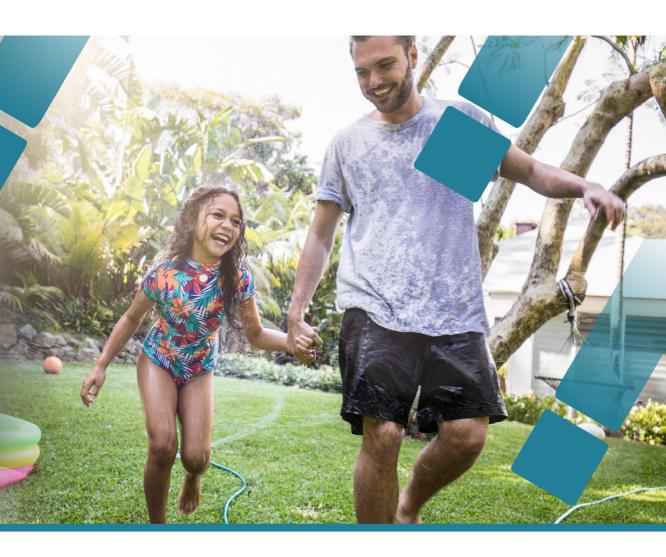


Australian Institute of Health and Welfare

Annual report 2022–23





Australian Institute of Health and Welfare

Annual report 2022–23



© The Australian Institute of Health and Welfare 2023



All material presented in this document is provided under a Creative Commons Attribution 4.0 International licence, with the exception of the Commonwealth Coat of Arms or any material owned by third parties, including for example, design, layout or images obtained under licence from third parties and signatures. All reasonable efforts have been made to identify and label material owned by third parties.

The details of the relevant licence conditions are available on the Creative Commons website, as is the full legal code for the CC BY 4.0 licence.

This publication is part of the Australian Institute of Health and Welfare's corporate series. A complete list of the institute's publications is available from the institute's website.

Suggested citation

Australian Institute of Health and Welfare (2023) *Australian Institute of Health and Welfare Annual report 2022–23*, catalogue number AUS 248, AIHW, Australian Government.

Australian Institute of Health and Welfare

Board Chair Chief Executive Officer

The Hon Nicola Roxon Rob Heferen

Any enquiries about or comments on this publication should be directed to: Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601. Tel: (02) 6244 1000. Email: info@aihw.gov.au

First Nations people are advised that this report may contain images of deceased people.

Published by the Australian Institute of Health and Welfare.

About this report

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

Our vision is stronger evidence, better decisions, improved health and welfare.

Board Chair: The Hon Nicola Roxon Chief Executive Officer: Rob Heferen

This report describes our performance from 1 July 2022 to 30 June 2023, in accordance with objectives outlined in our Corporate Plan 2022–23 and measures in the *Health Portfolio Budget Statements 2022–23*.

The report has been prepared in accordance with Resource Management Guide No. 136: Annual reports for corporate Commonwealth entities, the *Public Governance, Performance and Accountability Act 2013* and the Public Governance, Performance and Accountability Rule 2014.

We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to lands, waters and communities. We pay our respect to the people, the cultures and Elders past and present.

Contents

Αl	bout this report	iii
Αı	t a glance	vi
Le	etter of transmittal	vii
Cl	hair's report	viii
CI	EO's report	x
1	About us	1
	Our purpose	1
	Our role	1
	Outcomes and program	2
	Our strategic goals	3
	Our values	3
	Our structure	4
	Who we work with	5
	Case study 1: Closing the Gap with data-driven regional decision making	8
2	Our performance	9
	Annual performance statement	9
	Our performance	9
	Performance results	10
	Performance summary	11
	Results achieved	12
	Our financial performance	23
	Case study 2: Monitoring matters – Mental health services activity monitoring	25
3	Our products and services	27
	National data standards and classifications	27
	High quality data holdings	28
	Data linkage	28
	Our products	30
	Our website	32
	Data governance and privacy	34
	Digital capabilities	35
	Case study 3: Everyone counts: accessibility and Australia's Disability Strategy Outcomes Framework	36

4	Our people	. 37
	A changing workforce	.38
	A developing workforce	.38
	A diverse and inclusive workforce	.40
	An engaged workforce	.41
	A safe workforce	.41
	Employment conditions	.42
	Case study 4: Unlocking new insights through data linkage	.43
5	Management and accountability	. 45
	AIHW board	.45
	AIHW Ethics Committee	.53
	Risk, Audit and Finance Committee	.56
	Remuneration Committee	.58
	Executive Committees	.58
	Managing risk and fraud	.60
	Mandatory reporting requirements	.61
ΑĮ	opendices	. 65
Αŗ	opendix A: List of reporting requirements	.65
Αŗ	opendix B: Errors and omissions	.68
Αŗ	ppendix C: Workforce statistics	. 69
Αŗ	ppendix D: Executive remuneration	.71
Αŗ	ppendix E: Financial statements	.73
Us	ser guides	.94
ΑŁ	bbreviations and acronyms	.94
Lis	st of tables	.96
Lis	st of figures	.96

At a glance

21 of 21 performance measures achieved or partially achieved



414 products released



81% staff engagement score (APS Employee Census)



87% of annual products released within 6 months of receipt of final data



658 staff



36 project applications approved by the AIHW Ethics Committee



6.6 million sessions on the AIHW website



\$115.4m Revenue



Letter of transmittal







The Hon Mark Butler MP Minister for Health and Aged Care Parliament House Canberra ACT 2600

Dear Mark.

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2022-23. This report was approved by the board on 27 September 2023.

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

The report includes the AIHW's audited financial statements and annual performance statements for 2022-23.

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

Yours sincerely,

The Hon Nicola Roxon Chair, AIHW Board 23 September 2023



1 Thynne Street, Bruce ACT 2617



+61 2 6244 1000



www.aihw.gov.au



GPO Box 570, Canberra ACT 2601



info@aihw.gov.au





Chair's report

On 8 September 2023, I was appointed Chair of the AIHW Board. I am looking forward to the opportunity to lead such a reputable and trusted institution, and to carry forward our work as leaders in health and welfare data and analysis. On behalf of the board, I would like to thank my predecessor Louise Markus, whose term concluded in December 2022, for her valuable contribution to the institute during her term as chair and wish her well for the future. I also wish to thank Erin Lalor for her oversight over the last few months in her role as acting Board Chair.



I look forward to building on the strong performance of the institute in recent years, as we continue to improve the quality of, and access to, health and welfare data.

The board has fulfilled its governance and compliance responsibilities this year, including endorsement of the financial and performance statements, the corporate plan and risk management framework, with our major achievements highlighted in this report.

Our consolidated revenue exceeded \$100 million for the first time, a reflection of the significant contribution the institute continues to make to Australia's health and welfare evidence base. With this increase, we published our first modern slavery statement, demonstrating our ongoing commitment to mitigate modern slavery risks in our operations, procurement activities and supply chains.

Against the backdrop of a pandemic, rapid institute growth and technology advancements, the way we work and do business continues to evolve. In keeping pace with this transition, the AIHW technology strategy was updated, setting an ambitious agenda for ICT investment and priorities for the next 3 years. This includes a strong focus on building resilience to the increased threat of cyber-attacks while maturing our digital capabilities to achieve our strategic goals.

The board continues to explore opportunities to move towards a truly national data linkage system that supports efficient, safe, legal and ethical linkage to support policy analysis and research. We are doing this through our role assisting the Department of Social Services in the delivery of the National Disability Data Asset and our role in delivering a new National Health Data Hub.

This year we made significant progress on Closing the Gap priority reform 4 – shared access to data and information at a regional level, through the Community Data Project. The project aims to provide communities with locally relevant data to monitor progress towards Closing the Gap, which will make a significant contribution to empower communities to make data-driven decisions. We will continue to work with First Nations organisations to build data capabilities, improve access to data, and share learnings.

The institute is highly regarded, trusted and valued by its stakeholders. Over the past 12 months the board has paid close attention to our stakeholders' ongoing needs to ensure our work continues to make an impact in decision making. One area of focus for us this year has been to take steps to improve AIHW Ethics Committee project approval timeframes and we will continue to prioritise this in 2023–24.

On behalf of the board, I extend my recognition and gratitude to the institute's staff for their dedication, expertise and valued contribution to the institute's achievements over the last 12 months.

I look forward to working with the AIHW Chief Executive Officer Rob Heferen and his team in the years ahead to fulfil new opportunities and meet challenges, further strengthening our role as the authoritative source of health and welfare information in Australia.

The Hon Nicola Roxon

Chair, AIHW Board

27 September 2023

Chief Executive Officer's report

It was another busy and productive year for the institute as we further strengthened our role as a national leader in health and welfare data.

We continued to deliver on our vision for stronger evidence, better decisions, and improved health and welfare under the governance of the AIHW Board.

I would like to take this opportunity to welcome
The Hon Nicola Roxon in the AIHW Board Chair role this year.
I look forward to working with Ms Roxon to provide a stronger evidence base to inform policies, programs, research and development.
I extend my thanks to former board chair Louise Markus and former member Simone Scovell for their strategic guidance throughout their tenure. I also thank Erin Lalor for her leadership during the year as acting Board Chair.

This year we continued to see increasing demand for health and welfare data and analysis as we moved out of the peak of the pandemic. In 2022–23, we released more than 400 data products – an increase of more than 35% on last year. It would not be possible to meet this demand without the trust and cooperation of our many data custodians, the vast majority of whom are in state and territory government departments, and the dedication and commitment of our people.

This year, our workforce underwent a significant transformation as more than 130 labour-hire contractors transitioned into ongoing and non-ongoing APS roles, leading to greater workforce stability. Throughout this transition staff continue to be highly engaged in the work that we do, evidenced by strong results in the 2023 APS Employee Census.

I acknowledge many of the data assets we manage contain sensitive data and it's crucial that we maintain rigorous controls to protect personal data and safeguard privacy. This year we have continued to strengthen our approach to data governance and ICT security to meet these challenges.

We continue to improve our data linkage capabilities to make it easier for researchers to access linked data through our linked data assets. We also continue to work in collaboration with the Department of Social Services and Australian Bureau of Statistics on the National Disability Data Asset, which will bring together data about people with disability to give a more complete picture of disability in Australia. It will also assist decision makers in their quest to improve the lives of people with disability.

Another focus was making our data and information accessible by ensuring it is delivered to the right people, at the right time, and in the right way. Accessible data is essential in ensuring we have a real and measurable impact, and the Australian Disability Strategy Outcomes Framework website is just one example of how we're delivering our data to the people who really need it. This highly accessible website provides everyone – from people living with disability and their carers to policymakers across all levels of governments – with a shared understanding of progress against *Australia's Disability Strategy 2021–2031*.

In July 2022, we released Australia's two-yearly health report card – *Australia's health 2022*. Australia's health 2022 brings together multiple data sources to provide a holistic view of the health of Australians. It explored topical health issues including factors that influence our health, mental health and changes to mortality over the past 100 years.

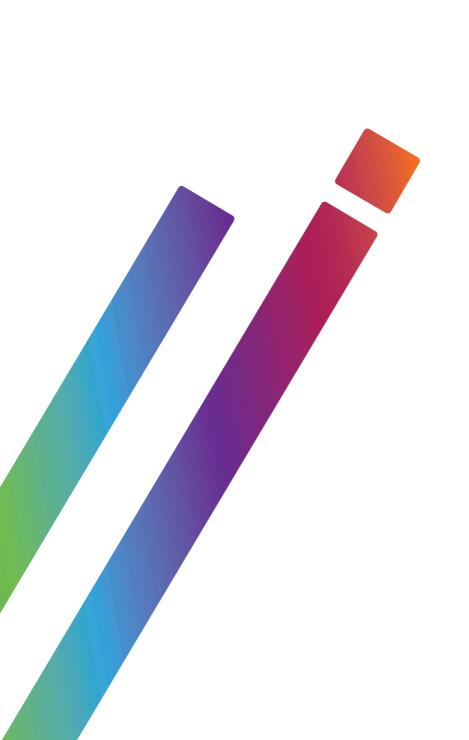
We also launched the Mental Health Services Activity Monitoring System, providing a more efficient way to share and present insights about how Australians were accessing mental health services during, and after, the pandemic.

We will continue to strengthen our partnerships and mature our capabilities to ensure we can continue to meet Australia's health and welfare data needs, both now and in the future.

Rob Heferen

Chief Executive Officer

27 September 2023



1 About us

Stronger evidence, better decisions, improved health and welfare

The Australian Institute of Health and Welfare (AIHW) was established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) and operates as an independent corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

We are a part of the Health and Aged Care Portfolio and governed by the AIHW Board. The board is accountable to the Parliament of Australia through the Hon Mark Butler MP, Minister for Health and Aged Care.

Our purpose

Our purpose is to:

- create information and statistics on a range of health and welfare topics
- prepare data, analysis and information for a variety of purposes.

Our role

We provide meaningful information and statistics for the benefit of the Australian people. Our role is to:

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

Outcomes and program

Table 1 describes the outcome and program structure relevant to the AIHW as set out in the *Health Portfolio Budget Statements 2022–23*.

Table 1: Outcome and program structure, 2022–23

Outcome	Program
Outcome 1:	Program 1.1:
A robust evidence-base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics	Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community

To deliver Program 1.1 we will:

- develop, maintain and promote statistical information standards for the health, community services and housing assistance sectors
- collect and manage data on health and welfare issues, including from Australian, state and territory government agencies
- analyse and release a range of health and welfare products (data and reports) to key policy areas to support better policy and service delivery decisions
- enhance data resources with the addition of new health and welfare data assets to the institute's data holdings to fill data gaps in the health and welfare sectors
- modernise the presentation and availability of national health and welfare products to meet the needs of diverse audiences such as Australian, state and territory government agencies, universities, research centres and non-government organisations.

Our strategic goals

We have developed 4 key strategic goals that shape our direction, as set out in the *AIHW strategic directions 2022–2026*:

Trusted leaders in health and welfare data and analysis

- Proactively inform and respond to emerging policy issues.
- Build our reputation as an authoritative source of health and welfare data and analysis.
- Lead the adoption of best practice in data collection, presentation and analysis.

Innovative producers of data sets and analysis

- Invest in capability and systems to respond quickly to emerging issues and deliver an innovative approach to data and analysis to meet stakeholder needs.
- · Identify and fill priority gaps.
- Facilitate sustainable and secure access to timely, relevant and fit-for-purpose data and analysis.

A strong strategic partner

- · Expand and deepen our partnerships.
- Enhance our engagement and communications to increase the impact of our work.

Recognised for our organisational excellence

- Grow our capability and support a high-performing and adaptable workforce.
- Expand our program of renewal to ensure provision of high-quality technology and tools to deliver our data and analysis.

Our values

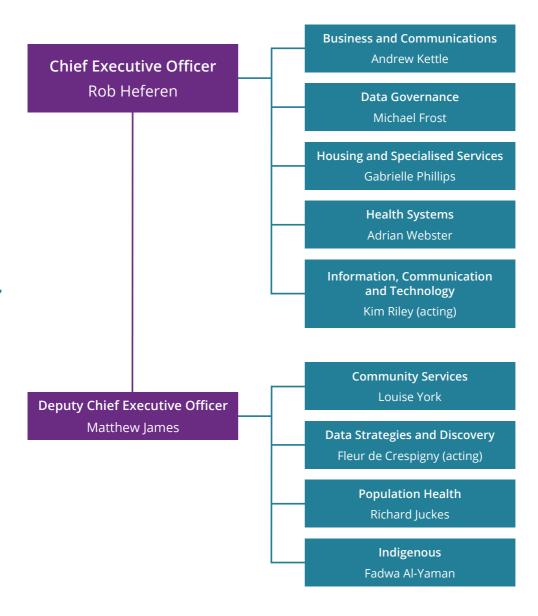
We draw on our independence and expertise in health and welfare to strive for excellence in all we do. We uphold the Australian Public Service (APS) Values. We are:

- **Impartial**: We are apolitical and provide the government with advice that is frank, honest, timely and based on the best available evidence.
- **Committed to service:** We are professional, objective, innovative and efficient. We work collaboratively to achieve the best results for the Australian community and the government.
- **Accountable**: We are open and accountable to the Australian community under the law and within the framework of ministerial responsibility.
- **Respectful**: We respect all people, including their rights and heritage.
- Ethical: We demonstrate leadership, are trustworthy, and act with integrity, in all that we do.

Our structure

Our Chief Executive Officer (CEO) Rob Heferen is appointed under the AIHW Act and is responsible for the institute's day-to-day operations. The structure of our leadership team and organisation is shown in Figure 1.

Figure 1: AIHW organisation chart, 30 June 2023



Who we work with

We strive to deliver health and welfare information that is fit-for-purpose, easily accessible, timely and integrated at national, state and territory, and local levels.

We work with a range of organisations and people who influence, inform, study or are affected by the health and welfare of the Australian people. This includes all levels of government, the primary health care industry, non-government organisations, academia and the broader community.

We continue to work closely with these people and organisations to address emerging challenges, identify potential data gaps and plan for future health- and welfare-related information needs.

Table 2: Our stakeholders

	Who we work with	How we work with them	
Australian Government	Aged Care Quality and Safety Commission Attorney-General's Department	Develop, collect, compile, analyse, manage, and publish health and welfare data.	
	Australian Bureau of Statistics Australian Commission on Safety	Fulfil all formal obligations and deeds for the provision of significant projects as needed.	
	and Quality in Health Care Australian Digital Health Agency	Act collaboratively through data sharing and custodianship to	
	Australian Sports Commission	enhance integrated data assets.	
	Cancer Australia	Provide embargoed copies of reports where relevant and	
	Department of Foreign Affairs and Trade	necessary.	
	Department of Health and Aged	Monitor and report on the outcomes and effects of existing policy.	
	Care Department of Home Affairs	Provide technical advice on new	
	Department of Home Affairs Department of Infrastructure, Transport, Regional Development, Communications and the Arts	ways to integrate and share data. Contribute to inquiries and royal commissions.	
	Department of Prime Minister and Cabinet	Share joint custodianship to deliver outcomes to the Australian Government. Activities include:	
	Department of Social Services	 develop the National Disability 	
	Department of the Treasury	Data Asset (NDDA) infrastructure	
	Department of Veterans' Affairs	 measure and analyse information related to safety 	
	Independent Health and Aged Care Pricing Authority	and quality in health care	
	National Indigenous Australians Agency	 design, test and establish the next development phase of the NDDA 	
	National Mental Health Commission	 collect and transparently report on agreed data supporting 	
	National Health Funding Body	the National Housing and Homelessness Agreement	
	National Disability Insurance Agency	maintain and enhance the Housing Data Dashboard website	

	Who we work with	How we work with them
	Office of the National Data Commissioner	 support an accurate and consistent approach to the classification of information about hospital activities and expenditure under the National Health Reform Agreement
		 ensure an accurate and consistent approach to provide transparent information on Commonwealth, state and territory health system funding under the National Health Reform Agreement.
State and territory governments	Health care agencies, community services, early childhood	Maintain close partnerships with data providers and agencies.
	education and care, housing and homelessness services State and territory governments and agencies at all levels	Facilitate secure data sharing arrangements to provide deidentified data to inform health and welfare service delivery.
	Ü	Work together so data sets are comparable and consistent.
Aboriginal and Torres Strait Islander (First Nations) health networks and	Aboriginal Health and Medical Research Council	Provide data and technical advice to governments to improve the evidence base for Closing the Gap.
	Community Data Projects Steering Committee Commonwealth Data and Reporting Working Group National Indigenous Australians Agency	Provide best-practice guidelines and a training tool for external organisations for the collection and management of First Nations
communities		
		data.
	National Aboriginal Community Controlled Health Organisation	Collaborate on and release the Aboriginal and Torres Strait Islander Health Performance
	Queensland Aboriginal and Islander Health Council	Framework.
Primary Health Networks (PHNs)	All 31 PHNs in all regions across Australia	Provide PHNs with local area data to inform planning of primary health-care services.
		Engage through committees and advisory groups on data governance, information requirements and future work planning.
		Invite contributions to relevant institute data products.

	Who we work with	How we work with them	
Non-government organisations	NGOs with specialised interest or focus on aspects of Australia's health and welfare	Collaborate with a broad range of NGO-based data suppliers and experts to improve the evidence base.	
		Provide a valuable evidence base for a broad range of health and welfare-related issues.	
	Counselling and helplines (for example, Kids Helpline)	Provide embargoed reports, where relevant.	
		Report on NGOs data through our releases.	
Academia and research centres	Australian Research Data Commons Independent research institutes	Provide a valuable evidence base for a broad range of health- and welfare-related issues.	
	and organisations Population Health Research Network	Provide advice through the AIHW Ethics Committee on the ethical acceptability of proposed research.	
	Universities	Contribute to academic and peer-reviewed articles across the health, welfare and data governance disciplines.	
		Support researcher access to linked population-based health and human services data.	
The international health community	Canadian Institute of Health Information	Operate and maintain information sharing and other collaborative arrangements.	
	International Group for Indigenous Health Measurement	Support national and international	
	National Center for Health Statistics (United States)	health information systems, statistics and evidence.	
	National Initiative Network	Share experience and insights in the areas of metadata, data	
	Organisation for Economic Co- operation and Development	quality and artificial intelligence.	
	Stats NZ (Statistics New Zealand)	Strengthen Pacific partnerships by collaborating on geographical area	
	World Health Organization	reports and frameworks.	
The broader community	Community groups with specialised interest or focus on aspects of Australia's health and welfare	Provide publicly available, extensive, up-to-date and trustworthy data in an easily digestible and accessible format.	
	Informal, third-party and casual researchers such as charity organisations and the media	Collaborate with users on matters of accessibility and engagement to clearly communicate health and	
	The general public	welfare information.	



Closing the gap with data-driven regional decision-making

We have been reporting on the health and welfare priorities relating to Aboriginal and Torres Strait Islander (First Nations) people for more than 30 years. Our data helps to proactively inform and respond to emerging policy issues. Since the launch of the National Agreement on Closing the Gap in July 2020, our data has been pivotal in identifying key target outcomes and tracking the progress made in those key areas.

Our work comprises specific data collections to track improvements being made to address Closing the Gap targets, including the AIHW National Perinatal Data Collection, Youth Justice National Minimum Dataset, Child Protection National Minimum Dataset and Community Data Project.

The Community Data Project is a key initiative of the 2020 Closing the Gap reforms. It aims to provide participating communities and organisations with access to locally relevant data to monitor progress towards closing the gap. Secure data portals for each participating community are being developed, allowing for efforts to be prioritised by:

- supporting the analysis and use of regional data to help drive community development and discussion with governments
- enabling access to, and use of, specified data sets which are considered important in monitoring the outcomes against Closing the Gap targets
- · providing evidence of best practice in First Nations data governance
- training for participating organisations and communities.

In the past year, 2 Community Data Project working groups were established in 2 First Nations communities – one in New South Wales and one in Western Australia.

In 2022–23, we worked closely with the working groups to develop, demonstrate and refine 2 community data portal prototypes to align with community requirements. The first community data portal is under development.

This project will make a significant contribution to improve First Nations data governance practices and importantly empower communities to make data-driven decisions.

2 Our performance

Annual performance statement

Introductory statement

On behalf of the Australian Institute of Health and Welfare Board, which is the accountable authority, I present the institute's 2022–23 annual performance statement, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

This statement reports the institute's performance in 2022–23, including performance measures defined in the institute's Corporate plan 2022–23 and the *Health Portfolio Budget Statements 2022–23*.

In my opinion, on advice from the Board and management team, this performance statement accurately reflects the performance of the AIHW for 2022–23 and complies with subsection 39(2) of the PGPA Act.

The Hon Nicola Roxon

Chair, AIHW Board

27 September 2023

Our performance

The annual performance statement presents results against criteria from the *Health Portfolio Budget Statements 2022–23* and against measures as set out in the AlHW's *Corporate plan 2022–23* (corporate plan) from 1 July 2022 to 30 June 2023.

Figure 2 provides an overview of our performance framework and the relationship between the *Health Portfolio Budget Statements 2022–23*, corporate plan and annual performance statement. Regular performance reports are provided to the AIHW Board and its Risk, Audit and Finance Committee.

On 30 June 2022, the board issued the *AIHW Strategic Directions 2022–2026* to ensure that the institute remains aligned with national health and welfare priorities. These directions informed our performance framework for 2022–23.

In 2022–23, we achieved 17 and partially achieved 4 performance measures out of our 21 performance measures.

Figure 2: Relationships between Portfolio Budget Statements, corporate plan and annual performance statements

Portfolio Budget Statements	comparable heal	ors, including thro th and welfare in velop, collect, and	ugh developing formation and s alyse and report	g and disseminating	
			*		벋
Corporate Plan (purpose)				n and statistics that fare of all Australians	Risk management
Annual performance statement (Annual report)	Report against ta our strategic goa		erformance indi	icators underpinning	Risk
Strategic goals	A trusted leader in health and welfare data and analysis	Innovative producers of data sets and analysis	A strong strategic partner	Recognised for our organisational excellence	

Performance results

In 2022–23 we delivered on our purpose to create information and statistics on a range of health and welfare topics, and prepared data and analysis for various purposes.

Our 21 performance indicators comprise both qualitative and quantitative measures. Summary results against our performance criteria are provided in the 'Performance summary'. More detailed information for each indicator is provided in 'Results achieved'.

Performance summary

Per	formance measure	2022–23 result
1.	Finalise Australia's welfare 2023 for presenting to the Minister for Health and Aged Care in 2023–24.	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
2.	Publish ≥210 health and welfare data products incorporating AIHW expert analysis on the AIHW's website for public access.	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
3.	Publish ≥82% of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data.	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
4.	Collaborate with the Defence and Veteran Suicides Royal Commission to confirm data analysis scope, timing, deliverables and funding, and produce reports in advance of the Royal Commission interim report (due by 11 August 2022) and final report (due no later than 17 June 2024).	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
5.	5.5 million sessions on the AIHW website.	Achieved
	Source: AIHW Corporate Plan 2022–23	
6.	Collaborate with the Australian Bureau of Statistics, the Department of Social Services and participating jurisdictions to co-design, test, and establish new national data integration infrastructure for the National Disability Data Asset (NDDA).	Partially achieved
	Source: Health Portfolio Budget Statements 2022–23	
7.	Collaborate with stakeholders to implement continuous improvement of the National Suicide and Self-Harm Monitoring project and publish updated data quarterly.	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
8.	Data linkage projects completed in accordance with agreed requirements.	Achieved
	Source: AIHW Corporate Plan 2022–23	
9.	Enhance the AIHW website to deliver the requirements of the AIHW Board.	Achieved
	Source: AIHW Corporate Plan 2022–23	
10.	Improve access to NIHSI for state and territory officials and researchers.	Achieved
	Source: AIHW Corporate Plan 2022–23	
11.	Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps.	Achieved
	Source: AIHW Corporate Plan 2022–23	
12.	Increase the number of annual reports produced on a quarterly basis by 2.	Achieved
	Source: Health Portfolio Budget Statements 2022–23	
13.	Improve the visibility of our strategic approaches to data.	Partially
	Source: AIHW Corporate Plan 2022–23	achieved
14.	Improve the breadth of our partnerships.	Partially
	Source: AIHW Corporate Plan 2022–23	achieved

Performance measure	2022–23 result
15. Demonstrate the impact of our work on decision making.	Achieved
Source: AIHW Corporate Plan 2022–23	
16. Support staff by facilitating flexible work arrangements.	Achieved
Source: AIHW Corporate Plan 2022–23	
17. Support staff and manage growth by implementing a Learning and Development Strategy focused on capability development.	Achieved
Source: AIHW Corporate Plan 2022–23	
18. Facilitate greater diversity in AIHW staff.	Partially
Source: AIHW Corporate Plan 2022–23	achieved
19. Provide accessible, scalable and available ICT services to staff.	Achieved
Source: AIHW Corporate Plan 2022–23	
20. Ensure ICT and data environments are protected against malicious attacks.	Achieved
Source: AIHW Corporate Plan 2022–23	
21. Enable access to contemporary analytics tools and applications to facilitate AIHW business delivery.	Achieved
Source: AIHW Corporate Plan 2022–23	



1. Finalise Australia's welfare 2023 for presenting to the Minister for Health and Aged Care in 2023–24.

By 30 June 2023, all content was on track for delivery to the Minister for Health and Aged care for early September 2023 tabling and release.

Result: achieved.

2. Publish ≥210 health and welfare data products incorporating AIHW expert analysis on the AIHW's website for public access.

We published 414 products on the AIHW website in 2022–23 compared to 299 products in 2021–22.

See 'Our products and services' for more information.

Result: achieved.

3. Publish ≥82% of annual products incorporating expert analysis on the AIHW's website within 6 months of receipt of final data.

We published 87% of our baseline annual products within 6 months of the receipt of final data.

Result: achieved.

4. Collaborate with the Defence and Veteran Suicides Royal Commission to confirm data analysis scope, timing, deliverables and funding, and produce reports in advance of the Royal Commission interim report (due by 11 August 2022) and final report (due no later than 17 June 2024).

Key events:

- A work-schedule agreement with Department of Veteran's Affairs was signed on 17 June 2022. The signed schedule supports our analytical work for the Royal Commission during 2021–22 and 2022–23.
- We supplied data to the Royal Commission on socioeconomic factors associated with veterans' suicide in June 2022 and also published information about socioeconomic characteristics of ex-serving Australian Defence Force members who died by suicide (11 Oct 2022).
- On 24 March 2023, we responded to a Notice to Give (NTG-AHW-005) from the Royal Commission into Defence and Veteran Suicide. This covered information relating to Defence personnel data, military specific risk factors, Census data, ambulance and hospital data, state and territory suicide registers, National Coronial Information System and emergency department data.
- On 11 May 2023 and 18 May 2023, we responded to 2 Notices to Provide (NTP-AHW-002A and NTP-AHW-002B) from the Royal Commission into Defence and Veteran Suicide, providing details of analysis code and source data.
- We supplied preliminary results to the Royal Commission on admitted patient hospital presentations associated with veterans' suicide on 9 June 2023 and 17 July 2023. We presented these results to the Royal Commissioners on 3 July 2023. We intend to publish these in a formal report.
- Further analytical work underway includes emergency department hospital preliminary results to be supplied to the Royal Commission.
- With the completion of the work above, this concludes our official collaboration and 2022–23 work program for the Royal Commission.

Result: achieved.

5. 5.5 million sessions on the AIHW website.

In 2022–23 we recorded 6.6 million website sessions, which included 13.9 million page views and over 3.6 million different users.

Result: achieved.

 Collaborate with the Australian Bureau of Statistics, the Department of Social Services and participating jurisdictions to co-design, test, and establish new national data integration infrastructure for the National Disability Data Asset (NDDA).

The NDDA aims to bring together Commonwealth, state and territory data sets to address gaps in information about the experiences of people with disability using mainstream services to inform policy and programs, and to measure outcomes.

ur performance

The design, planned governance and early deliverables for the NDDA and associated national integration infrastructure has been substantially progressed in consultation with the Australian Government, state and territory governments, and the disability community. This includes delivery of initial versions of the Australian National Data Integration Infrastructure (ANDII) ICT platform and new national linkage spine. Australian Government and state negotiations have been delayed by at least 3 months, primarily due to difficulties in finalising the underpinning legal authorisation framework, which is based on the new the *Data Availability and Transparency Act 2022*.

Delivery of system minimum viable products has subsequently been delayed.

See 'Our products and services' for more information.

Result: partially achieved.

7. Collaborate with stakeholders to implement continuous improvement of the National Suicide and Self-Harm Monitoring project and publish updated data quarterly.

The National Suicide and Self-harm Monitoring Project Research Commissioning, Data Development, and Data Linkage Plan was drafted by 31 March 2023. The plan has been subject to subsequent revision. The plan was presented to the Expert Advisory Group on 14 July 2023. The plan will evolve over time as further opportunities arise.

Overall result: achieved.

8. Data linkage projects completed in accordance with agreed requirements.

In 2022–23, we undertook 58 data linkage projects and completed them in accordance with agreed requirements.

We are continuing to improve our data linkage processes and following a review:

- a collection has been established for the national master linkage key project, which will support more efficient linkage of jurisdiction data and reduce duplication of effort
- work has commenced to review AIHW's ethical and privacy obligations and how
 these are currently being met, with planning underway for more streamlined and
 less resource-intensive ways in which AIHW can meet these obligations.
- a data integration strategy is being developed to articulate a vision for AIHW's data integration activities, and to provide strategic objectives and priorities to help us achieve the vision over the next 5 years.

See 'Our products and services' for more information.

Overall result: achieved.

9. Enhance the AIHW website to deliver the requirements of the AIHW Board.

Our focus was on improving a user's experience (through navigation) finding the most up-to-date information across our website. We did this by:

- removing unused topic clusters from the main navigation to aid more direct access to topics
- implemented 'hub' pages to bring related pages together across topics
- integrating 'flagship' summaries into topic reports so that we have one source to update and provide the user with the latest information.

The migration of all AIHW sites from Kentico 12 to 13 was well underway at the end of 2022–23. To ensure minimal disruption to the scheduled release of reports, we developed a comprehensive migration timeline to follow.

Within the year, our team have worked closely with external web developers to deliver the following major steps:

- undertaken a 'clean up' of existing content on Kentico 12
- reduced the number of widgets, pages and templates to minimise development time for Kentico 13
- undertaken incremental back-end testing of content, reports and subsites on the new Kentico 13 test environment.

Overall result: achieved.

10. Improve access to NIHSI for state and territory officials and researchers.

We have enhanced the National Integrated Health Service Information (NIHSI). Access to NIHSI for non-AIHW government analysts through the institute's research-only network was actioned in May and June 2023.

We established a Secure Environment for Analysing Data Pod and NIHSI data will be available to non-government researchers through this environment from August 2023.

In February 2023, the AIHW Ethics Committee approved the revised NIHSI governance arrangements for non-government researcher access.

See 'Our products and services' for more information.

Overall result: achieved.

11. Enhance data resources with 4 new or significantly enhanced data collections or linkages to fill in identified information gaps.

New data linkages:

- We established version 1 of the COVID-19 register, which is available to government and non-government researchers.
- We created the linkage of the Child Protection National Minimum Data Set and Multi-agency Data Integration Project data.
- We received AIHW Ethics Committee approval to link deaths data with specialist



drug and alcohol and homelessness services, Medicare Benefits Scheme and Pharmaceutical Benefits Scheme data.

- We have initiated a project which aims to use the NIHSI Analysis Asset to understand patterns of service use by First Nations people who have died by suicide.
- The indicators in the national Key Performance Indicators (nKPI) collection undergo regular review to ensure these remain relevant and reflect current clinical and best practice guidelines relating to the primary health care of First Nations people. As part of this process, 2 new indicators were approved to be developed and added to the nKPI collection (pending successful pilot testing):
 - A new indicator on sexual health the proportion of regular First Nations clients aged between 15 and 34 who were tested for one or more sexually transmitted infections (chlamydia and/or gonorrhoea) within the previous 12 months was piloted in the June 2022 and December 2022 nKPI collections.
 - A new indicator on the proportion regular First Nations clients aged up to 14 years old who completed ear health check within the previous 12 months. This is expected to be piloted in the June 2024 nKPI collection.

New data collections:

- Apparent consumption of alcohol. The first release will be in the 2023–24 financial year.
- 2022 National Drug Strategy Household Survey. The report and confidentialised unit record file will be released in the 2023–24 financial year.

Enhanced data collections and linkages:

Enhanced Indigenous Mortality Data Collection.

Overall result: achieved.

12. Increase the number of annual reports produced on a quarterly basis by 2.

The following reports were already produced quarterly (or more frequently):

- Quality Indicator Program reporting for residential aged care
- Younger people in residential aged care
- Specialist Homelessness Services: monthly data
- Cancer screening programs: quarterly data

In 2022-23, we:

- introduced the Mental Health Services Activity Monitoring System, which is updated monthly
- improved the timeliness of the Child Protection in Australia report by changing from an annual report to quarterly releases
- released the first Medicare Benefits Scheme funded services over time report, which is updated each month.

Overall result: achieved.

13. Improve the visibility of our strategic approaches to data.

The completion of an AIHW data strategy has been postponed to 2023–24 to enable alignment with other strategic initiatives including the Closing the Gap Priority Reform implementation, NDDA, ANDII, NHDH and the data needs of the Australian Centre for Disease Control.

However, following the review of our data management and use pipeline (see performance measure 8) work has progressed on developing a data integration strategy. This strategy will articulate a vision for AIHW's data integration activities and provide strategic objectives and priorities to help us achieve the vision over the next 5 years.

We have updated the information on our website about data linkage. There have been new linked data assets web pages developed for NIHSI, NDDA and the COVID-19 register and linked data set.

Overall result: partially achieved.

14. Improve the breadth of our partnerships.

We established new partnerships with the following stakeholders in 2022–23:

- Australian Research Data Commons (ARDC) we started work on a project with ARDC aggregating and integrating data on health associated with bushfires at a national scale.
- Department of Home Affairs we were engaged on the Refugee and Humanitarian Entrant Health Project Study to address the current data gap in refugee and humanitarian entrant health.
- Department of Foreign Affairs and Trade we are a part of the Pacific Health Information Support Hub strategic grant agreement. The agreement enables a dedicated team to provide health information support to the Pacific region, including data governance, metadata development and management, and health classifications advice.
- Australian Sports Commission (ASC) we collaborated with the ASC on the development of national sports injury data and resources.
- Department of Infrastructure we developed an agreement to facilitate the development and reporting of serious injury data.
- University of Adelaide we provided data linkage and analysis for the Transition and Wellbeing Research Programme Elevate study. This study aims to increase the Department of Veterans' Affairs understanding of the service utilisation, pathways to care and experiences of the clients with high-risk mental health conditions.

The development of a stakeholder relationship priority map to support exploration of new partnerships, promote data linkage and leverage the institute's strengths was not completed in 2022–23.

Overall result: partially achieved.

15. Demonstrate the impact of our work on decision making.

In 2022–23, the following impact case studies were published:

- Chronic conditions mapped across Australia Australian Institute of Health and Welfare
- · Bringing together data on dementia Australian Institute of Health and Welfare
- Understanding the impact of tobacco smoking Australian Institute of Health and Welfare, updated from the 2019 version which was not published due to data timeliness
- The Adoptions over time in Australia case study draft was adapted into a LinkedIn article.

In depth stakeholder interviews were completed in March 2023. The stakeholders that were interviewed about their engagement with us were senior representatives from Australian, state and territory government agencies, research organisations and not-for-profits.

Key findings included:

- we continue to be highly regarded, trusted and valued
- stakeholder engagement is seen to have significantly improved
- · our people are seen as our greatest strength
- some stakeholders are 'hungry' for more collaboration
- · communication improvements and new, proactive approaches are hitting the mark
- Australian Government stakeholders, in particular, would like shorter, sharper snapshots with analysis and insights based on more recent data
- the 3 most common areas our stakeholders would like to see improved are:
 - length of time for ethics approval processes
 - transparency of costs for data requests
 - data access
- the main strategic issue identified was a lack of a consistent understanding of the AIHW's role among stakeholders.

Our stakeholder engagement strategy will be updated in 2023–24 to address key findings. Overall result: achieved.



16. Support staff by facilitating flexible work arrangements

Our goal in 2022–23 was to achieve APS Census results for answers related to flexible work arrangements in 2022–23 are as good or better than the results from the previous census.

There was an improvement on the percentage of flexible work arrangements from 2022 to 2023. In 2023, 93% of staff had some form of flexible work arrangements in place, compared with 91% in 2022.

Additionally, in 2023, 94% of staff responded that they are confident that if they requested a flexible work arrangement, their request would be given reasonable consideration, compared to 92% in 2022.

See 'Our people' for more information.

Overall result: achieved.

17. Support staff and manage growth by implementing a Learning and **Development Strategy focused on capability development.**

Our goal in 2022–23 was to achieve APS Census results for answers related to learning and development in 2022–23 are as good or better than the results from the previous census.

Census statement: I am able to access relevant formal and informal learning and development when and where required.

There was an improvement on the percentage of positive answers received in 2023, 87% positive compared with 85% in 2022.

Census statement: My supervisor is invested in my development.

There was an increase in the percentage of positive answers received in 2023, 82% positive compared with 81% in 2022.

See 'Our people' for more information.

Overall result: achieved.



18. Facilitate greater diversity in AIHW staff.

Our goal in 2022–23 was to achieve diversity demographics equal to or above the average percentages for specialist agencies and medium-sized agencies in the APS Census.

2023 APS Census results for AIHW:

- 2% of AIHW respondents shared they identify as Aboriginal and/or Torres Strait Islander (compared to the average 3% in specialist APS agencies, average 2% in medium-sized APS agencies). We are slightly below specialist agencies and equal to medium sized agency averages on this measure.
- 11% of AIHW respondents shared they have an ongoing disability (compared to the average 9% in specialist APS agencies, average 9% in medium-sized APS agencies). We are above both specialist and medium sized agency averages on this measure.
- 11% of AlHW respondents shared they identify as LGBTIQA+ (compared to the average 10% in specialist APS agencies, average 10% in medium-sized APS agencies). We are above both specialist and medium sized agency averages on this measure.
- 30% of AIHW respondents were born outside of Australia (compared to the average 25% in specialist APS agencies, average 23% in medium-sized APS agencies). We are above both specialist and medium sized agency averages on this measure.
- 24% of AIHW respondents speak a language other than English at home (compared to the average 22% in specialist APS agencies, average 20% in medium-sized APS agencies). We are above both specialist and medium sized agency averages on this measure.
- 14% of AIHW respondents shared that they considered themselves to be neurodivergent (compared to the average 9% in specialist APS agencies, average 8% in medium-sized APS agencies). We are above both specialist and medium sized agency averages on this measure.

Our results were equal to or above the average percentages for specialist APS agencies and medium-sized APS agencies for 5 of the 6 diversity measures in the 2023 Census.

Overall result: partially achieved.

19. Provide accessible, scalable and available ICT services to staff

Key activities undertaken in 2022-23:

- Completed migration of critical service to commercial data centre.
- Improved virtual private network and remote access capabilities to core data.
- · Engaged external vendor to:
 - complete a review of the institute's network, including both wide area networks and local area networks
 - complete an analysis and improvement plan for our backup and recovery processes.
- Implemented additional intra-government communications network links to improve network redundancy.
- Implemented monitoring and alerting tools on all core services.
- Upgraded data analyses environments to improve connection and performance times.
- Automated patching of core productivity applications.
- Migrated ICT services to Canberra Data Centre and Secondary Data Centre.
- Arranged for the Sydney office staff to establish a dark fibre connection linking it directly to the Canberra Data Centre, removing the reliance on the infrastructure at our primary Canberra office.

Ongoing activities:

- Delivery of the M365 program is largely complete, with most items moving into operations and outstanding items being addressed with the vendor (Digital 61).
- A refresh of our network equipment is on-track to complete mid-August and an internal project has been stood up to remediate 'technical debt', ensuring our ICT services will remain supportable over the long term.

See 'Our products and services' for more information.

Overall result: achieved.

20. Ensure ICT and data environments are protected against malicious attacks

- Vulnerability scans and penetration tests have been conducted across our external websites and continue to be incorporated into projects. Automated vulnerability scanning has been extended to cover all on-premises networks.
- Implemented additional Essential Eight security controls for:
 - configuring Microsoft Office macros settings
 - user application hardening
 - restricting administrative privileges
 - patching applications
 - patching operating systems.
- Engaged with the Australian Cyber Security Centre (ACSC) for additional
 assistance to improve Essential Eight maturity. The ACSC has provided staff to
 work with AIHW and will help us identify, plan and implement Essential Eight
 security improvements.
- Continual improvements are being made to uplift the institute's cyber security posture, including improvements delivered through the M365 project.
- Security awareness training is ongoing. General staff security awareness has been improved with the introduction of a phishing simulation capability and cyber security training is being provided to relevant staff.

Overall result: achieved.

21. Enable access to contemporary analytics tools and applications to facilitate AIHW business delivery.

- We continue to work closely with the Australian Bureau of Statistics on the ANDII project, providing architectural advice to ensure alignment with the Digital Transformation Agency's and the institute's architectural roadmap.
- We reviewed and updated our technology reference model to identify opportunities to consolidate and streamline capability. This model continues to be the base of discussions for consolidation and investment choices in toolsets.
- The future analytics model (FAM) proof of concept was completed, testing a new range of contemporary data and analytics tools. R and Python have continued to be embedded within the other AIHW data environments and training has been conducted with business lines. The FAM continues to be built ready for production towards end of August 2023.
- The FAM has moved out of the proof-of-concept stage with a production-ready environment built. It is currently being tested by select business units using synthetic statistical data ahead of further security review and a move into limited production. The institute has created a prototype dashboard to review data for release, demonstrating how identification and clearance of anomalies can be done quicker through FAM.

Overall result: achieved.



Our financial performance

The AIHW has 2 main types of income – appropriation from the Australian Parliament and income from externally funded projects. The institute also earned income from interest on its financial assets.

The overall financial result for the year was a deficit of \$0.3 million.

We received an unqualified audit opinion from the Australian National Audit Office for the 2022–23 financial statements. The statements comply with subsection 42(2) of PGPA Act and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

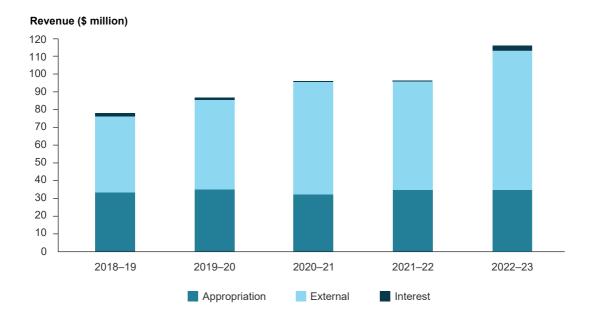
Our financial results from 2021–22 to 2022–23 are summarised in Table 3. Audited 2022–23 financial statements are available at Appendix E.

Table 3: Financial results, 2021–22 to 2022–23 (\$ million)

			Change
	2021–22	2022-23	(2021-22 to 2022-23)
Income	96.477	115.396	Increase
Expenditure	98.592	115.697	Increase
Deficit	(2.115)	(0.301)	Increase
Total assets	152.130	154.149	Increase
Total liabilities	116.262	118.582	Increase
Total equity	35.868	35.567	Decrease

In 2022–23 our appropriation was \$34.8 million, compared with \$34.9 million in 2021–22. Income from externally funded projects increased to \$77.3 million from \$60.8 million in 2021–22. Most of the externally funded income came from Australian Government departments, with the largest funder being the Department of Health and Aged Care (DHAC). Large projects funded by DHAC include Chronic Diseases, National Suicide and Self-Harm Monitoring and Mental Health Services. The Department of Social Services funded work on the National Disability Data Asset and the Department of Veterans' Affairs funded work on Veterans Health and Welfare Data Development.

Figure 3: Revenue sources 2018-19 to 2022-23



The cash balance component of the institute's financial assets remained high at \$106.78 million, most of which is invested in term deposits in accordance with our investment policy. In 2022–23, interest income was \$3.19 million, compared with \$0.46 million in 2021–22.

Our total revenue for 2022–23 was \$115.4 million, which is a large increase of \$18.9 million on 2021–22.

Our contract income received has increased by \$16.5 million due to an increase in the value of projects and cash received for future work.

The institute's operating expenditure for 2022–23 was \$115.7 million compared to \$98.6 million in 2021–22.

Employee-related expenditure increased to \$63.5 million in 2022–23 from \$48.7 million in 2021–22. This was due to an increase in average staff numbers as the AIHW transitioned staff to payroll from contracts and a pay increase.

There was an increase of \$3.1 million in supplier expenses, mostly due to an increase in ICT, travel and workers compensation premium expenditure.

Financial outlook

Appropriation is expected to increase by \$0.598 million in 2023–24 to \$35.444 million. We have budgeted for income from externally funded projects to be \$73.0 million.

We received approval to budget for an operating loss in 2023–24 of \$1.765 million. The loss is for non-ongoing expenses related to improving information management and data analytical capability.



Monitoring matters: Mental health services activity monitoring

From the beginning of the COVID-19 pandemic, governments acknowledged the potential mental health effects on Australians from both the virus and the containment measures. Since April 2020, we have worked with the Department of Health and Aged Care to create the national and state COVID-19 mental health dashboards. The dashboards compile national health data, custom data sets and data sharing agreements with state and territory health departments to monitor the pandemic's impact on Australians' mental health.

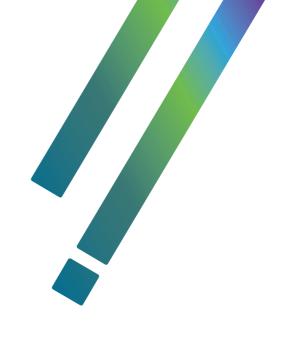
In December 2022, we launched the Mental Health Services Activity Monitoring System (MH SAMS) to provide a more efficient way of visualising, presenting and sharing these insights. The MH SAMS draws from a range of data sources, including the Medicare Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS), mental health crisis and support organisations Lifeline, Kids Helpline and Beyond Blue, digital mental health organisation ReachOut, and data from state and territory services.

Building on the work of the COVID-19 mental health dashboards, MH SAMS comprises:

- a secure access portal for use by Australian and state and territory government agencies and ministerial offices, expandable to other agencies and organisations, as needed
- interactive online dashboards allowing users to triangulate service activity across different settings including crisis lines, digital mental health, mental health MBS and PBS activity, emergency departments, specialised public community mental health, and admitted mental health care
- data sharing agreements between the AIHW and state and territory health departments, which underpin access for governments to key data.

Using this data, a timeline of significant events that have impacted Australia's mental health can be visualised, allowing easy identification of trends. Correlations between global, national and local events can be made, which can influence the way governments and services prepare for future events.

The MH SAMS was used by National Cabinet to monitor population mental health throughout Australia's response to the COVID-19 pandemic. Data shared through the MH SAMS are also enabling Australian, state and territory governments to monitor the mental health impacts of recent natural disasters and plan for future mental health services in times of crisis. The MH SAMS was recognised as a finalist in the 2023 APS Data Awards.





3 Our products and services

We are Australia's authoritative source of health and welfare data and analysis. We provide all levels of government, stakeholders and the broader community with valuable evidence to inform and support better research, policy and service delivery. This leads to better health and wellbeing for Australians, now and into the future.

We collect, host, analyse and release data and information that aid better understanding of important health and welfare issues. Our information is crucial to inform good health and welfare policy, and effective service delivery, for the benefit of all Australians.

We do this by:

- · developing nationally consistent health and welfare data standards and classifications
- collecting information and creating high quality data from multiple sources on a range of health and welfare topics
- linking data from multiple sources to deliver new insights and better understand complex interactions Australians have with health and welfare services
- publishing products that provide a holistic picture of health and welfare in Australia and how this is changing over time.

National data standards and classifications

We provide expertise for health and welfare metadata and national data standards. We manage this through Australia's online metadata registry – METEOR – for Australia's health and welfare data.

Quality metadata helps interpret data and enables national consistency and cross-collection comparisons, while ensuring users and custodians share a common understanding of data.

METEOR is based on the international information modelling standard (ISO/IEC 11179). This is the international benchmark for metadata standards and supports the FAIR data principles – findable, accessible, interoperable and reusable data. METEOR is essential to enable open data and easier data linkage, while creating greater alignment with current and future automated intelligence technologies.

By facilitating accessible, consistent and comparable national data, METEOR makes it easier for organisations to build quality evidence-based policies, frameworks and reporting mechanisms.

In 2022–23, we updated METEOR to reflect changes to the *Marriage Act 1961* and the Australian Bureau of Statistics' registered and social marital status standards for *Family, Household and Income Unit Variables 2022*. We also updated multiple data set specifications and indicator sets to guide collection and reporting activities and published 42 data quality statements on METEOR. Quality statements summarise the timeliness, accessibility, interpretability, relevance, accuracy and coherence of reported data for quality assessment purposes. Published metadata and quality statements in this period informed data collection and interpretation across our health and welfare reports.

High quality data holdings

We collect and hold substantial data sets across a range of health and welfare topics. We continue to strengthen data holdings to address gaps and promote nationally consistent health and welfare information.

These essential data assets cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality.

We hold 20 national minimum data sets. A national minimum data set (NMDS) is a type of data set specification and refers to the minimum set of data elements which must be collected and reported nationally.

NMDSs are mandatory for all states and territories, however it does not prevent agencies and service providers from collecting additional data to meet their own needs.

We hold NMDSs for admitted patient care, disability services, child protection, residential and community mental health, youth justice, specialist homelessness services, non-admitted emergency care, and alcohol and other drug treatment services.

Within the health sector, we also administer 29 national best endeavours data sets (NBEDS), which refers to health metadata sets that states and territories have agreed to make their best effort to collect. NBEDS collections include admitted patient care, cancer (including bowel and screening), prisoner health and Individual Healthcare Identifier. More information about NMDSs and NBEDS data set specifications are available on the METEOR website.

Data are drawn on to monitor performance, promote discussion, and inform health and welfare policy for the benefit of all Australians.

A complete list of our data holdings is available on our website.

Data linkage

We are an international leader in data linkage with a strong record both in our own linkage work, and in facilitating linkage for other researchers, safely and securely.

Data linkage brings together data from multiple sources to better understand complex interactions Australians have with health and welfare services.

For example, data are collected whenever a person engages with the health system, from seeing their general practitioner and collecting a script to presenting to hospital or outpatient services. The way data are collected differs across the states and territories, but also across the health service sector. This makes it difficult to connect and understand a person's interaction with the health system over time.

Data linkage provides the key to unlock new insights into the health and welfare of Australians.

These insights can be used to improve policies and programs, provide better access to services, and inform treatment pathways for the benefit of all Australians.



Linked data assets

In close partnership with data custodians, we manage the following enduring linked data assets:

National Integrated Health Service Information (NIHSI) Analysis Asset: links data from the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Repatriation Pharmaceutical Benefits Scheme, hospitals (except for Western Australia and Northern Territory), residential aged care, the Australian Immunisation Register and the National Death Index. This linked data asset enables us to gain a better understanding of how people use and interact with the health system. The NIHSI will transition to a National Health Data Hub, bringing together a wider range of Australian Government, state and territory government and non-government data sets to support the broader national health linkage system.

The National Health Data Hub is a flexible system for linking and providing access to health data sets. It will deliver substantial efficiencies to the data linkage process, timeframes and costs, while providing more streamlined access to data for government and non-government researchers.

COVID-19 linked data set: links COVID-19 case data with other sources, including hospitals and deaths data, from Australian, state and territory government agencies and health and welfare service providers. This data set will provide a better understanding of COVID-19 health outcomes and risk factors, and the broader impacts on the health system and community.

We are working closely with Australian, state and territory governments and other stakeholders to develop other policy analysis and research data assets, such as the Mental Health Data Asset, Aged Care Data Asset, Family, Domestic and Sexual Violence Integrated Data System, and the Child Wellbeing Data Asset.

The National Disability Data Asset

We continue to assist the Department of Social Services (DSS) to establish the National Disability Data Asset (NDDA). The NDDA will bring together data about people with disability from Australian, state and territory governments to give a more complete picture of people with disability. These insights will inform improvements for better outcomes and experiences for people with disability. The NDDA is led by the DSS and is being delivered by the institute in partnership with the Australian Bureau of Statistics.

The Data Integration Services Centre

Our Data Integration Services Centre assists researchers with customised data linkage projects that have a clear benefit to the community. Our data linkage service can provide advice on project design and methodology, negotiate access to relevant data sets, facilitate customised linkage of data sets held by the AIHW or other custodians, and transfer and destroy data safely.

We are an accredited data service provider under the Data Availability and Transparency Scheme, which was established under the *Data Availability and Transparency Act 2022*. The scheme aims to increase the availability and use of Australian Government data to deliver better government services, inform better policies and programs, and support research and development.

Under the scheme, accredited users, such as Australian, state or territory governments, may request data from us to support data sharing or linkage projects. The sharing, collection and use of data under the scheme must comply with the *Privacy Act 1988*, the *Australian Institute of Health and Welfare Act 1987* and our obligations and commitments to our data providers to maintain privacy and confidentiality.

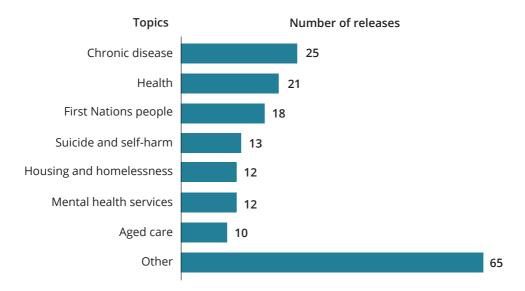
Our products

- Our reports provide a holistic picture of health and welfare in Australia and how this is changing over time.
 - We collect and report information on many topics, ranging from health and welfare expenditure, hospitals, disease, injury and mental health, to ageing, homelessness, disability and child protection.

Our products include simple fact sheets, in-depth statistical reports, data cubes, custom data visualisations and our comprehensive biennial reports – *Australia's health* and *Australia's welfare*.

In 2022–23, we published 176 releases across many health and welfare topics (Figure 4). Each release may comprise several products, for example web reports, PDF reports, data tables, data visualisations, snapshots, fact sheets and in-brief reports. A total of 414 products were released in 2022–23. All releases are available free from our website.

Figure 4: Releases by topic, 2022-23



Australia's health 2022

On 7 July 2022, we released *Australia's health 2022*, our flagship report on the health of Australians. *Australia's health* examines our nation's most important health issues and shows how the health of Australians is faring, by bringing together multiple data sources.

Between 2020 and 2022, no health issue had as wide-reaching effect on Australia's population as COVID-19. *Australia's health 2022* explored how the pandemic challenged the nation's health system and examined the direct and indirect health impacts on different population groups.

It also presented key statistics on other important health topics for different population groups. In doing so, it highlighted the critical importance of data and the ongoing need to build an evidence base that can support long-term improvements in health and health care for Australians.

Australia's health 2022 reported:

- \$202.5 billion was spent on health in 2019–20, about \$7,900 per person.
- The life expectancy for babies born between 2018 and 2020 was 85.3 years for females and 81.2 years for males.
- Mental health service use increased during the pandemic, particularly for young people.

Australia's health 2022 product suite was made up of 3 products.

- Australia's health 2022: in brief a short report on key findings, which provided a holistic picture of health in Australia.
- Australia's health 2022: data insights a collection of 10 in-depth articles spanning a range of health-related topics.
- Australia's health 2022: topic summaries more than 60 online summaries, which provided key statistics and information about the Australian health system, the health of Australians and factors that influence our health.

Our website

The AIHW website is our main channel for publishing our statistical products. We are continuing to work towards compliance with the World Wide Web Consortium's Web Content Accessibility Guidelines version 2.1 (WCAG 2.1) at level AA so the information we produce is accessible to all.

In addition to the main AIHW website – aihw.gov.au – we also manage 7 websites (Table 4).

Table 4: AIHW websites, 2022-23

Website	Description
Australian Institute of Health and Welfare (AIHW)	Data are made publicly available via the AlHW website. Each year, we publish reports and data releases on many health and welfare topics.
	aihw.gov.au
Aboriginal and Torres Strait Islander Health Performance Framework	This website brings together information from numerous sources in one place to provide a comprehensive, up-to-date view of the state of First Nations health outcomes and the broader determinants of health and health system performance. Content is regularly updated to inform policy, service planning, program development and research.
	indigenoushpf.gov.au
Australian Mesothelioma Registry	This registry contains information about people with mesothelioma, monitors new cases diagnosed in Australia from 1 July 2010 and collects information about asbestos exposure. We manage the registry on behalf of Safe Work Australia.
	mesothelioma-australia.com
GEN – Aged Care Data	This is a comprehensive website for data and information about aged care services in Australia. It reports on capacity and activity in the aged care system, focusing on the people, their care assessments and the services they use.
	gen-agedcaredata.gov.au
Housing data	This website brings together data from over 20 key national data sets into an interactive housing data dashboard.
	housingdata.gov.au
Indigenous Mental Health and Suicide Prevention Clearinghouse	This clearinghouse further strengthens the evidence base to improve mental health services and outcomes for First Nations people. The website was established under the Fifth National Mental Health and Suicide Prevention Plan. Content is developed with First Nations stakeholders and experts through the Clearinghouse Steering Committee.
	indigenousmhspc.gov.au





Website	Description
METEOR (Metadata Online Registry)	METEOR is the repository for Australian metadata standards for statistics and information in areas such as health, housing and homelessness, aged care, First Nations people, disability, children and families.
	meteor.aihw.gov.au
Regional Insights for Indigenous Communities	This website provides access to a wide range of data and statistics about First Nations people. Statistics can be compared by region, state, territory or remoteness.
	It helps First Nations communities set their own priorities and informs joint planning with government and service providers.
	rific.gov.au



Data governance and privacy

We are committed to maintaining the privacy and security of all information we hold.

Privacy, confidentiality and respect for the sensitivity of data are assured through legislation, including the *Australian Institute of Health and Welfare Act 1987* and the *Privacy Act 1988* (the Privacy Act) and are deeply ingrained in our organisational culture, ICT infrastructure, policies, guidelines and procedures.

Our data governance framework provides a comprehensive overview of key concepts related to data and data governance. It defines our:

- · legal, regulatory and governance environments
- · core data governance structures and roles
- systems and tools to support data governance
- data policies, guidelines and procedures
- compliance and reporting responsibilities.

The data governance framework is underpinned by the Five Safes framework. The Five Safes framework is an internationally recognised approach to considering strategic, privacy, security, ethical and operational risks. It is part of a holistic assessment of risks associated with data sharing.

The AIHW Ethics Committee provides oversight of data handling arrangements across the institute. It provides advice and sets conditions on ethical aspects of AIHW activities and partnerships, including proposed projects.

Our Privacy Management Plan 2022–23, which is a requirement under the Australian Government Agencies Privacy Code, was endorsed in July 2022. The plan sets out specific goals and targets to meet our compliance obligations under the Australian Privacy Principles and the Privacy Act.

Under the plan, we have identified a privacy officer and a privacy champion. The privacy officer is the primary point of contact for all privacy matters. The privacy champion provides strategic privacy leadership and promotes a privacy culture within the institute. The Executive Committee monitors performance against the plan each year.

Under the Notifiable Data Breach scheme, any entity covered by the Privacy Act must notify affected individuals and the Office of the Australian Information Commissioner when a data breach involving personal information is likely to result in serious harm. In 2022–23, the institute had no notifiable data breaches.





Digital capabilities

Information and communications technology (ICT) infrastructure and services are critical to achieve our vision to provide stronger evidence, better decisions and improved health and welfare.

Machine learning and artificial intelligence (AI) have the potential to greatly improve the way we work and expand how we use our data. This year we have increased our focus on exploring machine learning and AI technologies as we work toward enhancing our work methodologies. In 2022–23, we commenced a roadmap outlining future machine learning and AI activities. The roadmap examines how these technologies can enhance our data processing, manipulation techniques and predictive analysis.

The AIHW technology strategy was updated to set the direction for ICT investment and priorities for the next 3 years, while ensuring we continue to have the right digital capabilities to achieve our strategic goals. Against the backdrop of a pandemic, rapid institute growth and technology advancements, the way we work and do business is rapidly evolving. In keeping pace with this transition, the AIHW Technology Strategy 2023–2026 sets an ambitious plan to address the increasing requirement for:

- · accessing and using complex and secure data sets
- building resilience to the increasing threat of cyber attacks
- maintaining sustainable digital platforms and technology solutions.

In 2022–23, we continued to build our digital capability to better support core analyses, safe and secure data and systems, and a geographically dispersed workforce. This included:

- developing a cloud-based data analytics system to further expand the analytical toolset and allow further adoption of machine learning and artificial intelligence
- expanding cloud computing for core ICT services, including the roll-out of Microsoft 365 to all staff.

We continue to have a proactive focus on security to ensure that our systems support AIHW information and our data are resilient to cyber threats. We will continuously improve our security posture, focusing on our maturity level against the Essential Eight cyber mitigation strategies and aligning with best-practice guidance from the Australian Cyber Security Centre. With the evolving cyber threat environment, we continue to keep cyber security at the forefront of ICT decision-making and capability.



Everyone counts: accessibility and Australia's Disability Strategy Outcomes Framework

Launched in December 2022, the Australian Disability Strategy Outcomes Framework (ADSOF), is the central platform for reporting data on the progress of Australia's Disability Strategy 2021–2031 in an accessible and interactive format.

The strategy aims for an inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community. It was developed by the Australian, state and territory governments in consultation with people living with disability.

The strategy sets out a plan for continuing to improve the lives of people with disability across 7 outcome areas – health, education, employment, housing, safety, services and community attitude. Our website collates available data for 85 measures that track and report on the progress achieved across these areas, drawing on data from multiple sources.

We adopted an innovative approach to build a fully accessible website to support the strategy. This was the first time we had partnered with people with disability to develop web content. Their input, combined with feedback from the Department of Social Services and digital access experts , enabled us to establish highly accessible and inclusive web pages that fully comply with Web Contact Accessibility Guidelines (WCAG) 2.1.

The web pages are built to:

- use accessible data visualisation software and an inbuilt text-to-voice feature
- be compatible across accessibility technologies, including screen readers, magnification and audio output
- be accessible on multiple devices, including desktop computers, tablets and smart phones, and compatible with multiple operating systems
- use plain language so information is easy to read and understand.

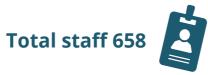
Information on the website can also be downloaded in Easy Read, Auslan, braille and various community languages formats.

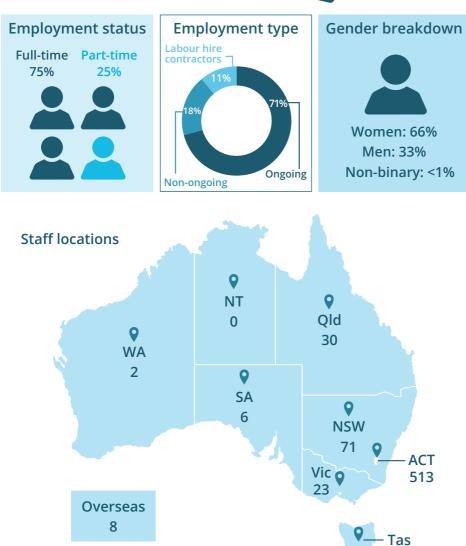
The website provides everyone – from people with disability and their carers to policymakers from all levels of governments – with a shared understanding of the disability strategy's progress against the ADSOF measures. This will be critical to driving effective change and improvements for people with disability over the next 10 years and beyond.

4 Our people

We pride ourselves on our expert and diverse workforce, with staff feedback consistently showing high levels of satisfaction and engagement with the institute's work and culture. We prioritise investing in staff expertise and skill development while offering flexible work conditions, a positive work environment, competitive salaries, and opportunities for continuous learning and development.

Figure 5: Our workforce as at 30 June 2023





A changing workforce

As at 30 June 2023, we had 658 staff including labour-hire contractors, and active and inactive Australian Public Service (APS) employees (Figure 5). The CEO is excluded from this figure. Appendix C: Workforce statistics details our workforce profile.

During 2022–23, our workforce underwent a substantial shift as we transitioned many contract staff to non-ongoing and some ongoing APS roles.

Work-from-home arrangements have evolved since the start of the COVID-19 pandemic, with many of our staff finding that remote work is a great contributor to quality of both work and life. In August 2022, we updated our flexible work policies to make it easier for staff to access flexible working arrangements.

A developing workforce

Our Learning and Development Strategy 2022–2024 recognises that skilled, engaged, and versatile people are critical to the achievement of our strategic goals and our commitment to developing capabilities of our staff through learning and development (L&D). The strategy was implemented to directly address our strategic goal to grow our capability and support a high-performing and adaptable workplace.

This is actioned and evaluated through a Performance and Development Agreement, an annual requirement for all staff, which aligns staff performance with the institute's strategic goals and helps focus individual L&D needs for staff. Our People and Facilities Unit conducts an annual L&D planning survey to assess staff feedback and learning needs. The Learning and Development Advisory Committee meets several times a year to direct the institute's corporate L&D activities.

Our annual graduate intake remains one of our key strategies to build workforce capability. In 2022-23, 26 graduates started with us - the highest number in the institute's history. Additionally, study assistance is available for all eligible staff in the form of paid time off and/or financial assistance for tuition expenses.

Activities delivered under the L&D plan in 2022–23 are detailed in Table 5.



Table 5: L&D activities, 2022-23

Activity	Description
Mandatory training for all staff	Virtual and in-person inductions for new starters, along with the requirement to complete 5 essential self-paced e-learning modules within one month of joining the institute.
	Five annual mandatory training modules were introduced for all staff to keep them up to date on requirements and obligations.
	Learnhub offers centralised access to our full training library for self-directed growth for staff at any time.
Drawing on internal expertise and external partnerships to deliver contemporary technical training	Educational writing modules continued to be released to help staff communicate their findings clearly, with 3 new modules added this year.
	On-site and virtual workshops such as writing workshops for new graduates and coding courses.
	Support resources were provided, such as the Data Visualisation Hub, a valuable resource for making the most out of visual authoring software. A Statistical Analysis Software resources intranet page contains videos, tip sheets and tutorials for using the software.
Providing training in core leadership and management skills	The AIHW executive leadership development program aims to strengthen leadership and strategic capabilities of staff at the Executive Level (EL) 1 and EL 2 level.
	The APS Academy has been engaged to deliver several leadership courses, such as managing remote teams, managing performance, and coaching and developing others.
Encouraging internal and external mobility opportunities	Staff exchange programs, secondments and mobility within the institute were provided to several qualifying and interested staff. In 2022–23, we supported secondments for 7 staff to other Australian, state or territory government agencies.
Learning from others through guest speaker presentations	Guest speakers are regularly invited to share their unique and valuable perspectives and expertise with AIHW staff. This year, the guest speaker series featured 17 guest speakers.
Offering e-learning opportunities through our Learning Management System	In-house training further supports staff to acquire and maintain specialised knowledge and skills. In 2022–23, we provided in-house training courses including Tableau, Python and Validata.
	An e-learning library through Go-1 supports self- directed learning on a wide range of topics. These topics include writing skills, leadership, coaching and mentoring, and various diversity and inclusion areas.

A diverse and inclusive workforce

Our changing workforce has contributed to an increasingly diverse workplace, bringing together unique backgrounds and perspectives that create a welcoming and inclusive workplace. This diversity enriches our organisational culture and promotes creativity, while bolstering our capacity to deliver better-informed health and welfare services to our stakeholders.

In late 2022, we launched the Diversability Network. Diversability covers a broad spectrum of conditions and circumstances, whether they are short-term, long-term, or permanent including people living withdisability, neurodiversity and mental health conditions, as well as staff with caring responsibilities. It aims to encourage awareness of, empathy toward, and normalisation of disability and neurodiversity among our staff and the institute.

Our Pride Network also promotes an inclusive culture and LGBTIQ+ positivity. In 2022–23, the Pride Committee increased from 2 members to 10 and launched its own dedicated online community space for staff wanting to join. The Pride Network promotes LGBTIQ+ inclusive awareness events such as Wear it Purple Day and Pride Month. Monthly conversation sessions are also held for staff who may be seeking discreet support.

Our Cultural and Linguistic Diversity (CALD) Network promotes awareness of the many cultures and languages represented at the institute, empowers CALD staff, and acts as an advocate to address unique issues they may face in the workplace.

Our Reconciliation Action Plan (RAP) working group monitors and promotes the institute's RAP. The working group promotes cultural awareness and organises events such as NAIDOC Week and National Close the Gap Day.

In 2022–23, we continued work on our fifth RAP, which continues our strong commitment to building and maintaining respectful relationships with First Nations people. The RAP was released on 28 July 2023, and will be featured during the next annual reporting cycle.

The work of these groups is supported at a leadership level by Senior Executive Service Diversity Champions, whose goal is to strive for equal access and inclusion for people within the institute on an individual and policy level.

We are an Equal Employment Opportunity employer. Our recruitment and selection processes are fair, equitable and consistent with anti-discrimination legislation. Our policies and practices reflect the principles of the Australian Public Service Disability Employment Strategy 2020–2025 and the Commonwealth Aboriginal and Torres Strait Islander Workforce Strategy 2020–2024. Our Enterprise Agreement and related policies also provide flexible working and leave arrangements to support religious commitments and attendance at cultural events.



An engaged workforce

We take pride in staff engagement and the positive impact it has on the institute. Involving staff in decision-making improves service, resource use, performance and experiences. Employee engagement also means promoting job satisfaction and creating a work culture that encourages positive involvement beyond just work-related tasks.

The 2022 APS Employee Census showed excellent results for the institute. We achieved an overall engagement score of 81, which is 8 points above the overall APS score, and 95% of staff would recommend the institute as a good place to work. These results strengthen our culture of collaboration and commitment to excellence.

The Consultative Committee, established under the AIHW Enterprise Agreement, serves as the primary platform for discussing workplace relations and change management. The committee met 4 times in 2022–23.

A safe workforce

We are committed to maintaining a productive and safe work environment and meeting our obligations under the *Work Health and Safety Act 2011* (WHS Act). This year, we continued our commitment to employee health, safety and wellbeing, with a focus on prevention strategies. In 2022–23:

- Our Health and Safety Committee continued to facilitate cooperation between management and staff regarding safe working conditions at the institute. The committee met 4 times.
- Staff were supported to maintain a healthy and safe work environment regardless of where they work. We reviewed and updated our guidance on ergonomic workstation set-ups and provided additional resources around home set-ups. We also ensured that managers consider the health and safety of their staff through mandatory WHS training and the inclusion of mandatory WHS fields in forms such as telework agreements.
- Our Employee Assistance Program (EAP) continued to be available for all staff to
 access counselling services for any purpose. From the start of 2023, we increased our
 on-site EAP visits from monthly to fortnightly, which was met with strong uptake and
 positive feedback from staff. EAP services can also be accessed virtually.
- Free flu vaccinations were available for all staff.
- A healthy lifestyle reimbursement of up to \$299 for the purchase of healthy lifestyle equipment and clothing was available to all staff.
- We continued to implement our Mental Health Strategy 2022–2024 to make the right resources and support available for staff to achieve and maintain mental wellness.
- We continued to strengthen our ability to identify and mitigate psychosocial hazards to meet our requirements under the Work, Health and Safety Regulations 2011.

- Our network of workplace harassment officers and health and safety representatives carry out quarterly workplace inspections to identify and rectify potential hazards.
- Trained first aid officers are located in all offices.

We continue to provide case management support for rehabilitation and return to work of staff with a work-related injury or illness. This support is provided in partnership with third-party providers, staff and their managers.

The institute had one compensation claim lodged with Comcare in 2022–23, compared with no claims in 2021–22.

There were 2 notifiable incidents reported to Comcare under section 38 of the WHS Act. A notifiable incident refers to a workplace incident that involves the death of a person, a serious injury or illness, or a dangerous incident. No investigations or notices were served to the AIHW under part 10 of the WHS Act.

Employment conditions

As at 30 June 2023, all non-SES employees were covered by the AIHW Enterprise Agreement (EA), which outlines the terms and conditions of their employment. The current EA took effect from 19 October 2016 and had a nominal expiry date of October 2019. Since then, the terms and conditions in the EA have remained, with the exception of salaries, which have increased in accordance with determinations made under subsection 24(1) of the *Public Service Act 1999*. These determinations provide an annual increase to nominal salary and corporate role allowances, with the most recent being 3% on 19 October 2022.

In accordance with the terms of the AIHW's section 24(1) determination 2022, salaries for non-SES employees range from \$48,826 (APS 1.1) to \$152,248 (EL 2.3). Our remuneration arrangements do not provide access to, or include, performance pay. Details of non-salary benefits available to staff are included in our EA.

Our EA contains provisions for flexible arrangements to tailor remuneration and conditions for staff in particular circumstances. As at 30 June 2023, 4 non-SES employees had an individual flexibility agreement in place.

As at 30 June 2023, 10 SES were employed under common law contracts. The CEO determines SES remuneration and conditions under subsection 24(1) of the Public Service Act 1999. Remuneration of SES is reviewed annually in accordance with the Australian Public Service Commissioner's executive remuneration policy Appendix D: Executive remuneration.

APS-wide enterprise bargaining began in 2023, and agency-specific bargaining will begin after this process has been finalised. We maintain a dedicated intranet page and provide regular all-staff email communication to keep staff informed of developments and link them to useful advice about how they may be affected.

Case study 4



Unlocking new insights through data linkage

Australia's health system is complex. The Australian, state, territory and local governments share responsibility for the health system. One challenge faced is to make better use of health data to provide a more integrated view of our health system and the complex interactions people have with health and welfare services. Data linkage is the key to this.

This year, we continued to lead data linkage innovation through improvements to our linkage services and assets. This included:

- using machine learning to improve data quality while further streamlining linkage processes
- working with data custodians to broaden and build on the data sets captured within our linked data assets
- making it easier for researchers to access and use our linked data assets.

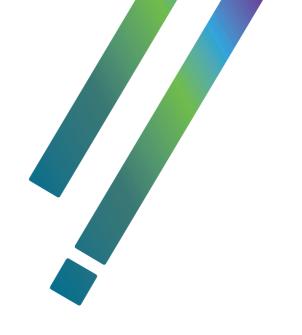
In 2022–23, we released several reports using the National Integrated Health Services Information (NIHSI) linked data asset, which unlocked new insights into the health experiences of people in Australia.

One example of this is the *Last year of life: patterns in health service use and expenditure* report released in November 2022. This was the first comprehensive examination of health services used by Australians in the final 12 months of life and the cost of those services to the health system. Services included hospital admissions, emergency department presentations, Medicare services, and prescriptions supplied under the Pharmaceutical Benefits Scheme.

This analysis uncovered new insights about health service use and expenditure of people in their last year of life, which would not have been possible without NIHSI. It found that:

- Health service spending was 14 times higher for people in their last year of life than for others (an average of \$24,000 compared with \$1,700 respectively).
- People who died used more health services in their last year of life than the rest of the population over a 12-month period.
- The largest difference in health service use was for hospital admissions, with an average of 2.6 admissions per person in their last year of life compared with 0.1 admissions per person per year for the rest of the population.
- Some people had no contact with the health system in the 12 months before their death. These tended to be young people and people who died suddenly from causes such as injury, including self-inflicted injury.

Our linked data assets provide a better understanding of how people interact with the health system in the period leading up to death. This information is vital for health care provision and to assess and evaluate health service planning and policy.





5 Management and accountability

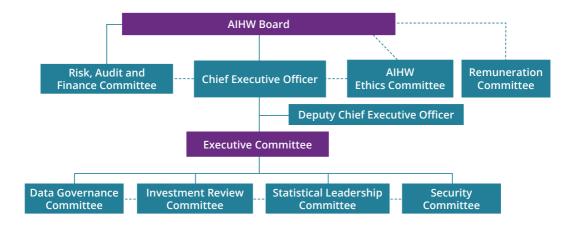
Our governance framework supports effective planning, risk management and accountability to achieve our purpose and meet the expectations of our stakeholders and data custodians.

Our governance structure includes the AIHW Board, the CEO, Executive Committee and other committees which provide strategic direction and oversight of our operations respectively.

The AIHW Board is the accountable authority and sets the institute's strategic directions. The head of the institute is the CEO, Rob Heferen. The CEO is responsible for the day-to-day administration of the institute and is the primary point of liaison between the AIHW Board and the Executive Committee.

Our governance structure is shown in Figure 6.

Figure 6: Our governance structure



AIHW Board

The AIHW Board is established under the *Australian Institute of Health and Welfare Act* 1987 (AIHW Act) and is the institute's accountable authority under the Public Governance, Performance and Accountability Act 2013 (PGPA Act). The board is responsible for determining the institute's vision, purpose and values, and sets our overall policy and strategic direction. Its functions and responsibilities are detailed in the Charter of Corporate Governance available on our website. The board is accountable to the Minister for Health and Aged Care.

Board members, except for the CEO, are appointed by the Minister for Health and Aged Care and hold office for a specified term not exceeding 5 years. The CEO is an ex-officio board member. Under section 18F of the AIHW Act, the CEO does not attend board deliberations or take part in any decision relating to their appointment, remuneration or performance.

The AIHW Act states that the board must comprise no more than 12 members. As at 30 June 2023, it had 10 members, including the ex-officio member. Following the departure of the former chair, Louise Markus, in December 2022, Erin Lalor began as acting chair from 14 December 2022, in accordance with section 11B of the AIHW Act.

Cathryn Ryan was appointed Deputy Chair from 24 January 2023 to 24 March 2023 and assumed the role of Acting Chair from 24 January to 6 February 2023 and 8 to 18 March 2023.

In 2022–23, board members received payment in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office)

Determination 2021. The CEO and members who were Australian Government, state or territory public servants did not receive remuneration. Board member remuneration is included in Appendix D: Executive remuneration.

In 2022–23, terms on the board concluded for Louise Markus (on 13 December 2022) and Simone Scovell (2 December 2022). Several existing members received new appointments during this period – Erin Lalor (3 December 2022 to 2 December 2027), Zoran Bolevich (3 March 2023 to 2 March 2026) and Marilyn Chilvers (3 March 2023 to 2 March 2026).

The board met 4 times in 2022-23 (Table 6).

Table 6: AIHW Board meeting attendance, 2022–23

Name	Position	Meetings attended	Eligible meetings
Louise Markus	Chair	2	2
Erin Lalor	Deputy Chair	4	4
	Acting Chair 14 December 2022 to 30 June 2023		
Rob Heferen	AIHW CEO/Executive Director	4	4
Zoran Bolevich	Non-executive Director	4	4
Marilyn Chilvers	Non-executive Director	4	4
Christine Gee	Non-executive Director	3	4
Romlie Mokak	Non-executive Director	3	4
Christine Pascott	Non-executive Director	4	4
Michael Perusco	Non-executive Director	3	4
Cathryn Ryan	Non-executive Director	4	4
	Acting Deputy Chair 24 January to 6 February 2023 and 8 to 20 March 2023		
	Acting Chair 24 January to 6 February 2023 and 8 to 18 March 2023		
Simone Scovell	Non-executive Director	1	2
Peter White	Non-executive Director	3	4

Current board members as at 30 June 2023

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

Acting Chair: 14 December 2022 to 30 June 2023

Deputy Chair

Current term: 3 December 2022 to 2 December 2027

Dr Lalor AM was appointed CEO of the Alcohol and Drug Foundation in November 2017. She has over 20 years of leadership experience in the health sector, working in clinical, academic and executive roles. She was previously the CEO of the National Stroke Foundation and a director of the World Stroke Organization. Dr Lalor is a former director of VincentCare Victoria, a member of the Australian National Advisory Council on Alcohol and Other Drugs and Chair of Alcohol Change Australia. She was twice recognised as a Victorian finalist in the Telstra Businesswoman of the Year awards and identified in the Financial Review's Top 100 Women of Influence in 2013. Dr Lalor was awarded a Member of the Order of Australia in January 2019 for her services to health through the not-for-profit sector and to people with stroke.

Rob Heferen

AIHW CEO, Executive Director

Current term: 1 July 2021 to 30 June 2026; ex-officio appointment

Mr Heferen was appointed to the position of AIHW CEO on 1 July 2021. Before this, he was deputy secretary for higher education, research and international in the Department of Education, Skills and Employment. Mr Heferen has also served as deputy secretary for energy at the Department of the Environment and Energy and had responsibility for energy policy, including electricity and gas markets, and fuel security. He was also Australia's representative on the International Energy Agency's Governing Board.

In April 2016, Mr Heferen was deputy secretary with the Department of Industry, Innovation and Science with responsibilities for energy, resources and the Office of Northern Australia. Before joining the Department of Industry, Innovation and Science, he was the deputy secretary, revenue group, at the Treasury from March 2011 to April 2016, with responsibility for tax policy, tax legislation and revenue forecasting. Mr Heferen was first promoted to deputy secretary in 2010 to the Department of Families, Housing, Community Services and Indigenous Affairs, with responsibility for Indigenous affairs. He joined the APS in 1989 as a graduate in the Australian Customs Service. Mr Heferen worked at the Australian Taxation Office, and Treasury working on tax policy, Commonwealth and state financial relations, and social policy.

Zoran Bolevich DM MBA FRACMA

Non-executive Director

Current term: 3 March 2023 to 2 March 2026

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

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

Marilyn Chilvers BEc (Hons) MAppStat GradDipTertEd

Non-executive Director

better outcomes.

Current term: 3 March 2023 to 2 March 2026

Ms Chilvers is an Executive Director in the NSW Government, working in the Customer, Delivery and Transformation Division of the Department of Customer Service. She is responsible for driving data integration and insight development initiatives to improve outcomes for citizens, particularly those who are most vulnerable. She led the design, development and implementation of the NSW Human Services Outcomes Framework. She also enabled data sharing, modelling and measurement of outcomes and benefits

for NSW citizens, driving a reformed NSW Human Services data ecosystem to deliver

Ms Chilvers is currently shaping transformational design of complex integrated data initiatives, including the National Disability Data Asset and the NSW Stronger Communities Data Partnership.

Christine Gee AM MBA

Non-executive Director

Current term: 3 December 2018 to 2 December 2023

Ms Christine Gee brings to the Board extensive experience in private hospital administration, having held executive management positions for more than 30 years. She is the CEO of Toowong Private Hospital, an authorised mental health service in Queensland. She is involved in a number of state and national boards and committees including as the National President of the Australian Private Hospitals Association, a member of its Private Psychiatric Hospitals Data Reporting and Analysis Management Committee, and Chair of its Policy and Advocacy Taskforce and Psychiatric Committee. She is the President of the Private Hospitals Association of Queensland and Chair of its Mental Health Facilities Network. Ms Gee is a member of the Board of the Australian Commission on Safety and Quality in Health Care, Chair of its Private Hospital Sector Committee, Mental Health Advisory Group and Co-chair of its Patient Safety Reporting Technical Working Group. She is a community member of the Queensland Board of the Medical Board of Australia and is the Chair of the Medical Board of Australia's National Special Issues Committee (Sexual boundaries and family violence).

Ms Gee is the 2021 recipient of the Gold Medal of the Australian Council on Healthcare Standards. She was appointed as a Member (AM) of the Order of Australia (General Division) on 12 June 2023.

Romlie Mokak BSocSc PGDipSpEd

Non-executive Director

Current term: 3 December 2018 to 2 December 2023

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

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

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



Christine Pascott MBBS, FRACGP, MPH, MHLM, GradCert IDI, CHIA, GAICD

Non-executive Director

Current term: 3 December 2018 to 2 December 2023

Dr Pascott has worked for over 30 years in health including general practice, public health and mental health sectors and patient safety and clinical quality. Her current roles include medical advisor at the WA Department of Health, Clinical Excellence Division; member of the Antimicrobial Stewardship Expert Advisory Committee of the Australian Commission on Safety and Quality in Health Care; member of the WA Human Tissue Advisory Body; and non-executive director on the board of MDA National. Dr Pascott was previously medical director at the University of Western Australia.

Her areas of clinical interest include communicable diseases, mental health care, patient safety and clinical quality, digital health and health technology assessment. Dr Pascott is a registered specialist GP and holds a Master of Public Health, Master of Health Leadership and Management, Graduate Certificate in Infectious Diseases Intelligence and is a Graduate of the Australian Institute of Company Directors.

Michael Perusco BBus (Acc)

Non-executive Director

Current term: 3 December 2018 to 2 December 2023

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

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



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

Non-executive Director

Current term: 3 December 2018 to 2 December 2023

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

More recently, Ms Ryan held the national role as General Manager – Health Funding, Strategy and Performance at Australia's largest not-for-profit private/public hospital operator, St John of God Health Care, where she headed up an integrated team responsible for funding, health information, audit and related analytics for just over 10 years. Ms Ryan is currently the Group Director for Health Funding and Patient Services with the prestigious and iconic Cabrini Health who provide acute, sub-acute and aged care services in Victoria. Ms Ryan also has over 10 years' experience as a non-executive director of a not-for-profit organisation for children with special needs. She is a graduate of the Australian Institute of Company Directors, a current Grant Assessor for the Medical Research Future Fund (NHMRC) and a member of the Commonwealth Prostheses Listing Advisory Committee.

Peter White BBus (Prop) BEc MBA

Non-executive Director

Current term: 1 September 2021 to 31 August 2026

Mr White is the Deputy Secretary for Community Services, Infrastructure and Housing in the Department of Communities Tasmania, and has been responsible for the management of homelessness and social housing programs since March 2012. With over 30 years of experience in senior executive state government housing roles, including over 15 years in Housing Tasmania, he has an extensive history in the development of new housing and facilitating the growth of community housing providers.

Mr White managed the delivery of 530 units under the Nation Building Economic Stimulus Plan, oversaw the transfer of 6,000 homes to management by the community housing sector and recently delivered a range of initiatives under the Tasmanian Government's Affordable Housing Strategy. Prior to working with Housing Tasmania, Mr White was responsible for the management of over 11,400 public housing dwellings, with a further 1,600 dwellings under management by the not-for-profit sector. He was also the Project Manager for the Tasmanian Natural Gas Project.

He has a Bachelor of Business in Property from the Royal Melbourne Institute of Technology and a Bachelor of Economics and Masters of Business Administration from the University of Tasmania, where he was awarded the McCarthy Medal for Most Outstanding Student in the MBA course. He is also an Associate of the Australian Property Institute.

Former board members

Louise Markus BSocWk

Former chair (14 December 2019 to 13 December 2022)

Mrs Markus was elected to the House of Representatives in 2004 and 2007 for the seat of Greenway and in 2010 for the seat of Macquarie. During her time in the Parliament of Australia, she held the positions of Shadow Parliamentary Secretary for Immigration and Citizenship and Shadow Minister for Veterans' Affairs. Mrs Markus left the House of Representatives on 2 July 2016.

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

Simone Scovell (formerly Ryan) BMedSci MBBS FAFOEM (RACP) MOccEnvHlth ACCAM DAME



Dr Scovell is the founder and CEO of TOTIUM, a business-to-business med-tech and health services company delivering quality, affordable and tailored preventative health- care solutions for some of the world's most iconic companies. She is a Specialist Occupational Physician and Fellow of Medicine within the Royal Australasian College of Physicians (RACP) who brings a wealth of considerable experience in commercial, clinical and health data governance.

Dr Scovell was a recent non-executive director in addition to the ASX-listed Board of Cronos Australia. With Cronos, she also chairs the Clinical Governance Committee as having a Committee Membership seat in Risk, Audit and Finance. She is a non-executive director for the Whiddon Group – an award-winning, not-for-profit aged care provider, where she chairs both the ICT and clinical governance committees. She is a former director of the RACP and an RACP Risk Director. She is a founding member of the RACP's Physician Health and Wellbeing Reference Group.

Dr Scovell holds triple degrees in Medicine, Surgery and Medical Science (University of Sydney), has a Master of Occupational and Environmental Health (Monash University) and is currently completing an Associate Degree in Artificial Intelligence in Healthcare (Stanford University School of Medicine, USA).

As a former elite basketballer, she won 4 Women's National Basketball League titles and represented Australia. She was voted Doctor of the Year by her peers in 2005– her final year working as an in-house Resident Surgeon in Cardiothoracic Surgery at St Vincent's Hospital, Sydney.

AIHW Ethics Committee

The AIHW Ethics Committee was established under subsection 16(1) of the AIHW Act to ensure data about people is handled with respect, and in line with best practice. The committee plays an essential role in the AIHW's data governance and privacy arrangements and is recognised as a properly constituted Human Research Ethics Committee by the National Health and Medical Research Council.

The committee is responsible for providing advice on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or other bodies with whom we collaborate or interact.

Functions of the committee are described in the Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018 and in the Australian Code for the Responsible Conduct of Research 2018.

The committee comprises 12 members representing a broad cross-section of the community, including professionals experienced in providing care, researchers, and people representing the general community (Table 7).

The AIHW Ethics Committee Chair receives an annual fee and members receive a daily sitting fee in accordance with the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2020.

In 2022–23, the committee met 9 times and provided approvals regarding the ethical acceptability of new projects and data collections. The committee typically meets 5 times a year, with an additional 4 meetings held to consider urgent applications.

Table 7: AIHW Ethics Committee meeting attendance, 2022–23

	3 • • • • • • • • • • • • • • • • • • •		
Name	Position	Number of meetings attended	Number of eligible meetings
Jennifer Taylor	Chair	9	9
Vacant	Deputy Chair	0	0
Rob Heferen	AIHW CEO	8	9
Barbara Anderson	Person with knowledge of and current experience in the professional care, counselling or treatment of people	8	9
Owen Bradfield	Person with knowledge of and current experience in the professional care, counselling or treatment of people	8	9
Maryjane Crabtree	Lawyer	8	9
Tim Driscoll	Person experienced in areas of research regularly considered by the committee	9	9
Kimberley Flanagan	General community attitudes representative	8	9
Nora O'Connor	Nominee of the Registrars of Births, Deaths and Marriages	1	3
Amanda Lanna	Nominee of the Registrars of Births, Deaths and Marriages	2	4
Charlie Perriman	Nominee of the Registrars of Births, Deaths and Marriages	2	2
Ray Mahoney	Person with knowledge of and current experience in areas of research regularly considered by the committee	7	9
Damien Tillack	General community attitudes representative	9	9
Reverend Nick White	Person performing a pastoral care role in a community	7	9



In 2022–23, the committee considered 42 new applications, compared with 52 in 2021–22, with 36 projects approved (Table 8).

New applications were submitted by Australian Government departments and agencies (26%), state and territory government departments (2.5%), university-affiliated research centres (55%), large metropolitan teaching hospitals (2.5%) and other research organisations or care providers (14%).

The committee publishes the results of all approved projects, including data linkage projects, on the AIHW website. In limited circumstances, research may not be released into the public domain.

Table 8: AIHW Committee outcomes, 2021-22 to 2022-23

	2021–22	2022-23
Final project reports received	37	20
New project applications	52	42
Project applications approved	51	36
Annual monitoring reports submitted	535	512
Requests to modify or extend a project	234	140

Risk, Audit and Finance Committee

The AIHW Risk, Audit and Finance Committee (RAFC) provides independent advice and assurance to the AIHW Board on the integrity of our financial reporting and our systems of risk management, performance management, compliance with laws and policies, and internal controls. The RAFC functions and responsibilities are detailed in our Charter of Corporate Governance, available on our website.

Membership comprises up to 4 members appointed by the AIHW Board. Three must be non-executive board members, with one appointed as Chair. The fourth must be independent to the board. For continuity of oversight of risk, audit and finance issues, the AIHW Board agreed to appoint an additional member to the RAFC as an interim arrangement pending resolution of board member terms.

The AIHW CEO, staff, internal auditors (Synergy) and the Australian National Audit Office regularly attend RAFC meetings. In 2022–23, the RAFC had 5 members. Table 9 provides details on committee membership, attendance and remuneration. Board members on the RAFC do not receive additional remuneration. Board member remuneration is included in Appendix D: Executive remuneration.



Table 9: Risk, Audit and Finance Committee meeting attendance and remuneration, 2022–23

Name	Position	Qualifications, skills, knowledge or experience	Meetings attended	Eligible meetings	Remune- ration (\$)
Michael Perusco	Chair Non-executive board member	See 'Current board members'	4	4	0
	1 July 2022 to 30 June 2023				
Erin Lalor	Non-executive board member	See 'Current board members'	3	4	0
	1 July 2022 to 30 June 2023				
Cathryn Ryan	Non-executive board member	See 'Current board members'	4	3	0
	23 September 2022 to 30 June 2023				
Peter White	Non-executive board member	See 'Current board members'	2	3	0
	23 September 2022 to 30 June 2023				
Alistair Nicholson	Independent member	See below for qualifications, skills	4	4	5,280
	1 July 2022 to 30 June 2023	and experience			
Simone Scovell	Non-executive board member (former)	See 'Current board members'	2	2	0
	1 July 2022 to 13 December 2023				

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

Mr Nicholson is active in governance, risk management, cyber security framework development, and consultative committees. His industry awards include a Government Technology Efficiency Award and an IBM Asia Pacific Achievement Award.

Refer to 'Current board members' for the qualifications, skills and experience of other RAFC members.

Remuneration Committee

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

The Remuneration Committee advises the board on the CEO's performance and remuneration, within the parameters set in the Remuneration Tribunal (Principal Executive Offices – Classification Structure and Terms and Conditions) Determination 2020. Table 10 provides details of the meetings attended by Remuneration Committee members.

Table 10: Remuneration Committee meeting attendance, 2022–23

Name	Position	Meetings attended	Eligible meetings
Louise Markus	Chair	2	2
Erin Lalor	Acting Chair	1	1
Michael Perusco	RAFC Chair	2	3
Christine Pascott	Board member	3	3

Executive committees

Executive Committee

The Executive Committee provides cohesive leadership to the AIHW and advice to the CEO to assist in managing institute operations, risks and meeting the institute's strategic directions.

The committee is chaired by the CEO and comprises all group heads and the head of the Communications and Engagement Unit. The Executive Committee meets fortnightly.

Investment Review Committee

The AIHW Investment Review Committee supports the CEO's consideration and decision-making regarding requests for allocation of internal funding. It is chaired by the CEO and the other members are the Deputy CEO and the Business and Communications Group Head.

Data Governance Committee

The Data Governance Committee is chaired by the Deputy CEO and reports to the Executive Committee. It oversees data-related instruments and policy reviews and examines proposed new or changed data-related principles or approaches to data governance. The committee also sponsors the institute's internal data custodian forums and provides advice and recommendations on data governance-related project proposals and whole-of-government developments in data governance and management.

Statistical Leadership Committee

The Statistical Leadership Committee is chaired by the Deputy CEO. It provides leadership on statistical matters and develops and actions statistical priorities.

The committee also provides advice to the CEO to assist in the management of, and investment in, statistical operations.

Security Committee

The Security Committee is chaired by the Business and Communications Group Head. The committee provides assurance to the Executive Committee that security risks are identified and managed. It also ensures that effective information, data, personnel and protective security across the institute complies with relevant legislation and internal policies.

Managing risk and fraud

Our risk oversight and management is underpinned by the institute's risk management framework.

The risk management framework applies a consistent and coordinated approach to managing risk, articulating the institute's risk appetite and risk tolerance levels. It aligns with the Commonwealth Risk Management Policy and the International Risk Management Standard (AS/NZS ISO 31000) and supports the institute in meeting its obligations under the PGPA Act.

The AIHW Board is responsible for risk management oversight with support from the RAFC. The Chief Risk Officer is responsible for monitoring the framework and oversees its implementation.

Business continuity planning is also an important part of our approach to risk management. This planning supports the institute to continue to operate, or minimise recovery time, following a significant operational disruption. Business continuity plans are tested each year to ensure they remain effective.

Fraud control

- We have zero tolerance for dishonest, fraudulent, or corrupt behaviour. The institute's
 - Fraud and Corruption Control Plan 2021–2023 outlines our approach to managing fraud and corruption through prevention, detection, and response arrangements.
- The plan complies with section 10 of the Public Governance, Performance and
 - Accountability Rule 2014 and the Commonwealth Fraud Control Framework and is approved by the RAFC and endorsed by the AIHW Board. The plan and fraud risk assessments are reviewed every 2 years.

Under the plan, all staff must complete online fraud awareness training as part of the institute's induction program and annually thereafter.

We also assess and, where appropriate, investigate all allegations of fraud and corruption. Reports of suspected fraud or corruption can be made directly to the Fraud Control Officer or submitted as a Public Interest Disclosure.

We did undertake any fraud investigations in 2022–23.

Internal audit

The internal auditor undertakes the annual internal audit program as directed by the RAFC. Our internal audit service provider is Synergy.

Non-compliance with finance law

In 2022–23, the institute made no reports to the Minister for Health and Aged Care of significant non-compliance with finance law under section19(1)(e) of the *Public Governance, Performance and Accountability Act 2013*.

Mandatory reporting requirements

Ministerial directions and policy orders

Under section 7 of the AIHW Act, the Minister for Health may give the institute a direction about the performance of its functions or the exercise of its powers. We received no such directions in 2022–23.

We did not receive any government policy orders in 2022–23, as defined under section 22 of the PGPA Act.

Related entity transactions

In 2022–23, 2 board members were also board members of related entities. These board members declared a conflict of interest, where applicable, and were not involved in any negotiations related to respective related entities. Refer to the financial statements for more information.

Indemnities and insurance premiums

We have insurance policies through Comcover and Comcare for insurable risks such as property damage, general liability, and business interruption. In 2022–23, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the institute.

The Comcover insurance premium paid for this coverage in 2022–23 was \$120,808 (excluding GST) compared with \$109,450 in 2021–22.

No claims were made against AIHW directors and officers liability insurance in 2022–23.

Modern slavery

Under section 5 of the *Modern Slavery Act 2018*, all entities based or operating in Australia, with an annual consolidated revenue greater than \$100 million, must report on the risks of modern slavery in their operations and supply chains, and actions to address those risks.

Our first annual Modern Slavery Statement is available on our website, which describes our actions to assess and address modern slavery risks.

External scrutiny

Our operations are subject to examination by tribunals or courts, parliamentary committees, the Auditor-General, the Commonwealth Ombudsman, and the Office of the Australian Information Commissioner.

In 2022–23, no judicial decisions or decisions of administrative tribunals affected our operations.

No reports were made by the Auditor-General (excluding financial statements), the Commonwealth Ombudsman, the Office of the Australian Information Commissioner or capability reviews, relating to the institute in 2022–23.

In 2022–23, the institute appeared before the Senate Community Affairs Legislation Committee on 10 November 2022 and 1 June 2023.

Advertising and market research

Under section 311A of the *Commonwealth Electoral Act 1918*, we are required to report payments of \$15,200 and above for advertising and market research.

We did not undertake any advertising campaigns or individual payments for advertising or market research that exceeded the prescribed threshold during 2022–23.

Legal services expenditure

The institute's legal services expenditure for 2022–23, in accordance with the requirements of paragraph 11.1(ba) of the Legal Services Directions 2017, was \$403,141(excluding GST).

Freedom of information

In 2022–23, we received 6 requests under the *Freedom of Information Act 1982* (FOI Act). The institute publishes information about how documents released in response to a request under the FOI Act may be obtained. Further information about FOI requests is available on our website.

The FOI Act requires us to publish information as part of the Information Publication Scheme. An agency plan showing the information that is published in accordance with the scheme's requirements is available on our website.

Environmental performance

We uphold the principles of ecologically sustainable development defined under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* and are committed to making a positive contribution to achieve its objectives.

The institute has 4 offices – 3 in Canberra and one in Sydney. Our 2 largest Canberra office tenancies (1 and 11 Thynne Street, Bruce) are designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating. This rating measures a building's environmental performance across the areas of energy, water, waste, and the indoor environment (tenancy). Table 11 includes available information on energy consumption and waste recycling.

Paper is sourced from certified, sustainably managed forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems.

Table 11: Energy and paper consumption and recycled waste, 2020–21 to 2022–23

	2020–21	2021-22	2022–23
Electricity consumption (kilowatt hours)			
Canberra offices (as office tenant light and power) ^(a)	510,102	506,359	485,653 ^(b)
Sydney office	37,616	35,290	39,793
Paper consumption (reams)			
Canberra offices	1,127	516	428
Sydney office	13	10	10
Recycled waste			
Organics from kitchens (tonnes)(c)	2.5	1.4	2.1
Toner cartridges Canberra offices (number)	98	38	55
Toner cartridges Sydney office	1	4	1

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

Australian Public Service Net Zero 2030

The APS Net Zero 2030 policy aims to reduce greenhouse gas emissions to net zero by 2030 across the Australian Public Service, and transparently report on its emissions. As part of this policy, we are required to report on our operational greenhouse gas emissions each year.

The Greenhouse Gas Emissions Inventory (Table 12) presents greenhouse gas emissions over the 2022–23 period. Results are presented as Carbon Dioxide Equivalent (CO2-e) emissions. The institute's greenhouse gas emissions reporting has been developed with methodology that is consistent with the whole-of-Australian Government approach as part of the APS Net Zero 2030 policy.

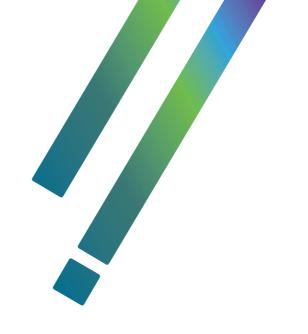
Table 12: Greenhouse gas emissions inventory

Emission source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO₂-e
Electricity (location-based approach) (a)	N/A	383,578	31,527	415,105
Natural gas	-	N/A	-	-
Fleet vehicles	-	N/A	-	-
Domestic flights	N/A	N/A	103,417	103,417
Other energy	-	N/A	-	-
Total kg CO ₂ -e	-	383,578	134,944	518,522

⁽a) Electricity usage for one floor in one Canberra building is for 9 months due to sub-metering not being available for initial 3 month period.

⁽b) Usage for one floor in one Canberra building is for 9 months due to sub-metering not being available for initial 3 month period.

⁽c) Values are for all 3 Canberra offices.





Appendices

Appendix A: List of reporting requirements

This annual report was prepared in accordance with schedule 2A of the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

PGPA Rule Reference	Description	Requirement	Page number
17BE	Contents of annual report		
17BE(a)	Details of the legislation establishing the body.	Mandatory	1
17BE(b)(i)	A summary of the objects and functions of the entity as set out in legislation.	Mandatory	1
17BE(b)(ii)	The purposes of the entity as included in the entity's corporate plan for the reporting period.	Mandatory	1
17BE(c)	The names of the persons holding the position of responsible Minister or responsible Ministers during the reporting period, and the titles of those responsible Ministers.	Mandatory	1
17BE(d)	Directions given to the entity by the Minister under an Act or instrument during the reporting period.	lf applicable, mandatory	n/a
17BE(e)	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act.	lf applicable, mandatory	n/a
17BE(f)	Particulars of non-compliance with:	If applicable,	61
	(a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or	mandatory	
	(b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act.		
17BE(g)	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the rule.	Mandatory	9
17BE(h),	A statement of significant issues reported to the	If applicable,	60
17BE(i)	Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with finance law and action taken to remedy non-compliance.	mandatory	
17BE(j)	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period.	Mandatory	45
17BE(k)	Outline of the organisational structure of the entity (including any subsidiaries of the entity).	Mandatory	4

PGPA Rule Reference	Description	Requirement	Page number
17BE(ka)	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following:	Mandatory	69
	(a) statistics on full-time employees		
	(b) statistics on part-time employees		
	(c) statistics on gender		
	(d) statistics on staff location.		
17BE(I)	Outline of the location (whether or not in Australia) of major activities or facilities of the entity.	Mandatory	62
17BE(m)	Information relating to the main corporate governance practices used by the entity during the reporting period.	Mandatory	45
17BE(n), 17BE(o)	For transactions with a related Commonwealth entity or related company where the value of the transaction, or if there is more than one transaction, the aggregate of those transactions, is more than \$10,000 (inclusive of GST):	If applicable, mandatory	61
	(a) the decision-making process undertaken by the accountable authority to approve the entity paying for a good or service from, or providing a grant to, the related Commonwealth entity or related company		
	(b) the value of the transaction, or if there is more than one transaction, the number of transactions and the aggregate of value of the transactions.		
17BE(p)	Any significant activities and changes that affected the operation or structure of the entity during the reporting period.	lf applicable, mandatory	n/a
17BE(q)	Particulars of judicial decisions or decisions of administrative tribunals that may have a significant effect on the operations of the entity.	lf applicable, mandatory	62
17BE(r)	Particulars of any reports on the entity given by:	If applicable,	62
	(a) the Auditor-General (other than a report under section 43 of the Act); or	mandatory	
	(b) a Parliamentary Committee; or		
	(c) the Commonwealth Ombudsman; or		
	(d) the Office of the Australian Information Commissioner.		
17BE(s)	An explanation of information not obtained from a subsidiary of the entity and the effect of not having the information on the annual report.	lf applicable, mandatory	n/a
17BE(t)	Details of any indemnity that applied during the reporting period to the accountable authority, any member of the accountable authority or officer of the entity against a liability (including premiums paid, or agreed to be paid, for insurance against the authority, member or officer's liability for legal costs).	lf applicable, mandatory	61

PGPA Rule Reference	Description	Requirement	Page number
17BE(taa)	The following information about the audit committee for the entity:	Mandatory	57
	(a) a direct electronic address of the charter determining the functions of the audit committee		
	(b) the name of each member of the audit committee		
	(c) the qualifications, knowledge, skills or experience of each member of the audit committee		
	(d) information about each member's attendance at meetings of the audit committee		
	(e) the remuneration of each member of the audit committee.		
17BE(ta)	Information about executive remuneration.	Mandatory	71
17BF	Disclosure requirements for government business ente	erprises	
17BF(1) (a)(i)	An assessment of significant changes in the entity's overall financial structure and financial conditions.	lf applicable, mandatory	n/a
17BF(1)(a) (ii)	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions.	lf applicable, mandatory	n/a
17BF(1)(a) (ii)	An assessment of any events or risks that could cause financial information that is reported not to be indicative of future operations or financial conditions.	If applicable, mandatory	n/a
17BF(1)(b)	Information on dividends paid or recommended.	lf applicable, mandatory	n/a
17BF(1)(c)	Details of any community service obligations the government business enterprise has including:	If applicable, mandatory	n/a
	(a) an outline of actions taken to fulfil those obligations		
	(b) an assessment of the cost of fulfilling those obligations.		
17BF(2)	A statement regarding the exclusion of information on the grounds that the information is commercially sensitive and would be likely to result in unreasonable commercial prejudice to the government business enterprise.	lf applicable, mandatory	n/a

Appendix B: Corrections to the 2021–22 annual report

Correction to Chapter 4: Our people

On page 37 (Our workforce) we incorrectly reported a staff turnover rate of 17.3%. The correct staff turnover rate for 2021–22 is 15.5%

Appendix C: Workforce statistics

Appendix C: Workforce statistics

Table C.1: All ongoing employees current report period (2022-23)

	Σ	Man/Male		Wom	Woman/Female	ale	S	Non-binary		Prefers	Prefers not to answer	swer	Uses a c	Uses a different term	irm.	Total
	Full	Part time	Tota/	Full	Part time	Tota/	Full	Part time	Total	Full	Part time	Tota/	Full	Part time	Total	
NSW	12	0	12	23	9	29	0	0	0	0	0	0	0	0	0	41
Old	c	0	m	6	7	16	0	0	0	0	0	0	0	0	0	19
SA	2	0	7	2	-	cΩ	0	0	0	0	0	0	0	0	0	5
Tas	0	0	0	2	_	W	0	0	0	0	0	0	0	0	0	m
Vic	m	0	m	6	4	13	0	0	0	0	0	0	0	0	0	16
WA	←	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
ACT	108	18	126	181	71	252	-	0	1	0	0	0	0	0	0	379
L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	—	0	7	0	4	4	0	0	0	0	0	0	0	0	0	5
Total	130	18	148	226	94	320	1	0	1	0	0	0	0	0	0	469

Appendix C: Workforce statistics

Table C.2: All non-ongoing employees current report period (2022-23)

	Mā	Man/Male		Won	Woman/Female	ale	No	Non-binary		Prefers	Prefers not to answer	swer	Uses a	Uses a different term	erm	Total
	Full	Part time	Total	Full	Part time	Total	Full	Part time	Total	Full	Part time	Total	Full	Part time	Total	
NSW	2	—	9	1	m	14	0	0	0	0	0	0	0	0	0	20
þlþ	1	0	1	9	2	8	0	0	0	0	0	0	0	0	0	6
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	7	0	2	0	0	0	0	0	0	0	0	0	2
Vic	0	0	0	7	—	M	0	0	0	0	0	0	0	0	0	m
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	23	4	27	36	16	52	0	0	0	0	0	0	0	0	0	62
L L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	—	1	-	0	1	0	0	0	0	0	0	0	0	0	7
Total	29	9	35	58	22	80	0	0	0	0	0	0	0	0	0	115

Appendix D: Executive remuneration

Appendix D: Executive remuneration

Table D.1: Information about remuneration for key management personnel

		Sho	Short-term benefits	fits	Post-employment benefits	Other long-term benefits	nefits	Termination Benefits	Total remuneration
Name	Position Title	Base salary*	Bonuses	Other benefits and allowances	Superannuation contributions	Long service Other long-term leave* benefits	ng-term benefits		
Rob Heferen	CEO	397,510		•	77,367	25,206	1	•	500,083
Matthew James	Deputy CEO	263,666	1	5,176	50,983	39,517	ı	1	359,342
Louise Markus	Chair	37,869		•	3,976	,	1	1	41,845
Erin Lalor	Deputy Chair	57,770	1	•	990'9	,	1	1	63,836
Simone Scovell	Board Member	17,864		•	1,876	,	1	1	19,740
Michael Perusco	Board Member	39,728	1	•	4,171	,	1	1	43,899
Cathryn Ryan	Board Member	42,480		•	4,460	,	'	1	46,940
Christine Pascott	Board Member	39,728	1	-	4,171	•	•	-	43,899
Christine Gee	Board Member	39,728		•	4,171	,	1	1	43,899
Peter White	Board Member	2,293	1	-	241	•	•	-	2,534
Romlie Mokak	Board Member	•	•	•	•	•	'	-	ı
Zoran Bolevich	Board Member	•	-	-	-	-	•	_	1
Marilyn Chilvers	Board Member	1	ı	1	ı	1	1	1	1

Erin Lalor and Cathry Ryan acted as chair during the financial year. Please see Current Board members for details

^{*} Base salary and long service leave includes the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

Table D.2: Information about remuneration for senior executives

		Sho	Short-term benefits	fits	Post-employment benefits	Other long-term benefits	Termination Benefits	Total remuneration
Total remunerations bands	Number of senior executives	Average base salary*	Average	Average other benefits and allowances	Average superannuation contributions	Average Average other long Average other service long-term leave*	Average termination benefits	Average total remuneration
\$0-\$220,000	_	113,128		31,001	17,532	- 14,423	ı	176,084
\$220,000-\$245,000	ı		1	1	1		1	1
\$245,001-\$270,000	1	185,969		49,709	29,228	- 4,659	1	269,565
\$270,001-\$295,000	1	247,300	,	5,176	38,499	-3,760	1	287,214
\$295,001-\$320,000	4	241,138	1	5,176	39,907	- 20,253	1	306,473
\$320,001-\$345,000	С	253,278	'	5,176	41,049	- 26,926	1	326,428
\$345,001-\$370,000	ı			1	1		ı	1
\$370,001-\$395,000	ı	,	,	1	1	1	1	1
\$395,001-\$420,000	ı	,	,	1	1		1	1
\$420,001-\$445,000	•	-	-	-	-		-	1
\$445,001-\$470,000	1	ı	1	ı	1		1	ı
\$470,001-\$495,000		1	1	1	•		1	1

* Base salary and long service leave includes the cost to the AIHW of changes in the person's annual leave accrual and long service leave accrual respectively.

ī

\$495,001-

ı

Appendix E: Financial statements





INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare (the Entity) for the year ended 30 June 2023:

- (a) comply with Australian Accounting Standards Simplified Disclosures and the Public Governance, Performance and Accountability (Financial Reporting) Rule 2015; and
- (b) present fairly the financial position of the Entity as at 30 June 2023 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2023 and for the year then ended:

- · Statement by the Accountable Authority and Chief Financial Officer;
- · Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) to the extent that they are not in conflict with the Auditor-General Act 1997. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Board is responsible under the *Public Governance, Performance* and Accountability Act 2013 (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Board is also responsible for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

GPO Box 707, Canberra ACT 2601 38 Sydney Avenue, Forrest ACT 2603 Phone (02) 6203 7300

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are
 appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of
 the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the
 disclosures, and whether the financial statements represent the underlying transactions and events in a
 manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

John

Xiaoyan Lu

Executive Director

Delegate of the Auditor-General

Canberra

27 September 2023

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2023 comply with subsection 42(2) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the corporate Commonwealth entity will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.

The Honourable Nicola Roxon Board Chair

27 September 2023

Rob Heferen Chief Executive Officer

27 September 2023

Andrew Kettle Chief Financial Officer

agletto

27 September 2023

Statement of Comprehensive Income

for the period ended 30 June 2023

		2023	2022	Original Budget
	Notes	\$'000	\$'000	\$'000
NET COST OF SERVICES				
Expenses				
Employee benefits	<u>1.1A</u>	63,469	48,690	51,292
Suppliers	<u>1.1B</u>	45,582	42,435	42,019
Depreciation and amortisation	<u>2.2A</u>	6,295	6,650	6,608
Finance costs	<u>1.1C</u>	351	364	323
Revaluation decrement		-	453	-
Total expenses		115,697	98,592	100,242
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	<u>1.2A</u>	77,336	60,810	62,000
Interest	<u>1.2B</u>	3,191	461	800
Other revenue		23	289	30
Total own-source revenue		80,550	61,560	62,830
Net cost of services		35,147	37,032	37,412
Revenue from Government	<u>1.2C</u>	34,846	34,917	34,349
(Deficit)		(301)	(2,115)	(3,063)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		-	(179)	-
Total other comprehensive (loss)		-	(179)	-
Total comprehensive (deficit)		(301)	(2,294)	(3,063)

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

Employee Benefits are higher than budgeted as more staff were engaged to work on the service revenue contracts and a large amount of contractor positions, previously charged under suppliers, were converted into employee positions. Depreciation and amortisation are lower than budget mostly due to the revaluation of assets as at 30 June 2022. Most of the increase in revenue from contracts is with customers from Australian Government Departments. Interest is higher because of increased interest rates on term deposits.

Revenue from Government is higher than budget because of a one-off recalculation of appropriation income. See Cashfow commentary $\frac{1}{2}$

Statement of Financial Position

as at 30 June 2023

		2023	2022	Original Budget
	Notes	\$'000	\$'000	\$'000
ASSETS				
Financial assets				
Cash and cash equivalents	<u>2.1A</u>	106,780	93,148	90,445
Trade and other receivables	<u>2.1B</u>	7,771	15,722	16,788
Total financial assets		114,551	108,870	107,233
Non-financial assets ¹				
Buildings	<u>2.2A</u>	30,674	34,830	31,157
Plant and equipment	2.2A	2,881	3,250	4,984
Intangibles	<u>2.2A</u>	1,574	1,736	1,536
Prepayments		4,469	3,444	2,489
Total non-financial assets		39,598	43,260	40,166
Total assets		154,149	152,130	147,399
LIABILITIES	•			
Payables				
Suppliers		5,321	4,545	5,979
Other payables	2.3A	1,839	776	1,866
Contract liability	21011	63,085	60,676	60,676
Total payables	•	70,245	65,997	68,521
	•			
Interest bearing liabilities				
Lease liability	<u>2.4A</u>	28,488	32,389	28,197
Total interest bearing liabilities		28,488	32,389	28,197
Provisions				
Employee provisions	<u>3.1</u>	19,129	17,156	17,158
Makegood provision		720	720	720
Total provisions		19,849	17,876	17,878
Total liabilities	•	118,582	116,262	114,596
Net assets		35,567	35,868	32,803
EQUITY				
Contributed equity		31,824	31,824	31,824
Reserves		1,831	1,831	1,830
Retained surplus		1,912	2,213	(851)
Total equity	•	35,567	35,868	32,803
	•			

The above statement should be read in conjunction with the accompanying notes.

1. Right-of-use assets are included in Buildings.

Budget Variances Commentary

Cash and cash equivalents are higher than budget because of lower trade and other receivables and an increase in payments received in advance included in contract liability.

Prepayments include advance payments for ICT related expenditure.

Employee provisions is higher than budget because of increased staff numbers.

Purchase of property, plant and equipment is lower than budget due to anticipated capital expenditure being lower than expected on leashold improvements.

Statement of Changes in Equity

for the period ended 30 June 2023

		2023	2022	Original Budget
	Notes	\$'000	\$'000	\$'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		31,824	31,699	31,824
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		-	125	-
Total transactions with owners		-	125	-
Closing balance as at 30 June		31,824	31,824	31,824
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		2,213	4,328	2,212
Comprehensive income		_,	-,	_,
(Deficit) for the period		(301)	(2,115)	(3,063)
Total comprehensive income		(301)	(2,115)	(3,063)
Closing balance as at 30 June		1,912	2,213	(851)
closing balance as at 50 June		1,712	2,213	(031)
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		1,831	2,010	1,830
Other comprehensive income		-	(179)	
Total comprehensive income		-	(179)	
Closing balance as at 30 June		1,831	1,831	1,830
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		35,868	38,037	35,866
Adjusted opening balance		35,868	38,037	35,866
Common homeiro in commo			<u> </u>	
Comprehensive income		(201)	(2.115)	(2.0(2)
(Deficit) for the period		(301)	(2,115)	(3,063)
Other comprehensive income		(004)	(179)	(2.0(2)
Total comprehensive income		(301)	(2,294)	(3,063)
Transactions with owners				
Contributions by owners			405	
Equity injection - Appropriations		•	125	
Total transactions with owners		-	125	
Closing balance as at 30 June		35,567	35,868	32,803
The above statement should be read in conjunct	ion with the acc		55,555	- 52,003

Accounting Policy

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year

Budget Variances Commentary

The deficit wasn't as high as mainly due to higher contract revenue and higher interest income than budgeted.

Cash Flow Statement

for the period ended 30 June 2023

				Original
		2023	2022	Budget
	Notes	\$'000	\$'000	\$'000
OPERATING ACTIVITIES				
Cash received				
Appropriations ¹		35,343	34,917	34,349
Sale of goods and rendering of services		88,503	74,424	62,000
Interest		2,385	266	800
Other		23	289	30
Total cash received		126,254	109,896	97,179
Cash used				
Employees		(60,435)	(47,871)	(51,292)
Suppliers		(45,875)	(44,511)	(40,559)
Interest payments on lease liabilities		(351)	(364)	(323)
Repayment of appropriation ¹		(497)	-	-
Total cash used		(107,158)	(92,746)	(92,174)
Net cash from operating activities		19,096	17,150	5,005
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(524)	(2,082)	(3,178)
Total cash used		(524)	(2,082)	(3,178)
Net cash (used by) investing activities		(524)	(2,082)	(3,178)
FINANCING ACTIVITIES				
Cash received				
Appropriations - equity injection		-	125	_
Total cash received		-	125	
Cash used			.	
Principal payments of lease liabilities		(4,940)	(4,108)	(4,530)
Total cash used		(4,940)	(4,108)	(4,530)
Net cash (used by) financing activities		(4,940)	(3,983)	(4,530)
Net increase in cash held		13,632	11,085	(2,703)
Cash and cash equivalents at the beginning of the reporting period	9	-		
Cash and cash equivalents at the end of the		93,148	82,063	93,148
reporting period		106,780	93,148	90,445

The above statement should be read in conjunction with the accompanying notes.

Budget Variances Commentary

Employee cashflows have increased to service the higher than budgeted revenue from contracts and the transition of contractors to employees.

The sale of goods and rendering of services are higher than the budget due to advance payments received for revenue projects for future work and increased value in projects.

Interest is higher because of higherer rates received on term deposits.

Purchase of property, plant and equipment is lower than budget due to anticipated capital expenditure being lower than expected on leashold imrpovements.

 $^{^1}$ An appropriation received in Supply Act 3 for \$497,000 was returned to Department of Health temporarily pending clarification. The cashflow reflects the initial amount received which was repaid and subsequently returned to the AIHW.

Overview

The AIHW is a Corporate Commonwealth Entity that provides meaningful information and statistics for the benefit of the Australian people.

The principal place of business is 1 Thynne St Bruce ACT 2617

The continued existence of the entity in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the AIHW's administration and programs.

The Basis of Preparation

The financial statements are required by section 42 of the Public Governance, Performance and Accountability Act 2013.

The financial statements have been prepared in accordance with:

- a) Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR); and
- b) Australian Accounting Standards and Interpretations including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are prepared in Australian dollars.

New Accounting Standards

All new, revised or amended standards and interpretations issued prior to the sign-off date and applicable to the current reporting period did not have a material effect on the AlHW's financial statements.

Standard/ Interpretation	Nature of change in accounting policy, transitional provisions, and adjustment to financial statements
AASB 2021-2 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates (AASB 2021-2)	AASB 2021-2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2. The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.
AASB 2021-6 Amendments to Australian Accounting Standards - Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards (AASB 2021-6)	AASB 2021-6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021-2.

Contingent liabilities and contingent assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant notes. They may arise from uncertainty about the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote

The AIHW has no contingent assets or liabilities (2021-22: \$0)

Taxation

The AIHW is exempt from all forms of taxation except the Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses, assets and liabilities are recognised net of GST except:

- for receivables and payables.

Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in the notes, the AlHW has made judgements in relation to the valuation of property, plant and equipment and the carrying amount of leave liabilities recognised. The underlying basis for these estimates is described in the respective notes, specifically Note 2.2 for property, plant and equipment, and Note 3.1 for the employee leave liabilities.

Events After the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the AIHW.

1.1 Expenses		
1.1 Елрепзез		
	2023 \$'000	2022 \$'000
	\$ 000	\$ 000
1.1A: Employee Benefits		
Wages and salaries	48,087	37,401
Superannuation		
Defined contribution plans	6,144	4,186
Defined benefit plans	2,846	2,704
Leave and other entitlements	6,182	4,272
Separation and redundancies	210	127
Total employee benefits	63,469	48,690
Accounting policies for employee related expenses is contained in Note 3.1		
1.1B: Suppliers		
Audit of financial statements	42	42
Contractors	20,991	23,679
Consultants ¹	1,877	8,509
Collaborating centres	124	398
Data and research service providers ²	10,767	1,218
Internal audit program	83	103
Internet connectivity & cloud services	1,978	1,579
IT services	4,972	3,679
Printing & stationery	77	77
Training	449	410
Travel	671	147
Telecommunications	47	60
Other	2,787	2,123
Total goods and services supplied or rendered	44,865	42,024
Other suppliers		
Workers compensation expenses	717	411
Total other suppliers	717	411
Total suppliers	45,582	42,435
1.1C: Finance costs		
Interest on lease liabilities	351	364
Total finance costs	351	364

^{1.} Includes payments to Government agencies and Universities.

 $^{2.\} Data\ and\ research\ service\ providers\ were\ classified\ as\ contractors\ and\ consultants\ in\ 2022.$

The above leases disclosures should be read in conjunction with the accompanying notes 1.1B, 1.1C, 2.2A.

1.2 Own-Source Revenue and gains		
	2023	2022
	\$'000	\$'000
Own-Source Revenue		
1.2A: Revenue from contracts with customers		
Rendering of services	77,336	60,810
Total revenue from contracts with customers	77,336	60,810
Major product / service line:		
Data and research services	77,336	60,810
	77,336	60,810
Type of customer:		
Australian Government entities (related parties)	69,162	51,659
State and Territory Governments	5,882	4,737
Non-government entities	2,292	4,414
	77,336	60,810
Timing of transfer of goods and services:		
Over time	77,336	60,810
Point in time		-
	77,336	60,810
1.2B: Interest		
Deposits	3,191	461
Total interest	3,191	461
1.2C: Revenue from Government		
Department of Health		
Corporate Commonwealth entity payment item	34,846	34,917
Total revenue from Government	34,846	34,917

Accounting Policy

Revenues from rendering of services

Performance obligations are satisfied over time with revenue from the rendering of services recognised by reference to the completion stage of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and inputs can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The completion stage of contracts at the reporting date is determined by reference to the proportion that inputs to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30-day terms, are recognised at the nominal amounts due, less any allowance for impairment. The collectability of debts is reviewed at the balance date. Allowances are made when the collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method.

Revenues from Government

Amounts appropriated for departmental appropriations for the year are recognised as Revenue from Government when the entity gains control of the appropriation, except for specific amounts that relate to reciprocal activities, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts. Funding received or receivable from non-corporate Commonwealth entities is recognised as Revenue from the Government by the AIHW unless the funding is in the nature of an equity injection or a loan.

2.1 Financial Assets		
	2023 \$'000	2022 \$'000
2.1A: Cash and cash equivalents		
Cash at bank	3,280	2,148
Term deposits - cash equivalents	103,500	91,000
Total cash and cash equivalents	106,780	93,148

Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a) cash on hand; and
- b) demand deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value ${\sf value}$

2.1B: Trade and Other Receivables

Goods and s	services recei	vables
-------------	----------------	--------

6,426	8,988
1,345	6,734
7,771	15,722
7,771	15,722
	1,345 7,771

Credit terms for goods and services were within 30 days (2022: 30 days).

Accounting Policy

Financial Assets

Financial assets are recognised when the AIHW becomes a party to the contract and, consequently, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

The entity classifies its financial assets in the following categories

- a) financial assets at fair value through profit or loss
- b) financial assets at fair value through other comprehensive income
- c) financial assets are measured at amortised cost.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

- 1. the financial asset is held in order to collect the contractual cash flows; and
- 2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

2.2 Non-Financial Assets

2.2A: Reconciliation of the Opening and Closing Balances of Property. Plant and Equipment and Intangibles

Reconciliation of the opening and closing balances of property, plant and equipment for 2023

	Buildings	Plant and equipment	Intangibles	Total
	\$'000	8'000	\$'000	\$'000
As at 1 July 2022	\$ 000	\$ 000	\$ 000	\$ 000
Gross book value	48,298	3.296	1.765	53,359
Accumulated depreciation, amortisation and impairment	(13,468)	(46)	(29)	(13,543)
Total as at 1 July 2022	34,830	3,250	1,736	39,816
Additions				
Purchase	_	524	-	524
Right-of-use assets	1,084		-	1,084
Depreciation and amortisation	(466)	(893)	(162)	(1,521)
Depreciation on right-of-use assets	(4,774)		-	(4,774)
Total as at 30 June 2023	30,674	2,881	1,574	35,129
Total as at 30 June 2023 represented by				
Gross book value	49,382	3,820	1,765	54,967
Accumulated depreciation, amortisation and impairment	(18,708)	(939)	(191)	(19,838)
Total as at 30 June 2023 represented by	30,674	2,881	1,574	35,129
Carrying amount of right-of-use-assets	26,877	-	-	26,877

Accounting Policy

- $1. \, Assets \, may \, be \, sold \, over \, the \, next \, 12 \, months \, in \, line \, with \, a \, regular \, replacement \, program.$
- 2. All assets were assessed for impairment at 30 June. There were no indications of impairment.

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the makegood recognised.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Revaluations

Fair values for each class of asset are determined as shown below:
Asset class Fair value measured at:
Buildings-leasehold improvements Fair market value
Property, plant and equipment Fair market value

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

A formal revaluation of assets was completed by AllBids as at 30 June 2022. All written down values were reviewed by AllBids as at 30 June 2023 and their opinion was that there is no material difference between the current carrying amount and the fair value.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2023	2022
Leasehold improvements	Lease term	Lease term
Buildings/Right-of-use assets	Lease term	Lease term
Property, plant and equipment	3 to 10 years	3 to 10 years
<u>Impairment</u>		

All assets were assessed for impairment at 30 June 2023. 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.

Intangibles

The AIHW's intangibles comprise internally developed software (METeOR Ssystem) for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software are 10 years for METeOR.

All software assets were assessed for indications of impairment as at 30 June 2023.

2.3 Payables		
	2023	2022
	\$'000	\$'000
2.3A: Other Payables		
Salaries and wages	1,582	668
Superannuation	257	108
Total other payables	1,839	776

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Suppliers and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

2.4 Interest bearing liabilities		
	2023	2022
	\$'000	\$'000
2.4A: Lease liability		
Lease liability	28,488	32,389
Total lease liability	28,488	32,389

Accounting Policy

For all new contracts entered into, the AIHW considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the AIHW's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3.1 Provisions		
	2023	2022
	\$'000	\$'000
3.1: Employee Provisions		
Annual leave	6,450	5,780
Long service leave	12,679	11,376
Total employee provisions	19,129	17,156

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 2023. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

AIHW staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the Public Sector Superannuation Scheme accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

3.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the AIHW, directly or indirectly, including any director (whether executive or otherwise) of the AIHW. Key management personnel remuneration is reported in the table below.

	2023 \$'000	2022 \$'000
Short-term employee benefits	944	1,002
Post-employment benefits	157	153
Other long-term employee benefits	65	81
Total key management personnel remuneration expenses	1,166	1,236

The total number of key management personnel included in the above table is 13 (2022: 13).

The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

3.3 Related Party Disclosures

Related party relationships:

The AIHW is an Australian Government controlled entity. Related parties to this entity are the Minister for Health and Executive, Directors, Key Management Personnel and AIHW Executive, and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. The AIHW's arrangements with the government sector are conducted under contracts as normal business with the same conditions as with private enterprise. These transactions have not been separately disclosed in this note.

In 2022–23, 1 board member was also a board member of a related entity to which the AIHW provided services on a fee-forservice basis. This board member declared a conflict-of-interest (where applicable) and was not involved in any negotiations related to the provision of those services.

There were no other related party transactions during the financial year (2021-22: \$0)

4.1 Financial Instruments		
	2023	2022
	\$'000	\$'000
4.1A: Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and Cash Equivalents	106,780	93,148
Trade and Other Receivables	6,426	8,988
Total financial assets at amortised cost	113,206	102,136
Total financial assets	113,206	102,136
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade Creditors	5,321	4,545
Total financial liabilities measured at amortised cost	5,321	4,545

4.2 Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

4.2A: Fair Value Measurements, Valuations Techniques and Inputs Used

The following tables provide an analysis of assets and liabilities that are measured at fair value.

Fair value measurements at the end of the reporting period using

	Fair Value (\$'000)	
	2023	2022
Leasehold improvements	3,797	4,263
Other property, plant and equipment	2,881	3,250
Total non-financial assets	6,678	7,513
Total fair value measurements of assets in the statement of financial position	6,678	7,513

Fair value measurements - highest and best use differs from current use for non-financial assets (NFAs)

The highest and best use of all non-financial assets are the same as their current use.

There are no liabilities measured at fair value

In 2023 the AIHW procured valuation services from AllBids and relied on valuation models provided by AllBids. AllBids provided written assurance to the entity that the model developed is in compliance with AASB 13 - Fair Value Measurement. All assets were valued using the Fair Market Value Technique. All written down values were reviewed by AllBids as at 30 June 2023 and their opinion was that there is no material difference between the current carrying amount and the fair value.

5.1 Current/non-current distinction for assets and liabilities		
,		
5.1a Current/non-current distinction for assets and liabilities		
	2023	2022
	\$'000	\$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	106,780	93,148
Trade and other receivables	7,771	15,722
Prepayments	2,613	3,444
Total no more than 12 months	117,164	112,314
More than 12 months	<u></u>	
Buildings	30,674	34,830
Plant and equipment	2,881	3,250
Intangibles	1,574	1,736
Prepayments	1,856	-
Total more than 12 months	36,985	39,816
Total assets	154,149	152,130
Liabilities expected to be recovered in:		
No more than 12 months		
Suppliers	5.321	4.545
Other payables	1.839	776
Lease liability	4.629	4.550
Employee provisions	4,867	3,695
Contract liability	63,085	60,676
Total no more than 12 months	79,741	74,242
More than 12 months	<u> </u>	
Employee provisions	14,262	13,461
Lease liability	23,859	27,839
Makegood provision	720	720
Total more than 12 months	38,841	42,020
Total liabilities	118,582	116,262

User guides

Abbreviations and acronyms

AASB Australian Accounting Standards Board

ABS Australian Bureau of Statistics

ACT Australian Capital Territory

ADSOF Australian Disability Strategy Outcomes Framework

AIHW Australian Institute of Health and Welfare

AIHW Act Australian Institute of Health and Welfare Act 1987

ANAO Australian National Audit Office

APS Australian Public Service

CALD Cultural and Linguistic Diverse

CEO Chief Executive Officer

CO2-e Carbon dioxide equivalent

COVID-19 coronavirus disease

EA AIHW Enterprise Agreement

EAP Employee Assistance Program

EL Executive Level

FBT fringe benefits tax

FOI Act Freedom of Information Act 1982

GST goods and services tax

ICT information and communication technology

L&D learning and development

LGBTIQ+ lesbian, gay, bisexual, transgender, intersex, queer or questioning

MBS Medicare Benefits Schedule

METEOR Metadata Online Registry

MH SAMS Mental Health Services Activity Monitoring System

NDDA National Disability Data Asset

NIHSI National Integrated Health Services Information

NSW New South Wales

PBS Pharmaceutical Benefits Scheme

PDF portable document format

PGPA Act Public Governance, Performance and Accountability Act 2013

PGPA Rule Public Governance, Performance and Accountability Rule 2014

PHN Primary Health Network

Privacy Act Privacy Act 1988

Qld Queensland

RACP Royal Australasian College of Physicians

RAFC Risk, Audit and Finance Committee

RAP Reconciliation Action Plan

SA South Australia

SES Senior Executive Service

Tas Tasmania

Vic Victoria

WA Western Australia

WCAG Web Content Accessibility Guidelines

WHS Act Work Health and Safety Act 2011

RAFC Risk, Audit and Finance Committee

RAP Reconciliation Action Plan

RIFIC Regional Insights for Indigenous Communities

SA South Australia

SES Senior Executive Service

Tas Tasmania

Vic Victoria

WA Western Australia

WHO World Health Organization

WHO-FIC World Health Organization's Family of International Classifications

WHS Act Work Health and Safety Act 2011

List of tables

Table	Title	Page
1	Outcome and program structure	2
2	Our stakeholders	5
3	Financial results, 2021–22 to 2022–23 (\$ million)	23
4	AIHW websites	32
5	L&D activities, 2022–23	39
6	AIHW Board meeting attendance, 2022–23	46
7	AIHW Ethics Committee meeting attendance, 2022–23	54
8	AIHW Ethics Committee outcomes, 2022–23	55
9	Risk, Finance and Audit Committee attendance and remuneration, 2022–23	57
10	Remuneration Committee meeting attendance, 2022–23	58
11	Energy and paper consumption, and recycled waste, 2021–22 and 2022–2023	63
12	Greenhouse gas emissions inventory	63

List of figures

Figure	Title	Page
1	Organisational structure	4
2	Relationships between Portfolio Budget Statements, corporate plan and annual performance statements	10
3	Revenue sources 2018–19 to 2022–23	24
4	Releases by topic, 2022–23	31
5	Our workforce as at 30 June 2023	37
6	Our governance structure	45





GPO Box 570, Canberra ACT 2601, Australia

% +61 2 6244 1000

info@aihw.gov.au

www.aihw.gov.au

aihw.gov.au

in AIHW

X @aihw



Stronger evidence, better decisions, improved health and welfare