

Aboriginal and Torres Strait Islander Health Services Data Advisory Group Terms of Reference (2019-20)

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, 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; and
- communicating strategies for engaging affected stakeholders.

Working Group

The working group will review any matters referred by the HS DAG which require expert consideration and advice, such as investigating the results of the nKPIs for their clinical relevance and as a tool in clinical continuous quality improvement activities. The working group will meet on a bi-annual basis, or as required if a particular need arises or conditions are met.

The membership of the working group will support a partnership approach to managing and maintaining the collections, through appropriate Sector representation as well as technical and clinical expertise. The HS DAG will be responsible for ensuring appropriate representation of the Sector within the working group. The working group will be chaired by HS DAG members on a rotational basis, as required.

The Department will provide secretariat support to the working group as required. The working group will report back to the HS DAG with options and recommendations to progress the work within an agreed time frame. The working group will have a standing agenda item to provide an update at every HS DAG meeting over the life of the working group.

Membership

The HS DAG, as an advisory body, will operate at a strategic level to provide advice on issues identified by its members and stakeholders. The HS DAG will consist of up to 14 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, Data and Evidence Branch, Indigenous Health Division (IHD) Department of Health and a nominated representative from the National Aboriginal Community Controlled Health Organisation (NACCHO). The Department of Health, NACCHO and Australian Institute of Health and Welfare (AIHW) will nominate two members. 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. 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.

HS DAG Submission Process

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.

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 Department will consult with stakeholders through the Aboriginal and Torres Strait Islander Health Partnership Forums on agenda items and meeting outcomes, as appropriate.

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, Data and Evidence Branch, IHD, 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 as such (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 one week of them being provided;
- provide outcomes and feedback from meetings to those who they are representing within one month of minutes being finalised; and
- attend at least two meetings per annum to remain a current member.

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.

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 2022, 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 Reporting and Data Quality Section of the Primary Health, Data and Evidence Branch will provide Secretariat support and:

- provide the agenda and agenda papers to members two weeks before meetings (subject to timely submission by members); and
- 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.