



Australian Government

**Australian Institute of
Health and Welfare**

Australian Institute of Health and Welfare Corporate Plan 2016–17 to 2019–20



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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

2016–17 to 2019–20

Australian Institute of Health and Welfare
Canberra

Cat. no. AUS 205

The Australian Institute of Health and Welfare is a major national agency that provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's purpose is to provide authoritative information and statistics to promote better health and wellbeing among Australians.

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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 our purpose. It covers the 2016–17 year in greatest detail but extends out to 2019–20.

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 strategic directions and priorities', outlines our key areas of focus for the coming years that will increase our capability to respond to the needs of our stakeholders.

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 performance criteria.

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

On behalf of the AIHW Board, which is the accountable authority of the Australian Institute of Health and Welfare, I am pleased to present the *Australian Institute of Health and Welfare Corporate Plan 2016–17 to 2019–20*, as required under paragraph 35(1)(b) of the *Public Governance, Performance and Accountability Act 2013*. The plan is prepared for 2016–17 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*.

Dr Mukesh C Haikerwal AO

Board Chair

23 June 2016

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1 About the AIHW

The Australian Institute of Health and Welfare (AIHW) is a major national agency established 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 activities include data collection, 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.

More than half of our revenue comes through commercial contracts with Commonwealth and state and territory departments and agencies for specific project work with defined deliverables.

We have over 300 expert statistical, administrative and communications staff, mostly based in Canberra with a small office in Sydney. 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 purpose

To provide authoritative information and statistics to promote better health and wellbeing among Australians.

Our role

We are committed to enabling the delivery of better health and welfare outcomes for Australians by 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, high-quality analyses and related services 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 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 data and analyses and related services that are useful for developing better policy and driving changes in service delivery.

Our stakeholders

We aspire to communicate our data, information and analytical products as widely as possible in accessible formats to all our stakeholders. Further, our work would not be possible without strong relationships with many of them.

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; the Prime Minister and Cabinet; Defence; Veterans' Affairs; 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, housing assistance and justice
- health and welfare service providers, professionals and non-government organisations
- consumers of health, welfare and housing assistance services
- the research community, particularly for public health issues.

In addition to working with and for our stakeholders, the 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 with international partners including the World Health Organization, the Organisation for Economic Co-operation and Development, the Canadian Institute for Health Information and the International Group for Indigenous Health Measurement.

Our services

The kinds of services we provide 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
- developing national statistical standards and classifications, and registering these in our metadata repository, METeOR, which is available at <www.meteor.aihw.gov.au>.
- designing and undertaking complex data linkage projects – see <www.aihw.gov.au/data-linking/>
- building and managing information clearinghouses, disease registers and similar databases
- reviewing or evaluating the effectiveness of health and welfare programs or policies
- analysis and modelling of the impact of proposed health and welfare policy initiatives or changes to programs or services
- facilitating researcher access to health and welfare data
- building the evidence base for health and welfare policy development

- providing customised data analysis on a fee-for-service basis and managing requests for health and welfare data held on behalf of other government agencies, through data curation services.

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

Our data holdings

Our health and welfare data holdings are substantial, including more than 150 data sets. Fifteen of our datasets relate to 10 of the Australian Bureau of Statistics' 104 listed Essential Statistical Assets for Australia (ABS 2014). These 10 essential statistical assets cover fields as diverse as housing assistance, homelessness, perinatal health, disability, cancer, hospitals and hospital activity, alcohol and other drugs, and mortality.

Our data holdings primarily comprise administrative data sets – such as the national hospitals databases and the National Aged Care Data Clearinghouse. In 2015–16, some Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) data were added. We also hold disease registers – such as the National (insulin-treated) Diabetes Register and the Australian Cancer Database – and a range of survey-based collections – such as the National Drug Strategy Household Survey and the National Social Housing Survey. Further holdings are listed in Appendix 7 of our 2014–15 report at <www.aihw.gov.au/publication-detail/?id=60129553413>.

Our statutory essentials

Enabling legislation

Our enabling legislation, the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) – available at <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 – available at <www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129551516> – 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. The 2016–17 Portfolio Budget Statements (PBS) for the Health portfolio describe the main activities the AIHW will undertake in 2016–17 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.

The AIHW Act confines the Institute’s role with respect to ‘welfare-related information and statistics’, to ‘welfare services.’ The AIHW Act defines ‘welfare services’ as including services related to aged care, child care, people with disabilities, housing assistance, child welfare and other community services.

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 the 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 organisations and ensuring that data providers can be confident that the AIHW will adhere to data supply terms and conditions.

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

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

The AIHW's values are:

- **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.

In performing our work, we exemplify the **Australian Public Service Values**. We are:

- impartial, committed to service, accountable, respectful and ethical.

We promote best practice in the collection, compilation and dissemination of statistics consistent with the **National Statistical Service key principles**:

- statistical integrity, relevance, coherence, timeliness, accessibility, interpretability, accuracy, professionalism and trust of data providers.

2 Our environment

The environment in which we have operated since 1 July 1987 continues to evolve and focus on our need for agility and adaptability as a response. Key features of our environment in which we expect this corporate plan will operate are detailed as follows.

Competing for business in a changing policy and institutional environment

Institutional change and review

In August 2015, the Australian Government decided to:

- transfer the National Health Performance Authority (NHPA) Performance and Accountability Framework (PAF) function to the AIHW from 1 July 2016
- commission an independent review of the AIHW to ensure that it is best positioned to continue to efficiently and effectively meet its mandate.

The PAF is supported by the Council of Australian Governments through the National Health Reform Agreement 2011. Work has commenced and will continue through 2016–17 to enable the AIHW to deliver relevant products seamlessly (see Section 5).

Consistent with the Australian Government's policy objective to increase the efficiency of public sector organisations through review and reform of their operations, the independent review (by the Nous Group) commenced in September 2015 and considered the role of the AIHW, including its structure, functions and processes, giving due recognition to both health and welfare issues. The consultant's report was submitted to the Australian Government Department of Health (Health) in early 2016. The AIHW intends to work with Health to develop a plan to implement the recommendations of the report consistent with Government policy.

Reliance on external funding

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.

For many years a substantial part of our revenue has come from sources other than our appropriation – mainly for specific project work we undertake for government agencies. We have a strong focus on maintaining ongoing project work with existing funders and, where possible, developing projects of interest for new funders. We expect total non-appropriation funding to remain fairly steady at around \$30 million in 2016–17. The proportion of the AIHW's revenue that comes from appropriation will increase from about 33% to about 46% due to the transfer of appropriation funding from NHPA related to the transfer of PAF functions.

The public is provided with free access to AIHW products 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.

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 comply with our enabling legislation and data governance policies, our 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 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 for 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 digital, information and communication environment is complex, with rapid developments in capacity to capture and analyse large volumes of data, and growing expectations that this information will be made more accessible for research and community use and brought together in meaningful ways to meet multiple information needs. The AIHW must remain at the forefront of external developments of particular relevance to our mission such as public sector open data, big data, digital transformation and eHealth initiatives. We monitor potential new data sources, new analytic techniques, and contribute to the national picture by working collaboratively with stakeholders to improve access to and use of health and welfare information in areas of most need and potential benefit nationally.

Responding to changing demands for information

There is growing demand for information that is easily accessible, available in real time or very up-to-date and integrated at national, state and territory, and local levels. It is also

important to present our information 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.

Through collaboration with others, we work to develop and/or acquire new national databases, which can be maintained, further developed and made available to others.

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. In response, we aim to provide 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 to support service planning and delivery information requirements, particularly to allow services to be planned using local data about need for services, services received and service outcomes. Performance reporting at primary health network and hospital levels and the new Prime Minister and Cabinet Indigenous Advancement Strategy regions are examples of work in this area.

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

Understanding the policy and program environment

Information is most relevant when presented in context. Key AIHW strengths are 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. We will 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 our strong data governance and secure data storage and management capabilities to retain the trust of our many data providers, data recipients and other stakeholders. Our robust data governance arrangements are described in our *Data governance framework* <www.aihw.gov.au/data-governance-framework/>.

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

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 innovative and increasingly more sophisticated data acquisition, management and manipulation techniques. This necessitates maintenance of robust privacy and confidentiality arrangements, supported by the AIHW Ethics Committee, which has responsibility for approving and monitoring new data projects and practices to ensure they comply with the Privacy Act and the AIHW Act.

3 Our planned performance

Our approach to measuring our performance in 2016–17 is based on the AIHW’s performance criteria contained in the 2016–17 Health PBS.

We reviewed our performance criteria during 2015–16 and concluded that only minimal change was appropriate. Targets for several of these performance criteria will require review during 2016–17 to reflect transfer of the PAF reporting function from 1 July 2016. Inclusion of this function may result in target increases, which could not be estimated when the 2016–17 Health PBS was prepared.

Reports required by legislation

Health report and welfare report

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 also presented.

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

Required health and welfare reports 2016–17 to 2019–20

The AIHW is required to present the following reports to the Minister for Health:

- *Australia’s welfare 2017* by 31 December 2017
- *Australia’s health 2018* by 30 June 2018
- *Australia’s welfare 2019* by 31 December 2019
- *Australia’s health 2020* by 30 June 2020.

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

Annual reports

The AIHW is required to submit an annual report for each financial year to the Minister for Health, for tabling in Parliament.

Required annual reports 2016–17 to 2019–20

The AIHW is required to 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, collect, analyse and report high quality national health and welfare information and statistics for governments and the community.

PBS purpose

To provide authoritative information and statistics to promote better health and wellbeing among Australians.

PBS program objectives

Improving 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. The AIHW develops and improves national health and welfare data collections, products and tools that enable the delivery of accurate, readily available and user-friendly information that is presented in diverse and innovative ways to meet national information needs of governments and service providers 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. The AIHW produces data and information in areas such as population health (with one focus being on Indigenous Australians), health services (including Indigenous primary health care, expenditure, hospitals, cancer screening, palliative care and mental health services), Primary Health Networks, disability services, community services, drug and alcohol use and services, housing and homelessness services, and early childhood education.

Improving the quality of health and welfare information: The AIHW's objective of increasing the utility and relevance of its data is largely achieved through an ongoing focus on improving data quality and producing objective measurements of performance. Related activities 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). The AIHW's data validation processes improve 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 assess our performance in achieving our purpose 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 performance criteria for the AIHW, each with one or more reference points to be produced, or measures with a target to be achieved. Those for 2016–17 are set out on the following pages. Targets for quantitative performance criteria measures that have been set for the 3 years beyond 2016–17 are shown in Appendix 2.

PBS performance criteria

Our PBS performance criteria for 2016–17 and details of the information to be collected and measured are contained in the following table.

| PBS PROGRAM OBJECTIVE AND PERFORMANCE CRITERIA | MEASUREMENT APPROACH |
|---|--|
| <p>Improving the availability of health and welfare information</p> | |
| <p>Release a range of information products relevant to key policy areas by 30 June 2017 including:</p> <ul style="list-style-type: none"> • a 2016 National Social Housing Survey report • key findings from the 2016 National Drug Strategy Household Survey • Indigenous estimates from the Australian Burden of Disease Study 2011 • a report on the AIHW's enhanced mortality database project for estimating Indigenous life expectancy • a mapping report on the relative spatial distributions of the clinical health workforce and Indigenous Australian populations • a report on mothers and babies for 2014 and companion interactive perinatal data portal • a 2014–15 health expenditure report • regional aged care profiles. | <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>Operate the Data Integration Services Centre to undertake complex data integration (linkage) projects as agreed under the <i>National Collaborative Research Infrastructure Strategy 2013</i>, including by:</p> <ul style="list-style-type: none"> • satisfying requests for data linkage relating to more than 30 projects by 30 June 2017. | <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>Collect, produce and release data and information that assists community understanding, policy purposes or research purposes, within privacy and confidentiality constraints, such that:</p> <ul style="list-style-type: none"> • AIHW data collections—a number of which are 'Essential Statistical Assets for Australia'—are: <ul style="list-style-type: none"> ○ maintained securely over time and enhanced, where relevant ○ made accessible for the purposes of external research ○ used to disseminate information in diverse and accessible formats | <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"> • the data collections we manage • major enhancements to these data collections • successful AIHW Ethics Committee applications for access to our collections. |

| PBS PROGRAM OBJECTIVE AND PERFORMANCE CRITERIA | MEASUREMENT APPROACH |
|--|--|
| <ul style="list-style-type: none"> 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. | <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"> our participation in national committees the external organisations with which we have relationships and/or agreements specific instances where we have met current and emerging information needs that contribute to the evidence base for policy and service delivery. |
| <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"> development, coordination and supply of data for governments, including a range of performance indicators in COAG national agreements on health, housing and homelessness, disability, and Indigenous reform, including those for the Performance and Accountability Framework agreed by the COAG. | <p>To demonstrate this, information for the year will be collated from operating units on:</p> <ul style="list-style-type: none"> our contribution to development and reporting of performance indicators required by COAG national agreements on health, housing and homelessness, disability and Indigenous reform other contributions we made to development, coordination and supply of data for governments. |
| <p>Improved availability of information measured by release or completion of at least:</p> <ul style="list-style-type: none"> 161 products^(a) 50% of statistical products that include data in a manipulatable format 120 requests for customised data analysis. | <p>Information about all products released during the year is available from our publications information systems. A product is a public release of data or information on a discrete topic occurring on a single day, which was not previously publicly available. It may be in the form of a written report, data tables or other communication products, including interactive web products. 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"> are statistical in nature (that is, excluding for example our data development reports and annual report) (denominator) include data presented in a format that can be manipulated by users (for example, data cubes, appendix tables in spreadsheet rather than PDF format) (numerator). <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 <www.aihw.gov.au/custom-data-request-service/>. 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>Provision of free, high quality information measured by reaching at least:</p> <ul style="list-style-type: none"> 54,000 website downloads of <i>Australia's health</i> 3,500 website downloads of <i>Australia's welfare</i> 3.1 million sessions on the AIHW's website^(a) | <p>Download and visit information will be obtained from our website monitoring software on the number of:</p> <ul style="list-style-type: none"> downloads of editions of <i>Australia's health</i> downloads of editions of <i>Australia's welfare</i> sessions on the AIHW website, excluding sessions on the METeOR, Specialist Homelessness Services, MyHospitals, MyHealthyCommunities and Clearinghouse websites. |

| PBS PROGRAM OBJECTIVE AND PERFORMANCE CRITERIA | MEASUREMENT APPROACH |
|--|---|
| <ul style="list-style-type: none"> 4,000 references to the AIHW and its products in the media^(a). | Information on references in the media to the AIHW and its products will be obtained from our media monitoring arrangements. |
| Improving the quality of health and welfare information | |
| Release information on performance indicators in the Performance and Accountability Framework agreed by COAG by making: <ul style="list-style-type: none"> performance information readily available via the MyHospitals and MyHealthyCommunities websites. | Information about all products released during the year is available from our publications information systems. Performance information on performance indicators in the Performance and Accountability Framework agreed by COAG will be publicly available on the <www.myhospitals.gov.au> and <www.myhealthycommunities.gov.au> websites. |
| Improved timeliness of statistical information products by ensuring that: <ul style="list-style-type: none"> data for at least 65% of annual national collections are reported less than 1 year after the end of their data collection period. | Information will be collated about products we release during the year that enables counting of products we release during the year that: <ul style="list-style-type: none"> fully report or publicly release an annual national data collection that is collated by the AIHW (denominator) are reported less than 1 year after the end of their annual data collection period (numerator). |

(a) The target does not include products related to the transfer of the NHPA function to the AIHW.

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

The AIHW recognises that skilled, engaged and versatile people are critical to the achievement of our purpose. We aim to cultivate and value a skilled, engaged and versatile workforce by:

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

We expect to maintain an average staffing level (ASL) of 311 staff in 2016–17, which is higher than our 2015–16 staffing level, due to the transfer of 30 funded positions from the NHPA. We will continue to increase staff productivity by implementing more efficient business processes and training staff in how to use them.

In order to maintain flexibility in total workforce numbers, 5–10% of our active staff are employed on a non-ongoing basis. The AIHW offers flexible working conditions to attract high quality professional staff who value the opportunity to balance their work and other commitments. Over one-quarter of staff work on a part-time basis and nearly 70% of AIHW staff are women. More than two-thirds of staff have over 4 years of service with the AIHW. The length of service of our staff has been increasing over recent years. These features of our workforce are expected to remain.

Over two-thirds of our workforce is employed at APS 5, APS 6 or Executive Level 1 classification levels. 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 able to compete on merit to take up any internal promotion opportunities over the next few years. In addition to continuing to recruit highly qualified and capable graduates at the APS 4 level, we expect to recruit small numbers of suitably qualified staff externally as required throughout 2016–17. The proportion of active staff working at executive levels may reduce over the next 4 years, as most recruitment is expected to occur at APS 4 to APS 6 levels.

In the 2015 State of the Service Employee Survey, 113 AIHW staff reported a post-graduate qualification as their highest educational qualification. Another 79 of the 223 survey respondents reported having a bachelor's degree. These figures underlie that our highly competent staff have skills and knowledge in:

- information needs for health and welfare policy, planning and service delivery

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

The AIHW Director reports to the AIHW Board on workforce statistics and strategies every 6 months. The key workforce priorities for the next 4 years 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, data sharing 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
- enhancing our capability to undertake high powered and complex analysis to unlock valuable information from very large data sets
- increasing our focus on 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 whole-of-government 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 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 ICT 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 ICT hardware and software.

5 Our strategic directions and priorities

Our strategic directions

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

AIHW strategic directions

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.

In 2016–17, the Board intends to commission a review of the AIHW's purpose, role and strategic directions in consultation with key stakeholders in light of the recommendations of the *Nous* report.

Pending the review of the strategic directions the Board has decided to pursue the following strategic priorities in 2016–17.

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 and a proliferation of geospatially enabled data sets, in order to meet demands for this kind of information from current clients as well as new users.

The AIHW is well placed to contribute to improved national analysis and reporting at finer geographical levels, given our existing skills, relationships, data holdings and data governance arrangements to ensure confidentiality of data released. We have already developed and demonstrated our geospatial information capability through the completion of several specific projects.

The AIHW is investing in geospatial software that will allow us to standardise the work we do in this area and to build a critical mass of expertise to undertake geospatial analysis across all areas of the AIHW. The AIHW will continue to geo-code our established data sets and work with stakeholders on establishing common standards and boundaries (for example, Primary Health Networks). Success will be measured through examples of completed work that prove useful in assisting governments and service providers to improve outcomes for local communities.

2 Data linkage

Health policymakers and analysts are increasingly interested in obtaining integrated information to improve their understanding of patient- or person-centred services and

outcomes, over individuals' life courses and through patterns of their interactions with various service sectors. The AIHW is well placed to lead and improve the availability of such information through our role as an accredited Data Integrating Authority and our understanding of a range of highly relevant Commonwealth and state and territory administrative data sets.

As one of only three 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 have established a strong presence in health and welfare data linkage through our infrastructure and integration work program with a number of projects successfully delivered to date. We are a linkage node in the Population Health Research Network, which has provided national data linkage infrastructure, methods and linkage processes. Through this network we also work with the Sax Institute to provide secure access for researchers to sensitive data via the Secure Unified Research Environment.

We specialise in the linking of data sets to reveal new information about patient transitions between care types; explore client patterns of behaviour and use of several specific services for which information was previously considered 'siloes'; assess the effectiveness of health intervention programs, and improved estimates of mortality and life expectancy for Indigenous Australians.

Further development of AIHW's data linkage capability will be a priority during the course of this corporate plan. A particular focus will be to work with states and territories and Health to develop collaborative arrangements for routine provision to the AIHW of linkable hospital activity data, and linking of those data with MBS and PBS data to create an integrated data resource for use by the AIHW and jurisdictions. AIHW curation of linkable hospitals data will also facilitate a wide range of research based on linkage of hospitals data with other health-related data (such as mortality data) and non-health services data. Another focus will be to work collaboratively with the ABS to ensure that the development of the data linkage capacity of the AIHW and the ABS is coordinated to best serve the needs of data users.

Our success in improving the availability of integrated health- and welfare-related information will be assessed against PBS performance targets, improvements in AIHW data linkage capability, and 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

The AIHW receives data from many sources. Many of these data are from state and territory government administrative information systems related to the services they provide, or from the systems of the 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 Specialist Homelessness Online Reporting (SHOR) and Validata[®] that assist data providers to clean

and validate data for national reporting. Validata® also provides the ability for customised reporting to the data providers to give them a better understanding of their data and quality. These reports are used extensively throughout all the data collections in the Validata®.

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.

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. Although considerable information is collected about Indigenous-specific primary health care services, national data on mainstream services are limited. 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, the report of the Primary Health Care Advisory Group and associated primary care initiatives announced by the Australian Government in March 2016, and reviews of arrangements surrounding the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

During the course of this corporate plan, the AIHW will enhance its primary care reporting through the addition of Performance and Accountability Framework indicator reporting on the MyHealthyCommunities website. We will also continue 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 identifying 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 web-based products. We are keen to enable access to our information to 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 to help provide better and easier access to our information and products. In the light of stakeholder feedback on our product range, we will conduct a systematic stocktake and review of our product offering.

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 big data analytics

As reflected in various other priorities, we recognise the growing demand for more sophisticated synthesis, analysis and visualisation of data, particularly in areas that can assist policymakers in making future health and welfare investment decisions.

In recent years we have completed several complex analytical research projects that have expanded the national information base for health and welfare support services.

The AIHW is finalising its work on new ‘burden of disease’ analyses for Australia. This project quantifies the health loss from various diseases and injuries borne by the Australian population, Aboriginal and Torres Strait Islander people and sub-national populations. This work provides the basis for building projections of the likely burden of disease in the future and for investigating the links with disease expenditure.

In addition, access to MBS and PBS data and other large data sets will enable the AIHW to apply leading-edge analytical techniques to search for new insights and answers to key policy questions, including likely future scenarios. Application of predictive modelling and analysis techniques to MBS data will require an enhanced application of big data methodologies and AIHW is developing an ongoing process for analytics capability enhancement.

The AIHW has established a Statistics and Analysis Support Unit to support the Institute’s analytical work, the application of statistical methodologies and managing data quality.

Success in this aspect of our work will be demonstrated by an increase in the number and complexity of products and services 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 data sets of national significance and making them accessible to data users under governance arrangements that maintain privacy and confidentiality while adhering to data provider requirements and the needs of the broader community. We support data providers in improving 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, including the development of an AIHW Data Quality Framework. 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. There is increasing demand to move from 'siloed' 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 and efficiency of certain interventions, about service gaps and patient or client experiences and outcomes.

The AIHW is uniquely positioned to assist others to better understand these complex health and welfare systems. This is based on our special skills, extensive nationally validated health and welfare data holdings, relationships with governments and others, data governance and legislative frameworks, infrastructures such as those that support data linkage, and demonstrated experience over 29 years.

A particular focus during the course of this corporate plan will be on working collaboratively with jurisdictions to enhance the AIHW's cross-sectoral and cross-jurisdictional data resources and improve the infrastructures to allow linkage of the data and making the data resources available for jurisdictional use.

Our work on performance reporting will continue focussing on the needs of the jurisdictions, including as detailed in COAG agreements. We will work with jurisdictions and others to ensure the usefulness of our performance and statistical reporting about the jurisdictions and

the services they provide or fund can contribute to improving accountability and performance.

Our success will be measured by identified examples of new or continuing roles in the development of, or making available, health and welfare information and data that support decision-making in Australia's federated system.

9 Performance and Accountability Framework reporting

The next 12 months will be crucial to the smooth integration of the Performance and Accountability Framework (PAF) function into the AIHW work program and operational activities. We will carefully consider how best to continue reporting on local health-care organisations under the PAF.

Retaining staff who have transferred from the NHPA to the AIHW will enable the smoothest possible transition of the PAF function. The AIHW will continue the development of high quality data and appropriate methodologies for measuring performance of local health-care organisations using PAF indicators. Significant work already completed by the NHPA on a number of complex indicators will continue to be used and, where necessary, developed further to enable the release of performance information to the public. Information from a new Coordination of Care Survey, conducted with the ABS, will also be utilised. The AIHW will also carefully consider how best to release this local-level information in ways that will engage key audiences and maximise the opportunities for more informed decision making and ultimately service improvements.

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/> as a matter of good practice.

Oversight of business risk

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

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.

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 Framework* (Australian Government 2014; see <www.ag.gov.au/CrimeAndCorruption/FraudControl/Pages/FraudControlFramework.aspx>), which relates to:

- section 10 of the Public Governance, Performance and Accountability Rule 2014
- the Commonwealth Fraud Control Policy

- the Attorney-General's Department's *Resource Management Guide No. 201 Preventing, detecting and dealing with fraud*.

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

Internal audit

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

Appendixes

Appendix 1: Members of the AIHW Board

At 30 June 2016

| | |
|-----------------------------|---|
| Dr Mukesh Haikerwal AO | Board Chair |
| Mr Barry Sandison | AIHW Director |
| Dr Zoran Bolevich | Nominee of the Australian Health Ministers' Advisory Council |
| Ms Marilyn Chilvers | Nominee of the Children and Families Secretaries Group |
| Mr Philip Fagan-Schmidt PSM | Representative of state housing departments |
| Mr David Kalisch | The Australian Statistician |
| Mr Paul Madden | Member nominated by the Secretary, 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 |
| Mr Andrew Goodsall | Ministerial nominee |
| Vacant | Ministerial nominee |
| Vacant | Ministerial nominee |
| Vacant | Staff-elected representative |

Appendix 2: Targets for measures of quantitative PBS performance criteria, 2016–17 to 2019–20

| | 2016–17 | 2017–18 | 2018–19 | 2019–20 |
|--|---------|---------|---------|---------|
| Improving the availability of health and welfare information | | | | |
| Improved availability of information measured by the number of: | | | | |
| • products released | 161 | 166 | 171 | 173 |
| • statistical products released that include data in a manipulatable format (%) | 50 | 55 | 60 | 65 |
| • completed requests for customised data analysis. | 120 | 120 | 120 | 120 |
| Provision of free, high quality information measured by the minimum number of: | | | | |
| • website downloads of <i>Australia's health</i> | 54,000 | 41,000 | 63,000 | 47,000 |
| • website downloads of <i>Australia's welfare</i> | 3,500 | 8,000 | 4,000 | 9,000 |
| • sessions on the AIHW's website (million) | 3.1 | 3.3 | 3.6 | 3.9 |
| • references to the AIHW and its products in the media. | 4,000 | 4,000 | 4,000 | 4,000 |
| Improving the quality of health and welfare information | | | | |
| 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 (%) | | | | |
| | 65 | 70 | 75 | 77 |

Reader guides

Abbreviations and acronyms

| | |
|-------------|--|
| AIHW | Australian Institute of Health and Welfare |
| AIHW Act | <i>Australian Institute of Health and Welfare Act 1987</i> (Commonwealth) |
| APS | Australian Public Service |
| COAG | Council of Australian Governments |
| FoI Act | <i>Freedom of Information Act 1982</i> (Commonwealth) |
| Health | Australian Government Department of Health |
| ICT | information and communications technology |
| Institute | Australian Institute of Health and Welfare |
| METeOR | AIHW's Metadata Online Registry |
| PAF | Performance and Accountability Framework (for the health system) |
| PBS | Portfolio Budget Statements |
| PGPA Act | <i>Public Governance, Performance and Accountability Act 2013</i> (Commonwealth) |
| PGPA Rule | Public Governance, Performance and Accountability Rule 2014 |
| Privacy Act | <i>Privacy Act 1988</i> (Commonwealth) |
| SHOR | Specialist Homelessness Online Reporting |

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> 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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Related publications

The *Australian Institute of Health and Welfare Corporate Plan 2016–17 to 2019–20* is the second 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>. The website also includes information on ordering printed copies.

Previous corporate plans in this annual series are:

- AIHW (Australian Institute of Health and Welfare) 2015. Australian Institute of Health and Welfare Corporate Plan 2015–16 to 2018–19. Cat no. 194. Canberra: AIHW. Available at <www.aihw.gov.au/publication-detail/?id=60129551938>.

Reporting in relation to the content of this first corporate plan will commence with the AIHW's annual report 2015–16 which is due to be published by the end of October 2016.

Previous 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/>. The most recent annual report is:

- AIHW 2015. Annual report 2014–15. Cat. no. AUS 195. Canberra: AIHW. Available at <www.aihw.gov.au/publication-detail/?id=60129553413>.

Compliance index

Subsection 35(1) of the PGPA Act requires the AIHW Board to prepare this 2016–17 to 2019–20 corporate plan and deliver it to the Health and Finance Ministers at a time and in a form prescribed in the Public Governance, Performance and Accountability Rule 2014 (PGPA Rule).

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

| PGPA Act corporate plan requirements | Paragraph of the PGPA Act | Date or page in this plan |
|--|-----------------------------------|----------------------------------|
| Approval by the accountable authority | 35(1)(a) | Approved 23 June 2016 |
| Presentation to the Health Minister (Note: The PGPA Rule specifies that this occur before publication.) | 35(1)(b) | Presented 21 July 2016 |
| Presentation to the Finance Minister (Note: The PGPA Rule specifies that this occur before publication.) | 35(1)(b) | Presented 21 July 2016 |
| Inclusion of activities contributing to Australian Government key priorities and objectives as published under section 34 of the PGPA Act | 35(3) | Not applicable |
| Inclusion of information relating to subsidiaries | 35(5) | Not applicable |
| PGPA Rule corporate plan requirements | Paragraph of the PGPA Rule | Page in this plan |
| Inclusion of an introduction (that is, a statement of preparation), with matters as required | 16E(2) | iv |
| Inclusion of the purposes of the AIHW | 16E(2) | 1 |
| Inclusion of the environment in which the AIHW will operate for 2016–17 to 2019–20 | 16E(2) | 7–10 |
| Inclusion of performance information, with matters as required | 16E(2) | 11–16, 29 |
| Inclusion of the key strategies and plans that the AIHW will implement in 2016–17 to 2019–20 to achieve its purposes | 16E(2) | 17–25 |
| Inclusion of a summary of the risk oversight and management systems of the AIHW for 2016–17 to 2019–20 (including any measures that will be implemented to ensure compliance with the finance law) | 16E(2) | 26–27 |
| Publication on the AIHW's website by 31 August 2016 | 16E(3) | — ^(a) |

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

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

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

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

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

This publication

Availability and accessibility

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

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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 for accessibility reasons. You can make this request using the AIHW contact web page <www.aihw.gov.au/contact/> or by phoning or emailing us.

Acknowledgments

Joanne Maples of the Governance Unit at the AIHW prepared this plan with the assistance of the Senior Executive Team and other AIHW staff.

This Australian Institute of Health and Welfare Corporate Plan 2016–17 to 2019–20 highlights the achievements planned to occur during the 2016–17 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.