



**Australian Government**

**Australian Institute of  
Health and Welfare**

Australian Institute of  
Health and Welfare

# Corporate plan

## 2019–20 to 2022–23

**AIHW**



Australian Institute of  
Health and Welfare

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## 2019–20 to 2022–23

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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# Foreword

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 2019–20 to 2022–23*, as required under section 35(1) of the *Public Governance, Performance and Accountability Act 2013*. The plan is prepared for 2019–20 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*.

This is the AIHW's fourth Corporate Plan.

For over 32 years the AIHW has operated as an independent statutory agency providing information and statistics to promote better health and wellbeing for all Australians.







**Mrs Louise Markus**  
Board Chair  
27 June 2019



# 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 4 reporting periods from 2019–20 to 2022–23.

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* (PGPA Act).

-  **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 purpose, 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 Appendix includes: a list of abbreviations and acronyms, references, a compliance index and contact details.

# 1 About the AIHW

The AIHW is committed to providing high quality, meaningful and timely national health and welfare-related data and analysis across all relevant sectors. Accurate statistical information, comprehensive data development and high quality analysis is critical to good policymaking and effective service delivery, leading to better health and welfare outcomes for all Australians.

The independence of the AIHW is central to maintaining the ready acceptance of the accuracy and relevance of the evidence base developed by the AIHW.

## Our strategic directions

This Plan is guided by the *AIHW Strategic directions 2017–21*, which set out our vision, purpose and values and identify our strategic goals.

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

### 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.



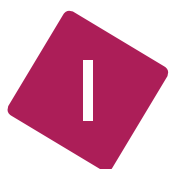
### Trusted strategic partners

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 <https://www.legislation.gov.au/Details/C2018C00474>—specifies our functions and operations.

## Governance

We are a corporate Commonwealth entity in the Health portfolio, operating under the PGPA Act. The AIHW's accountable authority under the PGPA Act is the AIHW Board.

The AIHW Board is subject to the general oversight of the Minister for Health, but cannot be directed by the Minister unless he/she consults with each relevant state and territory minister, as set out in the AIHW Act.

We meet the requirements of the PGPA Act, including the requirement under section 36 to prepare budget estimates. The *Portfolio Budget Statements 2019–20* for the Health Portfolio describe the main activities the AIHW will undertake in 2019–20 to perform its functions, grouped under one outcome and one program (see chapter 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 AIHW 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 confidentiality provisions.

## 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.

## Our data holdings

Our health and welfare data holdings are substantial, including more than 150 datasets. 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) and Pharmaceutical Benefits Scheme (PBS) for data linkage projects, and the provision of access to Centrelink datasets.

## Managing privacy and confidentiality

AIHW is a professional data management organisation of long standing. Our statutory obligations in acquiring, handling and releasing data are taken very seriously. Data governance arrangements at the AIHW are mature, robust and continually evolving to ensure compliance with relevant legislative and regulatory obligations.

The AIHW Act enables the sharing and release of information while protecting the identity of individuals and organisations. Our processes for doing so also ensure that AIHW adheres to data supply terms and conditions.

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 of the AIHW Act protect a broader range of information than the Privacy Act, such as information about deceased persons and organisations.

In addition, the AIHW complies with the Australian Government Agencies Privacy Code, which commenced on 1 July 2018. This code sets out specific requirements and key practical steps that agencies must take as part of complying with Australian Privacy Principles and moving towards a best practice approach to privacy governance. This includes development of a Privacy Management Plan which assesses privacy maturity and compliance, and documents improvement actions on an annual basis.

Under the *Freedom of Information Act 1982*, documents held by agencies—including information in databases—are subject to access by members of the public unless a legislative exception applies.

## The Five Safes framework

Building on our best practice approach, the AIHW has decided to progressively embed the Five Safes framework into our management of the sharing and release of data. The Five Safes is a risk assessment framework for data access that pays attention to five interrelated dimensions: safe people, safe projects, safe settings, safe data and safe outputs. The Five Safes is becoming common language across the Commonwealth and with other Australian agencies and organisations.

This makes it useful for communicating with stakeholders (including data suppliers, data users and the general public) about our approach to ensuring privacy, confidentiality and data security.

Current AIHW practices in data linkage, confidentialisation, data security, data access, data sharing and release are being mapped to the Five Safes framework. Similarly, the activities of the AIHW's Ethics Committee in considering projects and data collections are reflected in the dimensions of the Five Safes framework.



## AIHW Ethics Committee

The AIHW Act requires the AIHW 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 AIHW and AIHW-assisted activities and to advise any body or person on ethical matters concerning 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 data 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 32 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. Over the last 5 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.

### Data governance

Our Data Governance Framework provides an overview of the AIHW's robust data governance arrangements including:

- a description of key concepts in data and data governance
- the legal, regulatory and governance environment in which the AIHW operates
- core data governance structures and roles
- an overview of AIHW data-related policies, procedures and guidelines
- systems and tools supporting data governance
- compliance regimes.

The framework and a short overview document, *Data governance—in-brief*, are available at <https://www.aihw.gov.au/about-our-data/data-governance>.

Our Data Governance Committee establishes an annual work plan of data governance activities, makes operational decisions, and provides advice and recommendations to the AIHW Executive Committee on data governance matters.

### 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 Deaths

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 continues to work with the Department of Health and the Australian Digital Health Agency on implementing the Framework to guide the secondary use of My Health Record system data. In particular, in anticipation of the AIHW's future role as data custodian, the AIHW is working towards assessing an extract of the My Health Record system data to ensure fit-for-purpose data are available, and to understand how the My Health Record Data Governance Board and researchers can be supported while upholding the strictest data quality and privacy standards. It is also anticipated that applications for data will be considered by the Data Governance Board later in 2020, after establishing governance and technical arrangements.

There is growing demand for data in aged care and disability related to the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

## **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.

## **Funding**

In 2019–20 the AIHW's appropriation funding for running costs will increase by about 6% to a total of \$35.4 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. In 2019–20 the AIHW's total budget including own-source income will be about \$74 million a year and is expected to remain at about that level for at least the following 3 years.

For many years a substantial part of our revenue has come from sources other than our appropriation—mainly for specific project work undertaken for the Australian Government and state and territory government agencies. About 60% of own-source revenue comes 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

Ten priority action areas are critical to achieving our strategic goals and responding to environmental changes. We will work closely with stakeholders to achieve our goals.

### 1. Data governance

We will build on our robust *Data governance framework* <https://www.aihw.gov.au/about-our-data/data-governance> and data capabilities to retain the trust of our data providers, data recipients and 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 gaps in the changing data landscape.

### 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 AIHW and external users. This will include a focus on replacement of METeOR, AIHW's online 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 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 and Centrelink data.

### 5. Data accessibility

The AIHW is committed to providing better access to data 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 release date. 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 AIHW 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 products, reduce red tape wherever possible and encourage consistency of practice.

## 8. Communication and stakeholder engagement

We will continue to engage with stakeholders to identify, develop and supply information and evidence that meets their needs and implement our stakeholder engagement strategy which includes:

- identifying and prioritising stakeholder groups
- growing our participation in relevant committees and advisory groups
- developing case studies and brochures on our capabilities, successes and data stories
- expanding our embargo relationships with identified stakeholders
- increasing our presence at conferences through presentations, exhibitions and attendance and hosting targeted data workshops with identified stakeholders
- improving access to AIHW data and products through an enhanced digital presence.

## 9. Presentation of work

We will continue to respond to the changing needs of information users by enhancing the presentation of our work using data visualisation tools and publishing interactive data. We will also continue to modernise our product suite through the progressive application of our AGILE (Attract, Grab, Inform, Learn, Explore) framework. We will continue to improve the AIHW website. We are developing new formats for our flagship 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 to ensure we have the skills and capabilities 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 provided in chapter 4, 'Enhancing our capability'.

Each of these priority areas will contain various projects and activities that together form the AIHW's priority action plan. These priorities will ensure that we deliver on our strategic goals.



## 4 Enhancing our capability

The key inputs to 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 chapter.

### 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 AIHW as a whole
- refining our 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 Government's commitment to keeping the size of the general government sector at or below 2006–2007 levels, our average staffing level (ASL) is capped at 319 full-time equivalent staff\* in 2019–20. We will continue to increase staff productivity by adopting a consistent operating model across the AIHW and enhancing automated processes for some of our administrative tasks. While noting approximately 28% of staff are contractors, to meet increasing demand for our services and grow our capability, we will continue to engage more contract staff through private firms, partner with universities for internship and scholarship opportunities 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, people with a disability and the Pride Network which supports sex, sexuality and gender diversity at the AIHW. Fifty-eight per cent of staff have over 4 years of service with the AIHW, enhancing the breadth and depth of our expertise. Twenty-nine per cent of our active staff are employed as contractors or on a non-ongoing basis.

In recent years we have recruited many highly qualified and capable graduates at Australian Public Service (APS) 4 level. These graduates, along with higher level staff, are able to compete on merit to take up internal promotion opportunities over the next few years. In addition, we will continue to recruit suitably qualified staff externally, to the extent that the ASL cap allows throughout 2019–20.

As at 30 April 2019, 76% of all AIHW staff report having a tertiary degree, of which 43% of staff report having a post-graduate degree 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 Chief Executive Officer 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 and scholarship 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 programs, learning from others through guest speaker presentations, and e-learning opportunities through our Learning Management System
- increasing the representation of Aboriginal and Torres Strait Islander Australians in the workforce through targeted internships and partnering with universities
- supporting AIHW Executive and all staff to achieve our 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 partnering with recruitment agencies
- monitoring the culture of our workforce through the APS Employee Census and internal pulse surveys
- 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
- maintaining White Ribbon Workplace accreditation status by continuing to skill 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.

\*Number of staff employed under the *Public Service Act 1999*.

## Information and communication technology (ICT)

ICT will embrace the opportunities to increase the AIHW's ability to deliver its core services to Government and the wider community by being a trusted partner and provider of ICT services. To strengthen ICT's role, from 1 July 2019, the ICT function will operate as a standalone group. ICT is currently mid cycle through its current strategic plan and is seeking to further enhance its value to the AIHW by:

- building a partnership with AIHW staff as a trusted and reliable service provider
- improving the user experience of ICT by delivering the core services and capabilities required
- ensuring that information is discoverable, usable and secure
- adapting quickly to the changing business needs
- introducing changes to its standard operating procedures.

ICT drivers for change are led by the core business outcomes of the AIHW, legislative compliance and customer needs. To achieve these outcomes, ICT goals are:

- build partnerships with customers, providers and strategic suppliers to deliver improved outcomes for consumers
- improve the user experience for AIHW staff, consumers of AIHW output and our strategic partners
- build an agile mindset within ICT to ensure a customer-focused ICT outcome where products are delivered in a secure, reliable and adaptable manner
- build a capability in ICT to deliver robust, secure and timely ICT products
- ensure that our ICT spend delivers an effective return on investment.

ICT will undertake the following activities to achieve these goals:

- improve the governance and security of ICT to ensure alignment with business goals and meeting its compliance requirements
- continue to evolve project and program management of ICT to ensure value and improve delivery of services
- continue to develop Agile software delivery methodology
- continue to improve data and enterprise architecture to ensure alignment with the business
- improve the technology available to consumers by:
  - replacing ageing infrastructure
  - migrating systems to cloud, where appropriate
  - improving remote access to provide flexibility for the workforce
  - improving communications by continued evolution of unified communications
- expand the capability and use of the AIHW electronic records management solution in line with data architecture and legislation
- improve the value of ICT by increasing the transparency and understanding of ICT costs
- increase the capability and capacity of ICT resourcing to improve outcomes for AIHW
- build relationships with our strategic partners to facilitate the sharing and use of information.

## 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 expects to lease new office space in Canberra from 2020. The fit out is expected to cost about \$2.5 million. This cost will be funded from AIHW cash reserves.

Other capital purchases, mainly for IT equipment, are expected to be around \$1 million a year and will be funded from cash flow.

## 5 Our planned performance

Our approach to measuring our performance is based on our legislative obligations and the information provided in the *Portfolio Budget Statements 2019–20* for the Health Portfolio.

### 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 2019–20 to 2022–23**

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

Under section 46 of the PGPA Act, 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 and report on achievements against our performance targets and deliverables listed in the *Portfolio Budget Statements 2019–20* for the Health Portfolio.

#### **Required annual report deliverables 2019–20 to 2022–23**

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

#### Performance criteria

The following table presents performance criteria and measures for the AIHW contained in the *Portfolio Budget Statements 2019–20* for the Health Portfolio:

## Performance criteria, measures and targets, 2019–20

Delivery objective	Activity	Performance measure reporting period 2019–20	Reporting period 2020–21	Reporting period 2021–22	Reporting period 2022–23
Leaders in health and welfare data	Release a range of data and information products relevant to key policy areas	<p>Release of the following products by 30 June 2020:</p> <ul style="list-style-type: none"> <li>residential and community mental health services in 2017–18</li> <li>health expenditure in 2017–18</li> <li>admitted hospital patient care in 2018–19</li> <li>disability support services in 2018–19</li> <li>youth justice in 2018–19</li> <li>child protection in 2018–19</li> <li>Australia's welfare 2019</li> <li>Australia's health 2020.</li> </ul>	<p>New editions of 'Australia's health' and 'Australia's welfare' to be presented to the Minister for Health every two years from 2020–21.</p> <p>Release of products by 30 June each year.</p>	<p>Release of products by 30 June each year.</p>	<p>Release of products by 30 June each year.</p>
		<p>181 products released</p> <p>≥70% statistical products relating to annual national collections for which data are reported less than one year after the end of their data collection period.</p> <p>Provide data for performance indicators in the Council of Australian Governments (COAG) national agreements on healthcare and Indigenous reform by 30 June 2020.</p> <p>Supply data to timetables required for the Review of Government Service Provision's <i>Report on Government Services 2020</i>, volumes on health, housing and homelessness, and community services.</p>	<p>183</p> <p>≥74%</p>	<p>183</p> <p>≥74%</p>	<p>185</p> <p>≥74%</p>

continued

**Performance criteria, measures and targets, 2019–20 (continued)**

Delivery objective	Activity	Performance measure reporting period 2019–20	Reporting period 2020–21	Reporting period 2021–22	Reporting period 2022–23
Drivers of data improvements	Enhance data resources with the addition of new data assets to the AIHW's data holdings	Addition of new data assets by 30 June 2020	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.
		Release products presenting the results of linked data from three national cancer screening programs by 30 June 2020. Complete the third phase of work to improve storage, accessibility and analysis of locational data in AIHW data holdings. Finalise governance arrangements for the National Health Services Information Analysis Asset and provide access to participating jurisdictions.	Activities for 2020–21 and beyond yet to be defined.	Activities for 2020–21 and beyond yet to be defined.	Activities for 2020–21 and beyond yet to be defined.
Expert sources of value-added analysis	Disseminate AIHW analysis publicly through our website and the media	3.9 million sessions on the AIHW website	4.2 million	4.5 million	4.7 million
		4,600 references to the AIHW and its products in the media	4,600	4,600	4,600
Champions for 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. Build the Indigenous Community Insights (data hub) to provide population data, health data and health service use by Indigenous Australians at different levels of geography. Release Australia's welfare 2019 and Australia's health 2020 in new digital formats to target a wider audience.	Website enhancements for 2020–21 and beyond are yet to be defined.	Website enhancements for 2020–21 and beyond are yet to be defined.	Website enhancements for 2020–21 and beyond are yet to be defined.
		60 data linkage projects completed as agreed under the <i>National Collaborative Research Infrastructure Strategy 2013</i> .	60	60	60

continued

**Performance criteria, measures and targets, 2019–20 (continued)**

Delivery objective	Activity	Performance measure reporting period 2019–20	Reporting period 2020–21	Reporting period 2021–22	Reporting period 2022–23
Trusted strategic partners	Work with partners to drive data improvement	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 Department Services data by 30 June 2020.	Work with the ABS to continue on the Coordination of Health Care Study with the release of a range of products that are yet to be defined.	Activities for 2021–22 and beyond yet to be defined.	Activities for 2021–22 and beyond yet to be defined.
		Improve data in at least one subject area where there is a demonstrable data gap.	Improve data in at least one subject area where there is a demonstrable data gap.	Activities for 2021–22 and beyond yet to be defined.	Activities for 2021–22 and beyond yet to be defined.
		Work with the Children's and Families Secretaries to finalise and commence implementation of the National Child Safety Data Improvement Plan.	Activities for 2020–21 and beyond yet to be defined.		
		Commence reporting under the Australian Health Performance Framework, including the establishment of a web-based platform to act as the national 'front door' to health system performance information.	Continue routine reporting under the Australian Health Performance Framework, including ongoing improvement and filling of data gaps.	Activities for 2021–22 and beyond yet to be defined.	
		Identify priority data gaps and develop an approach for addressing data gaps.	Activities for 2020–21 and beyond yet to be defined.		

■ Performance measures included in the *Portfolio Budget Statements 2019–20* for the Health Portfolio.

■ Additional performance measures not included in the *Portfolio Budget Statements 2019–20* for the Health Portfolio.



## 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* <https://www.finance.gov.au/comcover/risk-management/the-commonwealth-risk-management-policy/> as a matter of good practice.

### Oversight of business risk

The AIHW Board and its Risk, Audit and Finance Committee reviews our business risks and updates our Strategic Risk Profile every 6 months.

The AIHW Board has reviewed its responsibilities, accountabilities and risk appetite for strategic risk management and approved an updated *AIHW Risk Management Framework*.

In addition, the Board and senior executives have completed a robust risk assessment process to identify strategic and high-level operational risks, and developed a new comprehensive *Strategic Risk Profile*. The key 8 risks covered in the *Strategic Risk Profile* are: breach of cyber security; externally driven disruption; major project delivery failure; growing pains; preparedness of IT systems to handle very large, complex data sets; data governance and privacy; key person risk; and loss of reputation with stakeholders.

### Management of business risk

#### Fraud control

The *AIHW Fraud Control Plan 2017–19* provides 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 2017* (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 undertake a program of compliance and performance audits examining controls over financial procedures, ICT systems and data collections.



# Appendixes

## Abbreviations and acronyms

AGILE	Attract, Grab, Inform, Learn, Explore.
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987 (Commonwealth)</i>
APS	Australian Public Service
ASL	Average Staffing Level
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
DIPA	Data Integration Partnership for Australia
ICT	information and communications technology
MBS	Medicare Benefits Scheme
METeOR	AIHW's Metadata Online Registry
NIHSI AA	National Integrated Health Services Information Analysis Asset
OECD	Organisation for Economic Co-operation and Development
PBS	Pharmaceutical Benefits Scheme
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013 (Commonwealth)</i>
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
Privacy Act	<i>Privacy Act 1988 (Commonwealth)</i>
WHO	World Health Organization

## References

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## Compliance index

Subsection 35(1) of the PGPA Act requires the AIHW Board to prepare this 2019–20 to 2022–23 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.

PGPA Act corporate plan requirements	Paragraph of the PGPA Act	Date or page in this plan
Approval by the accountable authority	35(1)(a)	27 June 2019
Presentation to the Health Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	13 August 2019
Presentation to the Finance Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	13 August 2019
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
PGPA Rule corporate plan requirements	Paragraph of the PGPA Rule	Page in this plan
Inclusion of an introduction (that is, a statement of preparation), with matters as required	16E(2)	iv
Inclusion of the purpose of the AIHW	16E(2)	2
Inclusion of the environment in which the AIHW will operate for 2018–19 to 2021–22	16E(2)	7–8
Inclusion of performance information, with matters as required	16E(2)	15–17
Inclusion of the key strategies and plans that the AIHW will implement in 2019–20 to 2022–23 to achieve its purposes	16E(2)	9–13
Inclusion of a summary of the risk oversight and management systems of the AIHW for 2019–20 to 2022–23 (including any measures that will be implemented to ensure compliance with the finance law)	16E(2)	18
Publication on the AIHW's website by 31 August 2019	16E(3)	(a)

(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.

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## Contact for enquiries, comments and services

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

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## Availability and accessibility

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

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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 Australian Institute of Health and Welfare *Corporate Plan 2019–20 to 2022–23* highlights the achievements planned to occur during the 2019–20 year that will help to provide Australians with quality, nationally-consistent health and welfare information. It describes our purpose, practices and capabilities and sets out the ways that Australians can assess our performance.

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Stronger evidence,  
better decisions,  
improved health and welfare