A stylized, light blue map of Australia is positioned to the right of the word 'CHAPTER'.

CHAPTER

Organisation of the Australian Institute of Health and Welfare

Enabling legislation

The Australian Institute of Health and Welfare (AIHW) was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 77).

The AIHW is in the Health and Ageing portfolio and has a close relationship with the Department of Family and Community Services and the Department of Veterans' Affairs.

Responsible Minister

Senator the Hon. Dr Kay Patterson, the Minister for Health and Ageing, has been the Minister responsible for the AIHW since 25 November 2001. The Hon. Dr Michael Wooldridge was the responsible Minister for the period 1 July 2001 until 25 November 2001.

The AIHW also communicated with Senator the Hon. Amanda Vanstone, Minister for Family and Community Services, the Hon. Kevin Andrews, Minister for Ageing, and the Hon. Bronwyn Bishop, the previous Minister for Aged Care, on its activities in their areas of responsibility.

Objectives and functions

The AIHW's main functions relate to the collection and production of health-related and welfare-related information and statistics, and are specified in s. 5 of the AIHW Act.

In summary, the AIHW:

- ▶ identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- ▶ provides authoritative and timely information and analysis to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health, community services and housing assistance data
- ▶ develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

- ▶ enter into contracts or arrangements, including contracts or arrangements to perform functions on behalf of the AIHW (details of such collaborations are included later in this report)
- ▶ subject to strict confidentiality provisions contained in the AIHW Act and with the agreement of its Ethics Committee, release data to other bodies or persons for research purposes.

The AIHW publishes and promotes the results of its work.

Statement of governance

AIHW BOARD

Section 8(1) of the AIHW Act specifies the composition of the Board of the AIHW. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing for periods not exceeding 3 years. Details of 2001–02 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 70), and Related Party Disclosures, Directors of the Institute (Note 13, page 71).

The following is a list of Board members for the period 1 July 2001 to 30 June 2002.

Chair

Dr Sandra Hacker

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Aged Care

Mr Andrew Podger (to 17 January 2002)

Secretary, Department of Health and Ageing

Ms Jane Halton (from 18 January 2002)

Australian Statistician

Mr Dennis Trewin

(represented by Mr Tim Skinner to 11 February 2002)

Australian Health Ministers' Advisory Council nominee

Dr Penny Gregory

Community Services Ministers' Advisory Council nominee

Dr Tom Stubbs

Representative of State and Territory Housing Departments

Ms Linda Apelt

AIHW staff nominee

Ms Lyn Elliott

Director, AIHW

Dr Richard Madden

The Secretary of the Department of Family and Community Services is invited to attend and participate in Board meetings. Dr David Rosalky, as Secretary of the department from 1 July 2001 until the December 2001 Board meeting, was represented at meetings by Ms Kerry Flanagan. Since his appointment as Secretary of the department, Mr Mark Sullivan personally attends Board meetings. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC Council meetings respectively.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 107).

The performance of the AIHW Director, the only full-time member of the Board, is reviewed annually by the Board Chair and two other members. Performance is measured against achievement of Corporate Plan objectives.

BOARD COMMITTEES

Ethics Committee

The functions and the composition of the Ethics Committee are prescribed in s. 16(1) of the AIHW Act, and Regulations accompanying the Act. The committee's main responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health- and welfare-related activities of the AIHW or bodies with which the AIHW is associated, and to inform the AIHW of the committee's opinion. The AIHW may release identifiable health and welfare data for research purposes with the agreement of the committee, provided that release does not contravene the terms and conditions under which the data were supplied to the AIHW.

Membership and meetings

Membership of the Ethics Committee at 30 June 2002 is shown below. The Ethics Committee meets the National Health and Medical Research Council (NHMRC) requirements for the composition of human research ethics committees.

During the year, the Chair and other committee members attended educational activities associated with the introduction of new guidelines developed by the National Health and Medical Research Council under section 95A of the *Privacy Act 1988*.

Four meetings of the Ethics Committee were held during 2001–02. The committee agreed to the ethical acceptability of 28 projects during the year.

Ethics Committee members 2001–02

Chair

Mr Robert Todd

Medical graduate with research experience

Prof. Tony Adams

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Mr Andrew Levens (to February 2002)

Ms Val Edyvean (from March 2002)

Minister of religion

Rev. Dr D'Arcy Wood

Legal practitioner
Ms Marina Farnan

Representatives of general community attitudes
Mr David Mulford
Ms Christine Sanger (from 13 December 2001)

Director, AIHW
Dr Richard Madden

Audit and Finance Committee

The Audit and Finance Committee is a subcommittee of the AIHW Board. The committee authorises and oversees the AIHW's audit program and reports to the Board on financial and audit issues.

Membership and meetings

Membership of the Audit and Finance Committee and details of the four meetings held during the year are shown in Appendix 4 (page 103).

The major areas of consideration the committee reported to the Board were:

- ▶ review of annual financial statements
- ▶ internal audit program
- ▶ data audit program.

Indemnities and insurance premiums for officers

The AIHW provided appropriate indemnity for officers during the financial year.

Funding

Two main sources of income fund the AIHW's activities. As part of the Health and Ageing portfolio, the AIHW was appropriated \$8.0 million in 2001–02 from the Commonwealth (Appendix 1, page 47). Revenue for externally funded projects from other sources was \$12.1 million. External projects are largely funded through agreements between the AIHW and Commonwealth (the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs), the Housing Ministers' Advisory Committee, and State agencies.

Organisational structure

The organisational structure of the AIHW has been established to ensure it best meets its functional responsibilities. The structure does not remain static, but is modified to meet changing requirements of its constituents.

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by three division heads, each with a major functional responsibility within the organisation, and an Executive Unit. A chart showing the AIHW's organisational structure is on page 12.

DIVISIONS

The AIHW has three divisions—Health, Welfare, and Economics and Business Services.

COLLABORATING UNITS

Six collaborating units (contracted with the organisations shown below) extend the scope of the AIHW's skills base and enhance the ability of the AIHW to perform its functions.

Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics, Darwin)

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit undertakes the development, collection and analysis of health and welfare information for Aboriginal and Torres Strait Islander peoples. With the assistance of the Office of Aboriginal and Torres Strait Islander Health in the Department of Health and Ageing, the arrangements with the Australian Bureau of Statistics allow a unified focus on the important areas of Aboriginal and Torres Strait Islander health and welfare information.

Australian Centre for Asthma Monitoring (Institute of Respiratory Medicine, Sydney)

This collaboration started operation in February 2002. The Australian Centre for Asthma Monitoring forms part of the Australian asthma monitoring system, which was established as a component of the National Health Priority Area plan for asthma.

Dental Statistics and Research Unit (University of Adelaide)

The Dental Statistics and Research Unit aims to improve oral health of Australians through the collection, analysis and reporting of the oral health and access to dental care of Australians, the practice of dentistry in Australia and the dental labour force.

General Practice Statistics and Classification Unit (University of Sydney)

The General Practice Statistics and Classification Unit operates within the University of Sydney's Family Medicine Research Centre. It conducts a continuous national survey of general practice activity and maintains and develops the classifications needed for this purpose.

National Injury Surveillance Unit (Flinders University)

The National Injury Surveillance Unit operates as part of the Research Centre for Injury Studies at the Flinders University of South Australia. The Unit undertakes public health surveillance of injury at the national level to support injury prevention and control.

National Perinatal Statistics Unit (University of New South Wales)

The National Perinatal Statistics Unit contributes to the health and wellbeing of mothers and babies in Australia through the collection, analysis and reporting of national reproductive and perinatal health information. The Unit collaborates with State and Territory perinatal data groups and other professional and consumer groups in developing national reproductive and perinatal health statistics and information systems.

COLLABORATIVE ARRANGEMENTS

The AIHW has established agreements with a number of other organisations to facilitate collaboration. These include the National Centre for Classification in Health in relation to the Cause of Death classification, and the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases.

AIHW STAFF

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2001–02 are shown in Appendix 6 on page 109. Executive staff as at 30 June 2002 are listed below. Information about Heads of functional Units is included in Appendix 7 (page 111).

Director

Richard Madden, BSc (Syd), PhD (Princeton), FIA, FIAA

Health Division Head

Ching Y Choi, BA (ICU), PhD (ANU)

Welfare Division Head

Diane Gibson, BA (Hons), PhD (Qld), FASSA

Economics and Business Services Division Head

Anny Stuer, BA (Hons) (France); PhD (ANU)

Establishment and maintenance of ethical standards

The core values of the AIHW are:

- ▶ Objectivity
- ▶ Independence
- ▶ Quality
- ▶ Respect
- ▶ Accessibility
- ▶ Client focus
- ▶ People

An explanation of the way those values guide the operations of the AIHW are set out in the opening pages of this Annual Report.

The *AIHW Corporate Plan 1999–2002* was developed in the context of the AIHW's core values. In turn, those values shape the Business Plan which flows from the Corporate Plan, and the annual Work Program. A new Corporate Plan was under development at 30 June 2002.

Staff are required to sign an Undertaking of Confidentiality. Work practices, which are the subject of audit scrutiny, are designed to ensure the confidentiality of data collected under the AIHW Act.

A major focus of the AIHW's Induction Program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates.

Risk management strategies

The Board has identified maintaining the security of AIHW data as a key strategy to minimising business risk. Staff and researchers seeking access to AIHW data through its Ethics Committee must comply with the confidentiality requirements of s. 29 of the AIHW Act. These requirements are explained in the *AIHW Information Security and Privacy Policy and Procedures, Guidelines for Custody of AIHW Data*, and *The AIHW Ethics Committee Guidelines for the Preparation of Submissions for Ethical Clearance*.

A significant feature of the AIHW audit program is to identify threats to data security and to recommend strategies for managing such risk. To that end, the 2001–02 audit program included audits of the National Death Index and Database Administration Procedures. An audit of the National Cancer Statistics Clearing House planned to start in mid-June 2002 did not begin during the reporting period. It has been rescheduled for August 2002.

The major purpose of these audits was to assess compliance with security and confidentiality requirements and undertakings, and to assess procedures that affect data quality.

The auditors made a number of recommendations for improved practices and procedures, particularly in relation to documentation, but overall commented very favourably on the generally high standards maintained by the AIHW. Further data audits will be undertaken in 2002–03.

Commonwealth Disability Strategy

The core business role of the AIHW in terms of the Commonwealth Disability Strategy is as an employer. To that end, the AIHW has implemented the following strategies.

EMPLOYMENT POLICIES, PROCEDURES AND PRACTICES

The AIHW has a range of employment policies and procedures which take into account the requirements of the Commonwealth Disability Strategy. These policy and procedural documents are available to all staff on the AIHW intranet. Work practices are in accordance with those policies and procedures.

RECRUITMENT PRACTICES

Accessibility of recruitment information

Vacancies are advertised in the *Gazette* and on the AIHW web site, which gives maximum access to people with disabilities. E-mails on accessibility matters are responded to promptly. The AIHW is committed to workplace diversity and equal employment and opportunity.

E-mailed applications are accepted.

Application of the principle of 'reasonable adjustment'

Recruitment and selection guidelines spell out that:

- ▶ the aim of recruitment is to select the best person for the job and to minimise the cost and time involved while meeting all legislative requirements
- ▶ the skills and abilities required for the job form the basis of selection
- ▶ all selection decisions are to be free of patronage, favouritism or discrimination
- ▶ as an equal opportunity employer which values and promotes workplace diversity, the AIHW encourages managers and selection advisory committees to embrace attitudes and adopt practices to support members of designated groups applying for, securing and maintaining employment.

TRAINING AND DEVELOPMENT ACTIVITIES

Staff training and development programs are accessible to all staff.

- ▶ The AIHW arranged for a seminar for its staff conducted by staff of the Office of Disability on the Commonwealth Disability Strategy.
- ▶ Training programs delivered for the AIHW are selected on the basis of inclusion of relevant information on disability issues.

GRIEVANCE MECHANISM

- ▶ Staff are encouraged to discuss grievances, in the first instances, with their manager.
- ▶ The Institute has appointed Workplace Harassment Officers to assist staff.
- ▶ The Institute provides access to an external counselling/grievance agency. Details of this arrangement are available to all staff via the AIHW intranet.

ACCESSIBILITY OF AIHW WORK

All AIHW publications, as well as a series of multidimensional data 'cubes', including a cube on disability services, which allow users to produce customised tables or graphs on statistics, are available free of charge on the AIHW web site: www.aihw.gov.au.

The large number of statistical tables in AIHW publications make them extremely difficult to render in universally accessible formats. In recognition of this, the AIHW invites web site visitors having difficulty accessing information to contact it directly for individual assistance.

Occupational health and safety strategies

Safe working practices are covered by the AIHW Occupational Health and Safety Agreement, which was signed in 1998. The Agreement recognises the AIHW's legal responsibility to provide a healthy and safe workplace and work practices for staff. The Agreement is accessible to staff via the AIHW intranet, which provides advice to staff on a range of occupational health and safety issues.

The Occupational Health and Safety Committee met four times during the year. Health and Safety representatives selected in 2001 undertook 5 days' training provided by Workwatch.

Measures taken during the year to ensure the health, safety and welfare at work of employees and contractors included:

- ▶ the provision of training in occupational health and safety work practices and management of occupational health and safety risks
- ▶ the provision of training in firefighting and emergency evacuation procedures for fire wardens, and first aid training for staff with those responsibilities
- ▶ the conduct by professional occupational therapists of individual workstation assessments for many staff
- ▶ the conduct of regular workplace inspections by Health and Safety representatives and Office Services staff, and repairs and maintenance as required.

There were no accidents or dangerous occurrences that required the giving of notice under s. 68 of the *Occupational Health and Safety Act 1991*.

The AIHW was not subject to any investigations during the year, and no directions were given under s. 45 or notices given under ss. 29, 46 or 47 of the *Occupational Health and Safety Act 1991*.

Environmental performance and contribution to ecologically sustainable development

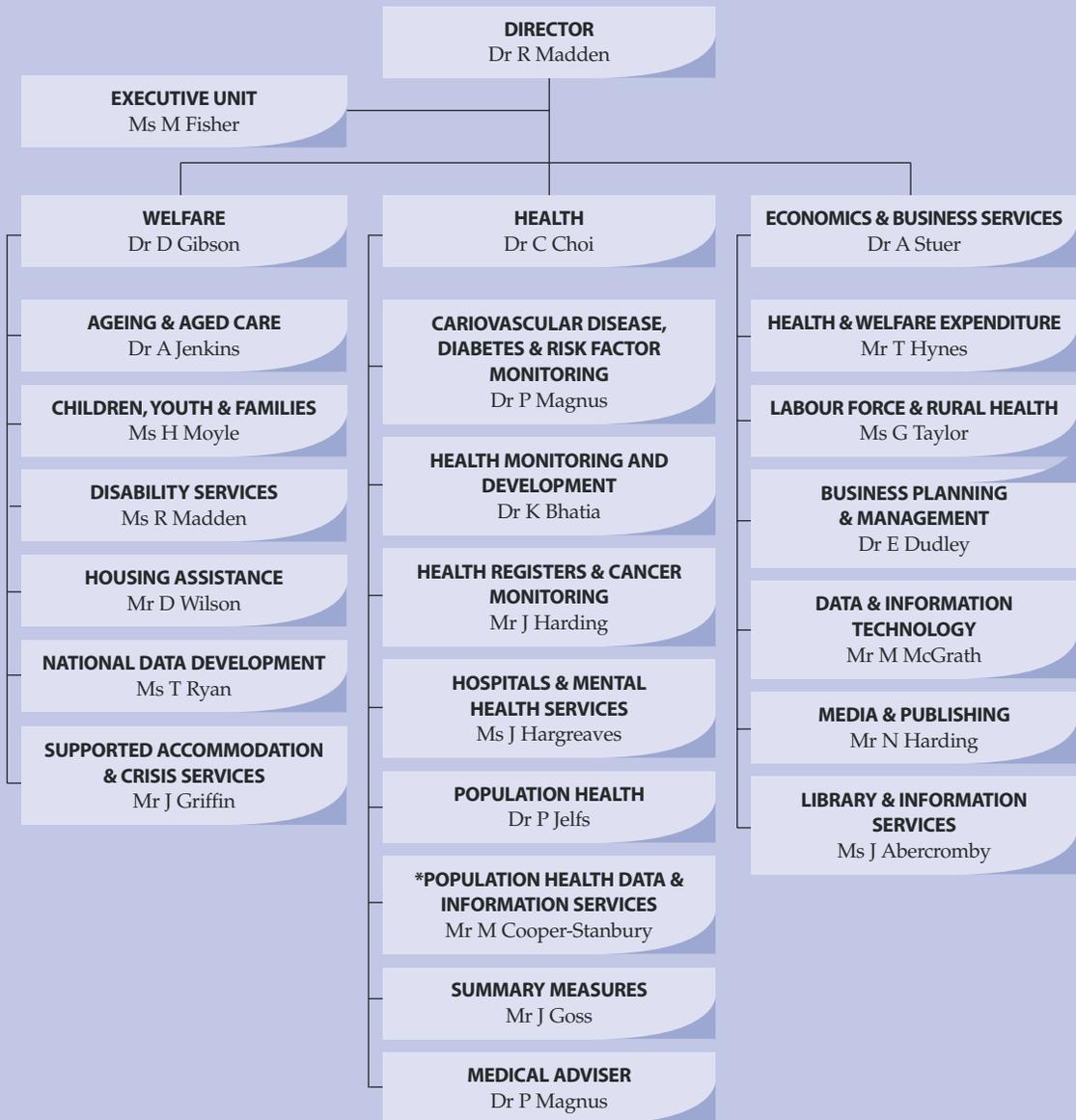
The functions of the AIHW are such that none of its activities are relevant to ecologically sustainable development in terms of the principles identified in the *Environment Protection and Biodiversity Conservation Act 1999*.

However, in accordance with the AIHW's broad commitment to following high ethical standards which include ecologically sustainable development, the AIHW has in place a number of practical measures to reduce the environmental impacts of its day-to-day operations.

- ▶ A major role of the AIHW in meeting the requirements of Output Group 2 (national leadership in health-related and welfare-related information and statistics) under its budget appropriation is to support major national information committees. The AIHW reduces its consumption of paper by making available agenda papers on a password-protected page on its web site to committee members.

- ▶ The AIHW-engaged contractor supplies both secure and non-secure recycling bins located in various parts of the building. Staff are encouraged to recycle waste paper; the bins are emptied regularly.
- ▶ Signs located around the building remind staff and contracted cleaners to turn out lights and to close the blinds to minimise heat loss when they finish work.
- ▶ The building’s airconditioning system is closed down on weekends and during the Christmas close-down period.
- ▶ Areas of the building not used on a daily basis have a separate airconditioning system which is used only when needed.

Organisational structure



* Outposted to the Population Health Division, Department of Health and Ageing.

