Australian Government

Australian Institute of Health and Welfare

Annual report 2015–16

About the AIHW

The Australian Institute of Health and Welfare (AIHW) is a major national agency that provides authoritative information and statistics to promote better health and wellbeing among Australians. We are an independent statutory agency in the Health portfolio.

Our role

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

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

Our values

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

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

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

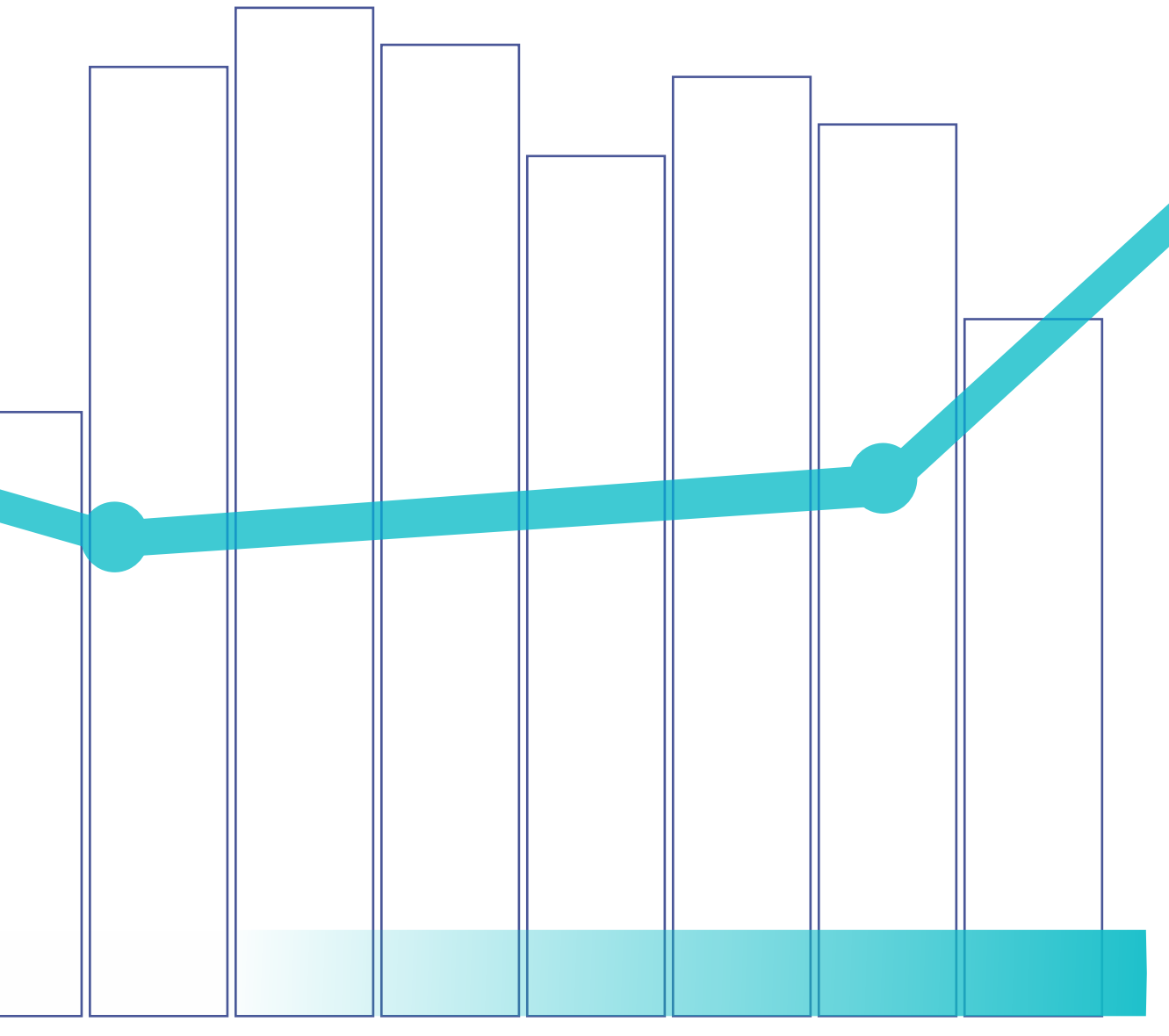
- impartial, committed to service, accountable, respectful and ethical.

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

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

Annual Report

2015–16



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

Director
Mr Barry Sandison

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AIHW Board Chair's report

On Tuesday 13 September 2016, I was privileged to welcome the Hon. Sussan Ley MP, Minister for Health and Aged Care, and Minister for Sport, to launch our flagship publication *Australia's health 2016* in the Australian Parliament. This cemented the 'new era' for the Australian Institute of Health and Welfare (AIHW), which has come out of a period of great uncertainty. We are invigorated, enriched, sharp, responsive and raring to go, to provide to Australia and Australians the best information, facts, figures and commentaries about our world-class health and welfare systems—clearly, impartially, truthfully and reliably.

I take this opportunity to thank all the staff at the Institute for performing above and beyond the call of duty—to deliver—for Australia. Further, I acknowledge and am indebted to all of our stakeholders from individual Australians, small organisations, larger institutions, non-government organisations and all the governments across Australia for their trust.

I also recognise the Australian Government Department of Health and its Secretary, Mr Martin Bowles PSM, and his team and the teams of his other departmental colleagues for continuing to pursue an evidence-based, data-driven administration and for seeing our potential in that agenda.

My amazing board members, and their unstinting support, diligence, perseverance, friendship and professionalism that have helped us, together, to steer this organisation and prepare it for the new world of joined-up health and welfare provision and usage of services, have to be publicly appreciated.

The Australian Government and Minister Ley, her colleagues and their offices and officers have decided to retain the AIHW and transfer the majority of functions from the National Health Performance Authority to the AIHW. For this action and direction I am truly grateful. We will deliver on that vote of confidence. The decision to retain the AIHW as an entity enabled the AIHW Board to recruit a new Director (CEO) to follow Acting Directors, Ms Kerry Flanagan and Mr Andrew Kettle. They provided stability, a guiding hand and reassurance for the Institute during a period of uncertainty about our future.

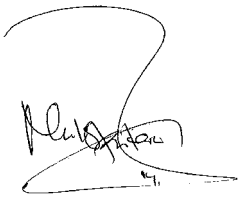
I am delighted that we were able to attract Mr Barry Sandison from the Department of Human Services to the position of Director of the AIHW. Mr Sandison was appointed by the Minister for Health in May 2016. He brings wisdom and knowledge as well as an eagle eye, sharp wit and a wealth of relevant experience and skills to the role.

Our business is to help improve the health and welfare of Australians through the provision of useful and accurate data and information about the state of Australia's health and welfare. With our team, CEO and board, we are on course to emerge ready for the challenges of the future.

This report shows that 2015–16 was another very productive and rewarding year. As well as *Australia's health 2016*, we released our major publication *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*. The study, which was funded by the Department of Health and was last undertaken 8 years ago, is worth undertaking more frequently. In addition, the AIHW produced a range of other high-quality, informative reports on key issues affecting the health and welfare of Australians, some of which are highlighted in this report. The readability and presentation of these documents is changing, reflecting community need for understandable, succinct and cogent information.

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

In 2016–17, the Board will work with Mr Sandison, the staff of the Institute and other stakeholders to develop a change management program in response to the recommendations of an external review of the AIHW undertaken on behalf of the Department of Health. We will consult with our major stakeholders to gain their valued input into what our strategic directions and priorities should be into the future.



Dr Mukesh C Haikerwal AO
AIHW Board Chair

Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

The Hon. Sussan Ley MP
Minister for Health and Aged Care
Minister for Sport
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present you with the annual report of the Australian Institute of Health and Welfare (AIHW) for the year ending 30 June 2016.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and, for the year ending 30 June 2016, was subject to the *Public Governance, Performance and Accountability Act 2013*.

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

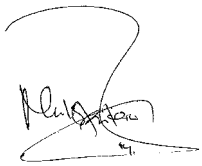
- Public Governance, Performance and Accountability Rule 2014
- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015.

The report also provides information required by other applicable legislation.

The members of the AIHW resolved to approve the report at their meeting on 6 October 2016.

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

Yours sincerely



Dr Mukesh C Haikerwal AO
Board Chair
6 October 2016

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Contents

This annual report reviews the activities and achievements of the AIHW in the 2015–16 financial year. It enables the Australian Parliament, the Australian Government and the people of Australia to assess the efficiency, effectiveness and economy of the AIHW, in accordance with the requirements of the Public Governance, Performance and Accountability Act 2013.

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

Contact information is on the inside back cover.

In brief

Who we are and what we do

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

We develop, collect, analyse and report information from the national data collections of which we have custody, and from other credible data sources, in the following areas:

- health
- community services, including
  - aged care services
  - child care services
  - child welfare services
  - services for people with disability
  - housing assistance.

We provide authoritative and timely information and analysis to governments, other organisations and the community in these subject areas.

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

Our strategic directions—guiding the AIHW forward

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

We partner with our stakeholders

We work collaboratively

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

We engage closely with data providers and other stakeholders to understand their information needs and ensure data quality and integrity. We use their advice to help produce relevant and meaningful analyses that are useful for developing better policy and driving changes in service delivery. We do this through participation in national information committees and day-to-day interactions with data suppliers. These activities are crucial to promoting national consistency and comparability of data, and enhancing its quality and timeliness.

Our stakeholders

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

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

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

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

We deliver trusted data suited to policy needs

Our performance

The AIHW continued to improve its products and services during 2015–16.

We improved the availability of health and welfare information.

We released 182 products (print and web) in areas as diverse as health expenditure, hospital statistics, vascular diseases and youth justice. We increased the range and variety of formats designed to make our products more accessible. Some of our more significant reports included:

- *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*
- *Educational outcomes for children in care: linking 2013 child protection and NAPLAN data*
- *National key performance indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014*
- *Housing assistance in Australia 2016* (web product)
- *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people.*

Work was also completed on the AIHW's biennial reports:

- *Australia's welfare 2015* was released in August 2015
- *Australia's health 2016* was presented to the Minister for Health in June 2016 and tabled in September 2016 following commencement of the 45th Australian Parliament.

Our web products increasingly present our information in new ways, for example:

Around three-in-five households (59%) were homeless at the time of their allocation to public rental housing.

We completed 33 data linkage projects for academic researchers, research agencies and government departments as agreed under the National Collaborative Research Infrastructure Strategy.

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

We maintained a number of websites, such as:

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

Sixty per cent of our annual national collection releases were delivered in less than 1 year.

We enable access to our collections by external researchers following approvals by the AIHW Ethics Committee. There were 40 approvals this year.

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

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

We also:

- achieved most of our performance deliverables and met most of our indicator targets or specified reference points listed in the 2015–16 Portfolio Budget Statements, as shown in our performance statement in **Chapter 1 Our performance**—those we did not meet are discussed in the performance statement
- lived within our financial resources
- complied with key legislative and regulatory requirements.

Further information about the products we produced in 2015–16 is provided in **Chapter 2 Our products**.

Our revenue is $48 million; 65% from clients

Our financial performance

Both our revenue and expenditure fell slightly in 2015–16 while we maintained a small surplus. From 2016–17, our appropriation will increase due to the transfer of functions previously undertaken by the former National Health Performance Authority.

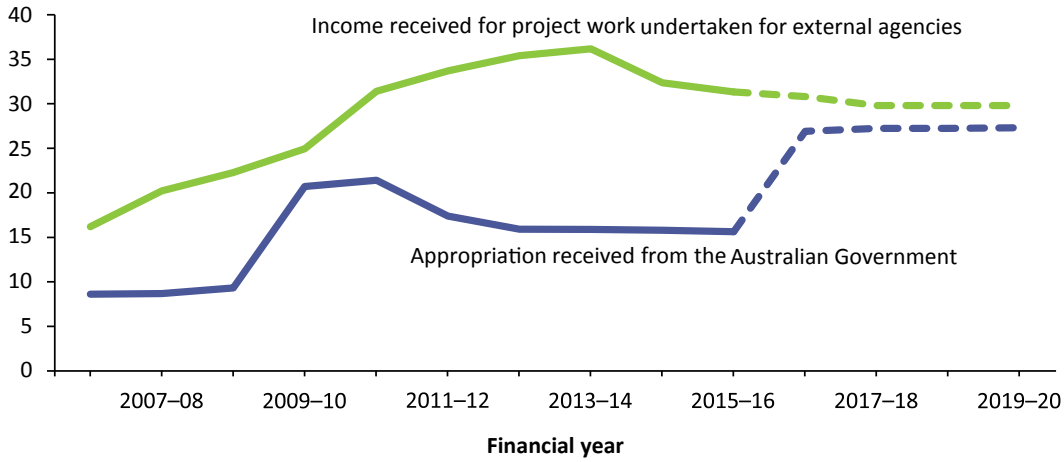
Revenue	*million*
2015–16	**$48.4**
2014–15	$49.2

Expenditure	*million*
2015–16	**$48.1**
2014–15	$48.7

Surplus	*million*
2015–16	**$0.3**
2014–15	$0.6

Revenue split 2015–16	
Appropriation	32.3%
Clients	64.7%
Interest and other	3.0%

Assets minus liabilities (equity)	*million*
2015–16	**$5.7**
2014–15	$5.3



Note: Data for this figure are available in Table A8.1.

Figure 1: Major revenue sources, 2006–07 to 2015–16, with projections, 2016–17 to 2019–20

Further information about the AIHW's financial performance is in 'Our financial performance' in **Chapter 1 Our performance**. The AIHW's financial statements are available in Appendix 9 on page 177.

We released 182 reports/web products

Our communications

We aspire to communicate our data and analysis as widely as possible in free and accessible formats for all our stakeholders. We released slightly more products (print and web) than in the previous year. Fewer media releases were balanced by greater emphasis on engaging through social media, videos and graphical representations of statistics.

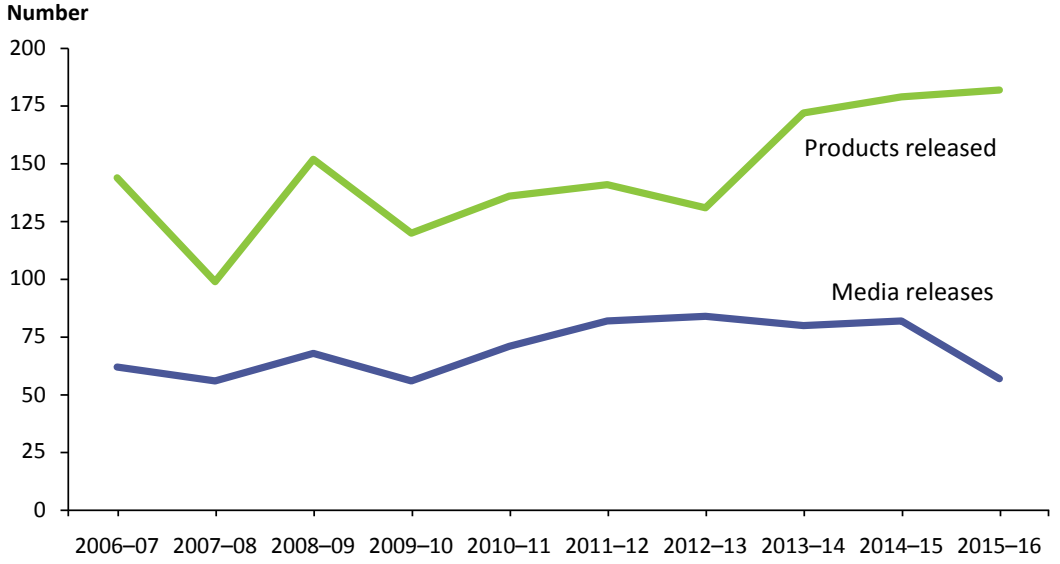
Products	
2015–16	**182**
2014–15	179

Products 2015–16	
Print ready reports	120
Web products	62

Web sessions	*million*
2015–16	**2.9**
2014–15	2.7

Media releases	
2015–16	**57**
2014–15	82

Media coverage	*items*
2015–16	**3,566**
2014–15	4,173



Note: Data for this figure are available in Table A8.2.

Figure 2: Products released and media releases, 2006–07 to 2015–16

Further information about our reports, and online information and data, is in **Chapter 3 Our communications**. Product lists are in Appendix 2 on page 115.

Our board reports through the Health Minister

Our organisation

The *Australian Institute of Health and Welfare Act 1987* (AIHW Act; see Appendix 1 on page 113) is our enabling legislation and establishes the AIHW Board as the Institute's governing body. The role and composition of the board are specified in section 8(1).

The board is accountable to the Parliament of Australia through the Minister for Health, and is responsible for setting the overall policy and strategic direction of the Institute. As at 30 June 2016, the Minister for Health and Aged Care was the Hon. Sussan Ley MP.

The Hon. Sussan Ley MP

The Charter of Corporate Governance outlines the AIHW Board's structure, processes and responsibilities.

The Director of the AIHW manages the day-to-day affairs of the Institute with the assistance of an executive committee. Our staff operate within 8 organisational groups.

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

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

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

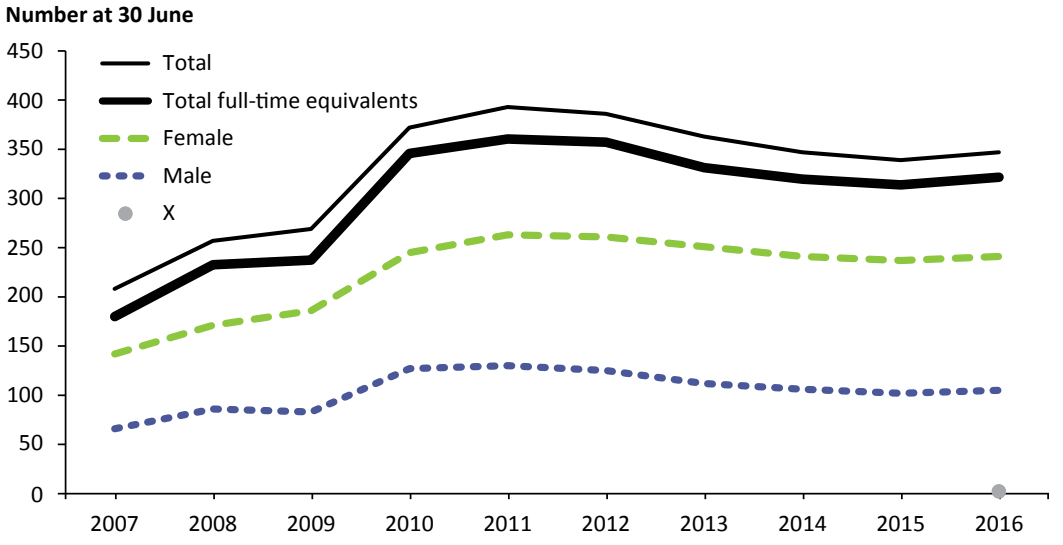
We have 310 highly skilled staff

Our people

We strive to provide a workplace that offers fulfilling and challenging work, as well as promoting the professional and personal development of our employees. We rely on highly skilled and competent staff to support our strategic directions and work plan. The professionalism and expertise of our workforce have been prevailing constants throughout the AIHW's history. During 2015–16, we welcomed 20 staff from the former National Health Performance Authority (see the **AIHW Director's report** on page xvii). Other than this, changes in staffing levels generally related to the requirements of project work undertaken for external agencies.

Active staff	*Individuals*	*Full-time equivalents*
30 June 2016	**310**	**286.6**
30 June 2015	308	284.8

Active staff at 30 June 2016	*Individuals*
Full-time	225
Part-time	81
Casual	4



Note: Data for this figure are available in Table A8.3.

Figure 3: Staff numbers, 2007–2016

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

AIHW Director's report

I was delighted to be appointed as Director of the AIHW, an organisation admired as a national asset. It has a vital role to perform, highly skilled and experienced staff and a future full of opportunity. It is my privilege to join the Institute and be able to report here on its 29th year. I would like to thank Ms Kerry Flanagan and Mr Andrew Kettle for acting in the role during the year and for maintaining the AIHW's reputation for producing high-quality, relevant, accessible, useful and independent data and analysis. This occurred against the backdrop of some uncertainty about the organisation's future directions.

Before joining the AIHW, I held the role of Deputy Secretary, Health and Information, at the Department of Human Services (DHS) for 2.5 years. Before this, I was the deputy looking after the welfare program management side of DHS' business. I have a strong interest in how government data can be used for public good and while at DHS was co-chair of the Commonwealth Deputy Secretaries Data Working Group, a role that I continue to hold.

Since joining the AIHW, I have received tremendous support from our highly qualified and dedicated staff. Our work entails a full spectrum of activities, such as establishing nationally consistent data standards and classifications, collecting information from a variety of sources, quality assurance, data reporting and analysis and data linkage. The AIHW collaborates well with data providers and stakeholders to build common ownership of data improvement strategies. The products delivered in 2015–16, and described elsewhere in this annual report, are of high calibre and, I notice, trusted as authoritative sources of information.

Our resources

In 2015–16, around 32% of our budget was provided as ongoing funding, with nearly 65%—$31.3 million—provided via 'at risk' contract work, mainly from Commonwealth and state and territory governments. This provides a sometimes challenging and unpredictable environment in which we currently manage employment of 347 staff to deliver our work, of which 310 are active staff.

The AIHW continues to operate within the level of resources allocated to it by government and our external funding providers. In 2015–16, we made a small surplus despite a reduction in revenue for project work undertaken for external agencies of about $1.0 million caused mainly by funding ceasing for a small number of projects.

Integration of functions from the National Health Performance Authority

After considering several options for the future of the AIHW and several other small agencies in the Health portfolio, the Australian Government decided to close the National Health Performance Authority (NHPA) with effect from 1 July 2016 and transfer its functions to the AIHW and the Australian Commission on Safety and Quality in Health Care. The AIHW worked cooperatively with the Department of Health, NHPA and the commission on a transition plan. The AIHW will take over NHPA's role to report on the Performance and Accountability Framework (PAF) for the health system, with the AIHW's annual appropriation increasing by about $11 million. Relevant state and territory departments have agreed to transfer data from the NHPA to the AIHW and the Council of Australian Governments' Health Council has agreed to the AIHW's 2016–17 PAF Data Plan. The AIHW has created a PAF Jurisdictional Advisory Group to replace NHPA's PAF Jurisdictional Advisory Committee.

To ensure business continuity, the AIHW created a new Health Performance and Accountability Framework Group in April 2016 and 20 staff voluntarily transferred from the NHPA to the new group in the AIHW. We are keen to learn from how the NHPA operated and during 2016–17 the new group will work more closely with other groups in the AIHW who do similar work. This annual report does not reflect the activities of the new group, though Chapter 5 Our people includes numbers associated with transferred staff.

Our future

During the year, the Department of Health commissioned a review of the AIHW by external consultants. The reviewers met with many internal and external stakeholders and considered the AIHW's external environment, its role, business model, governance and processes. Their findings and recommendations have been presented to the AIHW Board and senior executive, but the report remains under embargo.

During 2016–17, the AIHW will work with the Department of Health to prepare and implement a change management plan based on the consultants' recommendations. This will be followed by revision of our strategic directions and corporate plan.

More broadly, the Institute is keen to do everything it can to assist implementation of the Australian Government's Public Data Policy Statement issued in December 2015. The policy focuses on the increasing potential value of data amid increasing data volumes, including its value in stimulating innovation, and on the publishing, linking and sharing of appropriately anonymised government data.

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

Barry Sandison
Director

Our performance

1

Our activities are underpinned and guided by legislative and administrative requirements, contractual obligations and financial objectives. These include requirements to produce a corporate plan and Portfolio Budget Statements (PBS) each year, which outline our proposed activities and performance information.

This chapter encompasses our 2015–16 performance statement, which is the required manner for reporting on all performance criteria included in our corporate plan. It focuses on our performance in achieving our key performance indicators and expected major deliverables for the year.

The chapter also summarises our financial performance, which is detailed in our 2015–16 financial statements in Appendix 9, and our compliance with legislation on reporting.

Statement by accountable authority

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

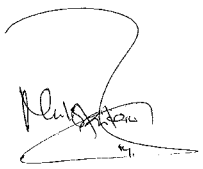
STATEMENT BY ACCOUNTABLE AUTHORITY

On behalf of the board of the Australian Institute of Health and Welfare (AIHW), which is the accountable authority of the AIHW, I present, in this chapter of the *AIHW Annual Report 2015–16*, the 2015–16 annual performance statement of the AIHW, as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

In my opinion, this 2015–16 annual performance statement is based on properly maintained records, accurately reflects the performance of the Institute, and complies with subsection 39(2) of the PGPA Act.

The members of the AIHW resolved to approve this 2015–16 annual performance statement at their meeting on 6 October 2016, in the context of approval of the *AIHW Annual Report 2015–16*. This statement is made in accordance with that resolution.

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



Dr Mukesh C Haikerwal AO
Board Chair
6 October 2016

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

Understanding our performance

The purpose of the Australian Institute of Health and Welfare (AIHW), are stated in the *Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19* (corporate plan), as follows:

Purpose

Authoritative information and statistics to promote better health and wellbeing.

Role

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

We develop, collect, analyse and report information drawn from the national data collections for which we are custodians, and from other credible data sources.

We maintain close engagement with our data providers to ensure the quality and integrity of our work, to understand their information needs and to use their advice to help us produce relevant and meaningful analyses that are useful for developing better policy and driving changes in service delivery. All of this is conducted with a view to enabling the delivery of better health and welfare outcomes for Australians.

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

We produce many public reports and actively promote our work to governments, other organisations and the community.

The AIHW's single outcome—that is, its intended impact on the Australian community, as stated in the 2015–16 PBS, is:

Outcome

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

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

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

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

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

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

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

Program

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

Our performance criteria and results

In the corporate plan, we included the following 2 program objectives:

- improve the availability of health and welfare information
- improve the quality of health and welfare information.

These objectives were to be tested by 14 performance criteria of two types: 9 deliverables and 5 key performance indicators. The source for all these performance criteria is the 2015–16 PBS available at <www.health.gov.au/internet/budget/publishing.nsf/content/2015-2016_health_pbs>. Some were to be measured in more than one way.

Our performance results

Our results against each performance criterion are detailed in tables 1.1–1.4, grouped by program objective and type of criterion. Comments are provided that give additional context or indicate where this may be found.

Deliverables contributing to improving data availability

Table 1.1: Results for 2015–16 performance criteria: deliverables contributing to improving the availability of health and welfare information

Planned deliverable	Result		Comment
Present to the Minister for Health a new edition of:			
• *Australia's welfare* by 31 December 2015 • *Australia's health* by 30 June 2016.	We presented *Australia's welfare 2015* and *Australia's health 2016* by the due dates.	Achieved	Delivery of each of these reports is required by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).
Release a range of information products relevant to key policy areas by 30 June 2016, including:	We released by 30 June 2016:		All the products identified provide information relevant to areas of key public policy.
• national key performance indicators for Indigenous primary health care services for 2014	• *National key performance indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014*	Achieved	'Indigenous primary health-care indicators' on page 43 provides further information.
• cardiovascular, diabetes and chronic kidney disease in Indigenous Australians	• *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people*	Achieved	'Interrelationships between cardiovascular disease, diabetes and chronic kidney disease in Indigenous Australians' on page 35 provides further information.
• hospital statistics for 2014–15	• *Admitted patient care 2014–15: Australian hospital statistics*	Achieved	Public and private hospitals at a glance on page 40 provides further information.
• links between homelessness services and public housing	• *Exploring transitions between homelessness and public housing: 1 July 2011 to 30 June 2013*	Achieved	This report was delivered ahead of schedule in May 2015.
• health expenditure for 2013–14[(a)]	• *Health expenditure Australia 2013–14*	Achieved	We also released an analysis covering 25 years of health expenditure (see 'Growth in health expenditure' on page 39).

continued

Planned deliverable	Result		Comment
• monitoring screening programs for:			
- breast cancer	• *BreastScreen Australia monitoring report 2012–2013*	Achieved	
- cervical cancer	• *Cervical screening in Australia 2013–2014*.	Achieved	'The current state of cervical screening: on the cusp of change' on page 36 provides further information.
	We did not release by 30 June 2016:		
- bowel cancer	• *National Bowel Cancer Screening Program: monitoring report 2016* was released on 20 July 2016.	Not achieved	This report is a new version relative to previous financial year reports, which includes new performance indicators for the screening program and data with different reference periods. Development of the report required more time.
Continue to operate the National Aged Care Data Clearinghouse to provide access to significant aged care collections, including by:			
• monitoring and responding to data requests made to the data clearinghouse	We received 48 requests and responded to 46 requests during the year; the remaining 2 were cancelled by the client. The median time for completion of requests was 18 days.	Achieved	
• delivering aged care data for national reporting purposes by 30 June 2016.	We supplied data for the Steering Committee for the Review of Government Service Provision's *Report on government services* and for reporting on Residential aged care and Home Care as per agreed timetables.	Achieved	

continued

Planned deliverable	Result		Comment
Continue to operate the Data Integration Services Centre to undertake complex data integration (linkage) projects as agreed under the National Collaborative Research Infrastructure Strategy 2013, including by:	We completed data linkage services, including linkage of other data sets to Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data, the National Death Index and the Australian Cancer Database, as agreed under the strategy for:		Projects may be for academic researchers, government departments and research agencies.
• satisfying requests for data linkage relating to more than 30 projects by 30 June 2016.	• 33 projects.	Achieved	We work to enhance our data linkage and analytical capabilities and methodologies. Figure 1.4 on page 16 shows trends.
Continue to operate the National Centre for Monitoring Vascular Diseases.	We released 10 products under centre arrangements.	Achieved	Appendix 2 lists these products under 'Vascular diseases'.
Improve the availability of information by releasing or completing at least:	We released or completed:		
• 151 products[b]	• 182 products	Achieved	Figure 1.1 on page 14 shows trends.
• 45% of statistical products that include data in a manipulatable format	• 54% of our statistical products with data in a manipulatable format	Achieved	Figure 1.2 on page 14 shows trends.
• 230 requests for customised data analysis.	• 162 requests for customised data analysis.	Partly achieved	'Requests for customised data analysis completed' on page 15 explains this result. Figure 1.3 on page 15 shows trends.

(a) In the 2015–16 PBS, for this deliverable, the 2014–15 year was inadvertently referenced rather than the intended 2013–14 year.

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

Indicators of improving data availability

Table 1.2: Results for 2015–16 performance criteria: key performance indicators of the availability of health and welfare information

Key performance indicator	Result		Comment
Collect, produce and release data and information that assist community understanding, policy purposes or research purposes, within privacy and confidentiality constraints, such that:			
• AIHW data collections—a number of which are 'Essential Statistical Assets for Australia'—are	Ten of the 104 Essential Statistical Assets for Australia listed by the Australian Bureau of Statistics (ABS) relate to 15 AIHW data collections and cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality.		Appendix 6 lists AIHW data collections. The Essential Statistical Assets for Australia are detailed at <www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1395.02014?OpenDocument>.
- maintained securely over time	We maintained our collections securely; there were no known data breaches.	Achieved	Chapter 4 provides more detail about our data security arrangements on page 93. All data releases fully complied with all privacy and confidentiality requirements.
- as relevant, enhanced	Our collections were enhanced, notably with the addition of Medicare Benefits Schedule and Pharmaceutical Benefits Schedule data.	Achieved	Enhancements, greater and smaller, occur whenever funding permits.
- made accessible for the purposes of external research	Forty new external research projects were approved by the AIHW Ethics Committee. These projects—most involving data linkage—will be completed securely at the AIHW.	Achieved	Figure 4.2 on page 76 shows trends.

continued

Key performance indicator	Result		Comment
- used to disseminate information in diverse and accessible formats	All our publications, including those about collections, are available free of charge as portable document format (PDF) documents on the AIHW's website. Increasingly, key publications are being made available in hypertext markup language (HTML) format and data are being made available in manipulatable formats, such as spread sheets, data cubes and similar components.	Achieved	Many statistical products are released with supplementary information as well as static reports with text, tables and figures. Figure 1.2 on page 14 shows trends for statistical products released with manipulatable data.
• there is active engagement with key stakeholders to ensure current and emerging information needs that contribute to the evidence base for policy and service delivery are met.	We actively participate in a range of national committees to identify information needs and to agree on and implement solutions. We maintain relationships and/or agreements with a range of organisations. We actively contribute to the evidence base for policy and service delivery.	Achieved	Appendix 5 lists 88 committees in which we participate. Chapter 4 details organisations with which we have agreements. Chapter 2 Our products provides information on several specific products where we have met current and emerging information needs.
Provision of free, high-quality information measured by reaching at least:	All AIHW products are available free of charge at <www.aihw.gov.au>. We provided high-quality information, as demonstrated by:		
• 49,500 website downloads of *Australia's health*	• 35,382 website downloads of editions of *Australia's health*	Not achieved	'*Australia's health* downloads' on page 16 explains this result, which was impacted by the double dissolution of the Australian Parliament. Figure 1.5 on page 17 shows trends.
• 7,000 website downloads of *Australia's welfare*	• 7,503 website downloads of editions of *Australia's welfare*	Achieved	Figure 1.6 on page 17 shows trends.
• 2.8 million sessions on the AIHW's website[(a)]	• 2.924 million AIHW website sessions	Achieved	Figure 1.7 on page 18 shows trends.
• 7,000 references to the AIHW and its products in the media.	• 3,566 media references.	Not achieved	'Media references to the AIHW and its products' on page 18 explains this result. Figure 1.8 on page 19 shows trends.

continued

Key performance indicator	Result		Comment
Leadership in satisfying information-related development requested by the Australian Government and state and territory governments, such that there is:			
• continued contribution to the Australian statistical system, including through membership of the National Statistical Service	We contribute through participation in key forums, such as the Deputy Secretaries Data Group and via the associated Data Champions network. These groups are key components of the new Australian Public Service (APS) data committee structure implemented through the public sector data management agenda established in 2015–16. We remain a member of the National Statistical Service and an active participant in the Statistical Clearing House Advisory Forum.	Achieved	
• development, coordination and supply of data for governments, including a range of performance indicators in the Council of Australian Governments (COAG) national agreements on health, housing and homelessness, disability, and Indigenous reform.	We took a lead role in the development, coordination and supply of data for performance indicators in the COAG national agreements on health, housing and homelessness, disability, and Indigenous reform for publication in the Steering Committee for the Review of Government Service Provision's Report on government services and other publications. This included working with relevant working groups to agree defined indicator specifications, extraction of data, and provision of relevant data quality information to support performance reporting. Selected indicator specifications are also made available via AIHW's online metadata register, METeOR.	Achieved	The annual *Report on government services* provides information on the equity, effectiveness and efficiency of government services in Australia. The 2016 report was progressively released by the Productivity Commission after 27 January 2016. Relevant working groups and committees—for example, the National Health Information and Performance Principal Committee—are among those listed in Appendix 5. See 'Improving performance through metadata' on page 21 for information on METeOR.

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

Deliverables contributing to improving data quality

Table 1.3: Results for 2015–16 performance criteria: deliverables contributing to improving the quality of health and welfare information

Planned deliverable	Result		Comment
Perform high-quality data validation and support improved data validation practices by data suppliers by:			
• completing the capture of current data for the juvenile justice, disability services, public rental housing, and state owned and managed Indigenous housing collections using corporate Validata® software processes by 30 June 2016.	We completed data capture for these 4 collections for the first time using Validata®, resulting in improved data quality.	Achieved	
Finalise the data linkage phase of national reporting on the educational outcomes of children in child protection services.	We published information in *Educational outcomes for children in care: linking 2013 child protection and NAPLAN data* about the data linkage process undertaken.	Achieved	This linkage of data across the education and child protection sectors provides nationally comparable data for monitoring and reporting (see 'Educational outcomes for children in care: data linkage' on page 29).
Develop a data quality framework for housing and homelessness administrative data collections.	We developed a framework and commenced expansion into a more generic Quality Management Framework, which is now being applied to other administrative data collections we hold.	Achieved	A Quality Management Framework is internal infrastructure that enables development and ongoing monitoring of quality for collections.

Indicators of improving data quality

Table 1.4: Results for 2015–16 performance criteria: key performance indicators of improving the quality of health and welfare information

Key performance indicator	Result		Comment
Exemplify and promote the National Statistical Service Key Principles by ensuring that:	We exemplified and promoted the National Statistical Service Key Principles in our:		
• end-to-end data management is applied in a manner that accords with the principles of statistical integrity, relevance, coherence, timeliness, accessibility, interpretability, accuracy, professionalism and trust of data providers	• application of end-to-end data management, which is used to the fullest extent possible for some, but not all, data holdings	Partly achieved	Transparent, proactively managed business processes, which improve the efficiency and effectiveness of our data management practices, are being introduced progressively across our data holdings.
• timeliness of data releases is improved by compliance with internal streamlined production processes.	• internal streamlined production processes, which improved the timeliness of our data releases.	Partly achieved	Automation of repetitive business processes is being introduced progressively for managing our data and products and is gradually improving the timeliness of our data releases.
Improved timeliness of statistical information products measured by ensuring that:	For 25 AIHW annual national collection releases that occurred:		
• data for at least 60% of annual national collections are reported[(a)] less than 1 year after the end of their data collection period.	• 60% were released in less than 1 year.	Achieved	Figures 1.9 and 1.10 on page 20 show trends and plot results.

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

Analysis of our performance results

Summary of our performance results for 2015–16

On the basis of the results in tables 1.1–1.4, the AIHW can be considered to have met its purpose.

All performance criteria were achieved, partly achieved or, where they were measured in several ways, were achieved for at least two measures.

Of our 14 performance criteria relating to our single purpose:

- 7 deliverables were met according to all measures—4 relating to the objective 'Improve the availability of health and welfare information' and 3 relating to the objective 'Improve the quality of health and welfare information'
- 2 deliverables were met for at least two measures—both relating to availability
- 3 key performance indicators were met according to all measures—2 relating to availability and 1 relating to quality
- 1 key performance indicator was met for at least two measures—relating to availability
- 1 key performance indicator was partly met—relating to quality.

Factors contributing to our performance

As described in greater detail in our corporate plan, the AIHW's environment encompasses:

- competing for business in a changing policy and operational environment, including:
  - a reliance on external funding
  - an uncertain institutional environment
- operating in a changing information environment, including need to:
  - maintain the trust of data providers
  - understand emerging data trends and issues
  - enhance the use of data linkage
  - respond to changing demands for information
  - understand the policy and program environment
- protecting information through strong privacy and data security arrangements.

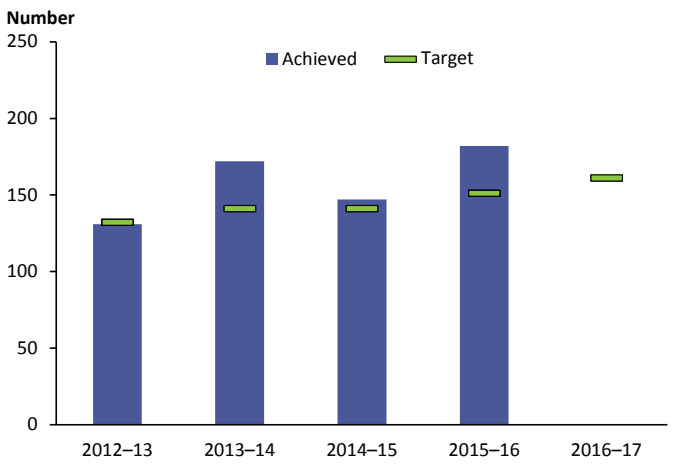
There were no changes to our purpose, activities or capabilities or to the environment in which we operate that had a significant impact on our performance during 2015–16. Change relating to the transfer of some of the functions of the former National Health Performance Authority did not have a significant impact on our performance during 2015–16.

Trends in performance results

Several quantitative measures of our performance criteria described in tables 1.1, 1.2 and 1.4 lend themselves to trend analysis and a more general discussion of results over time. At the same time, for those measures for which we did not achieve targets, the reasons are discussed.

Products released

We have increased the number of products we release with some variability from year to year (Figure 1.1; see also Figure 2 on page xiv).



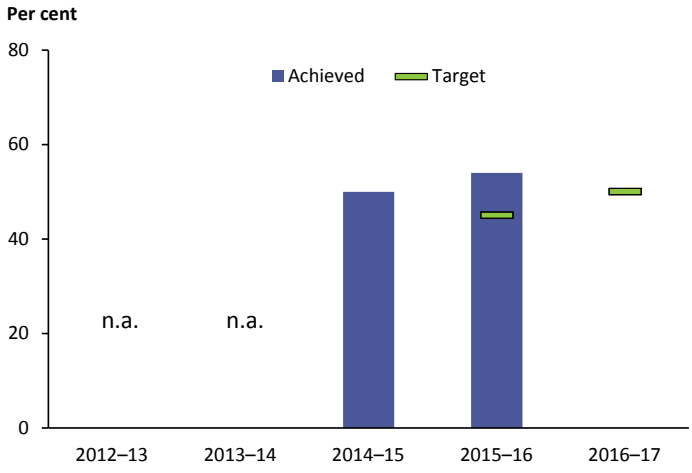
A trend of increase

Note: Data for this figure are available in Table A8.4.

Figure 1.1: Products released, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

Statistical products released with manipulatable data

We have worked to increase the proportion of our statistical products that are available in formats that permit manipulation by users to produce the specific information they are looking for, in formats that are commonly available to them. Currently this indicator, which is a new one for the AIHW, shows that 54% of our statistical products were released with manipulatable data, compared with 50% in 2014–15 (Figure 1.2).



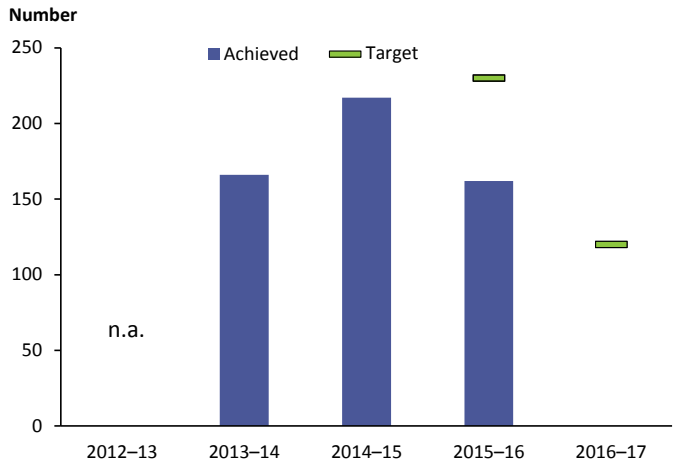
A new indicator for AIHW

Note: Data for this figure are available in Table A8.5.

Figure 1.2: Proportion of statistical products released with manipulatable data, 2014–15 to 2015–16, with targets, 2015–16 to 2016–17

Requests for customised data analysis completed

We have worked to complete requests we receive for customised data analysis through our website application form. There was an increase in number of applications between 2013–14 and 2014–15. Our expectation was that applications would again increase; however, this proved incorrect (Figure 1.3). Demand decreased in 2015–16 and the number of requests completed reflects this drop. We set a lower target for 2016–17 and will review the indicator.



A demand-driven indicator needing review

Note: Data for this figure are available in Table A8.6.

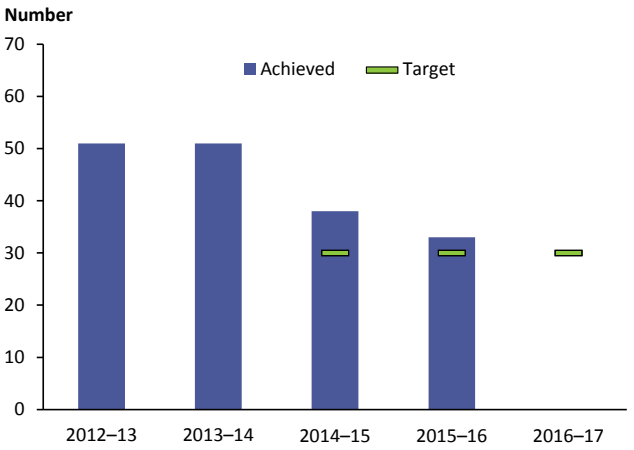
Figure 1.3: Requests for customised data analysis completed, 2013–14 to 2015–16, with targets, 2015–16 to 2016–17

Requests for access to collections using data linkage, and projects completed

As well as requests for customised data analysis from external clients, some researchers ask us for the results of data linkages between their data collections and ours. In these cases, external researchers must submit project proposal applications for ethical clearance (see 'AIHW Ethics Committee' on page 69) before being granted access to linkage results.

The AIHW Ethics Committee secretariat and relevant data custodians provide advice on how to progress applications. Trend information on the number of projects approved can be found in Figure 4.2 on page 76 and, since 2012–13, has remained fairly steady at between 34 and 41 each year. Our expectation is that the number of applications will increase because the AIHW now has access to collections of Medicare Benefit Schedule and Pharmaceutical Benefit Schedule data not previously available.

Once approval is obtained, the AIHW undertakes the linkages in a secured environment on a cost recovery basis. In 2015–16, though we met our target of 30, the 33 projects completed fell from 38 in 2014–15, as we dealt with issues related to preparation of the new Medicare Benefit Schedule and Pharmaceutical Benefit Schedule data collections for linkage, as well as an increase in the complexity of the linkage required for individual projects. Trend information shows that, since 2013–14, the number of projects completed has decreased (Figure 1.4). However, our expectation is that the number of completed projects will increase as the arrangements for project approval and supply of data become more streamlined.



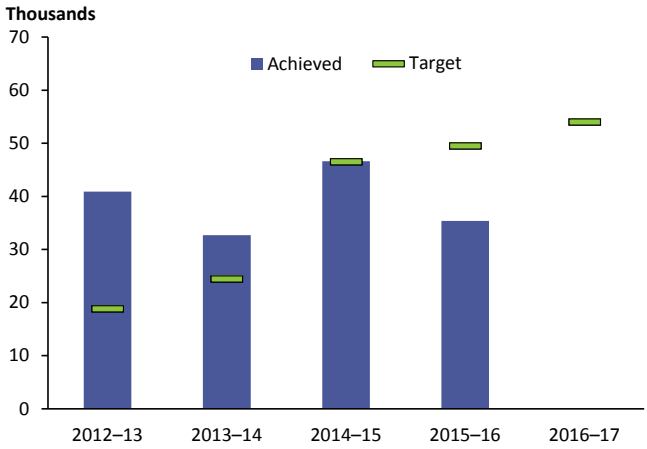
Note: Data for this figure are available in Table A8.7.

Figure 1.4: Requests for data linkage results completed, 2012–13 to 2015–16, with targets, 2014–15 to 2016–17

Examples of research that has been enabled by our provision of the data linkage results to external researchers can be found in **Chapter 2 Our products**.

Australia's health downloads

Australia's health is Australia's premier report card on the health of Australians and their health system. The large number of downloads of this publication reflects its value to users as a compilation of information from our data collections and those of other organisations; making the information available to Australians in useful compendiums released every 2 years. The number of annual downloads is expected to show some periodicity due to biennial release but also a general rise reflecting our efforts to make this document an indispensable national resource. We set our target for 2015–16 in expectation of a high volume of downloads in June 2016, when it was expected to be tabled in the Australian Parliament. Due to the double dissolution of the parliament, tabling was not possible in 2015–16 and the target was not reached (Figure 1.5). Tabling and release occurred in September 2016.



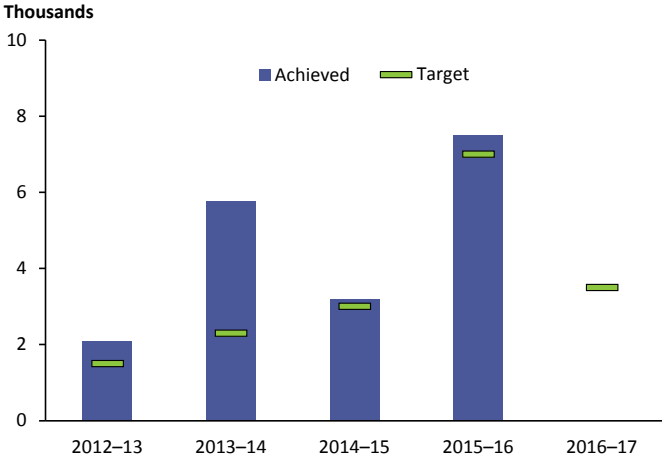
Affected by the double dissolution election

Note: Data for this figure are available in Table A8.8.

Figure 1.5: *Australia's health* downloads, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

Australia's welfare downloads

Our expectations for *Australia's welfare* downloads are similar to those for *Australia's health* as *Australia's welfare* is also released biennially and the trends show a pattern of periodicity and increase (Figure 1.6).



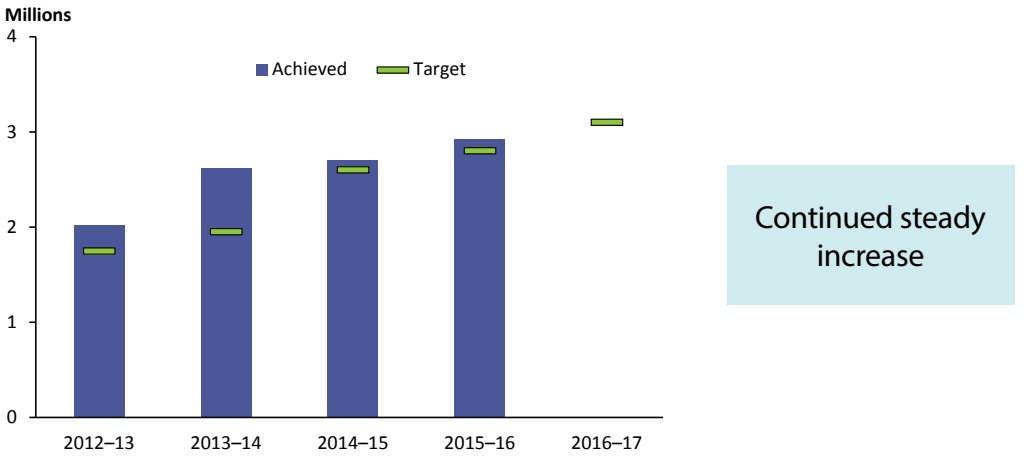
A pattern of biennial increase

Note: Data for this figure are available in Table A8.9.

Figure 1.6: *Australia's welfare* downloads, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

AIHW website sessions

We work to provide free, high-quality information through our website. The number of downloads reflect our success in making our data collections and information we report about them, available to Australians in interesting and diverse formats. The pattern shown is one of steady increase (Figure 1.7; see also Figure 3.1 on page 53).



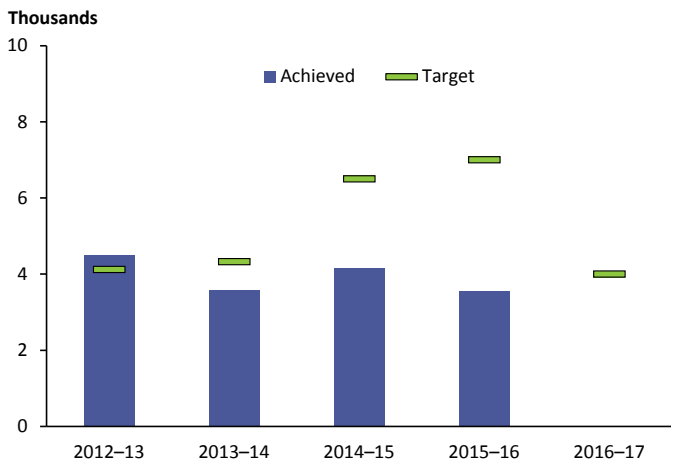
Note: Data for this figure are available in Table A8.10.

Figure 1.7: AIHW website sessions, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

Media references to the AIHW and its products

We issue media releases highlighting many of our products at the time of their release. The media references generated can also drive community debate about the information we produce. However, the number of media releases fell in the last year from 82 in 2014–15 to 57 in 2015–16, reflecting our increased focus on engaging more directly with the wider community through social media, videos and graphical representations of statistics (see Figure 2 on page xiv). There has also been a fall from 2014–15 of 14.5% in media mentions—down to 3,566 items (Figure 1.8; see also Table 3.3 on page 54).

Media references have varied between 3,500 and 4,500 in each of the last 4 years and we have not reached all of our targets. As explained in last year's annual report, since we set the targets for 2014–15 and 2015–16 used in the PBS in May 2015, we changed how we count media coverage to provide a better picture of coverage of unique news stories by excluding estimates of syndicated coverage. The target for 2016–17 has been reset to account for this change.



Note: Data for this figure are available in Table A8.11.

Figure 1.8: Media references to the AIHW and its products, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

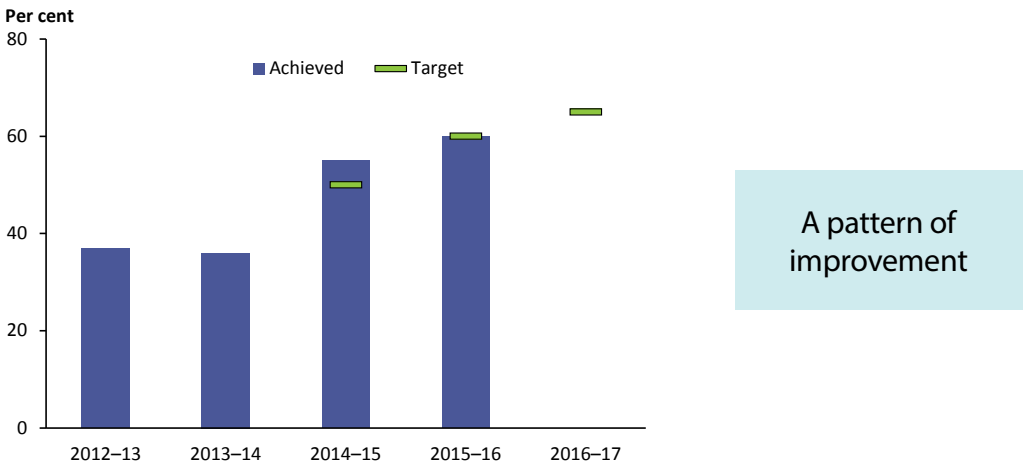
Collections reported within a year of the collection period

Since 2011–12, we have been working to improve the timeliness of our statistical information products. The elapsed time to release of these products includes:

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

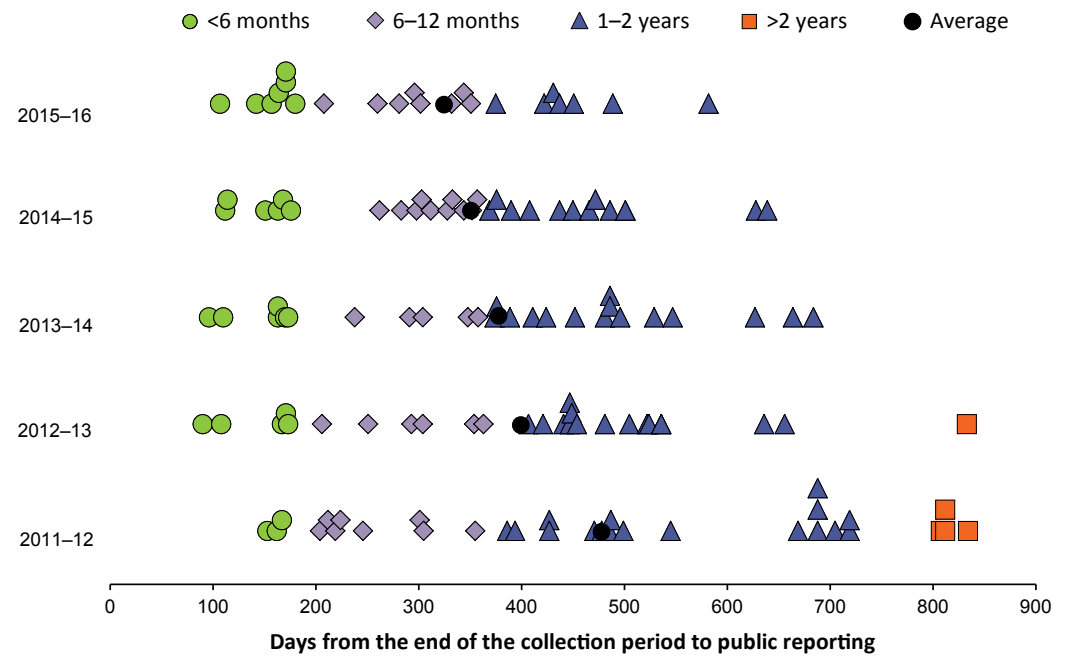
We work with data providers to introduce systems that assist them in providing data more quickly. For example, using the AIHW's Validata® application, data providers can validate the data they supply more easily and quickly. Together with our own efforts to reduce time taken to release data, this allows us to report earlier in the collection cycle than in previous years for those collections. In previous annual reports, we have noted that the average number of days to release has fallen progressively over recent years.

Our indicator of the timeliness of our statistical information products relates to the length of time between the end of the data collection period and the release of annual publications that fully report or publicly release national data collections that we collate. Publications produced by AIHW collaborating centres are not included. The indicator shows a pattern of improvement in the proportion of collections reporting within a year (Figure 1.9). There has been marked improvement for some collections (Figure 1.10).



Note: Data for this figure are available in Table A8.12.

Figure 1.9: Proportion of collections reported within a year of the collection period, 2012–13 to 2015–16, with targets, 2014–15 to 2016–17



Note: Data for this table are available in Table A8.13.

Figure 1.10: Distribution of time to release for annual national data collections, 2011–12 to 2015–16

Improving performance through metadata

We help other agencies to manage their metadata (or information about data) for a particular sector or subject area using METeOR—the AIHW's online metadata registry. Over recent years, there has been a marked increase in the number of agencies that have chosen to use METeOR as their metadata repository and become Registration Authorities. Nominated Registration Authorities include several that are supported by national ministerial council processes. For example, the Health Registration Authority is underpinned by the Australian Health Ministers' Advisory Council. Individual government agencies have been set up as Registration Authorities to register, develop and endorse their own metadata, supported by the high-quality structures and processes within METeOR.

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

In 2015–16, we improved the quality and timeliness of information held by us and others by:

- promoting national standards in the provision and reporting of information through our METeOR information standards repository, where:
  - the *National health data dictionary* and the *National housing and homelessness data dictionary* were both updated on a regular basis throughout the year
  - 1,785 metadata items were made standard or endorsed in METeOR
  - 444 metadata items were superseded, retired or archived.

Our financial performance

Results

The AIHW's financial results since 2011–12 are summarised in Table 1.5.

Table 1.5: Financial results, 2011–12 to 2015–16 ($ million)

	2011–12	2012–13	2013–14	2014–15	Change 2014–15 to 2015–16	2015–16
Income	52.237	52.225	52.982	49.240	▼	48.401
Expenditure	54.086	51.822	52.926	48.671	▼	48.135
Surplus (or deficit)	**(1.849)**	**0.403**	**0.056**	**0.569**	▼	**0.266**
Total assets	31.848	33.752	37.200	42.119	▲	42.612
Total liabilities	27.578	29.079	32.471	36.821	▲	36.926
Total equity	**4.270**	**4.673**	**4.729**	**5.298**	▲	**5.686**

Income and expenditure

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

Due to the annual whole-of-Australian Government efficiency dividend, our appropriation income from the Australian Parliament fell to $15.625 million in 2015–16, compared with $15.8 million in 2014–15 (Table 1.6 and Figure 1.11).

Due to funding ceasing for a small number of large projects, income from externally funded projects fell to $31.3 million in 2015–16 from $32.4 million in 2014–15—a decrease of 3.2%. Most of this income came from Australian Government departments, with the largest funder being the Department of Health.

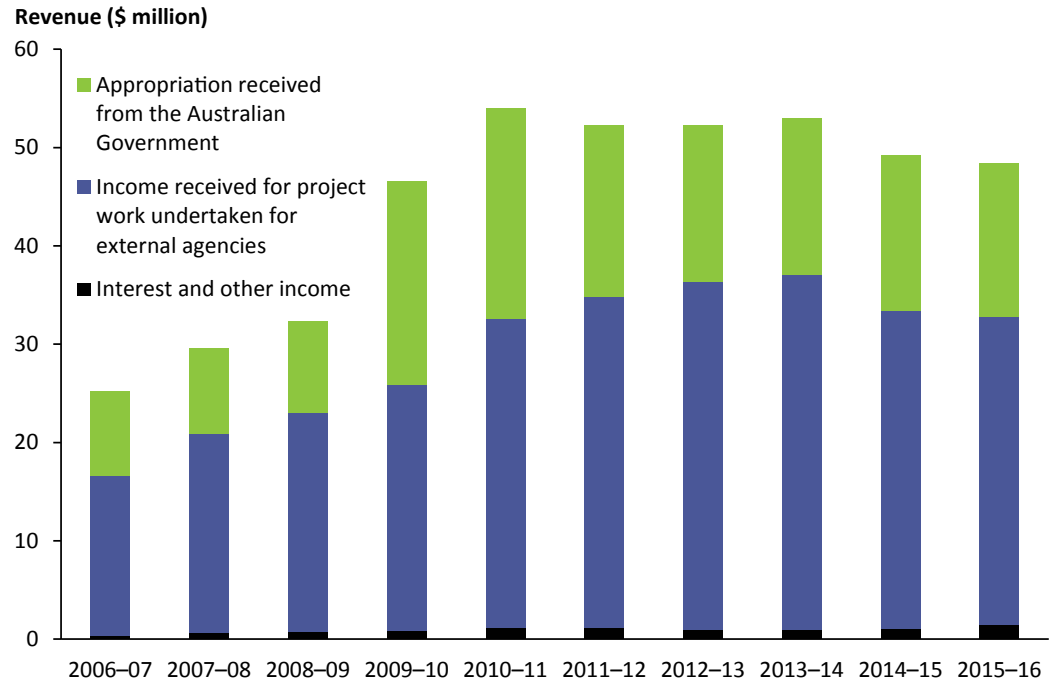
Interest income rose to $759,000 in 2015–16 from $682,000 in 2014–15.

Employee-related expenditure fell to $33.8 million in 2015–16 from $35.1 million in 2014–15. This was because fewer staff were needed to complete externally funded projects.

The overall result for the year was a surplus of $266,000.

Table 1.6: Income and expenditure, 2011–12 to 2015–16 ($ million)

	2011–12	2012–13	2013–14	2014–15	Change 2014–15 to 2015–16	2015–16
Appropriation revenue	17.389	15.912	15.898	15.800	▼	15.625
Revenue for project work for external agencies	33.690	35.410	36.176	32.365	▼	31.334
Interest	1.138	0.897	0.890	0.682	▲	0.759
Other revenue	0.020	0.006	0.018	0.394	▲	0.683
Total revenue	**52.237**	**52.225**	**52.982**	**49.240**	▼	**48.401**
Employee-related expenditure	36.028	36.910	36.173	35.054	▼	33.817
Other expenditure	18.058	14.912	16.753	13.617	▲	14.318
Total expenditure	**54.086**	**51.822**	**52.926**	**48.671**	▼	**48.135**
Surplus (or deficit)	**(1.849)**	**0.403**	**0.056**	**0.569**	▼	**0.266**



Note: Data for this figure are available in Table A8.14.

Figure 1.11: Revenue sources, 2006–07 to 2015–16

Balance sheet

Assets totalled $42.6 million in 2015–16—a rise of $0.5 million on the previous year (Table 1.7). The cash balance component of financial assets remains high at $27.2 million, most of which is invested in term deposits in accordance with our investment policy.

Liabilities rose by $0.1 million to $36.9 million in 2015–16 from $36.8 million in 2014–15. This increase relates entirely to an increase in income received in advance.

Overall, total equity increased to $5.7 million, from $5.3 million the previous year.

Table 1.7: Balance sheet summary, 2011–12 to 2015–16 ($ million)

	2011–12	2012–13	2013–14	2014–15	Change 2014–15 to 2015–16	2015–16
Financial assets	29.240	31.590	26.821	32.420	▲	33.655
Non-financial assets	2.608	2.162	10.379	9.699	▼	8.957
Total assets	**31.848**	**33.752**	**37.200**	**42.119**	▲	**42.612**
Provisions	10.262	11.164	10.967	11.082	▲	11.817
Payables	17.316	17.915	21.504	25.739	▼	25.109
Total liabilities	**27.578**	**29.079**	**32.471**	**36.821**	▲	**36.926**
Equity	**4.270**	**4.673**	**4.729**	**5.298**	▲	**5.686**

Cash flow

Net cash received in 2015–16 from operating activities was $1.6 million. This related mainly to income received in advance at the end of year. We spent a net amount of $0.4 million on the purchase of property, plant and equipment, and leasehold improvements in 2015–16, compared with $0.2 million in 2014–15.

The net cash increase over the year was $1.7 million, increasing the cash balance to $27.2 million from $25.6 million (see the 'Cash flow statement for the period ended 30 June 2016' in Appendix 9 on page 177).

Financial outlook

Our appropriation income from the Australian Parliament will increase substantially in 2016–17 because of the transfer of responsibilities from the National Health and Performance Authority (NHPA). This will be slightly offset by whole-of-Australian Government efficiencies. We have budgeted for income from externally funded projects to be approximately $31.0 million (see Figure 1 on page xiii).

Our total expenditure in 2016–17 is expected to be higher than for 2015–16 due to the transfer of the NHPA functions. We are also expecting an increase in staff numbers. We have budgeted to break even in 2016–17, before an accrual of $442,000 required by compliance with relevant accounting standards in relation to the AIHW's new office lease. We have obtained approval from the Department of Finance to run a loss to cover this accrual for at least the next 2 years. This will have no effect on cash balances and will reverse over the lifetime of the lease.

The value of our land and buildings is expected to fall in 2016–17 due to depreciation of fit-out costs, which will continue over the term of the lease. We do not expect other significant changes in the balance sheet items.

Auditor-General's report

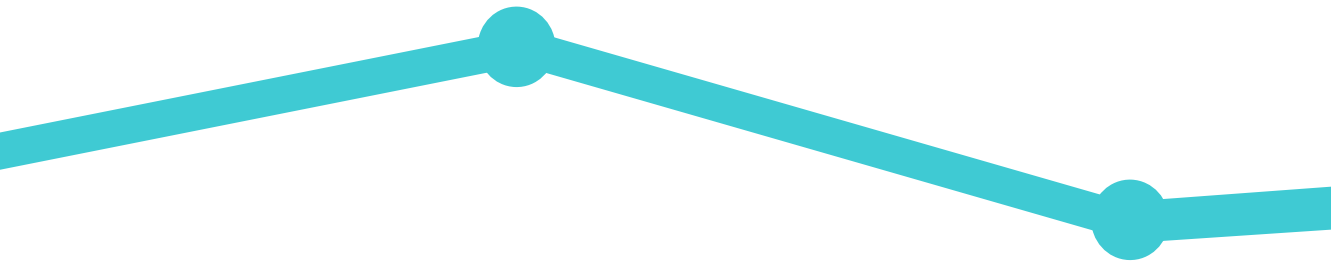
The Australian National Audit Office conducts an annual audit of our financial statements. The auditors issued an unqualified audit opinion that the financial statements for 2015–16 were appropriately prepared and give a 'true and fair view' of our financial position (see the auditor's report on page 178).

Our compliance with legislation on reporting

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

- the *Work Health and Safety Act 2011* and the *Environment Protection and Biodiversity Conservation Act 1999* in **Chapter 5 Our people**
- other specific matters required to be reported by legislation in Appendix 7 on page 161.

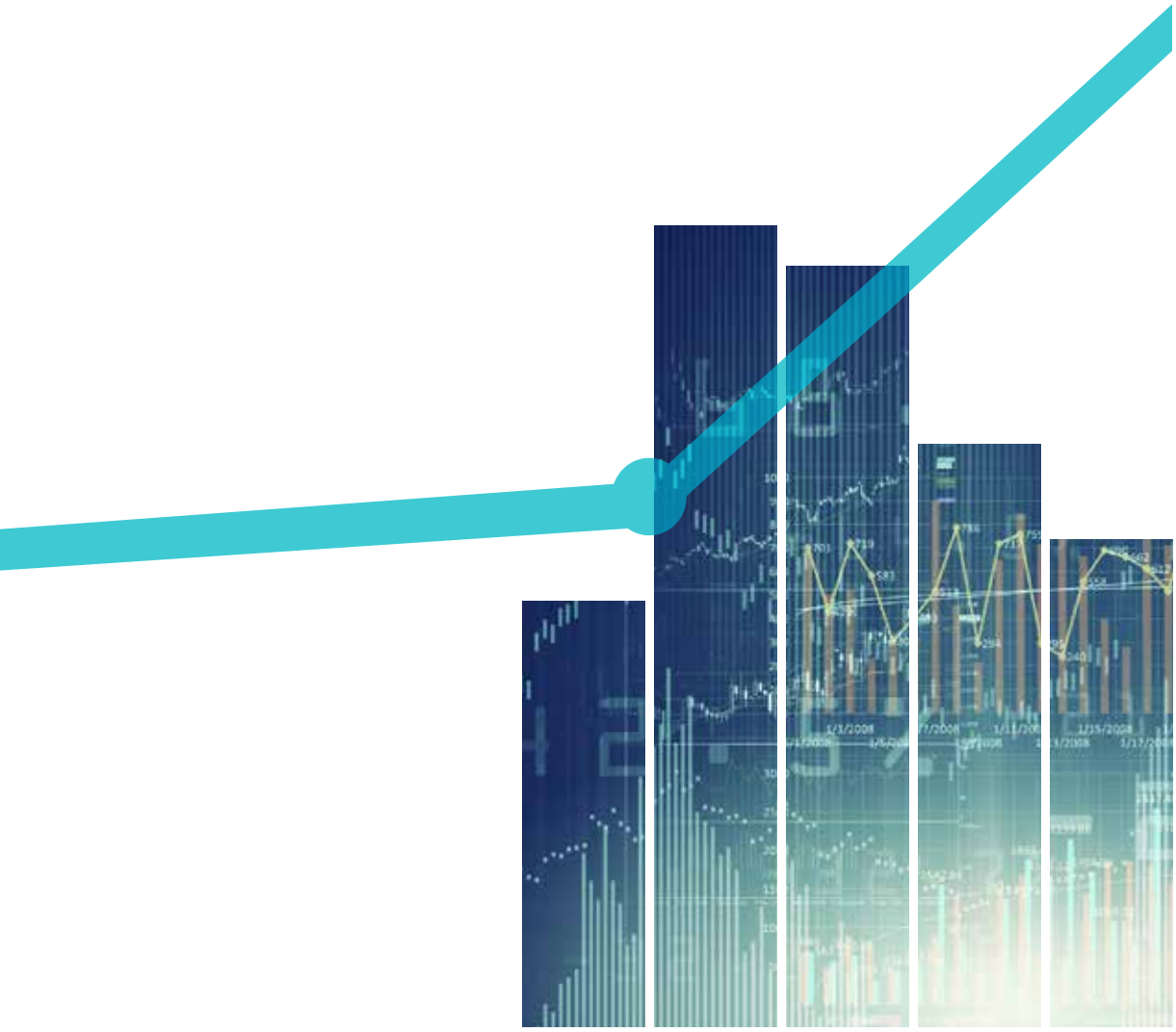
The 'Compliance index' on page 221 provides more details about the sources of the various compliance requirements.



Our products

2

This chapter highlights some of our products released in 2015–16.



The AIHW offers a broad variety of data and information-related products and services covering a wide range of health and welfare topics.

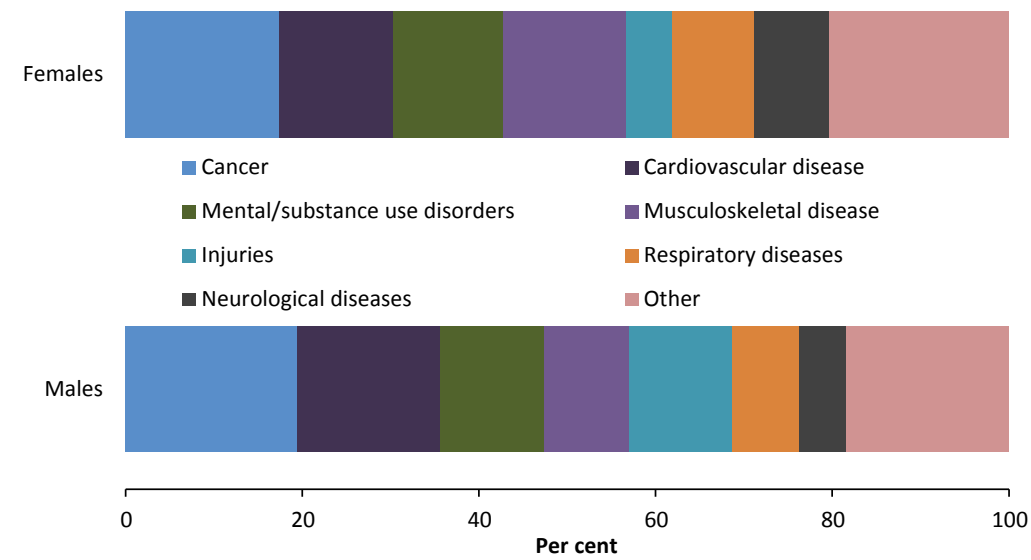
This chapter provides highlights from a sample of products released in 2015–16. For more information about each topic please refer to the full report or web product.

Final results from the Australian Burden of Disease Study 2011

The *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011* is an important resource for health policy formulation and service planning, and for monitoring population health. Burden of disease analysis combines information from multiple data sources to count and compare the total fatal and non-fatal health loss from diseases and injuries in a population, and its attribution to specific risk factors.

Undertaken for the first time in 8 years the report provides updated estimates for the Australian population and the Aboriginal and Torres Strait Islander population for over 200 diseases and injuries and 29 risk factors. The study incorporates methodological developments from recent global studies, adapted for the Australian health policy context.

The study reports that chronic diseases such as cancer (19%), cardiovascular diseases (15%), mental and substance use disorders (12%) and musculoskeletal conditions (12%), along with injuries (9%), contributed the most burden in 2011 (Figure 2.1). Almost one-third (31%) of the burden was due to the modifiable risk factors included in the study.



Note: Data for this figure are available in Table A8.15.

Figure 2.1: Disease burden, by disease group and sex, 2011

During the study, we have been building infrastructure that enables efficient updates of burden of disease estimates as well as more detailed analysis for particular diseases and risk factors, and other extensions. For example, projects are underway to model diseases as risk factors for other diseases (such as, diabetes as a risk factor for coronary heart disease).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129555173>.

Educational outcomes for children in care: data linkage

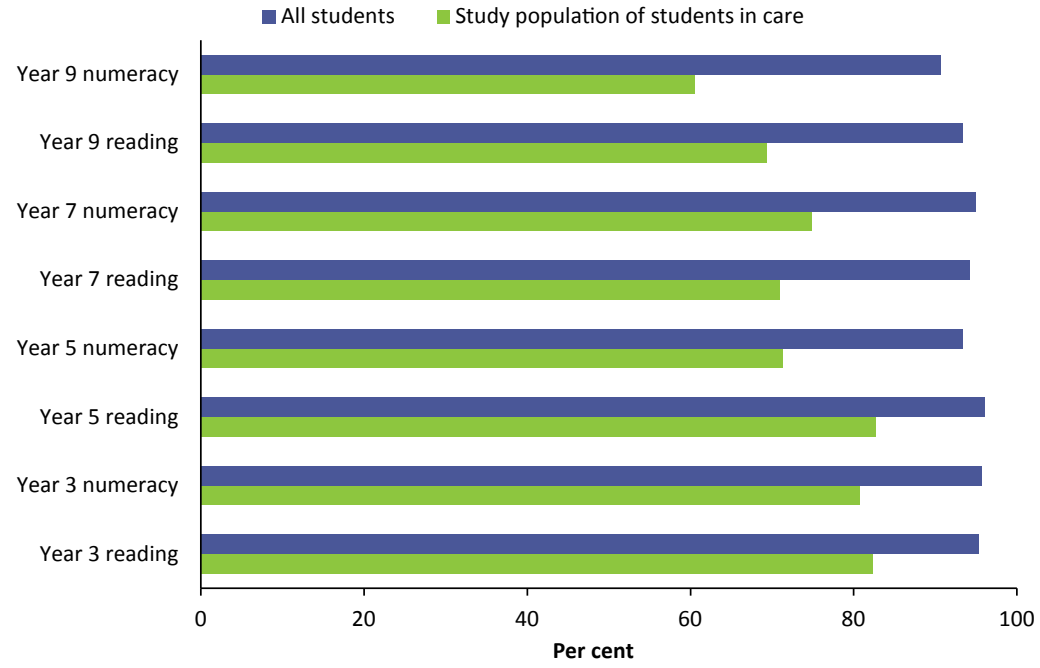
Data linkage brings together information about people, places and events from different data collections based on common features. Linking of data provides a more comprehensive picture of a subject, and is one of the most powerful ways of adding value to the data already held by many organisations. We have a strong record in data linkage—or data integration—both in our own work and in facilitating the work of other researchers. The AIHW has been accredited as 1 of 3 Integrating Authorities for the integration of Commonwealth data—meaning that the Institute has met stringent criteria covering project governance, capability, data management, and the protection of privacy and confidentiality.

Limited national information has been available on the educational outcomes for children in care. We aimed to break new ground exploring the academic performance of children in care when we linked data from the Child Protection National Minimum Data Set and the National Assessment Program—Literacy and Numeracy (NAPLAN). Over 3,500 children in care (aged between 7 and 17) from 6 states and territories (New South Wales, Victoria, Western Australia, Tasmania, Australian Capital Territory and Northern Territory) were included in the linkage.

NAPLAN assesses Year 3, 5, 7 and 9 students in 5 domains—reading, writing, spelling, grammar and punctuation, and numeracy skills—against agreed national minimum standards. Children whose scores fall below these benchmarks are likely to have difficulty making satisfactory progress at school.

The report showed that across the assessment domains and 4 year levels, 44%–83% of children in care achieved the benchmarks, while 17%–56% did not. The proportions of children who achieved the benchmarks were lower among older children in care—74%–82% for Year 3 students and 44%–69% for Year 9 students.

Compared with all children, the results for children in care were 13–30 percentage points lower across the literacy and numeracy assessment domains. This gap was bigger for Year 9 students (24 and 30 percentage points for reading and numeracy respectively) relative to Year 3 students (13 and 15) (Figure 2.2).



Note: Data for this figure are available in Table A8.16.

Figure 2.2: National minimum standards achievement among Year 3, 5, 7 and 9 students for the NAPLAN reading and numeracy assessment domains, 2013

Note that academic achievement by children in care is likely to be affected by complex personal histories and multiple forms of disadvantage, including poverty, maltreatment, family dysfunction and instability in care and schooling.

The report *Educational outcomes for children in care: linking 2013 child protection and NAPLAN data* is available at <www.aihw.gov.au/publication-detail/?id=60129552937>.

Linking child protection and youth justice supervision data

Research shows that children and young people who have been abused or neglected are at greater risk of engaging in criminal activity and entering the youth justice system. With the recent introduction of a national unit record child protection data collection, we are able to link child protection and youth justice supervision data to explore the relationships between the two.

Young people in child protection and under youth justice supervision 2013–14 presents information on young people aged 10–17 who, in 2013–14, were involved in the child protection system and were subject to a youth justice supervision order. Linked data from two separate collections available from four states and territories were used.

From the records of nearly 17,000 young people who were involved in the child protection system or under youth justice supervision at some time during 2013–14 in Victoria, South Australia, Tasmania and the Australian Capital Territory, we were able to show that about 5% were in both the child protection system and under youth justice supervision (Figure 2.3).

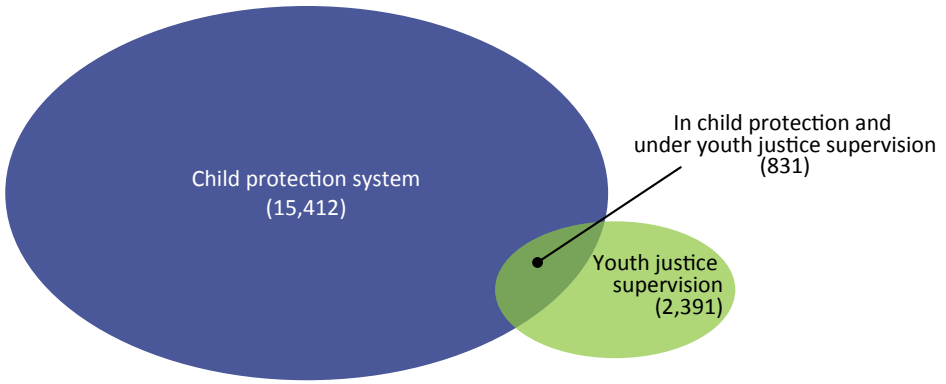


Figure 2.3: Overlap of young people in child protection and youth justice supervision, 2013–14

The data linkage showed that:

- almost half (45%) of those in detention were also involved in the child protection system—23 times the rate for the general population
- about one-third (34%) of those under community-based supervision were also involved in the child protection system
- about 8% of those who were the subject of a care and protection order were also under youth justice supervision in the same year—although not necessarily at the same time—compared with just 0.3% of the general population aged 10–17.

We will extend the results from the linked data collection over time as data become available for more states and territories to gain a better understanding of the characteristics and pathways of children and young people who are both in the child protection system and under youth justice supervision. This will assist support staff, case workers and policymakers to achieve the best possible outcomes for these children and young people.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129554445>.

Results of a survey of children and young people in out-of-home care

In the bulletin *The views of children and young people in out-of-home care: overview of indicator results from a pilot national survey 2015* we present results from a new national survey collected as part of state and territory local case management processes during February to June 2015. The responses of 2,083 children aged 8–17 who were under the care of appropriate government authorities, such as the relevant minister or departmental chief executive, in the eight states and territories are reported against 8 indicators under the *National Standards for Out-of-Home Care*.

Key findings reported by the surveyed children include:

- more than 9 in 10 (91%) felt both safe and settled in their current placement
- two-thirds (67%) usually get to have a say in what happens to them, and people usually listen to what they say
- most (94%) felt close to at least one family group—the people they live with now, family members they do not live with, or both
- most (97%) had an adult who cares about what happens to them now and in the future
- many (87%) received adequate support to participate in sport, community or cultural activities from their carer or someone else
- more than half of those aged 15–17 (58%) were getting as much help as they needed to make decisions about their future.

This pilot survey provides valuable information on how local case management processes can be used to give children in care a voice.

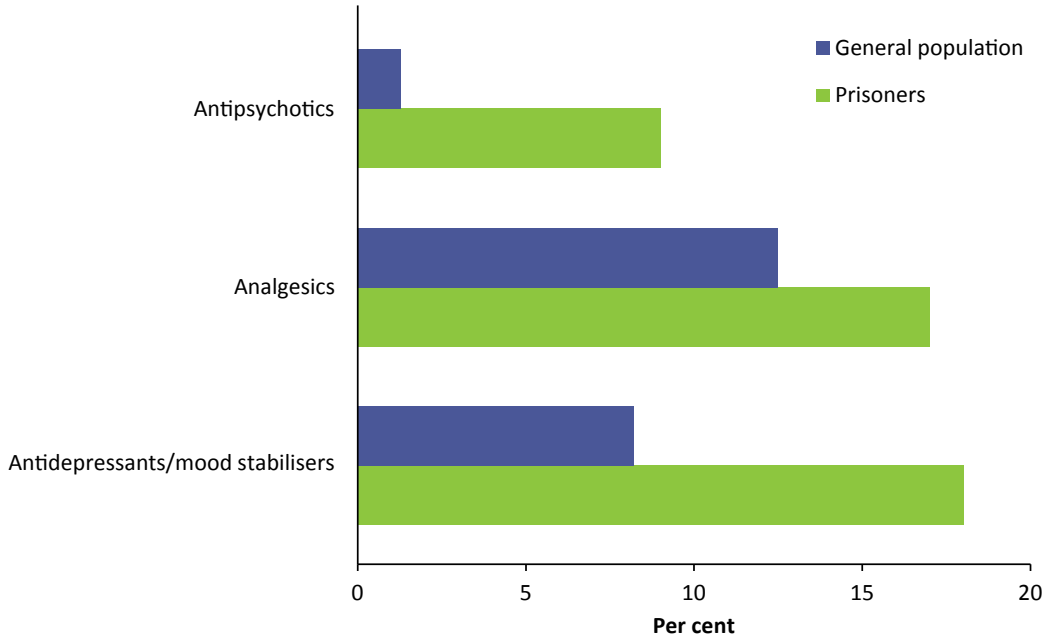
The bulletin is available at <www.aihw.gov.au/publication-detail/?id=60129554600> and is complemented by more detailed data at <www.aihw.gov.au/nfpac/>.

Analysing medication use by prisoners

Medication use by Australia's prisoners 2015: how is it different from the general community? compares medications taken by prisoners with people in the general community (for example, Figure 2.4).

The poor health and complex health needs of prisoners are reflected in the number and types of medications they take—prisoners were more likely than those in the general community to be taking medication for health problems including mental health issues, addictions and chronic conditions. Contextual information from a focus group of prison health professionals is used to discuss some of the differences between prescribing in a prison and in the general community.

The bulletin is available at <www.aihw.gov.au/publication-detail/?id=60129555362>.



Note: Data for this figure are available in Table A8.17, where margin of error data are shown.

Figure 2.4: Use of antidepressants, analgesics and antipsychotics by prisoners, compared with the general population, 2015

Decrease in neural tube defects since folic acid was added to bread

In 2015–16, we reported on the health impacts of mandatory fortification of bread with the nutrients: folic acid in Australia; and iodine in Australia and New Zealand. Adding folic acid to the diet of Australians aimed to reduce the prevalence of neural tube defects—serious birth defects—while adding iodine aimed to stem the re-emergence of iodine deficiency.

The report followed a framework with a step-wise progression from the policy change to the policy objective. After mandatory fortification, there were increased levels of folic acid and iodine in the food supply and increased intakes among the population. The rate of neural tube defects in Australia significantly decreased, with the largest decreases occurring among teenagers and Aboriginal and Torres Strait Islander women (Table 2.1). In Australia, the re-emergence of iodine deficiency was mitigated. In New Zealand, several small surveys have shown improvement in iodine intakes.

Table 2.1: Key mandatory folic acid fortification health outcomes in Australia

Key monitoring question	Pre-mandatory fortification	Post-mandatory fortification	Outcome
Has folic acid increased in our food supply?			
Mean folic acid level of bread	20–29 µg/100 g	134–200 µg/100 g	✓
Are food industries complying with mandatory requirements?	Not applicable	Mills and baking businesses have systems in place to ensure compliance	✓
Have folic acid intakes increased?			
Mean folic acid intakes in women aged 16–44	102 µg/day	247 µg/day (142% increase)	✓
Has the folate status improved?			
Mean red blood cell folate in women aged 16–44	No adequate red blood cell folate baseline data available	All women: 1,647 nmol/L Pregnant women: 1,958 nmol/L	••
Has the incidence of neural tube defects (NTDs) decreased?			
NTD incidence per 10,000 conceptions that resulted in a birth	Total study population All women: 10.2 Indigenous women: 19.6 Teenagers: 14.9	Total study population All women: 8.7 (14% decrease) Indigenous: 5.1 (74% decrease) Teenagers: 6.7 (55% decrease)	✓
Does mandatory folic acid fortification result in adverse population health effects?			
Proportion of the population with folic acid intakes above the upper level of intake	Women aged 16–44: 0% Persons aged 19 and over: 0% Children aged 4–8: 3% Children aged 2–3: 5%	Women aged 16–44: 0% Persons aged 19 and over: <1% Children aged 4–8: 15% Children aged 2–3: 21%	••
Cancer and all-cause mortality		No increase in cancer or all-cause mortality can be directly associated with increase in folic acid intakes in adults	✓

✓ = Desired outcome achieved. •• = Not applicable: data did not support an overall assessment or a rating was not appropriate.

Source: AIHW 2016. Monitoring the health impacts of mandatory folic acid and iodine fortification. Cat. no. PHE 208. Canberra: AIHW.

Monitoring the health impacts of mandatory folic acid and iodine fortification forms part of an independent review of the mandatory fortification requirements and illustrates the benefits of collaborating with stakeholders to develop a logical assessment framework and synthesising data and literature to monitor the health impacts of policy.

The report is available at <www.aihw.gov.au/publication-detail/?id= 60129555435>.

Interrelationships between cardiovascular disease, diabetes and chronic kidney disease in Indigenous Australians

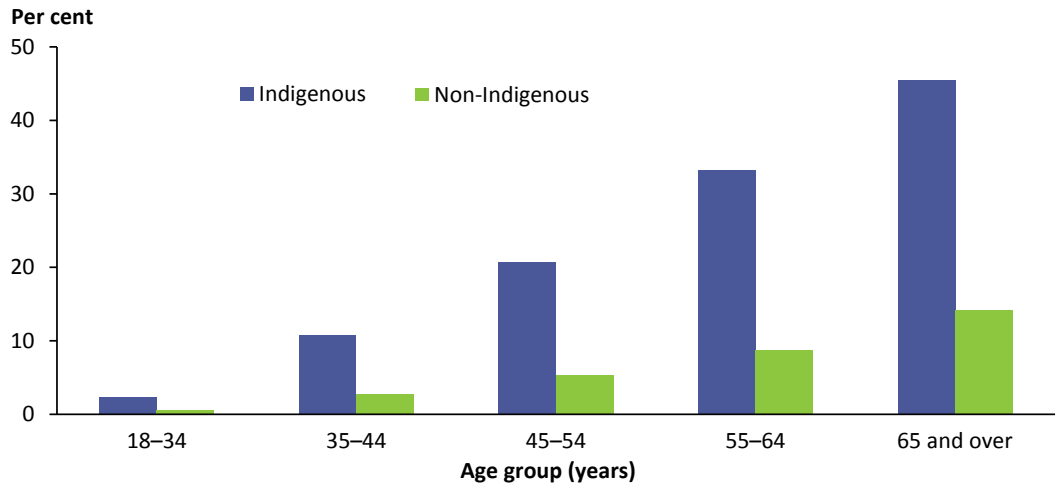
In *Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people* we highlight that Aboriginal and Torres Strait Islander people are disproportionately affected by these three chronic diseases compared with non-Indigenous Australians. They appear earlier, progress faster, present more often alongside other chronic diseases and result in higher hospitalisation and death rates.

Compared with non-Indigenous Australians, Indigenous Australians:

- had higher rates of risk factors for these conditions—being 2.6 times as likely to smoke daily, 1.2 times as likely to be overweight or obese, and 1.2 times as likely to have high blood pressure
- had a higher rate of cardiovascular disease (CVD)—27% compared with 21% for non-Indigenous adults—3.5 times the prevalence of diabetes (see Figure 2.5 for age-specific differences in prevalence rates) and 4 times the prevalence of chronic kidney disease (CKD)
- were more likely to have 2 or more of these diseases concurrently—38% for Indigenous compared with 26% for non-Indigenous Australians
- had higher rates of hospitalisation—almost twice as high for CVD, 1.4 times as high for diabetes and 5 times as high for CKD (excluding dialysis)
- were hospitalised earlier for CVD—52% were aged under 55 when hospitalised compared with 17% among non-Indigenous Australians
- had higher death rates—1.5 times as high for CVD, 4 times as high for diabetes and 3 times as high for CKD.

These data highlight the magnitude of inequalities in chronic diseases in the population. Ongoing monitoring of these diseases will help drive positive change by informing policy frameworks and programs seeking to improve chronic disease detection and management.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129553629>.



Note: Data for this figure are available in Table A8.18, where confidence intervals are shown.

Figure 2.5: Prevalence of diabetes among persons aged 18 and over, by Indigenous status and age, 2011–13

The current state of cervical screening: on the cusp of change

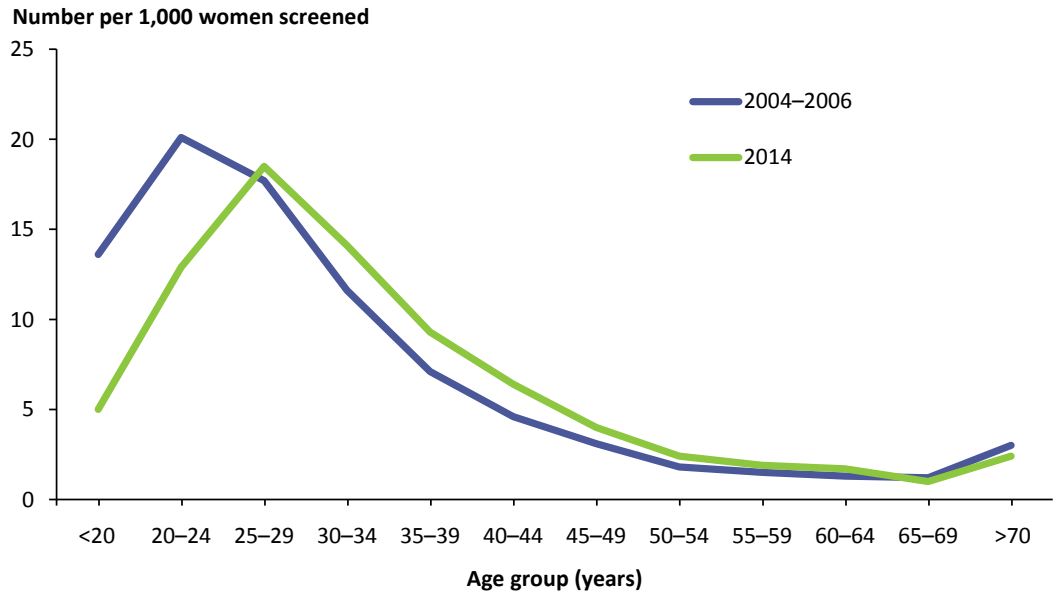
Cervical screening will be undergoing a major change next year, with a new National Cervical Screening Program (NCSP) set to start on 1 May 2017 using a human papillomavirus (HPV) test as its primary screening test. This is a major difference to the way women have been screened for cervical abnormalities and cancer to date, which has used the Pap test.

This change is in response to the need for the NCSP to adapt to a new environment, including a greater understanding of the role HPV plays in cervical cancer, and the introduction of the National HPV Vaccination Program in 2007. The latter—by protecting vaccinated women from infection with specific types of HPV—aims to reduce cervical abnormalities and eventually cervical cancers.

The AIHW monitors the NCSP on an annual basis. While this reporting has always been important for monitoring the performance of the NCSP, these data now also serve the purpose of setting benchmarks prior to this change in cervical screening.

One key measure to benchmark is the detection of high-grade cervical abnormalities in women, which has been most affected by HPV vaccination, as vaccinated women are expected to experience fewer abnormalities. Visible in the under-20 age group several years ago, a reduction in detected abnormalities is now apparent in the 20–24 age group, and starting to become apparent in the 25–29 age group in 2014 (Figure 2.6).

Our data will also be used to set benchmarks for other key measures before the major change in cervical screening.



Note: Data for this figure are available in Table A8.19.

Figure 2.6: Women with a high-grade cervical abnormality detected by histology, by age, 2004–2006 and 2014

Cervical screening in Australia 2013–2014 is available at <www.aihw.gov.au/publication-detail/?id=60129554885>.

Breast cancer in young women

Breast cancer in young women: key facts about breast cancer in women in their 20s and 30s is the first national report presenting key data specific to breast cancer in women in this age group. This report provides an overview of breast cancer, risk factors for young women, breast cancer detection and diagnosis methods, and key summary measures including incidence, hospitalisations, survival and mortality. Accompanying documents included an infographic bookmark (illustrated on page 49) and PowerPoint presentation slide pack to meet the needs of different audiences. This report was launched at Cancer Australia's Pink Ribbon Breakfast by Prime Minister Malcolm Turnbull.

The report is available at <www.aihw.gov.au/publication-detail/?id=60129553359>.

Leading causes of premature death

Leading causes of premature death are outlined in a web report, *Premature mortality in Australia, 1997–2012*, and 15 fact sheets that measure and describe the impact of premature mortality—that is, deaths among people younger than 75. Analyses of the almost 50,000 premature deaths in 2012 showed coronary heart disease, lung cancer and suicide to be the top three leading causes of death in people aged under 75. This product focuses on the major causes of death—both overall, and among certain age groups—and explores current patterns and trends over time. The fact sheets explore population-level approaches that target specific causes of premature death which may have contributed to improvements in death rates for some causes. Detailed supplementary tables and updated General Record of Incidence of Mortality (GRIM) books also accompanied this release.

The web report is available at <www.aihw.gov.au/deaths/premature-mortality/>.

Acute kidney injury—a first national snapshot

Acute kidney injury in Australia: a first national snapshot presents the first national information on acute kidney injury (AKI) and its impact. Hospitalisations of people whose principal diagnosis was AKI more than doubled between 2000–01 and 2012–13, from 8,050 to 18,010.

The burden of this condition is not equally distributed across the population, with higher burden experienced by Aboriginal and Torres Strait Islander people, older people, males and those living in very remote and more socioeconomically disadvantaged areas. Hospitalisations of people whose principal or additional diagnosis was AKI are also longer than average hospital stays (11.4 days compared with 5.6 days, respectively). The report examined the relationship between AKI and chronic kidney disease (CKD) as the conditions are known risk factors for each other. In 2012–13, of 127,310 hospitalisations involving AKI as the principal or additional diagnosis, 56,570 (44%) were for patients with both AKI and CKD (Figure 2.7).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129552569>.

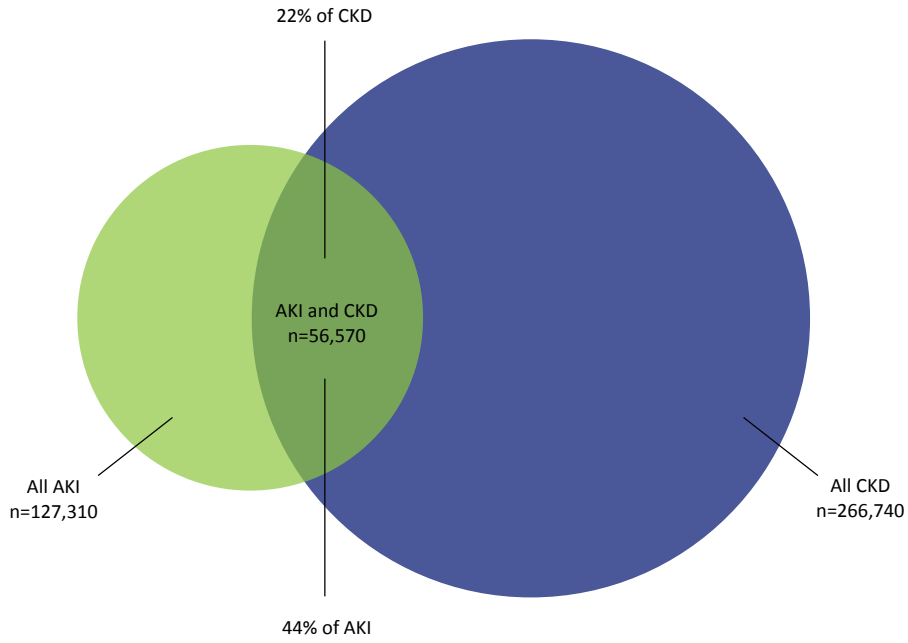


Figure 2.7: Hospitalisations for acute kidney injury and chronic kidney disease, 2012–13

Growth in health expenditure

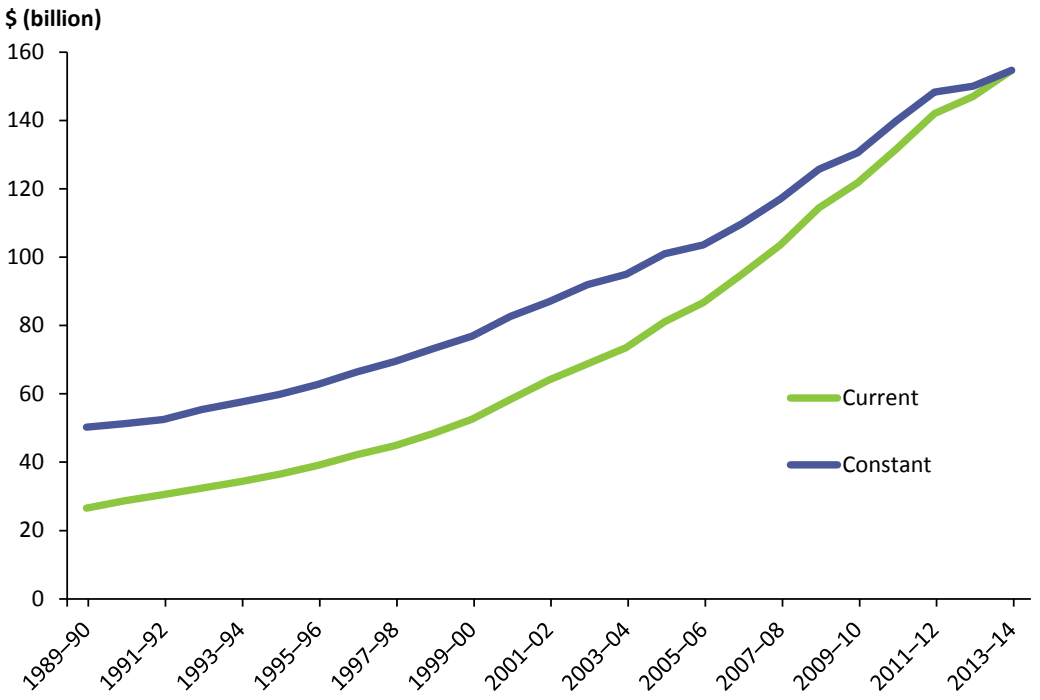
The last 25 years in Australia was a period marked by a growing, ageing population, a growing economy, significant improvements in medical technologies and treatments and increased spending on health.

Our report *25 years of health expenditure in Australia: 1989–90 to 2013–14* showed that health spending rose by more than $100 billion (207%) over the period 1989–90 to 2013–14 from $50.3 billion to $154.6 billion (Figure 2.8). As a constant amount—adjusted for inflation—this change is from 6.5% to 9.7% of gross domestic product.

The latest update in the health expenditure series (for 2013–14) showed that growth in 2013–14 was relatively slow according to most measures. Total health expenditure grew in 2013–14 by 3.1% in real terms, after adjusting for inflation. This was higher than the 1.1% growth experienced in 2012–13 but 1.9 percentage points lower than the average annual growth over the past decade (5.0%).

Growth in expenditure was also relatively slow on a per person basis. An estimated $6,639 was spent per person on health in 2013–14, which was $94 more in real terms than in the previous year. This 1.4% growth was less than half the average annual growth over the past decade (3.3%).

This report is available at <www.aihw.gov.au/publication-detail/?id=60129554398>.



Note: Data for this figure are available in Table A8.20.

Figure 2.8: Expenditure on health, current and constant prices, 1989–90 to 2013–14

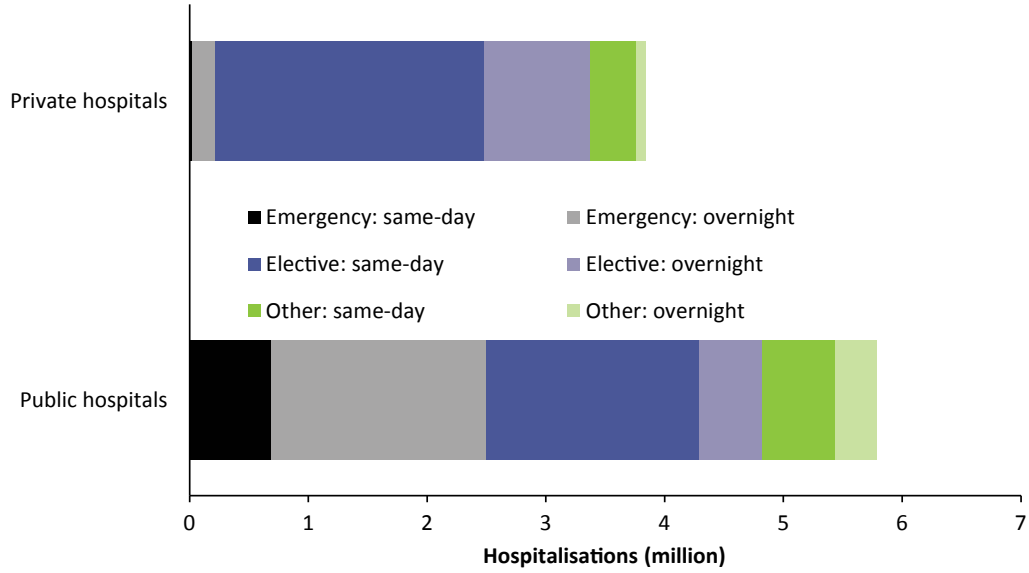
Public and private hospitals at a glance

Our web report Australia's hospitals at a glance 2014–15 includes summary information on public and private hospitals, including their resources, services provided and the characteristics of patients who received care. This report is a companion to the 2014–15 Australian hospital statistics suite of publications.

In 2014–15, there were 10.2 million hospitalisations, or admissions, including 2.5 million involving surgery. Admissions to hospital can be categorised as Emergency (required within 24 hours) or Elective (required at some stage beyond 24 hours).

In 2014–15:

- public hospitals accounted for 92% of emergency admissions, and 73% of these were overnight admissions
- private hospitals accounted for 58% of elective admissions, and 72% of these were same-day admissions (Figure 2.9).



Note: Data for this figure are available in Table A8.21.

Figure 2.9: Hospitalisations for public and private hospitals, by same-day/ overnight status and urgency of admission, 2014–15

Between 2010–11 and 2014–15:

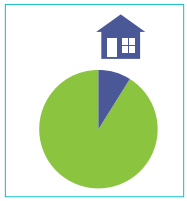
- emergency admissions in public hospitals increased by an average 3.4% each year compared with 2.2% in private hospitals
- elective admissions in private hospitals increased by an average of 4.1% each year, compared with 2.5% in public hospitals.

The web report is available at <www.aihw.gov.au/australias-hospitals-at-a-glance-2014-15/>.

Over one-third of specialist homelessness clients seek domestic and family violence support

Our 'first time' analysis of the characteristics of those people experiencing domestic and family violence who presented to specialist homelessness services in the period 2011–12 to 2013–14 showed that about 187,000 adults and children sought assistance from specialist homelessness services for reasons of domestic and family violence. They represented 36% of the 520,000 specialist homelessness clients who accessed support during the 3-year period.

Only 9% of domestic and family violence clients were able to be provided with long-term accommodation when first requested.



More information on domestic and family violence and homelessness from 2011–12 to 2013–14 is presented at <www.aihw.gov.au/homelessness/domestic-violence-and-homelessness/>.

Services for people with problematic alcohol and other drug use

Alcohol and other drug treatment services assist people to tackle their drug use through a range of treatments. In 2014–15, treatment agencies provided 170,367 treatment episodes to an estimated 114,912 clients (an average of 1.5 episodes per client). This equates to a rate of about 1 in 200 people in the general population. About 2 in 3 clients were male (67%) and 1 in 2 were aged 20–39 (54%). Despite only comprising 2.7% of the population, 1 in 7 (15%) clients were Aboriginal and Torres Strait Islander.

Alcohol, cannabis, amphetamines and heroin have remained the most common principal drugs of concern for clients since 2005–06. Nationally, alcohol was the most common principal drug of concern in 2014–15, accounting for 38% of episodes. Counselling continues to be the most common main treatment type provided for clients (2 in 5 episodes since 2005–06).

***Alcohol and other drug treatment services in Australia 2014–15* is available at <www.aihw.gov.au/publication-detail/?id=60129554768>.**

Latest information on housing assistance

Our web report, *Housing assistance in Australia 2016*, presents information on the types of housing assistance available in different segments of the housing sector, including government, not for profit and the private rental sectors. The 2016 edition was delivered in an online format, including an infographic (illustrated on page 49), allowing for a concise and timely release of key information and statistics and its release was accompanied by a series of tweets in an effort to better capture the audience in non-government organisations which have a direct interest in the material presented. We found that, as at 30 June 2015, there were 427,800 social housing dwellings (about 4% of all households) with around 817,300 tenants, the majority (82%) of whom lived in public rental housing. Across all social housing programs, over 3 in 5 main tenants (62%) were women. Among public housing tenants, 44% reported they had a disability and 53% were single adults who lived alone. Almost 75% of new public rental housing and community housing were provided to people with the greatest need, with 59% of households indicating they were homeless before starting their public rental housing tenancy.

Waiting lists for social housing remain long, with almost 200,000 applicants on lists in 2014–15.

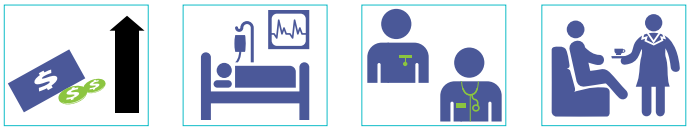
The web report is available at <www.aihw.gov.au/housing-assistance/haa/2016/>.

Palliative care

We released data on palliative care during National Palliative Care Week. We found that:

- Medicare Benefit Schedule payments for palliative medicine specialist services increased by 79% over the latest 5-year period (from $3.0 million in 2009–10 to $5.3 million in 2014–15)
- while half (51%) of palliative care hospitalisations were for those aged 75 and over, a substantial proportion (11%) were for patients under 55
- the palliative care workforce in 2014 consisted of 3,269 nurses and 192 specialist palliative care physicians
- 1 in 6 public acute hospitals had a hospice care unit.

This web product is available at <www.aihw.gov.au/palliative-care/>.



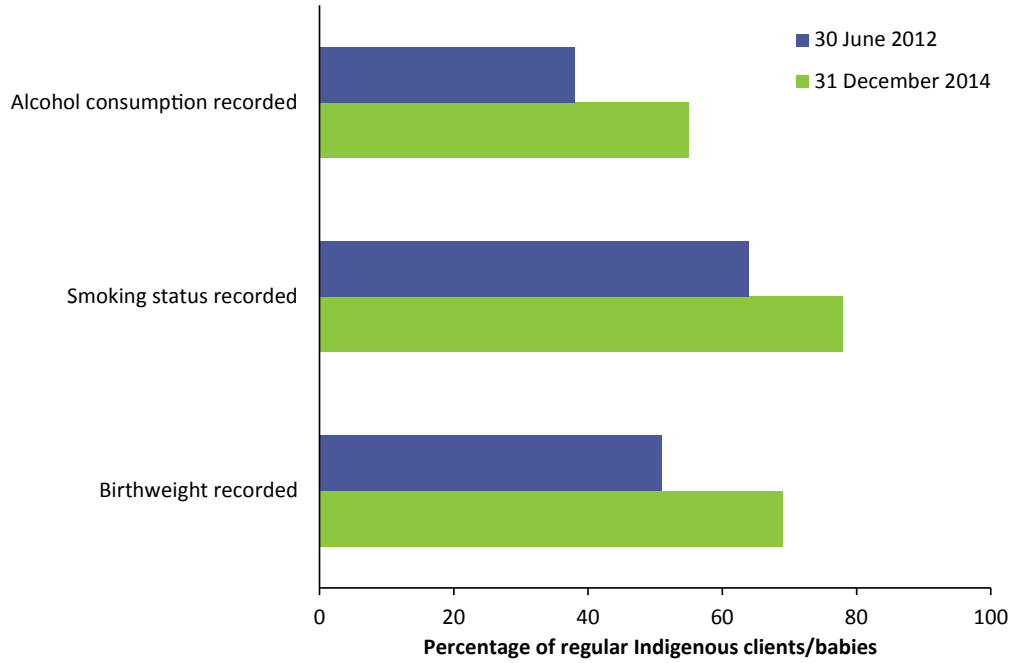
Indigenous primary health-care indicators

We collect national key performance indicator data from primary health-care organisations that receive funding from Commonwealth, state and territory health departments to provide services to Aboriginal and Torres Strait Islander people. The number of organisations from which we have collected these data has increased substantially over the six reporting periods, from 90 in June 2012 to 233 in December 2014. *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014* presents the information on 21 indicators that focus on maternal and child health, preventative health and chronic disease management.

Improvements were seen in 3 of the 5 client health outcomes measures for which trend data were available; small positive changes were seen for smoking status among all clients and for both glycosylated haemoglobin levels and blood pressure of clients with type 2 diabetes.

Improvements were also seen in 17 of the 19 process of care measures, including those showing whether primary health-care organisations record patient birthweight, alcohol consumption and smoking status. Recording of these 3 indicators increased between June 2012 and December 2014 (Figure 2.10).

The report is available at <www.aihw.gov.au/publication-detail/?id=60129553390>.



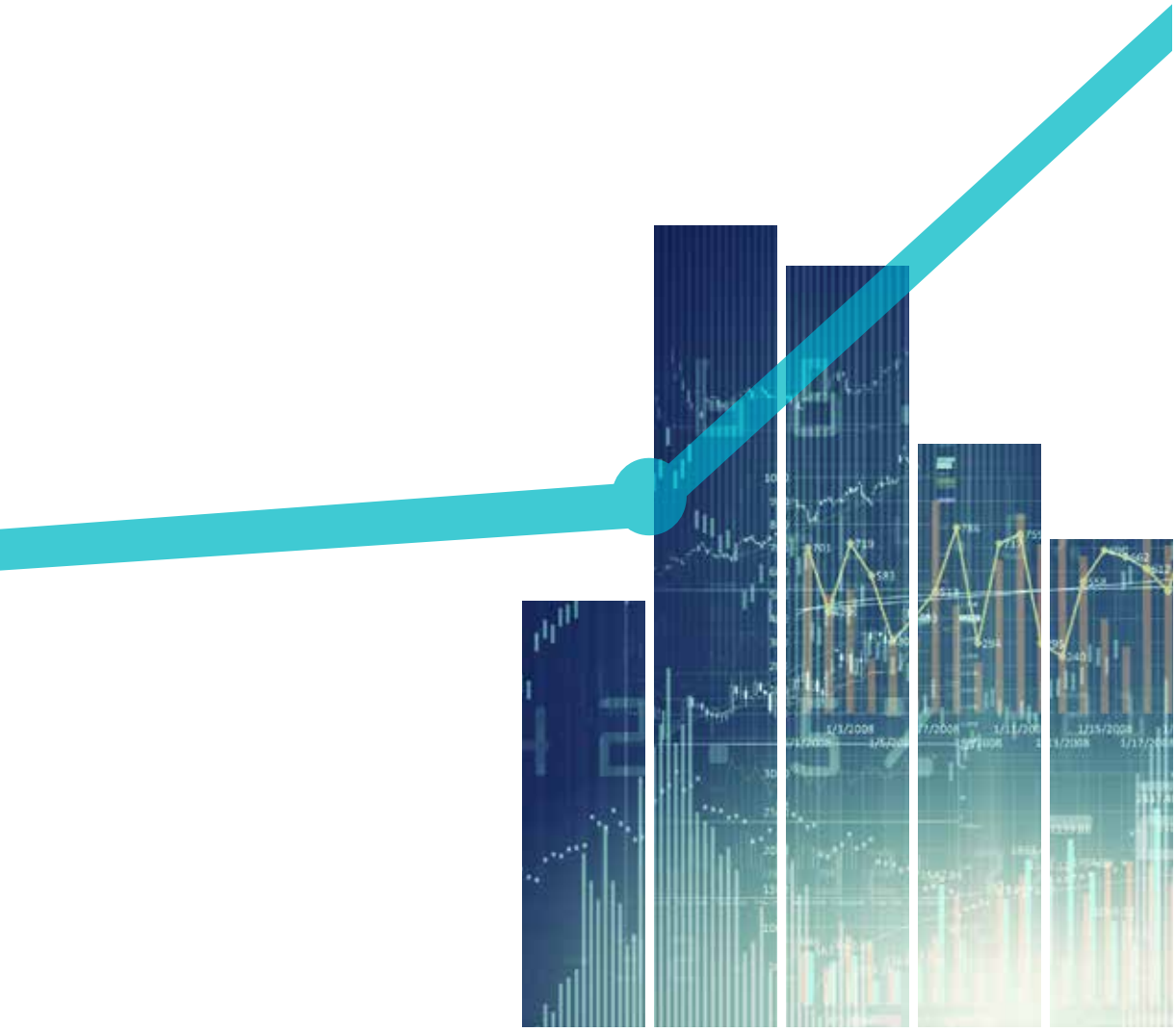
Note: Data for this figure are available in Table A8.22.

Figure 2.10: National key performance indicator results for selected process of care measures for primary health-care organisations, 30 June 2012 and 31 December 2014

Our communications

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

3



Reaching our audiences

At the AIHW we are committed to making the information and statistics we produce widely accessible. Following a 2014–15 review in which we were told by a variety of stakeholders that they wanted more 'bite-sized' information, we adopted what we call an 'AGILE' framework to deliver layered information to a variety of audience types. Our aim was to produce more high-level overviews to complement our traditional in-depth, policy-relevant reports for health and welfare policymakers and the public.

In 2015–16, we published 62 web snapshots across more than 30 topic areas, and used Twitter to help promote our work through social media, while our detailed reports and supplementary data tables provided researchers and policymakers with the depth of information they required. In all, the AIHW released 182 products—120 printed or print-ready publications and 62 web products (see Appendix 2).

All AIHW publications are available for download free of charge on the AIHW's website in a variety of formats to suit individual users' needs. Major publications include versions in formats suitable for people with impaired vision and to meet other accessibility requirements. All publications are available in alternative formats upon request.

AIHW publications are rigorously peer reviewed and professionally edited to ensure that they are accurate and succinct. Wherever possible, we publish under Creative Commons licences so that people can use and adapt AIHW information, with acknowledgment, without seeking our formal approval.

The AGILE framework

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

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

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

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

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

Products in the top 3 layers cover a single topic and focus on a broad audience, such as the education sector, the general public or indeed any time-poor audience. Products in the bottom 2 layers focus on more targeted audiences, such as researchers and policymakers. In considering the 'product mix,' report authors and communication teams assess audience needs early in the product development process. A product suite might consist of any combination of products in 2 or more layers depending on the topic and the target audience.

Our web products

Our web products present information in formats in which quick facts and graphics are combined to add visual interest, as well as supporting the statistical message. They provide a gateway to more information and in-depth data and analyses. Key points and simple graphics are generally just one click away from the AIHW home page, while more in-depth information can be found by 'drilling down'. Where web products accompany a printed report, they link to a downloadable print-ready (PDF) version of the report. In some cases, such as our flagship reports *Australia's health* and *Australia's welfare*, and other major reports, the full reports have been converted to web pages (HTML).

During 2015–16, new web products covered topics such as:

- chronic disease and comorbidities
- cancer mortality trends and projections
- National Framework for Protecting Australia's Children
- premature mortality in Australia
- disability support services
- housing assistance
- perinatal data
- prisoner health.

We aim to make our data and information available online in several different formats, from traditional print-ready PDF and online (HTML) reports to infographics, snapshots and detailed source data tables. Formats that lend themselves to regular update as new information becomes available are being used more often.

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

An example is the *Diabetes* snapshot updated in 2015–16, which is available at <www.aihw.gov.au/diabetes/>.

Users exploring this topic would start on the *Diabetes* landing page where they will find quick facts such as:

- 1 in 20 Australians had diabetes in 2011–12
- 9% of all hospitalisations had diabetes as a principal or additional diagnosis
- 1 in 10 deaths recorded diabetes as an underlying or associated cause of death.

These facts link through to subpages where readers can find out more about diabetes in Australia, including incidence, treatment and deaths. The subpages provide more detailed information, which is further enhanced by figures, tables and other graphical representations of data.

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

By drilling down still further, users can access detailed supplementary data tables.

Among the reports released in 2015–16 as full-text HTML reports were:

- Residential aged care and Home Care 2013–14
- Housing assistance in Australia 2016
- Specialist homelessness services 2014–15.

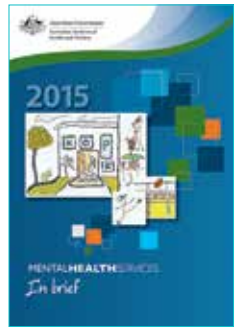
The *Mental health services in Australia* website <http://mhsa.aihw.gov.au/home/> was updated 5 times during the year with new information on the mental health workforce and mental health-related services. There were about 107,400 visitor sessions on these web pages in 2015–16—up from the 101,800 sessions in 2014–15.

One new issues paper was added in 2015–16 to the Closing the Gap Clearinghouse website (an AIHW and Australian Institute of Family Studies collaboration). There were more than 28,400 visitor sessions on the clearinghouse site in 2015–16—down from the 34,800 sessions in 2014–15. A greater number of papers were added that year.

'In brief' and 'at a glance' publications

Our commitment to making information accessible to a wider audience includes providing 'in brief' or 'at-a-glance' summary publications to accompany key reports. We published several such reports in 2015–16, including:

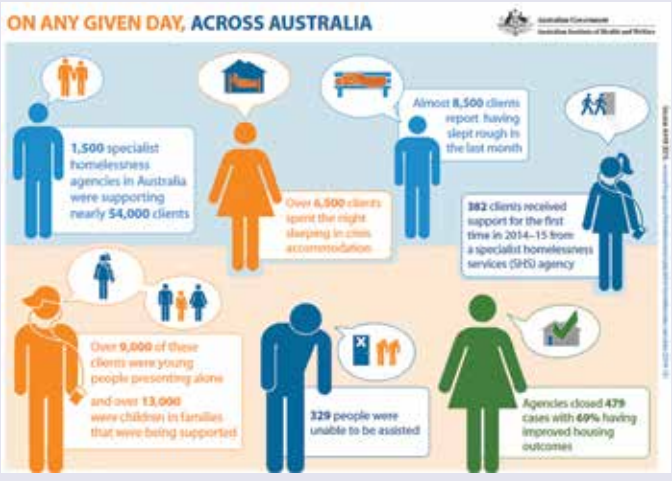
- *Australia's welfare 2015—in brief*, a 60-page summary which presents highlights from the AIHW's 12th biennial report on the nation's welfare
- *Mental health services—in brief 2015*, a 33-page companion publication to the AIHW's *Mental health services in Australia* website
- *Australia's mothers and babies 2013—in brief*, a 66-page report which provides key statistics and trends on pregnancy and childbirth of mothers, and the characteristics and outcomes of their babies.



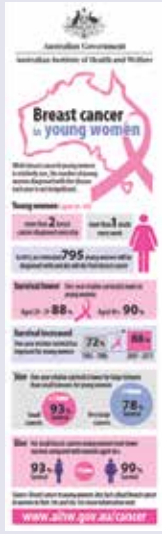
Infographics

Infographics present statistical information sourced from print and online versions of our 'in brief' reports in an easy-to-interpret graphic format. They are designed for users who need quick facts and are ideal for the education sector, the general public, media and policy makers. Examples completed in 2015–16 follow.

'Housing assistance in Australia 2016' accompanied the web report of the same name, which was released in June 2016.



'On any given day, across Australia' accompanied the release of the *Specialist homelessness services 2014–15* web report in December 2015.



The 'Breast cancer in young women' infographic was also produced as a bookmark and distributed along with copies of an associated report at the Pink Ribbon Breakfast in October 2015.

The *Breast cancer in young women* report was launched by the Prime Minister of Australia, Malcolm Turnbull, in October 2015 at Cancer Australia's Pink Ribbon Breakfast in Sydney. The event's theme focused on issues faced by young women with breast cancer. The AIHW worked collaboratively with Cancer Australia in planning the launch of the report. Attendees at the breakfast included: federal and NSW ministers and departmental representatives; CEOs of key cancer organisations, such as the Cancer Australia Advisory Council and the Cancer Institute; CEOs of cancer organisations, such as the Cancer Council Australia and the National Breast Cancer Foundation; media editors and personalities; and young women who have had breast cancer.

Ms Ellen Connell, who authored the *Breast cancer in young women* report, with Prime Minister of Australia, Malcolm Turnbull at the launch.

YouTube @aihw

In 2015–16, we extended our offering on the AIHW YouTube channel, which features videos on various health and welfare topics, including a selection of AIHW media clips, conference presentations and videos accompanying specific reports. Our YouTube channel offers our audiences another platform from which they can access AIHW information.

In 2015–16, the AIHW produced short videos associated with the report *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011* (see also 'Twitter' on page 51).

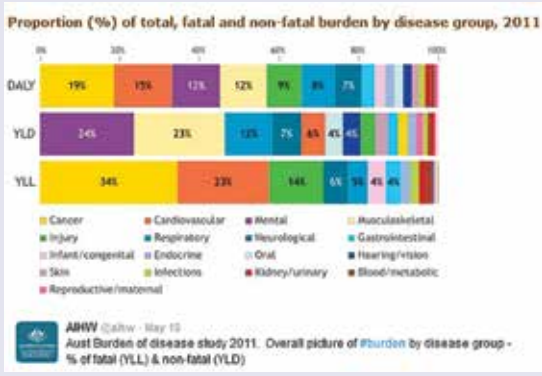
Each video covered a particular topic: *What are the key results?*, *What is burden of disease?* and *What are the key health risk factors?* The videos also explained some of the key terms used in this study, including disability-adjusted life years (DALYs), years of life lost (YLLs) and years of living with disability (YLDs). These videos were downloaded more than 2,000 times, the most popular being the one that explained the term 'burden of disease'.

Twitter

We use our Twitter tag, @aihw, to keep followers informed about new releases on the AIHW website. There were around 9,500 @aihw followers on 30 June 2016 (compared with 7,000 in 2014–15).

In 2015–16, we tweeted 109 times (113 in 2014–15), with 333,200 (140,800 in 2014–15) 'impressions'—the number of times users viewed the tweet. During the year, we also had 884 (458 in 2014–15) link clicks and there were 601 (199 in 2014–15) re-tweets of our tweets.

The tweet with the most impressions (9,100), re-tweets (63) and link clicks (42) was associated with the release of an Australian Burden of Disease Study report on 10 May 2016. We built a Twitter campaign around the report with graphics recommending our followers to link to a series of videos.



A tweet with associated graph at <pic.twitter.com/Qix33OSpmc> and a link to our report.

To direct @aihw followers to our YouTube channel, we added video thumbnails with links to <www.youtube.com/watch?v=W81qL4WHDUQ>.

This video explained how we measure the burden of disease and had over 1,000 views between 10 May and 30 June 2016.

Apps

We offer 3 free AIHW apps on the Apple iOS platform—OzHealth, OzWelfare and Indigenous Health and Welfare Statistics.

These apps present facts and figures in interesting, colourful, and easy-to-use formats—making them particularly valuable for students and teachers, and giving the general public an engaging view of health and welfare statistics. The apps also include a comprehensive glossary and additional information about the AIHW. The OzHealth and OzWelfare apps each includes a quiz of 10 multiple-choice questions, with answers and scores, drawn from a bank of questions within the app.

During 2015–16, the 3 apps were downloaded 1,775 times (compared with 2,000 in 2014–15). Most users were from Australia, followed by the United States of America, Canada and United Kingdom. The OzHealth app was the most popular, with 985 downloads.

The apps will be updated with new data when new editions of the associated reports are released. The OzWelfare app was updated with data from *Australia's welfare 2015*.

In May 2016, we began the development of an Android version of the OzHealth app, to coincide with the release of the *Australia's health 2016* report in the latter part of 2016. An Android app will allow us to expand our audience to those who use the Google Play store and potentially Windows 10 devices.

Notification services for clients and stakeholders

We also use self-subscription email notification services to advise stakeholders of the release of AIHW publications and resources. Subscriptions to these notices rose by 9% in 2015–16 compared with the previous year (Table 3.1).

Table 3.1: Email notification service subscriptions, 2012 to 2016

Year at 30 June	2012	2013	2014	2015	Change 2015 to 2016	2016
For releases of our:						
• health-related products	5,382	6,090	5,729	5,984	▲	6,308
• welfare-related products	4,102	4,583	4,426	4,670	▲	4,947
• education resources and promotions	2,157	2,961	3,581	4,144	▲	4,573
• *AIHW Access* online newsletter profiling the AIHW's work and its people	2,398	3,620	4,632	5,609	▲	6,499
Total	14,039	17,254	18,368	20,407	▲	22,327

Customer care charter

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

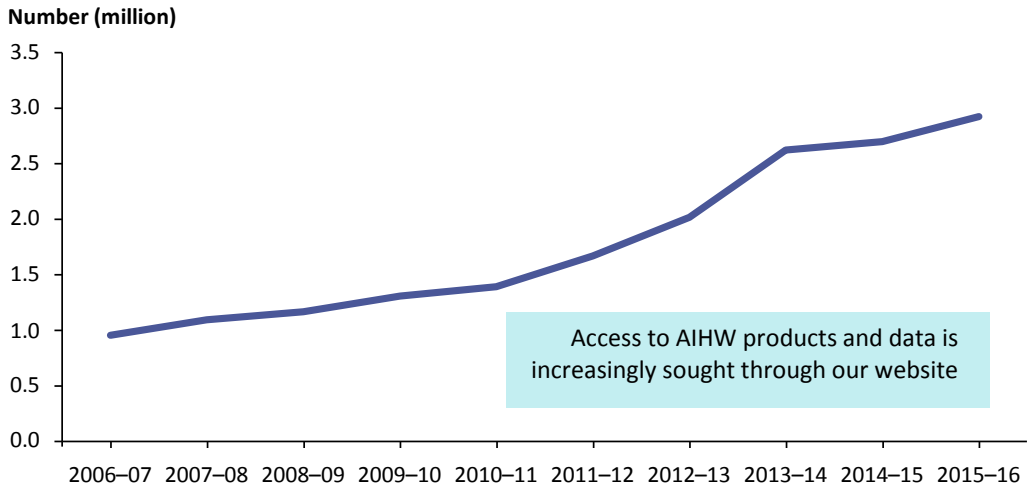
AIHW staff responded to almost 2,000 requests for general information in 2015–16—an average of about 8 requests a day.

AIHW website

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

The AIHW uses 'sessions' as a measure of our web traffic—obtained through Google Analytics. A session is a discrete period of time in which a single visitor is actively engaged with the website. Before April 2014, Google Analytics called this a 'visit'.

There were over 2.9 million sessions on our website in 2015–16—an increase of 8.4% over 2014–15 (2.7 million; Figure 3.1).



Note: Data for this figure are available in Table A8.23.

Figure 3.1: Sessions on the AIHW website, 2006–07 to 2015–16

Downloads of popular reports

The publications most frequently downloaded from the AIHW website in 2015–16 are detailed in Table 3.2. *Australia's health 2014* was the most downloaded report during the year, with 25,864 downloads. *Australia's health* has been consistently our most downloaded publication for nearly 20 years.

Other publications routinely appearing in our top 10 downloaded publications in recent years have been *Young Australians: their health and wellbeing 2011*, *National Drug Strategy Household Survey detailed report 2013* and *A picture of Australia's children*.

Table 3.2: Top 10 publications downloaded from the AIHW website, 2015–16

Rank	Title	Release date	Downloads
1	*Australia's health 2014*	25 June 2014	25,864
2	*Young Australians: their health and wellbeing 2011*	10 June 2011	7,234
3	*National Drug Strategy Household Survey detailed report 2013*	25 November 2014	6,781
4	*Australia's health 2012*	21 June 2012	6,061
5	*A picture of Australia's children 2012*	31 October 2012	5,858
6	*Australia's hospitals 2013–14: at a glance*	23 June 2015	4,845
7	*Australia's welfare 2015*	20 August 2015	4,829
8	*Australia's health 2014: in brief*	25 June 2014	4,568
9	*Health expenditure Australia 2013–14*	24 September 2015	4,371
10	*The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*	9 June 2015	4,344

Note: These rankings are based on downloads of each report during 2015–16 either for the full year or from the stated release date in 2015–16 to 30 June 2016.

Media

Media coverage

The AIHW issued 57 media releases in 2015–16, 25 fewer than in 2014–15 (Table 3.3; see Figure 2 on page xiv for a longer time series) and overall media coverage fell by 14.5%.

Media coverage fell across all formats, with the exception of print items, which saw a significant increase. For the first time, online news items overtook radio as the leading form of media coverage.

The decline in the number of media releases issued was in line with the AIHW's recent focus on engaging with media and the wider community in new and innovative ways, such as through social media, videos and graphical representations of statistics.

Table 3.3: Media coverage (items) and media releases, 2011–12 to 2015–16

Media type	2011–12	2012–13	2013–14	2014–15	Change 2014–15 to 2015–16	2015–16
Print	564	458	507	426	▲	798
Radio	1,956	1,929	1,620	1,826	▼	1,106
Television	138	128	122	230	▼	129
Online	1,778	1,894	1,311	1,650	▼	1,496
Australian Associated Press	96	92	15	41	▼	37
Total	**4,532**	**4,501**	**3,575**	**4,173**	▼	**3,566**
Media releases	**82**	**84**	**80**	**82**	▼	**57**

Media coverage of individual reports

AIHW reports that attracted the most media coverage during the year are listed in Table 3.4. Topping the list was the web report *Chronic disease comorbidity*, with 164 news items.

This was followed by *Breast cancer in young women: key facts about breast cancer in women in their 20s and 30s*, which received 137 media mentions.

Table 3.4: Top 10 reports for media coverage, 2015–16

Rank	Title	Media mentions
1	Chronic disease comorbidity (web report)	164
2	*Breast cancer in young women: key facts about breast cancer in women in their 20s and 30s*	137
3	*Trends in methylamphetamine availability, use and treatment: 2003–04 to 2013–14*	130
3	*BreastScreen Australia monitoring report 2012–2013*	130
5	*Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011*	109
6	*Australia's welfare 2015*	96
7	Domestic and family violence and homelessness 2011–12 to 2013–14 (web report)	69
8	*Monitoring the health impacts of mandatory folic acid and iodine fortification 2016*	66
9	*Young people returning to sentenced youth justice supervision 2015*	64
10	*Alcohol and other drug treatment services in Australia 2014–15*	61

Parliamentary relations

Budget estimates hearings

The acting AIHW Director appeared at the Additional Estimates hearing for the Health portfolio before the Senate Community Affairs Legislation Committee on 10 February 2016. During 2015–16, the AIHW provided responses to 5 questions on notice and input for 21 portfolio-wide responses to questions on notice, arising from this hearing and other annual Senate Estimates hearings on 21 October 2015 and 6 May 2016.

Inquiries

The AIHW provided 7 submissions to parliamentary and government committee inquiries in 2015–16 (Table 3.5). Staff appeared before 1 committee during the year.

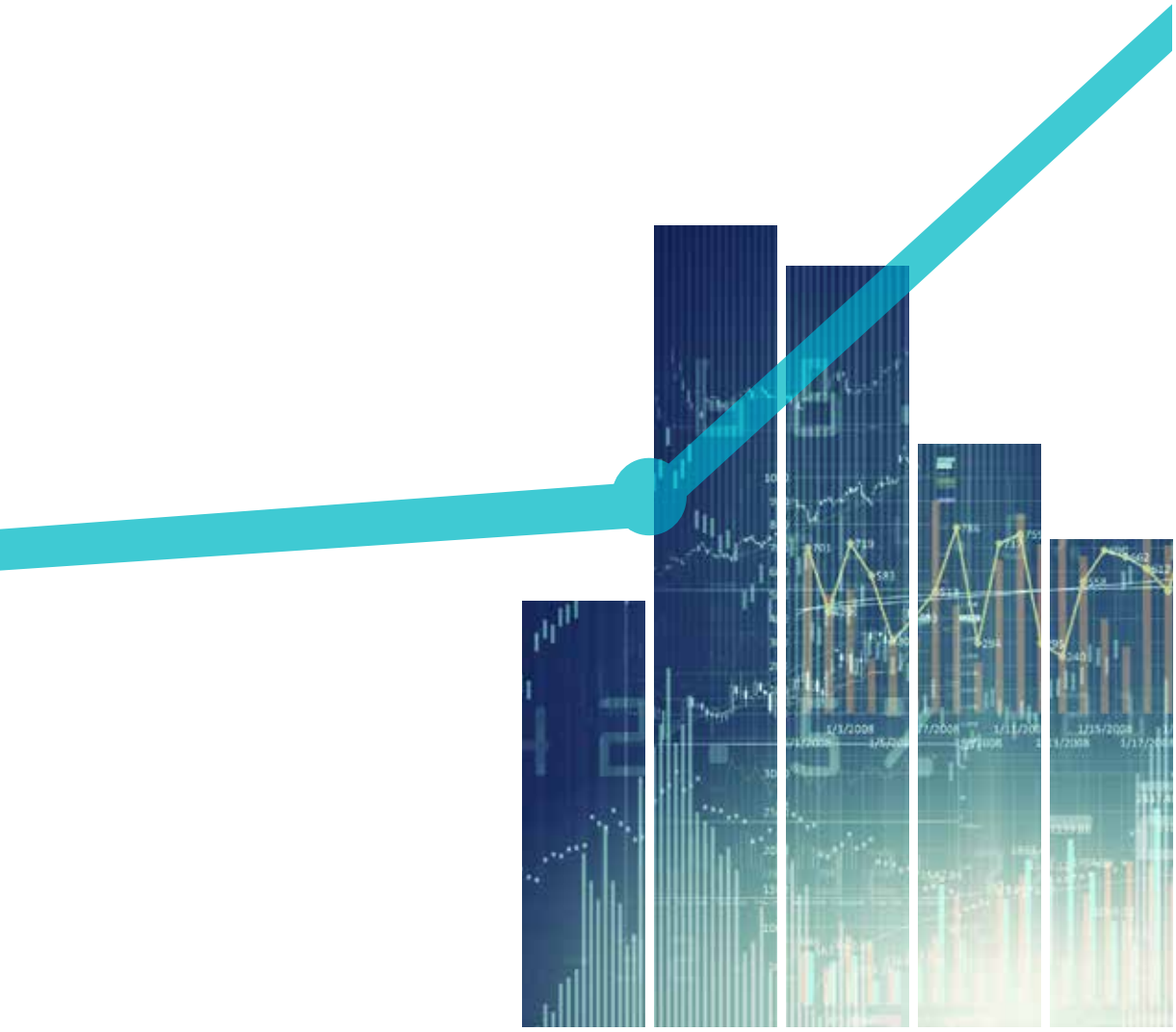
Table 3.5: Submissions to parliamentary and government inquiries, 2015–16

Committee	Inquiry name
Federal	
House of Representatives Standing Committee on Economics	Home ownership
House of Representatives Standing Committee on Health	Chronic disease prevention and management in primary health care
Joint Committee on Law Enforcement	Illicit tobacco
Senate Select Committee on Health	Improving access to and linkage between health data sets held by Commonwealth entities
Senate Standing Committees on Community Affairs—References Committee	Future of Australia's aged care sector workforce
Productivity Commission	National education evidence base inquiry
State/territory	
Victorian Parliament Joint Family and Community Development	Services for people with autism spectrum disorder

Our organisation

4

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



Legislation

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

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

- Information on the AIHW Act is in Appendix 1 on page 114—our functions are specified in section 5 (see also 'Who we are and what we do' on page ix).
- The AIHW Act establishes the AIHW Board as our governing body.
- We operate under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

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

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

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

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

Accountability

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

- **AIHW strategic directions**—provide the foundation for establishing, recording, refining and assigning priorities to our activities.
- **AIHW corporate plans**—are a requirement of section 35 of the PGPA Act.
- **Portfolio Budget Statements (PBS)**—annual statements informing members of the Australian Parliament of the proposed allocation of resources to government outcomes and programs. Annual direct funding from the Australian Parliament is appropriated to us on the basis of outcomes. Our outcome and program structure under the PBS consists of 1 outcome and 1 program (see 'Understanding our performance' on page 3).
- **Annual work plans**—internal management documents that provide the AIHW Board, AIHW Director and AIHW staff with an overview of proposed activities for the next year, against which progress is monitored.
- **Annual reports**—provided to the Minister for Health for presentation to the Australian Parliament, required by section 46 of the PGPA Act and which, for the first time in this 2015–16 annual report, includes an annual performance statement required by section 39 of the PGPA Act.

Ministerial accountability

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the minister of its activities as required. This includes occasions when we receive or expend significant funds; for example, when we undertake contract work valued over a certain amount (currently $1.5 million) for other agencies and organisations. This amount is specified in Regulations made under the AIHW Act (see Appendix 1 on page 114).

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

AIHW Board

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

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

Board members

Information follows about individual board members at 30 June 2016, including qualifications, current positions and affiliations. Appendix 3 on page 130 details the meetings attended by board members during 2015–16 and lists board members outgoing during 2015–16.

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

Chair

Non-executive Director

Terms: 19 July 2014–18 July 2015; 19 July 2015–18 July 2016; 19 July 2016–18 October 2016

Dr Haikerwal is a medical general practitioner in Melbourne. He is Chair of the Council of the World Medical Association, having held that position since May 2011. Dr Haikerwal is also a Professor in the School of Medicine in the Faculty of Health Sciences at Flinders University, South Australia. He is Chair of the beyondblue Doctors' Mental Health Program and Co-Chair of the Australian Asian Medical Federation, and sits on the Advisory Board of Brain Injury Australia. Dr Haikerwal was the 19th federal president of the Australian Medical Association and, before that, the association's Victorian state president.

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

Barry Sandison BBusMgt, FANZSG

Director, Australian Institute of Health and Welfare

Executive Director

Term: 5 May 2016–4 May 2021

Mr Sandison has extensive public sector experience, with previous roles in both policy and service delivery. Most recently, he was the Deputy Secretary, Health and Information, within the Australian Government Department of Human Services where he was responsible for the administration and delivery of a range of programs in the health, government and business areas. Prior to this role, Mr Sandison was a deputy chief executive at Centrelink and held senior executive roles in the Department of Families, Housing, Community Services and Indigenous Affairs and the Department of Employment and Workplace Relations.

Mr Sandison is a board member for L'Arche Genesaret, an Australian Capital Territory community organisation for people with intellectual disabilities.

Zoran Bolevich DM, MBA, FRACMA

Nominee of the Australian Health Ministers' Advisory Council

Non-executive Director

Term: 11 February 2016–10 February 2019

Dr Bolevich is the Chief Executive and Chief Information Officer of eHealth NSW, a dedicated health information technology agency, responsible for planning, implementation and support of the largest digital health program in Australia—the digital transformation of NSW Health.

During his 25-year career in health, he has worked in a range of senior health management and information and communications technology (ICT) leadership roles in Australia and New Zealand. Before joining eHealth NSW, Dr Bolevich worked at the NSW Ministry of Health as executive director for Health System Information and Performance Reporting and, most recently, as acting deputy secretary for System Purchasing and Performance. Earlier, he spent several years leading a regional shared services agency for district health boards and, after that, took up a role with New Zealand's Ministry of Health where he was responsible for the national health information strategy and architecture.

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

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

Non-executive Director

Term: 18 January 2016–17 January 2017

Ms Chilvers is the Executive Director of Analysis and Research at the NSW Department of Family and Community Services (FACS), a government agency that directly supports around 800,000 people each year, and reaches an additional 1 million people through local community-based programs. She is responsible for leading the development and dissemination of the agency's evidence base to inform policy, service design and local planning, with the objective of improving the lives of the most vulnerable members of the community. She leads a team of researchers and analysts to examine a diverse range of social policy issues. Ms Chilvers is also co-investigator on a number of linkage research projects, and Chief Investigator for the FACS Pathways of Care Longitudinal Study, which examines the outcomes of children and young people entering out-of-home care in NSW for the first time.

Ms Chilvers' previous roles include several senior statistical and economic roles in NSW FACS, the NSW Bureau of Crime Statistics and Research, and at Macquarie University.

Philip Fagan-Schmidt PSM MPublicPolicy

Representative of the State Housing Departments (nominated through the Housing and Homelessness Chief Executives Network of state and territory departments)

Non-executive Director

Term: 18 January 2016–17 January 2017

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

David Kalisch BEc, AICD

Australian Statistician

Non-executive Director

Term: Ex-officio appointment

Mr Kalisch was appointed the 15th Australian Statistician on 11 December 2014. As head of the ABS he is accountable for its functions and operations. He has also been appointed as the non-judicial member of the Australian Electoral Commission.

Mr Kalisch is an economist with public sector experience in research and analysis, policy development and service delivery. He has an interest in labour markets, macroeconomics, retirement incomes, welfare-to-work strategies and health policy. He has pursued organisational performance and renewal through recent leadership responsibilities.

Mr Kalisch was previously the AIHW Director for four years, a commissioner at the Productivity Commission and a deputy secretary in the Australian Government Department of Health. He has had senior executive roles in a range of departments since 1991, has had two appointments at the OECD in Paris, and was a member of the Australian delegation to the organisation. He is a Public Policy Fellow at the Australian National University.

Paul Madden

Representing Mr Martin Bowles, Secretary, Department of Health

Non-executive Director

Term: Ex-officio appointment

Mr Madden holds the position of Deputy Secretary/Special Adviser, Strategic Health Systems and Information Management. His role includes supporting the government in leading the national rollout of digital health initiatives, including foundation technologies and related services across Australia, the continued and improved operation of the My Health Record and the trials of opt-out. He is also responsible for setting and operation of governance policies and processes for data and information management.

He is a member of the Departmental Executive Committee, Chair of the My Health Record Operations Management Committee, and a member of the Australian Digital Health Agency Board.

Before joining the Department of Health, Mr Madden was program director of the Standard Business Reporting Program led from the Australian Treasury from 2007 to 2010.

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

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

Non-executive Director

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

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

David Conry BBus (Marketing)

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

Non-executive Director (acting appointment)

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

Since 2011, Mr Conry has been Managing Director, Damarcon, which provides services in business development and strategy. He also serves as Chair of the Queensland Museum, Chair of Brisbane Powerhouse and is a director of several private entities. Career history includes roles with News Ltd, National Group Sales Director for Pacific Magazines and Printing, National Head (Channel Marketing) for Flight Centre Ltd, and founder and chairman of disability group Youngcare—work that resulted in his being named Queensland's Australian of the Year in 2007. Mr Conry also has experience and expertise in governance frameworks for not-for-profit organisations.

Michael Perusco BBus (Acc)

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

Non-executive Director

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

Mr Perusco is the CEO of Yarra Community Housing (YCH) in Melbourne, which is Victoria's largest provider of community housing and has a particular focus on housing people with a history of homelessness and disadvantage. Prior to joining YCH, Mr Perusco was CEO of St Vincent de Paul Society NSW, one of NSW's largest and most diverse community organisations. His experience also includes 9 years as CEO of Sacred Heart Mission, a Victorian organisation that works with people experiencing homelessness. Mr Perusco has also chaired the Council to Homeless Persons and Australians for Affordable Housing and been a member of the NSW Premiers Council on Homelessness and the board of the NSW Council of Social Services. He is currently on the board of the the Community Housing Federation of Victoria. Mr Perusco also has experience in the commercial sector with KPMG and Arthur Andersen.

Lyn Roberts AO Dip App Sc, BA (Hons), PhD

Ministerial nominee with expertise in research into public health issues

Non-executive Director

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

Dr Roberts resigned as CEO (national) of the National Heart Foundation of Australia in late 2013 having held that position since 2001. She was vice-president of the World Heart Federation from 2009 to 2010 and participated in the Australian Chronic Disease Prevention Alliance. Dr Roberts has also held the following positions: member, Australian National Preventive Health Agency Advisory Council; vice-president-elect, World Heart Federation; chair, Australian Chronic Disease Prevention Alliance; treasurer, Asia–Pacific Heart Network; board member, Asia–Pacific Heart Network; board chair, Child and Youth Health, South Australia; board member, Child, Adolescent and Family Health Service, South Australia; and vice-president, Family Planning Association, South Australia.

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

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

Ministerial nominee

Non-executive Director

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

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

Vacant (2 positions)

Ministerial nominee

Non-executive Director

Vacant

Staff-elected representative

Non-executive Director

Charter of Corporate Governance

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

Board performance review

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

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

A review of board performance scheduled for 2014–15 was deferred pending clarification of the AIHW's status and responsibilities expected to follow the Australian Government's announcement in the 2014 Federal Budget of the potential merging of a number of agencies in the Health portfolio. In August 2015, the Australian Government decided that the AIHW's responsibilities will change from 1 July 2016 to encompass some of the responsibilities of the National Health Performance Authority. Concurrently, the Australian Government requested the Department of Health to commission an independent review of the AIHW's role and the scheduled review of board performance was further deferred. The report of the independent review, by the Nous Group, remains under consideration by the minister.

Education of board members

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

In 2015–16, the board received presentations on the *Australia's welfare 2015* report, using data to improve health-care service delivery, the Australian Burden of Disease Study and Clinical Commissioning Groups in the United Kingdom's National Health System.

Remuneration and allowances for board members

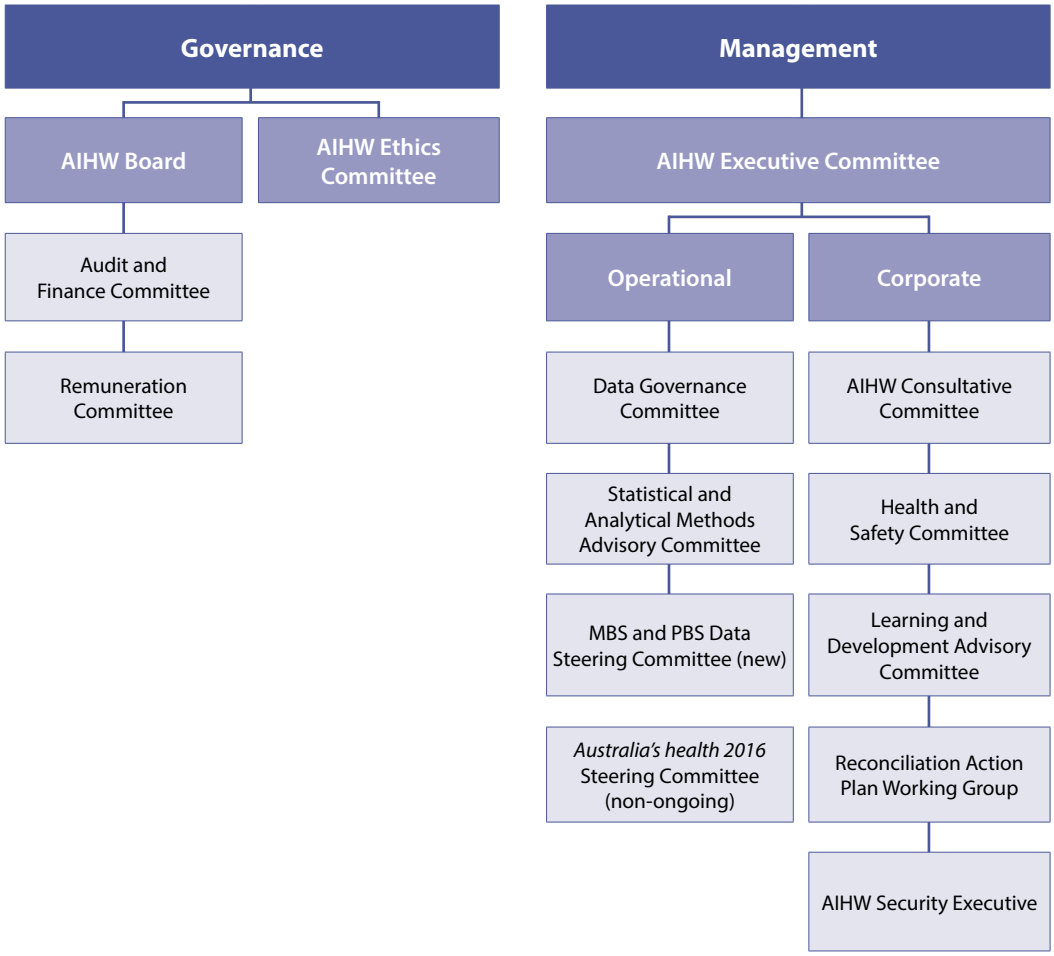
Remuneration and allowances for board members are determined by the Remuneration Tribunal. As at 30 June 2016, the relevant determination is *Determination 2016/03: Remuneration and allowances for holders of public office and judicial and related offices* which can be found by searching the tribunal's website at <www.remtribunal.gov.au/>.

Board members who were employed by a Commonwealth, State or Territory Government department or entity did not receive remuneration for their work as a member of the AIHW Board.

The total remuneration received or due and receivable by 7 board members during 2015–16 was $67,234.

Board committees

The AIHW Board has two committees: the Audit and Finance Committee and the Remuneration Committee (Figure 4.1). Details of their responsibilities and operation are provided in part 8 of the Charter of Corporate Governance, which is available at <www.aihw.gov.au/aihw-board/>. Details of attendance by members at meetings held during 2015–16, including for members outgoing during 2015–16, are in Appendix 3 on page 130.



Notes

1. The AIHW Director is a member common to the AIHW Board, the AIHW Ethics Committee and the AIHW Executive Committee.
2. MBS and PBS data refers to Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data.

Figure 4.1: Governance and management committees, 30 June 2016

Audit and Finance Committee

The Audit and Finance Committee authorises and oversees the AIHW's audit program and reports to the board on strategic, financial and data audit matters (see 'Financial management' on page 88 and 'Risk oversight and management' on page 90).

At 30 June 2016, the committee comprised:

- three non-executive board members—Mr Michael Perusco (Chair), Dr Erin Lalor and Dr Lyn Roberts whose details are available under 'Board members' earlier in this chapter
- one independent member—Mr Max Shanahan.

Maxwell Shanahan BA, FCPA, CGEIT, CISA, MACS (Senior), MIIAA

Independent member

Term: from 8 December 2011

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

Senior representatives from our internal auditors (Protiviti) and external auditors (the Australian National Audit Office) attend meetings of the committee.

Major matters reported to the board by the committee in 2015–16 included: the audit of the 2014–15 financial statements (in September 2015); our draft 2016–17 budget (in June 2016); our 2015–16 and 2016–17 internal audit programs; and reviews of our business risks. The committee also reviewed recommendations from internal audits completed in 2014–15 and 2015–16 on:

- Implementation of the project management framework—to determine the design and operating effectiveness of our framework and the extent to which our project management system is effectively supporting the framework.
- Term deposits—to provide assurance of the design and operating effectiveness of AIHW's term deposits controls and that surplus cash is invested in line with the AIHW Investment Policy.
- Information technology security—to assess the AIHW's implementation of the top four mitigation strategies, consistent with the requirements of the Australian Government Protective Security Policy Framework and examine the AIHW's management of privileged user access in key systems and applications.

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

Work by Protiviti commenced in 2015–16 on reviews of:

- Private Rental Assistance data collection
- National Hospital Morbidity Database
- data release management.

Remuneration Committee

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

At 30 June 2016, the committee comprised:

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

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16(1) of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. The Australian Institute of Health and Welfare Ethics Committee Regulations 2006 prescribe the committee's functions and composition (see Appendix 1 on page 114).

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

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

Committee members

Information follows about individual AIHW Ethics Committee members at 30 June 2016. Appendix 3 on page 130 details the meetings attended by committee members during 2015–16 and lists committee members outgoing during the year.

Wayne Jackson PSM BEc (Hons)

Chair

Terms: 1 July 2014–30 June 2016; 1 July 2016–30 June 2019

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

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

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

Barry Sandison BBusMgt, FANZSG

Director, Australian Institute of Health and Welfare

Terms: 5 May 2016–5 May 2021

Information about Mr Sandison is provided in his entry under 'Board members' on page 60.

Purnima Bhat MBBS, FRACP, PhD

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

Term: 25 September 2014–24 September 2017

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

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

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

Person experienced in areas of research regularly considered by the committee

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

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

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

Amanda Ianna Grad Cert Change Mgt, AGSM

Nominee of Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Amanda has extensive experience in the field of civil registration, organisational change and leadership. She is passionate about her staff, customers and keeping the records safe for the people of New South Wales. She is the 17th NSW Registrar since 1856, and only the second female to hold the post. Amanda's focus is on driving change and improving business processes, internally for staff and externally for customers and business partners.

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

Person who is a minister of religion

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

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

Maryjane Crabtree BA/LLB, GAICD

Person who is a lawyer

Term: 14 April 2016–13 April 2019

Ms Crabtree joined Arthur Robinson and Hedderwicks in 1990, becoming a partner in 1994. Ms Crabtree continued working with the firm, now known as Allens, until her retirement in 2016. Ms Crabtree has had previous experience on a Human Research Ethics Committee and is currently the Deputy President of the Epworth HealthCare Board of Management. Her expertise has been built on her experience in the running of a large national professional services organisation as well as practising in many fields, including occupational health and safety, environment and product liability and sport law. Ms Crabtree is also involved in not-for-profit organisations in the areas of health, education and sport. Retirement has enabled Ms Crabtree to continue to pursue board roles in the not-for-profit sector. She is currently a member of Chief Executive Women, the Victorian Women Lawyers' Association, the Victorian Legal Admissions Committee, the Law Institute of Victoria Council and the Board of Racing and Analytical Services Ltd.

David Garratt BEd, GradDipRE

Male representing general community attitudes

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

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

Margaret Reynolds BA, Dip Special Ed

Female representing general community attitudes

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

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

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

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

Work of the committee

The AIHW Ethics Committee met 4 times in 2015–16 and the ethical acceptability of 186 projects and data collections, either new or seeking modification, were approved. A large proportion of the committee's work concerned assessments of the ethical acceptability of research applications from external researchers and the AIHW.

New project applications

In 2015–16, the committee considered 68 new project applications. Of these, 60 were approved and a decision was pending for 8 applications at 30 June 2016 (Table 4.1). The relatively high approval rate reflects in part efforts by the committee secretariat, in conjunction with the committee chair, in ensuring draft applications meet committee information requirements before formal submission.

Most (47) of the new applications were submitted by researchers from external organisations, such as departments and research centres affiliated with universities or large metropolitan teaching hospitals. For example, applications were received from the Royal Children's Hospital (Melbourne), the Royal Melbourne Hospital and the University of Melbourne as well as many of Australia's major universities. The committee also received applications from government agencies; for example, the Victorian Department of Health and Human Services, NSW Treasury and WA Health.

The AIHW submitted 21 new applications. These related to a variety of data, including veteran health, maternal health and perinatal data, diabetes and child development.

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

Table 4.1: Research project applications considered by the AIHW Ethics Committee, 2015–16

	Considered	Approved	Rejected	Decision pending
Applications for approval				
AIHW, including collaborating centres	21	20	—	1
External researchers	47	40	—	7
Subtotal	*68*	*60*	—	*8*
Applications for modification or extension				
AIHW, including collaborating centres	14	14	—	—
External researchers	131	131	—	—
Subtotal	*145*	*145*	—	—
Total	**213**	**205**	**—**	**8**

Monitoring projects

The committee monitors approved projects to their completion, and considers requests for modifications to previously approved projects. A total of 268 annual monitoring reports were received from researchers during 2015–16.

Requests for modification or extension

In all, 145 requests for amendment were considered during the year (Table 4.1). More than half (83) included a request for an extension of time and/or proposed research staff changes.

Finalised projects

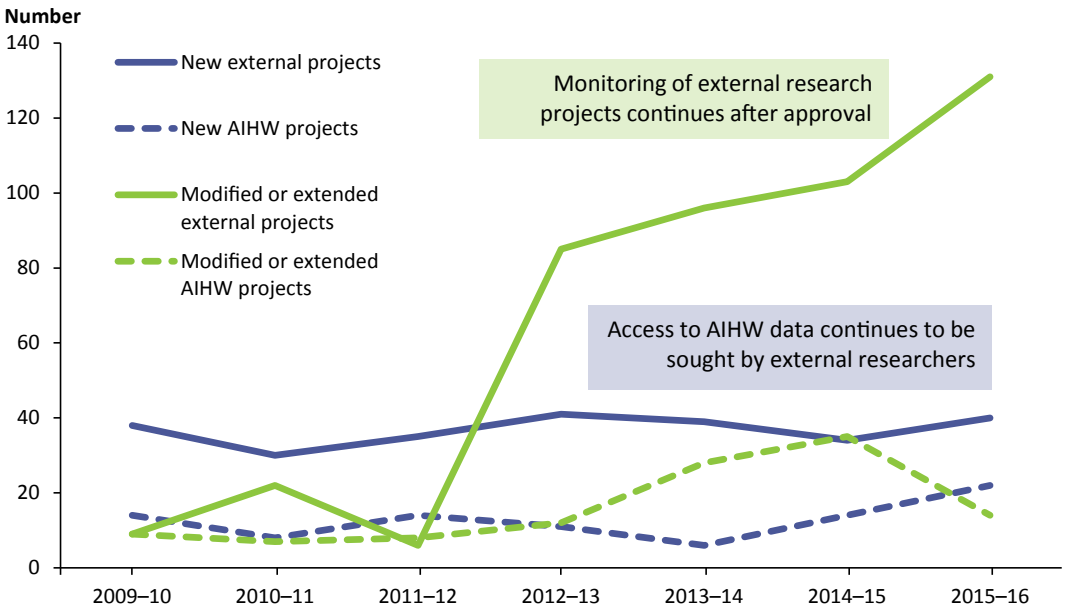
To ensure that research outcomes are freely available, the AIHW Ethics Committee requires public dissemination of the results of approved projects. In 2015–16, the AIHW received 19 final project reports accompanied by associated research results, most of which were published in peer-reviewed journals or other publicly available reports.

Trends in research applications

Access to AIHW data continues to be sought by external researchers (Figure 4.2). Applications from the AIHW itself that were approved by the AIHW Ethics Committee were higher in 2015–16 (22) than for any of the previous 5 years (6–14) and included 8 applications related to new data collections.

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

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



Notes

1. AIHW projects include those for AIHW collaborating centres.
2. Data for this figure are available in Table A8.24.

Figure 4.2: Research project applications approved by the AIHW Ethics Committee, 2009–10 to 2015–16

Organisational structure

Information about the responsibilities of our 8 groups follow. Figure 4.3 (Organisational chart) on page 77 shows the unit structure for each group.

In April 2016, the Institute increased the number of groups from 7 to 8. This reflected the movement of some staff of the National Health Performance Authority to the AIHW ahead of the closure of the authority on 1 July 2016. Responsibilities of the authority were concentrated in a new Health Performance and Accountability Framework Group as were the capabilities of staff needed to continue work to calculate national health system indicators in the Performance Accountability Framework and to prepare and publish associated reports and websites. There were no other significant changes to the AIHW's group structure during the year.

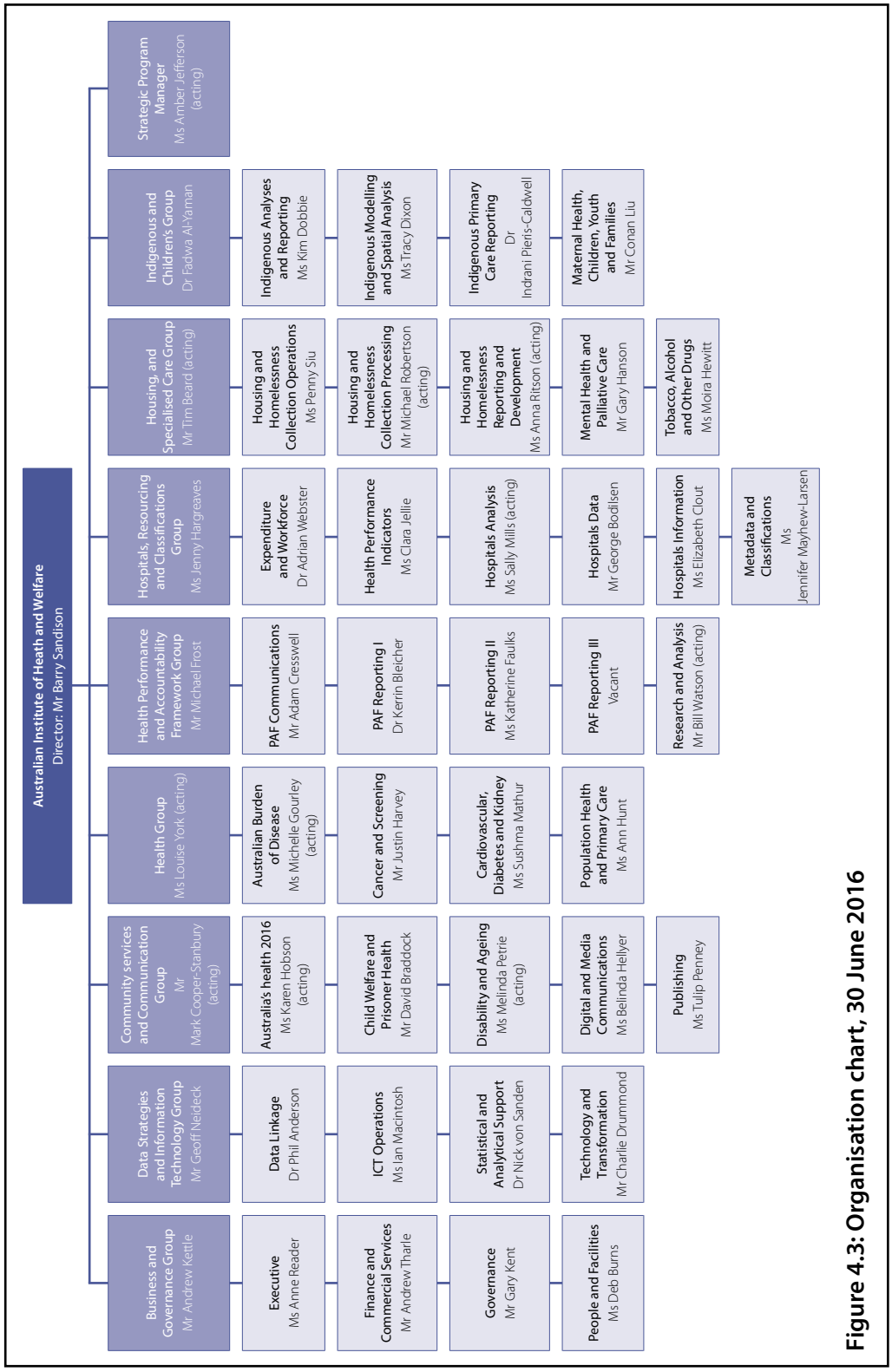


Figure 4.3: Organisation chart, 30 June 2016

Business and Governance Group

Leadership through corporate services

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

- executive support and secretariat services for the AIHW Director, AIHW Board, AIHW Executive Committee and a number of national information committees
- leadership and support in governance and legal matters, including data management and release arrangements, ethics, privacy, development and negotiation of external agreements, and the strategic management of internal and external relationships critical to our role
- pricing and contract advice, business analysis and preparation of financial statements (see Appendix 9)
- recruitment services, coordination of learning and development activities, workforce planning, performance management support, management of people and building safety, facilities management and accommodation planning (see **Chapter 5 Our people** for more detailed descriptions of activities and achievements in 2015–16 in relation to the group's human relation and facilities functions).

Community Services and Communication Group

High-quality data on community services

The group develops, maintains and analyses national data to support monitoring and reporting on:

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

The group also:

Delivering corporate communications

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

Chapter 3 Our communications provides detailed descriptions of activities and achievements in 2015–16 in relation to the group's corporate communication functions.

Data Strategies and Information Technology Group

Enabling richer research

The group works with Commonwealth agencies and state and territory governments to promote access to health and welfare data for policy, research and community information. The group works to increase the information value of existing data collections through data integration (linkage) work—for the AIHW and external researchers—that supports innovative analyses. Examples of work supported in this way include longitudinal studies and movements of people between health and welfare services. The group also:

Supporting data security

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

'Data security' on page 93 describes activities and achievements in 2015–16 in relation to the group's corporate data security functions.

Health Group

Revealing the health of Australians

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

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

Health Performance and Accountability Framework Group

Reporting on health system performance

The group was created on 21 April 2016 in order to facilitate the transition, from 1 July 2016, of functions, staff and other resources from the National Health Performance Authority (NHPA).

The group provided services under contract to the NHPA and undertook planning for 2016–17.

Hospitals, Resourcing and Classifications Group

Detailing the health-care system

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

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

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

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

Housing and Specialised Services Group

Statistics on a range of vulnerable groups

The group produces statistics, analysis and information on:

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

Surveying alcohol and drug use

The group is responsible for the administration, data analysis and reporting of two national surveys, both of which are being conducted in 2016:

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

Indigenous and Children's Group

Monitoring the next generation's wellbeing

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

Delivering better data on Indigenous people

A particular emphasis in 2015–16 was calculating burden of disease estimates for the Aboriginal and Torres Strait Islander population.

Executive

The AIHW Director, Mr Barry Sandison, manages the day-to-day affairs of the Institute. He is supported by 8 senior executives, who together comprise the AIHW Executive Committee. During the year, the committee met regularly to consider policy, financial and other corporate matters.

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

Senior executive team

Information on the AIHW's senior executive team, as at 30 June 2016, is given below. More detailed information on each person is available at <www.aihw.gov.au/aihw-senior-staff/>.

Senior Executive, Business and Governance Group

Andrew Kettle MA (Hons), CA

Andrew Kettle has held a senior executive position since he first arrived to work at the AIHW in 2006. He is responsible for leading the management of the Institute's finances, human resources, governance operations and office accommodation. Mr Kettle qualified as a chartered accountant in the United Kingdom. He worked as a professional accountant for Coopers and Lybrand in Canada and Australia and was chief financial officer at the Australian Fisheries Management Authority. Mr Kettle acted as Director of the AIHW from 14 December 2015 to 17 June 2016.

Senior Executive, Data Strategies and Information Technology Group

Geoff Neideck BBusStud, Grad Cert Management

Mr Neideck has been managing the AIHW's Data Strategies and Information Technology Group since December 2015. Before that, he managed the AIHW's housing and homelessness collections since mid-2006 when he came to head the former Housing and Disability Group. Prior to joining the AIHW, he managed large national social and economic statistics programs at the ABS and Statistics Canada, where he gained experience in data design and statistical infrastructure projects.

Senior Executive, Community Services and Communication Group

Mark Cooper-Stanbury BSc (acting)

Mr Cooper-Stanbury has acted as a senior executive since November 2015. He is responsible for work associated with disability, ageing, child welfare and prisoner health; oversees the AIHW's communications activities; and leads development of our Australia's health and Australia's welfare reports. Mr Cooper-Stanbury has more than 20 years' experience at the AIHW, including over 10 years as an out-posted statistical consultant.

Senior Executive, Health Group

Louise York BEc, BSc, Grad Dip Population Health (acting)

Ms York has acted as a senior executive since May 2016. She is responsible for work associated with burden of disease, chronic disease monitoring, cancer screening, population health, veterans' health, nutrition, primary health-care data improvement, AIHW's mortality data and international health reporting obligations. Ms York has almost 20 years' experience at the AIHW, including an out-posted role at the Telethon Institute for Child Health Research.

Senior Executive, Health Performance and Accountability Framework Group

Michael Frost BEc (Hons), Grad Dip Public Administration

Mr Frost transferred to the AIHW in May 2016 from a position as Executive Director, Strategic Initiatives, in the former National Health Performance Authority. His experience in policy advice, performance reporting and administrative roles spans 17 years in federal and state governments, including as the deputy head, Secretariat for the COAG Reform Council.

Senior Executive, Hospitals, Resourcing and Classifications Group

Jenny Hargreaves BSc (Hons), Grad Dip Population Health

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

Senior Executive, Housing and Specialised Services Group

Tim Beard BSc, BComm (acting)

Mr Beard has acted as a senior executive since January 2016 and has worked at the AIHW since 2001 across a range of health and welfare areas. His responsibilities include producing information on homelessness, community housing, housing assistance, mental health services, palliative care services, and drug use and treatment services. He has been a staff representative on AIHW's Consultative Committee.

Senior Executive, Indigenous and Children's Group

Fadwa Al-Yaman PSM BSc, MA, PhD

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

Other staff

Further information about staff leading our units is in Appendix 4 on page 136 and about staff more generally is in **Chapter 5 Our people**.

Collaborating to achieve common objectives

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

Australian Government

Department of Health

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

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

With the exception of work that must be put to competitive tender by the department, our work for the Department of Health is guided by an MoU between the two organisations. The department directly funds us to undertake significant additional projects beyond work funded through appropriation. During 2015–16, the parties extended the existing MoU arrangements for a further year.

Department of Social Services

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

Under formal deed arrangements, the AIHW is data custodian of the department's Australian Government Housing Data Set and is a member on a panel of experts to support organisations funded under the DSS' Families and Children Activity. Additionally, an MoU guides work undertaken by the AIHW for the DSS that has not otherwise been subject to competitive tender. During 2015–16, the parties extended the existing MoU arrangements for a further year.

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

Australian Bureau of Statistics

The AIHW interacts regularly with the ABS as a key partner on a range of activities. This relationship is enshrined in the AIHW Act, which provides that the collection of health- and welfare-related information and statistics by the AIHW must be with the agreement of the ABS and, if necessary, with its assistance. The Act also provides that the Australian Statistician (or his/her nominee) is a member of the AIHW Board.

The AIHW and the ABS are collaborators in a number of national information agreements with the Australian Government and state and territory governments, covering ongoing availability of health, community services, early childhood education and care, and housing and homelessness information.

Other Australian Government bodies

During 2015–16, we collaborated with many agencies in developing, collecting, compiling, analysing, managing and disseminating health and welfare data and information. These organisations included:

- **Australian Commission on Safety and Quality in Health Care:** The AIHW and the commission are parties to an MoU reflecting our joint commitment to working collaboratively towards a more informative and usable national system of information to enhance the safety and quality of health care. During 2015–16, the AIHW worked with the commission on data development activities and the Australian Atlas of Healthcare Variation.
- **Australian Institute of Family Studies:** The AIHW and the family studies institute work collaboratively under an MoU acknowledging that sharing of information and expertise are critical to effective and meaningful research by both bodies.
- **Cancer Australia:** The AIHW and Cancer Australia are parties to an MoU reflecting the commitment of both parties to work in a planned and coordinated manner (in consultation with partner organisations and stakeholders) to ensure that national cancer data needs are met effectively. In 2015–16, the AIHW undertook work to support Cancer Australia's Staging, Treatment and Recurrence Project and provided data to report against Cancer Australia's National Cancer Control Indicators.
- **Department of Education:** Our relationship with the Department of Education focuses on areas such as the development of information on early childhood education and care.

- **Department of Human Services:** The AIHW and the Department of Human Services are parties to an agreement facilitating the sharing of advice and services in data and information areas where the agencies share common interests and responsibilities. This includes the provision of services to the department by the AIHW in our capacity as an accredited Commonwealth Data Integrating Authority.
- **Department of the Prime Minister and Cabinet:** The AIHW and the Department of the Prime Minister and Cabinet are parties to an MoU that facilitates provision of data and information services by the AIHW to the department. During 2015–16, we provided services regarding Indigenous health expenditure and analysis of Indigenous health by region.
- **Department of Veterans' Affairs:** The department and the AIHW are parties to an MoU that reflects their commitment to the development of information sources for the delivery of world-class health-care policies and services to veterans. At an operational level, the MoU facilitates provision of services to the department, including research and analytical work, reporting, data linkage and integration and data custodianship.
- **Department of Agriculture:** The AIHW and the Department of Agriculture are parties to an MoU for the development of data standards for agricultural diseases that may pose a risk to human health.
- **Independent Hospital Pricing Authority:** The AIHW's MoU with the authority supports cooperative work to improve national data on hospitals and exchange of hospitals-related data.
- **National Health Funding Body:** The AIHW and the National Health Funding Body are parties to an MoU facilitating the exchange of information and assistance on matters of mutual interest, particularly with respect to data and information on public hospitals.
- **National Health Performance Authority:** An MoU underpinned the AIHW's work in supporting the authority's development of performance indicators and the publishing of its performance indicator specifications in METeOR. During 2015–16, consistent with the Australian Government's decision to close the NHPA from 1 July 2016, the AIHW and the NHPA worked collaboratively to transition the requisite functions and staff of the authority to the AIHW.
- **National Mental Health Commission:** The AIHW works with the commission under an MoU to source and analyse data for the commission's mental health and suicide prevention activities. We also provide technical assistance to the commission in formulating advice on national mental health performance reporting and monitoring issues.

State and territory governments

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

During 2015–16, we continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with achieving this aim. We also maintained strong relationships with state and territory government departments, including those working under the auspices of COAG. Some of these relationships are formalised by agreements, such as our MoUs with the Australasian Juvenile Justice Administrators, the Registrars of Births, Deaths and Marriages, and state and territory departments responsible for health, children and families, and prisoner health.

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

In engaging with other national committees in various areas of health, welfare and housing assistance (see Appendix 5 on page 143), we focus on actively contributing evidence to policy debates and improving information arrangements. We contribute to these committees in various ways, for example as chair, member, observer and/or providing secretariat services.

Collaborating centres

During 2015–16, the AIHW had collaborating centre arrangements in place with four research organisations, based mainly at universities. These organisations were the:

- Australian Centre for Airways disease Monitoring at the Woolcock Institute of Medical Research Ltd, which monitors asthma and linked chronic respiratory conditions and aims to help reduce the burden of asthma and other airways diseases by developing, collating and interpreting data relevant to airways disease prevention, management and health policy
- Australian Research Centre for Population Oral Health at the University of Adelaide, which operates the Dental Statistics and Research Unit for the collection, analysis and reporting of statistics relating to dental care and oral health and aims to improve the oral health of Australians through research on dental health status, dental practices, use of dental services and the dental labour force
- National Injury Surveillance Unit at Flinders University, which develops, analyses and reports national statistical information about injury and its control and contributes to the work of the World Health Organization (WHO) in developing the International Classification of Diseases and Related Health Problems, 11th Revision (ICD-11)
- National Perinatal Epidemiology and Statistics Unit at the University of New South Wales, which develops and analyses information about perinatal health and aims to improve the health and wellbeing of mothers and babies through
  - research, analysis and reporting on reproductive, maternal and perinatal health—including assisted reproduction, pregnancy outcomes, maternal morbidity and mortality, admission to neonatal intensive care and perinatal mortality

- assessing needs and opportunities for new information sources and mechanisms and improvement of existing information sources
- developing new information sources and other relevant infrastructure
- providing advice and other services to assist others who are engaged in perinatal health monitoring and research.

Other collaborations and partnerships

During the 2015–16 year, we maintained and strengthened our engagement with allied organisations, including peak bodies and other national forums, to help satisfy their needs for information to assist policy development and program delivery.

The AIHW also has data-sharing agreements with other specialist centres, such as:

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

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

During 2015–16, the AIHW and the Canadian Institute for Health Information signed an MoU to formalise the temporary exchange of staff between the organisations. We also provided information to two Vietnamese delegations.

AIHW staff, including the former AIHW Director, Ms Kerry Flanagan, and a delegation from Vietnam that came to the AIHW to discuss metadata and METeOR, on 14 September 2015.

Financial management

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

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

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

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

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

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

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

Our **externally funded** project work is undertaken by our statistical groups for external agencies. The fees charged each project is determined using a pricing template set to cover our costs, which include salaries and on-costs, other direct costs and a corporate cost-recovery charge which recovers infrastructure and corporate support costs. The template is updated on an annual basis. Expenditure incurred on each project is accounted for separately and monitored monthly. Explanations are sought for projects that appear to be over budget or behind schedule.

Contract management

Our contracts include:

- contracts for the purchase of services—most commonly these are for standard support services, such as rent, cleaning, payroll processing, internal auditing, ICT equipment and consultancies
- revenue contracts for the provision of services—most commonly these are
  - schedules under MoUs with Australian Government departments for information services, which we treat as revenue contracts—though some are not contracts in a strictly legal sense
  - contracts with Australian Government departments awarded under competitively tendered arrangements

  - contracts with state or territory departments, usually through a ministerial council arrangement, or with non-government organisations
- binding agreements—these typically underpin our collaborating centre arrangements with universities.

Purchase contracts

For purchase contracts, we use, wherever possible, template short- and long-form contracts prepared by legal advisers as the basis of contracts with suppliers. These template contracts aim to manage risks and ensure value for money through provisions that cover a range of matters such as: deliverables and performance standards linked to milestone payments; necessary insurances and indemnities; intellectual property ownership and requirements; and requirements for privacy and confidentiality.

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

Procurement requirements

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

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

We complied with our obligations under the procurement rules during 2015–16.

Revenue contracts

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

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

Contract approval

Purchase and revenue contracts, but not MoU schedules, involving receipt or payment of amounts more than $1.5 million must be approved by the Minister for Health.

Purchase or revenue contracts and schedules must all be signed by the appropriate AIHW delegate.

Internal clearance and approval arrangements in place in 2015–16 specified that:

- any purchase contract worth more than $25,000 must be approved by a Senior Executive Service (SES) officer
- purchase contracts worth more than $100,000 must also be cleared by the Senior Executive, Business and Governance Group, and approved by the Director

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

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

Risk oversight and management

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

Areas of risk that we monitor closely include:

- the AIHW's position as a major national agency providing information and statistics on health and welfare matters, including
  - clarity about our purpose
  - our reputation for accurate, independent and timely reporting
  - relationships with funders, data providers and other stakeholders
  - security over confidentiality of data
  - competition from other organisations that analyse health and welfare data
- the AIHW's ability to attract and retain highly skilled staff
- the AIHW's commercial operations, including
  - financial matters such as external funding, cash flow, cost management and appropriate internal controls
  - up-to-date and effective technology
  - the effectiveness of organisational operations and planning.

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

We engage external contractors to perform our internal audit function. In 2015–16, the internal auditors—Protiviti—completed two internal audits (see 'Audit and Finance Committee' on page 68).

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

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

During 2015–16, we:

- monitored our intranet-hosted data confidentialisation decision register, which provides a central place to document our decisions on managing data confidentiality and reliability
- provided workforce reports to the AIHW Board every 6 months
- worked with other agencies to actively manage the risks around the transfer of staff and resources from the NHPA.

Managing ethically

Several measures are in place that promote and maintain high ethical standards at the Institute and protect the privacy and confidentiality of data, both of which are of prime importance to the AIHW in carrying out its responsibilities (see 'Legislation' on page 58).

- All employees are required to maintain appropriate ethical standards of behaviour (see 'Managing performance and behaviour' on page 101), including adherence to the Australian Public Services (APS) Values, Employment Principles and Code of Conduct. These standards are exemplified by senior management and expected of all staff throughout the Institute. They are actively promoted to all new staff.
- We periodically refresh our policies and practices to reduce and manage fraud, to ensure that protecting privacy is central to our work and to manage other business risks (see 'Risk oversight and management' on page 90 for details of activities in 2015–16).
- Specific physical and electronic security measures are in place to maintain the confidentiality of AIHW data (see 'Data security' on page 93). These measures are particularly secure for specific projects undertaken by the AIHW's Data Integration Services Centre—an Integrating Authority accredited by the Commonwealth's Cross Portfolio Data Integration Oversight Board. The work of the centre often involves the use of administrative records containing personal information.

- As detailed on page 69, the AIHW Ethics Committee considers the ethical acceptability of certain data-related activities.
- New AIHW staff members are required to sign undertakings that draw to their attention the section 29 confidentiality provisions of the AIHW Act.
- Members of committees set up by the AIHW may, as part of their role, have access to information of a confidential nature, and are therefore required to sign a deed agreeing to certain measures designed to protect against disclosure and unauthorised use of confidential information.

Protecting privacy

The AIHW protects the privacy of the information it holds under a coordinated set of arrangements covering data governance, the AIHW Ethics Committee operations and physical and information technology security. These multiple layers of defense ensure that data is only accessed by authorised personnel for appropriate purposes in a secure environment.

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

Data governance

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

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

These data governance arrangements apply to:

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

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

Our Data Governance Committee establishes an annual work plan of data governance-related activities and provides advice and recommendations to the AIHW Executive Committee on these matters. In 2015–16, the Data Governance Committee met 3 times, established a work plan, began projects under the work plan and convened a data custodian forum to discuss matters of interest and issues affecting all AIHW data custodians.

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

Data security

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

- audited compliance with the Australian Signals Directorate mandatory top four security requirements
- implementing a Security Event and Information Management system that collects security related logs and events, and correlates the information on issues and vulnerabilities
- progressing an Independent Security Registered Assessor review/assessment
- training and certifying three security specialists on staff.

AIHW's data holdings continue to grow and we have expanded our range of products and services. At all stages of data handling, from transfer, data management and storage to release of data, AIHW has in place appropriate governance and security policies and practices. No data breaches have been experienced in the reporting period.

Project management

Four years ago, the AIHW adopted a new project management system which provides an indication of the number of projects we undertake. In 2015–16, 207 projects were formally completed (Table 4.2).

Table 4.2: Projects under management, 2015–16

	Formally completed in the year	Started in the year	Active at year's end
2015–16	207	245	321

Note: Figures reflect projects managed through the AIHW's project management system. Figures published in earlier annual reports are not comparable due to a change in counting rules.

Freedom of information

Requests received

In 2015–16, there were 6 requests for access to records under the *Freedom of Information Act 1982* (FoI Act), and no requests for internal review.

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

Information Publication Scheme

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

During 2015–16, the AIHW complied with the scheme. The information is published at <www.aihw.gov.au/ips/>.

Enquiries

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

Freedom of information requests should be sent to:

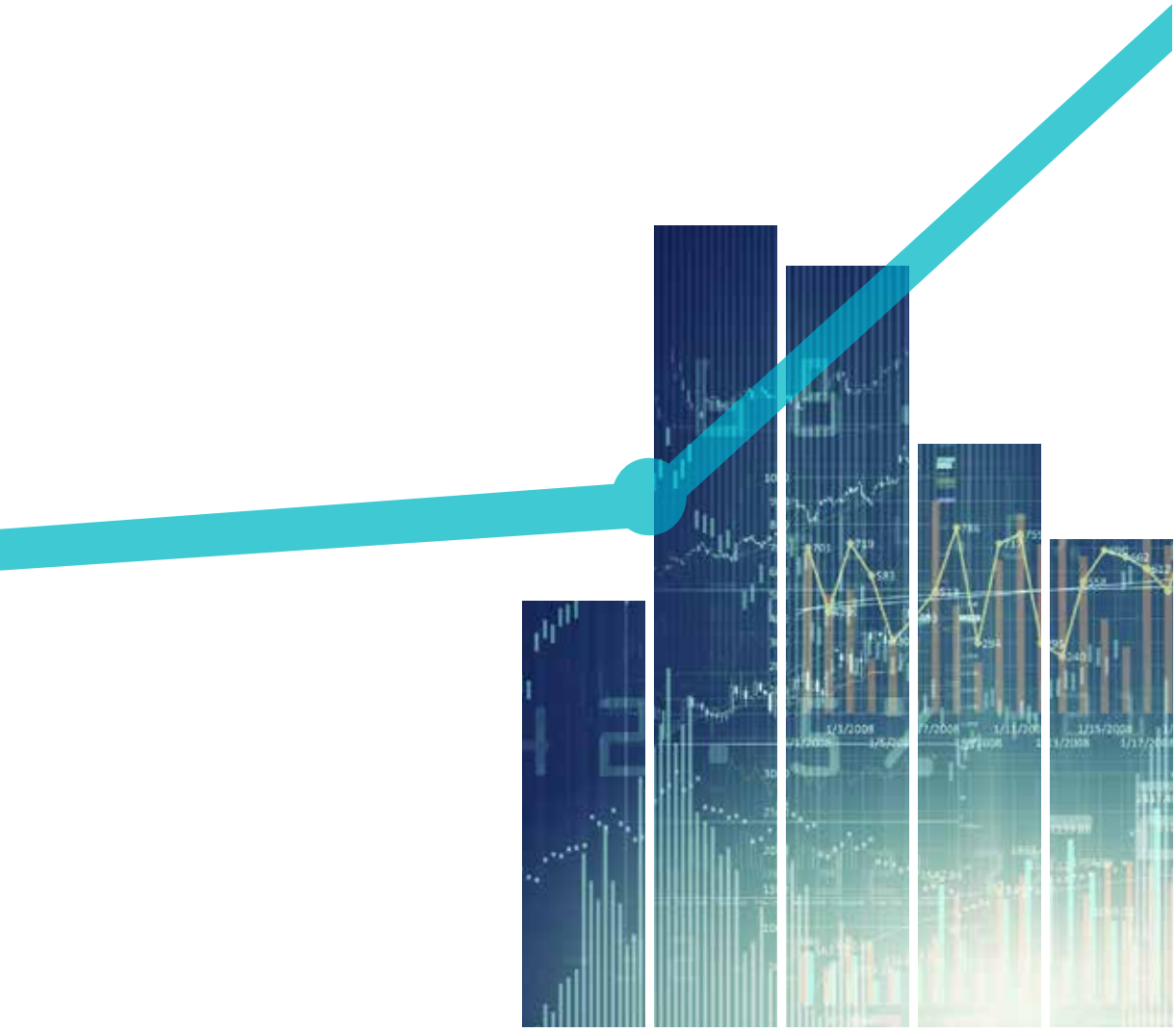
FoI Contact Officer
Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

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

Our people

5

This chapter details our staffing profile and workforce strategies.



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

Our most significant staffing and facilities challenge for 2015–16 was the transfer of certain functions from the National Health Performance Authority (NHPA) to the AIHW. The NHPA was closed on 30 June 2016. However, to provide a smooth transition and ensure business continuity, 20 NHPA staff voluntarily transferred to a newly created Health Performance and Accountability Framework Group within the AIHW on 21 April 2016. Several of these staff were based in NHPA's Sydney office, the lease for which was re-assigned to the AIHW with effect from 1 July 2016. Further details are provided throughout this chapter.

Staff profile

Employment numbers and categories

We employed 310 active staff at 30 June 2016—including those staff who transferred from the NHPA—compared with 308 active staff at 30 June 2015 (Table 5.1). The number of active full-time equivalent staff increased from 284.8 at 30 June 2015 to 286.6 at 30 June 2016.

Table 5.1: Active staff and total staff, 2013–2016

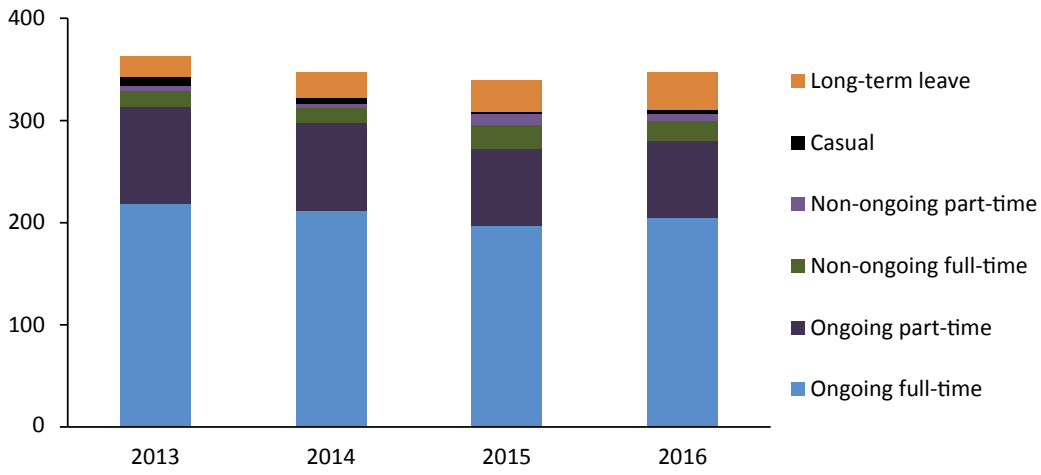
	30 June 2013	30 June 2014	30 June 2015	30 June 2016
		Number		
Active staff	343	322	308	310
Staff on long-term leave	20	25	31	37
Total staff	**363**	**347**	**339**	**347**
		Full-time equivalent		
Active staff	313.5	297.4	284.8	286.6
Total staff	**331.3**	**319.6**	**313.9**	**321.6**

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

The number of staff on long-term leave of more than 3 months increased to 37 at 30 June 2016, compared with 31 a year earlier. Five of these staff had transferred to the AIHW from the NHPA.

Of our active staff at 30 June 2016:

- 15 had transferred from NHPA
- 280 (90.3%) were ongoing employees—a small increase on the 272 (88.3%) level of a year earlier, but less than for the previous 2 years
- 81 (26.1%) worked part-time—continuing a pattern of small decreases each year for the last 3 years (Figure 5.1).



Notes

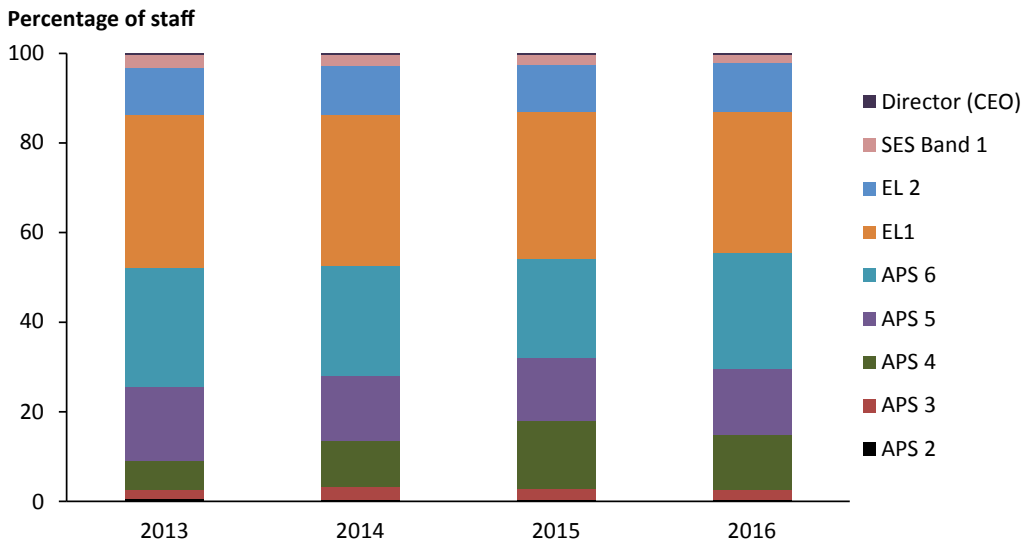
1. Staff in all categories except the long-term leave category are 'active'.
2. Data for this figure and category definitions are available in Table A8.25.

Figure 5.1: Category of staff employment, 2013–2016 (30 June)

Classification level

Of our active staff at 30 June 2016, just under one-third (98 staff) were classified and employed as Executive Level 1 (EL 1) officers and about one-quarter (80 staff) were employed as Australian Public Service (APS) 6 officers (Figure 5.2).

The proportion of active APS full-time equivalent (FTE) staff rose again this year to 55.4%, following increases over the previous 2 years. The proportion of active EL FTE staff fell again to 42.5%, after decreases over the previous 2 years. The most notable changes between the previous and current year related to APS 6 level staff—where the proportion rose—and for APS 4 staff—where the proportion fell.



Note: Data for this figure are available in Table A8.26.

Figure 5.2: Active full-time equivalent staff by classification level, 2013–2016 (30 June)

Groups

Of our active staff at 30 June 2016, 243 (78.4%) were employed in statistical work-related functions across 7 groups, and 66 (21.3%) were employed in corporate work-related functions across 4 groups (Table 5.2). (Three groups undertake both statistical and corporate services work.)

Over the year, active staff numbers in the Indigenous and Children's Group and the Health Group fell by 12 and 7, respectively. In the Data Strategies and Information Technology Group, the primary focus of work changed by 4 staff from corporate to statistical functions.

Table 5.2: Active staff employed, by group, 2015 and 2016

	30 June 2015	30 June 2016		
	Total	Ongoing	Non-ongoing and casual	Total
Director (CEO)	1	—	1	1
Statistical groups				
Community Services and Communication (statistical functions)	22	22	—	22
Data Strategies and Information Technology (statistical functions)	10	15	1	16
Health	55	47	1	48
Health Performance and Accountability Framework (statistical functions)	—	13	6	19
Hospitals, Resourcing and Classifications	42	37	2	39
Housing and Specialised Services	53	48	4	52
Indigenous and Children's	59	40	7	47
Subtotal	*241*	*222*	*21*	*243*
Corporate groups				
Business and Governance	25	22	5	27
Community Services and Communication (corporate functions)	12	10	2	12
Data Strategies and Information Technology (corporate functions)	29	25	—	25
Health Performance and Accountability Framework (corporate functions)	—	1	1	2
Subtotal	*66*	*58*	*8*	*66*
Total	**308**	**280**	**30**	**310**

Note: Information for 3 groups has been split to show staff whose functions are (primarily) statistical or corporate.

Workforce management

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

Staff commencements and turnover

Fifty-eight new employees commenced ongoing employment with the Institute during 2015–16 (Table 5.3), of which 19 ongoing staff were transferred from the NHPA and 21 were our 2015–16 graduate intake.

A total of 44 ongoing employees exited AIHW during 2015–16, of which 27 moved to another APS agency—including 6 who moved on promotion. The remaining 17 separated from AIHW via resignation (10) or retirement (7). This equates to a 14.6% exit rate for ongoing staff in 2015–16 and represents a continuing increase when compared with recent years' exit rates of 9.9% in 2014–15 and 4.0% in 2013–14.

Table 5.3: Commencements and separations of ongoing staff, 2015–16

Type	Number
Ongoing staff at 30 June 2015	302
• Staff engaged from outside the APS	+31
• Staff moving from another APS agency	+27
Total commencing staff	*+58*
• Staff separating through resignation	–10
• Staff separating through retirement	–7
Sub-total separating staff	*–17*
• Staff who moved to another APS agency on transfer	–21
• Staff who moved to another APS agency on promotion	–6
Total exiting staff	*–44*
Ongoing staff at 30 June 2016	316

Notes

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

AIHW graduate intake

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

Of the 21 graduates employed in the 2015–16 intake, 6 relocated from interstate/overseas, while 10 were already employed by the AIHW on a non-ongoing basis. Of the 12 graduates employed in the 2011–12 intake, 5 remain at the AIHW (Table 5.4).

Table 5.4: Graduate recruitment intake and outcomes, 2011–12 to 2015–16

	2011–12	2012–13	2013–14	2014–15	2015–16
Graduate intake (all at APS 4 level)	12	7	8	8	21
Graduates remaining at the AIHW at 30 June 2016	5	4	7	5	19
• as an APS 4	—	—	—	2	19
• promoted to APS 5	2	4	7	3	—
• promoted to APS 6	3	—	—	—	—
• promoted to EL 1	—	—	—	—	—

Managing performance and behaviour

Our Performance Communication and Feedback Policy recognises that regular constructive feedback encourages good performance, enhances continuing development and encourages staff to communicate with each other informally and regularly about performance matters. It also recognises that formal assessment and feedback are important and requires all staff to have two formal communication and feedback sessions each year.

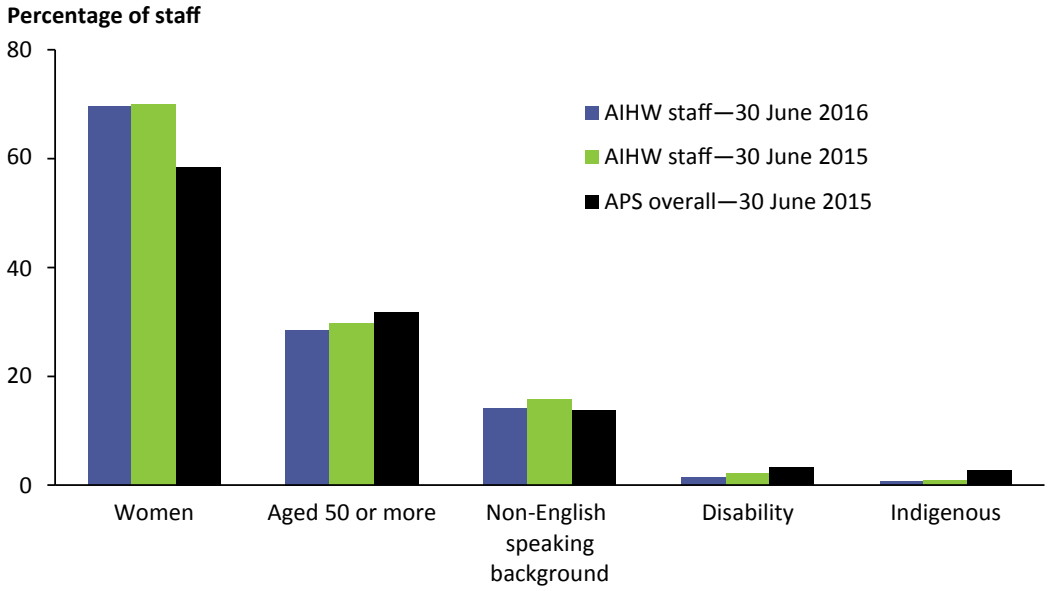
Annual Individual Performance Agreements (IPAs) are designed to align individual performance to our strategic priorities and annual (financial year) work plan, with the overall aim of improving individual and organisational performance. IPAs also focus on individual learning and development needs and broader APS career development. AIHW policy requires a current IPA to be in place for existing staff by July–August each financial year and, for new employees, within 3 months of their commencement at the Institute. In all, 279 staff had an IPA in place at the beginning of the 2015–16 cycle, and 294 staff participated in the mid-cycle review of the IPAs during January–February 2016.

Recognising diversity

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

Mr Craig Ritchie presenting at an event organised for staff during National Aboriginal Islander Day Observance Committee Week in July 2015.

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



Note: Data for this figure are available in Table A8.27.

Figure 5.3: Staff diversity groups, 2015 and 2016

More than two-thirds of our total staff (69.5%) at 30 June 2016 were women. Among our active staff, 2 of our 5 substantive Senior Executive Service (SES) Band 1 staff are women, and women represent nearly two-thirds (62.6%) of our EL staff.

We maintain a Workplace Diversity Program aimed at ensuring that:

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

The Institute has a Reconciliation Action Plan and has appointed two members of the Senior Executive group in the roles, respectively, of Disability Champion and Indigenous Champion.

Terms and conditions of employment

Enterprise Agreement

The Institute's current Enterprise Agreement (EA) came into effect on 22 October 2012 and nominally expired on 30 June 2014. It covers all non-SES staff employed under the *Public Service Act 1999* and will operate until a new agreement comes into effect. Bargaining commenced in June 2014, and continued through to February 2016. A proposal put to a staff vote at the end of February was rejected by a majority of voting staff. Further negotiations occurred after the ballot, but bargaining was put on hold during the caretaker period leading up to the federal election.

Remuneration

Salary ranges based on classification level from our current EA are shown in Table 5.5. The salary regime does not provide access to, or include, performance pay.

Table 5.5: AIHW Enterprise Agreement salary range for APS and EL employees, 30 June 2016

	Salary points ($)	
	Lowest	Highest
APS 1	42,098	47,225
APS 2	48,954	53,623
APS 3	55,676	60,918
APS 4	62,405	67,589
APS 5	69,573	74,519
APS 6	78,033	86,263
EL 1	95,443	106,468
EL 2	116,804	131,267

SES remuneration

The terms and conditions of employment for SES staff are contained in common law contracts, including remuneration. They provide for salary entitlements, as well as non-salary inclusions relating to leave arrangements and entitlements, superannuation, salary sacrifice, travel and allowances. As at 30 June 2016, the range within which SES Band 1 salaries can be set by the AIHW Director was $160,000 to $190,550. Note 12 in Appendix 9 provides details of overall senior management personnel remuneration, including that for the AIHW Director and non-executive directors.

Individual flexibility arrangements

Our EA contains provisions for individual flexibility arrangements to enable tailoring of remuneration and conditions for individual employees in particular circumstances. At 30 June 2016, 4 non-SES staff had individual flexibility arrangements in place.

Engaging with staff

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

Consultative Committee

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

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

The committee met 4 times during 2015–16 and, among other issues, discussed matters arising during the year pertaining to the movement of staff from the NHPA, changes to the AIHW's Rehabilitation and Return to Work Policy, and the impacts and performance of technology to assist staff with their work.

Health and Safety Committee

The Institute maintained a Health and Safety Committee during 2015–16 as required by Division 4 of the *Work Health and Safety Act 2011* (WHS Act). The committee facilitates cooperation between management and employees in instigating, developing and carrying out measures designed to ensure the health and safety of our people at work.

The committee met 4 times during 2015–16 and, among other matters, reviewed the process for workstation assessments by occupational therapists.

Learning and Development Advisory Committee

The Learning and Development Advisory Committee provides strategic direction for, and enables stakeholder input to, the planning and delivery of learning and development initiatives across the Institute. The committee comprises representatives from the various AIHW Groups.

The committee met 3 times during 2015–16.

Social Club

The Institute has an active Social Club, which focuses on coordinating social activities and events that help foster a positive and collaborative workplace environment. The club, the members of which include staff from the latest graduate intake each year, takes the lead in organising the annual staff Christmas party, and other events held throughout the year.

Recognising and building expertise

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

Staff qualifications

Of the 190 AIHW staff (62.1% of all eligible staff) who responded to the 2016 APS Commission's State of the Service Employee Survey, 167 (87.9%) reported having tertiary-level qualifications. These qualifications covered a broad range of fields, including health sciences, social sciences, education, information technology and business.

External study

The Institute has a Studybank program which supports staff in undertaking formal external study for a recognised qualification relevant to the AIHW's work. Fourteen staff received assistance for formal study during Semester 2 2015 and Semester 1 2016. Areas of study included psychology, public health and business.

Corporate learning and development program

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

We provided in-house courses on 57 occasions during 2015–16 under the Institute's Corporate Learning and Development Program. These courses were attended by 530 staff in total (with some staff attending more than one course). The 2015–16 program once again focused on skills training in the areas of leadership and management, written communication, statistical and data analysis, and corporate competencies.

SAMAC conversations

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

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

Eleven conversations were held in 2015–16. Some of the topics discussed were:

- Quality assurance—frameworks and in practice
- Geospatial information systems—case studies of geospatial analysis
- Data linkage—an update of what's new in data linkage
- Longitudinal data analysis—a discussion of applicable tools
- Big data—what it is and how to make use of it.

AIHW staff who presented SAMAC conversations.

Left to right: Geoff Neideck, James Thompson, Martin Edvardsson, David Whitelaw, Nick Von Sanden, Melissa Goodwin, Phil Anderson and Michelle Gourley.

Absent: Vanessa Prescott, Mark Walker.

Institute Awards

In 2016, the AIHW introduced Institute Awards to recognise exceptional individual and team contributions to the Institute. All staff were invited to nominate an employee or team for the awards, and the AIHW Director considered them and decided who to recognise through these awards.

Institute Awards were given out to 3 staff and 3 teams (Table 5.6).

Table 5.6: Institute Awards, March 2016

Name	For enhancing the AIHW's reputation and innovation through:
Ellen Connell	Increasing the reputation of the AIHW through publication of a report.
Gary Kent	Outstanding work in improving the AIHW's external relationships.
David Whitelaw	Enhancing the AIHW's reputation as a professional organisation by providing outstanding support work to statistical analysis.
Housing and Homelessness Collection Operations, Field operation team	Enhancing the AIHW's reputation, through the dedication and commitment to going above and beyond their day-to-day operations to ensure that high-quality service is provided to stakeholders.
Housing and Homelessness Reporting and Development Unit	Outstanding work on the first report to specifically examine the issue of domestic violence and homelessness using the Specialist Homelessness Services Collection.
Indigenous Modelling and Spatial Analysis Unit, Mapping/spatial analysis team	Innovation (and enhancing the AIHW's reputation) in the spatial analysis of Indigenous data on access to services.

Institute Award individual recipients.

Left to right: David Whitelaw, Gary Kent and Ellen Connell.

Institute Award teams recipients.

Front row (left to right): Mark Walker, Brett Nebe, Michelle Barnett, Katrina Williams and Allison Julian.

Back row (left to right): Martin Edvardsson and Shivani Sharma.

Long-serving staff

During the year, 15 staff were presented with service awards as they had reached their 10 years or 20 years of service anniversaries at the Institute (Table 5.7).

Table 5.7: Staff long-service anniversary recognition, 2015–16

20 years	10 years	10 years	10 years
Jenny Hargreaves	James Aken	Mardi Ellis	Michele Mullins
Lynelle Moon	David Batts	Alison Evans	Andrew Powierski
	Karen Bishop	Michelle Harvey	Mark Short
	Tracy Dixon	Belinda Hellyer	
	Deanna Eldridge	Nicole Hunter	

Staff who were recognised in 2015–16 for reaching their 20- or 10-year service anniversaries.
Back row (left to right): Michelle Harvey, Belinda Hellyer and Lynelle Moon.
Middle row (left to right): Mark Short, Alison Evans and Mardi Ellis.
Front row (left to right): Michele Mullins, Andrew Powierski and David Batts.
Absent: James Aken, Karen Bishop, Tracy Dixon, Deanna Eldridge, Jenny Hargreaves and Nicole Hunter.

Encouraging work health and safety

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

Initiatives and outcomes

During the year, we continued to focus on early prevention strategies. All staff have sit–stand workstations and professional training in initial workstation set-up.

The Institute also introduced several other initatives during the year to ensure WHS, and to advance the overall wellbeing of staff. Table 5.8 provides a summary of the key WHS initiatives undertaken during 2015–16.

Table 5.8: Key work health and safety initiatives, 2015–16

Initiative	Outcomes
WHS-related training—for managers	5 courses; 23 attendances by managers
WHS-related training—for staff	9 courses; 84 attendances
Workstation assessments by an occupational therapist	22 assessments conducted
Workplace safety inspections	4 inspections conducted
Employee Assistance Program	Staff utilisation rate: 8.8% (for 1 March 2015 to 28 February 2016)
Flu vaccinations	149 vaccinations were administered to staff (representing 43.1% of total staff in March 2016)
Discounted gym membership	59 staff used this membership option (at 30 June 2016)

Rehabilitation Management System audit

An external audit of the Institute's Rehabilitation Management System (RMS) was undertaken in late 2015 in keeping with Comcare's *Guidelines for Rehabilitation Authorities 2012*.

The audit found that the Institute has established rehabilitation management arrangements which cover many, but not all, of the structural elements of an RMS. Further development of existing elements, along with some new elements, were recommended to enable the arrangements to function as an effective system for rehabilitation management. The key areas requiring action included the development of RMS objectives, rehabilitation provider performance evaluation and more detailed reporting of RMS outcomes.

The audit report, including recommendations and an action plan, were accepted by the Institute in December, with the majority of action items addressed before 30 June.

The auditor has provided the Institute with a Certificate of Compliance which has been forwarded to Comcare in keeping with its guidelines. The certificate provides Comcare with assurance that the Institute's RMS is meeting Comcare's requirements for rehabilitation authorities.

Incidents and compensation

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

In 2015–16, 5 new compensation claims were lodged with Comcare (0 accepted, 3 denied and 2 yet to be determined), compared with 4 claims lodged and accepted in 2014–15, 3 claims lodged (2 accepted) in 2013–14 and 2 claims lodged (2 accepted) in 2012–13.

Of the 2015–16 claims, 2 were for psychological conditions and 3 were for physical conditions.

Notifiable incidents and investigations

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

One incident was notified to Comcare during the year as a serious injury or illness.

Workplace inspections and Comcare investigations

During the year, our Health and Safety Representatives and staff responsible for facilities carried out 4 inspections of our workplace. These inspections occur about a fortnight before Health and Safety Committee meetings to enable findings and recommendations to be considered and actioned quickly. Changes made during 2015–16 were of a minor nature, such as the removal of trip hazards and improved health and safety signage.

No investigations by Comcare (the regulator) were conducted in 2015–16. No directions, notices, offences or penalties were served against the AIHW under the WHS Act.

Accommodation and energy efficiency

The AIHW operated from a single office building in Canberra for most of 2015–16, located at 1 Thynne Street, Bruce. The AIHW was in the second year of a 15-year lease on the 3-storey building and its basement and open-air car parks. The building was purpose-built to suit AIHW's functional requirements, which included flexibility in layout.

The whole building is designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating.

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

Sydney-based staff who transferred to the Institute from the NHPA continued to operate from an office at Level 9, 1 Oxford Street, Sydney. The AIHW took over the lease for a portion of these premises from 1 July 2016.

Ecological sustainable development

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

Table 5.9: Ecologically sustainable development reporting, 30 June 2016

Reporting area	Activitities undertaken by the AIHW
Legislation administered during 2015–16 accords with the principles of ecologically sustainable development	The AIHW does not administer legislation.
The effect of the AIHW's activities on the environment	The AIHW's key environmental impacts relate to the consumption of energy and goods, and waste generated by staff in the course of business activities. Table 5.10 includes available information on energy consumption and recycling of waste.
Measures taken to minimise the impact of AIHW activities on the environment	Provision of amenities for staff who ride bicycles to work. Use of energy-efficient lighting, including the installation of light-emitting diode lighting in selected areas. Purchasing 10% GreenPower electricity. Purchasing only energy-efficient equipment that is Energy Star compliant. 'Shutting-down' multifunctional devices when they are left idle for long periods. Movement-activated lighting that turns off after 20 minutes of no movement being detected. Double-glazed windows to increase the efficiency of heating and cooling. Installation of a modern, efficient air-conditioning system. Installation of rainwater tank system to supply the toilets, urinals and external taps. Recycling of toner cartridges and paper. Purchasing only paper with at least 50% recycled content for printing and copying. Re-use of stationery items such as ring binders. Recycling bins in AIHW kitchens for collection of organic waste. Printing of our publications using 'print-on-demand' processes is done using paper sourced from sustainably managed, certified forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	During 2015–16, the AIHW worked to comply with benchmark environmental impact indicators at 1 Thynne St, which is designed to achieve a 4.5-star National Australian Built Environment Rating System rating.

The significant decrease in toner cartridge recycling and use of paper continued in 2015–16 (Table 5.10) due to the central printing pools in the buildings, increased use of the Institute's online project management system and increased staff use of a redeveloped intranet site. All of these initiatives appear to have contributed to the printing of fewer hard copies of documents by staff.

Table 5.10: Energy consumption and recycled waste, 2011–12 to 2015–16

	2011–12	2012–13	2013–14	2014–15	2015–16
Energy consumption					
Electricity (kilowatt hours, as office tenant light and power)[(a)]	827,312	858,439	753,153	630,093	689,494
Paper (reams)	n.a.	3,380	2,570	1,620	1,605
Recycled waste					
Organics from kitchens (tonnes)	2.4	1.8	2.4	2.5	2.3
Toner cartridges (number)	n.a.	331	329	74	81

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

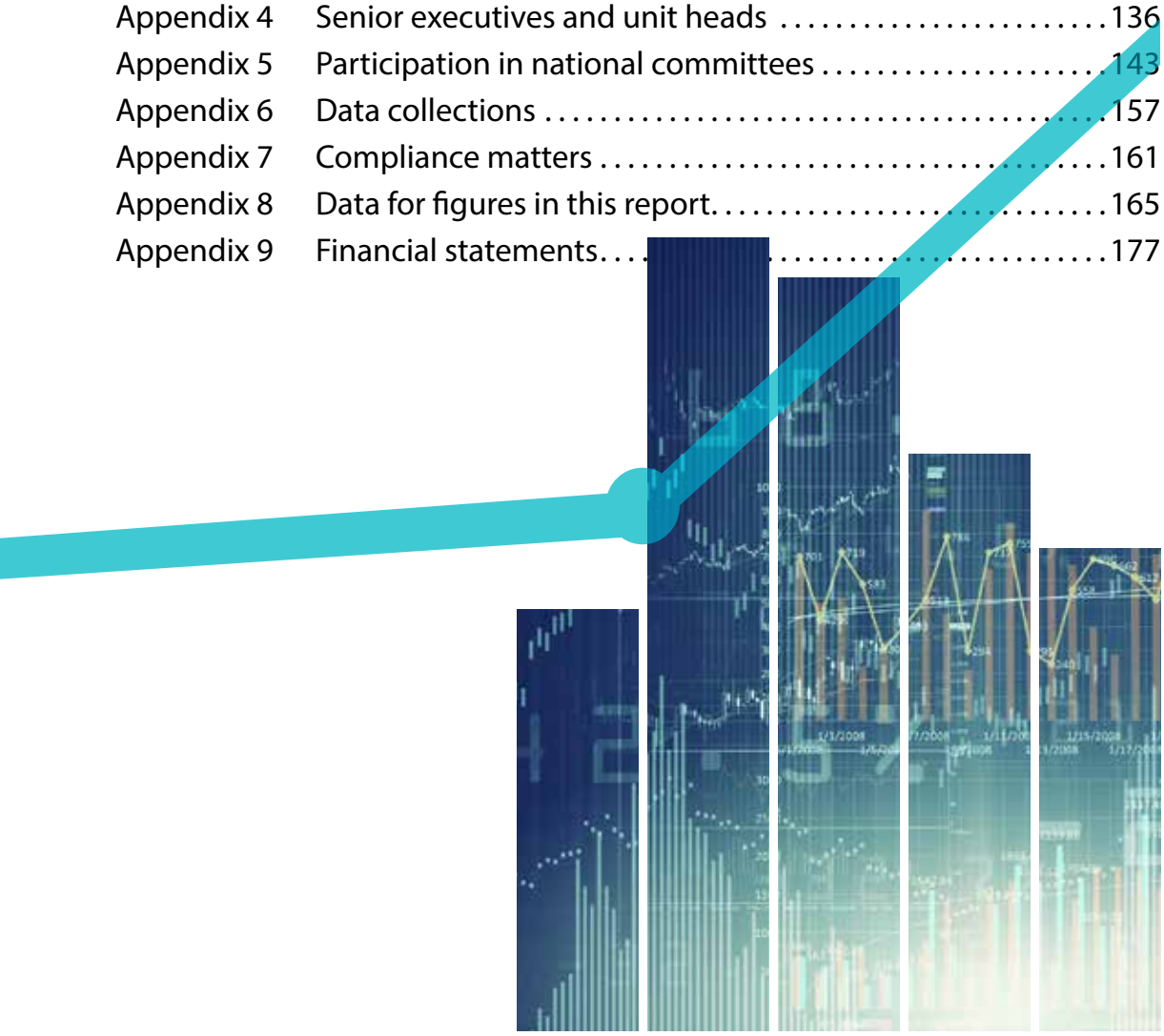
Government greenhouse and energy reporting

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

The policy requires agencies to comply with certain minimum energy performance standards, including the requirement that eligible new leases contain a Green Lease Schedule with at least a 4.5-star NABERS energy requirement. As outlined earlier in this chapter, the lease agreement for 1 Thynne Street meets this requirement.

Appendixes

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



Appendix 1

Enabling legislation

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

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

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

The latest compilation current at 30 June 2016 started on 1 July 2014 and incorporates amendments to the AIHW Act up to the *Public Governance, Performance and Accountability (Consequential and Transitional Provisions) Act 2014*. It may be found at: <www.legislation.gov.au/Series/C2004A03450>.

- Australian Institute of Health and Welfare Regulations 2006 (Select Legislative Instrument 2006 No. 352, made under the AIHW Act).

The regulations require the AIHW to seek Ministerial approval to enter into contracts involving the expenditure or receipt of amounts exceeding $1.5 million. They may be found at <www.legislation.gov.au/Series/F2006L04013> and are due to cease on 1 April 2017.

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

The regulations prescribe the functions and composition of the AIHW Ethics Committee. The compilation current at 30 June 2016 started on 5 April 2002 and includes amendments to the regulations up to the Australian Institute of Health Ethics Committee Amendment Regulations 2002 (No. 1). It may be found at <www.legislation.gov.au/Series/F1997B01703>. The regulations are due to cease on 1 April 2018.

Appendix 2

Products, journal articles and presentations

Products

The AIHW and its collaborating centres published 182 products in 2015–16.

The AIHW released 120 print and/or print-ready publications and 62 web products, including new and updated web snapshots, dynamic data displays and reports in HTML format. Web versions of print products are not included in these figures to avoid duplication.

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

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

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

Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2014–15. Cat. no. IHW 168. Canberra: AIHW, 2016.

Aboriginal and Torres Strait Islander health performance framework 2014 report: detailed analyses. Cat. no. IHW 167. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: New South Wales. Cat. no. IHW 162. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Northern Territory. Cat. no. IHW 159. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Queensland. Cat. no. IHW 166. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: South Australia. Cat. no. IHW 164. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Victoria. Cat. no. IHW 160. Canberra: AIHW, 2015.

Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Western Australia. Cat. no. IHW 165. Canberra: AIHW, 2015.

Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: first national report 2015. Cat. no. IHW 156. Canberra: AIHW, 2015.

Cultural competency in the delivery of health services for Indigenous people. Issues paper no. 13. Closing the Gap Clearinghouse. Bainbridge R, McCalman J, Clifford A & Tsey K. Cat. no. IHW 157. Canberra: AIHW & Melbourne: Australian Institute for Family Studies, 2015.

Hearing health outreach services to Aboriginal and Torres Strait Islander children and young people in the Northern Territory: 2012–13 to 2014–15. Cat. no. IHW 163. Canberra: AIHW, 2015.

Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–23: technical companion document. Cat. no. IHW 158. Canberra: AIHW, 2015.

Indigenous health check (MBS 715) data tool (SAS VA dynamic data display). Cat. no. WEB 63. Canberra: AIHW, 2015.

National key performance indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014. Cat. no. IHW 161. Canberra: AIHW, 2015.

National Partnership Agreement on Indigenous Early Childhood Development: second annual report on health performance indicators. Cat. no. IHW 151. Canberra: AIHW, 2015.

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

Ageing and aged care

National Aged Care Places Stocktake Reporting Tool (SAS VA dynamic data display). Cat. no. WEB 126. Canberra: AIHW, 2016.

Residential aged care and Home Care 2013–14 (web report). Cat. no. WEB 76. Canberra: AIHW, 2015.

Residential aged care and Home Care 2013–14 supplementary tables (web data release). Cat. no. WEB 79. Canberra: AIHW, 2015.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2014–15 (SAS VA dynamic data display). Cat. no. WEB 145. Canberra: AIHW, 2016.

Alcohol and other drug treatment services in Australia 2014–15 (web pages update). Cat. no. WEB 102. Canberra: AIHW, 2016.

Alcohol and other drug treatment services in Australia 2014–15. Cat. no. HSE 173. Canberra: AIHW, 2016.

Alcohol and Other Drug Treatment Services National Minimum Data Set: collection guide 2014–15. Cat. no. HSE 161. Canberra: AIHW, 2015.

Alcohol and Other Drug Treatment Services National Minimum Data Set: collection guide 2015–16. Cat. no. HSE 163. Canberra: AIHW, 2015.

Alcohol and Other Drug Treatment Services National Minimum Data Set: data collection manual 2014–15 version 1.0. Cat. no. HSE 162. Canberra: AIHW, 2015.

Alcohol and Other Drug Treatment Services National Minimum Data Set: data collection manual 2015–16 version 1.0. Cat. no. HSE 164. Canberra: AIHW, 2015.

AODTS (plus) other data sources (web report). Cat. no. WEB 84. Canberra: AIHW, 2015.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection 2015–16 (web report). Cat. no. WEB 100. Canberra: AIHW, 2016.

Tobacco Indicators Baseline Data: reporting under the National Tobacco Strategy 2012–2018. Cat. no. PHE 189. Canberra: AIHW, 2015.

Trends in methylamphetamine availability, use and treatment, 2003–04 to 2013–14. Cat. no. HSE 165. Canberra: AIHW, 2015.

Burden of disease

Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Cat. no. BOD 4. Canberra: AIHW, 2016.

Chronic disease and comorbidities (web report). Cat. no. WEB 52. Canberra: AIHW, 2015.

Methods for producing burden of disease estimates for cancer: Australian Burden of Disease Study working paper no. 2, August 2015. Cat. no. BOD 3. Canberra: AIHW, 2015.

Cancer

Australian Cancer Incidence and Mortality (ACIM) books (web data release). Cat. no. WEB 128. Canberra: AIHW, 2016.

Breast cancer in young women: key facts about breast cancer in women in their 20s and 30s. Cat. no. CAN 94. Canberra: AIHW, 2015.

BreastScreen Australia monitoring report 2012–2013. Cat. no. CAN 93. Canberra: AIHW, 2015.

Cancer and screening 2016 (web pages update). Cat. no. WEB 121. Canberra: AIHW, 2016.

Cancer dynamic data displays (web: SAS VA dynamic data display). Cat. no. WEB 110. Canberra: AIHW, 2016.

Cancer landing page update (web page update). Cat. no. WEB 146. Canberra: AIHW, 2016.

Cancer mortality trends and projections: 2013 to 2025 (web report). Cat. no. WEB 86. Canberra: AIHW, 2015.

Cancer mortality trends and projections: 2014 to 2025 (web report). Cat. no. WEB 138. Canberra: AIHW, 2016.

Cervical screening in Australia 2013–2014. Cat. no. CAN 95. Canberra: AIHW, 2016.

Interpreting cancer data (web report). Cat. no. WEB 89. Canberra: AIHW, 2015.

Participation in BreastScreen Australia 2013–2014 (web report). Cat. no. WEB 82. Canberra: AIHW, 2015.

Participation in the National Cervical Screening Program 2013–2014 (web report). Cat. no. WEB 81. Canberra: AIHW, 2015.

Children

Adoptions Australia 2014–15. Cat. no. CWS 56. Canberra: AIHW, 2015.

Adoptions updates (web: SAS VA dynamic data display) (accompanies Adoptions Australia 2014–15). Cat. no. WEB 114. Canberra: AIHW, 2015.

Child protection Australia 2014–15. Cat. no. CWS 57. Canberra: AIHW, 2016.

Child protection Australia 2014–15 (web pages update) (accompanies Child protection Australia 2014–15). Cat. no. WEB 120. Canberra: AIHW, 2016.

Children's Headline Indicators update (web: SAS VA dynamic data display). Cat. no. WEB 107. Canberra: AIHW, 2016.

Educational outcomes for children in care: linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: AIHW, 2015.

Literature review of the impact of early childhood education and care on learning and development: working paper. Cat. no. CWS 53. Canberra: AIHW, 2015.

National child protection indicators—phase 2 (web: SAS VA dynamic data display): (National framework for protecting Australia's children). Cat. no. WEB 69. Canberra: AIHW, 2015.

National framework for protecting Australia's children: national child protection indicators reporting 2015–16 cycle (web: SAS VA dynamic data display). Cat. no. WEB 118. Canberra: AIHW, 2016.

National framework for protecting Australia's children—phase 1 (web: SAS VA dynamic data display). Cat. no. WEB 68. Canberra: AIHW, 2015.

National Youth Information Framework (NYIF) data portal (web: SAS VA dynamic data display). Cat. no. WEB 70. Canberra: AIHW, 2015.

The views of children and young people in out-of-home care (web pages update and SAS VA dynamic data display) (accompanies The views of children and young people in out-of-home care: overview of indicator results from a pilot national survey 2015). Cat. no. WEB 116. Canberra: AIHW, 2016.

The views of children and young people in out-of-home care: overview of indicator results from a pilot national survey 2015. Cat. no. AUS 197. Canberra: AIHW, 2016.

Young people in child protection and under youth justice supervision 2013–14. Cat. no. CSI 22. Canberra: AIHW, 2016.

Corporate publications

AIHW Access no. 39. Cat. no. HWI 129. Canberra: AIHW, 2015.

Annual report 2014–15. Cat. no. AUS 195. Canberra: AIHW, 2015.

Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19. Cat. no. AUS 194. Canberra: AIHW, 2015.

Data standards and data development

Developing a linked data collection to report on the relationships between child protection and youth justice supervision. Cat. no. CWS 55. Canberra: AIHW, 2015.

Deaths

Deaths (mortality) subject update (web pages update). Cat. no. WEB 96. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: accidental drowning. Cat. no. PHE 205. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: accidental poisoning. Cat. no. PHE 201. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: assault. Cat. no. PHE 204. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: breast cancer. Cat. no. PHE 196. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: cerebrovascular disease. Cat. no. PHE 195. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: COPD (chronic obstructive pulmonary disease). Cat. no. PHE 197. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: colorectal cancer. Cat. no. PHE 194. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: coronary heart disease. Cat. no. PHE 191. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: diabetes. Cat. no. PHE 200. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: land transport accidents. Cat. no. PHE 198. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: liver disease. Cat. no. PHE 199. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: lung cancer. Cat. no. PHE 192. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: melanoma. Cat. no. PHE 202. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: prostate cancer. Cat. no. PHE 203. Canberra: AIHW, 2015.

Leading cause of premature mortality in Australia fact sheet: suicide. Cat. no. PHE 193. Canberra: AIHW, 2015.

Premature mortality in Australia, 1997–2012 (web report). Cat. no. WEB 87. Canberra: AIHW, 2015.

Dental health

Oral health and dental care in Australia (web pages update) (accompanies Oral health and dental care in Australia: key facts and figures 2015). Cat. no. WEB 104. Canberra: AIHW, 2016.

Oral health and dental care in Australia: key facts and figures 2015. AIHW: Chrisopoulos S, Harford JE & Ellershaw A. Cat. no. DEN 229. Canberra: AIHW, 2016.

Disability

Disability support services 2014–15 (web report). Cat. no. WEB 143. Canberra: AIHW, 2016.

Disability support services: services provided under the National Disability Agreement 2014–15. Cat. no. AUS 200. Canberra: AIHW, 2016.

Health status and risk factors of Australians with disability 2007–08 and 2011–12. Cat. no. DIS 65. Canberra: AIHW, 2016.

Health expenditure

25 years of health expenditure in Australia: 1989–90 to 2013–14. Cat. no. HWE 66. Canberra: AIHW, 2016.

Health expenditure Australia 2013–14. Cat. no. HWE 63. Canberra: AIHW, 2015.

Health expenditure Australia 2013–14: analysis by sector. Cat. no. HWE 65. Canberra: AIHW, 2015.

Health and welfare labour force

Allied health workforce 2014 (web report). Cat. no. WEB 93. Canberra: AIHW, 2016.

Australia's health professions 2013 (web: SAS VA dynamic data display). Cat. no. WEB 80. Canberra: AIHW, 2015.

Eye health workforce in Australia. Cat. no. HWL 55. Canberra: AIHW, 2016.

Medical practitioner workforce 2014 (web report). Cat. no. WEB 90. Canberra: AIHW, 2015.

Nursing and midwifery workforce 2014 (web report). Cat. no. WEB 59. Canberra: AIHW, 2015.

Nursing and midwifery workforce 2015 (web report). Cat. no. WEB 141. Canberra: AIHW, 2016.

Health and welfare services and care

Admitted patient care 2014–15: Australian hospital statistics. Cat. no. HSE 172. Canberra: AIHW, 2016.

Australia's welfare 2015. Cat. no. AUS 189. Canberra: AIHW, 2015.

Australia's welfare 2015—in brief. Cat. no. AUS 193. Canberra: AIHW, 2015.

Australian hospital peer groups. Cat. no. HSE 170. Canberra: AIHW, 2015.

Elective surgery waiting times 2014–15: Australian hospital statistics. Cat. no. HSE 166. Canberra: AIHW, 2015.

Emergency department care 2014–15: Australian hospital statistics. Cat. no. HSE 168. Canberra: AIHW, 2015.

Folic acid and iodine fortification (web update to accompany print PDF Monitoring the health impacts of mandatory folic acid and iodine fortification 2016). Cat. no. WEB 134. Canberra: AIHW, 2016.

Mental health services in Australia/tranche 1 2016 (web pages update). Cat. no. WEB 131. Canberra: AIHW, 2016.

Mental health services in Australia/tranche 2 2015 (web pages update). Cat. no. WEB 56. Canberra: AIHW, 2015.

Mental health services in Australia/tranche 2 2016 (web pages update). Cat. no. WEB 137. Canberra: AIHW, 2016.

Mental health services in Australia/tranche 3 2015 (web pages update). Cat. no. WEB 57. Canberra: AIHW, 2015.

Mental health services in Australia/tranche 4 2015 (web pages update). Cat. no. WEB 58. Canberra: AIHW, 2015.

Mental health services—in brief 2015. Cat. no. HSE 169. Canberra: AIHW, 2015.

Monitoring the health impacts of mandatory folic acid and iodine fortification 2016. Cat. no. PHE 208. Canberra: AIHW, 2016.

Palliative care services in Australia 2015/tranche 1 (web pages update). Cat. no. WEB 98. Canberra: AIHW, 2015.

Palliative care services in Australia 2015/tranche 2 (web pages update). Cat. no. WEB 103. Canberra: AIHW, 2016.

Palliative care services in Australia 2016/tranche 1 (web pages update). Cat. no. WEB 135. Canberra: AIHW, 2016.

Primary health care (web pages). Cat. no. WEB 132. Canberra: AIHW, 2016.

Radiotherapy in Australia: report on a pilot data collection 2013–14. Cat. no. HSE 167. Canberra: AIHW, 2015.

Staphylococcus aureus bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics. Cat. no. HSE 171. Canberra: AIHW, 2015.

Housing and homelessness

Domestic and family violence and homelessness 2011–12 to 2013–14 (preliminary web release). Cat. no. WEB 112. Canberra: AIHW, 2015.

Domestic and family violence and homelessness 2011–12 to 2013–14 (web report). Cat. no. WEB 109. Canberra: AIHW, 2016.

Housing assistance in Australia 2016 (web report). Cat. no. WEB 136. Canberra: AIHW, 2016.

National Social Housing Survey: detailed results 2014. Cat. no. HOU 278. Canberra: AIHW, 2015.

Specialist homelessness services 2014–15 (web report). Cat. no. WEB 99. Canberra: AIHW, 2015.

Specialist Homelessness Services (SHS) collection (web pages update and data release). Cat. no. WEB 117. Canberra: AIHW, 2016.

Injury

Hospitalised injuries in Aboriginal and Torres Strait Islander children and young people: 2011–13. AIHW: Pointer S. Cat. no. INJCAT 172. Canberra: AIHW, 2016.

Trends in hospitalised injury, Australia: 1999–00 to 2012–13. AIHW: Pointer S. Cat. no. INJCAT 171. Canberra: AIHW, 2015.

Trends in serious injury due to road vehicle traffic crashes, Australia: 2001 to 2010. AIHW: Henley G & Harrison JE. Cat. no. INJCAT 165. Canberra: AIHW, 2016.

Perinatal and maternal health

Australia's mothers and babies 2013—in brief. Cat. no. PER 72. Canberra: AIHW, 2015.

Enhancing maternity data collection and reporting in Australia: National Maternity Data Development Project Stage 2. Cat. no. PER 73. Canberra: AIHW, 2016.

Maternity Care Classification System: Maternity Model of Care Data Set Specification national pilot report November 2014: National Maternity Data Development Project Stage 2. Cat. no. PER 74. Canberra: AIHW, 2016.

National Maternity Data Development Project: Baby head circumference—research brief no. 3. Cat. no. PER 77. Canberra: AIHW, 2016.

National Maternity Data Development Project: Body Mass Index—research brief no. 1. Cat. no. PER 76. Canberra: AIHW, 2016.

National Maternity Data Development Project: Diabetes mellitus during pregnancy—research brief no. 2. Cat. no. PER 75. Canberra: AIHW, 2016.

National Maternity Data Development Project: Hypertensive disorders during pregnancy—research brief no. 4. Cat. no. PER 78. Canberra: AIHW, 2016.

National Maternity Data Development Project: Indications for caesarean section—research brief no. 5. Cat. no. PER 79. Canberra: AIHW, 2016.

National Maternity Data Development Project: Indications for induction of labour—research brief no. 6. Cat. no. PER 80. Canberra: AIHW, 2016.

National Maternity Data Development Project: Peripartum hysterectomy and its indications—research brief no. 7. Cat. no. PER 81. Canberra: AIHW, 2016.

National Maternity Data Development Project: Primary postpartum haemorrhage—research brief no. 8. Cat. no. PER 82. Canberra: AIHW, 2016.

National Maternity Data Development Project: Timing of stillbirth—research brief no. 9. Cat. no. PER 83. Canberra: AIHW, 2016.

Perinatal data portal SAS VA update (web: SAS VA dynamic data display) (accompanies Australia's mothers and babies 2013—in brief). Cat. no. WEB 113. Canberra: AIHW, 2015.

Screening for domestic violence during pregnancy: options for future reporting in the National Perinatal Data Collection. Cat. no. PER 71. Canberra: AIHW, 2015.

Population health

Arthritis and its comorbidities (web report). Cat. no. WEB 72. Canberra: AIHW, 2015.

Asthma and COPD (web pages update). Cat. no. WEB 105. Canberra: AIHW, 2016.

Back problems, associated comorbidities and risk factors (web report). Cat. no. WEB 94. Canberra: AIHW, 2016.

Chronic disease risk factors (web report). Cat. no. WEB 101. Canberra: AIHW, 2016.

Chronic respiratory conditions (web pages update). Cat. no. WEB 139. Canberra: AIHW, 2016.

Eye health (web pages update). Cat. no. WEB 95. Canberra: AIHW, 2015.

Musculoskeletal (MSK) compendium-wide hospitals data update (web pages update). Cat. no. WEB 88. Canberra: AIHW, 2015.

Musculoskeletal (MSK) Indigenous data (web pages update). Cat. no. WEB 124. Canberra: AIHW, 2016.

Prisoner health

Medication use by Australia's prisoners 2015: how is it different from the general community? Cat. no. AUS 202. Canberra: AIHW, 2016.

The health of Australia's prisoners 2015 (preliminary web release). Cat. no. WEB 91. Canberra: AIHW, 2015.

The health of Australia's prisoners 2015. Cat. no. PHE 207. Canberra: AIHW, 2015.

The health of Australia's prisoners 2015: report profile. Cat. no. PHE 206. Canberra: AIHW, 2015.

Vascular diseases

Acute kidney injury in Australia: a first national snapshot. Cat. no. PHE 190. Canberra: AIHW, 2015.

Cardiovascular disease and diabetes (web pages update). Cat. no. WEB 85. Canberra: AIHW, 2015.

Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people. Cat. no. CDK 5. Canberra: AIHW, 2015.

Cardiovascular disease fact sheet: prevalence of coronary heart disease in Western Australia. Cat. no. CVD 71. Canberra: AIHW, 2015.

Cardiovascular disease fact sheet: prevalence of heart failure in Western Australia. Cat. no. CVD 72. Canberra: AIHW, 2015.

Cardiovascular disease fact sheet: prevalence of stroke in Western Australia. Cat. no. CVD 73. Canberra: AIHW, 2015.

Cardiovascular disease fact sheet: prevalence of valvular heart disease in Western Australia. Cat. no. CVD 74. Canberra: AIHW, 2015.

Chronic kidney disease (web pages update). Cat. no. WEB 108. Canberra: AIHW, 2016.

Incidence of insulin-treated diabetes in Australia 2014. Cat. no. CVD 75. Canberra: AIHW, 2016.

Prevalence of type 1 diabetes among children aged 0–14 in Australia 2013. Cat. no. CVD 70. Canberra: AIHW, 2015.

Youth justice

Australian Capital Territory: youth justice supervision in 2014–15. Cat. no. JUV 76. Canberra: AIHW, 2016.

Comparisons between Australian and international youth justice systems: 2013–14. Cat. no. JUV 74. Canberra: AIHW, 2015.

Comparisons between the youth and adult justice systems: 2013–14. Cat. no. JUV 73. Canberra: AIHW, 2015.

First entry to youth justice supervision: 2013–14. Cat. no. JUV 71. Canberra: AIHW, 2015.

Long-term trends in youth justice supervision: 2013–14. Cat. no. JUV 65. Canberra: AIHW, 2015.

New South Wales: youth justice supervision in 2014–15. Cat. no. JUV 77. Canberra: AIHW, 2016.

Northern Territory: youth justice supervision in 2014–15. Cat. no. JUV 78. Canberra: AIHW, 2016.

Pathways through youth justice supervision: further analyses. Cat. no. JUV 75. Canberra: AIHW, 2015.

Queensland: youth justice supervision in 2014–15. Cat. no. JUV 79. Canberra: AIHW, 2016.

Remoteness, socioeconomic status and youth justice supervision: 2013–14. Cat. no. JUV 70. Canberra: AIHW, 2015.

South Australia: youth justice supervision in 2014–15. Cat. no. JUV 80. Canberra: AIHW, 2016.

Tasmania: youth justice supervision in 2014–15. Cat. no. JUV 81. Canberra: AIHW, 2016.

Types of community-based youth justice supervision: 2013–14. Cat. no. JUV 66. Canberra: AIHW, 2015.

Victoria: youth justice supervision in 2014–15. Cat. no. JUV 82. Canberra: AIHW, 2016.

Western Australia: youth justice supervision in 2014–15. Cat. no. JUV 83. Canberra: AIHW, 2016.

Young people in sentenced detention: 2013–14. Cat. no. JUV 68. Canberra: AIHW, 2015.

Young people in unsentenced detention: 2013–14. Cat. no. JUV 67. Canberra: AIHW, 2015.

Young people returning to sentenced youth justice supervision 2015. Cat. no. JUV 63. Canberra: AIHW, 2015.

Youth detention entries and exits: 2013–14. Cat. no. JUV 69. Canberra: AIHW, 2015.

Youth detention population in Australia 2015. Cat. no. AUS 196. Canberra: AIHW, 2015.

Youth justice in Australia 2014–15. Cat. no. AUS 198. Canberra: AIHW, 2016.

Youth justice orders and supervision periods: 2013–14. Cat. no. JUV 64. Canberra: AIHW, 2015.

Youth justice supervision history: 2013–14. Cat. no. JUV 72. Canberra: AIHW, 2015.

Journal articles

Journal articles by AIHW staff

AIHW staff contributed to 10 journal articles in 2015–16.

AIHW 2015. Cancer in Australia 2014: actual incidence data from 1982 to 2011 and mortality data from 1982 to 2012 with projections to 2014. Asia–Pacific Journal of Clinical Oncology 11(3):208–20.

AIHW & the Australian Government Department of Health 2016. Analysis of colorectal cancer outcomes for the Australian National Bowel Cancer Screening Program. Asia–Pacific Journal of Clinical Oncology 12(1):22–32.

Boyd JH, Guiver T, Randall SM, Ferrante A, Semmens JB, Anderson P & Dickinson T 2016. A simple sampling method for estimating the accuracy of large scale record linkage projects. Methods of Information in Medicine 55(3):276–83.

Brotherton JML, Malloy M, Budd AC, Saville M, Drennan KT & Gertig DM 2015. Effectiveness of less than three doses of quadrivalent human papillomavirus vaccine against cervical intraepithelial neoplasia when administered using a standard dose spacing schedule: observational cohort of young women in Australia. Papillomavirus Research 1:59–73.

de Looper M & Seselja R 2016. Driving positive change. The Health Advocate 35:24–25.

Joenpera J, Van Der Zwan F, Karmel R & Cooper-Stanbury M 2016. A long and winding road: aged care use before death. Australasian Journal of Ageing 35(1):9–11. Viewed 26 August 2016 <http:// onlinelibrary.wiley.com/doi/10.1111/ajag.12317/epdf>.

Mohanty I, Edvardsson M, Abello A & Eldridge D 2016. Child social exclusion risk and child health outcomes in Australia. PLoS ONE 11(5):e0154536.

Moore H, Guiver T, Woollacott A, de Klerk N & Gidding H 2015. Establishing a process for conducting cross-jurisdictional record linkage in Australia. Australian and New Zealand Journal of Public Health 40(2):159–64.

Ren S, Hure A, Peel R, D'Este C, Abhayaratna W, Tonkin A, Hopper I, Thrift AG, Levi C, Sturm J, Durrheim D, Hung J, Briffa T, Chew DP, Anderson P, Moon L, McEvoy M, Hansbro P, Newby D & Attia J 2016. Rationale and design of a randomized controlled trial of pneumococcal polysaccharide vaccine for prevention of cardiovascular events: the Australian Study for the Prevention through Immunization of Cardiovascular Events (AUSPICE). American Heart Journal 177. doi:http://dx.doi.org/10.1016/j.ahj.2016.04.003.

Uebel-Yan M 2016. Healthy ageing of CALD Australians—what's data got to do with it? Australian Mosaic 43:32–5.

Journal articles by AIHW collaborating centre staff

AIHW collaborating centre staff produced 1 journal article in 2015–16.

Donnolley N, Butler-Henderson K, Chapman M & Sullivan E 2016. The development of a classification system for maternity models of care. Health Information Management Journal 45. doi:10.1177/1833358316639454.

Presentations and posters

Presentations and posters by AIHW staff

AIHW staff gave 39 presentations and posters at conferences and workshops in 2015–16.

Anderson P 2016. Linkage of MBS and PBS (Pharmaceutical Benefit Scheme) data. Presentation at the National Stroke and Data Quality Improvement Workshop, Melbourne, 12–13 April.

Anderson P 2016. Linkage of Medicare data. Presentation at the Population Health Research Network Technical Forum, Melbourne, 25–26 February.

Anderson P 2016. Linkage of national and Commonwealth data. Presentation at the Data Linkage for Better Policy and Research: New Opportunities in Tasmania seminar, Hobart, 22 June.

Barnett M, Ritson A & Montgomery J 2015. Domestic violence and homelessness 2011–12 to 2013–14. Presentation at the Stop Domestic Violence Conference, Canberra, 9 December.

Berg L & Hargreaves J 2015. Report from the Council. Poster presented at the WHO-FIC (World Health Organization Family of International Classifications) Network Annual Meeting 2015, Manchester, 17–23 October.

Bishop K 2016. Australian Burden of Disease Study 2011: YLL methods and developments. Presentation at the Heterogeneity in Mortality Workshop, Canberra, 13–14 April.

Brockway I & Gourley M 2015. Fatal burden of injury in Australia and in the Aboriginal and Torres Strait Islander population. Presentation at the 12th Australasian Injury Prevention and Safety Promotion Conference, Sydney, 25–27 November.

Cooper-Stanbury M 2015. Aged care data at AIHW: potential uses for quality indicators. Presentation at the Australian Association of Gerontology Forum, Canberra, 26 August.

Ellis M 2016. The health of Australia's males: from birth to young adulthood. Presentation at the Andrology Australia Young Men's Health Stakeholder Forum, Canberra, 3–4 March.

Garcia J & Moon L 2015. Australian Burden of Disease Study: estimating non-fatal burden of stroke in Australia. Presentation at the Population Health Congress 2015, Hobart, 5–9 September.

Goodwin M 2015. Australian Burden of Disease Study: comparing the impact of different models in estimating the burden of cancer. Presentation at the Population Health Congress 2015, Hobart, 5–9 September.

Gourley M 2015. Australian Burden of Disease Study: fatal burden of disease in the Aboriginal and Torres Strait Islander population. Presentation at the Population Health Congress 2015, Hobart, 5–9 September.

Gourley M & Edvardsson E 2016. Regional mapping and challenges of small area estimation of administrative health data. Presentation at the Australian Government Experts in Regional Statistics Meeting, Canberra, 25 February.

Haddin J 2015. Premature mortality in Australia. Poster and short oral presentation at the Population Health Congress, Hobart, 5–9 September.

Hampel K 2015. Real time monitoring of all-cause deaths—an application for influenza using the National Death Index. Presentation to the National Influenza Surveillance Committee meeting, Canberra, 24–25 November.

Hamilton G, Reynolds A, Mathur S & Moon L 2015. Assessment of the coding of ESKD in deaths and hospitalisation data. Presentation at the Annual Scientific Meeting of the Australian and New Zealand Society of Nephrology (ANZSN), Canberra, 7–9 September.

Hanmer L, Hargreaves J & Macpherson B 2015. Use of the WHO-FIC together. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Hargreaves J 2015. Medical workforce data and planning. Presentation at the Medical Deans Annual Conference, Hobart, 9 October.

Hargreaves J, Hanmer L & Macpherson B 2015. Family Development Committee annual report 2015. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Hargreaves J & Macpherson B 2015. Australian Collaborating Centre annual report 2015. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Hargreaves J & Macpherson B 2015. Establishment of the Australian Health Classifications Advisory Committee. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Hargreaves J, ten Napel H, Hanmer L & Macpherson B 2015. Family of International Classifications: progress towards a revised 'Family' paper. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Johnson D, Prendergast L, Ramage C, Eldridge D, Liu C & Al-Yaman F 2016. Developing national birthweight for gestational age percentile charts for Australia. Presentation at Perinatal Society of Australia and New Zealand, 20th Annual Conference, Townsville, 22–25 May.

Johnston I 2016. What do we know about the health needs of prisoners in Australia? Improving health and social outcomes for prisoners and young offenders: evidence and partnerships. Presentation at a symposium for Queensland Corrective Services and Youth Justice Queensland hosted by Griffith University Criminology Institute, Brisbane, 16 February.

Johnston I & Shahid S 2015. Smoking bans in prisons: results from the 2015 National Prisoner Health Data Collection. Presentation at the Annual Scientific Alcohol and Other Drug Conference, Perth, 8–11 November.

McFarlane L 2015. Co-design your ideal information product from the National Aged Care Data Clearinghouse. Presentation at the Leading Age Services Australia National Congress, Melbourne, 13 October.

Macpherson B, Hargreaves J, Hanmer L, Fortune N & Giannangelo K 2015. Use of the Family of International Classifications to support performance reporting for Universal Health Coverage—a follow up. Poster presented at the WHO-FIC Network Annual Meeting 2015, Manchester, 17–23 October.

Moon L 2015. The Australian Burden of Disease Study: an important resource for health service planning and supporting policy. Presentation at the 9th Health Services and Policy Research Conference, Melbourne, 7–9 December.

Moon L 2016. National Burden of Disease Study examining the impact of violence against women. Presentation at the ANROWS [Australia's National Research Organisation for Women's Safety] Inaugural National Research Conference, Melbourne, 23–25 February.

Moon L, Bishop K, Goodwin M, Lum On M, Mann N & Prescott V 2015. Overview and first results from the Australian Burden of Disease Study 2011. Poster presented at the Population Health Congress 2015, Hobart, 5–9 September.

Neideck G 2016. Data Integration and Analysis at AIHW. Presentation at the National Health Information and Performance Principal Committee's National Integration and Analysis Workshop, Melbourne, 28 April.

Neideck G 2016. Strategic Management of Cross-Jurisdictional Health Data for the Australian Government Statistical Forum. Presentation at the Australian Government Statistical Forum, Canberra, 16 May.

Petricevic M, Brown S & Petrie M 2015. Trends in methylamphetamine availability, use and treatment 2003–04 to 2013–14. Presentation at the Australasian Professional Society on Alcohol and other Drugs (APSAD) Annual Scientific Alcohol and Other Drug Conference, Perth, 8–11 November.

Petrie M, Da Silva K & Petricevic M 2015. Changing age profile of people accessing AOD treatment: 2003–04 to 2013–14. Presentation at the Australasian Professional Society on Alcohol and other Drugs (APSAD) Annual Scientific Alcohol and Other Drug Conference, Perth, 8–11 November.

Prescott V 2016. Australian Burden of Disease Study 2011 findings—informing policy and improving outcomes. Presentation at the Measuring Health Outcomes Conference, Melbourne, 31 May–1 June.

Reid R 2016. Disability and aged care services: a regional perspective. Presentation at the Northern NSW Community Care Conference, Coffs Harbour, 25–26 May 2016.

Wakefield N 2015. Better policy and planning using the 'pretty big' data of the National Aged Care Data Clearinghouse. Poster presented at Australian Association of Gerontology's 48th Annual National Conference: 'Place, Spirit, Heart: Exploring Experiences of Ageing', Alice Springs, 4–6 November.

Webster A 2015. Australian disease expenditure methodology. Presentation at the Asia–Pacific National Health Accounts Network/OECD [Organisation for Economic Co-operation and Development] Korea Policy Centre Annual Meeting 2015, Seoul, 1–3 September.

Webster A 2016. AIHW National Health Accounts. Presentation at the Australian Bureau of Statistics Productivity Measurement Reference Group. Canberra, 17 June.

Presentations and posters by AIHW collaborating centre staff

AIHW collaborating centre staff gave 5 papers and presentations at conferences and workshops in 2015–16.

Donnolley N, Chapman M, Sullivan E & Butler-Henderson K 2015. Variations in models of care in NSW—results from the MaCCS validation study making a difference to women. Presentation at 'Super Midwives—Making a Difference': Australian College of Midwives, 19th Biennial Conference, Gold Coast, 5–8 October.

Henley G 2015.The use of period of birth in assessment of long-term suicide trends in Australia. Presentation at the 12th Australasian Injury Prevention and Safety Promotion Conference, Sydney, 25–27 November.

Pointer SC 2015. Trends in hospitalised toddler poisonings by pharmaceutical and prescription type drugs. Presentation at the 12th Australasian Injury Prevention and Safety Promotion Conference, Sydney, 25–27 November.

Tovell AJ 2015. Trends in hospitalised poisonings by pharmaceutical and prescription type drugs among older Australians. Presentation at the 12th Australasian Injury Prevention and Safety Promotion Conference, Sydney, 25–27 November.

Tovell AJ & Harrison JE 2015. Traumatic spinal cord injury cases reported to the Australian Spinal Cord Injury Register: changes from 1995 to 2012. Presentation at the 12th Australasian Injury Prevention and Safety Promotion Conference, Sydney, 25–27 November.

Appendix 3

Meeting attendance—AIHW Board and AIHW Ethics Committee, and outgoing members

This appendix provides details of meeting attendance in 2015–16 by members of the AIHW Board, the 2 board committees and the AIHW Ethics Committee. Information on members leaving the board during 2015–16 is also presented.

Biographical details of current members of the AIHW Board and AIHW Ethics Committee are in **Chapter 4 Our organisation**.

Meetings attended by AIHW Board members

Table A3.1: Meetings attended by AIHW Board members, 2015–16

		Appointment change during the year	Meetings attended	Eligible meetings
AIHW Board meetings				
Dr Mukesh C Haikerwal AO	Chair		8	8
Ms Kerry Flanagan PSM	Acting Director, AIHW	Until 27 November 2015 (acting appointment)	2[a]	4
Mr Andrew Kettle	Acting Director, AIHW	From 14 December 2015 until 17 June 2016 (acting appointment)[b]	2[c]	2
Mr Barry Sandison	Director, AIHW	From 5 May 2016[b]	1	1
Dr David Filby PSM	Nominee of the Australian Health Ministers' Advisory Council	Until 29 November 2015	3	4
Dr Zoran Bolevich	Nominee of the Australian Health Ministers' Advisory Council	From 11 February 2016	2	2
Ms Marilyn Chilvers	Nominee of the Children and Families Secretaries Group	From 18 January 2016	3	3
Mr Philip Fagan-Schmidt PSM	Representative of the State Housing Departments	From 18 January 2016	3[d]	3
Mr David Kalisch	Australian Statistician		6[e]	8

continued

		Appointment change during the year	Meetings attended	Eligible meetings
AIHW Board meetings				
Mr Paul Madden	Member nominated by the Secretary, Department of Health		7	8
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services	Until 29 February 2016; from 23 March 2016	5	8
Mr David Conry	Ministerial nominee with knowledge of the needs of consumers of welfare services	Until 18 December 2015; from 18 January 2016	5	8
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services	Until 29 February 2016; from 23 March 2016	6	8
Dr Lyn Roberts AO	Ministerial nominee with expertise in research into public health issues	Until 29 February 2016; from 3 April 2016	6	8
Dr Siew-Ean Khoo	Ministerial nominee	Until 29 February 2016	4	6
Mr Andrew Goodsall	Ministerial nominee	Until 18 December 2015; from 18 January 2016	6	8
Mr Devin Bowles	Staff-elected representative	Until 18 December 2015; from 18 January 2016 until 15 April 2016	5	7
Audit and Finance Committee meetings				
Mr Michael Perusco	Chair	Until 29 February 2016; from 23 March 2016	4	4
Dr Erin Lalor	Board member	Until 29 February 2016; from 23 March 2016	3	4
Dr Lyn Roberts AO	Board member	Until 29 February 2016; from 3 April 2016	4	4
Mr Max Shanahan	Independent member		4	4

continued

		Appointment change during the year	Meetings attended	Eligible meetings
Remuneration Committee meetings				
Dr Mukesh C Haikerwal AO	Chair		1	1
Dr Erin Lalor	Board member	From 28 October 2015 until 29 February 2016; from 23 March 2016	1	1
Mr Michael Perusco	Board member	Until 29 February 2016; from 23 March 2016	1	1

a. Ms Kerry Flanagan and Mr Devin Bowles did not attend 1 meeting as it related to the appointment of the AIHW Director.

b. Mr Barry Sandison commenced his appointment as AIHW Director though Mr Andrew Kettle continued acting in that role until Mr Sandison finished his leave period on 20 June 2016.

c. Mr Andrew Kettle attended 2 additional meetings as an observer, 1 of which was held when no acting AIHW Director was appointed.

d. Mr Phil Fagan-Schmidt attended 1 additional meeting as an observer.

e. Mr David Kalisch was represented at 1 meeting by Dr Paul Jelfs.

Outgoing members of the AIHW Board 2015–16

Kerry Flanagan PSM BA

Acting Director, Australian Institute of Health and Welfare

Executive Director

Terms: 12 January 2015–11 April 2015; 12 April 2015–27 November 2015

Ms Flanagan ceased her appointment as the Acting AIHW Director on 27 November 2015.

Andrew Kettle MA (Hons), CA

Acting Director, Australian Institute of Health and Welfare

Executive Director

Term: 14 December 2015–17 June 2016

David Filby PSM BA (Hons), PhD

Nominee of the Australian Health Ministers' Advisory Council

Non-executive Director

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

Siew-Ean Khoo MSc, DSc (Population Sciences)

Ministerial nominee

Non-executive Director

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

Devin Bowles MA (Hons), BSc (Hons)

Staff-elected representative

Non-executive Director

Terms: 19 December 2014–30 June 2015; 1 July 2015–18 December 2015; 18 January 2016–15 April 2016

Mr Bowles resigned from the AIHW on 15 April 2016.

Meetings attended by AIHW Ethics Committee members

Table A3.2: Meetings attended by AIHW Ethics Committee members, 2015–16

		Appointment change during the year	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair		4	4
Ms Kerry Flanagan PSM	Acting Director, AIHW	Until 27 November 2015 (acting appointment)	2	2
Mr Andrew Kettle	Acting Director, AIHW	From 14 December 2015 until 17 June 2016 (acting appointment)[a]	2	2
Mr Barry Sandison	Director, AIHW	From 5 May 2016[a]	—	—
Dr Purnima Bhat	Person experienced in professional care, counselling and treatment of people		2	4
Professor Malcolm Sim	Person experienced in areas of research regularly considered by the committee	Until 30 June 2016	3	4

continued

		Appointment change during the year	Meetings attended	Eligible meetings
Ms Erin Keleher	Nominee of Registrars of Births, Deaths and Marriages	Until 17 May 2016	4	4
Ms Amanda Ianna	Nominee of Registrars of Births, Deaths and Marriages	From 5 June 2016	—	—
The Reverend James Barr	Person who is a minister of religion		4	4
Mr John Carroll	Person who is a lawyer	Until 23 March 2016	2	3
Ms Maryjane Crabtree	Person who is a lawyer	From 14 April 2016	1	1
Mr David Garratt	Male representing general community attitudes		2	4
The Hon. Margaret Reynolds	Female representing general community attitudes		3	4

a. Mr Sandison commenced his appointment as AIHW Director on 5 May 2016; however Mr Kettle continued acting in that role until Mr Sandison finished his leave period on 20 June 2016.

Outgoing members of the AIHW Ethics Committee 2015–16

Kerry Flanagan PSM BA

Acting Director, Australian Institute of Health and Welfare

Terms: 12 January 2015–11 April 2015; 12 April 2015–27 November 2015

Ms Flanagan ceased her appointment as the Acting AIHW Director on 27 November 2015.

Andrew Kettle MA (Hons), CA

Acting Director, Australian Institute of Health and Welfare

Term: 14 December 2015–17 June 2016

Erin Keleher BOT, MEdLeadMgmt

Nominee of Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Ms Keleher resigned on 17 May 2016.

John Carroll BCom, LLB

Person who is a lawyer

Term: 1 April 2013–31 March 2016

Appendix 4

Senior executives and unit heads

AIHW Senior Executives and Unit Heads.

Director

Barry Sandison BBusMgt, FANZSG
barry.sandison@aihw.gov.au

Strategic Program Manager

Amber Jefferson BSc
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Business and Governance Group

Senior Executive

Andrew Kettle MA (Hons), CA
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Executive Unit

Anne Reader BA (Hons), Dip Industrial Studies, MSc
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Finance and Commercial Services Unit

Andrew Tharle BComm, CPA
andrew.tharle@aihw.gov.au

Governance Unit

Gary Kent LLB, BCom, Grad Dip Public Law, GAICD
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People and Facilities Unit

Deb Burns BBus, Grad Cert Public Sector Management
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Data Strategies and Information Technology Group

Senior Executive

Geoff Neideck BBusStudies, Grad Cert Management
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Data Linkage Unit

Phil Anderson BA, BSc (Hons), PhD
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Information and Communications Technology Operations Unit

Ian Macintosh
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Statistical and Analytical Support Unit

Nick von Sanden BEc, BSc (Hons), PhD
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Technology and Transformation Unit

Charlie Drummond BSc (Hons), Grad Dip Computer Sciences
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Community Services and Communication Group

Senior Executive

Mark Cooper-Stanbury BSc (acting)
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Australia's health 2016 Unit

Karen Hobson (acting)
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Child Welfare and Prisoner Health Unit

David Braddock BSc (Hons)
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Disability and Ageing Unit

Melinda Petrie BAppSc (acting)
melinda.petrie@aihw.gov.au

Digital and Media Communications Unit

Belinda Hellyer BA, MA
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Publishing Unit

Tulip Penney BA, BPsych (Hons), MBA
tulip.penney@aihw.gov.au

Health Group

Senior Executive

Louise York BEc, BSc, Grad Dip Population Health (acting)
louise.york@aihw.gov.au

Australian Burden of Disease Unit

Michelle Gourley BA (Hons) (acting)
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Cancer and Screening Unit

Justin Harvey BSc
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Cardiovascular, Diabetes and Kidney Unit

Sushma Mathur BMath
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Population Health and Primary Care Unit

Ann Hunt BSc (Hons), Grad Dip Nutr Diet
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Health Performance and Accountability Framework (PAF) Group

Senior Executive

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PAF Communications Unit

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PAF Reporting I Unit

Kerrin Bleicher BSc, Grad Dip Physiotherapy, Grad Dip Musculoskeletal Physiotherapy, PhD
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PAF Reporting II Unit

Katherine Faulks BMedSc (Hons), Grad Dip Clinical Epidemiology
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PAF Reporting III Unit

Vacant

Research and Analysis Unit

Bill Watson (acting)
bill.watson@aihw.gov.au

Hospitals, Resourcing and Classifications Group

Senior Executive

Jenny Hargreaves BSc (Hons), Grad Dip Population Health
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Expenditure and Workforce Unit

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Health Performance Indicators Unit

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Hospitals Analysis Unit

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Hospitals Data Unit

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Hospitals Information Unit

Elizabeth Clout BEc
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Metadata and Classifications Unit

Jennifer Mayhew-Larsen BEc, BA, MBA
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Housing and Specialised Services Group

Senior Executive

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Housing and Homelessness Collection Operations Unit

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Housing and Homelessness Collection Processing Unit

Michael Robertson (acting)
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Housing and Homelessness Collection Reporting and Development Unit

Anna Ritson (acting)
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Mental Health and Palliative Care Unit

Gary Hanson BPsych, MA
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Tobacco, Alcohol and Other Drugs Unit

Moira Hewitt BHealthSc, MA, MAppEpid, MAppSc
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Indigenous and Children's Group

Senior Executive

Fadwa Al-Yaman PSM BSc, MA, PhD
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Indigenous Analyses and Reporting Unit

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Indigenous Modelling and Spatial Analysis Unit

Tracy Dixon BMath, BSc (Hons), MAppStats
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Indigenous Primary Care Reporting Unit

Indrani Pieris-Caldwell BA, Grad Dip Demography, PhD
indrani.pieris-caldwell@aihw.gov.au

Maternal Health, Children, Youth and Families Unit

Conan Liu BA (Hons), MAppMedSci
conan.liu@aihw.gov.au

Unit Head on long-term paid leave

Lynelle Moon BMath, Grad Dip Statistics, Grad Dip Population Health, PhD
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Collaborating centres

Australian Centre for Airways Disease Monitoring

Guy Marks MBBS, PhD, FRACP, FAFPHM
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Dental Statistics and Research Unit

Liana Luzzi BSc (Hons), PhD
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National Injury Surveillance Unit

James Harrison MBBS, MPH, FAFPHM
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National Perinatal Epidemiology and Statistics Unit

Georgina Chambers MBA, PhD
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Appendix 5

Participation in national committees

This appendix lists the AIHW's participation in national committees at 30 June 2016.

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Major national committees				
Children and Families Secretaries	—	Mr Michael Coutts-Trotter (Secretary, NSW Department of Family and Community Services)	Observer	Child Welfare and Prisoner Health Unit supports Mr Barry Sandison (observer)
Housing and Homelessness Chief Executives Network (informal group)	—	Mr Phillip Fagan-Schmidt (Housing SA)	Liaison through the Housing and Homelessness Data Network	—
National Health Information and Performance Principal Committee	Australian Health Ministers' Advisory Council	Dr Leonard Notaras (Department of Health, Northern Territory)	Member	All units with responsibility for relevant health information support Mr Barry Sandison (member)
Steering Committee for the Review of Government Service Provision	Council of Australian Governments	Mr Peter Harris AO (Productivity Commission)	Member	All units with responsibility for relevant health and welfare information support Mr Barry Sandison (member)
National Health Information Standards and Statistics Committee	National Health Information and Performance Principal Committee	Mr Mark Gill (Department of Health and Human Services, Victoria)	Secretariat, Member	Executive Unit (secretariat); Health Performance Indicators Unit and Metadata and Classifications Unit support Ms Jenny Hargreaves (member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Australian Government Statistical Forum	—	Mr David Kalisch (Australian Bureau of Statistics)	Member	Statistical and Analytical Support Unit supports Mr Geoff Neideck (member)
Data Strategies and Information Technology Group				
Data linkage				
Population Health Research Network Participant Council	Population Health Research Board	Professor Brendon Kearney OAM (Chair, Health Policy Advisory Committee on Technology and EuroScan International Network)	Member	Data Integration Services Centre supports Mr Geoff Neideck (member)
Cross Portfolio Data Integration Reference Group	Cross Portfolio Data Integration Oversight Board	Mr Anthony O'Connor (Department of Health) and Dr Phillip Gould (Australian Bureau of Statistics)	Member	Data Integration Services Centre (member) supports Mr Geoff Neideck (member)
Statistical Clearing House Advisory Forum	Australian Government Statistical Forum	Mr Justin Farrow (Australian Bureau of Statistics)	Member	Statistical and Analytical Support Unit (member)
Community Services and Communication Group				
Ageing and aged care				
Aged Care Working Group	Steering Committee for the Review of Government Service Provision	Ms Rebekah Burton (Department of Premier and Cabinet, Tasmania)	Member	Disability and Ageing Unit (member)
National Aged Care Data Advisory Group	AIHW	Mr Mark Cooper-Stanbury (AIHW)	Chair, Secretariat, Member	Disability and Ageing Unit (secretariat, member) supports the chair
Decision Assist Evaluation Advisory Group	University of Queensland	Professor Deborah Parker (University of Western Sydney)	Member	Disability and Ageing Unit (member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Child welfare				
Children and Families Data Network	Children and Families Secretaries	Mr Mark Cooper-Stanbury (AIHW)	Chair, Secretariat, Member	Child Welfare and Prisoner Health Unit (secretariat, member) supports the chair
Juvenile Justice Research and Information Group	Australasian Juvenile Justice Administrators	Dr Mark Lynch (Department of Justice and Attorney-General, Queensland)	Secretariat, Member	Child Welfare and Prisoner Health Unit (secretariat, member)
National Forum for Protecting Australia's Children	Children and Families Secretaries	Ms Roslyn Baxter (Department of Social Services), Mr Etienne Scheepers (Department for Education and Child Development, South Australia) and Dr Brian Babington (Families Australia)	Observer	Child Welfare and Prisoner Health Unit (observer)
Child Protection and Youth Justice Working Group	Steering Committee for the Review of Government Service Provision	Mr Kurt Sibma (Department of Treasury, Western Australia)	Member	Child Welfare and Prisoner Health Unit (member)
Disability				
Disability Services Working Group	Steering Committee for the Review of Government Service Provision	Mr Jeremy Nott (Department of Treasury and Finance, Victoria)	Member	Disability and Ageing Unit (member)
Research and Data Working Group (for disability)	Disability Policy Group	Ms Sharon Stuart (Department of Social Services)	Member	Disability and Ageing Unit supports Mr Mark Cooper-Stanbury (member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Disability Data Network (a sub-working group)	Disability Research and Data Working Group	Mr Peter Reily (NSW Department of Family and Community Services)	Secretariat, Member	Disability and Ageing Unit (secretariat, member)
Survey of Disability, Ageing and Carers Reference Group	Australian Bureau of Statistics	Dr Paul Jelfs (Australian Bureau of Statistics)	Member	Disability and Ageing Unit (member)
Prisoner health				
National Prisoner Health Information Committee	AIHW	Dr Michael Levy (Clinical Director, Justice Health Services, Australian Capital Territory)	Secretariat, Member	Child Welfare and Prisoner Health Unit (secretariat, member)
Technical Expert Group	National Prisoner Health Information Committee	Professor Tony Butler (University of New South Wales)	Secretariat, Member	Child Welfare and Prisoner Health Unit (secretariat, member)
Health Group				
Arthritis				
National Arthritis and Musculoskeletal Conditions Monitoring Advisory Group	AIHW	Professor Lyn March (University of Sydney and Royal North Shore Hospital)	Secretariat	Population Health and Primary Care Unit (secretariat)
Asthma				
National Asthma and Other Chronic Respiratory Conditions Monitoring Advisory Group	AIHW	Ms Louise York (AIHW)	Chair, Secretariat	Population Health and Primary Care Unit (secretariat) supports the chair

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Cancer				
Cancer Monitoring Advisory Group	AIHW	Professor Jim Bishop (Comprehensive Cancer Centre, Victoria)	Secretariat, Member	Cancer and Screening Unit (secretariat) supports Ms Louise York (member)
Australasian Association of Cancer Registries	Australasian Association of Cancer Registries Executive Committee	Dr Katina D'Onise (SA Health, South Australia)	Secretariat, Member	Cancer and Screening Unit (secretariat, member)
National Bowel Cancer Screening Program Advisory Group	Department of Health	Ms Alice Creelman (Department of Health)	Member	Cancer and Screening Unit (member)
National Bowel Cancer Screening Program Biennial Screening Working Group	Department of Health	Dr Bernie Towler (Department of Health)	Member	Cancer and Screening Unit (member)
Quality and Safety Monitoring Committee	Standing Committee on Screening	Professor David Roder, AM (University of South Australia)	Member	Cancer and Screening Unit (member)
Population health				
Australasian Vital Statistics Interest Group	—	Associate Professor Tim Driscoll (University of Sydney)	Member	Population Health and Primary Care Unit (member)
Vascular diseases				
National Vascular Diseases Monitoring Advisory Group	AIHW	Dr Erin Lalor (Member, Executive Committee, World Stroke Organization)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit (secretariat, member)
Cardiovascular Disease Expert Advisory Group	AIHW	Professor Andrew Tonkin (Monash University)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit (secretariat, member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Diabetes Expert Advisory Group	AIHW	Professor Jonathan Shaw (Baker IDI Heart and Diabetes Institute)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit (secretariat, member)
Chronic Kidney Disease Expert Advisory Group	AIHW	Professor Steven Chadban (Royal Prince Alfred Hospital)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit (secretariat, member)
Hospitals, Resourcing and Classifications Group				
Expenditure				
Disease Expenditure Project Steering Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit (secretariat) supports the chair
Health Expenditure Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit (secretariat) supports the chair
Indigenous Expenditure Report Steering Committee	Productivity Commission	Mr Peter Harris AO (Productivity Commission)	Member	Expenditure and Workforce Unit supports Mr Barry Sandison (member)
Indigenous Expenditure Report Working Group	Productivity Commission	Ms Patricia Scott (Convenor of the group) (Productivity Commission)	Member	Expenditure and Workforce Unit (member)
Indigenous Health Expenditure Technical Advisory Group	AIHW	Ms Kirrily Harrison (Department of Prime Minister and Cabinet) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Expenditure and Workforce Unit (secretariat) supports Ms Jenny Hargreaves (co-chair)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Health data classification				
Australian Health Classifications Advisory Committee	AIHW	Mr Barry Sandison (AIHW)	Chair, Secretariat, Member	Metadata and Classifications Unit (secretariat) supports the chair and Ms Jenny Hargreaves (member)
ICD Technical Group	Australian Consortium for Classification Development	Ms Jennie Shepheard (Department of Health and Human Services, Victoria)	Member	Metadata and Classifications Unit (member)
World Health Organization (WHO) Family of International Classifications Australian Collaborating Centre Committee	AIHW (Australian Collaborating Centre for the WHO Family of International Classifications)	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Metadata and Classifications Unit (secretariat) supports the chair
WHO Family of International Classifications Collaborating Centres Network Advisory Council (and its Small Executive Group)	World Health Organization	Ms Lynn Bracewell (United Kingdom Collaborating Centre) and Ms Jenny Hargreaves (Australian Collaborating Centre, AIHW)	Co-Chair	Metadata and Classifications Unit supports Ms Jenny Hargreaves (Co-chair)
WHO Family of International Classifications Education and Implementation Committee	WHO Family of International Classifications Network	Mr Huib ten Napel (Netherlands Collaborating Centre) and Ms Yokiko Yokobori (Japan Collaborating Centre)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (member)
WHO Family of International Classifications Family Development Committee	WHO Family of International Classifications Network	Ms Lynn Hanmer (South African Collaborating Centre) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Metadata and Classifications Unit (secretariat) supports Ms Jenny Hargreaves (Co-chair)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO ICD-11 Joint Linearisation for Mortality and Morbidity Statistics Task Force	World Health Organization	Dr Stefanie Weber (German Collaborating Centre) and Professor James Harrison (Flinders University)	Secretariat, Member	Metadata and Classifications Unit (secretariat) supports Ms Jenny Hargreaves (member)
WHO International Classification of Diseases Revision Steering Group	World Health Organization	Dr Chris Chute (World Health Organization)	Member	Metadata and Classifications Unit supports Ms Jenny Hargreaves (member)
Australian Clinical Terminology User Group	National E-Health Transition Authority (NEHTA)	David Evans (NEHTA) and a co-chair (vacant)	Member	Metadata and Classifications Unit (member)
Hospitals				
Atlas Advisory Group	Australian Commission on Safety and Quality in Health Care	Professor Anne Duggan (Australian Commission on Safety and Quality in Health Care)	Member	Hospitals Information Unit supports Ms Jenny Hargreaves (member)
Australian Hospital Statistics Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Unit (secretariat) supports the chair
Clinical Priority Hospital Complications Working Group	Australian Commission on Safety and Quality in Health Care's Hospital Complications Study Clinical Reference Group	Dr Robert Herkes (Australian Commission on Safety and Quality in Health Care)	Secretariat	Hospitals Information Unit (secretariat) supports the chair
Haemovigilance Advisory Committee	National Blood Authority	Dr Alison Street (Department of Health)	Member	Ms Jenny Hargreaves (member)
Health Working Group	Steering Committee for the Review of Government Service Provision	Ms Michelle Dumazel (NSW Department of Premier and Cabinet)	Observer	Health Performance Indicators Unit (observer)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Hospital Casemix Protocol and Private Hospital Data Bureau Working Group	Department of Health	Mr Lindsay D'Esprey-Barton (Department of Health)	Member	Hospitals Data Unit (member)
Measuring Access Time to Elective Surgery Working Group	National Health Information Performance Principal Committee	Ms Gillian Shaw (Department of Health)	Secretariat, Member	Hospitals Information Unit (secretariat) supports Ms Jenny Hargreaves (member)
Public Hospitals Establishment National Minimum Data Set Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Information Unit (secretariat) supports the chair
Radiotherapy Waiting Times Working Group	National Health Information Standards and Statistics Committee	Mr Adam Chapman (Department of Health, Victoria)	Secretariat, Member	Health Performance Indicators Unit (secretariat, member)
Housing and Specialised Services Group				
Drugs				
Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group	Intergovernmental Committee on Drugs	Mr Robert Knight (Department of Health and Human Services, Victoria)	Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit (secretariat, member)
National Opioid Pharmacotherapy Statistics Annual Data Working Group	AIHW	Ms Moira Hewitt (AIHW)	Chair, Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit (chair, secretariat, member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Housing and homelessness				
Housing and Homelessness Data Network	The network reports directly to each jurisdiction	Mr Geoff Slack (Department for Communities and Social Inclusion)	Secretariat, Member	Executive Unit (secretariat); 3 units in the Housing and Specialised Services Group and the Metadata and Classifications Unit support Mr Tim Beard (member)
Housing and Homelessness Working Group	Steering Committee for the Review of Government Service Provision	Ms Janelle Thurlby (Department of Treasury, Queensland)	Member	Housing and Homelessness Collection Processing Unit (member)
Specialist Homelessness Services User Advisory Group	AIHW	Mr Tim Beard (AIHW)	Chair, Secretariat, Member	Housing and Homelessness Reporting and Development Unit (secretariat, member) and Housing and Homelessness Collection Operations Unit (member) support the chair
Australian Housing and Urban Research Institute Research Panel	Australian Housing and Urban Research Institute	Mr Ian Winter (Australian Housing and Urban Research Institute)	Observer	Housing and Homelessness Reporting and Development Unit supports Mr Tim Beard (observer)
Mental health				
Mental Health Information Strategy Standing Committee	Mental Health Drug and Alcohol Principal Committee	Dr Grant Sara (NSW Health)	Secretariat, Member	Mental Health and Palliative Care Unit (secretariat, member)
National Mental Health Performance Subcommittee	Mental Health Information Strategy Standing Committee	Ms Ruth Fjeldsoe (Queensland Health)	Secretariat, Member	Mental Health and Palliative Care Unit (secretariat, member)
National Minimum Data Set Subcommittee (for mental health)	Mental Health Information Strategy Standing Committee	Mr Gary Hanson (AIHW)	Chair, Secretariat, Member	Mental Health and Palliative Care Unit (chair, secretariat, member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Indigenous and Children's Group				
Children and youth				
Children's Headline Indicators Advisory Group	AIHW	Professor Sharon Goldfeld (Murdoch Children's Research Institute)	Secretariat, Member	Maternal Health, Children, Youth and Families Unit (secretariat, member) supports the chair and Dr Fadwa Al-Yaman (member)
Early Childhood Data Subgroup	Data Strategy Group, Department of Education and Training	Ms Oon Ying Chin (Department of Education and Training)	Observer	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (observer)
Australian Early Development Census National Committee	Department of Education and Training	Ms Oon Ying Chin (Department of Education and Training)	Member	Maternal Health, Children, Youth and Families Unit supports Dr Fadwa Al-Yaman (member)
National Maternity Data Development Project Advisory Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Maternal Health, Children, Youth and Families Unit (secretariat, member) supports the chair
National Maternal and Perinatal Mortality Advisory Group	AIHW	Professor Michael Humphrey (James Cook University)	Secretariat, Member	Maternal Health, Children, Youth and Families Unit (secretariat, member) supports the chair and Dr Fadwa Al-Yaman (member)
National Perinatal Data Development Committee	AIHW	Ms Sue Cornes (Queensland Health)	Secretariat, Member	Maternal Health, Children, Youth and Families Unit (secretariat, member) supports the chair and Dr Fadwa Al-Yaman (member)
Early Childhood Education and Care Working Group	Steering Committee for the Review of Government Service Provision	Mr Chris Chinn (Department of the Premier and Cabinet, Queensland)	Observer	Maternal Health, Children, Youth and Families Unit (observer)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Indigenous				
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	National Health Information and Performance Principal Committee	Mr David Swan (SA Health, South Australia)	Secretariat, Member	Executive Unit (secretariat); all units in the Indigenous and Children's Group with responsibilities for Indigenous matters support Dr Fadwa Al-Yaman (member)
Aboriginal and Torres Strait Islander Demographic Statistics Expert Advisory Group	Australian Bureau of Statistics	Mr Graeme Brown (Australian Bureau of Statistics)	Member	Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (member)
International Group for Indigenous Health Measurement	—	Dr Francis (Sam) Notzon (United States National Center for Health Statistics and Prevention) and Ms Michele Connolly (Consultant on American Indians and Alaska Natives)	Member	All units in the Indigenous and Children's Group with responsibilities for Indigenous matters support Dr Fadwa Al-Yaman (member)
National Indigenous Reform Agreement Performance Information Management Group	—	Mr Matthew James (Department of the Prime Minister and Cabinet)	Secretariat, Member	Executive Unit (secretariat); Indigenous Analyses and Reporting Unit supports Dr Fadwa Al-Yaman (member)
National Aboriginal and Torres Strait Islander Health Standing Committee	Community Care and Population Health Principal Committee	Ms Carmen Parter (Centre for Aboriginal Health, New South Wales)	Observer	Indigenous Analyses and Reporting Unit and Indigenous Modelling and Spatial Analysis Unit provide support to Dr Fadwa Al-Yaman (observer)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Aboriginal and Torres Strait Islander Evidence Advisory Group	Indigenous Health Division, Department of Health	Ms Tania Rishniw (Department of Health) and Mr John Gregg (National Aboriginal Controlled Community Health Organisation)	Member	Indigenous Primary Care Reporting Unit supports Dr Fadwa Al-Yaman (member)
Overcoming Indigenous Disadvantage Working Group	Steering Committee for the Review of Government Service Provision	Dr Patricia Scott (Productivity Commission)	Member	Indigenous Modelling and Spatial Analysis Unit supports Dr Fadwa Al-Yaman (member)
Cross-group activity				
Burden of disease				
Burden of Disease Expert Advisory Group	—	Associate Professor Ching Choi (University of New South Wales)	Secretariat, Member	Australian Burden of Disease Unit (secretariat) and the Indigenous Modelling and Spatial Analysis Unit support the chair and Dr Fadwa Al-Yaman (member)
Burden of Disease Indigenous Reference Group	Burden of Disease Expert Advisory Group	Professor Len Smith (Australian National University)	Secretariat, Member	Indigenous Modelling and Spatial Analysis Unit (secretariat, member) support Dr Fadwa Al-Yaman (member)
Collaborating centres				
Injury				
WHO International Classification of Diseases Revision Steering Group	World Health Organization	Dr Chris Chute (World Health Organization)	Member	National Injury Surveillance Unit supports Professor James Harrison (member)

continued

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO International Classification of Diseases Revision Topic Advisory Group for External Causes and Injuries	World Health Organization	Professor James Harrison (National Injury Surveillance Unit)	Chair, Secretariat	National Injury Surveillance Unit (secretariat) supports the chair
WHO International Classification of Diseases Revision Topic Advisory Group for Quality and Safety	World Health Organization	Professor William Ghali (University of Calgary) and Professor Harold Pincus (Columbia University)	Member	National Injury Surveillance Unit supports Professor James Harrison (member)
National Injury Surveillance Unit Advisory Committee	AIHW	Dr Greg Stewart (NSW Health)	Member, Observer, Secretariat	National Injury Surveillance Unit (secretariat) supports the chair; Health Performance Indicators Unit (observer) supports Ms Jenny Hargreaves (member)
Oral health				
Australian Research Centre in Population Oral Health Expert Advisory Committee	Australian Research Centre in Population Oral Health	Professor Julie Owens (Australian Research Centre in Population Oral Health, University of Adelaide)	Member, Observer	Health Performance Indicators Unit (observer) supports Ms Jenny Hargreaves (member)
National Study of Adult Oral Health 2016–18 Advisory Committee	Australian Research Centre in Population Oral Health	Professor Marco Peres (Australian Research Centre in Population Oral Health, University of Adelaide)	Member	Dr Lynelle Moon (member)

Appendix 6

Data collections

This appendix details data collections managed by the Australian Institute of Health and Welfare (AIHW) at 30 June 2016.

Group and Unit managing the collection	Data collection
Community Services and Communication Group	
Child Welfare and Prisoner Health Unit	Adoptions Data Collection (aggregate)
	Child Protection National Minimum Data Set Collection
	Intensive Family Support Services (Child Protection) Data Collection
	Juvenile Justice National Minimum Data Set Collection
	National Survey on Children in Out-of-home Care
	Prisoner Health Data Collection
Disability and Ageing Unit	Disability Services National Minimum Data Set Collection
	Home and Community Care Minimum Data Set Collection
	Hospital Dementia Services Survey
	National Aged Care Data Clearinghouse
	Younger people with disability in residential aged care Minimum Data Set Collection
Data Strategies and Information Technology Group	
Data Linkage Unit	Medicare Enrolments File
	National Death Index
	Study Roll for Military and Veteran Research
Statistical and Analytical Support Unit	Census of Population and Housing Sample File 2011
	Medicare Benefits Schedule Data Collection
	Pharmaceutical Benefits Scheme Data Collection
Health Group	
Cancer and Screening Unit	Australian Cancer Database
	BreastScreen Australia Database
	National Bowel Cancer Screening Dataset
	National Cervical Cancer Screening Database
	Cervical Screening (Safety Monitoring) Dataset

continued

Group and Unit managing the collection	Data collection
Health Group	
Cardiovascular, Diabetes and Kidney Unit	Australia and New Zealand Dialysis and Transplant Registry
	National (insulin-treated) Diabetes Register
Population Health and Primary Care Unit	Adult Vaccination Survey Data Collection
	Australian National Infant Feeding Survey 2010
	Bettering the Evaluation and Care of Health (BEACH) Survey (before 1 July 2011)
	British Nuclear Tests Health Study: mortality and cancer incidence
	Dapsone Study: cancer among Vietnam veterans
	Female Vietnam Veterans Health Register
	Gulf War Veterans' Health Study: mortality and cancer incidence
	Korean War Health Study: mortality and cancer incidence
	National Blood Lead Survey Data Collection
	National Health Survey
	National Mortality Database
	National Physical Activity Surveys
	National Survey of Lead in Children 1995
	Risk Factor Prevalence Surveys
	Third Vietnam Veterans Mortality and Cancer Study
	Vietnam Children's Register/Family Study
	Vietnam Veterans Health Study
	Vietnam Veterans Mortality: first study
Hospitals, Resourcing and Classifications Group	
Group as a whole	Injury presentations to selected hospital emergency departments
	National Coronial Information System data
Expenditure and Workforce Unit	Aboriginal and Torres Strait Islander health expenditure database
	Dental: Health Surveys
	Expenditure Output Data Collection
	Health and Welfare Expenditure Database
	Health Labour Force Collections
	Medical Schools Outcomes Database

continued

Group and Unit managing the collection	Data collection
Hospitals, Resourcing and Classifications Group	
Health Performance Indicators Unit	Australian Spinal Cord Injury Register
	Public Dental Waiting Times National Minimum Data Set Collection
	Radiotherapy waiting times National Minimum Data Set Collection
	Hand Hygiene Collection
	Hospitals Data Unit
	Hospital Utilisation and Costs Study
	Medical Indemnity National Collection
	National Elective Surgery Waiting Times Data Collection
	National Elective Surgery Target Database
	National Emergency Access Target Database
	National Hospital Morbidity Database
	National Public Hospitals Establishments Database
	National Non-admitted Patient Care Database
	National Non-admitted Patient Emergency Department Care Database
	National Outpatient Care Database
	State and territory infection surveillance data collection
Housing and Specialised Services Group	
Housing and Homelessness Collection Processing Unit	Australian Bureau of Statistics Household Data Collection
	Australian Government Housing Data Set
	Commonwealth Rent Assistance Survey 1998
	Commonwealth–State Housing Agreement Collection
	Community Housing Mapping Data Collection 1998
	Community Services Commission Data Collection
	High and Complex Needs Survey
	Home Purchase Assistance Data Collection
	Indigenous Community Housing Data Collection
	Mainstream Community Housing Data Collection
	National Social Housing Survey

continued

Group and Unit managing the collection	Data collection
Housing and Specialised Services Group	
	Private Rental Assistance Data Collection
	Public Rental Housing
	Specialist Homelessness Establishment Database
	Specialist Homelessness Services Database
	Supported Accommodation Assistance Program
	Youth Homelessness Pilot Program Collection
Mental Health and Palliative Care Unit	Australian Bureau of Statistics Survey of Mental Health and Wellbeing 1997
	National Community Mental Health Care Database
	National Community Mental Health Establishments Database
	National Mental Health Establishments Database
	National Mental Health Seclusion Data Collection
	National Residential Mental Health Care Database
	National Survey of Mental Health Services
Tobacco, Alcohol and Other Drugs Unit	Alcohol and Other Drug Treatment Services Data Collection
	National Drug Strategy Household Surveys
	National Opioid Pharmacotherapy Statistics Annual Data
Indigenous and Children's Group	
Indigenous Analyses and Reporting Unit	Child Health Check (CHC) Data Collection
	National Aboriginal and Torres Strait Islander Survey 1994
Indigenous Primary Care Reporting Unit	Closing the Gap Clearinghouse
	Enhanced Indigenous Mortality Data Collection
	Indigenous Primary Healthcare National Key Performance Indicators
	Online Services Report Data Collection
Maternal Health, Children, Youth and Families Unit	Footprints in Time—the Longitudinal Study of Indigenous Children
	Growing Up in Australia—the Longitudinal Study of Australian Children
	Household, Income and Labour Dynamics in Australia Survey
	National Perinatal Data Collection

Appendix 7

Compliance matters

This appendix describes AIHW's compliance in 2015–16 with:

- *Commonwealth Electoral Act 1918*
  - advertising and market research
- *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
  - equal employment opportunity programs and reporting
- Legal Services Directions 2005
  - legal services expenditure
- Public Governance, Performance and Accountability Rule 2014 (the Rule)
  - ministerial directions
  - government policy orders
  - significant issues relating to finance law non-compliance
  - related entity transactions
  - significant activities and changes affecting the entity
  - judicial or tribunal decisions affecting the entity
  - reports by third parties
  - unobtainable information from subsidiaries
  - indemnity applying to the entity and its officers.

See also 'Compliance index' on page 221.

Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires that Commonwealth agencies report payments of $10,000 and above for advertising and market research, including those covered by the *Public Service Act 1999*.

In 2015–16, the AIHW did not undertake any advertising campaigns or make any individual payments for advertising that exceeded this threshold.

Equal employment opportunities

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act) requires that the AIHW develop and implement an equal employment opportunity program. The program should ensure that, in relation to employment matters, appropriate action is taken to eliminate discrimination by the AIHW against women and persons in designated groups and promote equal opportunities for people in these groups.

Under section 9 of the EEO Act, the AIHW must report annually on the development and implementation of its program. The report may be submitted to the AIHW's responsible minister through its annual report. A report should include:

- a detailed analysis of action taken to develop and implement its program
- an assessment of how well program implementation is monitored and evaluated
- an assessment of the effectiveness of the program
- details of each direction given by the minister about the AIHW's performance obligations under the EEO Act.

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

The AIHW monitors and evaluates its equal employment opportunity policies by comparing itself against other agencies that similarly contribute information on diversity to the APS Commission's annual *State of the service report* to Parliament. The AIHW is comparable with other APS agencies; however, notably in relation to equal employment opportunity, it has a higher than average proportion of female employees. Further details are in **Chapter 5 Our people**.

The AIHW has not received any ministerial directions about its performance obligations under the EEO Act.

Legal services expenditure

Paragraph 12.3 of the Attorney-General's Legal Services Directions 2005 (the directions) require Commonwealth entities to provide annually—within 60 days of the end of the financial year—to the Office of Legal Services Coordination, Australian Government Attorney-General's Department:

- a report of legal services expenditure that complies with paragraph 11.1(da) of the directions
- a certificate about the service of any legal proceedings that complies with paragraph 11.2(ba) of the directions.

During 2015–16, the AIHW submitted these documents advising that it had complied with the directions for the 2014–15 year.

External legal expenditure in 2015–16 was $121,520 compared with $41,265 in 2014–15.

Reporting requirements under the Rule

The following information relates to specific reporting requirements under the Public Governance, Performance and Accountability Rule 2014 that must be included in this annual report and which are not covered elsewhere in the report.

Ministerial directions

Section 7 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) provides that the Minister for Health may give directions to the AIHW on the performance of its functions or the exercise of its powers. Before issuing such a direction, the minister must consult the AIHW Board Chair and relevant state and territory ministers. Clause 17BE(d) of the Rule requires that the AIHW provide details of any directions given to it by a minister under an Act, for example, under section 7 of the AIHW Act, or instrument of the Commonwealth.

The following current ministerial directions were issued to the AIHW before 1 July 2015:

- Legal Services Directions 2005.

No new ministerial directions were issued to the AIHW in 2015–16.

No instances of non-compliance with current ministerial directions issued to the AIHW are known to have occurred in 2015–16.

Government policy orders

Under section 22 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), Australian Government policy orders can be applied to the AIHW by the Minister for Finance. The AIHW Board must ensure compliance with government policy orders that are applied. Clause 17BE(e) of the Rule requires that the AIHW provide details of any government policy orders that are applicable to it under section 22 of the PGPA Act. Particulars of any non-compliance must also be detailed.

No government policy orders were applicable to the AIHW during 2015–16.

No instances of non-compliance with government policy orders applicable to the AIHW current are known to have occurred in 2015–16.

Significant issues relating to finance law non-compliance

Paragraph 19(1)(e) of the PGPA Act requires the AIHW to notify the Minister for Health of significant issues that have affected it. Clause 17BE(h) of the Rule requires the AIHW to provide a statement of any such significant issue that relates to non-compliance with the finance law and an outline of the action that has been taken to remedy the non-compliance.

There were no significant issues relating to finance law non-compliance in 2015–16.

Related entity transactions

Clause 17BE(n) of the Rule requires the AIHW to disclose any related entity transactions. Related entity transactions are those where the AIHW Board approves payment for a good or service provided by another entity, or provides a grant to another entity; and a board member is also a director of that other entity; and a single transaction, or the aggregate value of transactions (if there is more than 1) to that entity in a reporting period exceeds $10,000. Where they have occurred, particulars of the decision-making process undertaken by the AIHW Board in relation to these transactions must also be reported.

There were no related entity transactions approved by the Board in 2015–16.

Significant activities and changes affecting the entity

Under clause 17BE(p), the AIHW is required to provide details of significant activities and changes that affected the operations or structure of the entity during the period.

There were no such activities or changes in 2015–16; however, in anticipation of the transfer of the majority of functions of the former National Health Performance Authority on 1 July 2016, a new group was created within the AIHW and 20 staff were transferred to the AIHW.

Judicial or tribunal decisions affecting the entity

Clause 17BE(q) of the Rule requires the AIHW to provide details of judicial decisions and decisions of administrative tribunals that have had, or may have, a significant effect on the AIHW's operations.

In 2015–16, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Reports by third parties

Clause 17BE(r) of the Rule requires the AIHW to provide details of reports made about the Institute by the Auditor-General, a Parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner.

There were no other reports made by the above-named organisations or committees about the AIHW in 2015–16.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries; therefore, clause 17BE(s) of the Rule, which requires the AIHW to detail information that was unable to be obtained from subsidiaries, does not apply.

Indemnity applying to the entity and its officers

Clause 17BE(t) of the Rule requires the AIHW to provide details of any indemnity that applied to the AIHW Board, any member of the AIHW Board or officer of the AIHW against a liability (including premiums paid, or agreed to be paid, for insurance against the AIHW Board, member or officer's liability for legal costs).

The AIHW has insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption.

In 2015–16, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. Standard premiums were paid to Comcover, amounting to $17,342, excluding goods and services tax (GST), compared with $18,289 for 2014–15.

The AIHW made no claims against its directors and officers liability insurance policy in 2015–16.

Appendix 8

Data for figures in this report

This appendix contains tables that provide supporting information for figures used in the report. The specific figure number can be found in the table caption. A list of figures, giving their location in the report, is on page 219 in the **Reader guides**.

Table A8.1 for Figure 1: Major revenue sources, 2006–07 to 2015–16, with projections, 2016–17 to 2019–20

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies
	$ million	*$ million*
2006–07	8.625	16.203
2007–08	8.678	20.227
2008–09	9.325	22.278
2009–10	20.708	24.944
2010–11	21.408	31.398
2011–12	17.389	33.690
2012–13	15.912	35.410
2013–14	15.898	36.176
2014–15	15.800	32.365
2015–16	15.625	31.334
2016–17	26.918	31.000
2017–18	27.233	30.000
2018–19	27.236	30.000
2019–20	27.302	30.000

Table A8.2 for Figure 2: Products released and media releases, 2006–07 to 2015–16

	Media releases	Products released
2006–07	62	144
2007–08	56	99
2008–09	68	152
2009–10	56	120
2010–11	71	136
2011–12	82	141
2012–13	84	131
2013–14	80	173
2014–15	82	179
2015–16	57	182

Note: In 2012–13, the AIHW began counting its web products with its print-ready products. Before this, web products were few in number.

Table A8.3 for Figure 3: Staff numbers, 2007–2016

Year at 30 June	All	Female	Male	Person who does not exclusively identify as male or female ('X')	All (full-time equivalent)
2007	208	142	66	..	180.0
2008	257	171	86	..	232.5
2009	269	186	83	..	237.4
2010	372	245	127	..	345.8
2011	393	263	130	..	360.5
2012	386	261	125	..	357.1
2013	363	251	112	..	331.3
2014	347	241	106	..	319.6
2015	339	237	102	..	313.9
2016	347	241	105	1	321.6

Notes

1. Figures for 2009 and earlier do not include the AIHW Director.
2. Figures for 2015 and earlier do not separately report people with a gender of 'X'.

Table A8.4 for Figure 1.1: Products released, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	132	141	141	151	161
Achieved	131	172	147	182	..

Table A8.5 for Figure 1.2: Proportion of statistical products released with manipulatable data, 2014–15 to 2015–16, with targets, 2015–16 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	—	—	—	45	50
Achieved	—	—	50	54	..

Table A8.6 for Figure 1.3: Requests for customised data analysis completed, 2013–14 to 2015–16, with targets, 2015–16 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	—	—	—	230	120
Achieved	—	166	217	162	..

Table A8.7 for Figure 1.4: Requests for data linkage results completed, 2012–13 to 2015–16, with targets, 2014–15 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	—	—	30	30	30
Achieved	51	51	38	33	..

Table A8.8 for Figure 1.5: *Australia's health* downloads, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	18,800	24,400	46,500	49,500	54,000
Achieved	40,918	32,715	46,612	35,382	..

Table A8.9 for Figure 1.6: *Australia's welfare* downloads, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	1,500	2,300	3,000	7,000	3,500
Achieved	2,077	5,764	3,182	7,503	..

Table A8.10 for Figure 1.7: AIHW website sessions, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	1,747,000	1,950,000	2,600,000	2,800,000	3,100,000
Achieved	2,020,000	2,624,000	2,699,000	2,924,484	..

Table A8.11 for Figure 1.8: Media references to the AIHW and its products, 2012–13 to 2015–16, with targets, 2012–13 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	4,118	4,327	6,500	7,000	4,000
Achieved	4,501	3,575	4,173	3,566	..

Table A8.12 for Figure 1.9: Proportion of collections reported within a year of the collection period, 2012–13 to 2015–16, with targets, 2014–15 to 2016–17

	2012–13	2013–14	2014–15	2015–16	2016–17
Target	—	—	50	60	65
Achieved	37	36	55	60	..

Table A8.13 for Figure 1.10: Days from the end of the collection period to the release of data for annual AIHW collections, 2011–12 to 2015–16

	2011–12	2012–13	2013–14	2014–15	2015–16
Collection 1	167	167	163	163	170
Collection 2	427	[a]447	..	..	..
Collection 3	153	..	..	..	..
Collection 4	..	108	96	112	107
Collection 5	..	206	173	176	171
Collection 6	..	90	110	114	142
Collection 7	499	505	424	408; 353	351
Collection 8	..	..	238	328	208
Collection 9	305	293	304	262	260
Collection 10	812; 688	441; 363	..	376	..
Collection 11	750	..	..	..	..
Collection 12	705	656	664	639	639
Collection 13	669; 487	522	486	486	489
Collection 14	204	251	..	390; 312	296
Collection 15	219	..	..	..	..
Collection 16	..	421	411	..	..
Collection 17	471	449	376	369; 352	344
Collection 18	485	454	452	450	451
Collection 19	..	524	496	477; 333	332
Collection 20	224	173	163	151	157
Collection 21	..	..	..	..	302
Collection 22	478	407; 304	291	303	..
Collection 23	688; 545	481	481	344	..
Collection 24	..	..	..	..	422
Collection 25	834	..	..	..	..
Collection 26	719	536	627	501	452
Collection 27	..	833; 636	684	628	582
Collection 28	719	536	529	501	452
Collection 29	246	..	374; 358	357	..
Collection 30	355	354	348	347	281
Collection 31	810; 394	..	547	466	437
Collection 32	..	..	..	..	375
Collection 32	812; 688	..	..	..	..
Collection 33	..	..	486	437	431
Collection 34	427	[a]447	..	..	..

continued

	2011–12	2012–13	2013–14	2014–15	2015–16
Collection 33	162	171	170	168	164
Collection 34	212	. .	389	. .	180
Collection 35	386; 301	. .	. .	. .	. .
Average	*478*	*399*	*378*	*351*	*325*

(a) Release of the collection was discontinued as a separate publication, and incorporated in another publication from the 2013–14 reporting year.

Notes

1. This relates to AIHW products that fully report or release publicly an annual national data collection that is collected by the AIHW.
2. Where 2 separate reports for a collection were released within the year, the time to publication is shown separately for each report in the order of release.

Table A8.14 for Figure 1.11: Revenue sources, 2006–07 to 2015–16

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies	Interest and other income
	$ million	*$ million*	*$ million*
2006–07	8.625	16.203	0.361
2007–08	8.678	20.227	0.695
2008–09	9.325	22.278	0.744
2009–10	20.708	24.944	0.893
2010–11	21.408	31.398	1.146
2011–12	17.389	33.690	1.158
2012–13	15.912	35.410	0.903
2013–14	15.898	36.176	0.908
2014–15	15.800	32.365	1.075
2015–16	15.625	31.334	1.442

Table A8.15 for Figure 2.1: Disease burden, by disease group and sex, 2011

	Males	Females
	Per cent	*Per cent*
Cancer	19.5	17.4
Cardiovascular disease	16.1	12.9
Mental/substance use disorders	11.8	12.4
Musculoskeletal disease	9.6	13.9
Injuries	11.7	5.3
Respiratory diseases	7.6	9.2
Neurological diseases	5.3	8.6
Other	18.4	20.3
Total	**100.0**	**100.0**

Source: AIHW 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW. Table 3.1.

Table A8.16 for Figure 2.2: National minimum standards achievement among Year 3, 5, 7 and 9 students for the reading and numeracy assessment domains, 2013

	Study population of students in care	All students
	Per cent	*Per cent*
Year 3 reading	82.3	95.3
Year 3 numeracy	80.7	95.7
Year 5 reading	82.7	96.1
Year 5 numeracy	71.3	93.4
Year 7 reading	70.9	94.2
Year 7 numeracy	74.9	95.0
Year 9 reading	69.3	93.4
Year 9 numeracy	60.5	90.6

Source: AIHW 2015. Educational outcomes for children in care: linking 2013 child protection and NAPLAN data. Cat. no. CWS 54. Canberra: AIHW. Table A22.

Table A8.17 for Figure 2.4: Use of antidepressants, analgesics and antipsychotics by prisoners, compared to the general population, 2015

	Prisoners	General population	Margin of error for the general population (±)
	Per cent	*Per cent*	*Per cent*
Antidepressants/ mood stabilisers	18.0	8.2	0.7
Analgesics	17.0	12.5	1.0
Antipsychotics	9.0	1.3	0.2

Source: AIHW 2016. Medication use by Australia's prisoners 2015: how is it different from the general community? Bulletin 135. Cat. no. AUS 202. Canberra: AIHW. Figure 3.1.

Table A8.18 for Figure 2.5: Prevalence of diabetes among persons aged 18 and over, by Indigenous status and age, 2011–13

	Indigenous			Non-Indigenous		
Age group (years)	*Number ('000)*	*Per cent*	*95% CI (per cent)*	*Number ('000)*	*Per cent*	*95% CI (per cent)*
18–34	3.9	2.3	(1.2–3.4)	29.6	0.6	(0.2–1.0)
35–44	8.4	10.8	(7.2–14.4)	84.7	2.7	(1.5–3.9)
45–54	12.4	20.7	(14.9–26.5)	157.7	5.3	(3.8–6.8)
55–64	11.6	33.2	(25.5–40.9)	221.0	8.7	(7.1–10.3)
65 and over	9.8	45.5	(35.7–55.3)	414.3	14.2	(12.2–16.2)

Notes

1. Includes pregnant women.
2. Diabetes prevalence is derived using a combination of fasting plasma glucose and glycated haemoglobin (HbA1c) blood test results and self-reported information on diabetes diagnosis and medication use.
3. Numbers for the 18–34 age group have a relative standard error between 25% and 50% and should be used with caution.

Source: AIHW 2015. Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people. Cardiovascular disease, diabetes and chronic kidney disease series no. 5. Cat no. CKD 5. Canberra: AIHW. Table C23.

Table A8.19 for Figure 2.6: Women with a high-grade cervical abnormality detected by histology, by age, 2004–2006 and 2014

	2004–2006	2014
	Number per 1,000 women screened	
Under 20	13.6	5.0
20–24	20.1	12.9
25–29	17.7	18.5
30–34	11.6	14.1
35–39	7.1	9.3
40–44	4.6	6.4
45–49	3.1	4.0
50–54	1.8	2.4
55–59	1.5	1.9
60–64	1.3	1.7
65–69	1.2	1.0
70 and over	3.0	2.4

Source: AIHW 2016. Cervical screening in Australia 2013–2014. Cancer series no. 97. Cat. no. CAN 95. Canberra: AIHW. Table A4.8.

Table A8.20 for Figure 2.8: Total expenditure on health, current and constant prices[(a)], 1989–90 to 2013–14

	Current amount	Constant amount
	$ million	*$ million*
1989–90	26,570	50,281
1990–91	28,738	51,286
1991–92	30,505	52,455
1992–93	32,450	55,440
1993–94	34,322	57,578
1994–95	36,473	59,793
1995–96	39,047	62,726
1996–97	42,116	66,370
1997–98	44,802	69,440
1998–99	48,428	73,204
1999–00	52,570	76,859
2000–01	58,318	82,605
2001–02	64,046	86,907
2002–03	68,798	91,956
2003–04	73,509	94,932
2004–05	81,061	101,014
2005–06	86,685	103,614
2006–07	94,938	109,795
2007–08	103,563	117,048
2008–09	114,401	125,705
2009–10	121,710	130,582
2010–11	131,612	139,826
2011–12	141,957	148,304
2012–13	146,953	149,986
2013–14	154,622	154,622

(a) Constant price health expenditure for 1989–90 to 2013–14 is expressed in terms of 2013–14 prices.

Source: AIHW health expenditure database.

Table A8.21 for Figure 2.9: Hospitalisations for public and private hospitals, by same-day/overnight status and urgency of admission, 2014–15

	Emergency		Elective		Other	
	Same-day	Overnight	Same-day	Overnight	Same-day	Overnight
Public hospitals	683,755	1,817,729	1,789,588	529,281	612,561	349,422
Private hospitals	20,865	191,069	2,269,624	888,132	387,073	81,932
Total	**704,620**	**2,008,798**	**4,059,212**	**1,417,413**	**999,634**	**431,354**

Source: AIHW 2016. Admitted patient care 2014–15: Australian hospital statistics. Health services series no. 68. Cat. No. HSE 172. Canberra: AIHW. Table 4.4.

Table A8.22 for Figure 2.10: National key performance indicator results for selected process of care measures for primary health-care organisations[(a)], 30 June 2012 and 31 December 2014

	30 June 2012	31 December 2014
Birthweight recorded for Indigenous babies under 1 year	51	69
Smoking status recorded for regular Indigenous clients over 15 years	64	78
Alcohol consumption recorded for regular Indigenous clients over 15 years	38	55

(a) Organisations funded to provide services to Aboriginal and Torres Strait Islander people by Commonwealth, state and territory health departments.

Source: AIHW 2015. National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2014. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no.3. Cat. no. IHW 161. Canberra: AIHW. Figures 2.B1, 3.G1 and 3.H1.

Table A8.23 for Figure 3.1: AIHW website sessions, 2006–07 to 2015–16

	Sessions
	Million
2006–07	0.957
2007–08	1.096
2008–09	1.167
2009–10	1.308
2010–11	1.393
2011–12	1.670
2012–13	2.020
2013–14	2.624
2014–15	2.699
2015–16	2.924

Note: Figures for website sessions exclude the METeOR, Specialist Homelessness Services and Closing the Gap Clearinghouse websites.

Table A8.24 for Figure 4.2: Research project applications approved by the AIHW Ethics Committee, 2009–10 to 2015–16

	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15	2015–16
New projects							
External	38	30	35	41	39	34	40
AIHW[(a)]	14	8	14	11	6	14	22
New projects	*52*	*38*	*49*	*52*	*45*	*48*	*62*
Modified or extended projects							
External	9	22	6	85	96	103	131
AIHW[(a)]	9	7	8	12	28	35	14
Modified or extended projects	*18*	*29*	*14*	*97*	*124*	*138*	*145*
Total	70	67	63	149	169	186	207

(a) AIHW projects include those for AIHW collaborating centres.

Table A8.25 for Figure 5.1: Category of staff employment, 2013–2016

	30 June 2013	30 June 2014	30 June 2015	30 June 2016
		Number		
Active staff	*343*	*322*	*308*	*310*
Ongoing full-time	219	211	197	205
Ongoing part-time	94	87	75	75
Non-ongoing full-time	16	14	24	20
Non-ongoing part-time	5	5	11	6
Casual	9	5	1	4
Staff on long-term leave	*20*	*25*	*31*	*37*
Total staff	363	347	339	347
		Full-time equivalent		
Active staff	*313.5*	*297.4*	*284.8*	*288.6*
Total staff	331.3	319.6	313.9	321.6

Notes

1. 'Ongoing' staff refers to staff employed on an ongoing basis.
2. 'Non-ongoing' staff refers to staff employed on contracts or temporary transfer for specified terms and specified tasks, including staff on temporary transfer from other Australian Public Service (APS) agencies.
3. 'Casual' staff refers to staff employed for irregular or intermittent duties.
4. 'Staff on long-term leave' refers to staff on any form of continuous leave for more than 3 months; for example, long service leave and maternity leave.

Table A8.26 for Figure 5.2: Active staff by classification level, 2013–2016

	30 June 2013			30 June 2014			30 June 2015			30 June 2016		
	No.	*FTE*	*FTE (%)*	*No.*	*FTE*	*FTE (%)*	*No.*	*FTE*	*FTE (%)*	*No.*	*FTE*	*FTE (%)*
APS 2	2	2.0	0.6	1	1.0	0.3	1	1.0	0.3	1	1.0	0.3
APS 3	6	6.0	1.9	9	8.4	2.8	8	7.1	2.5	7	6.6	2.3
APS 4	22	20.3	6.5	33	30.6	10.3	46	43.2	15.2	38	35.0	12.1
APS 5	58	52.1	16.6	48	43.5	14.6	43	39.6	13.9	47	42.9	14.9
APS 6	92	83.1	26.5	79	72.8	24.5	70	63.4	22.3	80	74.4	25.8
EL 1	117	107.1	34.2	109	100.4	33.8	102	93.1	32.7	98	90.9	31.5
EL 2	36	32.9	10.5	35	32.7	11.0	31	30.4	10.7	33	31.7	11.0
SES Band 1	9	9.0	2.9	7	7.0	2.4	6	6.0	2.1	5	5.0	1.7
Director (CEO)	1	1.0	0.3	1	1.0	0.3	1	1.0	0.3	1	1.0	0.3
Total	**343**	**313.5**	**100.0**	**322**	**297.4**	**100.0**	**308**	**284.8**	**100.0**	**310**	**288.5**	**100.0**

Notes

1. Previous AIHW annual reports have reported staff at the classification level at which they were acting, or were based on total staff, and are not comparable. The figures in this table reflect the substantive classification level for active staff.
2. FTE = full-time equivalent; APS = Australian Public Service; EL = Executive Level; SES = Senior Executive Service; CEO = Chief Executive Officer.

Table A8.27 for Figure 5.3: Staff diversity groups, 2015 and 2016

Year at 30 June	Women	Aged 50 or more	Non-English speaking background	Disability	Indigenous
AIHW staff—2016 (number)	241	99	49	5	2
AIHW staff—2016 (%)	69.5	28.5	14.1	1.4	0.6
AIHW staff—2015 (%)	69.9	29.7	15.8	2.1	0.9
APS overall—2015 (%)	58.4	31.7	13.8	3.3	2.6

Sources: AIHW's human resources information system; APS Employment Database data from: APS Commission 2015. *Australian Public Service Statistical Bulletin: State of the Service Series 2014–15*. Tables 4 and 58.

Appendix 9

Financial statements

Australian National
Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying annual financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2016, which comprise:

- Statement by Accountable Authority, Chief Executive and Chief Financial Officer;
- Statement of comprehensive income;
- Statement of financial position;
- Statement of changes in equity;
- Cash flow statement; and
- Notes to and forming part of the financial statements.

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

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

(b) present fairly the financial position of the Australian Institute of Health and Welfare as at 30 June 2016 and its financial performance and cash flows for the year then ended.

Accountable Authority's Responsibility for the Financial Statements

The Directors of the Australian Institute of Health and Welfare are responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act. The Directors are also responsible for such internal control as is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Directors of the Australian Institute of Health and Welfare, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Australian National Audit Office

Michael White
Executive Director

Delegate of the Auditor-General

Canberra
7 October 2016

Australian Government
Australian Institute of Health and Welfare

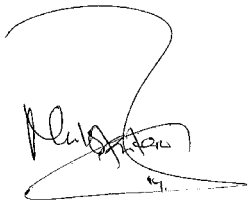
Authoritative information and statistics to promote better health and wellbeing

STATEMENT BY ACCOUNTABLE AUTHORITY, CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2016 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

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



Mukesh C Haikerwal AO
Board Chair

6 October 2016

Barry Sandison
Chief Executive Officer

6 October 2016

Andrew Kettle
Chief Financial Officer

6 October 2016

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

Australian Institute of Health and Welfare

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2016

	Notes	2016 $'000	2015 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	2A	**33,817**	35,054	33,535
Supplier	2B	**12,844**	12,565	12,242
Depreciation and amortisation	6C	**1,015**	1,052	1,000
Write-down and impairment of assets	2C	**459**	—	—
Total expenses		**48,135**	48,671	46,777
Own-source income				
Own-source revenue				
Sale of goods and rendering of services	3A	**31,334**	32,365	30,000
Interest	3B	**759**	682	600
Other revenues	3C	**683**	2	30
Total own-source revenue		**32,776**	33,049	**30,630**
Gains				
Gain from write off of provision for make good	3D	**—**	391	**—**
Total gains		—	391	**—**
Total own-source income		**32,776**	33,440	30,630
Net cost of services		**15,359**	15,231	16,147
Revenue from government	3E	**15,625**	15,800	15,625
Surplus / Deficit		**266**	569	(522)
OTHER COMPREHENSIVE INCOME				
Change in asset revaluation reserve		**122**	**—**	—
Total other comprehensive income		**122**	**—**	—
Total comprehensive income attributable to the Australian Government		**388**	**569**	(522)

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

Australian Institute of Health and Welfare

STATEMENT OF FINANCIAL POSITION

as at 30 June 2016

	Notes	2016 $'000	2015 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents	5A	**27,220**	25,562	22,540
Trade and other receivables	5B	**6,435**	6,858	4,837
Total financial assets		**33,655**	32,420	27,377
Non-financial assets				
Buildings	6A, 6C	**4,800**	5,037	4,826
Property, plant and equipment	6B, 6C	**3,081**	3,845	4,373
Intangibles		**—**	—	5
Other non-financial assets	6D	**1,076**	817	619
Total non-financial assets		**8,957**	9,699	9,823
Total assets		**42,612**	42,119	37,200
LIABILITIES				
Payables				
Suppliers	7A	**(1,372)**	(1,248)	(2,532)
Other payables	7B	**(4,767)**	(5,164)	(4,838)
Contract income in advance	7C	**(18,970)**	(19,327)	(14,586)
Total payables		**(25,109)**	(25,739)	(21,956)
Provisions				
Employee provisions	8A	**(11,678)**	(11,082)	(11,633)
Other provisions	8B	**(139)**	—	—
Total provisions		**(11,817)**	(11,082)	(11,633)
Total liabilities		**(36,926)**	(36,821)	(33,589)
Net assets		**5,686**	5,298	3,611
EQUITY				
Contributed equity		**2,756**	2,756	2,756
Reserves		**2,410**	2,288	2,288
Retained surplus (accumulated deficit)		**520**	254	(1,433)
Total equity		**5,686**	5,298	3,611

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

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

for the period ended 30 June 2016

	Retained Earnings			Asset Revaluation Surplus			Contributed Equity/Capital			Total Equity		
	2016	2015	Original Budget	**2016**	2015	Original Budget	**2016**	2015	Original Budget	**2016**	2015	Original Budget
	$'000	$'000	$'000	**$'000**	$'000	$'000	**$'000**	$'000	$'000	**$'000**	$'000	$'000
Opening balance												
Balance carried forward from previous period	**254**	(315)	(911)	**2,288**	2,288	2,288	**2,756**	2,756	2,756	**5,298**	4,729	4,133
Adjusted opening balance	**254**	(315)	(911)	**2,288**	2,288	2,288	**2,756**	2,756	2,756	**5,298**	4,729	4,133
Other Comprehensive Income	**—**	—	—	**122**	—	—	**—**	—	—	**122**	—	—
Surplus (Deficit) for the period	**266**	569	(522)	**—**	—	—	**—**	—	—	**266**	569	(522)
Total comprehensive income attributable to the Australian Government	**266**	569	(522)	**122**	—	—	**—**	—	—	**388**	569	(522)
Closing balance at 30 June	**520**	254	(1,433)	**2,410**	2,288	2,288	**2,756**	2,756	2,756	**5,686**	5,298	3,611

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

Australian Institute of Health and Welfare

CASH FLOW STATEMENT

for the period ended 30 June 2016

	Notes	2016 $'000	2015 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Receipts from government		**15,625**	15,800	15,625
Goods and services		**32,087**	35,856	30,000
Interest		**727**	696	700
Net GST received		**452**	440	—
Other		**687**	2	30
Total cash received		**49,578**	52,794	46,255
Cash used				
Employees		**(34,154)**	(34,534)	(33,535)
Suppliers		**(13,821)**	(14,509)	(11,720)
Total cash used		**(47,975)**	(49,043)	(45,255)
Net cash from (used by) operating activities	9	**1,603**	3,751	1,000
INVESTING ACTIVITIES				
Cash received				
NHPA—lease incentives and make good on transition		**406**	—	—
Total cash received		**406**	**—**	**—**
Cash used				
Purchase of property, plant and equipment		**(351)**	(173)	(572)
Total cash used		**(351)**	(173)	(572)
Net cash from (used by) investing activities		**55**	(173)	(572)
Net increase (decrease) in cash held		**1,658**	3,578	428
Cash and cash equivalents at the beginning of the reporting period		**25,562**	21,984	22,112
Cash and cash equivalents at the end of the reporting period	5A	**27,220**	25,562	22,540

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

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of significant accounting policies

1.1 Objectives of the Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is structured to meet a single outcome:

- A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics. This outcome is included in the Department of Health (Health) Portfolio Budget Statements.

1.2 Basis of preparation of the financial statements

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

The financial statements have been prepared in accordance with:

a) Financial Reporting Rule (FRR) for reporting periods ending on or after 1 July 2014; and

b) Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FRR, assets and liabilities are recognised in the statement of financial position when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executory contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the commitments note or the contingencies note.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured. Financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

1.3 Significant accounting judgements and estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements and property, plant and equipment has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Australian Accounting Standard has been adopted earlier than the application date as stated in the standard.

New standards, revised standards, interpretations or amending standards that were issued prior to the signing off date and are applicable to the current reporting period did not have financial impact and are not expected to have a future financial impact on the AIHW.

Future Australian Accounting Standard requirements

New standards, revised standards and interpretations that were issued by the Australian Accounting Standards Board prior to the signing off date and are applicable to the future reporting period are not expected to have a future financial impact on the AIHW.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the entity retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

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

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Revenues from government

Funding received or receivable from Health is recognised as Revenue from government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Resources received free of charge

Resources received free of charge are recognised as gains when and only when a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another government agency or authority as a consequence of a restructuring of administrative arrangements.

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the government as owner

Equity injections

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

1.8 Employee benefits

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

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

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

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

Leave

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

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

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2016. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

AIHW staff are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme or the Public Sector Superannuation Scheme accumulation plan.

The first two are defined benefit schemes for the Australian Government. The third is a defined contribution scheme.

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

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation

Australian Institute of Health and Welfare
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

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

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial assets

The AIHW classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

For financial assets held at amortised cost, if there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

1.13 Financial liabilities

Financial liabilities are classified as other financial liabilities.

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Financial liabilities are recognised and derecognised upon 'trade date'.

Other financial liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

1.15 Acquisition of assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

1.16 Property, plant and equipment

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than $3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' 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 make good recognised.

Revaluations

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

Asset class	Fair value measured at:
Buildings—leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price

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

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous

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revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

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

A formal revaluation of assets was completed by Allbids.com.au Pty Ltd (All Bids) as at 30 June 2016.

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.

	2016	2015
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2016. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

1.17 Intangibles

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than $50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2014–15: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2016.

As at 30 June 2016 all of AIHW's intangibles have been fully amortised.

1.18 Taxation

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

Revenues, expenses, assets and liabilities are recognised net of GST except:

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- where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- for receivables and payables.

1.19 Events after the reporting period

From 1 July 2016 selected performance functions were transferred from the National Health Performance Authority (NHPA) to the AIHW including funding, and some assets and contracts. In September 2016 legislation to abolish NHPA was passed by Parliament. Any remaining assets and liabilities of NHPA will be transferred to the AIHW by March 2017.

Note 2: Expenses

	2016	2015
	$'000	$'000
Note 2A: Employees benefits		
Wages and salaries	**(25,702)**	(26,287)
Superannuation:		
Defined contribution plans	**(1,867)**	(1,927)
Defined benefit plans	**(3,008)**	(3,226)
Leave and other entitlements	**(3,240)**	(3,614)
Total employee benefits	**(33,817)**	(35,054)
Note 2B: Suppliers		
Goods and services supplied or rendered		
Consultants and contractors	**(3,745)**	(2,799)
Collaborating centres	**(1,078)**	(1,850)
Information technology	**(1,368)**	(1,174)
Printing and stationery	**(170)**	(194)
Training	**(227)**	(332)
Travel	**(579)**	(453)
Telecommunications	**(194)**	(144)
Other	**(2,277)**	(2,465)
Total goods and services supplied or rendered	**(9,638)**	(9,411)
Other supplier		
Operating lease rentals—lease payments	**(2,810)**	(2,928)
Workers compensation premiums	**(396)**	(226)
Total other supplier expenses	**(3,206)**	(3,154)
Total supplier expenses	**(12,844)**	(12,565)

The office lease has a fixed annual 3% rent increase. This increase has been averaged over the 15-year term of the lease.

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	2016 $'000	2015 $'000
Note 2C: Write-down and impairment of assets		
Write off on disposal of property, plant and equipment	**(459)**	–
Total write down and impairment of assets	**(459)**	–

Note 3: Revenue

Note 3A: Sale of goods and rendering of services		
Sale of goods	**4**	11
Rendering of services	**31,330**	32,354
Total sale of goods and rendering services	**31,334**	32,365
Note 3B: Interest		
Deposits	**759**	682
Total interest	**759**	682
Note 3C: Other revenues		
NHPA – transition costs	**680**	–
Other	**3**	2
Total other revenues	**683**	2
Note 3D: Write off of provision of make good		
Write off of provision of make good	–	391
Note 3E: Revenue from government		
Corporate Commonwealth entity payment item	**15,625**	15,800
Total revenue from government	**15,625**	15,800

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Note 4: Fair value measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.
The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.
Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
Level 3: Unobservable inputs for the asset or liability.

Note 4A: Fair value measurements, valuation techniques and inputs used

Fair value measurements at the end of the reporting period by hierarchy for assets in 2016

Fair value measurements at the end of the reporting period using:	**Fair value**		**Level 1 inputs**		**Level 2 inputs**		**Level 3 inputs**	
	2016	2015	**2016**	2015	**2016**	2015	**2016**	2015
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Non-financial assets								
Leasehold improvements	**4,800**	5,037	**—**	—	**4,800**	—	**—**	5,037
Other property, plant and equipment	**3,081**	3,845	**—**	—	**3,081**	3,635	**—**	210
Total non-financial assets	**7,881**	8,882	**—**	—	**7,881**	3,635	**—**	5,247
Total fair value measurements of assets in the statement of financial position	**7,881**	8,882	**—**	—	**7,881**	3,635	**—**	5,247

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.
No assets were transferred between level 1 and level 2.

Note 4B: Valuation technique and inputs for Level 2 and Level 3 fair value measurements

Level 2 and Level 3 fair value measurements—valuation technique and the inputs used for assets in 2016

	Category (Level 2 or Level 3)	Fair value $'000	Valuation technique(s)	Inputs used	Range (weighted average)
Non-financial assets					
Leasehold improvements	Level 2	4,800	Fair market value	Revaluation by All Bids	n.a.
Other property, plant and equipment	Level 2	3,081	Fair market value	Revaluation by All Bids	n.a.

In 2016 the AIHW procured valuation services from All Bids and relied on valuation models provided by All Bids. All Bids provided written assurance to the entity that the model developed is in compliance with AASB 13. All assets were valued using the Fair Market Value Technique.

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Note 4C: Reconciliation for recurring Level 3 fair value measurements

Recurring Level 3 fair value measurements—reconciliation for non-financial assets

	Other property, plant and equipment		Leasehold improvements		Total	
	2016	2015	**2016**	2015	**2016**	2015
	$'000	$'000	**$'000**	$'000	**$'000**	$'000
Opening balance as at 1 July	**210**	366	**5,037**	5,236	**5,247**	5,602
Purchases	**–**	–	**–**	161	**–**	161
Depreciation	**–**	(156)	**–**	(360)	**–**	(516)
Revaluations	**(210)**	–	**(5,037)**	–	**(5,247)**	–
Closing balance as at 30 June	**–**	210	**–**	5,037	**–**	5,247

The entity's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

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Note 5: Financial assets

	2016	2015
	$'000	$'000
Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	**27,220**	25,562
Total cash and cash equivalents	**27,220**	25,562
Note 5B: Receivables		
Receivables are aged as follows:		
Not overdue	**6,429**	6,853
Overdue by:		
0 to 30 days	**–**	5
31–60 days	**6**	–
61–90 days	**–**	–
More than 90 days	**–**	–
Total receivables (gross)	**6,435**	6,858
Receivables is expected to be recovered in:		
No more than 12 months	**6,435**	6,858
Total receivables (gross)	**6,435**	6,858

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Note 6: Non-financial assets

	2016	2015
	$'000	$'000
Note 6A: Buildings		
Leasehold improvements		
Fair value	**4,800**	5,397
Accumulated depreciation	**–**	(360)
	4,800	5,037
Restoration obligations	**–**	–
Accumulated depreciation	**–**	–
	–	–
Total buildings	**4,800**	5,037

No indicators of impairment were found for leasehold improvements.

Note 6B: Property, plant and equipment		
Property, plant and equipment		
Fair value	**3,082**	3,939
Accumulated depreciation	**(1)**	(1,094)
Total property, plant and equipment	**3,081**	3,845

No indicators of impairment were found for property, plant and equipment.

Revaluations of non-financial assets

A revaluation increment of $122,397 (2015: nil) for leasehold improvements, nil (2015: nil) for restoration obligations assets and nil (2015: nil) for changes in provision for restoration obligations. Revaluation decrement for property, plant and equipment was $458,913 (2015: nil).

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
Note 6C: Analysis of property, plant and equipment				
TABLE A: Reconciliation of the opening and closing balances of property, plant and equipment (2015–16)				
As at 1 July 2015				
Gross book value	6,009	4,938	350	11,297
Accumulated depreciation	(972)	(1,093)	(350)	(2,415)
Net book value 1 July 2015	5,037	3,845	—	8,882
Additions				
by purchase	—	351	—	351
Disposals	—	(1)	—	(1)
Revaluations recognised in operating results	—	(2,207)	—	(2,207)
Revaluations recognised in Asset Revaluation Reserve	(596)	—	—	(596)
Depreciation expense	(360)	(655)	—	(1,015)
Write back of depreciation on write-off	—	—	—	—
Write back of depreciation on revaluation	719	1,748	—	2,467
Write-offs	—	—	—	—
Net book value 30 June 2016	4,800	3,081	—	7,881
Net book value as at 30 June 2016 represented by:				
Gross book value	4,800	3,082	350	8,232
Accumulated depreciation	—	(1)	(350)	(351)
Net book value 30 June 2016	4,800	3,081	—	7,881

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TABLE B: Reconciliation of the opening and closing balances of property, plant and equipment (2014–15)

As at 1 July 2014				
Gross book value	5,848	4,926	350	11,124
Accumulated depreciation	(612)	(406)	(350)	(1,369)
Net book value 1 July 2014	5,236	4,520	–	9,756
Additions				
by purchase	161	12	–	173
Revaluations recognised in operating results	–	–	–	–
Depreciation expense	(360)	(687)	–	(1,047)
Write back of depreciation on write-off	–	–	–	–
Write back of depreciation on revaluation	–	–	–	–
Write-offs	–	–	–	–
Net book value 30 June 2015	5,037	3,845	–	8,882
Net book value as at 30 June 2015 represented by:				
Gross book value	6,009	4,938	350	11,297
Accumulated depreciation	(972)	(1,093)	(350)	(2,415)
Net book value 30 June 2015	5,037	3,845	–	8,882

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	2016	2015
	$'000	$'000
Note 6D: Other non-financial assets		
Prepayments	**1,076**	817
Total other non-financial assets	**1,076**	817

All other non-financial assets are expected to be recovered in no more than 12 months.

Note 7: Payables

	2016	2015
	$'000	$'000
Note 7A: Suppliers		
Trade creditors	**(1,372)**	(1,248)
Total supplier payables	**(1,372)**	(1,248)
Note 7B: Other payables		
Wages and salaries	**(112)**	(899)
Superannuation	**(27)**	(173)
Lease incentive—Canberra	**(3,250)**	(3,500)
Lease incentive—Sydney	**(267)**	—
Operating lease	**(1,111)**	(592)
Total other payables	**(4,767)**	(5,164)
Other payables expected to be settled in:		
No more than 12 months	**(523)**	(1,322)
More than 12 months	**(4,244)**	(3,842)
Total employee provisions	**(4,767)**	(5,164)
Note 7C: Contract income in advance		
Contract income	**(18,970)**	(19,327)
Total contract income in advance	**(18,970)**	(19,327)

All income in advance payables is expected to be settled in 12 months.

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Note 8: Provisions

	2016	2015
	$'000	$'000
Note 8A: Employee provisions		
Leave	**(11,678)**	(11,082)
Total employee provisions	**(11,678)**	(11,082)
Employee provisions expected to be settled in:		
No more than 12 months	**(1,770)**	(1,173)
More than 12 months	**(9,908)**	(9,909)
Total employee provisions	**(11,678)**	(11,082)
Note 8B: Other provisions		
Provision for make good—Sydney	**(139)**	—
Total other provisions	**(139)**	—
Other provisions expected to be settled:		
No more than 12 months	**—**	—
More than 12 months	**(139)**	—
Total other provisions	**(139)**	—

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Note 9: Cash flow reconciliation

	2016	2015
	$'000	$'000
Reconciliation of cash and cash equivalents per balance sheet to cash flow statement		
Cash and cash equivalents as per:		
Cash flow statement	**27,220**	25,562
Statement of financial position	**27,220**	25,562
Discrepancy	**–**	–
Reconciliation of net cost of services to net cash from/(used by) operating activities:		
Net cost of services	**(15,359)**	(15,231)
Add revenue from government	**15,625**	15,800
Adjustment for non-cash items		
Depreciation/amortisation	**1,015**	1,052
Net write down and impairment of assets (excluding write down of inventories)	**459**	–
Movements in assets / liabilities		
Assets		
(Increase) / decrease in receivables	**423**	(2,021)
(Increase) / decrease in prepayments	**(259)**	(199)
Liabilities		
Increase / (decrease) in supplier payables	**124**	(192)
Increase / (decrease) in lease incentive liability	**(267)**	(250)
Increase / (decrease) in other payables	**(397)**	(64)
Increase / (decrease) in employee provisions	**596**	585
Increase / (decrease) in other income in advance	**(357)**	4,741
Increase / (decrease) in other provisions	**–**	(470)
Net cash from operating activities	**1,603**	3,751

Note 10: Contingent assets and liabilities

As at 30 June 2016, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2015: nil).

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Note 11: Senior management personnel remuneration

	2016	2015
Note 11A: Senior executive remuneration expense for the reporting period		
Short-term employee benefits		
Salary	**1,225,956**	1,618,017
Performance bonuses	**18,378**	35,012
Motor vehicle allowance	**157,005**	193,909
Total short-term employee benefits	**1,401,339**	1,846,938
Post-employment benefits		
Superannuation	**200,357**	320,628
Total post-employment benefits	**200,357**	320,628
Other long term benefits		
Annual leave*	**(1,963)**	(16,031)
Long-service leave	**4,209**	34,860
Total other long term employee benefits	**2,246**	18,829
Total senior executive remuneration expenses	**1,603,942**	2,186,395

* This is annual leave taken in excess of annual leave accrued.

The total number of senior management personnel that are included in the above table are 10 (2015: 10).

There was a number of vacancies of senior management personnel during the 2015–16 year.

Note 11 is prepared on an accrual basis.

Note 12: Remuneration of auditors

	2016	2015
Remuneration for auditing the financial statements for the reporting period	**$35,000**	$31,000

No other services were provided by the Australian National Audit Office.

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Note 13: Financial instruments

	2016	2015
	$'000	$'000
Note 13A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash at bank	**27,220**	25,562
Receivables for goods and services	**6,040**	6,569
Total loans and receivables	**33,260**	32,131
Total financial assets	**33,260**	32,131
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	**1,372**	1,248
Financial liabilities measured at amortised cost	**1,372**	1,248
Total financial liabilities	**1,372**	1,248

The AIHW holds basic financial instruments in the form of cash and cash equivalents, receivables for goods and services and trade creditors. The carrying value of financial instruments reported in the balance sheet is a reasonable approximation of fair value.

Note 13B: Net gains and losses from financial assets		
Loans and receivables		
Interest revenue	**759**	**682**
Net gain loans and receivables	**759**	**682**
Net gain from financial assets	**759**	**682**

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other government organisations. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2016: $6,040,000 and 2015: $6,569,000). The AIHW has assessed the risk of the default on payment and has allocated $0 in 2016(2015: $0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

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Note 13C: Credit risk

Credit quality of financial instruments not past due or individually determined as impaired:

	Not past due nor impaired 2016	Not past due nor impaired 2015	**Past due or impaired 2016**	Past due or impaired 2015
	$'000	$'000	**$'000**	$'000
Cash at bank	**27,220**	25,562	**—**	—
Receivables for goods and services	**6,034**	6,564	**6**	5
Total	**33,254**	32,126	**6**	5

Ageing of financial assets that are past due but not impaired for 2016:

	0–30 days $'000	31–60 days $'000	61–90 days $'000	90+ days $'000	Total $'000
Receivables for goods and services	—	6	—	—	6
Total	**—**	**6**	—	**—**	**6**

Ageing of financial assets that are past due but not impaired for 2015:

	0–30 days $'000	31–60 days $'000	61–90 days $'000	90+ days $'000	Total $'000
Receivables for goods and services	5	—	—	—	5
Total	5	—	—	—	5

Note 13D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 13E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

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Note 14: Reporting of outcomes

Net cost of outcome delivery

	Outcome 1 2016	Outcome 1 2015	**Total 2016**	Total 2015
	$'000	$'000	**$'000**	$'000
Departmental				
Expenses	**48,135**	48,671	**48,135**	48,671
Own-source income	**32,776**	33,440	**32,776**	33,440
Net cost / (contribution) of outcome	**15,359**	15,231	**15,359**	15,231

Outcome 1 is described in Note 1.1.

The primary statements of these financial statements represent Tables B and C: Major classes of departmental expense, income, assets and liabilities by outcome.

Note 15: Commitments

	2016	2015
	$'000	$'000
By type		
Commitments receivable		
Project[1]	**17,503**	17,730
Net GST recoverable on commitments	**2,866**	2,930
Total commitments receivable	**20,369**	20,660
Commitments payable		
Other commitments		
Operating leases[2]	**(44,998)**	(47,795)
Other[1]	**(4,030)**	(2,174)
Total other commitments	**(49,028)**	(49,969)
Total commitments payable	**(49,028)**	(49,969)
Net commitments by type	**(28,659)**	(29,309)
By maturity		
Commitments receivable		
Within 1 year	**13,901**	11,233
Between 1 to 5 years	**4,071**	6,727
More than 5 years	**2,397**	2,700
Total commitments receivable	**20,369**	20,660

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Commitments payable		
Operating lease commitments		
Within 1 year	**(2,881)**	(2,797)
Between 1 to 5 years	**(15,756)**	(15,297)
More than 5 years	**(26,361)**	(29,701)
Total operating lease commitments	**(44,998)**	(47,795)
Other commitments		
Within 1 year	**(3,863)**	(1,269)
Between 1 to 5 years	**(167)**	(905)
Total other commitments	**(4,030)**	(2,174)
Total commitments payable	**(49,028)**	(49,969)
Net commitments by maturity	**(28,659)**	(29,309)

Commitments are GST inclusive where relevant.

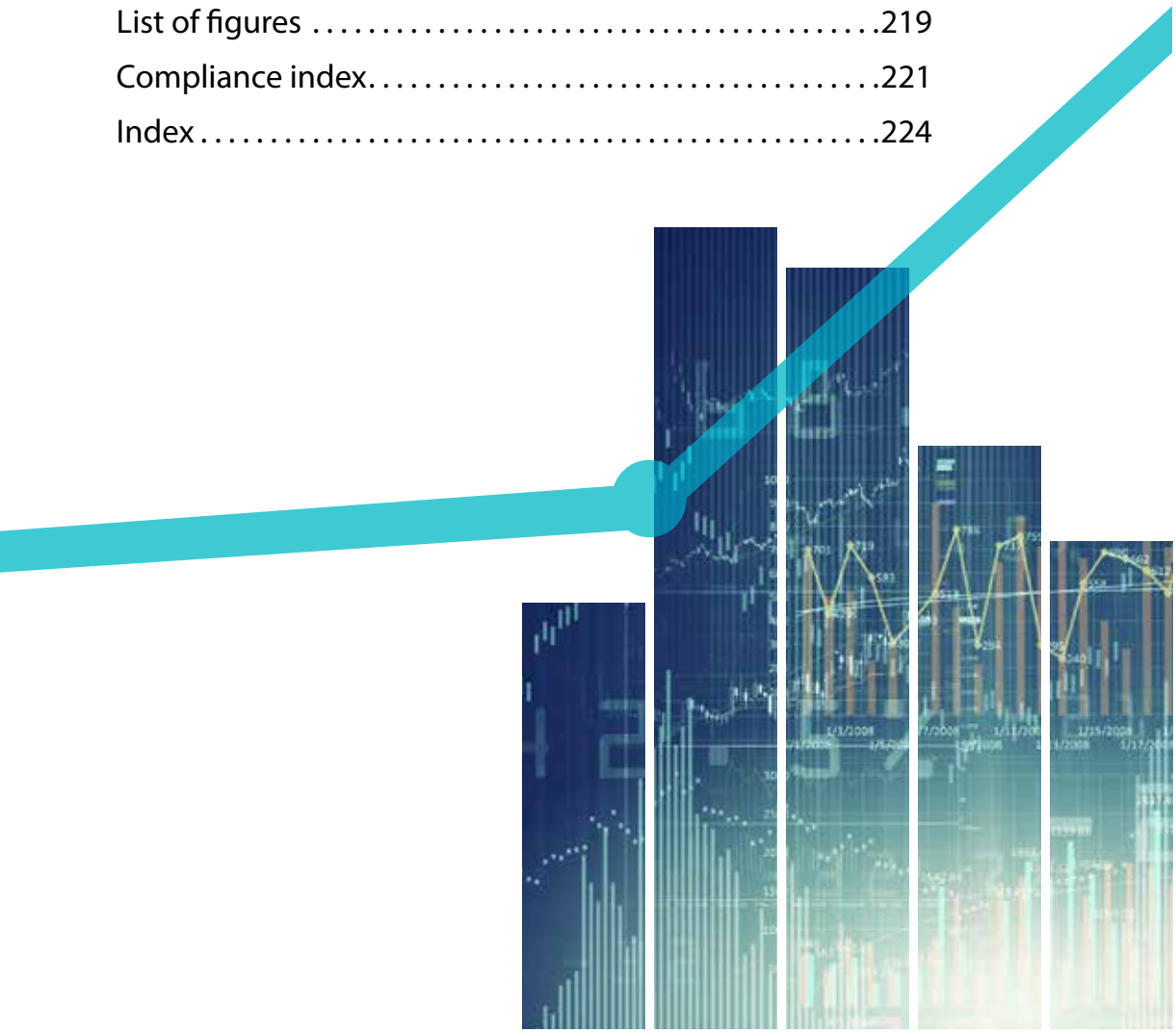
1. Project and other commitments are primarily amounts relating to AIHW contract work.
2. The AIHW's lease of an office building at 1 Thynne St, Bruce, ACT expires on 29 June 2029.

Note 16: Major budget variances

Explanations of major variances	Affected line items (and statement)
Revenues	
The NHPA reimbursed the AIHW for costs incurred by the AIHW relating to the transfer of certain functions from the NHPA to the AIHW prior to the closure of the NHPA. These costs included the salary costs of several NHPA staff who transferred to the AIHW on 21 April 2016.	Other revenues (See 'Statement of comprehensive income')
Financial assets and payables	
Cash and cash equivalents and other payables have increased as the income received in advance was higher than budgeted.	Cash and cash equivalents (see 'Statement of financial position') Contract income in advance (see 'Statement of financial position') Cash received (see 'Cash flow statement')
Investing activities	
The AIHW received cash from the NHPA to fund the remaining lease incentive and make good liability on 1 Oxford St, Sydney, which transferred to the AIHW on 1 July 2016.	Investing activities (see 'Cash flow statement')

Reader guides

These guides help readers find specific information in this annual report, as well as correcting errors and specifying omissions, if any, in the previous annual report.



Abbreviations, acronyms and symbols

Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
AKI	acute kidney injury
APS	Australian Public Service
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CKD	chronic kidney disease
CT	computerised tomography
CVD	cardiovascular disease
DHS	Australian Government Department of Human Services
DSS	Australian Government Department of Social Services
EA	AIHW's Enterprise Agreement
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EL	Executive Level
FACS	NSW Department of Family and Community Services
FRR	Public Governance, Performance and Accountability (Financial Reporting) Rule 2015
FoI Act	*Freedom of Information Act 1982*
FTE	full-time equivalent
GST	Goods and Services Tax
HTML	hypertext markup language
HPV	human papilloma virus
ICD-11	International Classification of Diseases, 11th Revision
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
IPA	Individual Performance Agreement [for AIHW staff]
MBS	Medicare Benefits Schedule
METeOR	AIHW's Metadata Online Registry
MoU	memorandum of understanding
NABERS	National Australian Built Environment Rating System

NAPLAN	National Assessment Program—Literacy and Numeracy
NCSP	National Cervical Screening Program
NHPA	National Health Performance Authority
NMDS	national minimum data set (see 'Glossary')
NSW	New South Wales
NTD	neural tube defect
OECD	Organisation for Economic Co-operation and Development
PAF	Performance Accountability Framework (for health services)
PBS	Portfolio Budget Statements
PDF	portable document format
PGPA Act	*Public Governance, Performance and Accountability Act 2013*
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
RMS	Rehabilitation Management System
SA	South Australia
SAMAC	AIHW's Statistical and Analytical Methods Advisory Committee
SAS VA	SAS Visual Analytics
SES	Senior Executive Service
WA	Western Australia
WHO	World Health Organization
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Symbols

%	per cent
—	not defined, nil or rounded to zero (in tables)
n.a.	not available (in tables)
. .	not applicable (in tables)

Glossary

Australian Associated Press	An Australian news agency.
COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. See <www.coag.gov.au> for more information.
data dictionary	A reference document containing standardised, accepted terms and protocols used for data collection.
data linkage	The bringing together (linking) of information from 2 or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and, in certain cases, can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.
energy consumption	The amount of energy used. Energy consumption can be measured, for example, in kilowatt hours, megajoules or gigajoules.
Energy Star	An international standard/program for energy-efficient electronic equipment. In Australia, the program applies to office equipment and home entertainment products. Australian Government policy for the procurement of office equipment requires departments and agencies to purchase only office equipment that complies with the 'Energy Star' standard, where it is available and fit for purpose. A key feature of Energy Star compliance is that the associated equipment will have power management features allowing it to meet a minimum energy performance standard.
financial results	The results shown in the financial statements of this AIHW annual report.
full-time equivalent (staff numbers)	A standard measure of the number of workers in an organisation, profession or occupation that also takes into account the number of hours each person works. During 2015–16, AIHW staff members considered full-time were committed to working 37 hours and 5 minutes per week.
GreenPower	An energy product purchased from an Australian Government accredited energy provider that supplies renewable energy.
indicator	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision-making.

Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.
metadata	Information that describes data in relation to their structure, organisation and content.
METeOR	METeOR is Australia's repository for national metadata standards for the health, community services and housing assistance sectors. It operates as a metadata registry—a system or application where metadata are stored, managed and disseminated—based on the International Organization for Standardization/International Electrotechnical Commission's ISO/IEC 11179 international standard. METeOR was developed by the AIHW and provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions, and tools for creating new definitions based on existing already-endorsed components. Through METeOR, users can find, view and download data standards, and develop new ones.
National Australian Built Environment Rating System	A performance-based rating system for existing buildings. It rates a commercial office, hotel or residential building on the basis of its measured operational impacts on the environment. National Australian Built Environment Rating System (NABERS) ratings for offices include NABERS Energy (previously the Australian Building Greenhouse Rating), NABERS Water, NABERS Waste and NABERS Indoor Environment. The Australian Building Greenhouse Rating was a rating of a building's energy efficiency that takes into account consumption of electricity, gas and other products like fuels. The rating can be used to benchmark the greenhouse performance of office premises. The Australian Government's Energy Efficiency in Government Operations Policy advises that this rating scheme is suitable as an energy performance measurement tool for office buildings. The ratings scheme is also known as NABERS Office Energy.
national minimum data set	A minimum set of data elements agreed for mandatory collection and reporting at national level.
outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.

outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Australian public sector external to the AIHW.
performance indicators (of the AIHW)	Measures (indicators) that relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that relate to the health system as a whole or to parts of it, such as hospitals and health centres. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care, and safety.
Portfolio Budget Statements	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health portfolio, usually published in May each year.
statistical linkage key	A statistical linkage key is some combination of a person's characteristics, commonly including some letters from first and last names, and date of birth. It enables the linkage of information on the person from different sources for statistical purposes, without the person being fully identified. The SLK581 key, developed by the AIHW in the 1990s, is commonly used to link records from 2 or more community services data collections which will most likely be records for the same person. It is a combination of the 2nd and 3rd letters of first name, 2nd, 3rd and 5th letters of last name, date of birth and a code for sex of a person.

Annual report 2014–15 errors and omissions

There are no known errors or omissions in the AIHW Annual Report 2014–15 to report.

List of tables

List of figures

Note: Data for figures (that are not included with the figures) are available in Appendix 8 (Tables A8.1–A8.27).

Compliance index

The index that follows shows compliance with information requirements contained in legislation related to the preparation of annual reports of corporate Commonwealth entities or other reporting requirements:

- *Public Governance, Performance and Accountability Act 2013* (PGPA Act), section 46 of which requires the AIHW Board to prepare this 2015–16 annual report and provide it to the Minister for Health by 15 October 2016. Subsection 46(3) of the PGPA Act permits rules for annual reports to be made. The PGPA Act is available at <www.legislation.gov.au/Details/C2016C00414>.
- Public Governance, Performance and Accountability Rule 2014 (PGPA Rule), clause 17B of which prescribes requirements for annual reports for corporate Commonwealth entities. The PGPA Rule is available at <www.legislation.gov.au/Details/F2016C00662>.
- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR), which relates to the preparation of financial statements. The FRR is available at <www.legislation.gov.au/Details/F2016C00423>.

The index is ordered by section, subsection or clause in the PGPA Act, the PGPA Rules or the FRR.

Index of annual report and other related reporting requirements

PGPA Act	Section or subsection of the PGPA Act	Page in this report
Annual report on the entity's activities prepared by the accountable authority	46(1)	iii–xviii, 1–206
Financial statements prepared by the accountable authority, as given to the Auditor-General	42(1)	181–234
Statement that the financial statements comply with subsection 42(2)	42(3)	180
Auditor-General's report on the financial statements	43	178–179
Presentation to the responsible minister by 15 October	46(2)	(a)
PGPA Rule	**Clause in the PGPA Rule**	
Approval of annual report by accountable authority (including the signature of a member, details of how and when approved and a statement of responsibility as per section 46 of the PGPA Act)	17BB	v
Parliamentary standards of presentation	17BC	..
Plain English and clear design, including:	17BD	
preparation with regard to the interests of Parliament and any others with an interest	17BD(1)	..
relevant, reliable, concise, understandable and balanced information using clear design, defined acronyms and technical terms, tables, graphs, diagrams and charts and any appropriate additional matters	17BD(2)	.., See 182–186, 188–192

continued

PGPA Rule	Clause in the PGPA Rule	
Enabling legislation	17BE(a)	114
Summary of the entity's objects and functions (as set out in legislation)	17BE(a)(i)	ix
Entity's purposes (as included in its corporate plan)	17BE(a)(ii)	3
Responsible minister's name(s) and title(s) (current and during the year)	17BE(c)	xv
Ministerial directions given under an Act or instrument and, if any, non-compliance particulars	17BE(d) and 17BE(f)	163
Government policy orders that applied under section 22 of the PGPA Act and, if any, non-compliance particulars	17BE(e) and 17BE(f)	163
Annual performance statement for the entity as per paragraph 39(1)(b) of the PGPA Act and section 16F of the PGPA Rule	17BE(g)	3–21
Significant issues reported by the entity to the responsible minister under paragraph 19(1)(e) of the PGPA Act that relate to finance law non-compliance and an outline of action to remedy any such non-compliance	17BE(h) and 17BE(i)	163
Information on the accountable authority, including:		
member names, qualifications, experience and whether executive or non-executive	17BE(j)(i)-(v)	60–65
attendance at meetings	17BE(j)(iv)	130–132
Organisational structure (including subsidiaries)	17BE(k)	76–80, See 164
Location of major activities and facilities	17BE(l)	110
Corporate governance practices	17BE(m)	66, 67
Related entity transactions: process accountable authority uses to make a decision regarding paying for a good or service [or providing a grant] from [or to] another Commonwealth entity or company, where the entity is related to the other entity or company and the value of the transaction(s) is more than $10,000	17BE(n)	163
Significant activities and changes affecting the entity's operations or structure	17BE(p)	164
Judicial or tribunal decisions affecting the entity's operations	17BE(q)	164
Reports by third parties, specifically the Auditor-General, a parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner	17BE(r)	164
Unobtainable information from subsidiaries which should be in this report	17BE(s)	164
Indemnity applying to the entity and its officers	17BE(t)	164
Index of annual report requirements	17BE(u)	193–195

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FRR	Section in the FRR	
Requirements for the preparation of financial statements for reporting periods ending on or after 1 July 2014	3	178–208
Other related reporting requirements	**Authority**	
Advertising and market research organisations expenditure and statement on advertising campaigns	*Commonwealth Electoral Act 1918* (section 331A)	161
Ecologically sustainable development and environmental performance	*Environmental Protection and Biodiversity Conservation Act 1999* (section 516A)	110–112
Equal employment opportunity program annual report	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (section 9)	161
Health and safety matters	*Work Health and Safety Act 2011* (Part 4 of Schedule 2)	109–110
Legal services expenditure	Legal Services Directions 2005	162, See 163

(a) At the time of printing this annual report, compliance with this requirement was expected to be achieved.

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General enquiries and comments

The AIHW welcomes your comments on this report, including feedback on our performance. This will help us better understand the information needs and interests of our stakeholders so that we can continue to improve our reporting.

Enquiries or comments should be directed to:

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This publication

Availability and accessibility

This publication is available electronically in portable document format (PDF) and hypertext markup language (HTML) formats on the AIHW's website at <www.aihw.gov.au>. The full web address is <www.aihw.gov.au/aihw-annual-report-2015-16/>.

Readers unable to access this print report or the online versions of this report are invited to request that the publication be supplied to them in a different format. They can make this request using the AIHW contact web page at <www.aihw.gov.au/contact/>, or by telephoning or emailing us using the contact details above.

Acknowledgments

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