Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report 2019–20

AIHW

Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is a Commonwealth statutory authority providing high-quality, independent evidence on health and welfare in Australia for over 30 years. 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 through the better use of reliable evidence.

Board Chair	Chief Executive Officer
Mrs Louise Markus	Mr Barry Sandison

Our vision: Stronger evidence, better decisions, improved health and welfare.

About this report

This report describes our performance from 1 July 2019 to 30 June 2020 in accord with objectives outlined in our Corporate Plan 2018–19 to 2021–22 and measures in the *2019–20 Health Portfolio Budget Statements.*

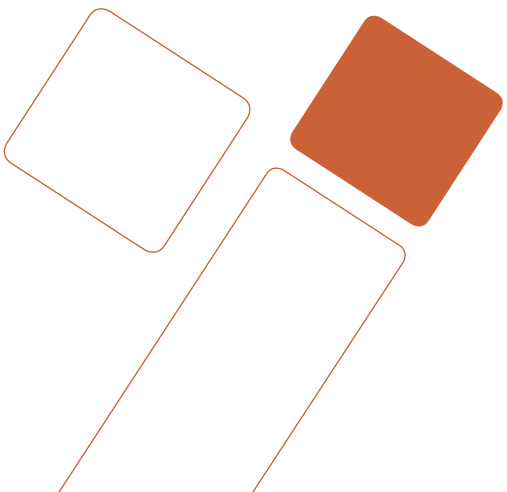
It outlines what the AIHW has undertaken in 2019–20, presents financial statements, discusses our staffing profile and identifies plans to meet the challenges in the year ahead.

Cover design

The cover design incorporates AIHW branding elements. To illustrate our vision for stronger evidence, better decision and improved health and welfare, the image on the front cover depicts three angular squares representing data points which are typically included in charts and graphs. The data points incorporating our branding colours are arranged to represent a map of Australia. This design feature aligns with our purpose 'to create authoritative information and statistics that inform decisions and improve the health and welfare of all Australians'.

The back cover shows the same design arrangement of data points displayed on the front cover. These covers also present our brand mark—the acronym of our name—assembled with a data point in each character. The AIHW brand mark has been designed to reflect the AIHW's unique 'personality' as a contemporary, authoritative and accessible data organisation.

Our branding elements have been used throughout the report. For example, each chapter displays a number of data points that match the chapter number (e.g. Chapter 1 displays one data point and Chapter 5 presents five data points) along with a trajectory bar.



Australian Institute of Health and Welfare

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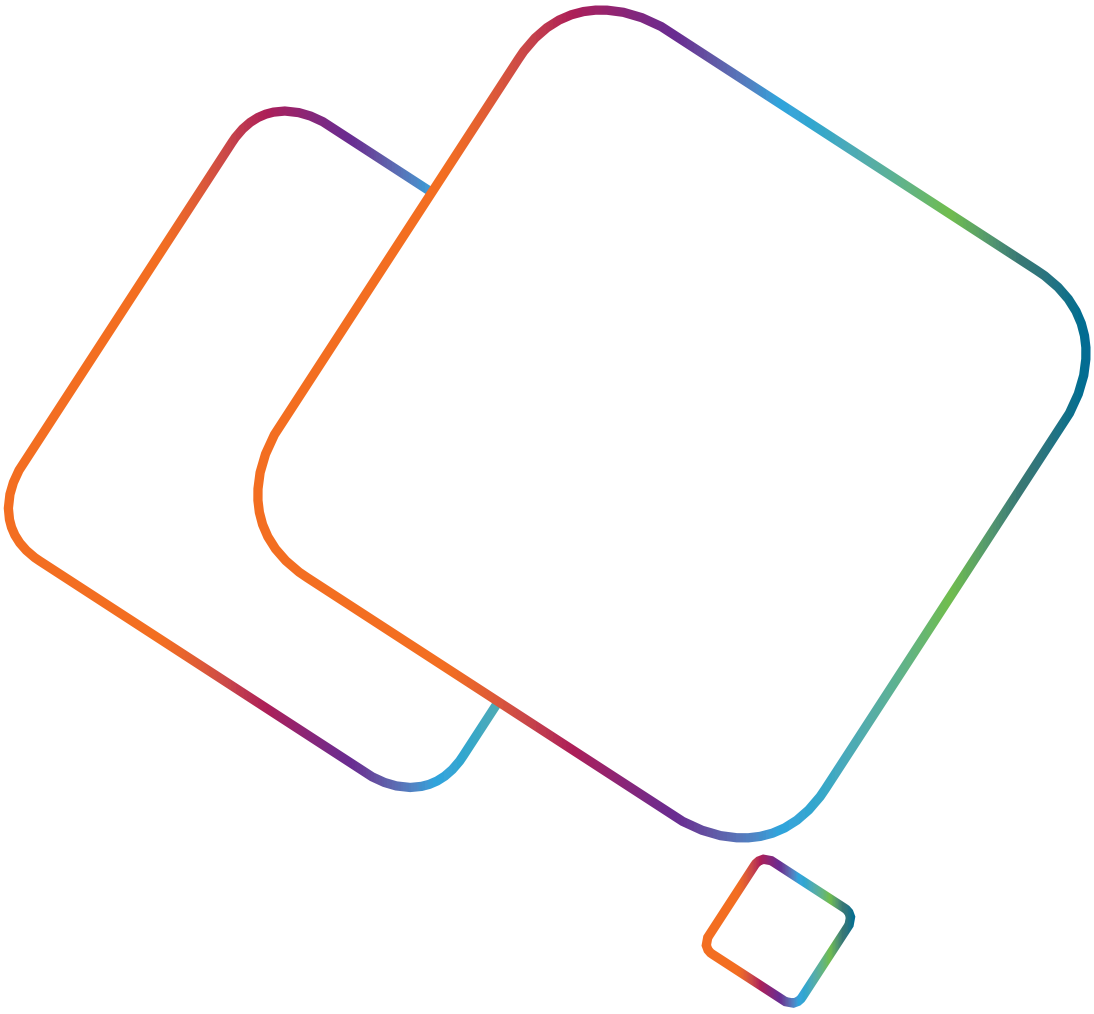

AIHW

AIHW on a page

Revenue $86.7 million	**Active staff** 507	**Performance** Met 15 out of 20 indicators
Products released 172	**Data linkages** 82	**Custom data requests** 256
Ethics applications 68	**Data assets** 165	**New data assets added** 9
Media mentions 5,046	**Web hits** 4.4 million	**Twitter followers** 21,160

Letter of transmittal

Australian Government
Australian Institute of Health and Welfare

AIHW

The Hon. Greg Hunt, MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Dear Minister

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, I am pleased to present the AIHW's annual report for 2019–20. This report was approved by the Board on 24 September 2020.

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 2019–20.

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

Louise Markus
Chair

24 September 2020

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Chair's report

Mrs Louise Markus

On behalf of the AIHW Board, I am pleased to present the AIHW's annual report for 2019–20.

The board and I have been incredibly impressed by the dedication of the AIHW's staff in responding to the COVID-19 pandemic. Staff have supported the National Incident Room and AIHW data have contributed to the considerations of the Prime Minister, the Minister for Health and the Chief Medical Officer in their policy responses to COVID-19. This exemplifies our purpose *to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians*. Among the tragedy and terrible effects of COVID-19 in Australia and around the world, it gives me enormous pride to commend the tremendous efforts of the AIHW.

Unsurprisingly, COVID-19 dominated our March and June board meetings, which were held via teleconference. We paid particular attention to our strategic risk profile and performance reports in exercising the board's oversight of the AIHW in responding to the pandemic while striving to meet our strategic goals.

On 11 September 2019, I had the honour of hosting the Minister for Social Services, Senator the Hon. Anne Ruston, to launch our flagship report *Australia's welfare 2019* at Parliament House. This was the first release of a flagship report in a new format that included improved online functionality, allowing users better interaction with data presented.

The board recognises the importance of community trust in the AIHW in holding large data assets that contain sensitive personal information. We take our role seriously in oversighting policies and practices to keep these data safe and secure from growing cyber threats. This focus on community trust also requires us to continue delivering our services to a high standard while also investing in technologies to deliver new and enhanced service offerings in a changing data landscape.

I gratefully accepted the opportunity to be reappointed as AIHW Board Chair by the Minister for Health, the Hon. Greg Hunt, MP, for another 3 years. I also welcomed the reappointment of our 3 members nominated by state and territory health ministers—Dr Zoran Bolevich, Ms Christine Castley and Ms Marilyn Chilvers. These appointments provide the board with stability and continuity not seen for a number of years. I thank all members for their useful contributions to board discussions and decisions. On behalf of the board, I also thank the members of the AIHW Ethics Committee for their advice and support in managing the complex issues around access to sensitive data and the linkage of multiple data sets.

The achievements in this annual report reflect the authentic and visionary leadership of the Chief Executive Officer, Mr Barry Sandison, and his outstanding guidance to the executive team and the staff of the AIHW. I thank each and every one of them for their dedication, commitment and passion in one of the most challenging periods in our history. Under Mr Sandison's stewardship, the AIHW has grown its data and analytical capabilities in traditional and new topic areas, presented publications in more innovative, dynamic and interactive formats, and provided expanded data and information services in collaboration with governments and the research community.

In 2020–21, we will maintain focus on efficiency and building partnerships with our stakeholders to achieve our vision of stronger evidence, better decisions and improved health and welfare. The AIHW Board will commence a review of our strategic directions with the aim of cementing the pathway to retain the AIHW as the leader in health and welfare information in Australia.

CEO's report

Mr Barry Sandison

It has been an incredibly challenging year in 2019–20. Like much of Australia, work at the AIHW was impacted firstly by the national bushfire crisis and then the COVID-19 pandemic. Despite these challenges, we continued to deliver our products and services while supporting Australia's response to the pandemic.

Data are playing an increasingly powerful role in informing policy and research in health and welfare in Australia. We saw growth in demand for data linkage and customised data services.

Due to the Australian Public Service cap on staffing levels, we have continued to rely on employing contract staff to meet our business requirements. By the end of June 2020, 32.3% of our active staff were contractors.

We embraced a flexible approach in response to the COVID-19 pandemic. We provided staffing support to the Department of Health as requested, shifted our resources internally, put some work on hold to take on new work and increased demand for some services.

COVID-19

Our people

A number of our highly qualified epidemiologists and statistical staff were deployed to the National Incident Room, the Department of the Prime Minister and Cabinet (PM&C) and a few state and territory health departments to support policy responses to the pandemic.

In compliance with decisions of the National Cabinet and advice from the Australian Public Service Commission, we introduced social distancing measures to support our staff maintain a safe and healthy workplace and we enabled the majority of staff to work from home. Our capacity to support remote working arrangements increased from 40 to 240 staff. Results of a survey showed that 95% of staff felt the measures kept them safe and 84% believed the changes enabled them to work productively.

Our work

To ensure that policymakers had access to credible and comparable data to inform the COVID-19 response in key areas, we developed rapid and flexible approaches to data collection and analysis. For example, the AIHW received hospital capacity and activity data from all state and territory governments and shared this across all jurisdictions via an interactive online dashboard. We also assisted the Department of Health to monitor crucial mental health-related data from a range of sources to report directly to the Prime Minister.

2019–20 Australian bushfires

Unprecedented fires burned across south-eastern Australia over the 2019–20 bushfire season and caused devastation of the natural and built environment. Our staff were directly impacted by threats to, or loss of, their property or that of their families and by the effects of dense smoke in Canberra and Sydney. We put measures in place to minimise smoke in buildings to maintain healthy air quality.

Though it will take many years for all of the health and other impacts to become apparent, we began a project to examine the immediate effects of air quality on health in different locations and points in time using Pharmaceutical Benefits Scheme data, emergency department attendances in New South Wales, over-the-counter Ventolin purchases and visits to primary health-care services. The report will include interactive content and summarise findings from other available information related to bushfires and health.

Flagship reports

Australia's welfare 2019 was launched on 11 September 2019 by the Minister for Social Services, Senator the Hon. Anne Ruston.

We presented *Australia's health 2020* to the Minister for Health, the Hon. Greg Hunt, MP, on 30 June and released it on 23 July. We delayed its release to include a key article on COVID-19.

Highlights for 2019–20

Other key achievements included:

- establishing the Housing Data Dashboard—a one-stop-shop for housing and homelessness data, bringing together over 20 national data sets, and around 7.5 million data points into a single interactive dashboard environment
- commencing the new national suicide information system and working with jurisdictions to establish registers to improve the timeliness of data
- partnering with the Attorney-General's Department to provide data analysis for the Independent Review by the National Commissioner for Defence and Veteran Suicide Prevention
- launching the Australian Health Performance Framework page on our website which provides a high-level overview of the health of Australians and our health system
- providing data and advice on the new Closing the Gap targets
- supporting the Royal Commission into Aged Care Quality and Safety and publishing linked data on interfaces between the aged care and health systems
- commencing the pilot phase of the National Disability Data Asset
- delivering the Secure Research Access Environment to facilitate health and welfare research by external entities and researchers
- conducting a survey which showed that the majority of our stakeholders are satisfied with our services.

We also released, for the first time:

- *Chronic pain in Australia* which explored national data on people in Australia with chronic pain, as well as its impact, treatment and management
- *Endometriosis in Australia: prevalence and hospitalisations* which included national estimates on prevalence in collaboration with the University of Queensland
- *Stillbirths and neonatal deaths 2015 and 2016* which showed changes in the rate of perinatal mortality across the gestational period
- *People with disability in Australia*—a compendium web report on disability.

We also faced a few challenges:

- The contract with an external provider to replace METeOR was terminated and plans are now underway to develop it in-house in 2020–21 (see page 31).
- After a few small errors were discovered in released data, we commissioned a systemic review of our product development process (see page 39). The Quality Management Framework is being redeveloped and a new plan to improve the handling of errors has been introduced.

The last 4 years

Since I started at the AIHW in 2016, I am proud of the tremendous progress made by the Institute in entrenching its position as the leader in health and welfare statistics in Australia. This has been reflected in the growth in our total revenue from $57.8 million in 2016–17 to $86.7 million in 2019–20,

Following an independent review of the AIHW conducted in 2015, we worked with the Department of Health to transform many of our processes and enhance engagement with stakeholders. These reforms have enabled us to improve our timeliness and

responsiveness, and facilitate efficient growth in the AIHW's suite of products and services.

We invested in our capability to link multiple, complex data sets. For example, we developed the National Integrated Health Services Information Analysis Asset (NIHSI AA) linking hospitals data with the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, Repatriation Pharmaceutical Benefits Scheme, residential aged care and the National Death Index data. Containing 12 billion recorded events, the NIHSI AA demonstrates the value of linking data safely and securely to allow greater analysis of the patient journey through the health system. Work to develop the National Disability Data Asset is now well underway which, when completed, will provide a better understanding of how people with a disability are supported through services, payments and programs.

I would like to thank all members of the AIHW Board I have worked with during this period for their strategic guidance of the AIHW.

Most of all, I am privileged to lead an organisation of highly qualified, talented and motivated people who have a strong culture of collaboration and commitment to excellence in delivering products and services on a wide range of health and welfare topics.

Outlook for 2020–21

COVID-19 reinforced the need for timely reporting. Our key priority for 2020–21 will be to review our own work processes and continue to work with our data suppliers to develop ways to improve our capability to present data more quickly.

We will continue improving our flexible approach to managing our work commitments, meeting new demands and keeping our staff safe during the COVID-19 pandemic. Some staff will also be relocated into a new building at 9 Thynne Street, Bruce, next door to our current main building. This relocation will consolidate our longer term accommodation needs in Canberra.

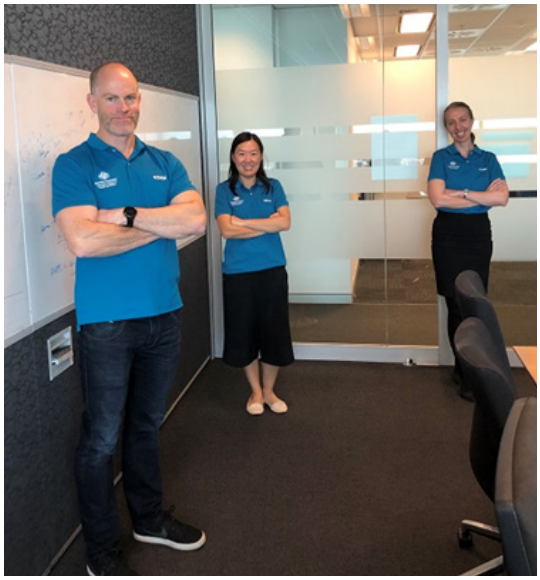
The forthcoming release of 'A burning issue: short-term health impacts of the 2019–20 Australian bushfires', co-funded by the Department of Agriculture, Water and the Environment, will improve our understanding of the effects of bushfires on health. A web page on Environmental health will also be established on the AIHW's website which will enable the provision of new data in 2021.

We will build on our strong and established relationships with the Australian Government and state and territory agencies to improve access to data. All governments recognise the importance of high-quality data to improve the evidence base for decision making and the AIHW is well placed as a trusted strategic partner to facilitate improved data sharing between agencies.

To achieve our goals in 2020–21, we will continue to work with all our partners in health and community services across Australia to maintain our role as a leading national agency for information and statistics.

COVID-19 response

The AIHW undertook a range of activities in response to the COVID-19 pandemic. This highly contagious disease, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was first reported in China in late 2019, with serious impacts in Australia beginning in March 2020. Some routine work was reprioritised so that resources and specific skills could be diverted to focus on urgent COVID-related activities. We also supported the secondment of 17 staff members to the Department of Health, PM&C, ACT Health and NSW Health to contribute their expertise on COVID-related projects.



Mr Richard Juckes, Ms Imaina Wigdago and Ms Melissa Wilson on secondment to the Department of Health, practising social distancing, March 2020

Our work

Most AIHW data collections and associated releases have established schedules for collection, analysis and reporting. To ensure that decision makers had access to credible and comparable data to inform the Australian Government's response to the COVID-19 pandemic, we adopted a rapid and flexible approach to receiving hospital capacity and activity data from all state and territory governments and shared these data across all jurisdictions via an interactive dashboard.

This approach included emergency department, admitted patient and elective surgery information and data from the new Critical Health Resource Information System. This system was developed by the Australian and New Zealand Intensive Care Society, Ambulance Victoria and Telstra Purple. It covers intensive care unit capacity and activity. These data enabled daily monitoring of the impact of COVID-19 and associated restrictions on the hospital system.

We assisted the Department of Health to curate, analyse and report COVID-19 mental health-related activity data. These data were reported to the Prime Minister via the Department of Health and PM&C. Data included Medicare Benefits Schedule, Australian Government-funded helplines, headspace and suicide information from 3 states. Public reporting of the mental health helpline activity presented a unique opportunity to provide more comprehensive information on the support provided by the Australian Government to Australians experiencing mental health issues.

We also supported the World Health Organization (WHO) to develop key standards and classifications to standardise the counting of cases and improve international comparisons.

Our staff

We were guided by the advice on local restrictions provided by the Australian Government, the Department of Health, Safe Work Australia, the Australian Public Service Commission and state and territory governments.

To support the wellbeing of our people, we established flexible work arrangements for all staff, which included the introduction of new technology to support working-from-home arrangements. In March, approximately 75% of staff began working from home in some capacity. Many of the staff who remained working in an AIHW office were on a roster to reduce the number of staff in the office at any point in time. Due to the number of COVID-19 cases in New South Wales, we temporarily closed our Sydney office on March 23. A small number of staff have since resumed working in that office.

Staff were provided access to use their work-based equipment at home, and home workstation assessments were undertaken to support ergonomic health and safety. Of our active staff, 342 (67%) now have formal arrangements to work from home in some capacity.

Our systems

The shift to staff working from home strained AIHW remote services. We utilised remote access through Citrix for 40 concurrent users and directed access for approximately 150 staff through the provision of laptop computers. We also had to adapt to new methods of delivering outcomes to stakeholders while managing risks.

We reviewed our strategic risk profile in relation to information and communication technology (ICT) services that had previously restricted the use of mail on mobile telephones and expanded use of GovTeams to effectively collaborate and deliver outcomes. We designed and deployed a new remote access solution within 3 weeks that increased the capacity and functionality of remote access to enable staff operating remotely to utilise data analytics tools. This increased our connection capability from 40 to 240 users with increased bandwidth capacity to enable these connections.

We were advised of, and accepted, the associated increase in ICT risk with the rapid release of technologies and manage the ongoing risks, including the rollout of improved services during the pandemic. We increased communications with staff to address security, change and the requirements for new services.

During the critical COVID-19 period from March to mid-June 2020, we maintained a standard of 139 concurrent connections during a standard workday, and suffered no significant outages on the new remote access solution. Although there was evidence of increased targeting of the AIHW, no cyber security breaches were identified during the period.

Overall productivity and wellbeing over this period indicate potential for longer term flexibility for staff choosing to work at home or at the office. Considerations might include the different ways staff work together, such as increased use of instant messaging applications and videoconferencing. These factors will influence priorities for future ICT projects, such as our project management systems and developing an improved information management strategy.

Impact

In May 2020, we conducted a pulse survey to assess how staff coped with the changes made to our working environment since March 2020. It had a response rate of 74% and the overall results were very positive: more than 90% of respondents had worked from home; 95% felt effective changes were implemented to maintain their safety; 84% agreed adjustments assisted them to continue to work productively; and 76% agreed that they continued to feel connected to their work group while working from home.

In line with the government's 3-stage approach to relaxing restrictions in June, we began a voluntary, gradual return of staff to our offices. Stage 1 saw the gradual return of up to 50% of staff during June. To ensure the health and safety of staff working from an AIHW office, we implemented safety measures in line with government and health advice, including:

- promoting physical distancing and maintaining strong personal hygiene
- limiting the number of people who can occupy meeting rooms
- providing hand sanitiser and spray disinfectant in all communal areas and meeting rooms
- undertaking additional professional cleaning
- replacing face-to-face meetings with teleconferences or videoconferences.

We also continued to promote the Employee Assistance Program and share resources and information to support all staff to remain COVID safe.

Calendar of significant events

9 August	Launch of the Housing Data Dashboard
11 September	Launch of Australia's welfare 2019
14 December	Reappointment of Mrs Louise Markus as the AIHW Board Chair
February–June	Supported Australia's response to COVID
30 June	*Provision of Australia's health 2020* to the Minister for Health

Performance summary

We have 20 performance indicators underpinning our 5 strategic goals. Details of our integrated performance framework and strategic goals are on page 2. Progress reports on our performance are provided to our Executive Committee and the AIHW Board each quarter.

We achieved 15 of our 20 indicators in 2019–20 (Table S1). The impact of COVID-19 necessitated a shift of resources to meet immediate internal organisational priorities and to assist with the Australian Government's response to the pandemic which had some impact on our performance. Detailed information on our performance is in Chapter 1.

Table S1: Performance measure achievement by strategic goal

Strategic goal	Number of measures	Achieved	Partially achieved	Not achieved
Leaders in health and welfare data	5	2	2	1
Drivers of data improvements	1	1	0	0
Expert sources of value-added analysis	5	5	0	0
Champions for open and accessible data and information	4	2	1	1
Trusted strategic partners	5	5	0	0
Total	**20**	**15**	**3**	**2**

Our environmental performance

Across all our offices in Canberra and Sydney, we decreased our electricity consumption by 15%, paper consumption by 40% and toner cartridge use by 27% compared with 2018–19. These decreases build on our 2018–19 results and can be partly attributed to fewer staff being physically located in the office following implementation of our COVID-19 restrictions. Detailed information on our environmental performance is provided at page 91.

Our financial performance

Our total revenue for 2019–20 was $86.7 million, which represents an increase of $8.7 million from 2018–19. Most of this increase was due to a large rise in fee-for-service work. Our financial result for the year was a deficit of $946,000. More information on our financial performance is provided at page 18 and in Appendix 3.

About the AIHW

Our Vision

Stronger evidence, better decisions, improved health and welfare.

Our enabling legislation

The AIHW is established by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

Our history

1984 Australian Institute of Health created within the Commonwealth Department of Health

1987 Australian Institute of Health established by legislation as an independent Commonwealth statutory authority

1988 First edition of Australia's health

1992 Welfare functions added and name changed to the Australian Institute of Health and Welfare

1993 First edition of Australia's welfare

2001 Ethics Committee enabled in the AIHW Act

2012 Accredited as an Integrating Authority to undertake linkage of sensitive Commonwealth data

2016 Reporting of the Performance and Accountability Framework transferred to the AIHW following the closure of the National Health Performance Authority

2018 AIHW Act amended to enhance the composition of the AIHW Board and streamline operations

2020 Data and information provided to support the Australian Government's response to COVID-19

Our functions

Our functions are set out in section 5 of the AIHW Act. The role of the AIHW is to:

- collect and produce, and coordinate and assist 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 its work
- make recommendations to the Minister for Health on 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.

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Our work provides governments, key stakeholders and the broader Australian community with valuable evidence and insights about key issues affecting the health and welfare of Australians.

Our values

In pursuing our vision, we draw on our independence and our expertise in health and welfare to strive for excellence in all we do. We also uphold the Australian Public Service (APS) values.

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

Our strategic goals

We continued to apply and strengthen our capabilities to be: leaders in health and welfare data; drivers of data improvements; expert sources of value-added analysis; champions for open and accessible data and information; and trusted strategic partners.

More information about our capabilities is available in the Corporate Plan 2019–20 to 2022–23.

Leaders in health and welfare data

We will engage nationally and internationally with authorities in our domain to develop, promote and deliver quality standards, systems and processes for collecting, curating and linking health and welfare data.

Drivers of data improvements

We will build on our trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings. We will support our partners to develop and capture the data required to inform national priorities.

Expert sources of value-added analysis

We will harness and enhance our capabilities in the health and welfare domains to turn data and information into knowledge and intelligence. We will translate this evidence to provide insight into patterns, trends and outcomes, including how these compare across organisations, regions and internationally.

Champions for open and accessible data and information

We will leverage emerging technology and enhance our products and services in order to provide data and information tailored to diverse access, timeliness and quality requirements. We will support our partners in making their data accessible while protecting privacy.

Trusted strategic partners

We will foster strategic partnerships and engage collaboratively with stakeholders to deliver program-specific expertise and enable others to achieve their strategic goals.

Overview of governance

AIHW is a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and is a body corporate with separate legal entity from the Commonwealth.

A 12-member board, chaired by Mrs Louise Markus, is the accountable authority of the AIHW. The AIHW Board sets our strategic directions and is responsible for fulfilling its functions under the AIHW Act (see page 53).

The AIHW Act and the Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018 establish our Ethics Committee and set out its functions and membership (see page 58).

Portfolio and ministerial oversight

The AIHW is a Commonwealth corporate entity in the Health portfolio. We are accountable to the Australian Parliament through the Minister for Health, the Hon. Greg Hunt, MP. We provide the minister our corporate plan, annual report and other relevant information as required by the PGPA Act.

The Minister for Health, and other relevant ministers in the Australian Government and state and territory governments, have embargoed access to our products prior to release.

Operating environment

The second half of 2019–20 was impacted by COVID-19. Information on how we managed our work, people and ICT systems is provided in a special article on page x.

New projects

We continue to see growth in our externally-funded projects. Our project revenue increased by $7.6 million to $50.3 million in 2019–20.

Mental health and suicide prevention remain national priorities. We received funding in the 2019–20 budget to create a new national suicide information system. We worked with jurisdictions to establish and use state- and territory-based suicide registers to improve the timeliness of data on suspected suicides to improve suicide-prevention interventions. We will continue to collaborate with stakeholders to build national ambulance data into the National Suicide and Self-Harm Monitoring project.

People

As at 30 June 2020, the AIHW had 507 active staff (permanent, non-ongoing and temporary) based in Canberra and Sydney.

Data

The demand for access to data continues to grow. While the number of data downloads remained relatively stable compared with 2018–19, we continued to see growth in our data linkage work and requests for customised data.

We continue to build our data assets. We currently have 165 data sets with 9 new data assets approved by our Ethics Committee.

ICT

We continued to invest in transforming our ICT infrastructure despite the disruptions caused by COVID-19. This investment supports our data analytics capacity and the management of our data assets. ICT transformation will continue to be a priority in 2020–21.

Stakeholder relations

We renewed our focus on stakeholder engagement. Our stakeholders are important to us as groups to whom we are accountable, who fund us and to whom we target our products and provide services. Further information on our stakeholders and how we engaged with them is provided on page 36.

We undertook 3 activities during 2019–20 to better understand our stakeholders and their needs: a broad survey of perceptions, products used and preferred ways of engaging; focus groups to gauge community trust in the AIHW; and a targeted survey of organisations using the Specialist Homelessness Information Platform (SHIP). As well, in a review undertaken by Mr Peter Harper, former Australian Bureau of Statistics (ABS) deputy statistician, stakeholders in government were consulted on how we can more effectively engage with them.

The AIHW collaborates closely and maintains effective partnerships with many individual government entities, universities, research centres, non-government organisations and individual experts. Our major stakeholders include:

- the Australian Parliament, the Australian Government and its departments and agencies and the people of Australia
- the Minister for Health as our responsible minister
- state and territory governments and their departments
- health, welfare and housing service providers and non-government organisations
- consumers of health, welfare and housing services
- the research community.

International cooperation

The AIHW has a role in information sharing with a number of international organisations, such as the WHO and the Organisation for Economic Co-operation and Development (OECD). We also have informal collaborative arrangements with other international agencies and bodies, such as the Canadian Institute for Health Information (CIHI) and the International Group for Indigenous Health Measurement.

We assisted the WHO in developing internationally agreed standards and classifications for COVID-19 to standardise the counting of cases and improve international comparisons. Our CEO communicated regularly with the CIHI CEO, Mr David O'Toole, and other CIHI staff via videoconference and regularly shared information with them in relation to COVID-19.

Ms Vicki Bennett addressing the 19th International Federation of Health Information Management Associations Congress, Dubai, November 2019

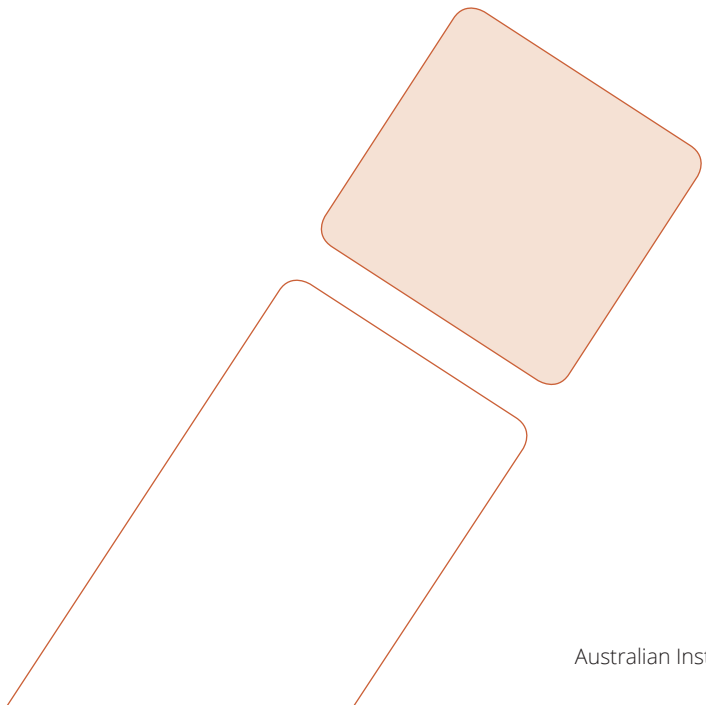
Former AIHW director receives WHO award

Professor Richard Madden was presented with an award by the WHO for Lifetime Achievement in the WHO-Family of International Classifications in Banff, Canada, in October 2019. Professor Madden was the director of the AIHW from 1996 to 2006.

Chapter 1

Our performance

- Statement by accountable authority
- Our performance
- SPOTLIGHT: *Australia's welfare 2019*
- Our financial performance



Statement by accountable authority

On behalf of the Australian Institute of Health and Welfare (AIHW) Board, the accountable authority, I present the AIHW's 2019–20 annual performance statements, as required under section 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

In our opinion, at the date of this statement, these annual performance statements accurately reflect the performance of the AIHW for 2019–20 and comply with section 39(2) of the PGPA Act.

On 24 September 2020, these statements were approved by a resolution of the AIHW Board.

Louise Markus
AIHW Board Chair

Our purpose

To create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Outcome

Outcome 1 of the Portfolio Budget Statements: A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.

Program contributing to Outcome 1

Program 1.1 in the Portfolio Budget Statements: Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.

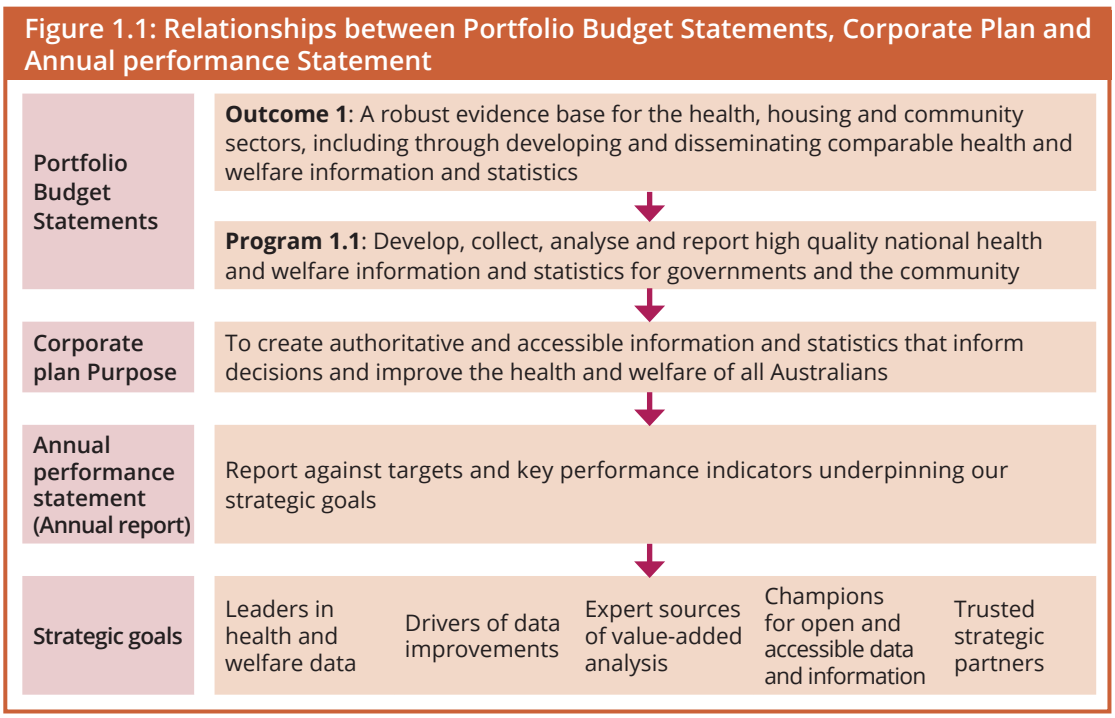
Our performance

Our 20 performance indicators comprise both qualitative and quantitative measures underpinning our strategic goals and are published in:

- pages 191–206 of the *Health Portfolio Budget Statements 2019–20* and
- pages 14–17 of our *Corporate plan 2019–20 to 2022–23*.

Figure 1.1 shows the relationships between the Portfolio Budget Statements, our corporate plan and our annual performance statements. Figure 1.2 shows our integrated performance framework.

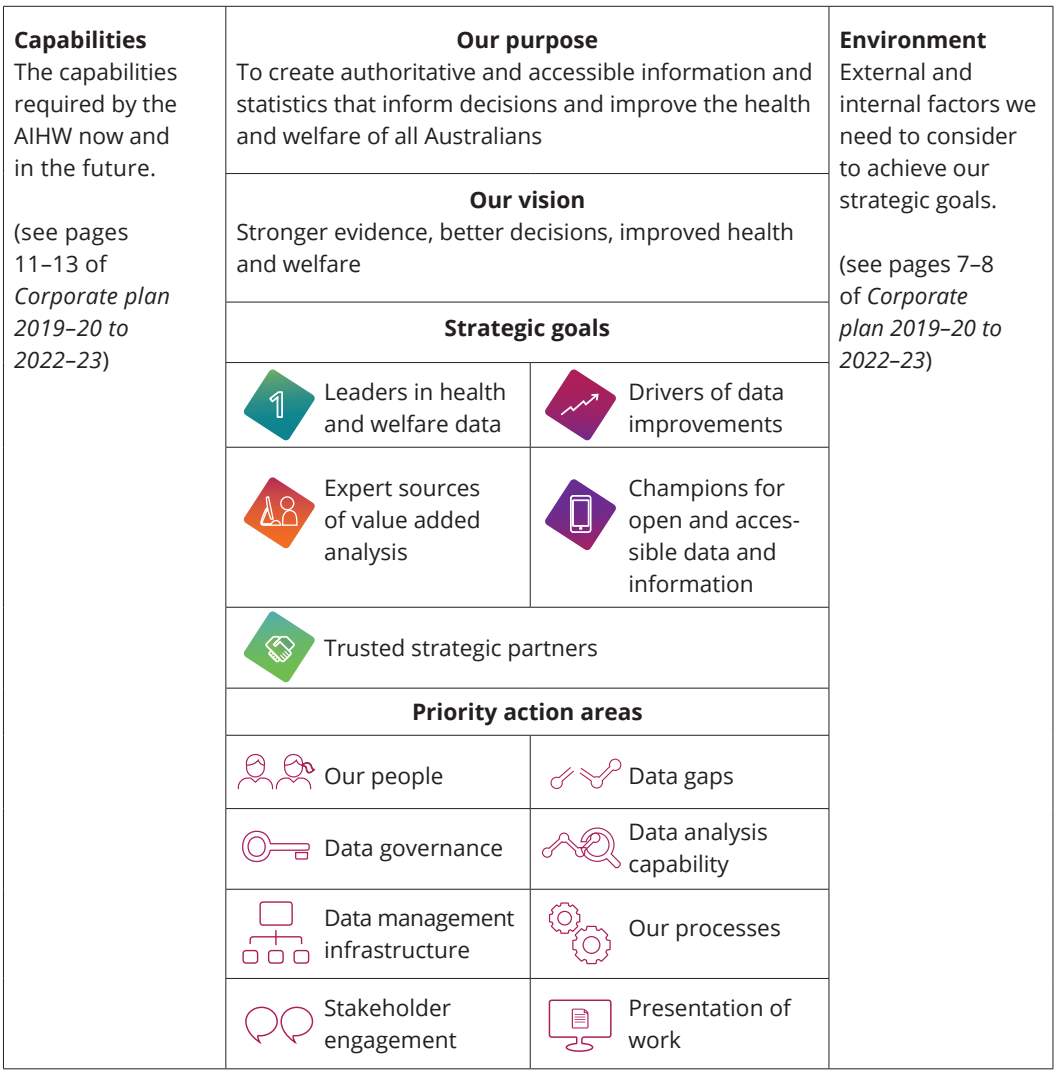
Figure 1.1: Relationships between Portfolio Budget Statements, Corporate Plan and Annual performance Statement



We report quarterly through our Risk, Audit and Finance Committee (RAFC) to the AIHW Board on progress against our performance measures and strategic priority actions. This reporting enables the early identification of emerging issues and risks and provides the opportunity to develop appropriate actions.

In 2019–20, we improved the robustness of our processes for the collection of evidence to substantiate performance results following feedback received from an internal audit conducted in 2018–19. This evidence-based approach provides greater assurance to the RAFC and the board on the accuracy of our performance reporting.

Figure 1.2: AIHW's Integrated performance framework



Summary of performance

In 2019–20, we fully achieved 15 of our 20 performance measures, partially achieved 3 and did not meet 2 measures. A summary of these results is provided in Table 1.1.

We have included data for 5 years, where available, to demonstrate comparative assessment of our performance.

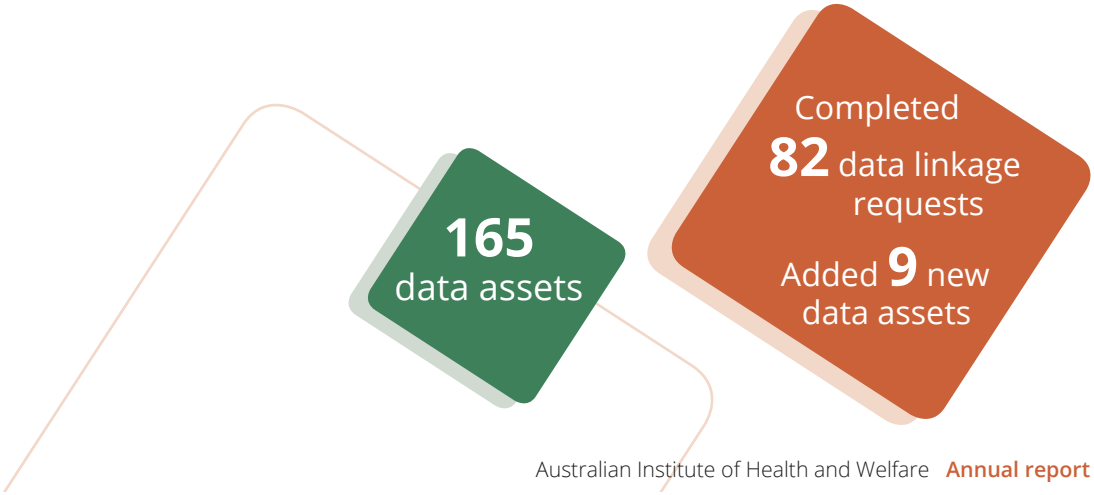
Table 1.1: Summary of results against performance measures

Performance measures	Results
Release of products by 30 June 2020 relating to 8 specified topics	◊ Partially achieved
Release a range of data and information products relevant to key policy areas: • release 181 products • ensure ≥70% of statistical products relating to annual national collections are released less than 1 year after the end of their data collection period	◊ Partially achieved ✖ Not achieved
Provide data for performance indicators in the Council of Australian Governments (COAG) national agreements on health care and Indigenous reform by 30 June 2020	✓ Achieved
Supply data to timetables required for the Review of Government Service Provision's *Report on Government Services (RoGS) 2020* volumes on health, housing and homelessness, and community services	✓ Achieved
Add new data assets by 30 June 2020	✓ Achieved
Release products presenting the results of linked data from 3 national cancer screening programs by 30 June 2020	✓ Achieved
Complete the third phase of work to improve storage, accessibility and analysis of locational data in AIHW data holdings	✓ Achieved
Finalise governance arrangements for the National Integrated Health Services Information Analysis Asset (NIHSI AA) and provide access to participating jurisdictions	✓ Achieved
3.9 million sessions on the AIHW website	✓ Achieved
4,600 references to the AIHW and its products in the media	✓ Achieved
Continually improve the AIHW website and the provision of data	✓ Achieved
Build the Indigenous Community Insights (data hub) to provide population data, health data and health service use by Indigenous Australians at different levels of geography	✖ Not achieved
Release *Australia's welfare 2019* and *Australia's health 2020* in new digital formats to target a wider audience	◊ Partially achieved
Complete 60 data linkage projects as agreed under the National Collaborative Research Infrastructure Strategy 2013	✓ Achieved
Work with the Australian Bureau of Statistics (ABS) towards the Coordination of Health Care (CHC) study to continue with the release of a range of products, including Hospital and Emergency Department Services data, by 30 June 2020	✓ Achieved
Improve data in at least 1 subject area where there is a demonstrable data gap	✓ Achieved
Work with the Children and Families Secretaries (CAFS) to finalise and commence implementation of the National Child Safety Data Improvement Plan (NDIP)	✓ Achieved
Commence reporting under the Australian Health Performance Framework (AHPF), including the establishment of a web-based platform to act as the 'national front door' to health system performance information	✓ Achieved
Identify priority data gaps and develop an approach for addressing data gaps	✓ Achieved

Table 1.2: Details of results against performance measures

1. Leaders in health and welfare data	
Measure	Release products by 30 June 2020 relating to 8 specified topics.
Context	Release a range of data and information products relevant to key policy areas.
Result	◊ Partially achieved. We released 6 of 8 products. Admitted hospital patient care was completed and released on 9 July 2020. Although *Australia's health 2020* was completed by 30 June 2020, its release was deferred to 23 July 2020 to enable information on COVID-19 to be incorporated into the report.
Products released by 30 June 2020:	Released on:
• *Australia's welfare 2019*	11 September 2019
• health expenditure in 2017–18	25 September 2019
• residential and community mental health services in 2017–18	11 December 2019
• child protection in 2018–19	18 March 2020
• youth justice in 2018–19	15 May 2020
• disability support services in 2018–19	22 May 2020
The following products were released after 30 June 2020:	
• admitted hospital patient care in 2018–19	9 July 2020
• *Australia's health 2020*	23 July 2020

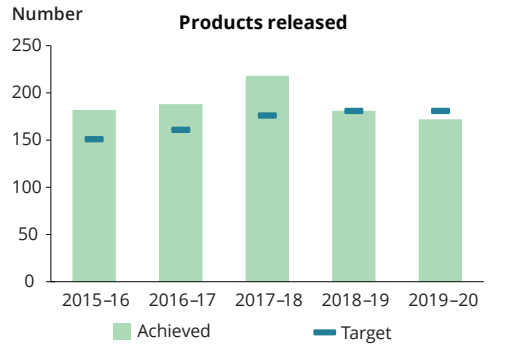
Analysis: We release products that inform stakeholders—in particular, policymakers—in the health and welfare sectors, including disability, child protection and mental health. Products are developed in consultation and collaboration with stakeholders in government agencies and NGOs to ensure their needs are met. Placing national information on key policy areas in the public domain ensures informed debate, discussion and decision making by governments and NGOs.



Measure	Release 181 products.
Context	Release a range of data and information products relevant to key policy areas.
Result	◊ Partially achieved.

The AIHW released 172 products in 2019–20 (Figure 1.3). Due to the impact of COVID-19 on some of our data suppliers, and some AIHW staff being redeployed to the Department of Health's National Incident Room and other agencies, the release of a few products was deferred from the final quarter of 2019–20 to the first quarter of 2020–21. A list of products is provided at Appendix 1.

Figure 1.3: Products released, 2015–16 to 2019–20



Analysis: Our products inform governments, NGOs and the Australian and international community on the health, welfare and housing status of Australians by providing contemporary data and information through a range of different formats, including printed publications and online data visualisations. Online data products are updated regularly to support users in keeping up to date on trends and patterns; for example, at different levels of geography.

Measure	Ensure ≥70% of statistical products relating to annual national collections are released less than 1 year after the end of their data collection period.
Context	Assist reporting of, or report on, nationally agreed performance indicators.
Result	✘ Not achieved. We released 16 out of 26 products (61.5%) relating to annual national collections within a 1-year timeframe.

Analysis: We strive to improve our timeliness by working with our stakeholders to reduce the lag between the end of a reference period and the release date. We also continue to improve our internal processes to improve our timeliness. However, this year there were problems with the supply of data from some external suppliers due to the impact of COVID-19. These problems led to backlogs in AIHW analyses of data and subsequent delays to the release of 3 Australian hospitals products from the original scheduled release date in May to 9 July.

Measure	Provide data for performance indicators in the Council of Australian Governments (COAG) national agreements on health care and Indigenous reform by 30 June 2020.
Context	Assist reporting of, or report on, nationally agreed performance indicators.
Result	✓ Achieved. Data for 2019–20 were supplied in accordance with agreed timeframes for the National Healthcare Agreement and the National Indigenous Reform Agreement.

Analysis: As Australia's national agency for health and welfare data, we demonstrate leadership through the collation and provision of data to COAG to enable it to measure performance in national agreements. Data we provided contributed to informing Australia's performance in meeting Indigenous Closing the Gap targets and on the performance of the health system.

Measure	Supply data to timetables required for the Review of Government Service Provision's Report on Government Services (RoGS) 2020 volumes on health, housing and homelessness, and community services.
Context	Assist reporting of, or report on, nationally agreed performance indicators.
Result	✓ Achieved. Data for 2019–20 were supplied in accordance with agreed timeframes set by the Steering Committee for the Review of Government Service Provision.

Analysis: As a national leader for health and welfare data, we continued to build community trust through the timely collation and provision of data for annual RoGS reporting of information on the equity, effectiveness and efficiency of government services in Australia in the areas of health, housing and homelessness, and community services.

Summary for strategic goal 1:	2 out of 5 measures achieved.

2. Drivers of data improvements

Measure	Add new data assets by 30 June 2020.
Context	Enhance data resources with the addition of new data assets to the AIHW's data holdings.
Result	✓ Achieved.

The AIHW Ethics Committee approved the addition of 9 new data assets:

- Australian Burden of Disease Database
- BreastScreen Australia Database
- Cancer and Treatment Linked Analysis Asset: phase 1
- Comcare Online Data Asset
- Military Health Outcomes Program Data Collection
- Military Health Outcomes Program Identifiers Collection
- My Health Record system data for data assessment purposes
- Transition and Wellbeing Research Programme Identifiers Data Collection
- Veterans Historical Identifiers Data Collection.

Analysis: The AIHW has made a concerted effort, in collaboration with stakeholders, to identify and fill data gaps. Creating new data assets adds value to the data landscape as it provides researchers with access to new or improved resources to support their analysis in a wider range of subject areas. The AIHW provided greater opportunities to grow the evidence base.

Summary for strategic goal 2:	1 out of 1 measure achieved.

3. Expert sources of value-added analysis

Measure	Release products presenting the results of linked data from 3 national cancer screening programs by 30 June 2020.
Context	Enhance data analysis capabilities.
Result	✓ Achieved. *Analysis of cervical cancer and abnormality outcomes in an era of cervical screening and HPV vaccination in Australia* was released on 2 September 2019.

Analysis: This is an Australian-first project combining data from the National Bowel Cancer Screening Program, BreastScreen Australia, and the National Cervical Screening Program as well as the Australian Cancer Database, the National Death Index and the National HPV Vaccination Program Register. The report provided value to policymakers as it showed that young women who missed out on the human papillomavirus (HPV) vaccine in Australia are also more likely to have missed out on cervical screening.

> *We need to encourage all women to have a Cervical Screening Test every five years as four out of five women who develop cervical cancer have either never screened or do not screen regularly.*
>
> Ms Melissa Ledger, Cancer Council WA

Products relating to the 2 other national cancer screening programs—breast cancer and bowel cancer—were released in 2018–19.

Measure	Complete the third phase of work to improve storage, accessibility and analysis of locational data in AIHW data holdings.
Context	Enhance data analysis capabilities.
Result	✓ Achieved. The ABS locational reference data were loaded into the database which completes the third phase of this work. We completed the first and second phases in 2017–18 and 2018–19, respectively.

Analysis: This capability brings AIHW's geospatial resources, data and spatial projects into a secure environment for referencing and collaboration.

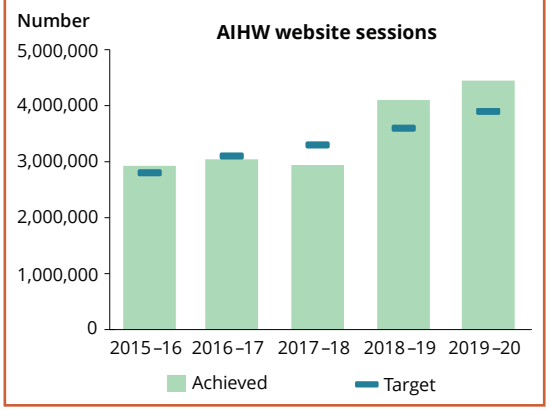
Measure	Finalise governance arrangements for the National Integrated Health Services Information Analysis Asset (NIHSI AA) and provide access to participating jurisdictions.
Context	Enhance data analysis capabilities.
Result	✓ Achieved. Governance protocols for the NIHSI AA have been agreed with participating jurisdictions. We agreed on the joint Data Breach Response Plan with the Department of Health.

Analysis: The NIHSI AA was available for participating jurisdictions through our Data Integration Services Centre Laboratory. A copy of the NIHISI AA was transferred to the Department of Health's Enterprise Data Warehouse to enable access by analysts from the department. Associated systems and security arrangements for access to NIHSI are underway.

Measure	Attain 3.9 million sessions on the AIHW website.
Context	Disseminate AIHW analysis publicly through our website and the media.
Result	✓ Achieved.

There were 4,447,359 sessions on our main website, www.aihw.gov.au, an increase of 8.5% from 2018–19 (Figure 1.4).

Figure 1.4: AIHW website sessions 2015–16 to 2019–20

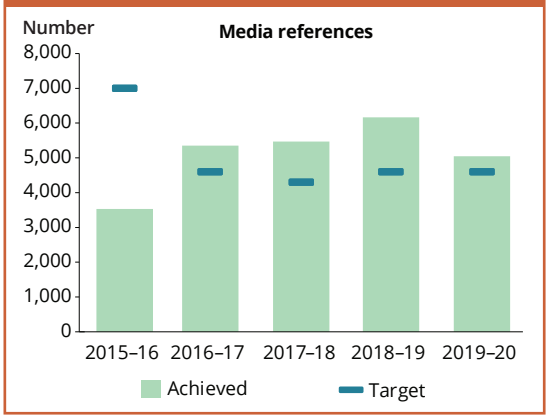


Analysis: Our website is the main channel for AIHW information, including our PDF and HTML reports, other data-related outputs, our services and corporate information. Enhancements to the AIHW website have been developed to improve the user experience. Increased visitor traffic reflects the greater use of the AIHW's products.

Measure	Attain 4,600 references to the AIHW and its products in the media.
Context	Disseminate AIHW analysis publicly through our website and the media.
Result	✓ Achieved.

There were 5,046 mentions in print, radio, television and online media (Figure 1.5).

Figure 1.5: Media references to AIHW



Analysis: AIHW product releases are frequently mentioned in print and digital media. The reporting of our products in the media demonstrates the vital role we play as a leader in health and welfare data and statistics. While the target was met, media coverage was at its lowest level since 2015–16 following 3 previous years of growth. The reduction in media coverage in the second half of 2019–20 may be attributed to the media focus on COVID-19 and a reduction in our products releases (see page 43).

In addition to media coverage of releases, our products are also cited in articles on specific issues in mainstream and industry media, where they are seen as a go-to source of authoritative information.

Summary for strategic goal 3:	5 out of 5 measures achieved.

4. Champions for open and accessible data and information

Measure	Continually improve the AIHW website and the provision of data.
Context	Modernise presentation of national health- and welfare-related data and analysis.
Result	✓ Achieved. The MyHospitals website was shut down on 31 March and its content migrated to the AIHW website.

Analysis: Functionality of the AIHW website improved with the addition of an application to access to the MyHospitals section of the website. This new functionality benefited large organisations, like private health insurers, who tend to retrieve all hospital data in a single download.

Measure	Build the Indigenous Community Insights (data hub) to provide population data, health data and health service use by Indigenous Australians at different levels of geography.
Context	Modernise presentation of national health- and welfare-related data and analysis.
Result	✘ Not achieved. The Regional Insights for Indigenous Communities website is under development.

Analysis: Finalisation of the website was delayed due to technical staff being allocated to other priorities as a result of COVID-19.

The data hub will allow data to be presented at different levels of geography, including local areas, where possible. User testing with a broad range of Indigenous and other key stakeholders, as well as members of the Coalition of Peaks, was undertaken. Feedback from the user testing is being used to improve the website.

The first release of the website, which is now planned for November 2020, will focus on presenting health data.

Measure	Release *Australia's welfare 2019* and *Australia's health 2020* in new digital formats to target a wider audience.
Context	Modernise presentation of national health- and welfare-related data and analysis.
Result	◊ Partially achieved.

Analysis: The new formats for our flagship reports greatly improve the accessibility of data and information in health and welfare through an improved interactive experience. See page 16 for more information on the launch and format of *Australia's welfare 2019*.

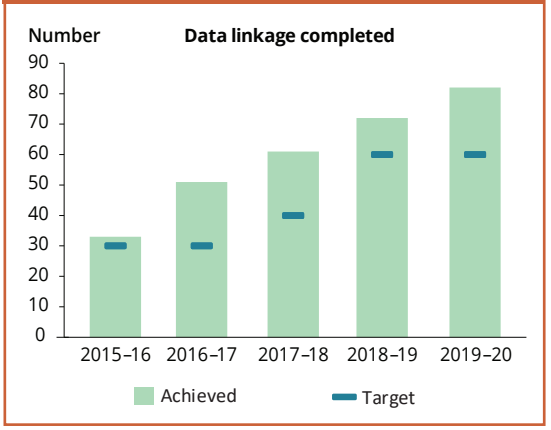
Australia's welfare 2019 was released on 11 September 2019 in the new flagship format with multiple products—online snapshots and indicators, and the printed *Australia's welfare 2019: in brief* and *Australia's welfare 2019: data insights*. Snapshots and indicators use interactive Tableau visualisations and are available exclusively online, allowing more flexibility in access and use of content. The new data insights report was produced with a specific target audience in mind (that is, policy and decision makers in social services).

Australia's health 2020 was provided to the Minister for Health on 30 June in accordance with the AIHW Act, and was released on 23 July 2020. Although *Australia's health 2020* was completed by 30 June, its release was deferred to enable information on COVID-19 to be incorporated into the report. *Australia's health 2020* was produced in a new multi-product format and included 71 online snapshots, *Australia's health 2020: in brief* and *Australia's health 2020: data insights*.

Measure	Complete 60 data linkage projects as agreed under the National Collaborative Research Infrastructure Strategy 2013.
Context	Provide access to data and information in an environment that supports stringent governance, capability, data management and privacy requirements.
Result	✓ Achieved.

We completed 82 data linkage projects in 2019–20. This was an increase of 13.9% from 2018–19 (Figure 1.6).

Figure 1.6: Completed requests for data linkage 2015–16 to 2019–20



Analysis: As an accredited Commonwealth Integrated Authority holding over 160 data assets, we lead data linkage projects across multiple data sets for use by governments and researchers (see page 31). Demand for linked data is growing and we have increased our capacity to undertake more complex data linkage projects to meet this demand. We have expanded the AIHW National Linkage Map making repeat linkages more efficient, improved project assessment processes and developed automated checking procedures to reduce manual process. We expect this demand to continue; in particular, with the impact of COVID-19 driving new research projects.

Summary for strategic goal 4:	2 out of 4 measures achieved.

5. Trusted strategic partners

Measure	Work with the Australian Bureau of Statistics (ABS) towards the Coordination of Health Care (CHC) study to continue with the release of a range of products including hospital and emergency department services data by 30 June 2020.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. The Coordination of health care: experiences of information sharing between providers for patients aged 45 and over 2016 was released on 5 July 2019.

Result (continued)	The *Coordination of Health Care study: use of hospitals and emergency departments, Australia, 2015–16* was released on the ABS website on 21 November 2019. The Microdata: Health care, integrated hospital and emergency department, 2014–2018 was released on 9 April 2020 and is available through ABS's DataLab. All hospital linked data from the state and territory governments have been received and linked to the 2016 Survey of Health Care.

Analysis: The CHC study was undertaken through a partnership between the ABS and the AIHW. The study fills an important data gap by providing information on patients' health-care experiences in Australia and improves our understanding of the patterns of health-care use and their relationship to patient outcomes. The study supported local reporting on patient experiences of coordination and continuity of health care and identified areas for improvement.

> *[The report] shows that Australia still has some way to go to ensure our healthcare is accessible and works effectively for all Australians [and] highlights the intractable problems that emerge when people move between care systems.*
>
> Ms Leanne Wells, CEO, Consumers Health Forum

Measure	Improve data in at least 1 subject area where there is a demonstrable data gap.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. To achieve our strategic directions, we collaborate with our key stakeholders across the health and welfare sectors to identify and fill data gaps.

Analysis: In 2019–20, we:

- developed key terms and definitions in relation to child sexual abuse for the purpose of data collection and reporting to progress recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse
- significantly improved the availability of linked data relating to patient pathways and interactions across the health and aged care systems with the development of NIHSI AA
- released products for the 2019–20 Specialist Homelessness Services Collection (SHSC) data with new and modified data items added to the collection
- released data cubes containing 2011–12 to 2018–19 SHSC data which allow user manipulation of data
- developed options for a national elder abuse service-level data and reporting system in consultation with 6 jurisdictions and investigated the potential for state and territory elder abuse helpline data to inform the impact of COVID-19 on elder abuse.

Measure	Work with the Children and Families Secretaries (CAFS) to finalise and commence implementation of the National Child Safety Data Improvement Plan (NDIP).
Context	Work with partners to drive data improvement.
Result	✓ Achieved. The AIHW developed the NDIP in consultation with the CAFS's Strategic Information Group. This group is co-chaired by Mr Barry Sandison, the AIHW CEO, and Ms Simone Walker from the New South Wales Department of Communities and Justice. CAFS endorsed the NDIP in January 2020.

Analysis: The Strategic Information Group is leading the implementation of the NDIP over the next 5 years. Some planned projects were delayed because CAFS reprioritised some national work to direct jurisdictions' efforts in response to the COVID-19 pandemic. National work under the plan will ensure that core time series data are available to the public.

Measure	Commence reporting under the Australian Health Performance Framework (AHPF), including the establishment of a web-based platform to act as the 'national front door' to health system performance information.
Context	Work with partners to drive data improvement
Result	✓ Achieved. On 11 December 2019, the AIHW released the AHPF 'national front door', which serves as a navigation aid for people seeking information about the performance of the health system. Data were updated and included reporting at additional levels of geography for Primary Health Networks (PHNs) and population disaggregations, where available.

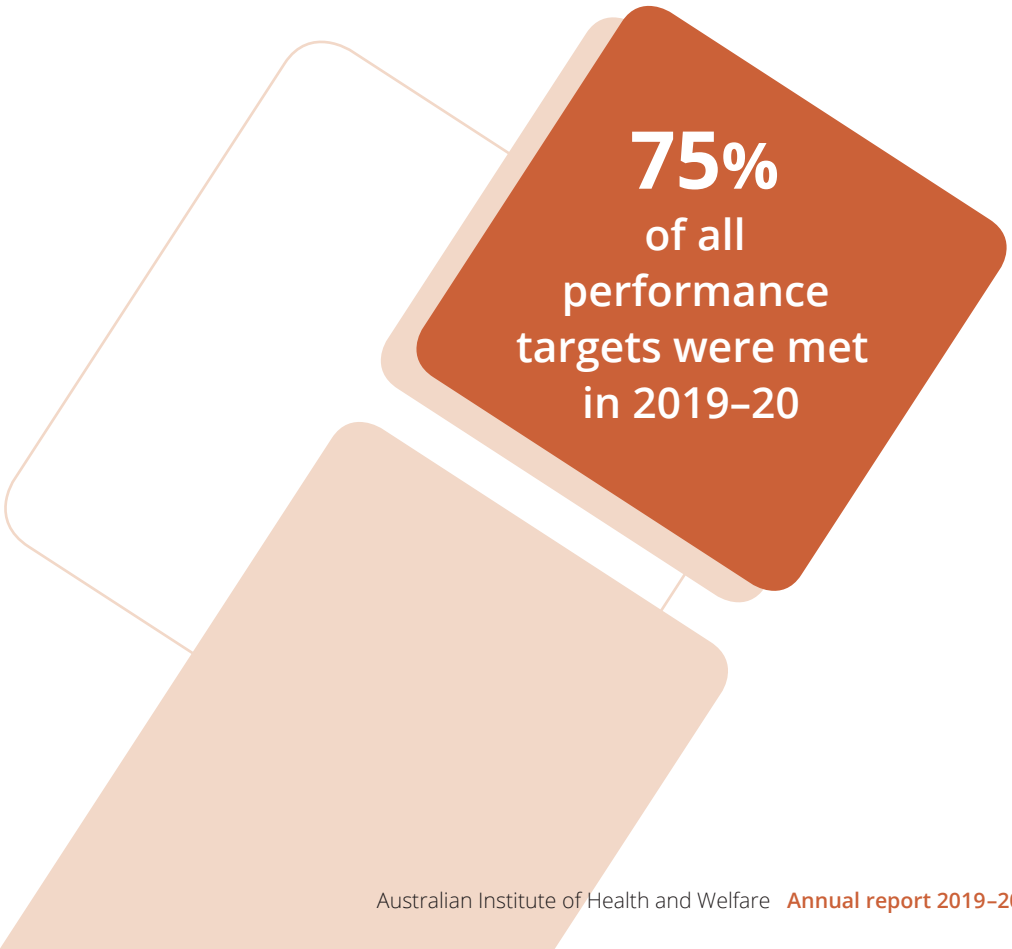
Analysis: The AHPF is a framework for reporting on the health of Australians, the performance of health care in Australia and the Australian health system. It has been endorsed by Australia's health ministers. Development of 35 of 45 AHPF indicator specifications was completed and endorsed by the National Health Data and Information Standards Committee (NHDISC) on 8 April 2020. The remaining 10 specifications are in development. Work slowed on AHPF indicator development due to a reduction in the availability of staff following the reprioritising of tasks to support the response to the COVID-19 pandemic.

Measure	Identify priority data gaps and develop an approach for addressing data gaps.
Context	Work with partners to drive data improvement.
Result	✓ Achieved. We demonstrated our role as a trusted strategic partner by working with our key stakeholders across health and welfare to identify data gaps and develop approaches for filling them.

Analysis: Some examples of how we worked with our stakeholders in 2019–20 include:

- No data are available for 5 of the 21 measures for reporting against the Better Cardiac Care for Aboriginal and Torres Strait Islander People and only partial reporting is possible for a number of the other measures. We held a workshop with Indigenous and other relevant experts in the field and produced a data development plan.
- We engaged with homelessness service providers to identify people seeking homelessness assistance for reasons related to bushfires and COVID-19 in the SHSC
- Development of data collection and reporting arrangements began for the mandatory National Aged Care Quality Indicator Program.

Summary for strategic goal 5:	5 out of 5 measures achieved.



SPOTLIGHT

Australia's welfare 2019

Australia's welfare 2019 **is the AIHW's 14th biennial welfare report, capturing how Australia is faring in key areas, including housing, education and skills, employment, social support, and justice and safety. This report demonstrates the value in continuing to build an evidence base that supports the community, policymakers and service providers to better understand the varying and diverse needs of Australians.**

Australia's welfare 2019: data insight and *Australia's welfare 2019: in brief*

Mrs Louise Markus, Senator the Hon. Anne Ruston, Mr Barry Sandison, 11 September 2019

The AIHW's flagship reports, Australia's health and Australia's welfare, are highly regarded as sources of authoritative and accessible information. Since the first flagship report was published in 1988, methods of communication and the information technology environment have undergone rapid change. The AIHW has also grown and diversified its reporting and data offerings in this time. Hence, there was a need to modernise our flagship reports to meet the evolving expectations of our audience.

Australia's welfare 2019 introduced a new product suite:

- *Australia's welfare 2019: data insights* is a collection of articles on selected welfare topics, including an overview of the welfare data landscape. It is available as a print report and online as a PDF document.
- *Australia's welfare snapshots* comprise 41 web pages presenting key facts on welfare, housing, education and skills, employment and work, income and finance, social support, justice and safety, and Indigenous Australians. They are available online in HTML format. A point-in-time compilation is also available as a PDF document.

- *Australia's welfare 2019: in brief* presents key findings from the snapshots to tell the story of welfare in Australia. It is available as a print report and online as a PDF document.
- *Australia's welfare indicators* is an interactive data visualisation tool that measures welfare system performance, individual and household determinants and the nation's wellbeing. It is available online in HTML format.

Australia's welfare 2020 project team, 11 September 2019

The new product suite is consistent with global moves away from large print publications towards more diverse, layered and accessible formats. It also supports the use of dynamic data displays. Compared with static data displays, which illustrate specific findings, interactive displays are flexible and enable users to answer their own questions of the data, which in turn supports data-driven decision making.

Australia's welfare 2019: data insights includes four articles authored by academic experts and one by the Department of Employment, Skills, Small and Family Business. The report's original articles demonstrate that data are essential to understanding how people engage with, and navigate, welfare services, and that public data should be used for public good, while protecting privacy.

$7.6 million increase in project revenue

21,160 Twitter followers

Our financial performance

Results

The AIHW's financial results from 2015–16 to 2019–20 are summarised in Table 1.3.

Table 1.3: Financial results, 2015–16 to 2019–20 ($ million)

	2015–16	2016–17	2017–18	2018–19	Change 2018–19 to 2019-20	2019–20
Income	48.401	57.844	65.075	77.952	↑	86.690
Expenditure	48.135	57.768	64.942	78.191	↑	87.636
Surplus (or deficit)	**0.266**	**0.076**	**0.133**	**(0.239)**	↓	**(0.946)**
Total assets	42.612	73.536	93.675	106.097	↑	148.350
Total liabilities	36.926	42.606	63.045	75.080	↑	111.553
Total equity	**5.686**	**30.930**	**30.630**	**31.016**	↑	**36.797**

Income and expenditure

The AIHW has two main types of income—appropriation income from the Australian Parliament and income from externally funded projects.

Our appropriation income from the Australian Parliament was $35.0 million in 2019–20, compared with $33.3 million in 2018–19 (Table 1.4 and Figure 1.7).

Income from externally funded projects increased to $50.3 million in 2019–20 from $42.7 million in 2018–19 due to more project work. Most of this income came from Australian Government departments, with the largest funder being the Department of Health.

Income from interest fell to $1.3 million in 2019–20, compared with $2.0 million in 2018–19. This decrease was due to the fall in interest rates on term deposits.

Employee-related expenditure increased to $45.1 million in 2019–20 from $42.2 million in 2018–19. This rise was because of a pay increase and additional staff numbers. There was also an increase in expenses of $0.419 million arising from a decrease in the 10-year Government bond rate which is used to calculate the present value of long-service leave.

There was an increase of $5.6 million in agency staff and contractors because of the cap on public service employees. There was also an increase of $1.0 million in consultants, mostly for the National Suicide and Self Harm Monitoring project and ICT projects.

Adoption of the new Australia Accounting Standards Board (AASB) 16 *Leases* resulted in an additional $0.590 million being recognised in other expenditure. From 2019–20 onwards, AASB 16 *Leases* requires the AIHW to recognise assets and liabilities for all property leases, and expenses are reflected as depreciation and interest. Previously operating leases were treated as off-balance sheet commitments with actual lease payments recorded as expenses.

The overall result for the year was a deficit of $946,000. Before making the above adjustments to long-service leave liabilities and lease expenses, the AIHW recorded a small surplus.

Table 1.4: Income and expenditure, 2015–16 to 2019–20 ($ million)

	2015–16	2016–17	2017–18	2018–19	Change 2018–19 to 2019-20	2019–20
Appropriation revenue	15.625	26.918	28.078	33.322	↑	35.037
Revenue from project work for external agencies	31.334	29.628	35.096	42.669	↑	50.321
Interest	0.759	1.021	1.759	1.961	↓	1.332
Other revenue	0.683	0.277	0.142	–	–	–
Total revenue	**48.401**	**57.844**	**65.075**	**77.952**	↑	**86.690**
Employee-related expenditure	33.817	36.436	38.253	42.186	↑	45.052
Other expenditure	14.318	21.332	26.689	36.005	↑	42.584
Total expenditure	**48.135**	**57.768**	**64.942**	**78.191**	↑	**87.636**
Surplus (or deficit)	**0.266**	**0.076**	**0.133**	**(0.239)**	↓	**(0.946)**

Balance sheet

Assets totalled $148.3 million in 2019–20—an increase of $42.2 million from the previous year (Table 1.5). The cash balance component of financial assets remained high at $100.8 million, most of which is invested in term deposits in accordance with our Investment Policy.

As a result of AASB 16 *Leases*, building assets now include right of use assets with a net book value of $30.4 million at 30 June 2020.

Liabilities increased by $36.5 million to $111.6 million in 2019–20, from $75.1 million in 2018–19. This rise relates mostly to the lease liability now required under AASB 16 *Leases*, plus an increase in income received in advance and employee provisions.

Overall, total equity increased by $5.8 million to $36.8 million. Of this, $4.8 million was due to an adjustment to opening equity resulting from the adoption of AASB 16 *Leases*, plus a capital injection of $1.9 million offset by the deficit in 2019–20.

Figure 1.7: Revenue sources, 2015–16 to 2019–20

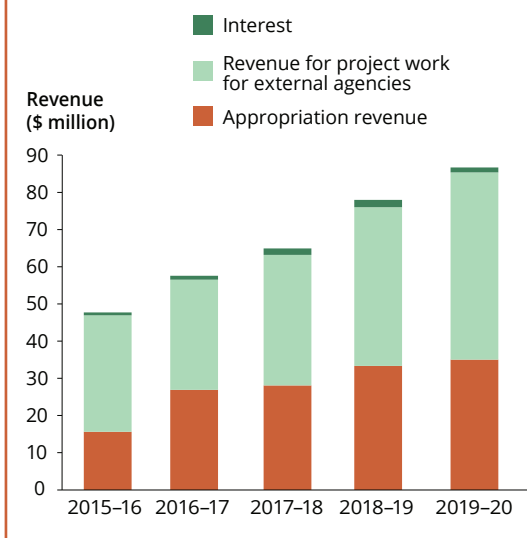


Table 1.5: Balance sheet summary, 2015–16 to 2019–20 ($ million)

	2015–16	2016–17	2017–18	2018–19	Change 2018–19 to 2019-20	2019–20
Financial assets	33.655	64.471	85.111	96.215	↑	108.687
Non-financial assets	8.957	9.065	8.564	9.882	↑	39.663
Total assets	**42.612**	**73.536**	**93.675**	**106.097**	↑	**148.350**
Provisions	11.817	12.108	12.645	14.310	↑	16.182
Payables	25.109	30.498	50.400	60.770	↑	95.371
Total liabilities	**36.926**	**42.606**	**63.045**	**75.080**	↑	**111.553**
Equity	**5.686**	**30.930**	**30.630**	**31.017**	↑	**36.797**

Cash flow

Net cash received from operating activities in 2019–20 was $23.8 million. This cash flow related mainly to income received in advance at the end of year. We spent $1.4 million on the purchase of property, plant and equipment in 2019–20, compared with $1.9 million in 2018–19.

The net cash increase over the year was $20.8 million, increasing the cash balance to $100.8 million from $80.0 million.

Financial outlook

Appropriation income from the Australian Parliament is expected to decrease by $2.8 million in 2020–21. We have budgeted for income from externally funded projects to increase to $56.0 million.

We have budgeted to break even in 2020–21, before accounting for the requirements of AASB 16 *Leases*. We obtained approval from the Department of Finance to budget for a loss to cover AASB 16 *Leases* adjustments up until the end of 2022–23. This loss will have no effect on cash balances. We do not expect significant changes in the balance sheet.

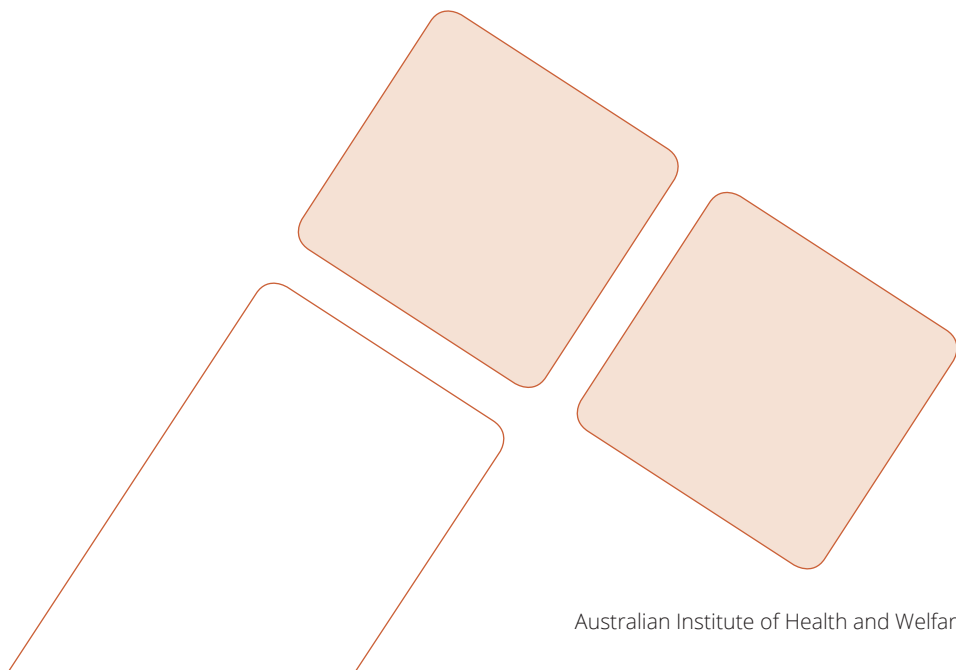
Auditor-General's report

The Australian National Audit Office conducts an annual audit of our financial statements. The auditors issued an unqualified audit opinion that the financial statements for 2019–20 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 audited financial statements can be found in Appendix 3.

Chapter 2

Our products and services

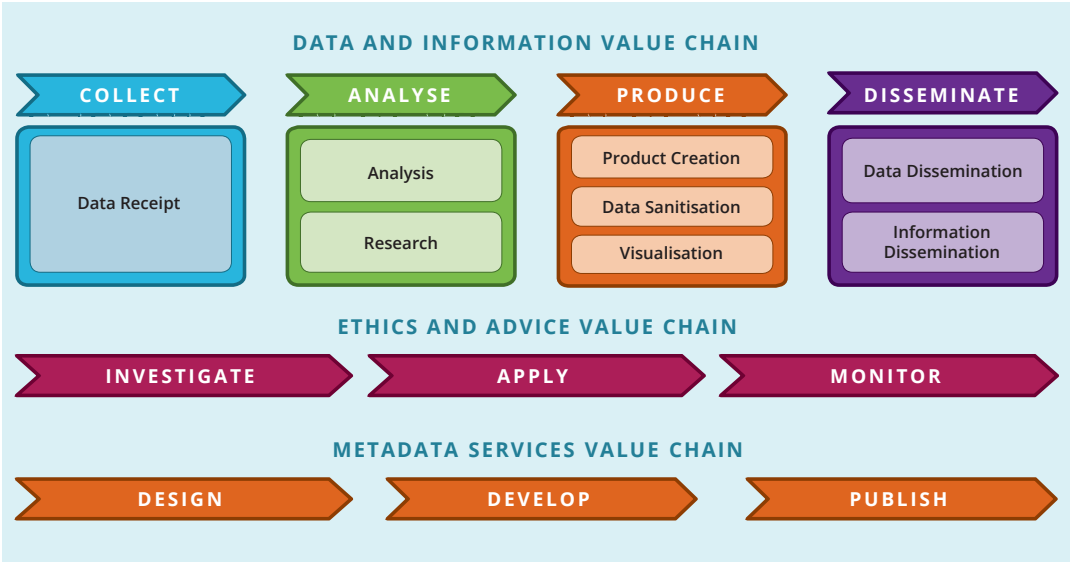
- Our value chain
- Our products
- Spotlight on selected products
- Our services



Our value chain

We publish a suite of products in different formats and provide a range of data services to clients. Figure 2.1 shows how we add value through the information cycle to create authoritative and accessible information and statistics. Our ability to securely link multiple data sets and provide customised data services supports our clients and stakeholders to undertake their own analysis and research.

Figure 2.1: AIHW value chain for data and information, ethics and advice and metadata services



People-centred model

We use a people-centred model for reporting data, recognising that our personal circumstances are key drivers of our health and wellbeing (see Figure 2.2). This helps us better understand the relationships between these aspects of our lives—also known as social determinants—and our health and wellbeing. These different aspects are interconnected, with each having flow-on effects to others. We bring together data from across multiple topics to create new insights into the health and wellbeing of Australians.

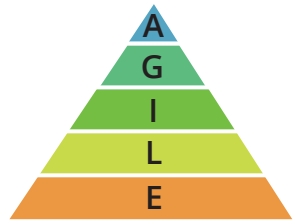
Figure 2.2: The AIHW's person-centred model

AGILE framework

We are committed to making the information and statistics we produce widely accessible. We adopted what we call an 'AGILE' framework to deliver layered information to a variety of audience types (see Figure 2.3). We aimed to produce more high-level overviews to complement our traditional in-depth, policy-relevant reports for health and welfare policymakers and the public.

Figure 2.3: AGILE framework

ATTRACT products are very short; they get people's attention. Infographics, posters and fact sheets are among our Attract products.



GRAB products are short, easy to find and use; they are for people in a hurry. Media releases, fact sheets, presentations and infographics are some of the products that will help Grab our audience.

IMPACT products have information organised in ways that are more meaningful. Infographics, fact sheets, and PDF and HTML reports (including In focus reports) are products with Impact.

LEARN products answer questions and explore ideas; they are tailored to the needs of specific audiences. Products like our PDF and HTML reports, data visualisations and data tables let the audience Learn.

EXPLORE products allow access to more detailed data; they are for those people with specific interests. Data visualisations, data tables and data cubes are among our products that allow our users to Explore.

Our products

In 2019–20, we published 172 products, including traditional print-ready reports as well as web products. In addition, most releases were supported by data and visual analytics products.

These products demonstrate how we contributed toward achievement of our strategic goals (see page xiv), filled data gaps and added value to the information landscape. Some of these products received significant attention in mainstream and industry-specific media. Feedback from stakeholders on these product releases was also positive as evidenced through Twitter mentions (see page 45), requests to make presentations at conferences (see page 100) and comments provided through other formal and informal stakeholder interactions, such as networking at conferences, and invitations to present submissions to parliamentary and other inquiries (see page 50).

The following case studies showcase some of the products we released in 2019–20. A full list of products released is shown in Appendix 1.

Spotlight on selected products

Case study 1: *Acute rheumatic fever and rheumatic heart disease in Australia*

Our challenge

Establishing a new data collection

Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are preventable diseases associated with disadvantage, household overcrowding, inadequate health hardware (for example, facilities for washing people and clothing) and poor access to primary health care.

Aboriginal and Torres Strait Islander people experience some of the highest rates of ARF and RHD in the world, with most cases occurring in northern and central Australia in Queensland, Western Australia, South Australia and the Northern Territory. These jurisdictions have clinical registers to support patient management, each with a unique approach to data collection, analysis and reporting.

In 2018, we were funded by the Department of Health to establish the National RHD data collection. The challenge was to compile data held by the existing clinical registers into a coherent, consistent and comparable data set. We built on previous registers and worked with RHD Australia to define a set of core data items. New methods were needed to ensure each individual was counted once, despite potentially being captured multiple times over a lifetime, and in multiple jurisdictions.

Our response

Formalising data-sharing arrangements

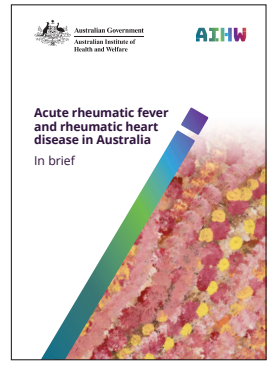
The AIHW led the formalisation of data-sharing arrangements, and used our data receipt and storage tool, Validata™, for data submission. An advisory group was formed to guide the use, interpretation and dissemination of the data. Data assessment, validation, deduplication and analysis were undertaken in consultation with jurisdictional data managers and experts.

We explored the possibilities of incorporating case information from other jurisdictions. The New South Wales Government agreed to supply data from the New South Wales RHD register.

Our results

Improved information on ARF and RHD

Information from the collection was published for the first time in June 2019, with additional analysis and the hard-copy *Acute rheumatic fever and rheumatic heart disease: in brief* released in October 2019. The second annual report *Acute rheumatic fever and rheumatic heart disease in Australia, 2014–2018* followed in June 2020.



Gathering data from multiple jurisdictions into the collection allows for a more accurate understanding of not just the number of people with ARF and RHD, but their geographical spread, and the impact on health services in managing these cases over long periods.

All parties have worked to report comparable and consistent data and to ensure correct interpretation. They also committed to improving data quality over time. This information is critical for service planning and ensuring appropriate allocation of resources to help eliminate these preventable diseases.

Case study 2: *Australian Health Performance Framework and MyHospitals redevelopment*

Our challenge

Providing a single point of entry for health information

In September 2017, the Australian Health Ministers' Advisory Council (AHMAC) endorsed the Australian Health Performance Framework (AHPF) and requested the AIHW take the lead in implementing it. The AHPF creates a new 'national front door' to health information. It replaces previous frameworks, including the National Health Reform Agreement Performance and Accountability Framework and the long-standing National Health Performance Framework.

Funding for the project was approved in 2018. An Implementation Working Group was formed to develop a high-level strategy for implementing the AHPF. The working group agreed on an initial set of indicators for reporting.

Another part of our AHPF challenge was to redevelop the national hospitals reporting platform. Since 1995, the AIHW has reported hospitals information at the national and state/territory levels via the Australian hospitals statistics series available on the AIHW website. Since 2010, the MyHospitals website also provided a platform for hospital-level reporting. Users needed to navigate both websites: the former to access national and state/territory hospitals data, and the latter for hospital-level data.

Our response

Launching a new web platform

After an initial consultation period starting in August 2019, the AIHW launched the new AHPF web platform on 11 December 2019. This new platform provides a high-level overview of how Australia is tracking in relation to health and our health system. It also acts as a navigation aid for users to access health data published by the AIHW as well as other agencies in the Australian Government and the state and territory governments. In addition, the AHPF indicators are presented using a variety of population group disaggregations and levels of geography, such as Primary Health Networks (PHNs).

On the same day, we launched a new MyHospitals reporting platform on the AIHW website. The new platform sits within the broader AHPF and serves as a single point of entry for national hospitals information, bringing together the Australian hospitals statistics series with the content from MyHospitals.

Our results

Users have information in a single place

The new hospitals reporting platform was successfully launched as part of the release of the *Emergency department care 2018–19* and *Elective surgery 2018–19*.

For the first time, users could access more content 'telling a story' about Australia's health and health system, including the hospital system, and presenting key messages about data at national, state/territory, PHN, Local Hospital Network and hospital level all in one place. Users can also access information from the AIHW and other key national, state, territory and non-government agencies, such as the ABS, the National Health Funding Body, the Victorian Agency for Health Information, the Independent Hospital Pricing Authority, the New South Wales Bureau of Health Information and the Australian Commission on Safety and Quality in Health Care.

Case study 3: *National people-centred reports*

Our challenge

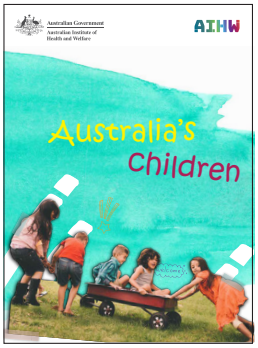
Comprehensive reporting on priority population groups

Effective service delivery and policy development for specific population groups, particularly those with potential additional vulnerabilities, require a complete and often complex picture of their characteristics, experiences and outcomes in life.

Periodic, comprehensive reporting that brings together a wide range of health and welfare data is needed to better understand the wellbeing of these groups, and Australians overall.

Our response

Publishing online, national people-centred reports



Using a new online format, structured around our people-centred model (Figure 2.2), we published 2 comprehensive national reports, *Australia's Children* and *People with disability in Australia*.

With data from over 25 sources, each report provided a unique opportunity to describe and understand the wellbeing of these priority groups. In drawing this information together, the publications also identified data gaps which, if filled, would strengthen the evidence base. These reports covered key aspects of a person's life, including social support, housing, justice and safety, education and skills, income and finance, health, and employment and work.

The overarching vision is that these reports continue to be updated with the latest national data to ensure the currency of information available.

Our results

Improved understanding of the wellbeing of priority population groups

Combined, the reports had strong impact in the community, receiving more than 130 media mentions (including print, newspaper, radio and television). These reports continue to inform debate and discussion about service needs, demands, investment, and data and research needs. They also provide a critical baseline to inform the development of relevant Australian Government policy initiatives, such as the replacement for the *National Framework for Protecting Australia's Children 2009–2020*, and the consultation process for developing performance indicators for the next National Disability Strategy.

These reports complement similar AIHW publications on priority areas and/or groups, including family, domestic and sexual violence, and Australia's youth (forthcoming).

Outlook

Future updates aim to provide greater insight on people's pathways, outcomes and interactions across life domains, as more analysis of linked data assets, such as the National Disability Data Asset pilot, become available.

Case study 4: *Cultural safety in health care for Indigenous Australians*

Our challenge

Improving cultural safety for Aboriginal and Torres Strait Islander health-care users

In Australia, there is an increasing recognition that cultural safety is an important consideration for improved access and quality of care for Aboriginal and Torres Strait Islander health-care users. However, there has been a lack of conceptual clarity and agreement on terms for cultural safety and what they mean, and challenges in measuring the qualitative concepts.

The *National Aboriginal and Torres Strait Islander Health Plan 2013–23* describes a vision for the Australian health system that is culturally safe, free of racism and inequality, and one where all Indigenous Australians have access to health services that are effective, high quality, appropriate and affordable. There are various definitions of cultural safety in relation to the provision of health care. The *Cultural Respect Framework 2016–26* defines cultural safety as: 'not [being] defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns'.

Measuring cultural safety in the Australian health-care system is an important step to understanding if health care is delivered appropriately to Indigenous Australians. However, there is currently a lack of national- and state-level data to adequately measure progress.

Our response

Publishing a monitoring framework

In consultation with key stakeholders, we developed the *Cultural safety in health care for Indigenous Australians: monitoring framework* to bring together available data to assess progress in achieving cultural safety in health care among Indigenous Australians.

The framework comprises 3 reporting modules: measures focusing on culturally respectful health-care services; Indigenous people's experience of health care; and access to health care as an indirect measure of cultural safety. It presents measures from national, state and regional data sources, where possible.

Our results

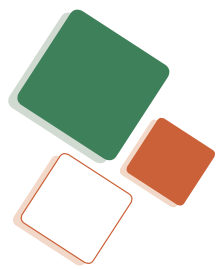
Improved measurement of cultural safety

The most recent data show that in relation to:

- health-care services—95% of Indigenous primary health-care providers had a formal commitment to provide culturally safe health care in 2017–18
- patient experience—an estimated 89% of Indigenous adults in non-remote areas who consulted a doctor in the previous 12 months said their doctor always/usually listened to them in 2018–19.

Outlook

We are conducting further data development to address data gaps in cultural safety in health care for Indigenous Australians, especially in mainstream health services.



Case study 5: *Health impact of tobacco use in Australia*

Our challenge

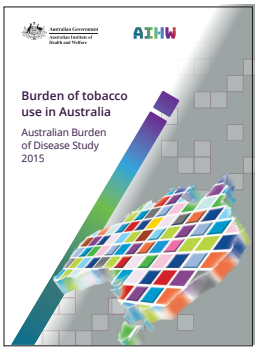
Improving information on the current and future health impact of tobacco use

We aimed to provide more detailed estimates, than previously available, on the health impact of tobacco use in Australia, using the burden of disease analyses.

Our response

Better understanding the groups most at risk of disease burden due to smoking and the expected future health impact

Building on previous burden of disease analyses, the report *Burden of tobacco use in Australia. Australian Burden of Disease Study 2015* was released in October 2019 to provide further insight into the health burden of tobacco use in Australia.



The report examines changes in the burden due to tobacco use over time and includes 5- and 10-year projections to explore the potential impact on disease burden if current trends in smoking continue. It includes a specific analysis of the health impact of tobacco use among people diagnosed with a mental health condition who have much higher smoking rates than the general population. It also draws out important differences in the burden for past and current smokers, for males and females, and inequalities across population groups (e.g. state/territory, remoteness and socioeconomic group).

The project involved collaboration with academic experts from the University of Canberra as well as researchers from the Australian National University working with the 45 & Up Study who provided data and methodological advice.

Our results

Value added to health prevention policy

The report showed that burden from smoking is falling and is expected to continue falling, though the story differs between men and women, and between past and present smokers.

The report was commended by the Department of Health and the staff at the minister's office.

Release of this work also generated considerable interest and mentions in the media (including over 50 radio, 70 newspaper or online news and 12 television mentions) and results were presented at numerous conferences.

The information in this report highlights the varying and complex association between tobacco use and health. Results of this report can be used to prioritise actions to minimise the harm of tobacco in Australia.

Case study 6: *Improved reporting of stillbirths and neonatal deaths in Australia*

Our challenge

Improving reporting and filling data gaps

Australia is one of the safest places in the world for a baby to be born, yet every day 6 babies are stillborn and 2 die in the neonatal period.

The Senate Select Committee on Stillbirth Research and Education was established in early 2018 to inquire into the future of stillbirth research and education in Australia. It received over 269 submissions from individuals and organisations and multiple public hearings across Australia. The committee tabled its report on 4 December 2018. The AIHW has a strong history of collecting and reporting perinatal deaths data and has identified data gaps and areas for improved reporting.

Our response

Delivering novel analysis and increased transparency

The AIHW provided valuable information to the inquiry as to what data were currently available, collection methods and reporting. Throughout the inquiry and in its subsequent findings, we noted ongoing themes surrounding:

- why the rate of stillborn babies in Australia had not declined in 20 years
- a need for more data around timing and causes of death, autopsies and terminations of pregnancy
- increased transparency around data availability and timeliness
- explaining differences across national data collections.

In response, we released the *Stillbirths and neonatal deaths in Australia 2015–2016* report on 4 July 2019 in which:

- new analysis showed that while the overall perinatal mortality rate has remained relatively unchanged for 20 years, it decreased among babies born at 23 weeks or more gestation, babies born to Indigenous women (since 2005) and deaths occurring in the third trimester of pregnancy
- increased reporting on the timing and causes of death and autopsy were included
- graphical displays showed the quality and availability of perinatal mortality data, as well as the timelines of supply of data from state and territory governments through to validation and reporting
- we collaborated with the ABS to provide an explanation for the variation in numbers reported by the AIHW and the ABS due to differences in data collection methods.

Our results

Continued development of data on perinatal deaths

The AIHW is a valuable source of data and information for stillbirths and neonatal deaths. We are responsive to the identification of gaps in data and reporting. Work continues on the standardisation of data collection and improvement on remaining data gaps surrounding terminations of pregnancy and contributing factors.

Membership of the National Stillbirth Project Reference Group enable us to continue to provide input at a national level, including involvement in the development of the National Stillbirth Action and Implementation Plan.

Case study 7: *Improving information on use of alcohol, tobacco and illicit drugs by Indigenous people in remote communities*

Our challenge

Collecting better data on alcohol and other drug use by Indigenous Australians

Understanding patterns of alcohol, tobacco and other drug use in specific populations is important to inform the development and evaluation of effective policies and programs and ensure that efforts will benefit those most at risk of harm. Current national surveys are limited in their ability to provide a comprehensive picture of Indigenous Australians' use of alcohol and other drugs and associated harms—either because the survey is not representative of the Indigenous population or does not collect enough in-depth data on alcohol and other drug use.

The National Drug Strategy Household Survey (NDSHS) is the most comprehensive survey of licit and illicit drug use in Australia. While the proportion of Aboriginal and Torres Strait Islander respondents in each wave of the survey is broadly similar to the proportion of Indigenous people in the Australian population, remote Indigenous communities have been under-represented.

Our response

Improving the representativeness of the Indigenous population in the NSDHS

We invested in surveying people living in remote Indigenous communities with the aim of improving the representativeness of the Indigenous population in the NDSHS. In previous survey waves, randomly selected remote Indigenous communities where residents primarily spoke Indigenous languages were replaced by other communities where English was the primary language spoken.

In 2019, rather than replacing these communities, we actively sought to engage and work with them through specialist Indigenous interviewers and local translators. This approach required some modification to the methodology for selecting participants and collecting data to ensure the process was culturally appropriate.

Our results

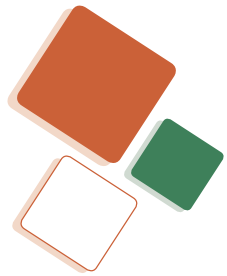
Better representativeness of the Indigenous population

The 8 randomly selected communities were all located in the Northern Territory. All 144 respondents who were approached agreed to participate in the survey.

This is the first time that people living in remote Indigenous communities were included in the NDSHS. Their inclusion improves the overall representativeness of the Indigenous population in the survey.

However, differences in sampling and data collection methodology limit the comparability of these data with the results for other Indigenous Australians. The selected communities were all in one jurisdiction, raising questions about the extent to which the sample is nationally representative of all remote Indigenous communities.

Future surveys will consider changing the sampling frame to improve the representation of remote Indigenous communities and the overall Indigenous population.



Our services

Data linkage

One of our core services is linking data sets to help researchers and policymakers tell a bigger story. Data linkage re-uses existing data and is non-intrusive because it avoids the need to re-contact people whose information has already been collected. Demand for data linkage continues to grow. We completed 82 data linkage projects in 2019–20 compared with 72 in 2018–19 and 61 in 2017–18.

We collect and hold data assets on many subjects and from multiple administrative data sets. This means that we are in a unique position to link data across many health and welfare spheres.

We are an Australian Government accredited Integrating Authority and an international leader in data linkage. Legislation permits us to release data and we have the technical capability and governance arrangements to do so safely and securely. The AIHW Act enables us to provide researchers with secure access to data and information about vital health and welfare topics. We also comply with the *Privacy Act 1988*.

Details of our robust data governance arrangements are at page 64.

Data requests

We provide data on request, which enables researchers to access data tables from our data assets on a cost-recovery basis. Demand for our customised data services continues to increase. We completed 256 customised data requests in 2019–20, compared with 208 in 2018–19 and 184 in 2017–18.

More information on our data request service is available at www.aihw.gov.au/our-services/data-on-request.

Metadata

We administer the METeOR—Australia's repository for national data standards in the health, community services, housing assistance, homelessness and early childhood sectors.

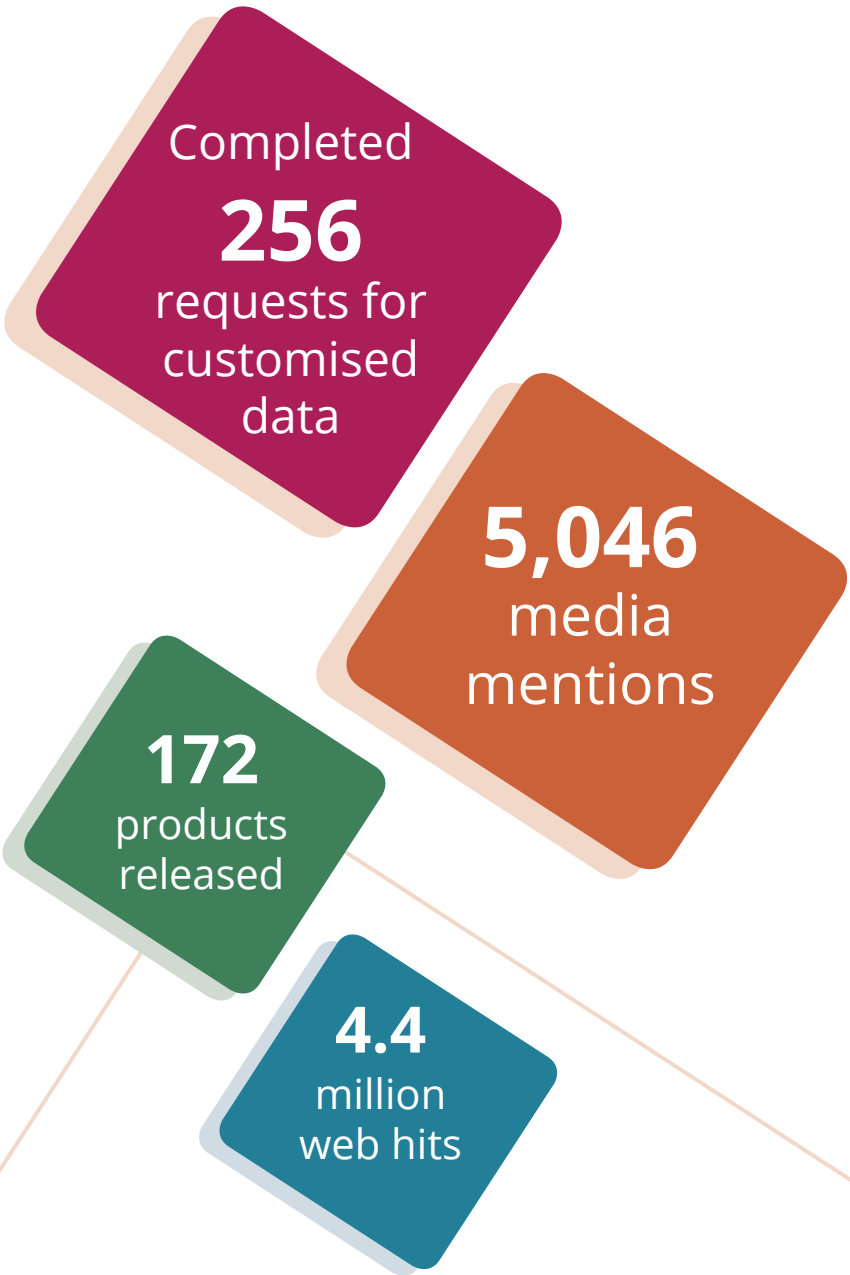
Metadata are information about how data are defined, structured and represented. They are important because they provide meaning and context to data by describing how data are captured and the business rules for collecting data. Metadata also assist in the interpretation of data and support consistency in the collection, analysis and reporting of data and understanding the comparability of results.

We also offer metadata support services for metadata developed or revised by a registration authority. Registration authorities are responsible for endorsing data standards for different sectors and can include Australian, state and territory government departments and NGOs.

We have been developing a replacement for the current METeOR system to improve the quality of information and the user experience. The replacement of METeOR has proven to be more difficult than expected and its anticipated implementation in 2019–20 was not achieved. The contract with an external provider to replace METeOR was terminated and plans are now underway to develop it in-house in 2020–21. We continue to offer the advantage of a disciplined approach to the development, storage and management of metadata for health and welfare data in Australia that is compliant with international metadata standards.

Ethics

We have an Ethics Committee established under the AIHW Act to advise on the ethical acceptability of proposed projects. Researchers can submit Ethics applications to the committee on a fee-for-service basis. For more information, see page 58.


Completed
256
requests for customised data
5,046
media mentions
172
products released
4.4
million
web hits

Chapter 3

Our stakeholders and relationships

- Our stakeholders
- Stakeholder engagement
- Reaching our audiences
- Media coverage
- Social media
- Our websites
- Submissions to inquiries

Our stakeholders

Australian Government

We work with a large number of Australian Government departments and agencies in developing, collecting, compiling, analysing, managing and disseminating health and welfare data and information.

Department of Health

As an independent corporate Commonwealth entity in the Health portfolio, we have a strong relationship with the Department of Health.

Our work for the department is guided by a formal deed between the two organisations, except where that work is required to be put out to competitive tender. The department provides funding for significant additional projects beyond work funded through appropriation.

We provide the department with copies of all our publications in advance of public release.

Department of Social Services

Our relationship with the Department of Social Services (DSS) focuses in areas such as housing and homelessness, disability services, child protection and income support.

We are the data custodian of the department's Housing Data Set and a member of a panel of experts established to support organisations funded under the DSS's Families and Children Activity. We act as a release point for the DSS's researchable Centrelink data asset (DOMINO—Data Over Multiple INdividual Occurrences).

We provide the DSS with embargoed copies of our publications that are relevant to its functions.

Department of Veterans' Affairs

The AIHW and the Department of Veterans' Affairs are parties to an MoU that reflects their commitment to the development of information sources for the delivery of world-class health-care policies and services to veterans. The overarching aim of this partnership is to develop a comprehensive profile of the health and welfare of Australia's veteran population. It also aims to facilitate a coordinated, whole-of-population approach to monitoring and reporting on the current status and future needs of veterans and their families.

State and territory governments

Much of the government services data that we report at a national level are provided by state and territory government departments that fund and deliver those services. Close working relationships with state and territory governments are critical to developing and reporting nationally consistent and comparable health and welfare data.

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

Non-government organisations

We have expanded our engagement with NGOs by providing more consultations and briefings on forthcoming releases (including providing embargo access to reports).

Australian Medical Association President Dr Tony Bartone and our CEO Mr Barry Sandison practising social distancing at AMA House (source: @ama_media), March 2020

Hosting visitors from the German Bundestag Health Committee, October 2019

Some of the NGOs we engage with on a regular basis include:

- Australian Council of Social Service
- Australian Healthcare and Hospitals Association
- Australian Medical Association
- Consumers Health Forum of Australia
- National Aboriginal Controlled Community Health Organisation
- National Rural Health Alliance
- Public Health Association of Australia
- Royal Australian College of General Practitioners
- Royal Australian College of Physicians
- Secretariat of National Aboriginal and Islander Child Care
- Australian Private Hospitals Association.

International collaboration

We play an important role in data standards and classifications work through the World Health Organization's (WHO's) Family of International Classifications and report Australian health statistics to the Organisation for Economic Co-operation and Development (OECD).

We have a staff exchange program with CIHI (see page 87). We also host international visitors to demonstrate our work and to learn from their experiences. In 2019–20, we hosted delegations from the following countries:

- Germany
- Indonesia
- Vietnam.

Stakeholder engagement

Our work is driven by the needs of our stakeholders and understanding these needs was a focus throughout 2019–20. To successfully perform our functions, we rely on forging and maintaining positive, productive relationships with many agencies and organisations across the Australian, state and territory governments, and non-government sectors. The multisectoral nature of our work is reflected in the statutory composition of the AIHW Board and Ethics Committee and the diverse range of entities with which we have entered into an agreement or a memorandum of understanding (MoU).

We completed 3 major stakeholder engagement activities during 2019–20:

- a broad stakeholder survey
- focus groups to gauge community trust
- a survey of Specialist Homelessness Information Platform (SHIP) users.

We also commissioned an independent review to look at the development processes of our products and how to better engage with our major stakeholders.

In addition, we seek and act on feedback from our stakeholders through our various committees and working groups for specific products. This engagement ensures that the requirements of major stakeholders are considered in preparing our products. It enables us to draw on the expertise of data providers and subject matter specialists to deliver high-quality and timely products that meet stakeholders' needs.

Stakeholder survey

Our stakeholders have the potential to directly influence health and welfare outcomes via their decisions and their work. They can also influence how the AIHW is perceived at all levels of the sector. Building and reinforcing preferred methods of engaging strategically and collaboratively with these stakeholders is a priority. In March 2020, we conducted a survey of our stakeholders. Its primary aims were to gain a clear view of: stakeholder perceptions; which AIHW products and services they use; their preferred ways to engage with the AIHW; and the AIHW's reputation.

Survey approach

The survey was sent to 4,559 email addresses sourced from our news subscription list and our authorised list of embargo users. It comprised 10 questions and took approximately 4 minutes to complete.

Results

The AIHW was favoured as the most common source for health and welfare data, followed by the ABS, then other Australian and state and territory government agencies. This result affirmed the AIHW's prominence and reliability in the health and welfare space.

Survey respondents were highly likely to speak positively about the AIHW to colleagues or friends and a vast majority (97%) had used one or more of our product types (Figure 3.1). Respondents were also asked about their preferred method of engagement with the AIHW (Figure 3.2).

The survey data reinforced the AIHW's momentum towards a more visual digital engagement and marketing approach, with more opportunities for collaboration and news updates.

Figure 3.1: AIHW products used by survey respondents

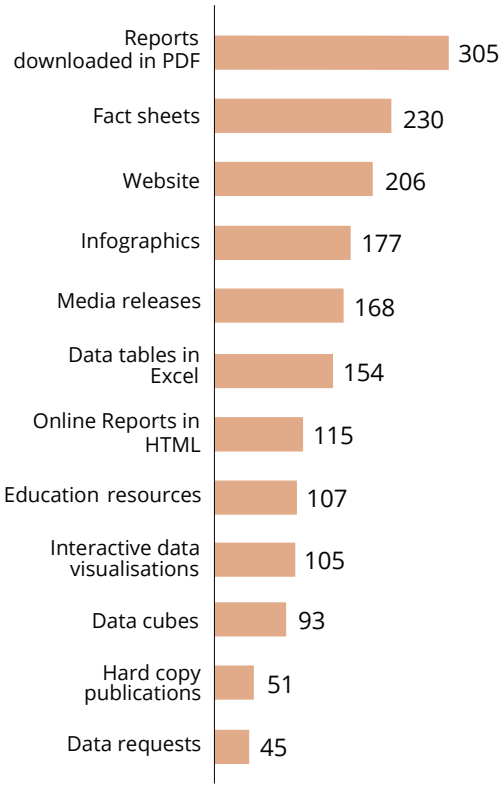
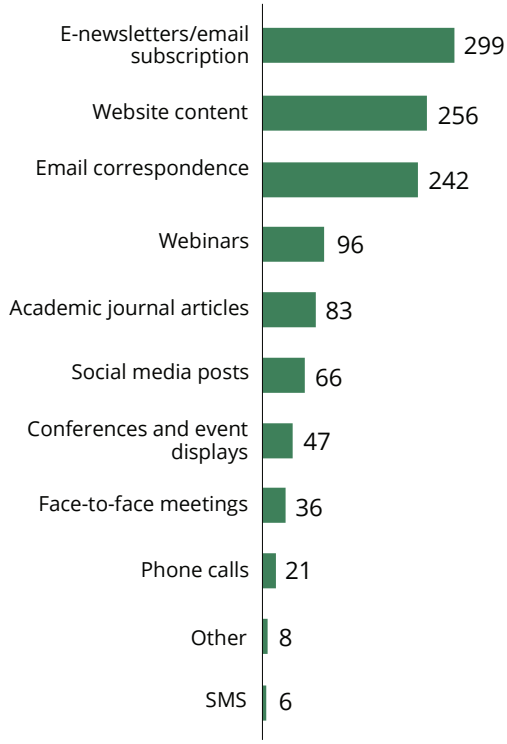


Figure 3.2: Preferred method of engagement by survey respondents



Awesome news
@aihw integrated data platform with Commonwealth and state datasets.

Monique Kilkenny
@KilkennyMonique
13 November 2019

Case study 8: *Community trust in AIHW's use and management of data*

Our challenge

Developing an AIHW approach

The AIHW's Strategic Directions have historically been oriented towards gaining the trust of our core audiences—data users, data suppliers and funders. There is decreased trust in government, high-profile data breaches and heightened sensitivity towards use and management of data related to people. In this context, the Executive Committee endorsed 'Developing an approach to community trust in the AIHW's use and management of data' as one of our Priority Actions for 2019–20. Our Ethics Committee also had a particular focus on this issue, aiming to meet community expectations of how data are used and managed at the AIHW. Similarly, in recent times, broader directives have emerged from PM&C about building trust in government data use.

Our response

Better understanding community attitudes towards the AIHW

To take forward this action, we ran a series of focus groups with the public to gain an up-to-date understanding of attitudes towards the AIHW's use and management of data.

Ten focus groups were held in several cities and regional centres across Australia. A total of 77 people attended, with participants recruited to ensure a mix of social circumstances and attitudes to privacy. Sessions were arranged to gather perspectives from Aboriginal and Torres Strait Islander people.

Discussion covered our uses of data, safeguards and case studies describing different data sets and collection methods, including a household survey, linked data, enduring linked data, and data from the private sector.

Our results

A new policy statement

This invaluable work has provided some useful perspectives. Results suggest that different types of work require different communication approaches, and that there are additional steps we can take to demonstrate trustworthiness to Indigenous communities.

The Executive Committee, AIHW Board and the Ethics Committee have recommended a new policy statement and related actions to be undertaken as part of implementing our approach to building and retaining community trust. The findings have been well received by our Strategic Committee for National Health Information (SCNHI), the Department of Health, the ABS, PM&C and the Canadian Institute for Health Information (CIHI).

Specialist Homelessness Information Platform

SHIP is a client management system provided to Specialist Homelessness Services agencies through state and territory governments funding. The AIHW negotiated the contract for provision of SHIP with Infoxchange on behalf of state and territory housing departments.

SHIP satisfaction survey

We conducted a SHIP satisfaction survey from 11 April to 30 May 2019. The survey was distributed to all 4,645 SHIP users from approximately 900 agencies in Victoria, Queensland, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory. New South Wales and South Australia do not use SHIP. Responses were received from 1,516 users, yielding a

response rate of 33%.

The survey was designed to gauge the overall level of satisfaction of users with SHIP as well as its usability and adequacy of available functions. It also contained questions about characteristics of the users to enable analysis of what factors may affect satisfaction with SHIP.

The number of questions was kept small to limit the burden on respondents. On average, respondents completed the survey in 3–4 minutes. No identifiable information about the respondent or their agency was collected.

Results

Overall, 84% of respondents were satisfied with SHIP. Detailed national results were outlined in a paper and provided to state and territory governments. A specific state/territory-level report was also produced for each jurisdiction.

Independent review of product development

In October 2019, we commissioned Mr Peter Harper, a former deputy statistician at the ABS, to undertake a systemic review of the approaches used in the development of reports and products. This review was established to examine differences between statistical approaches used by the AIHW and other organisations in the Health portfolio and the Productivity Commission, and the small number of errors in reports released in September 2019.

The differences in statistical approaches are generally justifiable but there is the potential for confusion by users of the reports. There is also a risk that our statistics could be considered of poor quality or potentially unreliable if the discrepancies are not adequately explained or accepted by users. In particular, where differences in statistical approaches are likely to be contentious with stakeholders, we need to be aware of it and manage stakeholder expectations.

The report included suggestions for reducing the risk of errors and enhancing the AIHW's reputation with stakeholders. These suggestions related to:

- statistical and methodological differences
- limiting use of '1-year snapshots'
- stakeholder engagement for major reports
- quality of data received
- internal approval processes.

The report was considered by the Risk, Audit and Finance Committee and the AIHW Board at its meeting in March 2020. Implementation of the recommendations has commenced.

Engagement through committees

We actively engage in more than 60 national committees across health and welfare. We collaborated with all state and territory governments, the Department of Health, and other key agencies and stakeholders through our committees, the Strategic Committee for National Health Information (SCNHI) and the National Health Data and Information Standards Committee (NHDISC). Through these committees we maintained relationships with the AHMAC, primarily through its Health Services Principal Committee (HSPC). An MoU has been established to formalise our relationship with the AHMAC.

The Housing and Homelessness Data Working Group (HHDWG) is an advisory body established by the National Housing and Homelessness Agreement. Working group members have provided input into AIHW publications, data products, and AIHW managed data collections. Participation in the HHDWG in 2019–20 primarily focused on finalisation of the Data Improvement Plan.

Strategic Committee for National Health Information

The SCNHI is an advisory committee to the AIHW. It provides strategic advice in relation to the AIHW's national health information work, including overall priorities, and the Institute's health sector performance reporting work in the context of the National Health Information Agreement. The SCNHI also provides advice on engagement with the AHMAC and the HSPC. The Chair of the committee and the AIHW CEO jointly report to the AHMAC annually and provide advice to the AHMAC on national health information matters.

The SCNHI met 4 times in 2019–20 and discussed the following topics:

- Royal Commission into Aged Care Quality and Safety
- AIHW's community trust work
- AIHW Data Governance Framework
- AIHW Data Plan
- AHPF
- COVID-19 response and lessons learned
- National Health Information Strategy (NHIS)
- NIHSI AA
- Primary Health Care Data Asset and other primary health-care activities.

The SCNHI's advice on these projects and issues will inform the next steps taken by the AIHW. Members also discussed a number of jurisdictional initiatives of broader relevance to the group, including updates on development of the National Health Reform Agreement, approaches to consultation and engagement, general practitioner (GP) data linkage, low value/values-based care, patient safety reporting, and tools to map geographical variation in health-care delivery.

National Health Data and Information Standards Committee

The NHDISC was established to provide advice to the AIHW on its work in developing and maintaining national health data and information standards and related national health information infrastructure, in the context of the National Health Information Agreement. The NHDISC undertakes the work set out in our agreement with the AHMAC, to manage national processes for development, agreement and maintenance of national health data and information standards.

We perform the role of the National Health Registration Authority (for national health data standards published in METeOR) on behalf of the AHMAC. The NHDISC approves any new or changes to National Minimum Data Sets, National Best Endeavours Data Sets and National Best Practice Data Sets. It also oversees the development and endorsement of specifications for performance indicators, such as those reported in the AHPF.

The NHDISC met 5 times in 2019–20. In addition to its ongoing functions, its key outcomes were:

- a review of data elements in the Admitted Patient Care National Minimum Data Set (NMDS)
- updates to the Non-admitted patient care aggregate National Best Endeavours Data Set (NBEDS), Non-admitted patient NBEDS, Perinatal NMDS and NBEDS
- a review of both the AHPF indicators and the National Healthcare Agreement performance indicators for 2020
- revision of the specification for National Healthcare Agreement Performance Indicator 30—Elapsed times for Home Care Packages.

Supporting the AHMAC

Our CEO attended the AHMAC's meeting on 6 December 2019 to present and discuss the work of the AIHW; seek advice from the AHMAC on our work priorities; provide advice on health information matters; and other matters of mutual interest.

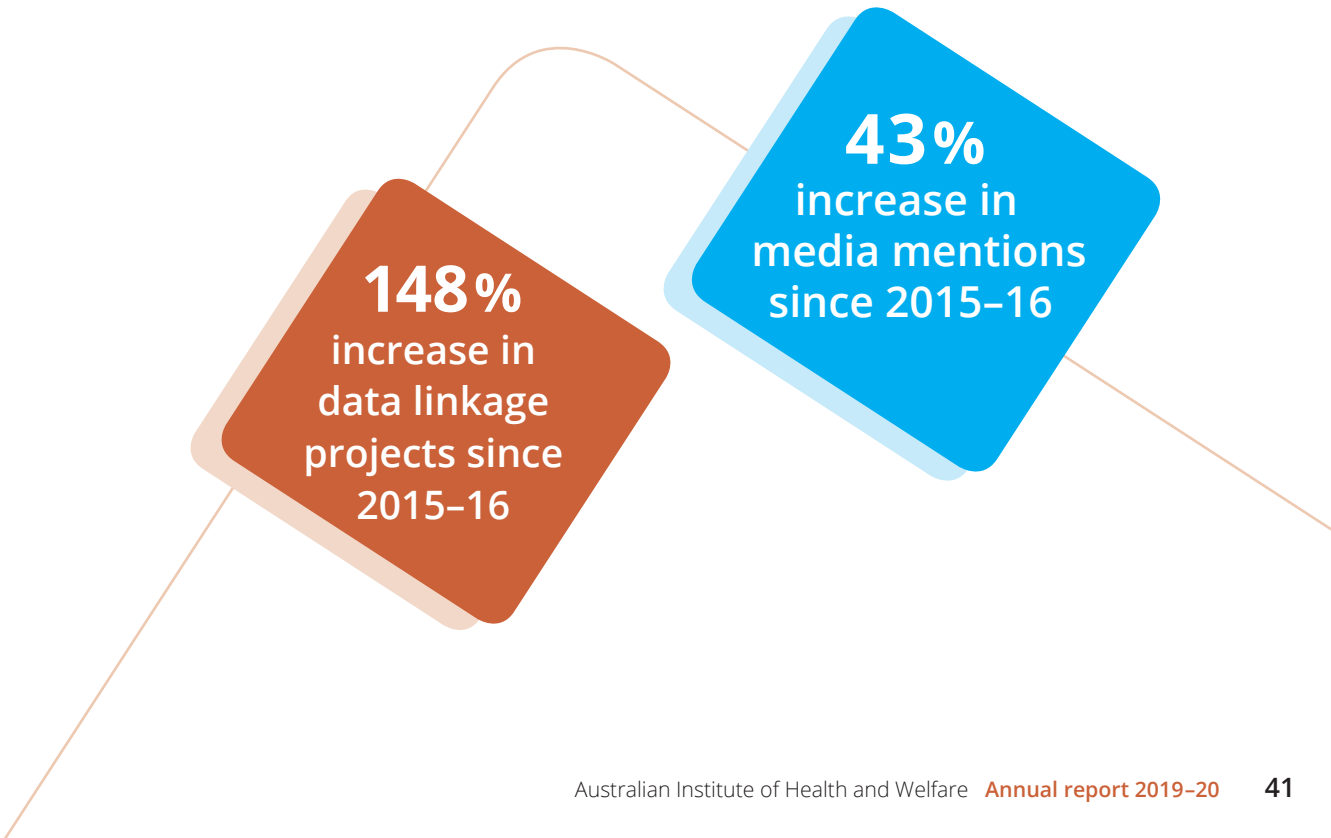
The AIHW undertook a number of projects funded by the AHMAC. We also provided regular updates on these projects to the AHMAC's HSPC. In addition to regular progress and project updates, the AIHW submitted papers to the HSPC on the review of the International Classification of Diseases, 11th Revision (ICD-11), palliative care and end-of-life data development, and received approval for the AIHW Data Plan.

WHO Family of International Classifications

The AIHW is the Australian Collaborating Centre (ACC) for the WHO's Family of International Classifications (WHO-FIC). In this role, the AIHW assists the WHO in its work to develop, maintain and implement the classifications, which include the International Classification of Diseases. We also worked to coordinate the efforts of other Australian stakeholders in collaboration with the WHO and disseminated information about the WHO's classifications work within Australia.

The AIHW, as the ACC, provided information to Australia's Member State representative to the World Health Assembly—the Department of Health—as and when required.

Over the past year, the ACC contributed to the WHO's work to finalise ICD-11. Also, the ACC coordinated field testing of the International Classification of Health Interventions in Australia on behalf of the WHO.



Spotlight on developing the National Health Information Strategy

Australia's health information system achieves some of the best outcomes in the world through strong foundations in clinical practice, education, training and research, supported by an evolving national health information infrastructure. However, the absence of a national strategy or framework for the management of national health data and information in Australia has been a barrier to collaboration (including with the clinical and research communities and the private sector) and has resulted in missed opportunities and limited strategic investment.

The AIHW, SCNHI and HSPC have been working to remedy this barrier by developing the NHIS. The objectives of the NHIS are to provide a 10–15-year vision, outline the challenges and priorities, and develop an enduring and overarching framework to achieve coordinated, integrated, efficient, effective and timely health information and data that will meet the needs of health consumers and all who work in, and manage, Australia's health system. It will cover intersecting aspects of health and wellbeing, including the social determinants of health, over the lifecourse of individuals. It will bring together data from other sectors, such as aged care, disability, education, welfare, justice, housing and employment, and integrate comprehensive data and information from private and public sources. It will provide a framework for a series of action plans to shape strategic investment in health information both in the short and longer term.

In July 2019, the AIHW established an independent expert panel to take the overall lead on the development of the NHIS. We commenced engagement and consultation with stakeholders in governments and the health sector.

Panel members as at 30 June 2020 are:

- Emeritus Professor Mike Daube AO (Chair), previously professor of health policy, Curtin University and director general of health for Western Australia
- Professor Louisa Jorm, Director, Centre for Big Data Research in Health, University of New South Wales
- Ms Leanne Wells, CEO, Consumers Health Forum
- Dr Kalinda Griffiths, Scientia Fellow, Centre for Big Data Research, University of New South Wales
- Dr Michael Wright, Chair of the Central and Eastern Sydney PHN and Chair of the Royal Australian College of General Practitioners' national Reference Expert Committee on Funding and Health System Reform.

Professors Michael Kidd and Sandra Eades were original members of the panel but stepped down in early 2020. More information on the NHIS can be found at www.aihw.gov.au/our-services/committees/national-health-information-strategy-independent-e.

A series of face-to-face consultation sessions, facilitated by Dr Norman Swan, were held in late 2019 and early 2020 in each capital city to engage with stakeholders. Similar sessions were held with the National Health Leadership Forum and the Consumers Health Forum. An online submission process was made available during March 2020 on the AIHW website. Feedback received from these sessions will be used by the panel to inform the development of the NHIS.

The NHIS was planned to be provided to the AHMAC and the COAG Health Council by early 2021, before its release. However, on 29 May 2020, the National Cabinet agreed on a revised architecture for federal relations and a review of the COAG Ministerial Councils. These changes may impact the release of the NHIS.

Reaching our audiences

We continued to make our work widely available and easy to understand through increased use of short reports, data visualisations, infographics and interactive data. All print-ready publications are available free of charge on our website as PDF documents. Increasingly, key publications are being made available in HTML format. Users are invited to contact us if they need information from the website presented in an alternative format for accessibility reasons.

Notification service for stakeholders

One of our communication channels is an on-the-day email notification service alerting subscribers to new AIHW product releases. As at 30 July 2020, more than 34,900 people subscribed to this service. Subscriptions to these notifications rose by 7% in 2019–20 compared with the previous year (Table 3.1).

Table 3.1: Email notification service subscriptions by category 2015–16 to 2019–20

Year at 30 June	2015–16	2016–17	2017–18	2018–19	2019–20	Change (%) 2018–19 to 2019–20
Health-related products	6,308	6,650	7,234	8,682	8,951	↑ 3.1
Welfare-related products	4,947	5,250	5,649	6,135	6,472	↑ 5.5
Education resources	4,573	5,010	5,617	5,030	5,406	↑ 7.5
AIHW Access online newsletter	6,499	7,299	7,519	8,769	8,929	↑ 1.8
Mental Health Services	..	..	..	3,255	3,813	↑ 17.1
Primary Health Care	..	..	..	780	1,372	↑ 75.9
Total	**22,327**	**24,209**	**26,019**	**32,651**	**34,943**	**↑ 7.0**

.. not applicable.

Media coverage

The rescheduling of some reports and a focus by the media on COVID-19 during the fourth quarter led to an overall decline in media coverage during 2019–20 (Figure 3.3).

We issued 29 media releases in 2019–20, down from 36 in 2018–19. The AIHW had 5,046 media mentions throughout the year, down from 6,167 in the previous year. There were declines in online, print, radio and television coverage (Figure 3.3 and Table 3.2).

The two reports that attracted the most media coverage during the year were *Australia's welfare 2019* (260 media items) and *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update* (241 media items). Our top 5 products for media coverage is shown in Table 3.3.

We engaged Media Measures to analyse how the AIHW was portrayed in the media during the second quarter. The analysis found that the 'tone' of 99.2% of media stories were positive.

Figure 3.3: Media coverage 2019–20

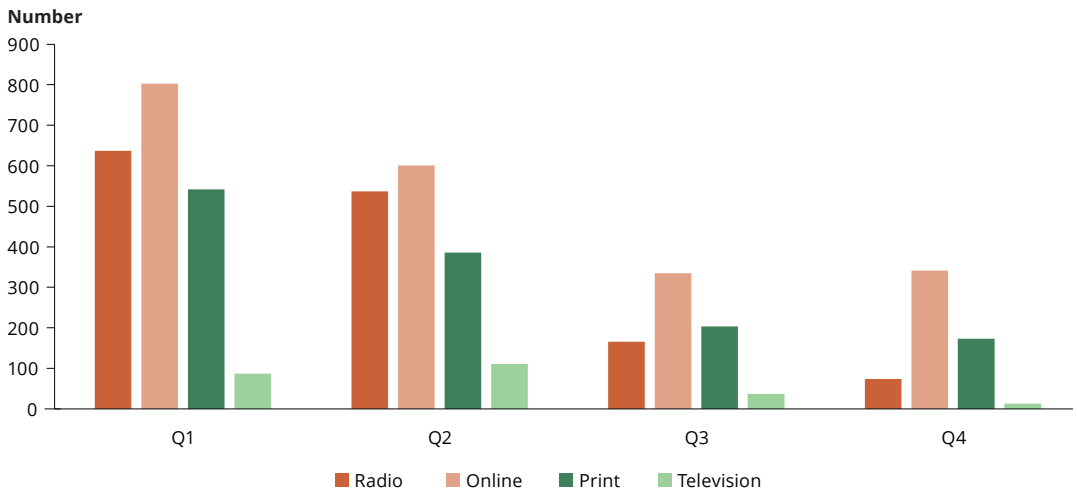


Table 3.2: Media coverage and media releases, 2015–16 to 2019–20

Media type	2015–16	2016–17	2017–18	2018–19	2019–20	Change (%) 2018–19 to 2019–20
Online	1,496	1,822	1,645	2,222	2,080	↓ 6.3
Print	798	1,694	1,923	1,695	1,304	↓ 23.1
Radio	1,106	1,617	1,629	1,904	1,414	↓ 25.7
Television	129	221	273	346	248	↓ 28.3
Total	**3,529**	**5,354**	**5,470**	**6,167**	**5,046**	**↓ 18.1**
Media releases	**57**	**35**	**37**	**36**	**29**	**↓ 19.4**

Table 3.3: Top 5 products for media coverage, 2019–20

Rank	Title	Media mentions
1	*Australia's welfare 2019*	260
2	*Medications dispensed to contemporary ex-serving Australian Defence Force members, 2017–18 (web)* *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update (web)* *Use of homelessness services by ex-serving Australian Defence Force members 2011–12 to 2016–17 (web)*	241
3	*Elective surgery 2018–19 (web)* *Emergency department care 2018–19 (web)*	156
4	*Burden of tobacco use in Australia: Australian Burden of Disease Study 2015*	140
5	*Australia's children*	127

Social media

Twitter

Twitter (@aihw) continues to be one of our primary social media platforms for communicating with our stakeholders.

In 2019–20, we published 211 tweets, with about 845,000 'impressions' (see Box 3.1).

We had 21,160 followers as at 30 June 2020—an increase of about 16% compared with the previous year (18,200 followers in 2018–19). The topics and reports with the highest level of engagement in 2019–20 are detailed in Table 3.4 and figures 3.4 and 3.5.

Table 3.4: Top 10 AIHW topics/reports based on Twitter engagements, 2019–20

Rank	Topic	Engagements
1	Housing and homelessness	1,037
2	Alcohol, tobacco and other drugs	552
3	Chronic conditions	548
4	Australia's welfare	417
5	Children's health	316
6	Maternal health	307
7	Aged care	210
8	Deaths and life expectancy	210
9	Cancer	183
10	Endometriosis	158

Box 3.1: Twitter analytics terms

Impressions:

Number of times users saw the tweet on Twitter.

Engagements:

Total number of times users interacted with a tweet, including retweets, replies, follows, likes and clicks on hashtags, links, avatar, username and tweet expansion.

Engagement rate:

Number of engagements divided by the total number of impressions. Rates between 33 and 100 reactions for every 1,000 followers (0.33% and 1%) are considered to be very high.

Figure 3.4: Top 6 topics by Twitter impressions, 2019–20

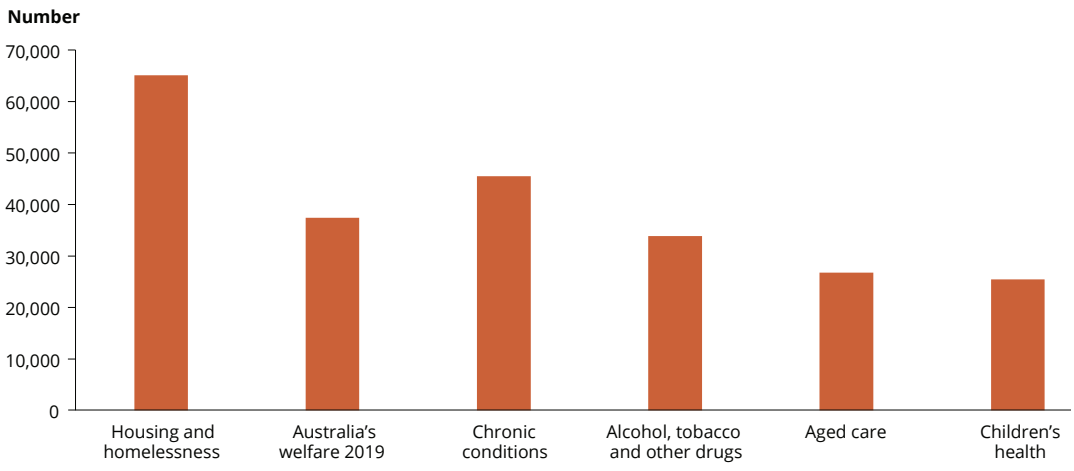
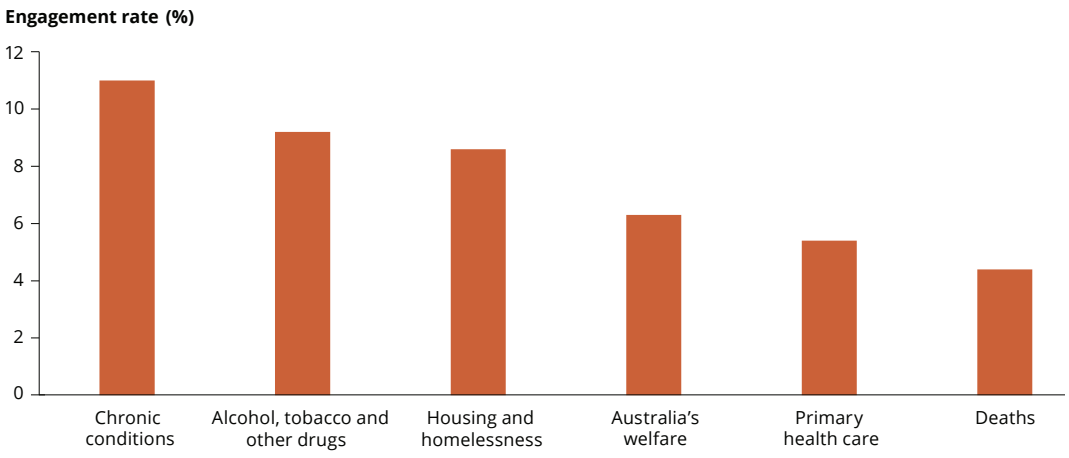


Figure 3.5: Top 6 topics by Twitter engagement rates (%), 2019–20



LinkedIn

In 2019–20, we experienced significant growth in the number of followers and the engagement rate on LinkedIn. We achieved this growth by implementing a new content strategy that involved cross-posting content from Twitter to LinkedIn, posting original content regarding conferences and awareness-raising events, and increasing the CEO's LinkedIn presence with thought-leadership-style articles that we shared on our corporate page.

In 2019–20, we published approximately 75 LinkedIn posts. We had 3,594 followers as at 30 June 2020—tripling our 1,009 followers in 2018–19. Our average engagement rate (Box 3.2) was 5.7% in 2019–20, with the benchmark sitting around 3–4% for similar government agencies and health associations. The posts with the top 10 LinkedIn engagements and LinkedIn impressions are shown in Table 3.5 and Table 3.6.

Note: This covers an 11-month period from 1 August 2019 to 30 June 2020 as previous LinkedIn analytics are unavailable.

Box 3.2: LinkedIn analytics terms

Impressions:

Number of times users viewed the post.

Engagements:

Total number of times users interacted with a post, including clicks, likes, shares, comments, follows, link clicks and video views.

Engagement rate:

Number of engagements divided by the total number of impressions. Rates between 33 and 100 reactions for every 1,000 followers (0.33% and 1%) are considered to be very high.

3,594
LinkedIn followers

Mr Barry Sandison, CEO at the Family and Relationship Services Australia National Conference, Hunter Valley, November 2019

Table 3.5: Top 10 AIHW posts based on LinkedIn engagements, 2019–20

Rank	Topic
1	AIHW staff at the Health Information Management Association of Australia Limited (HIMAA) conference, 2019
2	Ms Vicki Bennett at the 19th International Federation of Health Information Management Associations (IFHIMA) Congress in Dubai, 2019
3	New MyHospitals reporting platform and AHPF
4	Australian Public Service (APS) census results
5	Housing Data Dashboard
6	Tableau #MakeoverMonday featuring AIHW homelessness data set
7	Maternal health—*Australia's mothers and babies 2018*
8	CEO Mr Barry Sandison at the Family and Relationship Services Australia National Conference, 2019
9	*Patterns of health service use by people with dementia in their last year of life: New South Wales and Victoria*
10	*Australia's children*

Table 3.6: Top 10 AIHW posts based on LinkedIn impressions, 2019–20

Rank	Topic
1	CEO Mr Barry Sandison at the Family and Relationship Services Australia National Conference, 2019
2	AIHW staff at the HIMAA conference, 2019
3	Ms Vicki Bennett at the 19th IFHIMA Congress in Dubai, 2019
4	First national report on *Endometriosis in Australia: prevalence and hospitalisations*
5	New MyHospitals reporting platform and AHPF
6	*Australia's children*
7	*Hospitalised sports injury in Australia, 2016–17*
8	APS census results
9	Tableau #MakeoverMonday featuring AIHW homelessness data set
10	*Australia's welfare 2019*

Multimedia

In 2019–20, we built on our social media presence through the implementation of our new social media strategy and policy. We continued to use Twitter for targeted communication, but also increased content and engagement on our secondary channel, LinkedIn, while utilising YouTube as a support platform.

To better reflect current social media trends and enhance our engagement with stakeholders, we developed and broadened our suite of digital products through the use of:

- infographics
- video animations
- GIFs (moving images).

We will continue developing this strategy for standard product releases in 2020–21, including the introduction of an AIHW podcast and development of paid-for media (sponsored/promoted social media content campaigns).

Guest speakers

Our guest speaker series aims to bring in external speakers to talk to staff about interesting and relevant topics. In 2019–20, 5 experts spoke about a range of topics (see Table 3.7). Guest speaker events cancelled from February onwards to ensure staff safety amid the COVID-19 pandemic.

Table 3.7: Guest speaker topics, 2019–20

Topic
Department of Health and its role working with the AIHW
Australian Social Progress Index
Secondary use of primary care electronic medical record and administrative data to inform health policy and practice: examples and lessons learned from Canada
Australian Health Research Alliance's Transformational Data Collaboration
Literature review to inform My Health Record
Legal and ethical challenges and solutions in the era of big data: a UK perspective
Role of data in the Royal Commission into Institutional Responses to Child Sexual Abuse
Mental Health Month

Insights Workshop series

In September, we continued our Insights Workshop series by hosting a workshop with the NGO sector about collaborating to achieve common objectives. This workshop provided an opportunity for health and welfare NGO agencies across Australia to share ideas and experiences and forge new collaborations to drive data improvements.

Attendees were presented with information about our data resources, insights into new and innovative projects and a 'show and tell' of our data tools. External guest speakers shared case studies and other tools.

Our websites

Our website at www.aihw.gov.au is our main channel for AIHW information, including our PDF and HTML reports, other data-related outputs, our services and corporate information. Many of our reports include interactive data tables and other visual displays of information.

There were 4,447,359 user sessions on our website in 2019–20—an increase of 8.5% from 2018–19 (4.1 million).

We managed 4 other websites in 2019–20: GEN—Aged Care Data, the Australian Mesothelioma Registry (AMR), Housing Data Dashboard and MyHospitals (1 July 2019 to 31 March 2020).

GEN—Aged Care Data

Our GEN website at www.gen-agedcaredata.gov.au is designed to cater for all levels of users, from people seeking basic information through to data modellers and actuaries.

Each section on the website begins with an overview and 'fast facts' on the topic, followed by greater detail and the ability to interact with the data. Additional data underpinning each topic are available for further analysis.

There were 92,100 sessions on the GEN website in 2019–20, which is comparable with 2018–19 (92,700).

Australian Mesothelioma Registry

We manage the AMR at www.mesothelioma-australia.com on behalf of Safe Work Australia. The AMR contains information about people with mesothelioma, monitors new cases diagnosed in Australia from 1 July 2010 and collects information about asbestos exposure.

There were 4,400 sessions on the AMR website—an increase of 16% from 2018–19 (3,800).

Housing Data Dashboard

The Housing Data Dashboard was launched on 26 August 2019. It is a novel website that brings together data from over 20 key national data sets into an interactive dashboard environment. Users can dig deeper into the data presented via interactive dynamic data displays and can export or share customised dashboards with others. Each data tile is a gateway to the data source where detailed analysis, data quality information and additional data are presented.

There were 16,391 sessions on the Housing Data Dashboard.

MyHospitals

The new MyHospitals subsite on the AIHW main website was launched on 11 December 2019, with the original MyHospitals website (www.myhospitals.gov.au) available for stakeholders to access and download data. It was decommissioned on 31 March 2020, with re-directs to the new AIHW subsite after this date.

The MyHospitals national reporting platform allows users to explore information about more than 1,000 public and private hospitals, Local Hospital Networks and trends across Australia.

There were 1,000,334 page views on the original MyHospitals website from 1 July 2019 to 31 March 2020. Since the launch (11 December 2019) of the MyHospitals subsite on the AIHW website, there were 294,224 page views to 30 June 2020.

Submissions to inquiries

We made 7 submissions to parliamentary and government inquiries in 2019–20:

- Productivity Commission's review into the Indigenous Evaluation Strategy
- National Regulatory System for Community Housing Data Review
- Senate Community Affairs References Committee inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder
- Parliamentary Joint Committee on Law Enforcement inquiry into illicit tobacco
- Victorian Legislative Council Legal and Social Issues Committee inquiry into homelessness in Victoria
- Victorian Legislative Assembly Legal and Social Issues Committee inquiry into support services and responses to historical forced adoption
- House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into homelessness in Australia.

Submissions, where published, are available from the relevant committee's websites via www.aihw.gov.au/about-us/submissions.

A great visualisation

from Housing Assistance in Australia report released today—when we talk about public housing, we're talking about people. Someone's child, parent, sibling. It's easy to forget but critical to remember.

Victorian Public Tenants Association @publictenants
18 July 2019

Chapter 4

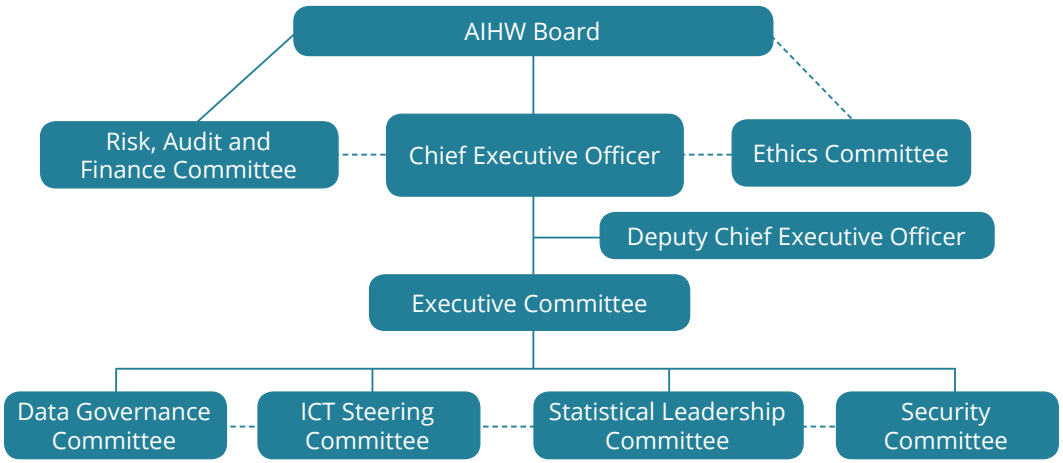
Our governance and accountability

- Corporate governance
  - Legislation
  - AIHW Board
  - Risk, Audit and Finance Committee
  - AIHW Ethics Committee
- Management
  - Executive Committee
  - Protecting privacy
  - Data governance
  - Financial management
  - Risk oversight and management
  - Mandatory reporting

Corporate governance

The AIHW's governance framework provides the structure in which we operate to achieve our purpose, ensure transparency and accountability, manage resources and mitigate risks.

Overview



Legislation

The AIHW was established as a Commonwealth statutory authority in 1987 as the Australian Institute of Health.

In 1992, its role expanded to include welfare-related information and statistics, and the organisation was renamed the Australian Institute of Health and Welfare. Its composition, functions and powers in the analysis, reporting and dissemination of the nation's health- and welfare- related information and statistics are outlined in its enabling legislation, the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

The AIHW's functions are prescribed in section 5 of the AIHW Act and presented on page xiii.

The AIHW Act requires the AIHW to publish information in the public domain. It also contains a strict confidentiality provision. Section 29 of the Act prohibits the release of documents and/or information 'concerning a person' held by the AIHW other than in compliance with any written terms and conditions imposed by the data provider.

Section 31 of the AIHW Act requires us to produce a report on Australia's health and on Australia's welfare every 2 years, and provide them to the Minister for Health in the timeframes prescribed in the AIHW Act. The minister is required to table these reports in Parliament within 15 sitting days of receipt.

As a Commonwealth entity, the AIHW is also required to comply with the *Privacy Act 1988* (Privacy Act), which imposes strict obligations in relation to the collection, use and disclosure of personal information. Hence, the data in our care are protected by two sets of obligations: those contained in the AIHW Act and those in the Privacy Act.

In certain circumstances, the AIHW Ethics Committee may authorise the release of personal information for medical research that would otherwise constitute a breach of an Australian Privacy Principle in the Privacy Act.

Accountability to the Minister for Health and Parliament

The AIHW is part of the Health portfolio. The AIHW Board is accountable to the Parliament of Australia through the Minister for Health. It informs the minister of its activities as required by the AIHW Act and the PGPA Act.

The Minister for Health—and other relevant ministers in the Australian Government and state and territory governments—have early access to our products under embargo arrangements.

The CEO and senior AIHW executives may be required to attend Senate estimates hearings as part of the Health portfolio and to provide expert evidence at parliamentary inquiries.

Ministerial directions

No ministerial directions under section 7 of the AIHW Act were received in 2019–20.

Government policy orders

No government policy orders under section 22 of the PGPA Act were applied to the AIHW in 2019–20.

AIHW Board

The AIHW Board is established by section 8 of the AIHW Act and is the AIHW's accountable authority under the PGPA Act. Its main function under the AIHW Act is to ensure the proper, efficient and effective performance of the AIHW. The board operates under a Charter of Corporate Governance (see www.aihw.gov.au/about-us/our-governance/our-charter). The board's composition is outlined in section 9 of the AIHW Act.

The AIHW Board met 4 times in 2019–20. Appendix 2 provides details of the meetings attended by board members.

Board members, other than the CEO, are appointed by the Minister for Health and hold office for a specified term not exceeding 5 years. In 2019–20, the minister reappointed the Chair, Mrs Louise Markus, for a further 3-year term to 13 December 2022. The minister also reappointed Dr Zoran Bolevich, Ms Christine Castley and Ms Marilyn Chilvers for another 3 years. There were no outgoing members in 2019–20.

The CEO is an ex-officio board member. Under section 18F of the AIHW Act, the CEO is not to be present at any deliberation of the board, or take part in any decision, that relates to their appointment, remuneration or performance.

Board members are paid an annual fee determined by the Remuneration Tribunal. As at 30 June 2020, members were paid in accordance with *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2019*. The CEO and members who were Australian Government, state or territory public servants did not receive any remuneration. Information on the fees paid to board members is in Appendix 2.

Board members

Information about board members is current as at 30 June 2020 and includes their qualifications, tenure, current positions and professional affiliations.

Louise Markus BSocWk

Chair

Term: 14 December 2019–13 December 2022

Previous term: 14 December 2016–13 December 2019

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 in her local community in numerous volunteer roles.

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

Deputy Chair

Term: 3 December 2018–2 December 2021

Previous terms: 21 November 2012–20 February 2013; 1 March 2013–29 February 2016; 23 March 2016–22 March 2017; 24 March 2017–23 March 2018; 24 March 2018–23 June 2018

Dr Lalor 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 the Chair of the AIHW's Chronic Conditions Advisory Group. She is a former director of VincentCare Victoria, and a member of the Victorian Liquor Control Advisory Council and the National Alliance for Action on Alcohol. 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.

Barry Sandison BBusMgt, FANZSG

AIHW CEO, Executive Director

Term: 5 May 2016–4 May 2021; Ex-officio appointment

See page 70 for the CEO's biography.

Zoran Bolevich DM, MBA, FRACMA

Non-executive Director

Term: 3 March 2020–2 March 2023

Previous terms: 11 February 2016–27 November 2018; 3 December 2018–2 December 2019

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, responsible for planning, implementing and supporting a digitally enabled, integrated and patient-centric health information environment. During his 25-year career

in health, he worked in a range of senior health management and 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.

Christine Castley LLB, BA, MA, MPA

Non-executive Director

Term: 3 March 2020–2 March 2023

Previous term: 3 December 2018–2 December 2019

Ms Castley has served in multiple senior leadership roles across the Queensland Government, with significant experience in strategic policy, governance and service delivery. She is Deputy Director-General in the Department of the Premier and Cabinet. Previously, she was deputy director-general, housing, homelessness and sport in the Department of Housing and Public Works.

In 2014 and 2015, Ms Castley led the Secretariat to the Taskforce on Domestic and Family Violence, working with the Chair of the Taskforce, the Hon. Dame Quentin Bryce AD CVO, government, opposition and independent members of Parliament, as well as community-sector representatives. She has also worked in a variety of agencies, including Natural Resources and Mines, State Development and the Queensland Performing Arts Trust.

Marilyn Chilvers BEc (Hons), MAppStat, GradDipTertEd

Non-executive Director

Terms: 3 March 2020–2 March 2023

Previous terms: 18 January 2016–17 January 2017; 19 January 2017–18 January 2018; 19 January 2018–18 April 2018; 19 April 2018–30 June 2018; 3 December 2018–2 December 2019

Ms Chilvers is an Executive Director in the New South Wales Government, working in the Customer, Delivery and Transformation Division of the Department of Customer Service. The focus of her current role is to drive data integration and analysis initiatives to improve outcomes for citizens, particularly those who are most vulnerable and at risk. She led the design, development and implementation of the NSW Human Services Outcomes Framework to enable data sharing, modelling and measurement of outcomes and benefits for New South Wales citizens, and the whole-of-government NSW Linked Data Framework initiative to guide decision makers in their approaches to designing and executing human service data linkage projects. Ms Chilvers is currently shaping and co-leading complex integrated data initiatives, including the National Disability Data Asset and the NSW Stronger Communities Data Partnership.

Christine Gee MBA

Non-executive Director

Term: 3 December 2018–2 December 2023

Ms Gee is the CEO of the Toowong Private Hospital. She is a member of the Toowong Private Hospital Board, Treasurer of the Private Hospitals Association of Queensland and Chair of its Psychiatric Subcommittee. She is a past national president and current board member 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.

Ms Gee is a member of the Board of the Australian Commission on Safety and Quality in Health Care. She is a member of the Queensland Medical Board and Chair of the Medical Board of Australia's Sexual Boundaries Notifications Committee.

Romlie Mokak BSocSc, PGDipSpEd

Non-executive Director

Term: 3 December 2018–2 December 2023

Mr Mokak is a Djugun 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.

Previously he 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 New South Wales 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, GAICD

Non-executive Director

Term: 3 December 2018–2 December 2023

Dr Pascott is a general practitioner with a focus on holistic physical and mental health care, including continuity of care between tertiary and primary health-care settings. She was medical director of the Medical Centre at the University of Western Australia where she led a team of general practitioners, registered and mental health nurses, visiting specialists and health promotion officers. She is studying Infectious Diseases Intelligence and was infection control officer for the Faculty of Health and Medical Sciences at the University of Western Australia.

Dr Pascott is a graduate of the Australian Institute of Company Directors and a member of the Medical Defence Association National Board. She is a Clinical Reference Lead for the Australian Digital Health Agency.

Michael Perusco BBus (Acc)

Non-executive Director

Term: 3 December 2018–2 December 2023

Previous terms: 21 November 2012–20 February 2013; 1 March 2013–29 February 2016; 23 March 2016–22 March 2017; 24 March 2017–23 March 2018; 24 March 2018–23 June 2018

Mr Perusco commenced as CEO of Berry Street in February 2018. Before that he was CEO of St Vincent de Paul Society (New South Wales) and Sacred Heart Mission. He has worked in the PM&C, leading the social inclusion agenda, not-for-profit reform agenda and other social policy areas. He has also worked in the commercial sector 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, GDipHlthAdmin, GDipENT (UK), GCertCritCare(Emerg), GAICD

Non-executive Director

Term: 3 December 2018–2 December 2023

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

Ms Ryan is the Group Director for Health Funding and Patient Services with Cabrini Health which provides acute, subacute and aged care services in Victoria. She was previously general manager—health funding, strategy and performance at St John of God Health Care, where she headed an integrated team responsible for funding, health information, audit and related analytics for over 10 years. 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 member of Catholic Health Australia's Senior Executive Forum and a member of the Prostheses Listing Advisory Committee.

Simone Ryan BMedSci, MBBS, FAFOEM (RACP), MOccEnvHlth, ACCAM, DAME

Non-executive Director

Term: 3 December 2019–2 December 2021

Previous terms: 1 September 2016–31 August 2017; 1 September 2017–30 March 2018; 31 March 2018–30 June 2018

Dr Ryan is an occupational physician, the founder and CEO of TOTIUM (formerly One Life. Live It.), a multinational corporate health-care business.

As a medical specialist and pioneer, she is well known for her passion and dedication to ensuring optimum health for every Australian worker. Her professional objective is to educate corporate Australia in realising the benefits of good health in the workplace and the health benefits of good work, and how both combine to increase corporations' bottom line.

Dr Ryan is a former non-executive and risk director at the Royal Australasian College of Physicians. She is a consultant to various multinational corporations, including Australian Securities Exchange companies. She is also an enthusiastic member of Women on Boards, mentoring younger females who are starting out in their career.

Risk, Audit and Finance Committee

The RAFC authorises and oversees the AIHW's audit program and reports to the board on strategic risks, audit and financial matters (see 'Financial management' on page 65 and 'Risk oversight and management' on page 66). The committee's charter can be found in our Charter of Corporate Governance, www.aihw.gov.au/about-us/our-governance/our-charter.

As at 30 June 2020, the committee comprised:

- 3 non-executive board members—Mr Michael Perusco (Chair), Dr Erin Lalor and Dr Simone Ryan. Details of their professional experience and qualifications are available under 'AIHW Board' earlier in this chapter
- 1 independent member—Mr Alistair Nicholson.

Appendix 2 provides details of the meetings attended by RAFC members.

Alistair Nicholson BSc, CISA, CISM

Independent member

Term: 1 January 2020–31 December 2020

Mr Nicholson is a Director of e-Strategists Pty Ltd. He is currently a member of the Canberra Chapter Board of ISACA (the international professional information systems audit and control association), and a past member of the Australian Computer Society Canberra Chapter Board. He is active in governance, risk management, and cybersecurity framework development and consultative committees. Mr Nicholson's industry awards include a Government Technology Efficiency Award and an IBM Asia/Pacific Achievement Award.

Auditors

The contract with the previous internal auditor, Protiviti, expired on 30 June 2019. Based on an analysis of competitive proposals, the RAFC recommended that the AIHW appoint Synergy as its new internal auditor with effect from 1 July 2019. The RAFC thanked Protiviti for its many years of service as internal auditor.

Senior representatives from our internal auditor and the Australian National Audit Office (ANAO), our external auditor, attend meetings of the RAFC. The RAFC received the ANAO's audit report on the 2018–19 financial statements. It also reviewed recommendations from internal audits on:

- the management of data holdings—to ensure the integrity and protection of data
- the management of payroll—to review the accuracy of payroll payments made to staff, assess the effectiveness of processes and controls that support payroll activities and the effectiveness of controls that support employees' timesheet entries.

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

Synergy began an internal audit in 2019–20 on our Project Management Office—an internal unit established to guide project managers and to provide a holistic view of all projects to ensure consistency and adherence to standards.

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.*

As at 30 June 2020, the committee comprised:

- Chair of the AIHW Board—Mrs Louise Markus (Chair)
- Chair of the Risk, Audit and Finance Committee—Mr Michael Perusco
- 1 other board member—Dr Christine Pascott.

Appendix 2 provides details of the meetings attended by Remuneration Committee members.

AIHW Ethics Committee

The AIHW Ethics Committee is established under section 16 of the AIHW Act. Its main responsibility is to advise on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW, or of bodies with which we are associated. The Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018 prescribe the committee's functions and composition and can be found at www.legislation.gov.au/Details/F2018L00317.

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

Subject to the requirements of the AIHW Act and the Privacy Act, we may release personal health and welfare data for research purposes with the written approval of the committee, provided that release is consistent with the terms and conditions under which the data were supplied. The committee also approves the establishment of new health and welfare data collections.

The Ethics Committee Chair is paid an annual fee and members are paid a daily sitting fee as determined by the Remuneration Tribunal. As at 30 June 2020, members were paid in accordance with *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2019*.

Committee members

Information about committee members was current as at 30 June 2020 and includes qualifications, tenure, current positions and professional affiliations. Information on attendance at Ethics Committee meetings is at Appendix 2.

AIHW Ethics Committee.

Front row (left to right): Damien Tillack, Margaret Reynolds and Tim Driscoll. Middle row (left to right): Barbara Anderson and Barry Sandison. Back row (left to right): Owen Bradfield, Nicholas White, Wayne Jackson, Amanda Ianna and Maryjane Crabtree.

Wayne Jackson PSM BEc (Hons)

Chair

Term: 1 July 2019–30 June 2022

Previous terms: 1 July 2013–30 June 2016; 1 July 2016–30 June 2019

Mr Jackson is a retired Australian Government public servant, having served as deputy secretary in PM&C and the (then) Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). He chaired a wide range of interdepartmental and corporate committees, including the FaHCSIA Risk Assessment and Audit Committee and the Research Committee, and was a member of the Australian Statistics Advisory Council.

Mr Jackson was awarded a Public Service Medal in 2006 for outstanding service in the development and implementation of social policy. He served as a board member of Aboriginal Hostels Limited from 2009 to 2016.

Barry Sandison BBusMgt, FANZSG

AIHW CEO

See page 70 for the CEO's biography.

Barbara Anderson BPsych (Hons), MPsych (Clinical)

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

Term: 27 June 2019–26 June 2022

Ms Anderson is a clinical psychologist with 16-years' experience providing services within the government, non-government and private sectors. She is registered with the Psychology Board of Australia and is a Member of the Australian Psychological Society and Fellow of the Clinical College. Her background includes management, clinical governance roles, community education and program development to enhance the provision of mental health services. Ms Anderson currently works in a community youth-based mental health service and in a private practice in Townsville.

Owen Bradfield MBBS (Hons), BMedSc (Hons), LLB, MBA, FRACGP

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

Term: 27 June 2019–26 June 2022

Dr Bradfield is a registered medical practitioner, health lawyer and PhD candidate at the University of Melbourne. He has a research interest in patient safety, doctors' health and medical regulation. Dr Bradfield is Deputy Chairperson of the Patient Review Panel, a Member of the Suitability Panel and a Lawyer Member of the Human Research Ethics Committees of the Victorian Department of Health and Human Services and the Victorian Department of Justice and Community Safety. He is a 2020 Fulbright Future Scholar.

Maryjane Crabtree BA/LLB, GAICD

Person who is a lawyer

Terms: 14 April 2019–13 April 2022

Previous term: 14 April 2016–13 April 2019

Ms Crabtree was a partner of Allens Linklaters, until her retirement in 2016. She is currently the President of the Epworth HealthCare Board of Management, Deputy Chair of the Racing Analytical Services Board and a member of Chief Executive Women, the Victorian Legal Admissions Board, the Board of Ormond College and the Board of Rugby Victoria.

Tim Driscoll MBBS, BSc (Med), FAFOEM, FAFPHM, PhD, MOHS

Person experienced in areas of research regularly considered by the committee

Term: 1 July 2019–30 June 2022

Previous term: 1 July 2016–30 June 2019

Professor Driscoll is an occupational epidemiologist and a specialist physician in occupational and environmental medicine and public health medicine. He is a Professor in epidemiology and occupational medicine in the Sydney School of Public Health at the University of Sydney, where he is the Director of the Master of Public Health.

Amanda Ianna GradCert-ChangeMgt, AGSM

Nominee of Registrars of Births, Deaths and Marriages

Ex-officio appointment

Ms Ianna has extensive experience in the field of civil registration, organisational change and leadership. She is currently the 17th Registrar (since 1856) at the New South Wales Registry of Births Deaths and Marriages which she commenced in 2014, one of only two women to hold this position.

Ray Mahoney HlthScD, GradCertAcadPrac, GradCertIRPRO, MHSc

Person experienced in areas of research regularly considered by the committee

Term: 11 September 2019–10 September 2022

Dr Mahoney is a Senior Research Scientist at the Australian E-Health Research Centre at the Commonwealth Scientific and Industrial Research Organisation (CSIRO), an adjunct academic in the Faculty of Medicine at the University of Queensland and the Faculty of Health at Queensland University of Technology. His career spans state and territory government roles and the Aboriginal and Torres Strait Islander Community Controlled Health sector. Dr Mahoney is a descendant of the Bidjara people of central-west Queensland

Margaret Reynolds BA, Dip Special Ed

Female representing general community attitudes

Term: 17 August 2017–16 August 2020

Previous terms: 17 August 2011–16 August 2014; 17 August 2014–16 August 2017

The Hon. Margaret Reynolds has had a career in education and social policy. She is a former senator for Queensland and served as minister for local government and the status of women. She was CEO of National Disability Services in Tasmania and was an inaugural member of the Council for Aboriginal Reconciliation.

Damien Tillack BA, BEd (Grad)(Sec)

Male representing general community attitudes

Term: 28 March 2019–27 March 2022

Mr Tillack is a primary school principal. His current appointment is Principal at Townsville Central State School. He has been an educator for over 20 years and is currently completing a Master of Educational Leadership at the University of Queensland. Mr Tillack's previous appointment was principal, Vincent State School.

Nicholas White BA (Hons), GradDipEd, PhD

Person performing a pastoral care role in a community

Term: 12 December 2017–11 December 2020

The Reverend Dr White is a social anthropologist and Anglican priest, currently Archdeacon for Diocesan Partnerships with the Anglican Diocese of Melbourne. He has held social policy roles in the Victorian Department of Premier and Cabinet and the Department for Victorian Communities.

The Reverend Dr White also serves on the Ethics Committee of the Brotherhood of St Laurence.

Work of the committee

The committee met 6 times in 2019–20 and provided approvals regarding the ethical acceptability of 274 new or modified projects and data collections. The committee typically meets 5 times a year. However, 2 shorter teleconferences were held in lieu of the final meeting of 2019–20, due to the COVID-19 pandemic.

Applications for new projects and to establish new data assets

In 2019–20, the committee considered 68 new applications, compared with 58 in 2018–19 and 76 in 2017–18. All 68 new applications were approved by the committee.

Of the 68 new applications, 24 were submitted from Australian Government agencies, and the remaining were submitted by researchers from external organisations, such as state and territory government departments, research centres affiliated with universities, and large metropolitan teaching hospitals.

Information about projects approved by the committee involving data linkage, including a description and the organisation leading the research, can be found at www.aihw.gov.au/our-services/data-linkage/approved-aihw-linkage-projects.

A list of the most commonly linked AIHW-held data sets can be found at www.aihw.gov.au/our-services/data-linkage/data-collections.

New applications considered by the committee included 9 by the AIHW to establish new data assets in the areas of health, burden of disease, veterans' health and welfare, and cancer screening and treatment.

Information about the data assets we hold can be found at www.aihw.gov.au/about-our-data/our-data-collections.

Project monitoring

The committee monitors approved projects to their completion, and considers requests for modifications to previously approved projects. Researchers submitted 452 annual monitoring reports in 2019–20.

Requests for modification or extension

The committee considered 206 requests for amendment. Approximately 61% (126) were requests for an extension of time and/or proposed changes to the project research team.

Finalised projects and publication of research outcomes

To ensure that research outcomes are freely available, the committee requires public dissemination of the results of approved projects. In 2019–20, it received 15 final project reports accompanied by associated research results. In total, details of 91 publications arising from research approved by the committee were reported in annual and final monitoring reports, most of which were published in peer-reviewed journals or other publicly available reports, or on websites.

In limited circumstances, results are not released into the public domain. An example is when data are provided to a government department to enable it to create a model for internal use. In this situation, it is expected that any learnings are shared among other interested government agencies.

Management

The AIHW is headed by our CEO, Mr Barry Sandison, who is responsible for its effective day-to-day administration. Under the AIHW Act, the CEO is appointed by the AIHW Board for a period not exceeding 5 years.

A new structure commenced on 11 November 2019 comprising the CEO and 11 groups, with each group headed by a senior executive (see page 71). Each group comprises a number of units led by an APS Executive Level 2 officer.

Details of the CEO, senior executives and staff are in Chapter 5.

Executive Committee

The Executive Committee provides cohesive leadership to the AIHW and advice to the CEO to assist in managing its operations and ensuring delivery of the strategic imperatives endorsed by the AIHW Board. The Executive Committee is chaired by the CEO and its membership includes all group heads.

Formal Executive Committee meetings were held fortnightly during 2019–20, with the committee meeting weekly from March to June to support AIHW's response to the COVID-19 pandemic. A focus on internal communications and building external stakeholder relationships underpin Executive Committee activities.

Standing items for discussion during 2019–20 included: the strategic directions of the AIHW; business arising; staffing issues and allocation of resources; finance issues; and updates on major projects, such as flagship publications, digital health and developments in linked data assets. The Executive Committee also regularly discusses our priority actions and our strategic and operational risks.

Responding to the COVID-19 pandemic presented a significant challenge to the Executive Committee. Measures taken included increased meeting frequency with regular discussion on Institute-wide activities related to COVID-19. The AIHW embraced opportunities to contribute expertise and technical support for the rapid provision of data to inform the Australian Government's response to the pandemic.

Data Governance Committee

The Data Governance Committee is chaired by the Deputy CEO. It advises the Executive Committee on data governance and related matters. This committee is required to create and implement an annual work program of data governance activities, detailing priority areas of action.

The committee also makes operational decisions, and provides advice and recommendations to the Executive Committee on significant data governance matters. In 2019–20, the Data Governance Committee met 3 times (the fourth scheduled meeting was cancelled in response to COVID-19 constraints), convened 4 data custodian forums, and reported to the Executive Committee on the delivery and/or progress

on the projects in its work plan. Significant items in the work plan this year were:

- updating the Guidelines for the Custody of AIHW Data
- developing a consolidated and comprehensive AIHW De-identification Policy
- initiating a comprehensive review of the Data Governance Framework.

ICT Strategy Committee

The ICT Strategy Committee (ICTSC) is chaired by the CEO. It directs the development and implementation of the AIHW's ICT strategic vision. It also oversights strategic programs and delivery of projects with significant ICT components, risks related to ICT initiatives and provides advice to the Executive Committee on enterprise technology decisions.

In 2019–20, the ICT Strategy Committee replaced the former ICT Steering Committee to provide a governance model better suited to delivering a business-oriented ICT capability at the AIHW.

Security Committee

The Security Committee (SC) is chaired by the Group Head, Business and Communications Group. It provides the Executive Committee with assurance that security risks to the AIHW are identified and managed effectively in compliance with the requirements of relevant legislation and the AIHW's internal policies. The Security Committee drives organisational commitment to effective information (including data), personnel and protective security.

Statistical Leadership Committee

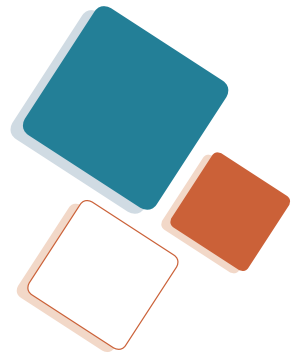
The Statistical Leadership Committee was established in 2019–20 as an additional specialist subcommittee. It is chaired by the Deputy CEO. This committee provides leadership on statistical matters, develops and actions statistical priorities and provides advice to the CEO to assist in the management of, and investment in, statistical operations. In 2019–20, the committee considered the AIHW's ongoing data analytics toolkit, geospatial strategy, approaches to confidentiality and data linkage.

Protecting privacy

We protect the privacy of the information we hold under a comprehensive set of data governance arrangements involving designated data custodians, the AIHW Ethics Committee, audit activities and physical and ICT security. These multiple layers of defence ensure that data are accessed only by authorised personnel for appropriate purposes in a secure environment.

For a general overview of how we protect the privacy of individuals, our legal obligations and our data custody and governance arrangements, see our Privacy Policy on our website at www.aihw.gov.au/privacy-policy.

Our second annual Privacy Management Plan, developed in response to the Privacy (Australian Government Agencies—Governance) Australian Privacy Principles Code 2017, set 8 actions to improve aspects of our privacy maturity. Our assessment did not reveal any compliance gaps; it enabled us to identify actions for improvement that further strengthened our privacy culture and the maturity of our systems to protect the privacy of individuals. Progress against these actions was monitored by the Executive Committee on a quarterly basis.



Data governance

We manage data professionally, with due respect for its sensitivity, and with privacy and confidentiality assured through legislation, robust data policies and procedures. This approach includes use of rigorous controls to determine access and release arrangements, and the scrutiny of a legally constituted and independent AIHW Ethics Committee.

During 2019–20, we focused on one of our strategic priority actions, 'Develop and implement unified policies (including rigorous re-identification controls) for safe sharing and release of data'. An AIHW De-Identification Policy was endorsed by the Executive Committee on 15 June 2020. This new policy consolidated our practices for confidentialising reports and other publicly released data, with our approach to confidentialisation of unit record data for use by researchers, while meeting the requirements of the Office of the Australian Information Commissioner. It also harmonises use across the AIHW of the Five Safes framework—a risk assessment framework for data access (safe projects, safe people, safe data, safe settings and safe outputs).

Data Governance Framework

Our Data Governance Framework provides an overview of our robust data governance arrangements, including:

- a description of key concepts in data and data governance
- the legal, regulatory and governance environment in which we operate
- core data governance structures and roles
- an overview of our data-related policies, procedures and guidelines
- systems and tools supporting data governance
- compliance regimes
- how these elements work together to support the AIHW in executing its functions and meeting its data-related obligations.

The framework and a short overview document, D*ata governance—in-brief*, are available at www.aihw.gov.au/about-our-data/data-governance.

ICT and data security

ICT interacts with several levels of governance to deliver secure and effective services for the AIHW. ICT governance is managed primarily through the ICTSC and the SC. We developed new policies, frameworks and, where appropriate, updated existing policies in accordance with the Australian Government's Security Framework and Guidelines.

We continued to raise both our cybersecurity awareness and capabilities. We accredited a number of systems to operate in the AIHW ICT environment. We also implemented a new audit and logging capability which provided our ICT security staff with the ability to better prevent unauthorised intrusion and improve investigative capability.

AIHW implemented cybersecurity training for staff, specifically in the areas of phishing, and undertook awareness campaigns in October 2019 and during COVID-19 with the objective of reducing opportunities for malicious acts on our ICT infrastructure. We created a real-time dashboard for cybersecurity to improve responsiveness to security alerts.

During COVID-19, we saw an increase in targeting of ICT systems and personnel. In conjunction with our strategic vendors and the Australian Cyber Security Centre, we were able to react to advice from the centre, confirm that no compromise occurred and monitor the increasing threats to our external environments. Additionally, improvements to security in our email environments saw the AIHW manage an increased threat from both spam email and email with malicious intent.

Financial management

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

- AIHW Act
- PGPA Act
- *Auditor-General Act 1997*.

Our internal operations are funded by:

- parliamentary appropriations through the Budget
- contributions from income received for project work undertaken for external agencies
- miscellaneous sources, such as bank account interest and ad hoc information services.

Our externally funded project work is undertaken by our statistical groups. Fees charged for each project are determined using a pricing template that includes salaries and on-costs, other direct costs and a corporate cost-recovery charge for infrastructure and corporate support. The pricing template is updated each year. Expenditure incurred in each project is accounted for separately and monitored monthly.

Procurement requirements

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

We comply with the mandatory procedures for all procurements above the $400,000 threshold. We complied with our obligations under the procurement rules in 2019–20.

Purchase contracts

For purchase contracts with suppliers, we use, wherever possible, template contracts prepared by legal advisers. These contracts aim to manage risks and ensure value for money through provisions such as: defined deliverables and performance standards linked to milestone payments; necessary insurances and indemnities; intellectual property ownership and requirements; and requirements for privacy and confidentiality.

Purchase contract payments are typically made on the successful delivery of services.

Revenue contracts

Most revenue contracts were for provision of services related to projects managed by our statistical units. Our revenue contracts and standard schedules for MoUs detail the scope, timing, deliverables and budget for externally funded projects.

Contract approval

Any contract over $1,500,000 must be approved by the CEO.

Asset management

Non-financial assets are managed according to the AIHW's policies and procedures for the acquisition, disposal and loss of relevant property.

Non-financial assets are reported in the Financial Statements at their fair value. All assets are reviewed annually for their value with a formal valuation performed, at least every 3 years, with the most recent valuation processed on 30 June 2020.

Risk oversight and management

The AIHW Board is accountable for oversight of the Risk Management Framework (RMF). It obtains advice from the RAFC, which is responsible for making recommendations to the board on any aspect of risk management, undertaking 6-monthly risk management reviews based on reports received from the CEO, and making recommendations to the board.

During 2019–20, the AIHW continued on its risk management journey. Following AIHW Board approval of the comprehensive updated RMF and new Strategic Risk Profile (SRP) in June 2019, a major focus in 2019–20 was on its implementation.

To embed a risk-based culture across the AIHW, information about the updated RMF and new SRP was disseminated across the AIHW through newsletters to all staff, postings on the intranet and discussions at staff forums. AIHW staff also had access to online risk management training courses available on LearnHub.

Ongoing monitoring of the RMF and SRP was undertaken by the CEO and the Executive Committee throughout the year. A formal assessment of the following 8 strategic risks was completed every 6 months:

- breach of cybersecurity
- externally driven disruption
- major project failure
- 'growing pains'
- preparedness of ICT systems to handle very large, complex data sets
- data governance and privacy
- key person risk
- loss of reputation with stakeholders.

Each 6-monthly assessment monitored the progress of actions underpinning all strategic risks and reviewed: risk ratings, mitigating factors, decisions, effectiveness of controls and trend ratings.

The first annual strategic risk report from the CEO was presented to the AIHW Board in June, through the RAFC. As outlined in the report, the COVID-19 pandemic had a big impact on day-to-day operations. In response to the pandemic, the AIHW successfully continued to deliver its product and services, with some minor delays, by increasing its capacity to support most staff working from home. At the same time, the AIHW managed the work health and safety (WHS) risk of COVID-19 in its workplaces in line with government advice and restrictions.

Next year, the AIHW plans to take further steps on its journey to embed the revised RMF and new SRP by continuing to provide risk management training and support for its senior executives and staff in managing high operational and project risks.

Freedom of information

In accordance with section 11C of the *Freedom of Information Act 1982* (FOI Act), the AIHW is required to publish information that has been released in response to a freedom of information access request.

The AIHW is not required to publish:

- personal information about any person if publication of that information would be 'unreasonable'
- information about the business, commercial, financial or professional affairs of any person if publication of that information would be 'unreasonable'
- other information, covered by a determination made by the Australian Information Commissioner, if publication of that information would be 'unreasonable'

- any information if it is not reasonably practicable to publish the information because of the extent of modifications that would need to be made to delete the information listed in the above points.

In 2019–20, the AIHW received 5 requests made under the FOI Act.

Information Publication Scheme

The FOI Act established the Information Publication Scheme for Australian Government agencies subject to the FOI Act. Under the scheme, agencies are required to publish a range of information, including an organisational chart, functions, annual reports and certain details of document holdings.

The required information is published on our website www.aihw.gov.au/about-us/freedom-of-information/information-publication-scheme-ips.

Enquiries

Freedom of information requests and enquiries should be sent to:

FOI Contact Officer
Ethics, Privacy and Legal Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
or emailed to foi@aihw.gov.au.

Public interest disclosure

The *Public Interest Disclosure Act 2013* creates a public interest disclosure scheme that promotes integrity and accountability in the Australian public sector. It does this by:

- encouraging and facilitating the disclosure of information by public officials about suspected wrongdoing in the public sector
- ensuring that public officials who make public interest disclosures are supported and protected from adverse consequences
- ensuring that disclosures by public officials are properly investigated.

The Commonwealth Ombudsman is responsible for the public interest disclosure scheme and further information is available at www.ombudsman.gov.au.

In 2019–20, the AIHW received no disclosures under this Act.

Authorised officers

Under the Public Interest Disclosure Act, every Australian Government agency must appoint authorised officers to handle public interest disclosures. Disclosures can also be made to a supervisor or manager, who must pass it to an authorised officer. Information on Public Interest Disclosure is on our website at www.aihw.gov.au/about-us/public-interest-disclosure.

Mandatory reporting

As a Commonwealth corporate entity, we have specific reporting requirements under the PGPA Rule and other Commonwealth legislation. This section includes mandatory requirements not reported elsewhere in this report. An index of compliance with our mandatory reporting is at Appendix 4.

PGPA Rule

Finance law non-compliance

The AIHW had no significant issues relating to finance law non-compliance in 2019–20.

Related entity transactions

The AIHW had no related entity transactions in 2019–20.

Unobtainable information from subsidiaries

The AIHW does not have any subsidiaries.

Indemnity applying to the entity and its officers

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

In 2019–20, the Comcover insurance policy included coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW.

Standard insurance premiums of $19,158 excluding goods and services tax (GST) were paid to Comcover in 2019–20, compared with $15,714 for 2018–19.

The AIHW made no claims against its directors' and officers' liability insurance in 2019–20.

Judicial or tribunal decisions

There were no legal actions lodged against the AIHW and no judicial decisions directly affecting us in 2019–20.

Reports by other bodies

No reports were made by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner in relation to the AIHW in 2019–20.

Other legislation

Modern slavery

Section 5 of the *Modern Slavery Act 2018* requires entities based, or operating, in Australia, which have an annual consolidated revenue of more than $100 million, to report annually on the risks of modern slavery in their operations and supply chains, and actions to address those risks.

The AIHW's consolidated revenue was below the $100 million threshold.

Compliance with the Legal Services Directions 2017

The Legal Services Directions 2017 require us to provide the Attorney-General's Department within 60 days of the end of the financial year:

- a report of our legal services expenditure for the financial year
- a certificate of compliance in relation to the Legal Services Directions 2017.

We complied with our obligations for 2019–20 and our legal expenditure was $161,401 (GST exclusive), compared with $162,969 in 2018–19.

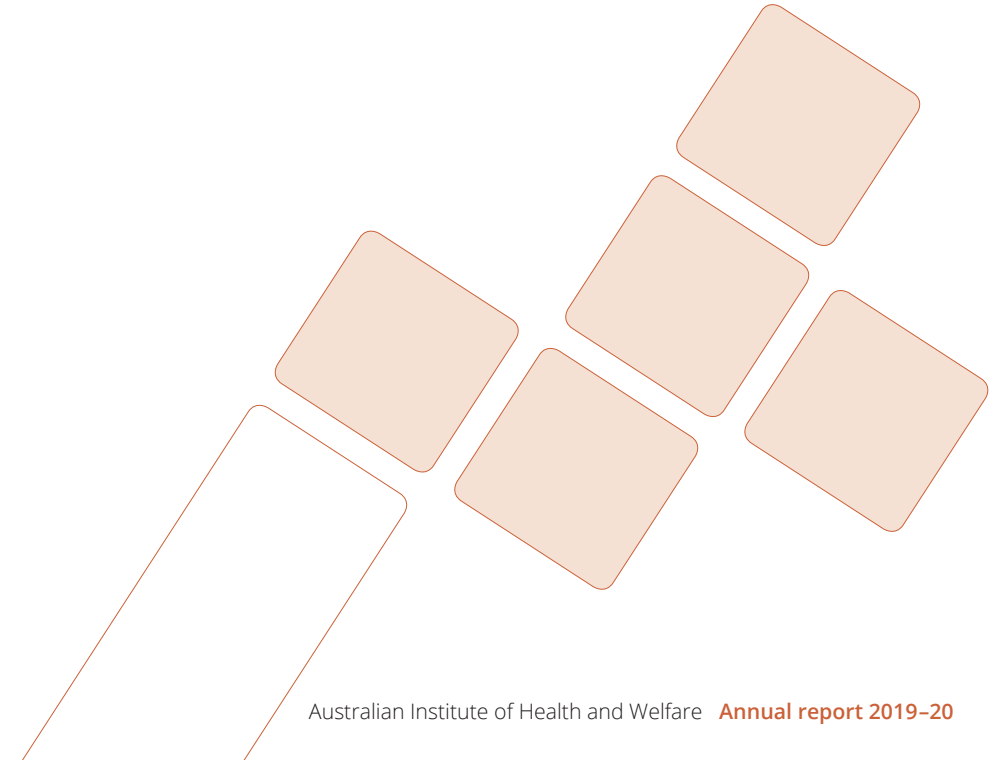
Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires us to report payments of $14,000 and above for advertising and market research. In 2019–20, the AIHW did not undertake any advertising campaigns or make individual payments for advertising that exceeded the prescribed threshold.

Chapter 5

Our people

- Challenges and opportunities
- Organisational structure
- Staff profile
- Workforce management
- Employment frameworks
- Recognising and building expertise
- Encouraging work health and safety
- Accommodation



Challenges and opportunities

The AIHW continued to depend on highly skilled and competent people to achieve its strategic goals and is committed to the ongoing development of all staff, especially in relation to retaining and enhancing specialist capabilities. We continued to rely on engaging contract staff to complete our expanded work program and deliver our commitments while managing staff numbers within the Average Staffing Level cap allocations applicable for all APS agencies. As at June 30 2020, we had 507 active staff, including 164 contract staff (32%). While there were challenges and risks in having a high proportion of contract staff, we actively managed this by engaging skilled people, offering some long-term contracts and providing contract staff with the same development opportunities as ongoing staff. Overall, the integration of contract staff across the AIHW has proven to be exceptionally successful.

Without doubt, the most significant challenges experienced by the AIHW and our staff were the impacts of the bushfires, which ravaged many parts of Australia throughout December 2019 and January 2020, immediately followed by the global coronavirus (COVID-19) pandemic. Like all government agencies, we introduced a number of measures to ensure the safety of staff and help protect their mental wellbeing during this unprecedented time. More details about our response to these challenges are provided later in this chapter.

During this period, we were guided by government advice in relation to travel and workplace restrictions and made a significant financial investment in new technologies to improve communications and support working-from-home arrangements.

Organisational structure

Our people are our greatest strength and we are committed to ensuring that AIHW's workplace continues to attract, develop and retain the right people with the right skills. The AIHW is headed by its CEO and comprises 11 groups. Each group is led by a senior executive who is responsible for leading a number of units (Figure 5.1). Each unit is led by an APS Executive Level 2 officer or equivalent.

A new organisational structure came into effect on 4 November 2019, which saw the reorganisation of units into new work groups, to better align skills with our work program.

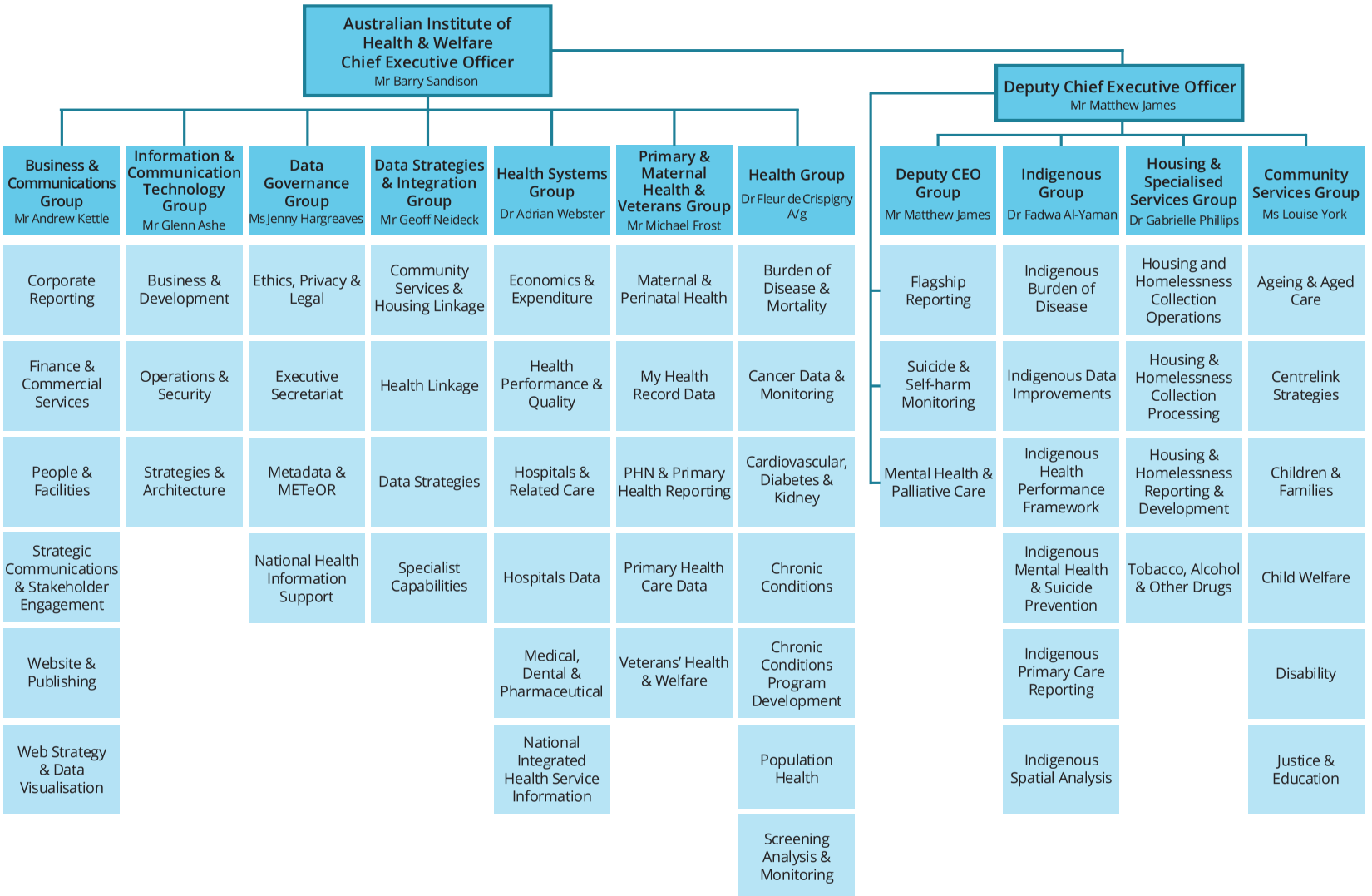
Chief Executive Officer

Barry Sandison BBusMgt, FANZSG

Mr Sandison was appointed as the AIHW's CEO in May 2016 and oversights its day-to-day operations. He has extensive public sector experience, with previous roles in both policy and service delivery. Most recently, he was the deputy secretary, health and information, in the Department of Human Services where he was responsible for the administration and delivery of a range of programs in the health, government and business areas.

Before this, Mr Sandison was a deputy chief executive at Centrelink and held senior executive roles in FaHCSIA and the Department of Employment and Workplace Relations.

Figure 5.1: Organisation structure as at 30 June 2020



Deputy Chief Executive Officer

Matthew James PSM BEc (Hons)

Mr James is the AIHW's Deputy CEO and leads the Deputy CEO Group. He previously led the Housing and Specialised Services Group from November 2016 to November 2019. Before joining the AIHW, he held leadership roles in performance, information and evaluation as assistant secretary, Indigenous Affairs Group in PM&C, and as a branch manager within FaHCSIA. Mr James was also a branch manager in the former Department of Education, Employment and Training, where he worked on employment policy and implementation as well as workplace relations policy and analysis. From 2002 to 2004, he was counsellor—Employment, Education, Science and Training in the Australian delegation to the OECD in Paris. Mr James was awarded the Public Service Medal in 2016.

Housing and Specialised Services Group

This group produces the biennial flagship series, *Australia's welfare* and *Australia's health*, which are required by the AIHW Act. The group also leads our work in data and information on mental health, suicide and self-harm monitoring, and palliative care which have been a strong focus of government, especially since the emergence of COVID-19.

The Deputy CEO also chairs 4 AIHW committees:

- Web Program Board
- Statistical Leadership Committee
- Data Governance Committee
- Integrated Data Services Committee.

Business and Communications Group

This group provides services and advice to enable optimal use of our financial and human resources to achieve the following business objectives:

- strategic management of parliamentary, internal and external relationships
- preparation of key planning and reporting documents, including annual reports and corporate plans
- pricing and contract advice, business analysis and preparation of financial statements
- risk management and internal audit
- strategic external communications, including stakeholder engagement, and print and online services
- recruitment, learning and development, workforce planning, performance management support, workplace health and safety, facilities and accommodation.

Senior Executive, Business and Communications Group

Andrew Kettle MA (Hons), CA

Mr Kettle has held a senior executive position since 2006. Mr Kettle qualified as a chartered accountant in the United Kingdom. He worked as a professional accountant for Coopers and Lybrand in Canada and Australia and was chief financial officer at the Australian Fisheries Management Authority. Mr Kettle acted as director of the AIHW for 6 months in 2015–16

Community Services Group

This group develops, maintains and analyses national data to support monitoring and reporting of:

- the health and welfare of key subpopulations, including children and youth, older Australians, people with disability, and victims and perpetrators of family, domestic and sexual violence
- use of services within a range of health and welfare sectors, including community-based services focused on aged care, child protection, juvenile justice and disability
- pathways and outcomes for the general population, key subpopulations and health and welfare service users, including the role of education and income support.

Senior Executive, Community Services Group

Louise York BEc, BSc, GradDipPopHealth

Ms York has led this group since January 2017. Ms York has over 20 years' experience at the AIHW, including leadership positions in both health and welfare areas, and one year at the Telethon Institute for Child Health Research.

Data Governance Group

This group works to protect the confidentiality and privacy of our data holdings, through provision of data governance leadership, and supports the work of the AIHW Ethics Committee. It also works to build and enhance national data and information governance infrastructure, and leads our engagement with AHMAC on national health data and information strategic directions. The group provides expert assistance for national health and welfare metadata and manages METeOR, our online national metadata repository. It also provides leadership with national and international work on health classifications, supporting our role as the Australian Collaborating Centre for the WHO-FIC.

Senior Executive, Data Governance Group

Jenny Hargreaves BSc (Hons), GradDipPopHealth, GAICD

Ms Hargreaves has led this group since July 2018. Ms Hargreaves has served on the AIHW senior executive team since 2006 and was previously responsible for the AIHW's work to develop, analyse and disseminate policy-relevant statistical information about hospitals, human and financial resources in the health and welfare sectors, health sector performance and injury.

Data Strategies and Integration Group

This group works with Australian Government agencies, state and territory governments and other key stakeholders to promote access to health and welfare data for policy and research. The group aims to increase the information value of existing data assets through data integration (linkage) work and data-sharing arrangements—for the AIHW and external researchers—that support innovative analyses. Examples of work supported in this way include patient and client pathways analysis and movements of people between health and welfare services. The group provides methodological and technical data support across the AIHW, including through its statistical, analytics, geospatial and quality advisers. It undertakes data architecture design and infrastructure development for data integration.

Senior Executive, Data Strategies and Integration Group

Geoff Neideck BBusStudies, GradCertMgt

Mr Neideck has led this group since its creation in November 2019. Before that, Mr Neideck also had responsibility for the AIHW's ICT and the former Housing and Specialist Services Group. Before joining the AIHW, Mr Neideck managed large national social and economic statistics programs at the ABS and Statistics Canada, where he gained experience in data design and statistical infrastructure projects.

Health Group

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

- chronic diseases, both as a group and in relation to some key diseases, such as cardiovascular disease, diabetes, kidney disease, cancer, musculoskeletal conditions and respiratory conditions
- population health issues such as health inequalities and broader determinants such as social and environmental, international health comparisons, mortality and burden of disease
- specific population groups, such as men and women and people living in rural areas.

Senior Executive, Health Group

Richard Juckes BA (Hons)

Mr Juckes has led this group since April 2019. He joined the AIHW in 2018. Mr Juckes has been working in health policy and health data roles for over 20 years, primarily in the Department of Health.

Health Systems Group

This group creates authoritative and accessible information relating to the activity, performance, quality and financing of the Australian health system. This includes the hospital, non-hospital and primary health systems. The national hospitals databases, Australian hospital statistics reports and MyHospitals website information are major products, as are the national health expenditure database and Health expenditure Australia reports. The group is responsible for implementing the AHPF, the creation and management of the NIHSI AA and our relationship with the National Injury Surveillance Unit—our collaborating centre.

Senior Executive, Health Systems Group

Adrian Webster BA (Hons), BSc, PhD

Dr Webster has headed the Health Systems Group since July 2018. Dr Webster is a sociologist with more than 20 years' experience in the health and welfare sectors in Australia and overseas and joined the AIHW in 2009. His experience includes leading evaluation and research in an international aid organisation, consulting services to government agencies in Australia, such as Medicare Australia, and reporting on hospital performance at ACT Health.

Housing and Specialised Services Group

This group produces statistics, analysis and information on homelessness, community housing, housing assistance, and drug use and treatment services, including tobacco and alcohol.

The group is responsible for the administration, data analysis and reporting of 2 national surveys:

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

Senior Executive, Housing and Specialised Services Group

Gabrielle Phillips BSc, MURP, PhD

Dr Phillips has led the Housing and Specialised Services Group since joining the AIHW in November 2019. She holds a PhD in Housing Policy and a Masters in Urban and Regional Planning from the University of Sydney. Dr Phillips has experience across Australian, state and local government roles related to housing policy, income support and family assistance policy, education and early childhood evidence and analysis roles.

Indigenous Group

This group leads the development, monitoring and reporting of information and statistics in 2 main areas: the health and welfare of Aboriginal and Torres Strait Islander people, and maternal and perinatal health. The work of this group includes:

- analysing and reporting on performance measures based on the Aboriginal and Torres Strait Islander Health Performance Framework, at the national and jurisdictional levels, in collaboration with PM&C and state and territory governments
- working with Indigenous primary health-care services and other service providers to improve the quality and usefulness of their data to support better outcomes for clients
- modelling geographical variation in access to services relative to need, with a particular focus on identifying areas where Indigenous Australians experience service gaps.

Senior Executive, Indigenous Group

Fadwa Al-Yaman PSM BSc, MA, PhD

Dr Al-Yaman has headed this group since 2008. She holds a PhD in Immunology from the John Curtin School of Medical Research and a Masters of Population Studies from the Australian National University. Dr Al-Yaman was awarded a Fulbright Fellowship in 1990 and the Australian Public Service Medal in 2008.

Information and Communication Technology Group

This group provides enabling services that assist the AIHW to deliver its core goals and objectives. It strives to achieve its goals through strong internal and external partnerships—providing a better user experience for all stakeholders—and being responsive to changing environments.

The group provides key services that cover:

- service management and support
- applications architecture and integration
- infrastructure and security.

Senior Executive, Information and Communication Technology Group

Glenn Ashe DipHRDev, DipMilSatEng, DipElecEng, AFAIM, GAICD

Mr Ashe joined the AIHW in October 2018 and is our Chief Technology Officer. He has headed this group since it was created in November 2019. Mr Ashe has over 20 years' experience in the APS in executive and senior executive positions, the last 7 as chief information officer. His experience has spanned corporate, technology and diplomatic services, with responsibility for complex, diverse and global ICT systems. He has held positions in Geoscience Australia, Department of Resources Energy and Tourism and the Attorney General's Department.

Primary and Maternal Health and Veterans Group

This group manages a work program to enhance the AIHW's capabilities in digital health. It provides PHNs with data to meet their performance frameworks. It leads a drive for improvements in primary care data and developing the My Health Record data for research purposes. The group partnered with the Department of Veterans' Affairs to develop a repository of data and quality statistical reporting about the health and welfare of Australia's veteran population. It analyses and reports on national data about pregnancy and childbirth of mothers, and the characteristics and outcomes of their babies.

Senior Executive, Primary and Maternal Health and Veterans Group

Michael Frost BEc (SocSci) (Hons), GradDipPubAdmin

Mr Frost transferred to the AIHW in April 2016 from his position as executive director, strategic initiatives, in the former National Health Performance Authority. Mr Frost has led this group since July 2018. His experience in policy advice, performance reporting and administrative roles spans more than 20 years in Australian and state governments, including as the deputy head, Secretariat for the COAG Reform Council.

Staff profile

At 30 June 2020, there were 543 people, including contract (labour hire) staff, who worked at the AIHW compared with 534 at 30 June 2019. Contract staff numbers increased to meet the needs of externally funded projects and comply with the cap on the number of APS staff we can employ.

Table 5.1 shows staff engaged under the *Public Service Act 1999* (APS staff) and contract (labour hire) staff.

Of our 343 active APS staff at 30 June 2020:

- 339 (99%) were ongoing employees, compared with 336 in June 2019
- 4 were non-ongoing employees, compared with 5 in June 2019
- 90 (26%) worked part-time, compared with 84 in June 2019
- 232 (68%) identified as female, compared with 229 (67%) in June 2019.

Table 5.1: Staff numbers, 2016–2020

	30 June 2016	30 June 2017	30 June 2018	30 June 2019	30 June 2020
			Number		
Active APS staff	310	344	324	341	343
APS staff on long-term leave[(a)]	37	25	23	36	36
Contractors	. .	17	102	157	164
Total staff	**347**	**386**	**449**	**534**	**543**
			Full-time equivalent		
Active APS staff	286.6	318.0	302.8	320.3	320.6
APS staff on long-term leave[(a)]	35.0	24.2	21.3	31.8	32.7
Contractors	. .	15.9	89.9	134.8	140.8
Total staff	**321.6**	**358.1**	**414.0**	**486.9**	**494.1**

. . not applicable.

(a) Refers to staff on any form of continuous leave for more than 3 months—for example, long-service leave and maternity leave.

Most of our staff are located in our Canberra offices. The location and gender of our APS staff is shown in Figure 5.2 and Table 5.2. The AIHW did not have any staff who do not identify exclusively as male or female.

Figure 5.2: Gender identification of active staff, 2016–2020

Table 5.2: Location and gender identification of APS staff, 2019 and 2020

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
				30 June 2020 Ongoing APS employees						
NSW	2	0	2	8	3	11	0	0	0	**13**
ACT	99	14	113	165	84	249	0	0	0	**362**
Total	101	14	115	**173**	**87**	**260**	**0**	**0**	**0**	**375**
				Non-ongoing APS employees						**-**
NSW	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
ACT	2	0	2	**2**	**0**	**2**	**0**	**0**	**0**	**4**
Total	2	0	2	2	0	2	0	0	0	**4**
				30 June 2019 Ongoing APS employees						
NSW	2	0	2	11	2	13	0	0	0	**15**
ACT	102	10	112	165	80	245	0	0	0	**357**
Total	**104**	**10**	**114**	**176**	**82**	**258**	**0**	**0**	**0**	**372**
				Non-ongoing APS employees						
NSW	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
ACT	**4**	**0**	**4**	**1**	**0**	**1**	**0**	**0**	**0**	**5**
Total	**4**	**0**	**4**	**1**	**0**	**1**	**0**	**0**	**0**	**5**

Classification level

Of our active APS staff at 30 June 2020, 38% (129 staff) were classified and employed as Executive Level 1 (EL 1) officers and 26% (88 staff) were employed as APS 6 officers (see Table 5.3). One additional SES Band 1 position was created.

As at 30 June 2020:

- 394 (78%) of our active staff, inclusive of contractors, performed statistical work
  - 281 (82%) of our active APS staff
  - 113 (69%) of our contract staff
- 113 (22%) were employed in corporate support functions, including ICT, finance, governance, publications, media and communications
  - 62 (18%) of our active APS staff
  - 51 (31%) of our contract staff.

Table 5.3: Number of active APS staff by classification level, 2018–19 to 2019–20

Level	30 June 2019	30 June 2020
APS 2–4	35	31
APS 5	37	32
APS 6	80	88
EL 1	126	129
EL 2	54	52
Senior Executive Service (SES) Bands 1–2	[a]8	10
CEO	1	1
Total	**341**	**343**

(a) For the reporting period 2018–19, the AIHW maintained 9 substantive SES positions. This table shows active staff and does not include 1 person on long-term leave.

Note: Excludes contract staff.

Workforce management

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

Staff commencements and turnover

Forty-two new employees commenced ongoing employment at the AIHW during 2019–20 (Table 5.4), of which 13 were in our 2019–20 graduate intake (Table 5.5), and 39 ongoing employees left the AIHW during 2019–20. This equates to a 10% turnover rate for ongoing staff in 2019–20, compared with 9% in 2018–19.

Table 5.4: Commencements and separations of ongoing APS staff, 2019–20

Type	Number
Ongoing staff at 30 June 2019	**372**
Staff engaged from outside the APS	23
Staff moving from another APS agency	19
Total commencing staff	***42***
Staff separating through resignation	23
Staff separating through retirement	5
Staff who moved to another APS agency on transfer	8
Staff who moved to another APS agency on promotion	3
Total exiting staff	***39***
Ongoing staff at 30 June 2020	**375**

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

Contract staff turnover

As at 30 June 2020, the AIHW had 164 contract staff engaged for periods of up to 3 years. Last year, 12 contractors transitioned to ongoing APS employees in the AIHW. An additional 80 contractors ceased working with the AIHW, of which: 53 completed the term of their contract, as they were engaged for a specific task and/or period of time; 14 contracts were terminated by us; and 11 contractors resigned. A further 2 contractors ceased their employment as they had obtained employment with another government agency. Those who ceased working at the AIHW had an average tenure of 15 months.

Graduate intake

Our annual graduate intake remains a key strategy for building our workforce capability. We offer excellent employment opportunities for suitable graduates seeking to apply their qualifications in the fields of health and welfare information. Of the 13 graduates employed in the 2019–20 intake, 4 relocated from interstate. As a result of the Average Staffing Level restrictions, the AIHW engaged an additional 6 contractors who were identified through the 2019–20 graduate recruitment process. As part of their development, these staff participated in graduate program activities. Of these, 3 relocated from interstate. Of the 21 graduates employed in the 2015–16 intake, 10 have remained at the AIHW (Table 5.5).

Table 5.5: Graduate recruitment intake and outcomes, 2015–16 to 2019–20

	2015–16	2016–17	2017–18	2018–19	2019–20
Graduate intake (all at APS 4 level)	**21**	**14**	**18**	**19**	**13**
Graduates remaining at the AIHW on 30 June 2020	**10**	**7**	**9**	**14**	**13**
As an APS 4	0	0	2	9	13
Promoted to APS 5	1	3	6	5	0
Promoted to APS 6	8	3	1	0	0
Promoted to EL1	1	1	0	0	0

Managing performance and behaviour

Our Managing for Performance Policy recognises that regular constructive feedback encourages good performance. It enhances continuing development and facilitates employees and managers to communicate with each other informally and regularly about performance matters. The policy also affirms that performance management is a core activity that is embedded in all management functions.

Annual Performance Development Agreements (PDAs) are designed to align individual performance with our strategic goals and aimed at improving individual and organisational performance. PDAs also focus on individual learning and development needs and broader APS career development. Our policy requires a current PDA be developed for existing staff, including contractors, by July–August each year and, for new employees, within 3 months of their commencement.

Institute Awards

Institute Awards recognise exceptional individual and team contributions. The criteria for assessing nominations are linked to excellence in supporting strategic goals and excellence in delivering and/or supporting services and products. Institute Awards were given to 25 staff in 2019–20 (Table 5.6).

Table 5.6: Institute Award recipients, 2019–20

Alex Butler	Louise Tierney
Belinda Baker	Lynda Carney
Candy Fung	Matt Porter
Cara Goodwin	Melinda Leake
Chenkun Zhao	Melissa Wilson
Cherie McLean	Michelle Barnett
Chris Humphrey	Michelle Harvey
Cynthia Parayiwa	Rin Rin Ly
Drew Kennedy	Sam Fraser-Chitticks
Elise Farrell	Steven Day
George Bodilsen	Tim Worrall
Helen Hunter	Tylie Bayliss
James Aken	

Kathy Pryce Memorial Award

Launched in 2018, the Kathy Pryce Memorial Award recognises the life and work of our late colleague and friend who passed away in April 2017. This award is intended to recognise excellence in corporate and administrative support. In November 2019, the Kathy Pryce Memorial Award was presented to Ms Anne Reader.

Recognising diversity

We continued to recognise and support the diversity of our staff. Our Enterprise Agreement (EA) provides flexible working and leave arrangements to support employees' caring responsibilities, religious commitments and attendance at cultural events.

We maintain a Workplace Diversity Program aimed at ensuring that we:

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

In 2019–20, we continued to support the Pride Network, which provides peer support and visibility for our lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI) staff.

We established the CALD (culturally and linguistically diverse) Network which promotes awareness of the different cultures and languages represented at the AIHW, provides opportunities for CALD staff to connect with other CALD staff and advocates for CALD staff.

The CALD Committee at the launch of the CALD Network, 26 September 2019

In addition, we delivered cultural awareness training, which included face-to-face and e-learning programs designed to educate staff about the cultural significance of the traditional owners of the land in the Canberra region. The AIHW maintained its membership with the APS Commission's Indigenous Workforce Strategy which provides access to a range of employment programs aimed at increasing the representation of Indigenous Australians.

The AIHW has a Reconciliation Action Plan and has appointed 3 members of the senior executive group to the roles of Disability Champion, Indigenous Champion and the Pride Network Champion, respectively. We also maintained our membership with the Australian Network on Disability. This membership assists us to become a disability-confident employer by providing access to programs and resources to support managers and staff in supporting employees with disability.

We continued to exceed the APS average for employment of women and were below average for employment of staff aged 50 and over, Indigenous staff and staff with disability. We hope that with our participation in initiatives such as the Indigenous Employment Strategy and the Australian Network on Disability, we will see improvements in these areas. Of our ongoing and non-ongoing APS staff at 30 June 2020:

- 262 (69%) were women
- 100 (26%) were aged 50 years or over
- 72 (19%) identified as being from a non-English speaking background
- 5 (1%) identified as having a disability
- 3 (1%) identified as Indigenous.

In addition, 7% of our total staff identified as LGBTI+ in the 2019 Australian Public Service Employee Census.

Among our active staff, women comprise:

- 68% of total active APS staff
- 44% of substantive SES staff
- 69% of EL staff.

Inclusive of contractors, women make up 63% of the AIHW and 29% of ELs are women.

Equal employment opportunities

Section 5 of the *Equal Employment Opportunity (Commonwealth Authorities) Act 1987* (EEO Act) requires that the AIHW develop and implement an equal employment opportunity program. Under section 9 of the EEO Act, the AIHW must report annually on the development and implementation of its program.

Ms Pooja Chowdhary, Ms Kate Hafekost and Ms Jaclyn Chan at the International Women's Day Breakfast, Sydney, 6 March 2020

The AIHW adopts equal employment opportunity practices common across the APS, including access to paid parental leave and maternity leave, and recruitment opportunities specifically for Indigenous people. The AIHW accommodates reasonable requests for flexible working arrangements so that staff can meet family commitments, and seeks to remove obstacles that might discourage people with disability or whose first language is not English from seeking employment at the AIHW.

The AIHW signed an MoU with the APS Commission in May 2019 to participate in its Indigenous employment programs. Through this MoU, we continued our commitment to participate in a range of initiatives aimed to support the Commonwealth Aboriginal and Torres Strait Islander Employment Strategy. These initiatives include the 3 Pathways programs, which support employment opportunities for interns, graduates and

APS 5 to EL 2 candidates. In 2019–20, the AIHW participated in the Intern Program, to provide practical experience that may better prepare participants for future recruitment activities, including our graduate recruitment program. The AIHW hopes to be able to engage a number of staff through these programs.

The AIHW did not receive any ministerial directions about its performance obligations under the EEO Act.

Employment frameworks

As at 30 June 2020, all non-SES APS staff were employed under our EA. Ten SES staff members were employed under common law contracts.

Enterprise Agreement

Our EA outlines the terms and employment conditions of non-SES employees. The current EA began on 19 October 2016 and had a nominal expiry date of 18 October 2019. Through staff consultation and subsequent survey results, the majority of staff agreed that under section 24(1) of the *Public Service Act 1999*, the AIHW would maintain the current terms and conditions outlined in the 2016 EA. The determination provides for an annual 2% pay increase to nominal salary and corporate role allowances over a period of 3 years (2019–2021). Due to the economic impact of COVID-19, the APS Commission directed all government agencies to defer the next scheduled pay rise by 6 months.

Remuneration

Salary ranges based on classification level from our current EA are shown in Table 5.7. The AIHW's remuneration arrangements do not provide access to, or include, performance pay.

Table 5.7: EA salary range for APS and EL employees, 30 June 2020

	Lowest	Highest
APS 1	$45,563	$51,113
APS 2	$52,984	$58,038
APS 3	$60,260	$65,933
APS 4	$67,542	$73,153
APS 5	$75,300	$80,654
APS 6	$85,457	$93,365
EL 1	$103,301	$115,233
EL 2	$126,420	$142,074

Individual flexibility arrangements

Our EA contains provisions for flexible arrangements to enable tailoring of remuneration and conditions for employees in particular circumstances. As at 30 June 2020, 1 non-SES staff had an individual flexibility arrangement.

SES terms and conditions

The terms and conditions of employment for SES staff, including remuneration, are contained in common law contracts. They provide for salary entitlements and non-salary benefits relating to leave arrangements and entitlements, superannuation, salary sacrifice, travel and allowances. The CEO determines SES remuneration and conditions under section 24(1) of the *Public Service Act 1999*. SES remuneration is reviewed annually by the CEO in accordance with the APS Commission's Executive Remuneration Management Policy.

As at 30 June 2020, the ranges within which the CEO could set salaries were $173,173 to $202,271 for SES Band 1 and $230,000 to $254,000 for SES Band 2. Details of the remuneration paid to our SES are in Table A2.6.

Other highly paid staff

The AIHW did not have any non-SES staff in the reporting period whose remuneration exceeded the threshold amount in the PGPA Rule of $225,000.

Engaging with staff

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

Consultative Committee

This committee is the principal forum through which formal consultation and discussions on workplace relations matters take place between management and employees. Consultative Committee processes support the change management and consultation obligations outlined in our EA. The committee discusses workplace relations matters in a spirit of cooperation and trust.

The committee met 4 times in 2019–20. A key focus was discussion of proposed changes to a number of human resources policies, accommodation and the AIHW's response to the COVID-19 pandemic.

Health and Safety Committee

We maintained a Health and Safety Committee during 2019–20 as required by sections 75–79 of the *Work Health and Safety Act 2011* (WHS Act). The committee facilitates cooperation between management and employees in initiating, developing and carrying out measures designed to ensure the health and safety of our people.

The committee met 4 times during the year and discussed the continued implementation of the Healthier Work Program, security and safety arrangements for staff who work outside of core business hours, emergency evacuation procedures and thermal comfort.

In addition, the committee discussed the AIHW's response to the COVID-19 pandemic, with an emphasis on the WHS of staff working from home, safety measures implemented for staff who continued to work from an AIHW office and support for staff returning to work. The committee also supported WHS arrangements for staff following the relocation of a work group to a new building, and tested and tagged electrical and fire safety equipment.

Learning and Development Advisory Committee

This committee provides strategic direction for, and enables staff input to, the planning and delivery of the learning and development program and initiatives. The committee comprises representatives from each group. The committee met 2 times during 2019–20—less than its usual 3 occasions due to disruptions related to the COVID-19 pandemic. The committee discussed the delivery of corporate programs, feedback from staff and the implementation of an upgrade to our learning management system, Learnhub.

Social Club

Our active Social Club coordinates social activities and events to help foster a positive and collaborative workplace environment. The club comprises members that include a senior executive sponsor and staff from the latest graduate intake. Members organised the annual staff Christmas party and other events.

The annual AIHW birthday soccer match, July 2019

Corporate social responsibility

We continued to foster stakeholder partnerships and engage with community organisations. We recognise the importance of giving back to the community by holding a range of events throughout the year to raise funds for charities. All staff are encouraged to support the Australian Red Cross Blood Service. Under our EA, staff have approved time off work to donate blood without needing to use leave.

We undertake major charity fundraising and promote health and welfare activities. Activities supported in 2019–20 included: DonateLife Week; International Day Against Homophobia, Biphobia, Interphobia and Transphobia; Men's Health Week; R U OK Day; White Ribbon Day; Women's Health Week; World AIDS Day; and World Mental Health Day.

White Ribbon Workplace Accreditation

We believe that all forms of violence are unacceptable, and acknowledge that both men and women can be victims and the positive role that men play alongside women in preventing violence against women.

Through 2019–20, we maintained our Family and Domestic Violence Policy and supporting material. We also continued to deliver awareness workshops. We engaged with Communicare to assist us maintain our commitment to raising awareness and supported staff who may be affected by family or domestic violence.

Recognising and building expertise

Staff qualifications

We value the professional capability of staff. As at 30 June 2020, a high percentage of staff (70%) had tertiary qualifications and 60% had a postgraduate qualification, which includes graduate diplomas, masters and doctorates.

External study

A study assistance scheme is available to reimburse employees for approved courses of study for a recognised qualification relevant to their work. Twenty-six staff received assistance for formal study in 2019–20. Areas of study included public health, biostatistics, data science, ecological public health, psychology, cybersecurity, health research, communications and media, and business administration.

Corporate learning and development program

We continued to invest in the learning and development of all our staff, including a formal induction program for new employees.

Our program of in-house training sessions complement on-the-job training and help ensure that staff develop and maintain specialised knowledge and skills. We provided 92 in-house courses in 2019–20 (compared with 169 in 2018–19). Due to COVID-19-related WHS restrictions, we were unable to deliver some programs. Of the courses delivered, 988 staff (compared with 2,411 in 2018–19) attended training, with some staff attending more than one course. Our learning and development program continued to focus on learning activities related to our work, including technical training, written communication, report writing, statistical and data analysis, project management, leadership and WHS.

In 2018–19, we designed and launched a new Executive Level Leadership Program to raise capabilities in strategic and performance management. This program continued through 2019–20. Over 140 EL 1 and EL 2 staff participated in the program during the year. To support the development of capabilities at level and support career progression, a pilot for an APS 5/6 Development Program commenced.

The AIHW also provided mandatory e-learning for all staff to complete, which covers content related to legislation and Australian Government guidelines, such as fraud awareness, privacy awareness, respectful workplaces, cultural awareness, cybersecurity and WHS. Completion rates ranged from 70%–90% across the suite of modules.

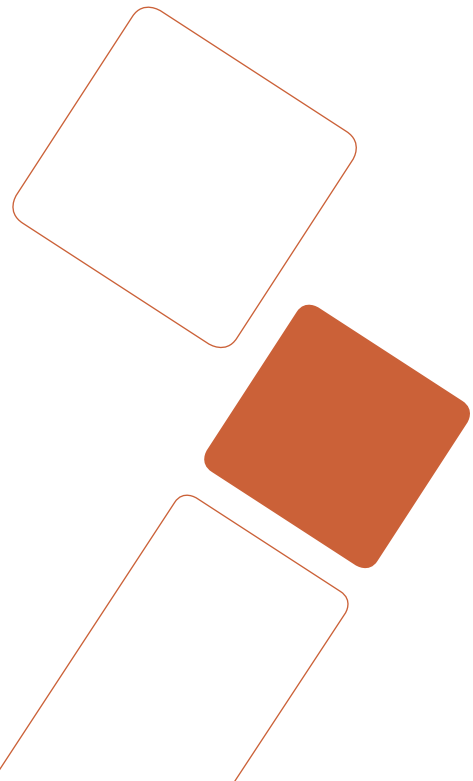
SAMAC conversations

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

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

Five conversations were held in 2019–20 at which the topics discussed included:

- Multi-source Enduring Linked Data Assets at the AIHW
- environmental health reporting
- deep learning and natural language programming
- population health data sets
- spatial analysis and data visualisation.



Ms Miriam Lum On presenting at the Heart Disease in Women Strategic Roundtable, Canberra, August 2019

Staff exchanges

In April 2018, we entered into a new MoU with CIHI for a further 5 years. Both organisations seek reciprocal exchange of specialised knowledge about business practices and processes, sharing of initiatives and transfer of expertise, primarily through a 12-month exchange of employees.

The AIHW welcomed two CIHI employees on secondment to the AIHW during 2018–19 and their tenure continued into 2019–20. We also supported one AIHW staff member to undertake a secondment to CIHI's office in British Columbia, Canada, which also continued into 2019–20.

In response to the COVID-19 pandemic, the AIHW also supported 17 staff members to undertake roles with the Department of Health, PM&C, ACT Health and NSW Health. These secondments varied in tenure, up to 6 months, to support state, territory and Commonwealth governments response to COVID-19.

Encouraging work health and safety

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

Initiatives and outcomes

We continued to focus on prevention strategies. We introduced initiatives to raise knowledge and capabilities in managing WHS. Table 5.8 provides a summary of key WHS activities.

Table 5.8: Key WHS initiatives and staff participation, 2019–20

Initiative	Outcomes
Mini induction	All staff participate in a face-to-face mini induction within the first two weeks of commencement. This initiative includes an overview of WHS management and support services.
Workstation assessments	All staff upon commencement (or request) are provided with a workstation assessment to mitigate the risk of ergonomic injury.
Mental health e-learning programs	Online learning modules include subjects such as managing mental health risks, mental health awareness and respectful workplaces.
Work Health and Safety (e-learning module)	78% of staff have completed this module.
Work Health and Safety for managers (e-learning module)	54% of managers have completed this module.
Wellbeing support page	This intranet page provides details of support services to assist all staff.
Executive Level 1 and Executive Level 2 Leadership Program	Modules raise awareness and capability about WHS, resilience and mental health. More than 140 EL staff participated in this program.
Resilience/Mental Health Training	This program is designed to raise awareness and educate staff on how to recognise and implement strategies to support their mental health during times of change or crisis. More than 100 staff participated in this program.
Mental Health Strategy	We continued to deliver programs associated with this strategy.
Mental Health Week and R U OK Day	All staff were given access to information relating to mental health and watch an episode of Australian Story.
Workplace harassment contact officers	We maintained a network of officers.
White Ribbon Australia	We maintained accreditation with White Ribbon Australia and provided training to staff and managers relating to family and domestic violence.
Employee Assistance Program	Average staff utilisation rate was 8%.
Flu vaccinations	246 vaccinations were administered to 49% of total active staff and contractors.
Discounted gym membership	123 staff are current members.
Yoga and meditation	These programs are managed by staff.
Cultural appreciation	One course was provided.
Cultural awareness (e-learning module)	79% of staff have completed this module.

Rehabilitation management system self assessment

As the AIHW is considered a 'low-risk' agency, consistent with Comcare's Guidelines for Rehabilitation Authorities 2012, an annual audit was not required. We continued to meet the applicable criteria of the rehabilitation management system and conform with the guidelines.

Incidents and compensation

Two compensation claims were lodged with Comcare in 2019–20, with one accepted. Table 5.9 shows an overview of claims lodged since 2016–17.

Table 5.9: Compensation claims lodged with Comcare, 2016–17 to 2019–20

Year	Claims lodged	Claims accepted
2019–20	2	1
2018–19	0	0
2017–18	3	2
2016–17	5	3

Notifiable incidents and investigations

Under the WHS Act, we are required to notify Comcare when incidents occur that involve the death of a person, a serious injury or illness, or a dangerous incident.

One notifiable incident occurred and was reported to Comcare.

Workplace inspections, Comcare investigations and Comcare audits

Our Health and Safety Representatives and staff responsible for facilities carried out 4 workplace inspections during 2019–20. These inspections occurred about a fortnight before Health and Safety Committee meetings to enable findings and recommendations to be considered and actioned. Issues notified were minor, such as the removal of trip hazards, an audit of fire and safety equipment, and environmental measures, such as adjustments to the air conditioning and assessment of new work environments.

No investigations by Comcare were conducted in 2019–20 and no directions, notices, offences or penalties were served under the WHS Act.

Our response to the bushfire crisis and the COVID-19 pandemic

Air quality due to bushfires

During the bushfires that occurred between December 2019 and February 2020, heavy smoke fell across AIHW office locations in Canberra and Sydney. To ensure the safety of staff during this period, we made adjustments to air-conditioning systems to eliminate drawing air and smoke into offices. Temperature controlled automatic windows were also disabled and air quality monitors purchased to ensure the air quality was within a safe range. Due to smoke, a small number of staff experienced irritations to their eyes, nausea and breathing difficulties. These staff members returned to their homes or obtained medical assistance.

In recognition of the significant impact of these bushfires, we proactively promoted accessibility to the Employee Assistance Program, provided regular updates in relation to emergency warnings and shared resources to assist staff support co-workers, family and friends through this challenging time.

Coronavirus (COVID-19)

In response to the global pandemic, the AIHW was guided by advice relating to local restrictions provided by the Australian Government, the Department of Health, Safe Work Australia, the APS Commission and state and territory governments.

To support the wellbeing of our people, we established flexible work arrangements for all staff, which included the introduction of new technologies to support working-from-home arrangements. In March 2020, approximately 75% of staff began working from home in some capacity. Many of the staff who remained working in an AIHW office worked on a roster designed to reduce the number of staff in the office at any one time. Due to the volume of COVID-19 cases within New South Wales, the AIHW closed its Sydney office on 23 March. A small number of staff have resumed working from this location.

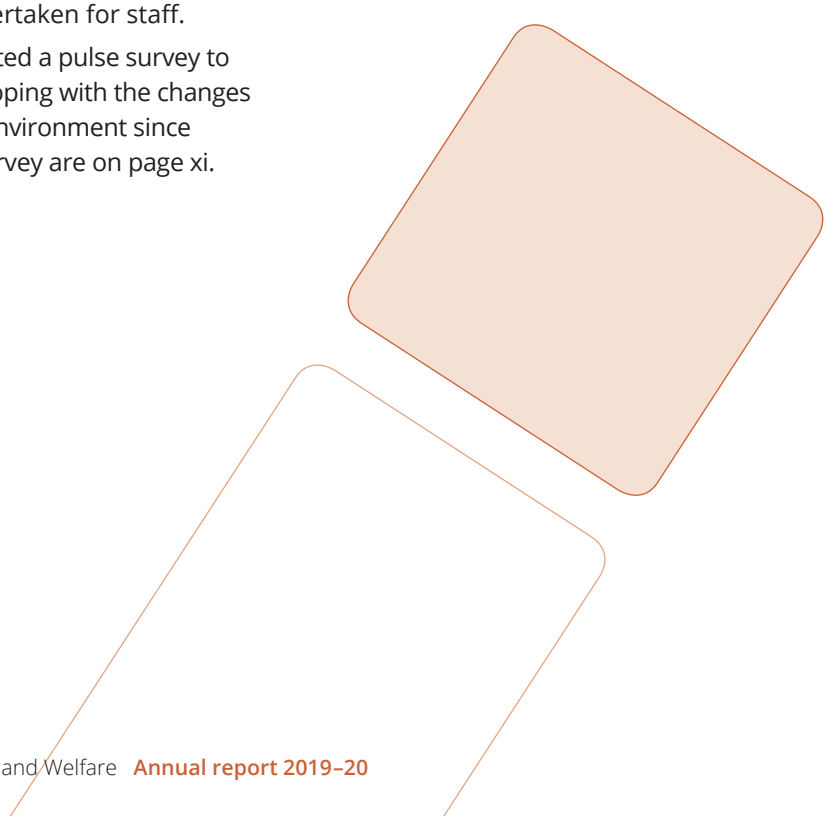
As at 30 June 2020, 342 (67%) of our active staff, had formal arrangements to work from home in some capacity. To support ergonomic health and safety, staff were provided access to use their work-based equipment at home. Home workstation assessments were undertaken for staff.

In May 2020, we conducted a pulse survey to assess how staff were coping with the changes made to their working environment since March. Results of the survey are on page xi.

In line with the government's 3-stage approach to relaxing restrictions in June, the AIHW began a voluntary, gradual return of staff working at our offices. Stage 1 saw the gradual return of up to 50% of staff during June. To ensure the health and safety of staff working from, or returning to, an AIHW office, the AIHW implemented a number of safety measures based on government and health advice, which included:

- promoting physical distancing and maintaining strong personal hygiene
- limiting the number of people who can occupy meeting rooms
- providing antibacterial hand gel and spray in all communal areas and meeting rooms
- implementating additional professional cleaning
- replacing face-to-face meetings with virtual, teleconferences or videoconferences.

We also continued to promote the Employee Assistance Program and share resources and information to support all staff to remain COVID safe.



Accommodation

We operated from 3 office buildings in Canberra: 1 Thynne Street, Bruce (T1), 26 Thynne Street, Bruce (T26), and 27 Thynne Street, Bruce (T27).

We are in the sixth year of a 15-year lease on a purpose-built 3-storey building at T1, the second year of a 3-year lease at T26 and leasing space on a month-to-month basis at T27. The space occupied at T27 is interim, while we await the construction of purpose-built office space at 9 Thynne Street, Bruce, which is estimated to be ready for occupancy in April 2021.

T1 is designed to achieve a 4.5-star National Australian Built Environment Rating System (NABERS) rating.

Our Sydney-based office is in the third year of a 3-year lease and continued to operate from Level 9, 1 Oxford Street, Darlinghurst. This office space accommodates up to 35 staff.

Tables 5.10 and 5.11 provide information on our efforts to reduce our impact on the environment.

Government greenhouse and energy reporting

The Australian Government's Energy Efficiency in Government Operations policy helps government agencies to identify opportunities to save energy. We are required to comply with the policy because we directly or indirectly derive more than half the funds for our operations from the Australian Government.

The policy requires agencies to comply with certain minimum energy performance standards, including that eligible new leases contain a Green Lease Schedule with at least a 4.5-star NABERS energy requirement.

The lease agreement for our main Canberra office at T1 meets this requirement. The Sydney, T26 and T27 offices are exempt from this policy as the area leased is less than 2,000 square metres.

Ecological sustainable development

We uphold the principles of ecologically sustainable development outlined in the *Environment Protection and Biodiversity Conservation Act 1999* and are committed to making a positive contribution to achieving its objectives (see tables 5.10 and 5.11). Section 516A(6) of this Act requires us to report on environmental matters, including ecologically sustainable development.

In 2019–20, we consumed our lowest volume of toner and paper in the last 5 financial years, while staffing numbers were similar to the same time last year; however, the reduction in staff attendance due to COVID-19 was a contributing factor. We are progressing with plans to support broader Australian Government initiatives in relation to digital transition, which will see a further reduction in toner and paper consumption.

We collected 2.7 tonnes of organic waste, the second highest volume in the past 5 years, as part of our green initiative. This waste was subsequently fed to worms and recycled into organic fertiliser by an external provider.

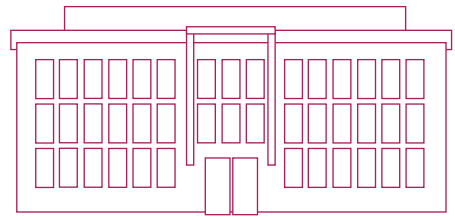


Table 5.10: Electricity and paper consumption and recycled waste, 2015–16 to 2019–20

	2015–16	2016–17	2017–18	2018–19	2019–20
Electricity consumption					
Canberra offices (kilowatt hours, as office tenant light and power)[(a)]	689,494	701,147	794,091	725,447	605,848
Sydney office	. .	69,238	63,345	35,548	41,392
Paper consumption (reams)					
Canberra offices	1,605	1,927	2,375	1,657	959
Sydney office	. .	55	50	25	55
Recycled waste					
Organics from kitchens (tonnes)[(b)]	2.3	2.3	2.6	3.3	2.7
Toner cartridges Canberra offices (number)	81	70	118	73	54
Toner cartridges Sydney office	. .	8	4	4	2

. . not applicable.

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

(b) Figures are for all 3 Canberra offices.

Table 5.11: Ecologically sustainable development reporting, 30 June 2020

Reporting area	Activities undertaken by the AIHW
Legislation administered during 2019–20 accords with the principles of ecologically sustainable development	Not applicable.
The effect of the AIHW's activities on the environment	Our key environmental impacts relate to the consumption of energy and goods, and waste generated in the course of business activities. Table 5.10 includes available information on energy consumption and waste recycling.
Measures taken to minimise the impact of AIHW activities on the environment in our main office in Canberra	Provided amenities for staff who ride bicycles to work. Using energy-efficient lighting, including the installation of light-emitting diode lighting in selected areas. Purchased 10% GreenPower electricity. Purchased only energy-efficient equipment that is Energy Star compliant. 'Shutting-down' multifunctional devices when they are left idle for long periods. Movement-activated lighting that turns off after 20 minutes of no movement being detected. Double-glazed windows to increase the efficiency of heating and cooling. Operated a modern, efficient air-conditioning system. Used a rainwater tank system to supply the toilets, urinals and external taps. Recycled toner cartridges and paper. Purchased paper with at least 50% recycled content for printing and copying. Re-used stationery items such as ring binders. Supplied recycling bins in kitchens for collection of organic waste for worm farming. Printed our publications using 'print-on-demand' processes with paper sourced from sustainably managed, certified forests in accordance with ISO14001 Environmental Management Systems and ISO9001 Quality Management Systems. Recycled soft plastics, an initiative managed by staff.
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	We worked to comply with benchmark environmental impact indicators at T1, which is designed to achieve a 4.5-star NABERS rating.

Appendix 1: Products, journal articles and presentations

Products

We published 172 products in 2019–20.

We released 61 print and/or print-ready publications and 111 web products, including new and updated web reports and data visualisations. Web versions of print products are not included in these figures to avoid double counting.

More products are being released using data visualisation methods, allowing users to analyse and draw their own conclusions and insights from the data.

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

Printed copies of our flagship products, Australia's health and Australia's welfare, can be purchased online. Other publications can be printed on demand, at a cost to the customer.

For further details about obtaining our products, see www.aihw.gov.au/publications.

Adoptions

Adoptions Australia 2018–19

Aged care

GEN— Aged Care Data updates:

- Aboriginal and Torres Strait Islander people
- Commonwealth Home Support Program
- Consumers' experience of residential aged care, Australia 2017–19
- Interfaces between aged care and health systems—first results
- Pathways in aged care 2013–14
- Pathways of younger people entering permanent residential aged care
- People using aged care
- People's care needs in aged care
- Quality indicators updates (3)
- Services and places in aged care

Alcohol and other drug treatment services

Alcohol and other drug treatment services in Australia 2017–18

Alcohol and other drug treatment services in Australia 2018–19

Alcohol and other drug treatment services in Australia: key findings

Alcohol, tobacco and other drugs compendium, data updates (3)

Alcohol, tobacco and other drugs in Australia

Patterns of alcohol and other drug treatment service use in Australia, 1 July 2014 to 30 June 2018

Biomedical risk factors

Overweight and obesity: an interactive insight

Physical inactivity

Poor diet

Burden of disease

Acute rheumatic fever and rheumatic heart disease in Australia—2017

Burden of tobacco use in Australia: Australian Burden of Disease Study 2015

The burden of vaccine-preventable diseases in Australia

Cancer and cancer screening

Analysis of cervical cancer and abnormality outcomes in an era of cervical screening and HPV vaccination in Australia

BreastScreen Australia monitoring report 2019

Cancer data in Australia, data updates (2)

Cancer statistics for small geographic areas

Mesothelioma in Australia 2018

Mesothelioma in Australia 2018: occupational asbestos exposure

National cancer screening programs participation data

National cancer screening programs participation data: 2017–18 bowel screening updates

National Cervical Screening Program monitoring report 2019

Cardiovascular disease

Cardiovascular disease in women

Chronic conditions update 2018–19: cardiovascular disease

Child protection

Child protection Australia 2017–18

Child protection Australia 2018–19

Young people in child protection and under youth justice supervision: 1 July 2014 to 30 June 2018

Children and youth

Australia's children

Children's compendium 2019

Scoping enhanced measurement of child wellbeing in Australia: discussion paper

Chronic diseases

Acute rheumatic fever and rheumatic heart disease in Australia 2014–2018

Chronic conditions updates 2018–19:

- Allergic rhinitis (hay fever)
- Arthritis
- Asthma
- Asthma, associated comorbidities and risk factors
- Back problems
- Bronchiectasis
- Cardiovascular disease

Chronic kidney disease
Chronic obstructive pulmonary disease (COPD)
COPD, associated comorbidities and risk factors
Diabetes
Eye health
Gout
Juvenile arthritis
Osteoarthritis
Osteoporosis
Rheumatoid arthritis

Chronic pain in Australia

Endometriosis in Australia: prevalence and hospitalisations

Medication use for ankylosing spondylitis, psoriatic arthritis, and juvenile arthritis 2016–17

National asthma indicators—an interactive overview

Corporate publications

Australian Institute of Health and Welfare Corporate Plan 2019–20 to 2022–23

Australian Institute of Health and Welfare Annual report 2018–19

Australia's welfare 2019

ICD-11 Review stakeholder consultation report

Data standards

ICD-11 Review Pre-consultation paper

Deaths

Deaths in Australia

General Record of Incidence of Mortality (GRIM) data

Mortality Over Regions and Time (MORT) books

Dementia

Dispensing patterns for anti-dementia medications 2016–17

Hospital care for people with dementia 2016–17

Patterns of health service use by people with dementia in their last year of life: New South Wales and Victoria

Dental and oral health

National Oral Health Plan 2015–2024: performance monitoring report

Diabetes

Incidence of gestational diabetes

Incidence of insulin-treated diabetes in Australia 2018

Disability

Disability support services 2018–19

People with disability in Australia (Disability compendium—batch 2)

People with disability in Australia 2019: in brief

Drugs

National Opioid Pharmacotherapy Statistics Annual Data collection 2019

Expenditure

GEN—Aged Care Data: Government spending on aged care

Health expenditure Australia 2017–18

Medicare-subsidised GP, allied health and specialist health care across local areas, 2013−14 to 2017−18

Health-care quality and performance

Australian Health Performance Framework

Australian Health Performance Framework indicators, data update

Coordination of health care: experiences of information sharing between providers for patients aged 45 and over 2016

National Partnership on Essential Vaccines performance report 2017–18

Heart, stroke and vascular diseases

Congenital heart disease in Australia

High blood pressure

Homelessness services

Older clients of Specialist Homelessness Services

Specialist Homelessness Services annual report 2018–19

Specialist Homelessness Services Collection (SHSC) data cubes 2011–12 to 2018–19

Hospitals

A comparison between the AIHW's National Hospital Morbidity Database and the ABS's Private Health Establishments Collection: 2009–10 to 2016–17

Bloodstream infections associated with hospital care 2018–19: Australian hospital statistics

Disparities in potentially preventable hospitalisations across Australia, 2012–13 to 2017–18

Elective surgery 2018–19

Emergency department care 2018–19

Hospitals at a glance 2017–18

Patient experiences in Australia by small geographic areas in 2017–18

Radiotherapy in Australia

Use of emergency departments for lower urgency care: 2015–16 to 2017–18

Housing assistance

Housing assistance in Australia 2019

Indigenous community housing: Queensland

National Social Housing Survey 2018

Social housing stock transfers: tenant experiences in South Australia

Indigenous Australians

Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2017–18

AIHW user guide for July 2019 nKPI reporting

Better cardiac care measures for Aboriginal and Torres Strait Islander people: fourth national report 2018–19

Cultural safety in health care: monitoring framework

Hearing health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2018

Indigenous eye health measures 2018

Indigenous primary health care: results from the Online Services Report and nKPI collections

Insights into vulnerabilities of Aboriginal and Torres Strait Islander people aged 50 and over

National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results to June 2018

Northern Territory Remote Aboriginal Investment: Oral Health Program July 2012 to December 2018

Review of the two national Indigenous Specific Primary Health Care Data Sets: Online Services Report and the national Key Performance Indicators

Tracking progress against the Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023

Injury

Hospitalised injury and socioeconomic influence in Australia 2015–16

Hospitalised sports injury in Australia, 2016–17

Indigenous injury deaths 2011–12 to 2015–16

Injury mortality and socioeconomic influence in Australia 2015–16

Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18

Spinal cord injury, Australia 2016–17

Trends in hospitalised injury, Australia 2007–08 to 2016–17

Trends in hospitalised injury due to falls in older people 2007–08 to 2016–17

Trends in injury deaths, Australia 1999–00 to 2016–17

Life expectancy and deaths

Life expectancy and potentially avoidable deaths 2015–2017

Men and women

Discussion of female genital mutilation/cutting data in Australia

The health of Australia's females

The health of Australia's males

Mental health

Mental health services in brief 2019

Mental health topic updates:

- Community mental health care
- Consumer perspectives of mental health care
- Expenditure on mental health-related services
- Medicare-subsidised mental health-related services
- Mental health-related prescriptions
- Mental health services provided in emergency departments
- Mental health workforce
- Overnight admitted mental health-related care
- Overview of mental health
- Psychiatric disability support services
- Residential mental health care
- Restrictive practices (2)
- Same day admitted mental health-related care
- Specialised mental health care facilities
- Specialist homelessness services collection

Mothers and babies

Australia's mother and babies 2018

Maternal deaths in Australia

National Core Maternity Indicators 2017

Stillbirths and neonatal deaths in Australia 2015 and 2016

Palliative care

Palliative topic updates:

- Admitted patient palliative care and hospital-based facilities
- Identifying palliative care hospitalisations
- Medicare-subsidised palliative medicine services
- Palliative care in residential aged care
- Palliative care outcomes
- Palliative care overview
- Palliative care workforce

Primary health care

A profile of primary health care nurses

Developing a National Primary Health Care Data Asset: consultation report

Rural and remote Australians

Rural & remote health

Veterans

Medications dispensed to contemporary ex-serving Australian Defence Force members, 2017–18

National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update

Use of homelessness services by ex-serving Australian Defence Force 2011–17: summary report

Use of homelessness services by ex-serving Australian Defence Force members 2011–12 to 2016–17

Youth justice

Young people returning to sentenced youth justice supervision

Youth detention population in Australia 2019

Youth justice in Australia 2018–19

Journal articles

Barnett M 2019. Overcrowding in social housing. Parity 32(5):5–7.

Brotherton JM, Budd A, Rompotis C, Bartlett N, Malloy MJ, Andersen RL et al. 2019. Is one dose of human papillomavirus vaccine as effective as three?: A national cohort analysis. Papillomavirus Research 8:100177. doi:10.1016/j.pvr.2019.100177.

Brotherton JM, Budd AC & Saville M 2020. Understanding the proportion of cervical cancers attributable to HPV. Medical Journal of Australia 212(2):63–4.e1. doi:10.5694/mja2.50477.

Budd AC, Powierski A, Chau T, Saville M & Brotherton JM 2020. The value of data linkage depends on the quality of the data: incorporating Medicare data alters cervical screening analysis findings. Medical Journal of Australia 212(8):383. doi:10.5694/mja2.50506.

Coppin J 2020. A profile of young people receiving specialist homelessness services support. Parity 33(3):5–8.

Ellis M 2020. ICD-11 review: toward implementation planning in Australia. HIM-Interchange 10(1):4–8.

Presentations

Al-Yaman F 2019. An approach to developing targets. Presentation at the Partnership Working Group Closing the Gap Targets Workshop, Canberra, 13 December.

Al-Yaman F 2020. Finalising socioeconomic targets for inclusion in the draft National Agreement on Closing the Gap. Presentation at the Partnership Working Group Closing the Gap Targets Workshop, Melbourne, 25 February.

Al-Yaman F 2020. Reform priority areas and socioeconomic targets for inclusion in the draft National Agreement on Closing the Gap. Presentation at the Partnership Working Group Closing the Gap Targets Workshop, Sydney, 21 January.

Anderson P 2019. Linkage of national health (and other) data in Australia. Invited speaker at the Queensland Data Linkage Symposium, Brisbane, 13 October.

Anderson P 2020. Data linkage at AIHW. Invited speaker at the Health Analytics Research Collaboration (HARC) forum, Accessing Health Data to Promote Australian Health Research, Canberra, 17 February.

Anderson P 2020. Improving data linkage to reduce fragmentation and gain a whole view of the patient journey. Invited speaker at the Data & Analytics in Healthcare conference, Melbourne, 4–5 March.

Anderson P 2020. Successfully managing the challenges of patient data privacy, consent and ethics. Invited panellist at the Data & Analytics in Healthcare conference, Melbourne, 4–5 March.

Bennett V 2019. Discovering the potential of Australia's first lifelong person-centric health data set, on behalf of the My Health Data Record Data Unit. Presentation at the 2019 Health Information Management Association of Australia (HIMAA) National Centre for Classification in Health Conference, Sydney, 23–25 October.

Bennett V 2019. Discovering the potential of Australia's first lifelong person-centric health data set. Presentation at the 19th International Federation of Health Information Management Associations Congress, Dubai, United Arab Emirates, 17–21 November.

Bennett V 2019. Fundamental health information building blocks. Presentation at the Pacific Health Information Network Meeting on Health Information and Digital Health Information Strengthening in the Pacific. Noumea, New Caledonia, 8–12 July.

Bennett V & Bhattal N 2020. Health data assets and data governance at the Australian Institute of Health and Welfare. Presentation at the Health Informatics and Knowledge Management Conference, Melbourne, Australia 4–6 February.

Bennett V, Harris L & Teng Pan 2020. Terminologies and classification: SNOMED CT AU and ICD-10 AM use in Australia. Webinar delivered by the Australian Digital Health Agency, Sydney, 25 February 2020.

Claydon C & Sweeney J 2020. 2019 National Drug Strategy Household Strategy: preliminary topline results. Presentation at the Department of Health, Canberra, 12 March.

Ellis M 2019. ICD-11 Review: toward implementation planning. Keynote speaker at the Health Information Management Association of Australia (HIMAA) and National Centre for Classification in Health (NCCH) National Conference, Sydney, 23 October.

Faulks K 2019. Experiences of information sharing between providers for patients aged 45 and over, 2016. Poster presentation at the 2nd Asia Pacific Conference on Integrated Care, Melbourne, 11–13 November.

Frattura L, Hargreaves J, Tonel P & Forrester A 2019. Classifications and Statistics Advisory Committee (CSAC) annual report. Poster presentation at the World Health Organization's Family of International Classifications (WHO-FIC) Network Annual Meeting, Banff, Canada, 6–11 October.

Frost, M. Panel member, Our Data Our Health Webinar 1, hosted by the Consumers Health Forum of Australia, 30 October.

Frost, M. Panel member, Our Data Our Health Webinar 2, hosted by the Consumers Health Forum of Australia, 11 November.

Garcia J 2019. Methodological improvements in the Australian Burden of Disease Study 2015. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Brisbane, 24–25 October.

Garcia J & Zhao C 2019. The burden of disease and injury in Australia, 2015: overall results. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Brisbane, 24–25 October.

Hargreaves J, Ellis M & Forrester A 2019. Australian Collaborating Centre annual report 2019. Poster presentation at WHO-FIC Network Annual Meeting, Banff, Canada, 6–11 October.

James M 2019. AIHW community housing data and projects. Presentation at the National Regulatory System for Community Housing Registrars Forum, Melbourne, 13 November.

James M 2019. Australia's welfare. Presentation at the Australian Social Policy Conference, Sydney, 11 September.

James M 2019. Culture, capability and governance in government for better outcomes through evaluation. Roundtable participant at Indigenous Evaluation Strategy Roundtable, Canberra, 28 November.

James M 2019. Data, evidence and policy. Presentation at the Evidence, Insights and Beyond Conference, Canberra, 22 October.

James M 2019. Data for Policy Workshop. Presentation at the Life Course Centre Partnership Summit, Canberra, 7 August.

James M 2019. NGOs' use of client data. Panel discussion at the Australian Council of Social Service Conference, Canberra, 26 November.

James M 2019. Suicide and Self-harm Project. Presentation at the Suicide Prevention Data Forum, Sydney, 19 November.

James M 2020. Housing data sources and capabilities. Treasury Roundtable participant, Canberra, 29 January.

James M. 2020. Suicide Prevention Workshop. Presentation at the Department of the Prime Minister and Cabinet, Canberra, 19 February.

Jones S 2019. Coordination of care: experiences of information sharing between providers for patients aged 45 and over. Presentation at the 11th Health Services and Policy Research Conference, Auckland, New Zealand, 4–6 December.

Juckes R 2019. Australian Burden of Disease Study 2015. Presentation at the Department of Health, Canberra, 10 September.

Juckes R 2020. Estimation of burden of disease and recent developments in Australia. Presentation at the European Burden of Disease Network Working Group meeting, Copenhagen, Denmark, 18–19 February.

Kambisios E, Ferriday A & Elliot F 2019. Geographic distribution of opioid pharmacotherapy treatment in Australia. Poster presentation at the Australasian Professional Society on Alcohol and Other Drugs Conference, Hobart, 11–13 November.

Kerrigan J 2019. Patient reported information continuity between providers—measures and implications. Presentation at the Australian Public Health Conference, Adelaide, 17–19 September.

Liu C and Morland R 2020. Developing a National Primary Health Care Data Asset—key opportunities in allied health: the journey through data. Presentation at the National Allied Health Advisors and Chief Officerscommittee meeting, Melbourne, 7 February.

Lum On M 2019. Cardiovascular disease in Australian women—a snapshot of national statistics. Invited speaker at the Heart Disease in Women Strategic Roundtable, Australian Cardiovascular Alliance and Heart Foundation, Canberra, 22 August.

Lum On M 2019. Cardiovascular disease in Australian women—a snapshot of national statistics. Invited speaker at the Heart Foundation Ambassador program event, Canberra, 15 August.

Mills L 2019. Burden of vaccine-preventable disease in Australia. Presentation at the Communicable Diseases Control Conference, Canberra, 21 November.

Mills S & Duong A 2019. Family, domestic and sexual violence among vulnerable groups in Australia. Presentation at the STOP Domestic Violence Conference, Gold Coast, 9–11 December.

Mills S & Duong A 2019. Family, domestic and sexual violence services data: the information needs of government and service providers into the future. Presentation at the STOP Domestic Violence Conference, Gold Coast, 9–11 December.

Ougrinovski E 2019. What is data linkage and how it is used for health and welfare research? Presentation at the STEM Professionals in Schools forum, Canberra, 21 and 31 October.

Reynolds A 2019. Changes in disease burden over time in Australia, 2003–2015. Presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Brisbane, 24–25 October.

Reynolds A, Prescott V, Claydon C & Laws P 2019. Burden of tobacco use: the Australian Burden of Disease Study 2015. Poster and presentation at the Australasian Epidemiological Association Annual Scientific Meeting, Brisbane, 24–25 October.

Roberts-Witteveen A 2019. Establishing the new national rheumatic heart disease data collection. Presentation at the Communicable Diseases Control Conference, Canberra, 20 November.

Ross E, Facchini L & Da Silva K 2019. Aged-based differences in principal drug of concern 2013–14 and 2017–18. Poster presentation at the Australasian Professional Society on Alcohol and Other Drugs Conference, Hobart, 11–13 November.

Sandison B 2019. Better decisions through better data. Presentation at the Family and Relationship Services Australia National Conference, Hunter Valley, 20 November.

Sandison B 2019. Practical data sharing. Presentation to People Centred Data Collaboration event, Sydney, 7 August.

Sandison B 2019. Presentation on data. Presentation to SYC Board, Adelaide, 29 October.

Sandison B 2019. Reflections on use of data and leadership. Presentation to Early Childhood Australia, Canberra, 2 August.

Sandison B 2019. Understanding the multiple pathways and touchpoints people have as they move through the social welfare systems. Presentation at the Organisation for Economic Co-operation and Development Forum, Paris, 16 October.

Schroder N 2019. Health and welfare data insight. Invited speaker at the Federation of Ethnic Communities' Councils of Australia Conference, Hobart, 10 October.

Shepheard J, Hargreaves J & Ellis M 2019. ICD-11 Review: toward implementation planning in Australia. Poster presentation at WHO-FIC Network Annual Meeting, Banff, Canada, 6–11 October.

Siu P 2019. Measuring SHIP satisfaction: 2019 SHIP satisfaction survey—final results. Presentation at Infoxchange, Brisbane, 4 September.

Sparke C 2019. Physical activity across the life stages—what the data are telling us. Invited speaker at the National Sports Convention, Melbourne, 13–15 July.

Sweeney J, Facchini L & Veld M 2019. Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment. Poster presentation at the Australasian Professional Society on Alcohol and Other Drugs Conference, Hobart, 11–13 November.

Appendix 2: Meeting attendance and remuneration

Table A2.1: Attendance at AIHW Board meetings

Name	Position	Meetings attended	Eligible meetings
Mrs Louise Markus	Chair	4	4
Dr Erin Lalor	Deputy Chair	4	4
Mr Barry Sandison	AIHW CEO/Executive director	4	4
Dr Zoran Bolevich	Non-executive director	3	4
Ms Christine Castley	Non-executive director	4	4
Ms Marilyn Chilvers	Non-executive director	3	4
Ms Christine Gee	Non-executive director	4	4
Mr Romlie Mokak	Non-executive director	4	4
Dr Christine Pascott	Non-executive director	4	4
Mr Michael Perusco	Non-executive director	3	4
Ms Cathryn Ryan	Non-executive director	4	4
Dr Simone Ryan	Non-executive director	3	4

Table A2.2: Attendance at Risk, Audit and Finance Committee meetings and remuneration

Name	Position	Meetings attended	Eligible meetings	Remuneration ($)
Mr Michael Perusco	Chair	3	4	0
Dr Erin Lalor	Board member	3	4	0
Dr Simone Ryan	Board member	2	4	0
Mr Max Shanahan	Independent member	2	2	3,960
Mr Alistair Nicholson	Independent member	2	2	2,640

Table A2.3: Attendance at Remuneration Committee meetings

Name	Position	Meetings attended	Eligible meetings
Mrs Louise Markus	Chair	4	4
Dr Christine Pascott	Board member	4	4
Mr Michael Perusco	Board member	4	4

Table A2.4: Attendance at AIHW Ethics Committee meetings

Name	Position	Meetings attended	Eligible meetings
Mr Wayne Jackson PSM	Chair	6	6
Mr Barry Sandison	AIHW CEO	5	6
Ms Barbara Anderson	Person experienced in professional care, counselling and treatment of people	5	6
Dr Owen Bradfield	Person experienced in professional care, counselling and treatment of people	6	6
Ms Maryjane Crabtree	Person who is a lawyer	6	6
Professor Tim Driscoll	Person experienced in areas of research regularly considered by the committee	6	6
Ms Amanda Ianna	Nominee of the Registrars of Births, Deaths and Marriages	5	6
Dr Ray Mahoney	Person experienced in areas of research regularly considered by the committee	5	5
The Hon. Margaret Reynolds	Female representing general community attitudes	6	6
Mr Damien Tillack	Male representing general community attitudes	6	6
Reverend Dr Nicholas White	Person performing a pastoral care role in a community	6	6

Table A2.5: Key management personnel remuneration ($)

		Short term benefits			Post employment benefits	Other long term benefits			
Name	Position title	Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long term benefits	Termination benefits	Total remuneration
Barry Sandison	CEO	365,461	0	68,057	61,936	29,316	0	0	524,770
Matthew James	Deputy CEO	238,210	0	26,799	44,208	31,443	0	0	340,660
Louise Markus	Board Chair	77,620	0	0	7,374	0	0	0	84,994
Erin Lalor	Board	38,810	0	0	3,687	0	0	0	42,497
Zoran Bolevich	Board	0	0	0	0	0	0	0	0
Christine Castley	Board	0	0	0	0	0	0	0	0
Marilyn Chilvers	Board	0	0	0	0	0	0	0	0
Christine Gee	Board	38,810	0	0	3,687	0	0	0	42,497
Romlie Mokak	Board	0	0	0	0	0	0	0	0
Christine Pascott	Board	38,810	0	0	3,687	0	0	0	42,497
Michael Perusco	Board	38,810	0	0	3,687	0	0	0	42,497
Cathryn Ryan	Board	38,810	0	0	3,687	0	0	0	42,497
Simone Ryan	Board	38,810	0	0	3,687	0	0	0	42,497
Fadwa Al-Yaman	Executive	66,126	0	8,933	12,432	5,279	0	0	92,770
Michael Frost	Executive	68,754	0	8,933	12,346	1,037	0	0	91,070
Jenny Hargreaves	Executive	70,064	0	8,933	12,212	2,269	0	0	93,478
Richard Juckes	Executive	57,731	0	8,920	9,864	6,260	0	0	82,775
Andrew Kettle	Executive	65,859	0	8,933	12,484	5,095	0	0	92,371
Lynelle Moon	Executive	41,211	0	5,475	6,490	-33,384	0	0	19,792
Geoff Neideck	Executive	69,988	0	8,933	12,153	1,332	0	0	92,406
Adrian Webster	Executive	55,912	0	8,933	10,801	4,395	0	0	80,041
Louise York	Executive	62,478	0	8,933	11,503	2,711	0	0	85,625

Notes:

1. The remuneration of Executives is included in this table up to 3 November 2019 when the definition of key management personnel was changed following a restructure and changes to delegations. Remuneration is calculated on an accrual basis, i.e. it is adjusted for changes to leave balances.
2. The full year remuneration of senior executives is shown by remuneration bands in Table A2.6.

Table A2.6: Senior executive remuneration ($)

		Short term benefits			Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long term benefits	Average termination benefits	Average total remuneration
$0–$220,000	2	87,427	0	11,018	15,087	(6,549)	0	0	106,983
$220,001–$245,000	1	167,737	0	26,799	32,402	13,184	0	0	240,122
$245,001–$270,000	2	180,314	0	26,779	31,781	13,457	0	0	252,331
$270,001–$295,000	5	204,475	0	26,799	36,977	9,007	0	0	277,258
$295,001–$320,000	0	0	0	0	0	0	0	0	0
$320,001–$345,000	0	0	0	0	0	0	0	0	0
$345,001–$370,000	0	0	0	0	0	0	0	0	0
$370,001–$395,000	0	0	0	0	0	0	0	0	0
$395,001–$420,000	0	0	0	0	0	0	0	0	0
$420,001–$445,000	0	0	0	0	0	0	0	0	0
$445,001–$470,000	0	0	0	0	0	0	0	0	0
$470,001–$495,000	0	0	0	0	0	0	0	0	0
$495,001–	0	0	0	0	0	0	0	0	0

Note: This table shows the full year's remuneration for all senior executives except the CEO and Deputy CEO whose annual remuneration is shown in Table A2.5.

Appendix 3: Financial statements

Australian Government
Australian Institute of Health and Welfare

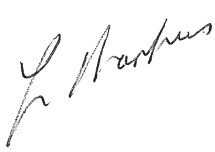
AIHW

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2020 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.



Louise Markus
Board Chair
24 September 2020

Barry Sandison
Chief Executive Officer
24 September 2020

Andrew Kettle
Chief Financial Officer
24 September 2020

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Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare (the Entity) for the year ended 30 June 2020:

(a) comply with Australian Accounting Standards – Reduced Disclosure Requirements 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 2020 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 2020 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 – Reduced Disclosure Requirements 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.

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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

Colin Bienke
Audit Principal

Delegate of the Auditor-General

Canberra

24 September 2020

Statement of Comprehensive Income
for the period ended 30 June 2020

	Notes	2020 $'000	2019 $'000	Original Budget $'000
NET COST OF SERVICES				
Expenses				
Employee benefits	1.1A	**45,052**	42,186	39,585
Suppliers	1.1B	**35,783**	34,882	33,090
Depreciation and amortisation	2.2A	**5,587**	1,123	1,400
Finance costs	1.1C	**280**	-	-
Losses from asset sales		**142**	-	-
Revaluation decrement		**792**	-	-
Total expenses		**87,636**	78,191	74,075
Own-Source Income				
Own-source revenue				
Revenue from contracts with customers	1.2A	**50,321**	42,669	37,000
Interest	1.2B	**1,332**	1,961	1,600
Other revenue		**-**	-	30
Total own-source revenue		**51,653**	44,630	38,630
Net cost of services		**35,983**	33,561	35,445
Revenue from Government	1.2C	**35,037**	33,322	35,246
(Deficit)		**(946)**	(239)	(199)
OTHER COMPREHENSIVE INCOME				
Changes in asset revaluation reserve		**32**	-	-
Total other comprehensive income		**32**	-	-
Total comprehensive (deficit)		**(914)**	(239)	(199)

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

Budget Variances Commentary
Suppliers and Employee Benefits have increased to service the higher than budgeted fee for service work. Depreciation and amortisation is higher than budget due to the adoption of AASB 16 *Leases* and recognition of the associated right-of-use asset.
The majority of the increase in fee for service work is for Australian Government Departments.
Interest is lower because of reduced rates of interest.

Statement of Financial Position

as at 30 June 2020

	Notes	2020 $'000	2019 $'000	Original Budget $'000
ASSETS				
Financial assets				
Cash and cash equivalents	2.1A	**100,843**	80,072	75,083
Trade and other receivables	2.1B	**7,844**	16,143	10,456
Total financial assets		**108,687**	96,215	85,539
Non-financial assets[1]				
Buildings	2.2A	**34,024**	3,991	3,529
Plant and equipment	2.2A	**3,323**	3,816	5,085
Intangibles	2.2A	**-**	75	164
Prepayments		**2,316**	2,000	2,819
Total non-financial assets		**39,663**	9,882	11,597
Total assets		**148,350**	106,097	97,136
LIABILITIES				
Payables				
Suppliers		**4,929**	3,862	6,499
Contract liability		**58,684**	51,755	45,324
Other payables	2.3A	**723**	5,154	-
Total payables		**64,336**	60,771	51,823
Interest bearing liabilities				
Lease liability	2.4A	**31,035**	-	-
Total interest bearing liabilities		**31,035**	-	-
Provisions				
Employee provisions	3.1	**15,912**	14,190	12,525
Make good provision		**270**	120	139
Total provisions		**16,182**	14,310	12,664
Total liabilities		**111,553**	75,081	64,487
Net assets		**36,797**	31,016	32,649
EQUITY				
Contributed equity		**30,424**	28,549	30,424
Reserves		**2,010**	1,977	1,977
Retained surplus/(Accumulated deficit)		**4,363**	490	248
Total equity		**36,797**	31,016	32,649

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 have increased as the contract liability was higher than budgeted due to more payments in advance.
Non-financial assets (buildings) has increased due to adoption of AASB 16 *Leases* and recognition of the associated right-of-use asset.
Employee provisions are higher due to a present value adjustment of the long-service leave balances arising from a fall in the 10-year bond rate and higher staff numbers.
Make good provision is higher due to an additional building lease.
Plant and equipment is lower than budget because of lower anticipated expenditure and a formal revaluation as at 30 June 2020.
Suppliers were estimated to be higher at year end, however, a large component of suppliers were paid on 30 June 2020.

Statement of Changes in Equity

for the period ended 30 June 2020

	Notes	2020 $'000	2019 $'000	Original Budget $'000
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		**28,549**	27,924	28,549
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		**1,875**	625	1,875
Total transactions with owners		**1,875**	625	1,875
Closing balance as at 30 June		**30,424**	28,549	30,424
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		**490**	729	447
Adjustment on initial application of AASB 16		**4,820**	-	-
Comprehensive income				
Surplus/(Deficit) for the period		**(946)**	(239)	(199)
Total comprehensive income		**(946)**	(239)	(199)
Closing balance as at 30 June		**4,364**	490	248
ASSET REVALUATION RESERVE				
Opening balance				
Balance carried forward from previous period		**1,977**	1,977	1,977
Other comprehensive income		**32**	-	-
Total comprehensive income		**32**	-	-
Closing balance as at 30 June		**2,009**	1,977	1,977
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		**31,016**	30,630	30,973
Adjustment on initial application of AASB 16		**4,820**	-	-
Adjusted opening balance		**35,836**	30,630	30,973
Comprehensive income				
Surplus/(Deficit) for the period		**(946)**	(239)	(199)
Other comprehensive income/(losses)		**32**	-	-
Total comprehensive income/(losses)		**(914)**	(239)	(199)
Transactions with owners				
Contributions by owners				
Equity injection - Appropriations		**1,875**	625	1,875
Total transactions with owners		**1,875**	625	1,875
Closing balance as at 30 June		**36,797**	31,016	32,649

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

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

Cash Flow Statement

for the period ended 30 June 2020

	Notes	2020 $'000	2019 $'000	Original Budget $'000
OPERATING ACTIVITIES				
Cash received				
Appropriations		**35,037**	33,322	35,246
Sale of goods and rendering of services		**67,095**	46,525	37,000
Interest		**1,510**	2,304	1,600
GST received		**-**	2,773	-
Other		**-**	5	30
Total cash received		**103,642**	84,929	73,876
Cash used				
Employees		**42,939**	40,495	39,585
Suppliers		**36,607**	37,770	33,319
Interest payments on lease liabilities		**280**	-	-
Total cash used		**79,826**	78,265	72,904
Net cash from operating activities		**23,816**	6,664	972
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		**(1,370)**	(1,872)	(2,847)
Total cash used		**(1,370)**	(1,872)	(2,847)
Net cash from/(used by) investing activities		**(1,370)**	(1,872)	(2,847)
FINANCING ACTIVITIES				
Cash received				
Appropriations - equity injection		**1,875**	625	1,875
Total cash received		**1,875**	625	1,875
Cash used				
Principal payments of lease liabilities		**(3,550)**	-	-
Total cash used		**(3,550)**	-	-
Net cash from/(used by) financing activities		**(1,675)**	625	1,875
Net increase in cash held		**20,771**	5,417	5,694
Cash and cash equivalents at the beginning of the reporting period		**80,072**	74,655	75,083
Cash and cash equivalents at the end of the reporting period		**100,843**	80,072	75,083

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

Budget Variances Commentary

Supplier and employee costs have increased to service the higher than budgeted fee-for-service work.

Sale of goods and rendering services are higher than budget due to more advance payments received for revenue projects.

Overview

The Basis of Preparation

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

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability* (Financial Reporting Rule 2015); and
b) Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements 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.

New Accounting Standards

All new/revised/amending standards and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period have been included in the AIHW's financial statements. Details are outlined below.

Standard/Interpretation	Nature of change in accounting policy, transitional provisions[1], and adjustment to financial statements.
AASB 15 *Revenue from Contracts with Customers*/AASB 2016-8 *Amendments to Australian Accounting Standards–Australian Implementation Guidance for Not-for-Profit Entities* and AASB 1058 *Income of Not-For-Profit Entities*	AASB 15, AASB 2016-8 and AASB 1058 became effective 1 July 2019. AASB 15 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces existing revenue recognition guidance, including AASB 118 *Revenue,* AASB 111 *Construction Contracts* and Interpretation 13 *Customer Loyalty Programmes*. The core principle of AASB 15 is that an entity recognises revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. AASB 1058 is relevant in circumstances where AASB 15 does not apply. AASB 1058 replaces most of the not-for-profit (NFP) provisions of AASB 1004 *Contributions and applies to transactions where the consideration to acquire an asset is significantly less than fair value principally to enable the entity to further its objectives, and where volunteer services are received*. The details of the changes in accounting policies, transitional provisions and adjustments are disclosed below and in the relevant notes to the financial statements.
AASB 16 *Leases*	AASB 16 became effective on 1 July 2019. This new standard has replaced AASB 117 Leases, Interpretation 4 Determining whether an Arrangement contains a Lease, Interpretation 115 Operating Leases—Incentives and Interpretation 127 Evaluating the Substance of Transactions Involving the Legal Form of a Lease. AASB 16 provides a single lessee accounting model, requiring the recognition of assets and liabilities for all leases, together with options to exclude leases where the lease term is 12-months or less, or where the underlying asset is of low value. AASB 16 substantially carries forward the lessor accounting in AASB 117, with the distinction between operating leases and finance leases being retained. The details of the changes in accounting policies, transitional provisions and adjustments are disclosed below and in the relevant notes to the financial statements.

Application of AASB 15 Revenue from Contracts with Customers/AASB 1058 Income of Not-For-Profit Entities
Under the new income recognition model the AIHW shall first determine whether an enforceable agreement exists and whether the promises to transfer goods or services to the customer are 'sufficiently specific'. If an enforceable agreement exists and the promises are 'sufficiently specific' (to a transaction or part of a transaction), the AIHW applies the general AASB 15 principles to determine the appropriate revenue recognition. If these criteria are not met, the AIHW shall consider whether AASB 1058 applies.

In relation to AASB 15, the AIHW elected to apply the new standard to all new and uncompleted contracts from the date of initial application. The AIHW is required to aggregate the effect of all of the contract modifications that occur before the date of initial application.

In terms of AASB 1058, the AIHW is required to recognise volunteer services at fair value if those services would have been purchased if not provided voluntarily, and the fair value of those services can be measured reliably.

The new standard requirements do not alter the revenue recognised by AIHW from the current policy. As a result, no adjustments have been made to the financial statements.

Application of AASB 16 Leases

The AIHW adopted AASB 16 using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2019 is not restated, that is, it is presented as previously reported under AASB 117 and related interpretations.

The AIHW elected to apply the practical expedient to not reassess whether a contract is, or contains a lease at the date of initial application. Contracts entered into before the transition date that were not identified as leases under AASB 117 were not reassessed. The definition of a lease under AASB 16 was applied only to contracts entered into or changed on or after 1 July 2019.

AASB 16 provides for certain optional practical expedients, including those related to the initial adoption of the standard. The AIHW applied the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- Apply a single discount rate to a portfolio of leases with reasonably similar characteristics;
- Exclude initial direct costs from the measurement of right-of-use assets at the date of initial application for leases where the right-of-use asset was determined as if AASB 16 had been applied since the commencement date;
- Reliance on previous assessments on whether leases are onerous as opposed to preparing an impairment review under AASB 136 Impairment of assets as at the date of initial application; and
- Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12-months of lease term remaining as of the date of initial application.

As a lessee, the AIHW previously classified leases as operating or finance leases based on its assessment of whether the lease transferred substantially all of the risks and rewards of ownership. Under AASB 16, the AIHW recognises right-of-use assets and lease liabilities for most leases. However, the AIHW has elected not to recognise right-of-use assets and lease liabilities for some leases of low value assets based on the value of the underlying asset when new or for short-term leases with a lease term of 12-months or less.

On adoption of AASB 16, the AIHW recognised right-of-use assets and lease liabilities in relation to leases of office space which had previously been classified as operating leases.

The lease liabilities were measured at the present value of the remaining lease payments, discounted using the AIHW's incremental borrowing rate as at 1 July 2019. The AIHW's incremental borrowing rate is the rate at which a similar borrowing could be obtained from an independent creditor under comparable terms and conditions. The weighted-average rate applied was 0.74%.

The right-of-use assets for office space were measured at an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments.

Impact on transition

On transition to AASB 16, the AIHW recognised additional right-of-use assets and additional lease liabilities. The remaining straight-lining and lease incentive liabilities at 1 July 2019 have been recognised as an adjustment against retained earnings. The impact on transition is summarised below:

	1 July 2019 $'000
Right-of-use assets - Buildings	34,139
Lease liabilities	34,139
Retained earnings	4,820

The following table reconciles the Departmental minimum lease commitments disclosed in the entity's 30 June 2019 annual financial statements to the amount of lease liabilities recognised on 1 July 2019:

	1 July 2019 $'000
Minimum operating lease commitment at 30 June 2019	37,991
Plus: effect of extension options reasonable certain to be exercised	1,116
Undiscounted lease payments	39,107
Less: Other adjustments[1]	3,454
Less: effect of discounting using the incremental borrowing rate as at the date of initial application	1,514
Lease liabilities recognised at 1 July 2019	34,139

1. The adjustment relates to GST amounts included in prior year commitment note

Contingent liabilities and contingent assets

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

Taxation

The AIHW is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST). Revenues, expenses, assets and liabilities are recognised net of GST except:

- where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- for receivables and payables.

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

	2020 $'000	2019 $'000
1.1A: Employee Benefits		
Wages and salaries	**33,882**	31,289
Superannuation		
Defined contribution plans	**3,212**	3,084
Defined benefit plans	**3,039**	3,051
Leave and other entitlements	**4,919**	4,762
Total employee benefits	**45,052**	42,186
1.1B: Suppliers		
Consultants	**5,726**	4,706
Contractors	**21,553**	15,954
Collaborating centres	**253**	694
IT services	**2,043**	3,590
Printing & stationery	**148**	175
Training	**613**	608
Travel	**720**	1,095
Telecommunications	**218**	233
Other	**4,028**	3,742
Total goods and services supplied or rendered	**35,302**	30,797
Other suppliers		
Operating lease rentals[1]	**-**	3,597
Workers compensation expenses	**481**	488
Total other suppliers	**481**	4,085
Total suppliers	**35,783**	34,882
1.1C: Finance costs		
Interest on lease liabilities[1]	**280**	-
Total finance costs	**280**	-

1. The Entity has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated and continues to be reported under AASB 117.

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

1.2 Own-source Revenue and gains

	2020 $'000	2019 $'000
Own-source Revenue		
1.2A: Revenue from contracts with customers		
Sale of goods	**1**	5
Rendering of services	**50,320**	42,664
Total revenue from contracts with customers	**50,321**	42,669
Major product / service line:		
Research services	**50,320**	42,664
Sales of publications	**1**	5
	50,321	**42,669**
Type of customer:		
Australian Government entities (related parties)	**40,949**	32,481
State and Territory Governments	**6,464**	7,777
Non-government entities	**2,908**	2,411
	50,321	42,669
Timing of transfer of goods and services:		
Over time	**50,321**	42,669
Point in time	**-**	-
	50,321	42,669
1.2B: Interest		
Deposits	**1,332**	1,961
Total interest	**1,332**	1,961
1.2C: Revenue from Government		
Department of Health		
Corporate Commonwealth entity payment item	**35,037**	33,322
Total revenue from Government	**35,037**	33,322

Accounting Policy

Revenues from rendering of services

Revenue from rendering of services is recognised in accordance with AASB 15 when an enforceable agreement exists and the promise to transfer goods or services to the customer are 'sufficiently specific'.

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

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

The stage of completion of contracts at the reporting date is determined by reference to the proportion that 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. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method.

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 certain amounts that relate to activities that are reciprocal in nature, 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 Government by the AIHW unless the funding is in the nature of an equity injection or a loan.

2.1 Financial Assets

	2020 $'000	2019 $'000
2.1A: Cash and cash equivalents		
Cash at bank	**8,343**	4,572
Term deposits - cash equivalents	**92,500**	75,500
Total cash and cash equivalents	**100,843**	80,072

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

2.1B: Trade and Other Receivables		
Goods and services receivables		
Goods and services	**6,351**	14,980
Contract assets	**1,493**	1,163
Total goods and services receivables	**7,844**	16,143
Total trade and other receivables	**7,844**	16,143

Credit terms for goods and services were within 30-days (2019: 30 days).

All trade and other receivables were assessed for impairment at 30 June. No indicators of impairment were identified for trade and other receivables.

Accounting Policy

Financial Assets
Financial assets are recognised when the AIHW becomes a party to the contract and, as a consequence, 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 are recognised when the entity becomes a party to the contract and, as a consequence, 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.

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 2020

	Buildings $'000	Plant and equipment $'000	Intangibles $'000	Total $'000
As at 1 July 2019				
Gross book value	**4,452**	**4,398**	**267**	**9,117**
Accumulated depreciation, amortisation and impairment	**(461)**	**(582)**	**(192)**	**(1,235)**
Total as at 1 July 2019	**3,991**	**3,816**	**75**	**7,882**
Recognition of right-of use asset on initial application of AASB 16	34,139	-	-	34,139
Adjusted total as at 1 July 2019	**38,130**	**3,816**	**75**	**42,021**
Additions				
Purchase	**150**	**1,219**	**-**	**1,369**
Right-of-use assets	**446**	**-**	**-**	**446**
Revaluations recognised in net cost of services	**-**	**(792)**	**-**	**(792)**
Revaluations and impairments recognised in other comprehensive income	**38**	**(6)**	**-**	**32**
Depreciation and amortisation	**(601)**	**(772)**	**(75)**	**(1,448)**
Depreciation on right-of-use assets	**(4,139)**	**-**	**-**	**(4,139)**
Disposals	**-**	**(142)**	**-**	**(142)**
Total as at 30 June 2020	**34,024**	**3,323**	**-**	**37,347**
Total as at 30 June 2020 represented by				
Gross book value	**39,225**	**4,677**	**267**	**44,169**
Accumulated depreciation, amortisation and impairment	**(5,201)**	**(1,354)**	**(267)**	**(6,822)**
Total as at 30 June 2020	**34,024**	**3,323**	**-**	**37,347**
Carrying amount of right-of-use assets	30,446	**-**	**-**	30,446

1. There is no internally developed software included in non-financial assets.
2. Assets may be sold over the next 12 months in line with a regular replacement program.
3. 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. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

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

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise 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.

On initial adoption of AASB 16 the AIHW has adjusted the ROU assets at the date of initial application by the amount of any provision for onerous leases recognised immediately before the date of initial application. Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition.

Asset recognition threshold

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

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

Revaluations

Fair values for each class of asset are determined as shown below.

Asset class:	Fair value measured at:
Buildings-leasehold improvements	Depreciated replacement cost
Property, plant and equipment	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the asset's 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 2020.

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:

	2020	2019
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

Impairment

All assets were assessed for impairment at 30 June 2020. 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 and purchased software for internal use. These assets are carried at cost less accumulated amortisation. Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than $50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2018–19: 3 to 5 years). All software assets were assessed for indications of impairment as at 30 June 2020.

2.3 Payables

	2020 $'000	2019 $'000
2.3A: Other Payables		
Salaries and wages	**627**	286
Superannuation	**96**	46
Lease incentive - Canberra	**-**	2,500
Operating lease	**-**	2,322
Total other payables	**723**	5,154

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 Fair Value Through Profit or Loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

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.

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

2.4 Interest bearing liabilities

	2020 $'000	2019 $'000
2.4A: Lease liability		
Lease liability	**31,035**	**-**
Total lease liability	**31,035**	**-**

The AIHW has applied AASB 16 using the modified retrospective approach and therefore the comparative information has not been restated and continues to be reported under AASB 117.

Accounting Policy

Refer to Overview section for accounting policy on leases.

3.1 Provisions

	2020 $'000	2019 $'000
3.1: Employee Provisions		
Annual leave	**4,612**	4,065
Long-service leave	**11,300**	10,125
Total employee provisions	**15,912**	14,190

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 2020. 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. In 2019-20, the CEO amended the organisation chart, delegations and executive responsibilities to give the Deputy CEO more authority. Consequently the application of these changes has led to senior executives aside from the CEO and Deputy CEO no longer being considered KMP. The date of effect of the change was 3 November 2019. Key management personnel remuneration is reported in the table below.

	2020 $'000	2019 $'000
Short-term employee benefits	**1,644**	2,657
Post-employment benefits	**236**	401
Other long-term employee benefits	**55**	139
Total key management personnel remuneration expenses	**1,935**	3,197

The total number of key management personnel included in the above table is 22 (2019: 22).

1. 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.

There were no related party transactions during the financial year (2018-19: $0).

	2020 $'000	2019 $'000
4.1A: Categories of Financial Instruments		
Financial assets at amortised cost		
Cash and Cash Equivalents	**100,843**	80,072
Trade and Other Receivables	**7,844**	16,143
Total financial assets at amortised cost	**108,687**	96,215
Total financial assets	**108,687**	96,215
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade Creditors	**4,929**	3,786
Total financial liabilities measured at amortised cost	**4,929**	3,786

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)	
	2020	2019
Leasehold improvements	**3,578**	3,991
Other property, plant and equipment	**3,323**	3,816
Total non-financial assets	**6,901**	7,807
Total fair value measurements of assets in the statement of financial position	**6,901**	7,807

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 2020 the AIHW procured valuation services from AllBids and relied on valuation models provided by them. AllBids provided written assurance to the entity that the model developed is in compliance with AASB 13 - Fair Value Measurment. All assets were valued using the Fair Market Value Technique.

5.1 Aggregate Assets and Liabilities

	2020	2019
	$'000	$'000
5.1A: Aggregate Assets and Liabilities		
Assets expected to be recovered in:		
No more than 12 months	**111,003**	98,215
More than 12 months	**37,347**	7,882
Total assets	**148,350**	106,097
Liabilities expected to be recovered in:		
No more than 12 months	**77,058**	66,672
More than 12 months	**34,495**	8,408
Total liabilities	**111,553**	75,080

Appendix 4: Compliance index

As a Commonwealth corporate entity, the AIHW has mandatory reporting requirements we need to include in this Annual report.

Index of PGPA Act requirements

PGPA Act Reference	Description	Page
Section 46	Prepare and give an annual report to the responsible Minister on the entity's activities during the period	i–145
Section 42	Prepare annual financial statements and give the statements to the Auditor-General	107
Section 43	Auditor-General's report on the financial statements	108

Index of PGPA Rule requirements

PGPA Rule Reference	Description	Requirement	Page
17BB	Approval of report by accountable authority	Mandatory	iii
17BC	Compliance with guidelines for presenting documents to Parliament	Mandatory	inside back cover
17BCA	Annual report published using the digital reporting tool	Mandatory	i–145
17BD	Annual report prepared using plain English and clear design	Mandatory	i–145
17BE(a)	Details of the legislation establishing the body	Mandatory	52
17BE(b)(i)	A summary of the objects and functions of the entity as set out in legislation	Mandatory	xiii, 52
17BE(b)(ii)	The purposes of the entity as included in the entity's corporate plan for the reporting period	Mandatory	xiii
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	xv, 53
17BE(d)	Directions given to the entity by the Minister under an Act or instrument during the reporting period	If applicable, mandatory	53
17BE(e)	Any government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	53
17BE(f)	Particulars of non compliance with: (a) a direction given to the entity by the Minister under an Act or instrument during the reporting period; or (b) a government policy order that applied in relation to the entity during the reporting period under section 22 of the Act	If applicable, mandatory	53

PGPA Rule Reference	Description	Requirement	Page
17BE(g)	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the rule	Mandatory	2
17BE(h), 17BE(i)	A statement of significant issues reported to the Minister under paragraph 19(1)(e) of the Act that relates to non compliance with finance law and action taken to remedy non compliance	If applicable, mandatory	68
17BE(j)	Information on the accountable authority, or each member of the accountable authority, of the entity during the reporting period	Mandatory	54–57
17BE(k)	Outline of the organisational structure of the entity (including any subsidiaries of the entity)	Mandatory	71
17BE(ka)	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location	Mandatory	78
17BE(l)	Outline of the location (whether or not in Australia) of major activities or facilities of the entity	Mandatory	91
17BE(m)	Information relating to the main corporate governance practices used by the entity during the reporting period	Mandatory	62–67
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): (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; and (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	If applicable, mandatory	68

PGPA Rule Reference	Description	Requirement	Page
17BE(p)	Any significant activities and changes that affected the operation or structure of the entity during the reporting period	If applicable, mandatory	70
17BE(r)	Particulars of any reports on the entity given by: (a) the Auditor General (other than a report under section 43 of the Act); or (b) a Parliamentary Committee; or (c) the Commonwealth Ombudsman; or (d) the Office of the Australian Information Commissioner	If applicable, mandatory	68
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	If applicable, mandatory	68
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)	If applicable, mandatory	68
17BE(taa)	The following information about the audit committee for the entity: (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	Mandatory	57 57 54–57 104 104
17BE(ta)	Information about executive remuneration	Mandatory	106

Index of other mandatory reporting requirements

Description	Legislation	Page
Work Health and Safety	Schedule 2 Part 4 *Work Health and Safety Act 2011*	87–89
Equal employment opportunity	Section 9 *Equal Employment Opportunity (Commonwealth Authorities) Act 1987*	82
Advertising and market research organisations expenditure and statement of advertising campaigns	Section 311A *Commonwealth Electoral Act 1918*	68
Ecologically sustainable development and environmental performance	Section 516A *Environment Protection and Biodiversity Conservation Act 1999*	91
Legal service expenditure	Paragraph 12.3 Legal Services Directions 2017	68
Modern slavery statement	Section 5 *Modern Slavery Act 2018*	68

Abbreviations, acronyms and symbols

Abbreviations and acronyms

AASB	Australian Accounting Standards Board
ABS	Australian Bureau of Statistics
ACC	Australian Collaborating Centre
ACT	Australian Capital Territory
AGILE	Attract, Grab, Impact, Learn, Explore
AHMAC	Australian Health Ministers' Advisory Council
AHPF	Australian Health Performance Framework
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
AMA	Australian Medical Association
AMR	Australian Mesothelioma Registry
ANAO	Australian National Audit Office
APS	Australian Public Service
ARF	acute rheumatic fever
CAFS	Children and Families Secretaries
CALD	culturally and linguistically diverse
CEO	Chief Executive Officer
CHC	Coordination of Health Care (study)
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
COVID-19	Coronavirus disease 2019
DOMINO	Data Over Multiple INdividual Occurrences
DSS	Department of Social Services
EA	AIHW's Enterprise Agreement
EEO Act	*Equal Employment Opportunity (Commonwealth Authorities) Act 1987*
EL	Executive Level
FaHCSIA	(former) Department of Families, Housing, Community Services and Indigenous Affairs
FBT	fringe benefits tax
FOI Act	*Freedom of Information Act 1982*
FRR	Financial Reporting Rule
FRSA	Family & Relationship Services Australia
FTE	full-time equivalent
GP	general practitioner
GST	goods and services tax
HIMAA	Health Information Management Association of Australia Limited
HPV	human papillomavirus
HSPC	Health Services Principal Committee
HTML	hypertext markup language
ICD-11	International Classification of Diseases, 11th Revision
ICT	information and communication technology
IFHIMA	International Federation of Health Information Management Associations
Institute	Australian Institute of Health and Welfare
LGBTQI	lesbian, gay, bisexual, transgender, queer or questioning, and intersex
METeOR	AIHW's Metadata Online Registry

MoU	memorandum of understanding
MP	Member of Parliament
NABERS	National Australian Built Environment Rating System
NBEDS	National Best Endeavours Data Set
NDIP	National Child Safety Data Improvement Plan
NDSHS	National Drug Strategy Household Survey
NGO	non-government organisation
NHDISC	National Health Data and Information Standards Committee
NHIA	National Health Information Agreement
NHIS	National Health Information Strategy
NIHSI AA	National Integrated Health Services Information Analysis Asset
NMDS	National Minimum Data Set
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PDA	Performance Development Agreement
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
PM&C	Department of the Prime Minister and Cabinet
PSM	Public Service Medal
RAFC	Risk, Audit and Finance Committee
RHD	rheumatic heart disease
RMF	Risk Management Framework
RoGS	Report on Government Services
SAMAC	Statistical and Analytical Methods Advisory Committee
SCNHI	Strategic Committee for National Health Information
SES	Senior Executive Service
SHSC	Specialist Homelessness Services Collection
SHIP	Specialist Homelessness Information Platform
SIG	Strategic Information Group (of Children and Families Secretaries)
SRP	Strategic Risk Profile
T1	1 Thynne Street, Bruce
T26	26 Thynne Street, Bruce
T27	27 Thynne Street, Bruce
WHO	World Health Organization
WHO-FIC	World Health Organization's Family of International Classifications
WHS	work health and safety
WHS Act	*Work Health and Safety Act 2011*

Symbols

%	per cent
. .	not applicable
n.a.	not available

Glossary

Term	Definition or explanation
Australian Health Ministers' Advisory Council (AHMAC)	AHMAC is the advisory body to the COAG Health Council. It operates to deliver health services more efficiently through a coordinated or joint approach on matters of mutual interest. The AHMAC is responsible for providing effective and efficient support to the COAG Health Council. It advises on strategic issues relating to the coordination of health services across the nation and operates as a national forum for planning, information sharing and innovation.
COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. On 29 May 2020, the Prime Minister announced that COAG would be replaced by a new National Federation Reform Council (NFRC), with National Cabinet at the centre of the NFRC. See www.coag.gov.au for more information.
COAG Health Council	The COAG Health Council comprises all Australian health ministers and provides a forum for continued cooperation on health issues, especially primary and secondary care, and considers increasing cost pressures. The role of the COAG Health Council is currently under review.
full-time equivalent (staff numbers)	A standard measure of the number of workers in an organisation, profession or occupation that also takes into account the number of hours each person works. During 2019–20, AIHW staff members considered full-time worked 37 hours and 5 minutes per week.
Health Services Principal Committee (HSPC)	HSPC advises AHMAC on health services reform that requires national collaboration. In addition, HSPC promotes national population health initiatives to improve key interfaces between national and state and territory funding and management of services, particularly: primary/acute hospital interface, care of older persons and the public/private interface.
Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.

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