



Australian Government

Australian Institute of  
Health and Welfare

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# Corporate plan

2018–19 to 2021–22



**AIHW**



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The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

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#### **Australian Institute of Health and Welfare**

Board Chair

Mrs Louise Markus

Director

Mr Barry Sandison

Any enquiries relating to copyright or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: [info@aihw.gov.au](mailto:info@aihw.gov.au)

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# Statement of preparation

On behalf of the AIHW Board, which is the accountable authority of the Australian Institute of Health and Welfare, I am pleased to present the *Australian Institute of Health and Welfare Corporate Plan 2018–19 to 2021–22*, as required under section 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*. The plan is prepared for 2018–19 in accordance with the *Public Governance, Performance and Accountability Rule 2014*.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and is subject to the *Public Governance, Performance and Accountability Act 2013*.

Mrs Louise Markus







**Board Chair**

**21 June 2018**

# Introduction

This Corporate plan (the Plan) is the primary strategic planning document for the Australian Institute of Health and Welfare (AIHW). It sets out the key strategic priorities and the activities we will pursue to achieve our purpose over the next four reporting periods from 2018–19 to 2021–22.

The Plan assists the Australian Parliament, the Australian Government and the people of Australia to assess how we are performing, how we use the public resources entrusted to us and how we cooperate with others to achieve wider objectives, in accordance with the requirements of the *Public Governance, Performance and Accountability Act 2013*.

-  **Chapter 1** 'About the AIHW', outlines the AIHW's strategic goals and provides information about who we are and what we do.
-  **Chapter 2** 'Our environment', describes the nature and complexities of the environment in which we operate.
-  **Chapter 3** 'Priority action areas', outlines our key areas of focus for the coming years that will increase our capability to respond to the needs of our stakeholders.
-  **Chapter 4** 'Enhancing our capability', presents our approach to building on the major inputs required to achieve our purposes during the course of the Plan, namely: workforce, information and communication technology, and capital investment.
-  **Chapter 5** 'Our planned performance', outlines the measures, targets and approach that we will use to assess our own performance.
-  **Chapter 6** 'Our risk oversight and management systems', explains the systems we use to manage and control business risk, as well as measures we have implemented to ensure compliance with finance law.

The Appendixes section comprises: a list of abbreviations, a glossary, references, related publications and a compliance index showing where to find information required by law to be published in this corporate plan.

Contact information is available on the final page, including information about how to provide feedback on this plan.

# 1 About the AIHW

The AIHW is a national asset, providing high-quality, independent evidence on health and welfare in Australia for over thirty years. Our reports and other information products, enhance the delivery of health and welfare for Australians by enabling other organisations to improve their policies and services and achieve their goals by making better use of evidence.

## Our strategic directions

This Plan is guided by the AIHW *strategic directions 2017–2021*, which set out the organisation’s vision, purpose and values and identify a set of strategic goals as outlined below.

## Our vision

Stronger evidence, better decisions, improved health and welfare.

## Our purpose

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

## Our strategic goals

In pursuing our vision over the next four years we will continue to apply and strengthen our capabilities to be:

### Leaders in health and welfare data

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

### Drivers of data improvements

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

### Expert sources of value-added analysis

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

### Champions for open and accessible data and information

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



## Trusted strategic partners

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

More information about our capabilities is available at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## Our values

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

### Impartial

We are apolitical and provide the Government with advice that is frank, honest, timely and based on the best available evidence.

### Committed to Service

We are professional, objective, innovative and efficient, and work collaboratively to achieve the best results for the Australian community and the Government.

### Accountable

We are open and accountable to the Australian community under the law and within the framework of Ministerial responsibility.

### Respectful

We respect all people, including their rights and their heritage.

### Ethical

We demonstrate leadership, are trustworthy, and act with integrity, in all that we do.

## Our legislation and governance

### Enabling legislation

Our enabling legislation, the *Australian Institute of Health and Welfare Act 1987* (AIHW Act)—available at <[www.comlaw.gov.au/Details/C2014C00481](http://www.comlaw.gov.au/Details/C2014C00481)>—specifies our functions and operations.

### Governance

We are a corporate Commonwealth entity in the Health portfolio, operating under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). The Institute's accountable authority under the PGPA Act is the AIHW Board.

The board is subject to the general oversight of the Minister for Health, but cannot be directed by the Minister unless he/she undertakes a consultative process with the states and territories, as set out in the AIHW Act.

We meet the requirements of the PGPA Act, including the section 36 requirement to prepare budget estimates. The 2018–19 Portfolio Budget Statements (PBS) for the Health portfolio describe the main activities the AIHW will undertake in 2018–19 to perform its functions, grouped under one outcome and one program (see ‘Section 5 Our planned performance’).

## Our functions and role

The detailed functions of the AIHW are prescribed in section 5 of the AIHW Act. In summary, the Institute has responsibility to:

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

## Our stakeholders

Our stakeholders are important to us as groups to which we are accountable, who fund us, and to whom we target our products. They include:

- the Australian Parliament and people of Australia
- the Australian Government and its departments and agencies
- state and territory governments and their departments with responsibilities for health, community services, housing assistance, education and justice
- health and welfare service providers, professionals and non-government organisations
- consumers of health, welfare and housing assistance services
- the research community.

The AIHW collaborates closely and has effective partnerships with many individual government entities, universities, research centres, non-government organisations and individual experts throughout the country.

## International partnerships

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

## Our data holdings

Our health and welfare data holdings are substantial, including more than 150 data sets. These essential statistical assets cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality. The AIHW also operates as the access point for the sharing of Medicare Benefits Scheme (MBS), Pharmaceutical Benefits Scheme (PBS) and Centrelink data sets.

## Managing privacy and confidentiality

As an organisation that collects and holds information about people, we take very seriously our statutory obligations in acquiring, handling and releasing data. Data governance arrangements at the AIHW help us to achieve our mission while ensuring our compliance with relevant legal, regulatory and governance obligations.

The AIHW Act enables the release of information for public benefit while protecting the identity of individuals and organisations and ensuring that data providers can be confident that the AIHW will adhere to data supply terms and conditions.

Specifically, section 6 of the AIHW Act provides the AIHW with the power to release data to researchers and to publish the results of its work. This power is subject to section 29 of the AIHW Act, which prohibits the release of information ‘concerning a person’ held by the AIHW unless one of three specific exceptions applies. These are:

- express written permission to release the information to a specific party has been given by the relevant data provider(s)
- release has been approved by the AIHW Ethics Committee, and such release is consistent with the terms set by the data provider when supplying data to the Institute
- release is in the form of products containing de-identified statistics, information and conclusions.

*The Privacy Act 1988* (Privacy Act) creates obligations on Commonwealth agencies and private sector organisations in relation to collecting, using or disclosing personal information about living individuals. The confidentiality requirements in section 29 protect a broader range of information than the Privacy Act, such as information about deceased persons and organisations.

Under the *Freedom of Information Act 1982* (FoI Act), documents held by agencies—including information in databases—are subject to access by members of the public unless a legislative exception applies. Section 32 of the FoI Act exempts data protected by the confidentiality provisions of section 29 of the AIHW Act from release under the FoI Act.

## **AIHW Ethics Committee**

The AIHW Act requires the board to appoint an AIHW Ethics Committee.

Its functions and membership are prescribed in the Australian Institute of Health and Welfare (Ethics Committee) Regulations 2018.

The main functions of the committee are to consider ethical matters relating to the AIHW and AIHW-assisted activities and to advise any body or person on ethical matters relating to the collection and production of health- and welfare-related information and statistics. It may impose any conditions it thinks appropriate in performing its functions.

The Committee considers applications:

- by external researchers to access data we hold for health and welfare research projects
- by our units and collaborating centres when they start a new data collection or change the scope of a data collection
- when we carry out data linkage in our role as an accredited integration authority.

Significantly, the committee may authorise:

- the release of personal information for medical research that would otherwise be a breach of an Australian Privacy Principle in the Privacy Act
- the release of health- or welfare-related information as permitted by section 29 of the AIHW Act.

Further information about the AIHW Ethics Committee and its processes is available at [www.aihw.gov.au/ethics/](http://www.aihw.gov.au/ethics/).

## 2 Our environment

The environment in which we have operated for the last 30 years continues to evolve. We are focused on scanning this environment and responding with agility and adaptability.

### Understanding emerging data trends and issues

The modern digital, information and communication environment is complex, with rapid developments in capacity to capture and analyse large volumes of data, often in real time. Particularly over the last five years, there have been growing expectations that this information will be made more accessible for research and community use and brought together in meaningful ways to meet multiple information needs. The AIHW must remain at the forefront of external developments such as public sector open data, big data, smart data and digital health initiatives.

The Productivity Commission's report on Data Availability and Use, which was released in May 2017, highlights the extraordinary growth in data generation and usability. Among its key findings was a focus on the huge value to be gained from data and the overwhelming need to make it more readily available. The report also highlights the importance of improving trust in data access processes and protections.

The AIHW was actively involved in assisting the Government with its policy response to this report (released on 1 May 2018) which includes a commitment to invest \$65 million over the next four years to reform the Australian data system. As a trusted long-term player in developing and using people-centred data, the AIHW is well placed to ride this wave of support for better access to and use of data.

### Responding to changing demands for information

There is growing demand for information that is easily accessible, available in real time or very up-to-date and integrated at national, state and territory, and local levels. There is growing interest in data being presented in more flexible, user friendly and interactive formats. In addition there is demand for data at useful, finer geographical levels to support service planning and delivery information requirements, particularly to allow services to be planned using local data about need for services, services received and service outcomes.

There is also interest in the generation of increasingly superior and integrated information, obtainable through data linkage and other data analytics techniques, that improve our understanding of, for example, client or patient journeys and population outcomes.

Recent approval for the establishment of the National Integrated Health Services Information (NIHSI) Analysis Asset (AA) is an example of how the AIHW is responding to the changing demands for information by our stakeholders. The NIHSI AA (linking admitted patient care services, emergency department services and outpatient services in public hospitals for all participating states and territories, along with MBS, PBS and Repatriation PBS, Residential Aged Care and National Death Index data) will allow the AIHW and other analysts to report more than ever before on patient journeys through the health and aged care sectors.

The AIHW has been appointed as the custodian of My Health Record system data for secondary purposes. We will be responsible for managing and releasing data sets for research and public health purposes as approved by the My Health Record Secondary Use of Data Governance Board. We are currently working with the Department of Health and the Australian Digital Health Agency on the implementation of the Framework to guide the secondary use of My Health Record system data that was released by the Minister for Health on 11 May 2018.

## **Maintaining the trust of data providers**

Much of the data we hold is given to us voluntarily by organisations that collected it for another purpose—generally an administrative purpose related to providing (often government-funded) services to Australians. Under our enabling legislation and comprehensive data management policies, we offer data providers safe and secure data custodianship services and assurance that data may only be released in compliance with their wishes and strict privacy requirements. Maintaining and building trust with our existing and new data providers to strengthen the knowledge base are critical to our future.

## **Protecting information through strong privacy and data security arrangements**

The AIHW is operating in an environment of increasing community and data provider expectations about the protection of personal information and other data, from both privacy and confidentiality perspectives. This is due in large part to a steady increase in the amount and sensitivity of data on individuals held by government agencies and private organisations. It is based also on concerns about the adequacy of safeguards in circumstances where information is typically held in electronic form, including cloud-based storage.

## **Institutional change and review**

In 2015–16 the Australian Government engaged the Nous Group to undertake an independent review of the AIHW. The report made 35 recommendations covering the AIHW's role, products and services, funding model, external alliances, processes, workforce, information management and governance.

In response to the Nous recommendations on board governance, the Government introduced amendments to the AIHW Act in the Spring 2018 session of Parliament through the Australian Institute of Health and Welfare Amendment Bill 2018. If passed, the representative-based structure of the AIHW board will be replaced with membership consisting of a collective mix of skills from a range of different fields. Parliamentary debate on the Bill is expected to resume in August 2018.

In 2016–17 the Australian Government abolished the National Health Performance Authority (NHPA) and transferred most of its functions, staff and resources to the AIHW. The AIHW has continued NHPA's work on developing and reporting performance indicators in the Performance and Accountability Framework (PAF). Following an independent review of the PAF and the National Health Performance Framework (NHPF), which the AIHW has used since 2001 to report health indicators in Australia's Health, AHMAC has approved the integration of the two existing frameworks into one overarching Australian Health Performance Framework (AHPF).

In 2017, the AIHW undertook a wide-ranging communications review, focusing on three key areas: internal communications, stakeholder management, and external communications. The resulting new communications strategy supports the Strategic Directions, articulates priorities and outlines a proactive approach to disseminate and showcase the Institute's work.

In 2017, a thorough review of the AIHW's IT operations was conducted, resulting in the development of a new ICT Strategic Plan for 2017–2020. With a new ICT structure, the plan incorporates work in areas such as disaster recovery, security, ICT infrastructure improvements and systems replacement. Further information on the ICT strategy is provided in chapter 4 'Enhancing our capability—Information and communication technology capability'.

## Funding

In the 2018 Federal Budget the AIHW's appropriation funding was increased by about 25% to an ongoing total of \$33 million a year. This increase will fund investment in IT hardware, software and processes that will improve data security and make more data securely available to researchers. It will also fund new data development and analysis in several subject areas including primary health. From 2018–19 the AIHW's total budget including own source income will be about \$69 million a year.

For many years a substantial part of our revenue has come from sources other than our appropriation—mainly for specific project work we undertake for Australian Government and state and territory government agencies. About 60% of own-source revenue will come from the Department of Health, about 20% from states and territories and most of the balance from other Australian Government agencies. We have a strong focus on maintaining ongoing project work with existing funders and, where possible, developing new projects of interest to new funders. This large contribution from external funding means we must provide value for money in all the work we do and maintain and enhance relationships with our clients.

## 3 Priority action areas

The following 10 priority action areas are critical to achieving the strategic goals set out in chapter 1 and responding to changes in our environment. We will work closely with stakeholders in each of these areas to achieve our goals.

### 1 Data governance

The AIHW will build upon its existing robust *Data governance framework* <[www.aihw.gov.au/data-governance-framework/](http://www.aihw.gov.au/data-governance-framework/)> and data capabilities to retain the trust of our many data providers, data recipients and other stakeholders. This will include: increasing public transparency about the nature and extent of our data holdings, reviewing internal data related policies and guidelines, and identifying opportunities to address potential gaps created by the changing data landscape. From 1 July 2018 we are creating a new Group in our organisation structure that will provide a strong focus on data governance, ethics and privacy.

### 2 Data management infrastructure

We will work to ensure our data management infrastructure provides reliable metadata (data specifications) and supports high quality and timely provision and validation of data. We will continue to implement our new ICT strategy and ensure our ICT infrastructure supports robust analysis by both the AIHW and external users. This will include a focus on replacement of METeOR, the AIHW's on-line repository for metadata, and a review of our validation tools and approaches, including the AIHW's data validation tool, Validata that enables more rapid and accurate lodgement of data by external data providers. We are also investing in ICT infrastructure as part of our commitment to the Data Integration Partnership for Australia (DIPA) and to create secure access environments for researchers.

### 3 Data analysis capability

The AIHW will work to meet, and support others in meeting, the growing demand for sophisticated synthesis, analysis and visualisation of both structured and unstructured data, particularly in areas that can help policymakers to make future health and welfare investment decisions. This could include scenario modelling, projections, longitudinal and survival analysis, small area estimates, triangulation and predictive modelling. Further progress will also be made with work to expand the AIHW's range of products and services involving geospatial analysis. Work to enhance our data analysis will include assessing and developing staff capability, internal and external scoping of various opportunities, and targeted projects in priority areas.

### 4 Data gaps

The health and welfare information landscape is not complete. There are critical data gaps that inhibit the AIHW in achieving our strategic goals and realising our vision. These gaps also inhibit others in achieving their aims. To help bridge these gaps we will enhance the AIHW data holdings by filling strategically important gaps in health and welfare data in consultation with stakeholders and data providers. We will particularly focus on primary health care, housing and homelessness, ambulance data, Centrelink data and NIHSI.



## 5 Data accessibility

The AIHW is committed to providing better access to data. We will assist that goal by improving the data accessibility infrastructure for broader research access. In partnership with the Department of Health, we will deliver a Secure Remote Access Environment to provide greater flexibility and options for researchers to access linked AIHW data in a secure and efficient way. We will continue work with data custodians to further develop processes to curate data for better researcher access and support. The data analytics hubs being provided through the Data Integration Partnership for Australia work (which the AIHW is a part of) will further support better data access across government.

## 6 Timeliness

We will improve the currency of information and data released by the AIHW by reducing the lag between the reference period of information and the date we release it. There are two main areas of focus in this effort. One is to improve our internal processes to shorten the time between when we receive, collect or collate information and when we release it. The other is to work with external data providers on shortening supply and data clearance timeframes.

## 7 Our processes

We will improve our processes across the Institute to ensure that they are fit for purpose, relevant and efficient. This will ensure that we further improve our project management, management of the release of publications, reduce red tape wherever possible and encourage consistency of practice.

## 8 Communication and stakeholder engagement

We will continue to engage closely with stakeholders in the identification, development and supply of information and evidence that meets their needs. In particular, we will continue to implement our new communications strategy, incorporating the findings from our stakeholder survey and closely aligning it with our Strategic Directions. Key aspects of this include enhanced engagement with stakeholders to get the message out about our capability.

## 9 Presentation of work

We will respond to the changing needs of information users by continuing to enhance the presentation of our work. We will further modernise our product suite, including through the progressive application of our AGILE (Attract, Grab, Inform, Learn, Explore) framework. We will continue to improve the recently relaunched AIHW website, and redevelop our MyHealthyCommunities website. We will develop new formats for our flagship legislated reports, *Australia's Health* and *Australia's Welfare* starting with *Australia's Welfare 2019*.

## 10 Our people and structures

We will develop and implement workforce strategies that ensure we have the skills and capabilities we need to achieve our strategic goals and improve the way we do business. We will have an organisation structure that facilitates the efficient production of work across established and growing subject areas. We will engage, consult and communicate with our people about changes that affect them. Further detail on workforce planning is contained in section 4 of this Corporate Plan.

Each of these priority areas will contain various projects and activities that together form the AIHW's action plan for the coming period. They will ensure the organisation delivers on its strategic goals.

## 4 Enhancing our capability

The key inputs to the AIHW's success are our highly skilled workforce, information and communication capability and approach to capital investment. Our strategies in relation to each of these inputs are outlined in this section.

### Workforce

The AIHW aims to cultivate and value a skilled, engaged and versatile workforce by:

- supporting and developing the capabilities of our staff to meet our work requirements
- attracting and retaining skilled, adaptable and responsive people
- promoting a culture where people work within and across teams to maximise expertise and produce results that benefit the Institute as a whole
- refining our organisational approaches to reflect the requirements of a dynamic, mid-sized organisation capable of responding quickly and flexibly to meet emerging requirements.

As a result of the government commitment to keeping the size of the General Government Sector at or below 2006–2007 levels, the Department of Health has capped our average staffing level (ASL) at 321 full-time equivalent staff in 2018–19, following an increase of 15 FTE in the 2017–18 cap. We will continue to increase staff productivity by adopting a consistent operating model across the Institute and implementing automated processes for some of our administrative tasks. In order to meet increasing demand for our services and grow our capability we will engage more contract staff through private firms and consider contracting out more of our work.

The AIHW values diversity and offers flexible working conditions to give high-quality professional staff the opportunity to balance their work and other commitments. Over one quarter of staff work on a part-time basis and nearly 70% of AIHW staff are women. The AIHW has a Workplace Diversity Program, a Reconciliation Action Plan and senior executive champions for inclusion of Indigenous people and people with a disability. Sixty five per cent (65%) of staff have over 4 years of service with the AIHW, enhancing the breadth and depth of our expertise. In order to maintain flexibility in total workforce numbers so that we can meet changes in our externally funded work, 22% of our active staff (including contractors) are employed on a non-ongoing basis. These features of our workforce are expected to remain similar into the future.

In recent years we have recruited many highly qualified and capable graduates at APS 4 level. These APS 4 staff, along with higher level staff, are able to compete on merit to take up any internal promotion opportunities over the next few years. In addition to continuing to recruit highly qualified and capable graduates, we expect to recruit small numbers of suitably qualified staff externally to the extent that the ASL cap allows throughout 2018–19.

Information captured through staff commencement data shows that as at 30 April 2018, 36% of AIHW staff report having a bachelor's degree and a further 50% of staff report having a post-graduate qualification as their highest educational qualification. These figures underlie that our highly competent staff have skills and knowledge in:

- information needs for health and welfare policy, planning and service delivery
- statistical methodologies and analysis, including data linkage, validation, modelling and micro-simulation
- epidemiology, demography, psychology and sociology
- data and metadata development and management
- communications, specialising in health and welfare information and online reporting
- health and welfare policy and service delivery.

The AIHW Director reports to the AIHW Board on workforce statistics and strategies every 6 months. The workforce priorities for the next 4 years include:

- growing our capability to achieve our strategic directions while managing staff numbers within the ASL cap. We will closely monitor numbers of active ongoing and non-ongoing staff and proactively engage contract staff to ensure that we stay within our ASL cap, as well as contracting out more work and continuing to pursue internship opportunities with universities
- maintaining a focus on building our in-house capability by ensuring our people have the appropriate balance of core, technical and leadership skills to undertake their roles, using a blended learning approach including developing bespoke face-to-face programs like our Executive Leadership program, and e-learning opportunities through the new Learning Management System
- supporting the AIHW Executive and relevant staff to achieve the strategic directions and better position the AIHW in a changing external environment
- negotiating a new Enterprise Agreement commencing mid-2019, and reviewing HR policies where required in consultation with the AIHW's Consultative Committee
- ensuring efficient and timely filling of positions through streamlined internal processes and a recently launched e-recruitment system
- maintaining a focus on building a high performing organisation by managing individual performance in a timely and effective manner and supporting staff to ensure they are contributing at an optimal level
- achieving White Ribbon Workplace accreditation status by training managers and supervisors in preventing, recognising and responding to violence, raising all staff awareness about the impact of domestic and family violence and strengthening gender equality and a culture of respect.

## Information and communication technology capability

Our key challenge in this context is to provide an information and communication technology (ICT) capability that supports high quality, effective, secure and timely data collection, analysis, sharing and reporting. We have recently completed a thorough review of our IT operations and have published an ICT Strategic Plan for 2017–2020. The strategy provides us with a road map over a three-year period.

In developing the plan, we focused heavily on:

- responding to strategic business needs and opportunities confronting the Institute
- improving service delivery and operational integration between business and ICT
- mitigating business risks associated with ICT capabilities that require improvement or need replacing.

We will respond by:

- carrying out a major refresh of the ICT infrastructure which, in turn, enables innovation in the collection, curation and linkage of health and welfare data
- further improving our security processes and mechanisms, ensuring that all data is held securely in accordance with the Protective Security Policy Framework and the Information Security Manual
- striving for continuous improvement and efficiency through the automation of business and other processes, consistency of business practices where appropriate and adoption of suitable technologies
- supporting secure and auditable data governance processes (see 'Privacy and confidentiality' in Section 1), in particular by ensuring that access to data is independently managed at the network, data server and database levels
- enhancing our capability to support high powered and complex analysis to unlock valuable information from small to big data
- improving the resilience, availability and transparency of our ICT services
- supporting a more varied and targeted set of products and services
- developing websites that further support the Institute's data and provide rich content to our users. This will draw on industry best practice, support the AIHW's branding and product strategy, and embody efficient update and data/content management processes
- ensuring staff continue to maintain and enhance skills to maximise the benefits of current and emerging technologies and disciplines
- aligning with the Digital Transformation Agency's 'Digital Service Standard' to build government services that are simple, clear and fast
- focusing on the integration and architecture of the systems, to produce integrated streamlined products.

Significant activities that support whole-of-government initiatives include:

- exploring the use of secure, 'government' cloud computing consistent with government policy
- where possible under our confidentiality regime, supporting whole-of-government open data initiatives by contributing data and metadata to open data repositories such as <data.gov.au/>
- working with other agencies on achieving the objectives of the Data Integration Partnership Australia
- working with security agencies such as the Australian Cyber Security Centre to maintain awareness and capability to mitigate identified threats.

## Capital investment strategy

The AIHW made a substantial investment in leasehold improvements and ICT equipment prior to its move into a new building in Canberra on a 15-year lease at the end of June 2014.

The AIHW has budgeted to invest about \$572,000 per year over 2017–18 to 2020–21 in the purchase of property, plant and equipment. Of that, each year about \$100,000 will relate to the building, and about \$472,000 will relate to ongoing ICT hardware and off-the-shelf software. The AIHW expects to lease additional office space in Canberra in 2018–19. The fit-out is expected to cost about \$850,000. This will be partly funded by a landlord incentive with the balance coming from AIHW cash reserves.

In addition to this, the AIHW will receive a capital injection of \$3.9 million to invest in IT infrastructure over the next four years as part of the 2018 Federal Budget measure referred to in section 2.

## 5 Our planned performance

Our approach to measuring our performance is based on our legislative obligations and the information provided in the Department of Health's 2018–19 Portfolio Budget Statements (PBS).

### Reports required by legislation

#### Health report and welfare report

The AIHW is required by the AIHW Act to submit a health report and a welfare report in 'even' and 'odd' years, respectively, to the Minister for Health, for tabling in Parliament. The reports must relate to the previous 2-year period, although longer-term trends are also presented.

To meet these requirements the AIHW publishes an *Australia's health* and an *Australia's welfare* series of biennial publications.

#### Required health and welfare reports 2018–19 to 2021–22

Present to the Minister for Health:

- *Australia's welfare 2019* by 31 December 2019
- *Australia's health 2020* by 30 June 2020
- *Australia's welfare 2021* by 31 December 2021
- *Australia's health 2022* by 30 June 2022

*Note:* Editions of *Australia's welfare* are usually delivered early in the second half of the calendar year.

#### Annual reports

The AIHW is required to submit an annual report for each financial year to the Minister for Health, for tabling in Parliament. The annual report will advise on the delivery of reports required by legislation as well as reporting on our achievements against our performance targets and deliverables as listed in the PBS.

#### Required annual reports deliverable 2018–19 to 2021–22

Present an AIHW Annual report to the Minister for Health by 15 October in each year.

#### Performance criteria

The following table summarises performance criteria and measures for the AIHW contained in the 2018–19 Department of Health Portfolio Budget Statements.

Delivery Objective	Activity	Performance Measure Reporting Period 2018-19	Reporting Period 2019-20	Reporting Period 2020-21	Reporting Period 2021-22	
Leaders in health and welfare data	Release of products by 30 June 2019 relating to: <ul style="list-style-type: none"> <li>- Health expenditure in 2016-17</li> <li>- Admitted hospital patient care in 2017-18</li> <li>- Residential and community mental health services in 2016-17</li> <li>- Disability support services in 2017-18</li> <li>- Youth justice in 2017-18</li> <li>- Child protection in 2017-18</li> <li>- Aboriginal and Torres Strait Islander identification in key health data collections</li> <li>- Housing assistance in Australia</li> <li>- National Social Housing Survey</li> </ul>	<ul style="list-style-type: none"> <li>181 products released</li> <li>≥71% statistical products relating to annual national collections for which data are reported less than one year after the end of their data collection period</li> </ul>	<p>New editions of <i>Australia's health and Australia's welfare</i> to be presented to the Minister for Health biennially from 2019-20</p> <p>Release of products by 30 June each year relating to products to be defined</p>	<p>Release of products by 30 June each year relating to products to be defined</p>	<p>Release of products by 30 June each year relating to products to be defined</p>	
			183	183	185	
	Release a range of data and information products relevant to key policy areas	<ul style="list-style-type: none"> <li>181 products released</li> <li>≥71% statistical products relating to annual national collections for which data are reported less than one year after the end of their data collection period</li> </ul>	<ul style="list-style-type: none"> <li>≥71%</li> </ul>	<ul style="list-style-type: none"> <li>≥71%</li> </ul>	<ul style="list-style-type: none"> <li>≥71%</li> </ul>	<ul style="list-style-type: none"> <li>≥71%</li> </ul>
			<ul style="list-style-type: none"> <li>Provide data for performance indicators in the Council of Australian Governments (COAG) national agreements on healthcare and Indigenous reform by 30 June 2019</li> <li>Supply data to timetables required for the Review of Government Service Provision's Report on Government Services 2019, Volumes on health, housing and homelessness, and community services</li> </ul>	<ul style="list-style-type: none"> <li>Supply data required for nationally-agreed performance indicators annually, as determined collectively by governments</li> </ul>	<ul style="list-style-type: none"> <li>Supply data required for nationally-agreed performance indicators annually, as determined collectively by governments</li> </ul>	<ul style="list-style-type: none"> <li>Supply data required for nationally-agreed performance indicators annually, as determined collectively by governments</li> </ul>
	Assist reporting of, or report on, nationally-agreed performance indicators	<ul style="list-style-type: none"> <li>Release products relating to local level health performance indicators by 30 June 2019</li> </ul>	<ul style="list-style-type: none"> <li>Release products relating to local level health performance indicators by 30 June 2020</li> </ul>	<ul style="list-style-type: none"> <li>Release products relating to local level health performance indicators by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>Release products relating to local level health performance indicators by 30 June 2022</li> </ul>	

(continued)

Delivery Objective	Activity	Performance Measure Reporting Period 2018-19	Reporting Period 2019-20	Reporting Period 2020-21	Reporting Period 2021-22
Drivers of data improvement	Enhance data resources with the addition of new data assets to the AIHW's data holdings	Addition of new data assets by 30 June 2019	Addition of new data assets by 30 June annually	Addition of new data assets by 30 June annually	Addition of new data assets by 30 June annually
		<p>Release a replacement to Metadata Online Registry (METeOR) by 30 June 2019</p> <p>Complete the second of three work phases to improve storage, accessibility and analysis of locational data holdings, enabling better information on; for example, patterns and trends of service use</p> <p>Establishment of the National Integrated Health Services Information (NIHSI) Analysis Asset (AA)</p> <p>Release products presenting the results of linked data from three national cancer screening programs by 30 June 2019</p> <p>Demonstrate, as case studies, AIHW contributions shown externally in 2018-19 of improved reporting of population or service related health and welfare outcomes</p>	Activities for 2019-20 and beyond yet to be defined	Activities for 2019-20 and beyond yet to be defined	Activities for 2019-20 and beyond yet to be defined
Expert sources of value-added analysis	Enhance data analysis capabilities	3.6 million sessions on the AIHW website	3.9 million	4.2 million	4.5 million
		4,600 references to the AIHW and its products in the media	4,600	4,600	4,600

(continued)



Delivery Objective	Activity	Performance Measure Reporting Period 2018-19	Reporting Period 2019-20	Reporting Period 2020-21	Reporting Period 2021-22
Champions of open and accessible data and information	Modernise presentation of national health and welfare-related data and analysis	Continued improvement of the AIHW website and the provision of data, including that currently presented on the MyHealthy Communities website	Web enhancements for 2019-20 and beyond yet to be defined	Web enhancements for 2019-20 and beyond yet to be defined	Web enhancements for 2019-20 and beyond yet to be defined
	Provide access to data and information in an environment that supports stringent governance, capability, data management and privacy requirements	60 data linkage projects completed as agreed under the <i>National Collaborative Research Infrastructure Strategy 2013</i>	60	60	60
	Release a range of data and information products that include data in a manipulable format	95 statistical products released that include data in a manipulable format	100	105	110

(continued)

Delivery Objective	Activity	Performance Measure Reporting Period 2018-19	Reporting Period 2019-20	Reporting Period 2020-21	Reporting Period 2021-22
Trusted strategic partners	Work with partners to drive data improvement	Improve data in at least one subject area where there is a demonstrable data gap; for example, primary health care or disability	Improve data in at least one subject area where there is a demonstrable data gap; for example, primary health care or disability	Improve data in at least one subject area where there is a demonstrable data gap; for example, primary health care or disability	Improve data in at least one subject area where there is a demonstrable data gap; for example, primary health care or disability
		Participate in and administer new health committees, as determined by AHMAC	Participate in and administer new health committees, as determined by AHMAC	Participate in and administer new health committees, as determined by AHMAC	Participate in and administer new health committees, as determined by AHMAC
		Work with the ABS toward the Coordination of Health Care Study to continue with the release of a range of products including Hospital and Emergency Services data by 30 June 2019	Work with the ABS to continue on the Coordination of Health Care Study with the release of a range of products yet to be defined	Work with the ABS to continue on the Coordination of Health Care Study with the release of a range of products yet to be defined	Work with the ABS to continue on the Coordination of Health Care Study with the release of a range of products yet to be defined
		Release of products by 30 June 2019 relating to under-identification of Indigenous people in key data sets	Activities for 2020-21 and beyond yet to be defined	Activities for 2020-21 and beyond yet to be defined	Activities for 2019-20 yet to be defined

(continued)

## 6 Our risk oversight and management systems

Section 16 of the PGPA Act provides that the AIHW Board must establish and maintain appropriate systems of risk oversight, management and internal control for the AIHW.

We regularly review and align our risk management framework and systems with the Commonwealth Risk Management Policy <[www.finance.gov.au/comcover/risk-management/](http://www.finance.gov.au/comcover/risk-management/)> as a matter of good practice.

### Oversight of business risk

The AIHW Board and its Audit and Finance Committee review our business risks and update our Organisational Risk Assessment every 6 months. Each assessment sets out high-level risks for the AIHW and actions needed to mitigate them.

The AIHW Board is in the process of reviewing its responsibilities for risk management and identifying the key strategic risks facing the AIHW.

Broadly, risks facing the AIHW relate to:

- the AIHW's position as a major national agency providing information and statistics on health and welfare matters, including:
  - clarity about the AIHW's purpose
  - our reputation for accurate, independent and timely reporting
  - relationships with funders, data providers and other stakeholders
  - data governance and compliance with privacy legislation
- the AIHW's ability to attract and retain highly skilled staff
- the AIHW's commercial operations, including:
  - financial matters such as external funding, cash flow, cost management and appropriate internal controls
  - up-to-date and effective technology
  - the effectiveness of organisational operations and planning.

## Management of business risk

### Fraud control

The *AIHW Fraud Control Plan 2017–19* provides for a proactive approach to minimising the potential for instances of fraud within the AIHW. It contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes to meet our specific needs and comply with the *Commonwealth Fraud Control Framework* (Australian Government) 2014; see [www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx](http://www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx), which relates to:

- section 10 of the Public Governance, Performance and Accountability Rule 2014
- the Commonwealth Fraud Control Policy
- the Attorney-General's Department's Resource Management Guide No. 201 Preventing, detecting and dealing with fraud.

Our internal auditors have provided compulsory fraud awareness training for all staff.

### Internal audit

We contract out our internal audit function. Each year the internal auditors—currently Protiviti—undertake a program of compliance and performance audits examining controls over financial procedures, ICT systems and data collections.

# Appendixes

## Abbreviations and acronyms

AHMAC	Australian Health Ministers' Advisory Council
AHPF	Australian Health Performance Framework
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i> (Commonwealth)
APS	Australian Public Service
ASL	Average Staffing Level
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
FoI Act	<i>Freedom of Information Act 1982</i> (Commonwealth)
Health	Australian Government Department of Health
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
METeOR	AIHW's Metadata Online Registry
NHPF	National Health Performance Framework
NIHSI AA	National Integrated Health Services Information Analysis Asset
OECD	Organisation for Economic Co-operation and Development
PAF	Performance and Accountability Framework (for the health system)
PBS	Portfolio Budget Statements
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i> (Commonwealth)
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
Privacy Act	<i>Privacy Act 1988</i> (Commonwealth)
SHOR	Specialist Homelessness Online Reporting
WHO	World Health Organization

## Glossary

**appropriation:** As specified in the Australian Government's Portfolio Budget Statements, the amount of public moneys authorised by the Parliament of Australia for expenditure. An appropriation authorises the Australian Government to withdraw moneys and restricts the expenditure to the particular purpose specified.

**COAG:** The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association (see <[www.coag.gov.au](http://www.coag.gov.au)> for more information).

**data governance:** The system of decision rights and accountabilities surrounding data and the use of data. It can involve legislation, organisational structures, legal contracts, and various agreements, policies and guidelines.

**data linkage:** The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and, in certain cases, can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.

**indicator:** A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.

**metadata:** Information that describes data in relation to its structure, organisation and content.

**METeOR:** METeOR is Australia's repository for national metadata standards for early childhood education, health, community services and housing assistance sectors. It operates as a metadata registry—a system or application where metadata is stored, managed and disseminated—based on the international standard ISO/IEC 11179. METeOR was developed by the AIHW and provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions, and tools for creating new definitions based on existing already-endorsed components. Through METeOR, users can find, view and download data standards, and develop new ones.

**outcome (health):** A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.

**outcomes (of the AIHW):** As specified in the Australian Government's Portfolio Budget Statements, outcomes are the results of events, actions or circumstances, in particular, the impact of the government on the Australian community. Planned outcomes represent the changes desired by government.

**performance indicators (of the AIHW):** As specified in the Australian Government's Portfolio Budget Statements, these are indicators that are used to measure agency efficiency and effectiveness in achieving the Australian Government's outcomes. They encompass deliverables and key performance indicators.

**performance indicators (of the health system):** Measures that relate to the health system as a whole or to parts of it, such as hospitals, health centres and so forth. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care and safety.

**Portfolio Budget Statements:** Statements prepared by Australian Government portfolios to explain budget appropriations in terms of outcomes and programs. The AIHW contributes to the statements of the Health portfolio, usually published in May each year.

**programs (of the AIHW):** As specified in the Australian Government's Portfolio Budget Statements, programs deliver benefits, services or transfer payments to individuals, industry/business or the community as a whole, and are primary vehicles for government agencies to achieve the intended results of their outcome statements.

**public resources:** As per the PGPA Act definition, public resources are relevant money, relevant property, or appropriations.

**relevant money:** Based on the PGPA Act definition, relevant money is money standing to the credit of any AIHW bank account or money held by the AIHW.

## References

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## Compliance index

Subsection 35(1) of the PGPA Act requires the AIHW Board to prepare this 2018–19 to 2021–22 corporate plan and deliver it to the Health and Finance Ministers at a time and in a form prescribed in the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

This index shows compliance with information requirements contained in the PGPA Act and PGPA Rule. The index is ordered by paragraph in the PGPA Act or PGPA Rule.

<b>PGPA Act corporate plan requirements</b>	<b>Paragraph of the PGPA Act</b>	<b>Date or page in this plan</b>
Approval by the accountable authority	35(1)(a)	21 June 2018 (TBC)
Presentation to the Health Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	23 July 2018
Presentation to the Finance Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	23 July 2018
Inclusion of activities contributing to Australian Government key priorities and objectives as published under section 34 of the PGPA Act	35(3)	Not applicable
Inclusion of information relating to subsidiaries	35(5)	Not applicable
<b>PGPA Rule corporate plan requirements</b>	<b>Paragraph of the PGPA Rule</b>	<b>Page in this plan</b>
Inclusion of an introduction (that is, a statement of preparation), with matters as required	16E(2)	vi
Inclusion of the purposes of the AIHW	16E(2)	2
Inclusion of the environment in which the AIHW will operate for 2018–19 to 2021–22	16E(2)	7–9
Inclusion of performance information, with matters as required	16E(2)	17–20
Inclusion of the key strategies and plans that the AIHW will implement in 2018–19 to 2021–22 to achieve its purposes	16E(2)	10–15
Inclusion of a summary of the risk oversight and management systems of the AIHW for 2018–19 to 2021–22 (including any measures that will be implemented to ensure compliance with the finance law)	16E(2)	22–22
Publication on the AIHW's website by 31 August 2018	16E(3)	— <sup>(a)</sup>

(a) At the time of this corporate plan's preparation, achieving compliance with this requirement is expected.

Paragraph 35(4) of the PGPA Rule permits the board to exclude from publication in the corporate plan some types of information, such as confidential or commercially sensitive information. This has not occurred for this corporate plan.

Paragraph 35(6) of the PGPA Rule requires that any significant variation to the corporate plan occurring during the reporting period should be published as soon as practicable.

## Contact information

### Addresses

Canberra: 1 Thynne Street, Bruce, ACT 2617 (main)  
Sydney: Level 9, 1 Oxford St, Darlinghurst, NSW 2010  
Postal: GPO Box 570, Canberra, ACT 2601

**Web address:** <[www.aihw.gov.au](http://www.aihw.gov.au)>

**Telephone:** +61 2 6244 1000

## Contact for enquiries, comments and services

The AIHW welcomes your comments on this Corporate plan, including your feedback on our planned performance. This will help us better understand the information needs and interests of our stakeholders so that we can continue to improve our reporting. Direct your enquiries or comments to:

Strategic Communications and Stakeholder Engagement Unit

Email: [info@aihw.gov.au](mailto:info@aihw.gov.au)

Telephone: +61 2 6244 1000

Facsimile: +61 2 6244 1299

### Contact for products and services

For further information on how we can provide products and services for your organisation, please phone or email the Institute as above.

If you are looking for statistics that are not available in our products, we also offer a data request service. Customised tables can be provided, subject to data quality and confidentiality requirements, from a range of AIHW-held databases. Please note that a fee may apply for this service.





## This publication

### Availability and accessibility

This publication is available electronically in PDF format on the AIHW's website.

Please contact us if you need an alternative format for accessibility reasons. You can make this request using the AIHW contact web page <[www.aihw.gov.au/contact/](http://www.aihw.gov.au/contact/)> or by telephoning or emailing us using the contact details above.



 +61 2 6244 1000 [info@aihw.gov.au](mailto:info@aihw.gov.au) @aihw [www.aihw.gov.au](http://www.aihw.gov.au) GPO Box 570  
Canberra ACT 2601  
Australia 1 Thynne Street  
Bruce ACT 2617  
Australia

This Australian Institute of Health and Welfare Corporate Plan 2018–19 to 2021–22 highlights the achievements planned to occur during the 2018–19 year that will help to provide Australians with quality, nationally-consistent health and welfare information. It describes our purposes, practices and capabilities and sets out the ways that Australians can assess our performance.

**AIHW**

Stronger evidence,  
better decisions,  
improved health and welfare

