

Audit report of the 2023–24
annual performance statements

Services Australia



Auditor-General for Australia



INDEPENDENT AUDITOR'S REPORT on the 2023-24 Annual Performance Statements of Services Australia

To the Minister for Finance

Conclusion

In my opinion, the 2023-24 Annual Performance Statements of Services Australia:

- present fairly Services Australia's performance in achieving its purposes for the year ended 30 June 2024; and
- are prepared, in all material respects, in accordance with the requirements of Division 3 of Part 2-3 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

Audit criteria

In order to assess whether the Services Australia's annual performance statements complied with Division 3 of Part 2-3 of the PGPA Act, I applied the following criteria:

- whether the entity's key activities, performance measures and specified targets are appropriate to measure and assess the entity's performance in achieving its purposes;
- whether the performance statements are prepared based upon appropriate records that properly record and explain the entity's performance; and
- whether the annual performance statements present fairly the entity's performance in achieving the entity's purposes in the reporting period.

Emphasis of Matter – Performance Reporting in 2024–25 and 2025–26

I draw attention to the following disclosure within the annual performance statements under the heading 'Performance Reporting in 2024–25 and 2025–26':

In 2023–24 the agency considered options for how it could measure and report on its overall efficiency, in addition to the current proxy measure of efficiency being SPM 7- Tasks managed by customers in digital channels. In 2024–25 we will continue with development and testing of methodologies to inform the future development of an efficiency measure for the agency. It is expected that the agency will be able to report on how it measures efficiency, starting from 2025–26.

This disclosure provides information that is fundamental to a reader's understanding of how Services Australia expects to measure and assess its future performance.

My conclusion is not modified in respect of this matter.

Emphasis of Matter – Strategic Performance Measure 4 ‘Customers served within 15 minutes’

I draw attention to the following disclosures within the annual performance statements under the result for Strategic Performance Measure 4 ‘Customers served within 15 minutes’:

In 2023–24, 2.4 million calls were transferred between queues. Calls transferred internally between telephony queues are counted as separate telephone calls with separate wait times and are included as such in this measure. This may have an impact on the results for this measure.

The reported telephony results are based on data from our provider. The agency does not have the ability to independently validate the data provided by our provider within the current commercial arrangements.

These disclosures provide information that is fundamental to a reader’s understanding of the methodology and limitations of this measure.

My conclusion is not modified in respect of this matter.

Emphasis of Matter – Strategic Performance Measure 5 ‘Work processed within timeliness standards’

I draw attention to the following disclosures within the annual performance statements under the result for Strategic Performance Measure 5 ‘Work processed within timeliness standards’.

Whilst all three programs are represented within the measure, not all processing work types within these programs are captured. This measure does not capture the full breadth of work processed by the agency.

As new timeliness standards are agreed with partner agencies, the measure will be updated to incorporate these new work types. Start dates for new timeliness standards will be negotiated with partner agencies and included in the scope of this measure once agreed.

We have been unable to identify the level of bias arising from the application of timeliness standards included or excluded from the measure.

These disclosures provide information that is fundamental to a reader’s understanding of the methodology and limitations of this measure.

My conclusion is not modified in respect of this matter.

Accountable Authority’s responsibilities

As the Accountable Authority of Services Australia, the Chief Executive Officer is responsible under the PGPA Act for:

- the preparation of annual performance statements that accurately present Services Australia’s performance in the reporting period and comply with the requirements of the PGPA Act and any requirements prescribed by the Public Governance, Performance and Accountability Rule 2014 (the Rule);
- keeping records about Services Australia’s performance as required by the PGPA Act; and

- establishing internal controls that the Accountable Authority determines are appropriate to enable the preparation of annual performance statements.

Auditor's responsibilities for the audit of the performance statements

My responsibility is to conduct a reasonable assurance engagement to express an independent opinion on Services Australia's annual performance statements.

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which include the relevant Standard on Assurance Engagements (ASAE) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Auditing and Assurance Standards Board.

I plan and perform my procedures to obtain reasonable assurance about whether the annual performance statements of the entity present fairly the entity's performance in achieving its purposes and comply, in all material respects, with the PGPA Act and Rule.

The nature, timing and extent of audit procedures depend on my judgment, including the assessment of the risks of material misstatement, whether due to fraud or error, in the annual performance statements. In making these risk assessments, I obtain an understanding of internal controls relevant to the preparation of the annual performance statements in order to design procedures that are appropriate in the circumstances.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my not modified conclusion.

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and applied Auditing Standard ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements* in undertaking this assurance engagement.

Inherent limitations

Because of the inherent limitations of an assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An assurance engagement is not designed to detect all instances of non-compliance of the annual performance statements with the PGPA Act and the Rule as it is not performed continuously throughout the period and the assurance procedures performed are undertaken on a test basis. The reasonable assurance conclusion expressed in this report has been formed on the above basis.

Australian National Audit Office



Rona Mellor PSM

Acting Auditor-General

Canberra

14 October 2024



3.1 Annual Performance Statements 2023–24

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Annual Performance Statements

Accountable authority statement

As the accountable authority of Services Australia, I present the 2023–24 Annual Performance Statements of Services Australia, as required under paragraph 39(1)(a) and (b) of the *Public Governance, Performance and Accountability Act 2013*.

In my opinion, the 2023–24 Annual Performance Statements are based on properly maintained records, accurately present the performance of Services Australia, and comply with subsection 39(2) of the *Public Governance, Performance and Accountability Act 2013*.

David Hazlehurst
Chief Executive Officer
Services Australia

10 October 2024

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Our purpose, functions, key activities and Strategic Performance Measures

OUR PURPOSE

To support Australians by efficiently delivering high-quality, accessible services and payments on behalf of government.

We deliver payments and services on behalf of government including social security and welfare, child support, emergency and health programs, in collaboration with other Australian Government agencies.

We focus on enhancing the customer experience by making the right payment to the right customer at the right time and making it easier for Australians to access services.

OUR FUNCTIONS

We develop, deliver, coordinate and monitor services and payments related to social security, child support, students, families, aged care and health programs (excluding health provider compliance). We collaborate with partners to deliver convenient, accessible and efficient services and payments to individuals, families, and communities. Our partners include other Commonwealth and state agencies, service providers and businesses. We design services and advise government on the delivery of services and payments.

In addition, we perform a number of regulatory roles on behalf of policy partners to administer, monitor, enforce and encourage compliance with regulations, administer payments and recover debts. We also protect the integrity of government outlays through fraud prevention, detection, investigation, and reporting mechanisms.

OUR KEY ACTIVITIES AND STRATEGIC PERFORMANCE MEASURES

Key Activities and Strategic Performance Measures for 2023–24		
Key Activities		
<p>Key activity 1: Build staff and organisational capability to deliver an enhanced customer experience</p> <p>We have an adaptive workforce, leadership and corporate culture tailored to respond to customer feedback</p>	<p>Key activity 2: Deliver quality government services and payments to Australians</p> <p>We provide customers with easy and efficient access to services, support and payments for a seamless experience</p>	<p>Key activity 3: Deliver digital and technological capability</p> <p>We invest in our technology and systems to sustain and strengthen the digital experience for customers</p>
Strategic Performance Measures (SPM)		
<p>SPM 1: Customer satisfaction</p> <p>SPM 2: Customer trust</p>	<p>SPM 3: Administrative correctness of payments</p> <p>SPM 4: Customers served within 15 minutes</p> <p>SPM 5: Work processed within timeliness standards</p>	<p>SPM 6: Availability of digital channels</p> <p>SPM 7: Tasks managed by customers in digital channels</p>

CHANGES TO THE STRATEGIC PERFORMANCE MEASURES FROM THE CORPORATE PLAN 2023–24

We assessed and improved overall performance measurement, building on what we learnt from the first audit of our Annual Performance Statements by the Australian National Audit Office (ANAO) in 2022–23. We reviewed our strategic performance measures to assess the appropriateness and completeness of the measures, and to identify improvements to strengthen processes. This resulted in changes to one Strategic Performance Measure from what was reported in our Corporate Plan 2023–24, as noted in Table 1 below.

Table 1: Changes in Strategic Performance Measures

Strategic Performance Measure (SPM)	Description of changes from Corporate Plan 2023–24
SPM 3 – Administrative correctness of payment	<p>To enable the agency to more thoroughly assess the administrative correctness of payment outputs across its programs the following changes were made to this measure:</p> <ul style="list-style-type: none"> • Child Support has been added to produce a complete assessment of the agency's key functions • the methodology was revised to reflect a broader range of payment types in Social Security and Welfare and Health • weighting for the measure was changed from financial outlays as not all claim types result in a payment. The move to percentage of total claims is a better reflection of the true population from which quality checked items are sampled.

SUBSEQUENT EVENTS

There were no subsequent events after the reporting period.

Analysis of performance against purpose

The Annual Performance Statements provide an accurate assessment of how Services Australia has delivered against the strategic performance measures established in the Corporate Plan 2023–24. In 2023–24 the agency achieved 3, substantially achieved 2 and partially achieved 2 of the targets across the measures.

The approach in assessing performance is made according to planned methodologies, the results of which are described in the analysis sections of the performance measure results across the agency's 3 major programs of Social Security and Welfare, Health, and Child Support.

Services Australia measures its performance across 7 Strategic Performance Measures. These measures consider the agency's operating environment and organisational capability and relate directly to the agency's purpose.

This year we expanded our existing Enterprise Performance Framework, improving end-to-end performance measurement and reporting within the agency's strategic and operational environments. The framework supports the agency to produce high-quality performance information. This information helps inform agency level decisions by embedding the key elements of planning, measuring, monitoring, reporting, and evaluating performance.

The agency enhanced its approach to remain responsive to the needs of customers. Customer satisfaction with the agency was impacted this year as a result of extended customer wait times across the major programs. In recognising the challenges around call wait times and processing of claims, an additional 5,000 staff were employed during the year which has resulted in a steady reduction of outstanding claims, and an improvement in Customer satisfaction across Social Security and Welfare, Health, and Child Support programs.

Continued improvement of our online delivery platforms and infrastructure has resulted in our customers increasingly engaging with the agency in a manner and time that suits them. The record high result in the availability of our digital channels demonstrates our commitment to continuous improvement in our online delivery platforms, and the ICT infrastructure that hosts and delivers them.

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PERFORMANCE REPORTING IN 2024–25 AND 2025–26

In 2023–24 the agency considered options for how it could measure and report on its overall efficiency, noting the current proxy measure of efficiency being SPM 7 – Tasks managed by customers in digital channels. In 2024–25 we will continue with development and testing of methodologies to inform the future development of an efficiency measure for the agency. It is expected that the agency will be able to report on how it measures efficiency, starting from 2025–26.

In 2024–25 the agency will expand the Customer satisfaction and Customer trust strategic performance measures to incorporate regulatory performance reporting to include Customer satisfaction and trust survey results for the following:

- Debt recovery line
- Child Support online and mobile apps
- Complaints line which takes calls from Centrelink, Health and Child Support customers.

The agency is expecting to continue to reduce claim backlogs and improve on claim processing times and call wait times for our customers in 2024–25.

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Strategic Performance Measure summary of results

The table below provides a summary of the 2023–24 performance outcomes for each of the 7 Strategic Performance Measures compared to 2022–23.

Table 2: Services Australia's performance against its Strategic Performance Measures 2022–23 and 2023–24

Strategic Performance Measure (SPM)	Target 2022–23	Result 2022–23	Target 2023–24	Result 2023–24	Performance Outcome 2023–24
SPM 1: Customer satisfaction	≥85 out of 100	80.2 out of 100	≥85 out of 100	79.1 out of 100	Substantially achieved
SPM 2: Customer trust	≥70 out of 100	78.1 out of 100	≥72 out of 100	75.8 out of 100	Achieved
SPM 3: Administrative correctness of payments	≥98%	98.8%	≥98%	97.8%	Substantially achieved
SPM 4: Customers served within 15 minutes	≥70%	60.8%	≥70%	55.2%	Partially achieved
SPM 5: Work processed within timeliness standards	≥90%	68.7%	≥90%	71.8%	Partially achieved
SPM 6: Availability of digital channels	≥98.5%	99.8%	≥99%	99.9%	Achieved
SPM 7: Tasks managed by customers in digital channels	≥81%	91.5%	≥82%	91.9%	Achieved

PERFORMANCE MEASURE TOLERANCE LEVELS

To reflect the agency's achievement against its performance measure targets we utilise the following tolerance levels.

- **Achieved:** 100% of the performance target has been achieved
- **Substantially achieved:** 90–99.9% of the performance target has been achieved
- **Partially achieved:** 75–89.9% of the performance target has been achieved
- **Not achieved:** <75% of the performance target has been achieved.

Strategic Performance Measure Results

OUTCOME 1: *Deliver high-quality, accessible services and payments to individuals, families, businesses and partner agencies on behalf of government; with a focus on contemporary service delivery and customer experience.*

PROGRAM 1.1: STRATEGY AND CORPORATE ENABLING

Set Services Australia's strategic direction, deliver corporate functions and build capability.

KEY ACTIVITY 1: *Build staff and organisational capability to deliver an enhanced customer experience.*

We have an adaptive workforce, leadership and corporate culture tailored to respond to customer feedback.

To ensure we are delivering on this key activity, we monitor and assess our performance against 2 Strategic Performance Measures.

Strategic Performance Measure 1 – Customer satisfaction

The agency is focused on the provision of high quality and timely services that meet the needs of customers.

This measure provides visibility of our customers' level of satisfaction with the services delivered by the agency.

Year	Target	Result	Performance Outcome
2023–24	≥85 out of 100	79.1 out of 100	Substantially achieved
2022–23	≥85 out of 100	80.2 out of 100	Substantially achieved

ANALYSIS

The agency substantially achieved its target of ≥85 out of 100 with a result of 79.1 out of 100. The result indicates most customers were satisfied with the agency's services.

Social Security and Welfare, Health and Child Support programs substantially achieved target:

- Social Security and Welfare: extended wait times for Centrelink customers had a substantial impact on satisfaction, which was evidenced in the results for the Time to Receive service driver, particularly in the first half of the year. The recruitment of additional staff has seen wait times decrease, and satisfaction with wait times improve, especially in the final months of the year in the Telephony channel.
- Health: satisfaction with wait times had a significant impact on the overall satisfaction result, however the recruitment of additional staff has seen improved results towards the end of the financial year in the Telephony channel.
- Child Support: satisfaction was also impacted by the increased wait times experienced by customers, as evidenced by the Time to receive service driver reducing by 8.2 points compared to 2022–23.

The table below summarises the agency's customer satisfaction results by program for 2023–24.

Table 3: Customer satisfaction results by program 2023–24

Program	Results
Social Security and Welfare	77.7
Health	83.9
Child Support	80.6

Extended customer wait times particularly in the Telephony channel across Social Security and Welfare, Health, and Child Support programs has had substantial impact on the overall satisfaction of customers with accessing our services.

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The table below summarises the agency's customer satisfaction results and weightings per channel for 2023–24.

Table 4: Customer satisfaction results and weightings per channel 2023–24

Channel	Result	Weighting ^(a)
Face to face	88.2	9%
Mobile apps	88.0	27%
Telephony	76.3	16%
Online	74.9	43%
Health providers ^(b)	60.5	5%
Total	79.1^(c)	100%

- a) The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised.
- b) Health providers are reported as a 'channel' as the agency is unable to accurately determine the appropriate channel used by the individual providers surveyed.
- c) Total is calculated by adding all weighted channel average scores. For more information, refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

The highest performing channel was Face to face, closely followed by Mobile apps. Online and Health providers were the lowest performing channels.

The table below summarises the agency's results against our 6 satisfaction drivers for 2023–24.

Table 5: Customer satisfaction driver results 2023–24

Satisfaction drivers	Results
Perceived quality	79.0
Personalised service	81.9
Communications	83.5
Time to receive service	73.4
Fair treatment	88.1
Effort	76.2

Customer satisfaction is measured against 6 drivers. The Time to receive service driver was the lowest performing of these, followed by the Effort driver where customers rate their satisfaction of the effort required to do business with us.

The table below summarises the agency's results for customer satisfaction by channel against the 6 satisfaction drivers.

Table 6: Customer satisfaction results by channel and driver 2023–24

Channel / Driver	Perceived quality	Personalised service	Communication	Time to receive service	Fair treatment	Effort	Overall
Face to face	86.3	89.2	88.9	85.4	95.4	84.4	88.2
Mobile apps	83.9	N/A	92.8	87.7	N/A	87.8	88.0
Telephony	82.9	84.3	84.7	47.6	88.3	71.4	76.3
Online	74.8	N/A	79.3	73.7	N/A	71.5	74.9
Health providers	62.6	60.9	56.0	54.3	74.7	54.0	60.5
Overall^(a)	79.0	81.9	83.5	73.4	88.1	76.2	79.1

- a) Overall is calculated by adding all weighted channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

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We implemented a range of initiatives this year with a focus on balancing services to reduce wait times and improve the efficiency in the delivery of services to customers by:

- displaying more accurate 'estimated completion dates' for customers submitting claims. These are a more realistic and transparent estimate of how long a customer can expect to wait. This initiative has led to fewer calls from customers seeking an update on claims, further reducing the demand for telephony services
- providing greater transparency of 'estimated wait times' for customers contacting via the Telephony channel
- deploying workload allocation strategies to increase claims processing whilst supporting new recruits to build their capabilities
- simplifying telephony queues to streamline how customers connect with staff
- reducing telephone numbers and how calls are routed to ensure the best customer experience and increased first contact service
- providing customers with one-on-one digital coaching in-person or over the phone about self-service options to build their understanding and confidence
- notification of provider registration applications being provided digitally where possible, reducing delays and enabling providers to commence practicing as soon as their application has been assessed.

LIMITATIONS AND EXCLUSIONS

- While we encourage participation to ensure the survey population is representative of the overall customer base, customer participation in all surveys is voluntary.
- The agency seeks to offer surveys to a wide variety of customers, noting feedback from some cohorts is not always possible. These cohorts include:
 - some telephony and face to face customers who have not interacted with a staff member via staff assisted channels, as questions are designed to measure perceptions of interactions with staff for the channels of Telephony and Face to face
 - Aged Care customers and providers as this falls within the Department of Health and Aged Care's remit
 - customers who respond to the survey but record responses to less than 3 drivers, contribute to driver responses but not the overall measure
 - a small group of customers may be temporarily excluded to limit interview burden (for example customers in crisis or customers claiming emergency payments) or due to technical barriers to collections.

EXPLANATORY NOTES AND DEFINITIONS

- The performance measure is based on surveyed customers' perceptions of the agency across the Telephony, Face to face, Online, and Mobile app channels.
- Feedback is only collected from a random sample of customers, therefore it is likely that some errors will occur, not in terms of the calculation, but in terms of the sampling. Margins of Error (MoEs) are used to show users the maximum amount by which the sample results are expected to differ from results that would have been produced had we surveyed all customers. Previous financial years' MoEs have been below 1 index point, using a comparable methodology and sample sizes. It is anticipated that the same MoE can be achieved for 2024–25.
- Satisfaction results are aggregated from a 6-driver model¹ (see Table 4: Customer satisfaction driver results 2023–24 above).
- Successful interaction: to be offered a customer satisfaction survey, a customer or health provider must have interacted with the agency. For the purposes of surveying, an 'interaction' occurs when a customer or health provider speaks to a service officer (service centre or telephony) or accesses their authenticated digital account (online or mobile apps).
- Eligible customers are selected at random to complete the surveys. Offer rates vary depending upon the channel of interaction and service brand.

¹ This model is founded on established research detailing drivers of customer satisfaction in public institutions. Refer page 47 of the report "An Updated Organisation for Economic Cooperation and Development Framework on Drivers of Trust in Public Institutions to meet current and Future Challenges, 2021"

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- Satisfaction results from health providers including pharmacists, practitioners and practice managers are also included in the overall agency result.
- Survey questions are tailored to the audience of the survey and the results for this measure are a combination of different surveys.
- A total of 100,901 customers completed these surveys in 2023–24, together with 2,929 health providers.
- Surveys are undertaken via automated interactive voice response (post-call survey), online or via outbound interviews conducted by an external provider.
- Based on the responses provided to the driver of satisfaction questions, an index score ranging from 0 to 100 is established for every survey respondent. All survey questions align to the 6 drivers and are measured on a 5-point scale, with 3 being neutral.

Table 7: Customer response Index score

Customer response	Index score
1 out of 5	0 out of 100
2 out of 5	25 out of 100
3 out of 5	50 out of 100
4 out of 5	75 out of 100
5 out of 5	100 out of 100

The below information relates to Strategic Performance Measure 1: Customer satisfaction.

Reference	2023–24 Portfolio Budget Statements, page 202 2023–24 Corporate Plan, page 16
Data Source	External Survey provider Verian
Calculation Explanation	Calculated by adding all weighted channel average scores. Scores are gathered from the customer survey responses. The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised. As the result is calculated quarterly, limiting the weighting for that portion of the financial year (i.e. using data that is available for that portion of the current FY) will not allow for the variability that occurs over a full year.
Calculation	$(A \text{ Result} \times A \text{ Weighting}) + (B \text{ Result} \times B \text{ Weighting}) + (C \text{ Result} \times C \text{ Weighting}) + (D \text{ Result} \times D \text{ Weighting}) + (E \text{ Result} \times E \text{ Weighting})$ A = Online channel B = Mobile Apps channel C = Telephony channel D = Face to face channel E = Health Providers channel ² For each channel: Result = the result for that channel Weighting = the weighting for that channel

² Health providers are reported as a 'channel' as the agency is unable to accurately determine the appropriate channel used by the individual surveyed providers.

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Strategic Performance Measure 2 – Customer trust

The agency is committed to ensuring our customers trust the information and advice provided, and that their data is secure, appropriately managed and used ethically.

This measure provides visibility of our customers' level of trust in the agency.

Year	Target	Result	Performance Outcome
2023–24	≥72 out of 100 ^(a)	75.8 out of 100	Achieved
2022–23	≥70 out of 100 ^(a)	78.1 out of 100	Achieved

a) The 2021–22 result for this measure was taken into account when setting the target for 2023–24. The 2023–24 target reflects the progressive increase in the target level by 2 points each year over a 5 year period (70, 72, 74, 76, 78), demonstrating year on year improvement.

ANALYSIS

The agency achieved its target of ≥72 out of 100 with a result of 75.8 out of 100.

All service delivery programs met the Customer trust target this year, with a strong result for Child Support, followed by Health, and Social Security and Welfare customers.

The table below summarises the agency's customer trust results by program for 2023–24.

Table 8: Customer trust results by program 2023–24

Program	Results
Social Security and Welfare	74.0
Health	80.3
Child Support	83.8

Customers were more trusting of the staff-assisted service delivery channels, with Face to face achieving the highest result closely followed by Telephony. Results were lower for the digital service delivery channels with Online and Health providers the lower performing. The table below summarises the agency's customer trust results and weightings per channel for 2023–24.

Table 9: Customer trust results and weighting by channel 2023–24

Channel	Result	Weighting ^(a)
Face to face	82.6	9%
Mobile apps	79.8	27%
Telephony	82.4	16%
Online	70.4	43%
Health providers ^(b)	66.7	5%
Total	75.8^(c)	100%

a) The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised.

b) Health providers are reported as a 'channel' as the agency is unable to accurately determine the appropriate channel used by the individual providers surveyed.

c) Total is calculated by adding all weighted channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

The agency's commitment to ensuring personal customer information is safe is reflected in the high levels of trust our customers have, with the Personal data security driver being the highest performing driver across all service delivery programs and channels. The agency continued to prioritise the management of customer data by strengthening cyber security, noting this is a key priority for customers.

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Extended customer wait times have impacted the lowest performing driver of Responsiveness, however, the addition of new staff has had a positive impact on wait times which had reduced during the later part of the financial year.

The table below summarises the agency's results against our 6 trust drivers for 2023–24.

Table 10: Customer trust driver results 2023–24

Trust drivers	Results
Integrity	77.9
Responsiveness	63.9
Openness and honesty	76.5
Reliability	74.7
Fairness	79.7
Personal data security	82.5

The agency results for all trust drivers, with the exception of Responsiveness, exceeded target. Digital channels had lower responsiveness scores than the staff-assisted channels, with Face to face and Telephony channels achieving a higher result.

The Fairness driver was the second highest performing driver, with all service delivery channels and health providers exceeding target this year, indicating the agency treated customers fairly and reasonably. Fairness was highest for the Face to face and Telephony channels, and lowest for the online channels and health providers.

The table below summarises the agency's results for customer trust by channel against our 6 trust drivers for 2023–24.

Table 11: Customer trust driver results by channel and driver 2023–24

Channel / Driver	Integrity	Responsiveness	Openness and honesty	Reliability	Fairness	Personal data security	Overall ^(a)
Face to face	84.0	74.4	82.6	81.1	86.5	89.1	82.6
Mobile apps	82.1	66.4	79.5	79.3	84.8	87.2	79.8
Telephony	85.1	67.2	87.5	83.2	85.1	86.8	82.4
Online	72.9	60.1	70.1	68.2	73.6	77.7	70.4
Health providers	63.6	54.3	69.2	65.8	74.7	72.9	66.7
Overall^(a)	77.9	63.9	76.5	74.7	79.7	82.5	75.8

a) Overall is calculated by adding all weighted channel average scores. For more information, please refer to the Calculation Explanation in the Explanatory Notes and Definitions section below.

To build customer trust, the agency implemented a range of initiatives, including:

- promoting online services as a secure way of updating information, including Health Providers
- providing customers with one-on-one digital coaching in-person or over the phone about self-service options to build their understanding and confidence
- reviewing how customers use the Interactive Voice Response (IVR) to ensure they connect with a suitably skilled officer
- maximising customer service time and better matching skilled staff to when customers need us.

LIMITATIONS AND EXCLUSIONS

- While we encourage participation to ensure the survey population is representative of the overall customer base, customer participation in all surveys is voluntary.
- The agency attempts to offer surveys to a wide variety of customers, however, feedback from some cohorts is not possible. These cohorts include:
 - some telephony and face to face customers who have not interacted with a staff member via staff assisted channels, as questions are designed to measure perceptions of interactions with staff for the channels of Telephony and Face to face
 - Aged Care customers and providers as this falls within the Department of Health and Aged Care's remit
 - customers who respond to the survey but record responses to less than 3 drivers, contribute to driver responses but not the overall measure
 - a small group of customers may be temporarily excluded to limit interview burden (for example customers in crisis or customers claiming emergency payments) or due to technical barriers to collections.
- Survey questions used to measure trust in the trust survey uses a 6 driver model consistent with industry best practice.
- Surveys/data for performance measures not previously included in reporting will commence from 1 July 2024. Inclusion of new data for a partial year has significant impacts and creates inconsistencies in monthly comparisons and annual results.

EXPLANATORY NOTES AND DEFINITIONS

- The performance measure is based on customers' surveyed perceptions of the agency.
- When developing the trust measure, the agency incorporated elements of public and private sector best practice to continuously review its methodology for measurement. This approach combines approaches deployed by the Organisation for Economic Cooperation and Development and other Australian Public Service agencies including the Department of the Prime Minister and Cabinet's Survey of Trust in the Australian Public Service. The 6 driver model is an independent measure of customers' belief that the agency will act consistently with their expectations of positive behaviour. This approach supports the agency in monitoring and assessing whether customers trust the information and advice we provide, and whether they perceive that we keep their personal information safe.
- Feedback is collected from a random sample of customers, as opposed to every customer, therefore it is likely that some errors will occur in terms of the sampling. Margins of Error (MoEs) are used to show users the maximum amount by which the sample results are expected to differ from results that would have been produced had we surveyed all customers. Previous years' MoEs have been below 1%, using a comparable methodology and sample sizes.
- Trust results are aggregated from a 6-driver model (see Table 10: Customer trust driver results 2023–24 above). Customers provide feedback via surveys about their experience interacting with the agency across the Telephony, Face to face, Online and Mobile app service delivery channels. Health provider trust results are also included in the overall agency trust result.
- Successful interactions: to be offered a customer trust survey, a customer or health provider must have interacted with the agency. For the purposes of surveying, an 'interaction' occurs when a customer or health provider speaks to a service officer (service centre or telephony) or accesses their authenticated digital account (online or mobile apps).
- Eligible customers are selected at random to complete the surveys offer rates vary depending upon the channel of interaction and service brand.
- As survey questions are tailored to the audience of the survey, the results for this measure are a combination of different surveys.
- A total of 75,488 customers completed these surveys in 2023–24, together with 2,929 health providers.
- Surveys are undertaken via automated interactive voice response (post-call survey), online or via outbound interviews conducted by the agency's external provider.
- Based on the responses provided to the driver of satisfaction questions, an index score ranging from 0 to 100 is established for each survey respondent. All survey questions align to the 6 drivers and are measured on a 5-point scale, with 3 being neutral.

Table 12: Customer response Index score

Customer response	Index score
1 out of 5	0 out of 100
2 out of 5	25 out of 100
3 out of 5	50 out of 100
4 out of 5	75 out of 100
5 out of 5	100 out of 100

The below information relates to Strategic Performance Measure 2: Customer trust.

Reference	2023–24 Portfolio Budget Statements, page 202 2023–24 Corporate Plan, page 17
Data Source	External Survey provider Verian
Calculation Explanation	Calculated by adding all weighted channel average scores. Scores are calculated from the customer survey responses. The weighting is derived from transactional volumes from the previous financial year. Volumes can only be calculated and applied retrospectively once available. Using the previous financial year's data allows effects from seasonality to be minimised. As the result is calculated quarterly, limiting the weighting for that portion of the financial year (i.e. using data that is available for that portion of the current FY) will not allow for the variability that occurs over a full year.
Calculation	$(A \text{ Result} \times A \text{ Weighting}) + (B \text{ Result} \times B \text{ Weighting}) + (C \text{ Result} \times C \text{ Weighting}) + (D \text{ Result} \times D \text{ Weighting}) + (E \text{ Result} \times E \text{ Weighting})$ A = Online channel B = Mobile Apps channel C = Telephony channel D = Face to face channel E = Health Providers channel ³ Result = the result for that channel Weighting = the weighting for that channel

³Health providers are reported as a 'channel' as the agency is unable to accurately determine the appropriate channel used by the individual surveyed providers.

PROGRAM 1.2: CUSTOMER SERVICE DELIVERY

Design and deliver government services to Australians through a range of service delivery channels including face-to-face, telephony and digital and protect the integrity of government outlays.

KEY ACTIVITY 2: Deliver quality government services and payments to Australians

We provide customers with easy and efficient access to services, support and payments for a seamless experience.

To ensure we are delivering on this key activity, we monitor and assess our performance against the following 3 Strategic Performance Measures.

Strategic Performance Measure 3 – Administrative correctness of payments

The agency is committed to ensuring high-quality processing of claims based on information provided to the agency.

This enables the delivery of the right payment at the right rate, to the right customer, from the right date.

Year	Target	Result	Performance Outcome
2023–24	≥98%	97.8% ^(a)	Substantially achieved
2022–23	≥98%	98.8%	Achieved

a) In 2023–24, the methodology used to calculate Strategic Performance Measure 3 was updated to better reflect the agency’s administrative correctness of payments (see explanatory notes and definitions below for details). Therefore, the 2023–24 result is not comparable to the 2022–23 result.

ANALYSIS

To enable the agency to more thoroughly assess the administrative correctness of payment outputs across its programs, changes were made to this measure to provide a complete assessment of the agency’s key functions. The following changes supersede those published in the Social Services 2023–24 Portfolio Budget Statements and the agency’s Corporate Plan 2023–24:

- Child Support has been added to produce a complete assessment of the agency’s key functions
- the methodology was revised to reflect a broader range of payment types using an expanded set of data sources.

The agency substantially achieved its target of ≥98% with a result of 97.8%, demonstrating a commitment to process customer claims with minimal errors that, if not detected, would result in incorrect outcomes for customers. A correctness rate of 97.8% indicates 2.2% of the 449.2 million outcomes that customers received contained a critical error. Results by program are:

- Social Security and Welfare: 93.0% of 3.4 million claims contained no critical errors
- Health: 97.8% of 435.9 million claims contained no critical errors
- Child Support: 88.2% of 53,705 claims contained no critical errors.

The high correctness rate is primarily driven by the substantial volume of simple claims processed automatically with no errors—Health (275.6 million claims) and Social Security and Welfare (32,191 claims).

Performance across programs was influenced by a range of factors:

- Social Security and Welfare results reached 97.6% in December 2023 but decreased to 91.1% in April 2024. The impact is attributed to the engagement of 5,000 new staff that needed ongoing learning and development as well as time to build and consolidate skills to correctly process claims. High performing staff processed less claims as they focused on providing support to new staff during this period. The results started to improve towards the end of the financial year
- Health maintained high performance (between 97.5% and 98.2%) throughout the year
- Child Support initiated a new type of quality checking to provide data for this performance measure. Child Support results increased by 3.1 percentage points between quarter 1 and quarter 4 of 2023–24.

The agency focused on building staff capability and increasing the administrative correctness of payments through a range of initiatives, including:

- conducting targeted analysis to identify trends and common errors

- updating staff resources such as training packages, task cards and standard operating procedures based on findings from analyses
- delivering targeted training based on findings from analyses
- providing staff with feedback on errors identified based on the results from quality checks
- introducing a new role across operational teams within Health to monitor the quality of processing and services, identifying learning needs for staff, and opportunities for improvement to processes and procedures
- standardising approaches by quality checkers to ensure quality checking and feedback is consistent.

The table below summarises the agency’s program results for correctness rate and weighting factor for 2023–24.

Table 13: Program results 2023–24

Program results	Total claims	Weighting factor (% of total claims)	Correctness rate
Social Security and Welfare ^(a)	3,368,265	0.7%	93.0%
Health	445,744,670	99.2%	97.8%
Child Support	53,705	0.0% ^(b)	88.2%
Total	449,166,640	100%	97.8%

a) Social Security and Welfare includes Emergency claims.

b) Weighting factors are rounded to one decimal place. The Child Support weighting factor is 0.01%.

Debt management, compliance and enforcement

The agency works with customers to help them understand their obligations to minimise the chances of incurring a debt. However, in circumstances where customers have not been paid the right amount and a debt is incurred, we work with the customer taking into account their personal circumstances to recover overpayments.

In 2023–24 around 1.54 million Social Security and Welfare debts were raised, and a total of \$1.86 billion recovered from customers who were not paid the right amount.⁴ For debt recovery figures, see *Debt management* on page 126 in the Annual Report.

Child support debt may be incurred by an active paying parent who is responsible for paying child support. In 2023–24 active paying parents with a child support debt under a payment arrangement was 55.9%. For compliance and enforcement actions, see *Compliance and Enforcement* on page 93 in the Annual Report.

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to critical errors identified through quality checks of new-claim work. These errors impact the outcome the customer receives. This may be an incorrect assessment of their eligibility, or rate, or commencement date.
- Some Social Security and Welfare claims may be cancelled and then regenerated. If this happens to a claim that was quality checked, the quality checking outcome from the original claim is lost. As regenerated claims may be caused by system issues or processing errors, the administrative correctness is likely overstated due to the exclusion of these quality checks.
- Not all claims that have been sampled for quality checking in Child Support and Health will have the quality check completed. This generally occurs when the check has not been completed within the reporting period. The biases associated with this are minimal due to the volume of sampled claims that aren't checked, as opposed to those that are checked. The percentage of claims checked still provide a statistically valid sample for the purpose of the measurement of administrative correctness.

⁴ A proportion of the amounts recovered relate to debts incurred in previous years.

EXPLANATORY NOTES AND DEFINITIONS

- This performance measure illustrates the correct processing of payments, rather than the accuracy of claims, noting:
 - correctness relates to the agency administrative and processing errors based on the information provided
 - accuracy relates to all errors, based on the circumstances, irrespective of the information provided.
- Administrative correctness is solely focused on payment processing quality.
- As noted above, the methodology underpinning the performance measure has changed to better reflect the administrative correctness of the agency, including:
 - adding quality checking results for Child Support new registrations. This ensures the measure includes claim types across the three major programs
 - replacing Payment Accuracy Review data for Social Security and Welfare with quality checks of processed claims. This aligns the calculation for Social Security and Welfare with Health and Child Support, and ensures the measure is consistent for all claims within the agency.
- Weighting methodology is based on total claims processed. This is considered best practice as it aligns with the sampling unit used to calculate the results.
- Social Security and Welfare quality checking results are calculated from the Quality Online (QOL) and Quality Management Application (QMA) systems, noting:
 - sampling rates are based on individual service officers' proficiency when service officers are new to a claim type, 100% of their claims are sampled for quality checking. As they meet the volume and quality requirements, their sampling rate reduces incrementally. The minimum sampling rate is 2%
 - QOL and QMA are pre-checks. Any claims that are quality checked have all errors resolved prior to impacting a customer. Therefore, all quality checked claims are counted as correct because the customer received a result with no errors. The correctness rate for pre-checks is applied to the unsampled claims.
- Health quality checking results are calculated from the following sources:
 - QBBI (Medicare Quality Control System) randomly selecting 6% of service officers that manually processed Patient claims, Bulk Bill claims, or Medicare Enrolment transactions for quality checking each day
 - QST (Quality Support Tool) randomly samples manually processed work items from 16 Health programs (including from the Pharmaceutical Benefits Scheme (PBS)) for quality checking
 - 0.1% of VAP (Veteran Affairs Program) services are randomly sampled for quality checking
 - Health checks are all post-checks (checked after the claim is finalised). Therefore, claims are checked, and errors are resolved after the claim was initially finalised.
- Child Support new registrations are randomly sampled using the Enterprise Data Warehouse (EDW), noting:
 - 3.1% of new registrations were sampled for quality checking in 2023–24
 - while a Child Support 'payment' is not a government financial outlay, the assessment undertaken by the agency determines the rate of Child Support to be paid, in line with a set of legislative criteria. Processing new registrations assess the rate of payment based on information received from the initial claim from the customer. Quality checking new registrations aligns with the sampling unit and inclusions used in Social Security and Welfare and Health within this measure
 - Child Support checks are all post-checks (checked after the claim is finalised). New registrations are checked, with any errors corrected after the child support registration was initially finalised.
- Claims processed automatically are assumed to be 100% correct. All automatically processed and paid claims need to meet the business processing rules to be automatically processed and paid, and therefore must be correct. To support this assumption, the agency performs an accuracy assessment on a statistically valid random sample of automatically processed claims.

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- Claims processed by service officers who have 100% of the claim type quality checked (SSW) or are currently undertaking training (Health) are excluded from the measure because:
 - these staff have all their work quality checked. Therefore, their correctness rates do not impact the administrative correctness of payments
 - excluding work completed by these staff reduces selection bias and increases the degree of randomness in sample selection, therefore the validity of the measure. Including these staff would overrepresent inexperienced and underperforming staff.
- The 'right date' referred to in the description statement, is the correct commencement date of their payment. This is not necessarily the first date they are paid; it is the date from which their entitlements are calculated.

The below information relates to Strategic Performance Measure 3: Administrative correctness of payment.

Reference	2023–24 Portfolio Budget Statements, page 203 2023–24 Corporate Plan, page 18
Data Source	QoL Stat QMA Dashboard SAS Viya EDW QM Verint
Calculation Explanation	Calculated by adding the weighted SSW administrative correctness (QMA + QoL), the Health administrative correctness (QBBI + QST + MCRS + VAP) and the Child Support administrative correctness. The weighting methodology is derived from total finalised claims for the same reporting period.
Calculation	$A \cdot B / G + C \cdot D / G + E \cdot F / G$ expressed as a percentage A = SSW correctness rate B = SSW total claims C = Health correctness rate D = Health total claims E = Child Support correctness rate F = Child Support total claims G = Agency total claims (B + D + F)

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Strategic Performance Measure 4 – Customers served within 15 minutes

The agency endeavours to provide customers with timely access to services and support via Face to face contact and Telephony channels.

This measure demonstrates the extent to which customers have access to timely services and support they need to get on with their lives.

Year	Target	Result	Performance Outcome
2023–24	≥70% ^(a)	55.2% ^(b)	Partially achieved
2022–23	≥70% ^(a)	60.8% ^(b)	Partially achieved

- a) The target was set at ≥80% in 2021–22. The 2021–22 result of 68.4% was taken into account when setting the target of ≥70% for 2022–23. Due to natural disasters and other emergency events the 2022–23 target was reset to a more realistic target capable of showing year-on-year improvement. The 2023–24 target remains the same as 2022–23.
- b) In 2023–24, 2.4 million calls were transferred between queues. Calls transferred internally between telephony queues are counted as separate telephone calls with separate wait times and are included as such in this measure. This may have an impact on the results for this measure.

ANALYSIS

The agency partially achieved its target of ≥70% with a result of 55.2%.

Agency's overall result of servicing the customers was impacted by its focus on reducing the age and volume of processing work that drives contact into the agency. Additional frontline staff were progressively onboarded into the agency in 2023–24 and trained to accelerate claims processing times and improve access for customers. The diversion of experienced resources to train and support new staff and to address the backlog of claims processing has impacted performance against this performance measure, including Health customers.

The agency reduced the backlog of claims back to usual levels (around 500,000) by mid financial year which helped to bring down call wait times and congestion towards the end of 2023–24. Call wait times have improved by more than 5 minutes for Medicare customers and more than 2 minutes for Centrelink customers when comparing quarter on quarter results this year. Congestion messages have also decreased by more than 1.8 million in that time.

The agency continued to implement and embed a number of strategies to address service demand such as:

- providing customers with one-on-one digital coaching in-person or over the phone about self-service options to build their understanding and confidence
- maximising customer service time—maximizing staff availability for customer service— and better matching skilled staff to when customers need us
- pinpointing where staff need skilling or support to finalise customer interactions
- using data analysis and insights to identify opportunities to improve outcomes for customers such as claims processed to reduce the need to contact the agency
- reviewing how customers use the Interactive Voice Response (IVR) to ensure they connect with a suitably skilled officer when they contact us
- simplifying telephony queues to streamline how customers connect with staff
- reducing telephone numbers and how calls are routed to ensure the best customer experience and increased first contact service
- increasing the transparency for customers by providing estimated wait times when they call the agency
- removing unnecessary outbound SMS messages to customers – based on customer feedback
- recruitment and workforce upskill to provide an end-to-end service continues, leading to more confident and competent staff and increased capacity across all channels.

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The table below summarises the agency's Face to face and Telephony performance by program for customers served within 15 minutes for 2023–24.

Table 14: Channel results by program of Customers served within 15 minutes 2023–24

Program	Face to face	Telephony
Social Security and Welfare	67.3%	34.0%
Emergency management ^(a)	N/A ^(b)	87.8%
Health customers	65.1%	17.5%
Health providers	N/A ^(b)	85.3%
Health PBS authorities ^(c)	N/A ^(b)	99.5%
Child Support	N/A ^(b)	64.3%
Payments and integrity	N/A ^(b)	82.8%

- a) Emergency management calls are a subset of Social Security and Welfare calls.
- b) No face to face service offering.
- c) The Health PBS authorities line has a 30 second call answer requirement.

LIMITATIONS AND EXCLUSIONS

- The scope of this measure includes customers served in Telephony and Face to face channels. Wait times for telephony commence when the customer enters the telephony queue to speak to a service officer and face to face wait time begins once customers are booked into the Virtual Wait Room (VWR).
- The scope of this measure excludes:
 - Face to face abandons, on the basis the agency does not have means to identify when a customer has left the service centre. The time to abandon is based on when the service officer records it as abandoned. On this basis, there are no means to exclude abandons at a particular time interval and therefore they have been excluded altogether
 - telephone calls that terminate in less than 5 minutes, on the basis that the customer's query may have been addressed by the IVR. The introduction of 'estimated wait time' messaging from June 2023 may have influenced the Social Security and Welfare customer's decision to terminate the call. Time spent in the IVR is not included
 - outbound calls and 'place in queue' calls are excluded from this measure. Customers serviced via outreach arrangements or by agents are not included in this calculation on the basis that these contacts are not recorded in a queue management system
 - customers who attend a site to use self-service facilities are not included in this calculation on the basis that these contacts are not recorded in a queue management system
 - service centres operating the self-check-in kiosks are excluded from the calculation as the Average Wait Time data is not accurately measured at this time. The service centres and period of exclusion are as follows: Elizabeth from 16/5/2021, Perth City from 10/10/2022, Woy Woy from 17/10/2022, Bankstown from 12/9/2022, Beenleigh from 11/7/2022, Airport West from 27/11/23 and Midland from 20/3/24
 - Face to face category contacts of 'appointments, third party, and phone' are all excluded from the results. The customers availability for an appointment is outside the agency's control and could adversely impact the results. Third party contacts are not customers, they are companions who are excluded from the Front of House (FOH) app and reporting
 - congestion messaging on the basis that the scope of the measure is to include customers served. In 2023–24, 13.6 million or 32.2% of Social Security and Welfare calls handled received a congestion message⁵
 - Congestion message parameters are regularly reviewed and adjusted, including during the day, to allow as many calls to be answered as possible. The possible parameters include:

⁵ The methodology used to extract the percentage of calls handled that received a congestion message was calculated by the sum of the total number of congested messages, divided by the calculated total number of calls handled (excluding busy signals). The calculation does not take into account a single (unique) customer making repeated calls.

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- the volume of calls queued
- the longest wait time
- the estimated wait time
- the average speed of answer.
- In order to support our most vulnerable customers, some callers in high risk circumstances bypass congestion and progress to the queue to speak to a suitably skilled service officer.
- The reported telephony results are based on data from our provider. The agency does not have the ability to independently validate the data provided by our provider within the current commercial arrangements.
- FOH app is a customer service streaming tool designed to channel customers to the correct queue types in customer service centres. Limitations with the app restrict the agency's ability to validate the data collected in the tool itself. Controls exist such as a requirement to register all customers attending a service centre, and data quality assurance processes exist at the Enterprise Data Warehouse extraction stage.
- Data on the number of Medicare face to face contacts has been impacted over the last two years by changes to Front of House procedures:
 - **2022–23:** Face-to-face transformation across service centre locations introduced a 'ways of operating' model that involved customers being streamed via a reception/navigator queue category. This has resulted in decreased visibility of other queue category contacts in data across all service centres including Medicare.
 - **2023–24:** Due to the implementation of a new streamlined FOH App tool on 23 October 2023, queue and contact type categories were changed, which provided greater visibility of program level data including Medicare category contacts.

EXPLANATORY NOTES AND DEFINITIONS

- Congestion messaging: are messages activated in periods of high demand and provide details of the digital services available to customers. The message encourages callers to conduct their business through self-service options, saving the need to repeatedly call.
- Calls handled: are calls that have reached the agency and include:
 - Social Security and Welfare – successful IVR calls (includes answered calls)
 - Health customer – answered calls, calls handled in Health Customer IVR applications
 - Health provider – answered calls and calls handled in the Health Provider IVR application
 - Health PBS authorities – answered calls
 - Child Support – answered calls
 - Payments and integrity – successful IVR calls (includes answered calls).
- Calls terminated by the customer are calls that progress through the Interactive Voice Recognition (IVR) and enter a queue, but the call is ended (hung up) by the customer before a Service Officer could answer it.
- Resolved face to face enquiries are where customers are served by a service officer at first point of contact upon entering the service centre and are not required to be signed into the VWR.
- Wait times for telephony commence from when the call enters the queue until the call is either answered by a service officer or terminated by the customer.
- Wait times for face to face contacts commence from when the customer enters the queue – entered into the system by the Customer Liaison Officer (CLO), until either the customer is assigned (their name is called) or they resolved their enquiry with the CLO.
- Wait time durations experienced by a customer in face to face prior to first contact are not captured.
- A face to face customer contact may involve multiple queue categories. For the purposes of reporting, the contact and associated wait-time are attributed to the initial queue category recorded.
- Calls transferred internally between queues are counted as separate calls with separate wait times and are included as such in the calculation for this measure.
- Proportion of customers are being transferred to be served for more than one service varies based on the period being reported on.

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The below information relates to Strategic Performance Measure 4: Customers served within 15 minutes.

Reference	2023–24 Portfolio Budget Statements, page 203 2023–24 Corporate Plan, page 19
Data Source	Telstra Computer Telephony Interface (CTI) files SAPUI5 Front of House application Information
Calculation Explanation	Calculated by dividing the sum of all Calls and face to face contacts served within 15 minutes, by the total sum of all calls answered, face to face contacts and customer terminated calls over five minutes.
Calculation	$(A + B + C) / (C + D + E + F)$ (represented as a percentage) A = Calls answered within 15 minutes B = Face to Face Virtual Wait Room (VWR) contacts served within 15 minutes C = Resolved Face to Face Enquiries D = Total customer terminated calls over 5 minutes E = Total Calls answered F = Total Face to Face VWR contacts served

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Strategic Performance Measure 5 – Work processed within timeliness standards

The agency is committed to ensuring the timely processing of work to ensure customers receive the right payment, at the right time, based on the information provided to the agency.

This measure demonstrates the agency's performance against its agreed timeliness standards.

Year	Target	Result	Performance Outcome
2023–24	≥90%	71.8%	Partially achieved
2022–23	≥90%	68.7%	Partially achieved

ANALYSIS

The agency partially achieved its target of ≥90% with a result of 71.8%.

We focused on reducing the backlogs of work on hand through the large-scale recruitment of frontline staff along with a targeted overtime strategy assisting the agency to achieve its objective of reducing work to regular levels by June 2024. The recruitment and upskilling of staff across all programs also increased capacity in both telephony and processing. Impacts to performance during the recruitment period were expected due to experienced staff being taken offline to provide training, staff support and quality checking until new staff gained experience and became proficient.

The agency completed an additional 2.76 million claims this year compared to last financial year. The agency continued its focus on the customer experience by actioning backlogs of work, with a strategy to finalise older claims where possible to assist customers who have been waiting the longest. As the backlogs reduced, the number of claims finalised within standard continued to improve. The agency has shown incremental improvement in results each month since the beginning of January 2024.

Table 15: Percentage of claims processed within timeliness standards by work type 2023–24

Work types	Percentage of claims processed within timeliness standards
Social Security and Welfare	58.5%
Health	71.9%
Child Support payments	53.8%
Emergency payments	74.8%

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to the following processing work types with an agreed timeliness standard where data has been sourced and validated:
 - Social Security and Welfare: A new claim lodged for a social security payment or a concession card that has been assessed, resulting in the claim being either granted or rejected. This does not include claims that are cancelled, deleted or withdrawn
 - Health: Medicare benefits; Subsidies and supplements to approved aged care providers; Claims and payment for other health programs such as External Breast Prostheses Reimbursements, Aged Care Payments, Continence Aids Payments, Pharmaceutical Benefits Scheme and Organ Donor Registrations (customers)
 - Child Support: This measure counts the number of new registrations and restarts that are finalised
 - Emergency Payments: This measure includes Australian Government Disaster Recovery Payment.

The table below summarises the processing work types with agreed timeliness standards.

Table 16: Processing work types against timeliness standards

Processing work types	Timeliness standards
Social Security and Welfare	
ABSTUDY – claims	≥70% of claims processed within 21 days of claim lodgement
ABSTUDY PES – claims	≥70% of claims processed within 21 days of claim lodgement
Additional Child Care Subsidy – Child Wellbeing Application – claims	100% of claims processed within 28 days of claim lodgement
Additional Child Care Subsidy – Child Wellbeing Certificate Exceptional Circumstances - Claims	100% of claims processed within 28 days of claim lodgement
Additional Child Care Subsidy – Child Wellbeing Determination Exceptional Circumstances – Claims	100% of claims processed within 28 days of claim lodgement
Additional Child Care Subsidy – Temporary Financial Hardship claims	100% of claims processed within 28 days of claim lodgement
Age Pension – claims	≥80% of claims processed within 49 days of claim lodgement
Aged Care – Financial Hardship Application Assessment	100% of hardship applications completed within 28 days
Aged Care – Income and Assessment processing – Home Care	≥85% of means assessments processed within 28 days
Aged Care – Means Assessment processing – Residential Care	≥85% of means assessments processed within 28 days
Assistance for Isolated Children (AIC) Student – claims	≥70% of claims processed within 21 days of claim lodgement
Austudy – claims	≥85% of claims processed within 42 days of claim lodgement
Authorised Review Officer Appeals – Reviews	≥70% of reviews are undertaken within 49 days of review request
Carer Allowance – claims	≥80% of claims processed within 49 days of claim lodgement
Carer Payment – claims	≥80% of claims processed within 49 days of claim lodgement
Crisis Payment	≥90% of claims processed within 2 days of claim lodgement (except claims lodged prior to release from prison ⁶ which is from date of release)
Dad and Partner Pay – claims	≥80% of claims processed within 21 days of claim lodgement
Disability Support Pension – claims	≥80% of claims finalised within 84 days of claim lodgement
Double Orphan Pension – claims	≥80% of claims processed within 56 days of claim lodgement
Family Tax Benefit – claims	≥80% of claims processed within 31 days of claim lodgement
Farm Household Allowance – claims	≥80% of claims processed within 28 days of claim lodgement
JobSeeker Payment	≥80% of claims processed within 16 days of claim lodgement
Low Income Card – claims	≥80% of claims processed within 28 days of claim lodgement
Mobility Allowance – claims	≥85% of claims processed within 42 days of claim lodgement
Paid Parental Leave – claims	≥80% of claims processed within 21 days of claim lodgement
Parenting Payment Partnered – claims	≥80% of claims processed within 28 days of claim lodgement
Parenting Payment Single – claims	≥90% of claims processed within 21 days of claim lodgement

⁶ Claims can only be processed when a customer becomes eligible (released from prison). The start date is assessed from the date the customer is eligible, not the date of claim.

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Processing work types	Timeliness standards
Pensioner Education Supplement – claims	≥70% of claims processed within 21 days of claim lodgement
Seniors Health Care Card – claims	≥80% of claims processed within 28 days of claim lodgement
Special Benefit - Claims	≥80% of claims processed within 21 days of claim lodgement
Stillborn Baby Payment – claims	≥80% of claims processed within 14 days of claim lodgement
Tasmanian Freight and Bass Straight Equalisation Schemes	≥80% of claims processed within 30 days
Tertiary Access Payment	≥80% of claims processed within 42 days of claim lodgement
Youth Allowance (Full time student) – claims	≥80% of claims processed within 42 days of claim lodgement
Youth Allowance (Other) – claims	≥70% of claims processed within 21 days of claim lodgement
Health	
Medicare Benefits Schedule – claims submitted digitally at point of service	≥82% of claims processed within 2 days of claim lodgement
Medicare Benefits Schedule – claims submitted digitally, not at point of service	≥82% of claims processed within 7 days of claim lodgement
Medicare Benefits Schedule – claims submitted manually	≥82% of claims processed within 21 days of claim lodgement
Child Support	
Child Support New Registrations (Domestic)	≥82% of new registrations processed within 28 days
Emergency payments	
Australian Government Disaster Recovery Payment and Disaster Recovery Allowance	≥90% of claims processed (granted only) within 3 days

- Whilst all three programs are represented within the measure, not all processing work types within these programs are captured. This measure does not capture the full breadth of work processed by the agency.
- As new timeliness standards are agreed with partner agencies, the measure will be updated to incorporate these new work types. Start dates for new timeliness standards will be negotiated with partner agencies and included in the scope of this measure once agreed.
- We have been unable to identify the level of bias arising from the application of timeliness standards included or excluded from the measure.
- Social Security and Welfare non-claim activities do not have agreed timeliness standards and are therefore excluded from this measure. Non-claims or non-new claims (NNCL) are activities not attached to a new claim. A number of different activity types may be included in this work type including change of circumstances, medical certificates, reassessments, reviews and follow-up work. Current methodology to measure NNCL involves a tiered allocation approach where work is grouped according to priority. This means higher priority payment affecting work is allocated first.
- Staff are focused on completing all work relevant to a customer's circumstance during every customer interaction. Related work items may be allocated together. A bundle may include work items (claim or non-claim). Bundling helps staff ensure customers are not affected by unnecessary delays in processing.
- In 2024–25 the agency is investigating data sources for any additional work types with agreed timeliness standards for inclusion in this performance measure.

EXPLANATORY NOTES AND DEFINITIONS

- In the ANAO's performance audit into the Accuracy and Timeliness of Welfare Payments it was recommended that the Department of Social Services and Services Australia assess the merit and viability of developing additional key performance measures for the timeliness of non-claim work items. This will be considered for future years.
- A new registration refers to the process of an application for a child support assessment received from a customer who is claiming child support for a child/children they have not previously claimed for.

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- A restart refers to cases previously registered but the assessment was not accepted (invalid), withdrawn (customer decided not to proceed with the applications) or ended and the customer makes an application to have the case restarted.
- The measure counts the number of registrations finalised by the due date in the reporting period. Finalised is defined as when the case status changed from recorded or pended to any other status other than cancelled.

The below information relates to Strategic Performance Measure 5: Work processed within timeliness standards.

Reference	<ul style="list-style-type: none"> • 2023–24 Portfolio Budget Statements, page 203 • 2023–24 Corporate Plan, page 19
Data Source	<ul style="list-style-type: none"> • Enterprise Data Warehouse Teradata tables • SDPACT.CLK_CLAIMS_COMPLETED_D • SPARC & ACMPs • Enterprise Data Warehouse
Calculation Explanation	Calculated by dividing all work processed within their individual processing standards by the total work processed. Currently, this includes 40 work types.
Calculation	<p>A / B (represented as a percentage)</p> <p>A = Work processed within timeliness standards</p> <p>B = Total work processed</p>

PROGRAM 1.3: TECHNOLOGY AND TRANSFORMATION

Provide a robust ICT network and delivery of major transformation projects, including ICT shared services.

KEY ACTIVITY 3: Deliver digital and technological capability

We invest in our technology and systems to sustain and strengthen the digital experience for customers.

To ensure we are delivering on this program and key activity, we will monitor and assess our performance against the following 2 Strategic Performance Measures.

Strategic Performance Measure 6 – Availability of digital channels

The agency is committed to ensuring our digital services are stable and available for customers to use when they need them.

This measure demonstrates the agency's performance against ensuring customers have 24/7 access outside of planned outages to the agency's digital channels.

Year	Target	Result	Performance Outcome
2023–24	≥99% ^(a)	99.9%	Achieved
2022–23	≥98.5% ^(b)	99.8%	Achieved

a) The target has increased to ≥99% in 2023–24 since the prior year (98.5%) to strive for improvement over time.

b) The target has increased to ≥98.5% in 2022–23 since the prior year (98%) to strive for improvement over time.

ANALYSIS

The agency achieved its target of ≥99% with a result of 99.9%. This is the highest result attained to date for this measure.

This performance measure encourages the agency to invest in its ICT systems to ensure they are available for customers to self-manage their business through online portals and mobile applications. It supports the agency's ability to deliver high quality and accessible services, and contemporary service delivery and customer experience.

The high result demonstrates the agency's commitment to continuous improvement in its online delivery platforms, and the ICT infrastructure that hosts and delivers them.

Table 17: Availability of digital channels by program 2023–24

Program	Availability of digital channels
Social Security and Welfare	99.8%
Health	99.9%
Child Support	99.9%

LIMITATIONS AND EXCLUSIONS

- The scope of this performance measure is limited to services that allow customers or third-party organisations to self-manage their business with the agency.
- The agency's services that customers interact with either directly or via a specific authentication service are limited to:
 - Social Security and Welfare
 - Centrelink online accounts
 - Express Plus Centrelink mobile apps
 - Centrelink Business Online Services
 - Business Hub

- Health
 - Medicare online accounts
 - Express Plus Medicare mobile app
 - Health Professional Online Services
 - Provider Directory System
 - Pharmaceutical Benefits Scheme Online
 - Medicare Easyclaim
 - ECLIPSE
- Child Support
 - Child Support online accounts
 - Express Plus Child Support mobile app
 - Child Support Business Online Services
- The calculation of availability removes periods of planned outages, which are used to ensure services are up-to-date and working as intended, from both the service uptime and the availability.
- Digital channels availability is calculated based on incident and problem records in the agency’s service management toolset (a repository of information relating to ICT materials that support workflows).

EXPLANATORY NOTES AND DEFINITIONS

- Availability: the amount of time digital channels and supporting systems are stable and available to support 24/7 customer access to digital channels outside of periods of planned outage.
- Outage time: a confirmed disruption to digital channels.
- Service Hours: an agreed time period when the service should be available. All services included in the measure have service hours of 24 hours per day.
- The agency made improvements at program level to impact the availability of digital channels focusing on strengthening data controls. This was done through strengthening the existing data controls which feed into the Service Manager system that logs system issues. The processes to extract this data to calculate the availability of digital channels at the agency level remain the same. Further additional data controls were implemented which support the documenting of ICT events. This included training of staff who support managing ICT events and additional quality assurance over Incident Management records. Further enhancements will continue in the next financial year, and iteratively as required for the foreseeable future. The processes to extract this data to calculate the availability of digital channels at the agency level remain the same.

The below information relates to Strategic Performance Measure 6: Availability of digital channels.

Reference	2023–24 Portfolio Budget Statements, page 204 2023–24 Corporate Plan, page 20
Data Source	Internal data sources including ICT incident records, problem records, and scheduled maintenance periods (planned periods of time systems are unavailable for maintenance) are utilised to calculate the availability result.
Calculation Explanation	Calculated by dividing the total hours of service uptime by the total hours in the availability window. Excludes scheduled maintenance periods (planned periods of time systems are unavailable for maintenance) and planned outages.
Calculation	A / B (represented as a percentage) A = Service uptime (sum of availability window of digital channels minus sum of outage time of digital channels) B = Availability window (sum of total service hours of digital channels minus sum of scheduled maintenance periods)

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Strategic Performance Measure 7 – Tasks managed by customers in digital channels

The agency endeavours to develop and deliver services that enable customers to manage their own business digitally where possible.

This measure demonstrates the agency's performance against providing customers the ability to use our digital service offering to self-manage their business with the agency.

Year	Target	Result	Performance Outcome
2023–24	≥82% ^(a)	91.9%	Achieved
2022–23	≥81% ^(b)	91.5%	Achieved

a) The target had increased to ≥82% in 2023–24 since the prior year (81%) to strive for improvement over time.

b) The target had increased to ≥81% in 2022–23 since the prior year (80%) to strive for improvement over time.

ANALYSIS

The agency achieved its target of ≥82% with a result of 91.9%.

The performance outcome against this measure was influenced by an increased volume of self-managed activities, particularly in digital health transactions, and several campaigns and initiatives promoting online services.

This result comprises over 616 million total tasks self-managed by customers in digital channels, with demand by programs detailed below:

- Social Security and Welfare: 68.14 million tasks were self-managed in digital channels, to achieve 69.8%
- Health: 546.81 million tasks were self-managed in digital channels, to achieve 96.2%
- Child Support: 1.07 million tasks were self-managed in digital channels, to achieve 24.7%.

The result is primarily driven by regular tasks customers self-manage in high volumes, including:

- Social Security and Welfare: Payment stimulus and customers reporting their income online (38.8 million, of which 90% were self-managed)
- Health: Pharmaceutical Benefits Scheme (PBS) Script processing (350.3 million, of which 100% remained self-managed)
- Child Support: Customers updating their details (1.1 million, of which 37% were self-managed).

Child Support traditionally has a low proportion of self-managed activities, as the services provided are often complex and require higher levels of intervention. Some tasks are not currently available through digital channels due to their complexity. These include risk mitigation strategies requiring customers to contact us, depending on their circumstances.

The table below summarises the agency's digital task availability, customer uptake of digital options and self-managed work completed digitally against each program for 2023–24.

Table 18: Availability, uptake and self-managed work completed digitally by program 2023–24

Program	Digital task availability ^(a)	Customer uptake of digital options ^(b)	Self-managed work completed digitally
Social Security and Welfare ^(c)	86.1%	81.0%	69.8%
Health	99.5%	96.7%	96.2%
Child Support	60.1%	41.1%	24.7%
Total^(d)	97.3%	94.4%	91.9%

a) Digital task availability is the volume of tasks that are offered in digital channels that can be self-managed by customers, as a proportion of the total tasks completed.

b) Customer uptake of digital options is the volume of tasks that were self-managed by customers, as a proportion of the volume of tasks that were offered in digital channels^(a).

c) Social Security and Welfare includes Emergency payments.

d) Total results are calculated based on the volume of tasks completed within each program. This means the total results represent the proportion of tasks self-managed by customers across the agency.

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Social Security and Welfare

Customers reporting their income and stimulating income support payments continues to be the highest volume online activity for Social Security and Welfare (35 million transactions in 2023–24). The proportion of customers using online services (90%) for these transactions has remained stable this financial year, diverting approximately 1 million staff hours. Should this transaction not have been available online, an additional 1 million hours of staff effort would have been required to maintain current servicing levels.

There has been a 19% increase in the number of Urgent Payment applications across 2023–24, with a 2% increase in the proportion of these applications being made online. Enhancements to make this transaction available within the Express Plus Centrelink mobile app rolled out in April 2024, as well as improved hold messaging in the IVR directing waiting customers towards online services, are expected to be contributing to this channel preference shift.

There has been a 6% increase in the proportion of customers choosing to complete personal circumstance updates online (such as change of address and accommodation details) in 2023–24:

- this increase is primarily attributable to the rent assistance budget measure introduced in September 2023, which increased the maximum rent assistance amount available by 15%
- a significant outbound communication campaign encouraged customers to use online services to check their recorded accommodation details, to ensure they would receive the correct rate of payment following this campaign a notable increase in both online address and accommodation transactions (170k increase on October data in previous year) and a 64% increase in the proportion of these updates being self-managed digitally.

Health

Pharmaceutical Benefits Scheme (PBS) script processing continues to be the highest volume Health transaction and has increased by 4.6 million total transactions since last year, significantly contributing to strong digital performance results for Health. This transaction remains 100% digitally managed through pharmacist systems.

There has been an overall increase in the total volume of Medicare patient claim transactions (a 12% increase in total number of transactions, compared to 2022–23), and a slight increase in the proportion of these transactions being completed through digital channels which is a 1% increase from last year.

Medicare Online Claiming (services submitted by health care professionals on behalf of claimants) continues to be the primary claiming option for patient claiming. It is expected the shift away from bulk billing practices towards patient claiming at point of service (Easyclaim) is influencing this trend.

A steady upward trend in health professionals' use of Health Professional Online Services (HPOS) functionality, is also increasingly influencing strong digital results for Health. This is likely to be driven by a number of initiatives over the past 12 months promoting the use of online services to health professionals, including targeted outbound communication projects, and system enhancements, supporting health professionals to apply for Medicare Provider Numbers online.

Child Support

The proportion of Child Support transactions self-managed in digital channels has decreased slightly by 0.9% in 2023–24. Fewer overall Child Support transactions (a decrease of 10.5% of total transactions in 2023–24 compared to previous year) has contributed to a slightly lower result.

Self-managed Child Support Payment updates show a 4% decrease this year compared to last year. The timeline of a proactive outbound contact campaign run early in 2023 influenced a higher baseline than usual for comparison in 2023–24.

Child support continues to focus on improved support products for staff to assist in troubleshooting and reinforcing digital education in conversations with customers. During 2023–24, customers were also presented with a range of information and support through the Interactive Voice Response (IVR) about online self-service options when calling the agency's Child Support telephony service. There have been no significant changes within Child Support digital services during the 2023–2024 that may have otherwise influenced these results.

Campaigns to promote digital services

Appointments

After a successful pilot, the agency commenced a nationwide roll out of a Centrelink online appointment booking system in June 2024. This service allows customers greater flexibility to book, manage and cancel appointments online, without having to speak to a staff member. This is expected to continue to have a significant positive impact on Social Security and Welfare digital transactions across 2024–25.

Medicare claim tracker

Development of a Medicare Claim Tracker commenced in 2024 (for delivery in 2025), which seeks to provide customers with increased visibility of the status of their submitted claims and may reduce the frequency of incorrect duplicate claims being lodged.

Child Support uplift

The Child Support digital platform uplift work commenced in late 2023 continues to be an agency focus in 2024-2025. These enhancements aim to improve the users' experience as a result of significant technology and user interface upgrades and alignment.

LIMITATIONS AND EXCLUSIONS

- Tasks are defined through consultation with business owners and diverse stakeholders throughout the agency. Through these consultations, as well as responding to changing systems and processes, we undertake regular reviews to continuously improve the data supporting this measure. This ensures the data remains current, taking into account any data changes which may impact task counts⁷.
- Different time periods should not be used to comparatively measure performance improvements. While differences occur between the previous methodology and the enhanced method, there is increased confidence that the effort transfer is improved.
- Tasks that are inappropriate to be made available to customers to self-manage, such as social worker interactions and internal reviews, are excluded from the calculation.

EXPLANATORY NOTES AND DEFINITIONS

- A task represents a discrete and identifiable process related to a customer and/or their record. A task may be an interaction with a customer, an interaction with a customer's record (e.g. processing a customer's claim), or a transaction completed by the customer online or with staff assistance (e.g. updating phone number).
- Self-managed tasks are completed by customers through digital channels:
 - Customer online accounts
 - Express Plus mobile apps
 - Interactive Voice Response
 - Third party health claiming channels.
- This is a proxy measure of efficiency. There is a direct correlation for some transactions in increased efficiency when a task is self-managed online and diverted away from staff-assisted channels (such as customers reporting their income online). This results in minimising agency inputs to deliver customer benefits by self-managing tasks quickly without staff intervention.
- Primary Cost Sub-Driver: tasks are grouped into 16 primary cost drivers for the purpose of reporting the agency cost of managing groups of related tasks. These are broken down into 187 sub-drivers for more targeted analysis and attribution of agency costs. While some primary cost drivers are agency wide, others only apply to one master program.
- Digital task availability: the proportion of tasks which customers are able to self-manage their business through digital channels.
- Customer up-take of digital options: the proportion of customers who chose to self-manage their business through digital channels.
- Digital channels: services accessed by customers in the online, mobile apps or IVR channels.
- Customer: individuals or parties interacting with the agency about past, present or future access to payments, services and data/information.
- Claimant: the person who incurred the medical costs for a service rendered.

⁷ This includes changes to the underlying data captured or changes to business rules used to define tasks (due to improved understanding of processes).

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The below information relates to Strategic Performance Measure 7: Tasks managed by customers in digital channels.

Reference	2023–24 Portfolio Budget Statements, page 204 2023–24 Corporate Plan, page 21
Data Source	Business Activity Reporting and Analytics (BARA) data extracted from SAS Grid (Electronic Data Warehouse)
Calculation Explanation	This measure is calculated by taking the total volume of tasks self-managed by customers in digital channels in the period over the total number of tasks completed in the same period.
Calculation	A / B (represented as a percentage) A = Total volume of tasks self-managed by customers in digital channels B = Total volume of tasks completed.

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