



Aboriginal and Torres Strait Islander Health Services Data Advisory Group

Terms of Reference (2024-26)

Purpose

The purpose of the **Aboriginal and Torres Strait Islander Health Services Data Advisory Group (HS DAG)** is to provide **advice** to the Department of Health (the Department) to shape a robust evidence base through Aboriginal and Torres Strait Islander primary health care data collections funded by the Australian Government, supporting policy and program development and improved service delivery.

Functions

The role of HS DAG is to provide advice and support to the Department on:

- guiding the ongoing development of national Key Performance Indicators (nKPI) and Online Services Report (OSR);
- minimising the burden and duplication of reporting for health services;
- improving data validation;
- improving the use and reporting of data and examining the impact of changes to collection systems;
- improving services' use of data;
- influencing future opportunities for collaboration, linkages and synergies with developments in the wider health data systems environment, research projects or local initiatives;
- communicating strategies for engaging affected stakeholders;
- provide governance for the implementation of governance of Indigenous data for health data collections held by the department, in alignment with the APS Framework for Governance of Indigenous Data through the First Nations-led data Governance of Indigenous Data Working Group (GID WG);
- improving Indigenous data quality in primary health care data.

Membership

The HS DAG will operate at a strategic level to provide advice on issues identified by its members and stakeholders. The HS DAG will consist of members who:

- represent key stakeholder interests;
- have the expertise to provide advice on evidence and reporting systems that are of interest to the group; and
- represent a diversity of views through organisational representation and geographical location.

The HS DAG is co-chaired by the Assistant Secretary, Primary Health Care and Community Control Branch, First Nations Health Division (FNHD), and a nominated representative from the National Aboriginal Community Controlled Health Organisation (NACCHO). Membership will include representatives from the Department, NACCHO and Australian Institute of Health and Welfare (AIHW). The remaining membership will be representative of a wide range of stakeholders with an interest in data collections, for example state and territory governments, service providers, the Royal Australian College of General Practitioners and the National Indigenous Australians Agency.

Members may approach the HS DAG co-chairs to invite participation of additional people with relevant expertise to discuss or provide advice on particular issues as an observer. Attendance of observers is to be



confirmed through the co-chairs prior to each meeting. Members who represent organisations will be allowed to appoint a proxy to attend meetings on their behalf.

The HS DAG will aim to reach consensus on all items discussed by the group. Where no consensus has been achieved, the views will be documented, and the Department will take these views into consideration and determine the way forward.

Process for making a submission to HS DAG

All stakeholders can make submissions to the HS DAG through the HS DAG Secretariat. Stakeholders will be required to complete a *submission template* for each submission. All submissions will be reviewed for inclusion by the co-chairs for appropriateness, priority and conformity.

Members may also nominate relevant items for the agenda through the submission template to the HS DAG Secretariat, and once the item is confirmed can develop papers for discussion.

Communication: process to document and communicate decisions

Unless marked confidential:

- meeting agenda papers are expected to be used by members to consult widely with their stakeholders in order to provide a representative view to the group at each meeting; and
- meeting minutes and decisions are expected to be circulated by members to stakeholders in order to consult widely on outcomes and decisions from meetings within one month after the minutes have been finalised and agreed.

The HS DAG will communicate decisions/outcomes with broader national groups and other stakeholders through the Department of Health's existing communication channels. All correspondence from the HS DAG will be considered by the co-chairs and signed by the Assistant Secretary, Primary Health Care and Community Control Branch, FNHD, unless the co-chairs deem it appropriate to be co-signed.

Confidentiality and conflict of interest

To receive draft, unpublished AIHW reports, members will be required to sign an AIHW *Deed of Confidentiality* form.

To receive confidential agenda papers, members will be required to sign an overarching Department of Health *Deed of Undertaking in Relation to Confidential Information and Conflict of Interest* form. However, to assist members to consult effectively, meeting papers that require broader input will not be assigned as confidential. Papers that are confidential will be marked with *Committee In Confidence*, and members must abide by the Department's non-disclosure requirements.

Conflict of interest declarations will be requested at the commencement of each meeting. The co-chairs will decide on a course of action should any declarations be made.



Expectations, roles and responsibilities of members

Co-chairs will:

- approve agenda items, agenda papers, and minutes;
- if appropriate co-sign agreed letters; and
- nominate and approve new members as required.

Members will:

- provide views that are representative of the organisation/s they are representing on the group;
- consult with stakeholders on agenda items and papers prior to meetings;
- provide feedback to the secretariat on the draft meeting minutes within two weeks of them being provided; and
- provide outcomes and feedback from meetings to those who they are representing within one month of minutes being finalised.

Timing

The HS DAG will meet as required and include at least two face to face meetings per year and up to two additional meetings will be convened at the discretion of the co-chairs. A quorum of a minimum of five members is required for HS DAG meetings.

HS DAG meetings will be held up to June 2026, when continuation of the group will be assessed through a review process. The review will assess the applicability of the role, function, objectives and membership of the group.

Secretariat

The Primary Health Care and Community Control Branch will provide Secretariat support and:

- provide the agenda and agenda papers to members two weeks before meetings (subject to timely submission by presenters);
- provide draft minutes to members within two weeks of the meeting date to enable members to provide any feedback. The minutes will document decisions taken, dissenting views and any unresolved issues, as well as any actions arising; and
- publish a Communique on the HS DAG website following each meeting, providing information about the work of the group and the meeting outcomes.