

CHAPTER

1

Organisation
of the
Australian
Institute of
Health and
Welfare

The Australian Institute of Health and Welfare (AIHW) is established and operates under the provisions of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW is in the Health and Aged Care portfolio and has a close relationship with the Family and Community Services portfolio and the Department of Veterans' Affairs.

Responsible Minister

From 1 July 2000 to 30 June 2001 the Minister responsible was the Hon. Dr Michael Wooldridge, Minister for Health and Aged Care.

The AIHW also communicated with the Hon. Jocelyn Newman and the Hon. Amanda Vanstone, Ministers for Family and Community Services during that period, and the Hon. Bronwyn Bishop, 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.

Enabling legislation

The 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 titled the *Australian Institute of Health and Welfare Act 1987* (Appendix 2, page 67).

Royal Assent was given on 28 June 2001 to amendments to the AIHW Act which covered the process of nomination of members of the AIHW, and to extend the scope of the Health Ethics Committee to cover welfare-related information.

Corporate governance

AIHW BOARD

Section 8(1) of the AIHW Act specifies the composition of the Board of the Australian Institute of Health and Welfare. 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 Aged Care for periods not exceeding 3 years. Details of 2000–01 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 66), and Related Party Disclosures of the Board (Note 13, page 66).

The following is a list of Board members for the period 1 July 2000 to 30 June 2001.

Chair

Professor Janice Reid, AM

Ministerial nominee

Dr Sandra Hacker

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Aged Care

Mr Andrew Podger

Australian Statistician

Represented by Mr Tim Skinner,
Deputy Australian Statistician

Australian Health Ministers' Advisory Council nominee

Dr Penny Gregory

Community Services Ministers' Advisory Council nominee

Mr Ian Procter

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, Dr David Rosalky, is invited to attend and participate in Board meetings. His representatives for the year have been Mr David Tune, Ms Patricia Scott and Mr James Jordan. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC 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 89).

The term of office of the Board expired on 30 June 2001. The Governor-General appointed Dr Sandra Hacker as Chair of the new Board, and reappointed Ms Elizabeth Davies as the representative of consumers of welfare services. Ms Lyn Elliott was reappointed as AIHW staff nominee. The period of office of other individual Board members continues beyond 30 June 2001.

BOARD COMMITTEES

Health and Welfare Ethics Committees

The functions and the composition of the Health Ethics Committee are prescribed in s. 16(1) of the *Australian Institute of Health and Welfare Act 1987*, and Regulations accompanying the Act. The Committee's principal responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health-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 can release identifiable health 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.

Amendments to the AIHW Act to expand the scope of the Health Ethics Committee to cover welfare functions received Royal Assent on 28 June 2001. Before that date, the Welfare Ethics Committee, which was established by the AIHW to cover its welfare activities, could not release identifiable welfare information.

Membership and meetings

Membership of the Health and Welfare Ethics Committees at 30 June 2001 is shown below. The Ethics Committees meet the National Health and Medical Research Council (NHMRC) requirements for the composition of Human Research Ethics Committees.

Four meetings of both the Health Ethics Committee and the Welfare Ethics Committee were held during 2000-01. The Committees agreed to the ethical acceptability of 18 projects during the year.

Health Ethics Committee and Welfare Ethics Committee members 2000–01

The Committees share common membership, namely:

Medical graduate with research experience

Dr Sid Sax (Chair)

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Mr Andrew Levens

Minister of religion

Rev Dr D'Arcy Wood

Legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Stan Alchin (from 7 August 1999 to 6 December 2000)

Mr David Mulford (from 7 December 2000)

Ms Sophie Hill

Director, AIHW

Dr Richard Madden

Audit and Finance Committee

The Committee reports to the Board on financial and audit issues. Its membership and details of the four meetings held during the year are shown in Appendix 9.

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

- ▶ review of annual financial statements
- ▶ completion of internal audit program for the financial year
- ▶ audit schedule for 2001–02.

INDEMNITIES 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 Aged Care portfolio, the AIHW was appropriated \$7,831 million in 2000–01 from the Commonwealth (Appendix 1, page 4a). Revenue for externally funded projects from other sources was \$10,323 million. External projects are largely funded through agreements between the AIHW and Commonwealth (the Department of Health and Aged Care, the Department of Family and Community Services and the Department of Veterans' Affairs) and State agencies.

STRUCTURE, MANAGEMENT AND STAFF

Organisational structure

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's Canberra headquarters. A chart showing the AIHW's organisational structure is at page 14.

Divisions

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

Collaborating units

Five collaborating units (contracted with the organisations shown below) help the AIHW perform its functions.

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.

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 aims to contribute 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.

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.

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 carries out the collection and analysis of health and welfare information on 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 Aged Care, 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.

Collaborative arrangements

The AIHW Board encourages judicious collaboration with suitable organisations to enhance the AIHW's ability to meet its mission. These arrangements are briefly outlined below.

National Centre for Classification in Health

The AIHW has a collaborative relationship with the National Centre for Classification in Health (NCCCH) and contributes, in conjunction with the Australian Bureau of Statistics, to the funding of the NCCCH's work on mortality classification.

Queensland University of Technology

An agreement was signed in May 1999 with the Queensland University of Technology to establish a collaborative relationship to study the impact of socioeconomic status on health.

National Key Centre for Social Applications of Geographic Information Systems

An agreement was signed in August 1999 with the University of Adelaide to establish a collaboration with the National Key Centre for Social Applications of Geographic Information Systems. The purpose of the collaboration is to enable the presentation and dissemination of health and welfare information to be prepared on a Geographical Information System (GIS) platform.

National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases

An agreement was signed in December 2000 with the Royal Alexandra Hospital for Children to establish a collaborative relationship to enable the dissemination of information on vaccine-preventable diseases and immunisation in Australia.

Australian Patient Safety Foundation

An agreement was signed in March 2001 with the Australian Patient Safety Foundation Inc. to establish a collaboration for the analysis and publication of information on patient safety, adverse events and related matters.

Institute staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2000–01 are shown in Appendix 7 (page 108). Executive staff as at 30 June 2001 are listed below. Information on Unit Heads is included in Appendix 6 (page 106).

Director

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

Health Division Head

Geoff Sims, BCom (Stats) (Hons) (UNSW)

Welfare Division Head

ChingY Choi, BA (ICU), PhD (ANU)

Economics and Business Services Division Head

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

Strategies to encourage people with disabilities to apply for employment with the AIHW

Vacancies are advertised in the *Gazette* and on the AIHW website, 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 EEO.

E-mailed applications are accepted.

Strategies to eliminate discrimination in assessing applications

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 on these issues is provided.

Strategies to help people with disabilities maintain employment

Consistent with the principles of the Disability Strategy, a number of the strategies to help people with disabilities maintain employment in the AIHW are not limited to that group, but rather cover all staff.

- ▶ The AIHW Certified Agreement contains a clause on equity. One of the intended outcomes of the clause is to enable managers to make special arrangements to meet the different professional, personal and family needs of staff (Clause 10).
- ▶ The AIHW has systems in place to enable flexible working hours, part-time work, and home-based work.
- ▶ Clause 39 of the Certified Agreement provides for supported salary rates and conditions of employment for employees of the Certified Agreement with disabilities who are eligible for consideration under the supported wage scheme.

- ▶ Staff training and development programs are accessible to all staff.
- ▶ All employees are assessed at their workstations by an occupational health and safety professional, and special equipment is provided where recommended by an occupational health and safety consultant.
- ▶ The principle of reasonable adjustment is applied by managers, and the workstations of employees with disabilities are adjusted to meet their needs. Their needs are also taken into account when allocating workspaces and deciding locations.
- ▶ The building entrance is accessible by ramp, the building has a lift and all parts of the building are accessible by wheelchair. There are allocated parking spaces for people with disabilities.

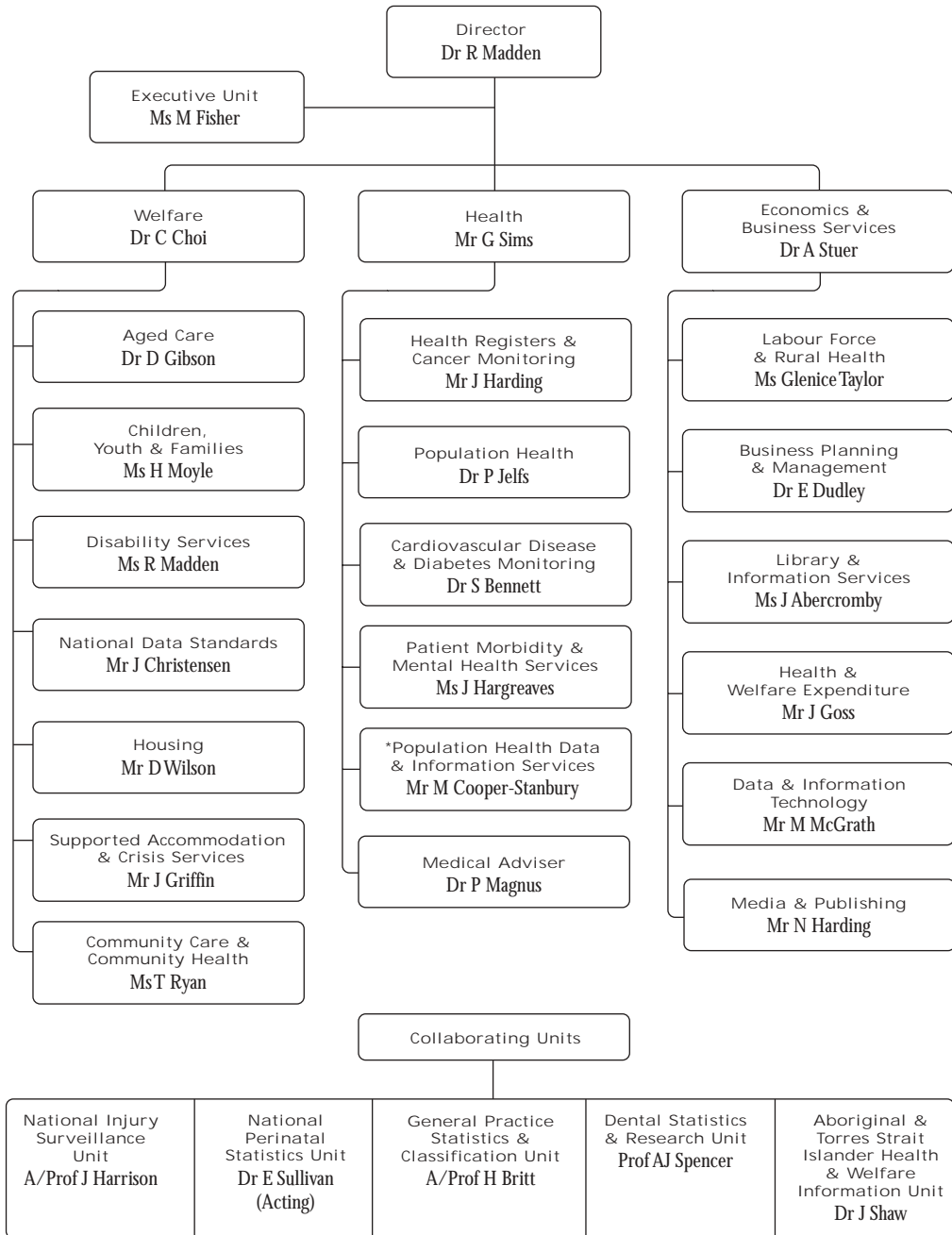
RISK MANAGEMENT STRATEGIES

In response to an Internal Audit Report on a review of risk management in June 2000, the AIHW undertook a high-level risk analysis focusing on outcomes to guide the AIHW in its business planning and delivery. The risk analysis, which is an integral part of the Business Plan, provides the framework for assessing risks in the various business areas, e.g. data risk, financial risk and human resource planning.

The AIHW engaged a consultant to help review and plan its data audit for managing its statistical data. The consultant's final report was submitted in early December 2000 and found that the 'Institute is to be commended on the degree to which data quality is promoted and the seriousness with which data custodians take responsibility of their data collections and provide a secure data environment'.

Against this overall finding, the consultant recommended a plan of data audits to verify the security of the data. In doing so, a risk matrix was developed and the data collections ranked accordingly. The Board agreed at its June 2001 meeting to prioritise the plan of data audits. Two high-profile collections, namely the Cancer Register and the National Death Index, will be audited in 2001-02.

ORGANISATION STRUCTURE



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