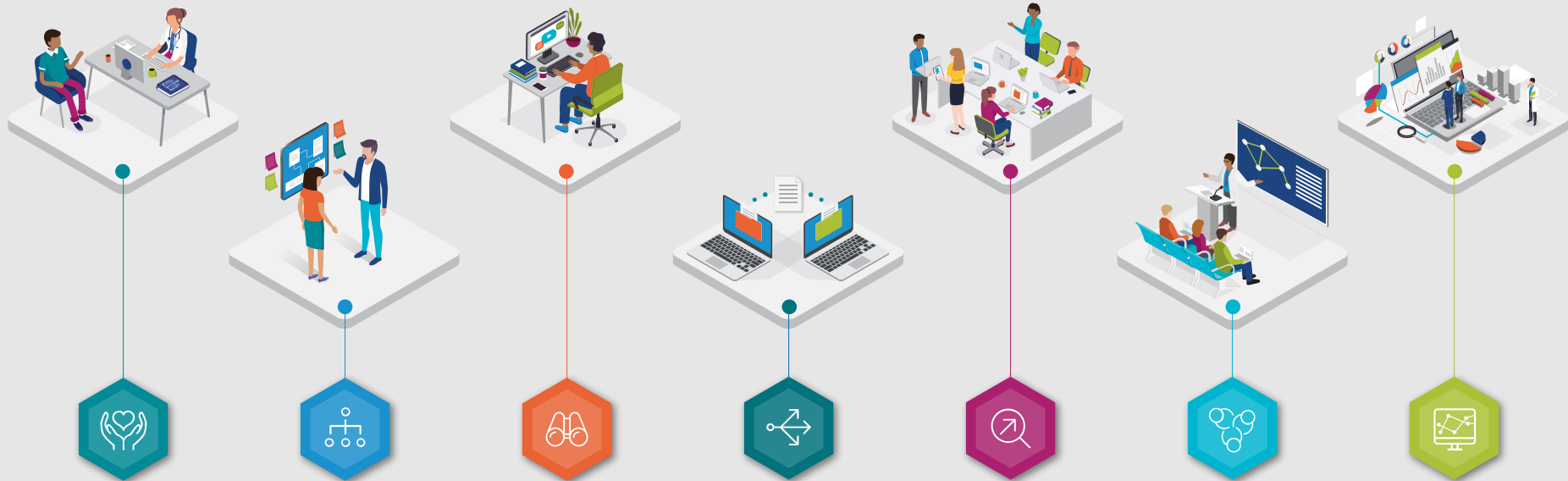




Australian Government

Department of Health
and Aged Care



DATA STRATEGY 2022–2025

Harnessing the power of data for
better health, aged care and wellbeing

Version control

This document was prepared in June 2022 by the Health Economics and Research Division (HERD), Department of Health and Aged Care. It will be reviewed and updated as needed, and changes will be reflected in the below table.

#	Revision description	Section #	Date	Approved by
1.0	New document	All	June 2022	Phillip Gould

Acknowledgement of Country

We, the Department of Health and Aged Care, acknowledge the Traditional Owners and Custodians of Country throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and acknowledge and respect their continuing connections and relationships to country, rivers, land and sea.

We acknowledge the ongoing contribution Aboriginal and Torres Strait Islander people make across the health and aged care systems and wider community. We also pay our respects to Elders past, present and future and extend that respect to all Traditional Custodians of this land.

We acknowledge and respect the Traditional Custodians whose ancestral lands are where our Health and Aged Care offices are located.



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Message from the Secretary

I am pleased to present the Department of Health and Aged Care's *Data Strategy 2022 – 2025: Harnessing the power of data for better health, aged care and wellbeing*.

This is a Strategy that has been developed from the ground up to enhance the way that we collect, access, manage, store, share and – perhaps most importantly – use data. It commits us to making better use of data, so that we can provide the support that Australians need to live long, happy and healthy lives across all stages of their life journey.

At its core, this Strategy is about our culture. It challenges us to make a much needed shift – to move away from a culture that has tended to prioritise holding our data close, towards one that prioritises sharing and collaboration with an explicit *commitment to share* when there is clear benefit to the public. We have given ourselves this challenge because we know that our data has limited value in isolation – the power of our data to solve key policy challenges grows exponentially as we make it more complete, more joined up and more available.

The federal structure of health service delivery in Australia means that data is held across many agencies and jurisdictions as well as many areas of the Department. With this in mind, this Strategy commits the Department to taking a leadership role across the health portfolio, and to working more closely with our counterparts in the states and territories. We can enhance Australians' health, aged care and wellbeing when data is appropriately linked, shared, and used across these various service settings. For example,

by linking Commonwealth-held data regarding the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and residential aged care facilities with state and territory based hospital admissions data, we are better able to understand the life course costs of health and ageing in the Australian population and inform improved outcomes and transitions between health and aged care settings.

The data that we hold has particular sensitivities due to its highly personal nature – Australians expect us to hold their health information with the strictest confidence. As we implement this Strategy, we will ensure that there are strong and appropriate safeguards in place to build and maintain trust. However, we must avoid a blanket risk averse approach to the release and use of data, and balance residual risks with foreseeable public benefit.

We are lucky in that we are not starting from scratch – this Strategy builds on good work that is happening across many areas of the Department and, indeed, across the portfolio. For example, our response to the *Royal Commission into Aged Care Quality and Safety* includes the development of National Minimum Data Standards, and a complete Aged Care Data Set. We will learn from work such as this, and work being led by others across the Department, as we implement this Strategy.

This Strategy closely aligns with whole-of-government guidance, and follows the direction taken by other government departments. Work being led by the Office of the National Data Commissioner (ONDC),



and the implementation of the *Data Availability and Transparency Act (DATA) 2022* and associated *DATA Scheme* provide us with strong support in the achievement of our vision.

This Strategy is just the beginning – it provides us with the direction and a path forward to help us tackle major challenges from strengthening Medicare through to health workforce planning and the ongoing COVID-19 response. It will be accompanied by a detailed Implementation Plan that lays out the concrete activities to be delivered under the strategic objectives, who will lead these activities, and how we will know if we are making progress. This will help all of us to be held accountable for our part in that journey.

Finally, I would like to take this opportunity to thank all of you who have had a hand in developing this Strategy. It is the culmination of many months of consultation. This Strategy is *our* Strategy – and it is stronger because of your input.

Prof. Brendan Murphy

Message from the Chief Data Steward

2020 and 2021 were extraordinary years, with extraordinary public health challenges. The COVID-19 response highlighted what we can achieve when we effectively access and use data and information, including in close to real time, to solve complex and ever evolving challenges. It also reinforced the impact we can have when we work in partnership – across the Department, the health portfolio, with other government departments, and with our colleagues in the states and territories. We can build on these successes across our whole portfolio of work, ranging from mental health, aged care and workforce planning, through to emergency response.

We live in an increasingly digital world. Digital technologies enable us to do things that were inconceivable just a decade ago – we can use telehealth to see a doctor without having to travel, we can receive hospital-level care in our homes, and we can track our health and wellbeing through wearable technologies.

As a result of digitisation, we now have access to more data than ever before. This new data sits alongside, and should enhance, the data we already hold and manage. Many of these data assets – such as the MBS, the PBS, the Australian Immunisation Register and the National Cancer Screening Register – are amongst the largest and most complex held by the Australian Government, with the potential for the greatest impact.

Our challenge then is to make sure that we make the best use of all this data – to be more efficient and sustainable, to deliver more streamlined and targeted services, to ensure we are investing in the most effective programs – and ultimately to deliver benefits for all Australians. For example, telehealth has become a permanent feature of

primary health care, following its effectiveness in delivering transformational improvements to health care delivery and benefiting many Australians during the COVID-19 pandemic. Analysis of MBS data was crucial in telling a story about how many Australians were accessing telehealth and when and where they were accessing it.

We can not do this alone. We must work hand-in-hand with our partners in the health portfolio, other parts of government, and the academic and research community, leveraging our unique strengths for collective good. In order to do this, we must make sure that our partners can search for, identify, and understand the data assets that we hold.

Australians increasingly expect us to use data to deliver community benefits, but they are often wary of the data that governments hold, particularly their personal health information. This Strategy commits us to transparency, openness and engagement with the public – we must make sure that Australians understand the data that we hold, and how we hold, use and link that data, and make clear the concrete community benefits that arise from that use.

We, therefore, have a vitally important stewardship role. We know that data needs to be properly and appropriately safeguarded – ensuring that we use data for public good, but that we balance this with maintaining individual privacy and confidentiality as well as upholding commercial-in-confidence obligations. In this role, we will be guided by relevant legislation such as the [*Data Availability and Transparency Act \(DATA\) 2022*](#), which supports and empowers us to make appropriate decisions.



Reimagining our governance will be core to help us navigate this balance. We will review and, where needed, update our governance so that our arrangements are clear and transparent. We will augment this with relevant information, training and support for our Data Stewards.

All staff have a role to play in ensuring we make best use of our data – this is central to the Department achieving its broader objectives. That is why this Strategy includes a focus on building staff capability. We believe that all staff – regardless of level or role – should have a baseline level of data literacy. We will bolster this baseline level with specialist expertise from all areas of the Department with advanced data skills, under the leadership of the Health Economics and Research Division.

The key to a successful Data Strategy is always the people involved. I encourage everyone in the Department to take part and make better use of data to help better serve the Australian community.

Paul McBride

Purpose

This Strategy sets out the strategic direction for our management, use, and ongoing development of data to enable our vision of bettering the health, aged care and wellbeing of all Australians over the next three years. It is aligned with the *Australian Government reform agenda for the Australian Public Service*. It is also critical to our success in policy and program delivery.

The Strategy is intended to provide high level direction about how we will harness and manage data to support evidence-informed decision making. It is designed to improve our approach to data sharing and management – within the Department, across the health portfolio, and with our partner agencies and other external partners – and enhance our capability to use robust and innovative data analysis tools and techniques. For example, Case Study 1 describes how the use of linked data has demonstrated opportunities to target topical issues and inform policy. Health and aged care data linked with other portfolios' data enabled detailed analysis of vaccination coverage rates among priority groups during the COVID-19 response. This resulted in improved targeting of communications campaigns during the COVID-19 vaccine rollout and boosted the vaccination coverage rate for culturally and linguistically diverse (CALD) groups.

Key implementation priorities are included in this Strategy. These priorities will be fleshed out in more detail with specific and timed action items agreed in the Implementation Plan. The Implementation Plan, to be finalised by October 2022, will be a key way to monitor and measure our progress in achieving the strategic objectives set out in this Strategy.

The Strategy reflects our commitment to protecting and safeguarding the privacy and confidentiality of the data that we hold, whilst ensuring that this data can be used to inform policy and strategy. Ultimately, this Strategy will help us to make the best use of the data that we hold so that we can deliver *better health, ageing and wellbeing for all Australians, now and for future generations*.

This Strategy is intended to guide and support other work happening across the Department

This Strategy is intended to be a broad, overarching strategy that provides guidance across the Department. Other areas within the Department – for example aged care and Indigenous health – have developed their own strategies that align with our strategic objectives, but respond to their specific challenges. The *Digital and Technology Strategy 2022-2025* is also currently under development.

This Strategy was informed by the previous Department of Health Data and Analytics Strategy (2018-2020) as well as extensive consultation across the Department and with other key stakeholders. It complements other Department-wide strategies such as the *Corporate Plan*, the Secretary Instructions Part A (Managing our Information), Information Security Policy, Privacy Management Plan, Data Governance and Release Framework, Data Management Policies, Evaluation Strategy, and Data, Digital and Implementation Board priorities.

Case Study: Linked data supporting priority populations

During the pandemic, the Australian Immunisation Register (AIR) was linked with the Multi-Agency Data Integration Project (MADIP) data asset to enable detailed analysis of vaccination coverage rates among priority groups including people from culturally and linguistically diverse (CALD) backgrounds, people identifying with a disability outside of the National Disability Insurance Scheme and disability support payment programs, people with chronic conditions, aged care workers, disability support workers, as well as different priority occupations.

The analysis provided timely information to inform a more effective vaccine rollout. For example, evidence regarding which CALD communities needed improved targeting in communications campaigns. Results were also shared with Primary Health Networks and state and territory governments, so that they could take further action. The effectiveness of these interventions was able to be measured over time, showing that vaccination coverage for CALD groups as a whole lifted above the national coverage rate in late 2021.



The public expects that we maintain privacy and security, but they also expect us to use data for benefit. You need to make the case for how data deliver public good – making that story, making that case.

Portfolio agency

We use our data to report against program milestones and outcomes, but we could also be working on drawing it together to gain more sustainable, enduring insights.

Department staff

We need to think about making it more of a two-way street – the investment jurisdictions make in sending data to the Commonwealth makes sense if there's more generation of insights back to us about what to focus on, where national areas of challenge are, so we as jurisdictions can take up that mantle.

Jurisdiction health official





We need to show the community the benefits of using their data for them to be on board.

Consumer representative



Our context

Data must be at the centre of everything we do

The Department is the custodian of some of the most important data sets in Australia. We hold sensitive unit record data about individuals, organisations, commercially sensitive data, as well as aggregate data across a range of aspects of the health and aged care services provided to Australians. In total, we hold some 130 data sets, each with multiple associated data sets and each at differing levels of maturity. Some of these data assets are very large and complex – for example MBS data – whilst others are much smaller – for example project or initiative-specific data sets.

Data is the backbone of the evidence base we use to inform policy development, monitor and understand how services are being delivered and to whom, support future service planning and evaluate the impact of programs that we deliver, commission or provide grants for, so that we can be assured that we are receiving value for money. To be successful in our policy goals, we must be able to collect, manage and analyse data effectively.

There are great examples across the Department of effective and safe use of data to manage program improvements or understand issues or trends, for example regarding the utilisation of pharmaceuticals. Other data sets are still under development – for example aged care data is under a process of development in response to the *Royal Commission into Aged Care Quality and Safety*.

Some of the data we hold represents an opportunity to draw out greater insights and improve our decision-making by approaching it with curiosity and the capability to understand how services might be better managed or targeted.

There are opportunities to improve linkage of health and ageing data with other data sets, so that we gain a more holistic picture of how services are impacting individuals and populations. Our federated health system also provides many challenges in linking up health data

across services provided by states and territories and the Commonwealth, limiting our ability to holistically understand the patient journey. These are challenges that we must respond to using careful yet innovative approaches that are not held back by too conservative a mindset. The advances being made through safe and effective linkage being undertaken by the ABS and AIHW, such as MADIP and the NIHSI¹, are foundational.

In responding to the COVID pandemic, our approach to data has been given a real impetus. Data has been made available in near real-time and the Department has worked closely with the states and territories to assist in the joint understanding of the impact of the pandemic. Yet there are opportunities to do more, where Australian academic researchers could undertake the kinds of data-driven research that has assisted some other countries in their ongoing pandemic management. We have a responsibility to the Australian community to meet their expectations for allowing data to be used to improve their lives.

We want to find meaning in data – for example, leveraging COVID data further to look at trends and correlations for insights, rather than simply reporting focused primarily on the day-to-day volatility of the virus. Data is at its best when it tells us a story with actionable insights, and we have the power to do that more and more.

While the breadth of the programs we manage calls for a decentralised approach to data expertise and insights, we need a solid foundation of clear Department-wide policies and protocols, capability development, great tools, and a shared vision for the appropriate use and sharing of data. The Strategy fits into a broader government movement towards more proactive and engaged approaches to data, which is described in more detail at the end of this document.

Our vision

Our **culture** promotes and values opportunities for the **safe and effective use and sharing of data** to drive better health and aged care outcomes for Australians.

Our strategic objectives

To achieve our vision, we have identified seven key strategic objectives as detailed on the right.

Each of these objectives is discussed in more detail in the body of the Strategy, including:

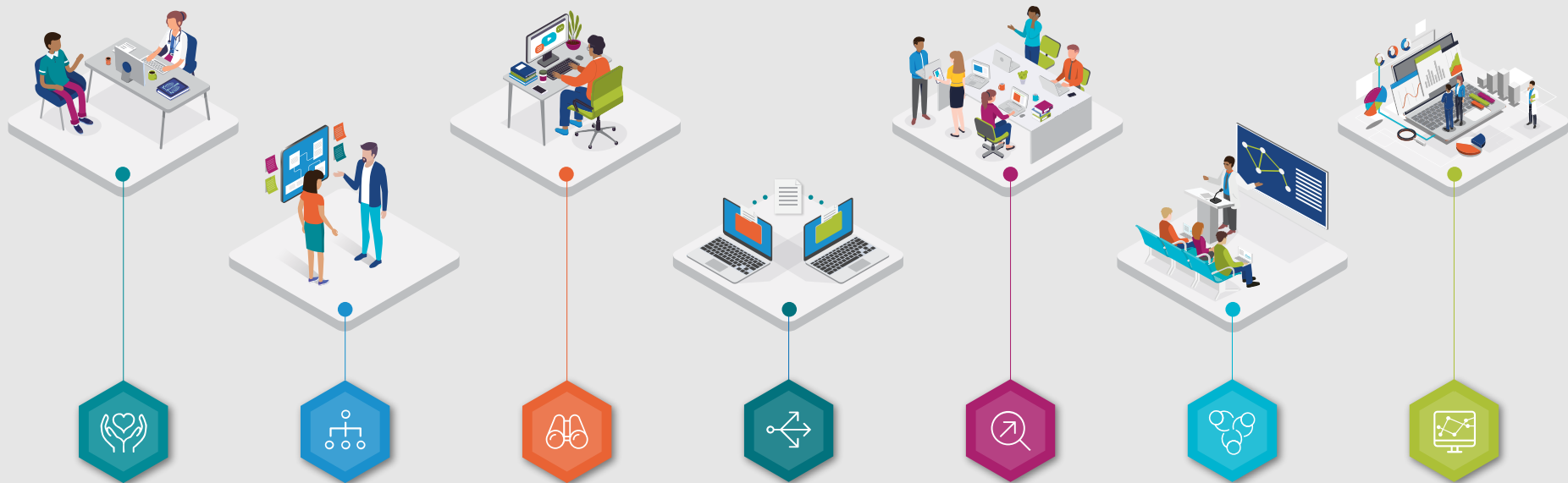
- How the objective contributes to achieving our overall vision.
- Our key high-level implementation priorities for the next three years.

This Strategy builds on work already being undertaken across the Department, including by HERD. Where an implementation priority is already underway, this has been indicated with an asterix (*).



Our implementation priorities

Implementation priorities sit underneath each of our strategic objectives. These provide specific detail on how we will meet our strategic objectives, including what this means in practice. Our implementation priorities form the basis for the detailed Implementation Plan that accompanies our Strategy.



Trust and transparency

Strategic objective 1

Australians understand why we collect data, know the data we collect, are clear on how we use data to deliver benefits, and **trust us to make the best use of their data**.



You begin to demonstrate trustworthiness by demonstrating how the data is being used to help people.

Subject matter expert



How this contributes to our vision

Australians increasingly expect us to use the data that we hold to deliver improved outcomes. The COVID-19 pandemic showed what we can achieve when we leverage the data that we and our partners hold – for example, building these links enabled us to understand vaccination rates, and to pinpoint specific populations or geographic locations where we could focus our efforts.

Whilst the community expect us to use data, they are rightfully keen to understand how we use, link and share data – across government and with our partners. They want to make sure that their data is being held safely and securely, and that its use is ultimately for the public good.

We need to get better at explaining to the community how, why and when we access, use and link data – and equally importantly, when we will not access data. When things go wrong, we need to be open, clear and transparent and learn from our mistakes. Through doing this, we will build community trust and generate a social licence, enhancing our use of data now and into the future.

Our implementation priorities for 2022 – 2025

We have identified one implementation priority under this strategic objective.

1.1 Tell the story of the particular benefits that can arise from better use of data, and learn from missed opportunities

This means that:

- We have strategies to effectively communicate with the Australian community about the data that we hold, share, and use, and how this use of data benefits all Australians. This includes specific strategies for communicating with Aboriginal and Torres Strait Islander communities, multicultural communities, and other communities of focus.
- We are transparent about our processes for maintaining confidentiality and privacy so that the community trust us to hold their data, and understand the basis for our decisions about data sharing and release.
- We are open and transparent when things go wrong, and we have systems in place to learn from our mistakes.
- We routinely reflect on our processes, including the effectiveness of this Strategy, so that we can identify opportunities for improvement.
- We commit to consultation and engagement with stakeholders and the wider community.

Governance

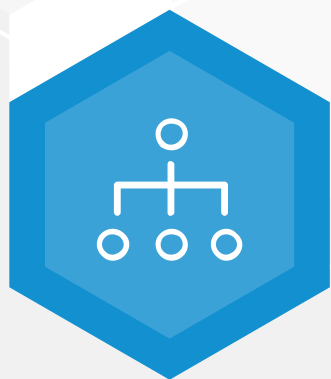
Strategic objective 2

Our **governance arrangements** provide clarity of accountability and responsibility for data management, and consistent decision making across the Department and the portfolio.



I'm always on the side of using data to do something valuable – but I need to be aware of the risks I'm running. As a Data Steward, I need to understand what my role and responsibilities entail.

Department staff



How this contributes to our vision

Clear and effective governance arrangements will ensure that our data is well managed with clear guidance in place for staff as well as external users. By establishing and documenting agreed guidance, staff will be clear about their roles and responsibilities and when and where to seek guidance or escalate issues.

Clear guidance around the Departmental privacy policy and the requirements of legislation will ensure our staff have clarity around the circumstances where data can and cannot be shared, the appropriate processes for approving data use, and will therefore feel confident using the data to enhance health and well-being. This guidance will also ensure that external stakeholders receive consistent and considered responses to data requests.

Consideration of the governance of data across the whole health portfolio will encourage a consistent approach and ensure that duplication is minimised and the roles of each portfolio agency are clear.

Our implementation priorities for 2022 – 2025

We have identified three implementation priorities under this strategic objective.

2.1 Establish clear and transparent governance of data management across the Department with a single point of accountability and oversight

This means that:

- Data is seen and managed as a Department-wide and portfolio-wide asset.
- We have the right roles, processes, structures and approaches to provide appropriate, timely governance of our data.
- Our governance balances protecting privacy and security with the need to share and use data for decision making.

2.2 Support staff to manage data assets appropriately, effectively and efficiently

This means that:

- Staff who have responsibility for oversight and management of data assets, particularly Data Stewards, are appropriately inducted and supported in their role including through training.
- All staff understand the rules that apply to the data that they use and their roles and responsibilities as data users.

2.3 Undertake a leadership role across the health portfolio to align data priorities and confirm the roles and responsibilities of each agency in relation to data

This means that:

- There will be clarity for each agency and for our staff about the roles and responsibilities for each agency.
- We will work together to clarify data sharing and release arrangements and avoid duplication or confusion for external stakeholders.

Data asset discovery

Strategic objective 3

Internal and external users can readily search for, identify and understand our **data assets** and the information they can provide.



There needs to be a consensus across the Department on the 'homes of truth' for different kinds of data. The Department needs a data stocktake and data dictionaries so we don't have to spend time scratching around trying to find things.

Department staff



How this contributes to our vision

The first step to using data to improve health and wellbeing is having a clear understanding of what data exists, the quality of that data, what it can be used for, and what restrictions there are on its use. Establishing, maintaining and continually improving the data catalogue, data asset register and information about the data (metadata) will lift our capability to use the available data well and not to duplicate it across other parts of the Department.

Having clear processes and commonly used data discovery tools will ensure that all potential users of data – both internal and external – are able to clearly identify the data assets that can contribute to insights and knowledge about how our health system is working.

Our implementation priorities for 2022 – 2025

We have identified one implementation priority under this strategic objective.

3.1 Ensure visibility and understanding of Departmental data assets*

This means that:

- We have a full and regularly updated overview of the data assets that we hold within the Department (and potentially across the health portfolio).
- Our staff and external stakeholders know what data is available and how they can access this data.
- We have complete, comprehensive and publicly available (where appropriate) metadata and data dictionaries for our data assets.

* This implementation priority is already underway.

Data sharing and release

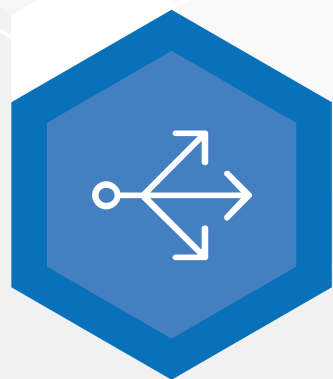
Strategic objective 4

We embed a **commitment to safe sharing and release of data** using trusted, transparent, consistent and efficient protocols.



I attended a meeting in the genomics space where an Indigenous representative used the phrase ‘moving at the speed of trust’ – we need to remember that this data relates to individual human beings.

Department staff



How this contributes to our vision

Sharing and releasing data is critical to enhance the value of the data that we and our partners hold. By making data available, safely and ethically, we will build the capacity of all our partners and external stakeholders to understand and improve our health system and the experience of consumers.

A culture that supports data sharing, with appropriate safeguards, will build momentum towards linking data across the life journey to better understand how our complex health system is performing and where we can make improvements, particularly at the interfaces of primary and acute care.

By having trusted and efficient processes and protocols in place, our staff can confidently make data available to others to influence policy and program decisions, whilst maintaining privacy and confidentiality.

Our implementation priorities for 2022 – 2025

We have identified three implementation priorities under this strategic objective.

4.1 Develop consistent guidance and streamline the processes that enable data to be safely and securely shared within the Department, across the portfolio, and externally

This means that:

- We develop consistent arrangements that govern data sharing and release and review these periodically to ensure they remain relevant and appropriate.
- We streamline the processes and increase the timeliness for safe data sharing and release.
- We work with internal and external stakeholders to identify opportunities to safely and securely share data, particularly state and territory data.
- We promote the safe linkage of data to deliver new insights, promote better decision making and improve program and service delivery.

4.2 Increase the transparency of data release processes

This means that:

- We have a known and agreed risk tolerance for different data sharing activities.
- Our staff and our partners understand our processes for approving data for release.
- We actively communicate with our staff and our partners during the approval process.
- We are transparent about the data that we share and who we share it with.

4.3 Work with our stakeholders to embed cultural sensitivity and Indigenous Data Sovereignty principles into our approach to data sharing

This means that:

- We work with Aboriginal and Torres Strait Islander organisations to understand how we can give effect to Closing the Gap 2020 Priority Reform 4.
- We work with multicultural organisations and representatives from other focus populations to ensure our approach to data sharing is culturally safe and appropriate, takes into account the needs, interests and fears of specific populations, and enhances equity.

Data quality improvement and integration

Strategic objective 5

We foster and support early consideration of data arrangements for programs we fund and ongoing **data quality improvement and data integration** activities.



The gold standard would be a single linked patient journey data asset.

Department staff



How this contributes to our vision

We, and our partners, need to be assured of the quality and completeness of our data so that we have the confidence to use this data to improve health and aged care outcomes. This includes early consideration of data arrangements so that our programs consider ethics requirements relating to ongoing or secondary use, the data requirements that will support linkage, and the data needed to complete robust monitoring and evaluation. Our quality improvement activities need to be continuous to maintain this confidence.

Our implementation priorities for 2022 – 2025

We have identified three implementation priorities under this strategic objective.

5.1 Embed a process that facilitates the receipt of useful data from the outset of new programs

This means that:

- Our staff and our partners proactively consider requirements for collection, management and use of data during program design, such as gathering informed consent.
- We work with our staff and partners to develop these capabilities, and provide the tools, templates, systems and processes that enable this to happen.

5.2 Improve the extent to which data held in different areas of the Department interacts and is used consistently

This means that:

- We have consistent standards that govern the capture, management and storage of our data assets.
- We routinely review, assess and improve the data assets that we hold.

5.3 Work with partners to support and promote data integration so that data reflects the whole patient journey

This means that:

- We proactively work with our partners, including through existing mechanisms, to develop nationally consistent standards and support interoperability of data assets.

Staff capability

Strategic objective 6

Our staff have the **capability** and the necessary support, to manage, use, analyse and interpret data.



There's a disconnect around the resources we actually have and how to work or access them. As a result, we end up getting contractors in.

Department staff

We need to recognise that data skills are valued. People still tell me that they're worried about being labelled as a data person because they won't be promoted – so people avoid those roles and skills, even if they have them. We need better recognition of data skills.

Department staff



How this contributes to our vision

If our staff have the capabilities they need, or are able to easily access these capabilities, they will be more likely to use data for decision making, policy development, program improvement, and in other ways that ultimately serve to enhance health outcomes. We can also be more confident that the analysis that we conduct on our data is accurate and comprehensive.

Our implementation priorities for 2022 – 2025

We have identified two implementation priorities under this strategic objective.

6.1 Build data literacy and data capabilities across our workforce*

This means that:

- We understand the data capabilities that we need – both now and into the future.
- We work with our internal partners to develop appropriate recruitment and retention strategies to meet our identified needs.
- We provide tailored education and training opportunities, including onboarding and secondments, and support staff to take up these opportunities.

6.2 Make data analysis expertise, services and tools available across the Department so that staff are confident to proactively draw insights from data*

This means that:

- We clarify and prioritise access to a range of tools that support the use of data for decision making.
- We develop a dedicated cohort of data analytics staff who can provide services across the Department to undertake more complex analysis and interpretation, including exploratory analysis, supporting knowledge translation.
- We offer targeted guidance and support to staff, especially around complex data analysis and interpretations, making the most of the specialist data expertise that we hold.

* This implementation priority is already underway.

Technology and innovation

Strategic objective 7

We invest in robust **technology and innovative tools** that support and enhance our capability to get the most from our data.



We need to have data at our fingertips so we can use it, with things like ready-made dashboards and tools for self-service. You can then 'set and forget it'.

Department staff



How this contributes to our vision

Applying appropriate, reliable technology and innovative tools will ensure that we can effectively manage and get the most from our data. Guided by our IT and Digital Health Strategies and working collaboratively across the Department, our agreed priorities for investment will align with our Departmental priorities.

Our implementation priorities for 2022 – 2025

We have identified one implementation priority under this strategic objective.

7.1 Determine and progressively implement the technology and innovative tools that support and enhance our capability to get the most from our data

This means that:

- We have a Department-wide approach to investment in technology and innovation, coordinated with our IT and Digital Health Strategies, and aligned with other cross-government initiatives and guidance.
- We have technology and systems that enable user-friendly and efficient capture, management, storage, usage and sharing of relevant, timely, and high-quality data.
- We share technology, innovations and solutions so that they are made available more broadly across the Department and the portfolio where appropriate.
- Our systems ensure we avoid multiple versions of the data so that we have a single source of truth for our data assets.
- Our systems enable the analysis of data including the use of adaptive machine learning and Artificial Intelligence.

Our Strategy aligns with other work happening across the Australian Government and the states and territories

Over time, Australian governments have recognised the value of data for evidence informed decision making through policies such as:

- The *Australian Data Strategy* and its supporting Action Plan, which sets out tangible measures being implemented to improve data settings across the economy. It enhances effective, safe and secure data use and commits government agencies to build and enhance data maturity, visibility and capability in the Australian Public Service.
- *Delivering for Australians* (released in December 2019), a reform agenda for the Australian Public Service, which provided a comprehensive platform for change and highlighted the importance of data and evidence to understand the needs of all Australians.
- The *Australian Government Public Data Policy Statement*, which sets out the government's position on access to non-sensitive data.
- The *Intergovernmental Agreement on Data Sharing* commits all jurisdictions to share public sector data as a default position, where it can be done securely, safely, lawfully and ethically.
- The *National Agreement on Closing the Gap Priority Reform 4*, which aims to ensure that data and information is shared and made available to Aboriginal and Torres Strait Islander people, to

enable communities to access and use locally-relevant data and information to set and monitor implementation efforts to close the gap.

An increasingly data-driven government requires strong ethical guidance for data use. The Secretaries' Board has agreed to a set of agency responsibilities to build *Trust in Government Data Use*. These commitments cover the protection, transparency, engagement, communication of benefits, and accountability for the use of government data.

Our Strategy closely follows the leadership and direction being set by the government and the ONDC to ensure that contributions are increasingly joined up to the broader public service data agenda.

The ONDC guidance on minimum agency data standards, called the *Foundational Four*, details minimum data governance standards and provides additional foundations for agencies to improve their capability, maturity and data culture. It identifies four key focus areas; leadership, strategy, governance, and asset discovery.

- The *Data Availability and Transparency Act 2022 (DATA)* establishes a new, best practice scheme for sharing Australian Government data – the *DATA Scheme*. The *DATA Scheme* is focused on increasing the availability and use of Australian Government data. The National Data Commissioner

is the regulator of the *DATA Scheme*. While the *DATA Scheme* is not mandatory, our Department will need to assess how to engage with it over time.

- The ONDC is working on *Dataplace*, a new tool to make it easier to discover and request access to data. Dataplace is a new, whole-of-government platform that is intended to manage data sharing requests for the Australian Government.

Beyond the Australian Government, states and territories are each individually and collectively enhancing their own data assets. We share responsibility with the states and territories for activities under national agreements such as the *National Health Reform Agreement*.

The Strategy fits into this broader government movement towards more proactive and engaged approaches to data. By wholeheartedly adopting and implementing this Strategy, we are aligning ourselves with the whole-of-government agenda and are working to keep the Department on the front foot in using and sharing our valuable data.

“ There's so much work in this space happening across the government, now's the time to make sure we're aligned.

Commonwealth agency

”

Implementation Plan

A detailed Implementation Plan will complement this Strategy. The Implementation Plan will provide detailed information on the concrete activities to be delivered under each of the implementation priorities. It will include:

- A clear description of each activity to be delivered under the Strategy, aligned with the strategic objectives and implementation priorities.
- The timing for each activity, taking into account sequencing of activities between 2022 and 2025.
- The stakeholder group who will lead each activity, and any key delivery partners.
- High-level measures of success, to help understand how implementation is progressing and whether outcomes are being achieved.

The Implementation Plan will be developed in close consultation with Departmental staff and other key stakeholders. This will ensure that:

- Stakeholders agree on the activities that need to be delivered, and the sequence of these activities.
- The Implementation Plan does not duplicate activities that are contained in other strategies and plans.



Glossary and acronyms

The glossary presents definitions for acronyms and terms used within the Strategy.

Term	Definition
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
Data	Any information in a form capable of being communicated, analysed or processed (whether by an individual or by computer or other automated means).
Data asset	A structured collection of data developed for a purpose.
Data asset register/inventory	A record of data assets held by an organisation. A data inventory should include basic information about a data asset (e.g. title, description, access rights).
Data custodian	An agency that collects or generates data for any purpose, and is accountable and responsible for the governance of that data.
Data dictionary	A record of metadata, definitions, standards, and contextual information about a dataset.
Data integration/ linkage	The process of bringing together information from two or more sources that relates to the same entity, such as an individual or business.
Data release	Making data publicly available with no or few restrictions on who may access the data and what they may do with it.
Data sharing	Providing controlled access to public sector data to the right people for the right reasons with safeguards in place.
Dataset	A collection of information or data and associated metadata.
HERD	Health Economics and Research Division
Indigenous Data Sovereignty	The right of Indigenous peoples to govern the collection, ownership and application of data about Indigenous communities, peoples, lands, and resources.
Interoperability	The ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards.

Glossary and acronyms *(continued)*

Term	Definition
MADIP	Multi-Agency Data Integration Project. MADIP is a secure data asset combining information on health, education, government payments, income and taxation, employment, and population demographics (including Census) over time. It provides whole-of-life insights about various population groups in Australia, such as interactions between their characteristics, use of services like healthcare and education, and outcomes like improved health and employment.
MBS	Medicare Benefits Schedule
Metadata	The information that defines and describes data, often referred to as data about data.
NIHSI	National Integrated Health Services Information: an integrated data asset combining de-identified health data.
ONDC	Office of the National Data Commissioner
Partner	Entities who are regular and trusted collaborators to the Department: Health portfolio agencies, other Australian Government departments (eg. ABS, the Department of Social Services, Services Australia), State and Territory governments, and external stakeholders like the academic and research community.
PBS	Pharmaceutical Benefits Scheme
Personal information	Information or an opinion about an identified individual, or an individual who is reasonably identifiable whether the information or opinion is (a) true or not true; and (b) recorded in a material form or not, in accordance with the Privacy Act.
Sensitive information	Personal information that includes information or an opinion about an individual, in accordance with the Privacy Act 1988.
Unit record data	Datasets of unit records where each record contains information about a person, organisation or other type of unit.