



**Australian Government**

**Australian Institute of  
Health and Welfare**

# **Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19**





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**Australian Institute of  
Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

# **Australian Institute of Health and Welfare**

## **Corporate Plan**

**2015–16 to 2018–19**

Australian Institute of Health and Welfare  
Canberra

Cat. no. AUS 194

**The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.**

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

Board Chair  
Dr Mukesh C Haikerwal AO

Acting Director  
Ms Kerry Flanagan PSM

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# Guide to this plan

This corporate plan is the primary strategic planning document for the Australian Institute of Health and Welfare. It sets out the key strategies and activities we will pursue to achieve the organisation's purposes. It covers the 2015–16 year in greatest detail but extends out to 2018–19.

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*.

Section 1, 'About the AIHW', records our purposes and key capabilities, and gives context to the significant activities we will pursue.

Section 2, 'Our environment', describes the nature and complexities of the environment in which we operate.

Section 3, 'Our planned performance', outlines the measures, targets and approach that we will use to assess our own performance.

Section 4, 'Enhancing our capability', presents our approach to building on the major inputs required to achieve our purposes during the course of this corporate plan, namely: workforce, information and communication technology, and capital investment.

Section 5, 'Our priorities for 2015–16', outlines our key areas of focus for the coming year in the context of our strategic directions. Uncertainty about the exact nature of the AIHW's future – pending Australian Government decisions – has meant postponement of consultations with stakeholders about revision of our strategic directions. The priorities for 2015–16 will increase our capability to respond to the needs of our stakeholders and pursue any new strategic directions in the future.

Section 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 provide information about members of the AIHW Board and further detail on the AIHW's Portfolio Budget Statement deliverables and indicators.

The 'Reader guides' 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.

# Statement of preparation



Australian Government  
Australian Institute of  
Health and Welfare

Authoritative information and statistics  
to promote better health and wellbeing

The Hon Sussan Ley, MP  
Minister for Health  
Parliament House  
CANBERRA ACT 2600

Dear Minister

On behalf of the AIHW Board, which is the accountable authority of the Australian Institute of Health and Welfare, I am pleased to present to you the *Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19*, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*. The plan is prepared for 2015–16 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*.

Signature removed for  
publication purposes

Dr Mukesh C Haikerwal AO  
Board Chair

7 August 2015

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# 1 About the AIHW

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government to produce independent and authoritative health and welfare information and statistics. We collaborate with federal and state-level agencies and non-government organisations across sectors relevant to health and welfare-related information. The composition of the AIHW Board and our enabling legislation reflect this collaboration.

Our legislation provides the AIHW with a broad range of responsibilities in relation to the development and publication of health and welfare data and information. Our activities include data collection (notably of administrative data, but also through surveys), developing national data standards that result in nationally consistent data sets, and linking and analysing data. We write and publish objective reports and other products that are valued and respected by governments and the community.

In the interests of independence and transparency, nearly all of our work is released to the public. At the same time, we ensure that protection of individual privacy remains paramount.

About 30% of the AIHW's funding comes from Commonwealth parliamentary appropriation. Most of our other revenue comes through commercial contracts with Commonwealth and state and territory departments and agencies for specific project work with defined deliverables.

We have about 300 expert statistical, administrative and communications staff in Canberra with unmatched breadth of knowledge of the health and welfare sectors in Australia. We have numerous data holdings, robust governance arrangements, strong privacy and confidentiality controls, state-of-the-art business processes and infrastructure, and access to a network of government, research, education and private sector collaborators from around Australia.

## Our purposes

Our purposes are summarised in our mission and role.

### **Our mission**

Authoritative information and statistics to promote better health and wellbeing.

## **Our role**

We are committed to providing high-quality national health and welfare-related data and analysis across all relevant sectors, presented in meaningful and relevant ways and delivered in a timely manner. Accurate statistical information, comprehensive data development and high-quality analyses support an increased understanding of health and welfare issues. This evidence base is critical to good policymaking and effective service delivery, both of which have a direct impact on the lives of Australians.

We develop, collect, analyse and report information drawn from the national data collections for which we are custodians, and from other credible data sources.

We maintain close engagement with our data providers to ensure the quality and integrity of our work, to understand their information needs and to use their advice to help us produce relevant and meaningful analyses that are useful for developing better policy and driving changes in service delivery. All of this is conducted with a view to enabling the delivery of better health and welfare outcomes for Australians.

We also provide national leadership and the necessary infrastructure for developing, maintaining and promoting information standards in health, welfare and housing assistance to ensure that data are nationally consistent and fit-for-purpose.

We produce many public reports and actively promote our work to governments, other organisations and the community.

## **Our stakeholders**

We aspire to communicate our data, information and analytical products as widely as possible in accessible formats to all our stakeholders.

### **Our stakeholders**

Our stakeholders are important to us as groups to which we are accountable, who fund us, or to whom we target our products. They may fall into one of more of these categories:

- the Australian Parliament and people of Australia
- the Australian Government and its departments and agencies, notably: the Departments of Health, Social Services, Human Services, Education and Training, Prime Minister and Cabinet, Defence, and Veterans' Affairs; the Australian Bureau of Statistics; and various health and social services portfolio agencies
- state and territory governments and their departments with responsibilities for health, community services and justice
- health and welfare service providers, professionals and organisations
- the research community.

In addition to working with and for our stakeholders described above, AIHW collaborates closely and has effective partnerships with other government entities, universities, research centres, non-government organisations and individual experts throughout the country. We also work closely with international partners including the World Health Organization, the Organisation for Economic Co-operation and Development, the Institute for Health Metrics and Evaluation, and the International Group for Indigenous Health Measurement.

Our work would not be possible without these strong relationships, which are underpinned by our governing legislation and robust governance arrangements.

## **Our services**

The kinds of projects and services we undertake include:

- researching, writing and publishing innovative health and welfare reports and other web and print outputs, drawing on a range of reputable data sources, including unpublished statistical information from our own data holdings
- reviewing or evaluating the effectiveness of health and welfare programs or policies
- developing national statistical standards and classifications, and registering these in our award-winning metadata repository, METeOR
- analysis and modelling of the impact of proposed health and welfare policy initiatives or changes to programs or services
- designing and undertaking complex data linkage projects
- building and managing information clearinghouses, disease registers and similar databases
- building the evidence base for health and welfare policy development
- providing customised data analysis on a fee-for-service basis.

We play a central role in working with stakeholders to develop and supply performance indicators for national performance reporting activities, including agreements related to the Council of Australian Governments (COAG). This role spans performance reporting activities in health, ageing, maternal and perinatal health, early childhood, education, housing and homelessness, disability care, Indigenous-specific primary health care indicators, and closing the gap on Indigenous disadvantage.

## **Our data holdings**

Our health and welfare data holdings are substantial, including more than 140 data sets. The Australian Bureau of Statistics has named 10 AIHW-held data sets among its list of 74 Essential Statistical Assets for Australia. The 10 essential assets held by AIHW cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality.

Our data holdings include administrative data sets – such as the national hospital databases for which we have provided national data custodianship for over 25 years, and the National Aged Care Data Clearinghouse. We also hold a range of survey-based collections – such as the National Drug Strategy Household Survey, the National Infant Feeding Survey, the National Social Housing Survey and the National Prisoner Health Data Collection.

# Our statutory essentials

## Enabling legislation

Our enabling legislation, the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) <[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, which has adopted a Charter of Corporate Governance <[www.aihw.gov.au/aihw-board/](http://www.aihw.gov.au/aihw-board/)> and a series of delegations to the Director and senior staff that outline the governance framework of the Institute. Further details about board members are in Appendix 1.

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. Hence the 2015–16 Portfolio Budget Statements (PBS) for the Health portfolio describe the main activities the AIHW will undertake in 2015–16 to perform its functions, grouped under one outcome and one program (see Section 3, 'Our planned performance').

## Functions

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
- develop methods to assess the provision, use, cost and effectiveness of health services and technologies
- 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.

The term 'welfare-related information and statistics' concerns 'welfare services,' a term defined in the AIHW Act. Broadly, 'welfare services' covers community services and housing assistance. While data relevant to all community services are covered by the AIHW Act, specific provision is made for aged care, child care, people with disabilities and child welfare services data.

## Privacy and confidentiality

As an organisation that collects and holds information about people, we are familiar with our obligations in acquiring, handling and releasing data under specific legislation. Data governance arrangements at AIHW help us to achieve our mission while complying with our legal, regulatory and governance obligations.

The AIHW Act enables the release of information for public benefit while protecting the identity of individuals 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 publications 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.

Therefore, two sets of confidentiality and privacy requirements – those contained in the Privacy Act and those contained in section 29 of the AIHW Act – bind the AIHW. The confidentiality requirements in section 29 protect a broader range of information than the Privacy Act, such as information about deceased persons and about 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. This means that the AIHW cannot be forced to divulge such information, even by a court of law.

### AIHW Ethics Committee

The AIHW Act requires the board to appoint an AIHW Ethics Committee. The main functions of the Committee are to form an opinion on ethical grounds of the acceptability of any current or proposed AIHW activities, or the release of identifiable data for research purposes. It may impose any conditions it thinks appropriate in performing its functions.

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, including a list of approved projects is available at <[www.aihw.gov.au/ethics/](http://www.aihw.gov.au/ethics/)>.

## Our values

Our decisions and interactions with our colleagues, clients and other stakeholders are guided by a set of values, which reflect the environment in which we operate.

### Our values

- **objectivity** – ensuring our work is objective, impartial and reflects our mission
- **responsiveness** – meeting the changing needs of those who provide or use data and information that we collect
- **accessibility** – making data and information as accessible as possible
- **privacy** – safeguarding the privacy of all individuals and groups about whom we collect data or who provide data to us
- **expertise** – applying and developing highly specialised knowledge and standards
- **innovation** – developing original, relevant and valued new products, processes and services.

We also subscribe to the Australian Public Service (APS) values. The APS is:

- **impartial** – it is apolitical and provides the Government with advice that is frank, honest, timely and based on the best available evidence
- **committed to service** – it is professional, objective, innovative and efficient, and works collaboratively to achieve the best results for the Australian community and the Australian Government
- **accountable** – it is open and accountable to the Australian community under the law and within the framework of Ministerial responsibility
- **respectful** – it respects all people, including their rights and heritage
- **ethical** – it demonstrates leadership, is trustworthy, and acts with integrity in all that it does.

## Strategic directions

This corporate plan is guided by the *AIHW strategic directions* <[www.aihw.gov.au/publication-detail/?id=10737419612](http://www.aihw.gov.au/publication-detail/?id=10737419612)>, which were originally approved by the AIHW Board in 2011.

In June 2014, the board agreed that the strategic directions were still relevant and would be reviewed after the Australian Government had made a decision on health agency structures.

### **AIHW strategic directions—guiding the AIHW forward**

1. Further strengthen our policy relevance
2. Improve the availability of information for the community and our stakeholders
3. Improve information quality, protecting privacy
4. Capitalise on the contemporary information environment
5. Cultivate and value a skilled, engaged and versatile workforce.

## 2 Our environment

As the nature of the environment in which we have operated since 1 July 1987 evolves, we continue to take steps to become a more agile and adaptable organisation in response. Key features of our environment in the context of this corporate plan are detailed below.

### **Competing for business in a changing policy and institutional environment**

Our large reliance on external funding means we must accurately read the social, policy and institutional environment in which we operate in order to remain relevant. Maintaining and enhancing relationships with our clients is essential to our future.

#### **Reliance on external funding**

We have been working for a long time with a substantial part of our revenue coming from sources other than our appropriation – mainly for specific project work we undertake for 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.

The AIHW has collaborative arrangements with other organisations that best facilitate making information available to the public. These may be with universities that have specialised expertise which we fund to undertake projects, or with other government agencies that have an interest in data we hold.

The public is provided with free access to AIHW reports on projects we undertake, unless agreed otherwise in advance with the data provider or the project funder. Publications may be released jointly with other organisations.

#### **Uncertain institutional environment**

A possible merger of the AIHW and five other Health portfolio agencies was announced in the Australian Government's *Smaller Government – additional reductions in the number of Australian Government bodies measure* in May 2014. This announcement was subject to consultation with states and territories. During 2014–15 other options for the future of the AIHW were considered but not pursued. The May 2015 Federal Budget included an announcement that 'strategies to find efficiencies and reduce the number of entities within the Health portfolio will continue to be explored in 2015–16'. We remain committed to working effectively with other agencies to achieve our purposes through this period of uncertainty.



## **Operating in a changing information environment**

Our capacity to deliver policy-relevant information relies on the willingness of data providers to trust us to hold information they have collected or to collect and hold information on their behalf. In discharging this responsibility we draw on our enabling legislation, data governance policies, collaborative approach to data acquisition and data improvement, and our experience. We must anticipate changes in the data environment and be ready to respond. We must also ensure that our information products are of high quality and are responsive to changing audience demands.

### **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 policies, we offer data providers safe and secure data custodianship services and assurance that data may only be released in compliance with the conditions imposed by data providers and strict privacy and confidentiality requirements specified in legislation. Maintaining this trust and building trust with new data providers to strengthen the knowledge base are critical to our future.

We work collaboratively with providers of health, housing, aged care and community services across the country – be they a government department or a non-government service provider – to develop arrangements that will allow us to receive administrative data for a new collection or to add new data to an existing collection.

We have a number of national information and infrastructure agreements in place with Commonwealth and state and territory agencies that help set the ground rules for collaboration around data development, supply and release. Through these arrangements, we have built a set of nationally significant data holdings, based on agreed national information standards, which can be adapted over time in response to changing information demands. Additionally, we work, as required, to facilitate the supply of data for which arrangements are in place for reporting under a number of COAG national agreements.

### **Understanding emerging data trends and issues**

The modern information and communication environment is complex, with rapid developments in capacity to capture and circulate large volumes of information, and growing expectations that this information will be brought together in meaningful ways to meet a range of information needs. The AIHW must remain at the forefront of developments of particular relevance to our mission such as ‘big data’, eHealth, data linkage and geospatial information. We must monitor potential new data sources, new data providers, and contribute to the national picture by working collaboratively with stakeholders to set a path for improving health and welfare information in areas of most need and potential benefit nationally.

We will continue to work actively with committees and similar structures established by other entities such as COAG, as well as by ourselves, to obtain the necessary agreements to collate data collections, and solve data issues, including technical matters, data standards and release issues. We will also continue our focus on retaining and/or obtaining access to core national and other data sets required to achieve our legislated objectives.

## **Enhancing use of data linkage**

Data linkage is a powerful process for identifying multiple appearances of people within one database and for combining information about people across different databases. Data linkage at AIHW is conducted within an ethically-approved framework that respects privacy and the requirements of data owners.

Modern data linkage has enormous potential for providing new insights into people's health and welfare and their overall wellbeing that would otherwise be difficult or expensive to obtain. It can increase the value and use of existing data holdings at low cost by providing new information without the expense or intrusion of new data collections. The new insights and dimensions revealed through data linkage can in turn drive the development of new, relevant and insightful policies and practices that make a real difference to the lives of Australians.

As one of a select few accredited Commonwealth Data Integrating Authorities, we meet extremely stringent criteria for data linkage work covering project governance, capability, data management, security, and the protection of privacy and confidentiality. We are establishing a strong presence in data linkage activities and have demonstrated the value of data linkage in a number of projects successfully delivered to date. However, the full potential of data linkage is still to be realised. We recognise the challenges that remain in navigating the complex legislative and procedural arrangements in place to authorise and manage release of data, and are committed to working collaboratively with stakeholders in producing the best health and welfare outcomes for Australians.

## **Responding to changing demands for information**

There is growing demand for information that is timely and useful at national, state and territory, and local levels, presented in ways that support interpretation and use in service planning, quality improvement and policy development. In responding to changing demands for information, we recognise the need to continually improve the timeliness of reporting, while maintaining the quality of our products.

We cannot be complacent, and must strive to fill information gaps wherever possible. Through collaboration with others, we work to develop and/or acquire new national databases – including administrative collections, surveys and clinical registries – which can be maintained, further developed and made available to others, while also maintaining strict data governance arrangements agreed with data providers.

We understand that there is growing demand for information in diverse formats that attract users and enable them to quickly obtain the information they need, while also enabling them to delve deeper into an issue if they wish, by providing interpretive, synthesised analysis and/or data that clients can work with themselves.

There is growing interest in data being presented at useful, finer geographical levels. Performance reporting at primary health and hospital network levels and the new Prime Minister and Cabinet Indigenous Advancement Strategy regions are examples of work in this area. A focus on geospatial analysis of population distribution, needs, services received and outcomes is important for service planning and delivery and for targeting efforts and action. This work is being undertaken by the AIHW and other government and non-government agencies.

There is also interest in increasingly sophisticated 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.

## **Understanding the policy and program environment**

Information is most relevant when presented in context. A key AIHW strength is our understanding of the policy and program environment in which health and welfare services are delivered and our ability to use available data to describe what this means in terms of population access and outcomes. It will continue to be important for us to remain abreast of major reform activities affecting this context, including the White Paper on the Reform of the Federation. We must also continue to ensure that our work program is responsive and applicable to emerging demographic and population health challenges which face the nation, including the ageing of Australia's population.

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

As an information agency, we rely on strong data governance and secure data storage and management to retain the trust of our many data providers, data recipients and other stakeholders. Our robust data governance arrangements are explained in our *Data governance framework* <[www.aihw.gov.au/data-governance-framework/](http://www.aihw.gov.au/data-governance-framework/)>.

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, and concerns about the adequacy of safeguards in circumstances where information is typically held in electronic form, including cloud-based storage.

These expectations have been recognised in a progressively more complex regulatory environment in which agencies are increasingly accountable and auditable in relation to the adequacy of their data privacy and security arrangements.

The AIHW and its stakeholders continue to explore and use more innovative and sophisticated data acquisition, management and manipulation techniques, including, as noted earlier, data linkage. This necessitates maintaining vigilance on privacy and confidentiality arrangements, including by the AIHW Ethics Committee, which has responsibility for approving and monitoring new data projects and practices to make sure they comply with the Privacy Act and the AIHW Act.

## 3 Our planned performance

Our approach to measuring our performance in 2015–16 is based on the AIHW’s performance indicators contained in the 2015–16 Health PBS.

This is an interim approach while we transition to new planning and reporting arrangements prescribed under the PGPA Act. In 2015–16, pending decisions by the Australian Government (see ‘Uncertain institutional environment’ in Section 2), we intend to review the *AIHW strategic directions*. In particular, during 2015–16 we will update the performance measurement approach used in this first (2015–16 to 2018–19) corporate plan required under the PGPA Act to more clearly align with the purposes and activities of the AIHW. This update will be included in our second (2016–17 to 2019–20) rolling 4-year corporate plan.

### Reports required by legislation

#### Health reports and welfare reports

The AIHW is required 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 discussed.

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 2015–16 to 2018–19**

Present to the Minister for Health:

- *Australia’s welfare 2015* by 31 December 2015
- *Australia’s health 2016* by 30 June 2016
- *Australia’s welfare 2017* by 31 December 2017
- *Australia’s health 2018* by 30 June 2018
- *Australia’s welfare 2019* by 31 December 2019.

*Note:* Editions of *Australia’s welfare* are usually delivered mid-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.

#### **Required annual reports deliverable 2015–16 to 2018–19**

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

# Portfolio Budget Statements

## **PBS outcome statement**

A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.

## **PBS program**

Develop and collect, analyse and report high quality national health and welfare information and statistics for governments and the community.

## **PBS program objectives**

**Improve the availability of health and welfare information:** The AIHW actively works to increase the availability and use of health and welfare data, including those that assist reporting on performance indicators and targets for national agreements, by developing and improving national health and welfare data collections, and presenting data in diverse and innovative ways to meet national information needs for governments, agencies and services in the health and welfare sectors, and the public. At the same time, it maintains a strong focus on protecting the privacy of individuals whose records are, at times, the building blocks of those data.

**Improve the quality and timeliness of health and welfare information:** The AIHW's objective of increasing the utility and relevance of its data is largely achieved through a continued focus on improving data quality and timeliness and producing objective measurements of performance. Activities in this sphere include: supporting the production of national data standards, datasets and metadata; working with national information committees to develop and implement new data items for collection; and redeveloping data standards for collections to ensure that nationally consistent definitions are applied. The AIHW makes standards and metadata available in various forms through its Metadata Online Registry (METeOR). AIHW's implementation of enhanced data validation processes improves the quality and timeliness of information by supporting a richer array of data edits, reducing multiple handling of data and providing a better data audit trail.

## **Assessing our performance**

We will assess our performance in achieving our purposes at the end of each financial year against the following questions:

1. Did we deliver the reports required of us by legislation?
2. Did we achieve all the performance targets and deliverables listed in the PBS for that year? If not, why not, and is that reason outside our control?

Our annual report will answer these questions in keeping with the performance assessment requirements associated with the PGPA Act.

The PBS sets out deliverables and key performance indicators for the AIHW, each with one or more reference points to be delivered, or measures with a target to be achieved. Those for 2015–16 are below.

Deliverables and key performance indicators having measures with a target for 2015–16 also have targets set for 3 years beyond 2015–16. These targets are shown in Appendix 2.

## PBS deliverables

Our PBS deliverables for 2015–16 and details of the information to be collected to measure them are below.

Improve the availability of health and welfare information	Measurement approach
<p>Present to the Minister for Health a new edition of:</p> <ul style="list-style-type: none"> <li>• <i>Australia's welfare 2015</i> by 31 December 2015</li> <li>• <i>Australia's health 2016</i> by 30 June 2016.</li> </ul>	<p>Formal record of presentation to Minister is kept in AIHW's ministerial submissions system.</p>
<p>Release a range of information products relevant to key policy areas by 30 June 2016 including:</p> <ul style="list-style-type: none"> <li>• national key performance indicators for Indigenous primary health care services for 2014</li> <li>• cardiovascular, diabetes and chronic kidney disease in Indigenous Australians</li> <li>• health expenditure for 2014–15</li> <li>• monitoring screening programs for breast, bowel and cervical cancer</li> <li>• hospital statistics for 2014–15</li> <li>• links between homelessness services and public housing.</li> </ul>	<p>Information about all products released during the year is available from our publications information systems. All of these products will be publicly available on our website.</p>
<p>Continue to operate the National Aged Care Data Clearinghouse to provide access to significant aged care collections, including by:</p> <ul style="list-style-type: none"> <li>• monitoring and responding to data requests made to the Data Clearinghouse</li> <li>• delivering aged care data for national reporting purposes by 30 June 2016.</li> </ul>	<p>Information that monitors data requests made to the National Aged Care Data Clearinghouse and our responses to those requests are available from our administrative information systems.</p> <p>Our administrative information systems produce information about dates on which we deliver aged care data for national reporting purposes.</p>
<p>Continue to operate the Data Integration Services Centre to undertake complex data integration (linkage) projects as agreed under the National Collaborative Research Infrastructure Strategy 2013, including by:</p> <ul style="list-style-type: none"> <li>• satisfying requests for data linkage relating to more than 30 projects by 30 June 2016.</li> </ul>	<p>Measurement of this deliverable will be sourced from Data Integration Services Centre performance information reported on an annual basis to the Population Health Research Network.</p>
<p>Improve the availability of information by releasing or completing at least:</p> <ul style="list-style-type: none"> <li>• 151 products</li> <li>• 45% of statistical products that include data in a manipulatable format</li> </ul>	<p>Information about all products released during the year is available from our publications information systems. All of these products will be publicly available on our website.</p> <p>Information will be collated about products we release during the year that:</p> <ul style="list-style-type: none"> <li>• are statistical in nature (that is, excluding for example our data development reports and annual report) (denominator)</li> <li>• include data presented in a format that can be manipulated by users (for example, data cubes, appendix tables in spread sheet rather than PDF format) (numerator).</li> </ul>

Improve the availability of health and welfare information	Measurement approach
<ul style="list-style-type: none"> <li>230 requests for customised data analysis.</li> </ul>	<p>We offer a custom data request service for access to statistics that are not available in published reports, tables, dynamic data displays or data cubes &lt;<a href="http://www.aihw.gov.au/custom-data-request-service/">www.aihw.gov.au/custom-data-request-service/</a>&gt;. Information that monitors data requests made through the AIHW's website and our responses to those requests are available from our administrative information systems.</p>
<p>Continue to operate the National Centre for Monitoring Vascular Diseases.</p>	<p>Information on products released during the year that monitor vascular diseases is available from our publications information systems.</p>
Improve the quality and timeliness of health and welfare information	
<p>Perform high quality data validation and support improved data validation practices by data suppliers by:</p> <ul style="list-style-type: none"> <li>completing the capture of current data for the juvenile justice, disability services, public rental housing and state owned and managed Indigenous housing collections using corporate Validata™ software processes by 30 June 2016.</li> </ul>	<p>Log is maintained of status of all AIHW Validata™ activity.</p>
<p>Finalise the data linkage phase of national reporting on the educational outcomes of children in child protection services.</p>	<p>Progress is reported in the AIHW Institute's projects system.</p>
<p>Develop a data quality framework for housing and homelessness administrative data collections.</p>	<p>By 30 June 2016, a data quality framework for housing and homelessness administrative data collections will be developed.</p>

## PBS key performance indicators

Our PBS key performance indicators for 2015–16 and details of the information to be collected to measure them are below.

PBS key performance indicators 2015–16	Measurement approach
<p><b>Improve the availability of health and welfare information</b></p>	
<p>Collect, produce and release data and information that assist community understanding, policy purposes or research purposes, within privacy and confidentiality constraints, such that:</p> <ul style="list-style-type: none"> <li>• AIHW data collections—a number of which are 'Essential Statistical Assets for Australia'—are maintained securely over time and, as relevant: enhanced; made accessible for the purposes of external research; and used to disseminate information in diverse and accessible formats</li>   <li>• there is active engagement with key stakeholders to ensure current and emerging information needs that contribute to the evidence base for policy and service delivery are met.</li> </ul>	<p>To demonstrate this, we will provide evidence of the extent to which we have implemented our product development strategy, which involves delivering AIHW products in increasingly diverse formats suitable to a wider range of audiences.</p> <p>In addition, information for the year will be collated from operating units and AIHW Ethics Committee data collection monitoring records on:</p> <ul style="list-style-type: none"> <li>• the data collections we manage</li> <li>• major enhancements to these data collections</li> <li>• successful Ethics Committee applications for access to our collections.</li> </ul> <p>To demonstrate this, information for the year will be collated from operating units and from administrative information systems on:</p> <ul style="list-style-type: none"> <li>• our participation in national committees</li> <li>• the external organisations with which we have relationships and/or agreements</li> <li>• specific instances where we have met current and emerging information needs that contribute to the evidence base for policy and service delivery.</li> </ul>
<p>Leadership in satisfying information-related development requested by the Australian Government and state and territory governments, such that there is:</p> <ul style="list-style-type: none"> <li>• continued contribution to the Australian statistical system, including through membership of the National Statistical Service</li>   <li>• development, coordination and supply of data for governments, including a range of performance indicators in the COAG national agreements on health, housing and homelessness, disability, and Indigenous reform.</li> </ul>	<p>To demonstrate this, information for the year will be collated from operating units on:</p> <ul style="list-style-type: none"> <li>• our participation in the National Statistical Service community activities led by the Australian Bureau of Statistics</li> <li>• specific instances describing our contribution to the Australian statistical system including through compliance with NSS Key Principles.</li> </ul> <p>To demonstrate this, information for the year will be collated from operating units on:</p> <ul style="list-style-type: none"> <li>• our contribution to development and reporting of performance indicators required by COAG national agreements on health, housing and homelessness, disability and Indigenous reform</li> <li>• other contributions we made to development, coordination and supply of data for governments.</li> </ul>



PBS key performance indicators 2015–16	Measurement approach
<p>Provision of free, high quality information measured by reaching at least:</p> <ul style="list-style-type: none"> <li>• 49,500 website downloads of <i>Australia's health</i></li> <li>• 7,000 website downloads of <i>Australia's welfare</i></li> <li>• 2.8 million visits to the AIHW's website</li> <li>• 7,000 references to AIHW and its products in the media.</li> </ul>	<p>Download and visit information will be obtained from our website monitoring software on the number of:</p> <ul style="list-style-type: none"> <li>• downloads of editions of <i>Australia's health</i></li> <li>• downloads of editions of <i>Australia's welfare</i></li> <li>• visits to the AIHW website.</li> </ul> <p>Information on references in the media to the AIHW and its products will be obtained from our media monitoring arrangements.</p>
<b>Improve the quality and timeliness of health and welfare information</b>	
<p>Exemplify and promote the National Statistical Service Key Principles by ensuring that:</p> <ul style="list-style-type: none"> <li>• end-to-end data management is applied in a manner that accords with the National Statistical Service Key Principles of statistical integrity, relevance, coherence, timeliness, accessibility, interpretability, accuracy, professionalism and trust of data providers</li> <li>• timeliness of data releases is improved by compliance with internal streamlined production processes.</li> </ul>	<p>Information will be collated from administrative information systems about the extent to which statistical products comply with end-to-end data management principles and the AIHW's streamlined production processes for the year.</p> <p>Monitored within the above-mentioned information.</p>
<p>Improved timeliness of statistical information products measured by ensuring that:</p> <ul style="list-style-type: none"> <li>• data for at least 60% of annual national collections are reported less than 1 year after the end of their data collection period.</li> </ul>	<p>Information will be collated about products we release during the year that enables counting of products we release during the year that:</p> <ul style="list-style-type: none"> <li>• fully report or publicly release an annual national data collection that is collated by the AIHW (denominator)</li> <li>• are reported less than 1 year after the end of their annual data collection period (numerator).</li> </ul>

## 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 section.

### Workforce

Recognising that skilled, engaged and versatile people are critical to the achievement of our purposes, one of our strategic directions is that we will 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 which has the capacity to respond quickly and flexibly to meet emerging requirements.

We expect to have 285 full-time equivalent active staff in 2015–16, which is slightly lower than in 2014–15. We will continue to increase staff productivity by implementing more efficient business processes and training staff in how to use them. We will continue to gradually reduce the proportion of senior executive and executive level staff as opportunities arise.

In order to maintain flexibility in total workforce numbers we typically have 5–10% of our staff employed on a non-ongoing basis. The AIHW offers flexible working conditions in order to attract high-quality professional staff who value balancing their work commitments with family commitments. Over 25% of staff work on a part-time basis and over two-thirds of AIHW staff are women. Almost two-thirds of staff have more than 4 years of service with AIHW. The length of service of our staff has been increasing over recent years. These features of our workforce are expected to remain over the next 4 years.

Over 80% of AIHW staff are degree-qualified, with half of these staff also having postgraduate qualifications. 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.

About two-thirds of our workforce is employed at APS 5, APS 6 or Executive Level 1 classification. This reflects the complexity of our work and the high level skills required to undertake it. 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 ready to compete on merit

to take up any internal promotion opportunities over the next few years. In addition, we expect to recruit small numbers of suitably qualified staff externally to fill ongoing vacancies once APS-wide recruitment restrictions are lifted from 1 July 2015. The proportion of active staff working at EL levels may reduce over the next 4 years, as most recruitment is expected to occur at APS 4 to APS 6 levels.

We have a diverse workforce that includes people from an Indigenous background, people from non-English speaking backgrounds and people with disabilities.

The AIHW Director reports to the AIHW Board on workforce statistics and strategies every 6 months. The key workforce priorities for the next 4 years align with our strategic direction to cultivate and value a skilled, engaged and versatile workforce and include:

- negotiating and implementing two enterprise agreements – the first to replace the current enterprise agreement, which nominally expired on 30 June 2014, for an expected 3 years and the second for a subsequent period
- centrally monitoring recruitment to ensure consistency with the work level standards, fairness and transparency of process, and ensure that there are opportunities to annually recruit top quality graduates at the APS 4 level and maintain at least 5% of the workforce as non-ongoing
- continuing targeted learning and development so that staff have an appropriate balance of high quality writing and technical skills and the opportunity to develop into managers and leaders, thereby retaining many of our strongest performers
- maintaining a focus on managing individual performance and attendance to ensure all staff are contributing at an optimal level to our work.

## **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 and timely data collection, analysis and reporting. We will do this by:

- continuing to maintain and refresh ICT infrastructure which, in turn, enables innovation in the collection, analysis and reporting of health and welfare data
- striving for continuous improvement and efficiency through the automation of business and other processes, consistency of business practices where appropriate and adoption of appropriate 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
- increasing our focus on the use of geospatial data and enabling technology for mapping and reporting at small area levels of geography
- improving the resilience and availability of our ICT services
- supporting a more varied and targeted set of products and services
- developing a new AIHW website that draws on industry best practice, supports AIHW's branding and product strategy, and embodies efficient update and content management processes

- ensuring staff continue to maintain and enhance skills to maximise the advantage of current and emerging technologies.

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

- exploring the use of secure, 'government' cloud computing to reduce costs and improve quality of service consistent with government policy
- where possible under our confidentiality regime, supporting open data initiatives by contributing data and metadata to open data repositories such as data.gov.au
- expanding the number of direct, secure connections with other key agencies to facilitate rapid, secure and reliable data transfer/sharing
- 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 IT equipment prior to its move into a new building on a 15-year lease at the end of June 2014.

Consequently capital investment is expected to be lower than the annual depreciation charge over the next few years.

The AIHW has budgeted to invest about \$572,000 per year over 2015–16 to 2018–19 in purchase of property, plant and equipment. Of that, about \$100,000 each year will relate to the building and about \$472,000 each year will relate to information technology hardware and software.

## 5 Our priorities for 2015–16

Since the May 2014 Budget announcements (see ‘Uncertain institutional environment’ in Section 2), uncertainty about the AIHW’s future has delayed consultations with stakeholders about the AIHW’s future strategic directions. As a result, the AIHW Board made the decision to retain our existing strategic directions (see ‘Strategic directions’ in Section 1) and to set organisational priorities for 2015–16 (Table 1), based on the current environment and our assessment of stakeholder requirements. By pursuing these priorities now, the AIHW will increase its capability to respond to the current and future needs of our stakeholders.

In 2015–16, pending decisions by the Australian Government on the AIHW’s future, we expect to undertake a full review of our role, mission statement and strategic directions in consultation with key stakeholders.

The following table shows how each of our priorities for 2015–16 relate to the first 4 of the 5 AIHW strategic directions (see ‘Strategic directions’ in Section 1). Each of the priorities will help cultivate our workforce – our fifth strategic direction – by creating opportunities for staff to undertake interesting work and learn new skills.

**Table 1: AIHW priorities by strategic direction, 2015–16**

	SD 1	SD 2	SD 3	SD 4
1. Geospatial information	XX	X	—	X
2. Data linkage	XX	X	X	X
3. Value-added feedback to data providers	X	XX	X	X
4. Filling information gaps in primary health care	XX	X	—	—
5. Diverse product formats	X	XX	—	X
6. Predictive modelling and analysis	XX	—	X	—
7. Data quality	—	X	XX	X
8. Supporting information needs in a federated system	XX	—	—	—

*Note: XX means main focus of priority; X means additional focus of priority.*

These priorities are consistent with the functions of the AIHW (see Section 1, ‘About the AIHW’) and the environment in which we operate (see Section 2, ‘Our environment’). They align closely with strategies to enhance our capability through workforce and information and communication technology development (see Section 4, ‘Enhancing our capability’).

The eight priorities are highly interrelated and will demand collaborative efforts across the organisation during the course of this corporate plan.

### 1. Geospatial information

Further enhancement of our geospatial analysis, reporting and presentation (for example, mapping) capability will be a focus during the life of this corporate plan. We must capitalise on changes in the external data environment, such as increased geocoding of data, in order to meet demands for this kind of information from current clients as well as new users.

With our existing skills, relationships, data holdings and data governance arrangements to ensure confidentiality of data released, AIHW is well placed to contribute to improved national analysis and reporting at finer geographical levels. We have already developed and

demonstrated our geospatial information capability through the completion of several specific projects, including: a geospatial access-to-primary-care-relative-to-need index; spatial distribution of the health workforce in relation to the Indigenous population; geospatial analysis of the distribution of Indigenous maternal and child services in relation to maternity and child outcome measures; and geospatial analysis of cancer screening program activity. In addition, in the near future we will be undertaking analysis of a range of health and welfare data sets at the 12 new Prime Minister and Cabinet Indigenous Advancement Strategy region level.

In developing new geospatial material it is essential to work closely with stakeholders to ensure we produce meaningful and relevant information while managing confidentiality and risks. Success will be measured through examples of AIHW-published or completed work that reflects our capability and expertise in this field and proves useful in assisting governments and service providers to improve outcomes for local communities.

## **2. Data linkage**

Our audience is interested in increasingly sophisticated and integrated information that improves our understanding of patient- or person-centred care and outcomes, over the life course and through patterns of individual interactions with various service sectors. The AIHW is well placed to lead and improve the availability of more meaningful information through our role as an accredited Data Integrating Authority, our understanding of a range of highly relevant Commonwealth and state and territory administrative data sets, and through our substantial expertise in providing secure and ethical data linkage and analysis services while complying with privacy legislation.

For example, we have already linked data sets to reveal new information about transitions between residential aged care and hospital care; explored patterns of behaviour and service use for clients of child protection, juvenile justice and homelessness services; assessed the effectiveness of cervical cancer vaccine programs in Victoria, and also linked four key data sets to improve estimates of mortality and life expectancy for Indigenous Australians.

Our data linkage expertise enriches information produced by the AIHW and also supports the activities of a large number of external agencies and researchers seeking to access linked data through the AIHW Data Integration Services Centre – one of three such services approved to link sensitive Commonwealth data sets) – subject to clearance from the AIHW Ethics Committee.

Further development of AIHW's data linkage capability will be a priority for the AIHW during the course of this corporate plan. Our success in improving the availability of integrated health and welfare-related information will be assessed against PBS performance targets, examples of improvements in AIHW data linkage capability, and examples of our contribution to improving national capacity in this area. We will also measure our success by developing agreements with governments to guide a more streamlined and timely data access and approvals pathway for national and state and territory health and welfare data linkage.

### **3. Value-added feedback to data providers**

AIHW receives data from many sources. Many of these data are from state and territory government administrative data sets related to the services they provide, or service providers they fund. Data are also collected directly by the AIHW from public and private health and welfare service providers.

Supporting our data providers is critical to ensuring that the statistics and related information we publish are reliable and authoritative. We have actively assisted data providers by developing specialist products that more directly meet their information needs. For example, we have designed and developed automated systems such as SHOR (Specialist Homelessness Online Reporting) and Validata™ that assist data providers to clean and validate data for national sharing, and enable them to receive feedback as a by-product of processing.

We also supply service-level reports back to organisations such as those providing primary health care to Indigenous Australians, and homelessness services, to help them improve service delivery to their clients. Another way in which we provide value-added feedback to data providers is by producing and sending back nationally comparable and de-duplicated versions of their data. For example, we assist the Commonwealth and state and territory governments in this way with cancer incidence and cancer screening programs data.

During the course of this corporate plan we will aim to enhance this aspect of our business by working with a growing number of data providers to deliver value-added feedback in a form that suits their needs. For example, using the National Aged Care Data Clearinghouse, we propose working with the sector to develop benchmarking-style reports – identifiable at the service or organisation level – that measure activity, client characteristics and payment subsidies. Success will be measured in part by reference to selected PBS performance targets and through examples that showcase expanded AIHW effort in this area.

### **4. Filling information gaps in primary health care**

The gaps in Australian primary health care data are well recognised, particularly when contrasted with the level of development and investment in hospital data. Improvements in primary health care information would increase the nation's capacity to better describe Australia's primary health care system and its contribution to population health outcomes. Policy and program developments around the delivery of primary health care signal opportunities for the AIHW to both lead and participate in this area. These developments include the implementation of Primary Health Networks from July 2015, with increased expectations of their role in integrating care within primary health and the broader health system, the establishment of the Primary Health Care Advisory Group, and reviews of arrangements surrounding the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

During the course of this corporate plan, the AIHW will seek to work with others, drawing on our existing valued partnerships, knowledge of national health and welfare data, and data development skills, to contribute to improvements in primary health care information. Success will be measured by examples of AIHW's contribution to improved primary health care information, and/or enhanced collaboration among agencies involved in producing nationally-relevant information to support a more effective primary health care system.

## 5. Diverse product formats

We currently produce over 180 products each year, ranging from comprehensive national reports to technical documents and guides, to innovative web-based products. We are keen to enable access to our information by all Australians, to the greatest extent possible, by providing it in a range of traditional and new formats. This is complemented by our role in delivering customised data to a wide range of users for research, planning and evaluation purposes in response to data requests. Repackaging and additional analyses of AIHW data by other organisations also extends this access.

In recognition of the crucial role of adapting our communications to suit our audiences, we have several activities planned during the life of this corporate plan. For example, we will update and refresh our website and associated corporate branding to help provide better and easier access to our information and products. We will also implement an ongoing product development and review cycle to continue to support a wider range of products and product types. These will include comprehensive statistical reports, user-friendly summary publications, fact sheets, slide packs, web snapshots, infographic displays, posters, and data available as downloadable spread sheets or as dynamic web-based presentations. Continuing strong engagement and consultation arrangements with stakeholders and expert advisers will help us anticipate and respond to the needs of our audiences.

Success in delivering diverse products relevant to audience needs during the course of this corporate plan will be measured through selected PBS targets and deliverables, and through examples of new and innovative products.

## 6. Predictive modelling and analysis

As reflected in various other priorities, we recognise the growing demand for more 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.

In recent years we have completed several sophisticated analytical research projects that have expanded the national information base for health and welfare support services. For example, the AIHW, largely funded by the Department of Health, assessed the impact of COAG investments on closing the Indigenous/non-Indigenous life expectancy gap. This work involved investigating and modelling the impact on Indigenous life expectancy of social determinants of health (such as education, employment and income), health risk factors (such as smoking, drinking, illicit drug use, physical inactivity, obesity), and access to health services. The interactive model we developed allows users to produce customised projections of Indigenous life expectancy based on scenario reductions in each of the modelled risk factors and social determinants of health. This approach can also be used to estimate the prospective impact of a range of policy and service delivery strategies.

In addition, the AIHW is undertaking work aimed at finding the areas of focus that will have the highest impact on health improvement at the population level, based on historical trends and evidence of people's ability to change behaviour, for example, in smoking or antenatal care. This work will enable the setting of realistic targets for health improvement.

The AIHW is also well underway in undertaking new 'burden of disease' analyses for Australia. This project aims to quantify the health loss from various diseases and injuries for the Australian population, Aboriginal and Torres Strait Islander peoples and sub-national



populations where appropriate and valid. This work will also result in projections of the likely burden of disease in Australia in the future and the likely effect on health and welfare expenditure. Subject to our ability to attract the necessary funding, there is significant potential in undertaking extension work in this area to answer key policy questions. This work could include small area estimates, predictive modelling of policy or other scenarios, and data visualisation products.

Complementing this work, enhancements to the AIHW disease expenditure database will result in more robust estimates of disease expenditure, including the trend data, with the resultant database able to support specific applications, such as the implications of our ageing population through estimates of end-of-life costs.

During the course of this corporate plan, the AIHW will use its potential access to Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data and other data sets to perform sophisticated analytical techniques to search for new insights and answers to key policy questions, including likely future scenarios.

Success in this aspect of our work will be measured through an increase in the number and complexity of products with predictive modelling components, and the use of this work by governments and others in making key policy and service delivery decisions.

## **7. Data quality**

The primary function of the AIHW is to collect and produce health and welfare-related information and statistics. The quality of such information, and therefore its usefulness as evidence to inform policy, is underpinned by our ability to obtain high quality data, analyse it appropriately and present accurate conclusions.

Our approach to data quality sits within a broader data governance framework. The framework specifies constraints (such as confidentialisation and access arrangements) and accountabilities surrounding data we hold and the way the data can be used.

Our approach to data quality improvement spans the full range of data quality elements – including relevance, accuracy, accessibility, interpretability and timeliness – and includes measures to assure and improve the quality of the information at points of collection, collation, analysis and reporting.

For example, the AIHW provides national leadership in improving the standardised capture of health and welfare data by working with stakeholders to develop and promote information standards on METeOR. We enhance the national health and welfare evidence base by providing a secure option for storing datasets of national significance and making these accessible to data users under data governance arrangements that maintain privacy and confidentiality while adhering to data provider requirements and the needs of the broader community. We support data providers to improve the quality of both their data and national data holdings through provision of automated validation systems such as Validata™ and SHOR. We also adhere to National Statistical Service principles by producing comprehensive data quality statements for all our data holdings.

During the course of this corporate plan we will take an increasingly strategic approach to data quality. This will involve exploring our existing data quality mechanisms with a view to harmonising arrangements where appropriate, and ensuring data quality assurance efforts are focused within a risk framework that targets efforts in areas of most valuable return. To

facilitate continuous improvement, we will also strengthen internal monitoring of instances where data quality issues occur.

Our success in this area will be measured initially by the development of a data quality assurance framework, and subsequently by data quality metrics that emerge from that process.

## **8. Supporting information needs in a federated system**

Health and welfare services are delivered via complex, multi-layered systems involving various levels of government and multiple configurations of funders, service providers, professionals, and clients. The mechanisms through which these services are funded and delivered continue to change as a result of policy reforms, and may change further in response to changes associated with the White Paper on the Reform of the Federation <<https://federation.dpmc.gov.au/>>. The White Paper is being produced by the Commonwealth Government working with the states and territories and is expected to be released by the end of 2015.

Services are delivered to populations with varying needs, differing capacities to access services and workforce, and widely disparate health and welfare outcomes. Within the complex and changing health and welfare service environments there is increasing demand to move from 'siloes' analyses of service-specific sectors to a patient or client-centred approach, which better describes how people interact with multiple services and what this might tell us about the effectiveness of certain interventions, about service gaps, and about patient or client experiences and outcomes.

The AIHW is uniquely positioned to assist others to better understand these complex health and welfare systems through our skills, extensive nationally validated health and welfare data holdings, relationships with governments and others, data governance and legislative frameworks, and demonstrated experience over 28 years. For example, we have taken a national leadership role in developing and compiling performance indicators to support COAG national agreements for health, housing and homelessness, disability, and Indigenous reform. Such performance monitoring and benchmarking expertise is complemented by our extensive ongoing monitoring work in various service-specific and disease-specific areas. All of this work requires a keen understanding of the policy and program settings in which services are delivered.

Continued efforts to promote the AIHW's unique skills in providing value-added synthesis, analysis and interpretation across health and welfare systems will be a priority during the course of this corporate plan. Our success will be measured through examples of new or continuing roles in developing or reporting health and welfare information that support decision-making in Australia's federated government system.

## 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

Our Audit and Finance Committee and the AIHW Board 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.

A statement of risks of special relevance to board members has been prepared.

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
- 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.

Workforce reports are provided to the AIHW Board every 6 months.

# Management of business risk

## Fraud control

The AIHW Fraud Control Plan 2014–2016 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 Guidelines* <[www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx](http://www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx)>. 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, IT systems and data collections.

# Appendixes

## Appendix 1: Members of the AIHW Board

### At 30 June 2015

Dr Mukesh Haikerwal AO	Board Chair
Ms Kerry Flanagan PSM	AIHW Director (acting)
Dr David Filby PSM	Nominee of the Australian Health Ministers' Advisory Council
Vacant	Nominee of the Community and Disability Services Ministers Advisory Council
Vacant	Representative of state housing departments
Mr David Kalisch	The Australian Statistician
Mr Paul Madden	Member nominated by the Secretary, Department of Health
Dr Erin Lalor	Ministerial nominee with knowledge of the needs of consumers of health services
Mr David Conry	Ministerial nominee with knowledge of the needs of consumers of welfare services
Mr Michael Perusco	Ministerial nominee with knowledge of the needs of consumers of housing assistance services
Dr Lyn Roberts AO	Ministerial nominee with expertise in public health research
Dr Siew-Ean Khoo	Ministerial nominee
Mr Andrew Goodsall	Ministerial nominee
Vacant	Ministerial nominee
Mr Devin Bowles	Staff-elected representative

## Appendix 2: Targets for measures of quantitative PBS deliverables and indicators, 2015–16 to 2018–19

	2015–16	2016–17	2017–18	2018–19
<b>Improve the availability of health and welfare information</b>				
Improved availability of information measured by the number of:				
• products released	151	161	166	171
• statistical products released that include data in a manipulatable format (%)	45%	50%	55%	60%
• completed requests for customised data analysis.	230	240	250	260
Provision of free, high quality information measured by the minimum number of:				
• website downloads of <i>Australia's health</i>	49,500	54,000	57,000	65,500
• website downloads of <i>Australia's welfare</i>	7,000	3,500	8,000	4,000
• visits to the AIHW's website (million)	2.8	3.0	3.2	3.6
• references to AIHW and its products in the media.	7,000	7,500	8,000	8,500
<b>Improve the quality and timeliness of health and welfare information</b>				
Improved timeliness of statistical information products measured by the number of annual national collections for which data are reported less than 1 year after the end of their data collection period (%).	60%	65%	70%	75%

# Reader guides

## Abbreviations and acronyms

AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987 (Commonwealth)</i>
APS	Australian Public Service
COAG	Council of Australian Governments
Finance	Department of Finance
FoI Act	<i>Freedom of Information Act 1982 (Commonwealth)</i>
Health	Australian Government Department of Health
ICT	information and communications technology
Institute	Australian Institute of Health and Welfare
METeOR	AIHW's Metadata Online Registry
PBS	Portfolio Budget Statements
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>
SHOR	Specialist Homelessness Online Reporting

## 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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- Health (Department of Health) 2015. Budget 2015–16. Portfolio Budget Statements 2015–16. Budget related paper no. 1.10. Health portfolio. Canberra: Health. Viewed 13 May 2015, <[www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016\\_Health\\_PBS](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS)>.

## Related publications

The *Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19* is the first of an annual series produced to meet legislated requirements. This and any subsequent plans will be available for download free of charge on the AIHW website at <[www.aihw.gov.au](http://www.aihw.gov.au)>. The website also includes information on ordering printed copies.

Related prior publications, released more infrequently and not required by legislation, include:

- AIHW (Australian Institute of Health and Welfare) 1993. Corporate plan 1993–94 to 1995–96. Cat. no. AIHW 224. Canberra: AIHW.
- AIHW 1995. Corporate plan 1995–96 to 1997–98. Cat. no. AIHW 10. Canberra: AIHW.
- AIHW 1996. Corporate plan 1996–99. Cat. no. AUS 3. Canberra: AIHW. Available at <[www.aihw.gov.au/publication-detail/?id=6442466831](http://www.aihw.gov.au/publication-detail/?id=6442466831)>.
- AIHW 1999. Corporate plan 1999–2002. Cat. no. AUS 18. Canberra: AIHW. Available at <[www.aihw.gov.au/publication-detail/?id=6442467102](http://www.aihw.gov.au/publication-detail/?id=6442467102)>.
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- AIHW 2007. AIHW corporate plan strategic directions 2007–2010. Cat. no. AUS 90. Canberra: AIHW. Available at <[www.aihw.gov.au/publication-detail/?id=6442467972](http://www.aihw.gov.au/publication-detail/?id=6442467972)>.
- AIHW 2011. Strategic directions 2011–2014. Cat. no. AUS 128. Canberra: AIHW. Available at <[www.aihw.gov.au/publication-detail/?id=10737419612](http://www.aihw.gov.au/publication-detail/?id=10737419612)>.

AIHW annual reports might also be of interest in the context of this corporate plan, and are also available from the AIHW website at <[www.aihw.gov.au/publications/aihw-corporate/](http://www.aihw.gov.au/publications/aihw-corporate/)>. The most recent annual report is:

- AIHW 2014. Annual report 2013–14. Cat. no. AUS 185. Canberra: AIHW. Available at <[www.aihw.gov.au/publication-detail/?id=60129549114](http://www.aihw.gov.au/publication-detail/?id=60129549114)>.

## Compliance index

The PGPA Act (subsection 35(1)) requires the AIHW Board to prepare this 2015–16 to 2018–19 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)	Approved 7 August 2015
Presentation to the Health Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	Presented 7 August 2015
Presentation to the Finance Minister (Note: The PGPA Rule specifies that this occur before publication.)	35(1)(b)	Presented 7 August 2015
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)	iv
Inclusion of the purposes of the AIHW	16E(2)	1–7
Inclusion of the environment in which the AIHW will operate for 2015–16 to 2018–19	16E(2)	8–11
Inclusion of performance information, with matters as required	16E(2)	12–17, 21–26
Inclusion of the key strategies and plans that the AIHW will implement in 2015–16 to 2018–19 to achieve its purposes	16E(2)	17–19, 21–26
Inclusion of a summary of the risk oversight and management systems of the AIHW for 2015–16 to 2018–19 (including any measures that will be implemented to ensure compliance with the finance law)	16E(2)	27–28
Publication on the AIHW's website by 31 August 2015	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. As this is the first corporate plan prepared under the PGPA Act, there was no variation to a prior corporate plan that required publication of a revision.

# Contact, feedback and publication information

## Contact information

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## 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:

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### 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 publications or data cubes, 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 and RTF formats on the AIHW's website <[www.aihw.gov.au/publication-detail/?id=60129551938](http://www.aihw.gov.au/publication-detail/?id=60129551938)>.

Readers unable to access this print report or the online versions of this report are invited to request that the publication be supplied to them in a different format. 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.

### **Acknowledgments**

Joanne Maples and Gary Kent of the Governance Unit at AIHW prepared this report with the assistance of Louise York and other AIHW staff.



This Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19 highlights the achievements planned to occur during the 2015–16 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.