our website and the media.
Result	✓ Achieved. There were 5,129 mentions in print, radio, television and online media, a marginal increase from 5,046 in 2019–20 (Figure 1.5).

Figure 1.5: Media references to the AIHW, 2016–17 to 2020–21



Analysis: The reporting of our products in the media demonstrates the vital role we play as a leader in health and welfare data and statistics. In 2019–20, the media focus on COVID-19 and a reduction in our products releases saw a decline in our media references; however, this marginally increased in 2020–21. More information on our media coverage is on page 48.

Case study: With more than 60 mentions in the media following its release of its report, 'Case study 7: Sexual assault in Australia' on page 28 is an example of our value-added analysis of a prominent issue gaining traction in mainstream media. This media coverage reflects the AIHW's reputation as an **expert source of value-added analysis** with our stakeholders in print and digital media.

Champions for open and accessible data and information

Measure	Collaborate with the Australian Government and participating jurisdictions to deliver the National Disability Data Asset pilot phase to enable the analysis of service pathways and outcomes of people with disability.
Context	Work with partners to drive data improvement.
Result	◊ Partially achieved. We have continued to collaborate with the Australian Government and participating jurisdictions and delivery of the pilot phase of the National Disability Data Asset (NDDA) is on track.

Analysis: The NDDA links Commonwealth and state data sets to address gaps in information about the experiences of people with a disability using mainstream services to inform policy and program, and measure outcomes. The pilot phase involves 5 studies, focusing on – early childhood, transition to employment, mental health, justice and housing assistance – and involving numerous data collections. By 30 June 2021, we linked over 51 data sets across these areas.

The impacts of COVID-19 on this project included: recruitment issues for participating jurisdictional agencies, delays in data access approvals, as well as the time and support necessary for working with large, complex data sets in a secure access environment. Establishing and adapting these environments to meet research requirements has provided some key learnings for the AIHW.

To accommodate additional analysis of the 5 test cases and the collation of learnings to inform a possible enduring NDDA, the NDDA Senior Executive Steering Committee agreed to extend the project to December 2021.

Case study: An example of how the AIHW innovates by using existing data integration and management infrastructure to deliver relevant information on service pathways and outcomes for people with disability is shown in 'Case study 8: National Disability Data Asset'. The data asset has captured information on this population that was previously unavailable, demonstrating that we are **champions for open and accessible data and information**.

National Disability Data Asset

Case study

Case study 8: **National Disability Data Asset**

Our challenge

Tackling lack of information on experiences of people with disability

Very few administrative data collections identify people with disability, unless the relevant administrative program requires this information to be collected to administer supports or services to registered participants (for example, the National Disability Insurance Scheme).

Therefore, people with disability are only identifiable in a very limited number of data sets – generally those directly related to disability or welfare supports and programs. This in turn constrains the usefulness of single-source administrative data to understand the experience of people with disability in using mainstream services. There is also limited information available for effectively informing policy and programs, and measuring outcomes for people with disability.

National Disability Data Asset

Our response

Building a data-sharing resource

Data linkage can improve the utility and value of existing data sets. Linking data from 2 or more sources creates a rich source of information that provides much more detailed insights than are possible from a single source.

The Australian Government and most state and territory governments are working together to develop the NDDA. The AIHW is working with NDDA partners, including an NDDA Disability Advisory Council, to implement an 18-month NDDA pilot phase. The pilot comprises 5 test cases that focus on high-priority public policy research projects: early childhood; justice; education to employment; mental health and psychosocial disability; and how linked administrative data can support an outcomes framework under the new National Disability Strategy. This large-scale data-sharing and integration project brings together de-identified data from 51 Australian, state and territory government data sets.

The pilot has built on the AIHW's multisource health and welfare data expertise and leveraged existing data integration and management infrastructure to develop and capture previously unavailable information on people with disability. In collaboration with NDDA partners, the AIHW has now designed and built a NDDA linkage map and created linked analysis data sets for each of the test cases. The AIHW is also providing subject matter expertise and analytical support for 2 of these test cases.

Our results

Enhanced understanding of service pathways and outcomes

Early insights from the pilot have demonstrated, for the first time at this breadth and scale, how linked data can identify a range of people with disability using mainstream services.

Research findings from the test cases will be available in late 2021. Insights from the pilot phase will inform options for an enduring asset, including priority data for inclusion, data integration models, approved uses of the NDDA and asset governance models.

Champions for open and accessible data and information

Measure	Collaborate with stakeholders to develop data management processes and governance structures to enable integration of national ambulance data into the National Suicide and Self Harm Monitoring project.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. Monthly aggregate data on attendances to suicides, suicide attempts, self-injury and suicidal ideation were reported quarterly by Turning Point (Monash University), and visualisations of these data were included in the AIHW's National Suicide and Self Harm Monitoring System. On 1 June, the AIHW Ethics Committee approved the establishment of the National Ambulance Surveillance for Alcohol and Other Drug Misuse, Overdose, Suicidal Behaviour and Mental Health Data collection. In June, a new contract for the Alcohol and Other Drug Misuse and Overdose component of the National Ambulance Surveillance System was executed with Turning Point.

Analysis: The National Suicide and Self Harm Monitoring System, established by the AIHW in collaboration with the Department of Health and the National Mental Health Commission, aims to improve the accessibility, timeliness, quality and breadth of data available to help identify trends in suicidal and self-harming behaviours. These are emerging areas of concern and data are needed to help inform responses. This project is ongoing, with data management processes and governance structures in place.

Case study: An illustration of how we are **champions for open and accessible data and information** is 'Case study 9: National Suicide and Self Harm Monitoring System'. The establishment of this system, supported by data management processes and governance structures, has made comprehensive, up-to-date data relating to suicide and self-harming behaviours available to the public.

Case study

Case study 9: **National Suicide and Self Harm Monitoring System**

Our challenge

Improving fragmented reporting

Suicide and self-harm are major public health issues both in Australia and globally (WHO 2021). Suicide was the leading cause of death in persons aged 15–44 in Australia in 2016–18 and the third highest contributor to the fatal burden of disease for all persons in 2015, representing 5.7% of the total years of life lost (AIHW 2019, AIHW 2021). Every life lost to suicide is a tragedy and the effects on family, friends and communities are profound. Although suicide and intentional self-harm are complex issues, they can be prevented.

We need accurate, reliable and timely data for developing suicide prevention policy and interventions, as well as informing public discussion. However, data on suicide attempts have previously been sparse. The date ranges of suicide and self-harm data were reported inconsistently in terms of mortality, burden of disease and hospitalisations collections.

Our response

Establishing a national system

The AIHW has established the National Suicide and Self Harm Monitoring System in collaboration with the Department of Health and the National Mental Health Commission. The system presents interactive data visualisations and geospatial analyses across data on suicide deaths, intentional self-harm hospital admissions and the Australian Burden of Disease Study.

In addition, the AIHW has worked with Turning Point at Monash University to establish the National Ambulance Surveillance System. This records ambulance attendances to suicide attempts, suicidal ideation, non-suicidal self-harm, mental health-related incidents and alcohol and other drug intoxication and overdoses.

We worked with state and territory governments to develop the data capture and reporting capabilities on suspected suicides referred to coroners' courts through suicide registers, as well as data-sharing arrangements.

Our results

More data through monitoring

The National Suicide and Self Harm Monitoring System has improved the quality, accessibility and timeliness of data on deaths by suicide and on self-harming and suicidal behaviours. It is a globally unique resource to allow timely data to inform suicide prevention policy.

The system has enabled more expansive monitoring by governments of suspected suicide deaths and mental health-care activity during the COVID-19 pandemic.

References

AIHW 2021. Deaths in Australia. Cat. no. PHE 229. Canberra: AIHW.

AIHW 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Cat. no. BOD 22. Canberra: AIHW.

World Health Organization 2021. Suicide: fact sheet. Viewed 24 June 2021, www.who.int/news-room/fact-sheets/detail/suicide.

Champions for open and accessible data and information

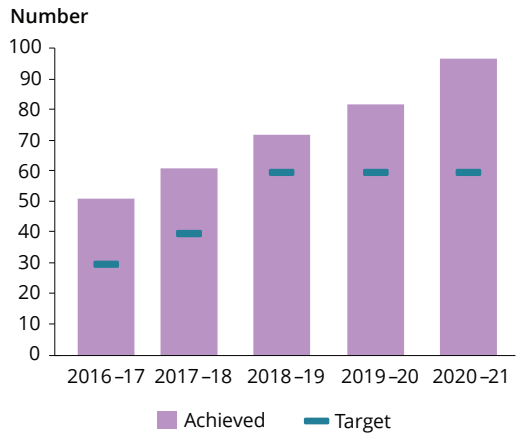
Measure	Provide expert data analysis to the National Commissioner for Defence and Veteran Suicide Prevention and supply data for the interim report by the Australian Commission on Safety and Quality in Health Care.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. The AIHW supplied data and limited identifying information of individual suicide cases to the Office of National Commissioner, the Department of Defence and the Department of Veterans' Affairs to inform targeted investigations, policies and programs of suicide prevention. We delivered the Interim Report for the Independent Review of Past Defence and Veteran Suicides on 16 April 2021.

Analysis: The National Commissioner for Defence and Veteran Suicide Prevention was established to inquire into suicides among serving and ex-serving Australian Defence Force members, supported by expert technical assistance from the Australian Commission on Safety and Quality in Health Care and the AIHW. Our ongoing work towards data acquisition from partners and our analyses of data sets continue to inform measures relating to suicide prevention in Defence personnel, demonstrating that we are **champions for open and accessible data and information**.

Trusted strategic partners

Measure	Complete 60 data linkage projects as agreed under the National Collaborative Research Infrastructure Strategy 2013.
Context	Provide access to data and information in an environment that supports stringent governance, capability, data management and privacy requirements.
Result	✓ Achieved. We completed 97 data linkage projects in 2020–21. This was an increase of 18.3% from 2019–20 (Figure 1.6).

Figure 1.6: Completed requests for data linkage, 2016–17 to 2020–21



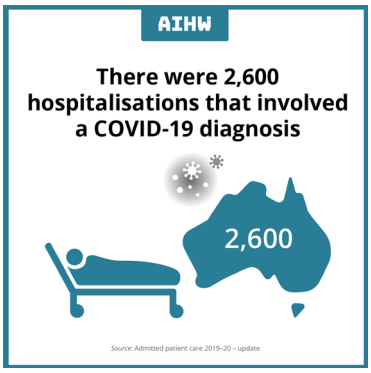
Analysis: As an accredited Integrating Authority holding over 170 data sets, we lead data linkage projects across multiple data sets for use by governments and researchers (see page 46). By linking data sets, AIHW provides stakeholders with a more holistic understanding of health- and welfare- related issues, and enables deeper insights. Demand for linked data is growing and we have increased our capacity to undertake more complex data linkage projects to meet this demand.

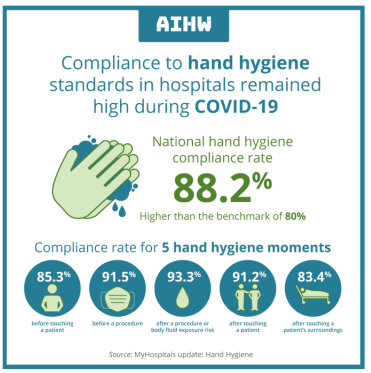
Case study: As seen in 'Case study 8: National Disability Data Asset' (see page 31), we collaborated with our strategic partners to enhance data linkage. Our work with governments to integrate data on the experiences of people with disability using mainstream services, and with NDDA partners to implement an 18-month NDDA pilot phase, shows that we are **trusted strategic partners**.

Trusted strategic partners

Measure	Continue routine reporting under the Australian Health Performance Framework (AHPF), including ongoing improvement and filling of data gaps.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. The AIHW continued to report on the performance of the health system, including the impacts of the COVID-19 pandemic. This included a series of publicly available releases and updates, and continued inputs to the set of nationally agreed performance indicators. Interruptions related to the COVID-19 response and changes to national governance arrangements impacted on progress to fill some priority information gaps. This work will recommence in 2021–22.

Analysis: The AHPF is a tool for reporting on the health of Australians and the performance of the Australian health system. The AIHW reports on and provides a 'gateway' through to a broad range of information on these issues through the Australia's health performance webpages. This includes routinely updating a set of 45 indicators related to health systems at national, state and territory, and local levels (where data are available). We also continue to engage with stakeholders to identify gaps. The AIHW is a **trusted strategic partner**, making information on health system performance reliably available.





Trusted strategic partners

Measure	Supply data for nationally-agreed performance indicators, as determined collectively by governments.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. Through supplying our stakeholders with data for nationally-agreed performance indicators, we fostered strategic partnerships.

Analysis: In 2020–21, we:

- supplied Indigenous community housing data to the Productivity Commission for 2018–19 for the *Report on Government Services* (RoGS) and for 2019–20 for the mid-year update of the report on 18 March 2021
- supplied data to the National Mental Health Commission report on the progress of the Fifth National Mental Health and Suicide Prevention Plan, and to the Productivity Commission for publishing in the RoGs
- provided data relating to hospitalisations and elective surgery for reporting in the RoGS, including data for reporting against a number of indicators agreed under the National Healthcare Agreement
- published the fifth annual report against the Better Cardiac Care for Aboriginal and Torres Strait Islander people indicators on 31 March 2021
- released updated data for perinatal AHPF indicators on 2 December 2020.

The AIHW provided data to our stakeholders across a variety of nationally-agreed performance indicators relating to many health and welfare issues, showing our commitment to being a **trusted strategic partner** through delivery of this information.

Our financial performance

Results

The AIHW's financial results from 2016–17 to 2020–21 are summarised in Table 1.2.

Table 1.2: Financial results, 2016–17 to 2020–21 ($ million)

	2016–17	2017–18	2018–19	2019–20	Change 2019–20 to 2020–21	2020–21
Income	57.844	65.075	77.952	86.690	↑	96.200
Expenditure	57.768	64.942	78.191	87.636	↑	96.235
Surplus (or deficit)	**0.076**	**0.133**	**(0.239)**	**(0.946)**	↑	**(0.035)**
Total assets	73.536	93.675	106.097	148.350	↓	144.946
Total liabilities	42.606	63.045	75.080	111.553	↓	106.909
Total equity	**30.930**	**30.630**	**31.016**	**36.797**	↑	**38.037**

Income and expenditure

The AIHW has 2 main types of income – appropriation income from the Australian Parliament and income from externally funded projects.

Our appropriation income from the Australian Parliament was $32.2 million in 2020–21, compared with $35.0 million in 2019–20 (see Table 1.4 and Figure 1.7).

Income from externally funded projects increased to $63.5 million in 2020–21 from $50.3 million in 2019–20 due to more project work. Most of this income came from Australian Government departments, with the largest funder being the Department of Health (see Table 1.3).

Income from interest fell to $0.5 million in 2020–21, compared with $1.3 million in 2019–20. This decrease was mainly due to the fall in interest rates on term deposits.

Employee-related expenditure decreased to $44.2 million in 2020–21 from $45.1 million in 2019–20. This fall was due to an increase in the 10-year Government bond rate which resulted in a decrease in the present value of long-service leave. In the previous year the bond rate decreased resulting in an increase in employee expenditure in that year calculated on an accrual basis.

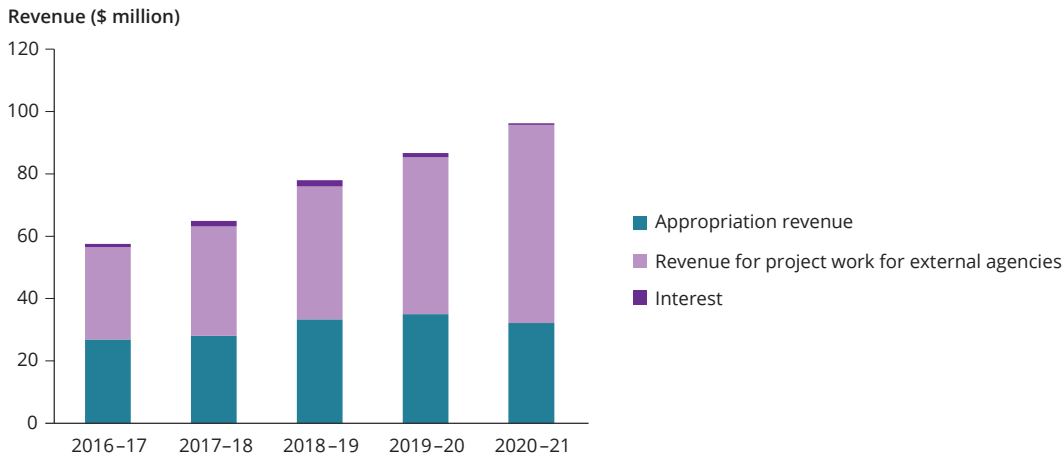
There was an increase of $10.1 million in supplier expenses, mostly for the National Suicide and Self-harm Monitoring and National Disability Data Asset projects.

The overall result for the year was a deficit of $35,000.

Table 1.3: Income and expenditure, 2016–17 to 2020–21 ($ million)

	2016–17	2017–18	2018–19	2019–20	Change 2019–20 to 2020–21	2020–21
Appropriation revenue	26.918	28.078	33.322	35.037	↓	32.178
Revenue from project work for external agencies	29.628	35.096	42.669	50.321	↑	63.519
Interest	1.021	1.759	1.961	1.332	↓	0.503
Other revenue	0.277	0.142	–	–	–	–
Total revenue	**57.844**	**65.075**	**77.952**	**86.690**	↑	**96.200**
Employee-related expenditure	36.436	38.253	42.186	45.052	↓	44.189
Other expenditure	21.332	26.689	36.005	42.584	↑	52.046
Total expenditure	**57.768**	**64.942**	**78.191**	**87.636**	↑	**96.235**
Surplus (or deficit)	**0.076**	**0.133**	**(0.239)**	**(0.946)**	↑	**(0.035)**

Figure 1.7: Revenue sources, 2016–17 to 2020–21



Balance sheet

Assets totalled $144.9 million in 2020–21 – a decrease of $3.4 million from the previous year (see Table 1.4). The cash balance component of financial assets remained high at $82.1 million, most of which is invested in term deposits in accordance with our Investment Policy.

Liabilities decreased by $4.6 million to $106.9 million in 2020–21.

Overall, total equity increased by $1.2 million to $38.0 million. Of this, $1.3 million was due to a capital injection in 2020–21.

Table 1.4: Balance sheet summary, 2016–17 to 2020–21 ($ million)

	2016–17	2017–18	2018–19	2019–20	Change 2019–20 to 2020–21	2020–21
Financial assets	64.471	85.111	96.215	108.687	↓	98.782
Non-financial assets	9.065	8.564	9.882	39.663	↑	46.164
Total assets	**73.536**	**93.675**	**106.097**	**148.350**	↓	**144.946**
Provisions	12.108	12.645	14.310	16.182	↑	16.524
Payables	30.498	50.400	60.770	95.371	↓	90.385
Total liabilities	**42.606**	**63.045**	**75.080**	**111.553**	↓	**106.909**
Equity	**30.930**	**30.630**	**31.017**	**36.797**	↑	**38.037**

Cash flow

Net cash used from operating activities in 2020–21 was $11.9 million. This cash flow related mainly to income received in advance at the end of year in 2019–20. We spent $4.3 million on the purchase of property, plant and equipment in 2020–21, compared with $1.4 million in 2019–20.

The net cash decrease over the year was $18.8 million, decreasing the cash balance to $82.1 million from $100.9 million.

Financial outlook

Appropriation income from the Australian Parliament is expected to increase by $1.8 million in 2021–22. We have budgeted for income from externally funded projects to be $56.0 million.

The AIHW has received approval from the Minister for Finance to budget for an operating loss in 2021–22 of $3.639 million.

The two components of this loss are $401,000 for accrual accounting adjustments required for office leases under AASB16, and $3.238 million for non-ongoing expenses related to improving information management and data analytical capability.

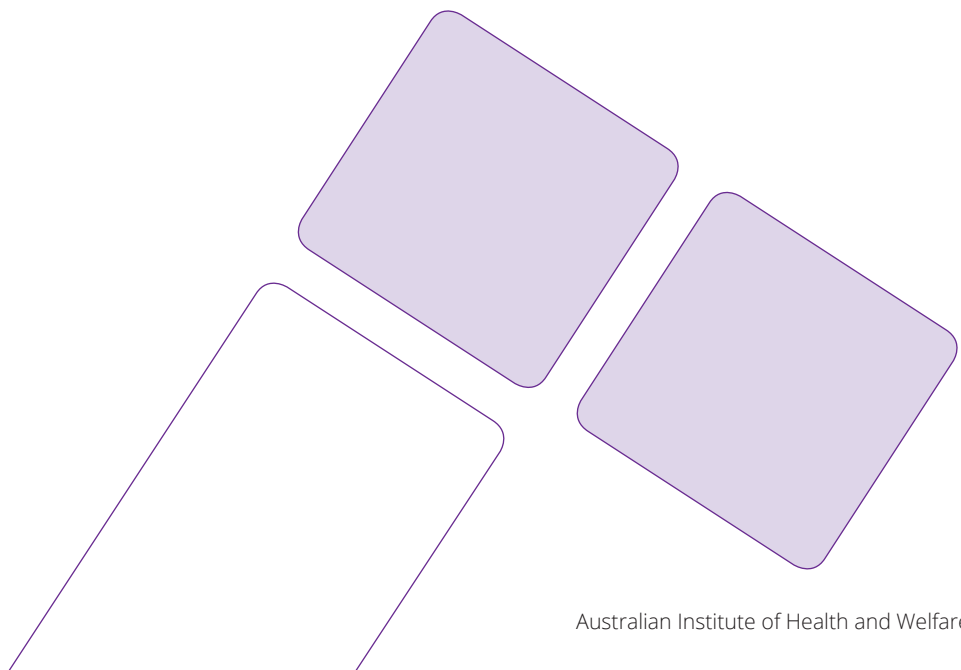
Auditor-General's report

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 2020–21 comply with subsection 42(2) of PGPA Act, and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act. Our audited financial statements can be found in Appendix 4 on page 118.

Chapter 2

Our products, services and stakeholders

- Our frameworks
- Spotlight: *Australia's health 2020*
- Our products
- Our services
- Reaching our audiences
- Our websites
- Spotlight: Understanding the impact of smoking
- Our stakeholders
- Stakeholder relationships



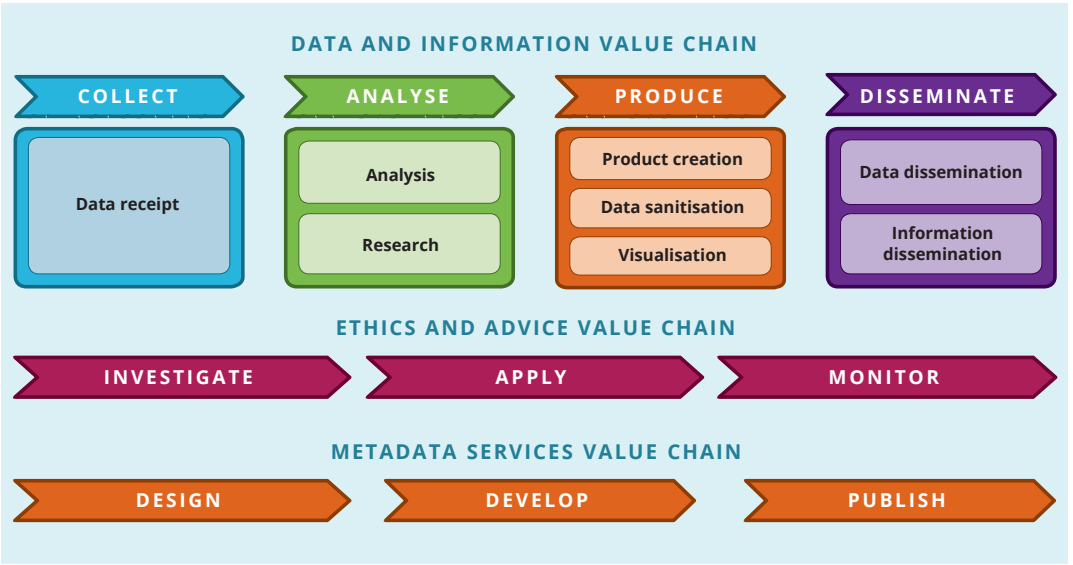
Our frameworks

We use a range of frameworks to help guide our work delivering high-quality products and services.

Our value chain

We publish a suite of products in different formats and provide a range of data services to clients. Figure 2.1 shows how we add value through the information cycle to create trustworthy and accessible information and statistics. Our ability to securely link multiple data sets and provide customised data services supports our clients and stakeholders to undertake their own analysis and research.

Figure 2.1: AIHW value chains for data and information, ethics and advice, and metadata services



We use a people-centred model (Figure 2.2) for reporting data, recognising that our personal circumstances are key drivers of our health and wellbeing. This helps us better understand the relationships between these aspects of our lives – also known as social determinants – and our health and wellbeing. These different aspects are interconnected, with each having flow-on effects to others. We bring together data from across multiple topics to create new insights into the health and wellbeing of Australians.

Figure 2.2: The AIHW's people-centred model

Data governance framework

The AIHW manages data professionally, with due respect for its sensitivity, and with privacy and confidentiality assured through legislation, robust data policies and procedures. This approach involves the use of rigorous controls to determine access and release arrangements.

It includes the scrutiny of an independent AIHW Ethics Committee, established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) to advise on the ethical acceptability of proposed projects (see page 70). Researchers can submit ethics applications to the committee on a fee for service basis.

Our Data Governance Framework contains key information for all staff and contractors, particularly those who have authority to make data-related decisions. It includes:

- a description of key concepts related to data and data governance
- the legal, regulatory and governance environment in which we operate
- core data governance structures and roles
- our systems and tools to support data governance
- our data policies, guidelines and procedures
- compliance and reporting.

The framework is available on our website at https://www.aihw.gov.au/about-our-data/data-governance.

Five Safes framework

The AIHW has a long history of effective compliance with its privacy and confidentiality obligations and extensive experience in managing the risks associated with the use and release of data. We use the Five Safes framework to reinforce management of the privacy and confidentiality of data.

This framework is an internationally recognised approach to considering strategic, privacy, security, ethical and operational risks as part of a holistic assessment of the risks associated with data sharing or release. It helps us assess and manage these risks.

Quality framework

The AIHW collects, hosts, analyses and disseminates data that support the understanding of important health and welfare issues, and are critical to good policymaking and effective service delivery. Our work affects the lives of all Australians, directly or indirectly. We aim to continually improve the consistency, accuracy and validation of data, our products and communication, management of stakeholder relations and evidence based decision making.

Quality management principles and practices apply to all stages of the work cycle and all management processes in the AIHW. Defined roles and responsibilities within our governance structure (see Chapter 3) help to effectively manage data-related decisions and projects for maximised success. They also provide appropriate paths to escalate, report and manage problems.

Our quality framework guides the delivery of high-quality outcomes in managing stakeholder relationships, developing agreed processes, collaborating, communicating and making evidence-based decisions. It is a framework for identifying, analysing, monitoring, correcting and reporting on anomalous data to improve data as an information asset. It allows us to maintain a process of continuous data quality improvement.

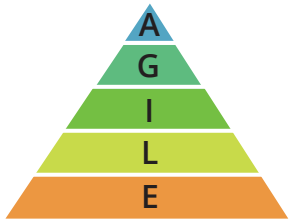
AGILE framework

We are committed to making the information and statistics we produce widely accessible. We have adopted an 'AGILE' framework to deliver a layered approach to a variety of audience types (see Figure 2.3). We aim to produce more high-level overviews to complement our traditional in-depth, policy-relevant reports for health and welfare policymakers and the public.

Figure 2.3: AGILE framework

ATTRACT products are very short; they get people's attention. Infographics, posters and fact sheets are among our Attract products.

GRAB products are short, and easy to find and use; they are for people in a hurry. Media releases, fact sheets, presentations and infographics are some of the products that will help Grab our audience.



IMPACT products have information organised in ways that are more meaningful. Infographics, fact sheets, and PDF and HTML reports (including Infocus reports) are products with Impact.

LEARN products answer questions and explore ideas; they are tailored to the needs of specific audiences. Products like our PDF and HTML reports, data visualisations and data tables let the audience Learn.

EXPLORE products allow access to more detailed data; they are for those people with specific interests. Data visualisations, data tables and data cubes are among our products that allow our users to Explore.

Project management

Project management in the AIHW runs in 2 streams, relating to the routine reports that we produce and more significant projects.

Specific project objectives are set at the beginning of the project management process, and the necessary processes, methods, skills and knowledge identified. Our project management methodology is based on the following 4 key interactive elements:

- time – the scheduled length of the project
- cost – the budget allocated to the project to produce an agreed outcome
- scope – what is required to deliver the outcome
- quality – the outcome is fit for purpose.

The latter, and more traditional use of project management, is for large and complex projects, such as setting up office accommodation in a new building, moving a data centre to a new location or building a new platform. For the former, we employ the Project in a Controlled Environment (PRINCE2) methodology as a guide to create value through a unique product service or result. Intensive PRINCE2 training was completed by 26 of our staff in 2020–21.

Spotlight: *Australia's health 2020*

Australia's health 2020 is the AIHW's 17th biennial flagship report on health. It explores topical health issues and brings together multiple data sources to serve as a report card on the health of Australians. *Australia's health 2020* was released by video launch on 23 July 2020 and was the AIHW's most downloaded publication of the year, showing its continuing value to the Australian community.

The report considers health as much more than the presence or absence of disease. It shows how a person's health reflects the complex interactions of genetics, lifestyle and environment, and is fundamental to their wellbeing. The report demonstrates the value of continuing to build an evidence base that supports the community, policymakers and service providers to better understand the varying and diverse needs of Australians. It also illustrates the value of timely provision of data.

In recent years, the AIHW has focused on improving the accessibility of its information. Hence, we are continuing to move from large hard-copy publications towards more diverse and accessible formats, consistent with moves globally.

Australia's health 2020 builds on the new multi-product format, first introduced with *Australia's welfare 2019*. Its product suite comprises:

- *Australia's health 2020: data insights* report – presents an overview of health data in Australia and explores selected health topics in 10 original articles. It is available in both print and PDF formats
- *Australia's health 2020: online snapshots* – provide brief online summaries of easily digestible, interactive information on 71 different health topics
- *Australia's health 2020: in brief* report – highlights key findings from the online snapshots. It tells the story of health in Australia, including our health status, health system, and health disparities across some population groups.

The common theme across articles in *Australia's health 2020: data insights* is the importance of data, and increasing the knowledge base for achieving long-term, sustainable improvements in health and health care for all Australians. It also provides information on how to fill data gaps and build the evidence for addressing inequalities.

The report includes an article on COVID-19 prepared by the AIHW in collaboration with Associate Professor Sanjaya Senanayake, an infectious disease specialist at the Australian National University. This article presents what we knew about the disease in Australia at the time of publication (July 2020), drawing on data and information from the 4 months since Australia's first reported case. Much of the AIHW's reporting in 2020–21 included information about the impact of COVID-19 on health and welfare issues relevant to Australians.

Since first published in 1988, the AIHW's flagship reports, Australia's health and Australia's welfare, have been highly regarded as sources of authoritative and accessible information. The AIHW also worked on Australia's welfare 2021 which will be released in 2021–22. A key focus of that report is the impact of COVID-19 on the welfare of Australians.

Our products

In 2020–21, we published 270 products, including a range of different kinds of web products and traditional print-ready reports. Most releases were supported by data and visual analytics products.

Some of these products received significant attention in mainstream and industry-specific media. Feedback from stakeholders on these product releases was also positive as shown by Twitter mentions (see page 50), requests to make presentations at conferences (see page 109) and comments provided through other formal and informal stakeholder interactions, such as networking at conferences and invitations to present submissions to parliamentary and other inquiries (see page 62).

Two products we released in 2020–21 are showcased in this chapter (see pages 45 and 55). A full list of our products is in Appendix 1.

Our services

Australian, state and local government agencies, as well as health and welfare service providers, hold an enormous amount of administrative and clinical data. The AIHW maximises the usefulness of such data through analysis and linkage to provide insights about the health and welfare of the Australian population and inform policy and service delivery.

Data linkage

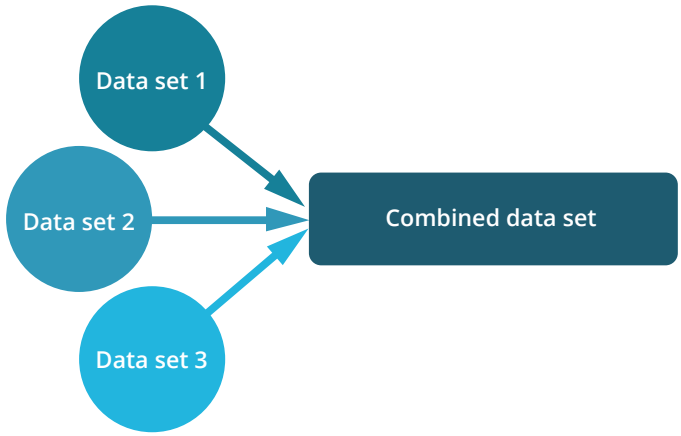
Data linkage is the process wherein information from different data sources about the same person or entity is brought together, creating a new combined data set (see Figure 2.4). This process is also often referred to as data integration.

One of our core services is linking data sets to help researchers and policymakers tell a bigger story. Data linkage re-uses existing data and is non-intrusive because it avoids the need to re-contact people whose information has already been collected. The AIHW collects and holds data assets on many subjects and from multiple administrative data sets. This means that we are in a unique position to link data across many health and welfare spheres.

Demand for data linkage continues to grow. We completed 97 data linkage projects in 2020–21 compared with 82 in 2019–20 and 72 in 2018–19. See Figure 1.6 for the 5-year trend (see page 35). Linking data from other sources or sectors – such as aged care, housing assistance and disability support – provides other insights, giving a more holistic picture of the connections between health and broader social wellbeing. Most importantly, linked data assist in discovering ways to improve peoples' health and welfare experiences through identifying trends, new pathways and areas for collaboration.

We are an accredited Integrating Authority and an international leader in data linkage. Legislation permits us to release data and we have the technical capability and governance arrangements to do so safely and securely. The AIHW Act enables us to provide researchers with secure access to data and information about vital health and welfare topics. We also comply with the *Privacy Act 1988*.

Figure 2.4: Integration of data sets in data linkage



Data requests

We provide data on request, which enables researchers to access data tables from our data assets on a cost recovery basis. Demand for our customised data services decreased slightly compared with the previous year. The AIHW is, however, experiencing greater demand for data through new data assets and increasing requests for data linkage projects.

We completed 201 customised data requests in 2020–21 compared with 256 in 2019–20 and 208 in 2018–19.

More information on our data request service is available at www.aihw.gov.au/our-services/data-on-request.

A new metadata online registry

Metadata are information about how data are defined, structured and represented. They provide meaning and context to data by describing how data are captured and the business rules for collecting data. Metadata assist in the interpretation of data and support consistency in the collection, analysis and reporting of data and understanding comparative results. We offer metadata support services for metadata developed or revised by registration authorities which are responsible for endorsing data standards for different sectors and jurisdictions.

The AIHW is in the process of developing a new metadata online registry to replace the existing METeOR system. METeOR is Australia's repository for national metadata standards relating to statistics and information in the areas of health, homelessness and housing assistance, community services and early childhood information.

Developed in-house, the new registry will build on and improve the existing system's features and functionality, using Microsoft Azure cloud-based technologies. This work is scheduled to be completed in late 2021.

New opportunities

The availability of digital data will continue to expand. Maximising the effective use of this information is one of the AIHW's major challenges.

In response, the AIHW is continuing to work with key stakeholders towards the further development of infrastructure and tools that will provide consistency across data integration systems and ensure interoperability of health and welfare data between people, organisations and systems.

Reaching our audiences

We continued to make our work widely available and easy to understand through increased use of short reports, data visualisations, infographics and interactive data. All print-ready publications are available free of charge on our website as PDF documents – see www.aihw.gov.au/.

Increasingly, key publications are being made available in HTML format. Users are invited to contact us if they need information from the website presented in an alternative format for accessibility reasons.

Notification service

One of our key communication channels is an on the day email notification service alerting subscribers to new AIHW product releases. As at 30 June 2021, there were 19,895 unique subscribers to this service. Subscriptions to these notifications rose by 23% in 2020–21 compared with 2019–20 (see Table 2.1).

Media coverage

The AIHW works with news media organisations to bring important health and welfare information from our reports and releases to the attention of the general public and our stakeholders. We also assist journalists to locate and interpret relevant AIHW data.

After a drop in 2019–20, media coverage increased marginally in 2020–21 as the AIHW began releasing products specific to, and including, data on the COVID-19 pandemic in Australia.

We issued 36 media releases in 2020–21, up from 29 in 2019–20 (see Table 2.2). The AIHW received 5,129 media mentions throughout the year, slightly up from 5,046 in the previous year. There was an increase in online coverage, and decreases in print, radio and television coverage.

The 2 reports that attracted the most media coverage during the year were the National Drug Strategy Household Survey 2019 (287 media items) and Indigenous eye health measures 2020 (132 media items) (see Table 2.3).

Table 2.1: Email notification service subscriptions by category, 2016–17 to 2020–21

Subscription category	2016–17	2017–18	2018–19	2019–20	2020–21	Change (%) 2019–20 to 2020–21
Health-related products	6,650	7,234	8,682	8,951	10,217	↑ 14.1
Welfare-related products	5,250	5,649	6,135	6,472	7,553	↑ 16.7
Education resources	5,010	5,617	5,030	5,406	6,256	↑ 15.7
AIHW Access online newsletter	7,299	7,519	8,769	8,929	9,892	↑ 10.8
Mental health services	..	..	3,255	3,813	4,983	↑ 30.7
Primary health care	..	..	780	1,372	2,223	↑ 62.0
Suicide & self-harm monitoring	..	..	..	..	587	..
Aboriginal and Torres Strait Islander Health Performance Framework	..	..	..	..	545	..
Aged Care: Gen	..	..	..	..	875	..
Total	**24,209**	**26,019**	**32,651**	**34,943**	**43,131**	↑ 23.4

Note: .. not applicable.

Table 2.2: Media coverage and media releases, 2016–17 to 2020–21

Media type	2016–17	2017–18	2018–19	2019–20	2020–21	Change (%) 2019–20 to 2020–21
Online	1,822	1,645	2,222	2,080	2,756	↑ 32.5
Print	1,694	1,923	1,695	1,304	1,145	↓ 12.2
Radio	1,617	1,629	1,904	1,414	1,054	↓ 25.6
Television	221	273	346	248	174	↓ 29.8
Total	**5,354**	**5,470**	**6,167**	**5,046**	**5,129**	↑ 1.6
Media releases	**35**	**37**	**36**	**29**	**36**	↑ 24.1

Table 2.3: Top 5 products for media coverage, 2020–21

Rank	Title	Media mentions
1	*National Drug Strategy Household Survey 2019*	287
2	*Indigenous eye health measures 2020*	132
3	*Venomous bites and stings, 2017–18*	113
4	*Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: update analyses for 2018–19*	112
5	*Cancer screening and COVID-19 in Australia*	110

Social media

In 2020–21, we built on our social media presence through significant developments to our 2019–20 social media strategy and policy. We continued to use Twitter and LinkedIn for targeted communication by increasing and improving the quality of content, introduced Instagram as a trial platform, and retained YouTube as a support hosting platform.

Twitter

Twitter continues to be one of our primary social media platforms for communicating with stakeholders. In 2020–21, we published 326 tweets, with about 2,352,000 'impressions' (see Glossary on page 145) – an increase of about 55% and 178%, respectively, from the previous year. We had 22,871 followers as at 30 June 2021 – an increase of about 8% compared with the previous year (21,160 followers in 2019–20).

The posts with the highest level of engagement on Twitter in 2020–21 are detailed in tables 2.4 and 2.5.

LinkedIn

In 2020–21, we experienced significant growth in LinkedIn followers and continued to see a strong average engagement rate. We sustained this growth by enhancing original content specific to LinkedIn and the platform's target audience. One initiative that proved popular was the implementation of a LinkedIn series called 'Humans of AIHW', which highlights employees and their experiences.

We also increased frequency and enhanced content for the CEO's LinkedIn presence with thought-leadership articles that were shared to the corporate AIHW page.

In 2020–21, we published approximately 230 LinkedIn posts (including recruitment advertisements) – compared with 75 posts in 2019–20. We had 7,563 followers as at 30 June 2021 – more than double our 3,594 followers in 2019–20. Our average engagement rate (see Glossary) was 4.4% in 2020–21, with the benchmark sitting around 3%–4% for similar-sized government agencies and health and welfare organisations.

The posts with the highest level of engagement on LinkedIn in 2020–21 are detailed in tables 2.6 and 2.7.

Instagram

From mid March 2021, the AIHW began trialling Instagram, initially to promote a photo competition for the cover image of Australia's welfare 2021. Instagram's visual basis made it the most suitable social media platform to promote the competition.

Multimedia

To better reflect current social media trends and enhance our engagement with stakeholders, we expanded and broadened our suite of multimedia digital products through the use of:

- infographics
- video animations
- animated GIFs (moving images)
- stories
- 'Behind the data' podcast episodes
- paid-for media (sponsored or promoted social media campaigns).

We will continue to build on this strategy for 2021–22 product releases and campaigns.

Table 2.4: Top 10 AIHW posts based on Twitter impressions, 2020–21

Rank	Post – report (topic), format	Number of impressions
1	*Australia's health 2020* (Australia's health-care system), statistical infographic	77,830
2	*Australian bushfires 2019–20*, teaser GIF	61,009
3	*Australia's health 2020*, teaser GIF	60,594
4	*Australian bushfires 2019–20*, animated video	57,322
5	*Australia's health 2020* (international health comparisons), GIF	36,017
6	*Australian bushfires 2019–20*, statistical infographic no. 1	25,276
7	*National Drug Strategy Household Survey 2019* (pregnant women and alcohol), GIF	21,161
8	*Australia's youth*, animated video	21,081
9	*Australia's health 2020*, animated video	20,526
10	*Australian bushfires 2019–20*, statistical infographic no. 2	19,862

Table 2.5: Top 10 AIHW posts based on Twitter engagement rate, 2020–21

Rank	Post – report (topic), format	Engagement rate (%)
1	*Australia's health 2020* (international health comparisons), GIF	17.4
2	*Australian bushfires 2019–20*, statistical infographic no. 1	13.2
3	*Australian bushfires 2019–20*, statistical infographic no. 2	8.8
4	*Australia's health 2020* (Australia's health-care system), statistical infographic	8.6
5	*National Drug Strategy Household Survey 2019* (pregnant women and alcohol), GIF	8.4
6	*National Drug Strategy Household Survey 2019* (use of illicit drugs), statistical infographic	7.6
7	*Australia's health 2020* (leading cause of death), statistical infographic	7.2
8	*National Drug Strategy Household Survey 2019* (drinking occasions), statistical infographic	7.1
9	*National Drug Strategy Household Survey 2019* (cocaine use), statistical infographic	6.7
10	*The health and welfare of women in Australia's prisons* (Infocus), standard tweet	5.9

Table 2.6: Top 10 AIHW posts based on LinkedIn impressions, 2020–21

Rank	Post – topic, format	Number of impressions
1	*Aboriginal and Torres Strait Islander Health Performance Framework* website, promotional infographic	25,104
2	*Australia's health 2020* (international health comparisons), GIF	17,083
3	MBS Telehealth consultations and COVID-19, statistical infographic	17,009
4	Increased use of mental health services during COVID-19, statistical infographic	15,958
5	Hand hygiene and COVID-19, statistical infographic	14,406
6	*Australia's health 2020* (average day in Australia's health-care system), statistical infographic	14,394
7	*Australia's health 2020*, animation video	12,071
8	*National Household Drug Survey 2019* (pregnant women abstaining from alcohol), statistical infographic	9,391
9	Explore impacts of COVID-19 on Australia's health system, GIF	6,740
10	*Australian bushfires 2019–20: exploring the short-term health impacts*, GIF	6,729

Table 2.7: Top 10 AIHW posts based on LinkedIn engagement rate, 2020–21

Rank	Post – report, format	Engagement rate (%)
1	Virtual launch of the fourth annual report on *Indigenous eye health measures*, promotional image	11.7
2	2022 AIHW Graduate Program recruitment, promotional graphic	10.3
3	*National Household Drug Survey 2019, CEO LinkedIn article*	8.4
4	Endometriosis Awareness Month 2021, statistical infographic	7.4
5	*National Household Drug Survey 2019*, statistical infographic	7.4
6	*Suicide & self-harm monitoring website, promotional graphic*	7.3
7	AIHW podcast 'Behind the data' now streaming on Spotify, promotional graphic	6.9
8	Humans of AIHW, Miriam Lum On, staff profile	6.8
9	Humans of AIHW, Bronte O'Donnell, staff profile	6.4
10	*Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19 report, promotional graphic*	6.2

Our websites

Our website at www.aihw.gov.au is our main channel for AIHW information, including our PDF and HTML reports, other data-related outputs, our services and corporate information. Many of our reports include interactive data tables and other visual displays of information.

There were 5,992,157 user sessions on our website in 2020–21 – an increase of 35% from in 2019–20 (4.4 million).

The most viewed page and PDF report was *Australia's health 2020: data insights*.

We released a new subsite, Suicide & self-harm monitoring, on 29 September 2020, and a new standalone website, Aboriginal and Torres Strait Islander Health Performance Framework, on 8 December 2020.

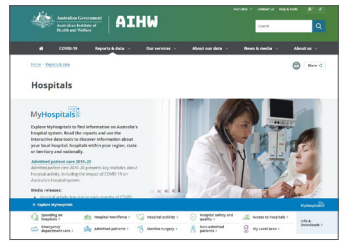
We now manage the AIHW website, 3 AIHW subsites and 4 standalone websites.

AIHW subsites

AIHW – Australian Health Performance Framework

This subsite at https://www.aihw.gov.au/reports-data/indicators/australias-health-performance-framework provides information on the Australian Health Performance Framework indicators and analysis of how Australia is tracking in terms of health and health system performance. It also compares data between different population groups and different levels of geography. There were 31,2031 page views across this subsite in 2020–21.

AIHW – MyHospitals



The MyHospitals national reporting platform at www.aihw.gov.au/myhospitals allows users to explore information about more than 1,000 public and private hospitals, local hospital networks and trends across Australia.

There were 414,646 page views across the subsite in 2020–21.

AIHW – Suicide & self-harm monitoring

The Suicide & self-harm monitoring subsite at www.aihw.gov.au/suicide-self-harm-monitoring supports the National Suicide and Self-harm Monitoring System, which has been established as part of the national effort to address suicide and self harm in Australia.

The system will improve the quality, accessibility and timeliness of data on deaths by suicide and on self-harming and suicidal behaviours. It aims to provide a better understanding of suicide and self harm in Australia by explaining the nature and extent of suicidal and self harming behaviours, and identifying those at increased risk.

There were 158,024 page views across the subsite from 29 September 2020 to 30 June 2021.

The Suicide and Self-harm Mapping project won the highest award from ESRI, the ESRI Special Achievement Award in GIS (Geographic Information System).

Standalone websites

Australian Mesothelioma Registry

We manage the Australian Mesothelioma Registry (AMR) at www.mesothelioma-australia.com on behalf of Safe Work Australia. The AMR contains information about people with mesothelioma, monitors new cases diagnosed in Australia from 1 July 2010 and collects information about asbestos exposure.

There were 5,252 user sessions on the AMR website in 2020–21 – an increase of 19% from 2019–20 (4,400).

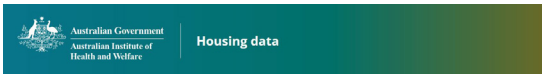
GEN – Aged Care Data

Our GEN – Aged Care Data website at www.gen-agedcaredata.gov.au is designed to cater for all levels of users, from people seeking basic information through to data modellers and actuaries.

Sections on the website display an overview and 'fast facts' on a variety of topics, followed by details of how to interact with the data available.

There were 79,329 user sessions on the GEN website in 2020–21 – a decrease of 14% from 2019–20 (92,100).

Housing Data Dashboard

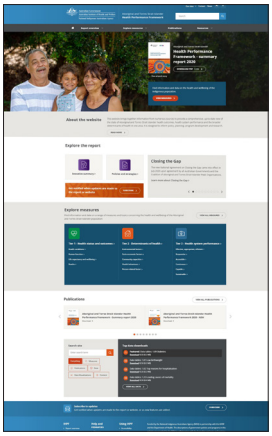


The Housing Data Dashboard at www.housingdata.gov.au was launched on 26 August 2019. It is a novel website that brings together data from over 20 key national data sets into an interactive dashboard environment. Users can dig deeper into the data presented via interactive dynamic data displays. They can also export or share customised dashboards with others. Each data tile is a gateway to the data source where detailed analysis, data quality information and additional data are presented.

There were 40,358 user sessions on the Housing Data Dashboard in 2020–21. This number is not comparable with the previous year, when the site was live for only 10 months. However, sessions showed a steady increase from the 16,391 recorded in 2019–20.

Indigenous Health Performance Framework

Launched on 8 December 2020, the Aboriginal and Torres Strait Islander Health Performance Framework website at www.indigenoushpf.gov.au brings together information from numerous sources to provide a comprehensive, up to date view of the state of Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health in one place. It is designed to inform policy, planning, program development and research.



There were 48,653 user sessions this website from 8 December 2020 to 30 June 2021.

Spotlight: **Understanding the impact of smoking**

Australians have come to enjoy living in a mostly smoke-free environment, with positive health outcomes resulting from restrictions on smoking in public places which are underpinned by government policy and legislation. Understanding the far-reaching benefits of smoking restrictions requires sophisticated and ongoing data collection and analysis.

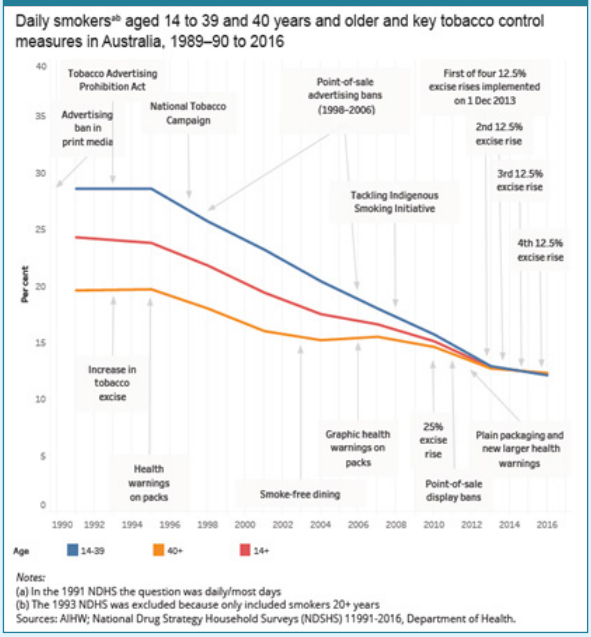
The AIHW helps measure and analyse the impacts on public health of reducing smoking rates. We also assess the effect of public health policies, such as the National Drug Strategy.

Our data are a valuable resource for academic researchers. They are also used in Australia by state and federal government agencies and NGOs, as well as internationally in collaboration with organisations such as the Organisation for Economic Co-operation and Development (OECD) and the WHO. Dr Robert Tait of the National Drug Research Institute at Perth's Curtin University is a researcher who has tapped into data gathered and made available by the AIHW. 'The Institute's statistics appear in all my written work,' he explains, commending the AIHW for being 'a fundamental resource for all drug researchers'.

The AIHW has been tracking the behaviour and attitudes of Australians to smoking since 1998, mainly through the National Drug Strategy Household Survey (NDSHS). Carried out every 3 years, the survey asks Australians a range of smoking-related questions, such as: Do you smoke? How often? At what age did you start? When asked whether they support government policies and programs to reduce smoking and its harmful consequences, most respondents agree that they do.

The smoking rate decreased in people aged 14 and over between 1991 and 2016 (see Figure 2.5). The steady decline can be correlated with the introduction of control measures such as: advertising bans; tax increases on tobacco products; the introduction of plain packaging and graphic health warnings; and the reduction of allowances on duty-free tobacco.

Figure 2.5: Key tobacco control measures in Australia, 1989–90 to 2016



From https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco

An advisory body of researchers and representatives of Australian health departments and NGOs, such as the Victorian Cancer Council, provides input on the NDSHS. This ensures the survey evolves to cover new developments, such as the advent of e-cigarettes and legislation supporting the medicinal use of cannabis.

Results of the NDSHS are published as one of several reports produced regularly by the AIHW and available on its website, including an annual compendium of the most recently available information on the use of tobacco, alcohol and other drugs in Australia. Special reports include *Burden of tobacco use in Australia* in 2019 and others covering topical issues such as tobacco use by Aboriginal and Torres Strait Islander people, prisoners and pregnant women.

Our stakeholders

The AIHW engages extensively with stakeholders in a range of ways, including:

- participating in more than 100 advisory groups and committees
- through AIHW's websites and embargo platform
- presenting at and attending conferences and workshops.

We prioritise our stakeholders and target audiences based on their potential to influence and inform decisions that lead to improved health and welfare outcomes for Australians.

Australian Government

We work with a large number of Australian Government agencies in developing, collecting, compiling, analysing, managing and disseminating health and welfare data and information.

Department of Health

As an independent corporate Commonwealth entity in the Health portfolio, we have a strong relationship with the Department of Health. Our work for the department is guided by a formal deed between the 2 organisations. The department provides funding for significant additional projects beyond work funded through appropriation.

We provide the department with embargoed copies of all our products.

Department of the Prime Minister and Cabinet

The AIHW works with the Data and Digital Branch of the Department of the Prime Minister and Cabinet (PM&C) on initiatives associated with the Australian Government's data agenda and interjurisdictional data sharing.

We provide technical advice on developing new ways of integrating and sharing data and on aspects of data policy development.

AIHW staff are involved in various working groups and interdepartmental committees. We also provide support to the Deputy Secretaries Data Group, of which the AIHW CEO is a member.

Department of Social Services

Our relationship with the Department of Social Services (DSS) focuses on areas that include housing and homelessness, disability services, child protection and income support.

We are the data custodian of DSS's Housing Data Set and a member of a panel of experts established to support organisations funded under its Families and Children Activity. We act as a release point for the DSS's researchable Centrelink data asset, DOMINO (Data Over Multiple INdividual Occurrences).

We provide the DSS with embargoed copies of our products that are relevant to its functions.

Department of Veterans' Affairs

The AIHW and the Department of Veterans' Affairs are parties to a memorandum of understanding (MoU) that reflects our commitment to the development of information sources for the delivery of world class health care policies and services to veterans. The overarching aim of this partnership is to develop a comprehensive profile on the health and welfare of Australia's veteran population. It also aims to facilitate a coordinated, whole of population approach to monitoring and reporting on the current status and future needs of veterans and their families.

Office of the National Data Commissioner

We assist the Office of the National Data Commissioner in its ongoing work developing the Data Availability and Transparency Bill. The AIHW is represented on the steering committee for the office's Dataplace projects relating to data discovery tools and the data request portal.

National Indigenous Australians Agency

The AIHW works closely with the National Indigenous Australians Agency, an Executive Agency within the Prime Minister and Cabinet portfolio, to support the provision and sharing of statistics and strategic information services relevant to Aboriginal and Torres Strait Islander people. Our work with this agency includes analysis and reporting relating to the Aboriginal and Torres Strait Islander Health Performance Framework, and projects to improve data and reporting about Indigenous suicide.

National Mental Health Commission

We have a longstanding collaborative relationship with the National Mental Health Commission (NMHC) in the areas of mental health, suicide and self harm. The NMHC, the AIHW and the Department of Health are key collaborative agencies involved in the development and implementation of the National Suicide and Self-harm Monitoring System, with the NMHC leading sector engagement activities. We also manage the NMHC's public website.

State and territory governments

Much of the government services data that we report at the national level is provided by state and territory government agencies that fund and deliver those services. Close working relationships with state and territory governments are critical to developing and reporting nationally consistent and comparable health and welfare data.

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

Primary Health Networks

The AIHW provides PHNs with local area data products and outputs to inform planning and commissioning of primary health-care services.

We offer PHNs the opportunity to provide input to relevant AIHW products. We ensure reporting at the local area level is relevant, accessible and timely. We also engage formally with PHN stakeholders through various committees and advisory groups, relating to data governance, information requirements and future work planning.

Non-government organisations

We have expanded our engagement with NGOs by providing an increased number of briefings and consultations on relevant product releases (including providing embargoed access to reports).

NGOs we engage with on a regular basis include:

- Australian Council of Social Service
- Australian Health Care Reform Alliance
- Australian Healthcare and Hospitals Association
- Australian Institute for Patient and Family Centred Care
- Australian Medical Association
- Australian Nursing and Midwifery Federation
- Australian Private Hospitals Association
- Consumers Health Forum of Australia
- Everymind
- National Aboriginal Community Controlled Health Organisation
- National Rural Health Alliance
- Public Health Association of Australia
- Royal Australian College of General Practitioners
- Royal Australasian College of Physicians
- Secretariat of National Aboriginal and Islander Child Care.

International engagement

Organisation for Economic Co-operation and Development

The OECD continued to run meetings and events on a virtual basis. AIHW staff participated in:

- the OECD Working Party on Health Statistics workshop on 'Getting the measure of the COVID-19 crisis' (July 2020)
- joint working parties on health statistics and health-care quality and outcomes
- meetings that included discussions on measuring the impact of COVID-19 and the changing needs for health statistics in response to the pandemic (October 2020)
- a meeting of public health national agencies concerning the Science and Technology in childhood Obesity Policy (STOP)
- the OECD Expert Group on Integrated Care.

On 6–7 May 2021, AIHW representatives attended the virtual meeting of the Expert Group on the Economics of Public Health with delegates from the Department of Health. The AIHW provided input into several of the department's briefings for the meeting.

We worked with the Department of Health's OECD Health team and the DSS International Relations team, providing data and statistics in response to questionnaires. We also coordinated briefing input on a range of health- and welfare-related issues.

Located in Canberra, an AIHW staff member, Dr Fan Xiang, was outposted to the OECD for 12 months from April. She worked on enhancing health expenditure reporting timeliness and long-term care expenditure for Australia, along with international projects.

World Health Organization

We continued our longstanding relationship with the WHO and its Family of International Classifications (WHO-FIC) Network.

Participation in the WHO-FIC Network Advisory Council and Education and Implementation Committee meetings continued via videoconferencing in 2020–21.

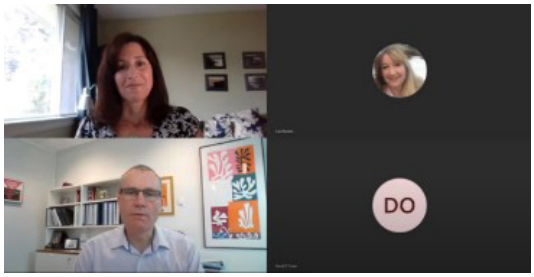
The AIHW has been designated as the Australian Collaborating Centre (ACC) for the WHO-FIC Network since 1991. In this role, we assist the WHO in its work to develop, maintain and implement international classifications, including of diseases and related health problems. The AIHW coordinates the efforts of other Australian stakeholders in collaborating with the WHO and disseminates information about the WHO's classifications work within Australia. We provide the Secretariat for the WHO-FIC Network Classification and Statistics Advisory Committee (CSAC) – CSAC Small Group.

The ACC contributed to the WHO's work classifying COVID-19, refining the International Classification of Health Interventions and finalising ICD-11 (International Classifications of Diseases, 11th Revision). The ACC continued to explore the potential implementation of ICD 11 in Australia, hosting a workshop with stakeholders.

AIHW staff attended the annual meeting of WHO FIC from 19 to 23 October 2020. Themed 'Valid health information in the digital era', the meeting was held online for the first time and attended by over 250 health classification experts worldwide.

We worked with the Department of Health's WHO Engagement team, coordinating briefing input on papers for a range of high-level WHO meetings, including the 74th Session of the WHO World Health Assembly and the 148th Session of the WHO Executive Board (18 to 26 January 2021).

We were also part of a project team (with members from Fiji and the Philippines) supporting WHO Suva in a review of the Healthy Island Monitoring Framework Indicators.



Mr Barry Sandison making a video presentation to CIHI staff on 'COVID-19 in Australia'

AIHW Guest Speaker: David O'Toole, CiHi Present and CEO

Dr Adrian Webster attending a live-streamed presentation by Mr O'Toole from CIHI

Canadian Institute for Health Information

The AIHW has collaborative arrangements with the CIHI – an independent, not for profit corporation that provides essential information on Canada's health system and the health of Canadians.

Our interactions with CIHI included:

- a videoconference on 12 August 2020 between our CEO, Barry Sandison, and the CIHI President and CEO, David O'Toole. Discussion focused on the COVID-19 pandemic
- a video presentation by our CEO to CIHI staff on 30 September 2020 on 'Observations from AIHW, remaining relevant and productive – the COVID-19 pandemic in Australia over the last 6 months'
- a live-streamed event on 10 February 2021 at which Mr O'Toole compared Canadian and Australian approaches, including those relating to the pandemic, in health data and statistics
- a Microsoft Teams meeting on 29 April 2021 to share information on current work and common priorities
- connecting teams working on various issues to continue information sharing – particularly in relation to tracking the long-term effects of COVID-19
- considering options for continuing short term secondments between the AIHW and the CIHI on a remote basis.

Other international collaborations

The AIHW is a member of the National Initiative Network, a collective of almost 20 countries which meets every 2 months to discuss the experiences of member countries in developing stronger frameworks to promote secondary use of health and wellbeing data support.

Other international engagement activities occur through contact with the United States of America National Center for Health Statistics, Stats NZ and the Commonwealth Fund.

Stakeholder relationships

Our work is driven by the needs of our stakeholders. Understanding these needs was a focus throughout 2020–21. To successfully perform our functions, we rely on forging and maintaining positive, productive relationships with many agencies and organisations across the Australian, state and territory governments, and non government sectors.

The multisectoral nature of our work is reflected in the statutory composition of the AIHW Board and Ethics Committee and the diverse range of entities with which we have entered into an agreement or MoU.

We seek and act on feedback from our stakeholders through our various committees and working groups for specific products. This engagement ensures that the requirements of major stakeholders are considered in preparing our products. We draw on the expertise of data providers and subject matter experts to help deliver high-quality and timely products that meet stakeholder needs.

We completed the following stakeholder engagement activities:

- digital launch of our flagship publication Australia's health 2020
- formal MoU with the Australian National University
- virtual ministerial launch of our fourth annual report on Indigenous eye health measures 2020
- virtual launch of Australia's first National Suicide and Self-harm Monitoring System
- sector briefings for a number of key releases, including the National Drug Strategy Household Survey 2019.

Stakeholder feedback

Following the comprehensive stakeholder survey undertaken in 2019–20, the AIHW conducted 2 rounds of in-depth interviews with key stakeholders in 2020–21. The first round involved the Australian Government, universities and NGO sectors. The second round of interviews involved stakeholders from state and territory government agencies, primarily those involved in providing data to the AIHW.

Feedback from the interviews was generally positive. The AIHW was regarded as highly valued and respected for its professionalism, technical expertise and leadership. Our recent improvements to stakeholder engagement, the embargo process, communications and the quality of data presentation were noticed and appreciated.

Challenges and risks for the AIHW's future were also identified. Responses indicated that we need to maintain our focus on:

- working strategically
- enhancing our capability and capacity through tactical data linkages and partnerships
- staying aware of emerging health and welfare issues to retain trust in our credibility
- building broader communication and engagement skills within the AIHW.

Feedback from the interviews will be incorporated into our work in continuously improving our relationships with, and support of, stakeholders. It will also be taken into account when reviewing our strategic goals in 2021–22.

Engagement through committees

Strategic Committee for National Health Information

The Strategic Committee for National Health Information (SCNHI) is an advisory committee to the AIHW. Its membership comprises representatives from state and territory health departments, relevant Australian Government agencies, and the primary health-care sector. It provides strategic advice in relation to the AIHW's national health information work, including overall priorities and health sector performance reporting work in the context of the National Health Information Agreement.

The SCNHI met 4 times in 2020–21. Topics of discussion included:

- COVID-19 response and lessons learned
- national health data and information governance arrangements
- Australian Health Performance Framework
- National Integrated Health Services Information Analysis Asset
- National Primary Health Care Data Asset and other primary health-care activities
- AIHW COVID-19 register development
- the AIHW's stakeholder engagement processes.

Members also discussed a number of jurisdictional initiatives of broader relevance to the group. These included: the COVID-19 vaccine implementation, updates on development of the National Health Reform Agreement, value-based health-care activities, and the supply, validation and use of hospital activity data. The SCNHI's advice on AIHW projects and other issues informs future steps taken by the AIHW.

National Health Data and Information Standards Committee (NHDISC)

The NHDISC is the primary review and endorsement committee for national health data standards. It was established to provide advice to the AIHW on its work in developing and maintaining national health data and information standards and related national health information infrastructure. We provide secretariat services to the NHDISC.

Underpinning the National Health Information Agreement, the NHDISC manages national processes for development, agreement and maintenance of national health data and information standards. Its work was previously funded by the former Australian Health Ministers' Advisory Council, which was abolished in 2020. The Department of Health subsequently contributed partial funding under the Health Infrastructure Support Project.

The committee has representatives from the Department of Health, state and territory jurisdictions and peak national bodies, including the Australian Bureau of Statistics, the National Health and Medical Research Council, the Australian Digital Health Agency and the Independent Hospital Pricing Authority. The committee provides expert advice on the development of health-related metadata and is responsible for national agreement on standards.

During 2020–21, the NHDISC met 3 times. To streamline administrative processes, much ongoing business was facilitated using out-of-session papers.

Key achievements in 2020–21 included continued quality improvement and standards alignment to a range of key national data assets. These included the Non-admitted Patient National Best Endeavours Data Set, Perinatal National Minimum Data Set (NMDS), Community Mental Health Care NMDS, and the indicators that support the National Healthcare Agreement and the Australian Health Performance Framework.

Submissions to inquiries

We made 7 submissions to the following parliamentary and government inquiries in 2020–21:

- Senate Select Committee inquiry into Tobacco Harm Reduction
- Productivity Commission review of the Indigenous Evaluation Strategy
- Senate Select Committee inquiry into Autism
- Victoria Legislative Assembly, Legal and Social Issues Committee inquiry into the use of cannabis in Victoria
- House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into family, domestic and sexual violence
- House of Representatives Select Committee inquiry into Mental Health and Suicide Prevention
- Royal Commission into Defence and Veteran Suicide feedback on terms of reference.

Submissions, where published, are available from the relevant committee's websites via www.aihw.gov.au/about-us/submissions.

Events and conferences

We maintained our event and conference presence digitally through prerecorded and on demand conference presentations. For example, our sponsorship activities for the International Population Data Linkage Network Conference in November 2020 were delivered digitally through 4 virtual video presentations (on demand) and 1 live-streamed presentation. This approach enabled a broader reach to delegates not otherwise able to attend in person events.

Engaging with external experts

Our guest speaker series aims to invite external speakers to talk to staff about interesting and relevant topics. In 2020–21, 8 experts spoke about a range of topics (Table 2.8). Guest speaker events were paused between July and October 2020, due to COVID-19 restrictions. They recommenced in November 2020 with both staff and speakers primarily joining the events virtually.

Table 2.8: Guest speaker topics, 2020–21

Topic
Disability data and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
The Canadian health data experience/comparison of the COVID-19 pandemic
The Australian Bureau of Statistics (ABS) sex and gender standard
Overview of the Australian Digital Health Agency
Overview of the Department of Health and its priorities for health and welfare data
Overview of the National Mental Health Commission and its priorities for mental health and suicide monitoring
The Australian Taxation Office and its smarter data strategy
The Australian privacy landscape

Chapter 3

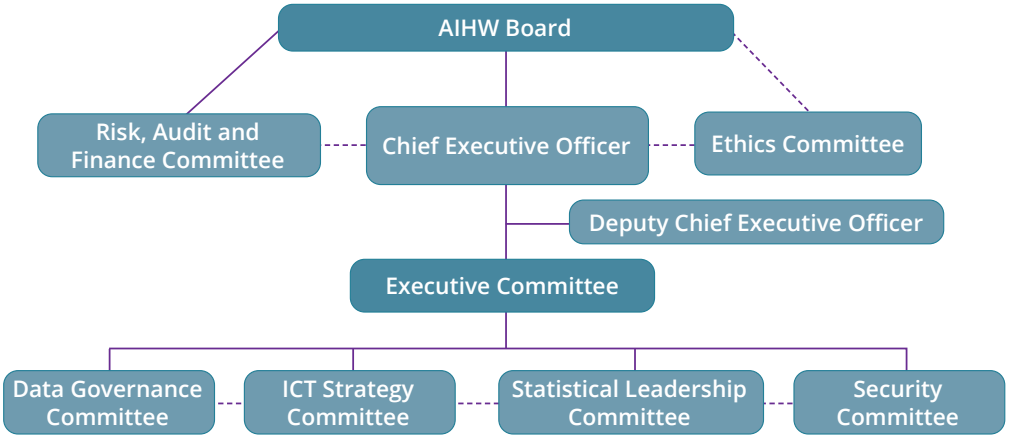
Our governance and accountability

- Our corporate governance
- Our management

Our corporate governance

The AIHW's governance framework provides the structure in which we operate to achieve our purpose, ensure transparency and accountability, manage resources and mitigate risks (see Figure 3.1).

Figure 3.1: The AIHW's governance structure



Legislation

The Australian Institute of Health was established as a Commonwealth statutory authority in 1987.

In 1992, its role expanded to include welfare-related information and statistics, and the organisation was renamed the Australian Institute of Health and Welfare. Its composition, functions and powers in the analysis, reporting and dissemination of the nation's health- and welfare-related information and statistics are outlined in its enabling legislation, the AIHW Act.

The AIHW's functions are prescribed in section 5 of the AIHW Act (see page 8).

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

Section 31 of the AIHW Act requires us to produce a report on Australia's health and on Australia's welfare every 2 years, and provide these reports to the Minister for Health in the timeframes prescribed in the AIHW Act. The minister is required to table these reports in Parliament within 15 sitting days of receiving them.

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

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

Accountability to the Minister for Health and to Parliament

The AIHW is a statutory authority in the Health portfolio. We are accountable to the Australian Parliament through the Minister for Health, the Hon Greg Hunt MP. We provide the minister our corporate plan, annual report and other relevant information as required by the PGPA Act.

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the minister of its activities as required by the AIHW Act and the PGPA Act.

The Minister for Health, and other relevant ministers in the Australian Government and state and territory governments, have early access to our products under embargo arrangements.

The CEO and senior AIHW executives may be required to attend Senate estimates hearings as part of the Health portfolio and invited to provide expert evidence at parliamentary inquiries.

Minister's expectations and directions

On 26 September 2020, the Minister for Health provided his Statement of Expectations of the AIHW. Our Statement of Intent in response affirmed our commitment to producing high-quality and timely health and welfare data to support an increased understanding of health and welfare issues.

Under section 7 of the AIHW Act, the Minister for Health may give the AIHW a direction concerning the performance of its functions or the exercise of its powers. The AIHW received no such directions in 2020–21.

Government policy orders

The AIHW received no government policy orders in 2020–21 under section 22 of the PGPA Act.

AIHW Board

The AIHW Board is established by section 8 of the AIHW Act and is the AIHW's accountable authority under the PGPA Act. Its main function under the AIHW Act is to ensure the proper, efficient and effective performance of the AIHW.

The board operates under a Charter of Corporate Governance (see www.aihw.gov.au/about-us/our-governance/our-charter). Section 9 of the AIHW Act outlines the board's composition.

Board members, other than the CEO, are appointed by the Minister for Health and hold office for a specified term not exceeding 5 years. There were no such reappointments in 2020–21. Due to his reappointment as CEO in May, the AIHW CEO was reappointed to the board.

The CEO is an ex-officio board member. Under section 18F of the AIHW Act, the CEO is not to be present at any deliberation of the board, or take part in any decision, that relates to their appointment, remuneration or performance.

Board members receive an annual fee determined by the Remuneration Tribunal. In 2020–21, board members received payment in accordance with Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2019. The CEO and members who were Australian Government, state or territory public servants did not receive any remuneration. Information on the fees paid to board members is in Appendix 2.

The AIHW Board met 4 times in 2020–21. Appendix 2 provides details of the meetings attended by board members. Key items of discussion included:

- AIHW's response to COVID-19
- Indigenous data issues
- AIHW workforce representation
- maximising our reach and relevance
- ICT Strategy and cybersecurity
- progress on improved timeliness

- strategic directions progress and extension
- 2020 APS Employee Census results
- implications of external reforms
- disability data asset
- major budget initiatives and new funding
- recruitment of a new AIHW CEO.

The board also regularly discussed risk, audit and finance issues, advice from the AIHW Ethics Committee, workforce strategies, communication and stakeholder engagement, WHS and other advice from the CEO.

Board members

Information about board members is current as at 30 June 2021 and includes their qualifications, tenure, current positions and professional affiliations.

Louise Markus BSocWk

Chair

Term: 14 December 2019 – 13 December 2022

Previous term: 14 December 2016 – 13 December 2019

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

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

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

Deputy Chair

Term: 3 December 2018 – 2 December 2021

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

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

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

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

Barry Sandison BBusMgt, FANZSG

AIHW CEO, Executive Director

Term: 5 May 2016 – 30 June 2021; ex-officio appointment

Term: 5 May 2021 – 30 June 2021

Previous term: 5 May 2016 – 4 May 2021

See page 87 for the CEO's biography.

Zoran Bolevich DM, MBA, FRACMA

Non-executive Director

Term: 3 March 2020 – 2 March 2023

Previous terms: 11 February 2016 – 27 November 2018; 3 December 2018 – 2 December 2019

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

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

Marilyn Chilvers BEc (Hons), MAppStat, GradDipTertEd

Non-executive Director

Term: 3 March 2020 – 2 March 2023

Previous terms: 18 January 2016 – 17 January 2017; 19 January 2017 – 18 January 2018; 19 January 2018 – 18 April 2018; 19 April 2018 – 30 June 2018; 3 December 2018 – 2 December 2019

Ms Chilvers is an Executive Director in the New South Wales Government, working in the Customer, Delivery and Transformation Division of the Department of Customer Service. She is responsible for driving data integration and analysis initiatives to improve outcomes for citizens, particularly those who are most vulnerable and at risk. She led the design, development and implementation of the NSW Human Services Outcomes Framework to enable data sharing, modelling and measurement of outcomes and benefits for New South Wales citizens, and the whole-of-government NSW Linked Data Framework.

Ms Chilvers is currently shaping and co-leading complex integrated data initiatives, including the National Disability Data Asset and the NSW Stronger Communities Data Partnership.

Christine Gee MBA

Non-executive Director

Term: 3 December 2018 – 2 December 2023

Ms Gee is the CEO of the Toowong Private Hospital. She is a past national president and current board member of the Australian Private Hospitals Association, a member of its Private Psychiatric Hospitals Data Reporting and Analysis Management Committee and Chair of its Policy and Advocacy Taskforce, Safety and Quality Taskforce and Psychiatry Committee. She is Treasurer of the Private Hospitals Association of Queensland and Chair of its Mental Health Facilities Network. Ms Gee is a member of the Board of the Australian Commission on Safety and Quality in Health Care and Chair of the Commission's Private Hospital Sector Committee. She is a member of the Queensland Board of the Medical Board of Australia and Chair of the Medical Board of Australia's National Special Issues Committee.

Romlie Mokak BSocSc, PGDipSpEd

Non-executive Director

Term: 3 December 2018 – 2 December 2023

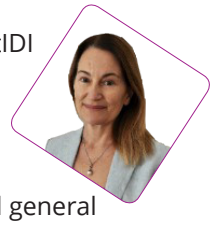
Mr Mokak is a Djugun man, a member of the Yawuru people and a Commissioner with the Productivity Commission. He led key national Aboriginal and Torres Strait Islander organisations as CEO of the Lowitja Institute and the Australian Indigenous Doctors' Association.

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

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

Christine Pascott MBBS, FRACGP, GAICD, CHIA, GCertIDI

Non-executive Director



Term: 3 December 2018 – 2 December 2023

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

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

Michael Perusco BBus (Acc)

Non-executive Director

Term: 3 December 2018 – 2 December 2023

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

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

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

Cathryn Ryan RN, BEd, GradDipHlthAdmin, GradDipENT (UK), GradCertCritCare (Emerg), GAICD

Non-executive Director

Term: 3 December 2018 – 2 December 2023

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

She is the Group Director for Health Funding and Patient Services with Cabrini Health. She was previously general manager at St John of God Health Care. She also has over 10 years of experience as a non-executive director of a not-for-profit organisation for children with special needs. She is a member of Catholic Health Australia's Senior Executive Forum and the Prostheses Listing Advisory Committee.

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

Non-executive Director

Term: 3 December 2019 – 2 December 2021

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

Dr Ryan is an occupational physician and the founder and CEO of TOTIUM (formerly One Life. Live It.).

As a medical specialist and pioneer, her professional objective is to educate corporate Australia in realising the benefits of good health in the workplace and the health benefits of good work – and how both combine to increase corporations' bottom line.

Dr Ryan is a former non-executive and risk director at the Royal Australasian College of Physicians. She is a consultant to multinational corporations. She is an enthusiastic member of Women on Boards, mentoring younger females who are starting out in their career.

Outgoing member of the AIHW Board in 2020–21

Christine Castley LLB, BA, MA, MPA

Non-executive Director

Term: 3 March 2020 – 31 October 2020

Previous term: 3 December 2018 – 2 December 2019

Ms Castley has served in multiple senior leadership roles across the Queensland Government. She is Deputy Director-General in the Department of the Premier and Cabinet. Previously, she was deputy director-general, housing, homelessness and sport in the Department of Housing and Public Works.

In 2014 and 2015, Ms Castley led the Secretariat to the Taskforce on Domestic and Family Violence, working with the Chair of the Taskforce, the Hon Dame Quentin Bryce AD CVO, government, opposition and independent members of parliament, as well as community-sector representatives. She has also worked in a variety of agencies, including Natural Resources and Mines, State Development and the Queensland Performing Arts Trust.

Risk, Audit and Finance Committee

The RAFC authorises and oversees the AIHW's audit program. It also reports to the board on strategic risks and audit and financial matters (see 'Financial management' on page 77 and 'Risk oversight and management' on page 79).

The committee's charter, which sets out its functions and responsibilities, is in our Charter of Corporate Governance, www.aihw.gov.au/about-us/our-governance/our-charter.

During 2020–21, the RAFC met 4 times and reviewed areas including:

- budget and financial performance
- internal and external audit reports
- progress against audit recommendations
- performance frameworks and reporting
- risk oversight and management
- Australian National Audit Office (ANAO) activity.

The committee comprised:

- 3 non-executive board members – Mr Michael Perusco (Chair), Dr Erin Lalor and Dr Simone Ryan. Details of their professional experience and qualifications are available under 'AIHW Board' earlier in this chapter
- 1 independent member – Mr Alistair Nicholson.

Appendix 2 provides details of the meetings attended by RAFC members and remuneration received. Board members on the RAFC do not receive additional remuneration.

Alistair Nicholson BSc, CISA, CISM

Term: 1 January 2020 – 31 December 2021

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

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

Auditors

Senior representatives from our internal auditor (Synergy) and the ANAO, our external auditor, attend meetings of the RAFC. The RAFC received the ANAO's audit report on the 2019–20 financial statements. It also reviewed recommendations from internal audits on:

- the Project Management Office (PMO) – to review the uptake of the PMO's services across the AIHW
- ICT capacity management – to assess the ICT Group's capacity to meet the ICT needs of the AIHW
- cash management (term deposits) – to ensure the management of term deposits is done in a manner that minimises the risks to the AIHW associated with the use of the term deposits
- pandemic response – to assess the response to the COVID-19 pandemic and lessons learned. It also included a review of remote working arrangements and the impact of the pandemic on the wellbeing of staff.

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

Remuneration Committee

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

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

As at 30 June 2021, the committee comprised:

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

Appendix 2 provides details of the meetings attended by Remuneration Committee members.

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which we collaborate or interact.

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

The committee is recognised by the National Health and Medical Research Council (NHMRC) as a properly constituted human research ethics committee. The AIHW provides the council an annual report of its activities in each calendar year.

The committee plays a key role in the AIHW's data governance and privacy arrangements. Detailed information on the committee's role is provided in our Data Governance Framework which can be found at www.aihw.gov.au/about-our-data/data-governance.

The Ethics Committee Chair receives an annual fee and members receive a daily sitting fee as determined by the Remuneration Tribunal. As at 30 June 2021, members received payment in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2020.

Ethics Committee members

Information about committee members was current as at 30 June 2021 and includes qualifications, tenure, current positions and professional affiliations. Information on attendance at Ethics Committee meetings is at Appendix 2.

Wayne Jackson PSM BEc (Hons)

Chair

Term: 1 July 2019 – 30 June 2022

Previous terms: 1 July 2013 – 30 June 2016; 1 July 2016 – 30 June 2019

Mr Jackson is a retired Australian Government public servant, having served as deputy secretary in the DPM&C and 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.

Mr Jackson received a Public Service Medal in 2006 for outstanding service in the development and implementation of social policy. He served as a board member of Aboriginal Hostels Limited from 2009 to 2016.

Jennifer Taylor PSM GradCertMgt, GAICD

Deputy Chair

Term: 1 September 2020 – 31 August 2023

Ms Taylor is a retired Australian Government public servant having held roles as CEO of Comcare and deputy secretary of the former Department of Employment and former Department of Education, Employment and Workplace Relations.

She is currently Co-chair of the National Mental Health Workforce Strategy Taskforce and member, Audit and Risk Committee, Fair Work Ombudsman and Registered Organisations Commission.

Ms Taylor was the founder and chair of the Collaborative Partnership to improve work participation; chair, Heads of Workers' Compensation Authorities; deputy chair, Seacare Authority; and member, Military Rehabilitation and Compensation Commission, Heads of Workplace Safety Authorities and Mentally Healthy Workplace Alliance.

Barry Sandison BBusMgt, FANZSG

AIHW CEO

Ex-officio appointment

See page 87 for the CEO's biography.

Barbara Anderson BPsych (Hons), MPsych (Clinical)

Person experienced in the professional care, counselling and treatment of people

Term: 27 June 2019 – 26 June 2022

Ms Anderson is a clinical psychologist with 16 years of experience providing services within the government, non-government and private sectors. She is registered with the Psychology Board of Australia and is a member of the Australian Psychological Society and Fellow of the Clinical College. Her background includes management, clinical governance, community education and program development to enhance the provision of mental health services. Ms Anderson currently works in a community youth-based mental health service and in a private practice in Townsville.

Owen Bradfield MBBS (Hons), BMedSc (Hons), LLB, MBA, FRACGP

Person experienced in the professional care, counselling and treatment of people

Term: 27 June 2019 – 26 June 2022

Dr Bradfield is a medical practitioner, health lawyer and PhD candidate at the University of Melbourne. He is a 2020 Fulbright Future Scholar. He has a research interest in patient safety, doctors' health and medical regulation. He is Chairperson of the Patient Review Panel, a member of the Suitability Panel and a lawyer member of the Human Research Ethics committees of the Victorian Department of Health and Human Services and the Victorian Department of Justice and Community Safety.

Maryjane Crabtree BA/LLB, FAICD

Person who is a lawyer

Term: 14 April 2019 – 13 April 2022

Previous term: 14 April 2016 – 13 April 2019

Ms Crabtree was a partner of Allens Linklaters until her retirement in 2016. She is President of the Epworth HealthCare Board, Deputy Chair of the Racing Analytical Services Board and a member of Chief Executive Women and the Board of Rugby Victoria.

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

Person experienced in areas of research regularly considered by the committee

Term: 1 July 2019 – 30 June 2022

Previous term: 1 July 2016 – 30 June 2019

Professor Driscoll is an occupational epidemiologist and a specialist physician in occupational and environmental medicine and public health medicine. He is a Professor in epidemiology and occupational medicine in the Sydney School of Public Health at the University of Sydney, where he is the Director of the Master of Public Health.

Kimberley Flanagan BA, DipAICD, MPA and CMC

Female representing general community attitudes

Term: 1 August 2020 – 31 July 2023

Ms Flanagan has had a career in working with vulnerable children, youth and families. She is able to bring her experience to the fore as an independent management consultant.

She works with government and NGOs to support program and staff development, strategic planning, strategic initiatives and growth, policy development and implementation, program reviews and evaluations and cross-sector partnerships.

Ms Flanagan also sits on a number of government and non-government boards.

Amanda Ianna GradCertChangeMgt, AGSM

Nominee of the Registrars of Births, Deaths and Marriages

Ex-officio appointment

Ms Ianna has worked in the public sector for 28 years and was appointed Registrar of the NSW Registry of Births, Deaths & Marriages in 2014. Amanda's extensive background in civil registration and identity security has driven significant changes to the way the registry records life events for the people of New South Wales. Amanda is currently a key consultant in the Step-up twinning program, an Australian Government initiative to improve the civil registration process in the Pacific.

Ray Mahoney HlthScD, GradCertAcadPrac, GradCertIRPRO, MHSc

Person experienced in areas of research regularly considered by the committee

Term: 11 September 2019 – 10 September 2022

Dr Mahoney is a Senior Research Scientist at the Australian e-Health Research Centre at the Commonwealth Scientific and Industrial Research Organisation (CSIRO), an adjunct academic in the Faculty of Medicine at the University of Queensland and the Faculty of Health at Queensland University of Technology. His career spans state and territory government roles and the Aboriginal and Torres Strait Islander community controlled health sector. Dr Mahoney is a descendant of the Bidjara people of central-west Queensland.

Margaret Reynolds BA, DipSpecialEd

Female representing general community attitudes

Term: 17 August 2017 – 16 August 2020

Previous terms: 17 August 2011 – 16 August 2014; 17 August 2014 – 16 August 2017

The Hon Margaret Reynolds has had a career in education and social policy. She is a former senator for Queensland and served as minister for local government and the status of women. She was CEO of National Disability Services in Tasmania and was an inaugural member of the Council for Aboriginal Reconciliation.

Damien Tillack BA, BEd (Grad) (Sec)

Male representing general community attitudes

Term: 28 March 2019 – 27 March 2022

Mr Tillack is a primary school principal. His current appointment is at Townsville Central State School. He has been an educator for over 25 years and is currently completing a Master of Educational Leadership at the University of Queensland. Mr Tillack's previous appointment was Principal, Vincent State School.

Nicholas White BA (Hons), BTheol, GradDipEd, PhD

Person performing a pastoral care role in a community

Term: 12 December 2020 – 11 December 2023

Previous term: 12 December 2017 – 11 December 2020

The Reverend Dr White is a social anthropologist and Anglican priest, currently Archdeacon for Diocesan Partnerships with the Anglican Diocese of Melbourne. He has held social policy roles in the Victorian Department of Premier and Cabinet and the former Department for Victorian Communities.

The Reverend Dr White also serves on the Ethics Committee of the Brotherhood of St Laurence.

Work of the committee

The committee met 9 times in 2020–21 and provided approvals regarding the ethical acceptability of 284 new or modified projects and data collections. The committee typically meets 5 times a year. An additional 4 shorter teleconference meetings were held in 2020–21, to consider urgent applications.

Finalised projects and publication of research outcomes

To ensure that research outcomes are freely available, the committee requires public dissemination of the results of approved projects. In 2020–21, it received 8 final project reports accompanied by associated research results. In total, details of 42 publications arising from research approved by the committee were reported in annual and final monitoring reports, most of which were published in peer-reviewed journals or other publicly available reports, or on websites.

In limited circumstances the results are not released into the public domain. For example, when data are provided to a government department to create a model for internal use. In this situation, it is expected that any insights from these data are shared among other interested government agencies.

Applications for new projects and to establish new data assets

In 2020–21, the committee considered 76 new applications, compared with 68 in 2019–20 and 58 in 2018–19. The committee approved 74 of these new applications.

Australian Government agencies submitted 27 of the new applications. Researchers from external organisations, such as state and territory government departments, research centres affiliated with universities, and large metropolitan teaching hospitals submitted the remaining applications.

Information about projects involving data linkage approved by the committee, including a description and the organisation leading the research, can be found at www.aihw.gov.au/our-services/data-linkage/approved-aihw-linkage-projects.

A list of the most commonly linked AIHW-held data sets can be found at www.aihw.gov.au/our-services/data-linkage/data-collections.

New applications considered by the committee included 21 by the AIHW to establish new data assets in the areas of health, burden of disease, veterans' health and welfare, housing and homelessness, and cancer screening and treatment. Information about the data assets we hold can be found at www.aihw.gov.au/about-our-data/our-data-collections.

Project monitoring

The committee monitors approved projects to their completion. Researchers submitted 462 annual monitoring reports in 2020–21.

Requests for modification or extension

The committee considers requests for modifications and extensions to previously approved projects. It considered 204 requests of these types. Approximately 58% (118) were requests for an extension of time and/or proposed changes to the project research team.

Our management

The Head of the AIHW is the CEO who is responsible for its effective day-to-day administration. Under the AIHW Act, the AIHW Board can appoint the CEO for a period not exceeding 5 years. Mr Barry Sandison's term as CEO ended on 30 June 2021.

The organisational structure comprises the CEO and 11 groups (see Figure 4.1 on page 88). Each group is headed by a senior executive and comprises a number of units led by an Australian Public Service (APS) Executive Level (EL) 2 officer.

Details of the CEO, senior executives and staff are provided in Chapter 5.

Executive Committee

The Executive Committee provides cohesive leadership to the AIHW and advice to the CEO to assist in managing the operations and ensure delivery of strategic imperatives endorsed by the AIHW Board. The Executive Committee is chaired by the CEO and its membership includes all group heads. Formal Executive Committee meetings were held fortnightly during 2020–21. A focus on internal communications and building external stakeholder relationships underpin Executive Committee activities.

Standing items for discussion during 2020–21 included: the strategic directions of the AIHW; business arising; staffing issues and allocation of resources; financial issues; and updates on major projects, such as flagship publications, digital health and developments in linked data assets. The Executive Committee also regularly discussed our priority actions as well as our strategic and operational risks.

Data Governance Committee

The Data Governance Committee is chaired by the Deputy CEO. It reports to the Executive Committee and advises on AIHW data governance and related matters.

Its role includes: overseeing the review of all data-related legal instruments and policies; examining proposed new or changed data-related principles or approaches to data governance; sponsoring the AIHW's internal data custodian forum; and providing advice and recommendations on data-governance-related project proposals put forward by the Data Governance Group and others requiring entity-wide collaboration or resourcing.

In 2020–21, the Data Governance Committee met 3 times, convened 4 data custodian forums, and reported to the Executive Committee on the delivery and/or progress of its activities (see 'Data governance' on page 77).

ICT Strategy Committee

The ICT Strategy Committee is chaired by the CEO. It directs the development and implementation of the AIHW's ICT strategic vision. It also oversights strategic programs and delivery of projects with significant ICT components, risks related to ICT initiatives, and provides advice to the Executive Committee on enterprise technology decisions.

Security Committee

The Security Committee is chaired by the Group Head, Business and Communications Group. It provides assurance to the Executive Committee that security risks are identified, managed and compliant with relevant legislation and internal policies. The Security Committee drives organisational commitment to effective information (including data), personnel and protective security.

Mr Geoff Neideck and Mr Glenn Ashe signing ICT service level agreement supporting AIHW specialist and technical data capabilities

Statistical Leadership Committee

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

In 2020–21, the committee met 9 times (approximately every 6 weeks) and considered matters such as:

- developing an AIHW data strategy
- promoting and prioritising consistent and complete collection of data relating to cultural and linguistic diversity
- maximising the use of existing data platforms and identifying new software to fill capability gaps, including exploring machine learning and artificial intelligence
- clarifying the approaches we use to minimise risks of identification of people and organisations.

Project Management Office

The PMO team that resides within ICT Group promotes the successful delivery of the AIHW's projects by providing structure and repeatable processes to help manage the uncertainty that challenges this delivery. The PMO employs best practice methods and frameworks to ensure that projects are well planned, documented and governed (see page 44).

It provides governance oversight to our project portfolio, facilitates project investment decisions and project initiation, coordinates and summarises regular project status reporting, and provides project management support to all areas of the AIHW.

An internal audit of our PMO function was completed in 2020–21. This affirmed the benefit of the PMO to the AIHW to ensure appropriate governance for key projects. The audit report made a number of recommendations relating to whole-of-organisation use of its services, communication approach, roles and funding. Work to address recommendations will continue in 2021–22.

Protecting privacy

We protect the privacy of the information we hold under robust data governance arrangements involving designated data custodians, the AIHW Ethics Committee, audit activities and physical and ICT security. These multiple layers of defence ensure that data are accessed only by authorised personnel, for appropriate purposes, and in a secure environment.

For a general overview of how we protect the privacy of individuals, our legal obligations and our data custody and governance arrangements, see our Privacy Policy on our website at www.aihw.gov.au/privacy-policy.

Our third annual Privacy Management Plan, required under the Privacy (Australian Government Agencies – Governance) APP Code 2017, set 5 actions to improve aspects of our privacy maturity. Our assessment did not reveal any compliance gaps. However, it enabled us to identify actions for improvement that further strengthened our privacy culture and the maturity of our systems to protect the privacy of individuals. The Executive Committee monitored progress against these actions on a quarterly basis.

A new privacy and confidentiality awareness e-learning module specific to the unique context of the AIHW was introduced. All AIHW staff and contractors were required to complete this new module within 6 months of its introduction, and then to repeat it annually. The module covers key concepts under the Privacy Act, Australian Privacy Principles (APPs), the AIHW Act and our privacy and confidentiality policies and practices.

We made submissions to 2 reviews that might potentially recommend changes significantly affecting the work of the AIHW and our Ethics Committee. These were the review of the Privacy Act 1988 by the Attorney General's Department, and the NHMRC's review of sections 4 and 5 of its National Statement on *Ethical Conduct in Human Research (2007) – Updated 2018*.

Data governance

The AIHW's Data Governance Framework is described in Chapter 2.

Data governance activities in 2020–21 included:

- updating our Data Governance Framework twice – undertaking a comprehensive review in August 2020 and a routine revision in April 2021
- developing 2 new internal policies. The De-identification Policy will ensure the effective de-identification of data prior to sharing and release, consistent with our legal and ethical obligations. The Separation Principle Policy is designed to protect the identity of people, organisations and other entities by separating identifying information and content information and controlling access to each
- developing a new data governance e-learning module for AIHW staff.

Financial management

The financial management of the AIHW operates within the following legislative framework:

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

Our operations are funded by:

- parliamentary budget appropriations
- fee-for-service income received for project work undertaken for external agencies
- miscellaneous sources, such as bank account interest and ad hoc information services.

Fees charged for externally funded project work are set on a full cost-recovery basis that includes salaries and on-costs, other direct costs and an overhead cost-recovery charge for infrastructure and corporate support. Our charge-out rates are updated each year.

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

Fraud control

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

All reasonable measures have been taken to minimise and appropriately deal with fraud, in compliance with the Commonwealth Fraud Control Framework 2017. The framework includes: section 10 of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule); the Commonwealth Fraud Policy; and Resource Management Guide No. 201, Preventing, detecting and dealing with fraud.

The AIHW Fraud Control Plan was updated in 2019. The plan and fraud risk assessments are reviewed and updated by the Executive Leadership Team. Staff are trained in fraud awareness.

The AIHW has zero tolerance for fraud. We are committed to minimising the incidence of fraud by implementing and regularly reviewing strategies that prevent, detect and respond to fraud and corruption. No instances of suspected fraud against the AIHW were detected during 2020–21.

Procurement requirements

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

We comply with the mandatory procedures for all procurements above the $400,000 threshold. We complied with our obligations under the procurement rules in 2020–21.

Purchase contracts

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

Purchase contract payments are typically made on the successful delivery of services.

Revenue contracts

Most revenue contracts were for provision of services related to projects managed by our statistical units. Our revenue contracts and standard schedules for MoUs detail the scope, timing, deliverables and budget for externally funded projects.

Contract approval

Any contract over $1,500,000 must be approved by the CEO.

Asset management

The AIHW holds financial and non-financial assets. Financial assets include cash and receivables, which are subject to internal controls and reconciliations.

Non-financial assets are held for operational purposes and include computing software and hardware, building fit-out, right-of-use assets, furniture and fittings. Decisions about whole-of-life asset management are undertaken in the context of the AIHW's broader strategic planning to ensure investment in assets supports cost-effective achievement of the AIHW's objectives.

Effective management of the AIHW's capital budgets is achieved by:

- including whole-of-life consideration in proposals for capital expenditures
- undertaking regular stocktakes of physical assets
- annually reviewing assets for indications of impairment and changes in expected useful lives.

Non-financial assets are reported in the 'Financial statements' (Appendix 4) at their fair value. All assets are reviewed annually for their value with a formal valuation performed at least every 3 years, with the most recent valuation processed on 30 June 2020.

Our asset mix (including assets under construction) at the end of 2020–21 comprised:

- $4.7 million of leasehold improvements
- $4.1 million of property, plant and equipment
- $0 million of intangibles
- $34.7 million of leased right-of-use building assets
- $0.8 million of internally developed software under development.

Mr Chris Leeming and Mr Andrew Kettle conducting a site inspection of T11, October 2020

Risk oversight and management

The AIHW Board is accountable for oversight of the Risk Management Framework (RMF). It obtains advice from the RAFC, which is responsible for:

- undertaking 6-monthly risk management reviews based on reports received from the CEO
- making recommendations to the board on any aspect of risk management.

A key focus in 2020–21 was on implementing the RMF and managing risks related to the COVID-19 pandemic, cybersecurity, further organisational growth, and investments made to enhance AIHW's information technology infrastructure and capabilities.

To embed a risk-based culture across the AIHW, information about strategic and operational risks was disseminated through newsletters to all staff, postings on the intranet and discussions at staff forums. AIHW staff also had access to online risk management training courses available on LearnHub.

In August 2020 the CEO appointed the Head of the Data Governance Group, Mr Michael Frost (see page 89), as the inaugural Chief Risk Officer (CRO). The CRO promotes a positive risk culture across the AIHW and oversees implementation of the RMF and Strategic Risk Profile (SRP).

Ongoing monitoring of the RMF and SRP was undertaken by the CRO with input from the CEO and the Executive Committee. A formal assessment of the following 8 strategic risks was completed 6-monthly:

- breach of cybersecurity
- externally driven disruption
- major project failure
- 'growing pains'
- preparedness of ICT systems to handle very large, complex data sets
- data governance and privacy
- key person risk
- loss of reputation with stakeholders.

Both assessments looked at the risk ratings, mitigating factors, effectiveness of controls and trend ratings for each of these strategic risks.

The AIHW participated in the 2021 Comcover Risk Management Benchmarking Survey. The self-assessment focused on 5 areas: risk governance; risk culture; risk capability; RMF and practices; and organisational resilience and agility. It also included questions on current and emerging risks, risk maturity and agencies against which to benchmark risk maturity.

Results of the survey indicate that the AIHW has an overall risk maturity of 'embedded' and our strongest risk capability is in risk governance. A risk maturity of 'embedded' is determined when the RMF is integrated with strategic and business planning processes and is reviewed and updated in accordance with the risk landscape. Areas for improvement included risk capability and risk management practices.

The CEO's second annual strategic risk report was presented to the AIHW Board in June 2021, through the RAFC. As outlined in the report, the COVID-19 pandemic continued to affect the AIHW's operations.

In response, a range of strategies were implemented to:

- ensure continued operations of the Institute (for example, enhanced working-from-home arrangements and adjustments to our work program)
- contribute to the response to COVID-19 (for example, through staff secondments to other agencies).

These strategies also resulted in the establishment of innovative ways of working and enhanced our responsiveness to our stakeholders' new and emerging needs. The AIHW harnessed opportunities to improve the timeliness and frequency of the release of data on mental health, homelessness and other areas. These changes have enhanced our ability to report on the impact of COVID-19 on Australia's health and welfare.

In addition, the strategic risk report focused on the escalation of the following risks:

- 'growing pains' due to the recent growth in new work and associated increase in staff numbers
- preparedness of ICT systems to handle very large, complex data sets and related investments in information technology architecture and capabilities
- key person risk due to the expected changes at the CEO level and retirement plans of some senior executives.

Outlook

As outlined in the RMF, an independent formal review of the RMF and SRP is scheduled for 2021–22 in consultation with the AIHW Board, the RAFC and Executive Committee. The review will examine the AIHW's risk management maturity based on the results of the 2021 Comcover survey and take into account any changes arising from the Department of Finance's review of the Commonwealth Risk Management Policy. A particular focus of this review is on the cultural and behavioural aspects of risk management. The scope of the review will include:

- risk appetite and tolerance statements
- gaps and areas for improvement
- risk management roles and responsibilities
- risk reporting
- management of operational risks
- risk capability and culture
- other risks – high-risk projects, project risks, ICT risks, indemnity
- integration of risk management with other plans (such as the corporate plan and strategic directions).

Freedom of information

In accordance with section 11C of the *Freedom of Information Act 1982* (FOI Act), the AIHW is required to publish information that has been released in response to a freedom of information access request.

The AIHW is not required to publish:

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

In 2020–21, the AIHW received 4 requests made under the FOI Act.

Information Publication Scheme

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

This information is published on our website www.aihw.gov.au/about-us/freedom-of-information/information-publication-scheme-ips.

Enquiries

Freedom of information requests and enquiries should be sent to:

FOI Contact Officer

Ethics, Privacy and Legal Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

or emailed to foi@aihw.gov.au.

Public interest disclosure

The *Public Interest Disclosure Act 2013* creates a public interest disclosure scheme that promotes integrity and accountability in the Australian public sector. It does this by:

- encouraging and facilitating the disclosure of information by public officials about suspected wrongdoing in the public sector
- ensuring that public officials who make public interest disclosures are supported and protected from adverse consequences
- ensuring that disclosures by public officials are properly investigated.

The Commonwealth Ombudsman is responsible for the public interest disclosure scheme and further information is available at www.ombudsman.gov.au.

In 2020–21, the AIHW received no disclosures under this Act.

Authorised officers

Under the Public Interest Disclosure Act, every Australian Government agency must appoint authorised officers to handle public interest disclosures. Disclosures can also be made to a supervisor or manager, who must pass it to an authorised officer. Information on public interest disclosure is on our website at www.aihw.gov.au/about-us/public-interest-disclosure.

Mandatory reporting

As a corporate Commonwealth entity, we have specific reporting requirements under the PGPA Rule and other Commonwealth legislation. This section includes mandatory requirements not reported elsewhere in this report. An index of compliance with our mandatory reporting is at Appendix 5.

PGPA Rule

Finance law non-compliance

The AIHW had no significant issues relating to finance law non-compliance in 2020–21.

Related entity transactions

The AIHW had no related entity transactions in 2020–21.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries.

Indemnity applying to the entity and its officers

We have insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption. In 2020–21, 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 insurance premiums of $21,458 excluding goods and services tax (GST) were paid to Comcover in 2020–21, compared with $19,158 for 2019–20.

The AIHW made no claims against its directors' and officers' liability insurance in 2020–21.

Judicial or tribunal decisions

There were no legal actions lodged against the AIHW and no judicial decisions directly affecting us in 2020–21.

Reports by other bodies

No reports were made by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner in relation to the AIHW in 2020–21.

Other legislation

Modern slavery

Section 5 of the *Modern Slavery Act 2018* requires entities based, or operating, in Australia, which have an annual consolidated revenue of more than $100 million, to report annually on the risks of modern slavery in their operations and supply chains, and actions to address those risks.

The AIHW's consolidated revenue was below the $100 million threshold.

Compliance with the Legal Services Directions 2017

The Legal Services Directions 2017 issued by the Attorney-General requires us to provide the Office of Legal Services Coordination (OLSC) within 60 days of the end of the financial year:

- a legal services expenditure report for the financial year and
- a certificate of compliance with section 63 of the *Judiciary Act 1903*.

The AIHW sought an extension to these reporting requirements, which were approved by the OLSC. The AIHW complied with those reporting obligations, as extended. For 2020–21, our total legal expenditure was $327,349 (GST exclusive), compared with $199,104 in 2019–20. This was incorrectly reported as $161,401 in our 2019–20 annual report. The correct expenditure was reported to the OLSC.

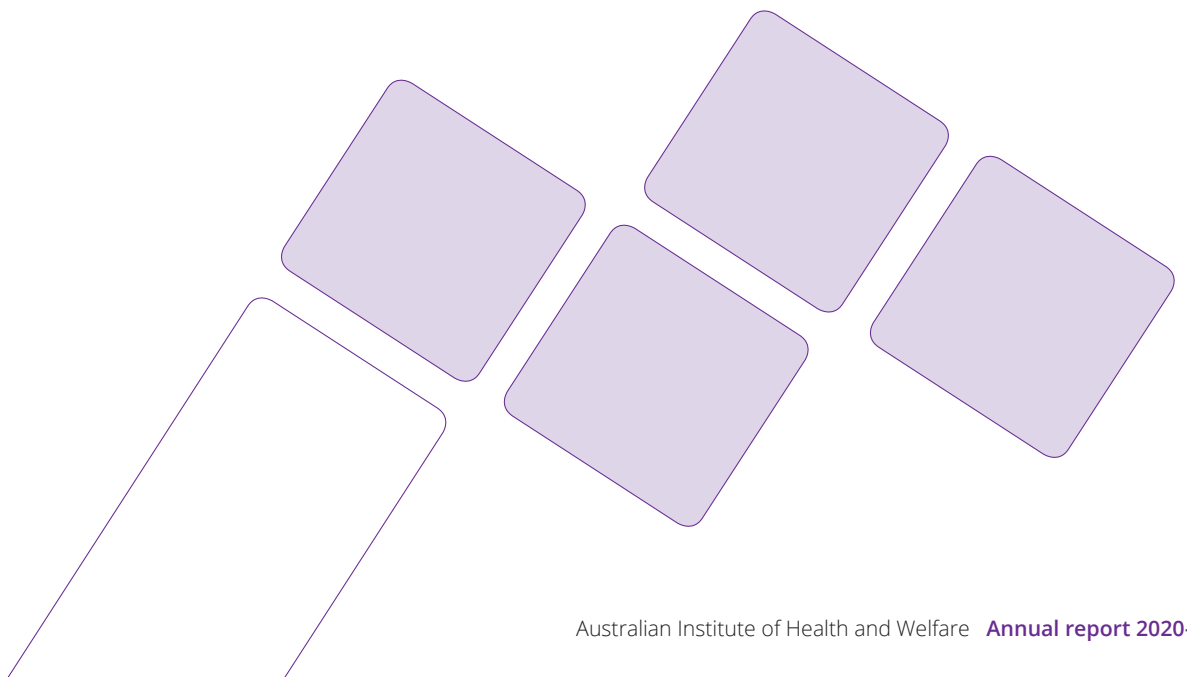
Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires us to report payments of $14,300 and above for advertising and market research. In 2020–21, the AIHW did not undertake any advertising campaigns or make individual payments for advertising that exceeded the prescribed threshold.

Chapter 4

Our people

- Challenges and opportunities
- Institute awards
- Embedding our values
- Organisational structure and staff profile
- Recognising diversity
- Employment frameworks
- Workforce management
- Encouraging work health and safety
- Accommodation



Challenges and opportunities

The global COVID-19 pandemic was undoubtedly the biggest challenge faced by the AIHW in 2020–21. It tested our work program, technology, staff resilience and wellbeing. It also changed the way we work. Like most government agencies, we made a significant financial investment in new technologies to improve communications and support working-from-home arrangements. We also introduced a number of measures to ensure the safety of staff and help protect their mental wellbeing. We continued to be guided by government advice in relation to travel and workplace restrictions as the COVID-19 situation changed.

Despite the challenges over this period, COVID-19 also provided a number of opportunities for staff to gain valuable experience and to continue to adapt the way we work. We shared the capabilities of our staff with state, territory and Australian government health departments. A total of 22 staff, primarily with epidemiology backgrounds, were sought by other agencies for their expertise. Secondment arrangements ranged from 6 weeks to 12 months and provided a unique opportunity for staff to apply their skills and knowledge in a practical way in the National Incident Room.

Improved technologies and the ability to work more flexibly from home was embraced by staff. Approximately 80% of staff worked from home in some capacity during 2020 and staff survey responses demonstrated that staff wanted to retain this flexibility in 2021. The new Flexible Working Arrangements Policy came into effect in May 2021 and over 30% of staff have a formal arrangement in place to work from home at least 1 day a week.

Staffing numbers continued to grow during 2020–21.

While managing staff numbers within the Average Staffing Level (ASL) cap that has been set for all APS agencies, we continue to rely on engaging contract staff to complete our expanded work program and deliver our commitments.

Any risks from having a high proportion of contract staff are actively managed by engaging appropriately skilled people, offering long-term contracts where possible, providing meaningful and challenging work, and giving contract staff the same development opportunities as ongoing staff. Overall, the integration of contract staff across the AIHW continues to be successful.

Awards

We celebrate the success of our staff through our Institute awards program. This program recognises exceptional individual and team contributions. Institute awards were presented to 63 staff in 2020–21 (see Table 4.1 on page 85).

The AIHW also won the following 2 awards:

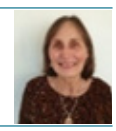
- a gold Australasian Reporting Award for excellence in the Australian Institute of Health and Welfare Annual report 2019–20

- ESRI Special Achievement Award in GIS (Geographic Information System): the Suicide and Self-harm Mapping project won the special achievement in GIS award in 2021 for providing a best-practice approach to inform support strategies and deploy services that save lives.

Institute awards

The Executive Committee selected 63 staff from staff nominations against criteria that include supporting our strategic goals and excellence in delivering and/or supporting services and products (see Table 4.1).

Table 4.1: Institute award recipients

Leaders in health and welfare data
Alison Budd, David Meere, Natasha Bartlett, Keira Dickson-Watts and Fan Xiang – For their work on the *Cancer screening and COVID-19 in Australia* report.
Callin Ivanovici – Outstanding work with the Youth Justice National Minimum Data Set.
Nancy Stace-Winkles – Thoroughness and high quality outputs.
Michael King and Lisa Cheeseman – Contribution to the AIHW data governance arrangements and Data Governance Framework.
Anna Reynolds and Lynelle Moon – Contribution to *Australia's health 2020*'s focus on COVID-19.
Drivers of data improvement
Daniel Sjoberg – Supporting the roll out of the National Health Services Information Analysis Asset.
Amy Benson, Therese Chapman, Peter Fakan, Karen Higgins, Helen Hunter, Jenny Mun, Joo Shan Ong, Louise Tierney, Chris Killick-Moran and David Wong – Development of the National Suicide and Self Harm Monitoring System.
Jo Curtis, Michael Robertson, Stirling Lewis, Rachelle Graham, Chwee von Sanden, James Bignold and Aaron McMillan – Identifying gaps in the Specialist Homelessness Data Collection relating to COVID-19.
Expert sources of value-added analysis
Jo Baker, Richard Tuttle, Jeanine Willson and Isabella Stephens – Delivery of the *Indigenous eye health measures 2020* report.
Amy Young, Ruth Davy, Jennifer Brew, Sonam Shelly, Ross Saunders, Karen Malam, Clara Jellie, Nikki Schroder and Gary Hanson – Supporting the national response to COVID-19 mental health.
Champions for open and accessible data and information
Jeanie Henchman, Dominic de Luca, Carole Condon, Gayle Berry and Lauren Toohey – Using their in-depth technical knowledge to navigate and grow the suite of AIHW websites.
Brett Henderson – Establishing and publishing the daily capacity and activity collection of COVID-19-related hospitals data.
Marissa Veld, Charles Hudson, Peter Fakan and Chris Kling – Modernising and releasing the new MyHospitals on the AIHW website.
Trusted strategic partners
Jenni Joenperä – Creation and analysis of linked data to support the Royal Commission into Aged Care Quality and Safety.
Matthew Webb and Natalie Cooper – Contribution to the release of *Mortality patterns among people using disability support services*.
Miranda Laws, Chris Leeming and Gavin Thomson – Supporting the AIHW's response to COVID-19 and all staff to maintain access to the AIHW network.
Sandy Muecke, Alice Crisp, Barbara Chan and Alex Ness – Response to challenges of COVID-19.
Kathy Pryce Memorial Award: Launched in 2018, this award recognises the life and work of our late colleague and friend who passed away in April 2017. This award recognises excellence in corporate and administrative support. In December 2020, Ms Gabriele Norman received the Kathy Pryce Memorial Award. 

Embedding our values

The AIHW has adopted the APS Values as the expected standard of performance and behaviour for all staff (see page 9). These values underpin our culture and the way we work (see Table 4.2). Results from the 2020 APS Employee Census (to which 84% of AIHW staff responded) confirm staff commitment to them.

Table 4.2: Our values reflected in the AIHW culture

Impartial	The nature of our work, in the analysis of data from across the health and welfare sectors, requires that we remain impartial. This allows us to manage data professionally, with due respect for its sensitivity, and with privacy and confidentiality assured through legislation and robust data policies and procedures.
Committed to service	The AIHW attracts and retains a workforce that is highly capable and committed to our purpose which is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians. The vast majority of our staff (81%) have a tertiary qualification and 67% have a postgraduate qualification in areas that directly relate to our work. Results from the 2020 APS Employee Census indicated that 94% of staff are happy to 'go the extra mile' at work when required. Nearly three-quarters (73%) of staff reported that the AIHW really inspires them to do their best work every day and 88% stated that they are committed to our goals. In response to the COVID-19 pandemic, the AIHW demonstrated its commitment to the broader APS, with 22 staff undertaking secondments and temporary transfers to state, territory and Australian government agencies.
Accountable	In accordance with our Managing for Performance Policy, all staff, including contractors, are required to sign an annual Performance Development Agreement (PDA), which aims to improve individual and organisational performance by aligning each person's performance with strategic goals as outlined in our *Strategic directions 2017–21*, *Corporate Plan 2020–21* and the Integrated Leadership System. Through this process, both staff and managers are accountable to deliver their work to meet the operational and strategic goals of the AIHW. Aside from individual responsibilities, collaboration is fundamental to the work we perform. In the 2020 APS Employee Census, 92% of staff reported that people in their work group cooperate to get the job done and 84% said that staff use time and resources efficiently to achieve results.
Respectful	Our workplace culture embraces diversity and promotes the importance of respectful behaviour and action. To maintain this culture, all staff are required to complete mandatory training, which includes modules on diversity and discrimination, respectful workplaces and cultural awareness. Results from the 2020 APS Employee Census show that 92% of staff believe that we support and actively promote an inclusive workplace culture, and 85% feel they receive the respect they deserve from their colleagues.
Ethical	Our individual and corporate work ethic is the foundation of our work. The AIHW has an ethics committee, the role of which is to advise on the ethical acceptability of AIHW activities involving information that can identify a person ('identifiable data'). While the committee has a specific role to perform, all staff share responsibility for maintaining the security of AIHW data holdings and sign a confidentiality undertaking when they commence employment. To further embed our culture of ethical work practices, all staff are required to complete mandatory training in privacy awareness, fraud awareness and cybersecurity.

Organisational structure and staff profile

The AIHW is headed by its CEO and comprises 11 groups, with each group headed by a senior executive who is responsible for leading a number of units (see Figure 4.1 on page 88). Each unit is led by an APS EL 2 officer or equivalent.

Chief Executive Officer

Barry Sandison BBusMgt, FANZSG

Mr Sandison was appointed as the AIHW's CEO in May 2016 and managed its day-to-day operations until the end of his term on 30 June 2021. He has extensive public sector experience, with previous roles in both policy and service delivery. Before joining AIHW, he was the deputy secretary, health and information, in the Department of Human Services where he was responsible for the administration and delivery of a range of programs in the health, government and business areas.

Before this, Mr Sandison was a deputy chief executive at Centrelink and held senior executive roles in the former FaHCSIA and the Department of Employment and Workplace Relations.

Deputy Chief Executive Officer

Matthew James PSM BEc (Hons)

Mr James is the AIHW's Deputy CEO and leads the Deputy Chief Executive Officer Group. He provides broad oversight for the Indigenous Group, the Housing and Specialised Services Group and the Community Services Group.

He previously led the Housing and Specialised Services Group from November 2016 to November 2019. Before joining the AIHW, he held leadership roles in performance, information and evaluation as assistant secretary, Indigenous Affairs Group in PM&C, and as a branch manager within FaHCSIA. Mr James was also a branch manager in the former Department of Education, Employment and Training, where he worked on employment policy and implementation as well as workplace relations policy and analysis. From 2002 to 2004, he was counsellor – Employment, Education, Science and Training in the Australian delegation to the OECD in Paris. Mr James was awarded the Public Service Medal in 2016.

Business and Communications Group

This group provides services and advice to enable optimal use of our financial, human and communications resources to achieve the following business objectives:

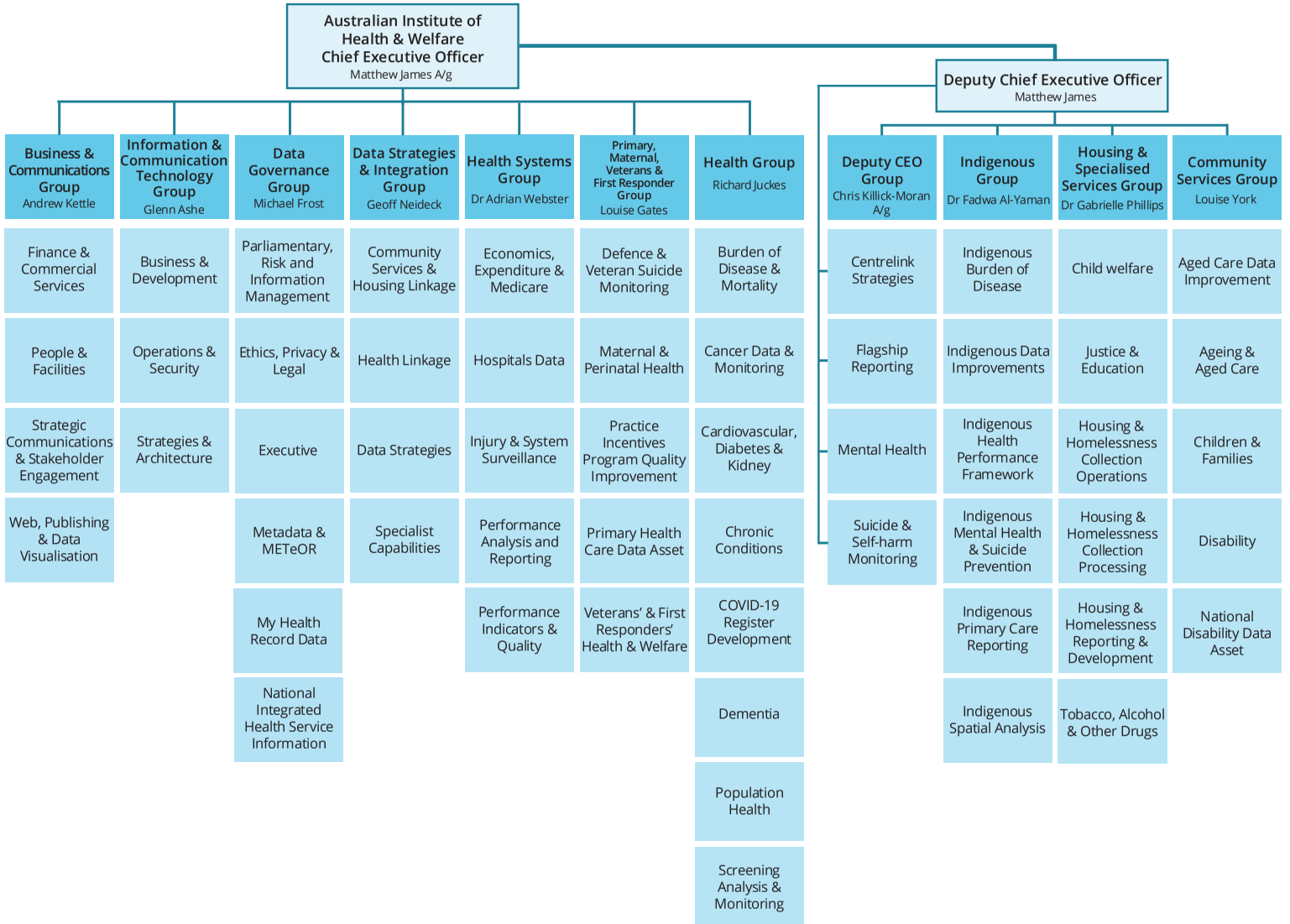
- pricing and contract advice, budget analysis, internal audit and preparation of financial statements
- strategic external communications, including stakeholder engagement and social media
- internal communications and staff engagement
- management of the AIHW website and publications process
- recruitment, learning and development, workforce planning, performance management support, work health and safety, facilities and accommodation.

Senior Executive, Business and Communications Group

Andrew Kettle MA (Hons), CA

Mr Kettle has held a senior executive position at the AIHW since 2006. He has headed the Business and Communications Group since 2018. Mr Kettle qualified as a chartered accountant in the United Kingdom. He worked as a professional accountant for Coopers and Lybrand in Canada and Australia and was chief financial officer at the Australian Fisheries Management Authority. Mr Kettle acted as director of the AIHW for 6 months in 2015–16.

Figure 4.1: Organisational structure as at 30 June 2021



Community Services Group

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

- the health and welfare of key subpopulations, including children and youth, older Australians, people with disability, and victims and perpetrators of family, domestic and sexual violence
- use of services within a range of health and welfare sectors, including community-based services focused on aged care and disability
- pathways and outcomes for the general population, key subpopulations and health and welfare service users.

Senior Executive, Community Services Group

Louise York BEc, BSc, GradDipPopHealth

Ms York has led this group since January 2017. She has over 20 years of experience at the AIHW, including leadership positions in both health and welfare areas, and a period of secondment to the Telethon Institute for Child Health Research.

Data Governance Group

This group manages the AIHW's data and corporate governance. Through data governance leadership and support to the AIHW Ethics Committee, it protects the confidentiality and privacy of data holdings. It works to build and enhance national data and information governance infrastructure. It also leads engagement with senior government health officials on national health data and information strategies. The group provides expert assistance for national health and welfare metadata and manages METeOR, our online national metadata repository. It contributes to national and international work on health classifications, supporting our role as the Australian Collaborating Centre for the WHO FIC and as custodian of national data assets used for research and public health purposes.

Senior Executive, Data Governance Group

Michael Frost BEc (SocSci) (Hons), GradDipPubAdmin

Mr Frost transferred to the AIHW in 2016 from his position as executive director in the former National Health Performance Authority. He was the head of the former Primary and Maternal Health and Veterans Group. Since 2020 he has led the Data Governance Group and is the Chief Risk Officer. His has over 20 years of experience in policy advice, performance reporting and administrative roles in Australian and state government departments, including as the deputy head, Secretariat for the former Council of Australian Governments Reform Council.

Data Strategies and Integration Group

This group works with Australian Government agencies, state and territory governments and key stakeholders to promote access to health and welfare data. The group aims to increase the information value of existing data assets through data integration (linkage and data-sharing arrangements) for the AIHW and external researchers. The group provides methodological and technical data support across the AIHW through its statistical, analytics, geospatial and quality advisers. It undertakes data architecture design and infrastructure development for data integration.

Senior Executive, Data Strategies and Integration Group

Geoff Neideck BBusStudies, GradCertMgt

Mr Neideck has led this group since 2019. He previously had responsibility for the AIHW's ICT and the former Housing and Specialist Services Group. Before that, Mr Neideck managed large national social and economic statistics programs at the ABS and Statistics Canada. Mr Neideck has provided technical expertise and advice in developing the Australian Government data agenda and whole-of-government initiatives on data integration.

Deputy Chief Executive Officer Group

This group produces the biennial flagship series, *Australia's welfare* and *Australia's health*, which are required by the AIHW Act. It leads our work in data and information on palliative care, suicide and self-harm monitoring, and mental health, which has been a strong focus of government, especially since the emergence of COVID-19.

The Deputy CEO chairs 3 AIHW committees:

- Web Program Board
- Statistical Leadership Committee
- Data Governance Committee.

Health Group

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

- chronic diseases, both as a group and in relation to some key diseases, such as cardiovascular disease, diabetes, kidney disease, cancer, musculoskeletal conditions and respiratory conditions
- population health issues, such as health inequalities, and broader determinants, including social and environmental, international health comparisons, mortality and burden of disease
- specific population groups, such as men and women and people living in rural areas.

Senior Executive, Health Group

Richard Juckes BA (Hons)

Richard Juckes was the Acting Head of this group in April 2019 and became the Head in October 2019. He joined the AIHW in 2018. Mr Juckes has been working in health policy and health data roles for over 20 years, primarily at the Department of Health.

Health Systems Group

This group manages key national data assets and produces information and analyses relating to the activity, performance, quality and financing of the Australian health system. The work includes the hospital, non-hospital and primary health systems as well as a role in monitoring the incidence and nature of injuries. The group's major products are Australian health performance reporting, national hospitals databases, MyHospitals, the Australian Atlas of Healthcare Variation and Australia's National Health Accounts and analysis of the Medicare and Pharmaceutical benefits schemes. In the context of the COVID-19 pandemic, the group has developed and continues to maintain the Hospitals capacity and activity data-sharing system. The group collates and makes available to all jurisdictions, daily data on public hospital activity and capacity to help ensure the health system does not breach capacity limits.

Senior Executive, Health Systems Group

Adrian Webster BA (Hons), BSc, PhD

Dr Webster has led this group since July 2018. A sociologist with more than 20 years of experience in the health and welfare sectors in Australia and overseas, he joined the AIHW in 2009. His prior experience included leading evaluation and research in an international aid organisation, providing consulting services to government agencies in Australia, such as Medicare Australia, working in an Aboriginal community controlled health organisation in a regional area and reporting on hospital performance at ACT Health.

Housing and Specialised Services Group

This group collects and analyses data to support reporting and policy decisions on the health and welfare of, and provision of services to, a range of Australians. This includes:

- the use of alcohol, tobacco and other drugs, and related treatment services
- homelessness
- adoption
- child protection and youth justice
- the health and welfare of people in prison.

The group also supports the Australian Teacher Workforce Data (ATWD) initiative through data linkage, secure hosting and management of access to the ATWD unit record data.

It leads a number of national collections including the National Social Housing Survey, National Drug Strategy Household Survey, Youth Justice NMDS, National Opioid Pharmacotherapy Statistics Annual Data Collection, Specialist Homelessness Services Collection, National Housing Assistance Data Repository, National Prisoner Heath Data Collection, Child Protection NMDS and National Adoptions Data Collection. It also manages the Specialist Homelessness Information Platform. The group works closely with state and territory departments and a range of stakeholders, and is responsible for leading data improvement and analysis projects.

Senior Executive, Housing and Specialised Services Group

Gabrielle Phillips BSc, MURP, PhD

Dr Phillips has led this group since joining the AIHW in November 2019. She holds a PhD in Housing Policy and a Masters in Urban and Regional Planning from the University of Sydney. Dr Phillips has experience across Australian, state and local government roles related to housing policy, income support and family assistance policy, education and early childhood evidence and analysis.

Indigenous Group

This group leads the development, monitoring and reporting of information and statistics about the health and welfare of Aboriginal and Torres Strait Islander people. The major work of this group includes:

- improving access to mental health and suicide prevention information and data, including protective and risk factors
- providing regional statistics and modelling geographical variation in access to primary health care services relative to need and service gaps
- reporting on, and data development for, the Aboriginal and Torres Strait Islander Health Performance Framework; Indigenous Burden of Disease; the number and circumstances of Stolen Generations survivors; cultural safety in health care; hearing and eye health; cardiac care; the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023; Indigenous-specific MBS health checks; and data linkages
- managing and reporting on the national Key Performance Indicators (nKPIs), the Online Services Report (OSR), the National Rheumatic Heart Disease data collection and the Northern Territory Remote Aboriginal Investment oral and hearing health collections.

Senior Executive, Indigenous Group

Fadwa Al-Yaman PSM BSc, MA, PhD

Dr Al-Yaman has led this group since 2008. She holds a PhD in Immunology from the John Curtin School of Medical Research and a Masters of Population Studies from the Australian National University (ANU). Dr Al-Yaman was awarded a Fulbright Fellowship in 1990 and the Australian Public Service Medal in 2008. Previously she worked on the genetics and biology of parasitic infections, and malaria related research at the ANU and a malaria related vaccination trial in Papua New Guinea.

Information and Communication Technology Group

This group provides enabling services that assist the AIHW to deliver its core goals and objectives. It strives to achieve its aims through strong internal and external partnerships – providing a better user experience for all stakeholders – and being responsive to changing environments.

The group provides key services that cover:

- service management and support
- applications architecture and integration
- infrastructure and security
- business platform development.

Senior Executive, Information and Communication Technology Group

Glenn Ashe DipHRDev, DipMilSatEng, DipElecEng, AFAIM, GAICD

Mr Ashe joined the AIHW in October 2018. He is our Chief Information Technology Officer. He has led this group since it was created in November 2019. He has over 20 years of experience in the APS in executive and senior executive positions, the last 10 as chief information officer. His experience (including in Geoscience Australia, the Department of Resources, Energy and Tourism and the Attorney General's Department) has spanned corporate, technology and diplomatic services, with responsibility for complex, diverse and global ICT systems.

Primary, Maternal, Veterans and First Responders Group

This group manages a work program across a diverse range of areas where little data exist. This includes the development and analysis of data on primary care by reporting on the Practice Incentives Program Quality Improvement Indicators. It also develops and reports on the wealth of data collected within general practice and allied health. The group partners with the Department of Veterans' Affairs to provide information about the health and welfare of Australia's veteran population. It also supports work for the National Commissioner for Defence and Veteran Suicide Prevention. The group analyses and reports on national data about the characteristics of mothers, pregnancy, childbirth and the characteristics and outcomes of their babies.

Senior Executive, Primary, Maternal, Veterans and First Responders Group

Louise Gates BSc (Hons), MStat

Ms Gates has led this group since 2020. Before joining the AIHW in 2019, she worked in data-related roles, particularly concerning health data, for over 20 years, primarily at the ABS. Ms Gates is responsible for driving innovation in data development and analysis in primary care, maternal and perinatal care and understanding the health and welfare of veterans. She has extensive experience in leading a range of data projects including data linkage projects and national health surveys.

Staff profile

As at 30 June 2021, we had 554 active staff, including 207 contract staff (37%). There were 590 people, including contract (labour hire) staff, who worked at the AIHW compared with 543 at 30 June 2020. Contract staff numbers increased to meet the needs of externally funded projects and complied with the ASL cap on the number of APS staff we can employ.

Table A3.1 shows staff engaged under the Public Service Act 1999 (APS staff) and contract (labour hire) staff.

Of our 347 active APS staff as at 30 June 2021 (tables A3.2 and A3.3):

- 342 (99%) were ongoing employees, compared with 339 (99%) in June 2020
- 5 (1%) were non-ongoing employees, compared with 4 (1%) in June 2020
- 103 (30%) worked part-time, compared with 90 (26%) in June 2020
- 229 (66%) identified as female, compared with 232 (68%) in June 2020.

Most of our staff were located in our Canberra offices. The location and gender of our APS staff are shown in Table A3.2.

The AIHW did not have any staff who do not identify exclusively as male or female.

Classification level and type of work

Of our active APS staff as at 30 June 2021, 39% (134 staff) were classified and employed as EL 1 officers and 25% (86 staff) were employed as APS 6 officers (see Table A3.4).

As at 30 June 2021, 442 (80%) of our active staff, inclusive of contractors, performed statistical work. Of these:

- 291 (66%) were APS staff
- 151 (34%) were contract staff.

The other 112 (20%) were employed in corporate support functions, including ICT, finance, governance, publications, media and communications. Of these:

- 56 (50%) were APS staff
- 56 (50%) were contract staff.

Consultative Committee

This committee is the principal forum through which formal consultation and discussions on workplace relations matters take place between management and employees, in a spirit of cooperation and trust. We recognise that engaging with staff in decisions that affect them leads to better service delivery, use of resources, overall performance and staff experiences.

Consultative Committee processes support the change management and consultation obligations outlined in our EA.

The committee met 4 times in 2020–21. A key focus was discussion of proposed changes to a number of human resources policies, such as flexible work arrangements, including working from home, accommodation and the AIHW's response to the COVID-19 pandemic.

Corporate social responsibility

We continued to foster stakeholder partnerships and engage with community organisations. For example, all staff are encouraged to support the Australian Red Cross Blood Service. Under our EA, staff may take approved time off work to donate blood without needing to use leave.

We undertake major charity fundraising and promote health and welfare activities. Fundraising supported in 2020–21 included: DonateLife Week; International Day Against Homophobia, Biphobia, Interphobia and Transphobia; Men's Health Week; R U OK? Day; International Day for the Elimination of Violence against Women; Wear it Purple Day; the RSPCA; The Shepherd Centre; Women's Health Week; World AIDS Day; and World Mental Health Day.

Social Club

Our active Social Club coordinates social activities and events to help foster a positive and collaborative workplace environment. The club comprises members that include a senior executive sponsor and staff from the latest graduate intake. Members organised a variety of events that raised money for charity and future social club initiatives.

Recognising diversity

We continued to recognise and support the diversity of our staff. Our Enterprise Agreement (EA) provides flexible working and leave arrangements to support employees' caring responsibilities, religious commitments and attendance at cultural events.

We maintain a Workplace Diversity Program aimed at ensuring that we: recognise, foster and make best use of the diversity of our staff; help employees to balance their work, family and other caring responsibilities; and comply with relevant anti-discrimination laws.

In 2020–21, we continued to support the AIHW Pride Network and the CALD (culturally and linguistically diverse) Network.

We delivered awareness training to educate staff about the cultural significance of the traditional owners of the land in the Canberra region. We maintained our membership with the APS Commission's Indigenous Workforce Strategy, which provides access to a range of employment programs aimed at increasing the representation of Indigenous Australians.

The AIHW has had a Reconciliation Action Plan since 2009 and an active group that organises key events throughout the year and monitors, promotes, reports on and refreshes the plan. We appointed 4 members of the senior executive group to the roles of Disability Champion, Indigenous Champion, CALD Champion and the Pride Network Champion.

We maintained our membership with the Australian Network on Disability. This membership assists us to become a disability-confident employer by providing access to programs and resources for managers and staff in supporting employees with disability. We also continued to participate in its Stepping Into program and engaged 2 interns.

We continued to exceed the APS average for employment of women. We were below average for employment of staff aged 55 and over, Indigenous staff and staff with disability. Our participation in initiatives such as the Indigenous Employment Strategy and the Australian Network on Disability aims to improve our performance in these areas.

Of our ongoing and non-ongoing APS staff as at 30 June 2021:

- 259 (68%) were women
- 53 (14%) were aged 55 years or over
- 86 (22%) identified as being from a non-English-speaking background
- 10 (3%) identified as having a disability
- 2 (0.5%) identified as Indigenous.

In addition, 9% of our total staff identified as LGBTQIA+ in the 2020 Australian Public Service Employee Census.

Among our active APS staff, women comprise:

- 66% of total active APS staff
- 36% of substantive SES staff
- 69% of EL staff.

Including contractors, women make up 63% of active staff at the AIHW, and 60% of EL staff.

Equal employment opportunity

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act) requires the AIHW to develop and implement an equal employment opportunity program. Under section 9 of the EEO Act, we must report annually on the development and implementation of its program.

The AIHW adopts equal employment opportunity practices common across the APS, including access to paid parental leave, and recruitment opportunities specifically for Indigenous people. We accommodate reasonable requests for flexible working arrangements so that staff can meet family commitments. We also seek to remove obstacles that might discourage people with disability or whose first language is not English from seeking employment at the AIHW.

Through our MOU with the APS Commission, we continued to participate in initiatives aimed to support the *Commonwealth Aboriginal and Torres Strait Islander Employment Strategy 2020–2024*. Unfortunately, in 2020–21 the AIHW did not attract any applicants through these employment initiatives.

The AIHW did not receive any ministerial directions about its performance obligations under the EEO Act.

Employment frameworks

CEO terms and conditions

Information on the CEO's remuneration is in Table A2.5 on page 112.

Senior Executive Service terms and conditions

Senior Executive Service (SES) remuneration is designed to attract and retain people with the right expertise to help deliver our vision, purpose and achieve our strategic goals and targets set out in our corporate plan.

The terms and conditions of employment for SES staff are contained in common law contracts. They provide for salary entitlements and non-salary benefits relating to leave arrangements and entitlements, superannuation, salary sacrifice, travel and allowances. The CEO determines SES remuneration and conditions under section 24(1) of the *Public Service Act 1999*. SES remuneration is reviewed annually by the CEO in accordance with the APS Commission's Executive Remuneration Management Policy.

As at 30 June 2021, 10 SES staff members were employed under common law contracts. The ranges within which the CEO could set salaries were $173,173 to $202,271 for SES Band 1 and $230,000 to $254,000 for SES Band 2. Details of the remuneration paid to our SES staff are in Table A2.6.

Non-SES terms and conditions

Enterprise Agreement

Our EA sets out the terms and employment conditions of non SES employees. It helps us to improve productivity, equips us to respond more effectively to the challenges of our operating environment and enhances the quality of the working lives of employees. As at 30 June 2021, all non-SES APS staff were employed under our EA.

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

Due to the economic impact of COVID-19, the APS Commission directed all government agencies to defer the next scheduled pay rise by 6 months. This meant that the 2% pay increase that was due to occur in October 2020 came into effect in April 2021.

Remuneration

Salary ranges based on classification level from our current EA are shown in Table A3.5. Our remuneration arrangements do not provide access to, or include, performance pay.

Individual flexibility arrangements

Our EA contains provisions for flexible arrangements to enable tailoring of remuneration and conditions for employees in particular circumstances. As at 30 June 2021, 3 non-SES staff members had an individual flexibility arrangement.

Other highly paid staff

The AIHW did not have any non-SES staff in the reporting period whose remuneration exceeded the threshold amount in the PGPA Rule of $225,000.

AIHW staff participating in an Indigenous cultural walk

Workforce management

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

Staff commencements and turnover

Thirty-seven new employees began ongoing employment at the AIHW during 2020–21 (Table A3.6), of which 6 were in our 2020–21 graduate intake (Table A3.7), and 33 ongoing employees left the AIHW during 2020–21. This equates to an 11% turnover rate for ongoing staff in 2020–21, compared with 10% in 2019–20.

Contract staff turnover

As at 30 June 2021, the AIHW had 207 contract staff engaged for various periods up to a maximum of 3 years. Last year, 14 contractors transitioned to ongoing APS employment in the AIHW. Those who ceased working at the AIHW had an average tenure of 15 months and the majority completed the term of their contract.

Graduate intake

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

Due to ASL restrictions, we engaged 12 people to undertake our graduate program, employing them in both ongoing APS and contract positions; however, 6 commenced in December 2021. Of these, 7 relocated from interstate. All graduates participated in development activities.

Of the 70 graduates employed since the 2016–17 intake, 56 (80%) remain at the AIHW (Table A3.7).

Internship programs

We also participated in a number of internship programs to provide students with relevant practical experience which may better prepare them for future recruitment opportunities.

Two interns were engaged through the ANU Health and Medicine faculty and worked within the Health Group. We engaged additional interns through initiatives included in our Equal Employment Opportunity program (see page 94).

Managing performance and behaviour

Our Managing for Performance Policy recognises that regular constructive feedback encourages good performance. It enhances continuing development and facilitates informal and regular communication between employees and managers about performance matters. The policy affirms that performance management is a core activity that is embedded in all management functions.

Our policy requires that a current PDA be developed for existing staff by July–August each year, and for new employees within 3 months of their commencement. As well as aligning individual performance with strategic goals, PDAs focus on individual learning and development needs and broader APS career development.

Learning and Development Advisory Committee

This committee provides strategic direction for, and enables staff input to, the planning and delivery of the learning and development program and initiatives. The committee comprises representatives from each group. It met twice during 2020–21 – less than its usual 3 occasions due to disruptions related to the COVID-19 pandemic. The committee discussed the delivery of corporate programs, feedback from staff and the use of video streaming to support the delivery of training to staff located outside of Canberra, who were unable to travel due to COVID-19.

Building expertise

External study

A study assistance scheme is available to reimburse employees for approved courses of study for a recognised qualification relevant to their work. Twenty-eight staff received assistance for formal study in 2020–21.

Corporate learning and development program

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

Our in-house training sessions complement on-the-job training and help ensure that staff develop and maintain specialised knowledge and skills. We provided 152 in-house courses in 2020–21 (compared with 92 in 2019–20). Due to COVID-19 and work health and safety (WHS) restrictions, we were unable to deliver some programs. Where possible, live learning was delivered via streaming platforms, such as GovTeams.

Of the courses delivered, 1,690 staff attended training (compared with 998 in 2019–20), with some staff attending more than one course. Our courses continued to focus on technical training, written communication, report writing, statistical and data analysis, project management, leadership and WHS.

Since 2018–19, we have run customised Executive Level Leadership Programs to strengthen the capabilities of EL 1 and EL 2 staff in strategic and performance management. A total of 182 EL staff had completed these programs as at 30 June 2021.

To support the development of capabilities at level and individual career progression, an ongoing APS 5/6 Development Program began in late 2019–20. As at 30 June 2021, 68 staff had participated in this program since its inception.

The AIHW provides mandatory e-learning for all staff to complete within 6 months of commencement. The modules cover content related to legislation and Australian Government guidelines, such as fraud awareness, privacy awareness, digital records, respectful workplaces, cultural awareness, cybersecurity and WHS. The completion of all mandatory modules is one of the AIHW's priority actions. Completion rates range from 58% (for newly released modules) to 91% across the suite of modules.

SAMAC conversations

Our Statistical and Analytical Methods Advisory Committee (SAMAC) holds regular 'conversations' for staff. Topics discussed in 2020–21 included: the health system; the National Disability Data Asset; Data Quality Statements; modelling tools; and the Statistics Handbook update.

Staff exchanges

We have an MOU with CIHI through which both organisations seek a reciprocal exchange of specialised knowledge about business practices and processes, sharing of initiatives and transfer of expertise, primarily through a 12-month exchange of employees. Due to the COVID-19 pandemic, the staff exchange program did not take place.

Responding to the pandemic, the AIHW supported secondments of 22 staff to the Department of Health, PM&C, ACT Health and NSW Health to assist the response of state, territory and Australian governments. These placements varied in tenure from 6 weeks to 12 months.

We have one staff member undertaking a secondment with the OECD for 12 months.

ICT Modernisation Program

We began the transition to Microsoft 365. In line with our response to COVID-19 and the changing emphasis on flexible workplaces, we deployed a mobile desktop fleet and new collaboration tools to improve our ability to work anywhere, anytime. To enhance our capacity to prepare for, and respond to, business continuity challenges, we moved to a more secure and environmentally friendly commercial provider for our primary data centre.

Encouraging work health and safety

We are committed to maintaining a productive and safe work environment and meeting our obligations under the *Work Health and Safety Act 2011* (WHS Act). Senior managers, supervisors, Health and Safety Representatives, the Health and Safety Committee and all staff worked cooperatively to ensure that WHS risks were effectively managed.

Health and Safety Committee

We maintained a Health and Safety Committee as required by sections 75–79 of the WHS Act. The committee facilitates cooperation between management and employees in initiating, developing and carrying out measures designed to ensure the health and safety of our people.

The committee met 3 times during the year and discussed the continued implementation of the Healthier Work Program, security and safety arrangements for staff who work outside of core business hours, emergency evacuation procedures and thermal comfort.

In addition, the committee discussed the AIHW's response to the COVID-19 pandemic, with an emphasis on the WHS of staff working from home. The committee also supported WHS arrangements for staff following the relocation of a workgroup to a new building, and tested and tagged electrical and fire safety equipment.

Rehabilitation management system self-assessment

As the AIHW is considered a 'low-risk' agency, consistent with Comcare's Guidelines for Rehabilitation Authorities 2012, an annual audit was not required. We continued to meet the applicable criteria of the rehabilitation management system and conformed with the guidelines.

Incidents and compensation

Three compensation claims were lodged with Comcare in 2020–21, with 2 accepted. Table 4.3 shows an overview of claims lodged since 2016–17.

Table 4.3: Compensation claims lodged with Comcare, 2016–17 to 2020–21

Year	Number of claims lodged	Number of claims accepted
2020–21	3	2
2019–20	2	1
2018–19	0	0
2017–18	3	2
2016–17	3	2

Notifiable incidents and investigations

Under the WHS Act, we are required to notify Comcare when incidents occur that involve the death of a person, a serious injury or illness, or a dangerous incident.

One notifiable incident occurred and was reported to Comcare.

Workplace inspections, investigations and audits

Our Health and Safety Representatives and staff responsible for facilities carried out 3 workplace inspections. These inspections occurred about a fortnight before Health and Safety Committee meetings to enable findings and recommendations to be considered and actioned. Issues notified were minor, such as the removal of trip hazards and an audit of fire and safety equipment. Environmental measures included adjustments to the air conditioning and assessment of new work environments.

No investigations by Comcare were conducted in 2020–21 and no directions, notices, offences or penalties were served under the WHS Act.

WHS initiatives and outcomes

We continued to focus on prevention strategies. We introduced initiatives to raise knowledge and capabilities in managing WHS. Table 4.4 provides a summary of staff participation in key WHS activities.

Table 4.4: Key WHS initiatives and staff participation, 2020–21

Initiative	Outcomes
Mini induction	All staff participate in a face-to-face mini induction within the first 2 weeks of commencement. This initiative includes an overview of WHS management and support services.
Workstation assessments	All staff, upon commencement (or request), are provided with a workstation assessment to mitigate the risk of ergonomic injury.
Mental health e-learning programs	Online learning modules are provided on subjects such as managing mental health risks, mental health awareness and respectful workplaces.
Work health and safety (e learning module)	90% of staff have completed this module.
Wellbeing support page	This intranet page details support services to assist all staff.
Executive Level Leadership Programs	These programs include modules designed to embed strong leadership, which support a safe workplace culture. A total of 182 participants have completed the EL 1 and EL 2 programs.
Mental Health Strategy	This outlines our commitment and approach to supporting the mental health of all staff.
Mental Health Plan	This outlines the programs and initiatives the AIHW will deliver, through education, resources and support.
Health weeks	We recognised both Men's Health Week and Women's Health Week, to share resources to support a culture of health and wellbeing.
National Safe Work Month	We recognised Safe Work Australia's National Safe Work Month through sharing resources and information to support a safe work culture.
World Suicide Prevention Day and R U OK? Day	The AIHW hosted a discussion with a Special Adviser to the Office of the Prime Minister's National Suicide Prevention program.
Workplace harassment contact officers	We maintained a network of officers across the AIHW.
Family and domestic violence awareness	We believe that all forms of violence are unacceptable. We acknowledge that both men and women can be victims and the positive role that men play alongside women in preventing violence against women. The AIHW has maintained a Family and Domestic Violence Working Group, to develop programs and initiatives to educate staff in relation to family and domestic violence, which also includes training for both managers and staff.
Employee Assistance Program	Staff utilisation rate: 16.45% (from 1 July 2020 to 30 June 2021). While continuing to provide access to the Employee Assistance Program, we also began a 6 month trial of having a program counsellor onsite for half a day per month.
Flu vaccinations	383 vaccinations were administered to 69% of total active staff and contractors.
Discounted gym membership	158 staff are current members.
Yoga, meditation, pilates and table tennis	These programs are managed by staff.
Cultural appreciation programs	During 2020–21, we ran 3 courses with 67 attendees.
Cultural awareness (e learning module)	92% of staff have completed this module.

Accommodation

We operated from 4 premises in Canberra: 1 Thynne Street, Bruce (T1), 11 Thynne Street, Bruce (T11) and 26 Thynne Street, Bruce (T26), with temporary accommodation at 27 Thynne Street, Bruce (T27).

We are in the seventh year of a 15-year lease on a purpose-built 3-storey building at T1 and the third year of a 5-year lease at T26. We leased space on a month-to-month basis at T27 while our second purpose-built office space was constructed at T11. Staff began moving into T11 in May 2021.

Images of new offices at 11 Thynne Street, Bruce (T11)

T1 and T11 are designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating.

Our Sydney office is in the fourth year of a 6 year lease and continued to operate from Level 9, 1 Oxford Street, Darlinghurst. This office space accommodates up to 35 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. We are required to comply with the policy because we directly or indirectly derive more than half the funds for our operations from the Australian Government.

The policy requires agencies to comply with certain minimum energy performance standards, including the need for eligible new leases to contain a Green Lease Schedule with at least a 4.5-star NABERS rating.

The lease agreement for our main Canberra office at T1 meets this requirement, as does the newly built T11 office space. The Sydney and T26 offices are exempt from this policy as the area leased is less than 2,000 square metres.

Ecological sustainability

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 its objectives. Section 516A(6) of this Act requires us to report on environmental matters, including ecologically sustainable development (see Table 4.5). Table 4.6 provides information on our efforts to reduce our impact on the environment.

In 2020–21, we:

- decreased our electricity consumption across all our offices in Canberra and Sydney by 15% through the continuation of various strategies
- consumed our second lowest volume of paper in the last 5 financial years. The lowest volume consumed was in 2019–20 due to a large percentage of staff working from home and the use of mobile technology devices.

We collected 2.5 tonnes of organic waste. In the last 2 years the decrease in volumes of organic waste is attributed to the reduction in staff attending the office on a regular basis due to COVID-19. The waste collected was subsequently fed to worms and recycled into organic fertiliser by an external provider.

We are progressing with plans to support broader Australian Government initiatives in relation to digital transition, which will see reductions in toner and paper consumption.

Table 4.5: Ecologically sustainable development reporting, 30 June 2021

Reporting area	Activities undertaken by the AIHW
The effect of the AIHW's activities on the environment	Our key environmental impacts relate to the consumption of energy and goods, and waste generated in the course of business activities. Table 4.6 includes available information on energy consumption and waste recycling.
Measures to minimise the impact of AIHW activities on the environment in our main office in Canberra	Provide amenities for staff who ride bicycles to work. Energy-efficient lighting, including the installation of light-emitting diode lighting in selected areas; purchase 10% GreenPower electricity; purchase only energy-efficient equipment that is Energy Star compliant. 'Shutting-down' multifunctional devices when they are left idle for long periods; movement-activated lighting that turns off after 20 minutes of no movement being detected. Double-glazed windows to increase the efficiency of heating and cooling; operate a modern, efficient air-conditioning system. Use a rainwater tank system to supply the toilets, urinals and external taps. Recycled toner cartridges and paper; purchase paper with at least 50% recycled content for printing and copying; re-use stationery items such as ring binders. Supply bins in kitchens for collection of organic waste, for worm farming, and recycling soft plastics (managed by staff). Print our publications using 'print-on-demand' processes with 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	We worked to comply with benchmark environmental impact indicators at T1, which is designed to achieve a 4.5-star NABERS rating. As we have just recently occupied T11, data are not available for reporting purposes. We will include T11 in our next annual report.

Note: Reporting on legislation administered during 2020–21 which accords with the principles of ecologically sustainable development is not applicable to the AIHW.

Table 4.6: Energy and paper consumption and recycled waste, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Electricity consumption					
Canberra offices (kilowatt hours, as office tenant light and power)[(a)]	701,147	794,091	725,447	605,848	510,102
Sydney office	69,238	63,345	35,548	41,392	37,616
Paper consumption (reams)					
Canberra offices	1,927	2,375	1,657	959	1,127
Sydney office	55	50	25	55	13
Recycled waste					
Organics from kitchens (tonnes)[(b)]	2.3	2.6	3.3	2.7	2.5
Toner cartridges Canberra offices (number)	70	118	73	54	98
Toner cartridges Sydney office	8	4	4	2	1

Notes

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

(b) Figures are for all 3 Canberra offices.

Appendix 1: Products, journal articles and presentations

In 2020–21, we published 270 products covering a wide selection of topic areas. These products comprised 124 print and/or print-ready publications and 146 web products, including new and updated web reports and data visualisations. Web versions of print products are not included in these figures to avoid double counting.

More products are being released using data visualisation methods, allowing users to analyse and draw their own conclusions and insights from these data.

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

Printed copies of our flagship products, *Australia's health* and *Australia's welfare*, can be purchased online. Other PDF publications can be printed on demand, at a cost to the customer.

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

Adoptions

Adoptions Australia 2019–20 (1 web product; 6 PDF products)

Aged care

GEN – Aged Care Data updates:

Admissions of people into aged care (1 web product; 1 PDF product)

Annual report 2019–2020 (1 web product)

Care needs in aged care (1 web product)

My Aged Care region (1 web product)

People leaving aged care (1 web product; 1 PDF product)

People using aged care (1 web product; 1 PDF product)

Providers, services and places in aged care (1 web product; 1 PDF product)

Residential aged care quality indicators (4 web products; 4 PDF products)

Spending on aged care (1 web product)

Younger people in residential aged care (1 web product; 1 PDF product)

Interfaces between the aged care and health systems in Australia – GP use by people living in permanent residential aged care 2012–13 to 2016–17 (1 PDF product)

Interfaces between the aged care and health systems in Australia – movements between aged care and hospital 2016–17 (1 PDF product)

Interfaces between the aged care and health systems in Australia – where do older Australians die? (1 PDF product)

Alcohol and other drug treatment services

Alcohol and other drug treatment services in Australia 2018–19 (1 PDF product)

Alcohol and other drug treatment services in Australia: key findings (1 web product)

Alcohol, tobacco and other drugs in Australia (3 web products; 17 PDF products)

Measuring risky drinking according to the Australian alcohol guidelines (1 web product)

National Opioid Pharmacotherapy Statistics Annual Data collection, 2020–21 (1 web product)

Patterns of intensive alcohol and other drug treatment service use in Australia 1 July 2014 to 30 June 2019 (1 PDF product)

Australia's health

Australian bushfires 2019–20: exploring the short-term health impacts (1 web product; 1 PDF product)

Australia's welfare

Income support receipt for young people transitioning from out-of-home care (1 PDF product)

Burden of disease

Burden of disease: drivers of change (2 web products)

Cancer and cancer screening

BreastScreen Australia monitoring report 2020 (2 PDF products)

Cancer data commentary – cancer data in Australia (1 web product)

Cancer data in Australia (4 web products)

Cancer screening and COVID-19 in Australia (2 web products; 1 PDF product)

Cancer screening programs (4 web products)

Health system expenditure on cancer and other neoplasms in Australia, 2015–16 (1 PDF product)

Mesothelioma in Australia 2019 (1 PDF product)

National Bowel Cancer Screening Program: monitoring report 2020 (2 PDF products)

National Bowel Cancer Screening Program: monitoring report 2021 (2 PDF products)

National Cervical Screening Program monitoring report 2020 (1 web product; 2 PDF products)

Cardiovascular disease

Acute rheumatic fever and rheumatic heart disease in Australia, 2015–2019 (1 web product)

Child protection

Child protection Australia 2019–20 (1 PDF product)

Child protection in the time of COVID-19 (1 PDF product)

National Framework for protecting Australia's children 2019–20 (1 web product)

The Aboriginal and Torres Strait Islander Child Placement Principle Indicators 2018–19: measuring progress (1 PDF product)

Children and youth

Australia's youth (1 web product; 2 PDF products)

Chronic diseases

Chronic condition multimorbidity (1 web product; 1 PDF product)

Chronic conditions updates:

- Allergic rhinitis (hay fever) (1 web product)
- Arthritis (1 web product)
- Asthma (1 web product)
- Asthma, comorbidities and risk factors (1 web product)
- Back problems (1 web product)
- Bronchiectasis (1 web product)
- Cardiovascular disease (1 web product)
- Chronic kidney disease (1 web product)
- Chronic obstructive pulmonary disease (COPD) (1 web product)
- COPD, associated comorbidities and risk factors (1 web product)
- Diabetes (1 web product)
- Eye health (1 web product)
- Gout (1 web product)
- Juvenile arthritis (1 web product)
- Osteoarthritis (1 web product)
- Osteoporosis (1 web product)
- Rheumatoid arthritis (1 web product)

Exploring the definition of chronic conditions for collective monitoring in Australia 2021 (1 PDF product)

Corporate publications

Australia's health 2020 (1 web product; 2 PDF products)

Australian Institute of Health and Welfare Annual report 2019–20 (1 PDF product)

Corporate Plan 2020–21 (1 PDF product)

COVID-19

Impacts of COVID-19 on Medicare Benefits Schedule and Pharmaceutical Benefits Scheme service use (3 web products)

Deaths

Behaviours and risk factors: psychosocial risk factors and suicide (1 web product)

Deaths in Australia (2 web products)

General Record of Incidence of Mortality (GRIM) books (1 web product)

Mortality Over Regions and Time (MORT) books (1 web product)

Suicide & self-harm monitoring (2 web products)

Suspected deaths by suicide (1 web product)

Dementia

Dementia data gaps and opportunities (1 PDF product)

Dementia deaths during the COVID-19 pandemic (1 web product)

Dental and oral health

National Oral Health Plan 2015–2024: performance monitoring report (1 web product; 1 PDF product)

Oral health and dental care in Australia (2 web products)

Diabetes

Incidence of insulin-treated diabetes in Australia (1 web product; 1 PDF product)

Indicators for the Australian National Diabetes Strategy 2016–2020 (1 web product)

Disability

Mortality patterns among people using disability support services: 1 July 2013 to 30 June 2018 (2 PDF products)

People with disability in Australia (2 web products; 2 PDF products)

Domestic violence

Sexual assault in Australia (1 PDF product)

Drugs

National Drug Strategy Household Survey 2019 (1 web product; 2 PDF products)

National Drug Strategy Household Survey – remote Indigenous communities case study (2 PDF products)

Expenditure

Injury expenditure in Australia 2015–16 (1 web product)

Food and nutrition

Novel sources of data for monitoring food and nutrition (1 PDF product)

Health and welfare expenditure

Aboriginal and Torres Strait Islander health expenditure estimates 2016–17 (1 web product)

Health expenditure Australia 2018–19 (1 web product; 1 PDF product)

Health-care quality and performance

Bloodstream infections in Australian hospitals 2019–20 (1 web product)

Experiences in health care for people with chronic conditions: how GPs and other specialists communicate with their patients 2017–18 (1 web product; 1 PDF product)

National Partnership on Essential Vaccines: performance report 2018–19 (1 PDF product)

National Partnership on Essential Vaccines: performance report 2019–20 (1 PDF product)

Heart, stroke and vascular diseases

Atrial fibrillation in Australia (1 web product)

Homelessness services

Specialist Homelessness Services annual report 2019–20 (1 web product; 8 PDF products)

Specialist Homelessness Services Collection data cubes 2011–12 to 2019–20 (1 PDF product)

Specialist Homelessness Services quarterly reporting (4 web products)

Hospitals

Admitted patient care 2018–19 (1 web product)

Admitted patient care 2018–19: Australian hospitals statistics data cubes (3 web products)

Admitted patient care 2019–20 (1 web product)

Australia's hospitals at a glance 2018–19 (1 PDF product)

Elective surgery waiting times 2019–20 (1 web product)

Emergency department care 2019–20 (1 web product)

Hospital resources (1 web product)

LHN centroids map (1 web product)

MyHospitals update: hand hygiene (2 web products)

Non-admitted patient care (1 web product)

Use of emergency departments for lower urgency care: 2015–16 to 2018–19 (1 web product)

Housing assistance

Housing assistance in Australia 2020 (1 web product)

Housing assistance in Australia 2021 (1 web product)

Indigenous Australians

Aboriginal and Torres Strait Islander Health Performance Framework (1 web product; 8 PDF products)

Aboriginal and Torres Strait Islander Health Performance Framework: additional National Aboriginal and Torres Strait Islander Health Survey (1 web product)

Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections (2 web products)

Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: update analyses for 2018–19 (1 PDF product)

Antenatal care use and outcomes for Aboriginal and Torres Strait Islander mothers and their babies 2016–2017 (1 PDF product)

Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: fifth national report 2020 (1 PDF product)

Cultural safety in health care for Indigenous Australians: monitoring framework (1 web product)

Hearing health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2019 (1 PDF product)

Indigenous eye health measures 2020 (1 PDF product)

Profiles of Aboriginal and Torres Strait Islander people with kidney disease (1 PDF product)

Oral health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2019 (1 PDF product)

Queensland's Deadly Ears Program: Indigenous children receiving services for ear disease and hearing loss (1 PDF product)

Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–23 (1 web product)

Injury

Boating and watercraft-related injury in Australia (1 PDF product)

Hospitalised injury in children and young people 2017–18 (1 PDF product)

Injury in Australia 2017–18 (11 web products)

Spinal cord injury, Australia 2017–18 (1 PDF product)

Venomous bites and stings 2017–18 (1 PDF product)

International comparisons

International health data comparisons 2020 (1 web product)

Mental health

Mental health impact of COVID-19 (1 web product)

Mental health services in Australia (tranche 2 2020) (1 web product)

Mental health services in Australia (tranche 3, 2020) (1 web product)

Mental health services in Australia (tranche 4, 2020) (1 web product)

Mental health services in Australia (tranche 1, 2021) (1 web product)

Mothers and babies

Antenatal care during COVID-19 (2 web products)

Australia's mothers and babies (1 web product)

Maternal deaths in Australia (1 web product)

National core maternity indicators: summary report 2018 (1 web product; 1 PDF product)

Stillbirths and neonatal deaths in Australia 2017 (1 web product)

Stillbirths and neonatal deaths in Australia 2018 (1 web product)

Stillbirths and neonatal deaths in Australia 2018 and 2018 (1 PDF product)

Overweight and obesity

A framework for monitoring overweight and obesity in Australia (1 PDF product)

Childhood overweight and obesity – the impact of the home environment (1 PDF product)

Inequalities in overweight and obesity and the social determinants of health (2 PDF products)

Overweight and obesity among Australian children and adolescents (2 PDF products)

Overweight and obesity: an interactive insight (1 web product)

Overweight and obesity in Australia: an updated birth cohort analysis (1 web product)

Palliative care

Palliative care services in Australia (2 web products)

Physical activity

Insufficient physical activity (1 web product)

Muscle strengthening activities among Australian adults (1 PDF product)

Primary health care

Coordination of health care for patients aged 45 and over by Primary Health Networks (1 web product)

Medicare-subsidised GP, allied health and specialist health care across local areas: 2013−14 to 2018−19 (1 web product)

Patient experiences in Australia by small geographic areas in 2018–19 (1 web product)

Prisoners

Health and ageing of Australia's prisoners 2018 (1 PDF product)

The health and welfare of women in Australia's prisons (1 PDF product)

Radiotherapy

Radiotherapy in Australia 2018–19 (1 web product)

Veterans

National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2020 update (1 web product; 1 PDF product)

Suicide & self-harm monitoring: populations and age groups – Australian Defence Force suicide monitoring (1 web product)

Youth justice

Young people returning to sentenced youth justice supervision 2018–19 (1 PDF product)

Young people under youth justice supervision and in child protection 2018–19 (1 PDF product)

Youth detention population in Australia 2020 (1 web product; 1 PDF product)

Youth justice in Australia 2019–20 (1 web product; 1 PDF product)

Journal articles

AIHW (Australian Institute of Health and Welfare) 2020. A home fit for heroes: meeting the needs of homeless veterans. Parity 33(6).

AIHW 2021. Keeping the ANZAC spirit alive for Australia's veterans and their supporters. The Last Post 22:78.

Liu J, Varghese BM, Hansen A, Xiang J, Zhang Y, Dear K et al. 2021. Is there an association between hot weather and poor mental health outcomes? A systematic review and meta-analysis. Environment International 153:106533. doi:10.1016/j.envint.2021.

Moon L, Gourley M, Goss J, Lum-On M, Laws P, Reynolds A et al. 2020. History and development of national burden of disease assessment in Australia. Archives of Public Health 78:88. doi:10.1186/s13690-020-00467-2.

von der Lippe E, Devleesschauwer B, Gourley M, Haagsma J, Hilderink H, Porst M et al. 2020. Reflections on key methodological decisions in national burden of disease assessments. Archives of Public Health 78:137. doi:10.1186/s13690-020-00519-7.

von Sanden N and Neideck G 2021. Learnings from the development of public sector MELDAs. Australian Journal of Social Issues 56(2): 288–300. doi: 10.1002/ajs4.157.

Welsh J, Joshy G, Moran L, Soga K, Law H-D, Butler D et al. 2021. Education-related inequalities in cause-specific mortality: first estimates for Australia using individual-level linked census and mortality data. International Journal of Epidemiology: dyab080. doi:10.1093/ije/dyab080.

Zhao C, Choi C, Laws P, Gourley M, Dobson A, Driscoll T et al. 2021. Value of a national burden-of-disease study: a comparison of estimates between the Australian Burden of Disease Study 2015 and the Global Burden of Disease Study 2017. International Journal of Epidemiology: dyab093. doi:10.1093/ije/dyab093.

Presentations

Al-Yaman F 2020. Presentation to Implementation Plan Advisory Group (IPAG), 7 December.

Al-Yaman F 2021. Regional analysis of Implementation Plan Goals. Presentation to Implementation Plan Advisory Group (IPAG), 11 March.

Arcos-Holzinger L 2021. Dementia mortality during the COVID-19 pandemic in Australia. Poster presentation at Australian Dementia Forum, 1 June.

Bennett V 2020. Health terminologies and classifications: why and when to use them. Presentation at the Pacific Health Information Network Webinar, 4 November.

Eggers S & Kent G 2021. AIHW Ethics Committee presentation to Office of the National Data Commissioner Branch meeting, 3 June.

Frost M 2020. Stronger evidence, better decisions. Presentation to Public Sector Network, Virtual Data & Analytics in Healthcare event, 12 November.

Gibson F 2021. Exploring the health of culturally and linguistically diverse (CALD) populations in Australia, using the MADIP. Academic presentation at Linked Data for Better Health Policy and Practice Forum, 10 February.

Gordon S 2021. Monitoring chronic conditions. Seminar presentation to Oxford Grammar School students, 6 May.

Gourley M 2020. Key developments and results from the Australian Burden of Disease Study. Presentation at the Symposium of the Korean Society for Preventive Medicine, Policy into Action Using Burden of Disease and Injuries Study, 15 October.

Gourley M 2020. National burden of disease studies: inspirations from across the globe. Workshop presentation at World Congress on Public Health, 13 October.

Groves C 2020. Overweight and obesity in Australia by birth cohort, 1995, 2007–08 and 2017–18. Conference presentation at Australian & New Zealand Obesity Society (ANZOS) Austral-Asia Obesity Research Update, 15–16 October.

Groves C 2020. Longitudinal analysis of overweight and obesity in children and adolescents. Poster presentation at Australian & New Zealand Obesity Society (ANZOS) Austral-Asia Obesity Research Update, 15–16 October.

Kent G 2020. Data governance at AIHW. Presentation to Department of Defence Data Governance Workshop, 9 November.

James M 2020. Australia's health 2020. Presentation to the Department of the Prime Minister and Cabinet, 20 November.

James M 2020. Data, evidence and the AIHW. Presentation to the University of Queensland, 13 October.

Jones S 2020. 5 key lessons for a cross-jurisdictional data linkage project win–win. Presentation at the International Population Data Linkage Network, 1–13 November.

O'Driscoll N 2021. Presentation on AIHW METeOR to health officials and analysts at the Philippines Department of Health, 25 June

Penney T 2021. Flexibility first: managing risk during COVID-19. Invited speaker at the Public Sector Governance, Risk and Compliance seminar. Virtual seminar delivered by the Public Sector Network, Sydney, 19 May.

Sandison B and Macpherson B. HIMAA Conference, 29–30 October 2020.

Sandison B 2020. Enhanced health data and information: an AIHW perspective on current issues and strategies. Keynote speaker at 2020 HIMAA (Health Information Management Association of Australia) National Virtual Conference, 29 October.

Sandison B 2020. Observations from AIHW, remaining relevant and productive. Seminar presentation to the Canadian Institute of Health Information, 30 September 2020.

Shahriar S 2020. Application of Machine Learning to Streamline Clerical Review in Data Linkage. Conference presentation at the International Population Data Linkage Network, 1–13 November.

Sparke C 2020. Public health monitoring and reporting – examples of how to fill the gaps of health inequalities. Workshop presentation at World Congress on Public Health, 14 October.

Appendix 2: Meeting attendance and remuneration

Table A2.1: Attendance at AIHW Board meetings

Name	Position	Meetings attended	Eligible meetings
Mrs Louise Markus	Chair	4	4
Dr Erin Lalor	Deputy Chair	4	4
Mr Barry Sandison	AIHW CEO/Executive Director	4	4
Dr Zoran Bolevich	Non-executive director	4	4
Ms Christine Castley	Non-executive director	0	1
Ms Marilyn Chilvers	Non-executive director	4	4
Ms Christine Gee	Non-executive director	3	4
Mr Romlie Mokak	Non-executive director	4	4
Dr Christine Pascott	Non-executive director	4	4
Mr Michael Perusco	Non-executive director	4	4
Ms Cathryn Ryan	Non-executive director	4	4
Dr Simone Ryan	Non-executive director	3	4

Table A2.2: Attendance at Risk, Audit and Finance Committee meetings and remuneration

Name	Position	Meetings attended	Eligible meetings	Remuneration ($)
Mr Michael Perusco	Chair	3	4	0
Dr Erin Lalor	Board member	4	4	0
Dr Simone Ryan	Board member	4	4	0
Mr Alistair Nicholson	Independent member	4	4	3,960

Note: Members are remunerated as AIHW Board members and do not receive additional remuneration for the RAFC.

Table: A2.3 Attendance at Remuneration Committee meetings

Name	Position	Meetings attended	Eligible meetings
Mrs Louise Markus	Chair	5	5
Dr Christine Pascott	Board member	5	5
Mr Michael Perusco	Board member	4	5

Table A2.4: Attendance at AIHW Ethics Committee meetings

Name	Position	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair	7	9
Ms Jennifer Taylor	Deputy Chair	7	7
Mr Barry Sandison	AIHW CEO	5	9
Ms Barbara Anderson	Person experienced in professional care, counselling and treatment of people	9	9
Dr Owen Bradfield	Person experienced in professional care, counselling and treatment of people	9	9
Ms Maryjane Crabtree	Person who is a lawyer	9	9
Professor Tim Driscoll	Person experienced in areas of research regularly considered by the committee	9	9
Ms Kimberley Flanagan	Female representing general community attitudes	8	8
Ms Amanda Ianna	Nominee of the Registrars of Births, Deaths and Marriages	8	9
Dr Ray Mahoney	Person experienced in areas of research regularly considered by the committee	9	9
The Hon Margaret Reynolds	Female representing general community attitudes	0	1
Mr Damien Tillack	Male representing general community attitudes	9	9
The Reverend Dr Nicholas White	Person performing a pastoral care role in a community	8	9

Table A2.5: Information about remuneration for key management personnel

		Short term benefits			Post employment benefits	Other long term benefits			
Name	Position title	Base salary*	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long term benefits	Termination benefits	Total remuneration
Barry Sandison	CEO	354,437	0	68,127	63,030	-7,859	0	0	477,735
Matthew James	Deputy CEO	241,804	0	26,914	44,719	-8,847	0	0	304,590
Louise Markus	Chair	77,101	0	0	7,325	0	0	0	84,426
Erin Lalor	Deputy Chair	38,551	0	0	3,662	0	0	0	42,213
Simone Ryan	Board Member	38,551	0	0	3,662	0	0	0	42,213
Michael Perusco	Board Member	38,551	0	0	3,662	0	0	0	42,213
Cathryn Ryan	Board Member	38,551	0	0	3,662	0	0	0	42,213
Christine Pascott	Board Member	38,551	0	0	3,662	0	0	0	42,213
Christine Gee	Board Member	38,551	0	0	3,662	0	0	0	42,213
Romlie Mokak	Board Member	0	0	0	0	0	0	0	0
Zoran Bolevich	Board Member	0	0	0	0	0	0	0	0
Christine Castley	Board Member	0	0	0	0	0	0	0	0
Marilyn Chilvers	Board Member	0	0	0	0	0	0	0	0

* *Note:* Base salary is shown on an accrual basis, which means it has been adjusted to reflect how much annual leave each person took during the year.

Table A2.6: Information about remuneration for senior executives

		Short term benefits			Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long term benefits	Average termination benefits	Average total remuneration
$0-$220,000	2	154,547	0	12,888	20,028	-81,382	0	75,851	181,932
$220,000-$245,000	2	175,498	0	26,914	33,379	-2,122	0	0	233,669
$245,001-$270,000	5	200,215	0	26,914	37,400	-4,322	0	0	260,207
$270,001-$295,000	1	214,195	0	26,914	38,027	-2,289	0	0	276,847
$295,001-$320,000	0	0	0	0	0	0	0	0	0
$320,001-$345,000	0	0	0	0	0	0	0	0	0
$345,001-$370,000	0	0	0	0	0	0	0	0	0
$370,001-$395,000	0	0	0	0	0	0	0	0	0
$395,001-$420,000	0	0	0	0	0	0	0	0	0
$420,001-$445,000	0	0	0	0	0	0	0	0	0
$445,001-$470,000	0	0	0	0	0	0	0	0	0
$470,001-$495,000	0	0	0	0	0	0	0	0	0
$495,001-	0	0	0	0	0	0	0	0	0

Note: This table shows the full year's remuneration for all senior executives except the CEO and Deputy CEO whose annual remuneration is shown in Table A2.5.

Appendix 3: Workforce statistics

Table A3.1: Staff numbers, 2017–21

	30 June 2017	30 June 2018	30 June 2019	30 June 2020	30 June 2021
			Number		
Active APS staff	344	324	341	343	347
APS staff on long-term leave	25	23	36	36	36
Contractors	17	102	157	164	207
Total staff	**386**	**449**	**534**	**543**	**590**
Full-time equivalent					
Active APS staff	318	302.8	320.3	320.55	321.29
APS staff on long-term leave	24.2	21.3	31.8	32.74	33.41
Contractors	15.9	89.9	134.8	140.83	183.70
Total staff	**358.1**	**414**	**486.9**	**494.12**	**217.11**

Table A3.2: Location and gender identification of APS staff, 30 June 2020 and 30 June 2021

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
					30 June 2021					
					Ongoing APS employees					
NSW	2	0	2	3	3	6	0	0	0	8
ACT	97	16	113	137	84	221	0	0	0	334
Total	99	16	115	140	87	227	0	0	0	342
					Non-ongoing APS employees					
NSW	0	0	0	0	0	0	0	0	0	0
ACT	3	0	3	2	0	2	0	0	0	5
Total	3	0	3	2	0	2	0	0	0	5
					Contract employees					
NSW	4	0	4	4	3	7	0	0	0	11
ACT	66	15	81	78	37	115	0	0	0	196
Total	70	15	85	82	40	122	0	0	0	207
					30 June 2020					
					Ongoing APS employees					
NSW	2	0	2	8	3	11	0	0	0	13
ACT	99	14	113	165	84	249	0	0	0	362
Total	101	14	115	173	87	260	0	0	0	375
					Non-ongoing APS employees					
NSW	0	0	0	0	0	0	0	0	0	0
ACT	2	0	2	2	0	2	0	0	0	4
Total	2	0	2	2	0	2	0	0	0	4

Table A3.3: Gender identification of active staff, 2017–21

	30 June 2017	30 June 2018	30 June 2019	30 June 2020	30 June 2021
			Active APS staff		
Female staff	234	220	229	232	229
Male staff	110	104	112	111	118
Staff who do not identify exclusively as male or female	0	0	0	0	0
Total	**344**	**324**	**341**	**343**	**347**
			Contractors		
Female staff	8	52	91	86	122
Male staff	9	50	66	78	85
Staff who do not identify exclusively as male or female	0	0	0	0	0
Total	**17**	**102**	**157**	**164**	**207**

Table A3.4: Number of active staff by classification level, 2019–20 to 2020–21

Level	30 June 2020	30 June 2021	% of active staff
APS 2–4	31	24	7
APS 5	32	40	12
APS 6	88	86	25
EL 1	129	134	39
EL 2	52	52	15
SES Band 1 and Band 2	10	10	3
CEO	1	1	0
Total	**343**	**347**	100

Table A3.5: EA salary range for APS and EL employees, 30 June 2021

Level	Lowest ($)	Highest ($)
APS 1	46,475	52,135
APS 2	54,044	59,199
APS 3	61,465	67,251
APS 4	68,893	74,616
APS 5	76,806	82,268
APS 6	86,146	95,232
EL 1	105,367	117,538
EL 2	128,948	144,915

Table A3.6: Commencements and separations of ongoing staff, 2020–21

Type	Number
Ongoing staff as at 30 June 2020	374
Staff engaged from outside the APS	19
Staff moving from another APS agency	18
Total commencing staff	37
Deceased	1
Staff separating through resignation	15
Staff separating through retirement	7
Staff who moved to another APS agency on transfer	10
Staff who moved to another APS agency on promotion	0
Total exiting staff	*33*
Ongoing staff as at 30 June 2021	378

Table A3.7: Graduate recruitment intake and outcomes, 2016–17 to 2020–21

	2016–17	2017–18	2018–19	2019–20	2020–21
Graduate intake (all at APS 4 level)	**14**	**18**	**19**	**13**	**6**
Graduates remaining as at 30 June 2021	**9**	**13**	**18**	**10**	**6**
As an APS 4	0	11	18	8	6
Promoted to APS 5	8	2	0	2	0
Promoted to APS 6	1	0	0	0	0

Appendix 4: Financial statements

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2021 comply with subsection 42(2) of *the Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

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

Louise Markus
Board Chair

29 September 2021

Rob Heferen
Chief Executive Officer

29 September 2021

Andrew Kettle
Chief Financial Officer

29 September 2021

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare (the Entity) for the year ended 30 June 2021:

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

(b) present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

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

Basis for opinion

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

Accountable Authority's responsibility for the financial statements

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

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

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Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Australian National Audit Office

Colin Bienke
Audit Principal

Delegate of the Auditor-General

Canberra
29 September 2021

Statement of Comprehensive Income

for the period ended 30 June 2021

	Notes	2021 $'000	2020 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	**44,189**	45,052	42,376
Suppliers	1.1B	**45,915**	35,783	41,809
Depreciation and amortisation	2.2A	**5,727**	5,587	4,973
Finance costs	1.1C	**390**	280	501
Losses from asset sales		**14**	142	-
Revaluation decrement		**-**	792	-
Total expenses		**96,235**	87,636	89,659
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	**63,519**	50,321	56,000
Interest	1.2B	**503**	1,332	800
Other revenue		**-**	-	30
Total own-source revenue		**64,022**	51,653	56,830
Net cost of services		**32,213**	35,983	32,829
Revenue from Government	1.2C	**32,178**	35,037	32,178
(Deficit)		**(35)**	(946)	(651)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		**-**	32	-
Total other comprehensive income		**-**	32	-
Total comprehensive (deficit)		**(35)**	(914)	(651)

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

Budget Variances Commentary

Suppliers and Employee Benefits are higher than budgeted to service the higher than budgeted fee-for- service work. Depreciation and amortisation is higher than budget due to the recognition of the associated right-of-use asset and fitout of new premises.

The majority of the increase in revenue from contracts with customers is for Australian Government Departments. Interest is lower because of reduced rates of interest and lower cash balances.

Statement of Financial Position

as at 30 June 2021

	Notes	2021 $'000	2020 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents	2.1A	**82,063**	100,843	100,845
Trade and other receivables	2.1B	**16,719**	7,844	7,844
Total financial assets		**98,782**	108,687	108,689
Non-financial assets[1]				
Buildings	2.2A	**39,416**	34,024	29,934
Plant and equipment	2.2A	**4,123**	3,323	4,417
Internally developed software under development		**771**	-	-
Prepayments		**1,854**	2,316	2,311
Total non-financial assets		**46,164**	39,663	36,662
Total assets		**144,946**	148,350	145,351
LIABILITIES				
Payables				
Suppliers		**4,292**	4,929	4,723
Contract liability		**49,422**	58,684	58,684
Other payables	2.3A	**861**	723	709
Total payables		**54,575**	64,336	64,116
Interest bearing liabilities				
Lease liability	2.4A	**35,810**	31,035	27,749
Total interest bearing liabilities		**35,810**	31,035	27,749
Provisions				
Employee provisions	3.1	**16,254**	15,912	15,913
Makegood provision		**270**	270	139
Total provisions		**16,524**	16,182	16,052
Total liabilities		**106,909**	111,553	107,917
Net assets		**38,037**	36,797	37,434
EQUITY				
Contributed equity		**31,699**	30,424	31,699
Reserves		**2,010**	2,010	2,009
Retained surplus		**4,328**	4,363	3,726
Total equity		**38,037**	36,797	37,434

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

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

Budget Variances Commentary

Cash and cash equivalents have decreased as the contract liability was lower than budgeted due to less payments in advance and higher receivables. A large amount of money was received in 2019–20 for projects undertaken in 2020–21.

Trade and other receivables are higher than budgeted due to invoices raised in June for new projects and milestones on schedules.

Non-financial assets have increased due to the recognition of the associated right-of-use asset for new leased premises and the fitout and equipment related to the premises. However, this is lower than budget as there are more costs to come. This has also increased the lease liability.

Software under development relates to the project to replace the METeOR system.

Suppliers were estimated to be higher at year end, however, a large component of suppliers were paid on 30 June.

Statement of Changes in Equity

for the period ended 30 June 2021

	Notes	2021 $'000	2020 $'000	Original Budget $'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		**30,424**	28,549	30,424
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		**1,275**	1,875	1,275
Total transactions with owners		**1,275**	1,875	1,275
Closing balance as at 30 June		**31,699**	30,424	31,699
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		**4,363**	489	4,363
Adjustment on initial application of AASB 16		**-**	4,820	-
Comprehensive income				
(Deficit) for the period		**(35)**	(946)	(637)
Total comprehensive income		**(35)**	(946)	(637)
Closing balance as at 30 June		**4,328**	4,363	3,726
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		**2,010**	1,978	2,009
Other comprehensive income		**-**	32	-
Total comprehensive income		**-**	32	-
Closing balance as at 30 June		**2,010**	2,010	2,009
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		**36,797**	31,016	36,797
Adjustment on initial application of AASB 16		**-**	4,820	-
Adjusted opening balance		**36,797**	35,836	36,797
Comprehensive income				
(Deficit) for the period		**(35)**	(946)	(637)
Other comprehensive income		**-**	32	-
Total comprehensive income		**(35)**	(914)	(637)
Transactions with owners				
Equity injection - Appropriations		**1,275**	1,875	1,275
Total transactions with owners		**1,275**	1,875	1,275
Closing balance as at 30 June		**38,037**	36,797	37,435

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

Equity injections

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

Cash Flow Statement

for the period ended 30 June 2021

	Notes	2021 $'000	2020 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Appropriations		**32,178**	35,037	32,178
Sale of goods and rendering of services		**45,734**	67,095	56,000
Interest		**551**	1,510	800
GST received		**-**	-	-
Other		**-**	-	30
Total cash received		**78,463**	103,642	89,008
Cash used				
Employees		**43,708**	42,939	42,376
Suppliers		**46,471**	36,607	42,396
Interest payments on lease liabilities		**280**	280	501
Total cash used		**90,459**	79,826	85,273
Net cash (used by)/from operating activities		**(11,996)**	23,816	3,735
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		**(4,277)**	(1,370)	(1,975)
Total cash used		**(4,277)**	(1,370)	(1,975)
Net cash (used by) investing activities		**(4,277)**	(1,370)	(1,975)
FINANCING ACTIVITIES				
Cash received				
Appropriations - equity injection		**1,275**	1,875	1,275
Total cash received		**1,275**	1,875	1,275
Cash used				
Principal payments of lease liabilities		**(3,782)**	(3,550)	(3,035)
Total cash used		**(3,782)**	(3,550)	(3,035)
Net cash from/(used by) financing activities		**(2,507)**	(1,675)	(1,760)
Net increase/(decrease) in cash held		**(18,780)**	20,771	-
Cash and cash equivalents at the beginning of the reporting period		**100,843**	80,072	100,845
Cash and cash equivalents at the end of the reporting period		**82,063**	100,843	100,845

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

Budget Variances Commentary

Supplier and employee cashflows have increased to service the higher than budgeted revenue from contracts.
Sale of goods and rendering services are lower than budget due to advance payments received for revenue projects in the previous year.
Interest is lower because of lower rates received on term deposits.
Purchase of property, plant and equipment have increased due to the fitout and equipment related to the premises.

Overview

The Basis of Preparation

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

The financial statements have been prepared in accordance with:

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

b) Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

New Accounting Standards

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

Contingent liabilities and contingent assets

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

The AIHW has no contingent assets or liabilities (2019–20: $0).

Taxation

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

Revenues, expenses, assets and liabilities are recognised net of GST except:

- where the amount of GST incurred is not recoverable from the Australian Taxation Office
- for receivables and payables.

Significant Accounting Judgements and Estimates

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

Impact of COVID-19

An assessment has been made on the impact of COVID-19 and there is no significant impact assessed and no significant ongoing uncertainty impacting the AIHW and its reported balances. The AIHW has had an independent review of the valuation of non-fixed assets and there is no material impact on the balances.

Events After the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

1.1 Expenses

	2021 $'000	2020 $'000
1.1A: Employee Benefits		
Wages and salaries	**33,901**	33,882
Superannuation		
Defined contribution plans	**3,454**	3,212
Defined benefit plans	**2,860**	3,039
Leave and other entitlements	**3,784**	4,919
Separation and redundancies	**190**	-
Total employee benefits	**44,189**	45,052

Accounting policies for employee related expenses is contained in Note 3.1

1.1B: Suppliers		
Contractors	**21,448**	21,553
Consultants[1]	**15,043**	5,726
Collaborating centres	**694**	253
IT services	**2,689**	2,043
Printing & stationery	**106**	148
Training	**457**	613
Travel	**129**	720
Telecommunications	**155**	218
Other	**4,781**	4,028
Total goods and services supplied or rendered	**45,502**	35,302
Other suppliers		
Workers compensation expenses	**413**	481
Total other suppliers	**413**	481
Total suppliers	**45,915**	35,783
1.1C: Finance costs		
Interest on lease liabilities	**390**	280
Total finance costs	**390**	280

1. Includes payments to government agencies and universities.

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

1.2 Own-Source Revenue and gains

	2021 $'000	2020 $'000
Own-Source Revenue		
1.2A: Revenue from contracts with customers		
Sale of goods	**1**	1
Rendering of services	**63,518**	50,320
Total revenue from contracts with customers	**63,519**	50,321
Major product/service line:		
Research services	**63,518**	50,320
Sales of publications	**1**	1
	63,519	**50,321**
Type of customer:		
Australian government entities (related parties)	**54,914**	40,949
State and territory governments	**5,175**	6,464
Non-government entities	**3,430**	2,908
	63,519	50,321
Timing of transfer of goods and services:		
Over time	**63,519**	50,321
Point in time	**-**	-
	63,519	50,321
1.2B: Interest		
Deposits	**503**	1,332
Total interest	**503**	1,332
1.2C: Revenue from Government		
Department of Health		
Corporate Commonwealth entity payment item	**32,178**	35,037
Total revenue from Government	**32,178**	35,037

Accounting Policy

Revenues from rendering of services

Performance obligations are being satisfied over time with revenue from rendering of services 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 inputs 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 inputs to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30-day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method.

Revenues from Government

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

2.1 Financial Assets

	2021 $'000	2020 $'000
2.1A: Cash and cash equivalents		
Cash at bank	**563**	8,343
Term deposits - cash equivalents	**81,500**	92,500
Total cash and cash equivalents	**82,063**	100,843

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

2.1B: Trade and Other Receivables		
Goods and services receivables		
Goods and services	**12,801**	6,351
Contract assets	**3,918**	1,493
Total goods and services receivables	**16,719**	7,844
Total trade and other receivables	**16,719**	7,844

Credit terms for goods and services were within 30 days (2020: 30 days).

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

Accounting Policy

Financial Assets

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

The entity classifies its financial assets in the following categories:

a) financial assets at fair value through profit or loss

b) financial assets at fair value through other comprehensive income

c) financial assets are measured at amortised cost.

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

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:
1. the financial asset is held in order to collect the contractual cash flows
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Effective Interest Method

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

Impairment of financial assets

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

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

2.2 Non-Financial Assets

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

Reconciliation of the opening and closing balances of property, plant and equipment for 2021

	Buildings 0	Plant and equipment $'000	Intangibles $'000	Internally developed software under development $'000	Total $'000
As at 1 July 2020					
Gross book value	**39,225**	**4,677**	**267**	**-**	**44,169**
Accumulated depreciation, amortisation and impairment	**(5,201)**	**(1,354)**	**(267)**	**-**	**(6,822)**
Total as at 1 July 2020	**34,024**	**3,323**	**-**	**-**	**37,347**
Additions					
Purchase	**1,751**	**1,755**	**-**	**-**	**3,506**
Internally developed	**-**	**-**	**-**	**771**	**771**
Right-of-use assets	**8,427**	**-**	**-**	**-**	**8,427**
Revaluations recognised in net cost of services	**-**	**-**	**-**	**-**	**-**
Revaluations and impairments recognised in other comprehensive income	**-**	**-**	**-**	**-**	**-**
Depreciation and amortisation	**(609)**	**(941)**	**-**	**-**	**(1,550)**
Depreciation on right-of-use assets	**(4,177)**	**-**	**-**	**-**	**(4,177)**
Disposals	**-**	**(14)**	**-**	**-**	**(14)**
Total as at 30 June 2021	**5,392**	**800**	**-**	**771**	**6,963**
Total as at 30 June 2021 represented by					
Gross book value	**49,403**	**6,418**	**267**	**771**	**56,859**
Accumulated depreciation, amortisation and impairment	**(9,987)**	**(2,295)**	**(267)**	**-**	**(12,549)**
Total as at 30 June 2021 represented by	**39,416**	**4,123**	**-**	**771**	**44,310**
Carrying amount of right-of-use assets	34,696	-	-	-	34,696

Reconciliation of the opening and closing balances of property that are subject to leases for 2021

	Buildings	Total
	0	$'000
As at 1 July 2020		
Gross book value	**34,585**	**34,585**
Accumulated depreciation, amortisation and impairment	**(4,139)**	**(4,139)**
Total as at 1 July 2020	**30,446**	**30,446**
Additions		
Purchase - Right-of-use assets	**8,427**	**8,427**
Depreciation on right-of-use assets	**(4,177)**	**(4,177)**
Total as at 30 June 2021	**4,250**	**4,250**
Gross book value	**43,012**	**43,012**
Accumulated depreciation, amortisation and impairment	**(8,316)**	**(8,316)**
Total as at 30 June 2021 represented by	**34,696**	**34,696**

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

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

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than $3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Lease Right of Use (ROU) Assets

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

On initial adoption of AASB 16 the AIHW has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and whole-of-government financial statements.

Revaluations

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

Asset class	Fair value measured at:
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price.

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

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

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

A formal revaluation of assets was completed by AllBids as at 30 June 2020. All written-down values were reviewed by AllBids as at 30 June 2021 and their opinion was that there is no material difference between the current carrying amount and the fair value.

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:

	2021	2020
Leasehold improvements	Lease term	Lease term
Buildings/Right-of-use assets	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2021. Where indications of impairment exist, the assets recoverable amount is estimated and an impairment adjustment made if the assets 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 assets ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Intangibles

The AIHWs intangibles comprises of the work in progress for the replacement of the AIHWs METeOR system. The METeOR project was assessed for impairment as at 30 June 2021.

2.3 Payables

	2021 $'000	2020 $'000
2.3A: Other Payables		
Salaries and wages	**746**	627
Superannuation	**115**	96
Total other payables	**861**	723

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

Financial Liabilities at Fair Value Through Profit or Loss

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

Financial Liabilities at Amortised Cost

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

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).

2.4 Interest bearing liabilities

	2021 $'000	2020 $'000
2.4A: Lease liability		
Lease liability	**35,810**	**31,035**
Total lease liability	**35,810**	**31,035**

Accounting Policy

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

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

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

3.1 Provisions

	2021 $'000	2020 $'000
3.1: Employee Provisions		
Annual leave	**5,149**	4,612
Long service leave	**11,105**	11,300
Total employee provisions	**16,254**	15,912

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within 12 months of balance date are measured at their nominal amounts.

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

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

Leave

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

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

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2020. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

AIHW staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the Public Sector Superannuation Scheme accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

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

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

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

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

3.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the AIHW, directly or indirectly, including any director (whether executive or otherwise) of the AIHW. In 2019–20, the CEO amended the organisation chart, delegations and executive responsibilities to give the Deputy CEO more authority. Consequently the application of these changes has led to senior executives aside from the CEO and Deputy CEO no longer being considered KMP. The date of effect of the change was 3 November 2019. Key management personnel remuneration is reported in the table below.

	2021	2020
	$'000	$'000
Short-term employee benefits	**1,000**	1,644
Post-employment benefits	**137**	236
Other long-term employee benefits	**(17)**	55
Total key management personnel remuneration expenses	**1,120**	1,935

The total number of key management personnel included in the above table is 13 (2020: 22).

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

3.3 Related Party Disclosures

Related party relationships:

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

Transactions with related parties:

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

There were no related party transactions during the financial year (2019–20: $0).

	2021 $'000	2020 $'000
4.1A: Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and Cash Equivalents	**82,063**	100,843
Trade and Other Receivables	**16,719**	7,844
Total financial assets at amortised cost	**98,782**	108,687
Total financial assets	**98,782**	108,687
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade Creditors	**4,292**	4,929
Total financial liabilities measured at amortised cost	**4,292**	4,929

4.2 Fair Value Measurements

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

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

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

Fair value measurements at the end of the reporting period using

	Fair Value ($'000)	
	2021	2020
Leasehold improvements	**4,720**	3,578
Other property, plant and equipment	**4,123**	3,323
Total non-financial assets	**8,843**	6,901
Total fair value measurements of assets in the statement of financial position	**8,843**	6,901

Fair value measurements - highest and best use differs from current use for non-financial assets (NFAs)
The highest and best use of all non-financial assets are the same as their current use.

There are no liabilities measured at fair value.

In 2020 the AIHW procured valuation services from AllBids and relied on valuation models provided by AllBids. AllBids provided written assurance to the entity that the model developed is in compliance with AASB 13 - Fair Value Measurement. All assets were valued using the Fair Market Value Technique. All written down values were reviewed by AllBids as at 30 June 2021 and their opinion was that there is no material difference between the current carrying amount and the fair value.

5.1 Current/non-current distinction for assets and liabilities

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

	2021 $'000	2020 $'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	**82,063**	100,843
Trade and other receivables	**16,719**	7,844
Prepayments	**1,854**	2,316
Total no more than 12 months	**100,636**	111,003
More than 12 months		
Buildings	**39,416**	34,024
Plant and equipment	**4,123**	3,323
Work in Progress - Software development	**771**	-
Total more than 12 months	**44,310**	37,347
Total assets	**144,946**	148,350
Liabilities expected to be recovered in:		
No more than 12 months		
Suppliers	**4,292**	4,929
Other payables	**861**	723
Lease liability	**3,820**	3,802
Employee provisions	**2,986**	2,949
Contract liablity	**49,422**	58,684
Total no more than 12 months	**61,381**	71,087
More than 12 months		
Employee provisions	**13,268**	12,963
Lease liability	**31,990**	27,233
Makegood provision	**270**	270
Total more than 12 months	**45,528**	40,466
Total liabilities	**106,909**	111,553

Appendix 5: Compliance index

Mandatory reporting requirements for the AIHW, as a corporate Commonwealth entity, have been included in this annual report.

PGPA Act requirements

PGPA Act Reference	Description	Page
Section 46	Prepare and give an annual report to the responsible Minister on the entity's activities during the period	1–157
Section 42	Prepare annual financial statements and give the statements to the Auditor General	117
Section 43	Auditor-General's report on the financial statements	118–119

PGPA Rule requirements

PGPA Rule Reference	Description	Requirement	Page
17BB	Approval of report by accountable authority	Mandatory	1
17BC	Compliance with guidelines for presenting documents to Parliament	Mandatory	1–157
17BCA	Annual report published using the digital reporting tool	Mandatory	1–157
17BD	Annual report prepared using plain English and clear design	Mandatory	1–157
17BE(a)	Details of the legislation establishing the body	Mandatory	64
17BE(b)(i)	A summary of the objects and functions of the entity as set out in legislation	Mandatory	8, 64
17BE(b)(ii)	The purposes of the entity as included in the entity's corporate plan for the reporting period	Mandatory	8
17BE(c)	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers	Mandatory	65
17BE(d)	Directions given to the entity by the Minister under an Act or instrument during the reporting period	If applicable, mandatory	65
17BE(e)	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	65
17BE(f)	Particulars of non compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	65
17BE(g)	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the rule	Mandatory	7
17BE(h), 17BE(i)	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non compliance with finance law and action taken to remedy non compliance	If applicable, mandatory	81
17BE(j)	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period	Mandatory	65–69

PGPA Rule Reference	Description	Requirement	Page
17BE(k)	Outline of the organisational structure of the entity (including any subsidiaries of the entity)	Mandatory	88
17BE(ka)	Statistics on the entity's employees on an ongoing and non ongoing basis, including the following: (a) statistics on full time employees (b) statistics on part time employees (c) statistics on gender (d) statistics on staff location	Mandatory	114
17BE(l)	Outline of the location (whether or not in Australia) of major activities or facilities of the entity	Mandatory	100
17BE(m)	Information relating to the main corporate governance practices used by the entity during the reporting period	Mandatory	75–82
17BE(n), 17BE(o)	For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than $10,000 (inclusive of GST): (a) the decision making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company; and (b) the value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions	If applicable, mandatory	81
17BE(p)	Any significant activities and changes that affected the operation or structure of the entity during the reporting period	If applicable, mandatory	87
17BE(q)	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity	If applicable, mandatory	81
17BE(r)	Particulars of any reports on the entity given by: (a) the Auditor General (other than a report under section 43 of the Act); or (b) a Parliamentary Committee; or (c) the Commonwealth Ombudsman; or (d) the Office of the Australian Information Commissioner	If applicable, mandatory	81
17BE(s)	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report	If applicable, mandatory	81
17BE(t)	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs)	If applicable, mandatory	81
17BE(taa)	The following information about the audit committee for the entity: (a) a direct electronic address of the charter determining the functions of the audit committee; (b) the name of each member of the audit committee; (c) the qualifications, knowledge, skills or experience of each member of the audit committee; (d) information about each member's attendance at meetings of the audit committee; (e) the remuneration of each member of the audit committee	Mandatory	 69 69 66, 68–69 111 111
17BE(ta)	Executive remuneration arrangements	Mandatory	112–113

Other mandatory reporting requirements

Description	Legislation	Page
Work health and safety	Schedule 2, Part 4 *Work Health and Safety Act 2011*	98–99
Equal employment opportunity	Section 9 *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*	94
Advertising and market research organisations expenditure and statement of advertising campaigns	Section 311A *Commonwealth Electoral Act 1918*	82
Ecologically sustainable development and environmental performance	Section 516A *Environment Protection and Biodiversity Conservation Act 1999*	100–101
Legal service expenditure	Paragraph 12.3 Legal Services Directions 2017	82
Modern slavery statement	Section 5 *Modern Slavery Act 2018*	81

Digital annual reporting information

Amendments to the PGPA Rule 2014 require entities to publish their annual reports on the Australian Government's transparency portal www.transparency.gov.au.

The PGPA Rule 2014 requires the following tables to be publishing in the annual report:

- Significant non-compliance with the Finance Law
- Details of Accountable Authority during the reporting period Current Report Period (2020–21)
- All Ongoing Employees Current Report Period (2020–21)
- All Non-Ongoing Employees Current Report Period (2020–21)
- All Ongoing Employees Previous Report Period (2019–20)
- All Non-Ongoing Employees Previous Report Period (2019–20)
- Information about remuneration for key management personnel
- Information about remuneration for senior executives
- Information about remuneration for other highly paid staff
- Audit committee.

Appendix 6: Errors and omissions

The AIHW Annual report 2019–20 included the following errors and omissions:

Page 57 Risk, Audit and Finance Committee

As required by PGPA Rule 17BE(taa), membership of the Risk, Audit and Finance Committee should have included independent member Maxwell Shanahan BA, FCPA, CGEIT, CISA, MACS (Senior), MIIAA. Mr Shanahan's term was from 8 December 2011 to 31 December 2019.

Page 68 Compliance with the Legal Services Directions 2017

The reported figure of $161,401 is incorrect. The correct amount was $199,104. The correct amount has been reported to the Office of Legal Services Compliance.

Abbreviations, acronyms and symbols

Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ABS	Australian Bureau of Statistics
ACC	Australian Collaborating Centre
ACT	Australian Capital Territory
AGILE	Attract, Grab, Impact, Learn, Explore
AHPF	Australian Health Performance Framework
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
AMR	Australian Mesothelioma Registry
ANAO	Australian National Audit Office
APP	Australian Privacy Principles
APS	Australian Public Service
ASL	Average Staffing Level
ATWD	Australian Teacher Workforce Data
ANU	Australian National University
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CIHI	Canadian Institute for Health Information
COVID-19	coronavirus disease 2019
CRO	Chief Risk Officer
CSAC	Classification and Statistics Advisory Committee
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DOMINO	Data Over Multiple INdividual Occurrences
EA	AIHW's Enterprise Agreement
EEO Act	Equal Employment Opportunity (Commonwealth Authorities) Act 1987
EL	Executive Level
FaHCSIA	(former) Department of Families, Housing, Community Services and Indigenous Affairs
FBT	fringe benefits tax
FOI Act	Freedom of Information Act 1982
GIF	graphical interchange format
GIS	graphic information system
GST	goods and services tax
HPV	human papillomavirus
HTML	hypertext markup language
ICARE	Impartial, Committed to service, Accountable, Respectful, Ethical (AIHW Values)
ICD-11	International Classification of Diseases, 11th Revision
ICT	information and communication technology
Institute	Australian Institute of Health and Welfare
LGBTQIA+	lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual

METeOR	AIHW's Metadata Online Registry
MoU	memorandum of understanding
MP	Member of Parliament
NABERS	National Australian Built Environment Rating System
NDDA	National Disability Data Asset
NDSHS	National Drug Strategy Household Survey
NGO	non-government organisation
NHDISC	National Health Data and Information Standards Committee
NHMRC	National Health and Medical Research Council
nKPI	national Key Performance Indicator
NMDS	National Minimum Data Set
NMHC	National Mental Health Commission
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
OLSC	Office of Legal Services Coordination
OOHC	out-of-home care
OSR	Online Services Report
PDA	Performance Development Agreement
PDF	portable document format
PGPA Act	*Public Governance, Performance and Accountability Act 2013*
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PHN	Primary Health Network
PM&C	Department of the Prime Minister and Cabinet
PMO	Project Management Office
PRINCE2	Project in a Controlled Environment (methodology)
Privacy Act	*Privacy Act 1988*
PSM	Public Service Medal
RAFC	Risk, Audit and Finance Committee
RMF	Risk Management Framework
SAMAC	Statistical and Analytical Methods Advisory Committee
SCNHI	Strategic Committee for National Health Information
SES	Senior Executive Service
SHS	Specialist Homelessness Services
SRP	Strategic Risk Profile
T1, T11, T26, T27	AIHW office street numbers in Thynne Street, Bruce
WHO	World Health Organization
WHO-FIC	World Health Organization's Family of International Classifications
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Symbols

%	per cent
.	not applicable

Glossary

Term	Definition or explanation
CALD Network	The AIHW CALD (culturally and linguistically diverse) Network promotes awareness of the different cultures and languages represented at the AIHW, provides opportunities for CALD staff to connect with other CALD staff and advocates for CALD staff.
COAG	The Council of Australian Governments (COAG) was the peak intergovernmental forum, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association.
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 2020–21, AIHW staff members considered full-time worked 37 hours and 5 minutes per week.
Health Chief Executives Forum (HCEF)	It is the advisory and support body to the Health Ministers' Meeting Forum (formerly the Australian Health Ministers' Advisory Council -AHMAC) established by National Cabinet under the new Federal Relations Architecture.
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.
National Cabinet	Australian intergovernmental decision-making forum comprising the prime minister and state and territory premiers and chief ministers established on 13 March 2020 in response to the COVID-19 pandemic. The National Cabinet replaced the COAG as the primary intergovernmental forum on 29 May 2020.
Pride Network	The AIHW Pride Network provides peer support and visibility for our lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual (LGBTQIA+) staff.
Twitter analytics terms	*Impressions:* Number of times users saw the tweet on Twitter. *Engagements:* Total number of times users interacted with a tweet, including retweets, replies, follows, likes and clicks on hashtags, links, avatar, username and tweet expansion. *Engagement rate:* Number of engagements divided by the total number of impressions. Rates between 33 and 100 reactions for every 1,000 followers (3.3%–10%) are considered to be very high across the Twitter platform.
LinkedIn analytics terms	*Impressions:* Number of times users viewed the post. *Engagements:* Total number of times users interacted with a post, including clicks, likes, shares, comments, follows, link clicks and video views. *Engagement rate:* Number of engagements divided by the total number of impressions. Rates between 33 and 100 reactions for every 1,000 followers (3.33%–10%) are considered to be very high across the LinkedIn platform.

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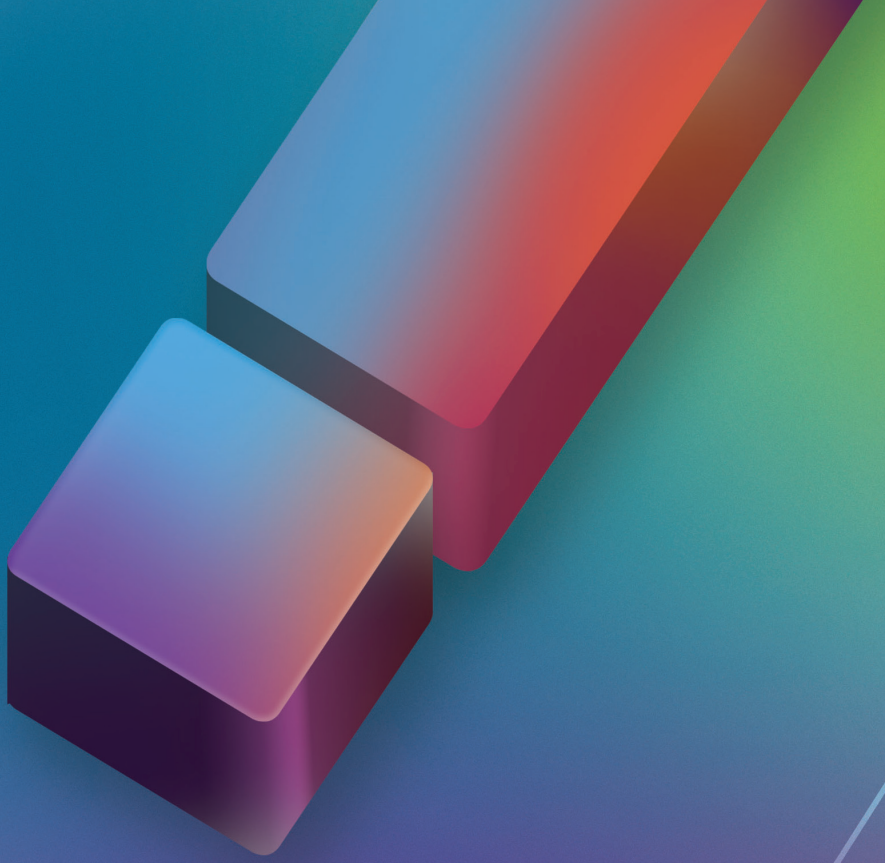

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Annual report 2020–21

AIHW

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improved health and welfare

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