



Northern Territory Aboriginal Health

Key Performance Indicator Information System



Australian Government
Department of Health



Northern
Territory
Government

Northern Territory Aboriginal Health Key Performance Indicators

(NT AHKPIs)

Data Management Policy

With reference to:

Data Receiving Protocol

Data Security Protocol

Data Release Protocol

May 2021

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Document Control is presented in Appendix 5.

Acronyms	Full form
ACCHS	Aboriginal Community Controlled Health Service
AHKPI	Aboriginal Health Key Performance Indicator
CIS	Clinical Information System
CQI	Continuous Quality Improvement
CRG	Clinical Reference Group
HSDA	Health Service Delivery Area
KPI	Key Performance Indicator
NT	Northern Territory
NTAHF	Northern Territory Aboriginal Health Forum
PHN	Primary Health Network
SC	Steering Committee
TWG	Technical Working Group

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Introduction

The NT Aboriginal Health Forum (NTAHF) auspices the collection of Aboriginal health data for use by primary health care service providers and the NTAHF to enhance strategic, operational and clinical decision-making.

This policy details how the NT AHKPI system and data is managed, maintained and protected in strict accordance with national and NT information privacy legislation and standards.

Key principles underpinning the policy include:

- The NT AHKPI reports will not contain information enabling the identification of individuals.
- The NT AHKPI data collected is owned by the service provider organisation that sourced the data.
- Each service provider is responsible for the integrity and timeliness of their data, and will have the opportunity to validate and comment on their data prior to finalising reports.

Background

In 2003, the Northern Territory Aboriginal Health Forum (NT AHF) agreed to develop a set of Key Performance Indicators (KPIs) for Aboriginal health¹.

The Commonwealth Department of Health (DoH) and the Northern Territory Department of Health (NT DoH) funded a project to:

- Finalise validated definitions for an agreed suite of KPIs;
- Develop a KPI system to capture collect, clean, analyse and interpret KPI data within the NT DoH data warehouse; and
- Develop a KPI reporting system to deliver KPI reports to communities, the NT AHF and to other approved stakeholders.

The project goal was:

“To improve Primary Health Care (PHC) services for Indigenous Australians in the NT by building capacity at the service level and the system level to collect, analyse and interpret data to:

- Inform understanding of trends in individual and population health outcomes;
- Identify factors influencing these trends; and
- Inform appropriate action, planning and policy development”ⁱ.

The project was completed in 2009. The first round of community-level NT AHKPI reports were distributed to Government and Aboriginal Community Controlled providers in October 2009.

NT AHKPI data was originally collected from five data sources across the NT, ie, from four Clinical Information Systems (CIS) (Communicare, PCIS, Medical Director and Ferret), and from an Interim Data Collection Tool until an electronic CIS was implemented in all NT DoH health centres. The transition of NT DoH remote clinics to PCIS was completed in 2011.

¹ The NTAHF consists of senior representatives of the Australian Government’s Department of Health (DoH), the NT Department of Health (NT DoH) and the Aboriginal Medical Services Alliance of the NT (AMSANT). The Forum oversees Aboriginal health policy and strategy across the NT.

The NT AHKPI System

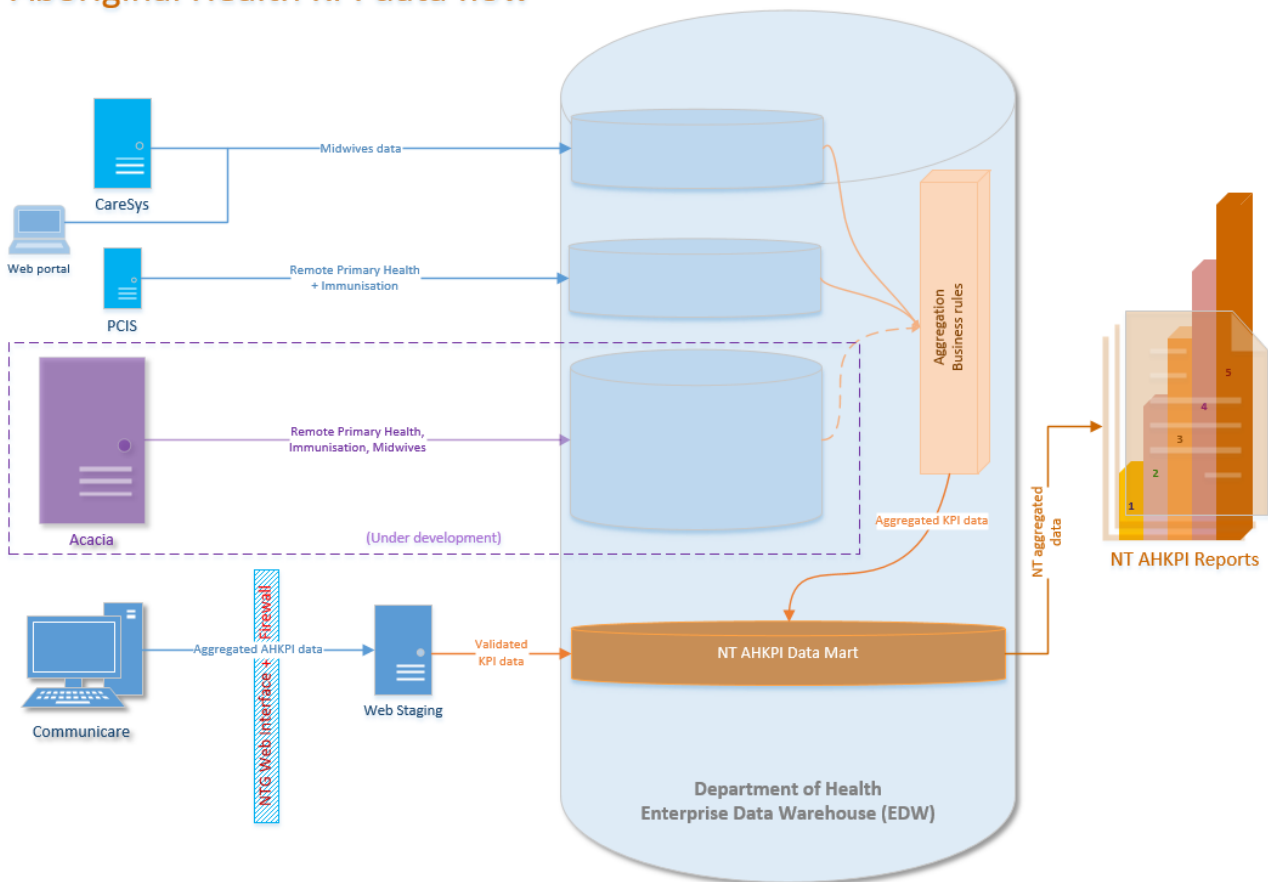
The KPI data is transmitted from each service provider to the secure NT AHKPI database in the Northern Territory Department of Health (NT DoH) Data Warehouse. The data warehouse is a repository for securing and storing electronic data from which data and reports can be delivered. The KPI data is subject to strict security and privacy legislative requirements including the National Aboriginal and Torres Strait Islander Health Data Principlesⁱⁱ, Commonwealth Privacy Act and the NT Information Act.

The Data Receiving and Security Protocols detail technical requirements for the delivery and receipt of data into the NT DoH Data Warehouse, and how the data is kept secure and confidential. The Data Release Protocol details the decision-making process and roles and responsibilities to obtain NT AHKPI data or reports. The protocols are available alongside this Data Management Policy on the NT Health internet siteⁱⁱⁱ.

The NT DCDD NT AHKPI team (comprising staff from Health Reporting and Analytics, Business Intelligence, and Data Warehouse) works with the data to analyse and prepare initial release community-level, HSDA and NT-wide reports, which are provided to Community Data Owners for comment and further analysis prior to preparing final release reports.

The NT AHKPI System is depicted in the following diagram.

NT Aboriginal Health KPI data flow



Data Management Policy

Legislation and standards

The Policy and associated Data Release and Security Protocols describe the governance and security systems in place to control access to and release of data held in the NT Department of Health (NT DoH) Data Warehouse. The governance arrangements and data security have been designed to comply with the following national and NT information management and security legislation and standards:

- *Australian Standard A/NZS ISO/IEC 17799:2001 Information Technology - Code of practice for information security management* Commonwealth Privacy Act 1988
- Northern Territory Information Act 2002
- Indigenous Data Sovereignty principles, June 2018^{iv}
- National Aboriginal and Torres Strait Islander Health Data Principles 2006
- The Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026, AHMAC 2015
- Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for researchers and stakeholders, NHMRC 2018
- Guidelines for Commonwealth Information Published in Electronic Formats, AusInfo, 1999.
- Northern Territory Health Data Release Guideline, July 2018
- NTG Cyber Security Governance Framework, January 2018
- Northern Territory Public Sector Code of Conduct (Employment Instruction Number 12), Commissioner for Public Employment, 2020.

Governance

The NT Aboriginal Health Forum (AHF) comprises senior representatives from the Australian Government Department of Health (DoH), the Aboriginal Medical Services Alliance of the NT (AMSANT), Primary Health Network (PHN) and the NT Department of Health (NT DoH). The Forum's role is to provide advice and direction on Aboriginal health issues. The NT AHF provides leadership on the development and implementation of the Key Performance Indicators, and the NT AHKPI system, and uses the AHKPIs to monitor service delivery and outcomes for Aboriginal people across the NT.

The chair of the NT AHF is the NT-wide Data Owner with overall responsibility for the de-identified and aggregated AHKPI data collection. Routine data collection ownership functions are delegated to the AHKPI Steering Committee consisting of representatives from the NTAHF partners (Australian Government Department of Health, AMSANT, PHN, the Northern Territory Government). The AHKPI Steering Committee is responsible for considering requests for release of data and reports.

A Technical Working Group and a Clinical Reference Group, each with members from the NTAHF partners, provide advice to the Steering Committee on the KPI's, the KPI system and reports. Refer to Appendix 2, 3 and 4 for terms of reference of these groups.

The Senior Reporting Analyst, Health Reporting and Analytics in Northern Territory Department of Corporate and Digital Development is the NT AHKPI Data Custodian, with day-to-day responsibility for the NT AHKPI data collection.

Each service provider organisation owns the NT AHKPI community level data that they have collected and contributed. The Chief Executive Officer of each organisation is the Community Data Owner for their subset of the NT AHKPI data collection and is responsible for the collection, management, security, use and release of their data.

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A service provider organisation has a designated Business Data Steward who is responsible for the data quality and data submissions (ie, for their subset of the NT AHKPI Data Collection). Provider organisations have the opportunity to validate and provide comment on their community level data prior to finalising the reports.

Role	Position
NT-Wide Data Owner	NT AHKPI Steering Committee as delegated to by Aboriginal Health Forum
Community Data Owner	Chief Executive or delegate of Service Provider Organisation
Business Data Steward	Staff member of Service Provider Organisation as appointed by Community Data Owner
Data Custodian	Senior Reporting Analyst DCDD

See Appendix 1 for full definitions of each role.

NT AHKPI Data and Reports

Report Distribution

Service provider organisations automatically receive copies of draft (initial release) and final reports relating to those communities in which they provide services.

Service providers in “mixed mode” health centres, who have authorised the ongoing release of their data to the other service provider in the health centre, will automatically receive copies of community level reports for health centres they jointly operate.

In Health Service Delivery Areas (HSDA) where there is more than one service provider running the health centres within a single HSDA, an HSDA report will be released to all the participating service providers when each of the participating service providers has agreed to share their health centre data with each of the other participant service providers in the HSDA.

As the NT-Wide Data Owner, the NT AHKPI Steering Committee and NT AHF partner representatives can obtain copies of de-identified HSDA reports, and will automatically receive NT-wide NT AHKPI reports.

Report Sharing

HSDA level and NT-wide NT AHKPI reports provided to the NT AHKPI Steering Committee and NTAHF representatives cannot be shared with any external organisation or group or the public unless there has been prior public release of the data by the NTAHF or agreement to the release by the Steering Committee.

If an NTAHF partner organisation wishes to release NT AHKPI data or reports, an NT AHKPI Data Release Approval Form (refer to NT AHKPI Data Release Protocol) must be completed and submitted for consideration to the NT AHKPI Steering Committee.

Data Owner responsibility

NTAHF partner representatives are responsible for the security and appropriate use of the NT AHKPI data (as defined in the Data Security Protocol) within their respective organisations. Access to NT AHKPI data within NTAHF partner organisations will be determined on a ‘need to know’ basis for the purposes of evidence-based monitoring, planning and policy development.

Role of Health Service Provider Organisations

All NT AHKPI data collected by Government and Community Controlled health service providers are the property of the organisation that collected the data. The community level data that is owned by the service provider is a sub-set of the secure NT AHKPI data collection. As mentioned, the Chief Executive Officer (CEO) of each organisation is the Community Data Owner for their sub-set of the NT AHKPI data collection and is responsible for the collection, management, security, use and release of their data.

Routine functions of collection management are usually delegated by the CEO to a person who is designated as the Business Data Steward for the organisation, such as the CQI Facilitator in NT Health. The Business Data Steward is the point of contact within the organisation for the NT AHKPI Data Custodian, ie, Senior Reporting Analyst, Health Reporting and Analytics in Department of Corporate and Digital Development.

Each health service provider organisation is responsible for ensuring the integrity, accuracy and completeness of their data and reports. This will require them to establish clear internal protocols for reviewing, interpreting and approving draft reports.

Service providers will have the opportunity to validate and comment on their community level data prior to finalising reports.

Health service providers also have the opportunity to use NT AHKPI data and reports to:

- Engage with communities and health boards on health and well-being issues;
- Inform understanding of trends in individual and population health;
- Identify factors influencing these trends; and
- Inform appropriate action, planning and policy development, including local level Continual Quality Improvement activities.

Requests to obtain NT AHKPI data and reports from the NT DoH Data Warehouse that could potentially result in the identification of individuals or specific health centres or communities will always be referred to the relevant Community Data Owner for approval.

Requests to obtain NT AHKPI data and reports from the NT DoH Data Warehouse, aggregated and de-identified at the Health Service Delivery Area and NT-wide levels, must be approved by the NT AHKPI Steering Committee, on behalf of the Health Service Provider organisation/s.

Appendix 1

Definitions

Term	Definition
Aggregated Data	Data sourced from organisations that is reported as a sum or total over a given time period, for example, monthly or quarterly.
Business Data Steward	Business Data Stewards have delegated accountability and responsibility for the ongoing data quality of a data collection. They work to define and control the data within the collection. They are staff within the service provider organisation who possess expertise and knowledge in relation to specific data sets by domain/data subject area.
Clinical Information System	A system used by health service provider organisations to collect, store and generate the patient information necessary to provide services.
Community Data Owner	The Community Data Owner is responsible for the management, oversight and use of their community's component of a data collection, including authorising data access and release. The Community Data Owner for NT AHKPI is generally the Chief Executive Officer of the service provider organisation.
Data Collection	A store of data captured in an organised way for a specific, defined purpose that is not restricted to operational use by the business unit that created it but is available to a wider group of users. This includes paper-based collections as well as electronic collections and may contain information about individuals or business activities. Examples include data sets, data marts, code tables. The NT AHKPI data from each service provider forms a data collection within the NT DoH Data Warehouse.
Data Custodian	Person or position with day-to-day responsibility for a data collection on behalf of one or more Data Owners, and who physically provides data from a collection when data release is appropriately authorised by the NT-wide Data Owner and/or Community Data Owner/s. The Data Custodian receives requests for reports from collection data, and is responsible for forwarding such requests to the NT-wide Data Owner and/or Community Data Owner for consideration. The Senior Reporting Analyst, Corporate Reporting team, Health Reporting and Analytics, DCDD, is the Data Custodian for the NT AHKPI data collection.
Data Mart	A subset of data held in a Data Warehouse for a specific business reporting purpose.
Data Owner	Data Owners are responsible for the management, oversight and use of data for their respective domain/data category, including authorising access and release. For NT AHKPI, there are two levels of data ownership: NT-wide Data Owner, and Community Data Owner.
Data Source	The place from which data is extracted and delivered to a Data Warehouse or System. Data sources can be a Clinical Information System (CIS), a data set provided by an internal or external agency (eg population data set from ABS), or paper-based collections such as card systems or registers). The main sources for AHKPI data are the CISs within health service provider organisations ie PCIS and Communicare.
Data Warehouse	A secure repository for storing electronic data from which data and reports can be delivered. NT AHKPI data is held in the NT DoH Data Warehouse.

Term	Definition
De-identified data	<p>Data from which information that could result in the identification of individuals has been removed. (Eg names, dates of birth etc).</p> <p>Note: The NT AHKPI Data Access Protocol also requires that data and reports that could result in the identification of specific health centres or communities be de-identified. Any requests for NTAHKPI data/reports that could result in identification of individuals or specific communities or health centres will be referred to the relevant Data Owner/s for approval.</p>
NT AHKPIs	<p>A set of Key Performance Indicators (KPIs) used across the NT Aboriginal Primary Health Care system to provide information to support evidence-based planning, decision making and Continual Quality Improvement activities.</p>
NT AHKPI System	<p>The secure database within the NT DoH Data Warehouse used to store and manage NT AHKPI data.</p>
NT-wide Data Owner	<p>The NT-wide Data Owner is responsible for the management, oversight and use of a complete data collection comprising all relevant data for the collection within the Northern Territory, including authorising data access and release.</p>
Primary Use of Data	<p>Health service provider use of personal information collected from a client for the purpose of providing a health service to the client.</p>
Secondary Use of Data	<p>Use or disclosure of personal information about an individual for a purpose ("the secondary purpose") other than the primary purpose for collecting it.</p>
System Administrator	<p>The person who manages the technical operations of a database system or CIS for an organisation, as directed by the System Owner.</p>
System Owner	<p>The person with overall responsibility for managing an operational database or Clinical Information System (CIS) on behalf of the organisation's designated Data Sponsor.</p>
Unit Record Data	<p>Treatment or encounter records relating to an individual's health and interactions with the health system.</p>

Appendix 2

NT AHKPI Steering Committee

The Steering Committee consists of representatives of the NT AHF partners – Australian Government Department of Health, Aboriginal Medical Services Alliance of the NT (AMSANT), NT Health and the NT Primary Health Network, and has been delegated the role of NT AHKPI Data Collection Sponsor.

Terms of Reference

Provide high level advice to the NT AHF with the overall aim of improving the generation and strategic use of NT AHKPI data to improve health outcomes through the Aboriginal PHC system.

Advice to the NTAHF includes:

- Sensitive or critical issues relating to the NT AHKPI system, data and reports and recommended ways forward;
- Recommended NT AHKPI-related policy and protocols; and
- Recommendations relating to expansion or improvement of the NT AHKPI system, indicators and reports.

The Steering Committee is also responsible for considering, and, where appropriate, approve requests for:

- Obtaining KPI data and reports
- The public release of any reports including summary level NT AHKPI data sets aggregated at Health Service Delivery Area (HSDA) or Territory levels.

Appendix 3

NT AHKPI Technical Working Group (TWG)

The TWG reports to the Steering Committee and consists of representatives of relevant NT AHF partners. The role of the TWG is to review the implementation of the NT AHKPIs and make recommendations to the Steering Committee on technical issues that must be addressed in order to ensure that funders, health boards and management can receive timely and accurate reports from data extracted from Clinical Information Systems (CIS) in use in the NT.

Membership

- 1 clinician each from an Aboriginal Community Controlled Health Services (ACCHS) and NT Health who report back from the Clinical Reference Group (see Appendix 4)
- 1 AMSANT CIS Officer
- 1 CQI coordinator
- 2 IT Business Analysts (1 from ACCHS and 1 from NT DoH)
- 1 NT DoH Reporting Analyst
- 1 representative from Indigenous Health Division, Commonwealth Department of Health

Terms of Reference

The TWG was established to identify and resolve problems that stem from the technical specifications of the IT systems that support the reporting of NT AHKPIs in the first few reporting cycles. It will:

- Review the implementation of the KPIs into Clinical Information Systems (CIS) used to record data.
- Review technical problems arising from sending of extracted data from the health services' CISs to the NT DoH Data Warehouse.
- Review reports that are returned by the Department of Corporate and Digital Development Corporate AHKPI Reporting team to the health services as to their relevance, ease of reading by proposed audience, accuracy of data in terms of the statistics generated through CIS reports, confidentiality of data.
- Make recommendations to the SC on CIS modifications or resource allocation where there are issues with running accurate KPI reports, whether they be due to report parameters, recording of data, incorrectly written extraction reports within the CIS, training or inability of services to analyse data due to resource or staff shortages
- Develop mechanisms to systematically capture the interpretation and commentary on reports to ensure that local level knowledge and expertise is harnessed to build a body of understanding about the indicators and the issues that are influencing them at the local, regional and jurisdictional levels.
- Report activities and outcomes and provide recommendations on a two-monthly basis to the NT AHKPI Steering Committee.

Appendix 4

NT AHKPI Clinical Reference Group (CRG)

The CRG reports to the Steering Committee (SC), and consists of representatives of NT AHF partners. Its role is to review the results of the NT AHKPIs for their clinical relevance and as a tool in clinical CQI activities, and make recommendations to the SC on changes needed to ensure that the NT AHKPIs provide the required feedback to clinicians, funders, health boards and management.

Membership

- 1 Senior Primary Health Clinician each from ACCHS and NT Health services
- 3 Clinicians each from the ACCHS sector and NT DoH
- 1 AMSANT CIS Officer
- 1 CQI Coordinator
- 2 IT Business Analysts (1 from ACCHS and 1 from NT DoH)
- 1 NT DoH Reporting Analyst
- 1 representative from the Indigenous Health Division, Commonwealth Department of Health

Terms of Reference

- Review the parameters of the KPIs as to their accuracy in obtaining the data required. This would include the clinicians assessing whether the KPIs capture the correct clinical indicators and are able to be used to improve clinical outcomes.
- Recommend modifications to KPI definitions.
- Recommend approaches to using KPI data, including changes to health practice and clinical guidelines.
- Forward issues or recommendations to the CQI Planning Committee based on the data outcomes, especially those issues that are evident across the service system
- Review the impact of KPI data collection on clinical and administrative processes, and identify good practice or lessons learnt that can be shared across the PHC service sector or promoted through CQI activities.
- Review the format of the Community-level reports as to their relevance, ease of reading by proposed audience, and accuracy and confidentiality of data
- Recommend CIS modifications or resource allocation where there are issues with running accurate KPI reports, whether they be due to report parameters, recording of data, incorrectly written reports within the CIS, training or inability of services to analyse data due to resource or staff shortages
- Report activities and outcomes, and provide recommendations on a 2-monthly basis to the NTAHKPI SC
- Monitor national Performance Indicator development and recommend modifications to, or new KPIs, based on these Indicator developments.
- Liaise with relevant Clinical Working Groups to ensure that issues arising are addressed in the NT AHKPI data set (eg. WHO Growth Chart Committee; the Healthy Under 5 Kids Working Group).

Appendix 5

Document Control

Version	Date	Author	Changes made	Distribution and main comments received on version
1.1.2	15/10/2007	Richard Inglis	Incorporated draft Data Receiving and Data Access protocols	<ul style="list-style-type: none"> Document complex /hard to understand. Need "Plain English" summary. Lack of clarity re ownership of data. Lack of clarity re approval process to release data.
2.1	26/2/2010	Sally Matthews	<ul style="list-style-type: none"> Reflect completion of the system and new governance structure. Attempt to clarify issues about ownership of service v collection data. Inclusion of principles. 	<ul style="list-style-type: none"> Need for consistent description of roles of governance structure bodies Need Plain English summary. Need separate section on access to data in dual provider health centres. Need to clarify role of Data Sponsor
2.2	March 2010	Sally Matthews	<ul style="list-style-type: none"> More consistency in description of governance groups Inclusion of summary Dual provider health centres. 	<ul style="list-style-type: none"> Concerns re "Data Owner" and privacy of organisations or communities. Need to consider original aims of the NT AHKPI collection and protect rights of data owners who may choose to withdraw support for the system if they feel the data is not used in accordance with original goals. Individual service providers must give approval to release data when their service or specific communities might be identified. (p14) SC would not be assessing validity of proposed research, but would be assessing its relevance to the goals of the NT AHKPI system. SC could provide conditional approval to release data pending final approval when ethics approval gained. NTAHF partners should not be able to distribute HSDA level reports internally. Auspicing agencies needed to follow up internally to ensure they were authorised to automatically receive reports in mixed model health centres.

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2.3	April 2010	Sally Matthews	<ul style="list-style-type: none"> • NTAHF partner reps automatically receive copies of NT wide reports only. Can request HSDA level reports. (p19-20) • Simplification of Terms of Reference of Technical Working Group. • Organisations auspicing services in mixed model health centres to follow up internally to ensure correct authorisation. (p20) • SC can give approval to access data conditional upon evidence being received of ethics approval. (P21) • Document control section added. 	<ul style="list-style-type: none"> • Need document control. • OATSIH unable to support this version due to need for access to data as specified in Funding Agreements with service providers. • Agreed that different NTAHF forum partners have different needs for KPI data • Each Forum partner is also subject to information privacy requirements. • Agreed that OATSIH would review relevant sections for final consideration by SC. • Agreed that the NTAHF paper on the final version would specifically mention the issues of partner access to HSDA and NT wide reports when seeking approval.
2.3	April 2010	Rachel McGahey, OATSIH	<ul style="list-style-type: none"> • Suggested changes to access by NTAHF partner agencies. 	<ul style="list-style-type: none"> • Nil
2.4	July 2010	Richard Inglis	<ul style="list-style-type: none"> • Clear alternative term for "Data Owner". Made the distinction between repository versus community 'data ownership' by describing a 'Data Collection Sponsor' and 'Community Data Sponsor'. Thus avoiding the use of 'data owner' terms - as the "owner" of data is the individual client. 	<ul style="list-style-type: none"> • Steering Committee required a clear alternative term for "Data owner."
2.4	20/7/2010	Sally Matthews	<ul style="list-style-type: none"> • Reviewed and consolidated input from OATSIH and DHF into version 2.4. • Some editing throughout to ensure consistent use of terms ie Community Data Sponsor, and Data Collection Sponsor. • Updated Appendix 1: Data Access Approval Flow Chart to reflect agreed terminology • Simplified Data Access Request Form • Document control section 	<p>Steering committee mtg postponed. Comments received from Dr Liz Moore, AMSANT as follows: 6/8/10 Some ambiguity in the data protocol about what access NTAHF partner organisations have to the data. On page 20 it says that if they want anything more than six monthly HSDA reports and NT wide reports, they have to fill out a data request form (and thus be considered by the steering committee). On page 22 it says that a request from a NTAHF partner organisation can not be refused but the health service provider may not refuse it but may ask the 19 KPI SC to attach a note of</p>

Version	Date	Author	Changes made	Distribution and main comments received on version
			updated.	concern to the data. This is ambiguous . I think this paragraph on page 22 could just be removed . It would be good if it was clear before going to NTAHF. 9/8I bolded the two paragraphs, the one I would take out is on page 23 (not page 22). As it is redundant I think and gives the impression that partner organisations can request any data they like whereas earlier it is clear that they get NT wide and HSDA reports six monthly (and? Regional data) and need to request any additional data from the SC
2.5	9/8/2010	Sally Matthews	<ul style="list-style-type: none"> Removed the following paragraph from p22 "Where NT AHKPI data is to be released within the NT AHF partner organisations, health service provider Data Sponsor/s may not refuse the release, but may seek approval from the NT AHKPI Steering Committee to include a note of concern or interpretation if the provider decides this is appropriate for their data." Added the following sentence to last paragraph on p 21. "and that these comments will be included in the report." 	<p>Draft 2.5 discussed at SC meeting of 25/8/2010. Agreed</p> <ul style="list-style-type: none"> to add "de-identified" before HSDA reports under section headed "Access to KPI aggregated data reports by NT AHF partner organisations." change to order of sections.
2.6	26/8/2010	Sally Matthews	<ul style="list-style-type: none"> Made changes in accordance with SC meeting of August 25th, 2010. Also amended summary of policy section accordingly. 	Nil
2.7	8/10/2013	Liana Riley	<ul style="list-style-type: none"> Update of Organisation Names and documentation to reflect current situation. 	Nil
		Leonie Katekar	<ul style="list-style-type: none"> Add the following paragraph added on page 4 "In HSDA's where there is more than one service provider running the health centres within a single HSDA, that an HSDA report be released to all the participating service 	Nil

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			<p>providers when each of the participating service providers has agreed to share their health centre data to each of the other participant service providers in the HSDA."</p>	
2.9	February 2021	Amanda Lanagan	<ul style="list-style-type: none"> • Respond to feedback from NTAHF regarding the need to simplify the Policy. • Respond to feedback from NT AHKPI SC regarding making the Policy more contemporaneous with data management practices in place. • Added reference to Indigenous Data Sovereignty 	

References

- i Project Proposal, 2003
- ii Australian Health Ministers Advisory Council, 2006. *National Aboriginal and Torres Strait Islander Health Data Principles*. <https://www.aihw.gov.au/getmedia/885b2545-33c0-46c0-ad89-6db7de6f801e/nagatsihid-data-principles.doc.aspx> .
- iii <https://health.nt.gov.au/professionals/aboriginal-health-key-performance-indicator/login-and-documentation>
- iv Maiam nayri Wingara Indigenous Data Sovereignty Collective & Australian Indigenous Governance Institute. Indigenous Data Sovereignty Communique, June 2018. [Communique+-+Indigenous+Data+Sovereignty+Summit.pdf \(squarespace.com\)](#)