Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report 2012–13

About the AIHW

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

Our mission

Authoritative information and statistics to promote better health and wellbeing.

Our role

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

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

Our values

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

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

We also subscribe to the Australian Public Service values of being apolitical, accountable, sensitive and fair, with the highest quality ethics and leadership.

Australian Government

Australian Institute of
Health and Welfare

Australian Institute of
Health and Welfare

Annual report
2012–13

© Australian Institute of Health and Welfare 2013

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 Australia (CC BY 3.0 AU) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <creativecommons.org/licenses/by/3.0/au/>.

Enquiries relating to copyright should be addressed to the Head of the Media and Strategic Engagement Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

Commonwealth legislation herein is reproduced by permission, but does not purport to be the official or authorised version.

This publication is part of the Australian Institute of Health and Welfare's corporate series. A complete list of the AIHW's publications is available from the AIHW's website <www.aihw.gov.au>.

ISSN 1321-4985
ISBN 978-1-74249-506-4

Suggested citation

Australian Institute of Health and Welfare 2013. Australian Institute of Health and Welfare annual report 2012–13. Cat. no. AUS 177. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Dr Andrew Refshauge

Director
David Kalisch

Published by the Australian Institute of Health and Welfare

Cover art by Ann Broeckel (which is excluded from the Creative Commons licence)

Paper stock

This publication has been printed on paper manufactured by an ISO 14001 certified mill using pulp derived from well-managed forests and controlled resources.

Highlights

In 2012–13, the Australian Institute of Health and Welfare (AIHW) continued to focus on activities consistent with its 5 strategic directions.

1 Further strengthen our policy relevance

Key policy relevant deliverables included:

- performance indicator data for Council of Australian Governments' national agreements
- information provided to new health agencies
- *The desire to age in place among older Australians*, which drew attention to issues surrounding the divergence between the desire and the ability to age in place, particularly for those with fewer financial resources
- Indigenous primary health care performance indicators as part of National Indigenous Reform Agreement arrangements
- work with the Australian Bureau of Statistics to source and analyse existing data for the production of the National Mental Health Commission's inaugural *National Report Card on Mental Health and Suicide Prevention*.

2 Improve the availability of information for the community and our stakeholders

The AIHW produced 131 products, including 10 web products. Major new reports in 2012–13 included *Australia's food & nutrition 2012*, *Palliative care services in Australia 2012*, *Dementia in Australia* and *Dementia care in hospitals: costs and strategies*. There were also regular reports on Australia's hospitals, homelessness services, housing assistance, children and health expenditure. Online products such as *Cardiovascular health* were well-received.

Progress was made with access to coded mortality information.

3 Improve information quality, protecting privacy

The AIHW improved its data linkage infrastructure. Its Data Integration Services Centre started operating and is securely managing complex data flows, such as that for the Diabetes Care Project which will evaluate new models of care.

A package of 6 integrated reforms was proposed in the *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health* in collaboration with the Royal Australasian College of Surgeons.

The quality of child protection data will improve following collaboration with other agencies to implement a new collection.

4 Capitalise on the contemporary information environment

The AIHW improved the timeliness of publishing its *Australian hospital statistics* reports by using its online data receipt and validation tool, Validata™. As an overall average, the timeliness of release of the AIHW's annual national data collections improved.

Use of Validata™ was extended to a number of other collections, including the annual collection from alcohol and other drug treatment services.

5 Cultivate and value a skilled, engaged and versatile workforce

The AIHW further developed its information and communications technology infrastructure, including project management initiatives that will enable staff to improve the quality and timeliness of their work.

Further information on notable AIHW achievements is in the **In brief** section that follows, **Chapter 1 Our performance** and in **spotlights** throughout the report.

Contents

Highlights .... **iii**

Guide to this report .... **vi**

Letter of transmittal .... **vii**

Chair's report .... **viii**

Director's report .... **ix**

In brief .... **xi**

Who we are and what we do xi

Our achievements xi

Our financial performance xii

How we are governed xiii

Our minister xiv

Our key relationships xiv

Our people xv

Our communications xvi

Our future xvii

Chapter 1 Our performance **1**

Performance summary 2

Performance against our strategic directions 2

Our financial performance 21

Compliance with legislation 23

Chapter 2 Governance and the organisation **25**

Ministerial accountability 26

AIHW Board 28

AIHW Ethics Committee 32

Executive 36

Organisational structure 37

Relationship management 38

Financial management 43

Contract management 43

Risk management 45

Chapter 3 Our operating groups **47**

Continuing and Specialised Care Group 48

Health Group 51

Hospitals and Performance Group 56

Housing, Homelessness and Drugs Group 60

Information and Statistics Group 65

Social and Indigenous Group 69

Collaborating units . . . 74
Corporate groups . . . 79

Chapter 4 Our people . . . 81

Staff profile . . . 82
Encouraging workplace diversity . . . 85
Workforce management . . . 87
Building and recognising expertise . . . 89
Encouraging work health and safety . . . 91
Accommodation and energy efficiency . . . 93

Chapter 5 Our communications . . . 97

Communicating well . . . 98
New products . . . 101
AIHW's website . . . 101
Media relations . . . 103
Parliamentary relations . . . 105

Appendixes . . . 107

Appendix 1 Enabling legislation . . . 108
Appendix 2 Corporate governance . . . 126
Appendix 3 Members of the AIHW Board and AIHW Ethics Committee . . . 135
Appendix 4 Executive and unit heads . . . 147
Appendix 5 Participation in national committees . . . 153
Appendix 6 Collaboration with universities and specialist centres . . . 166
Appendix 7 Data collections . . . 167
Appendix 8 Products and presentations . . . 172
Appendix 9 Compliance matters . . . 186
Appendix 10 Data for figures in this report . . . 191
Appendix 11 Financial statements . . . 196

Reader guides . . . 231

Abbreviations and symbols . . . 232
Glossary . . . 234
Annual report 2010–11 errors and omissions . . . 236
Lists of tables, figures and spotlights . . . 236
Compliance index . . . 240
Index . . . 242

Guide to this report

This annual report of the AIHW begins with a **Highlights** section, the AIHW Board **Chair's report**, the AIHW **Director's report**, and an **In brief** summary of the report's contents. The mission, strategic directions and values of the AIHW are detailed on the inside front cover. Contact information is on the inside back cover.

The first chapter, **Our performance**, summarises the year's activities for 2012–13 against the AIHW's strategic directions and the 2012–13 Portfolio Budget Statements. It summarises financial performance.

Governance and the organisation describes the AIHW's corporate governance arrangements, including accountabilities to the Minister for Health and the roles and responsibilities of the AIHW's Board and Ethics Committee.

The achievement of specific planned deliverables for 2012–13 is recorded in the third chapter, **Our operating groups**, for each group involved in statistical analysis and reporting.

The AIHW's staffing profile and information about how the AIHW supports its staff are provided in **Our people**.

The final chapter, **Our communications**, outlines public affairs activities, including how the messages arising from the AIHW's data on health and welfare are presented to policy makers and the public.

The **Appendixes** contain specific governance-related information: legislation, the AIHW Board's Charter of Corporate Governance, membership details of the AIHW Board and the AIHW Ethics Committee, and a list of the AIHW's Executive and unit heads. The appendixes also list the national committees in which the AIHW participates, the universities with which the AIHW maintains strong working relationships, and the data collections it manages. Details of some matters that the AIHW is required by law to report, and details of the AIHW's publications, are also in the appendixes. Lastly, the **financial statements** for the AIHW are in Appendix 11.

The **Reader guides** help you find specific information: abbreviations; a glossary; lists of tables, figures and 'spotlights' about specific activities; a compliance index of information required to be published in this annual report by law; and a general index.

Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

The Hon Peter Dutton, MP
Minister for Health
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 2013.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and is subject to the *Commonwealth Authorities and Companies Act 1997*.

The report was endorsed on 26 September 2013 at a meeting of the members of the AIHW and satisfies the requirements of section 9 of the *Commonwealth Authorities and Companies Act 1997* and relevant Finance Minister's orders, as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2010)

The report also provides information required by other applicable legislation.

I am satisfied that 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 agency.

Yours sincerely

Dr Andrew Refshauge
Board Chair

26 September 2013

26 Thynne Street, Fern Hill Park, Bruce ACT 2617 • GPO Box 570, Canberra ACT 2601 • TEL 02 6244 1000 • FAX 02 6244 1299 • www.aihw.gov.au

Chair's report

In the year to 30 June 2013, the Institute delivered strongly on its mission to provide authoritative information and statistics to promote better health and wellbeing. Together with the AIHW Board, the Institute's Director and staff have managed an extensive program of data collection, reporting and research, and produced a range of high-quality, innovative products that provide important insights into the health and welfare of Australians.

This work supports good policy-making, as well as clinical and academic research and the information needs of the broader community, and is built on a solid platform of strong governance and innovative business practice at the AIHW.

To ensure that the AIHW meets the highest standards of governance, an external consultant conducted a performance review of the AIHW Board during this year. The review's headline finding was that the Board was performing very well, notably in its stewardship of AIHW resources. The Board implemented a number of changes recommended by the review to ensure that corporate governance of the Institute continues to improve and accord with best practice.

Much work has been done at the AIHW during 2012–13 to transform the way it undertakes its work. From improvements in IT infrastructure and enhanced processes for collection and validation of data, to innovations in AIHW products and the way it communicates with governments, researchers and the community at large, the AIHW has demonstrated that it is a vibrant, well-governed organisation.

This annual report provides evidence of the AIHW's achievements during the year and is indicative of the good work of the Board, the Director and the staff.

The Hon. Andrew Refshauge
Board Chair

Director's report

With more than a quarter of a century of experience in delivering information and statistics about Australia's health and welfare to governments and the community, the AIHW is widely recognised as a trusted, expert provider of authoritative, timely and comprehensive information.

During 2012–13, the AIHW's work program has focused on providing valued information in an environment where all governments are required to make difficult decisions.

Particular features of the way we work and significant business transformation initiatives during the year have contributed to our achievements, and will continue to provide a solid basis for the AIHW's work into the future.

Integral to our work is the cooperation of all governments and key non-government stakeholders that provide us with data and help us to understand this information. Building on these partnerships, I am pleased that during 2012–13 we have improved the timeliness, comparability and comprehensiveness of information, as demonstrated in a number of 'spotlights' in this annual report.

To support our partnerships, in 2012–13 we entered into a number of formal relationships with other agencies, and particularly those engaged in national health reform initiatives. We have also worked closely with state and territory governments through a variety of national information committees, both as a member, and often in providing secretariat or chairing services. These committees are the backbone of health and welfare information collection in Australia, and I acknowledge their significant contribution to the work of the AIHW.

The AIHW is privileged to be the recipient of Australia's national health and welfare information and guards this personal information with stringent processes and procedures aimed at ensuring the highest standards of data security and integrity are upheld. Balanced against this, we have a long history of publishing data and analysis and continually seek to improve the timeliness and quality of information availability so that further evidence can be produced in health, community services and housing.

Our achievements in improving the availability of government information are due in no small part to the expertise of AIHW staff who convert these data to quality information, through effective and innovative presentation, analysis and interpretation. There are many examples of this good work in our publications catalogue, on our websites and in our applications for mobile devices. Some of these are highlighted in this annual report.

Less visible, but equally important, is work we have undertaken in 2012–13 on some key deliverables, including:

- researching and writing our comprehensive flagship report, *Australia's welfare 2013*, due for publication in August 2013
- working with the Registrars of Births, Deaths and Marriages to ensure availability of cause of death unit record files for health research
- developing our data linkage and ethics infrastructure to support data integration important for both health and welfare research
- refining the way we work at the AIHW, with business transformation initiatives to improve the timeliness, quality and efficiency of our operations.

In the year ahead, as always, we will have both challenges and opportunities to ensure that the value propositions we bring to users of our information are relevant and responsive. These include:

- delivering comparable and quality assured information to the health reform initiatives agreed by the Council of Australian Governments
- undertaking more value-added analysis in important areas of research such as the Burden of Disease project and through innovative products such as the Closing the Gap Clearinghouse
- further development of clear and attractive presentation of information, building on our expertise in delivering high quality web-based products
- on the data side, working to ensure the information dividend from initiatives such as e-health and the National Disability Insurance Scheme is realised.

I look forward to working with our stakeholders from all sectors and with our staff to ensure that the AIHW delivers on those challenges and opportunities in 2013–14.

David Kalisch

Director

In brief

Who we are and what we do

The Australian Institute of Health and Welfare (AIHW) is a Commonwealth statutory authority. Its enabling legislation is the *Australian Institute of Health and Welfare Act 1987* (AIHW Act, see **Appendix 1**).

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

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

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

Additionally, it provides leadership and necessary infrastructure for developing, maintaining and promoting information standards to ensure that data are nationally consistent and appropriate for their purpose.

Our achievements

In addition to the **Highlights** on page iii, the AIHW completed a range of significant activities during 2012–13 under its 5 strategic directions.

1 Further strengthen our policy relevance

The AIHW:

- published the first full annual data from the Specialist Homelessness Services Collection (SHSC) 2012–13 (see **Spotlight** on page 61).

2 Improve the availability of information for the community and our stakeholders

The AIHW published:

- new analysis using multiple causes of death information (see **Spotlight** on page 53)
- *A picture of Australia's children 2012*, which highlighted key information about children (see **Spotlight** on page 11)
- information from the National Diabetes Register combined with survey data that gave a picture of *Insulin pump use in Australia* by those with Type 1 diabetes (see **Spotlight** on page 52)
- the first in a planned series of annual reports on *Palliative care services in Australia 2012* (see **Spotlight** on page 16)
- *Dementia care in hospitals: costs and strategies*, which investigated the experience of people with dementia in New South Wales (NSW) hospitals using linked data (see **Spotlight** on page 105).

3 Improve information quality, protecting privacy

The AIHW:

- launched a new ethics online application system, EthOS™, that accepts new applications for ethical review by the AIHW Ethics Committee (see **Spotlight** on page 34)
- published 3 national data dictionaries detailing data standards for application across the health, community services, and housing and homelessness sectors (see **Spotlight** on page 18).

4 Capitalise on the contemporary information environment

The AIHW:

- redeveloped the Closing the Gap Clearinghouse website (see **Spotlight** on page 71)
- produced 10 web products that each give a 'snapshot' of a particular topic in an engaging format (see **Spotlight** on page 14)
- launched an OzHealth app that provides information for the community in a format that takes advantage of newer technologies.

5 Cultivate and value a skilled, engaged and versatile workforce

The AIHW:

- encouraged staff transfer across the AIHW
- delivered an extensive range of learning and development courses.

Further information about the AIHW's achievements is in **Chapter 1 Our performance** and in **Chapter 3 Our operating groups**. The **spotlights** throughout the report and listed on page 238 also provide more information about achievements and products.

Our financial performance

The AIHW's financial results since 2008–09 are summarised in **Table 1**.

Table 1: Financial results, 2008–09 to 2012–13 ($'000)

	2008–09	2009–10	2010–11	2011–12	Change 2011–12 to 2012–13	2012–13
Revenue	32,347	46,445	53,952	52,237	↓	52,225
Expenditure	32,208	44,268	53,818	54,086	↓	51,822
Surplus (or deficit)	139	2,177	134	(1,849)	↑	403
Total assets	20,731	31,901	30,676	31,848	↑	33,752
Total liabilities	19,178	25,916	24,557	27,578	↑	29,079
Total equity	1,553	5,985	6,119	4,270	↑	4,673

In 2012–13, the AIHW reported a surplus of $403,000. This compares with a deficit of $1,849,000 in 2011–12. Revenue in 2012–13 was $52.2 million, a slight decrease compared with 2011–12. Expenses in 2012–13 were $2.2 million lower than in 2011–12.

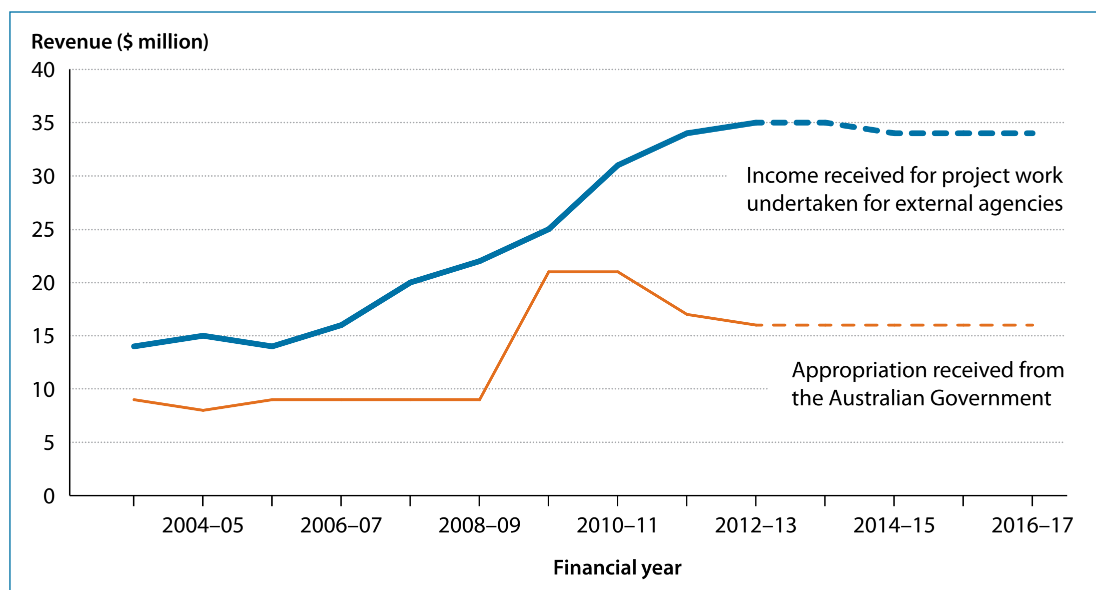
The surplus related primarily to a decrease in the value of long service leave liabilities arising from an increase in the 10-year government bond rate.

Total equity increased between 2011–12 and 2012–13.

The AIHW obtained about 32% of its revenue in 2012–13 directly from the Australian Parliament as a budget appropriation and about 68% from clients (mainly for specific project work undertaken for government agencies).

The relative importance of these 2 income types over time, including budgeted revenue for the next 4 years, is shown in **Figure 1**. The proportion of the AIHW's revenue obtained from appropriation was 29% in 2008–09. In 2009–10, the proportion increased to 45% because in the May 2009 Federal Budget the AIHW received a significant increase in its appropriation for the following 4 years. Part of this increase was for data development for the Council of Australian Governments (COAG) reporting. This data development funding has now ceased.

Figure 1: Major revenue sources, 2003–04 to 2012–13, with projections, 2014–15 to 2016–17



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

Further information about the AIHW's financial performance is in **Our financial performance** on page 21. The financial statements in **Appendix 11** received an unqualified report from the Australian National Audit Office.

How we are governed

The AIHW Act establishes the AIHW Board as the Institute's governing body. The role and composition of the AIHW Board are specified in s. 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.

The AIHW's Charter of Corporate Governance adopted by the AIHW Board provides the basis for its operations (see **Appendix 2**).

The Director of the AIHW manages the day-to-day affairs of the Institute.

An accountability framework for the AIHW (see **Figure 7** on page 27) describes the legislative and reporting relationships that ensure that the Institute's operations and funding contribute to achieving its objectives and outcomes.

The Portfolio Budget Statements (PBS) for the Health and Ageing portfolio are among the reporting components of this framework (see **Chapter 1 Our performance**). The AIHW's outcome—intended results for, benefits to or consequences for the Australian community—as stated in the 2012–13 PBS is:

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

The AIHW has 1 program:

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

The AIHW prepares a set of annual financial statements as required by the Finance Minister's Orders made pursuant to the *Commonwealth Authorities and Companies Act 1997* (CAC Act)—under which the Institute operates—and the Australian Accounting Standards. These financial statements are audited by the Australian National Audit Office.

Other components of the accountability framework include the AIHW's *Strategic directions 2011–2014* and the annual work plans.

Our minister

As at 30 June 2013

The Hon. Tanya Plibersek, MP
Minister for Health and Medical Research

As at 26 September 2013

The Hon. Peter Dutton, MP
Minister for Health

Our key relationships

The health and welfare information collected, analysed and disseminated by the AIHW is managed in accordance with the Institute's legal and ethical obligations relating to privacy, confidentiality and objectivity. This information must also meet the current and emerging needs of governments and the community. Work undertaken by the AIHW commonly crosses federal, state, territory and private sector areas of responsibility, so engagement and relationships based on mutual trust with its stakeholders are vital. These relationships are also critical to developing nationally consistent and comparable information across jurisdictions.

Within this context, the AIHW has traditionally adopted a strongly collaborative approach to its work, developing relationship networks with the Australian, state and territory governments, and the educational and broader private sectors. This is reflected in the AIHW's formal arrangements with other organisations, the various national information agreements, and in the AIHW's active participation in numerous national committees.

The AIHW's key relationships at the federal level include the Department of Health and Ageing (DoHA), of which the AIHW is a portfolio agency; the Australian Bureau of Statistics (ABS); the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); the Department of Education, Employment and Workplace Relations (DEEWR); and the Department of Veterans' Affairs (DVA). The AIHW is also building productive relationships with the Department of Human Services and the new health agencies formed under the National Health Reform Agreement.

Strong relationships with state and territory governments are crucial to the success of the AIHW. Much of the data collected and reported by the AIHW relates to state and territory government-funded services, and the AIHW works with these governments to improve the timeliness and comparability of their information.

The AIHW also funds work plans, supported by data-sharing agreements, with a number of Australian universities. These collaborations enable the AIHW to draw on the expertise of these bodies in specialist areas of data and information.

Further information on the AIHW's governance arrangements and external relationships is in **Chapter 2 Governance and the organisation.**

Our people

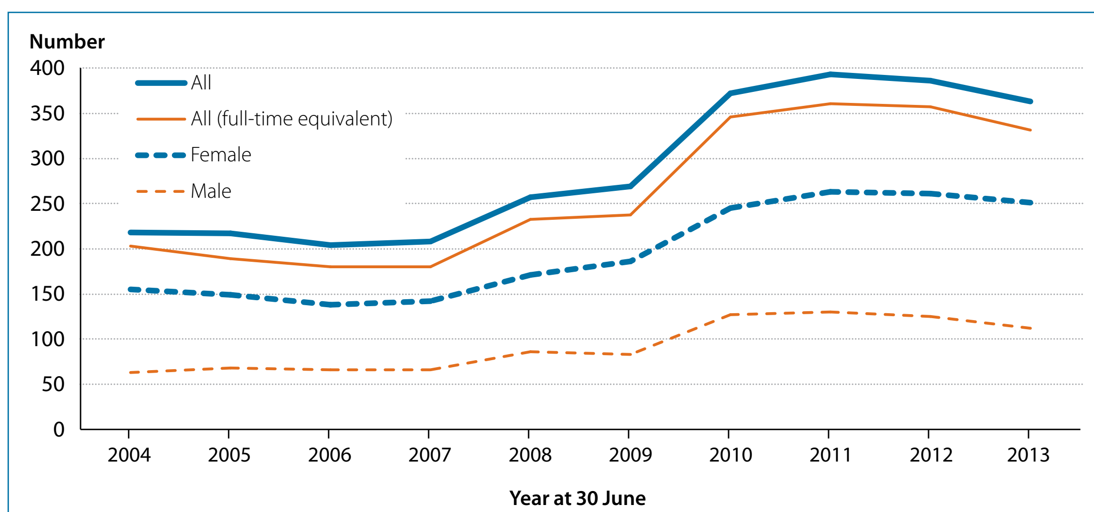
The AIHW relies on highly skilled and competent staff to support its strategic directions. The professional and expert nature of the workforce has been a prevailing constant over the AIHW's history. Most staff members have postgraduate qualifications, and the Institute strongly supports workforce learning and development. It strives to provide a workplace that offers fulfilling and challenging work, as well as promoting the professional and personal development of its employees.

Its current scale allows AIHW to also retain in-house financial, legal and communications expertise. The Institute manages more than 200 projects at any one time, with the resultant contractual and financial controls that come with a large number of externally funded projects. The variety and number of products that the AIHW puts into the public domain each year has necessitated the building of expertise and capacity across web and print design and layout as well as media communications.

Strategies to support, attract and retain the AIHW's valued staff are central to one of the strategic directions in the AIHW's *Strategic directions 2011–2014*: Cultivate and value a skilled, engaged and versatile workforce.

At the end of the reporting period, the AIHW employed 363 staff, equating to a full-time equivalent of 331.3 staff. **Figure 2** shows changes in staff numbers since 2004. The number of staff has decreased (7.2% on a full-time equivalent basis) since 30 June 2012.

Figure 2: Staff numbers, 2004–2013



Note: Data for this figure are shown in Table A10.2.

The AIHW is a highly sought-after place to work, where the conditions provide staff with the opportunity to achieve a work–life balance in which the interests of both the organisation and the individual are valued.

Further information about the AIHW's staff, human resource services, facilities services and work health and safety is in **Chapter 4 Our people**.

Our communications

The AIHW communicates its information and statistics to the public, its stakeholders and clients in a variety of ways, including:

- printed reports and accompanying report profiles, summaries and media releases
- web publications and online snapshots
- stand-alone websites and 'satellite' web pages for specific purposes
- online data sets
- new smartphone and tablet apps.

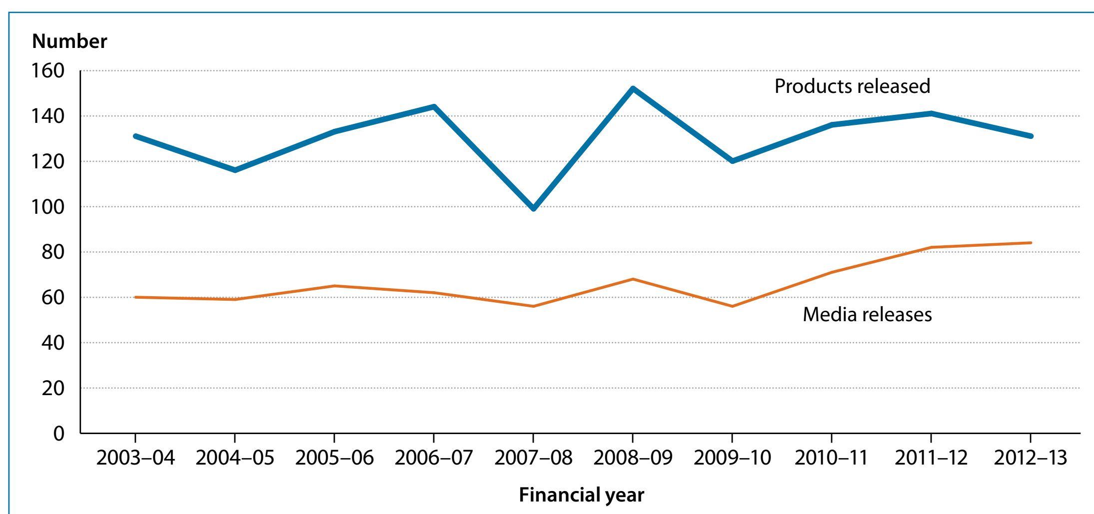
All AIHW publications are available for download free of charge on the AIHW's website in a variety of formats to suit individual users' needs, including versions suitable for people with impaired vision and other accessibility requirements. They are also available through print on demand, at cost to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

In 2012–13, the AIHW released 131 products in traditional and web-only report formats and produced 84 media releases (**Figure 3**). This was less than the 141 publications and 11 web products published in 2011–12, but the number of media releases rose slightly.

Visits to the AIHW's website increased by 21% during the year to 2.02 million visits (see **Figure 14** on page 101).

Further information about the AIHW's reports and online information and data is in **Chapter 5 Our communications**.

Figure 3: Products released and media releases, 2003–04 to 2012–13



Notes:

1. In 2012–13, the AIHW started counting its online products with its publications.
2. Data for this figure are shown in Table A10.3.

Our future

As well as facing the challenges and using the opportunities identified in the **Director's report**, the AIHW has significant projects to deliver in 2013–14 and beyond, such as:

- new editions of major reports:
  - *Australia's welfare 2013* is to be launched in August 2013
  - *Australia's health 2014* is to be launched by 30 June 2014
- a repository of aged care data that improves data access for researchers, data providers and the public and can respond to requests for information
- making linked data more available, for example, studies of vaccination safety that will link the Commonwealth immunisation registry with state hospital data
- starting work to update Australia's national burden of disease study that will identify the extent and distribution of health problems in Australia and quantify the contribution of key health risks
- continuing testing and implementation of the Child Protection National Minimum Data Set (NMDS) that will allow the collection of data at child level and greatly enhance the analytical power of the current aggregate data collection
- transfer of all staff to a new building in mid-2014, which will better meet the needs of the organisation and energy-efficiency requirements.

The AIHW will continue to devote attention to well-designed job structures throughout the organisation, adherence to Australian Public Service (APS) work-level standards, and more comprehensive management of performance, consistent with an increased focus on these issues across the public sector.

AIHW staff have expertise in managing large data holdings. This entails a full spectrum of activities, such as establishing data standards and classifications, collecting information from a variety of sources, data collation and quality assurance, and ongoing efforts to improve data quality and national consistency.

AIHW staff also have considerable analytical and research experience and can go beyond straight reporting of numbers to more complex professional analyses and research, including using data integration techniques, modelling and forecasting. There is great potential for the AIHW to do much more of this kind of value-adding by working with stakeholders and funders to identify areas where these approaches would help get better value out of data. The AIHW also is exploring ways it can provide more timely and focused research and analytical services to clients, including acquisition of a powerful visual analytics capability.

As well as continuing its own reporting, the AIHW is a primary source of trusted information for others. It will continue to be entrepreneurial and provide external funders with value for money and report its data and commentary into the public domain in its robust, independent manner.

Chapter 1

Our performance

The AIHW's activities are underpinned and guided by legislative and administrative requirements. These include the Portfolio Budget Statements 2012–13, the AIHW's strategic directions and work plan, and contractual obligations. This chapter focuses on the AIHW's performance in achieving the key performance indicators and expected major deliverables for 2012–13.

Selected key activities are highlighted in **spotlights**.

This chapter also summarises our financial performance.

Performance summary

The AIHW improved the evidence base for the health, housing and community sectors during 2012–13 by providing:

- comparable health and welfare information and statistics for policy and research purposes
- new and renewed data
- better quality data
- better access to data and information
- improved communication of key messages.

Particular achievements are identified in the **Highlights** section on page iii and the **Our achievements** section on page iv. This chapter elaborates on those accomplishments and provides further examples.

The AIHW's achievements are in line with its statutory functions (see **Appendix 1**), the commitments it undertook for the expenditure of appropriation funds provided by the Australian Parliament and funding from clients, and its corporate mission and strategic directions as agreed by the AIHW Board.

In 2012–13, the AIHW:

- achieved all of its performance targets, and all but 1 of its deliverables, under the PBS 2012–13. The remaining deliverable was partially achieved.
- achieved most of its key planned deliverables as outlined in the AIHW Work Plan 2012–13. More of these deliverables are detailed in **Chapter 3 Our operating groups**.

The AIHW's mission statement is 'authoritative information and statistics to promote better health and wellbeing'. Yet it is rarely in a position to be able to indicate how its outputs, often in the form of published information and statistics, have resulted in improvements in the lives of Australians. It relies on the willingness of governments, government agencies and the public to use its information and statistics to inform public debate, contribute to policies and services that promote better health and wellbeing and, for individuals, households and the community, to change their behaviours to improve their health and wellbeing. Confidence in the AIHW's work is reflected in the degree to which other organisations cooperate with it, use its services, and rely on its published information and statistics. This confidence is built on the Institute's achievements since it was established.

Performance against strategic directions

During 2012–13, the AIHW's activities were guided by 5 strategic directions agreed by the AIHW Board in June 2011 after consultation with key stakeholders and AIHW staff. These were published in the AIHW's *Strategic directions 2011–2014* and provide the basis for establishing and assigning priorities to the AIHW's activities and procedures.

Four strategic directions map to 3 objectives for 2012–13 in the Portfolio Budget Statements 2012–13 Budget Related Paper No. 1.10 – Health and Ageing Portfolio as indicated by shading in **Table 2**. The PBS provides the major accountability framework against which the AIHW's performance is measured. Annual direct funding from the Australian Parliament is appropriated to the AIHW on the basis of outcomes (see **Glossary** on page 234).

The AIHW's outcome and program structure under the PBS consists of 1 outcome and 1 program (see **How we are governed** on page xiii), each of which is consistent with the AIHW's mission and strategic directions.

Table 2: Mission and strategic directions

Mission	Strategic directions	PBS objectives
Authoritative information and statistics to promote better health and wellbeing	1 Further strengthen our policy relevance	Strengthen policy relevance, including assisting the COAG reform agenda
	2 Improve the availability of information for the community and our stakeholders	Improve the availability of health and welfare information
	3 Improve information quality, protecting privacy 4 Capitalise on the contemporary information environment	Improve the quality and timeliness of health and welfare information
	5 Cultivate and value a skilled, engaged and versatile workforce	

This section reports on the key performance indicators and deliverables described in the PBS 2012–13, and includes examples of AIHW activities that support the first 4 strategic directions. Some specific achievements are elaborated in **spotlights** throughout this and other chapters. A list of **spotlights** is on page 238.

Chapter 4 Our people provides details of the AIHW's strategies to recognise and develop the capabilities of its staff—its fifth strategic direction.

Portfolio Budget Statements

In the 2012–13 PBS, the AIHW's outcome and program are underpinned by 4 key performance indicators and 4 deliverables. These are detailed in **Table 3** and **Table 4** respectively, along with the targets to be achieved in 2012–13 and their status at 30 June 2013.

Progress on additional longer term AIHW activities that were discussed in the 2012–13 PBS is detailed in **Table 5**.

Table 3: Status of performance targets committed to in the 2012–13 Portfolio Budget Statements

PBS objective: Strengthen policy relevance, including assisting the COAG reform agenda		
Provide leadership that contributes to emerging national information-related policy, at the request of state and territory governments and the Australian Government, as seen by continuing participation by departments and agencies of state and territory governments and the Australian Government in AIHW-led consultative processes and national information committees	The AIHW took a lead role in the development, coordination and supply of data for a range of performance indicators in the COAG national agreements on health, housing and homelessness, disability and Indigenous reform. It undertook a project for Australian health ministers on elective surgery categorisation. In response to a request from Australian housing ministers, the SHSC managed by the AIHW will include a new 'flag', developed by AIHW, to identify records of people with a disability. In areas of particular interest to governments, the AIHW facilitated accurate, valuable and timely data collection and analysis, and improved access to its data, publications and expertise. More: **Further strengthen our policy relevance** on page 8 and **Spotlights** on pages 6, 49 and 58.	Achieved
PBS objective: Improve the availability of health and welfare information		
Provide free, high-quality information measured by, at least:[(a)]	All AIHW publications are available free of charge via the internet at <www.aihw.gov.au/>. The AIHW provided, high-quality information, as demonstrated by:	
• 18,800 website downloads of Australia's health	• 40,918 website downloads of Australia's health	Achieved
• 1,500 website downloads of Australia's welfare	• 2,077 website downloads of Australia's welfare	Achieved
• 1.747 million visits to the AIHW website[(b)]	• 2.020 million AIHW website visits[(b)]	Achieved
• 4,118 references to the agency and its products in the media	• 5,365 references to the AIHW and its products in the media More: **Improve the availability of information for the community and our stakeholders** on page 13.	Achieved
Make data releases widely accessible within privacy and confidentiality constraints, such that:	The AIHW released data to the extent possible given privacy requirements and resources available. Data releases were widely accessible within privacy and confidentiality constraints:	
• feedback regarding data access is positive	• The AIHW received positive feedback from the public and data users regarding data access.	Achieved
• data releases fully comply with all privacy and confidentiality requirements	• Data releases fully complied with all privacy and confidentiality requirements. More: **Improve information quality, protecting privacy** on page 16.	Achieved
PBS objective: Improve the quality and timeliness of health and welfare information		
Improve the timeliness of statistical information products by achieving an average 400 days measured between the end of their data collection period and the release of annual national publications[(c)]	For 2012–13, the average number of days was 349, covering 25 AIHW releases. More: **Capitalise on the contemporary information environment** on page 19.	Achieved

(a) The PBS 2012–13 included a measure of visits to the *MyHospitals* website. During the year, responsibility for the website was transferred to the National Health Performance Authority.

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

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

Table 4: Status of deliverables committed to in the 2012–13 Portfolio Budget Statements

PBS objective: Improve the availability of health and welfare information		
An operating Data Integrating Statistical Centre by 30 September 2012	The AIHW is accredited by the Commonwealth Data Integration Oversight Board to undertake high-risk, complex data integration projects involving data from Australian, state and territory agencies. The AIHW demonstrated a leadership role in data integration work and supported the availability of integrated (linked) data by ensuring that its new Data Integration Services Centre was operational by 30 September 2012 to undertake these projects. More: **Improve the availability of information for the community and our stakeholders** on page 13.	Achieved
Release of, at least:	The AIHW released:	
• 120 publications	• 121 publications	Achieved
• 12 products in HTML formats.	• 10 new products in HTML formats and updates to a range of existing products in HTML formats More: **Improve the availability of information for the community and our stakeholders**.	Achieved
Consideration of at least 40 external research projects by the AIHW Ethics Committee	The AIHW supports ethical human research by providing controlled access to data sets for specific research. The AIHW Ethics Committee considered 133 external research projects. More: **Improve the availability of information for the community and our stakeholders**.	Achieved
PBS objective: Improve the quality and timeliness of health and welfare information		
Deliver at least 4 major annual publications as interactive web products	The AIHW delivered 3 major annual publications in 2012–13 as interactive web products: • *Australia's hospitals 2011–12: at a glance* • *AIHW annual report 2011–12* • *Mental health services in Australia* online report, with data updates through the year. More: **Capitalise on the contemporary information environment** on page 19 and text following this table.	Partly achieved

Exceptions

Each of the AIHW's performance targets and deliverables under the PBS 2012–13 was achieved, with the following exception:

- 3 rather than 4 major annual publications were delivered as interactive web products. However, a bulletin on *Surgery in Australian hospitals 2010–11* was also delivered as an interactive web product.

In last year's exception reporting, metadata for the new SHSC were reported as not having been included in a national housing data dictionary. This metadata is now in the new data dictionary for housing and homelessness (released 4 July 2013).

More information about the AIHW's deliverables and activities is provided in the following sections for each of 4 AIHW strategic directions.

Central role in developing and supplying performance indicator data

The AIHW has a lead role in the development, coordination and supply of data for a range of performance indicators in the COAG national agreements on health, housing and homelessness, disability and Indigenous reform. This role involves strong collaboration with the COAG Reform Council, data providers and coordinators, including the Steering Committee for the Review of Government Service Provision (SCRGSP), DoHA and the ABS.

Performance monitoring products

The COAG Reform Council reports on the agreements using the performance indicator information supplied from a range of AIHW data collections. The AIHW publishes performance indicator data in products such as *Australia's health* and *Australian hospital statistics* and also contributes data to other performance monitoring such as:

- the annual SCRGSP's *Report on government services*
- the National Health Performance Authority's *MyHospitals* website.

Development of health-care performance monitoring

The AIHW leads development work supporting better performance monitoring data, and works with a range of national health and welfare information committees.

Work for the National Healthcare Agreement (NHA) in 2012–13 focused on changes to performance indicators arising from a review of the agreement. The AIHW finalised data specifications for some new and revised NHA indicators and coordinated supply of data, assisted by inter-governmental health information governance groups. Data specifications and quality statements for the performance indicators were published on the AIHW's Metadata Online Registry (METeOR); a repository for data standards. This work is ongoing.

Public hospital performance monitoring

During 2012–13, the AIHW contributed to the development and reporting of specifications for performance indicators associated with the National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services (NPA IPHS). The contribution focused on measures related to emergency department access. In early 2013, health ministers endorsed a new measure: the proportion of patients presenting to a public hospital emergency department who were subsequently admitted within 4 hours or less.

Table 5: Status of longer term activities noted in the 2012–13 Portfolio Budget Statements

PBS objective: Strengthen policy relevance, including assisting the COAG reform agenda		
Supply national data to be used for reporting on performance indicators and output measures for national agreements	During 2012–13, the AIHW supported the National Performance Reporting System—established under COAG—while maintaining a strong focus on the release of new and annual data and metadata designed to help policy makers and the broader research and general community. More: **Further strengthen our policy relevance** on page 8.	Ongoing; achieved for 2012–13
Participate in reviews of performance indicators	The AIHW aims to deliver objective measurements of performance so there is a reliable evidence-base for the National Performance Reporting System In 2012–13, it: • developed new data items for collection • redeveloped data standards for some collections • ensured that nationally consistent definitions are applied • published metadata that assist the interpretation of the COAG performance indicators. More: **Further strengthen our policy relevance**.	Work in progress; achievements listed for 2012–13
Redevelop the Disability Services NMDS	The Disability Services NMDS specifies requirements for collecting information on clients of specialist disability services and the services they receive. It is being redeveloped to improve the evidence base for policy development for the disability sector and to meet reporting requirements under the National Disability Agreement and National Disability Strategy. • In 2012–13, the AIHW designed specifications for the redevelopment of this NMDS and delivered a data dictionary.	Work in progress; an achievement listed for 2012–13 Further work was deferred by the relevant national committee
Develop national key performance indicators and data specifications of Indigenous-specific primary health care services	Once collected, the national key performance indicators will improve the monitoring of outcomes relevant to Closing the Gap targets. • In 2012–13, the AIHW developed a set of 24 Indigenous primary health care performance indicators, agreed by stakeholders. More: **Spotlight** on page 72.	Work in progress; an achievement listed for 2012–13
PBS objective: Improve the quality and timeliness of health and welfare information		
Support the production of national data standards, data sets and metadata, making them available online through METeOR and as updates to national data dictionaries	In 2012–13,the AIHW: • published new or first versions of 3 national data dictionaries • held metadata online in METeOR • enabled the Department of Health and Human Services Tasmania, Department of Health Western Australia, Independent Hospital Pricing Authority and National Health Performance Authority to become registration authorities for data standards on METeOR. More: **Improve information quality, protecting privacy** on page 16.	Ongoing; achieved for 2012–13
Implement improved and faster data validation processes	The AIHW is progressively improving the quality and timeliness of its data collections by supporting a richer array of data checks, reducing multiple handing of data and providing a better data audit trail. In 2012–13, the AIHW continued to enhance data validation processes for hospitals data and the SHSC and extended the use of its Validata™ product to the 2010–11 Alcohol and Other Drug Treatment Services NMDS collection. More: **Capitalise on the contemporary information environment** on page 19 and **Spotlights** on pages 20, 57 and 64.	Ongoing; achieved for 2012–13

Strategic direction 1: Further strengthen our policy relevance

Under this strategic direction, the AIHW aims to develop ways of meeting the information needs and ensuring the policy relevance of the statistics and information it collects and reports.

The AIHW plays a prominent role in the development and delivery of national statistics in the fields of health and welfare. Stakeholders continue to value its authoritative reports and other statistical outputs, which help to track the progress of Australia's health and welfare systems.

In 2012–13, the AIHW:

- provided relevant, timely and high-quality information useful for policy purposes and which will inform service delivery approaches
- responded to the continuing COAG focus on improving performance reporting across health and welfare services
- took a broad view of the policy issues being studied, integrating data from many sources to provide a more complete picture
- built its analytical capability to provide some added value to the reporting of statistics.

Leadership provided for emerging national information-related policy

The AIHW brought together nationally consistent data from the various jurisdictions and further developed performance indicators for 4 national agreements and 1 national partnership agreement. The agreements are the:

- National Healthcare Agreement
- National Affordable Housing Agreement
- National Partnership Agreement on Homelessness
- National Disability Agreement
- National Indigenous Reform Agreement.

The AIHW provides data for performance indicator reporting to the SCRGSP for transmission to the COAG Reform Council. It has worked within the COAG arrangements and with the relevant ministerial councils to develop and specify the technical detail of indicators and to undertake the data development work necessary to support the COAG performance reporting regime. These tasks involve collaborating with relevant agencies and the COAG Reform Council to fulfil the performance reporting requirements, improve the quality and timeliness of indicator data, and secure agreement on performance indicator specifications and their associated data sources and supply processes.

In 2012–13, the AIHW provided data for the COAG reporting process for a range of health, Indigenous reform, disability and housing, and homelessness performance indicators. The data supplied included that required for performance indicators, performance benchmarks, outputs and so forth, as variously described in COAG national agreements and national partnership agreements. Supply depends on collaborative arrangements with Australian Government and state and territory government departments and agencies and the availability of data to the AIHW. The AIHW also prepared data quality statements based on the ABS's quality framework and met the COAG reporting timetables for the supply of data to the SCRGSP for the 2011–12 COAG reporting process (see **Spotlight** on page 6).

The AIHW also published performance data specifications provided for the 2011–12 COAG reporting process, including new and improved specifications, on METeOR.

Data for policy purposes improved

The AIHW has contributed to improved policy relevant data over the past year. Relevant activities included:

- developing the National Aged Care Data Clearinghouse, as part of the Australian Government's Living Longer Living Better aged care reform package; the repository will be launched in 2013–14
- delivering the 2013 National Drug Strategy Household Survey
- leading the development of statistical measures based on administrative child protection data sets for reporting against the new National Standards for Out-of-Home Care—a set of 13 standards endorsed by community services ministers that relate to the support of children and young people in out-of-home care (see **Spotlight**).

In the pipeline...

Better information about children in care

A new data collection that will provide the first national count of children in the child protection system throughout a year is due to be received by the AIHW in October 2013. The new collection will provide information on each child requiring services from the child protection system.

Known as the Child Protection National Minimum Data Set, the collection was identified as a national priority for enhancing the evidence base under the COAG National Framework for Protecting Australia's Children 2009–2020. It was implemented after extensive collaboration with state and territory jurisdictional data custodians.

The Child Protection NMDS will replace a collection that only allowed a view of the population as a whole in each part of the child protection system. By reporting at the level of each child, the Child Protection NMDS will enable exploration of the pathways for children receiving child protection services, including analysis of their movement through parts of the system and how long they spend in services. Counts of children re-entering the system will also be possible. The 'child-level' format also means that some systemic differences between jurisdictions can be potentially reconciled.

The new flexible and powerful national data set will enable a better understanding of children's experiences of the child protection system, which in turn will help shape policies to improve outcomes.

Policy-relevant statistical publications delivered

The AIHW's publications are listed in **Appendix 8**. They focus on answering policy-relevant questions wherever possible. During the year, significant reports included:

- *The desire to age in place among older Australians*
- *A picture of Australia's children 2012*
- *Australia's food & nutrition 2012*
- *Palliative care services in Australia 2012*
- *Dementia in Australia*
- *Insulin pump use in Australia*

- *Australian hospital statistics: national emergency access and elective surgery targets 2012*
- *Specialist Homelessness Services 2011–12*
- *Housing assistance in Australia: 2012*
- *Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set*
- *Health expenditure Australia 2010–11*
- *Dementia care in hospitals: costs and strategies* (see **Spotlights** on pages 10, 11, 12, 16, 49, 52, 58, 61, 63, 64, 67 and 105 respectively).

Data on elective surgery and emergency department waiting times were once again delivered earlier than in previous years, assisted in part by the Institute's Validata™ application (see **Spotlight** on page 20).

The desire to age in place

Many older Australians report a desire to 'age in place'; that is, stay in their own homes as they age. This is an important issue for government policies on the care of elderly people. An AIHW bulletin published in April 2013 drew on data from a number of sources to explore the relationship between this desire and the housing circumstances of older Australians.

Key findings show that more than 90% of older Australians desire to stay in their current accommodation rather than move to aged care or move at all. Location is a major motivating factor for older people in deciding to stay where they are. While most older Australians report that they desire to age in place, their intention to do so is affected by a number of factors, including health and financial considerations as well as tenure type. The desire to age in place was stronger among those owning or buying their own home than among private renters and those in social housing. However, the intention to do so was higher for those in social housing, particularly those in public rental housing, reflecting that security of tenure was an important consideration for this group.

The bulletin is at <www.aihw.gov.au/publication-detail/?id=60129543093>.

Cause of death data

The AIHW's National Mortality Database now contains the latest cause of death data available in Australia. In last year's annual report, the AIHW reported on a significant delay in the availability of cause of death data. Since then, data have been provided to the AIHW by the Australian Coordinating Registrar (currently the Queensland Registrar of Births, Deaths and Marriages, who coordinates data supply in consultation with all state and territory Registrars of Births, Deaths and Marriages) and the National Coronial Information System under pilot release arrangements. The AIHW has used these data in a range of chronic disease and other reports. These data will be an important information source for a newly funded Australian burden of disease study and to support updates of multiple cause of death analysis (see **Spotlights** on pages 53 and 54).

Environmental tobacco smoke and children

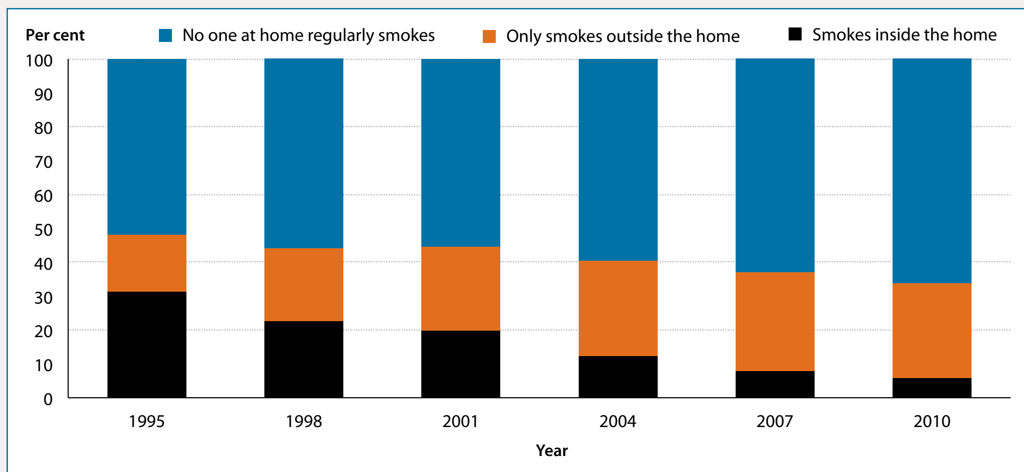
Environmental tobacco smoke in the home was 1 of 30 topics discussed in the AIHW publication *A picture of Australia's children 2012*.

Tobacco smoke is one of the most hazardous environmental exposures for children, as it contains numerous toxic and cancer-causing chemicals that increase the risk of adverse health outcomes. There is no safe level of exposure, and children with parents who smoke are more likely to take up smoking later in life.

In 2010, it was estimated that 6% of households with children aged 0–14 had someone who smoked at least 1 cigarette, cigar or pipe inside the home each day. This proportion has decreased steadily since 1995 when 31% of households with children had someone who smoked regularly inside the home. In 2008, Indigenous children were 3 times as likely to be exposed to tobacco smoke in the home as non-Indigenous children (22% and 7% respectively).

In 2011, all Australian states and territories had legislation prohibiting smoking in enclosed public places and most outdoor eating and drinking areas. All, with the exception of the Northern Territory, have also introduced legislation to prohibit smoking in private cars when children are present.

Figure 4: Smoking status of households with children aged 0–14, 1995–2010



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

The report is at <www.aihw.gov.au/publication-detail/?id=10737423343>.

CHAPTER 1

Launch of Australia's food & nutrition 2012

The AIHW's *Australia's food & nutrition 2012* suite of resources includes a 240-page report targeting health professionals, an 'in brief' companion report for consumers and students, a statistics 'snapshot' and factsheets for teachers and students. These publications have been popular; perhaps reflecting public interest in topics such as obesity and food security. Electronic versions can be downloaded for free and print-on-demand copies ordered from the AIHW's website. The in brief report has already been reprinted.

The report was officially launched at the 2012 World Congress of the International Federation for Home Economics in July 2012 by the Parliamentary Secretary for Health and Ageing, Catherine King, MP.

Key findings include:

- More than 90% of the food we eat is grown in Australia.
- Australian agriculture produces sufficient food to feed 60 million people and exports more than half of all food produced.
- The food and beverage processing industry is the largest manufacturing industry in Australia.
- Up to half of all food produced is wasted, causing nutrient losses, environmental effects and rapidly expanding landfill areas.
- About 1 in 20 Australians could be at risk of food insecurity at any time.
- The cost of healthy food is increasing at a faster rate than the cost of less healthy food choices.
- The burden of disease due to poor diet is often associated with large intakes of foods with high saturated fat, sugar and/or salt content, and low intakes of vegetables, fruit and wholegrain cereals.
- Health inequalities exist between different Australian population groups, including Aboriginal and Torres Strait Islander people, rural people, socioeconomically disadvantaged people and people with disabilities.

The report and its companion 'in brief' resource can be accessed at <www.aihw.gov.au/food-and-nutrition/>.

Strategic direction 2: Improve the availability of information for the community and AIHW stakeholders

The AIHW publishes its work to meet the diverse needs of policy makers, commentators, academics and researchers, and the wider public. It also aims to make its information easily available and places particular emphasis on explaining the concepts that underpin its analyses and interpretations of the data. Helping the media to understand and report AIHW information in an accurate and timely manner is also a priority. Increasingly, the Institute uses innovative online communication tools.

Free, high-quality information provided

AIHW products are available free on the AIHW's website at <www.aihw.gov.au>, which continued to be the Institute's main medium of communication. The website enables ready access to published reports and a range of data for download (see **Chapter 5 Our communications**).

During the year, the AIHW published 121 reports and 10 new web products on the nation's health, housing and community services sectors (see **Appendix 8**). This is a small decrease on 2011–12 (see **Figure 3** on page xvii).

During 2012–13, there were:

- 2.020 million visits to the AIHW website—an increase of 17% on 2011–12 (see **Figure 14** on page 101)
- 5,365 recorded media references to the AIHW—an increase of 12% on 2011–12 (see **Media relations** on page 103).

The AIHW produces a range of online, often interactive, data sets and education resources that complement its statistical reporting. Users can query some AIHW data collections online and obtain tabulated results. These data holdings are user-friendly and continually updated. The website also has national-level interactive data sets, available as data cubes or spreadsheets covering a range of subject matter. For example, interactive Excel workbooks contain comprehensive long-term deaths data for a broad range of causes of death by age and sex.

During 2012–13 there were:

- 40,918 downloads of *Australia's health* publications—the 2012 edition was published on 21 June 2012
- 2,077 downloads of *Australia's welfare* publications—the 2011 edition was published on 24 November 2011. (*Australia's welfare 2013* was written during the year and released in August 2013.)

New product formats developed

Chapter 5 Our communications contains information on AIHW products, including new formats and stand-alone websites and 'satellite' web pages for specific purposes. These include new 'snapshots' (see **Spotlight** on page 14) and a free *OzHealth* app.

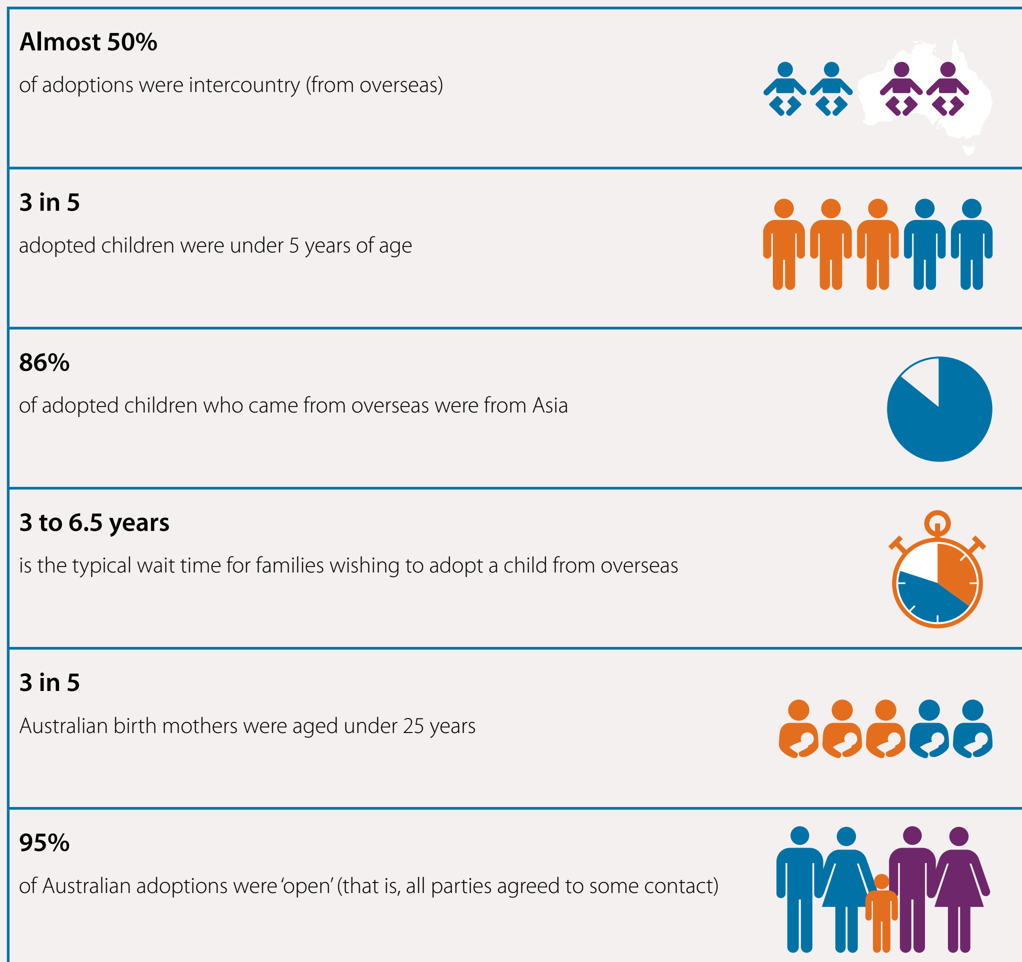
The AIHW won an award for its work to produce the *MyHospitals* website and was recognised for other products (see **Spotlights** on pages 15 and 102).

Information at a glance: snapshot products

The AIHW produced 10 new website 'snapshots' in 2012–13, including 1 on adoption. The snapshots are created in cross-unit collaborations between staff with specific subject knowledge and the online communications team. Together they worked to combine key information with eye-catching icons to create a visually interesting and engaging format that gives readers an at-a-glance picture of AIHW information.

The snapshots help the time-poor reader find key facts quickly, and offer those with a deeper interest a sample of what they will find in more extensive AIHW products—without requiring these products to be downloaded first. Other related products can be found easily from the snapshots pages.

The adoption snapshot is 1 of more than 20 subject areas on the AIHW website that use this format to make information and statistics more readily available to the community. The snapshot is at <www.aihw.gov.au/adoptions/>.



AIHW work on *MyHospitals* website wins award

In October 2012, the AIHW was honoured with an award for its work on the *MyHospitals* website in the highly competitive FutureGOV awards. More than 1,200 nominations of projects from government agencies across the Middle East, Asia and Pacific regions were received. The award was presented at the FutureGOV 2012 Asia–Pacific Summit, in the 'Connected Government' category, and honoured excellence in intra-agency and inter-agency workflows and collaboration.

The AIHW was also short-listed for 2 other awards for the *MyHospitals* website project; for e-government, and for the overall 2012 Government Organisation of the Year award.

The National Health Performance Authority assumed responsibility for the website in July 2012 and the AIHW continues to provide data and website development services. The website is at <www.myhospitals.gov.au>.

Ms Alison Verhoeven receiving the award for 'Connected Government' from Mr Mohit Sagar, Managing Director of FutureGov conferences, Chiang Mai, Thailand.

Work to fill priority data gaps continued

In 2012–13, the AIHW worked to meet some priority data gaps for:

- disability services—notably to work with the Disability Policy and Research Working Group to consider requirements for redevelopment of the Disability Services NMDS, and ongoing liaison with National Disability Insurance Agency about data related issues.
- Indigenous primary health care services—national key performance indicators and data specifications were developed (see **Spotlight** on page 72).

A Data Integration Services Centre operating

The AIHW has played a central role in data integration work in health, housing and community services for a number of years and now operates a Data Integration Services Centre. The AIHW will continue to enhance data integration and analytical methodologies. Its accreditation as an integrating authority for work involving Commonwealth data has enabled it to undertake data linkage work with enhanced security process and protocols that will continue to support complex analyses desired by researchers.

The AIHW demonstrated its capacity to fill information gaps by producing results such as those required for a data integration project on diabetes care (see **Spotlight** on page 66).

External research applications approved

The AIHW Ethics Committee approves applications, largely from researchers associated with universities, medical research institutes and hospitals around the country, to undertake research using AIHW-held data. During the year, the AIHW Ethics Committee considered 156 applications. Of these, 133 were external applications, an increase of 156% on 2011–12 (see **Table 10** on page 33). The committee approved 126 external applications during the year.

Palliative care services

Palliative care services in Australia 2012 is the first in a planned series of annual reports that will provide a detailed picture of the national response to the various needs of Australians facing life-threatening illness, including pain relief, symptom relief, and spiritual and psychosocial needs. The report was released in October 2012 and provides some of the information required by the *National Palliative Care Strategy 2010: supporting Australians to live well at the end of life*.

Details from a range of data sources for 2009–10 and 2010–11 are presented, as well as changes over time. Findings include that:

- Palliative care hospital admissions rose by more than 50% between 2001 and 2010.
- Almost 56,000 palliative care separations were reported in public and private hospitals in 2009–10.
- Almost $3 million in Medicare Benefits Schedule payments was paid for palliative medicine specialist services in 2010–11.

The report is at <www.aihw.gov.au/publication-detail/?id=10737423073>.

Strategic direction 3: Improve information quality, protecting privacy

The AIHW informs public debate by providing as much high-quality information and analyses as possible, consistent with protecting the privacy of individuals and service agencies.

Under this strategic direction, the AIHW aims to enhance data access to support research, policy and program development in the public interest, while ensuring that the personal information of every Australian is protected. This aligns well with the contemporary focuses on citizen-centred government and greater public access to government data and information.

Proper enforcement of privacy instils confidence in the provider and subjects of the information collected, thereby enhancing data access. The AIHW has a powerful and unique combination of privacy measures, ranging from the specific protections provided by the AIHW Act and the *Privacy Act 1988*, to a variety of strict protocols and systems used to process data.

The AIHW works closely with its stakeholders to identify areas where national consistency of data needs to be improved. For example, in 2012–13, the AIHW worked with the Royal Australasian College of Surgeons on elective surgery categorisation (see **Spotlight** on page 58). The AIHW also reports on data quality issues throughout the collection, analysis and reporting stages. To ensure that the information produced is used in the best way possible, it provides clear explanations of the concepts that underpin data analyses and interpretations.

Data released within privacy and confidentiality constraints

The AIHW released data during 2012–13 through its products and under arrangements governed by AIHW Ethics Committee processes.

- The AIHW received positive feedback from the public and data users regarding data access.
- Data releases fully complied with all privacy and confidentiality requirements.

Governance of privacy requirements enhanced

The AIHW's reputation for delivering statistical products in a manner that both protects privacy and supports analysis and research is underpinned by a strong information governance model and a robust process to support ethics in health and welfare research.

In providing access to its data, the AIHW ensures that custodial and ethics approval processes conform to national human research ethics requirements, national privacy legislation, the AIHW Act, policy directions for national health and welfare information and any custodial arrangements arising from national information agreements.

The AIHW reviewed the procedures and associated guidelines for submissions to the AIHW Ethics Committee in 2010–11. The outcomes of the review, which aimed to deliver best-practice data release procedures and privacy arrangements, included developing an online monitoring system for applications for ethical review. The system started on 1 January 2013 (see **Spotlight** on page 34).

Developmental work continued during 2012–13 on methodologies for the delivery of statistical products (such as tables, data cubes and confidentialised unit record files) in a manner that both protects privacy and supports analysis and research. In response to both legal advice and a review by the former Australian Statistician, Dennis Trewin, AO, guidelines for release of information have been drafted and trialled. The trial found them to be manageable and the Institute is adopting them where appropriate, while also seeking comments from key stakeholders such as the national information committees. A final policy will be issued and adopted in response to this feedback.

METeOR information standards repository enhanced

The AIHW promotes national standards in information provision and reporting through its METeOR information standards repository. METeOR is used for the development, registration and dissemination of metadata for national data standards. The AIHW plays a central role in developing metadata and national data standards related to health and welfare information. It works collaboratively with the registering authorities and national information committees to achieve national endorsement of these standards.

This work provides important infrastructure for the AIHW's health, housing, homelessness, early childhood education and care, and community services data collections.

National data dictionaries

The national data dictionaries are important tools for improving the comparability, consistency, relevance and availability of information. The dictionaries provide a 'common language' for data and the basis for consistent national data collection and reporting.

National data dictionaries produced by the AIHW are the authoritative source of information about national data standards in the health, community services, and housing and homelessness sectors. The data standards in them have been endorsed by the relevant national information management committee, which includes Australian Government and state and territory government representation.

During the year, the AIHW published new versions of 2 dictionaries—the *National Health Data Dictionary version 16 2012* and the *National Community Services Data Dictionary version 7 2012*. The first version of the national housing and homelessness data dictionary has been released. These dictionaries contain standard data definitions and data elements for use in any Australian health, community services, housing assistance and homelessness collection.

- The health dictionary reflects changes to national health data standards between 1 July 2010 and 30 April 2012.
- The community services dictionary reflects changes to national community services data standards from 1 July 2010 to 30 June 2012; no online update summaries have been necessary since then.

The dictionaries are accessible through METeOR, at <meteor.aihw.gov.au/content/index.phtml/itemId/181162> or the AIHW website.

The AIHW makes all data standards endorsed by national information committees freely available through METeOR. All new and updated national data standards endorsed for inclusion in the 3 national data dictionaries for health, community services, and housing and homelessness, are available on METeOR within 30 days of endorsement by relevant registering authorities.

Metadata were held online in METeOR at 30 June 2013 for 5,429 standard metadata items, of which:

- 20 are national minimum data sets
- 46 are other data set specifications
- 1,566 are data elements
- 6 are indicator sets
- 134 are indicators
- 179 are quality statements.

During 2012–13, a total of 1,407 metadata items were made standard in METeOR and 435 standard metadata items were superseded or retired.

Strategic direction 4: Capitalise on the contemporary information environment

The contemporary information environment is dynamic. The AIHW's success as a leading data collection and reporting agency will be determined by its flexibility, responsiveness and ability to seize opportunities and minimise risk arising from this rapidly changing environment. The AIHW aims to adopt appropriate technologies that automate business processes and promote consistency of business practices in a streamlined and efficient manner. In particular, it focuses on information technology infrastructure to support high-quality and timely data collection, analysis and reporting.

Information and communications technology infrastructure developed

During 2012–13, significant advances were made in information and communications technology (ICT):

- The AIHW's project management framework and workflow system was adopted across the Institute and its use is now standard practice. Further work to capitalise on this facility promises to generate further improvements.
- The development and use of automated graphics production facilities generated productivity and quality improvements.
- There was a rapid take-up of new business processes and technologies designed to improve document and knowledge management and to improve productivity.
- The design and development of a new 'streamlined production' systems architecture was completed. The new architecture will implement end-to-end data management in the Institute that is expected to deliver significant improvements in quality and productivity.

A workflow system was implemented for applications to the AIHW Ethics Committee for ethical clearance to access AIHW data (see **Spotlight** on page 34).

Timeliness of data provision improved

The AIHW aims to publish information within 6 months of the receipt of the associated data. However, for major annual collections of administrative data, it can take a year or more before release to the AIHW by data providers. After data is received, it can take some time to ensure that the statistics and their analysis are of the quality and accuracy required to publish information.

Since 2011–12, the AIHW has set targets against which to measure improved timeliness of its statistical information products. The indicator used is the average number of days between the end of the data collection period and the release of annual national publications. This relates to products that fully report or publically release an annual national data collection that is collated by the AIHW. Publications produced by collaborating units are not included in the indicator.

In 2012–13, the average time for release of data after the end of the reference period, for 25 publications that reported on annual national data collections, was 349 days. This was better than the average of 474 days for 31 publications released in 2011–12. The 2012–13 figure includes:

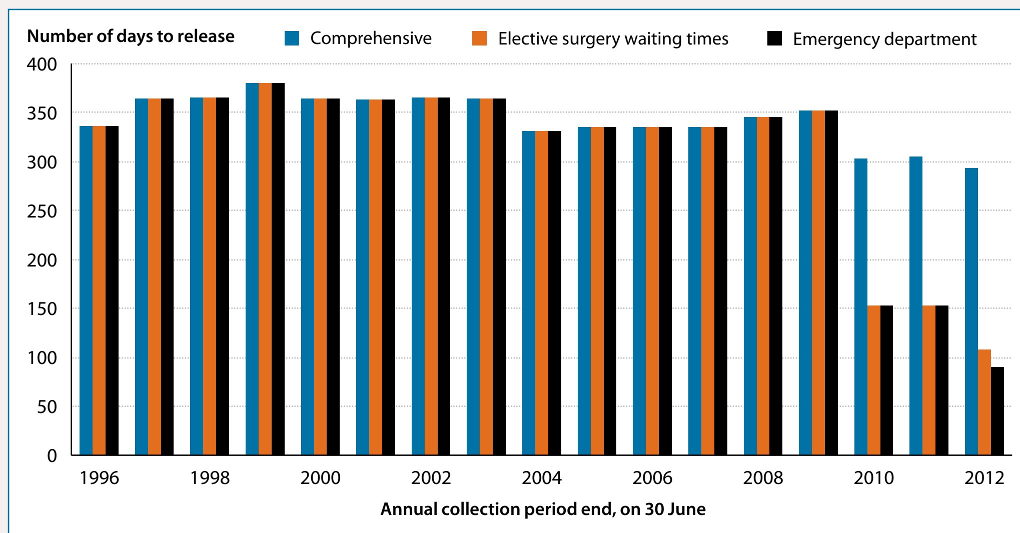
- 9 releases occurring in under 250 days—including 3 homelessness data collection releases and 4 hospital data collection releases (see **Spotlight** on page 20)
- 12 releases occurring in more than 400 days.

Improvements in the quality and timeliness of release of collection results have been made by using the AIHW's Validata™ application that allows data providers to validate their data more easily before sending it. This application has been used for homelessness and hospitals collections and is being extended to a number of other AIHW data collections.

Improved timeliness of hospital statistics publications

For the first time since the AIHW started reporting on Australia's hospitals in the mid-1990s, data has been released less than 300 days after the end of the reference period. The focus on improved timeliness is in response to stakeholders needing quicker access to data to make their decisions. Data for 2011–12 were released in the *Australian hospital statistics 2011–12* report 293 days after the reference period ended on 30 June 2012. Before this, comprehensive *Australian hospital statistics* reports have been released between 331 and 380 days after the end of the reference period. The 1993–95 data took 702 days.

Figure 5: Timeliness of hospital statistics publications, 1996–2012



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

The timeliness of publication of emergency department care and elective surgery waiting times data has been improved even further. Before the release of 2009–10 data, these aspects of hospital care were reported in the comprehensive *Australian hospital statistics* annual report. However, since then, elective surgery waiting times and emergency department information have been available to the AIHW earlier. This has enabled national data on these topics to be released separately and earlier than for other hospital statistics—in about half the time or less than the comprehensive annual reports. The 2011–12 national emergency department care data were released in a record 90 days.

These improvements are the result of cooperation from state and territory health authorities and the development and use of the AIHW's online data receipt and validation tool, Validata™. This tool has enabled states and territories to validate and submit higher quality hospitals data more quickly, and has also improved other processes within the AIHW.

Australian hospital statistics products are available at <www.aihw.gov.au/hospitals/>.

Our financial performance

How we are funded

In 2012–13, the AIHW received 30% of its funding as an appropriation from the Australian Parliament. This fell from 33% in 2011–12. Most of the remaining revenue is for the delivery of specific projects for Australian Government departments and agencies and, to a lesser extent, state and territory government departments and agencies.

A summary of financial performance follows. Further details are in **Appendix 11**.

Income and expenditure

The AIHW's appropriation income from the Australian Parliament was $15.912 million in 2012–13, a decrease of 8.5%, or $1.5 million, from 2011–12 (**Table 6** and **Figure 6**). This decrease was the result of COAG data development funding ending in 2011–12, as planned in the 2009 Federal Budget.

Income from externally funded projects totalled $35.4 million in 2012–13—an increase of 5.1% from the previous year. Most of this income came from Australian Government departments, notably DoHA and FaHCSIA.

Interest income was lower in 2012–13 than in 2011–12. In 2012–13, the AIHW's cash balances were slightly higher than the previous year but the return was reduced by lower rates of interest on term deposits.

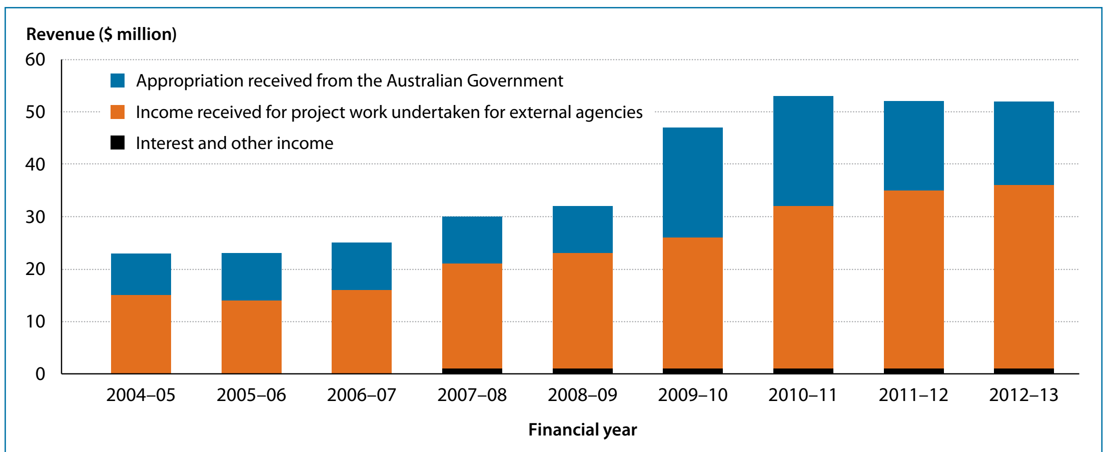
Employee-related expenditure was higher in 2012–13 ($36.9 million) than in 2011–12 ($36.0 million. This was due to increased salaries, however, it was offset by a decrease in the value of leave liabilities caused by a rise in the 10-year government bond rate used to discount future leave liabilities and a slight fall in staff numbers.

The overall result was a surplus of $0.4 million.

Table 6: Income and expenditure, 2008–09 to 2012–13 ($'000)

	2008–09	2009–10	2010–11	2011–12	Change: 2011–12 to 2012–13	2012–13
Appropriation revenue	9,325	20,708	21,408	17,389	↓	15,912
Revenue for project work for external agencies	22,278	24,944	31,398	33,690	↑	35,410
Interest	741	754	1,146	1,138	↓	897
Other revenue	3	39	—	20	↓	6
Total revenue	**32,347**	**46,445**	**53,952**	**52,237**	↓	**52,225**
Employee-related expenditure	21,860	28,375	35,124	36,028	↑	36,910
Other expenditure	10,348	15,893	18,694	18,058	↓	14,912
Total expenditure	**32,208**	**44,268**	**53,818**	**54,086**	↓	**51,822**
Surplus (or deficit)	**139**	**2,177**	**134**	**(1,849)**	↑	**403**

Figure 6: Revenue sources, 2004–05 to 2012–13



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

Balance sheet

Financial assets totalled $31.6 million in 2012–13, an increase of $2.4 million on the previous year (**Table 7**). This was mainly due to an increase in cash balances for projects paid in advance.

All excess cash has been invested in term deposits in accordance with the AIHW's investment policy.

Liabilities in 2012–13 ($29.1 million) were higher than 2011–12 ($27.6 million) due to higher income received in advance and higher leave provisions. This was offset by lower end-of-year creditors.

Total equity increased from $4.3 million to $4.7 million. This was due to the surplus for the year.

Table 7: Balance sheet summary, 2008–09 to 2012–13 ($'000)

	2008–09	2009–10	2010–11	2011–12	Change: 2011–12 to 2012–13	2012–13
Financial assets	18,011	28,156	27,113	29,240	↑	31,590
Non-financial assets	2,720	3,745	3,563	2,608	↓	2,162
Total assets	**20,731**	**31,901**	**30,676**	**31,848**	↑	**33,752**
Provisions	5,590	7,895	9,199	10,262	↑	11,164
Payables	13,588	18,021	15,358	17,316	↑	17,915
Total liabilities	**19,178**	**25,916**	**24,557**	**27,578**	↑	**29,079**
Equity	**1,553**	**5,985**	**6,119**	**4,270**	↑	**4,673**

Cash flow

Net cash received from operating activities was $3.8 million in 2012–13. Both cash inflows and outflows were higher than in 2011–12, mostly due to an increase in external project work. The AIHW spent $0.1 million on the purchase of property, plant and equipment, and leasehold improvements, compared with $0.5 million in 2011–12. The net cash increase in the year was $3.7 million, increasing the cash balance from $18.8 million to $22.6 million (see the cash flow statement in **Appendix 11**).

Financial outlook

Income from externally funded projects is expected to be about the same in 2013–14 as in 2012–13 (see **Figure 1** on page xiii). Appropriation income from the Australian Parliament will decrease slightly in 2013–14 due to the Australian Government efficiency dividend.

The AIHW's total expenditure in 2013–14 is expected to be slightly more than in 2012–13.

The value of land and buildings is expected to decrease in 2013–14 due to the depreciation of fit-out costs over the term of the remaining lease. No other significant changes in the balance sheet items are expected.

Auditor-General's report

The Australian National Audit Office conducts an annual audit of the AIHW's financial statements. The auditors issued an unqualified audit opinion on the financial statements for 2012–13.

Compliance with legislation

The AIHW complied with relevant legislation in 2012–13.

Information on the AIHW's compliance with:

- financial matters such as procurement requirements and indemnities and insurance premiums for officers is in **Chapter 2 Governance and the organisation**
- the *Workplace Health and Safety Act 2011* and the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) is in **Chapter 4 Our people**
- other specific matters required by legislation are in **Appendix 9** (see also the **Compliance index** on page 240).

Chapter 2

Governance and the organisation

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

Governance and the organisation

The Australian Institute of Health was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health.

In 1992, the Institute's role was expanded to include welfare-related information and statistics, and it was renamed the Australian Institute of Health and Welfare. Its legislation is now titled the *Australian Institute of Health and Welfare Act 1987*. The AIHW Act is reproduced in **Appendix 1**, with the AIHW's functions specified in s. 5.

The AIHW Act establishes the AIHW Board as the governing body of the Institute.

The AIHW's accountability framework is shown in **Figure 7**.

The AIHW operates under the *Commonwealth Authorities and Companies Act 1997* (CAC Act). It prepares a set of annual financial statements as required by the Finance Minister's Orders made under the CAC Act.

The AIHW has a range of reporting mechanisms to ensure transparency and accountability in its operations. Key documents identified in the accountability framework are:

- Annual reports: an annual report to the Minister for Health for presentation to the Australian Parliament is a requirement of s. 9 of the CAC Act.
- Portfolio Budget Statements: these annual statements inform members of parliament of the proposed allocation of resources to government outcomes and programs.
- AIHW *Strategic directions 2011–2014*: this provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities for 2011–2014.
- Annual work plans: these are internal management documents that provide the AIHW's Board, Director and senior executives with an overview of the proposed activities for the next year, against which progress is monitored.

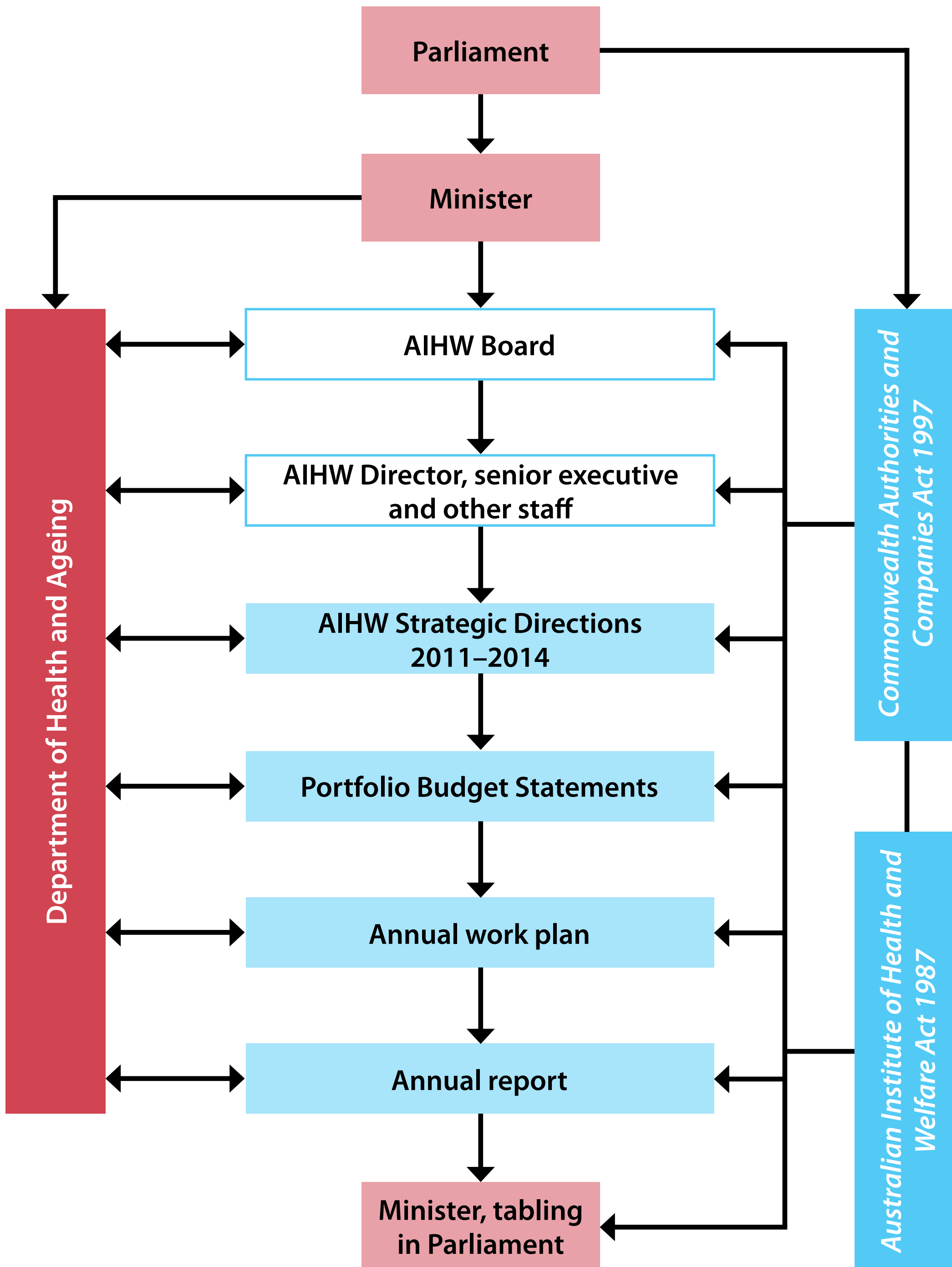
Ministerial accountability

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the Minister of its activities as required, which includes occasions when the AIHW receives or expends significant funds, for example, when it undertakes work valued over a certain amount (currently $1.5 million) for other agencies and organisations. This is specified in the Regulations under the AIHW Act (see **Appendix 1**).

In November 2012, the Minister sent a Statement of Expectations to the AIHW advising her expectations concerning the operations and performance of the Institute. The AIHW Board responded with a Statement of Intent in March 2013.

The AIHW ensures that the Minister for Health—and all relevant ministers in the Australian Government and state and territory governments—has early embargoed access to its reports.

Figure 7: Accountability framework



CHAPTER 2

AIHW Board

The Institute is managed by the AIHW Board.

The board's composition is specified in s. 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, with the exception of the 3 ex-officio members. The ex-officio members are the AIHW's Director, the Australian Statistician or nominee, and the Secretary, DoHA or nominee. The AIHW Director is appointed by the Governor-General and may hold office for a period not exceeding 5 years.

Members of the AIHW Board

Back row (left to right):
Samantha Page, Mercia Bresnehan, Lyn Roberts, Siew-Ean Khoo, David Kalisch, Kerry Flanagan, Erin Lalor, Michael Perusco.

Front row (left to right):
Peter Harper (attending for Brian Pink), Adrian Webster, Andrew Refshauge, David Filby.

Absent:
James Moore, Claire Jackson.

Table 8 details the meetings attended by AIHW Board members for 1 July 2012 to 30 June 2013. Further information about AIHW Board members, including qualifications, current positions and affiliations, is in **Appendix 3**.

Table 8: Members of the AIHW Board and its subcommittees and their attendance at meetings, 2012–13

		Appointment change	Meetings attended	Eligible meetings
The Hon. Andrew Refshauge	Chair		4	4
Mr David Kalisch	Director, AIHW		4	4
Dr David Filby, PSM	Nominee of the Australian Health Ministers' Advisory Council		3	4
Mr James Moore	Nominee of the Community and Disability Services Ministers' Advisory Council		2	4
Ms Mercia Bresnehan	Representative of state housing departments	From 13 June 2012 in an acting capacity; then from 30 August 2012	4	4
Mr Brian Pink	Australian Statistician		4 [(a)]	4
Ms Kerry Flanagan	Member nominated by the Secretary, Department of Health and Ageing		4	4
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services	From 21 November 2012 to 20 February 2013 in an acting capacity; then from 1 March 2013	3	3
Ms Samantha Page	Ministerial nominee with knowledge of the needs of consumers of welfare services		3	4
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services	From 21 November 2012 to 20 February 2013 in an acting capacity; then from 1 March 2013	3	3
Dr Lyn Roberts, AM	Ministerial nominee with expertise in public health research	Until 11 November 2012; then from 21 November 2012 to 20 February 2013 in an acting capacity; then from 1 March 2013	3	4
Mr David Stanton	Ministerial nominee	Until 11 November 2012	1	1
Dr Greg Stewart	Ministerial nominee	Until 11 November 2012	1	1
Dr Siew-Ean Khoo	Ministerial nominee	From 21 November 2012 to 20 February 2013 in an acting capacity; then from 1 March 2013	2	3
Professor Claire Jackson	Ministerial nominee	From 21 November 2012 to 20 February 2013 in an acting capacity; then from 1 March 2013	1	3
Ms Jessica Cumming	Staff-elected representative	Until 18 July 2012	—	—
Dr Adrian Webster	Staff-elected representative	From 30 August 2012	4	4

		Appointment change	Meetings attended	Eligible meetings
Observers				
Ms Serena Wilson	Nominee of the Secretary, Department of Families, Housing, Community Services and Indigenous Affairs		3[b]	4
Professor Warwick Anderson	Chief Executive Officer (CEO), National Health and Medical Research Council		4[c]	4
Audit and Finance Committee				
Dr Greg Stewart	Chair	Until 11 November 2012	2	2
Dr Lyn Roberts, AM		Until 11 November 2012	1	2
Dr Lyn Roberts, AM	Chair	From 21 November 2012	3	3
Mr David Stanton		Until 11 November 2012	2	2
Dr David Filby, PSM	Interim member	From 20 September to 6 December 2012	1	1
Ms Samantha Page		From 6 December 2012	1	2
Mr Michael Perusco		From 6 December 2012	2	2
Mr Max Shanahan	Independent member		5	5
Remuneration Committee				
The Hon. Andrew Refshauge	Chair		3	3
Dr Greg Stewart		Until 11 November 2012	1	1
Dr David Filby, PSM			3	3
Dr Lyn Roberts, AM		From 21 November 2012	2	2

(a) Mr Brian Pink was represented at each meeting by Mr Peter Harper.

(b) Ms Serena Wilson was represented at 1 meeting by Ms Flora Carapellucci and at 2 meetings by Mr Paul McBride.

(c) Professor Warwick Anderson was represented at each meeting by Professor John McCallum.

Charter of Corporate Governance

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

The charter describes, among other things:

- legislation governing the operations of the AIHW
- constitution of the AIHW Board
- conduct of AIHW Board members and the Director
- roles of AIHW Board members
- board delegations
- board processes, for example, meetings, dealing with conflicts of interest
- board committees.

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

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

In October 2012, the board engaged Stephen Bartos, of ACIL Tasman Pty Ltd, to conduct a performance review. The review examined the board's function and role, conflicts of interest, committee structures and roles, induction of new members and matters related to the conduct of meetings. The board noted the review's recommendations at its June 2013 meeting, and agreed a way forward in respect of each recommendation. These will be implemented in 2013–14. The Charter of Corporate Governance will be amended to reflect the board's decisions.

The AIHW Board has 2 subcommittees: the Audit and Finance Committee and the Remuneration Committee.

Audit and Finance Committee

The Audit and Finance Committee authorises and oversees the AIHW's audit program and reports to the AIHW Board on strategic, financial and data audit matters.

In 2012–13, the committee consisted of 3 non-executive members of the AIHW Board and 1 independent member. Major matters on which it reported included the review of annual financial statements, the draft budget, the internal audit program and business risks.

Remuneration Committee

The Remuneration Committee advises the AIHW Board on the Director's performance and remuneration. It comprises the Chair of the AIHW Board, the Chair of the Audit and Finance Committee and 1 other member.

AIHW Ethics Committee

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

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

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

Members of the AIHW Ethics Committee and their meeting attendance in 2012–13 are shown in **Table 9**. Committee members' details are in **Appendix 3**.

The committee met 4 times during the reporting period and approved the ethical acceptability of 149 projects (**Table 10**). A large part of its work concerned determinations of the ethical acceptability of applications for research from external or AIHW applicants, including the AIHW's collaborating units.

New project applications

In 2012–13, the committee considered 59 new projects seeking approval. Of these, 52 were approved and 1 was not approved, and the application for the latter was subsequently withdrawn. Decisions were pending for 6 applications at 30 June 2013.

Most (48) of the new applications were submitted by researchers from external organisations, which vary from university departments and research centres affiliated with universities to organisations based in large metropolitan teaching hospitals. For example, applications were received from Orygen Youth Health Research Centre, which is affiliated with the University of Melbourne, and from the Department of Cardiothoracic Surgery, The Prince Charles Hospital, Brisbane. Applicants included Australian Government and state and territory government departments, for example, DVA and the NT Department of Health.

The AIHW submitted 11 new applications. These related to requests for access to data, approval to establish a new data base, or renewal of the ethical acceptability of already established and approved data sets or databases. Renewal applications were approved for 2 large databases held by the AIHW: the National Death Index (NDI), which is a register of all persons who have died in Australia since 1980, and the National Mortality Database, which holds records of Australian death registrations from 1964.

New applications were also received from 2 AIHW collaborating units: the National Perinatal Epidemiology and Statistics Unit at the University of New South Wales, and the Australian Research Centre for Population Oral Health, School of Dentistry at the University of Adelaide.

Most (41) of the 59 applications sought approval to link to the NDI. The next most common request was for access to the Pharmaceutical Benefits Scheme database (6 applications). Researchers may request access to more than 1 database in each application, and for those applications, access was typically sought to the NDI and the Australian Cancer Database.

Table 9: Members of the AIHW Ethics Committee and their attendance at meetings, 2012–13

		Appointment change	Meetings attended	Eligible meetings
Dr Ching Choi	Chair		4	4
Mr David Kalisch	Director, AIHW		3[(a)]	4
Dr Angela McLean	Person experienced in professional care, counselling and treatment of people		4	4
Professor Malcolm Sim	Person experienced in research		2	4
Ms Erin Keleher	Nominee of Registrars of Births, Deaths and Marriages		4	4
Reverend James Barr	Minister of religion		4	4
Ms Camilla Webster	Lawyer	Until 24 March 2013	3	3
Mr John Carroll	Lawyer	From 1 April 2013	1	1
Mr David Garratt	Male general community representative	Reappointed 26 March 2013	2	4
Hon Margaret Reynolds	Female general community representative		4	4

(a) A representative attended all meetings when the member was not present.

Table 10: Research projects considered by the AIHW Ethics Committee, 2012–13

	Considered	Approved	Not approved	Decision pending
Projects seeking approval				
AIHW, including collaborating units	11	11	—	—
External	48	41	1	6
Subtotal	*59*	*52*	*1*	*6*
Projects seeking modification or extension				
AIHW, including collaborating units	12	12	—	—
External	85	85	—	—
Subtotal	*97*	*97*	—	—
Total	**156**	**149**	**1**	**6**

CHAPTER 2

Ethics changes in action

In June 2011, the AIHW Board adopted the recommendations of a review of the Institute's ethics arrangements and procedures. These included:

- developing an online system allowing researchers to lodge and track applications for ethical review
- regular auditing of key AIHW data collections.

Online ethics application system: EthOS™

A new ethics online application system was launched on 9 January 2013. EthOS™ accepts new applications for ethical review by the AIHW Ethics Committee. Over time, it will be developed to electronically manage and monitor projects until completion. From launch to 30 June 2013, 20 applications were received via the online system.

Data collection audits and registers

In November 2012, the committee approved a series of data management principles against which AIHW's data collections would be managed and audited.

The first 3 collections audited were:

- National Death Index
- Australian Cancer Database
- Special Homelessness Services Collection.

The audit reports were presented to the committee at its meeting in May 2013. Other than a minor recommendation relating to back-up testing, the audits found that management of the collections complied with the data management principles.

Also at its May meeting, the committee noted a list of data collections held by the AIHW. Updated lists will be provided to the committee at each future meeting.

Monitoring projects

The committee monitors approved projects to their completion, and considers requests for modifications to already approved projects. A total of 147 annual monitoring reports were received from researchers during 2012–13.

Requests for modification or extension

A total of 94 requests for amendment were received. Most (58) amendments had requested an extension of time and 36 were notifying of research staff changes.

There were 18 requests for out-of-session consideration of projects during 2012–13, most of which were requests for an extension of time. These requests were all approved.

Finalised projects

To ensure that research outcomes are freely available, the AIHW Ethics Committee requires results of approved projects to be publicly disseminated. In 2012–13, the AIHW received 23 final project reports accompanied by associated research publications, most of which were either papers published in peer-reviewed journals or publicly available reports.

Privacy at the AIHW

As a recipient and user of sensitive personal data, the Institute places a high priority on privacy matters.

The AIHW is committed to protecting the privacy of information for 3 reasons:

- It is the law. The Institute is supported by strong privacy policies and processes, which are underpinned by the AIHW Act and the *Privacy Act 1988*.
- If the AIHW does not properly protect the data it receives, its sources who provide data may not agree to provide sensitive information. The AIHW can only carry out its responsibilities if it has the full confidence of its stakeholders and data providers.
- The AIHW wants to preserve its reputation for integrity in handling data. This has become even more important with its increasing role in data integration.

In May 2013, staff participated in several activities during Privacy Awareness Week that highlighted the Institute's responsibilities. Events included a presentation on the new Australian Privacy Principles to commence in March 2014. In preparation for these changes the Institute is reviewing its policies and procedures and briefing staff and the Ethics Committee on the effect of the changes.

The AIHW Board also closely monitors the Institute's performance in maintaining the privacy of its data, and has commissioned and endorsed a range of policies and practices.

The Institute uses its data to create authoritative reports that benefit the public, while protecting the confidentiality of the data and minimising any risk of inappropriate use and access.

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/>.

Training for members

The AIHW sponsored AIHW Ethics Committee members to attend a seminar on ethics and data linkage conducted by the Population Health Research Network on 12 November 2012. The Chair and 4 members and a senior member of AIHW's Data Linkage Unit (Dr Phil Anderson) attended.

Executive

The Director of the AIHW manages the day-to-day affairs of the Institute and is supported by an executive team of 9 group heads, who comprise the Executive Committee. During the year, the Executive Committee met, usually fortnightly, to consider policy, financial and other corporate matters.

Of the 9 group heads in place at the end of the year, 6 managed groups that oversaw specific subject areas. The other 3 managed groups that provided corporate support services to the whole organisation.

During the year, responsibility for managing work relating to tobacco, alcohol and other drugs moved from the Continuing and Specialised Care Group to the renamed Housing, Homelessness and Drugs Group.

Members of the Executive Committee at 30 June 2013 are listed below as they appear in the photograph.

Members of the AIHW Executive

Back row (left to right):
Dr Fadwa Al-Yaman, Ms Lisa McGlynn, Mr Warren Richter, Mr Andrew Kettle, Mr Geoff Neideck, Ms Alison Verhoeven and Ms Jenny Hargreaves.

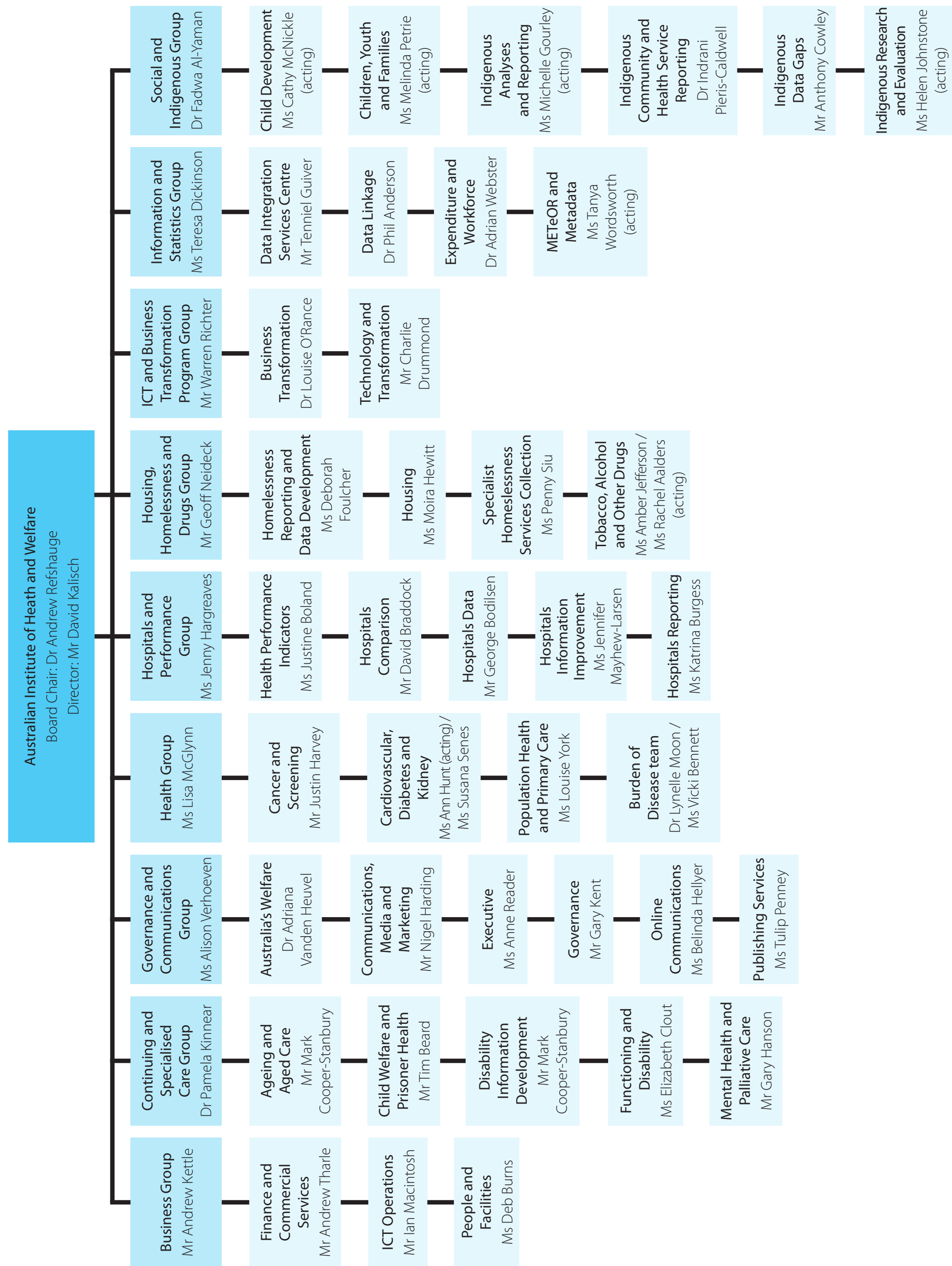
Front row (left to right):
Ms Teresa Dickinson, Mr David Kalisch and Dr Pamela Kinnear.

Further information about the executive and about unit heads working in each group is in **Appendix 4**. Additional information about staffing is in **Chapter 4 Our people**.

Organisational structure

A chart showing the AIHW's structure at 30 June 2013 is shown in **Figure 8**.

Figure 8: Organisational structure



CHAPTER 2

Relationship management

The AIHW's work traverses Australian, state and territory government and non-government areas of responsibility in the health and welfare sectors. Effective engagement and productive relationships with all relevant agencies are crucial.

Australian Government

Department of Health and Ageing

The AIHW is an independent agency in the Health and Ageing portfolio. The AIHW's relationship with DoHA is vital, and DoHA directly funds it to undertake significant work additional to that funded through the portfolio appropriation.

With the exception of work that must be competitively tendered under the Commonwealth Procurement Guidelines and other Commonwealth governance requirements, the AIHW's work for DoHA is guided by a memorandum of understanding (MoU) with the department. The MoU spans 1 January 2011 to 30 June 2015.

A management group of senior executives from both agencies meets regularly to ensure the effective administration of projects funded or procured under the MoU and to discuss any matters that arise.

The Secretary of DoHA or her nominee is a member of the AIHW Board. The AIHW consults DoHA about the AIHW's annual work plan before it is presented to the AIHW Board for approval. The AIHW also provides DoHA with copies of all publications.

Department of Families, Housing, Community Services and Indigenous Affairs

The AIHW's relationship with FaHCSIA is also very important, particularly in areas such as housing and homelessness, disability services, Indigenous affairs and child protection. An MoU guides all work undertaken by the AIHW for FaHCSIA that has not otherwise been subject to competitive tender. The MoU began on 1 July 2010 and will end on 30 June 2015.

A management group of senior executives from both agencies meets regularly to ensure the effective administration of projects funded or procured under the MoU and to discuss any matters that arise.

During 2012–13, the Secretary of FaHCSIA was an invited observer at AIHW Board meetings and receives copies of AIHW Board papers. The AIHW consults FaHCSIA about the AIHW's annual work plan before it is submitted to the AIHW Board for approval. The AIHW also provides FaHCSIA with copies of all publications.

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 AIHW's collection of health-related and welfare-related information and statistics should be conducted with the agreement of the ABS and, if necessary, with its assistance. The Australian Statistician or his nominee is a member of the AIHW Board.

Other Australian Government bodies

The AIHW also works closely with other government bodies on matters that reflect a mutual interest in the development, collection, compilation, analysis, management and dissemination of health-related and welfare-related data and information, including the:

- Australian Commission on Safety and Quality in Health Care
- Australian Health Practitioners Registration Authority
- Australian Institute of Family Studies
- Cancer Australia
- COAG Reform Council
- Department of Education, Employment and Workplace Relations
- Department of Veterans' Affairs
- Health Workforce Australia
- Independent Hospital Pricing Authority
- National Health Performance Authority
- National Mental Health Commission
- Organ and Tissue Authority
- Productivity Commission.

The AIHW and the Australian Commission on Safety and Quality in Health Care (ACSQHC) have signed an MoU that reflects their joint commitment to working collaboratively towards a more informative and usable national system of information that enhances the safety and quality of health care.

The AIHW works closely with the Australian Institute of Family Studies (AIFS), particularly relating to the AIHW's work on the Closing the Gap Clearinghouse. The relationship is governed by an MoU that acknowledges that the sharing of information and expertise is critical to effective and meaningful research by both bodies.

The relationship between the AIHW and Cancer Australia is guided by an MoU that reflects the parties' commitment, in consultation with partner organisations and stakeholders, to work in a planned and coordinated manner to ensure that national cancer data needs are met effectively. The AIHW Director is also a member of the Cancer Australia Research and Data Advisory Group. Cancer data from state and territory cancer registries in each state and territory are coordinated nationally through the National Cancer Statistics Clearing House, which is housed at, and managed by, the AIHW in collaboration with the Australasian Association of Cancer Registries.

The AIHW provides statistical, information and advisory services to the Productivity Commission, under a formal agreement on business arrangements. It also provides similar services to the COAG Reform Council under an MoU, to enable the council to undertake its role to assess national agreement performance across the health and welfare sectors.

The AIHW's relationship with DEEWR continues to grow, particularly in areas such as the development of information on early childhood education and care. In particular, the AIHW has entered into arrangements with DEEWR to provide consultancy services through DEEWR's Research, Evaluation and Analysis Panels.

The AIHW has an MoU with DVA under which it provides consultancy and related services. The MoU reflects a strategic partnership, committed to developing information sources for the delivery of world-class veterans' health care policies and services. At an operational level, the MoU facilitates the collection and use of relevant statistics essential to the delivery of health and aged care services to the veteran community. Within this context, AIHW also manages selected veterans and defence health databases and nominal rolls.

The AIHW and Health Workforce Australia have an MoU under which they exchange data and share information on the health professional workforce. A tripartite MoU between these 2 organisations and the Australian Health Practitioners Registration Authority governs the exchange of data on health practitioners.

The AIHW's MoU with the Independent Hospital Pricing Authority provides the framework for a business relationship supporting cooperative work to improve national data on hospitals, and exchange of hospitals-related data. In 2012–13, the AIHW led work to improve data on sub-acute and non-acute care in hospitals, and on expenditure and other characteristics of hospitals, to support the authority's work related to activity based funding. The AIHW also supported the work of the authority to publish its data standards on METeOR.

The MoU between the AIHW and the National Health Performance Authority underpins the AIHW's work to support the authority's development of performance indicators (such as measures of length of stay in hospital), and its work to publish its performance indicator specifications in METeOR. The MoU has also facilitated the AIHW's provision of hospital performance indicator data for public and private hospitals for the authority's *MyHospitals* website and support services for the maintenance of the website.

AIHW is working with the National Mental Health Commission under an MoU to source and analyse data for its annual National Report Card on Mental Health and Suicide Prevention. The AIHW also provides the commission with technical assistance in its role as Chair of the Roadmap for Mental Health Reforms Expert Reference Group, tasked by COAG with developing a set of national mental health indicators showing that mental health reforms are making a difference to people's lives.

In 2012–13, the AIHW signed an MoU with the Organ and Tissue Authority. Under this MoU, the AIHW is working with the authority to develop a data dictionary that will form part of the authority's Data Governance Framework, and will be part of a best practice approach to data governance. The data dictionary will be developed and stored in METeOR.

State and territory governments

Much of the data that the AIHW reports at national level on a range of government services is received from state and territory government departments who fund those services. Relationships between the AIHW and these departments and the opportunities for interaction among departments to discuss data supply are particularly important to the manner in which the AIHW operates. The AIHW's close working relationships with state and territory governments are critical to developing and reporting nationally consistent and comparable health and welfare data. During the year, it continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with achieving this aim. Some of these relationships have been formalised by agreements, such as the MoU between the AIHW and the Australasian Juvenile Justices Administrators, on behalf of states and territories, signed on 10 August 2012.

The activities of the national information committees are underpinned by national information agreements between the AIHW and a significant number of parties from all Australian jurisdictions. These separate agreements cover health, community services, early childhood education and care, and housing and homelessness. They ensure that effective infrastructure and governance arrangements are in place for the development, supply and use of nationally consistent data for each area. During the year, the National Health Information Agreement was revised.

Many of the AIHW's units engage with national committees in their areas of expertise and they provided secretariat services for some of these. In the community services and housing and homelessness national officials meetings, the AIHW actively contributes evidence to the policy debates as well as to the processes to improve information arrangements. A list of national committees in which the AIHW participates is in **Appendix 5**.

Under the auspices of the COAG and National Disability Insurance Scheme processes, the AIHW has maintained strong relationships with relevant state and territory government departments throughout the year.

Collaborations and partnerships

During the year, the AIHW actively maintained and strengthened its engagement with allied organisations, including peak bodies and other national forums, to satisfy their need for information to help develop policies and program delivery. It also contributed information to parliamentary inquiries and committees (see **Parliamentary relations** on page 105), and provided advice in areas of specialist knowledge.

The AIHW conducts its work in Aboriginal and Torres Strait Islander health and welfare information in close collaboration with Indigenous advisers to ensure that the work is shaped by relevant policy requirements. The AIHW continued to support the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, and participated in the National Aboriginal and Torres Strait Islander Health Officials Network.

The AIHW funds work plans and data-sharing agreements with a number of universities to support collaboration and to enable it to draw on their expertise in specialist research areas. AIHW collaborating units at various universities provide specialist expertise in the areas of injury, asthma and chronic respiratory conditions, dental and perinatal statistics. This extends the range of skills available to the AIHW and enhances its capacity to perform in a broader range of subject areas.

The AIHW also has a number of data-sharing agreements with specialist centres. These agreements provide for the use of AIHW data, within the protection of the AIHW Act's confidentiality provisions, to facilitate the development of information in areas such as immunisation research and surveillance, and human immunodeficiency virus (HIV) epidemiology and clinical research. The universities and specialist centres with which the AIHW had funding or data-sharing arrangements during 2012–13 are listed in **Appendix 6**.

In addition, the AIHW plays an important role in international data standards and classifications work through the World Health Organization's (WHO's) Family of International Classifications, and reports health statistics to the Organisation for Economic Co-operation and Development (OECD).

CHAPTER 2

Working internationally

International work for OECD

On DoHA's behalf, the AIHW supplies selected health statistics to the Organisation for Economic Co-operation and Development. Each year, the AIHW updates a set of indicators and the accompanying metadata, using information from its own collections, DoHA, ABS and other government and non-government organisations. It also provides a comprehensive set of information on health expenditure to enable OECD's health accounting work.

The OECD uses these data in its biennial *Health at a Glance* publication, and for other analytical and policy work.

OECD Health Data 2013 was released in June 2013 and offers a comprehensive source of comparable statistics on health and health systems across OECD countries. OECD health data and additional information about health-care quality indicators are accessible at <stats.oecd.org/Index.aspx?DatasetCode=HEALTH_STAT>. Overall, Australia provides data for most of the indicators requested. Most data gaps are due to lack of availability of national level data. For example, Australian data are not available for life expectancy by level of education or the number of personal care workers for the OECD collection for health employment.

In 2012–13, the AIHW also assisted the Australian Commission on Safety and Quality in Health Care in its work for the OECD's study on Medical Practice Variations. The AIHW contributed data analysis and commentary on methodological issues.

International data standards and specifications

The OECD hosts annual meetings related to health expenditure accounts and provision of national data so countries can give feedback on data collection, dissemination and ideas for improvements. Two AIHW staff members attended meetings at the OECD Headquarters in Paris from 9 to 12 October 2012.

System of Health Accounts 2011 is the new global standard for providing health expenditure statistics that, from 2016, will be used by countries to provide data to the OECD and WHO. A pilot is being tested by a number of OECD countries, including Australia.

WHO Family of International Classifications

The AIHW is the Australian Collaborating Centre for the WHO Family of International Classifications. In this role, it coordinates some aspects of Australia's contributions to develop the classifications. It also contributes directly to the international Network of Collaborating Centres that supports the WHO's classification-related work.

In 2012–13, AIHW staff attended the network's annual meeting, participated in its Advisory Council, and co-chaired its Family Development Committee, including for its mid-cycle meeting. This work aims to ensure that there will be a suite of international classifications of diseases and other health-related issues that Australia can use into the future.

Working in Kiribati

The AIHW is helping the Kiribati Ministry of Health & Medical Services to develop a strategic plan for the Kiribati Health Information System. This work is being conducted on behalf of the Pacific Senior Health Officials Network, through DoHA.

During 2012–13, an AIHW staff member visited Kiribati twice to run a strategic planning workshop and to help develop a draft strategic plan. This project is expected to be finalised in 2013–14.

Financial management

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

- *Australian Institute of Health and Welfare Act 1987*
- *Commonwealth Authorities and Companies Act 1997*
- *Auditor-General Act 1997*.

The AIHW classifies all expenditure as internally or externally funded.

Internal expenditure consists of:

- project work undertaken by the AIHW's statistical units
- some collaborations with other organisations, often universities, that perform functions under the AIHW Act, for example, the AIHW National Injury Surveillance Unit operated by Flinders University
- corporate services, for example, financial services, human resources, library services and IT services.

Funding for internal expenditure is derived from:

- appropriation (through the Australian Government Budget and Estimates process)
- contribution to overheads earned on externally funded projects
- miscellaneous sources, such as interest and the sale of publications.

A large proportion of the AIHW's revenue comes from external funding for specific projects. Externally funded projects operate on a cost-recovery basis, with revenues derived through agreements with external clients. The financial arrangements are determined using an AIHW Board-approved pricing template and most agreements are conducted under the auspices of MoUs with relevant Australian Government departments.

A draft detailed budget for the following financial year is prepared by the AIHW Executive in May each year. The Audit and Finance Committee reviews the budget, which is then considered by the AIHW Board for approval at its June meeting.

Contract management

The AIHW's contractual business is conducted through:

- contracts for the purchase of services
- revenue 'contracts' for the provision of services, which are usually in the form of MoUs, such as those in place with DoHA and FaHCSIA
- agreements with third parties, such as those underpinning collaborating arrangements with universities.

Purchase contracts

Most of the AIHW's purchase contracts are for standard support services, such as rent, cleaning, payroll processing, internal audit, ICT equipment and consultancy advice. The AIHW has adopted standard short-form and long-form contracts prepared by its legal advisers. Wherever possible, these documents are used as the basis of contracts with suppliers. They contain standard clauses on matters such as insurance, indemnity, intellectual property, privacy and performance standards. They also require the specification of tasks, deliverables and due dates that are linked to payment.

Procurement requirements

The AIHW complied with its obligations under the Finance Minister's (CAC Act Procurement) Directions 2012 during 2012–13.

Clause 5 of the Directions provides that the Commonwealth Procurement Rules must be applied by a relevant CAC Act body when the body is undertaking a procurement at or above the relevant procurement thresholds of $400,000 for non-construction procurements and $9 million for the procurement of construction services. In accordance with clause 5(2) of the Directions, an exception applies in respect of those provisions of the Commonwealth Procurement Rules relating to coordinated procurements at or above the relevant threshold, as these provisions are not mandatory for CAC Act bodies such as the Institute.

Revenue 'contracts'

The scope, timing, deliverables and budget for most externally funded projects are set out in schedules to MoUs with Australian Government departments. The AIHW treats these schedules as revenue contracts even though they are not contracts in the strict legal sense. The relevant unit head is responsible for the delivery of these services to a satisfactory standard and within budget. The Finance and Commercial Services Unit monitors expenditure against the budget and seeks explanations for any projects that appear to be over budget or behind schedule.

In some cases the AIHW has entered into revenue contracts for work done on behalf of non-government organisations. These are managed in the same way as revenue schedules.

Contract approval

Contracts must be signed by the appropriate delegate. The contract manager must be satisfied that the supplier is meeting their obligations under the contract before recommending the payment of invoices. Any contract involving receipt or payment of more than $1.5 million must be approved by the Minister for Health.

Clearance and approval arrangements in place in 2012–13 specified that:

- any purchase contract worth more than $25,000 must be approved by a Senior Executive Service (SES) officer
- purchase contracts worth more than $100,000 must be cleared by the Governance and Communications Group head and the Business Group head, and approved by the Director
- revenue 'contracts' or schedules worth $100,000 or less must be cleared by the relevant group head and, if there are non-standard clauses, by the Governance and Communications Group head and the Business Group head and
- revenue 'contracts' or schedules worth more than $100,000 must be cleared by the relevant group head, the Governance and Communications Group head and the Business Group head, and approved by the Director.

In addition, the AIHW notifies the Minister for Health of any revenue 'contracts' or schedules worth more than $1.5 million that it enters into with other Commonwealth entities, such as DoHA.

Risk management

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

- risk management
- physical security
- information security
- fraud control
- business continuity.

As in previous years, the AIHW updated its business risk assessment twice during the year. Each assessment identified high-level risks for the AIHW and actions needed to mitigate changing risks. The assessment is reviewed by the Audit and Finance committee and considered by the Board. The AIHW contracts out its internal audit function. The current internal auditors are Oakton. During 2012–13, Oakton conducted internal audits of 3 data collections, leave liabilities and balances, work health and safety implementation, payroll system controls and financial information management system security controls.

These audits produced several recommendations for improving the management of the relevant risks. The AIHW's management reported to the Audit and Finance Committee regularly on progress in implementing the recommendations. A representative from Oakton attended each of the Audit and Finance Committee meetings.

Risk of fraud

The AIHW's fraud control plan contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the AIHW and comply with the Commonwealth Fraud Control Guidelines. The fraud control plan and fraud risk assessment were updated in 2011–12.

Indemnities and insurance premiums for officers

The AIHW has insurance policies through Comcover and Comcare that cover a range of insurable risks, including property damage, general liability and business interruption.

The AIHW is required to provide details in its annual report of any indemnity given to an officer against a liability, including premiums paid, or agreed to be paid, for insurance against the officer's liability for legal costs (see **Compliance index** on page 186). In 2012–13, 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 $10,866.34 (excluding goods and services tax). The AIHW made no claims against its directors' and officers' liability insurance policy in 2012–13.

Chapter 3

Our operating groups

This chapter provides a short outline of the responsibilities of each group of the AIHW involved in statistical analysis and reporting of data. It also reports on key deliverables that the groups planned to achieved during 2012–13.

Selected key activities are highlighted in **spotlights**.

An outline of the responsibilities and achievements of each of the AIHW's collaborating units and corporate groups is also included.

Continuing and Specialised Care Group

What it does

Good data on community caring

The Continuing and Specialised Care Group develops, maintains and analyses national data that monitors the health and welfare of:

- children and young people living under arrangements specified by an authority, such as through the child protection and youth justice systems
- older Australians
- people living with disability
- people living with mental health-related conditions
- people requiring palliative care
- prisoners.

The group focuses on reporting the use of health and welfare services in hospitals, other health or community-based institutions and the community, by these groups of individuals.

Progress on key planned deliverables		
Produce a redeveloped Child Protection NMDS (see **Spotlight** on page 9)	✔	
Work to establish a National Aged Care Data Clearinghouse	✔	
Publish *Dementia in Australia* (see **Spotlight**)	✔	
Produce a redeveloped Disability Services NMDS	✗	*Delivered a data dictionary; further work deferred by relevant national committee*
Produce a standard disability identifier for mainstream service data sets (see **Spotlight**)	✔	
Produce a new non-government Mental Health Services NMDS, agreed by stakeholders	✗	*Pending decision by relevant national committee*
Publish *Palliative care services in Australia 2012* (see **Spotlight** on page 16)	✔	
Contribute chapters to *Australia's welfare 2013*	✔	

In the spotlight

- Aged care—Dementia in Australia
- Disability services—Raising a flag for disability

Dementia in Australia

In August 2012, Health Ministers designated dementia as the ninth National Health Priority Area for Australia. This recognised that rising rates of dementia pose significant challenges to health, aged care and social policy.

In September 2012, the AIHW released its second *Dementia in Australia* report, funded by DoHA. This report synthesised information from more than 20 data sources to provide the most comprehensive picture of dementia currently available. It showed a tripling of the updated projected estimates of Australians with dementia from 322,000 in 2013 to around 900,000 people by 2050. It also showed that in 2011, just over half (53%) of permanent residents in government-subsidised residential aged care facilities had dementia. Of these, 87% required a high level of care, compared with 63% of residents without dementia.

Dementia in Australia is at <www.aihw.gov.au/publication-detail/?id=10737422958>.

The second of 2 major projects on dementia that the AIHW embarked on during the year to is described in a **Spotlight** on page 105.

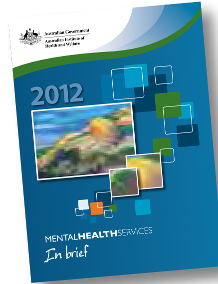
Raising a flag for disability

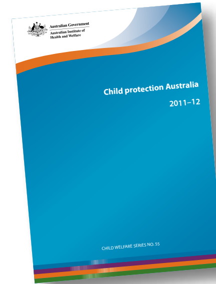
During 2012–13, the AIHW developed and tested a new disability 'flag' that identifies records of people with a disability within a data collection. Its widespread use across community services collections will enable nationally consistent collection of information about the disability status of people receiving mainstream services.

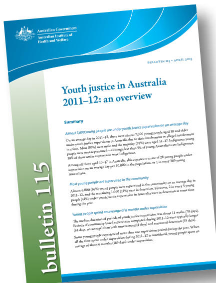
The flag derives from a standard set of questions that assesses a person's level of functioning and need for support in everyday activities. The set is based on the International Classification of Functioning, Disability and Health, and is broadly consistent with the short disability questions that the ABS uses in a number of its social surveys.

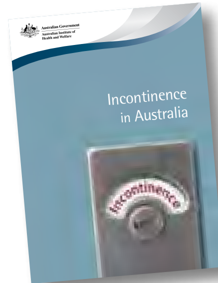
In response to a request from housing ministers, the mandatory component of the set, which is about self-care, mobility and communication, was implemented in the Specialist Homelessness Services Collection from July 2013.

A selection of reports released by the Continuing and Specialised Care Group during the year.









Health Group

What it does

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

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

Shining light on the health of Australians

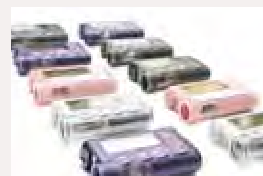
Progress on key planned deliverables		
Publish *Cancer in Australia: an overview 2012*, *Cancer survival and prevalence in Australia: period estimates from 1982 to 2010*, *Breast cancer in Australia: an overview* and *Gynaecological cancers in Australia: an overview*	✔	
Publish a report on prostate cancer	✗	*Work in progress: to be published in 2013–14*
Publish *Cervical screening in Australia 2010–2011*, *BreastScreen Australia monitoring report 2009–2010* and *National Bowel Cancer Screening Program: July 2011–June 2012 monitoring report* (released 9 July 2013)	✔	
Publish *Rheumatic heart disease and acute rheumatic fever in Australia: 1996–2012* and *Stroke and its management in Australia: an update* (released 5 July 2013)	✔	
Publish *Diabetes among young Australians*	✔	
Publish 2 planned and 1 additional report on diabetes: discussing use of medicines and self-care, diabetes acquired by children and young people (type 2), and incidence of insulin-treated diabetes	✗	*Delayed access to data*
Improve the quality of data on the National Diabetes Register relating to insulin use status and Indigenous status, by linking National Diabetes Services Scheme and Pharmaceutical Benefits Scheme data	✗	*Delayed access to data*
Publish a report on kidney disease by geographical location	✗	*Delayed access to data*
Publish 2 bulletins relating to the health of men: *The health of Australia's males: 25 years and over* and *The health of Australia's males: from birth to young adulthood (0–24 years)* (both released 1 August 2013)	✔	
Provide Australian data to the OECD for its OECD *Health Data 2013* and to the WHO for its *Country Health Information Profile 2013*	✔	
Produce documentation and guidelines for the revised National Mortality Database	✔	
Publish a report on primary health care information	✗	*Work in progress: to be published in 2013–14*

In the spotlight

- Diabetes—How popular are insulin pumps?
- Population health—How do chronic diseases contribute to death?
- Burden of disease—In the pipeline: Updating disease impact estimates
- Kidney disease—Estimating total incidence of end-stage kidney disease

How popular are insulin pumps?

The first national survey of insulin pump users was conducted by the AIHW in October 2011 to explore their experiences, including the reasons for choosing a pump and any benefits and problems they experienced. Nearly 6,000 people took part in the survey. Using insulin pumps instead of injections offers diabetics lifestyle advantages and tighter control over their blood sugar levels. Better control can potentially lower the risk of suffering from long-term diabetic complications, which can be serious and expensive to manage.

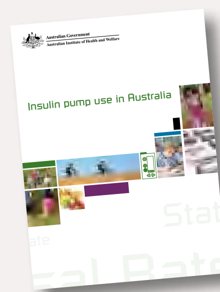


Insulin pumps

Insulin pump use in Australia, released in August 2012, presents information about the numbers and characteristics of people with type 1 diabetes who use insulin pumps.

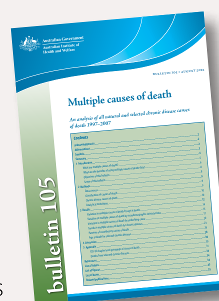
Findings include:

- About 10% of Australians with type 1 diabetes were using an insulin pump; more than previously.
- Pump use was more common among females, people aged under 25 and those living in areas of high socioeconomic status.
- The proportion of people with type 1 diabetes that began using a pump within 2 years of diagnosis increased from less than 1% in 1997 to 18% in 2009.
- For most pump users, the benefits of pump use clearly outweighed the problems.



The report is as <www.aihw.gov.au/publication-detail/?id=10737422448>.

How do chronic diseases contribute to death?



In August 2012, the AIHW released *Multiple causes of death: an analysis of all natural and selected chronic disease causes of death 1997–2007*. This bulletin used multiple causes of death statistics, for the first time, to describe patterns of chronic disease mortality in Australia. Multiple causes of death occur when 2 or more diseases or conditions are reported as contributing to a death. Multiple cause of death analysis complements descriptions of mortality that use only the underlying cause and offers broader insight into end-of-life disease processes. It overcomes concern about underestimating the impact of some chronic diseases that contribute to deaths.

Key findings of the report were that:

- traditional death analysis underestimates the contribution of diseases such as chronic kidney failure, diabetes, asthma, dementia and Alzheimer diseases and chronic obstructive pulmonary disease (COPD)
- on average, 3 diseases contributed to each 'natural causes' death in 2007—only 20% of these deaths were due to 1 disease
- there has been an increase in the number of deaths where 5 or more causes contributed, from 11% in 1997 to 21% in 2007
- people aged 60–89 had the highest average number of diseases causing death
- nearly half of deaths involving diabetes also involved coronary heart disease
- more than one-third of deaths involving chronic and unspecified kidney failure, COPD or asthma also involved coronary heart disease
- one-quarter of deaths involving dementia or Alzheimer disease also involved influenza or pneumonia.

The use of multiple cause data gives a more complete picture of all diseases contributing to death. This can also support targeted prevention, treatment and service planning, inform surveillance, guide research investments and enhance health measures such as estimates of burden of disease.

The bulletin is at <www.aihw.gov.au/publication-detail/?id=10737422603>.

In the
pipeline…

Updating disease impact estimates

The AIHW is embarking on a challenging and important project to update burden of disease estimates for both the total Australian and the Indigenous populations. Funding from DoHA and the National Preventive Health Agency is enabling this project to proceed over the next 2.5 years. Estimates were last published by the AIHW in 2007 using data from 2003.

Burden of disease analysis allows an examination of the fatal and non-fatal effects of different diseases and injuries, and the impact from various risk factors, in a comparable way. It produces a summary measure that represents health loss due to premature death, illness or disability, or a combination of these factors. These estimates are important for: monitoring population health over time and making comparisons between population groups; informing policy and health service planning by highlighting which diseases contribute the most burden and how this is changing over time; and providing a foundation for assessment of the broader impact of diseases and the cost-effectiveness of interventions.

The first phase of the work began in May 2013. It focuses on determining methods to be used for the update, and alignment with Global Burden of Disease work released on 14 December 2012 by the Institute for Health Metrics and Evaluation (an independent global health research centre at the University of Washington) and other academic partners. This collaboration resulted in the availability of global regional estimates of deaths and a new method for calculating disability adjusted life years.

The second phase will produce new estimates, covering both fatal and non-fatal components of the burden of disease and the contribution of various risk factors. The revised estimates are due to be finalised in 2015.

A range of data sources will be used, including national mortality data. Partnerships and consultations both within Australia and internationally will be established to enhance the quality of the estimates produced.

Estimating total incidence of end-stage kidney disease

Data on new cases of end-stage kidney disease (ESKD) have, until recently, been available only for individuals who start dialysis or have a kidney transplant operation.

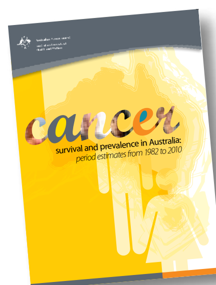
The first Australian estimates of the total incidence of ESKD were published in the *American Journal of Kidney Diseases* in November 2012. This article resulted from a collaboration of the AIHW and several members of the Chronic Kidney Disease Advisory Committee. The Australia and New Zealand Dialysis and Transplant Registry and national mortality data collections, were linked to capture all ESKD cases.

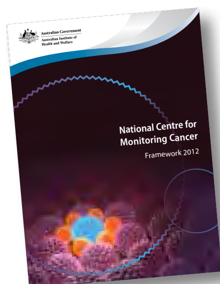
There were around 21,500 new cases of ESKD for 2003 to 2007. Men had higher rates than women (24.4 per 100,000 population compared with 16.3), and Indigenous Australians had much higher rates than the rest of the population.

For every new case of ESKD that is treated with dialysis or by having a kidney transplant, there is 1 case that goes without this treatment. Of those going without treatment, around three-quarters were aged 80 or over.

This is the first estimate of the total incidence of ESKD in the Australian population, and provides valuable new data for further analysis.

A selection of reports released by the Health Group during the year.





Hospitals and Performance Group

What it does

The Hospitals and Performance Group leads development, compilation, analysis and dissemination of policy-relevant information about hospitals and health sector performance, including the safety and quality of health care.

The group focuses on shaping the AIHW's future role in hospital data management and reporting, and health sector performance reporting, against a backdrop of national health reforms.

Health system under the microscope

It also contributes to national and international data and information infrastructure development, and coordinates aspects of Australia's international health classification work.

Progress on key planned deliverables		
Publish the *Australian hospital statistics* suite of products for 2011–12 (see list below and **Spotlight** on page 20)	✔	
Publish *Australian hospital statistics: national emergency access and elective surgery targets 2012* (see **Spotlight**) and *Surgery in Australian hospitals 2010–11*	✔	
Provision of hospital characteristics, activity and performance indicator data to the National Health Performance Authority for release on the *MyHospitals* website	✔	
Produce new performance indicators for use on the *MyHospitals* website	✗	*Funder did not proceed*
Provide performance indicators and associated data quality statements meeting NHA requirements to the SCRGSP (see **Spotlight** on page 6)	✔	
Collate state and territory data provided under the NPA IPHS, and provide to DoHA and the COAG Reform Council	✔	
Develop new definitions and measures for selected emergency hospital care performance indicators	✔	
Develop a new Radiotherapy Treatment Services Waiting Times Data Set Specification (DSS)	✗	*Work in progress: trial of revised DSS in 2013–14*
Produce data and a technical report on unplanned hospital readmissions for a new performance indicator	✗	*Funder did not proceed*
Develop a new hospital peer grouping	✗	*Work extended*
Develop new national definitions of urgency categories for elective surgery (jointly with the Royal Australasian College of Surgeons (see **Spotlight**)	✔	
Revise definitions for subacute and non-acute care for admitted patients in hospitals (see **Spotlight**)	✔	
Publish a report on 'whole of system' indicators of health care safety and quality (jointly with the ACSQHC)	✗	*Funder did not proceed*
Publish *Australia's medical indemnity claims 2011–12* and *Australia's medical indemnity claims 2010–11*, and update online data	✔	

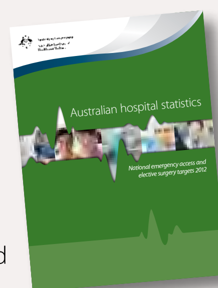
Some of the products produced by the Hospitals and Performance Group during 2012–13 as part of its *Australian hospital statistics* suite were:

- *Australia's hospitals 2011–12: at a glance*
- *Australian hospital statistics 2011–12*
- *Australian hospital statistics 2011–12: elective surgery waiting times*
- *Australian hospital statistics 2011–12: emergency department care*
- *Australian hospital statistics 2011–12:* Staphylococcus aureus *bacteraemia in Australian public hospitals*.

In the spotlight

- Hospital information—Data on targets for public hospital services
- Developing hospital information—New urgency definitions no longer waiting
- Developing hospital information—Nationally consistent subacute and non-acute care data

Data on targets for public hospital services



The AIHW receives and collates hospital data on waiting times for elective surgery and on the care of non-admitted patients in emergency departments. The data are provided by state and territory health departments for reporting under the National Partnership Agreement on Improving Public Hospital Services.

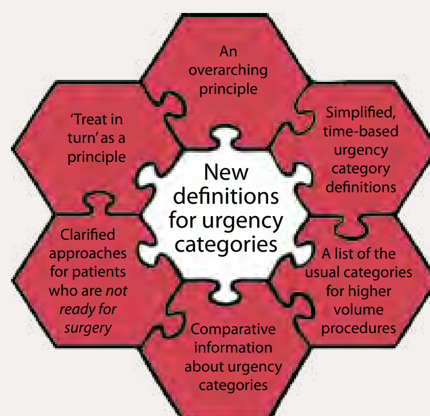
States and territories submit data quarterly via the AIHW's online data validation tool (Validata™) according to specifications developed and managed by the AIHW in consultation with DoHA and states and territories. The AIHW works with states and territories to develop edit checks applied to submitted data, manages the rules programmed into Validata™, supports its use by data submitters and undertakes additional validations after data submission. The finalised data are then provided to DoHA.

The consolidated data for 2012 were provided to the COAG Reform Council to help it assess state and territory performance against agreed targets under the partnership agreement. The AIHW released the data on 28 February 2013 in the *Australian hospital statistics: national emergency access and elective surgery targets 2012* report, consistent with the COAG agreement for timely reporting of this information. This release was within 2 months of the end of the data reference period (31 December 2012)—a record for AIHW product releases.

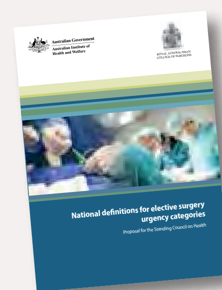
The report is at <www.aihw.gov.au/publication-detail/?id=60129542734>.

New urgency definitions no longer waiting

Access to elective surgery has been the subject of community discussion for many years, and is measured in national performance reporting for hospitals. However, because of apparent inconsistencies in elective surgery categories between states and territories, national reporting of waiting times by the AIHW has not featured clinical urgency categories for many years.



At the request of Australian health ministers, the AIHW and the Royal Australasian College of Surgeons worked together in 2012 to develop consistent national definitions for elective surgery urgency categories. A package of 6 integrated components was proposed in the *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health* report (released 31 July 2013). The components include: simplified, time-based urgency category definitions; 'treat in turn' as a principle for elective surgery management; and clarified approaches to categorising patients who are not ready for surgery, because of clinical or personal reasons.



The work was informed by extensive input from representatives of the Australian Government, state and territory health authorities, surgical speciality and other clinical stakeholder groups, and health consumer groups.

The report is at <www.aihw.gov.au/publication-detail/?id=60129543979>.

Nationally consistent subacute and non-acute care data

In late 2012, the AIHW, on behalf of the Independent Hospital Pricing Authority, developed a set of nationally consistent data definitions and guidelines for subacute and non-acute admitted patient care and care types, including rehabilitation and palliative care. The work was undertaken to support hospital pricing and funding arrangements and other uses of nationally comparable data on hospital service provision.

Before this, there were no nationally agreed definitions for the terms 'subacute care' and 'non-acute care'. Also, the national 'subacute care type' and 'non-acute care type' definitions were unsuited to nationally comparable data collection.

The AIHW consulted jurisdictions, clinical and other stakeholders groups, and national information committees. The definitions were revised to use consistent, contemporary language in line with the International Classification of Functioning, Disability and Health.

The work clarified that subacute care:

- is delivered under the management of, or informed by, a clinician with specialised expertise in the care type
- is supported by an individualised multidisciplinary management plan that is documented in the patient's medical record
- reflects both the characteristics of the patient and the expertise of the treating clinician.

The work is reported in *Development of nationally consistent subacute and non-acute admitted patient care data definitions and guidelines* which is at <www.aihw.gov.au/publication-detail/?id=60129543220>.

Housing, Homelessness and Drugs Group

What it does

The Housing, Homelessness and Drugs Group produce statistics, analysis and information on:

- homelessness
- community housing
- housing assistance
- drug use and treatment services, including tobacco and alcohol.

Progress on key planned deliverables		
Produce quarterly and annual reports on the SHSC for 2011–12 (see **Spotlight**)	✔	
Support the SHSC data processing system to collect data directly from homelessness agencies and provide hotline support and training to these agencies (see **Spotlight**)	✔	
Release a SHSC confidentialised unit record file for 2011–12	✗	*Work in progress*
Conduct a review of metadata for the Homelessness NMDS	✔	
Produce performance indicators and associated data quality statements for National Affordable Housing Agreement requirements	✔	
Publish *Housing assistance in Australia: 2012* (see **Spotlight**) and *National social housing survey: a summary of national results 2012*	✔	
Produce performance data on public rental housing, state owned and managed Indigenous housing, mainstream community housing and Indigenous community housing, for the SCRGSP's *Report on Government Services 2012*	✔	
Implement the AIHW's Validata™ tool and a statistical linkage key to the Alcohol and Other Drug Treatment Services NMDS (see **Spotlight**)	✔	
Contribute chapters to *Australia's welfare 2013*	✔	

CHAPTER 3

In the spotlight

- Homelessness data for 2011–12
- Homelessness—Support for more than 1,500 homelessness agencies
- Housing assistance—The state of social housing
- Tobacco, alcohol and other drugs—Improved data collections for treatment services

Homelessness data for 2011–12

Hotline on homelessness

Specialist homelessness agencies that are funded under the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness contribute to the AIHW's Specialist Homelessness Services Collection that began on 1 July 2011.

Data are collected about:

- the characteristics and circumstances of these agencies' clients when they first present at an agency
- the assistance they receive
- how their circumstances change throughout the period of support they receive.

Specialist Homelessness Services 2011–12, released in December 2012, contains the results from the first year of the collection.

In 2011–12, almost 230,000 Australians accessed specialist homelessness services. When they began receiving support:

- 44% were homeless, including 14% of clients who were living without shelter
- 56% were at risk of homelessness.

Of all clients, 60% needed accommodation. Agencies provided more than 7 million accommodation nights to 37% of all clients.

Domestic or family violence is a major cause of homelessness and 34% of all agency clients needed support for this reason. One-fifth (21%) of all clients supported because of domestic or family violence were children aged under 10. Of all female adult clients (aged over 17), 46% were assisted due to family or domestic violence.

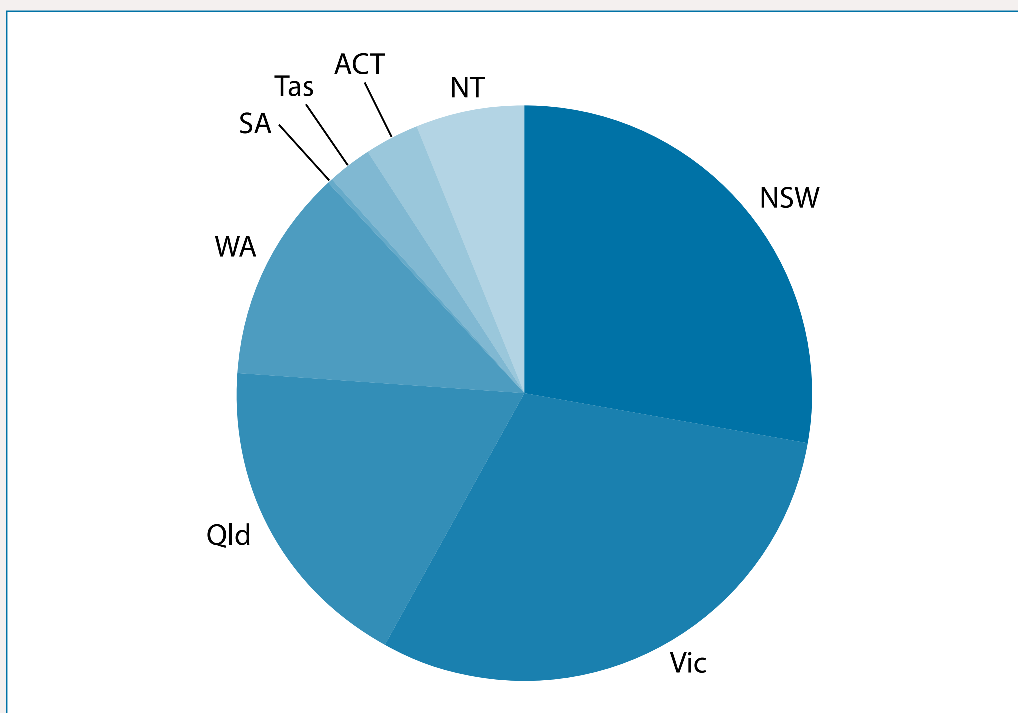
The report is at <www.aihw.gov.au/publication-detail/?id=60129542549>.

Support for more than 1,500 homelessness agencies

The Specialist Homelessness Services Collection has been operating for 2 years (starting on 1 July 2011).The AIHW values the participation of agencies that provide services to the homeless and the contribution of the state and territory departments that fund services. This strong partnership makes the SHSC a success.

The AIHW provides a free-call hotline to help agencies report client information. In 2012–13, the AIHW and Infoxchange Pty Ltd responded to over 12,700 queries and provided support and assistance to more than 1,500 agencies.

Figure 9: Hotline queries received by the AIHW and Infoxchange Pty Ltd from specialist homelessness services agencies, state and territory, 2012–13



Notes:

1. In South Australia, assistance is provided to agencies by the Department of Communities and Social Inclusion directly, rather than by arrangement with the AIHW.
2. Data for this figure are shown in Table A10.7.

Feedback from agency workers receiving assistance and support from the 1800 hotline has been very positive, with many comments returned to the effect that 'customer service is not dead!'.

The state of social housing

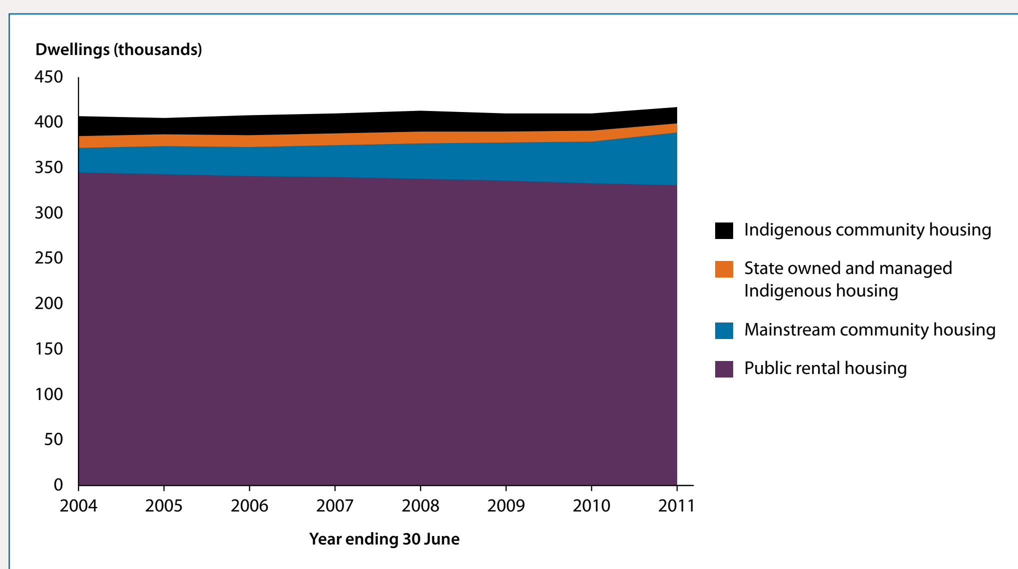
Better data on community housing

Housing assistance is provided through a range of programs to assist low-income home owners and renters, in both the public and private housing sectors. These include programs that provide financial assistance with rent and housing finance, and programs that provide assistance through social housing.

Housing assistance in Australia: 2012 reports on the current state of social housing provided by government and the not-for-profit sector, and on government assistance to people renting or purchasing a home who require support with special housing needs.

In recent years, social housing dwelling numbers have increased only slightly. However, there has been a steady shift from public housing (government-managed) to community housing (community-managed). At 30 June 2011, mainstream community housing managed 14% of social housing dwellings (up from 4% in 2004) while public housing managed 79% (down from 85% in 2004).

Figure 10: Social housing dwellings, 2003–04 to 2010–11



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

Social housing is increasingly directed to support those in greatest need—a trend that has been evident for the last decade. Of all new housing allocations in 2010–11, 75% of public housing, 59% of state owned and managed Indigenous housing and 72% of mainstream community housing allocations went to those in greatest need. Housing assistance is broadly directed to assist low-income households but is also targeted towards special needs groups, including Indigenous Australians, young and older Australians and people with a disability.

Housing affordability remains a key issue for low-income households. In the government housing sector, households pay no more than 30% of their incomes in rent. In the non-government sector, rent-setting policies vary across jurisdictions. At the national level, more than 75% of low-income households in mainstream community housing paid less than 25% of their income in rent. However, 1 in 8 low-income households in mainstream community housing remain in rental stress, paying more than 30% of their income in rent.

Housing assistance in Australia: 2012 provides further information and detail regarding data quality issues. The report is at <www.aihw.gov.au/publication-detail/?id=60129542296>.

Improved data collections for drug and alcohol treatment services

Facts and figures on drug use

Alcohol and other drug treatment services help people to deal with their drug use. Treatment objectives can include reducing or stopping drug use, as well as improving social and personal functioning. Services are also provided to people who are seeking assistance for someone else's drug use.

In 2010–11, there were 666 alcohol and other drug treatment agencies that provided 150,500 closed treatment episodes to their clients. Nationally, alcohol was the most common principal drug of concern (47%), followed by cannabis (22%), heroin (9%) and amphetamines (9%). These data were reported in *Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set* which is at <www.aihw.gov.au/publication-detail/?id=60129542191>.

The Alcohol and Other Drug Treatment Services NMDS supports collection of this type of data from specialised, publicly funded alcohol and other drug treatment provided across Australia.

In 2012–13, the AIHW implemented 2 innovations to this annual data collection:

- a statistical linkage key to enable an accurate count of distinct clients and improved analysis of patterns of service use and treatment pathways
- use of the AIHW's online data validation tool, Validata™, to improve the ease of transmission of data to the AIHW and improve data quality and timeliness.

The introduction of Validata™ provided the capacity for a richer array of data edits, reduced multiple handling of data, provided a better audit trail and will support a substantial improvement to the timeliness of annual reports for this collection in future years.

Information and Statistics Group

What it does

The Information and Statistics Group publishes policy-relevant statistical information about health and welfare:

- expenditure
- workforce.

The group is also responsible for supporting the AIHW's statistical excellence through:

- statistical quality assurance work
- support for advanced statistical research, including data integration (linkage) work for researchers, both internal and external
- maintaining and improving statistical infrastructure, including:
  - classifications and standards
  - national metadata standards, as represented on METeOR, which is the AIHW's electronic repository of metadata for the health, community services, housing assistance and homelessness sectors, and early childhood education and care.

Progress on key planned deliverables		
Publish *Deriving key patient variables: a technical paper for the Hospital Dementia Services Project* and *People with dementia in hospitals in New South Wales 2006–07*	✔	
Publish a report on movement between hospital and residential aged care for 2008–09	✗	*Work in progress: to be published in 2013–14*
Publish *Children and young people at risk of social exclusion: links between homelessness, child protection and juvenile justice*	✔	
Undertake data linkage to enhance Indigenous identification in mortality data	✔	
Develop a system of data management and data linkage with the NDI for regular updating of the National Diabetes Register	✔	
Publish *Health expenditure Australia 2010–11* (see **Spotlight**) and *Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11* and their associated data products	✔	
Provide data and associated data quality statements for relevant national health-care performance indicators	✔	
Publish *Medical workforce 2011* and *Dental workforce 2011* (see **Spotlight**) and associated data products	✔	
Publish workforce data for allied health professionals for 2011	✗	*Delayed access to data*
Revise the Registered Health Professional Workforce DSS to include 4 additional professions	✔	
Review processes for capture of data on health professionals from the National Registration and Accreditation Scheme	✔	
Publish *National Health Data Dictionary version 16 2012*, *National Community Services Data Dictionary version 7 2012* and *National Housing and Homelessness Data Dictionary version 1 2013* and biannual updates of these, as required (see **Spotlight** on page 18)	✔	
Undertake programs of data development and data standards work for the National Health Information Standards and Statistics Committee, National Community Services Information Management Committee and the Housing and Homelessness Information Management Committee	✔	
Contribute chapters to *Australia's welfare 2013*, such as on welfare expenditure and the community services workforce	✔	

In the spotlight

- Data integration—In the pipeline: Diabetes Care Project
- Expenditure—Health spending per Australian
- Workforce—Dentists across Australia

In the pipeline…

The stories behind AIHW data

Diabetes Care Project

The Diabetes Care Project is a 3-year pilot study of new models of health-care delivery designed to improve care for people with diabetes. McKinsey and Company have been appointed to deliver the pilot for DoHA. The AIHW has been contracted to coordinate the data linkage component of the project.

The project will evaluate whether new models of care can deliver better quality health-care outcomes, including whether:

- care can be provided in more flexible ways
- patient and practitioner experiences and be improved
- the new models of care prove economically sustainable and scalable nationally.

The work will benefit consumers, general practices, allied health professionals and specialists. It will assist governments preparing policies to tackle problems related to the rising number of diabetics in the community.

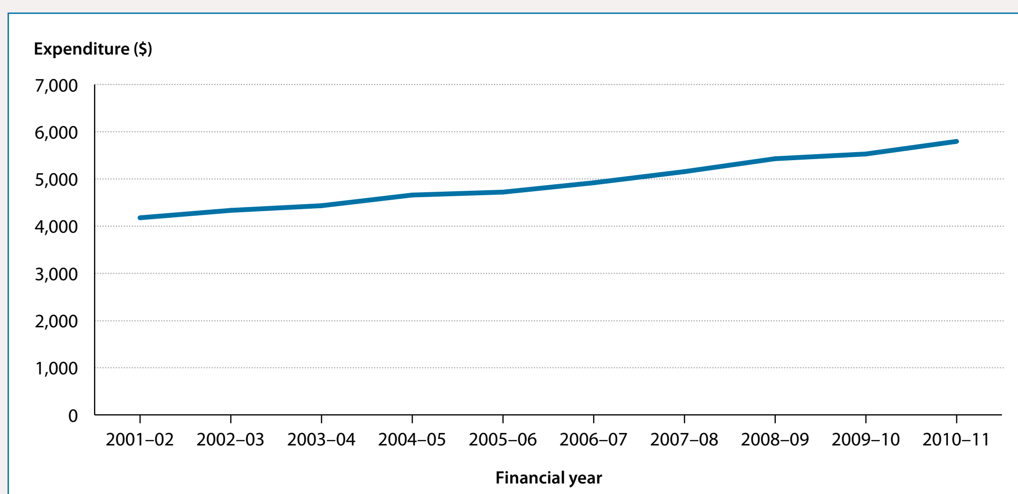
The AIHW has completed linkages (with full consent) for the project's cohort of patients across a number of health data sources. A baseline evaluation data set has been released to the evaluation team, which is now analysing this information. The AIHW is securely managing the complex data flows involved to provide up-to-date information to the care providers in the field.

Health spending per Australian

Each year the AIHW adds to its Health Expenditure Database from a range of government and non-government sources and publishes an annual report on health spending. The AIHW produces reports and data products that enable specific trends in health spending to be monitored, including spending on Indigenous health. The graph below shows the growth of health spending per person over the past decade.

The dollars and sense of health and welfare

Figure 11: Average health expenditure per person, constant prices, 2000–01 to 2010–11



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

Total health price index

The total health price index is an important output of the AIHW's expenditure work. Growth in the index from year to year is used to measure inflation in the health sector. It is one factor used by the Australian Treasury to calculate health payments to states and territories. *Health expenditure Australia 2010–11* indicated that inflation in the health sector was unusually low between 2009–10 and 2010–11 (total health price index growth of 0.9% compared with 2.4% the previous year). This is believed to have been largely related to increase in the value of the Australian dollar reducing the cost of imported medical goods.

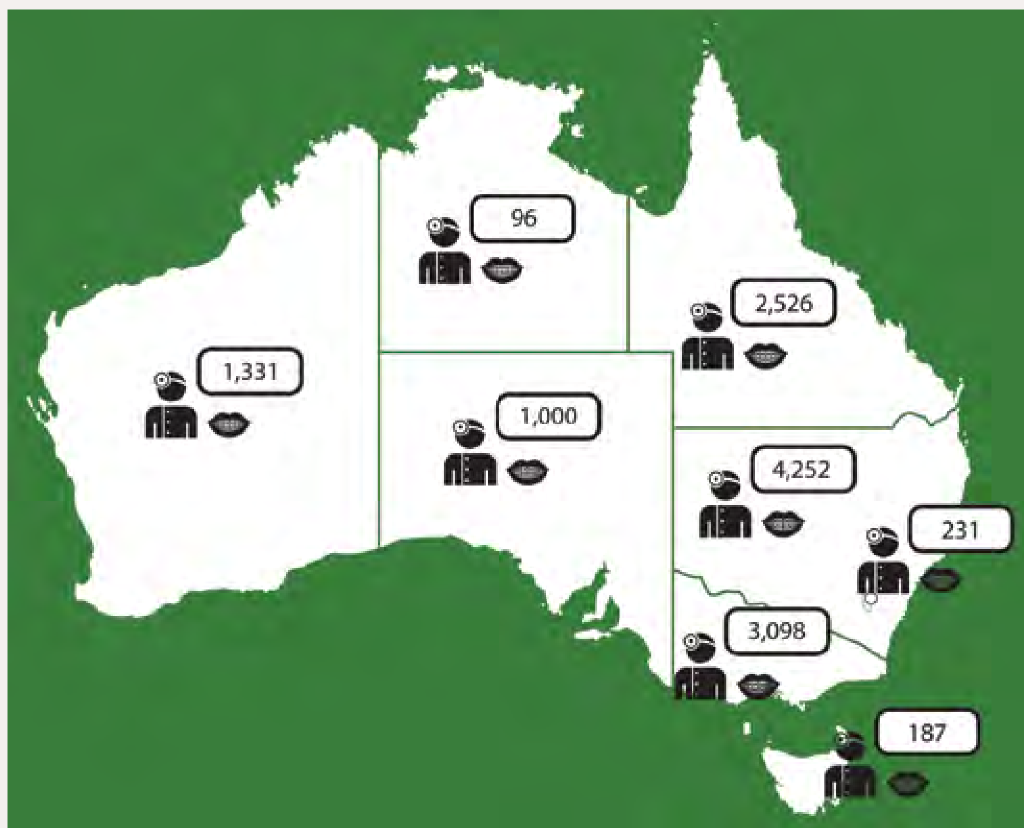
Health expenditure Australia 2010–11 is at <www.aihw.gov.au/publication-detail/?id=10737423009>.

Dentists across Australia

The AIHW produces reports and data products that assist governments, educators, health-care providers and the community understand and plan ahead for the health labour force. These reports use data collected through the National Registration and Accreditation Scheme for health practitioners. They include information on the size, distribution and expertise of the health workforce.

In 2012–13, reports on the medical, nursing and midwifery and dental labour forces were published. This map shows the distribution of dentists across Australia. The associated report, *Dental workforce 2011*, is at <www.aihw.gov.au/publication-detail/?id=60129542638>.

Figure 12: Dentists employed in dentistry: state and territory, 2011



Note: Data for this figure are shown in Table A10.10.

CHAPTER 3

Social and Indigenous Group

What it does

The Social and Indigenous Group leads the development of information and statistics on the health and welfare of children, youth, families and Indigenous people.

It also maintains and analyses national data to support monitoring and reporting.

Focus on vulnerable groups

The group also manages the Closing the Gap Clearinghouse in collaboration with the AIFS, the Indigenous Observatory and the AIHW National Perinatal Epidemiology and Statistics Unit.

Progress on key planned deliverables		
Publish a report on modelling disadvantage in children with the National Centre for Social and Economic Modelling	✗	*Work in progress: to be published in 2013–14*
Work, using data linkage, to develop better measures of Indigenous infant mortality (see **Spotlight**)	✔	
Work to develop an early childhood development researchable data set (see **Spotlight**)	✔	
Redevelop the Closing the Gap Clearinghouse website (see **Spotlight**)	✔	
Develop a set of 24 national key performance indicators for Indigenous-specific primary health care, agreed by stakeholders (see **Spotlight**)	✔	
Prepare a draft report on Indigenous data gaps and the development of culturally and linguistically diverse populations, for the Community and Disability Services Ministers' Advisory Council	✔	
Contribute chapters to *Australia's welfare 2013*	✔	
Publish a report on a performance measurement framework for equity in higher education (see **Spotlight**)	✗	*Work in progress: to be published in 2013–14*

In the spotlight

- Children's health—In the pipeline: Better measures of Indigenous infant mortality
- Early childhood—In the pipeline: Innovative work in child development
- Indigenous health—New-look Closing the Gap Clearinghouse website
- Indigenous primary health care performance indicators
- Vulnerable groups— In the pipeline: Equity in higher education

In the pipeline...

Better measures of Indigenous infant mortality

The AIHW Linked Perinatal, Births, Deaths Data Set Project will create a national ongoing data set. This will enable analysis of factors affecting infant and child health outcomes in Australia. Infant and child mortality rates are important markers of population health. At the national level, aggregate data demonstrate that there are significant differences in the mortality rates within Australia by factors such as Indigenous status.

Previous research has identified a number of potential risk factors/explanations for these differences, including the poorer health of Indigenous women of child-bearing age, as well as their poorer socioeconomic status, poorer nutrition, higher rates of obesity, poorer access to culturally appropriate maternal and child health services, younger maternal ages, higher parities, later and less frequent use of antenatal care services, and higher rates of smoking during pregnancy.

Currently, there is no way to link information on antenatal characteristics/behaviours with birth outcomes, and birth outcomes to infant and child deaths, so these factors cannot be analysed simultaneously. The data set will be created by linking unit record level data across jurisdictions from perinatal data collections, birth records and death records.

This project has been approved by the AIHW Ethics Committee. The AIHW has also commenced the process of seeking permission from data custodians in each state and territory to use birth registration data and the perinatal/midwives data. Permission will also be sought to use information on deaths of children to age 5 from the National Mortality Database and the NDI, which are both held by the AIHW.

In the pipeline...

Innovative work in child development

The National Early Childhood Development Researchable Data Set is an information source for those interested in the child development sector.

The AIHW will source data from a number of data sets (Australian Government and state and territory government administrative data), and link them to form the data set. It will contain records for children from birth to the early years of schooling.

The development of this type of data repository is relatively new. The AIHW's ultimate aim is to produce a repository that researchers can access for statistical and research purposes, and contribute to the evidence on early childhood development.

This project has received approval from the AIHW Ethics Committee. Approval will also be required from a number of other committees. Support from a number of government departments will be required to access data they hold on early childhood education and care. In addition, the AIHW will be seeking an extension of the initial funding received through the National Information Agreement on Early Childhood Education and Care (2009–13) to continue work on the project.

New-look Closing the Gap Clearinghouse website

The Closing the Gap Clearinghouse website has been redeveloped after a review recommended changes to its content, ease of navigation and search functionality.

Features of the new website include a more modern look and feel and an improved search engine and search screens. Links to the Clearinghouse resources are available through building block logos on the front page. These logos were designed by a local Aboriginal artist, Linda Huddleston.

More features are being added to the website, including an opportunity for people to comment on publications, and the ability to download videos and podcasts of Clearinghouse seminars.

This redevelopment was coordinated by Cogent Business Solutions Pty Ltd and involved staff from 4 groups across the Institute and a number of contractors.

The website is at <www.aihw.gov.au/closingthegap/>.

Indigenous primary health care performance indicators

As part of the National Indigenous Reform Agreement, DoHA, state and territory health departments and the AIHW have collaborated to develop a set of national key performance indicators (nKPIs) for Indigenous-specific primary health care services. These nKPIs are designed to monitor:

- government-funded primary health care services provided to Aboriginal and Torres Strait Islander Australians
- progress towards the COAG Closing the Gap targets—in particular, the targets for life expectancy and child mortality.

In 2010, the AIHW started developing the set of 24 nKPIs and their associated specifications in consultation with key stakeholders. The Australian Health Ministers' Advisory Council has approved 19 of the nKPIs and their specifications for collection and reporting.

In 2012–13, the AIHW collected data for 11 of the indicators from about 200 Australian Government-funded Aboriginal Community Controlled Health Organisations and other Indigenous specific primary health care services. A report was provided to each service to help with their continuous quality improvement activities and staff training. The reports were specific to each service, and contained data analyses and interpretations, including comparisons with state and territory data. They also included presentations of aggregate information about their clients that each service can use at forums such as board meetings.

In the pipeline: more nKPIs

An additional 8 nKPIs will be collected from 1 July 2013 and the remaining 5 are expected to be included from 1 July 2014. It is anticipated that from mid-2014, data collection will be expanded to include all services funded by states and territories.

In the pipeline...

Equity in higher education

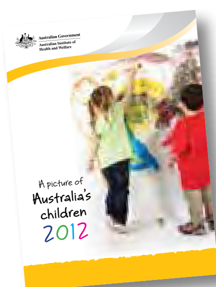
The AIHW was commissioned by the Department of Industry, Innovation, Science, Research and Tertiary Education to examine the concept of equity in higher education and its possible measurement.

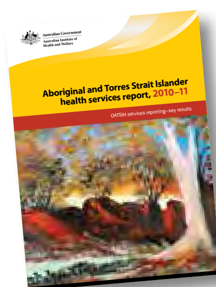
In a bid to improve access and equity, the Australian Government has invested in programs that help universities to widen participation in higher education. These programs specifically target groups that statistics show are underrepresented in higher education, such as Indigenous Australians, people from low socioeconomic status areas, people who live in regional and remote areas, and people with disabilities. The Government target is that by 2020, 20% of higher education enrolments at the undergraduate level will be students from low socioeconomic status backgrounds.

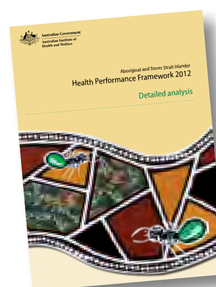
However, there is not a comprehensive framework for measuring progress towards, and achievement of, equity outcomes for these groups.

The AIHW's forthcoming report *Towards a performance measurement framework for equity in higher education*, funded by the Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, will discuss why equity in higher education is an important policy issue. The report will include an overview of the higher education system and its structure, as well as the key policy initiatives designed to improve equity.

A selection of reports released by the Social and Indigenous Group during the year.







CHAPTER 3

Collaborating units

The AIHW had collaborative arrangements in place with a number of research organisations, based mainly at universities, during 2012–13. These organisations are the:

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

Asthma monitoring

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

Progress on key planned deliverables		
Finalise *Vaccination uptake among people with chronic respiratory disease* and *Medications prescribed for people with obstructive airways disease: antibiotics and inhaled corticosteroids* (see **Spotlight**)	✔	
Contribute to a report on the geographical distribution of asthma	✔	
Contribute to 'snapshot' web pages for COPD at <www.aihw.gov.au/copd/> and for asthma at <www.aihw.gov.au/asthma/>	✔	
Improve national data collections for respiratory conditions through development and dissemination of reports and advice about information gaps	✔	
Publish a report on monitoring asthma in pregnancy	✗	*Work in progress: to be published in 2013–14*
Publish a report on long-term oxygen therapy and pulmonary rehabilitation for people with COPD	✗	*Work in progress: to be published in 2013–14*

About asthma

Asthma is a long-term condition that affects a person's breathing. The individual experiences episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways.

Asthma is a common chronic condition of the airways—1 in 10 Australians, or more than 2 million people, suffer from asthma, and it affects people of all ages.

It is a significant cause of ill health and poor quality of life. People with asthma rate their health worse than people without the condition.

Asthma has a substantial impact on the community as well. People with asthma are more likely to take days off work, school or study than people without asthma.

The symptoms of asthma are usually reversible, either with or without treatment.

During 2012–13, the AIHW Australian Centre for Asthma Monitoring released 2 publications about issues affecting the lives of people with asthma.

Vaccination uptake among people with chronic respiratory disease

This report explains that vaccinations against influenza and pneumococcal infection are beneficial for people with asthma and chronic obstructive pulmonary disease (COPD). Improving vaccination uptake requires action to identify and immunise at-risk populations. Therefore, it is important to know the proportion of people with obstructive airways disease currently vaccinated. However:

- There are no comprehensive prescription or vaccination records or registers for influenza or pneumococcal vaccines.
- It is not possible to use routine data sources or data linkage for monitoring the use of these vaccinations in people with obstructive airways disease or other similar at-risk population subgroups.

Available information shows that:

- Among older people (50 years plus), those with asthma or COPD report that they get vaccinated against influenza and pneumococcal more than those without these conditions.
- The best influenza vaccination coverage is among people with asthma or COPD aged 65 or older.
- The uptake of influenza and pneumococcal vaccination is sub-optimal.

The report is at <www.aihw.gov.au/publication-detail/?id=60129542385>.

Medications prescribed for people with obstructive airways disease: antibiotics and inhaled corticosteroids

This report explains that appropriate use of medications is important in maximising health benefits for patients, minimising the negative effects of medications and controlling health costs. It finds that:

- Antibiotics are commonly used among patients with asthma and COPD.
- Supply patterns for inhaled corticosteroids are often not consistent with treatment guidelines for the management of these conditions.

The report is at <www.aihw.gov.au/publication-detail/?id=10737423354>.

Dental statistics

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

Progress on key planned deliverables		
Finalise 4 reports on: • *Oral health and dental care in Australia: key facts and figures 2012*	✔	
• *Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008* • *The dental health of children attending a school dental service, with a focus on remoteness: Child Dental Health Survey Australia 2009* • *Child and teenager oral health and dental visiting: results from the National Dental Telephone Interview Survey 2010* (released 3 July 2013)		
Publish a report on adult oral health and dental visiting 2010	✗	*Work in progress: to be published in 2013–14*

Injury surveillance

The National Injury Surveillance Unit develops and reports a range of national statistical information on injury.

It also contributes to improving national information on injury and contributes to the work of the WHO in developing the International Classification of Diseases.

Progress on key planned deliverables		
Publish 11 reports on: • *Hospital separations due to injury and poisoning, Australia 2009–10* and 3 reports for the preceding 3 years (see **Spotlight**) • *Hospitalisations due to falls by older people, Australia 2009–10* • *Hospitalised interpersonal violence and perpetrator coding, Australia 2002–05* • *Obesity and injury in the National Hospital Morbidity Database* • *Serious childhood community injury in New South Wales 2009–10* • *Impact of improvement to Indigenous identification in hospital data on patients of hospitalised injury* • *Trends in hospitalisations due to falls by older people, Australia 1999–00 to 2010–11* • *Trends in hospitalised childhood injury in Australia 1999–07*	✔	
Publish 7 reports on: • selected drugs and their association with injury: results from the 2007 National Drug Strategy Household Survey • alcohol-related injury: results from the 2010 National Drug Strategy Household Survey • hospitalised spinal cord injury for 2008–09, 2009–10 and 2010–11 • serious injury due to land transport accidents for 2008–10 and trends for 2001 to 2010	✗	*Work in progress: to be published in 2013–14*
Publish a report on injury experience of Aboriginal and Torres Strait Islander people: analysis of the National Aboriginal and Torres Strait Islander Health Survey	✗	*Removed from work plan due to insufficient data*

Hospitalisations due to injury and poisoning

The majority of injuries sustained by Australians are relatively minor and require little or no medical treatment. During 2012–13, the AIHW published several annual *Hospital separations due to injury and poisoning* reports that focused on more serious injuries requiring hospitalisation. These reports continue a series that started in 2001–02.

The reports analysed injury-related hospital data and concentrated on community injury (that is, injuries typically sustained in the home, workplace, street, and so forth).

Key findings were:

- About 1 in 20 hospitalisations occurred as a result of an injury.
- Overall rates of injury tended to be higher at older ages (65 years or more) and lower in children (0–14 years)
- More than a quarter of all hospitalised injury cases occurred at home.
- Unintentional falls were the most common cause of hospitalised injury in each of the 4 years, accounting for about 37% of all cases. Transport accidents were the next most common group at about 14% of cases each year.

An analysis of trends in hospitalised injury since 1999–00 was included in the 2007–08 report. Over the 8 years, hospitalised injury rates rose from about 1,700 cases per 100,000 population to about 1,800 cases per 100,000.

Trends in hospitalisations due to falls by older people, Australia 1999–00 to 2010–11, also released during the year, found that more than 92,000 people aged 65 and over were hospitalised due to a fall in 2010–11. This number is nearly 25,000 higher than would have been predicted using the information available for 1999–00 and assuming no change since then in the rate of falls for this group.

The latest annual report is at <www.aihw.gov.au/publication-detail/?id=60129542825>.

The trends report for older people is at <www.aihw.gov.au/publication-detail/?id=60129543594>.

Perinatal statistics

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

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

Progress on key planned deliverables		
Publish 3 reports on: • *National Core Maternity Indicators* • *Australia's mothers and babies 2010* • *Assisted reproductive technology in Australia and New Zealand 2010*	✔	
Publish a report on maternal deaths, as part of the National Maternity Data Development Project	✗	*Work in progress: to be published in 2013–14*
Enhance national metadata standards in the Perinatal NMDS	✔	

Australia's mothers and babies

The AIHW's 20th annual report into births, *Australia's mothers and babies 2010*, reports that 294,814 women gave birth to 299,563 babies in 2010. The average age of mothers was 30.0 years and the proportion of mothers aged 35 and over has continued to increase from 17.5% in 2001 to 23.0% in 2010. Conversely, the proportion of teenage mothers has decreased from 5.0% in 2001 to 3.9% in 2010.

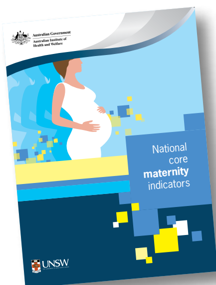
The report provides a detailed picture of the characteristics, risk factors and outcomes associated with mothers and their babies. In 2010, smoking while pregnant was reported by 14% of all mothers. About half (49%) of Indigenous mothers reported smoking during pregnancy.

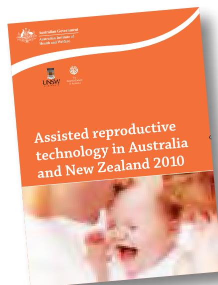
As well, it describes the circumstances surrounding the conception and birth of their children, such as the rates of assisted reproductive technology, analgesia use and home births, and the numbers of caesarean sections administered. The caesarean section rate has shown an upward trend in the decade to 2010, increasing from 25.4% in 2001 to 31.6% in 2010.

The outcomes of the births are also documented, with data provided on perinatal deaths, birthweight and the post-partum wellbeing of the mother. Overall, 6.2% of liveborn babies were of low birthweight (less than 2,500 grams), a rate which has remained relatively stable since 2001.

The report is at <www.aihw.gov.au/publication-detail/?id=60129542376>.

Other reports released by the National Perinatal Epidemiology and Statistics Unit during the year.





CHAPTER 3

Corporate groups

Business Group

- *Finance and Commercial Services Unit* provides services that support the AIHW's financial and business operations, including pricing, contract advice, business analysis and preparation of financial statements (see **Our financial performance** on pages xii and 21).
- *Information and Communications Technology Operations Unit* provides services that support the AIHW's computing and communications infrastructure and security.
- *People Unit* provides a range of strategic and operational human resource management and facility services that assist in achieving the AIHW's business objectives, including recruitment, learning and development, workforce planning, performance management support, people and building safety, facilities management, and accommodation planning (see **Chapter 4 Our people**).

All 3 units also provide advice on strategies and policies for the optimal use of the AIHW's financial, ICT and human resources—including conditions of service policy and for enhancing the AIHW's workplaces—to achieve its business objectives.

Governance and Communications Group

- *Australia's Welfare Unit* coordinates and supports the production of editions of the AIHW's publication, *Australia's welfare*.
- *Executive Unit* provides executive support and secretariat services for the AIHW Director, Board, Executive Committee and a number of national information committees.
- *Governance Unit* provides 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 the AIHW's role (see **AIHW Ethics Committee**, **Relationship management** and **Parliamentary relations** on pages 32, 38 and 105 respectively).
- *Communications, Media and Marketing Unit* promotes the Institute and its work through the media, and marketing and client relations activities, and takes a leading role in helping AIHW staff produce interesting and informative work (see **Chapter 5 Our communications**).
- *Online Communications Unit* manages the AIHW's website, intranet and other related websites, for example the AIHW's contribution to *MyHospitals*, to deliver the AIHW's online communication activities (see **AIHW's website** on page 101).
- *Publishing Services Unit* provides publishing production services for the AIHW's publications.

Information and Communications Technology and Business Transformation Program

- *Business Transformation Unit* supports improvements to the efficiency and effectiveness of the AIHW's business processes and provides the infrastructure and frameworks to improve the quality and timeliness of AIHW statistics and information products (see, as examples, references to Validata™ in **Spotlights** on pages 20, 57 and 64).
- *Technology and Transformation Unit* supports the development and implementation of ICT and related initiatives in support of the AIHW's strategic directions.

Chapter 4

Our people

This chapter details the AIHW's staffing profile and workforce strategies

Our people

The AIHW's fifth strategic direction, 'Cultivate and value a skilled, engaged and versatile workforce', recognises that its people are critical to achieving the AIHW's corporate objectives.

The AIHW aims to:

- support and develop the capabilities of staff to meet its work requirements
- attract and retain skilled, adaptable and responsive people
- promote a culture in which people work within and across teams to maximise expertise and produce results that benefit the whole AIHW
- refine organisational processes to position the AIHW as a dynamic, mid-sized organisation that can respond quickly and flexibly to emerging needs.

The AIHW's People and Facilities Unit has an important role in achieving these goals. It delivers human resource services such as workforce management, recruitment and learning and development, and provides information about conditions of service to staff and advice to managers on performance management. It also manages office accommodation and supplies and ensures compliance with work health and safety (WHS) requirements.

Staff profile

Employment numbers and categories

The AIHW had 331.3 full-time equivalent staff, or 363 total staff, at 30 June 2013. This was a 7.2% decrease on the 357.1 full-time equivalent staff employed at 30 June 2012 and a 5.9% decrease in total staff numbers.

Twenty staff were on long-term leave at 30 June 2013 compared with 27 at 30 June 2012. Staffing numbers for 2012 and 2013 are detailed in **Table 11**.

Table 11: Staff by employment category, 30 June 2012 and 30 June 2013

	All staff 2012	All staff 2013	Male staff 2013	Female staff 2013
	Number of staff			
Ongoing				
Full-time	245	219	79	140
Part-time	74	94	22	72
Long-term leave	27	19	1	18
Non-ongoing				
Full-time	30	22	10	12
Part-time	10	8		8
Long-term leave	—	1	—	1
Total	**386**	**363**	**112**	**251**
	Number of full-time equivalent staff			
Total	**357.1**	**331.3**	**107.5**	**223.8**

Notes

1. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW.
2. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts or temporary transfer for specified terms and specified tasks, including staff on temporary transfer from other APS agencies.

More than two-thirds (69.1%) of the AIHW's staff members are female. The 332 ongoing employees comprise 91.5% of all staff, and this proportion continues an increase in recent years—nearly 90% of staff were ongoing at 30 June 2012, and 86% were ongoing at 30 June 2011.

The AIHW has a high level of part-time employment. Part-time employees have increased from 22% of staff at 30 June 2012 to 28% (102 employees) at 30 June 2013. Of these employees, 94 were ongoing and 8 were non-ongoing; 80 were female and 22 were male.

Classification level

The most common classification levels of AIHW staff are Executive Level (EL) 1 (118 staff; 32.5% of total staff) and APS Level 6 (93; 25.6%) (**Table 12**).

Table 12: Staff employed by classification level, 30 June 2012 and 30 June 2013

	All staff 2012	All staff 2013	Male staff 2013	Female staff 2013
	Number of staff			
Director (CEO)	1	1	1	—
SES Band 1	11 [(a)]	10	3	7 [(b)]
EL 2	56	52	17	35
EL 1	120	118	40	78
APS 6	93	93	30	63
APS 5	61	57	15	42
APS 4	28	25	6	19
APS 3	12	5	—	5
APS 2	4	2	—	2
Total	**386**	**363**	**112**	**251**

(a) 2 male employees jointly served in a short-term acting arrangement while an SES Band 1 employee was on leave.

(b) 1 female employee served in a short-term acting arrangement while an SES Band 1 employee was on leave.

Note: Staff on higher duties are included at the level at which they are acting.

During 2012–13, non–SES staff numbers dropped across all classification levels except for APS Level 6, which remained at 93. The largest percentage decrease was at the lower APS levels (APS 3 and APS 2), though for these levels numbers are smallest. SES Band 1 staff numbers decreased from 11 to 10, although the number of substantive SES staff remained steady at 9. One SES Band 1 acting arrangement was in place at 30 June 2013.

Women are well represented across all classification levels—they fill 6 of the 9 substantive SES Band 1 positions, 66.5% of EL and 72.0% of APS Level staff positions.

Operating groups

Staff were employed across nine operating groups (**Table 13**). Of the 363 total staff, 280 (77.1%) were employed in six statistical work-related groups and 83 (22.9%) in three corporate services groups, though one of the latter groups undertakes some statistical work. The proportion of ongoing staff is only marginally lower in the corporate groups (90.4%) than in the statistical groups (91.8%) and across the AIHW as a whole (91.5%). The number of full-time equivalent staff in each group ranged from 22 in the ICT and Business Transformation Program to 55.4 in the Social and Indigenous Group.

Table 13: Staff employed by operating groups, 30 June 2013

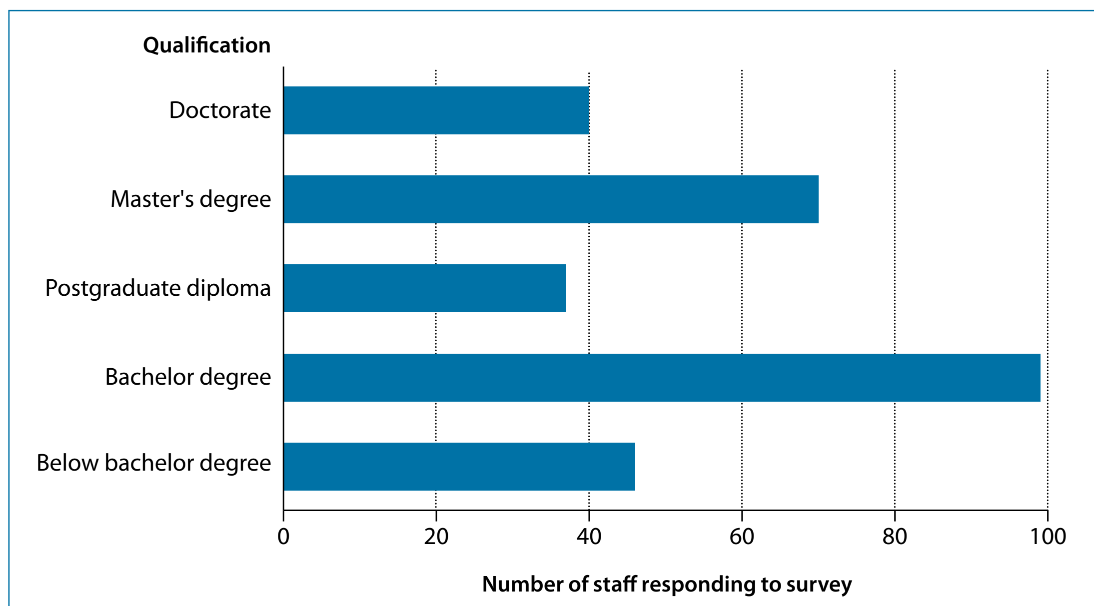
	Number of staff			Number of full-time equivalent staff		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
Director (CEO)	—	1	1	—	1.0	1.0
Statistical groups						
Continuing and Specialised Care	45	3	48	41.9	1.8	43.7
Health	44	5	49	38.8	4.8	43.6
Hospitals and Performance	32	—	32	29.5	—	29.5
Housing and Homelessness and Drugs	45	5	50	41.0	5.0	46.0
Information and Statistics	37	2	39	33.5	1.8	35.3
Social and Indigenous	54	8	62	47.8	7.6	55.4
Subtotal	*257*	*23*	*280*	*232.5*	*21.0*	*253.5*
Corporate groups						
Business	26	2	28	25.0	1.6	26.6
Governance and Communications	29	2	31	26.9	1.3	28.2
ICT and Business Transformation Program	20	3	23	19.0	3.0	22.0
Subtotal	*75*	*7*	*82*	*70.9*	*5.9*	*76.8*
Total	**332**	**31**	**363**	**303.4**	**27.9**	**331.3**

Staff qualifications

The AIHW participated in the second APS Employee Census conducted by the Australian Public Service Commission (APSC). Of the 292 staff who responded to a question about their highest level of qualification, 246 (84%) reported holding tertiary-level (graduate) qualifications (**Figure 13**). This compares favourably with the APS-wide level of 58.5% published in the APSC's *State of the Service Report 2011–12*.

The tertiary-level qualifications held by EL 2 and SES-level staff on 30 June 2013 are detailed in **Appendix 4**.

Figure 13: Highest level of qualification completed by staff, May–June 2013



Note: Data for this figure are shown in Table A10.11.

Source: APS State of the Service employee census, 14 May–15 June 2013, AIHW results.

Encouraging workplace diversity

Flexible working arrangements at the AIHW encourage and support workplace diversity. The AIHW continues to recognise and celebrate the diverse talents and experiences brought to the workplace by its staff.

Indigenous employees

Four AIHW staff identified as Indigenous at 30 June 2013, which represented 1.1% of the total AIHW workforce.

APS Indigenous Cadetship program

The AIHW participates in the APS Indigenous Cadetship program subsidised by DEEWR. The program provides financial assistance for cadets undertaking tertiary studies and offers them a 12-week work placement each year with the AIHW.

During 2012–13, the AIHW sponsored 2 cadets who gained valuable experience through working on projects such as Closing the Gap Clearinghouse and Healthy for Life. In June 2013, cadet Kathleen Jackson embarked on the academic journey of a lifetime at Harvard University in the United States of America (see **Spotlight**). Chrystel Carson is due to complete her Bachelor of Health Science at the end of 2013.

Indigenous cadet Kathleen Jackson is off to Harvard

Kathleen Jackson started at the AIHW in 2009 as an APS Indigenous cadet while studying for a Bachelor of Arts and Law and then Honours. Her Honours thesis investigated 'racial passing', where a person of a particular racial or ethnic background falsely claims to be of a different one, most commonly to obtain economic benefits such as winning a job.

In June 2013, Kathleen was accepted into the Doctor of Philosophy program in the Department of African and African American Studies at Harvard University. This exciting opportunity will give Kathleen the opportunity to gain further insight into her thesis topic and grant access to abundant resources. 'It will be a transnational study, examining the concept across borders. I'll be looking at how racial passing occurred within African American populations in contrast to Aboriginal Australia,' she said.

Before she left, Kathleen reflected on her time at AIHW. 'Working on projects like the Closing the Gap Clearinghouse, I read literally hundreds of journals and reports about programs for Indigenous people. It was such an eye-opener, discovering what was out there and it improved my knowledge of the field so much.'

Reconciliation Action Plan and Working Group

The AIHW's Reconciliation Action Plan 2012–2013 (RAP) builds on the solid foundations of the previous RAP and demonstrates that the AIHW upholds its commitment to:

- enhance awareness by staff of Aboriginal and Torres Strait Islander cultures
- inform and shape policy and community debate by highlighting issues affecting Aboriginal and Torres Strait Islander people in statistics and advice
- build, develop and encourage Indigenous employment at the AIHW
- apply the National Aboriginal and Torres Strait Islander health data principles in data collection and analysis
- develop and build the data and statistical capabilities of Aboriginal and Torres Strait Islander people and organisations.

The RAP includes measurable targets to monitor implementation of the plan and is available at <www.aihw.gov.au/about/#doc >. The RAP is overseen by the AIHW Reconciliation Action Plan Working Group which met twice during 2012–13. The working group's December 2012 progress report to the AIHW Board and Reconciliation Australia stated that all targets were exceeded, achieved or on track. In line with these targets, the AIHW delivered several cultural awareness/appreciation training programs and celebrated significant Indigenous events, such as NAIDOC Week, Reconciliation Week and Close the Gap Day, by inviting guest speakers and artists to share their experiences with staff.

The AIHW's Theresa Negrello and Anthony Cowley with Chanel Webb and Cheryl Gree, both from the Winnunga Nimmityjah Aboriginal Health Service, Narrabundah, ACT. Chanel and Cheryl spoke about their health service at an event held for AIHW staff on 28 May 2013 that commemorated National Reconciliation Week.

Macquarie University Indigenous students

Every July, Indigenous students from Macquarie University are invited to visit the AIHW. These second-year, mature-age students are undertaking Bachelor in Community Management degree courses through the Warawara Department of Indigenous Studies. The students gain an understanding of how Indigenous programs are coordinated at the national level and an awareness of AIHW publications that can help their community work. The visits raise the AIHW's profile and enhance Indigenous community access to health and welfare information.

Employees with disability

Ten staff have reported to the AIHW that they have an ongoing disability; this represents 2.8% of all AIHW staff at 30 June 2013. However, of the AIHW staff who responded to the APS Employee Census in May–June 2013, 20 reported that they had an ongoing disability. This discrepancy could indicate a level of under-reporting through the AIHW's human resources information system. Five of the staff who responded to the census indicated that they had chosen not to inform the AIHW of their disability.

The AIHW monitors initiatives by the APSC to strengthen the APS as a disability-confident employer—such as those outlined in the As One: Australian Public Service Disability Employment Strategy—to ensure that agency-level recommendations are implemented.

The AIHW's equal employment opportunity reporting requirements are detailed in **Appendix 9**.

Workforce management

Implementing our new enterprise agreement

The AIHW's Enterprise Agreement 2012–2014 came into effect on 22 October 2012, following a staff ballot in which more than 90% of voters were in favour of the agreement. The new agreement provides staff with a number of financial rewards and benefits, including 2 pay increases, productivity bonuses, faster advancement through pay points and a healthy lifestyle payment.

Recruitment

The AIHW continues to attract and retain talented staff by offering challenging and fulfilling work, competitive salaries, flexible working conditions, excellent learning and development and career opportunities, and a friendly and inclusive work environment. In 2012–13, 27 recruitment processes were externally advertised (gazetted) and orders of merit created to fill numerous vacancies. Twenty AIHW staff received a promotion during the reporting period (**Table 14**).

Table 14: Outcome of completed external recruitment processes, 2011–12 and 2012–13

	2011–12			2012–13		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
Promotion of AIHW staff (internal)	36	—	36	20	—	20
Promotion of APS staff (from outside the AIHW)	2	—	2	1	—	1
Transfer at level of APS staff (from outside the AIHW)	12	8	20	6	5	11
External appointments to AIHW	64	28	92	19	32	51
Total external recruitment processes completed	47	2	49	21	6	27

AIHW graduates

The AIHW offers excellent employment opportunities for graduates seeking to apply their qualifications in the field of health and welfare information. Of the 7 new graduates employed by the AIHW in the 2012–13 intake, 4 relocated from interstate. New graduates were given the opportunity to participate in training organised by the APSC and in strategic project work in many areas of the AIHW. They were also offered a variety of learning and development opportunities specifically tailored for APS graduates. The AIHW also offered training to graduate supervisors to build their skills and confidence in their supervisory roles.

Of the 12 graduates in the 2011–12 intake, 9 remain at the AIHW, with 4 promoted to the APS 5 level and 1 to the APS 6 level (**Table 15**).

Table 15: Graduate recruitment intake and outcomes, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13
Graduate intake (all at APS 4 level)	**12**	**21**	**14**	**12**	**7**
Graduates from the annual intake remaining at the AIHW at 30 June 2013	**4**	**10**	**5**	**9**	**7**
• as an APS 4	—	—	—	4	7
• promoted to APS 5	1	4	2	4	—
• promoted to APS 6	3	6	3	1	—

Managing for performance

The AIHW places a strong emphasis on two-way communication between managers and staff. It conducts formal staff performance feedback and communication sessions twice a year to improve communication between managers and staff on work priorities, workload, performance, learning and development, and other matters. Staff also receive feedback on their performance against the APS Integrated Leadership System capabilities and against relevant technical and professional skills. In August 2012, 301 staff participated in formal performance discussions, and 315 participated in February 2013.

To assist supervisors and managers in better managing and supporting their teams, a number of performance management workshops were offered during the year, including 'managing difficult conversations' and 'spotlight' sessions on AIHW policies, procedures and tools.

Workplace behaviour

The AIHW recognises that a positive work environment encourages workplace diversity, innovation and creativity, and helps to reduce absenteeism and employee turnover. All new employees receive training and information on the APS Values and Code of Conduct and the AIHW Values, which together frame expectation of behaviour in the workplace. Existing staff have the opportunity to attend courses on appropriate workplace behaviour with the objective of ensuring that the AIHW is free of bullying and harassment.

The AIHW has 6 fully trained harassment contact officers. They represent various classification levels and AIHW locations, and include male and female officers. They are available to all managers and staff for confidential information and advice on bullying and harassment.

Staff turnover

The AIHW's turnover of ongoing staff (separation rate excluding staff transferring to other APS agencies) has decreased over the past 12 months from 8.1% to 5.8%. This is lower than the 2011–12 separation rate for the wider APS of 6.6% published in the APSC's *State of the Service Report 2011–12*.

The overall exit rate of ongoing staff—including ongoing staff permanently transferring to other APS agencies—was 10.7% for 2012–13, compared with 15.6% for 2011–12.

Building and recognising expertise

Learning and development

The AIHW's Learning and Development Strategy 2011–2014 provides the framework for building staff capabilities through training courses, workshops and secondments. The calendar of courses and workshops is guided by a Learning and Development Advisory Committee that meets 3 times each year to consider the needs of AIHW staff. The committee uses information from the 6-monthly performance communication feedback discussions between staff and their managers to help identify learning and development needs and priorities.

Corporate learning and development program

The Corporate Learning and Development Program offered just over 100 individual in-house courses to staff during the year covering these capability areas:

- statistical, ICT and data management skills
- communication and interpersonal skills
- project management and corporate competencies
- team management and leadership.

Additionally, 3 corporate induction courses were delivered for new staff during the year: 2 comprised three half-day programs, and 1 was a revamped and streamlined half-day program (**Table 16**).

Table 16: In-house learning and development courses, 2011–12 and 2012–13

Course type	Occasions courses offered 2011–12	Occasions courses offered 2012–13	Staff attendance numbers[a] 2011–12	Staff attendance numbers[a] 2012–13
Corporate induction (for new staff)	3	3	64	38
Communication and interpersonal skills	24	17	284	224
Management and leadership skills	23	17	321	161
Statistical, ICT and data management skills	36	65	372	631

(a) Some staff attended more than 1 course.

In 2012–13, the AIHW focused on developing staff knowledge of, and skills in, a new project management system implemented during the year. When this training was added to other statistical, ICT and data (technical) skills training offered—such as SAS, METeOR, EndNote, epidemiology and the Microsoft suite—overall training in this capability area accounted for more than half of all courses delivered.

Some of the individual courses offered in the other capability areas included management and leadership, assessing leadership capability, Integrated Leadership System, leading small teams, managing and leading change, managing performance, difficult conversations, organised at work, essentials for new team leaders, EL 1 and EL 2 transitions, strategic thinking, stakeholder engagement, contract management, writing workshops, presentation skills and project management.

AIHW staff attending an internal training course.

External study

The AIHW has a Studybank program to assist staff to undertake external study to develop their knowledge and skills through a recognised qualification. Twenty-six staff received assistance for formal study during Semester 2, 2012 and Semester 1, 2013. Areas of study included law, business, social sciences and public health policy.

Staff seminars

AIHW staff delivered a range of informal short staff seminars in their areas of expertise during the year. These included:

- 11 Statistical and Analytical Methods Advisory Committee 'conversations', covering a range of topics
- the ICT Business Transformation Program's 'tea-time sessions' on topics relating to AIHW's new project management system and SharePoint
- seminars and training sessions on AIHW policies and processes, including writing for the AIHW, privacy, performance management and financial management.

Statistical support

The AIHW employs a part-time expert statistical methodologist to advise staff on statistical work. This is augmented by input from a statistical consultancy panel that was established to provide staff with advice and support in statistical methodology. The AIHW statistical manual also provides a ready source of information to staff on AIHW statistical practices. The manual is updated as required by the Statistical and Analytical Methods Advisory Committee.

Australia Day awards

Australia Day awards were presented to 15 staff members and 1 unit in 2012–13 in recognition of their outstanding contribution to the AIHW (**Table 17**).

Table 17: Australia Day awards, January 2013

Name	For innovation and enhancing AIHW's reputation through:
Ann Hunt, Helen Tse, Sue Cassidy, Tony Francis, Lisa Sainsbury, Jess Cumming, David Meere, Elizabeth Ingram and Karen Hobson	their significant contribution to *Australia's food & nutrition 2012*
Simon Margrie	his work on the SAS computer software improvement component of the Business Transformation Program
Rachel Aalders, Kirsten Morgan, Arianne Schlumpp and Tim Beard	their work on juvenile justice reporting
Tetteh Dugbaza	his leadership in some difficult areas of Indigenous statistics (in collaboration with the ABS)
Specialist Homelessness Services Unit	its successful management of the new SHSC (including active management of the innovative contract with Infoxchange)

AIHW awards for long service

Three staff completed either 20 or 10 years of service during 2012–13 (**Table 18**) and were recognised with an award. The number of staff members who, at 30 June 2013, have celebrated 10 years or more service with the AIHW is 22, or 6% of the AIHW's total workforce.

Table 18: Staff long service, 2012–13

20 years' service	10 years' service
Mark Cooper-Stanbury	Bin Tong
	Frieda Rowland

Frieda Rowland, Mark Cooper-Stanbury and Bin Tong.

Encouraging work health and safety

The AIHW is committed to meeting its obligations under the *Work Health and Safety Act 2011* (WHS Act) and maintaining an environment where senior managers, supervisors, Health and Safety Representatives and the Health and Safety Committee, together with all workers, actively cooperate to ensure that WHS risks are effectively managed.

WHS is a standing agenda item at quarterly AIHW Board meetings and internal committees, including the Executive Committee, the Consultative Committee and the Health and Safety Committee, are also updated on WHS matters.

Health and Safety Management Arrangements

The AIHW's Health and Safety Policy Statement and Health and Safety Management Arrangements (HSMA) were revised during 2012–13 to align with the WHS Act, in consultation with staff (see **Spotlight)**. These arrangements provide the framework within which the AIHW meets its legislative health and safety requirements and integrates WHS systems into its business activities.

The revised arrangements specify workers' responsibilities and the functions of the Health and Safety Committee and Health and Safety Representatives. The committee, which meets at least 4 times a year, monitors incidents in the workplace, ensures any issues are dealt with effectively and efficiently, and reviews policies and procedures on WHS.

Improving work health and safety

During 2012–13, the Health and Safety Committee and Consultative Committee worked with staff to revise the AIHW's Health and Safety Policy Statement and HSMA.

The review was triggered by the new WHS Act, legislation designed to harmonise previously separate Commonwealth, state and territory occupational health and safety laws. Before 1 January 2012, HSMA were a mandatory part of occupational health and safety legislation. Now, they are optional but their implementation is encouraged by Comcare as a useful tool for detailing key health and safety systems and processes.

The AIHW's revised Policy Statement and HSMA clarify the roles and responsibilities of all workers, including duty of care and due diligence. They focus on developing a robust safety culture at the AIHW that looks beyond formal arrangements to how people think and act toward safety every day.

As a result of revising its WHS policies, AIHW has increased the number of Health and Safety Representatives from 2 to 3, developed a more concise WHS consultation and dispute resolution model, and has adopted a strategic and proactive approach to risk management. Reflecting the enhanced responsibilities of the AIHW Board, Director and senior managers, WHS is a standing agenda item at AIHW Board meetings.

Workplace health and safety actions

Staff communication and training

New staff receive information on the AIHW's WHS policies and procedures in their new starter packs and at corporate induction sessions. AIHW staff can access information on maintaining their health and safety on the AIHW intranet. The AIHW also delivers health and wellbeing training and awareness programs. During 2012–13, these included WHS awareness, mental health awareness, resilience and preventing bullying and harassment.

Workstation assessments

The AIHW continued to provide workstation assessments for all new staff and for any staff reporting discomfort or pain in 2012–13. These assessments aim to minimise incidences of employee body-stressing injuries at the AIHW. Several sit-stand workstations have been purchased for staff who have received medical advice to adopt a standing position when working.

Workplace safety inspections

The Facilities Team undertook 4 workplace safety inspections in collaboration with Health and Safety Representatives during 2012–13, covering all AIHW office buildings.

Health and wellbeing

The AIHW continued to use Davidson Trahaire Corpsych to provide short-term counselling services under its Employee Assistance Program. For the 12 months to 28 February 2013, 15 staff and 6 family members had used the service.

As in previous years, the AIHW offered free influenza vaccinations to all staff leading into the 2013 influenza season, and 172 staff took up this offer during March 2013.

In 2012–13, the AIHW continued to support corporate gym membership and the Global Corporate Challenge. The corporate gym membership provides staff with access to a range of gyms across Canberra at a substantially reduced rate. The membership is paid for by staff and administered by the AIHW Social Club.

The Global Corporate Challenge is a worldwide corporate health initiative that encourages participants to increase their daily physical activity over 3 months. Participants are also encouraged to review their eating habits and adopt a healthier diet through access to daily information and weekly eating plans provided by a nutrition coach. Sixty-three staff are participating in the 2013 challenge.

As part of the new Enterprise Agreement, the AIHW introduced a healthy lifestyle payment. Staff are reimbursed up to $299 per year for items purchased to help them participate in physical activities.

Workplace health and safety performance outcomes

No directions, notices, offences or penalties were served against the AIHW under the new WHS Act. No workplace incidents required notification to Comcare.

Two new compensation cases were lodged and accepted by Comcare during 2012–13. Both employees successfully returned to work and to their full pre-injury duties during the period. At 30 June 2013, 1 of these cases had been closed by Comcare.

The AIHW's active commitment to early intervention and rehabilitation activity minimises time off work and enhances the prospect of achieving sustainable return-to-work outcomes for injured and ill employees.

Accommodation and energy efficiency

Current accommodation

The AIHW operated from 3 separate office buildings in Canberra in 2012–13:

- 26 Thynne Street, Fern Hill Park, Bruce (main building)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block A)
- 22 Thynne Street, Fern Hill Park, Bruce (Southlake).

The leases for these 3 buildings will expire in June 2014 and arrangements have been made for new accommodation in 2014 (see **Spotlight**).

A new location in 2014

Mindful that its lease arrangements would end in 2014, the AIHW commenced an open procurement process in 2011–2012 for available alternatives. In early 2012–13, the AIHW short-listed 3 proposals. Two proposals were for new buildings and one involved changes to the AIHW's existing premises.

The AIHW carried out a detailed 'value-for-money' assessment of the 3 options and consulted extensively with staff. A proposal for construction of a new building at 1 Thynne Street, Bruce was assessed as the best option. The AIHW Board endorsed this proposal in September 2012 and the AIHW sought and obtained approval from the Minister for Health to enter into a 15-year lease.

The new building will consist of 3 storeys plus basement parking and is designed to achieve the necessary 4.5-star energy efficiency. It will be large enough to accommodate all AIHW staff and will maintain the AIHW's long-term association with Bruce. The development application was approved and the builders started preparing the site in April 2013 by demolishing an existing building. Members of the Executive and Consultative Committees have been working together with Cox Architecture on design of the integrated fit-out.

The AIHW is due to move into its new location at the end of the 2013–14 financial year.

AIHW's Director, Mr David Kalisch, with ACT Minister Simon Corbell, MLA and local residents at 1 Thynne St, Bruce on 12 April 2013.

Ecologically sustainable development

The AIHW upholds the principles of ecologically sustainable development detailed in the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) and is committed to making a positive contribution to ecologically sustainable development.

The AIHW has reporting requirements on ecologically sustainable development matters in accordance with ss. 516A(6) of the EPBC Act. The functions of the AIHW are such that none of its activities that contribute to its single outcome under the PBS (see **Chapter 1 Our performance**) concern the principles of, or had direct relevance to, ecologically sustainable development as described in the EPBC Act. Further matters are detailed in **Table 19**. Available supporting information is provided in **Table 20**.

Table 19: Ecologically sustainable development reporting, 30 June 2013

Legislation administered during 2012–13 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 20** includes available information on energy consumption and recycling of waste. Data on water consumption and gas usage and on recycled paper, cardboard and plastics for general or co-mingled waste production are not available. The AIHW has not owned or leased vehicles since 2008.
Measures taken to minimise the impact of AIHW activities on the environment	In accordance with the AIHW's commitment to protecting the environment, it has adopted a number of practices to reduce the environmental impact of its day-to-day operations. These include: • environmentally friendly tips and information on the AIHW intranet • provision of amenities for staff who ride bicycles to work • use of energy-efficient lighting • purchasing 10% GreenPower • purchasing only energy-efficient equipment that is Energy Star compliant • 'shutting-down' multi-functional devices when they are left idle for long periods • movement-activated lighting that turns off after 20 minutes of no movement being detected • solar tinting on the windows to increase the efficiency of heating and cooling • installation of modern, efficient air-conditioning boiler and chiller by the building owner and a new building management system to better monitor fuel usage • designated car parks for staff who car-pool • participation in Earth Hour 2013 by switching off building lights, computers, monitors and multi-functional devices • water-saving devices in all 4 showers and 37 toilets • recycling of toner cartridges and paper • purchasing only paper with at least 50% recycled content for printing and copying • recycling of mobile phones • re-use of stationery items such as ring binders • recycling bins in all AIHW kitchens for collection of organic waste.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	• During 2012–13, the AIHW used benchmark indicators and targets to investigate and plan for future office accommodation, in particular the Energy Efficiency in Government Operations policy, National Australian Built Environment Rating System (NABERS) and Green Star rating. • These benchmark indicators and targets were not achieved for the AIHW's current leased office locations at 30 June 2013.

Table 20: Energy consumption and recycled waste, 2010–11 to 2012–13

	2010–11	2011–12	2012–13
Energy consumption			
Electricity (kilowatt hours, as office tenant light and power)	936,410	827,312	858,439
Paper (reams)	n.a.	n.a.	3,380
Recycled waste			
Organics from kitchens (tonnes)	2.1	2.4	1.8
Toner cartridges (number)	n.a.	n.a.	331

Note: Office air-conditioning is metered to the base building and light and power is separately metered.

Government greenhouse and energy reporting

The AIHW must comply with the Australian Government Energy Efficiency in Government Operations policy because it is a CAC Act agency that derives more than half the funds for its operations from the Commonwealth, either directly or indirectly.

Accordingly, the AIHW is required to submit energy data for inclusion in the Department of Climate Change and Energy Efficiency's annual *Energy Use in the Australian Government's Operations* report. This report is tabled in Parliament. The AIHW has submitted data as required for 2010–11 and 2011–12.

As required by the policy, a Green Lease Schedule was included in the lease for the AIHW's new office being built at 1 Thynne Street, including a stipulation that a NABERS energy rating of at least 4.5 stars (exclusive of GreenPower) must be achieved for both the base building and tenancy. The energy consumption for office lighting will be less than 10 watts per square metre and separate digital revenue meters will be installed to separate base building and tenancy use.

The new building will be within a short walking distance of major bus routes, as is the current location. Consideration will also be given to:

- not exceeding a ratio of 1 printer per 20 desktops
- achieving office power savings from desktop devices by ensuring they are shut down or on standby between set hours (for example, 7:00pm to 7:00am), wherever possible
- establishing a more comprehensive excess stationery deposit for recycling of stationery
- increasing use of video-conferencing as an alternative to staff travel
- setting environmental goals for the organisation.

Chapter 5

Our communications

This chapter focuses on the AIHW's second strategic direction, 'Improve the availability of information for the community and our stakeholders'.

Communicating well

The AIHW is committed to improving its communications by making its work widely accessible and easy to understand. In particular, it focuses its efforts on:

- ensuring information is available in a variety of formats to cater to different audiences
- helping the media to use and accurately report AIHW statistics and information
- conveying policy-relevant information to health and welfare policy makers and the public
- using innovative online communications to deliver information to the community
- wherever possible, publishing AIHW reports under Creative Commons licences so that people can use and adapt reports without making a formal request to the AIHW.

AIHW publications and other information products are rigorously peer reviewed and professionally edited to ensure that they are accurate and succinct. All AIHW publications include 1-page 'plain English' summaries.

Print-on-demand publishing

As well as providing electronic publications free of charge, the AIHW offers a cost-effective print service. On 1 July 2012, the AIHW implemented print-on-demand publishing. Digital printing of a publication 'just in time' instead of 'just in case' eliminates wastage caused by over-estimating the size of print runs, and reduces printing, warehousing and distribution costs. It also means a publication is never 'out of print'—it is published electronically and printed only when ordered.

'In brief' publications

The AIHW's commitment to improving information accessibility includes providing 'in brief' summary publications to accompany key reports. *Australia's health 2012—in brief* and the forthcoming *Australia's welfare 2013—in brief* are attractive, user-friendly short versions of the biennial reports *Australia's health 2012* and *Australia's welfare 2013* (released in August 2013). They contain graphs that highlight key information in the main reports and answer some of the 'big' health-related and welfare-related questions. For example: Is Australia a healthy nation? What actions can be taken for good health? Are things different for people outside the major cities? What is Australia doing to find out more?

The AIHW published 3 additional 'in brief' booklets during 2012–13. The first, the 32-page *Australia's food and nutrition 2012: in brief*, accompanied a more comprehensive main report (see **Spotlight** on page 12). Almost 4,500 copies of this 'in brief' report were distributed in print or electronically. The second and third, *Australia's hospitals 2011–12: at a glance* and *Cancer in Australia: in brief 2012*, combine key statistics on Australia's hospitals or cancer respectively with illustrative graphs and background information and is also available on the AIHW website.

Report profiles

The AIHW's report profiles are 4-page documents containing graphs, pictures and short summaries of information to illustrate a report's main findings. They are distributed at launches, conferences, meetings and other events to promote AIHW products. In 2012–13, the following publications were accompanied by report profiles:

- *National opioid pharmacotherapy statistics annual data collection 2012*
- *Dementia in Australia*
- *Assisted reproductive technology in Australia and New Zealand 2010*
- *Alcohol and other drug treatment services in Australia 2010–11*
- *National Centre for Monitoring Cancer Framework: 2012*
- *Aboriginal and Torres Strait Islander health services report, 2010–11: OATSIH services reporting—key results*
- *Hospitalisations due to falls by older people, Australia 2008–09.*

Online snapshots

An online snapshot presents key points on a subject in a simple and attractive format. It accompanies a number of reports or acts as a gateway to more in-depth data and analyses.

During 2012–13, snapshots covered topics such as:

- adoptions (see **Spotlight** on page 14)
- Australia's hospitals at glance
- cancer screening
- child health, development and wellbeing
- dental and oral health
- Indigenous Australians
- osteoarthritis
- aged care
- back problems
- cardiovascular health
- chronic kidney disease
- food and nutrition
- male health
- youth justice.

CHAPTER 5

Other online products

The AIHW continued to expand its range of website products in 2012–13. Two new full-text online reports were released: *Australia's hospitals 2011–12: at a glance* and the AIHW's *Annual report 2011–12*, as well as online versions of *AIHW Access* magazine.

The *Mental health services in Australia* web report <mhsa.aihw.gov.au/home/> was updated 5 times with new information on the mental health workforce and mental health-related services. There were more than 67,000 visits to the web pages in 2012–13.

The Closing the Gap Clearinghouse is delivered by the AIHW, in collaboration with the AIFS, for FaHCSIA. In 2012–13, the website <www.aihw.gov.au/closingthegap/>was redeveloped after a review of its content, navigation and search functionality. The updated website includes an improved design and search functionality. Links to Clearinghouse resources are provided via icons designed by Aboriginal artist Linda Huddleston. Seven publications were added to the Clearinghouse in 2012–13, including resource sheets, issues papers and an annual report. There were more than 70,000 visits to the site in 2012–13—an increase of nearly 9% on 2011–12.

OzHealth app

A free *OzHealth app* was released during the year. The app provides health information in a format that takes advantage of newer technologies, and is particularly valuable for students and teachers. It is designed to be as easy to use, interesting, succinct and engaging as possible. The app complements the *Australia's health 2012* and *Australia's health 2012: in brief* reports, and includes a broad selection of interesting key health facts, a health quiz and a comprehensive health glossary, as well as material about the AIHW.

Versions for iPhone and iPad are available free from Apple's App Store. By 30 June 2013, the app had been downloaded more than 3,000 times. The majority of users were from Australia, with interest also from the United States of America, the United Kingdom and China.

Social media

The AIHW uses its Twitter tag <@aihw> to keep followers informed about new releases on the AIHW website. There were 3,419 followers on 30 June 2013.

Notification services for clients and stakeholders

The AIHW website has an email notification service to advise of the release of AIHW publications, newsletters, employment and tender notices. Subscriptions to these notices increased to more than 17,000 in 2012–13 (**Table 21**). The greatest increase was for the AIHW's long-established print and online newsletter, *AIHW Access*.

Table 21: Email notification service subscriptions, 2009 to 2013 (at 30 June)

	2009	2010	2011	2012	2013	Percentage change 2012 to 2013
Health publication releases	3,339	4,019	4,629	5,382	**6,090**	+13%
Welfare publication releases	2,498	2,999	3,442	4,102	**4,583**	+12%
Education resources and promotions	276	640	1,171	2,157	**2,961**	+37%
Employment vacancies	467	629	1,640	2,478	**4,051**	+63%
AIHW Access online releases	—	400	1,069	2,398	**3,620**	+51%
Total	**6,580**	**8,687**	**11,951**	**16,517**	**21,305**	**+29%**

Customer care charter

The AIHW's customer care charter outlines its service commitment and is accessible at <www.aihw.gov.au/customer-care-charter/>. The charter describes the AIHW's standards for responding to requests for information, and details how we make information and data available and accessible. It also reinforces the AIHW's commitment to privacy when dealing with personal information and provides information on how clients can give feedback, make complaints and obtain further information about AIHW products.

Feedback on the effectiveness of products

The AIHW evaluates the effectiveness of its publications through short online reader surveys. Overall, feedback from about 225 respondents during 2012–13 was very favourable: 96% of respondents considered AIHW publications to be 'quite clearly written' or 'very clearly written', 89% found them 'quite useful' or 'very useful' and 75% found the level of detail 'about right'.

New products

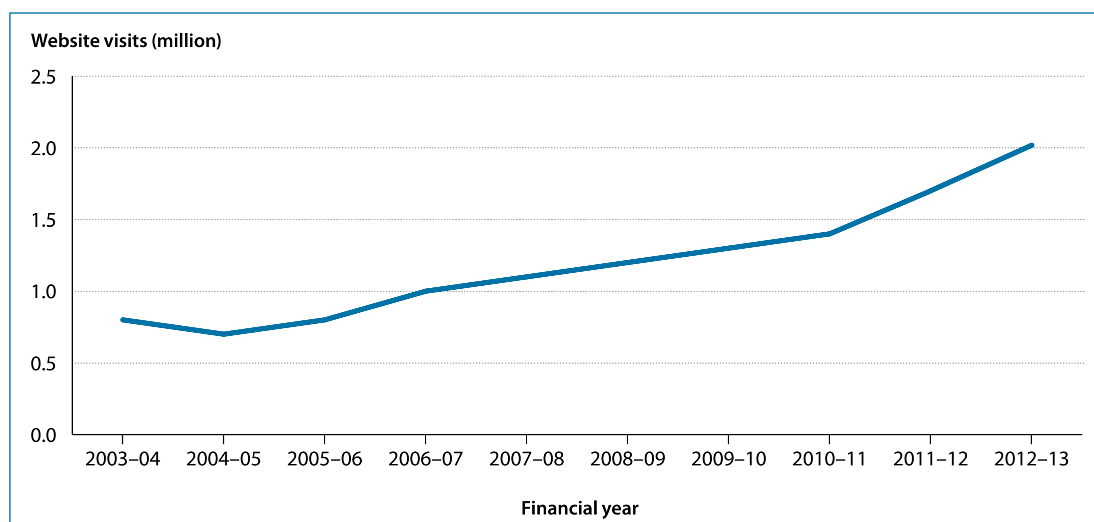
Product releases

In 2012–13, the AIHW released 121 publications and 10 web products, and many other products such as posters, fact sheets and online snapshots. Overall 21 fewer products were released in 2012–13 than in 2011–12 (see **Figure 3** on page xvii).

AIHW's website

There were more than 2 million visits to the AIHW's website <www.aihw.gov.au/> in 2012–13—a 20.7% increase from 2011–12 (1.67 million) (**Figure 14**). All AIHW publications are available free in PDF and an additional RTF or HTML format, which facilitates access by those with impaired vision.

Figure 14: Visits to the AIHW website, 2003–04 to 2012–13



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

CHAPTER 5

Recognition for AIHW products

Landmark awards for AIHW publications

Australia's health 2012 was named as 1 of '10 landmarks in health care 2012' by the Australasian College of Health Service Management in December 2012.

AIHW's report *Palliative care services in Australia*, released in October 2012, was also honoured in a supplementary list.

Journal articles on cancer

The AIHW-contributed journal article *Cancer in Australia: an overview, 2010* was by far the most accessed paper published in the *Asia-Pacific Journal of Clinical Oncology* in 2012—receiving more than 3,000 online accesses and 25 mentions in various media outlets, mostly in Australia and New Zealand. A 2012 update is expected to be published in the September 2013 edition of the journal.

Cancer risk in people exposed to computed tomography scans

The AIHW contributed information for a data linkage study published in the *British Medical Journal* that presented compelling data on the cancer risk attributable to ionizing radiation from computed tomography (CT) scans. Commenting on this study, also in the British Medical Journal, Mr Aaron Sodickson said:

'This well designed study examined a cohort of nearly 11 million young patients in the Australian national Medicare system and compared subsequent incidence of cancer in the 680 000 patients exposed to CT with those of unexposed controls. The finding that will probably dominate media headlines is that exposure to CT in childhood increased the incidence of cancer by 24%. … we will ultimately be able to perform more accurate patient specific risk assessment to better inform imaging decisions. Mathews and colleagues' study is a vital step towards this goal.'

Online annual report wins a gold medal

In May 2013, the AIHW won a gold medal for its *Annual report 2011–12* in the online category for Commonwealth Authorities and Companies Act agencies at the Annual Report Awards of the Institute of Public Administration Australia ACT Division.

The judges were particularly impressed by how easy the report was to navigate and the AIHW's strong commitment to accessibility; particularly the use of ReadSpeaker, which reads aloud the words on a page. The video introduction to the online report by the AIHW Director also drew favourable comment.

Popular reports downloads

The publications most frequently downloaded from the AIHW website in 2012–13 are detailed in **Table 22**, with *Australia's health 2012* at the top of the list with 40,918 downloads.

Table 22: Top 10 publications downloaded from the AIHW website, 2012–13

1	*Australia's health 2012*
2	*2010 National Drug Strategy Household Survey report*
3	*Australia's health 2010*
4	*Australia's health 2012—in brief*
5	*Young Australians: their health and wellbeing 2011*
6	*Cardiovascular disease: Australian facts 2011*
7	*Health expenditure Australia 2010–11* (released 26 September 2012*)
8	*A picture of Australia's children 2012* (released 31 October 2012*)
9	*Dementia in Australia* (released 27 September 2012*)
10	*Asthma in Australia 2011*

* This ranking is based on downloads of each report either during 2012–13 or from the stated release date to 30 June 2013.

Media relations

Media coverage

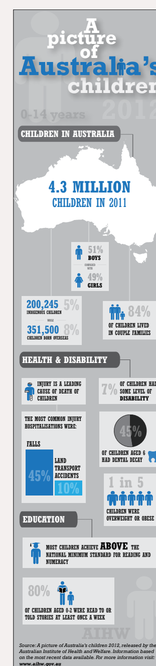
The AIHW issued 84 media releases in 2012–13, 2 more than in 2011–12 (**Table 23**). Overall media coverage rose by 12%. A drop in print coverage reflects the decline in newspapers as primary conveyors of news. Radio and TV coverage held steady, while online coverage increased substantially, reflecting the growth of the Internet as the most preferred source of news in the community.

Table 23: Media coverage, 2008–09 to 2012–13

	Print	Radio	TV	Online	AAP	Total	Media releases
2008–09	509	1,412	31	1,402	91	**3,445**	**68**
2009–10	581	1,958	139	1,347	60	**4,085**	**56**
2010–11	698	1,645	103	1,651	77	**4,174**	**71**
2011–12	564	1,956	138	2,127	96	**4,881**	**82**
2012–13	**458**	**1,929**	**128**	**2,758**	**92**	**5,365**	**84**
Percentage change 2011–12 to 2012–13	–19%	–1%	–7%	+29%	–4%	+12%	+2%

Getting our messages out better

In November 2012, in response to client requests and trends in multimedia distribution, the AIHW began producing audio 'grabs' and infographics to complement standard media releases.



Audio 'grabs'

Audio grabs—short media statements pre-recorded by the relevant AIHW media spokesperson—are created by AIHW communications staff and made available to the media when select reports are about to be released. The 'grabs' provide media with ready-made statements covering key points of the reports. They are popular with radio journalists and assist AIHW media spokespeople in managing media enquiries efficiently and responsively.

Infographics

The media frequently request pictures and graphical material to include in their coverage of AIHW reports. Infographics—graphical representations of data or report findings presented in a simple, visually appealing and creative way—are developed for select reports to accompany audio 'grabs' and a media release. This maximises exposure across all mediums. These infographics are also made available to the public on the AIHW website.

Media coverage of individual reports

The AIHW reports that received the most media coverage during the year are listed in **Table 24**.

Table 24: Top 10 reports for media coverage, 2012–13

1	*Australia's food & nutrition 2012* and *Australia's food & nutrition: in brief*
2	*Cancer survival and prevalence in Australia: period estimates from 1982 to 2010*
3	*Risk factor trends: age patterns in key health risk factors over time*
4	*Specialist Homelessness Services 2011–12*
5	*Child protection Australia 2011–12*
6	*Adoptions Australia 2011–12*
7	*Australian hospital statistics: national emergency access and elective surgery targets 2012*
8	*Cancer in Australia: an overview 2012 and Cancer in Australia: in brief 2012*
9	*Australian hospital statistics 2011–12: emergency department care*
10	*Australian hospital statistics 2011–12* and *Australia's hospitals 2011–12: at a glance*

Note: This ranking is based on 'media mentions' of each report from its release date to 30 June 2013.

Australia's food and nutrition 2012 attracted the most media coverage in 2012–13, with more than 150 media mentions across all print, broadcast and Internet-based media.

Given its topical nature and rapid release (within 2 months of its reference year), media coverage of *Australian hospital statistics: national emergency access and elective surgery targets: 2012* was closely monitored by the AIHW. The report ranked seventh for media coverage.

Launch of *Dementia care in hospitals*

A new AIHW report, *Dementia care in hospitals: costs and strategies* was released on 14 March 2013. The report was launched at Parliament House by the Minister for Mental Health and Ageing, the Hon. Mark Butler MP, the President of Alzheimer's Australia, Ms Ita Buttrose AO OBE (and Australian of the Year 2013) and the AIHW Director, Mr David Kalisch.

Ita Buttrose AO, speaking at the launch of *Dementia care in hospitals: costs and strategies*

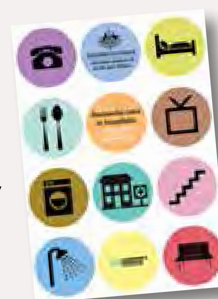
The report was produced by the AIHW in collaboration with Alzheimer's Australia, which commissioned the study, and funded by a philanthropic trust.

Using linked data for the first time in Australia for a study of its type, the report investigated the experience of people with dementia in the NSW hospital system, and the costs associated with the hospitalisation of people with dementia.

The report's key findings include:

- people with dementia stay in hospital longer and have higher associated costs—the average cost of care per episode for people with dementia was $7,720 compared with $5,010 for those without
- identification and reporting of dementia in hospitals is often poor— in 47% of episodes involving people with dementia, the condition was not recorded as either a principal or additional diagnosis in the patient record for that episode.

People with dementia faced particular challenges when hospitalised. Strategies that could improve outcomes for dementia patients include: 'hospital in the home' services; special dementia care units within residential aged care facilities; aged care services-in-emergency teams; liaison with psychiatric services that focus on the needs of people with dementia; and joint geriatric and psychiatric wards staffed by multidisciplinary care teams, including staff with expertise in dementia.



Dementia care in hospitals: costs and strategies can be found at <www.aihw.gov.au/publication-detail/?id=60129542746>.

CHAPTER 5

Parliamentary relations

Budget estimates hearings

During 2012–13, the Director appeared before the Senate Community Affairs Committee Additional Estimates hearings for the Health and Ageing portfolio. After the 3 Senate Estimates hearings, the AIHW gave an individual response to a total of 8 questions on notice and provided input for a total of 52 portfolio-wide responses to questions on notice.

Inquiries

The AIHW provided 9 submissions to parliamentary or government inquiries in 2012–13 (**Table 25**).

Table 25: Submissions to parliamentary or government inquiries, 2012–13

Federal	
Senate Standing Committees on Community Affairs—References Committee	Inquiry into Australia's domestic response to the World Health Organization's Commission on Social Determinants of Health report
Senate Standing Committees on Community Affairs—Legislation Committee	Human Services Legislation Amendment Bill 2010
Senate Standing Committees on Community Affairs—Legislation Committee	National Disability Insurance Bill 2012
Senate Standing Committees on Finance and Public Administration—References Committee	Inquiry into the implementation of the National Health Reform Agreement (2 submissions)
Senate Standing Committees on Legal and Constitutional Affairs—References Committee	Inquiry into the value of the justice reinvestment approach to criminal justice in Australia
Australian Charities and Not-for-profits Commission	Public consultation on the 2014 Annual Information Statement
Senate Standing Committees on Community Affairs— References Committee	Inquiry into the care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia
State/territory	
NSW Legislative Council General Purpose Standing Committee No. 2	Inquiry into drug and alcohol treatment

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	108
Appendix 2	Corporate governance	126
Appendix 3	Members of the AIHW Board and AIHW Ethics Committee	135
Appendix 4	Executive and unit heads	147
Appendix 5	Participation in national committees	153
Appendix 6	Collaboration with universities and specialist centres	166
Appendix 7	Data collections	167
Appendix 8	Products and presentations	172
Appendix 9	Compliance matters	186
Appendix 10	Data for figures in this report	191
Appendix 11	Financial statements	196

Appendix 1 Enabling legislation

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

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

  The AIHW Act establishes the AIHW and describes its composition, its functions, powers and obligations. The current compilation includes all amendments up to 27 June 2011 and was prepared on 27 December 2011. It may be found at: <www.comlaw.gov.au/Series/C2004A03450>.

- Australian Institute of Health and Welfare Regulations 2006 (Select Legislative Instrument 2006 No. 352).

  The regulations currently prescribe only that the maximum value of contracts that can be entered into by the AIHW without seeking ministerial approval is $1.5 million. They may be found at <www.comlaw.gov.au/Series/F2006L04013>.

- Australian Institute of Health and Welfare Ethics Committee Regulations 1989 (Statutory Rules 1989 No. 118 as amended, made under the *Health Act 1987*)

  The regulations prescribe the functions and composition of the AIHW Ethics Committee. The current compilation includes all amendments up to 5 April 2002 and was prepared on 5 April 2002. It may be found at <www.comlaw.gov.au/Series/F1997B01703>.

The AIHW Act, AIHW regulations and AIHW Ethics Committee regulations, current to 30 June 2013, are reproduced below for ease of reference.

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended.

Contents

Part I—Preliminary **110**

1 Short title 110
2 Commencement 110
3 Interpretation 110

Part II—Australian Institute of Health and Welfare **111**

Division 1—Establishment, functions and powers of Institute *111*

4 Establishment of Institute 111
5 Functions of Institute 111
6 Powers of Institute 113
7 Directions by Minister 113

Division 2—Constitution and meetings of Institute *113*

8 Constitution of Institute 113
9 Acting members 115
10 Remuneration and allowances 116
11 Leave of absence 116
12 Resignation 116
13 Termination of appointment 116
14 Disclosure of interests 117
15 Meetings 117

Division 3—Committees of Institute *117*

16 Committees 117

Division 4—Director of Institute *118*

17 Director of Institute 118
18 Functions of Director 118

Division 5—Staff *119*

19 Staff 119

Part III—Finance **119**

20 Money to be appropriated by Parliament 119
22 Money of Institute 119
23 Contracts 120
24 Extra matters to be included in annual report 120
25 Trust money and trust property 120
26 Exemption from taxation 120

Part IV—Miscellaneous **120**

27 Delegation by Institute 120
28 Delegation by Director 121
29 Confidentiality 121
30 Restricted application of the Epidemiological Studies (Confidentiality) Act 1981 122
31 Periodical reports 123
32 Regulations 123

An Act to establish an Australian Institute of Health and Welfare, and for related purposes

Part I—Preliminary

1 Short title

This Act may be cited as the *Australian Institute of Health and Welfare Act 1987*.

2 Commencement

This Act shall come into operation on a day to be fixed by Proclamation.

3 Interpretation

(1) In this Act, unless the contrary intention appears:

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Australian Institute of Health and Welfare Ethics Committee.

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

(a) the Minister of the Crown for a State;

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be.

State Housing Department means the Department of State of a State or Territory that deals with matters relating to housing in the State or Territory.

State Housing Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to housing in the State or Territory, as the case may be.

State Welfare Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to welfare in the State or Territory, as the case may be.

trust money means money received or held by the Institute on trust.

trust property means property received or held by the Institute on trust.

Welfare-related information and statistics means information and statistics collected and produced from data relevant to the provision of welfare services.

welfare services includes:

(a) aged care services; and

(b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and

(c) services for people with disabilities; and

(d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and

(e) child welfare services (including, in particular, child protection and substitute care services); and

(f) other community services.

(2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

Note: For the manner in which the Chairperson may be referred to, see section 18B of the Acts Interpretation Act 1901.

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

(1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.

(2) The Institute:

(a) is a body corporate with perpetual succession;

(b) shall have a common seal; and

(c) may sue and be sued in its corporate name.

Note: The *Commonwealth Authorities and Companies Act 1997* applies to the Institute. That Act deals with matters relating to Commonwealth authorities, including reporting and accountability, banking and investment, and conduct of officers.

(3) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Institute affixed to a document and shall presume that it was duly affixed.

5 Functions of the Institute

[*Institute to have health-related and welfare-related functions*]

(1AA) The functions of the Institute are:

(a) the health-related functions conferred by subsection (1); and

(b) the welfare-related functions conferred by subsection (1A).

[*Health-related functions*]

(1) The Institute's health-related functions are:

(a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;

(b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;

(c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;

(d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;

(e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;

(f) to conduct and promote research into the health of the people of Australia and their health services;

(g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;

(h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;

(j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;

(k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and

(m) to do anything incidental to any of the foregoing.

[*Welfare-related functions*]

(1A) The Institute's welfare-related functions are:

(a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and

(d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and

(e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and

(f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and

(g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and

(h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

[*Functions of Australian Bureau of Statistics not limited by this section*]

(3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

6 Powers of Institute

The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

(a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;

(b) to acquire, hold and dispose of real or personal property;

(c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

(d) to appoint agents and attorneys and act as an agent for other persons;

(e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;

(f) subject to section 29, to:

(i) release data to other bodies or persons; and

(ii) publish the results of any of its work; and

(g) to do anything incidental to any of its powers.

7 Directions by Minister

(1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

(3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

(1) Subject to subsection (2), the Institute shall consist of the following members:

(a) the Chairperson;

(b) the Director;

(c) a member nominated by the Australian Health Ministers' Advisory Council;

(ca) a member nominated by the Standing Committee of Social Welfare Administrators;

(cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;

(d) the Australian Statistician;

(e) the Secretary to the Department;

(f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;

(fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;

(fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;

(fc) a person nominated by the Minister who has expertise in research into public health issues;

(g) 3 other members nominated by the Minister;

(h) a member of the staff of the Institute elected by that staff.

(1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:

(a) before nominating the member referred to in paragraph 8(1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and

(b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and

(c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

(d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

(1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):

(a) may be made by one or more bodies; and

(b) may contain one or more names.

(2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.

(3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

(a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);

(b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

(ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);

(c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).

(4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).

(5) Subject to this section, a member shall be appointed by the Governor-General.

(5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full time or a part time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.

(5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part time basis for a period of one year commencing on:

- (a) the day on which the poll for the election of the member is held; or
- (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

(7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.

(8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

(1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

- (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
- (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

(2) A person may resign appointment under this section by instrument in writing delivered to the Minister.

(3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

(4) The Minister may:

- (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
- (b) terminate such an appointment at any time.

(5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.

(6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.

(7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:

- (a) the occasion for the appointment of the person had not arisen;
- (b) there was a defect or irregularity in or in connection with the appointment;
- (c) the appointment had ceased to have effect; or
- (d) the occasion for the person to act had not arisen or had ceased.

10 Remuneration and allowances

(1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the Remuneration Tribunal Act 1973.

11 Leave of absence

(1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

(2) The Minister may:

- (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and
- (b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

12 Resignation

A member may resign by instrument in writing delivered to the Governor-General.

13 Termination of appointment

(1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

(2) If a member:

- (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
- (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
- (c) being a full-time member who is paid remuneration under this Part:
  - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
  - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
- (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

the Governor-General may terminate the appointment of the member.

(3) Where:

- (a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or
- (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or
- (c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

the Governor-General shall terminate the appointment of the member.

14 Disclosure of interests

(3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

(1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

(2) The Institute shall meet at least once every 4 months.

(3) The Chairperson:

- (a) may at any time convene a meeting; and
- (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

(4) The Minister may convene such meetings as the Minister considers necessary.

(5) At a meeting:

- (a) if the Chairperson is present, the Chairperson shall preside;
- (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
- (c) a majority of the members for the time being constitute a quorum;
- (d) all questions shall be decided by a majority of the votes of the members present and voting; and
- (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

(6) The Institute shall keep minutes of its proceedings.

(7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 Committees

(1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.

(2) The functions and composition of the Ethics Committee shall be as prescribed.

(3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.

(4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.

(5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.

(6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).

(7) The members of a committee may include members of the Institute.

(8) A member of a committee holds office for such period as is specified in the instrument of appointment.

(9) A member of a committee may resign by instrument in writing delivered to the Institute.

(10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.

(11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.

(12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.

(13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:

(a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and

(b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.

(14) The disclosure must be recorded in the minutes of the meeting.

(15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

(1) There shall be a Director of the Institute.

(2) The Director shall be appointed by the Minister on the recommendation of the Institute.

(3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.

(5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.

(6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.

(7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.

(8) Sections 11 and 14 apply to the Director.

(9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

18 Functions of Director

(1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.

(2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

19 Staff

(1) The staff required for the purposes of this Act shall be:

(a) persons engaged under the *Public Service Act 1999*; and

(b) persons appointed or employed by the Institute.

(2) For the purposes of the *Public Service Act 1999*:

(a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and

(b) the Director is the Head of that Statutory Agency.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

(1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.

(2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

22 Money of Institute

(1) The money of the Institute consists of:

(a) money paid to the Institute under section 20; and

(b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

(a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

(b) in payment of remuneration and allowances payable under this Act; and

(c) in making any other payments required or permitted to be made by the Institute.

(3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

The Institute shall not, except with the written approval of the Minister:

(a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding $200,000 or such higher amount as is prescribed; or

(b) enter into a lease of land for a period of 10 years or more.

24 Extra matters to be included in annual report

(2) A report on the Institute under section 9 of the *Commonwealth Authorities and Companies Act 1997* must, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

(a) particulars of the direction; or

(b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

(1) The Institute:

(a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the Commonwealth Authorities and Companies Act 1997 containing no money other than trust money;

(b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

(c) may only invest trust money:

(i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or

(ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

(1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; and

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 Delegation by Director

(1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; or

(c) with the approval of the Minister—delegate to any other person or body; all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

Part V—Miscellaneous

29 Confidentiality

(1) Subject to this section, a person (in this subsection called the ***informed person***) who has:

(a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

(i) holding an office, engagement or appointment, or being employed, under this Act;

(ii) performing a duty or function, or exercising a power, under or in connection with this Act; or

(iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an ***information subject***), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

(c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);

(d) produce that document to any person (including an information subject); or

(e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: $2,000 or imprisonment for 12 months, or both.

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

(a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ***information provider***) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.

(2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

(a) ***court*** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

(b) ***person*** includes a body or association of persons, whether incorporated or not, and also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—a deceased person;

(c) ***produce*** includes permit access to;

(d) ***publication***, in relation to conclusions, statistics or particulars, includes:

(i) the divulging or communication to a court of the conclusions, statistics or particulars; and

(ii) the production to a court of a document containing the conclusions, statistics or particulars; and

(e) a reference to information concerning a person includes:

(i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and

(ii) a reference to information identifying a person or body providing information concerning a person.

30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*

(1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the Confidentiality Act) does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

(a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and

(b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

  (a) ***epidemiological*** study has the same meaning as in the Confidentiality Act; and

  (b) ***prescribed study*** has the same meaning as in the Confidentiality Act.

31 Periodical reports

(1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

  (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and

  (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

  (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:

    (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and

    (ii) ending on 30 June 1993; and

  (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

  (a) a health or welfare report for any period; or

  (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

  (a) statistics and related information concerning the health of the people of Australia; and

  (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

  during the period to which the report relates.

(3A) A welfare report must provide:

  (a) statistics and related information concerning the provision of welfare services to the Australian people; and

  (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

  during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

The Governor-General may make regulations, not inconsistent with this Act, prescribing matters required or permitted by this Act to be prescribed.

Australian Institute of Health and Welfare Regulations 2006

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement

These Regulations commence on the day after they are registered.

3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions

In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit

For paragraph 23 (a) of the Act, the amount of $1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended.

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

2 Definition

In these Regulations:

identifiable data means data from which an individual can be identified.

3 Functions

The functions of the Ethics Committee are:

(a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:

  (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and

  (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and

  (iii) the release, or proposed release, of identifiable data by the Institute for research purposes;

having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

(a) a chairperson;

(b) the Director of the Institute or a nominee of the Director;

(c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;

(d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;

(e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;

(f) a minister of religion or a person who performs a similar role in a community;

(g) a lawyer;

(h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.

Appendix 2 Corporate governance

The Charter of Corporate Governance outlines the structure, responsibilities and processes of the AIHW Board. The full text is reproduced below.

Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its March 2012 meeting.

Introduction

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the AIHW Board, created by legislation is complex.

The AIHW is a major national agency established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) as an independent statutory authority to provide reliable, regular and relevant information and statistics in Australia's health and welfare. The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). As provided for by the AIHW Act, management of the AIHW's affairs is delegated to the Director.

The AIHW Charter of Corporate Governance provides guidance for members and potential members of the AIHW Board to ensure the AIHW operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the AIHW.

Purpose

This charter outlines the framework for the corporate governance of the AIHW.

As a statutory authority of the Australian Government, the AIHW must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

Mission

Authoritative information and statistics to promote better health and wellbeing.

Values

Our values are:

- the **APS values**—being apolitical, accountable, sensitive and fair with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the changing needs of those who provide or use data and information which are collected by AIHW
- **accessibility**—making data and information as accessible as possible
- **privacy**—safeguarding the privacy of all individuals and groups about whom we collect data, or who provide data to us
- **expertise**—applying and developing highly specialised knowledge and high standards
- **innovation**—developing original, relevant and valued new products, processes and services.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

The AIHW was established 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*.

Under the AIHW Act, AIHW Board members are collectively also referred to as the AIHW.

The Board may appoint committees as it thinks fit to assist it in performing its functions (s. 16 of the AIHW Act).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

Responsible minister

The Minister for Health is the minister responsible for the AIHW and it is therefore an agency within the Health and Ageing portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the minister:

- a Chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community and Disability Services Ministers' Advisory Council
- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health and Ageing

- a person nominated by the minister who has knowledge of the needs of consumers of health services
- a person nominated by the minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold—and therefore not appointed—are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics—ABS)
- the Secretary of the Department of Health and Ageing (DoHA).

The ABS and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

Board members who are Commonwealth or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.

Acting members

Section 9 of the AIHW Act allows the minister to appoint a person to act as the Chairperson, Director or a member of the Board when there is a vacancy. The minister may also appoint an individual to act in a position where a current member is unable to perform the functions of their position. Further requirements relating to the appointment of acting Board members are contained within s. 33A of the *Acts Interpretation Act 1901*.

Role of observers

Observers are expected to attend Board meetings. While observers do not have voting rights or cannot participate in Board subcommittees, they can actively participate in discussion at Board meetings and assume the other responsibilities of Board members.

Observers, who represent government departments or agencies, may be permitted to circulate Board papers solely for the purposes of preparing briefing papers for the observer, after seeking approval from the Board.

Note: The Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and participate as observers with the agreement of the Board.

3. Conduct of Board members

As a statutory authority, the conduct of members of the Board is prescribed by the CAC Act.

Board members are expected to ensure that they understand their responsibilities under both the CAC Act and the AIHW Act, and to uphold the AIHW's values.

4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the minister and to parliament on Australia's health and Australia's welfare
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

Role of the Board

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its corporate plan and business plan
- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW, including the two components of its funding arrangements, that is, contractual work and the federal Budget appropriation
- endorse the annual report and the audited financial statements (as required by the CAC Act), at a Board meeting
- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its corporate plan and business plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- Chair meetings of the Board and endorse associated processes.
- Carry out an extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

Role of the Director

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.

- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.
- Provide an induction briefing to new Board members on the AIHW's functions, its operating and legislative frameworks, and members' roles and responsibilities.

Role of staff-elected Board member

- The staff member is a full Board member, with the same responsibilities as other members.

Role of other members

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW (see also 'Conflict of interests' below).
- Support the Chair and Director of the AIHW in decision making.
- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

Role of the Secretary

- Provide advice and support to the Board.
- Be independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

5. Relationships

With management

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The Chair participates in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and in developing the corporate plan and the business plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The AIHW has established itself as a Board and delegated powers for the day-to-day operations of the AIHW to the Director (s. 27).

7. Board processes

Meetings

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example, commercially or personally sensitive issues, the Chair may excuse from discussion the director, the staff member and departmental representatives.

Agenda and papers

The Director, in consultation with the Chair, formulates the agenda. Any Board member may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

Confidentiality

All papers for Board meetings are considered to be 'Board in confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

While departmental members and observers may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where members and observers require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

Minutes

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes, which are retained for the official record and are subject to audit scrutiny.

Conflicts of interest

The CAC Act requires Board members to disclose their interests relevant to the AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

(i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict

(ii) provide details of the interest as requested by other members to determine the nature and extent of the interest

(iii) remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

Conflict of roles

The Auditor-General has identified that the presence of government officers on the Boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to the AIHW's circumstances).

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the AIHW's compliance with government policy objectives;
- a customer of the AIHW as service provider; and
- a Board member expected to pursue the interests of the AIHW.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the Secretary as a customer of the AIHW will be pursued through an outside stakeholder consultation process and brought to the attention of the Board as necessary.

In relation to the Australian Statistician, it has been agreed with the Australian Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under s. 5(1)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

Decisions taken

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections 5(d) and 5(e) of the AIHW Act stipulate that 'all questions shall be decided by a majority of the votes of the members present', and 'the member presiding has a deliberative vote and, if necessary, also has a casting vote'.

Quorum

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

Remuneration and travel

In accordance with the AIHW Act, Board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Ensuring continuous improvement

The Board will review its performance every 2 years. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

Induction

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the AIHW.

Professional development

The Chair may seek professional development opportunities relevant to the operations of the Board.

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints and dispute resolution

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on efforts to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

8. Board committees

Ethics Committee

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to protect the confidentiality of the information it receives; to respect the privacy and sensitivity of those to whom it relates; to maintain high-level data security procedures; and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year, the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC for Human Research Ethics Committees.

Members of the committee are appointed by the Board for a period of 3 years.

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance
- oversight the risk management strategy and advise the Board accordingly.

Membership comprises 3 or 4 persons appointed by the Board. At least three members of the committee shall be non-executive members of the Board, one of whom is appointed as Chair of the committee. One member of the committee may not be a member of the Board. A quorum is a minimum of two members. The AIHW's Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

Remuneration Committee

The Remuneration Committee advises the Board on the remuneration of the AIHW Director.

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

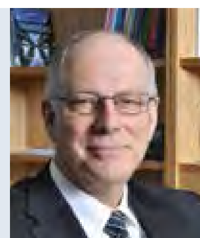
Appendix 3 Members of the AIHW Board and AIHW Ethics Committee

Members of the AIHW Board at 30 June 2013

Andrew Refshauge MB, BS, FAICD
Chair

Non-executive Director

Term: 19 July 2011–18 July 2014



Dr Refshauge was appointed Chair of the AIHW Board in 2010. He is a former Deputy Premier and Treasurer of NSW, and has also held ministerial positions in health, Aboriginal affairs, planning, housing, education and training and state development. Dr Refshauge is Chair of the Boards of CareFlight Limited and the Aged Care Standards and Accreditation Agency and Independent Chairperson of the Investment Committee of the NSW Aboriginal Land Council. He is also a Director of the Nelune Foundation. He is a former medical practitioner at the Aboriginal Medical Service in Redfern, Sydney.

David Kalisch BEc(Hons), FAICD
Director, Australian Institute of Health and Welfare

Executive Director

Term: Appointed 15 December 2010

Mr Kalisch has been the Director (Chief Executive Officer) of the AIHW since December 2010. He is an economist with more than 30 years' experience, largely in the Australian Public Service, across a range of social policy areas, including labour markets, employment programs, retirement incomes, welfare policy and programs, family and children's services, and health policy. Mr Kalisch's professional experience has included appointments as a Commissioner at the Productivity Commission, Deputy Secretary in the Australian Government Department of Health and Ageing, senior executive roles in the Departments of Family and Community Services, Social Security, and Prime Minister and Cabinet, and 2 appointments at the Organisation for Economic Co-operation and Development (OECD) in Paris. He is a Fellow of the Australian Institute of Company Directors and a Public Policy Fellow at the Australian National University.

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

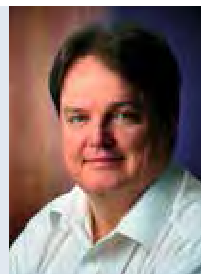
Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council (AHMAC) and SA Health. He has worked for more than 30 years in the public health sector, including as Executive Director of the Department of Health (SA) and the Department of Human Services (SA) and as the Deputy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

James Moore BA(Hons), GradDipAcc

Nominee of the Standing Council on Community and Disability Services Advisory Council

Non-executive Director

Term: 30 June 2011–29 June 2014



Mr Moore is a career public servant who has worked for the Australian and NSW governments since 1983. He is the Director-General of the NSW Department of Family and Community Services, having previously held leadership positions in ageing, disability and home care, including Chief Executive and Deputy Director-General. Mr Moore has led a range of human services reforms in NSW, including the state's 10-year plan for disability services, and the roll-out of person-centred planning and individualised funding arrangements for people with a disability. In the Australian Public Service, he has implemented regulatory reforms, directed research and data functions and reform packages, and managed Commonwealth–state relations in areas such as social security, employment, education and youth affairs, and occupational health and safety. Mr Moore has also worked as a consultant to the OECD and as a chief of staff to an Australian Government minister.

Mercia Bresnehan BEd

Representative of State Housing Departments

Non-executive Director

Terms: 13 June 2012–29 August 2012; 30 August 2012–29 August 2015

Ms Bresnehan is a Deputy Secretary of the Tasmanian Department of Health and Human Services where she is responsible for disability, housing, community services and strategic relationships with the community sector. Her previous experience has been in education, first as a teacher and then as a senior consultant in curriculum development and student support services. Ms Bresnehan has worked in senior policy officer roles in the Department of Premier and Cabinet and executive management positions in the Department of Health relating to health service planning, population health and primary health care. She was Executive Director of Housing Tasmania for 10 years. Ms Bresnehan is a graduate of the Australian Institute of Company Directors and has been a member of several community sector boards. She has represented the Housing Minister's Advisory Committee as a Director of the Australian Housing Urban Research Institute.

Brian Pink BCom

Australian Statistician, ABS

Non-executive Director

Term: Ex-officio appointment

Mr Pink is the Australian Statistician and head of the ABS, having taken up this appointment in March 2007. His career in official statistics started in Australia with the then Commonwealth Bureau of Census and Statistics in Sydney in 1966 and, over the intervening years, it has taken him to Canberra, Perth and, most recently, Wellington where he was Government Statistician and Chief Executive of Statistics New Zealand from 2000 to 2007. Mr Pink is a member of the OECD Committee on Statistics, Member of the Statistics Committee of the Economic and Social Commission for Asia and the Pacific, member of the United Nations Statistical Commission, an ex-officio member of the Australian Statistics Advisory Council and a Commissioner of the Australian Electoral Commission. He has been instrumental in championing a significant information management transformation program to prepare the ABS, the National Statistical Service and the international statistical community to meet the growing challenges of providing relevant information to policy makers, governments and businesses.

Kerry Flanagan BA
Representing Ms Jane Halton, Secretary, DoHA

Non-executive Director

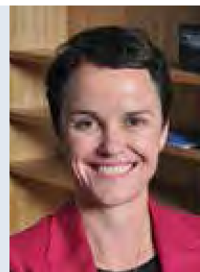
Term: Ex-officio appointment

Ms Flanagan is a Deputy Secretary of the Australian Government Department of Health and Ageing (DoHA). She has oversight of the Portfolio Strategies, Health Workforce, and Acute Care Divisions, the Strategy Policy Unit and the Tasmanian State Office. She is responsible for policy and program aspects of acute care (including hospitals and hospital-related aspects of health reform), health workforce and dental care. Ms Flanagan is also responsible for coordination functions, including the department's budget, briefing, correspondence and cabinet matters, and strategic policy and advice. She is Chair of the Finance Risk and Security Committee and is a member of the Health Workforce Principal Committee, the Hospital Principal Committee and the Jurisdictional Advisory Committees of the Independent Hospital Pricing Authority and the National Health Performance Authority. She has worked in senior executive roles in the Australian Public Service for the past 18 years, including as head of the Australian Government Office for Women between 2003 and 2006 and in the Department of Family and Community Services from 1992 to 2003. Ms Flanagan has worked for the World Bank in Washington DC on pension/social assistance systems in developing countries and for a number of Australian Government departments, including Finance, Housing and Treasury.

Erin Lalor BSc(Hons)(Speech and Hearing), PhD, GCCM
Ministerial nominee with knowledge of the needs of consumers of health services

Non-executive Director

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



Dr Lalor has been the Chief Executive Officer (CEO) of the National Stroke Foundation since 2002. She is the immediate past Chair of the National Vascular Disease Prevention Alliance and represents the Foundation on the Australian Chronic Disease Prevention Alliance. She strongly advocates for stroke prevention and treatment services at state and federal levels as well as internationally as a Director of the World Stroke Organisation and a member of its Executive Committee. Dr Lalor has a unique perspective and insight into stroke at all stages of recovery, having worked as a speech pathologist in Western Australia. She went on to undertake research into stroke services and language impairment after stroke and completed her PhD in cognitive neuropsychology in 1997. Before being appointed as CEO of the Foundation in 2002, Dr Lalor was head of its Western Australia office, where she was a key player in the development of a stroke strategy for Western Australia and the implementation of a plan for stroke services.

Samantha Page BA, MA, MAICD

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

Non-executive Director

Term: 7 August 2011–6 August 2014

Ms Page is the Chief Executive Officer of Early Childhood Australia. She has held previous roles with Family & Relationship Services Australia; the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs; Disability ACT; the ACT Legislative Assembly; ACT Council of Social Service Inc.; and SPICE Consulting. Ms Page is a Board member of the Australian Council of Social Service and a member of the ACT Child and Young People Death Review Committee. She also serves on a number of government advisory groups relevant to the wellbeing of young children and their families.

Michael Perusco BBus(Acc)

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

Non-executive Director

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

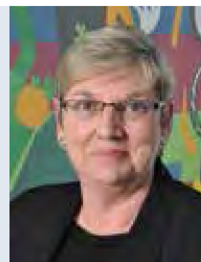
Mr Perusco is Chief Executive Officer of the St Vincent de Paul Society NSW. His previous work has been with international accounting firm Arthur Andersen, the not-for-profit Brotherhood of St Laurence, Melbourne's Sacred Heart Mission (as CEO) and the Department of Prime Minister and Cabinet. Mr Perusco is a former Australia Day Ambassador and was short-listed as Victorian State Finalist for the 2010 Australian of the Year Awards for his work with people experiencing homelessness. He is a member of the NSW Premier's Council on Homelessness and has previously served as Chair or Director of the Council to Homeless Persons, Australians for Affordable Housing, Catholic Social Services Victoria, Hanover Welfare Services, Goodcompany, the Mirabel Foundation and the Fitzroy Learning Network.

Lyn Roberts AM DipAppSc, BA(Hons), PhD

Ministerial nominee with expertise in research into public health issues

Non-executive Director

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



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

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

Professor Khoo is a Senior Fellow at the Australian Demographic & Social Research Institute, Australian National University (ANU), where her research and teaching have focused on Australia's population and demography. She is a former Executive Director of the Australian Centre for Population Research at the ANU. Professor Khoo is a graduate of Harvard University, and has worked with the East-West Population Institute at the East-West Center in Hawaii, the Australian Bureau of Statistics, and the Australian Government Bureau of Immigration, Multicultural and Population Research, and the Department of Immigration and Multicultural Affairs. Professor Khoo is an Associate Editor of the *Journal of Population Research*. She has previously held positions as consultant to the Australian Institute of Family Studies and the World Health Organization, and Vice-President of the Australian Population Association.

Claire Jackson MBBS, MPubHealth, GradCertMgmt, FAICD, FRACGP
Ministerial nominee

Non-executive Director

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

Professor Jackson is Professor of Primary Care Research and Clinical Director of 2 major Centres for Research Excellence in Primary Care Reform at the University of Queensland and an active clinician and GP supervisor in part-time general practice in Brisbane. She has been a member of the Metro North Brisbane Medicare Local since 2011 and is a member of the Queensland Clinical Senate. Professor Jackson is a former appointed member of the National Primary Care Strategy Expert Reference Group and past president of the Royal Australian College of General Practitioners. She has been active in general practice undergraduate and postgraduate education and research for many years, and has been extensively involved in health services research and reform since the early 1990s. Currently, her primary area of research interest is health system reform involving primary care.

Adrian Webster BA(Hons), BSc, PhD

Staff-elected representative

Term: 30 August 2012–29 August 2013

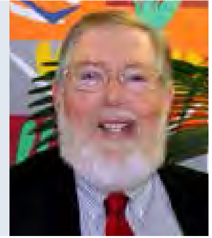
Dr Webster is Head of the AIHW Expenditure and Workforce Unit. Between 2009 and April 2012, he was Head of the Primary Health and Respiratory and Musculoskeletal Monitoring Unit. Before joining the AIHW, Dr Webster held various roles in Australia and internationally, including heading the monitoring and evaluation department of an international aid organisation working across the former Soviet Union, serving as a drug and alcohol counsellor and community development worker in an Aboriginal health service in remote Australia, working as a consultant on project management and change management for government clients in Canberra, and conducting hospitals data analysis and reporting for ACT Health. Dr Webster's primary field of study is sociology, with a focus on the technologies and tools of government. His doctoral thesis evaluated indicator-based approaches to the governance of essential services in Australia and the United Kingdom. Dr Webster's studies also include psychology, philosophy and statistics.

Outgoing members of the AIHW Board 2012–13

David Stanton BEc(Hons), MSc
Ministerial nominee

Non-executive Director

Term: 12 November 2009–11 November 2012



Greg Stewart MBBS, MPH, FRACMA, FAFPHM
Ministerial nominee

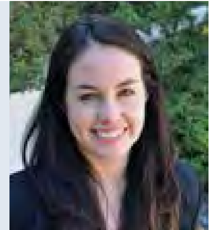
Non-executive Director

Terms: 1 September 2006–31 August 2009; 12 November 2009–11 November 2012

Jessica Cumming BComm, LLB(Hons)

Staff-elected representative

Term: 19 July 2011–18 July 2012



Members of the AIHW Ethics Committee at 30 June 2013

Ching Choi BA, PhD

Chair

Terms: 1 July 2007–30 June 2010; 1 July 2010–30 June 2013

Dr Choi was appointed Chair of the AIHW Ethics Committee in 2007. He is an Associate Professor at the Social Policy Research Centre, University of New South Wales and an Adjunct Associate Professor of the Australian Demographic and Social Research Institute, College of Arts and Social Sciences, Australian National University. Dr Choi is a member of the Scientific Reference Group for the Closing the Gap Clearinghouse and a consultant to the AIHW on demographic matters. He has worked for the AIHW, the Australian Bureau of Statistics and the Australian Department of Environment, Housing and Community Development. Dr Choi has published a number of papers and reports on demographic, health and welfare topics.

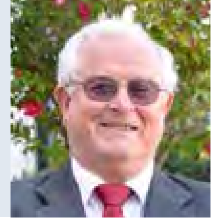
Malcolm Sim BMedSc, MBBS, MSc, GDipOccHyg, PhD, FAFOM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of and current experience in the areas of research

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 and Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a chief investigator for several national and international studies examining the role of workplace and environmental hazards in chronic diseases such as cancer, respiratory disease and musculoskeletal disorders, and the chief investigator for a 5-year NHMRC Public Health Capacity Building Grant. Professor Sim has published more than 140 research papers in refereed journals. He is Deputy Editor for *Occupational and Environmental Medicine* and an Associate Editor for the *Asia Pacific Journal of Public Health*. He is also an elected member of the Epidemiology Subcommittee of the International Commission on Occupational Health and chair of its Scientific Committee for Occupational Medicine. He has strong international research links, including a current project with the Chinese National Institute of Occupational Health and Poison Control.

David Garratt BEd, GradDip RE

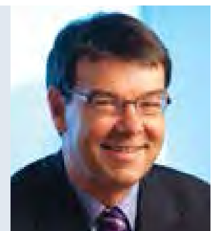


Member representing general community attitudes

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

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

John Carroll BCom, LLB

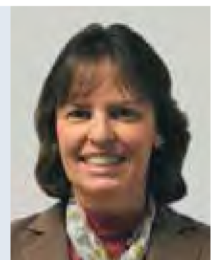


Member who is a lawyer

Term: 1 April 2013–31 March 2016

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

Angela McLean MBBS, Dip RACOG, MPH, FAFPHM (RACP), MRepMed



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

Term: 30 August 2011–29 August 2014

Dr McLean is a public health physician who has worked in various fields of medical practice, including general practice, screening mammography, emergency management and environmental medicine. Since 2008, Dr McLean has worked as a reproductive medical practitioner at Repromed in Adelaide, assisting couples with infertility to achieve pregnancy. Dr McLean is also a clinical lecturer in the School of Population Health and Clinical Practice at the University of Adelaide with experience in teaching risk communication. Dr McLean has served on various committees, including the South Australian Public and Environmental Health Council and the Asbestos Advisory Committee.

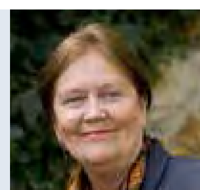
Erin Keleher BOT, MEdLeadMgmt

Member representing the Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

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

Margaret Reynolds BA, DipSpecialEd

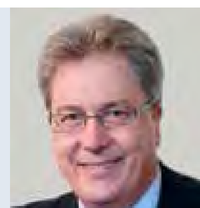


Member representing general community attitudes

Term: 17 August 2011–16 August 2014

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 for 16 years 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 is a current member of the Expert Panel on Quality Safeguards and Standards for the National Disability Insurance Scheme and National People with Disabilities and Carer Council. She has lectured in human rights and international relations at the University of Queensland and was Tasmanian State Manager for National Disability Services, an Adjunct Professor at the University of Tasmania and is the author of a political memoir. Her interests are reflected in all these roles; however, she is particularly interested in policy and practice relating to immigration, women, citizenship, social inclusion and disability services.

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



Member who is a minister of religion

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

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 Citymission, and Senior Minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University and is currently co-Minister of the Melbourne Welsh Church.

David Kalisch BEc(Hons), FAICD

Director, AIHW

Terms: AIHW Director since 15 December 2010

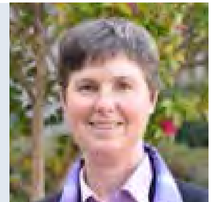
Information about Mr Kalisch is provided in his entry under **Members of the AIHW Board at 30 June 2013**.

Outgoing member of the AIHW Ethics Committee 2012–13

Camilla Webster BA(Hons), LLB, LLM

Member who is a lawyer

Term: 25 March 2010–24 March 2013



Appendix 4 Executive and unit heads

AIHW Executive and Unit Heads.

Contact details and educational qualifications for the AIHW's Senior Executives, Unit Heads and heads of collaborating units at 30 June 2013 are listed below.

Director

David Kalisch BEc (Hons), FAICD
02 6244 1100 • <david.kalisch@aihw.gov.au>

Business Group

Group head

Andrew Kettle MA (Hons), CA
02 6244 1010 • <andrew.kettle@aihw.gov.au>

Finance and Commercial Services Unit

Andrew Tharle BComm, CPA
02 6244 1087 • <andrew.tharle@aihw.gov.au>

Information and Communications Technology Operations Unit

Ian Macintosh
02 6249 5100 • <ian.macintosh@aihw.gov.au>

People and Facilities Unit

Deb Burns BBus, Grad Cert Public Sector Management
02 6244 1034 • <deb.burns@aihw.gov.au>

Continuing and Specialised Care Group

Group head

Pamela Kinnear BA(Hons) PhD
02 6249 5096 • <pamela.kinnear@aihw.gov.au>

Ageing and Aged Care Unit and Disability Information Development Unit

Mark Cooper-Stanbury BSc
02 6244 1251 • <mark.cooper-stanbury@aihw.gov.au>

Child Welfare and Prisoner Health Unit

Tim Beard BSc, BComm
02 6244 1270 • <tim.beard@aihw.gov.au>

Functioning and Disability Unit

Elizabeth Clout BEc
02 6244 1208 • <elizabeth.clout@aihw.gov.au>

Mental Health and Palliative Care Unit

Gary Hanson BPsych, MA
02 6244 1052 • <gary.hanson@aihw.gov.au>

Governance and Communications Group

Group head

Alison Verhoeven BA, Grad Dip Ed, MLitt, MBA(Dist)
02 6244 1089 • <alison.verhoeven@aihw.gov.au>

Australia's Welfare Unit

Adriana Vanden Heuvel BAppSc, MA, PhD
02 6244 1184 • <adriana.vandenheuval@aihw.gov.au>

Communications, Media and Marketing Unit

Nigel Harding BA
02 6244 1025 • <nigel.harding@aihw.gov.au>

Executive Unit

Anne Reader BA (Hons), Dip Industrial Studies, MSc
02 6244 1033 • <anne.reader@aihw.gov.au>

Governance Unit

Gary Kent LLB, BCom, Grad Dip Public Law, GAICD
02 6249 5035 • <gary.kent@aihw.gov.au>

Online Communications Unit

Belinda Hellyer BA, MA
02 6244 1026 • <belinda.hellyer@aihw.gov.au>

Publishing Services Unit

Tulip Penney BA, BPsych(Hons), MBA
02 6244 1114 • <tulip.penney@aihw.gov.au>

Health Group

Group head

Lisa McGlynn BAppSc
02 6244 1168 • <lisa.mcglynn@aihw.gov.au>

Cancer and Screening Unit

Justin Harvey BSc
02 6249 5057 • <justin.harvey@aihw.gov.au>

Cardiovascular, Diabetes and Kidney Unit

Ann Hunt (acting) BSc (Hons), Grad Dip Nutrition and Dietetics
02 6244 1238 • <ann.hunt@aihw.gov.au>

Susana Senes MSc, Grad Dip Computer Science
02 6244 1171 • <susana.senes@aihw.gov.au>

Population Health and Primary Care Unit

Louise York BEc, BSc, Grad Dip Population Health
02 6244 1271 • <louise.york@aihw.gov.au>

Burden of disease team

Lynelle Moon BMath, Grad Dip Statistics, Grad Dip Population Health, PhD
02 6244 1235 • <lynelle.moon@aihw.gov.au>

Vicki Bennett BAppSc, MHealthSc
02 6249 5082 • <vicki.bennett@aihw.gov.au>

Hospitals and Performance Group

Group head

Jenny Hargreaves BSc (Hons), Grad Dip Population Health
02 6244 1121 • <jenny.hargreaves@aihw.gov.au>

Health Performance Indicators Unit

Justine Boland BA
02 6249 5124 • <justine.boland@aihw.gov.au>

Hospitals Comparison Unit

David Braddock BSc (Hons)
02 6244 1136 • <david.braddock@aihw.gov.au>

Hospitals Data Unit

George Bodilsen BA, Grad Dip Population Health, Adv Dip Project Management
02 6244 1157 • <george.bodilsen@aihw.gov.au>

Hospitals Information Improvement Unit

Jennifer Mayhew-Larsen BEc, BA, MBA
02 6244 1294 • <jen.mayhew-larsen@aihw.gov.au>

Hospitals Reporting Unit

Katrina Burgess BMath
02 6244 1215 • <katrina.burgess@aihw.gov.au>

Housing, Homelessness and Drugs Group

Group head

Geoff Neideck BBusStudies, Grad Cert Management
02 6244 1163 • <geoff.neideck@aihw.gov.au>

Homelessness Reporting and Data Development Unit

Deborah Foulcher
02 6249 5083 • <deborah.foulcher@aihw.gov.au>

Housing Unit

Moira Hewitt BHealthSc, MA, MAppEpid, MAppSc
02 6244 1154 • <moira.hewitt@aihw.gov.au>

Specialist Homelessness Services Collection Unit

Penny Siu BA
02 6249 5081 • <penny.siu@aihw.gov.au>

Tobacco, Alcohol and Other Drugs Unit

Amber Jefferson BSc
02 6244 1137 • <amber.jefferson@aihw.gov.au>

Rachel Aalders (acting) BA(Hons), BPsych(Hons), MHID
02 6244 1112 • <rachel.aalders@aihw.gov.au>

Information and Communications Technology and Business Transformation Program Group

Group head

Warren Richter BEc, MSc
02 6244 1224 • <warren.richter@aihw.gov.au>

Business Transformation Unit

Louise O'Rance BMedSc (Hons), PhD
02 6244 1102 • <louise.orance@aihw.gov.au>

Technology and Transformation Unit

Charlie Drummond BSc (Hons), Grad Dip Computer Sciences
02 6244 1106 • <charlie.drummond@aihw.gov.au>

Information and Statistics Group

Group head

Teresa Dickinson BSc (Hons), MSc, MBA, AStat
02 6249 5104 • <teresa.dickinson@aihw.gov.au>

Data Integration Services Centre

Tenniel Guiver BMet, BMath
02 6249 5129 • <tenniel.guiver@aihw.gov.au>

Data Linkage Unit

Phil Anderson BA, BSc (Hons), PhD
02 6244 1125 • <phil.anderson@aihw.gov.au>

Expenditure and Workforce Unit

Adrian Webster BA (Hons), BSc, PhD
02 6244 1119 • <adrian.webster@aihw.gov.au>

METeOR and Metadata Unit

Tanya Wordsworth (acting) BA
02 6244 1254 • <tanya.wordsworth@aihw.gov.au>

Social and Indigenous Group

Group head

Fadwa Al-Yaman BSc, MA, PhD
02 6244 1146 • <fadwa.alyaman@aihw.gov.au>

Child Development Unit

Cathy McNickle (acting) BA, Grad Dip Education, MEd
02 6244 1219 • <cathy.mcnickle@aihw.gov.au>

Children, Youth and Families Unit

Melinda Petrie (acting) BAppSc
02 6244 1124 • <melinda.petrie@aihw.gov.au>

Indigenous Analyses and Reporting Unit

Michelle Gourley (acting) BA (Hons)
02 6244 1214 • <michelle.gourley@aihw.gov.au>

Indigenous Community and Health Service Reporting Unit

Indrani Pieris-Caldwell BA, Grad Dip Demography, PhD
02 6244 1162 • <indrani.pieris-caldwell@aihw.gov.au>

Indigenous Data Gaps Unit

Anthony Cowley BSc
02 6244 1139 • <anthony.cowley@aihw.gov.au>

Indigenous Research and Evaluation Unit

Helen Johnstone (acting) BSocSc, Grad Dip Population Health
02 6244 1259 • <helen.johnstone@aihw.gov.au>

Executive Level 2 officers on long-term paid leave

Judith Abercromby BA (Hons), Dip Lib

Collaborating units

Australian Centre for Asthma Monitoring

Guy Marks MBBS, PhD, FRACP, FAFPHM
02 9411 0466 • <guy.marks@sydney.edu.au>

Dental Statistics and Research Unit

Liana Luzzi BSc (Hons), PhD
08 8313 4049 • <liana.luzzi@adelaide.edu.au>

National Injury Surveillance Unit

James Harrison MBBS, MPH, FAFPHM
08 8201 7602 • <james.harrison@flinders.edu.au>

National Perinatal Epidemiology and Statistics Unit

Elizabeth Sullivan MBBS, MPH, MMed Sexual Health, MD, Cert SRH, Cert Exec Mgt Dev, FAFPHM
02 9382 1064 • <e.sullivan@unsw.edu.au>

Appendix 5 Participation in national committees

This appendix lists the AIHW's participation in national committees at 30 June 2013.

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Major national committees				
Homelessness Delivery Review Board	—	Ms Liza Carroll (Department of Families, Housing, Community Services and Indigenous Affairs)	Advisory	The AIHW Director provides advice on an as-needed basis
Housing and Homelessness Ministers' Advisory Committee	Housing Ministers' Conference	Mr Mike Allen (Housing NSW)	Observer	The AIHW Director is the Observer
National Health Information and Performance Principal Committee	Australian Health Ministers' Advisory Council	Mr David Swan (SA Health)	Member	The AIHW Director is the Member
Standing Committee on Performance and Reporting	National Health Information and Performance Principal Committee	Mr Peter Fitzgerald (Victorian Department of Health)	Member	The AIHW Director is the Member
Standing Council on Community and Disability Services Advisory Council	Standing Council on Community and Disability Services	Ms Gill Callister (Victorian Department of Human Services)	Observer	The AIHW Director is the Observer
Steering Committee for the Review of Government Service Provision	Council of Australian Governments	Mr Peter Harris AO (Productivity Commission)	Member	The AIHW Director is the Member
Select Council on Housing and Homelessness	Council of Australian Governments	The Hon Mark Butler MP, Minister for Housing and Homelessness	Observer	The AIHW Director is the Observer
Continuing and Specialised Care Group				
Aged care				
Aged Care Working Group	Steering Committee for the Review of Government Service Provision	Tasmanian Department of Premier and Cabinet	Member	Ageing and Aged Care Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Child welfare				
Juvenile Justice Research and Information Group	Australasian Juvenile Justice Administrators	Ms Valda Rusis (NSW Department of Attorney-General and Justice)	Secretariat, Member	Child Welfare and Prisoner Health Unit
Children, Youth, Community Services Policy and Research Working Group	Standing Council on Community and Disability Services Advisory Council	Mr Terry Murphy (WA Department of Child Protection)	Observer	Child Welfare and Prisoner Health Unit
National Framework Implementation Working Group (for the National Framework for Protecting Australia's Children)	Children, Youth, Community Services Policy and Research Working Group	Ms Cate McKenzie (Department of Families, Housing, Community Services and Indigenous Affairs) and Mr Terry Murphy (WA Department of Child Protection)	Observer	Child Welfare and Prisoner Health Unit
Prisoner health				
National Prisoner Health Information Committee	AIHW	Vacant	Secretariat, Member	Child Welfare and Prisoner Health Unit (Secretariat) provides support to Dr Pamela Kinnear (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
Disability				
Disability Services Working Group	Steering Committee for the Review of Government Services	Mr Jeremy Nott (Victorian Department of Treasury and Finance)	Member	Functioning and Disability Unit
Disability Policy and Research Working Group	Standing Council on Community and Disability Services Advisory Council	Mr Jim Moore (NSW Department of Family and Community Services)	Member	Functioning and Disability Unit provides support to Dr Pamela Kinnear (Member)
National Disability Data Network (a sub-working group)	Disability Policy and Research Working Group	Ms Alison Crisp (NSW Department of Family and Community Services)	Secretariat, Member	Executive Unit (Secretariat); Functioning and Disability Unit (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Mental health				
Mental Health Information Strategy Standing Committee	Mental Health Drug and Alcohol Principal Committee	Dr Grant Sara (NSW Health)	Member	Mental Health and Palliative Care Unit
National Mental Health Performance Subcommittee	Mental Health Information Strategy Standing Committee	Ms Ruth Catchpoole (Queensland Health)	Secretariat, Member	Mental Health and Palliative Care Unit
National Minimum Data Set Subcommittee (for mental health)	Mental Health Information Strategy Standing Committee	Mr Gary Hanson (AIHW)	Chair, Secretariat, Member	Mental Health and Palliative Care Unit
Palliative care				
Palliative Care Data Working Group	Palliative Care Working Group	Mr Tom Goff (Department of Health and Ageing)	Secretariat	Mental Health and Palliative Care Unit
Health Group				
Arthritis				
National Arthritis and Musculoskeletal Conditions Advisory Group	—	Professor Lyn March (Sydney University/Royal North Shore Hospital)	Secretariat	Population Health and Primary Care Unit
Asthma				
National Asthma and Linked Chronic Respiratory Conditions Monitoring Advisory Group	AIHW	Ms Lisa McGlynn (AIHW)	Chair, Secretariat	Population Health and Primary Care Unit
Cancer				
Cancer Monitoring Advisory Group	AIHW	Professor Jim Bishop (Victorian Comprehensive Cancer Centre)	Secretariat, Member	Cancer and Screening Unit (Secretariat) provides support to Ms Lisa McGlynn (Member)
Australasian Association of Cancer Registries Executive Committee	Australasian Association of Cancer Registries	Ms Helen Farrugia, Victorian Cancer Registry, Cancer Council Victoria	Secretariat, Member	Cancer and Screening Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Bowel Cancer Screening Program Advisory Group	Department of Health and Ageing	Ms Alice Creelman (Department of Health and Ageing)	Member	Cancer and Screening Unit
National Bowel Cancer Screening Program Biennial Screening Working Group	Department of Health and Ageing	Dr Bernie Towler (Department of Health and Ageing)	Member	Cancer and Screening Unit
Safety Monitoring Committee for the revised National Health and Medical Research Council's guidelines for women with abnormal Pap tests	Screening Sub-committee under the Australian Health Ministers' Advisory Council	Professor David Roder, AM (University of South Australia)	Member	Cancer and Screening Unit
Cardiovascular disease				
Cardiovascular Disease Monitoring Advisory Committee	AIHW National Centre for Monitoring Cardiovascular Disease	Professor Andrew Tonkin (Monash University)	Secretariat. Member	Cardiovascular, Diabetes and Kidney Unit
Diabetes				
National Diabetes Data Working Group	AIHW National Centre for Monitoring Diabetes	Professor Jonathan Shaw (Baker IDI Heart and Diabetes Institute)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Kidney disease				
Chronic Kidney Disease Monitoring Advisory Committee	AIHW National Centre for Monitoring Chronic Kidney Disease	Associate Professor Tim Mathew (Kidney Health Australia)	Secretariat, Member	Cardiovascular, Diabetes and Kidney Unit
Population health				
Australasian Mortality Data Interest Group	—	Associate Professor Tim Driscoll (University of Sydney)	Member	Population Health and Primary Care Unit
Primary health care				
National advisory committee of the Centre of Research Excellence in accessible and equitable primary health service provision in rural and remote Australia	Monash University School of Rural Health	Professor John Humphreys (Monash University)	Member	Population Health and Primary Care Unit provides support to Ms Lisa McGlynn (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Hospitals and Performance Group				
Hospitals				
National Health Information Standards and Statistics Committee	National Health Information and Performance Principal Committee	Dr David Filby (consultant to the Australian Health Ministers' Advisory Council)	Secretariat, Member	Executive Unit (Secretariat); Health Performance Indicators Unit and METeOR and Metadata Unit provide support to Ms Jenny Hargreaves (Member)
Potentially Preventable Hospitalisations and Potentially Avoidable Deaths Working Group	National Health Information Standards and Statistics Committee	Mr Neville Board (Australian Commission for Safety and Quality in Health Care) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Health Performance Indicators Unit
Emergency Data Development Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Health Performance Indicators Unit
Patient Experience Information Development Working Group	National Health Information Standards and Statistics Committee	Mr Neville Board (Australian Commission for Safety and Quality in Health Care) and Mr David Dennis (Department of Health and Ageing)	Member	Health Performance Indicators Unit; Population Health and Primary Care Unit
Patient Experience Survey Reference Group	Australian Bureau of Statistics	Dr Paul Jelfs (Australian Bureau of Statistics)	Member	Health Performance Indicators Unit
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
Health Working Group	Steering Committee for the Review of Government Service Provision	Ms Janet Schorer (NSW Department of Premier and Cabinet)	Member	Health Performance Indicators Unit
Australian Hospital Statistics Advisory Committee	AIHW	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Reporting Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Public Hospitals Establishment National Minimum Data Set Working Group	National Health Information Standards and Statistics Committee	Ms Jenny Hargreaves (AIHW)	Chair, Secretariat	Hospitals Comparison Unit
Medical indemnity				
Medical Indemnity Data Working Group	National Health Information Standards and Statistics Committee	Ms Michele Murphy (NSW Department of Health)	Secretariat, Member	Hospitals Data Unit (Secretariat) provides support to Ms Jenny Hargreaves (Member)
Medical Indemnity National Collection Coordinating Committee	AIHW	(Acting) Mr Julien Wicks (Department of Health and Ageing)	Secretariat, Member	Hospitals Data Unit (Secretariat) provides support to Ms Jenny Hargreaves (Member)
Health data classification				
WHO Family of International Classifications Collaborating Centres Network Advisory Council (and its Small Executive Group)	World Health Organization	Dr Stefanie Weber (German Collaborating Centre) and Dr Lars Berg (Nordic Collaborating Centre)	Member	Hospitals Information Improvement Unit provides support to Ms Jenny Hargreaves (Member)
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	Hospitals Information Improvement Unit
WHO Family of International Classifications Family Development Committee	WHO Family of International Classifications' Network	Dr Huib Ten Napel, (Netherlands Collaborating Centre) and Ms Jenny Hargreaves (AIHW)	Co-Chair, Secretariat	Hospitals Information Improvement Unit
WHO International Classifications of Diseases Revision Steering Group	WHO	Dr Chris Chute (WHO)	Member	Hospitals Information Improvement Unit provides support to Ms Jenny Hargreaves (Member)
WHO Family of International Classifications Updating & Revision Committee	WHO Family of International Classifications' Network	Dr Ulrich Vogel (German Collaborating Centre) and Mr Francesco Gongolo (Italian Collaborating Centre)	Member	Hospitals Information Improvement Unit provides support to Ms Jenny Hargreaves (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
WHO Family of International Classifications Education & Implementation Committee	WHO Family of International Classifications' Network	Ms Sue Walker (Australian Collaborating Centre; Queensland University of Technology) and Ms Cassia Buchalla (Brazilian Collaborating Centre)	Member	Hospitals Information Improvement Unit provides support to Ms Jenny Hargreaves (Member)
National Casemix and Classification Centre ICD-10-AM Technical Group	National Casemix and Classification Centre	Ms Jennie Shepheard (Department of Health, Victoria)	Member	Hospitals Information Improvement Unit
National Casemix and Classification Centre AR-DRG Technical Group	National Casemix and Classification Centre	Mr Stuart McAlister (Independent Hospital Pricing Authority)	Member	Hospitals Information Improvement Unit
Housing, Homelessness and Drugs Group				
Housing and homelessness				
Homelessness Statistics Reference Group	Australian Bureau of Statistics	Mr Peter Harper (Australian Bureau of Statistics)	Member	Homelessness Reporting and Data Development Unit provides support to Mr Geoff Neideck (Member)
Housing and Homelessness Information Management Group	Housing and Homelessness Policy and Research Working Group	Ms Marion Bennett (Department of Family and Community Services - Housing NSW)	Secretariat, Member	Executive Unit (Secretariat); A number of units (Homelessness Reporting and Data Development, Housing, Specialist Homelessness Services Collection, and METeOR and Metadata) provide support to Mr Geoff Neideck (Member)
Connecting the Dots: Service Delivery Pathways and Homelessness Project Steering Committee	Department of Families, Housing, Community Services and Indigenous Affairs	Department of Families, Housing, Community Services and Indigenous Affairs	Member	Homelessness Reporting and Data Development Unit provides support to Mr Geoff Neideck (Member)
Specialist Homelessness Services User Advisory Group	AIHW	Mr Geoff Neideck (AIHW)	Chair, Secretariat, Member	Homelessness Reporting and Data Development Unit (Secretariat, Member); Specialist Homelessness Services Collection Unit (Member)
Specialist Homelessness Services Working Group	Housing and Homelessness Information Management Group	Maureen Flynn (WA Department for Child Protection and Family Support)	Secretariat, Member	Homelessness Reporting and Data Development Unit (Secretariat, Member); Specialist Homelessness Services Collection Unit (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Housing and Homelessness Working Group	Steering Committee for the Review of Government Service Provision	Ms Janelle Thurlby (Queensland Department of Treasury)	Member	Housing Unit and Homelessness Reporting and Data Development Unit provide support to Mr Geoff Neideck (Member)
Homelessness Statistics Reference Group	Australian Bureau of Statistics	Mr Peter Harper (Australian Bureau of Statistics)	Member	Homelessness Reporting and Data Development Unit provides support to Mr Geoff Neideck (Member)
Housing and Homelessness Policy and Research Working Group	Housing and Homelessness Ministers' Advisory Committee	Ms Tania Loosley-Smith (Housing WA)	Member	Housing Unit, Homelessness Reporting and Data Development Unit and Specialist Homelessness Services Collection Unit provide support to Mr Geoff Neideck (Member)
Drugs				
Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group	Intergovernmental Committee on Drugs	Ms Anita Reimann (Tasmanian Department of Health and Human Services)	Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
National Opioid Pharmacotherapy Statistics Annual Data Working Group	AIHW	Ms Anita Reimann (Tasmanian Department of Health and Human Services)	Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
2013 National Drug Strategy Household Survey Technical Advisory Group	AIHW	Mr Geoff Neideck (AIHW)	Chair, Secretariat, Member	Tobacco, Alcohol and Other Drugs Unit
National Drug Strategy Research and Data Working Group	Intergovernmental Committee on Drugs	Mr David McGrath (NSW Health)	Member	Tobacco, Alcohol and Other Drugs Unit
Information and Statistics Group				
Data linkage				
Population Health Research Network Management Council	—	Professor Brendon Kearney, OAM (Chair, Health Policy Advisory Committee on Technology and EuroScan International Network)	Member	Ms Teresa Dickinson is the Member

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Population Health Research Network Operations Committee	Population Health Research Network Management Council	Professor Louisa Jorm (Sax Institute)	Member	Data Integration Services Centre
Population Health Research Network Proof of Concept Reference Group	Population Health Research Network Management Council	Ms Diana Rosman (WA Department of Health)	Member	Data Integration Services Centre
Population Health Research Network Ethics, Privacy and Consumer Engagement Advisory Group	Population Health Research Network Management Council	Mr Andrew Stanley (SA–NT DataLink)	Member	Data Integration Services Centre provides support to Ms Teresa Dickinson (Member)
Population Health Research Network Information Governance Framework Consultancy Group	Population Health Research Network Management Council	Mr John Bray (Curtin University)	Member	Data Integration Services Centre
Integrating Authorities Working Group	Health Policy Priorities Principal Committee	Department of Health and Ageing	Member	Data Linkage Unit
Cross Portfolio Data Integration Committee Reference Group	Cross Portfolio Data Integration Oversight Board	Australian Bureau of Statistics and Department of Health and Ageing	Member	Data Linkage Unit
Expenditure				
Health Expenditure Advisory Committee	AIHW	Ms Teresa Dickinson (AIHW)	Chair, Secretariat	Expenditure and Workforce Unit
Indigenous Health Expenditure Technical Advisory Group	AIHW	Mr John Maxwell (Department of Health and Ageing) and Ms Teresa Dickinson (AIHW)	Co-Chair, Secretariat	Expenditure and Workforce Unit
Indigenous Expenditure Report Steering Committee	Productivity Commission	Productivity Commission	Member	Expenditure and Workforce Unit
Labour force				
Workforce Planning and Research Advisory Committee	Health Workforce Australia	Mr Ian Crettenden (Health Workforce Australia)	Member	Expenditure and Workforce Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Metadata				
National Health Information Regulatory Framework Working Group	National Health Information and Performance Principal Committee	Ms Liz Forman (Department of Health and Ageing)	Member	METeOR and Metadata Unit provides support to Ms Teresa Dickinson (Member)
Joint Standing Committee on Health Informatics Standards	National Health Information and Performance Principal Committee	Dr David Filby (Chair, National Health Information Standards and Statistics Committee)	Member	METeOR and Metadata Unit provides support to Ms Teresa Dickinson (Member)
IT-014 Standards Australia – Health Informatics Technical Committee	Standards Australia	Mr Mark Bezzina (StanCert)	Member	METeOR and Metadata Unit provides support to Ms Teresa Dickinson (Member)
IT-014-02 Standards Australia – Health Concept Representation Sub-Committee	IT-014 Standards Australia – Health informatics	Ms Heather Grain (eHealth Education Pty. Ltd.) and Ms Christine Coleshill (Queensland Health)	Member	METeOR and Metadata Unit
Social and Indigenous Group				
Children and youth				
Early Childhood Data Subgroup	Early Childhood Development Working Group	Ms Jo Caldwell (Department of Education, Employment and Workplace Relations)	Member	Child Development Unit and Children, Youth and Families Unit provide support to Dr Fadwa Al-Yaman (Member)
Australian Early Childhood Development Index National Committee	Department of Education, Employment and Workplace Relations	Mr Matthew Hardy (Department of Education, Employment and Workplace Relations)	Member	Child Development Unit provides support to Dr Fadwa Al-Yaman (Member)
Australian Child Wellbeing Project Steering Group	—	Professor George Patton (Centre for Adolescent Health, Royal Children's Hospital)	Member	Children, Youth and Families Unit provides support to Dr Fadwa Al-Yaman (Member)
Clinical and Data Reference Group	National Maternity Data Development Project Advisory Group	Professor Jeremy Oats (Victorian Maternity Clinical Network)	Secretariat, Member	Children, Youth and Families Unit (Secretariat, Member); National Perinatal Epidemiology and Statistics Unit (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
National Maternity Data Development Project Advisory Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Children, Youth and Families Unit (Secretariat, Member); National Perinatal Epidemiology and Statistics Unit (Member)
Expert Commentary Group: National Core Maternity Indicators Project	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat, Member	Children, Youth and Families Unit
Community services				
Research Evidence and Data Working Group	Standing Council on Community and Disability Services Advisory Council	Mr Jim Moore (NSW Department of Family and Community Services)	Secretariat, Member	Executive Unit (Secretariat); METeOR and Metadata Unit provides support to Dr Fadwa Al-Yaman (Member)
Indigenous				
Aboriginal and Torres Strait Islander Health Performance Framework Steering Committee	Department of Health and Ageing	Department of Health and Ageing	Member	Indigenous Analyses and Reporting Unit
Aboriginal and Torres Strait Islander Health Performance Framework Technical Reference Group	Department of Health and Ageing	Ms Kirrily Harrison (Department of Health and Ageing)	Member	Indigenous Analyses and Reporting Unit
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	National Health Information and Performance Principal Committee	Mr David Swan (SA Health)	Secretariat, Member	Executive Unit (Secretariat); All units in the Group with responsibility for Indigenous matters support Dr Fadwa Al-Yaman (Member)
National Indigenous Reform Agreement Performance Information Management Group	COAG Working Group on Indigenous Reform	Mr Matthew James (Department of Families, Housing, Community Services and Indigenous Affairs)	Secretariat, Member	Executive Unit (Secretariat); Indigenous Data Gaps Unit (Member)
National Aboriginal and Torres Strait Islander Health Standing Committee	Community Care and Population Health Principal Committee	Ms Carmen Parter (Centre for Aboriginal Health, NSW)	Member	All units in the Group with responsibility for Indigenous matters support Dr Fadwa Al-Yaman (Member)

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Technical Working Group (for the development of national KPIs)	Department of Health and Ageing and AIHW	Dr Masha Somi (Department of Health and Ageing) and Dr Fadwa Al-Yaman (AIHW)	Co-Chair, Member	Indigenous Community and Health Service Reporting Unit
OCHREStreams Project Management Group	Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing	Ms Tanya Boston (Department of Health and Ageing)	Member	Indigenous Community and Health Service Reporting Unit
Data Quality Improvement Subcommittee	Tasmanian Over-arching Bilateral Indigenous Planning group, Ministerial Council of Federal Financial Relations	Ms Laurette Thorp (Tasmanian Department of Premier and Cabinet)	Member	Indigenous Data Gaps Unit
Data Reform Group	Victorian Over-arching Bilateral Indigenous Planning group, Ministerial Council of Federal Financial Relations	Mr Lane Masterton (Australian Bureau of Statistics)	Member	Indigenous Data Gaps Unit
Victorian Cancer Screening Data Linkage Working Group	Victorian Department of Health	Dr Dorota Gertig (Victorian Cytology Service)	Member	Indigenous Data Gaps Unit
Closing the Gap Clearinghouse Board	The Board advises the Minister for Families, Housing, Community Services and Indigenous Affairs	Dr Meredith Edwards (University of Canberra)	Secretariat	Indigenous Research and Evaluation Unit
Closing the Gap Clearinghouse Scientific Reference Group	AIHW	Dr Fadwa Al-Yaman (AIHW)	Chair, Secretariat	Indigenous Research and Evaluation Unit
Collaborating units				
National Oral Health Plan Monitoring Group	Community Care and Population Health Principal Committee	Dr Kevin Buckett (SA Health)	Member	Dental Statistics and Research Unit
International Classification of Diseases Revision Steering Group; Injury and External Causes Topic Advisory Group	World Health Organization	Dr James Harrison (National Injury Surveillance Unit)	Chair	National Injury Surveillance Unit
Australasian Maternity Outcomes Surveillance System Advisory Group	Australasian Maternity Outcomes Surveillance System	Dr Liz Sullivan (National Perinatal Epidemiology and Statistics Unit)	Chair	National Perinatal Epidemiology and Statistics Unit

Committee	Committee's parent body	Chair	Role of the AIHW	Unit undertaking AIHW's role
Australian and New Zealand Stillbirth Alliance	International Stillbirth Alliance	Associate Professor Adrian Charles (University of Western Australia)	Member	National Perinatal Epidemiology and Statistics Unit
National Advisory Committee on Maternal Mortality	Maternal Mortality Report component of the National Maternity Data Development Project	Professor Elizabeth Sullivan (National Perinatal Epidemiology and Statistics Unit)	Chair. Member	National Perinatal Epidemiology and Statistics Unit. (Chair). Dr Fadwa Al-Yaman is a Member.
Nomenclature of Models of Care Working Party	Nomenclature of Models of Care component of the National Maternity Data Development Project	Professor Elizabeth Sullivan (National Perinatal Epidemiology and Statistics Unit)	Chair, Member	National Perinatal Epidemiology and Statistics Unit (Chair). Dr Fadwa Al-Yaman is a Member.
National Perinatal Data Development Committee	AIHW	Ms Sue Cornes (Queensland Health)	Deputy Chair, Secretariat, Member	National Perinatal Epidemiology and Statistics Unit (Deputy Chair); Children, Youth and Families Unit (Secretariat) also provides support to Dr Fadwa Al-Yaman (Member).
Clinical Technical Group for Obstetrics and Paediatrics for ICD 10 AM and AR DRG development	Various committees reporting to the Clinical Casemix Committee of Australia	Professor Jeremy Oats (Victorian Maternity Clinical Network)	Member	National Perinatal Epidemiology and Statistics Unit
National Sentinel Events and Post-Partum Haemorrhage Workshop Group	Australian Commission on Safety and Quality in Health Care	Professor Elizabeth Sullivan (National Perinatal Epidemiology and Statistics Unit)	Member	National Perinatal Epidemiology and Statistics Unit (Member). Dr Fadwa Al-Yaman is also a Member.

Appendix 6 Collaboration with universities and specialist centres

The AIHW collaborated with a number of Australian universities and specialist centres during 2012–13.

Funding for specialist activities

- **Flinders University:** An agreement supports the functions of the National Injury Surveillance Unit.
- **The University of Adelaide:** An agreement supports the functions of the Dental Statistics Research Unit.
- **The University of New South Wales:** An agreement supports the functions of the National Perinatal Epidemiology and Statistics Unit.
- **Woolcock Institute of Medical Research Limited:** An agreement supports monitoring of asthma and linked chronic respiratory conditions.

Further information is in **Collaborating units** on page 74.

Data sharing

- **The Children's Hospital at Westmead:** A research associate agreement facilitates collaboration with the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases.
- **The University of New South Wales:** A research associate agreement facilitates collaboration with the National Centre in HIV Epidemiology and Clinical Research. The centre has been renamed to The Kirby Institute for infections and immunity in society.
- **The University of Western Australia:** The AIHW is a participant in an arrangement supporting data linkage activities under the Commonwealth's Education Investment Fund Super Science Initiative.

Other arrangements

- **The Australian National University:** The AIHW supervises final-year Medical School Population Health students to undertake special projects under an MoU.
- **Cooperative Research Centre for Spatial Information:** The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that facilitates joint research and development activities.
- **The University of Sydney:** An agreement governs the ongoing management of Bettering the Evaluation and Care of Health (BEACH) data collected before 30 June 2011.

Appendix 7 Data collections

This appendix details data collections managed by the AIHW at 30 June 2013.

Group and Unit managing the collection	Data collection
Continuing and Specialised Care Group	
Ageing and Aged Care Unit	The unit holds national administrative data provided by the Department of Health and Ageing from its programs on: • Residential Aged Care • Community Aged Care Packages • Extended Aged Care at Home and Extended Aged Care at Home Dementia • Transition Care • National Respite for Carers
Child Welfare and Prisoner Health Unit	Juvenile Justice National Minimum Data Set Collection National Prisoner Health Data Collection Adoptions Australia Data Collection Intensive Family Support Services (Child Protection) Data Collection Child Protection National Minimum Data Set Collection
Functioning and Disability Unit	Disability Services National Minimum Data Set Collection
Mental Health and Palliative Care Unit	Admitted Patient Mental Health Care National Minimum Data Set Collection Mental Health Establishments National Minimum Data Set Collection Community Mental Health Care National Minimum Data Set Collection Residential Mental Health Care National Minimum Data Set Collection Palliative Care Performance Indicators Data Collection
Health Group	
Cancer and Screening Unit	Australian Cancer Database BreastScreen Australia Database National Cervical Cancer Screening Database National Bowel Cancer Screening Database
Cardiovascular, Diabetes and Kidney Unit	National Diabetes Register

Group and Unit managing the collection	Data collection
Population Health and Primary Care Unit	AIHW National Mortality Database
	AIHW Population Database
	Adult Vaccination Surveys Data Collection (legacy data sets)
	Pandemic Vaccination Survey Data Collection (legacy data set)
	Selected veterans and defence health databases and nominal rolls (legacy data sets)
	Chronic Disease Indicators Database
	Database on sources of anthropometric, alcohol and tobacco data
	Bettering the Evaluation and Care of Health (BEACH) survey data (collections before 1 July 2011), as data custodian
	Australian Infant Feeding Survey
	Risk Factor Prevalence Surveys
	Active Australia Surveys
Hospitals and Performance Group	
Hospitals Data Unit	National Hospital Morbidity Database
	National Public Hospital Establishments Database
	National Elective Surgery Waiting Times Data Collections (Removals and Census)
	National Non-admitted Patient Emergency Department Care Database
	National Outpatient Care Database
	Medical Indemnity National Collection
	National Emergency Access Target Database
	National Elective Surgery Target Database
	Hand Hygiene Audit Data Collection
	Staphylococcus aureus Bacteraemia National Data Collection
Hospitals Reporting Unit	Cancer Treatment Services Data Collection
	Supplementary Private Hospitals Data Collection (for the *MyHospitals* website)
Housing, Homelessness and Drugs Group	
Specialist Homelessness Services Collection Unit	Specialist Homelessness Establishment Database Administrative Data Collection

Group and Unit managing the collection	Data collection
Homelessness Reporting and Data Development Unit	Specialist Homelessness Services National Minimum Data Set Collection
	Supported Accommodation Assistance Program Administrative Collection (legacy collection)
	Supported Accommodation Assistance Program Client Collection (legacy collection)
	Supported Accommodation Assistance Program Demand for Accommodation Collection (legacy collection)
	Victorian Homelessness Data Collection (legacy collection)
Housing Unit	Public Rental Housing Data Collection
	State Owned and Managed Indigenous Housing Data Collection
	Community Housing Data Collection
	Indigenous Community Housing Data Collection
	Australian Government Housing Data Set
	Private Rent Assistance Data Collection
	Home Purchase Assistance Data Collection
	National Social Housing Survey Data Collection
Tobacco, Alcohol and Other Drugs Unit	Alcohol and Other Drug Treatment Services National Minimum Data Set Data Collection
	National Opioid Pharmacotherapy Statistics Annual Data Collection
	National Drug Strategy Household Survey Data Collection
Information and Statistics Group	
Data Linkage Unit	National Death Index
Expenditure and Workforce Unit	Health Expenditure Database
	Government Health Expenditure National Minimum Data Set Collection
	Welfare Expenditure Database
	Indigenous Health Expenditure Database
	Disease Expenditure Database

Group and Unit managing the collection	Data collection
	National Health Workforce Data Set collections: • nurses and midwives • medical practitioners • dental practitioners (dentists, dental hygienists, dental prosthetists and dental therapists) • pharmacists • physiotherapists • podiatrists • psychologists • optometrists • osteopaths • chiropractors • Aboriginal and Torres Strait Islander health practitioners • Chinese medicine practitioners • medical radiation practitioners • occupational therapists
METeOR and Metadata Unit	Metadata collections made available through the AIHW METeOR website AIHW Data Catalogue (internal to the AIHW)
Social and Indigenous Group	
Indigenous Analyses and Reporting Unit	Northern Territory Emergency Response Child Health Check Initiative data sets: • Child Health Check • Chart Review • Dental • Audiology • ENT Consultation • ENT Surgery Stronger Futures in the NT Child Hearing Health Coordinator data set
Indigenous Community and Health Services Reporting Unit	Healthy for Life Data Collection Online Services Report Data Collection National Indigenous Primary Health Care Key Performance Indicators collection
Indigenous Research and Evaluation Unit	Closing the Gap Clearinghouse Research and Evaluation Register Closing the Gap Clearinghouse database

Group and Unit managing the collection	Data collection
Collaborating units	
Dental Statistics and Research Unit	Child Dental Health Survey Data Collection National Dental Telephone Interview Survey Data Collection Adult Dental Programs Survey Data Collection
National Injury Surveillance Unit	Australian Spinal Cord Injury Register
National Perinatal Epidemiology and Statistics Unit	National Perinatal Data Collection Australian Congenital Anomalies Monitoring System Collection National Maternal Deaths Data Collection

Appendix 8 Products and presentations

AIHW products

The staff of the AIHW and collaborating units produced 131 products in 2012–13. The average length was 128 pages. There were 121 publications and 10 web products. From 2012–13, the AIHW will report its publications and web products together as 'products'.

All publications are available free of charge on the AIHW's website, in PDF and either RTF or HTML. The AIHW invites any user experiencing difficulty in accessing its products to contact it.

Many publications are available in printed form; there is a charge for most of these. For details, see <www.aihw.gov.au>.

Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: New South Wales. Cat. no. IHW 88. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Queensland. Cat. no. IHW 85. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: South Australia. Cat. no. IHW 87. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Victoria. Cat. no. IHW 86. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Western Australia. Cat. no. IHW 89. Canberra: AIHW, 2013.

Aboriginal and Torres Strait Islander health services report, 2010–11: OATSIH services reporting—key results. Cat. no. IHW 79. Canberra: AIHW, 2012.

Demonstration projects for improving sexual health in Aboriginal and Torres Strait Islander youth: evaluation report. Cat. no. IHW 81. Canberra: AIHW, 2013.

Early learning programs that promote children's developmental and educational outcomes. Harrison LJ, Goldfeld S, Metcalfe E & Moore T 2012. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS. Cat. no. IHW 76. Canberra: AIHW, 2012.

Healthy for Life—Aboriginal Community Controlled Health Services: report card. Cat. no. IHW 97. Canberra: AIHW, 2013.

Healthy for Life: results for July 2007–June 2011. Cat. no. IHW 84. Canberra: AIHW, 2013.

Parenting in the early years: effectiveness of parenting education and home visiting programs for Indigenous families. Mildon R & Polimeni M 2012. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS. Cat. no. IHW 77. Canberra: AIHW, 2012.

Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Closing the Gap Clearinghouse. Cat. no. IHW 82. Canberra: AIHW, 2013.

Ageing and aged care

Aged care packages in the community 2010–11: a statistical overview. Cat. no. AGE 69. Canberra: AIHW, 2012.

Dementia care in hospitals: costs and strategies. Cat. no. AGE 72. Canberra: AIHW, 2013.

Dementia in Australia. Cat. no. AGE 70. Canberra: AIHW, 2012.

Older people leaving hospital: a statistical overview of the Transition Care Program 2009–10 and 2010–11. Cat. no. AGE 71. Canberra: AIHW, 2012.

People with dementia in hospitals in New South Wales 2006–07. Cat. no. AUS 165. Canberra: AIHW, 2012.

Residential aged care in Australia 2010–11: a statistical overview. Cat. no. AGE 68. Canberra: AIHW, 2012.

The desire to age in place among older Australians. Cat. no. AUS 169. Canberra: AIHW, 2013.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set. Cat. no. HSE 128. Canberra: AIHW, 2012.

Alcohol and other drug treatment services in Australia 2010–11: state and territory findings. Cat. no. HSE 132. Canberra: AIHW, 2013.

Alcohol and Other Drug Treatment Services National Minimum Data Set 2012–13: specifications and collection manual. Cat. no. HSE 123. Canberra: AIHW, 2012.

National opioid pharmacotherapy statistics annual data collection 2012. Cat. no. HSE 136. Canberra: AIHW, 2013.

Cancer

Cervical cancer and safety monitoring guidelines (web product). Cat. no. WEB 011. Canberra: AIHW, 2013.

Breast cancer in Australia: an overview. Cat. no. CAN 67. Canberra: AIHW, 2012.

Cancer screening programs in Australia (web product). Cat. no. WEB 010. Canberra: AIHW, 2013.

BreastScreen Australia monitoring report 2009–2010. Cat. no. CAN 68. Canberra: AIHW, 2012.

Cancer in Australia: an overview 2012. AIHW & AACR (Australasian Association of Cancer Registries). Cat. no. CAN 70. Canberra: AIHW, 2012.

Cancer in Australia: in brief 2012. Cat. no. CAN 69. Canberra: AIHW, 2012.

Cancer survival and prevalence in Australia: period estimates from 1982 to 2010. Cat. no. CAN 65. Canberra: AIHW, 2012.

Cervical screening in Australia 2010–2011. Cat. no. CAN 72. Canberra: AIHW, 2013.

Gynaecological cancers in Australia: an overview. Cancer Australia & AIHW. Cat. no. CAN 66. Canberra: AIHW, 2012.

National Centre for Monitoring Cancer Framework: 2012. Cat. no. CAN 64. Canberra: AIHW, 2012.

Cardiovascular disease

Cardiovascular health (web product). Cat. no. WEB 007. Canberra: AIHW, 2012.

Rheumatic heart disease and acute rheumatic fever in Australia: 1996–2012. Cat. no. CVD 60. Canberra: AIHW, 2013.

Children, youth and families

A picture of Australia's children 2012. Cat. no. PHE 167. Canberra: AIHW, 2012.

Adoptions Australia 2011–12. Cat. no. CWS 42. Canberra: AIHW, 2012.

Child protection Australia 2011–12. Cat. no. CWS 43. Canberra: AIHW, 2013.

Children and young people at risk of social exclusion: links between homelessness, child protection and juvenile justice. Cat. no. CSI 13. Canberra: AIHW, 2012.

Girls and young women in the juvenile justice system. Cat. no. AUS 162. Canberra: AIHW, 2012.

Improving access to urban and regional early childhood services. Ware VA. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS. Cat. no. IHW 78. Canberra: AIHW, 2012.

Indigenous young people in the juvenile justice system. Cat. no. AUS 164. Canberra: AIHW, 2012.

Juvenile detention population in Australia: 2012. Cat. no. JUV 11. Canberra: AIHW, 2012.

Juvenile justice in Australia: 2010–11. Cat. no. JUV 10. Canberra: AIHW, 2012.

Juvenile justice in Australia 2010–11: an overview. Cat. no. AUS 160. Canberra: AIHW, 2012.Youth justice in Australia 2011–12: an overview. Cat. no. AUS 170. Canberra: AIHW, 2013.

Corporate publications

AIHW Access no. 34. Cat. no. HWI 121. Canberra: AIHW, 2012.

AIHW Access no. 35. Cat. no. HWI 122. Canberra: AIHW, 2013.

Annual report 2011–12. Cat. no. AUS 161. Canberra: AIHW, 2012.

Data linkage

National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people: 2012. AIHW & ABS. AIHW cat. no. IHW 74. Canberra: AIHW, 2012.

Data standards and development

Aboriginal and Torres Strait Islander identification in community services data collections: an updated data quality report. Cat. no. IHW 80. Canberra: AIHW, 2012.

An enhanced mortality database for estimating Indigenous life expectancy: a feasibility study 2012. Cat. no. IHW 75. Canberra: AIHW, 2012.

Deriving key patient variables: a technical paper for the Hospital Dementia Services Project. Cat. no. CSI 15. Canberra: AIHW, 2012.

Development of nationally consistent subacute and non-acute admitted patient care data definitions and guidelines. Cat. no. HSE 135. Canberra: AIHW, 2013.

Development of a prototype Australian mental health intervention classification: a working paper. Cat. no. HSE 130. Canberra: AIHW, 2013.

Impact of improvements to Indigenous identification in hospital data on patterns of hospitalised injury. AIHW National Injury Surveillance Unit. Cat. no. INJCAT 149. Canberra: AIHW, 2013.

Indigenous identification in hospital separations data. Cat. no. IHW 90. Canberra: AIHW, 2013.

Linking SAAP, child protection and juvenile justice data: technical report. Cat. no. CSI 14. Canberra: AIHW, 2012.

Maternal morbidity data in Australia: an assessment of the feasibility of standardised collection. Cat. no. PER 56. Canberra: AIHW, 2012.

National Community Services Data Dictionary version 7 2012. Cat. no. HWI 118. Canberra: AIHW, 2012.

National Health Data Dictionary version 16 2012. Cat. no. HWI 119. Canberra: AIHW, 2012.

Perinatal National Minimum Data Set compliance evaluation: 2006 to 2009. AIHW, Donnolley N & Li Z. Cat. no. PER 54. Canberra: AIHW, 2012.

Report on the use of linked data relating to Aboriginal and Torres Strait Islander people. Cat. no. IHW 92. Canberra: AIHW, 2013.

Thematic list of projects using linked data relating to Aboriginal and Torres Strait Islander people. Cat. no. IHW 91. Canberra: AIHW, 2013.

Towards better Indigenous health data. Cat. no. IHW 93. Canberra: AIHW, 2013.

Dental health

Chronic conditions and oral health. Cat. no. DEN 221. Canberra: AIHW, 2012.

Families and their oral health. Cat. no. DEN 222. Canberra: AIHW, 2012.

Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008. Amarasena N & Ha DH. Cat. no. DEN 220. Canberra: AIHW, 2012.

Northern Territory Emergency Response Child Health Check Initiative—follow-up services for oral and ear health: final report, 2007–2012. Cat. no. DEN 223. Canberra: AIHW, 2012.

Oral health and dental care in Australia: key facts and figures 2012. Harford JE & Chrisopoulos S. Cat. no. DEN 224. Canberra: AIHW, 2013.

The dental health of children attending a school dental service, with a focus on remoteness: Child Dental Health Survey, Australia 2009. Amarasena N, Crocombe L & Ha DH. Cat. no. DEN 225. Canberra: AIHW, 2013.

Diabetes

Diabetes among young Australians. Cat. no. CVD 59. Canberra: AIHW, 2012.

Insulin pump use in Australia. Cat. no. CVD 58. Canberra: AIHW, 2012.

Food and nutrition

Australia's food & nutrition 2012. Cat. no. PHE 163. Canberra: AIHW, 2012.

Australia's food & nutrition 2012: in brief. Cat. no. PHE 164. Canberra: AIHW, 2012.

Food for thought: what do short questions on food habits tell us about dietary intakes? Cat. no. AUS 163. Canberra: AIHW, 2012.

Functioning and disability

Changes in life expectancy and disability in Australia 1998 to 2009. Cat. no. AUS 166. Canberra: AIHW, 2012.

Disability support services: services provided under the National Disability Agreement 2010–11. Cat. no. DIS 60. Canberra: AIHW, 2012.

Incontinence in Australia. Cat. no. DIS 61. Canberra: AIHW, 2013.

Incontinence in Australia: prevalence, experience and cost. Cat. no. AUS 167. Canberra: AIHW, 2012.

Health and welfare expenditure

Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Cat. no. HWE 57. Canberra: AIHW, 2013.

Health expenditure Australia 2010–11. Cat. no. HWE 56. Canberra: AIHW, 2012.

Health and welfare labour force

Dental workforce 2011. Cat. no. HWL 50. Canberra: AIHW, 2013.

Medical workforce 2011. Cat. no. HWL 49. Canberra: AIHW, 2013.

Health and welfare services and care

Australian hospital statistics 2011–12. Cat. no. HSE 134. Canberra: AIHW, 2013.

Australian hospital statistics 2011–12: elective surgery waiting times. Cat. no. HSE 127. Canberra: AIHW, 2012.

Australian hospital statistics 2011–12: emergency department care. Cat. no. HSE 126. Canberra: AIHW, 2012.

Australian hospital statistics 2011–12: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Cat. no. HSE 129. Canberra: AIHW, 2013.

Australian hospital statistics: national emergency access and elective surgery targets 2012. Cat. no. HSE 131. Canberra: AIHW, 2013.

Australia's hospitals 2011–12: at a glance. Cat. no. HSE 133. Canberra: AIHW, 2013.

Mental health services in Australia online package 4 (web product, October 2012 release). Canberra: AIHW, 2012.

Mental health services in Australia online package 5 (web product, December 2012 release). Cat. no. WEB 009. Canberra: AIHW, 2012.

Mental health services in Australia: tranche 2 (web product, June 2013 release). Cat. no. WEB 016. Canberra: AIHW, 2013.

Mental health services in Australia (web product). Cat. no. WEB 015. Canberra: AIHW, 2013.

Mental health services in brief 2012. Cat. no. HSE 125. Canberra: AIHW, 2012.

Palliative care services in Australia 2012. Cat. no. HWI 120. Canberra: AIHW, 2012.

Surgery in Australian hospitals 2010–11 (web product, July 2012 release). Canberra: AIHW, 2012.

Housing and homelessness

Housing assistance in Australia: 2012. Cat. no. HOU 266. Canberra: AIHW, 2012.

National social housing survey: a summary of national results 2012. Cat. no. AUS 172. Canberra: AIHW, 2013.

National social housing survey: state and territory results 2010. Cat. no. HOU 264. Canberra: AIHW, 2012.

Specialist Homelessness Services Collection: December quarter 2011. Cat. no. HOU 263. Canberra: AIHW, 2012.

Specialist Homelessness Services Collection: March quarter 2012. Cat. no. HOU 265. Canberra: AIHW, 2012.

Specialist Homelessness Services 2011–12. Cat. no. HOU 267. Canberra: AIHW, 2012.

Injury

Hospital separations due to injury and poisoning, Australia 2006–07. AIHW, Norton L, Kreisfield R & Harrison J. Cat. no. INJCAT 139. Canberra: AIHW, 2012.

Hospital separations due to injury and poisoning, Australia 2007–08. AIHW, Norton L & Harrison J. Cat. no. INJCAT 140. Canberra: AIHW, 2012.

Hospital separations due to injury and poisoning, Australia 2008–09. AIHW, McKenna K & Harrison J. Cat. no. INJCAT 141. Canberra: AIHW, 2012.

Hospital separations due to injury and poisoning, Australia 2009–10. Tovell A, McKenna K, Bradley C & Pointer S. Cat. no. INJCAT 145. Adelaide: AIHW, 2012.

Hospitalisations due to falls by older people, Australia 2009–10. AIHW, Bradley C. Cat. no. INJCAT 146. Canberra: AIHW, 2013.

Hospitalised interpersonal violence and perpetrator coding, Australia 2002–05. Pointer S & Kreisfield R. Cat. no. INJCAT 153. Adelaide: AIHW NISU, 2012.

Obesity and injury in the National Hospital Morbidity Database. AIHW, van der Zwaag D, Pointer S & Harrison JE. Cat. no. INJCAT 158. Canberra: AIHW, 2013.

Serious childhood community injury in New South Wales 2009–10. AIHW, Harris CE & Pointer S. Cat. no. INJCAT 152. Canberra: AIHW, 2012.

Trends in hospitalisations due to falls by older people, Australia 1999–00 to 2010–11. AIHW, Bradley C. Cat. no. INJCAT 160. Canberra: AIHW, 2013.

Trends in hospitalised childhood injury in Australia 1999–07. AIHW, Pointer S & Helps Y. Cat. no. INJCAT 151. Canberra: AIHW, 2012.

Perinatal health

Assisted reproductive technology in Australia and New Zealand 2010. Macaldowie A, Yueping Alex W, Chambers GM & Sullivan EA. Cat. no. PER 55. Canberra: AIHW, 2012.

Australia's mothers and babies 2010. Li Z, Hilder L & Sullivan EA. Cat. no. PER 57. Canberra: AIHW, 2012.

National Core Maternity Indicators. AIHW National Perinatal and Epidemiology Statistics Unit & AIHW. Cat. no. PER 58. Canberra: AIHW, 2013.

Perinatal depression: data from the 2010 Australian National Infant Feeding Survey. Cat. no. PHE 161. Canberra: AIHW, 2012.

Population health

A snapshot of juvenile arthritis. Cat. no. AUS 168. Canberra: AIHW, 2013.

A snapshot of rheumatoid arthritis. Cat. no. AUS 171. Canberra: AIHW, 2013.

Back problems (web product). Cat. no. WEB 005. Canberra: AIHW, 2012.

Dialysis and kidney transplantation in Australia: 1991–2010. Cat. no. PHE 162. Canberra: AIHW, 2012.

Geographic distribution of asthma and chronic obstructive pulmonary disease hospitalisations in Australia: 2007–08 to 2009–10. Cat. no. ACM 26. Canberra: AIHW, 2013.

Medications prescribed for people with obstructive airways disease: antibiotics and inhaled corticosteroids. Cat. no. ACM 24. Canberra: AIHW, 2012.

Multiple causes of death in Australia: an analysis of all natural and selected chronic disease causes of death 1997–2007. Cat. no. AUS 159. Canberra: AIHW, 2012.

Osteoarthritis (web product). Cat. no. WEB 014. Canberra: AIHW, 2013.

Risk factor trends: age patterns in key health risk factors over time. Cat. no. PHE 166. Canberra: AIHW, 2012.

Social distribution of health risks and health outcomes: preliminary analysis of the National Health Survey 2007–08. Cat. no. PHE 165. Canberra: AIHW, 2012.

Strategies to minimise the incidence of suicide and suicidal behaviour. Closing the Gap Clearinghouse. Cat. no. IHW 83. Canberra: AIHW, 2013.

The mental health of prison entrants in Australia: 2010. Cat. no. AUS 158. Canberra: AIHW, 2012.

Vaccination uptake among people with chronic respiratory disease. Cat. no. ACM 25. Canberra: AIHW, 2012.

Safety and quality of health care

Australia's medical indemnity claims 2010–11. Cat. no. HSE 124. Canberra: AIHW, 2012.

Australia's medical indemnity claims 2011–12. Cat. no. HSE 137. Canberra: AIHW, 2013.

Journal articles

Journal articles by AIHW staff

The staff of the AIHW produced 11 journal articles in 2012–13.

AIHW Cancer and Screening Unit 2013. Cancer survival and prevalence in Australia: Period estimates from 1982 to 2010. Asia-Pacific Journal of Clinical Oncology. 9(1):29–39, March. <http://onlinelibrary.wiley.com/doi/10.1111/ajco.12062/abstract>.

Bail, K, Berry H, Grealish L, Draper B, Karmel R, Gibson D, Peut A 2013. Potentially preventable complications of urinary tract infections, pressure areas, pneumonia, and delirium in hospitalised dementia patients: retrospective cohort study. BMJ Open 3:e002770 doi:10.1136/bmjopen-2013-002770.

Crisp A, Dixon T, Jones G, Cumming RG, Laslett LL, Bhatia K, Webster A, Ebeling PR 2012. Declining incidence of osteoporotic hip fracture in Australia. Archives of Osteoporosis 7(1–2):179–85.

Draper B, Hudson C, Peut A, Karmel R, Chan N, Gibson D 2013. Hospital Dementia Services Project: Aged care and dementia services in New South Wales hospitals. Australasian Journal on Ageing. doi:10.1111/ajag. 12042.

Kalisch D 2012. Building capability in data. International Innovation EuroFocus: Health, November.

Kalisch D 2013. Who do you trust for authoritative data on health and welfare? Institute of Public Administration Australia: Public Administration Today 34:26–29.

Kalisch D & Al-Yaman F 2012. Evaluating Indigenous programs and policies: communicating the outcomes. In: Better Indigenous policies: the role of evaluation, roundtable proceedings, Canberra, 22–23 October 2012. Productivity Commission: released 30 April 2013.

Mathews JD, Forsythe AV, Brady Z, Butler MW, Goergen SK, Byrnes GB, Giles GG, Wallace AB, Anderson PR, Guiver TA, McGale P, Cain TM, Dowty JG, Bickerstaffe AC & Darby SC 2013. Cancer risk in 680 000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians. British Medical Journal 2013;346:f2360.

Neideck G 2013. The Specialist Homelessness Services Collection…what it tells us, and how it can help you. Parity, June edition, 26(5).

Sparke C, Moon L, Green F, Mathew T, Cass A, Chadban S, Chapman J, Hoy W, McDonald S 2013. Estimating the total incidence of kidney failure in Australia including individuals who are not treated by dialysis or transplantation. American Journal of Kidney Diseases 61(3):413–419.

Waters A, Trinh L, Chau T, Bourchier M, Moon L 2013. Latest statistics on cardiovascular disease in Australia. Clinical and Experimental Pharmacology and Physiology 40:247–356.

Journal articles by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units produced 18 journal articles in 2012–13.

Bradley C, Pointer S & Harrison JE 2012. Trends in serious fall-related injury: where we are and where to from here? Australasian Epidemiologist 19(2): 13–15.

Dobbins TA, Sullivan EA, Roberts CL & Simpson JM 2012. Australian national birthweight percentiles by sex and gestational age, 1998-2007. Medical Journal of Australia 197(5):291–4.

Gabbe BJ, Harrison JE, Lyons RA, Edwards ER, Cameron PA 2013. Comparison of measures of comorbidity for predicting disability 12-months post-injury. BMC Health Services Research 13:30.

Gabbe BJ, Lyons RA, Harrison JE, Rivara FP, Ameratunga S, Jolley D, Polinder S & Derrett S 2012. Challenges for measuring the burden of non-fatal injury. Australasian Epidemiologist 19(2):16.

Harrison JE, Berry J & Jamieson L 2012. Head and traumatic brain injuries among Australian youth and young adults, July 2000–June 2006. Brain Injury 26(7–8):996–1004.

Henley G & Harrison JE 2012. Nature and implications for injury surveillance of recent changes to processing and release of national deaths data. Australasian Epidemiologist 19(2):11–12.

Ivers R, Clapham K, Senserrick T & Harrison JE 2012. Collecting measures of Indigenous status in driver licencing data. Australasian Epidemiologist 19(2):9–10.

Johnson S, Sullivan EA 2013. Maternal death reporting in Australia. O&G Magazine 15(1):15–16.

Lozano R, Naghavi M, Foreman K et al. (including Harrison JE) 2012. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. The Lancet 380(9859): 2095–2128.

McKenzie K, Fingerhut L, Walker S, Harrison A & Harrison JE 2012. Classifying external causes of injury: history, current approaches, and future directions. Epidemiologic Reviews 34(1):4–16.

Murray CLJ, Vos T, Lozano R et al. (including Harrison JE) 2012. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. The Lancet 380(9859): 2197–2223.

Pointer S, Bradley C & Harrison JE 2012. Impact of improvements to indigenous identification in hospital data. Australasian Epidemiologist 19(2):7–8.

Polinder S, Haagsma J, Lyons R, Gabbe B, Ameratunga S, Cryer C, Derrett S, Harrison JE, Segui-Gomez M & van Beeck E 2012. Measuring the population burden of fatal and nonfatal injury. Epidemiologic Reviews 34(1):4–16.

Poulos LM, Ampon RD, Marks GB & Reddel HK 2013. Inappropriate prescribing of inhaled corticosteroids: are they being prescribed for respiratory tract infections? A retrospective cohort study. Primary Care Respiratory Journal 22(2): 201–208.

Salomon JA, Vos T, Hogan DR et al. (including Harrison JE) 2012. Common values in assessing health outcomes from disease and injury: disability weights measurement study for the Global Burden of Disease Study 2010. The Lancet 380(9859): 2129–2143.

Sullivan EA, Wang YA, Hayward I, Chambers GM, Illingworth P, McBain J & Norman RJ 2012. Single embryo transfer reduces the risk of perinatal mortality, a population study. Human Reproduction. 27(12):3609–15.

Vos T, Flaxman AD, Naghavi M et al. (including Harrison JE) 2012. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990—2010: a systematic analysis for the Global Burden of Disease Study 2010. The Lancet 380(9859): 2163–2196.

Xu F, Sullivan EA, Black DA, Jackson Pulver LR & Madden RC 2012. Under-reporting of birth registrations in New South Wales, Australia. BMC Pregnancy & Childbirth. 12(1):147.

Conference papers and presentations

Papers and presentations by AIHW staff

The staff of the AIHW gave 69 papers and presentations at conferences and workshops in 2012–13.

Aalders R 2012. Developing a linked data set to explore the relationship between child maltreatment, juvenile crime and homelessness. Presentation at the Australian and New Zealand Society of Criminology Conference, Auckland, New Zealand, 27–29 November.

Abercromby, Judith 2013. Characteristics of older Australians. Presentation to the Health Wealth and Heart Roundtable at the University of Western Australia, 12 February.

Al-Yaman F 2012. An assessment of patient information recall systems. Presentation at meeting of health workers of North and West Queensland Division Health Services for North West Queensland Health Service, Mt. Isa, Queensland, 12 July.

Al-Yaman F 2012. Australian systems for collection of statistical information on Indigenous peoples in Australia. Presentation to Peru delegation, FaHCSIA, Canberra, 7 November.

Al-Yaman F 2012. Indigenous communities and health information. Poster presentation at World Health Organization Family of International Classifications Network meeting, Brasilia, Brazil, 19 October.

Al-Yaman F 2012. Indigenous health data: current approaches and future directions. Presentation at the World Health Organization Family of International Classifications Network meeting, Brasilia, Brazil, 19 October.

Al-Yaman F 2012. Inequalities and Indigenous health. Presentation to the Round Table on Social Determinants of Health Research Workshop, Canberra, 25 September.

Al-Yaman F 2012. Monitoring, reporting and Indigenous identification improvements. Presentation at the National Aboriginal and Torres Strait Islander Health Steering Committee meeting, Perth, 25 October.

Al-Yaman F 2012. Social and Indigenous Group profile. Presentation on employment opportunities to Indigenous students of the University of Canberra, Canberra, 7 November.

Al-Yaman F 2012. Standing Council on School Education and Early Childhood School Attendance Strategies Evidence Base Project: successful attendance strategies. Presentation for the consideration of the Aboriginal and Torres Strait Islander Education Action Plan Working Group regarding National Collaborative Action Number 22 of the Aboriginal and Torres Strait Islander Education Action Plan, Adelaide, 16 November.

Al-Yaman F 2012. The health of Australia's Aboriginal and Torres Strait Islander people. Presentation to undergraduate students of the Nutrition, Disease and the Human Environment course, Australian National University, Canberra, 29 August.

Al-Yaman F 2012. The identification of Aboriginal and Torres Strait Islander people in mainstream general practice. Presentation at the AIHW General Practice Workshop, Canberra, 1 November.

Al-Yaman F 2013. Developing nationally consistent reporting systems: challenges and opportunities. Presentation at the ANZ Child Death and Prevention Group annual meeting, Melbourne, 25 February.

Al-Yaman F 2013. Standing Council on School Education and Early Childhood School Attendance Strategies Evidence Base Project: Successful Attendance Strategies. Presentation for Department of Education and Early Childhood Development, Victoria, 8 May.

Al-Yaman F 2013. Towards a performance measurement framework for equity in higher education. Presentation at Equity in Higher Education Policy Forum, University of Sydney, 30 April.

Al-Yaman F, Pieris-Caldwell I & Bowles D 2013. Healthy for Life report card on Aboriginal Community Controlled Health Services. Presentation to NACCHO Board. Canberra, 21 June.

Al-Yaman F, Choi C, Dugbaza T, Hyndman R, Scott B, Smith L & Solon R 2012. An enhanced Indigenous mortality database. Presentation at the 16th Biennial Conference of the Australian Population Association, Melbourne, 3–5 December.

Anderson P, Boyd J & Flack F 2013. Data linkage for more efficient performance monitoring in health care for stroke. Presentation at National Workshop on Stroke Performance Data, Care Quality and Telemedicine, Melbourne, 10 April.

Bhatia, K 2012. Australia's health 2012. Presentation to undergraduate students of the School of Archaeology and Anthropology, The Australian National University, Canberra, 14 August.

Bishop K 2012. Causes of death—a multiple cause approach. Poster presentation at Population Health Congress 2012, Adelaide, 10–12 September.

Bishop K 2012. Multiple causes of death: an analysis of all natural and selected chronic disease causes of death 1997–2007. Presentation at Australian Mortality Data Interest Group Conference. Sydney, 12–13 November.

Bishop K 2012. The health of Australia's males: Key findings on mortality gradients. Presentation at Population Health Congress 2012, Adelaide, 10–12 September.

Bishop K 2012. Using international health data—considerations and complexities. Poster presentation at the Population Health Congress 2012, Adelaide, 10–12 September.

Bowles D 2013. Data, CQI and the AIHW. Presentation at the Aboriginal Health and Medical Research Council Continuous Quality Improvement Conference. Sydney, 18 June.

Bowles D 2013. National Key Performance Indicators: Closing the Quality Loop. Presentation at the Aboriginal Health Council of Western Australia Closing the Quality Loop Conference. Perth, 30 April.

Bowles D 2013. National Key Performance Indicators: Closing the Quality Loop. Presentation at the Aboriginal Health Council of Western Australia Closing the Quality Loop Conference. Broome, 6 June.

Bowles D 2013. National Key Performance Indicators. Presentation at the Continuous Quality Improvement Collaborative Workshop. Alice Springs, 1 May.

Bowles D & Bradbury K 2012. National Key Performance Indicators Update. Presentation at the Queensland Aboriginal and Islander Health Council Closing the Gap Collaborative Workshop, Brisbane, 12 October.

Cooper-Stanbury M 2012. Australia's health 2012. Presentation at the Australian Health and Productivity Management Congress, Sydney, 14 August.

Cooper-Stanbury M 2013. Chronic disease surveillance. Presentation to the National Centre for Epidemiology and Population Health surveillance short course, Canberra, 7 March.

Dickinson T 2012. Geospatial data analysis and data linkage work at the AIHW: evolving approaches to answer more complex questions. Presentation at Geographic and Resource Analysis in Primary Heath Care mini-conference, Canberra, 7 September.

Dickinson T 2013. Making maximum use of our data assets: confidentiality, privacy and cultural issues. Presentation at the NatStats Conference, Brisbane, 12–14 March.

Dugbaza T, Sadkowsky K, Al-Yaman F & Jelfs P 2012. The contributions of age-sex groups to increases in life expectancy in Australia since 1880. Presentation at the 16th Biennial Conference of the Australian Population Association, Melbourne, 3–5 December.

Eldridge D 2012. A snapshot of the health of Australian children and young people. Presentation at The Quantum Leap, Measurement: redefining health's boundaries? Pre-conference workshop, Sydney, 24 September.

Eldridge D 2013. A snapshot of the health, development and wellbeing of Australian children. Presentation at the Queensland Early Childhood Annual Conference 2013, Brisbane, 31 May–2 June.

Gourley M, Dugbaza T & Sadkowsky S 2012. Outcomes of the ABS/AIHW Statistical Working party on statistical issues. Poster presentation at the Australasian Mortality Data Interest Group annual workshop, Sydney, 12–13 November.

Grove A & White A 2012. Clients receiving treatment for opioid dependence are getting older: analysis of the 2011 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection. Poster presentation at the Australasian Professional Society on Alcohol and other Drugs, Melbourne, 18–21 November.

Hargreaves J 2012. National access indicators for emergency surgery. Presentation at an Emergency Surgery Forum hosted by the Department of Health, 22 November, Victoria, papers and presentations at conferences and workshops in 2012–13.

Harvey J, Trinh L & Moon L 2012. Trends in the prevalence of overweight/obesity, poor diet and physical inactivity by age and sex. Poster presentation at the Population Health Congress, 10–12 September.

Hudson C 2013. Dementia in Australia, where are we now? Presentation at the Alzheimer's Australia National Conference, Hobart, 23 May.

Hunt A 2012. Results from the 2010 Australian National Infant Feeding Survey. Presentation at the 16th International Congress of Dietetics, Sydney, 5–8 September.

Johnston I 2012. Mental health of prison entrants. Presentation at the Public Health Association of Australia Justice Health in Australia Symposium: equity in health care, Canberra, 15 August.

Kalisch D 2013. Strategic planning session: remaining relevant. Presentation to the Canadian Institute for Health Information Board of Directors, Ottawa, 20 June.

Kalisch D 2013. Specialist Homelessness Services Collection (SHSC): collection update and first-year findings. Presentation to Housing and Homelessness Minister's Advisory Committee (HHMAC), Melbourne, 1 March.

Kalisch D & Al-Yaman F 2012. Evaluating Indigenous programs and policies. Presentation to the Productivity Commission Roundtable on Better Indigenous policies: the role of evaluation. Canberra, 23 October.

Karmel R, Lawrence C & Anderson P 2013. Movement between hospital and residential aged care in 2008–09 (preliminary results). Presentation at Australian Association of Gerontology 45th National Conference, Brisbane, November 2012. Ageing: challenging the boundaries.

Kerrigan J, Trinh L & Moon L 2013. Inequalities in acute rheumatic fever and rheumatic heart disease in Aboriginal and Torres Strait Islander people. Poster presentation at the National Heart Foundation Conference, Adelaide, 16–18 May.

Kinnear P & Beard T 2013. Forensic mental health and the justice system. Presentation to the National Mental Health Commission, Canberra, 10 May.

Kinnear P & Cooper-Stanbury M 2013. Joining the dots on disability services data: challenges and opportunities. Presentation at the National Disability Summit, Melbourne, 12–13 March.

Kinnear P, Clout E & Cooper-Stanbury M 2013. Disability statistics: the role of AIHW. Presentation to AusAid Australian Leadership Award Fellows, Canberra, 4 March.

McGlynn L 2012. An Australian Institute of Health and Welfare perspective. Presentation to the Council of Australasian Registrars, 6–7 August.

McGlynn L 2012. Australian Institute of Health and Welfare and Food Standards Australia New Zealand collaboration. Presentation at the AIHW/FSANZ workshop, Canberra, 29 August.

McGlynn L 2012. Australia's health 2012 a report card for the nation. Presentation at the Victorian Healthcare Association Annual Policy Conference. Melbourne, 11 October.

Moon L 2013. Total incidence of end-stage kidney disease varies across population groups. Presentation at the Population Health Congress 2012, Adelaide, 10–12 September.

Neideck G 2013. Future priorities: what's the data telling us? Presentation at the Housing and Homelessness Policy and Research Working Group homelessness forum workshop, Melbourne, 14 March.

Neideck G 2013. Specialist Homelessness Services Collection and how it can help you. Presentation at the Council to Homeless Persons Conference, Melbourne, 2–3 May.

Neideck G 2013. Specialist Homelessness Services Collection first-year results. Presentation to the Prime Minister's Council on Homelessness, Parliament House Canberra, 7 February.

O'Mahony S 2012. A picture of dialysis and kidney transplantation statistics in Australia. Presentation at the Australian and New Zealand Society of Nephrology Conference, Auckland, 27–29 August.

Petrie M 2012. Enhancing national maternity data in Australia: the National Maternity Data Development Project. Presentation at The Quantum Leap, Measurement: redefining health's boundaries? Pre-conference workshop, Sydney, 24 September.

Reynolds A 2012. Monitoring acute coronary syndrome using national hospital data: trends and issues. Presentation at the Population Health Congress, Adelaide, 11 September.

Schlump A & Kelly R 2013. Recent findings on young people under youth justice supervision: focus on girls and young women. Presentation at the Australasian Youth Justice Conference—changing trajectories of offending and reoffending, Canberra, 20–22 May.

Senes S 2012. A national picture of pump use in Australia. Presentation at the Australian Diabetes Educators/Australian Diabetes Society Conference, Gold Coast, 29–31 August.

Senes S 2012. Pros and cons of insulin pump use and differences by age. Presentation to the Australian Diabetes Educators/Australian Diabetes Society Conference, Gold Coast, 29–31 August.

Sparke C 2012. Total incidence of end-stage kidney disease in Australia, 2003–2007: remoteness and socioeconomic status. Presentation at the Australian and New Zealand Society of Nephrology Conference, Auckland, 27–29 August.

Von Sanden N 2012. Handling two-by-two data linkages. Presentation at the Population Health Research Network Technical Forum, Melbourne, 17–18 October.

Webber K 2012. Leaving AOD treatment: findings from the Alcohol and Other Drug Treatment Services National Minimum Data Set. Poster presentation to the Australasian Professional Society on Alcohol and other Drugs, Melbourne, 19–21 November.

Webber K 2012. Who seeks treatment for cannabis use? A comparison of cannabis user and treatment populations. Presentation at the 2nd National Cannabis Conference 2012, Brisbane, 19–21 September.

Webster A 2013. The future role of longitudinal surveys of the medical workforce. Presentation at the Medicine in Australia: Balancing Employment and Life (MABEL) Research Forum, Canberra, 12 April.

York L 2012. Prevention, primary and community health care information—current gaps and future directions. Presentation at National Health and Medical Research Council Prevention and Community Health Committee meeting. Canberra, 26 September.

Papers and presentations by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units gave 13 papers and presentations at conferences and workshops in 2012–13.

Bonello M 2012. Methodology for a national ascertainment study of maternal and late maternal deaths via data linkage. Presentation at Australasian Mortality Data Interest Group Workshop. Sydney, 12–13 November.

Donnolley N 2012. Comparing apples with apples: definitions of models of care. Presentation at The Quantum Leap, Measurement: redefining health's boundaries? Pre-conference workshop, Sydney, 24 September.

Donnolley N 2012. Developing a nomenclature for maternity models of care in Australia—a component of the National Maternity Data Development Project. Presentation at Australian College of Midwives State Conference: midwifery models of care. Adelaide, 18–19 October.

Donnolley N 2012. The development of the National Maternity Information Matrix. Presentation at Health Information Managers Association of Australia Annual Conference, Gold Coast, 30–31 October.

Guevara-Rattray E, Ampon RD, Reddel HK & Marks GB 2013. Influenza and pneumococcal vaccination among people with obstructive airways disease (asthma and COPD). Presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Darwin, 23–27 March.

Harford J 2013. Report on progress against Key Performance Indicators for Action Areas 1-4. Presentation at the Workshop on National Oral Health Plan 2014, Canberra, 23-24 February.

Hilder L 2012. As safe as we can be? Measuring perinatal mortality. Presentation at The Quantum Leap, Measurement: redefining health's boundaries? Pre-conference workshop, Sydney, 24 September.

Hilder L 2012. Improving perinatal mortality data in Australia. Presentation at Australasian Mortality Data Interest Group Workshop. Sydney, 12–13 November.

Johnson S 2012. Survey of jurisdictional reporting practices: a study to improve national information about maternal deaths. Presentation at Australasian Mortality Data Interest Group Workshop. Sydney, 12–13 November.

Marks GB 2013. An overview of Asthma in Australia. Presentation at the Asthma Australia, National Asthma Conference, Canberra, 19–20 March.

Roberts-Thomson K 2013. Report on progress against Key Performance Indicators for Action Areas 5-8. Presentation at the Workshop on National Oral Health Plan 2014, Canberra, 23–24 February.

Sullivan EA 2012. Sign-posts to better maternity care—measuring maternal morbidity and mortality. Presentation at The Quantum Leap, Measurement: redefining health's boundaries? Pre-conference workshop, Sydney, 24 September.

Sullivan EA 2013. Core Maternity Indicators. Reducing impact of postpartum haemorrhage Workshop. Presentation to The Health Roundtable Maternity Group and Women's Healthcare Australasia. Sydney, 11–12 April.

Appendix 9 Compliance matters

This appendix concerns compliance with:

- *Freedom of Information Act 1982*
  - freedom of information
- *Commonwealth Electoral Act 1918*
  - advertising and market research
- *Commonwealth Authorities (Annual Reporting) Orders 2011*
  - ministerial directions issued
  - General Policy Orders
  - general policies of the Australian Government before 1 July 2008
  - related entity transactions
  - significant events
  - key changes to affairs or activities
  - amendments to enabling or other legislation
  - judicial decisions and decisions of administrative tribunals
  - reports by third parties
  - unobtainable information from subsidiaries
  - disclosure requirements for government business enterprises
  - exemptions from requirements
- *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
  - equal employment opportunity programs and reporting.

Freedom of information

Enquiries

A request for access to documents under the *Freedom of Information Act 1982* (FOI Act) must be made in writing and include an address in Australia to which notices can be sent.

Applicants should provide as much detail as possible about the documents they are seeking. This helps the AIHW to provide a prompt response and meet its obligations under the FOI Act. A telephone number or an email address should be included so that the AIHW can contact the applicant should any clarification be required.

There is no application fee. Applicants may be liable to pay charges for activities related to an initial FOI request at rates prescribed by the Freedom of Information (Charges) Regulations 1982. These activities may include, for example, search and retrieval of documents, time taken to make a decision (including examination and consultation) if this is in excess of 5 hours, preparing transcripts, photocopying, supervising the inspection of documents by an applicant and delivery of documents.

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

FOI requests should be sent to:

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

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

Requests received

In 2012–13, there were 2 requests for access to records under the FOI Act and 1 request for internal review. Details of FOI requests and records accessed under the Act are published in the FOI disclosure log on the AIHW website: <www.aihw.gov.au/foi-disclosure-log/>.

Information Publication Scheme

Part 2 of the FOI Act established the Information Publication Scheme for Australian Government agencies subject to the Act. Under the scheme, agencies are required to publish a range of information, including an organisation chart, functions, annual reports and certain details of document holdings. AIHW information published under the scheme is at <www.aihw.gov.au/ips/>.

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 2012–13, the AIHW did not undertake any advertising campaigns or make any individual payments for advertising that exceeded this threshold.

The AIHW paid the following amounts to market research organisations for work on the National Drug Strategy Household Survey and National Housing Study respectively in 2012–13:

- Roy Morgan Research – $585,176.59
- Lonergan Research – $156,037.45.

Reporting requirements under Orders

The following information relates to specific reporting requirements under the *Commonwealth Authorities (Annual Reporting) Orders 2011* (the Orders) that must be included in this annual report (see **Compliance index** on page 240).

Ministerial directions

Section 7 of the AIHW Act provides that the Minister for Health may give directions to the AIHW on the performance of its functions or the exercise of its powers. Before issuing such a direction, the Minister must consult the AIHW Chair and relevant state and territory ministers. The AIHW must provide details of ministerial directions issued to it, whether under section 7 of the AIHW Act or by any minister under other Commonwealth legislation.

The following ministerial directions have been issued to the AIHW:

- Legal Services Directions 2005
- Finance Minister's (CAC Act Procurement) Directions 2009
- Finance Minister's (CAC Act Procurement) Directions 2012.

No new ministerial directions were issued to the AIHW in 2012–13.

General Policy Orders

Under section 48A of the *Commonwealth Authorities and Companies Act 1997* (CAC Act), the Finance Minister may make a General Policy Order that specifies a general policy of the Australian Government. The AIHW is required to provide details of any General Policy Orders that are applicable to it. No General Policy Orders were notified to the AIHW in 2012–13.

General policies before 1 July 2008

The AIHW is required to provide details of general policies of the Australian Government notified to it before 1 July 2008 under section 28 of the CAC Act that are still applicable. No such policies remain applicable to the AIHW.

Related entity transactions

The AIHW is required 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 an AIHW 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. There were no related entity transactions approved by the Board in 2012–13.

Significant events

Section 15 of the CAC Act requires the AIHW to notify the Minister of significant events, as defined in section 15(1) of that Act. The Orders require the AIHW to provide details of these events. There were no such events in 2012–13.

Key changes to affairs or activities

Under clause 16 of the Orders, the AIHW is required to provide details of key changes to the AIHW's state of affairs or principal activities. There were no such changes in 2012–13.

Amendments to enabling or other legislation

The AIHW is required to provide details of amendments to its enabling legislation and any other legislation directly relevant to its operation. In 2012–13, there were no changes to the *Australian Institute of Health and Welfare Act 1987*, *Australian Institute of Health and Welfare Regulations 2006* or *Australian Institute of Health and Welfare Ethics Committee Regulations 1989*.

Judicial decisions and decisions of administrative tribunals

The AIHW is required 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 2012–13, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Reports by third parties

The AIHW is required to provide details of reports made about the Institute by the Commonwealth Ombudsman, Parliamentary committees, the Office of the Australian Information Commissioner and the Auditor-General. In 2012–13, the Australian National Audit Office reported on the AIHW's financial statements for 2011–12.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries; therefore, clause 18 of the Orders, which requires the AIHW to detail information that was unable to be obtained from subsidiaries, does not apply.

Disclosure requirements for government business enterprises

The AIHW is not a government business enterprise; therefore, the disclosure requirements in clause 20 of the Orders do not apply.

Exemptions from requirements

Clause 7 of the Orders requires AIHW to detail any written exemptions to the Orders issued by the Finance Minister. The AIHW has not been granted any such exemption.

Equal employment opportunities

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act) requires that the AIHW develop and implement an equal employment opportunity program. The program should ensure that, in relation to employment matters, appropriate action is taken to eliminate discrimination by the AIHW against women and persons in designated groups and promote equal opportunity for people in these groups.

Under section 9 of the Act, the AIHW must report annually on the development and implementation of its program. The report may be submitted to the AIHW's responsible Minister through its annual report. A report should include:

- a detailed analysis of action taken to develop and implement its program
- an assessment of how well program implementation is monitored and evaluated
- an assessment of the effectiveness of the program
- details of each direction given by the Minister about the AIHW's performance obligations under the EEO Act.

The AIHW adopts equal employment opportunity practices common across the Australian Public Service, including access to paid parental leave and maternity leave and recruitment opportunities specifically for Indigenous people. The AIHW accommodates reasonable requests for flexible working arrangements so that staff can meet family commitments, and seeks to remove obstacles that might discourage people who have a disability or whose first language is not English from seeking employment at the AIHW.

The AIHW monitors and evaluates its equal employment opportunity policies by comparing itself against other agencies that similarly contribute information on diversity to the Australian Public Service 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 4 Our people**.

The AIHW has not received any ministerial directions about its performance obligations under the EEO Act.

Appendix 10 Data for figures in this report

This appendix contains tables supporting information in figures. A list of figures, giving their location in the report, is in the **Reader guides**.

Table A10.1: Major revenue sources, 2003–04 to 2012–13, with projections, 2014–15 to 2016–17

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies
	$ million	
2003–04	8.556	14.122
2004–05	8.420	14.931
2005–06	8.549	14.263
2006–07	8.625	16.203
2007–08	8.678	20.227
2008–09	9.325	22.278
2009–10	20.708	24.944
2010–11	21.408	31.398
2011–12	17.389	33.690
2012–13	15.912	35.410
2013–14	15.898	35.280
2014–15	15.999	34.280
2015–16	16.122	34.280
2016–17	16.260	34.280

Table A10.2: Staff numbers, 2004–2013

Year at 30 June	All	Female	Male	All (full-time equivalent)
2004	218	155	63	202.9
2005	217	149	68	189.0
2006	204	138	66	180.0
2007	208	142	66	180.0
2008	257	171	86	232.5
2009	269	186	83	237.4
2010	372	245	127	345.8
2011	393	263	130	360.5
2012	386	261	125	357.1
2013	363	251	112	331.3

Note: Figures for 2009 and earlier do not include the AIHW Director.

Table A10.3: Products released and media releases, 2003–04 to 2012–13

	Media releases	Products released
2003–04	60	131
2004–05	59	116
2005–06	65	133
2006–07	62	144
2007–08	56	99
2008–09	68	152
2009–10	56	120
2010–11	71	136
2011–12	82	141
2012–13	84	131

Note: In 2012–13, the AIHW commenced counting its online products with its publications.

Table A10.4: Smoking status of households with children aged 0–14, per cent, 1995–2010

Household smoking status	1995	1998	2001	2004	2007	2010
Smokes inside the home	31.3	22.6	19.7	12.3	7.8	5.7
Only smokes outside the home	16.7	21.5	24.9	28.1	29.2	28.1
No one at home regularly smokes	52.0	55.9	55.4	59.6	63.1	66.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Notes:

1. Household smoking status as reported by respondents aged 14 and over. This may include a small number of 14 year olds who smoked inside the household.
2. Smoking status is defined as smoking at least 1 cigarette, cigar or pipe of tobacco per day in the previous 12 months.

Source: 2010 National Drug Strategy Household Survey; published in *A picture of Australia's children 2012* (see Figure 17.1).

Table A10.5: Timeliness of hospital statistics publications, 1996–2012

	Comprehensive	Elective surgery waiting times	Emergency department
	Days to release after the annual collection period end, on 30 June		
1996	336	336	336
1997	364	364	364
1998	365	365	365
1999	380	380	380
2000	364	364	364
2001	363	363	363
2002	365	365	365
2003	364	364	364
2004	331	331	331
2005	335	335	335
2006	335	335	335
2007	335	335	335
2008	345	345	345
2009	352	352	352
2010	303	153	153
2011	305	153	153
2012	293	108	90

Table A10.6: Revenue sources, 2004–05 to 2011–12

	Appropriation received from the Australian Government	Income received for project work undertaken for external agencies	Interest and other income
	$ million		
2004–05	8.420	14.931	0.260
2005–06	8.549	14.263	0.394
2006–07	8.625	16.203	0.361
2007–08	8.678	20.227	0.695
2008–09	9.325	22.278	0.744
2009–10	20.708	24.944	0.893
2010–11	21.408	31.398	1.146
2011–12	17.389	33.690	1.158
2012–13	15.912	35.410	0.903

Table A10.7: Hotline queries received by the AIHW and Infoxchange Pty Ltd from specialist homelessness services agencies, state and territory, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Queries	3,546	3,866	2,302	1,495	41	319	387	770	12,726

Table A10.8: Social housing dwellings, 2003–04 to 2010–11

	Public rental housing	Mainstream community housing	State owned and managed Indigenous housing	Indigenous community housing[(a)]
2004	345,335	26,753[(b)]	12,725	21,717
2005	343,301	31,496[(c)]	12,860	18,261
2006	341,378	32,349[(c)]	12,893	22,192
2007	339,771	35,161	13,098	22,018
2008	337,866	38,519	12,778	23,279
2009	336,464	41,718	12,056	20,232
2010	333,383	45,975	11,952	18,695
2011	331,371	57,901	9,820	17,543

(a) Figures include improvised dwellings. Caution should be used when comparing dwelling numbers over time for reasons of data quality and changes to data definitions and scope.

(b) Subject to survey response rate.

(c) Sourced from the trial collection of unit record-level dwellings and organisation administrative data that excluded the Australian Capital Territory (ACT). The ACT's figures have been included but sourced from Commonwealth State Housing Agreement national data reports. A number of these dwellings are boarding houses that may include multiple tenancies. Consequently, the total social housing dwelling number may be revised in the future as data for these dwellings are aligned with social housing program collection definitions.

Source: AIHW analysis of National Housing Assistance Data Repository; published in *Housing assistance in Australia 2012* (see Table A2.2).

Table A10.9: Average health expenditure per person, constant prices, 2001–02 to 2010–11

	Expenditure ($)
2001–02	4,177
2002–03	4,334
2003–04	4,433
2004–05	4,659
2005–06	4,721
2006–07	4,919
2007–08	5,155
2008–09	5,429
2009–10	5,529
2010–11	5,796

Source: AIHW health expenditure database; published in *Health expenditure Australia 2010–11* (see Table 2.6).

Table A10.10: Dentists employed in dentistry: state and territory, 2011

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Dentists	4,252	3,098	2,526	1,331	1,000	187	231	96	12,734

Source: National Health Workforce Data Set: dental practitioners 2011; published in *Dental workforce 2011* (see Table 3.2).

Table A10.11: Highest level of qualification completed by staff, 2013

Highest completed qualification	Number of staff responding to survey
Doctorate	40
Master's degree	70
Postgraduate diploma/certificate	37
Bachelor degree (including Honours)	99
Below bachelor degree	46

Source: APS State of the Service employee census, May–June 2013, AIHW results.

Table A10.12: Visits to the AIHW website, 2003–04 to 2012–13

	Visits to the AIHW website (millions)
2003–04	0.850
2004–05	0.671
2005–06	0.812
2006–07	0.957
2007–08	1.096
2008–09	1.167
2009–10	1.308
2010–11	1.393
2011–12	1.670
2012–13	2.020

Appendix 11 Financial statements

Independent auditor's report 197

Statement by Directors, Chief Executive and Chief Financial Officer 199

Statement of comprehensive income for the period ended 30 June 2013 200

Balance sheet as at 30 June 2013 201

Statement of changes in equity for the period ended 30 June 2013 202

Cash flow statement for the period ended 30 June 2013 203

Schedule of commitments as at 30 June 2013 204

Notes to and forming part of the Financial Statements 205

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2013, which comprise: a Statement by Directors, Chief Executive and Chief Financial Officer; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; and Notes to and forming part of the Financial Statements comprising a Summary of Significant Accounting Policies and other explanatory information.

Directors' Responsibility for the Financial Statements

The directors of the Australian Institute of Health and Welfare are responsible for the preparation of the financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards, and for such internal control as is necessary to enable the preparation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Institute of Health and Welfare's preparation of the financial statements that give a true and fair view 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 Australian Institute of Health and Welfare'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, 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.

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

APPENDIX 11

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

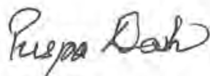
Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

(a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and

(b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Institute of Health and Welfare's financial position as at 30 June 2013 and of its financial performance and cash flows for the year then ended.

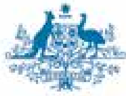
Australian National Audit Office



Puspa Dash
Executive Director

Delegate of the Auditor-General

Canberra
26 September 2013



Australian Government

Australian Institute of Health and Welfare

Authoritative information and statistics to promote better health and wellbeing

STATEMENT BY DIRECTORS, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2013 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997,* as amended.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.

Andrew Refshauge Board Chair	David Kalisch Chief Executive	Andrew Kettle Chief Financial Officer
26 September 2013	26 September 2013	26 September 2013

26 Thynne Street, Fern Hill Park, Bruce ACT 2617 • GPO Box 570, Canberra ACT 2601 • TEL 02 6244 1000 • FAX 02 6244 1299 • www.aihw.gov.au

APPENDIX 11

Australian Institute of Health and Welfare

STATEMENT OF COMPREHENSIVE INCOME

for the period ended 30 June 2013

	Notes	2013 $'000	2012 $'000
EXPENSES			
Employee benefits	3A	**36,910**	36,028
Supplier	3B	**13,953**	16,687
Depreciation and amortisation	3C	**939**	1,060
Write-down and impairment of assets	3D	**1**	295
Finance costs	3E	**19**	16
Total expenses		**51,822**	54,086
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Sale of goods and rendering of services	4A	**35,410**	33,690
Interest	4B	**897**	1,138
Other revenues	4C	**6**	20
Total own-source revenue		**36,313**	34,848
Total own-source income		**36,313**	34,848
Net cost of services		**15,509**	19,238
Revenue from government	4D	**15,912**	17,389
Surplus (Deficit) attributable to the Australian Government		**403**	(1,849)
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation surplus		**—**	—
Total other comprehensive income		**—**	—
Total comprehensive income attributable to the Australian Government		**403**	(1,849)

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2013

	Notes	**2013 $'000**	2012 $'000
ASSETS			
Financial assets			
Cash and cash equivalents	5A	**22,558**	18,833
Trade and other receivables	5B	**9,032**	10,407
Total financial assets		**31,590**	29,240
Non-financial assets			
Buildings	6A, 6D	**587**	1,147
Property, plant and equipment	6B, 6D	**658**	797
Library collection	6C, 6D	**50**	100
Intangibles	6E	**100**	212
Other non-financial assets	6F	**767**	352
Total non-financial assets		**2,162**	2,608
Total assets		**33,752**	31,848
LIABILITIES			
Payables			
Suppliers	7A	**(1,163)**	(2,953)
Other payables	7B	**(1,051)**	(1,544)
Contract income in advance	7C	**(15,701)**	(12,819)
Total payables		**(17,915)**	(17,316)
Provisions			
Employee provisions	8A	**(10,490)**	(9,607)
Other provisions	8B	**(674)**	(655)
Total provisions		**(11,164)**	(10,262)
Total liabilities		**(29,079)**	(27,578)
Net assets		**4,673**	4,270
EQUITY			
Contributed equity		**2,756**	2,756
Reserves		**2,288**	2,288
Retained surplus (accumulated deficit)		**(371)**	(774)
Total equity		**4,673**	4,270

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 2013

	Retained Earnings		Asset Revaluation Surplus		Contributed Equity/Capital		Total Equity	
	2013	2012	**2013**	2012	**2013**	2012	**2013**	2012
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Opening balance								
Balance carried forward from previous period	**(774)**	1,075	**2,288**	2,288	**2,756**	2,756	**4,270**	6,119
Adjusted opening balance	**(774)**	1,075	**2,288**	2,288	**2,756**	2,756	**4,270**	6,119
Surplus (Deficit) for the period	**403**	(1,849)	**—**	—	**—**	—	**403**	(1,849)
Total comprehensive income, of which:	**403**	(1,849)	**—**	—	**—**	—	**403**	(1,849)
- attributable to the Australian Government	**403**	(1,849)	**—**	—	**—**	—	**403**	(1,849)
Closing balance at 30 June	**(371)**	(774)	**2,288**	2,288	**2,756**	2,756	**4,673**	4,270

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 2013

	Notes	2013 $'000	2012 $'000
OPERATING ACTIVITIES			
Cash received			
Goods and services		**41,947**	35,299
Receipts from government		**15,912**	17,389
Interest		**921**	1,092
Other		**30**	216
Total cash received		**58,810**	53,996
Cash used			
Employees		**(35,994)**	(34,808)
Suppliers		**(17,744)**	(16,335)
Net GST paid		**(1,268)**	(1,715)
Total cash used		**(55,006)**	(52,858)
Net cash from (used by) operating activities	9	**3,804**	1,138
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		**(79)**	(514)
Total cash used		**(79)**	(514)
Net cash from (used by) investing activities		**(79)**	(514)
Net increase (decrease) in cash held		**3,725**	624
Cash and cash equivalents at the beginning of the reporting period		**18,833**	18,209
Cash and cash equivalents at the end of the reporting period	5A	**22,558**	18,833

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2013

	2013 $'000	2012 $'000
BY TYPE		
Commitments receivable		
Project[1]	**40,273**	25,833
Net GST recoverable on commitments	**1,361**	(1,854)
Total commitments receivable	**41,634**	23,979
Commitments payable		
Other commitments		
Operating leases[2]	**(51,949)**	(4,768)
Other[1]	**(3,289)**	(3,267)
Total other commitments	**(55,238)**	(8,035)
Net commitments by type	**(13,604)**	15,944
BY MATURITY		
Commitments receivable		
One year or less	**24,661**	16,142
From one to five years	**13,966**	7,837
Over five years	**3,007**	—
Total commitments receivable	**41,634**	23,979
Commitments payable		
Operating lease commitments		
One year or less	**(986)**	(2,288)
From one to five years	**(14,640)**	(2,480)
Over five years	**(36,323)**	—
Total operating lease commitments	**(51,949)**	(4,768)
Other commitments		
One year or less	**(3,171)**	(2,365)
From one to five years	**(118)**	(902)
Total other commitments	**(3,289)**	(3,267)
Total commitments payable	**(55,238)**	(8,035)
Net commitments by maturity	**(13,604)**	15,944

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in July 2014 and August 2014
- The AIHW has entered into an agreement with B & T Investments for the building and fit-out of a new building which will then be leased for 15 years. The new building is expected to be completed by the 30 June 2014. The lease estimates for the 15 years have been included in the above figures.

Computer equipment lease

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers or trade in the computers for more up-to-date models.

The above schedule should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1 Summary of Significant Accounting Policies 206
Note 2 Events after the Reporting Period 212
Note 3 Expenses 213
Note 4 Revenues 215
Note 5 Financial Assets 215
Note 6 Non-Financial Assets 217
Note 7 Payables 222
Note 8 Provisions 223
Note 9 Cash Flow Reconciliation 224
Note 10 Contingent Assets and Liabilities 224
Note 11 Directors Remuneration 225
Note 12 Senior Executive Remuneration 225
Note 13 Remuneration of Auditors 228
Note 14 Financial Instruments 228
Note 15 Compensation and Debt Relief 230
Note 16 Reporting of Outcomes 230

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 and Ageing's (DoHA's) Portfolio Budget Statements.

1.2 Basis of preparation of the financial statements

The financial statements are required by clause 1(b) of Schedule 1 to the *Commonwealth Authorities and Companies Act 1997* and are general purpose financial statements.

The continued existence of the AIHW in its present form and with its present programs is dependent on government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders for reporting periods ending on or after 1 July 2011; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets 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 Finance Minister's Orders, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW 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 executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

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.

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 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.

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 seller 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 DoHA (appropriated to DoHA as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Resources received free of charge

Resources received free of charge are recognised as gains when and only when a fair value

can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another government agency or authority as a consequence of a restructuring of administrative arrangements.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the government as owner

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

1.8 Employee benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2012. 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 2 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 and Deregulation as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

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.

- Financial assets held at amortised cost: if there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

1.13 Financial liabilities

Financial liabilities are classified as other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Other financial liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

1.15 Acquisition of assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

1.16 Property, plant and equipment

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than $3,000, which are expensed in the year of

acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	**Fair value measured at:**
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price
Library collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

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:

	2013	2012
Leasehold improvements	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years
Library collection	7 years	7 years

Impairment

All assets were assessed for impairment at 30 June 2013. 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 (2011–12: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2013.

1.18 Taxation

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax.

Revenues, expenses, assets and liabilities are recognised net of GST except:

- where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- for receivables and payables.

Note 2: Events after the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

	2013	2012
	$'000	$'000

Note 3: Expenses

Note 3A: Employees benefits

	2013 $'000	2012 $'000
Wages and salaries	**(28,338)**	(27,681)
Superannuation:		
Defined contribution plans	**(2,000)**	(1,948)
Defined benefit plans	**(3,207)**	(2,558)
Leave and other entitlements	**(3,365)**	(3,841)
Total employee benefits	**(36,910)**	(36,028)

Note 3B: Suppliers

	2013 $'000	2012 $'000
Goods and services		
Consultants	**(4,928)**	(6,173)
Contracted services	**(1,812)**	(2,084)
Information technology	**(1,021)**	(1,036)
Printing and stationery	**(239)**	(444)
Training	**(286)**	(488)
Travel	**(715)**	(682)
Telecommunications	**(206)**	(223)
Other	**(2,396)**	(2,934)
Total goods and services	**(11,603)**	(14,064)
Provision of goods – related entities	**–**	–
Provision of goods – external parties	**(623)**	(1,074)
Rendering of services – related entities	**(939)**	(925)
Rendering of services – external parties	**(10,041)**	(12,065)
Total goods and services	**(11,603)**	(14,064)

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2013 $'000	2012 $'000
Other supplier expenses		
Operating lease rentals—minimum lease payments	**(2,176)**	(2,268)
Workers compensation premiums	**(174)**	(355)
Total other supplier expenses	**(2,350)**	(2,623)
Total supplier expenses	**(13,953)**	(16,687)

Note 3C: Depreciation and amortisation

	2013 $'000	2012 $'000
Depreciation:		
Leasehold improvements	**(560)**	(576)
Property, plant and equipment	**(218)**	(323)
Library collection	**(50)**	(50)
Total depreciation	**(828)**	(949)
Amortisation:		
Intangibles		
Computer software	**(111)**	(111)
Total amortisation	**(111)**	(111)
Total depreciation and amortisation	**(939)**	(1,060)

Note 3D: Write-down and impairment of assets

	2013 $'000	2012 $'000
Revaluation decrement—property, plant and equipment	–	(210)
Inventory write down	**–**	(84)
Write off on disposal of property, plant and equipment	**(1)**	(1)
Total write down and impairment of assets	**(1)**	(295)

Note 3E: Finance costs

	2013 $'000	2012 $'000
Unwinding of discount on restoration obligations	**(19)**	(16)
Total finance costs	**(19)**	(16)

	2013 $'000	2012 $'000
Note 4: Revenues		
Note 4A: Sale of goods and rendering of services		
Provision of goods: external parties	**25**	18
Rendering of services – related entities	**24,306**	21,691
Rendering of services – external parties	**11,079**	11,786
Conference income – external parties	**–**	177
Conference income – related entities	**–**	18
Total sale of goods and rendering of services	**35,410**	33,690
Note 4B: Interest		
Deposits	**897**	1,138
Total interest	**897**	1,138
Note 4C: Other revenues		
Other	**6**	20
Total other revenues	**6**	20
Note 4D: Revenue from government		
CAC Act body payment item	**15,912**	17,389
Total revenue from government	**15,912**	17,389
Note 5: Financial Assets		
Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	**22,558**	18,833
Total cash and cash equivalents	**22,558**	18,833

Surplus cash is invested in term deposits and is represented as cash and cash equivalents.

	2013	2012
	$'000	$'000
Note 5B: Receivables		
Goods and services—related entities	**7,082**	9,720
Goods and services—external parties	**1,795**	523
	8,877	10,243
GST receivable from the Australian Taxation Office	**80**	64
Other receivables	**75**	100
Total receivables (gross)	**9,032**	10,407
Less: impairment allowance	**–**	–
Total receivables (net)	**9,032**	10,407
Receivables are aged as follows:		
Not overdue	**8,270**	9,816
Overdue by:		
Less than 30 days	**724**	554
31–60 days	**32**	37
Greater 60 days	**6**	–
Total receivables (gross)	**9,032**	10,407
Receivables is expected to be recovered in:		
No more than 12 months	**9,032**	10,407
Total receivables (gross)	**9,032**	10,407

	2013	2012
	$'000	$'000

Note 6: Non-Financial Assets

Note 6A: Buildings

	2013 $'000	2012 $'000
Leasehold improvements		
Fair value	**1,568**	1,568
Accumulated depreciation	**(1,132)**	(725)
	436	843
Restoration obligations	**612**	612
Accumulated depreciation	**(461)**	(308)
	151	304
Total buildings	**587**	1,147

No indicators of impairment were found for leasehold improvements.

Note 6B: Property, plant and equipment

	2013 $'000	2012 $'000
Property, plant and equipment		
Fair value	**880**	802
Accumulated depreciation	**(222)**	(4)
Total property, plant and equipment	**658**	798

No indicators of impairment were found for leasehold improvements.

Note 6C: Library collection

	2013 $'000	2012 $'000
Library collection		
Fair value	**350**	350
Accumulated depreciation	**(300)**	(250)
Total library collection	**50**	100

No indicators of impairment were found for Library collection.

Revaluations of non-financial assets

A revaluation increment of nil (2012: nil) for leasehold improvements, nil (2012: nil) for restoration obligations assets and nil (2012: nil) for changes in provision for restoration obligations. Revaluation decrement for property, plant & equipment was nil (2012: decrement $209,477).The revaluation decrements were expensed as no Asset Revaluation Surplus was available for the asset class.

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6D: Analysis of property, plant and equipment

TABLE A: Reconciliation of the opening and closing balances of property, plant and equipment (2012–13)

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
As at 1 July 2012				
Gross book value	2,180	802	350	3,332
Accumulated depreciation	(1,033)	(5)	(250)	(1,288)
Net book value 1 July 2012	1,147	797	100	2,044
Additions				
by purchase	–	79	–	79
Revaluations recognised in operating results	–	–	–	–
Depreciation expense	(560)	(217)	(50)	(827)
Write back of depreciation on disposal	–	–	–	–
Write back of depreciation on revaluation	–	–	–	–
Disposals	–	(1)	–	(1)
Net book value 30 June 2013	587	658	50	1,295
Net book value as at 30 June 2013 represented by:				
Gross book value	2,180	880	350	3,410
Accumulated depreciation	(1,593)	(222)	(300)	(2,115)
Net book value 30 June 2013	587	658	50	1,295

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

TABLE B: Reconciliation of the opening and closing balances of property, plant and equipment (2011–12)

	Buildings-leasehold improvements $'000	Property, plant and equipment $'000	Library collection $'000	Total $'000
As at 1 July 2011				
Gross book value	2,007	1,270	350	3,627
Accumulated depreciation	(516)	(206)	(200)	(922)
Net book value	1,491	1,064	150	2,705
Additions				
by purchase	247	267	–	514
Revaluations recognised in operating results	–	(732)	–	(732)
Depreciation expense	(576)	(323)	(50)	(949)
Write back of depreciation on disposal	59	1	–	60
Write back of depreciation on revaluation	–	523	–	523
Disposals	(74)	(3)	–	(77)
Net book value 30 June 2012	1,147	797	100	2,044
Net book value as at 30 June 2012 represented by:				
Gross book value	2,180	802	350	3,332
Accumulated depreciation	(1,033)	(5)	(250)	(1,288)
Net book value 30 June 2012	1,147	797	100	2,044

	2013 $'000	2012 $'000
Note 6E: Intangibles		
Computer software		
purchased – in use	**361**	361
accumulated amortisation	**(261)**	(149)
	100	212
internally developed	**724**	724
accumulated amortisation	**(724)**	(724)
	–	–
Total intangibles	**100**	212

No indications of impairment were found for intangibles.

TABLE A: Reconciliation of the opening and closing balances of intangibles (2012–13)

	Computer software – internally developed $'000	Computer software – purchased (in use) $'000	Total $'000
As at 1 July 2012			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(149)	(873)
Net book value 1 July 2012	–	212	212
Additions:			
by purchase or internally developed	–	–	–
Amortisation	–	(112)	(112)
Disposals	–	–	–
Net book value 30 June 2013	–	100	100
Net book value as at 30 June 2013 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(261)	(985)
Net book value 30 June 2013	–	100	100

TABLE B: Reconciliation of the opening and closing balances of intangibles (2011–12)

	Computer software — internally developed	Computer software — purchased (in use)	Total
	$'000	$'000	$'000
As at 1 July 2011			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(38)	(762)
Net book value 1 July 2011	–	323	323
Additions:			
by purchase or internally developed	–	–	–
Amortisation	–	(111)	(111)
Disposals	–	–	–
Net book value 30 June 2012	–	212	212
Net book value as at 30 June 2012 represented by:			
Gross book value	724	361	1,085
Accumulated amortisation	(724)	(149)	(873)
Net book value 30 June 2012	–	212	212

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2013	2012
	$'000	$'000
Note 6F: Other non-financial assets		
Prepayments	**767**	352
Total other non-financial assets	**767**	352

All other non-financial assets are expected to be recovered in no more than 12 months.

Note 7: Payables

	2013	2012
Note 7A: Suppliers		
Trade creditors	**(1,045)**	(2,806)
Operating lease rentals	**(118)**	(147)
Total supplier payables	**(1,163)**	(2,953)
Supplier payables expected to be settled in no more than 12 months:		
related entities	**(155)**	(16)
external parties	**(890)**	(2,790)
Total	**(1,045)**	(2,806)
Suppliers payables expected to be settled in greater than 12 months:		
external parties	**(118)**	(147)
Total	**(118)**	(147)
Total supplier payables	**(1,163)**	(2,953)

Settlement is usually made within 30 days.

	2013	2012
Note 7B: Other payables		
Salaries and wages	**(831)**	(835)
Superannuation	**(139)**	(121)
GST payable to Australian Taxation Office	**(81)**	(588)
Total other payables	**(1,051)**	(1,544)

All other payables are expected to be settled in no more than 12 months:

	2013 $'000	2012 $'000
Note 7C: Contract income in advance		
Contract income	**(15,701)**	(12,819)
Total contract income in advance	**(15,701)**	(12,819)

All income in advance payables is expected to be settled in 12 months.

Note 8: Provisions

	2013 $'000	2012 $'000
Note 8A: Employee provisions		
Leave	**(10,490)**	(9,607)
Total employee provisions	**(10,490)**	(9,607)
Employee provisions expected to be settled in:		
no more than 12 months	**(3,691)**	(3,408)
more than 12 months	**(6,799)**	(6,199)
Total employee provisions	**(10,490)**	(9,607)
Note 8B: Other provisions		
Provision for restoration obligations	**(674)**	(655)
Total other provisions	**(674)**	(655)
Other provisions expected to be settled:		
no more than 12 months	**(674)**	–
more than 12 months	**–**	(655)
Total other provisions	**(674)**	(655)

	Provision for makegood $'000
Carrying amount 1 July 2012	655
Unwinding of discount	19
Adjustment on revaluation	–
Carrying amount 30 June 2013	674

The AIHW currently has 3 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

	2013 $'000	2012 $'000

Note 9: Cash Flow Reconciliation

Reconciliation of cash and cash equivalents per balance sheet to cash flow statement

	2013 $'000	2012 $'000
Cash and cash equivalents as per:		
Cash flow statement	**22,558**	18,833
Balance sheet	**22,558**	18,833
Difference	**–**	–

	2013 $'000	2012 $'000
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	**(15,509)**	(19,238)
Add revenue from government	**15,912**	17,389
Adjustment for non-cash items		
Depreciation/amortisation	**939**	1,060
Net write down and impairment of assets (excluding write down of inventories)	**(18)**	212
Finance costs	**19**	16
Changes in assets / liabilities		
(Increase) / decrease in receivables	**1,375**	(1,504)
(Increase) / decrease in inventories	**–**	83
(Increase) / decrease in other non-financial assets—prepayments	**(415)**	100
Increase / (decrease) in supplier	**(1,790)**	1,865
Increase / (decrease) in other payables	**(493)**	180
Increase / (decrease) in employee provisions	**883**	1,073
Increase / (decrease) in other income in advance	**2,882**	(87)
Increase / (decrease) in other provisions	**19**	(11)
Net cash from operating activities	**3,804**	1,138

Note 10: Contingent Assets and Liabilities

As at 30 June 2013, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2012: nil).

Note 11: Directors Remuneration

The number of non-executive directors included in these figures is shown below in the relevant remuneration bands:

	2013	2012
$0–$29,000	**17**	17
Total number of directors of the AIHW	**17**	17
Total remuneration received or due and receivable by directors of the AIHW	**$23,271**	$17,194

Remuneration of executive directors is included in Note 12: Senior Executive Remuneration.

Note 12: Senior Executive Remuneration

Note 12A: Senior executive remuneration expense for the reporting period

	2013	2012
Short-term employee benefits:		
Salary	**(1,583,351)**	(1,539,111)
Annual leave accrued*	**(41,157)**	21,355
Performance bonuses	**(41,432)**	(37,348)
Motor vehicle allowance	**(191,385)**	(191,203)
Total short-term employee benefits	**(1,857,325)**	(1,746,307)
Post-employment benefits:		
Superannuation	**(288,191)**	(257,787)
Total post-employment benefits	**(288,191)**	(257,787)
Other long term benefits		
Long-service leave	**(46,418)**	(134,652)
Total other long term benefits	**(46,418)**	(134,652)
Total senior executive remuneration	**(2,191,934)**	(2,138,746)

* This is annual leave taken in excess of annual leave accrued

1. Note 12A is prepared on an accrual basis (therefore the performance bonus expenses disclosed above may differ from the cash 'Bonus paid' in Note 12B).

2. Note 12A excludes acting arrangements and part-year service where remuneration expensed was less than $180,000.

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 12B: Average annual reportable remuneration paid to substantive senior executives during the reporting period

Average annual reportable remuneration[1]	Senior executives	Reportable salary[2]	Contributed superannuation[3]	Reportable allowances[4]	Bonus paid[5]	Total
	No.	$	$	$	$	$
Average annual reportable remuneration paid to substantive senior executives in 2013						
Total remuneration (including part-time arrangements):				**2013**		
$180,000–$209,999	1	151,014	23,237	23,923	–	198,174
$210,000–$239,999	8	167,247	29,947	23,923	–	221,117
$330,000–$359,999	1	256,343	54,118	–	37,790	348,251
Total	10					
Average annual reportable remuneration paid to substantive senior executives in 2012						
Total remuneration (including part-time arrangements):				2012		
$180,000–$209,999	6	156,229	23,285	23,900	–	203,414
$210,000–$239,999	3	159,594	29,281	23,900	–	212,775
$330,000–$359,999	1	253,371	55,384	–	35,590	344,345
Total	10					

1. Note 12B reports substantive senior executives who received remuneration during the reporting period. Each row is an averaged figure based on headcount as at 30 June 2013 for individuals in the band.

Australian Institute of Health and Welfare

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

2. 'Reportable salary' includes the following:

    a) gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column);

    b) reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits); and

    c) exempt foreign employment income.

3. The 'contributed superannuation' amount is the average actual superannuation contributions paid to senior executives in that reportable remuneration band during the reporting period, including any salary sacrificed amounts, as per the individuals' payslips.

4. 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.

5. 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving the entity during the financial year.

6. Various salary sacrifice arrangements were available to senior executives including superannuation, motor vehicle and expense payment fringe benefits. Salary sacrifice benefits are reported in the 'reportable salary' column.

Note 12C: Other highly paid staff

During the reporting period, there were no employees who did not have a role as senior executives whose salary plus performance bonus were $180,000 or more (2012: nil).

Note 13: Remuneration of Auditors

	2013	2012
Remuneration for auditing the financial statements for the reporting	**$28,000**	$27,500

No other services were provided by the Australian National Audit Office.

Note 14: Financial Instruments

	2013	2012
	$'000	$'000
Note 14A: Categories of financial instruments		
Financial assets		
Loans and receivables		
Cash at bank	**22,558**	18,833
Receivables for goods and services	**8,877**	10,243
Carrying amount of financial assets	**31,435**	29,076
Financial liabilities		
Other financial liabilities		
Trade creditors	**(1,045)**	(2,806)
Carrying amount of financial liabilities	**(1,045)**	(2,806)

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 14B: Net income and expense from financial assets	2013	2012
Loans and receivables		
Interest revenue	**897**	1,138
Net gain loans and receivables	**897**	1,138
Net gain from financial assets	**897**	1,138

Note 14C: Credit risk

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 (2013: $8,877,000 and 2012: $10,243,000). The AIHW has assessed the risk of the default on payment and has allocated $0 in 2013 (2012: $0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Credit quality of financial instruments not past due or individually determined as impaired:

	Not past due nor impaired 2013	Not past due nor impaired 2012	**Past due or impaired 2013**	Past due or impaired 2012
	$'000	$'000	**$'000**	$'000
Cash at bank	**22,558**	18,833	**–**	–
Receivables for goods and services	**8,115**	9,651	**762**	592
Total	**30,673**	28,484	**762**	592

Ageing of financial assets that are past due but not impaired for 2013:

	0–30 days	31–60 days	61–90 days	90+ days	Total
	$'000	$'000	$'000	$'000	$'000
Receivables for goods and services	724	32	6	–	762
Total	**724**	**32**	**6**	**–**	**762**

Ageing of financial assets that are past due but not impaired for 2012:

	0–30 days	31–60 days	61–90 days	90+ days	Total
	$'000	$'000	$'000	$'000	$'000
Receivables for goods and services	554	38	–	–	592
Total	554	38	–	–	592

Note 14D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 14E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Note 15: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth was made during the reporting period (2012: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2012: nil).

Note 16: Reporting of Outcomes

Note 16A: Net cost of outcome delivery

	Outcome 1 2013 $'000	Outcome 1 2012 $'000	**Total 2013 $'000**	Total 2012 $'000
Departmental				
Expenses	**51,822**	54,086	**51,822**	54,086
Own-source income	**36,313**	34,848	**36,313**	34,848
Net cost / (contribution) of outcome	**15,509**	19,238	**15,509**	19,238

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. However, in accordance with Finance Minister's Order 121.4(c), entities with only one outcome can omit Tables B and C.

Reader guides

These guides help readers find specific information in this annual report and identify any errors and omissions in the previous annual report.

Abbreviations and symbols 232

Glossary 234

Annual report 2011–12 errors and omissions 236

Lists of tables, figures and spotlights 236

Compliance index 240

Index 242

Abbreviations and symbols

Abbreviations

ABS	Australian Bureau of Statistics
AASB	Australian Accounting Standards Board
ACT	Australian Capital Territory
ACSQHC	Australian Commission on Safety and Quality in Health Care
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
APS	Australian Public Service
APSC	Australian Public Service Commission
CAC Act	*Commonwealth Authorities and Companies Act 1997*
CEO	Chief Executive Officer
COAG	Council of Australian Governments
COPD	chronic obstructive pulmonary disease
CT	computed tomography
DEEWR	Department of Education, Employment and Workplace Relations
DoHA	Department of Health and Ageing
DSS	Data Set Specification
DVA	Department of Veterans' Affairs
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EPBC Act	*Environment Protection and Biodiversity Conservation Act 1999*
EL	Executive Level
ESKD	end-stage kidney disease
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FOI	Freedom of information
FOI Act	*Freedom of Information Act 1982*
GST	Goods and Services Tax
HSMA	Health and Safety Management Arrangements
HIV	human immunodeficiency virus
HTML	Hypertext Markup Language
ICT	information and communications technology

METeOR	AIHW's Metadata Online Registry
MoU	memorandum of understanding
NABERS	National Australian Built Environment Rating System
NDI	National Death Index
NHMRC	National Health and Medical Research Council
NHA	National Healthcare Agreement
nKPIs	national key performance indicators
NMDS	National Minimum Data Set
NPA IPHS	National Partnership Agreement on Improving Public Hospital Services
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
PBS	Portfolio Budget Statement
PDF	Portable Document Format
Qld	Queensland
RAP	Reconciliation Action Plan
RTF	Rich Text Format
SA	South Australia
SCRGSP	Steering Committee for the Review of Government Service Provision
SES	Senior Executive Service
SHSC	Specialist Homelessness Services Collection
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHS	Work health and safety
WHS Act	*Work Health and Safety Act 2011*
WHO	World Health Organization

Symbols

%	per cent
—	not defined, nil or rounded to zero (in tables)
n.a.	not available (in tables)

Glossary

Australian Building Greenhouse Rating	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 (see glossary term 'National Australian Built Environment Rating System').
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 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 equipment has power management features allowing it to meet a minimum energy performance standard. These features should be enabled at the time of supply.
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 that takes account of the number of hours that each person works. During 2012–13, 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.
Green Star	An environmental rating system that evaluates the environmental design and construction of buildings. Green Star ratings are not a requirement under the Australian Government's Energy Efficiency in Government Operations Policy.
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.
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 (see glossary term 'Australian Building Greenhouse Rating').

outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.
outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Australian public sector external to the AIHW.
performance indicators (of the AIHW)	Measures (indicators) that relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that relate to the health system as a whole or to parts of it such as hospitals, health centres and so forth. 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 and Ageing portfolio, usually published in May each year.

Annual report 2011–12 errors and omissions

There are no known errors and omissions in the AIHW's *Annual report 2011–12* to report.

Lists of tables, figures and spotlights

Tables

Table 1: Financial results, 2008–09 to 2012–13 ($'000) xii

Table 2: Mission and strategic directions 3

Table 3: Status of performance targets committed to in the 2012–13 Portfolio Budget Statements 4

Table 4: Status of deliverables committed to in the 2012–13 Portfolio Budget Statements 5

Table 5: Status of longer term activities noted in the 2012–13 Portfolio Budget Statements 7

Table 6: Income and expenditure, 2008–09 to 2012–13 ($'000) 21

Table 7: Balance sheet summary, 2008–09 to 2012–13 ($'000) 22

Table 8: Members of the AIHW Board and its subcommittees and their attendance at meetings, 2012–13 29

Table 9: Members of the AIHW Ethics Committee and their attendance at meetings, 2012–13 33

Table 10: Research projects considered by the AIHW Ethics Committee, 2012–13 33

Table 11: Staff by employment category, 30 June 2012 and 30 June 2013 82

Table 12: Staff employed by classification level, 30 June 2012 and 30 June 2013 83

Table 13: Staff employed by operating groups, 30 June 2013 84

Table 14: Outcome of completed external recruitment processes, 2011–12 and 2012–13 88

Table 15: Graduate recruitment intake and outcomes, 2008–09 to 2012–13 88

Table 16: In-house learning and development courses, 2011–12 and 2012–13 90

Table 17: Australia Day awards, January 2013 91

Table 18: Staff long service, 2012–13 91

Table 19: Ecologically sustainable development reporting, 30 June 2013 95

Table 20: Energy consumption and recycled waste, 2010–11 to 2012–13 96

Table 21: Email notification service subscriptions, 2009 to 2013 (at 30 June) 100

Table 22: Top 10 publications downloaded from the AIHW website, 2012–13 103

Table 23: Media coverage, 2008–09 to 2012–13 103

Table 24: Top 10 reports for media coverage, 2012–13 104

Table 25: Submissions to parliamentary or government inquiries, 2012–13 106

Table A10.1: Major revenue sources, 2003–04 to 2012–13, with projections, 2014–15 to 2016–17 191

Table A10.2: Staff numbers, 2004–2013 191

Table A10.3: Products released and media releases, 2003–04 to 2012–13 192

Table A10.4: Smoking status of households with children aged 0–14, per cent, 1995–2010 192

Table A10.5: Timeliness of hospital statistics publications, 1996–2012 193

Table A10.6: Revenue sources, 2004–05 to 2012–13 193

Table A10.7: Hotline queries received by the AIHW and Infoxchange Pty Ltd from specialist homelessness services agencies, state and territory, 2012–13 194

Table A10.8: Social housing dwellings, 2003–04 to 2010–11 194

Table A10.9: Average health expenditure per person, constant prices, 2001–02 to 2010–11 194

Table A10.10: Dentists employed in dentistry: state and territory, 2011 195

Table A10.11: Highest level of qualification completed by staff, May–June 2013 195

Table A10.12: Visits to the AIHW website, 2003–04 to 2012–13 195

Figures

Figure 1: Major revenue sources, 2003–04 to 2012–13, with projections, 2014–15 to 2016–17 xiii

Figure 2: Staff numbers, 2004–2013 xvi

Figure 3: Products released and media releases, 2003–04 to 2012–13 xvii

Figure 4: Smoking status of households with children aged 0–14, per cent, 1995–2010 11

Figure 5: Timeliness of hospital statistics publications, 1996–2012 20

Figure 6: Revenue sources, 2004–05 to 2012–13 22

Figure 7: Accountability framework 27

Figure 8: Organisation chart, 30 June 2013 37

Figure 9: Hotline queries received by the AIHW and Infoxchange Pty Ltd from specialist homelessness services agencies, state and territory, 2012–13 62

Figure 10: Social housing dwellings, 2003–04 to 2010–11 63

Figure 11: Average health expenditure per person, constant prices, 2001–02 to 2010–11 67

Figure 12: Dentists employed in dentistry: state and territory, 2011 68

Figure 13: Highest level of qualification completed by staff, May–June 2013 85

Figure 14: Visits to the AIHW website, 2003–04 to 2012–13 101

Note: Data for figures are available in **Appendix 10** (Tables A10.1–A10.12).

Spotlights

Central role in developing and supplying performance indicator data 6
In the pipeline: Better information about children in care. 9
The desire to age in place. 10
Environmental tobacco smoke and children (with Figure 4) 11
Launch of *Australia's food & nutrition 2012* 12
Information at a glance: snapshot products 14
AIHW work on *MyHospitals* website wins award 15
Palliative care services 16
National data dictionaries. 18
Improved timeliness of hospital statistics publications (with Figure 5) 20
Ethics changes in action 34
Privacy at the AIHW. 35
Working internationally. 42
Dementia in Australia. 49
Raising a flag for disability 49
How popular are insulin pumps?. 52
How do chronic diseases contribute to death?. 53
In the pipeline: Updating disease impact estimates 54
Estimating total incidence of end-stage kidney disease 55
Data on targets for public hospital services. 57
New urgency definitions no longer waiting 58
Nationally consistent subacute and non-acute care data 59
Homelessness data for 2011–12 61
Support for more than 1,500 homelessness agencies (with Figure 9) 62
The state of social housing (with Figure 10) 63
Improved data collections for drug and alcohol treatment services. 64
In the pipeline: Diabetes Care Project 66
Health spending per Australian (with Figure 11). 67
Dentists across Australia (with Figure 12). 68
In the pipeline: Better measures of Indigenous infant mortality. 70
In the pipeline: Innovative work in child development 71
New-look Closing the Gap Clearinghouse website 71
Indigenous primary health care performance indicators. 72

In the pipeline: Equity in higher education 73
About asthma 75
Hospitalisations due to injury and poisoning 77
Australia's mothers and babies 78
Indigenous cadet Kathleen Jackson is off to Harvard 86
Improving work health and safety 92
A new location in 2014 94
Print-on-demand publishing 98
Recognition for AIHW products 102
Getting our messages out better 104
Launch of Dementia care in hospitals 105

Compliance index

The *Commonwealth Authorities and Companies Act 1997* (s. 9) requires the AIHW Board to prepare this 2011–12 annual report and provide it to the Minister for Health by 15 October 2012. The index below shows compliance with information requirements contained in the CAC Act and further specified by orders made by the Minister for Finance under s. 48(1), as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011, which advise the directors of a Commonwealth authority on what is required for preparing the authority's annual report, specifically in terms of the report of operations that is to be provided annually under the CAC Act
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2011), which relate to the preparation of financial statements.

CAC Act annual report requirements	Clause or subsection of the CAC Act	Page in this report
Report of operations prepared by the directors	9(1) and 1 in Schedule 1	i–xviii, 1–199, 231–241
Financial statements prepared by the directors, including 'true and fair view' statement	9(1) and 1 and 2 in Schedule 1	199–230
Auditor-General's report on the financial statements	9(1) and 1 in Schedule 1	23, 197–198
Presentation to the responsible Minister by 15 October 2013	9(1) and 9(2)	See note
CAC Act report of operations requirements	**Clause in the 'annual reporting' Orders**	**Page in this report**
Approval of the Report of Operations by directors (including the signature of a director and a statement of responsibility)	6	viii
Exemptions from requirements under the Orders granted by the Finance Minister	7	189
Parliamentary standards of presentation	8	—
Plain English and clear design, including:	9	
reliable, concise, understandable and balanced information		—
clear design		—
defined acronyms and technical terms		See 232, 234
tables, graphs, diagrams and charts		See 236–239
Enabling legislation (including its objectives and functions)	10	xi, 108–123
Responsible Minister's name (current and during the year)	11	xiv
Ministerial directions issued by responsible or other Minister	12	188
Australian Government policies notified under the CAC Act (s. 28) before 1 July 2008 and still applicable	12	188
General Policy Orders applicable under the CAC Act (s. 48A)	12	188
Other statutory requirements:	12	
Commonwealth Electoral Act 1918 (s. 331A) relating to expenditure on specific types of advertising and market research organisations and statement on advertising campaigns		187
Environmental Protection and Biodiversity Conservation Act 1999 (s. 516A) relating to ecologically sustainable development and environmental performance		94–96
Equal Employment Opportunity (Commonwealth Authorities) Act 1997 (s. 9) relating to an annual program report		189–190
Workplace Health and Safety Act 2011 (Part 4 of Schedule 2) relating to health and safety matters to be included in annual reports		91–93

CAC Act report of operations requirements	Clause in the 'annual reporting' Orders	Page in this report
Information about directors:	13	
names, qualifications, experience and whether executive or non-executive		135–141
attendance of board meetings		29
Organisational structure (including subsidiaries)	14	36–37, See 189
Location of major activities and facilities	14	93
Board committees and their main responsibilities	14	31, 32
Education for directors	14	31
Performance review processes for directors	14	31
Ethics policies	14	43–45, 89
Risk management policies	14	45
Related entity transactions	15	188
Significant events under the CAC Act (s. 15)	16	188
Operational and financial results	16	iii, vii–xiii, 1–23
Key changes to affairs or principal activities	16	188
Amendments to enabling or other relevant legislation	16	189
Judicial decisions and decisions of administrative tribunals	17	189
Reports by third parties, including:	17	189
Auditor-General		23, 189, 197–198
parliamentary committees		189
Commonwealth Ombudsman		189
Office of the Australian Information Commissioner		189
Unobtainable information from subsidiaries	18	189
Indemnities and insurance premiums for officers	19	45
Disclosure requirements for government business enterprises	20	221
Index of annual report requirements	21	240–241

CAC Act report of operations requirements	Clause in the 'financial statements' Orders	Page in this report
Requirements for the preparation of financial statements for reporting periods ending on or after 1 July 2011	3	200–230

Note: At the time of printing this annual report, compliance with this requirement is expected to be achieved.

During 2012–13, the AIHW also complied with:

- s. 93 of the *Freedom of Information Act 1982*, which requires it to provide information required by the Information Commissioner to prepare reports under s. 30 of the *Australian Information Commissioner Act 2010* (see, **Freedom of information**, on page 186).
- s. 8B of the *Freedom of Information Act 1982*, which requires it to ensure that information published under its Information Publishing Scheme (see **Appendix 9**) is accurate, up to date and complete.
- guidelines in relation to procurement (made under s. 7 of the Financial Management and Accountability Regulations 1997) given under s. 47A of the CAC Act (see, **Procurement requirements**, on page 44).

Index

A

AAP, coverage of AIHW, 103
Aboriginal Australians, *see* Indigenous Australians
accommodation, *see* housing and homelessness; office accommodation
accountability, AIHW, xiv, 26–7
acts, *see* legislation
acute care, definition of, 59
acute rheumatic fever, 51
administrative tribunal decisions, 189
admitted patients, *see* hospitals
adoptions, of children, 14, 104
advertising and market research, 187
aged care, 40, 65
  National Aged Care Data Clearinghouse, 9
AIHW Access magazine, 99, 100
AIHW Ethics Committee, *see* Ethics Committee
air-conditioning, 95
alcohol and other drugs, 36
  National Drug Strategy Household Survey, 9, 76, 103
  opioid pharmacotherapy, 99
  treatment services, 64, 99
allied health professionals, 65
Alzheimer's Australia, 105
American Journal of Kidney Diseases, 51
Annual report 2011–12, 99
  award, 102
  update on cause of death data report, 10
  update on exceptions reporting, 5
annual reporting requirements, 26, 240–1
  exemptions, 189
annual work plans, 26, 38
antibiotics, 75
app, *OzHealth*, 100
appropriation funding, xiii, 21, 23, 191, 193
Asia-Pacific Journal of Clinical Oncology, 102
assets, 22, 23
assisted reproductive technology, 78, 99
asthma, 74–5, 103
audio grabs, 104
Audit and Finance Committee, 30, 31, 43, 45
audits, 23
  auditor's report, 23, 189, 197–8
  data collections, 34
  internal, 45
Australasian Association of Cancer Registries, 39
Australasian College of Health Service Management, 102
Australasian Juvenile Justice Administrators, 40
Australia Day awards, AIHW, 91
Australian Accounting Standards, xiv
Australian Bureau of Statistics, 38, 49
Australian Cancer Database, 32, 34
Australian Centre for Asthma Monitoring, 74–5
Australian Charities and Not-for-profits Commission, 106
Australian Collaborating Centre for the WHO Family of International Classifications, 42
Australian Commission on Safety and Quality in Health Care, 39, 56
Australian Coordinating Registrar, 10
Australian Health Practitioners Regulation Authority, 40
Australian hospital statistics 2011–12, 20
  'in brief' publication, 98, 104
  media coverage, 104
Australian hospital statistics 2011–12: emergency department care, 104
Australian hospital statistics: national emergency access and elective surgery waiting targets: 2012, 57, 104
Australian Information Commissioner, 189
Australian Institute of Family Studies, 39, 100
Australian Institute of Health Act 1987, 26
Australian Institute of Health and Welfare Act 1987, 26, 28, 32, 108–23
Australian Institute of Health and Welfare Ethics Committee Regulations 1989, 32, 124–5
Australian Institute of Health and Welfare Regulations 2006, 124
Australian National Audit Office, 23, 189, 197–8
Australian Privacy Principles, 35
Australian Public Service Commission
  Employee Census, 84–5, 87
  State of the Service Report 2011–12, 84, 89
Australian Public Service Indigenous Cadetship

READER GUIDES

Program, 85–6

Australian Public Service Integrated Leadership System, 88

Australian Public Service Values and Code of Conduct, 89

Australian Research Centre for Population Oral Health, 32

Australian Statistician, 38

Australia's food & nutrition 2012, 12, 104
 'in brief' publication, 98, 104

Australia's health 2010 website downloads, 103

Australia's health 2012, 13, 102
 website downloads, 4, 103
 'in brief' publication, 98, 103

Australia's hospitals 2011–12: at a glance, 98, 99

Australia's medical indemnity claims, 56

Australia's mothers and babies, 78

Australia's welfare 2011, 13

Australia's welfare 2013, 13
 contributions, 48, 60, 65, 69
 'in brief' publication, 98

Australia's welfare publications website downloads, 4

awards and recognition, for AIHW, 102
 AIHW *Annual report 2011–12*, 102
 MyHospitals website, 15

B

babies, *see* perinatal statistics

balance sheet, 22, 23

Bartos, Stephen, 31

births and pregnancy, *see* perinatal statistics

Board, 26, 28–31, 34, 94, 135–42
 Chair's report, vii
 Charter of Corporate Governance, 31, 126–34
 meetings, 29–30, 38
 see also directors, AIHW

bowel cancer screening, 51

breast cancer, 51

BreastScreen Australia, 51

British Medical Journal, 102

budget, *see* finance

burden of disease, 54

Business Group, 79, 84

business risk assessment, 45

Buttrose, Ita, 105

C

cancer, 39, 51
 Australian Cancer Database, 32; audit, 34
 'in brief' publication, 98, 104
 journal articles, 102
 media coverage of reports, 104
 report profile, 99

Cancer Australia, 39

cardiovascular disease, 103

Carson, Chrystel, 85

cash and term deposits, 21, 22, 215
 net cash, 22

cash flow, 22, 203

cause of death, 10
 chronic diseases, 53

cervical screening, 51

Chair, AIHW, 29, 30
 report, viii

Charter of Corporate Governance, 31, 126–34

child protection, 9, 65, 104

Child Protection National Minimum Data Set, 9

children, 51, 103
 adoptions, 14, 104
 dental health, 76
 disadvantage, 69
 early childhood development, 39, 71
 environmental tobacco smoke, 11, 192
 injuries, 76
 at risk of social exclusion, 65
 see also perinatal statistics; young Australians

chronic diseases, 53
 kidney, 55
 obstructive pulmonary, 74, 75

classification, 42, 76

Closing the Gap, 72

Closing the Gap Clearinghouse, 39, 69, 71, 100

Code of Conduct for staff, 89

Cogent Business Solutions Pty Ltd, 71

collaborating units, AIHW, 74–8
 conference papers and presentations, 184–5
 Ethics Committee applications, 32
 journal articles, 179–80

collaborations and partnerships, 41–2, 166

Comcare, 45, 93

Comcover, 45

committees, AIHW, 40–1, 153–65
Board, 30, 31, 43, 45
Consultative, 92, 94
Health and Safety, 92
Learning and Development, 89
Reconciliation Action Plan, 86
Statistical and Analytical Methods, 90
see also Ethics Committee

Commonwealth Authorities and Companies Act 1997, 26
Finance Minister's (CAC Act Procurement) Directions 2012, 44

Commonwealth Authorities (Annual Reporting) Orders 2011, 187–9

Commonwealth Ombudsman, 189

communication and interpersonal skills training, 90

communications (availability of information), xi, xvi–xvii, 13–16, 97–106
deliverables, 5
internal, 88, 92
performance indicators, 4
see also publications and products; websites and online services

Community and Disability Services Ministers' Advisory Council, 69

community housing, 60, 194

community services, *see* welfare

computed tomography scans, 102

conferences and other forums, 12, 15
papers and presentations, 180–5

confidentialised unit record files, 60

consultative arrangements, *see* committees; feedback

Consultative Committee, AIHW, 92, 94

Continuing and Specialised Care Group, 36, 48–50, 84

contract management, purchasing

cooling and heating, 95

corporate governance, xiii–xiv, 25–37, 126–52

corporate groups, 79, 83, 84

Corporate Learning and Development Program, 89–90

corticosteroids, 75

Council of Australian Governments, 41
National Framework for Protecting Australia's Children, 9
National Performance Reporting System, 7; funding for AIHW role, xiii
performance indicator development, 6, 8, 72; mental health, 40
see also Closing the Gap

Council of Australian Governments Reform Council, 6, 8, 39, 57

court decisions, 189

Creative Commons licensing, 98

CT scans, 102

culturally and linguistically diverse populations, 69

customer care charter, 101

D

data access, 4
see also communications; websites and online services

data collections, 167–71
audits, 34

data dictionaries, 5, 7, 18, 40

data elements, 18

data gaps, 15, 42, 69, 74

Data Integration Services Centre, 5, 15

data linkage, 35
cancer, 102
deaths, 65; infant, 70
dementia, 105
diabetes, 66
Indigenous Australians, 51, 65, 70
insulin use, 51

data quality, 7, 16–18, 39, 42, 65
diabetes, 51
national data dictionaries, 5, 7, 18, 40
statements, 6, 8, 18

data sets and data set specifications, 18
deaths (mortality), 10, 32, 34, 51, 65, 70
diabetes, 66
early childhood development, 71
radiotherapy treatment services waiting times, 56
registered health professional workforce, 65
see also national minimum data sets

data-sharing agreements, 41, 166

Davidson Trahaire Corpsych, 93

deaths, 32, 51
burden of disease, 54
cause of death data, 10
chronic diseases, 53
data linkage, 65

READER GUIDES

Indigenous infants, 70
maternal, 78
palliative care services, 16

deliverables, iii, ix, 2, 5, 7–20, 47–80, 97–106

dementia, 49, 99, 103
hospital care, 65, 105

dental statistics, 76
dentists, 68, 195

Department of Climate Change and Energy Efficiency, 96

Department of Education, Employment and Workplace Relations, 39, 85

Department of Families, Housing, Community Services and Indigenous Affairs, 38, 100

Department of Health and Ageing, 38, 42, 54, 72

Department of Health and Human Services, Tasmania, 7

Department of Health Western Australia, 7

Department of Industry, Innovation, Science, Research and Tertiary Education, 73

Department of Veterans' Affairs, 40

diabetes, 51, 52
Diabetes Care Project, 66

directors, AIHW, 29, 135–41
education, 31
liability insurance, 45
performance review, 31
related entity transactions, 188

Director, AIHW, 36, 44, 105, 135, 146
relations with Board, 28, 31
report by, ix–x

disability, 7
data gaps, 15
'flag', 49
National Disability Agreement performance indicators, 6, 8

disability insurance, 15, 41

Disability Policy and Research Working Group, 15

Disability Services National Minimum Data Set, 7, 15

DisabilityCare Australia, 15

documents, AIHW, access, 186–7

downloads, AIHW products, 4, 103
OzHealth app, 100

drugs, *see* alcohol and other drugs

E

early childhood development, 39, 71

ecologically sustainable development reporting, 94–6

education, 73, 85–6, 87
for directors, 31

elective surgery, 20, 57, 104
urgency categories, definitions of, 58

electricity, 95, 96

email notification service, 100

emergency departments, hospital, 6, 20, 57, 104

employees, *see* staff

employment, *see* health workforce

end-stage kidney disease, 55

energy efficiency and consumption, 94, 95, 96

Enterprise Agreement, 87, 93

environmental protection, 94–6

environmental tobacco smoke, 11, 192

equal employment opportunity reporting, 189–90

equity (financial), 22

equity (fairness) in higher education, 73

establishment, 26

Estimates hearings, Senate, 105

Ethics Committee, 32–5, 143–6
applications considered, 5, 16, 32–4, 70–1
members training, 35
regulations, 124–5

ethics policies, 43–5, 89

EthOS™, 34

exceptions reporting, 5

Executive, 36, 147–52

expenditure, *see* finance; health expenditure

externally funded projects, xiii, 21, 22, 23, 191, 193
Ethics Committee consideration, 5, 16, 32, 33

F

falls, 76, 77, 99

feedback to AIHW
data access, 4
effectiveness of products, 101

females, *see* women

finance, xii–xiii, xiv, 21–3, 43–4, 191, 193, 196–230
Audit and Finance Committee, 30, 31, 43, 45
Senate Estimates hearings, 105
see also health expenditure

Finance Minister, 188

Finance Minister's (CAC Act Procurement) Directions 2012, 44

Finance Minister's Orders, 26, 206, 241

financial assets, 22

financial statements, xiv, 196–230
audit opinion, 23

fissure sealant, 76

flu vaccination, 75, 93

food and nutrition, 12, 98, 104

forums, *see* conferences and other forums

fraud risk, 45

freedom of information, 186–7

functioning, *see* disability

functions, AIHW, xi, 26

future, AIHW, xvii–xviii
financial outlook, 23

FutureGov awards, 15

G

gender, see men; women

General Policy Orders, 188

Global Corporate Challenge, 93

governance, xiii–xiv, 25–37, 126–52

Governance and Communications Group, 79, 84

Government bond rate, xiii

government business enterprises, 189

government policies, 188

GreenPower, 95

group heads, AIHW, 36, 147–52
contract approval delegations, 44

gynaecological cancers, 51

H

harassment contact officers, 89

health and health care, 40, 42, 51–5, 65–8, 74–8
app, 100
data dictionary, 18
National Healthcare Agreement performance indicators, 6, 8
see also Australia's health; hospitals

health and safety, work, 91–3

Health and Safety Committee, AIHW, 92

health expenditure, 42, 65, 67, 103, 194
hospital dementia care costs, 105

Health Group, 51–5, 84

health ministers, 49, 58, 72

health workforce, 40, 65
dentists, 68, 195

Health Workforce Australia, 40

heart disease, 51, 103

higher education, 73
university collaborations and partnerships, 41, 166

homelessness, *see* housing and homelessness

hospitals, 40, 56–9
definitions of hospital care, 56, 58–9
dementia care services, 65, 105
emergency departments, 6, 20, 57, 104
'in brief' publication, 98, 99
injury and poisoning, 76, 77, 99
MyHospitals website, 15, 40, 56
palliative care services, 16, 102
peer grouping, 56
residential aged care, movement between, 65
surgery, 5, 56; elective, 20, 57, 58, 104
timeliness of publications, 20, 193

Hospitals and Performance Group, 56–9, 84

housing and homelessness, 60–3, 194
children and young people, 65
data dictionary, 5
national agreements performance indicators, 6, 8
older people, 10
see also Specialist Homelessness Services Collection

Housing and Homelessness Information Management Committee, 65

Housing assistance in Australia: 2012, 63

Housing, Homelessness and Drugs Group, 36, 60–4, 84

housing ministers, 49

Huddleston, Linda, 71

I

immunisation (vaccination), 75, 93
see also data quality
'in brief' publications, 98, 99, 103, 104
indemnities, directors and staff, 45, 133
Independent Hospital Price Authority, 7, 40, 59
indicators, *see* performance indicators
Indigenous Australians, 69, 85–7, 99
  Closing the Gap Clearinghouse, 39, 69, 71, 100
  deaths, 65
  health expenditure on, 65
  housing, 60, 194
  infant mortality, 70
  injuries, 76
  insulin use status, 51
  National Indigenous Reform Agreement performance indicators, 8, 72
  primary health care, 72
Indigenous Cadetship program, 85–6
Indigenous Observatory, 69
infant mortality, 70
inflation in health sector, 67
influenza vaccination, 75, 93
infographics, 104
information and communications technology, 19
  see also websites and online services
Information and Communications Technology and Business Transformation Program, 79, 84
Information and Statistics Group, 65–8, 84
Information Publication Scheme, 187
information quality, *see* data quality
Infoxchange Pty Ltd, 62
inhaled corticosteroids, 75
injury surveillance, 76–7
inquiries, submissions to, 106
Institute for Health Metrics and Evaluation, 54
Institute of Public Administration ACT Division, 102
insulin use, 51, 52
insurance
  AIHW, 45
  medical indemnity claims, 56
  National Disability Insurance Scheme, 15, 41
integrated data, *see* data linkage
interest income, 21, 193
international collaboration, 42, 51
International Federation for Home Economics, 12
internet, *see* websites and online services
ionizing radiation, 102
iPhone and iPad app, 100

J

Jackson, Kathleen, 86
journal articles, 178–80
  cancer, 102
  kidney disease, 55
judicial decisions, 189
juvenile justice, 40, 65

K

key changes to affairs or activities of AIHW, 188
key performance indicators, *see* performance indicators
kidney disease, 51, 55
Kiribati, 42

L

land transport accidents, injury due to, 76
learning and development, *see* education; staff learning and development
Learning and Development Advisory Committee, 89
Learning and Development Strategy 2011–2014, 89
leases, AIHW building, 94, 96
legal decisions, judicial or administrative, 189
legislation, 26, 28, 32, 108–25, 189
  compliance, 23, 187–9, 240–1
  enabling, xi, 108–23
  financial management, 26, 43, 44
  workplace health and safety, 92
letter of transmittal, vii
liabilities, 21, 22
liability insurance, 45
linkage of data, *see* data linkage
Living Longer Living Better aged care reform package, 9
location of offices, 93
Lonergan Research, 187

M

McKinsey and Company, 66
Macquarie University, 87
males, *see* men
management of the AIHW, xiii–xiv, 126–52
management training, 88, 90
market research and advertising, 187
maternal health, 74
 see also perinatal statistics
media relations, 4, 103–4
media releases, xvi–xvii, 192
medical indemnity claims, 56
medical workforce, 65
medications for people with obstructive airways disease, 75
meetings
 Board and subcommittees, 29–30, 38, 43, 45
 Ethics Committee, 33
 Health and Safety Committee, 92
 Learning and Development Advisory Committee, 89
 Reconciliation Action Plan Working Group, 86
membership
 Board, 28–30, 135–42
 Board committees, 30, 31
 Ethics Committee, 33, 35, 143–6
 Executive Committee, 36
memorandums of understanding, 38, 39, 40
 schedules, 44
men, health, 51
mental health, 40, 100
metadata items, 18
METeOR, 6, 7, 17–18, 40
minimum data sets, *see* national minimum data sets
Minister, xiv, 26, 44, 94
Minister for Finance and Deregulation, 188
Minister for Mental Health and Ageing, 105
ministerial directions, 188, 190
mission statement, 2
mobile phones, 95
mortality, *see* deaths
mothers, *see* perinatal statistics
Multiple causes of death bulletin, 53
MyHospitals website, 15, 40, 56

N

National Aboriginal and Torres Strait Islander Health Officials Network, 41
National Aboriginal and Torres Strait Islander Health Survey, 76
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, 41
National Affordable Housing Agreement, 61
 performance indicators, 6, 8
National Aged Care Data Clearinghouse, 9
National Bowel Cancer Screening Program, 51
National Cancer Statistics Clearing House, 39
National Centre for Monitoring Cancer Framework: 2012, 99
National Centre for Social and Economic Modelling, 69
National Community Services Data Dictionary, 18
National Community Services Information Management Committee, 65
National Core Maternity Indicators, 78
National Coronial Information System, 10
national data dictionaries, 5, 7, 18, 40
National Death Index, 32, 34, 65, 70
National definitions for elective surgery urgency categories report, 58
National Diabetes Register, xi, 51, 65
National Diabetes Services Scheme, 51
National Disability Agreement performance indicators, 6, 8
National Disability Insurance Scheme, 15, 41
National Drug Strategy Household Survey, 9, 76, 103
National Early Childhood Development Researchable Data Set, 71
National Framework for Protecting Australia's Children, 9
National Health and Medical Research Council, 32
National Health Data Dictionary, 18
National Health Information Agreement, 40
National Health Information Standards and Statistics Committee, 65
National Health Performance Authority, 7, 15, 40
National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services, 6

READER GUIDES

National Healthcare Agreement performance indicators, 6, 8

National Housing and Homelessness Data Dictionary, 5

National Indigenous Reform Agreement performance indicators, 8, 72

National Information Agreement on Early Childhood Education and Care (2009–13), 71

national information committees, 40–1, 153–65

National Maternity Data Development Project, 78

National Mental Health Commission, 40

national minimum data sets, 18
- alcohol and other drug treatment services, 64
- child protection, 9
- disability services, 7, 15
- homelessness, 60
- perinatal, 78

National Mortality Database, 10, 32, 51, 70

National opioid pharmacotherapy statistics annual data collection 2012, 99

National Palliative Care Strategy 2010, 16

National Partnership Agreement on Homelessness performance indicators, 8

National Partnership Agreement on Improving Public Hospital Services, 6, 57

National Performance Reporting System, 7

National Preventive Health Agency, 54

National Registration and Accreditation Scheme, 68

National Report Card on Mental Health and Suicide Prevention, 40

National social housing survey, 60

National Standards for Out-of-Home Care, 9

New South Wales Legislative Council General Purpose Standing Committee No. 2, 106

non-acute care, definition of, 59

notification services for AIHW products and jobs, 100

nutrition, 12, 98, 104

O

Oakton, 45

obesity and injury, 76

obstructive airways disease, 75

occupational health and safety, 91–3

office accommodation, 93–6
- workplace safety inspections, 93

Office of the Australian Information Commissioner, 189

older Australians
- falls, hospitalisations due to, 76, 77, 99
- housing, 10

Ombudsman, 189

online media coverage, 103

online services, *see* websites and online services

operating groups, 47–79, 83–4

operating result, xii–xiii, 21–3

opioid pharmacotherapy, 99

oral health, *see* dental statistics

Organ and Tissue Authority, 40

organisation and structure, xi–xviii, 25–45, 135–52

organisation chart, 36–7

Organisation for Economic Co-operation and Development, 42

out-of-home care, 9

outcome and program structure, xiv

oxygen therapy, 74

OzHealth app, 100

P

Pacific Senior Health Officials Network, 42

Palliative care services in Australia 2012, 16, 102

parliamentary appropriation, *see* appropriation funding

parliamentary committees, 105–6
- Senate committees, 105, 106

Parliamentary Secretary for Health and Ageing, 12

partnerships and collaborations, 41–2
- *see also* collaborating units

patients, *see* hospitals

performance, AIHW, 1–23
- office accommodation planning, 95

performance indicators, health and welfare, 42
- health care 'whole of system', 56
- hospitals, 6, 56, 57
- maternity, 78
- mental health, 40
- *MyHospitals* website, 56
- national agreements, 6, 8, 39, 57, 72
- performance indicator sets, 18

performance management, 88

perinatal statistics, 77–8, 99
Perinatal, Births, Deaths Data Set Project, 70
Pharmaceutical Benefits Scheme database, 32, 51
A picture of Australia's children 2012, 11, 103
plans and planning, AIHW, 26, 38
fraud control, 45
reconciliation action, 86
pneumococcal infection, vaccination against, 75
policy relevance, AIHW products, 6, 8–12
PBS objective, 4, 7
Population Health Research Network, 35
Portfolio Budget Statements, xiv, 2–7
pregnancy, 74
see also perinatal statistics
presentations and papers, 179–85
price index, health, 67
primary health care, 51
Indigenous, 72
print media coverage, 103
print-on-demand publishing, 98
privacy, 17, 35
private hospitals, *see* hospitals
procurement, *see* purchasing
Productivity Commission, 39
products, *see* publications
program and outcome structure, xiv
project management, 90
framework, 19
prostate cancer, 51
public hospitals, *see* hospitals
public rental housing, 60, 194
publications and products, xvi–xvii, 98–105, 172–9, 192
collaborating units, 74–8
Continuing and Specialised Care Group, 49, 50
deliverables, 5
Health Group, 51–3, 54
Hospitals and Performance Group, 56–9
Housing, Homelessness and Drugs Group, 60–1, 63–4
HTML formats, products released in, 5
Information and Statistics Group, 65, 67–8
policy-relevant, 9–10, 11–12
readability, 101
Social and Indigenous Group, 69, 73
pulmonary rehabilitation, 74
purchasing, 22, 43–4, 95
advertising and market research, 187
see also externally funded projects

Q

quality of data, *see* data quality
questions on notice, 105

R

radio coverage, 103
radiotherapy waiting times, 56
reader surveys, 101
Reconciliation Action Plan and Working Group, 86
recruitment, *see* staff recruitment
recycling, 95, 96
Registered Health Professional Workforce DSS, 65
regulations, 32, 124–5
related entity transactions, 188
relationships, xiv–xv, 38–42
Remuneration Committee, 30, 31
report profiles, AIHW products, 99
reports, *see* publications and products
residential aged care, 65
respiratory conditions, 74–5
revenue, *see* finance
reviews
Board performance, 31
Closing the Gap Clearinghouse, 71
ethics arrangements and proceedings, 34
homelessness metadata, 60
methodologies for product delivery, 17
rheumatic heart disease, 51
risk factors (health), 104
risk management, 45
Roadmap for Mental Health Reforms Expert Reference Group, 40
Roy Morgan Research, 187
Royal Australasian College of Surgeons, 58

S

safety, occupational, 91–3

seminars, *see* conferences and other forums

Senior Executive Service staff, 83, 225–7
    contract approval delegations, 44

service charter, *see* customer care charter

sex, *see* men; women

significant events, 188

smoking, 11, 192

snapshots, 14, 74, 99

Social and Indigenous Group, 69–73, 84

social exclusion, children and young people at risk, 65

social housing, 60, 63, 194

social media, 100

Specialist Homelessness Services Collection, 60, 61–2
    audit, 34
    disability 'flag', 49
    hotline queries from agencies, 62, 194
    Specialist Homelessness Services 2011–12, 61, 104

spinal cord injury, 76

staff, xv–xvi, 81–96, 191
    awards, 91
    classification levels, 83
    conference papers and presentations, 180–5
    compensation cases lodged, 93
    counselling services, 93
    with disability, 87
    Employee Assistance Program, 93
    equal employment opportunity policies, 188
    exit rate of ongoing staff, 89
    expenditure related to, 21
    females, xvi, 82, 83, 191
    full-time equivalent, xv–xvi, 82, 83–4
    full-time, 82
    feedback, 88, 89
    graduate recruitment, 88
    induction courses, 89, 90, 92
    Indigenous, 85
    journal articles, 178–80
    leadership training, 90
    learning and development, 89–90
    liability insurance, 45
    long service awards, 91
    long service leave liabilities, xiii
    long-term leave, 82
    males, xvi, 82, 83, 191
    migrant backgrounds, 69
    non-ongoing, 82, 84
    ongoing, 82, 83, 84
    part-time, 82, 83
    performance management workshops, 88
    qualifications, 84–5, 195
    recruitment, 87–8
    salaries, 21, 87, 225–7
    Senior Executive Service, 83, 225–7
    separations, 89
    Studybank Program, 90
    surveys, 84–5, 87
    turnover, 89
    work health and safety, 92

standard metadata items, 18

standards, *see* data quality

Standing Council on Health, 58

state and territory governments, 40–1

State of the Service Report 2011–12, 84, 89

statistical support, 90

Steering Committee for the Review of Government Service Provision, 8, 60

strategic directions, iii, xi–xii, 2–20, 35

stroke, 51

Studybank Program, 90

submissions to parliamentary or government inquiries, 106

subscriptions to email notification service, 100

subsidiaries, 189

suicide prevention, 40

surgery, 5, 56
    see also elective surgery

T

Tasmanian Department of Health and Human Services, 7

television coverage, 103

term deposits, 21, 22

third party reports about AIHW, 189

timeliness, 19–20, 193

tobacco, 11, 36, 192
    smoke in home, 11, 192

toner cartridges, AIHW usage, 95, 96

Torres Strait Islanders, *see* Indigenous Australians

total health price index, 67

transport accidents, 76
Trewin, Dennis, 17
tribunal decisions, 1220
Twitter, 100

U

unit heads, 147–52
unit record files, 60
universities, 41, 166
University of Adelaide, 74
University of New South Wales, 74
unplanned hospital readmissions, 56

V

vaccination, 75, 93
Validata™, iii, xii, 7, 19, 20, 57, 64
values, 89
veterans, 40

W

waiting times
  elective surgery, 20, 57, 104
  emergency departments, 6, 20, 57, 104
  radiotherapy, 56
Warawara Department of Indigenous Studies, 87
websites and online services, 99–103
  annual publications as interactive web products, 99; PBS deliverable, 5
  Closing the Gap Clearinghouse, 39, 71, 100
  ethics application system, 34
  MyHospitals, 15, 40, 56
  snapshots, 14, 74, 99
  visits to, 4, 100, 101, 195
  see also METeOR
website visits, 4, 101, 195
  Closing the Gap Clearinghouse, 100
welfare, 65, 69
  community services data dictionary, 18
  see also Australia's welfare; housing and homelessness
Western Australian Department of Health, 7
women, 78
  asthma in pregnancy, 74
  see also perinatal statistics
Woolcock Institute of Medical Research Limited, 74
work health and safety, 91–3
work plans, 26, 38
workflow systems, 19
workplace behaviour, 89
workplace diversity, 85–7
workstation assessments, 92
World Congress of the International Federation for Home Economics, 12
World Health Organization, 42, 51, 76

Y

young Australians, 51, 103
  juvenile justice, 40, 65
  oral health, 76
  at risk of social exclusion, 65

Contact information

Main street address

AIHW Building, Fern Hill Park, 26 Thynne Street, Bruce ACT 2617

Postal address

GPO Box 570, Canberra ACT 2601

General enquiries and comments

The AIHW welcomes your feedback on our performance. Enquiries or comments should be directed to:

Media and Strategic Engagement Unit

Email: <info@aihw.gov.au>

Telephone: +61 2 6244 1032

Facsimile: +61 2 6244 1299

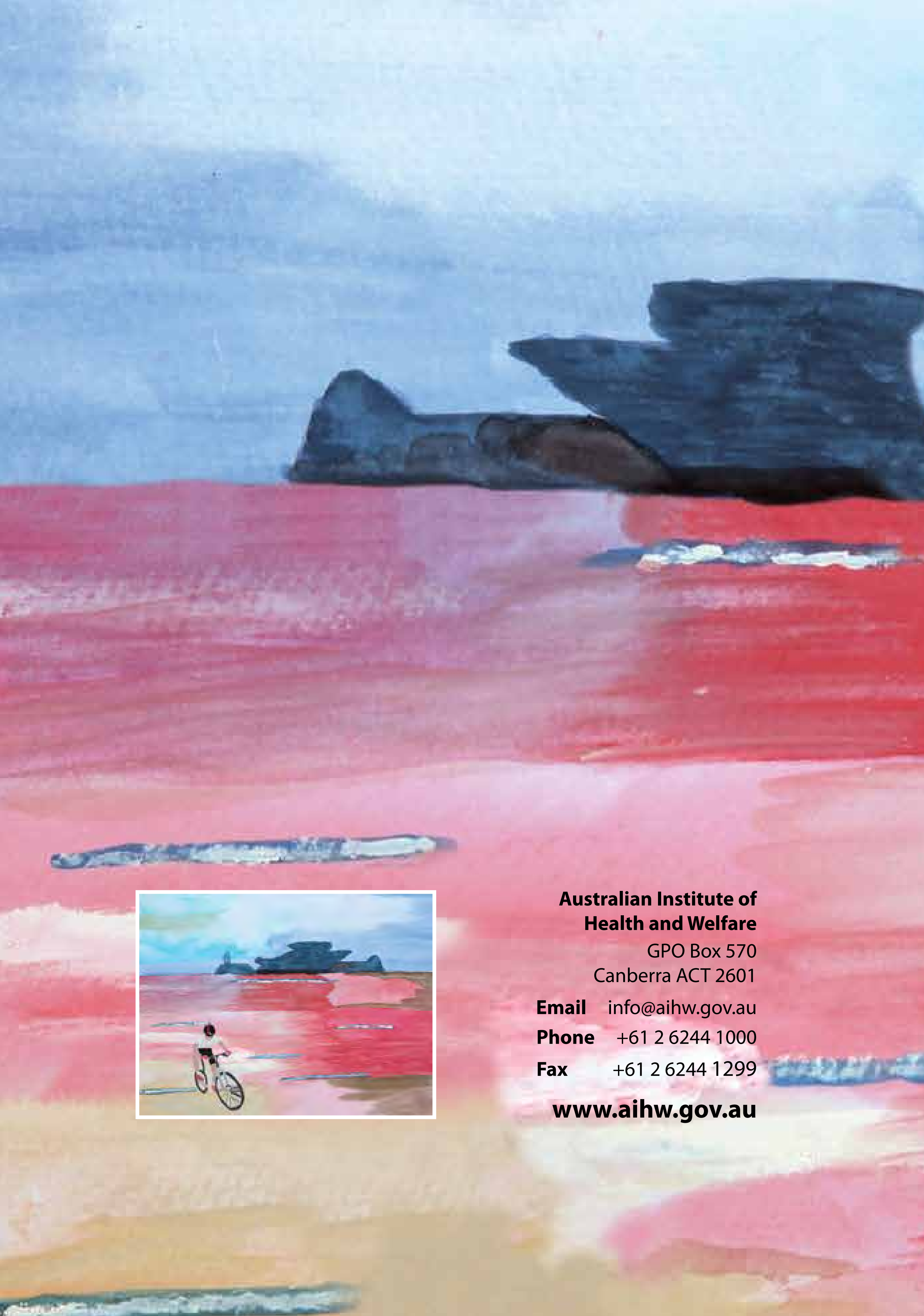
This publication

Availability

This publication is available electronically in HTML and PDF formats on the AIHW's website <www.aihw.gov.au>. The full address is <www.aihw.gov.au/aihw-annual-report-2012-13/>.

Acknowledgments

This report was prepared by the Governance Unit, with assistance from staff across the AIHW.



Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Email info@aihw.gov.au
Phone +61 2 6244 1000
Fax +61 2 6244 1299

www.aihw.gov.au