Governance protocols for National Integrated Health Services Information (NIHSI)

Version as of 20 November 2023 (final approved by AIHW Ethics Committee)

Contents

Summary

This document contains the governance protocols agreed for operation of the National Integration Health Services Information Analysis Asset. The governance protocols reflect the 'current as of date', either the date of the AIHW Ethics Committee approval or the date that further refinement to processes and procedures are finalised. Approval of changes to the governance protocols will be sought from the AIHW Ethics Committee where the changes have potential privacy or ethical impacts, and not for minor changes such as refinements to wording or further clarifying processes. Responsibility for determining whether proposed changes to the protocols have ethical or privacy impacts rests with the Unit Head of the AIHW Ethics, Privacy and Legal Unit.

Project approval requirements will reflect the version of the protocols in place at the time of project proposal.

Access to the NIHSI will be made available to:

- the AIHW and participant and non-participant jurisdiction(s) represented on the NIHSI Advisory Committee
- Commonwealth, state and territory health portfolio agencies as well as other non-health government departments (and their portfolio agencies)
- External analysts (Australian non-government organisations and analysts attached to Australian universities or private research organisations).

1. Introduction

The NIHSI is a major national linked health data asset for health research and analysis. It comprises data on admitted patient care services (in public and private hospitals), emergency department services and outpatient services in public hospitals for all participating states and territories. The NIHSI also includes Medicare Benefits Schedule (MBS) data; Pharmaceutical Benefits Scheme (PBS) data, Repatriation Pharmaceutical Benefits Scheme (RPBS); Residential Aged Care services data and National Death Index (NDI) data. It is planned to include Australian Immunisation Register (AIR) data from mid-2023.

This document outlines the data governance protocols for the NIHSI comprising:

- relevant legislation and oversight
- requirements for host environments
- allowable uses of the linked data asset
- project approval processes
- data asset access and use
- data confidentialisation prior to release from the secure access environment
- outputs and clearance processes
- reports and publications.

As a general rule, principles from the *Five Safes Framework* (for safe people, projects, settings, data and output) are adhered to wherever possible (see Attachment 1 for summary extract).

2. Overall governance principles

2.1 Legislation and oversight

The principles for overall governance of the NIHSI are set out as follows:

- the work will be carried out:
  - within the confidentiality and privacy protections of the *AIHW Act 1987*, the *Privacy Act 1988*, Health Records and Information Privacy Act 2002 No 71 (NSW) and AIHW's existing data governance arrangements (AIHW Data Governance Framework)
  - by authorised users who will sign the AIHW Confidentiality undertaking (Attachment 2)
  - within the secure data linkage arrangements (including separation of identifier and content data) that the AIHW uses as a Commonwealth-Accredited Integrating Authority.
- all jurisdictions contributing data to the NIHSI, and the AIHW, will contribute to decision-making about the acceptable uses of the NIHSI and the ongoing development of governance processes relating to the NIHSI, through the NIHSI Advisory Committee (see protocols on specific aspects below).

- each participating jurisdiction will have access to its own data and other participating jurisdictions' data in the NIHSI. Jurisdictions not contributing data (i.e., non-participants) will also be able to access the NIHSI.
- Commonwealth, state and territory health portfolio agencies will have access to the NIHSI as will other non-health government departments (and their portfolio agencies).
- external analysts (Australian non-government organisations and analysts attached to Australian universities or private research organisations) will also be able to apply to undertake projects using the NIHSI.

2.2 Requirements for host environments

The NIHSI has been created by the AIHW in the AIHW Integrating Authority environment. The NIHSI, and all its components, is held in the AIHW. Copies of the NIHSI will be stored in the AIHW's Research Only Network (RON), the Department's Enterprise Data Warehouse (EDW), and an AIHW instance of the ABS Secure Environment for Access to Data (SEAD). All these host environments satisfy the arrangements outlined below.

Host environments will provide the AIHW Data Custodian with:

- line of sight of all individuals, users and groups with access to the NIHSI data
- ability to manage the application and approval process to access the data
- ability to manage the input (e.g. statistical codes, and all other files, such as metadata files or denominator statistics produced by the ABS or AIHW) and output data with appropriate IT controls to ensure approvals of inbound and outbound files by the AIHW Data Custodian e.g., via 'secured gateways'
- ability to apply customised security and governance arrangements to a specific data collection.

Any host environment will be required to provide the capacity to implement a views management model. At a minimum, this model must ensure that access to Queensland hospital data is restricted to analysts with a need to use these data and who have received authorisation from the relevant Queensland authority.

The AIHW retains legal responsibility and oversight, and these service spaces are recognised as an AIHW environment subject to AIHW protections and obligations under the *AIHW Act 1987* and the *Privacy Act 1988*.

The AIHW remains the data custodian of the NIHSI, regardless of the host environment.

The AIHW must ensure that contracted service providers, including the EDW and any other data hosting entity, as agreed by the NIHSI AC, are bound by the Australian Privacy Principles and provide the AIHW with the legal ability to exercise its data custodian responsibilities.

Specific aspects of these requirements include:

2.2.1 Secure storage

The secure access environment must incorporate:

- security protocols which are acceptable to the AIHW Data Custodian and AIHW IT Security Advisor
- regular secure backups of data
- sufficient storage and use capacity which will enable efficient data analyses

- costs which are acceptable to all participants
- strong authentication protocols (such as passwords, security logs, security configurations) adequately secured against unauthorised or inappropriate access, modification, corruption or loss.

2.2.2 Secure use

The secure environment will provide controls under the authority of the AIHW Data Custodian to:

- record physical location of data and who has physical access
- maintain system and data asset logs and audit trails
- fix problems with the programs or physical components of the computer relating to data storage as soon as they are known
- prevent the misuse, interference, loss or unauthorised accessing, modification or disclosure of the data
- detect and respond to breaches and unauthorised access promptly and appropriately
- ensure that a mechanism exists whereby outputs from the NIHSI can only be removed from the environment after AIHW Data Custodian review and approval.

For the NIHSI, the secure environments will also be required to accommodate regular updates and maintenance of the asset. The AIHW will produce and provide the updates of the NIHSI, which will be hosted in the secure environments.

2.3 Retention and destruction of data in project workspaces

For the purposes of verification of project findings, files held in project workspaces within NIHSI host environments will be securely archived for seven years or as otherwise approved by the AIHW Ethics Committee after the completion of the project. After this period, all files will be destroyed. Access to archived files will require the approval of the NIHSI AC and will be controlled by the AIHW Data Custodian.

2.4 What the linked data asset can be used for

The NIHSI may be used to undertake analyses for health statistical and research purposes. This includes:

1. health research and statistical analyses to inform government health service planning, monitoring and evaluation and health policy development, including official statistics, related insights and reporting
2. other health research and statistical purposes. In some instances jurisdictions may require a Human Research Ethics Committee (HREC) approval.

Examples of topics that may be informed by use of the NIHSI include:

- patterns of use and effectiveness of health and residential aged care services
- quality and safety of services provided
- health risks for particular patient cohorts
- accessibility and effectiveness of services contributing to the management of chronic conditions
- chronic disease management — patterns of service provision

- validation of the current treatment pathways for chronic disease management and care
- defining patient/client journeys and assessing efficiency and effectiveness of the health and residential aged care systems
- safety and quality of hospital and other services, such as residential aged care services
- policies and programs designed to reduce the incidence and severity of disease and injury.

2.5 What the linked data asset cannot be used for

The NIHSI cannot be used for purposes that are not under the agreed arrangements for the establishment of the NIHSI. They may not be used for the following:

- purposes not described in section 2.4
- individual diagnosis of a medical condition(s)
- administrative and/or compliance purposes, where examples include:
    - investigating the mis-use of health services and/or use of health equipment
    - exploring fraudulent receipt of services
    - analysing the distribution and regulation of medications dispensed
- state/territory comparative system performance indicators, where examples include:
    - Reporting on the performance of health care and the Australian Health system based on performance frameworks at the State and Territory level
    - Investigating key performance indicators, such as wait times, at the State and Territory level

Analysts must not attempt to link other collections or any other available unit record dataset to the NIHSI.

Analysts must not attempt to identify any individual within the NIHSI. An analyst using the NIHSI is not to make a copy of data from the host environment, neither digital nor handwritten, e.g. by a screenshot, screen share or other digital image, or writing down results etc.

2.6 Project approvals

Health research projects within the broad acceptable uses of the NIHSI (as outlined in section 2.4) are classed into two broad groups for approval processes

1. those proposed by government to support government management of the health system (government projects), namely:
    - statistical analysis leading to the production of official statistics, related insights and reporting
    - projects to support government management of the health system such as policy (development and evaluation) and planning
    - public health monitoring, analysis, planning and evaluation.
2. other health research (other health research projects)
    - other health research projects are those within the scope of the agreed purposes for NIHSI (see section 2.4) that do not meet the above description for government purposes. These are expected to be initiated largely from the academic and research sectors.

It should be noted that projects for government purposes may involve non-government analysts contributing to the project, where listed on the project proposal.

All projects using the NIHSI will not require individual approval by the AIHW Ethics Committee, provided they are assessed in accordance with the project assessment framework described in the NIHSI collection approval, EC2023/1/1407. If the project does not align with the pre-approved purposes for use of the NIHSI then a separate application to the AIHW Ethics Committee will be required.

The process to approve projects that use the NIHSI have common requirements, regardless of purpose/group. These are described below in the section on government purposes. There are additional processes required for projects that reflect health research.

2.6.1 government NIHSI projects (group 1)

The following outlines the approval of projects for government purposes (group 1):

- project proposals are assessed in accordance with the agreed uses of the NIHSI by the AIHW Data Custodian and the Head of the Ethics, Privacy and Legal Unit (EPLU) (unless the project has received full AIHW Ethics Committee approval). The project description and purpose will need to demonstrate that the project aligns with approved purposes (see section 2.4).
- project proposals need to describe how the project will satisfy the AIHW's requirements for community expectations as detailed in the *AIHW Ethics Committee document Guidance for applicants regarding community expectations*. This consideration can be demonstrated through, for example:
    - consultation with key stakeholders or client group representatives, for example via working groups or advisory groups
    - public engagement such as broad public consultations
    - use of focus groups
    - engagement with expert groups
    - information from engagement events for similar projects
    - government initiatives
    - public polls
    - literature reviews. [1]

  Plans for managing community expectations, including details of advisory groups and/or consultations, will need to be described in the project proposal (Attachment 3 (government) or Attachment 4 (non-government)).
- for any internal AIHW projects with an First Nations people focus, advice would be sought from the Group Head of the First Nations people Group on potential sensitivities and whether it may also be appropriate to seek external advice from an First Nations people expert, consistent with relevant NHMRC and other relevant guidelines governing ethical aspects of First Nations people projects. For non-AIHW government projects with an First Nations people focus the project leader will need to detail how the project will ensure appropriate consultation and oversight in relation to First Nations people projects. For this purpose, in assessing whether a project has an 'First Nations people focus', regard should be had to 'What is Aboriginal and Torres

[1] https://uksa.statisticsauthority.gov.uk/wp-content/uploads/2019/05/2019_Self-assessment_guidance_V2.1.pdf, p. 15

Strait Islander research?', in (page 6) of the AIATSIS Code of Ethics - for Aboriginal and Torres Strait Islander Research https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf

- project proposals approved by the AIHW following the assessment outlined above, will be circulated to the NIHSI AC for comment. Projects will be deemed approved if no concerns are raised by the NIHSI AC within 10 working days of circulation. The exception to this is that projects that include Queensland hospitals data cannot proceed without approval in writing from the Queensland hospitals data custodian
- in addition, projects that include Repatriation Pharmaceutical Benefits Scheme (RPBS) data, with the intention of analysis of the serving defence and DVA client populations, will require Department of Veterans' Affairs (DVA) approval. All other project proposals are provided to the DVA for information.
- to ensure there is transparency on NIHSI analysis projects, the AIHW will maintain a register of projects (Attachment 5).
- access to the data asset will be actioned by the AIHW Data Custodian (see Data asset access and use, section 2.7).
- the project leader signs a conditions of use agreement including a retention and document destruction agreement (contained in the project proposal see Attachments 3 and 4).

2.6.2 Other health research projects (group 2)

In addition, project proposals for other health research purposes (group 2) (Attachment 4 to be completed) will have additional approval requirements as stipulated in the legislation, or other applicable requirements, of contributing jurisdictions, namely:

- if the project is seeking to include either Australian Capital Territory, South Australia, Victoria, NSW, Queensland, or Tasmania hospitals data they must make a full HREC application for their project with a HREC participating in National Mutual Acceptance. If approved by the HREC the project will be approved by the NIHSI AC. A single HREC will be mutually recognised across jurisdictions and sufficient to cover the project approval.
- if the project is seeking to include RPBS data for analysis specific to the serving defence and DVA client populations, then the Department of Defence and Veterans' Affairs Human Research Ethics Committee (DDVA HREC) approval is required. This HREC approval will be mutually recognised by jurisdictions and sufficient to cover the project approval.
- if the project has an First Nations people focus, then approval from an First Nations people HREC will be required where practical and appropriate, and details of First Nations people engagement and oversight of the project will need to be specified in the project proposal. This HREC approval will be mutually recognised by jurisdictions and sufficient to cover the project approval. For this purpose, in assessing whether a project has an 'First Nations people focus', regard should be had to 'What is Aboriginal and Torres Strait Islander research?', in (page 6) of the AIATSIS Code of Ethics - for Aboriginal and Torres Strait Islander Research https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf
- if Queensland data is being utilised there is an additional requirement that the data are approved for disclosure through the research provision in the Queensland *Public Health Act 2005*. See Use of Confidential Health Information | Queensland Health.

- if ACT data is accessed, provide the HREC letter of approval, together with the project proposal, to ACT Health to enable a site-specific assessment to be conducted and request a governance approval through ACT Health.
- if Victorian data is being utilised, the HREC must report to the Health Complaints Commissioner in Victoria as per the HPP research exemption guidelines 2.2G.
- access for analysts will only be given to the contributing datasets required for the project. The project proposal will need to specify which datasets are required for the project to enable appropriate access. The NIHSI Data Custodian will ensure that the accessible datasets align with those approved for the project by the NIHSI Advisory Committee (and Queensland hospitals data custodian where required).

The project leader will need to ensure that any conditions arising from the HREC approval are complied with.

All analysts will also be required to read the Governance Protocols, submit a AIHW Confidentiality Undertaking (Attachment 2) and a AIHW access form to NIHSI (Attachment 7).

Approved projects will have NIHSI data available via an AIHW managed instance of the Australian Bureau of Statistics (ABS) Secure Environment for Analysing Data (SEAD). The NIHSI fee access schedule (Attachment 12) provides the costings for approved projects.

2.7 Data asset access and use

Access to NIHSI approved projects will be provided to participating and non-participating (currently Western Australia and Northern Territory) jurisdiction health departments, health portfolio agencies in all jurisdictions and to other government agencies (Commonwealth, state and territory). Access to these organisations will generally be within the Department's Enterprise Data Warehouse, although other approved environments can be considered on a project-by-project basis. AIHW access will be through the AIHW RON.

Access for non-government analysts will be through the AIHW instance of the ABS SEAD.

Access will only be granted for NIHSI AC approved projects that demonstrate they align with the approved purposes as outlined in section 2.4. Access in all host environments will be managed by the AIHW Data Custodian and in accordance with the governance arrangements outlined in this protocol. The following data asset access and use protocols must be adhered to:

- selected staff using the NIHSI will be appropriately cleared and authorised by the employing organisation.
- non-government analysts will be granted access based on information provided about their role in undertaking the project and relevant experience. This may be verified with the project leader.
- approved users will be required to sign the AIHW Confidentiality undertaking and any relevant jurisdictional confidentiality undertakings which the jurisdictions will provide to the AIHW NIHSI Secretariat.
- the NIHSI Secretariat will forward the names of those who have signed the Confidentiality undertaking, completed Access forms (Attachment 5), and who have provided details consistent with the NIHSI register of analysts (Attachment 6), to the NIHSI Data Custodian for approval.

- after all required approvals are received, the AIHW Data Custodian will approve access to users in writing and provide access via the secure access environment administrator, who will implement the approved access permissions.
- AIHW Data Custodian will ensure these names and other details of approved analysts are added to the NIHSI register of analysts (Attachment 6).
- in addition to signing the AIHW Confidentiality undertaking and any relevant jurisdictional confidentiality undertakings, conditions or controls, as necessary, will be put in place to prevent someone from seeking to re-identify a person(s) through use of the linked asset (see de-identification protocols below).
- It is the responsibility of the Principal Investigator/Project leader to ensure that all external data custodian and other approvals, including any HREC approvals, if required, are valid for the duration of the project.

2.8 Data asset confidentialisation

The following de-identification protocols apply to the data contained in the NIHSI:

- the NIHSI will not include individual name and address information used to create it. Name and address information will be stored securely and separately from the NIHSI and only used for data integration purposes.
- personal project numbers will be assigned for each individual in lieu of name
- individual address will be replaced with the Australian Statistical Geography Standard Statistical Area level 2 (SA2) and postcode
- date of birth will be replaced with age at service which is calculated in years for all individuals. Infants under the age of 1 will have age = 0
- all event dates, including date of death, will be replaced with dates in month and year only
- derived variables will be included comprising number of days since event zero (date of first event) to enable analyses of the order of events and number of days between events
- the National Health Data and Information Standards Committee (NHDISC) *Guidelines for the Disclosure of Secondary Use Health Information for Statistical Reporting, Research and Analysis (NHDISC Guidelines)* will be complied with.
- the application of additional confidentialisation procedures will be guided by the Office of the Australian Information Commissioner's *De-Identification Decision Making Framework*, to help ensure that de-identified NIHSI research datasets no longer contain information about the affairs of an identifiable, or reasonably re-identifiable, person.

2.9 Data asset outputs

2.9.1 Review and clearance of outputs from NIHSI

Further confidentialisation of outputs from the NIHSI will apply as detailed below:

- unit record data cannot be removed from the host environment
- an analyst using the NIHSI is not to make copy of data from the host environment, neither digital nor handwritten, e.g.by a screen shot, screen share or other digital image, or writing down results etc.
- project-specific person numbers cannot be removed from the host environment

- aggregate outputs cannot be taken from the host environment without AIHW Data Custodian approval
- outputs must comply with the confidentiality and privacy requirements of the *AIHW Act 1987* and the *Privacy Act 1988.* This will be assessed by the AIHW Data Custodian in line with requirements for confidentialisation of aggregate outputs.
- outputs must adhere to the confidentialisation and privacy requirements for the 'parent' databases i.e., AIHW Hospital Data Collections, MBS, PBS, NDI and residential aged care services data
- following approval from the AIHW Data Custodian aggregate outputs from the NIHSI may be integrated with locally held data (for example, population estimates) for the purposes of report development
- input and output files must conform to AIHW specifications that may include restrictions on the length of files, the number of files included in a compressed file, and the format of the file

When seeking clearance of outputs, the analyst will provide the AIHW Data Custodian with a briefing document together with the output (Attachment 10).

The AIHW Data Custodian will maintain a register of outputs removed from the host environment which will be available to the NIHSI AC (Attachment 9). The register will include the organisation of the analyst, the project that the output is for, a description of the output, and the date of the AIHW Data Custodian approval.

2.9.2 Reports and publications

Review and clearance of reports and publications from the NIHSI

NIHSI AC members will have the role of reviewing and providing comment on reports and publications referred to as a third-party release (Attachment 8). This section also provides guidance on sharing of outputs from the secure environment, prior to them being included in a third-party release. In addition, the DVA will have a role in clearance where the project analyses the defence and veterans' populations through the use of the RPBS data.

All third-party releases will be cleared by the NIHSI Data Custodian prior to further circulation. Third party releases can include but not limited to:

- summaries
- draft and final reports
- journal articles and abstracts
- data tables/graphs/plots
- slide deck/PowerPoint presentations

2.9.2.1 Processes for third party release – Group 1a: AIHW projects

NIHSI AC approval/advice

- Where state/territory data is presented in outputs no further distribution can occur until all relevant state/territory approvals have been provided. Outputs are requested to be approved by the NIHSI AC within 10 working days unless an extension is requested from the NIHSI AC member. This also includes final reports.
- All other draft outputs will be provided to NIHSI AC members for information, at the time they are provided for third party release.

- Final reports without state/territory disaggregation will be provided to the NIHSI AC for information within the embargo period (i.e. prior to publication).

DVA approval/advice

- All NIHSI outputs that include analysis of the serving defence and DVA client populations through use of the RPBS data will be provided to the DVA RPBS Data Custodian for approval to be provided in writing.
- All other draft outputs will be provided to the DVA for information, at the time they are provided to the NIHSI AC for third party release.

Requirements of the project lead

- Project documentation and draft reports including outputs from the NIHSI may be shared with other areas of the AIHW, funders of the project, project steering/advisory committee members and individuals listed in the project. Content will be marked draft in confidence, not for further distribution.
- If the full report would contain state/territory data and/or analysis these data are to be redacted from the version shared until state/territory approvals are provided[2].
- Project documentation and draft reports can be shared with relevant areas of the Department of Health and Ageing for input/critical review, without the need for individuals to be named.
- The embargo process at the AIHW will include the NIHSI AC on the distribution list.
- To provide the NIHIS team via NIHSI@aihw.gov.au with a link to any published reports, papers or articles based on data from the NIHSI.

1. NIHSI aggregate data analysis, checking and request egress from the secure access environment
2. Third party release product (for example reports, presentations, posters etc) drafted by project team (attached Governance Protocols, section 2.9.2 Reports and publications provides a list of what could be considered for a third-party release)
3. Third party release product can be shared with discussants listed in the project proposal for their review. For example, a draft report can be shared in confidence for review by the Department of Health and Aged Care (DoHAC) as per section 2.9.2.1 of the Governance Protocols. Please note, DoHAC staff do not need to be listed separately in the NIHSI Protocol, however their review should be mentioned in general terms.
4. Project team updates the product based on feedback received.
5. Project team seeks third-party release approval of the product – This approval goes to NIHSI Data Custodian and circulated to NIHSI AC for information unless it contains S&T data (then NIHSI AC approval is needed)
6. Once approved, the product can be circulated more broadly for feedback if required.
7. Any significant changes to the product following review needs to be approved by the NIHSI Data Custodian and circulated to NIHSI AC for information unless it contains S&T data (then NIHSI AC approval is needed). Repeat step 5 if required.
8. The AIHW Web and publications team is provided the approved product (final draft) for processing.
9. Embargo: NIHSI Advisory Committee members are included in embargo list.
10. Release: Send link to NIHSI team NIHSI@aihw.gov.au so the link can be added to the NIHSI approved projects webpage.
11. Steps 4, 5, 6 and 7 may have more than one iteration depending on changes made to the third-party release product.

2.9.2.2 Processes for third party release – Group 1b: Non-AIHW government projects

NIHSI AC approval/advice

- Where state/territory data is presented in outputs no further distribution can occur until all relevant state/territory approvals have been provided. Outputs are requested to be approved by the NIHSI AC within 10 working days unless an extension is requested from the NIHSI AC member. This also includes final reports.
- All other draft outputs will be provided to NIHSI AC members for information, at the time they are provided for third party release.
- Final reports without state/territory disaggregation will be provided to the NIHSI AC for information within the embargo period (i.e. prior to publication).

DVA approval/advice

- All NIHSI outputs that include analysis of the serving defence and DVA client populations through use of the RPBS data will be provided to the DVA RPBS Data Custodian for approval to be provided in writing.
- All other draft outputs will be provided to the DVA for information, at the time they are provided to the NIHSI AC for third party release.

Requirements of the project lead

- Project documentation and draft reports including outputs from the NIHSI may be shared within the government organisation, project steering/advisory committee members and individuals listed in the project. Content will be marked draft in confidence, not for further distribution.
- If the full report would contain state/territory data and/or analysis these data are to be redacted from the version shared until state/territory approvals are provided[2].
- To provide the NIHIS team via NIHSI@aihw.gov.au with a link to any published reports, papers or articles based on data from the NIHSI.

Third party release step by step for Government:

1. NIHSI Data analysis, checking and egress
2. Third party release drafted by project team (section 2.9.2 Reports and publications provides a list of what could be considered a third party release)
3. Internal discussants listed in project proposal – draft report can be shared in confidence for review
4. Review and third-party release approval of NIHSI publication/report – by NIHSI Data Custodian and circulated to NIHSI AC for information unless it contains S&T data (then NIHSI AC approval is needed)
5. External (Department of Health and Aged Care, our advisory committee) reviews are conducted following third-party release approval

[2] A PDF with state/territory content black highlighted or a word document with all state/territory content removed. Header table and placeholders are acceptable.

6. Any significant changes need to be approved by the NIHSI data custodian and circulated to NIHSI AC for information unless it contains S&T data (then NIHSI AC approval is needed)
7. Embargo: NIHSI Advisory Committee members are included in embargo list
8. Release: Send link to NIHSI team NIHSI@aihw.gov.au

Steps 3,4,5 and 6 may have more than one iteration depending on changes made to the third-party release.

2.9.2.3 Processes for third party release – Group 2: Non-government projects

NIHSI AC approval

- All NIHSI outputs will be provided to the NIHSI AC for approval prior to further distribution of the content. Outputs that contain state/territory disaggregation will require approval in writing. Other outputs will be deemed approved after 10 working data unless an extension is requested from the NIHSI AC member.

DVA approval/advice

- All NIHSI outputs that include analysis of the serving defence and DVA client populations through use of the RPBS data will be provided to the DVA RPBS Data Custodian for approval to be provided in writing. Approval will be requested within 10 working days.
- All other draft outputs will be provided to the DVA for information, at the time they are provided to the NIHSI AC for third party release.

Requirements of the project lead/who content can be shared with

- All draft content for the third-party release is to be marked draft in confidence.
- Must list all individuals or organisations who will be engaged and may have access to project outputs during the investigation phase of the project as aligned with the project proposal analyst template (Attachment 4). Content can only be provided to those named in the project proposal.
- All final reports/outputs will need to allow an embargo period for the NIHSI AC to review prior to submission for publication. This period will be no less than 10 working days but may be longer (no longer than 30 working days) if stipulated by a jurisdiction's approval of the project.
- To provide the NIHIS team via NIHSI@aihw.gov.au with a link to any published reports, papers or articles based on data from the NIHSI.

2.9.3 Other general principles

In addition, the following principles apply:

- joint jurisdictional reports may be shared in-confidence between other jurisdictions participating in the project for the purposes of methods and report development prior to provision to full NIHSI AC for approval
- reports that include outputs relating to individual jurisdictions* cannot be published or provided to a third party (or an organisation) without the written approval of those jurisdictions. This includes circulation to:
  - the National Cabinet

  - other government and non-government bodies
  - release into the public domain (e.g., in the form of publications or conference presentations).
- for release of reports/outputs into the public domain, the current embargo arrangements used for report release within each participating and non-participating jurisdiction will apply, with reports circulated to each of these jurisdictions.
- any report/output or publication needs to acknowledge:
  - the jurisdiction(s) whose data are used
  - the AIHW as Data Custodian and creator of the NIHSI
  - the contributions of the NIHSI AC members in providing advice on those publications and presentations
  - any involvement contributing jurisdictions have had through established engagement forums.
- While there is general Ethics Committee approval for the NIHSI and its use, participants should consult with journals on the matter of ethics requirements before undertaking to publish and should seek approval via their local Human Research Ethics Committee (HREC) if required.

* The Commonwealth Department of Health has indicated that it does not need to approve reports and publications generated from the NIHSI, noting that AIHW will seek approval for reports and publications commissioned by the Department through separate arrangements, and the above embargo arrangements for release of reports in the public domain. Reports and publications will still be provided to the Commonwealth at the same time as being circulated to other NIHSI AC members, so that the Commonwealth has the option to provide feedback.

3. Glossary

Glossary

NIHSI	AIHW National Integrated Health Services Information repository, which contains the NIHSI Analysis Asset.
Analysis Asset (AA)	The linked asset containing hospital services data, Medicare Benefits Schedule, (MBS) and Pharmaceutical Benefits Scheme (PBS) data, Residential Aged Care Services data and National Death Index (NDI) data.
Host environment	Secure ICT environment(s) where the NIHSI will be stored and accessed by approved participants.
Data Custodian	Data Custodian is an AIHW staff member with delegation from the AIHW Chief Executive Officer to exercise overall responsibilities for a specified data collection in accordance with legislation, the AIHW's governance instruments and any specific conditions for use applicable to that data collection.
Section 29 of the AIHW Act 1987	https://www.legislation.gov.au/Series/C2004A03450
Data	For the purposes of the NIHSI, data will be defined as unit record data held within the NIHSI.
Outputs	For the purposes of the NIHSI, outputs will be defined as any aggregate statistics derived from the data contained in the NIHSI.
Reports	For the purposes of the NIHSI, a report is any product for publication or other dissemination to third parties that incorporates outputs from the NIHSI. Reports may include written material, findings and comments about the outputs developed using the NIHSI.
Third party	An individual or organisation external to the participant and non-participant jurisdictions as represented on the NIHSI AC, and the AIHW.
Participants	The following data providers are participants in the NIHSI: Commonwealth Department of Health (the Department), Australian Institute of Health and Welfare (AIHW), and those state and territory health authorities that have provided patient identifiers to enable the inclusion of their hospital data in the NIHSI.
Non-participants	State and territory health authorities that have NOT provided patient identifiers to enable the inclusion of their hospital data in the NIHSI.
Individual	A person or organisation

Jurisdiction	A state and territory (as represented by their respective health authorities) and the Australian Government (as represented by the Department).
De-identified	De-identification involves two steps. The first is the removal of direct identifiers from a dataset. The second is taking one or both of the following additional steps: • the removal or alteration of other information that could potentially be used to re-identify an individual • the use of controls and safeguards in the data access environment to prevent re-identification.
Confidentialisation	The process of removing identifiers and assessing and managing the risk of indirect identification occurring in the data.
Re-identification	Any action, such as the linkage or addition of information to a de-identified dataset, which allows the identification of individuals.
External Analyst	Includes staff and contractors from non-government organisations, or individuals.
Government Analyst	Is the analyst employed or contracted to a commonwealth or state/territory government agency?

Attachments:

Attachment 1: Extract from *"Five Safes: designing data access for research"*

Attachment 2: AIHW Confidentiality undertaking

Attachment 3: NIHSI Project proposal and conditions of use – government project template

Attachment 4: NIHSI project proposal and conditions of use – non-government health research project template

Attachment 5: Register of NIHSI projects

Attachment 6: Register of NIHSI analysts

Attachment 7: Analyst Access forms to NIHSI

Attachment 8: NIHSI third party release template

Attachment 9: Register of NIHSI outputs

Attachment 10: Output clearance request briefing template

Attachment 11: Input clearance request briefing template

Attachment 12: Costings for access to the NIHSI

Attachment 1: Extract from *Five Safes Framework*

Safe projects (i.e., use)

Is this use of the data appropriate?

Safe people

Can the Analyst be trusted to use it in an appropriate manner?

Safe data

Is there a disclosure risk in the data itself?

Safe settings

Does the access facility limit unauthorised use?

Safe output

Are the statistical results non-disclosure?

Reference:

Desai T; Ritchie F Welpton R 2016. Five Safes: designing data access for research. Economics Working Paper Series 1601. Bristol: University of the West of England.

Attachment 2: AIHW Confidentiality undertaking

Confidentiality undertaking –
staff, contractors and consultants

Instructions

This agreement is designed to be completed electronically and then printed and authorised by the appropriate Unit Head or Delegate. Complete the form by entering the information in the fields provided.

1. All staff members, contractors, consultants (including those paid through a recruitment agency), Working group/Advisory group members and any other person being authorised to access AIHW ICT systems and/or approved aggregate output released from AIHW secure access environments (prior to third party release approval) must read and sign this agreement.

Details	
Name (**uppercase**):	
Company / Agency name – if applicable (**uppercase**):	

- I understand that the Australian Institute of Health and Welfare acquires and holds health- and welfare- related information which is 'information concerning a person' and which is subject to the provisions of section 29 of the *Australian Institute of Health and Welfare Act 1987* (Attachment A).
- I understand that I may become an 'informed person' within the meaning of section 29 of the Act and that criminal penalties, including imprisonment, apply for improperly divulging or communicating information to which section 29 applies.
- I undertake that I will not directly or indirectly access, use, divulge, communicate or retain any information or statistics except as permitted by the Act and in accordance with my role.
- I understand that the Institute acquires and holds 'personal information' as defined in Section 6(1) of the *Privacy Act 1988* (Cth).
- I understand that personal information must be managed in accordance with the: Australian Privacy Principles in Schedule 1 of the Privacy Act, and associated guidelines and regulations, for example the *Guidelines under section 95 of the Privacy Act 1988,* and

I agree to protect the confidentiality of personal information in accordance with these Acts and Guidelines.

Executed as a Deed by:		
Signature:		Date: / /
Authorised and witnessed by:		
Name in full (**uppercase**):		
Signature:		Date: / /

Attachments

A. Confidentiality - an extract from section 29 of the *Australian Institute of Health and Welfare Act 1987*.

B. Australian Privacy Principles in the *Privacy Act 1988* Schedule 1 **[print latest version and hand to signatory]**

C. *Guidelines under section 95 of the Privacy Act 1988* (NHMRC, 2014) https://www.nhmrc.gov.au/about-us/publications/guidelines-under-section-95-privacy-act-1988 **[print latest version and hand to signatory]**

ICT Servicedesk use only:		
Date received:	/ /	
Name of actioner:		Date: / /

Attachment A: Section 29 of the *Australian Institute of Health and Welfare Act 1987*

(i) 29 Confidentiality

(1) Subject to this section, a person (in this subsection called the ***informed person***) who has:

(a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

(i) holding an office, engagement or appointment, or being employed, under this Act;

(ii) performing a duty or function, or exercising a power, under or in connection with this Act; or

(iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an ***information subject***), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

(c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);

(d) produce that document to any person (including an information subject); or

(e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: $2,000 or imprisonment for 12 months, or both.

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

(a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ***information provider***) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.

(2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

(a) ***court*** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

(b) ***person*** includes a body or association of persons, whether incorporated or not, and also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—a deceased person;

(c) ***produce*** includes permit access to;

(d) ***publication***, in relation to conclusions, statistics or particulars, includes:

(ii) the divulging or communication to a court of the conclusions, statistics or particulars; and

(iii) the production to a court of a document containing the conclusions, statistics or particulars; and

(e) a reference to information concerning a person includes:

(i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and

(ii) a reference to information identifying a person or body providing information concerning a person.

Attachment 3: NIHSI project proposal and conditions of use template – government project

Please keep the project proposal brief and delete instructions in blue when complete.

Refer to the National Integrated Health Services Information (NIHSI) Analysis Asset (AA) *Governance protocols* for detailed information about the operation of the NISHI AA.

Project identifier

Assigned by the NIHSI secretariat

Project title

Auspicing body

If applicable, e.g., the Department of Health

Organisation nominating the project

E.g., NSW, Vic, Qld etc.

Project leader

Include name, organisation, email address and phone number.

Project analysts and discussants

If applicable, please list other people or organisations (e.g., consultants) who will have access to project outputs and will discuss project outputs during the investigation phase of the project. These people will need to sign a s29 Confidentiality Undertaking (Attachment 2). It is the responsibility of the project leader to ensure the s29 Confidentiality Undertaking are signed.

Include name, organisation, email address

Project advisors and other contributors

If applicable, please list other advisors or other contributors to the project. This may include peer review groups, committees and external advisors These people will need to sign a s29 Confidentiality Undertaking (Attachment 2). It is the responsibility of the project leader to ensure the s29 Confidentiality Undertaking are signed.

Include name, Committee or group

Project objective

What are the main objectives of the project? Please refer to the *Governance protocols* for intended uses of the NIHSI Analysis Asset (AA)

Please state whether Queensland hospitals data will be required for the project.

Please indicate if you will need state and territory data to create a National comparator.

Collections used in the Project

Collection	Planned to be included in Analysis Y/N
Patient Demography	Y (all researchers have access to this)
National Death Index (NDI)	
National Aged Care Data Clearinghouse (NACDC)	
Medicare Benefits Schedule (MBS)	
Pharmaceutical Benefits Scheme (PBS)	
Repatriation Pharmaceutical Benefits Scheme (RPBS) (specifically to analyse the veteran/defence population use of pharmaceuticals) Please state whether you will use RPBS data to identify and explore a veteran or defence population.	
Australian Immunisation Register (AIR)	

Hospitals data held under the National Hospital Data Collection (NHDC)

If intention is to use all available states/territories then indicate in last row, otherwise place an X for each combination of hospitals collection and state/territory.

State/Territory	National Hospital Morbidity Database (NHMD)	National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD)	National Non-Admitted Patient Databases, Aggregate (NAP AGG) and unit record (NAP UR)
NSW			
Vic			

Qld			
SA			
Tas			
ACT			
All available			

Project duration, and retention and destruction of data

Planned completion date

DD/MM/YY

Archiving and Retention of data

As determined by section 2.3 of the Governance Protocols, files will be archived for seven years after the completion of the project unless a Human Research Ethics Approval (HREC) provides another period. Please provide the HREC period if different from section 2.4 of the protocols.

Consideration of community expectations

Please include details of how community expectations around the project are being considered including plans and purpose for consultation with appropriate groups.

Non-exhaustive list of examples

- Consultation with key stakeholders or client group representatives, for example via working groups or advisory groups
- public engagement such as broad public consultations
- use of focus groups
- engagement with expert groups
- information from engagement events for similar projects
- government initiatives
- public polls
- literature reviews. [1]

Projects with a First Nations people focus

For any internal AIHW research with an First Nations people focus, advice would be sought from the Group Head of the First Nations people Group on potential sensitivities and whether it may also be appropriate to seek external advice from an First Nations people *expert.*

Please outline planned consultations with advisors who can support the appropriate and sensitive reporting of data.

[1] https://uksa.statisticsauthority.gov.uk/wp-content/uploads/2019/05/2019_Self-assessment_guidance_V2.1.pdf, p. 15

Outputs and reports

Please provide information on:

- whether jurisdictions will be identified in the outputs and reports
    - please specify jurisdictions and parent data collections being presented
- whether individual entities (e.g., hospitals) will be identified in outputs and reports
- whether comparisons of First Nations people and non-Indigenous people/other Australians/all Australians will be made in the outputs and reports
- whether outputs and reports will be distributed to third parties or published
- the audience for the outputs and reports
- where reports are to be published, the name of the publication
- timeframes for the release of reports.

Commercial Gain

Please provide information on whether this project could be used for commercial gain.

Disclosure agreement

A description of your project may be included on the AIHW website.

Is there a non-discloser agreement on this project?

Yes ☐ No ☐

Project Leader

Name **Signature**	**Date**

AIHW Head of Ethics, Privacy and Legal Unit

I support the project noting the following, **Name** **Signature**	**Date**

NIHSI Data Custodian

I support the project noting the following, **Name** **Signature**	**Date**

NIHSI Advisory Committee member

Approved	☐	
Approved with conditions (please specify)	☐	
Not approved	☐	
Name		
Signature		**Date**

Attachment 4: NIHSI project proposal and conditions of use template – health research project

non-government organisations and analysts attached to universities or private research organisations

Please keep the project proposal brief and delete instructions in blue when complete.

Refer to the National Integrated Health Services Information (NIHSI) Analysis Asset (AA) *Governance protocols* for detailed information about the operation of the NISHI AA.

Project identifier

Assigned by the NIHSI secretariat

Project title

Auspicing/Funding body

If applicable, e.g., The Department of Health etc.

Organisation nominating the project

E.g., NSW, Vic, Qld, University etc.

Project leader

Include name, organisation, email address and phone number, and brief summary of experience/credentials

Project Analysts

List intended analysts working on the project. Include name, organisation, email address and phone number, and brief summary of experience/credentials. These are people who will require access to the secure environment in addition to the project leader.

Project analysts and discussants

If applicable, please list other people or organisations (e.g., consultants) who will have access to project outputs and will discuss project outputs during the investigation phase of the project. These people will need to sign a s29 Confidentiality Undertaking (Attachment 2). It is the responsibility of the project leader to ensure the s29 Confidentiality Undertaking are signed.

Include name, organisation, email address

Project advisors and other contributors

If applicable, please list other advisors or other contributors to the project. This may include peer review groups, committees and external advisors These people will need to sign a s29

Confidentiality Undertaking (Attachment 2). It is the responsibility of the project leader to ensure the s29 Confidentiality Undertaking are signed.

Include name, Committee or group

Project objective

What are the main objectives of the project? Please refer to the *Governance protocols* for intended uses of the NIHSI Analysis Asset (AA).

Please indicate which states/territories hospitals data will be required for the project.

Please indicate if you will need state and territory data to create a National comparator.

Collections used in the Project

Collection	Planned to be included in Analysis Y/N
Patient Demography	Y (all researchers have access to this)
National Death Index (NDI)	
National Aged Care Data Clearinghouse (NACDC)	
Medicare Benefits Schedule (MBS)	
Pharmaceutical Benefits Scheme (PBS)	
Repatriation Pharmaceutical Benefits Scheme (RPBS) (specifically to analyse the veteran/defence population use of pharmaceuticals) Please state whether you will use RPBS data to identify and explore a veteran or defence population.	
Australian Immunisation Register (AIR)	

Hospitals data held under the National Hospital Data Collection (NHDC)

If intention is to use all available states/territories then indicate in last row, otherwise place an X for each combination of hospitals collection and state/territory.

State/Territory	National Hospital Morbidity Database (NHMD)	National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD)	National Non-Admitted Patient Databases, Aggregate (NAP AGG) and unit record (NAP UR)
NSW			
Vic			
Qld			
SA			
Tas			
ACT			
All available			

Project duration, and retention and destruction of data

Planned completion date

DD/MM/YY

Archiving and Retention of data

As determined by section 2.3 of the Governance Protocols, files will be archived for seven years after the completion of the project unless a Human Research Ethics Approval (HREC) provides another period. Please provide the HREC period if different from section 2.4 of the protocols.

Consideration of community expectations

Please include details of how community expectations around the project are being considered including plans and purpose for consultation with appropriate groups

- non-exhaustive list of examples Consultation with key stakeholders or client group representatives, for example via working groups or advisory groups
- public engagement such as broad public consultations
- use of focus groups
- engagement with expert groups
- information from engagement events for similar projects
- government initiatives
- public polls
- literature reviews. [1]

[1] https://uksa.statisticsauthority.gov.uk/wp-content/uploads/2019/05/2019_Self-assessment_guidance_V2.1.pdf, p. 15

Projects with a First Nations people focus

Will the project have a focus of analysis on the First Nations people population?

Yes No

Project proposals should address how external advice from First Nations people expert is being sought and how appropriate consultation and oversight is provided during the life of the project.

Non-government research proposals where First Nations people are a focus must obtain

First Nations people Human Research Ethics Committee approval (HREC). For guidance in planning, designing and conducting such research, please consult the NHMRC *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018*, as well as the guidance provided by the First Nations people HRECs.

Outputs and reports

Please provide information on:

- whether jurisdictions will be identified in the outputs and reports
    - please specify jurisdictions and parent data collections being presented
- whether individual entities (e.g., hospitals) will be identified in outputs and reports
- whether comparisons of First Nations people and non-Indigenous people/other Australians/all Australians will be made in the outputs and reports
- whether outputs and reports will be distributed to third parties or published
- the audience for the outputs and reports
- where reports are to be published, the name of the publication
- timeframes for the release of reports.

Human Research Ethics Committee (HREC)

Project proposals for health research will require:

- a full Human Research Ethics Committee (HREC) application for the projects if seeking to include Victoria, Queensland, New South Wales, Australian Capital Territory or Tasmania hospitals data. A single HREC will be mutually recognised across jurisdictions and sufficient to cover the project approval.
- if Queensland data is being utilised there is an additional requirement that the data are approved for disclosure through the research provisions in the Queensland *Public Health Act 2005*. See Use of Confidential Health Information | Queensland Health
- If Victoria data is being utilised, the HREC must report to the Health Complaints Commissioner in Victoria as per the HPP research exemption guidelines 2.2G
- If ACT data is being used will need to request a governance approval from ACT Health.

Please attach details of these additional approvals.

Data custodian requirements

Approval by all members of the NIHSI AC and state and territory data custodians for data collections being used.

Commercial Gain

Please provide information on whether this project could be used for commercial gain.

Disclosure agreement

A description of your project may be included on the AIHW website.

Is there a non-discloser agreement on this project?

Yes ☐ No ☐

Project leader

Name **Signature**	**Date**

AIHW Head of Ethics, Privacy and Legal Unit

I support the project noting the following, **Name** **Signature**	**Date**

NIHSI Data Custodian

I support the project noting the following, **Name** **Signature**	**Date**

NIHSI Advisory Committee member

Approved ☐ **Approved with conditions (please specify)** ☐ **Not approved** ☐ **Name** **Signature**	**Date**

Attachment 5: Register of NIHSI projects

Project register for the National Integrated Health Services Information

Organisation	Purpose statement	Dissemination/Publication of reports (Y/N)	Plan for dissemination or publication of reports (if applicable)	Date of approval by NIHSI Advisory Committee	Planned project end date	Current status (open/ closed)

Attachment 6: Register of NIHSI analysts

Analysts register for the National Integrated Health Services Information

Name of analyst	Organisation	Position title	Email address	Phone number	Name and phone number of secondary contact	Project ID(s) (can be multiple)	Signed AIHW Confidentiality undertaking provided to AIHW	Other Confidentiality undertakings signed (if applicable)	NIHSI Access approval date	NIHSI Access expiry date

Attachment 7: Analyst access forms for NIHSI

Please delete instructions in blue when complete.

Project title

Project identifier

Allocated by the National Integrated Health Services Information (NIHSI) secretariat as part of project approval

Analyst details

Include name, organisation, email address and phone number

- I have read and understood the *Governance protocols* document and understand conditions of use for the NIHSI. ☐
- I have signed the AIHW Confidentiality undertaking. ☐

Applicant

Name **Signature**	**Date**

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Attachment 8: NIHSI Third party release template

Project identifier

Assigned by the National Integrated Health Services Information (NIHSI) secretariat as part of the Project proposal.

Project Title

Title as per the approved Project proposal.

Participating jurisdiction nominating the release

E.g. Commonwealth Department of Health, NSW Ministry of Health, etc.

Project leader

Include name, organisation, email address and phone number.

Report/release summary

Please provide information on:

- source collections (MBS, PBS, NDI, Hospitals, RACS) presented in the release, or used as part of the methodology to generate outputs included in the release. This may include collections used in any inclusion/exclusion criteria, even where these data are not directly presented in outputs.
- whether state/territory hospitals data are presented in the release or used as part of the methodology to generate outputs included in the release. Please include the level of presentation (e.g. national, state of hospitalisation, state of usual residence, hospital, LHN, etc.) where applicable, and whether private hospitals data are included/presented.
- whether comparisons of First Nations people and non-Indigenous people/other Australians/all Australians will be made in the release
- the audience for the release (include name and organisation), and/or intention to publish into the public domain. Where reports are to be published, please include the name of the publication.
- timeframes for the release

Please attach a copy of the release material for review in-confidence by the NIHSI Advisory Committee.

Guidelines

1. Consequential suppressions must be applied to ensure that suppressed data cannot be derived from totals, and/or the combination of data in other cells and/or tables.
2. The release must be consistent with the purpose of the project and intended outputs and reports, as outlined in the approved project proposal.
3. All outputs used in the release must have received prior approval from the Data Custodian to be removed from the host environment. Outputs should be checked for quality assurance before seeking NIHSI AC approval for third-party release.
4. The release must comply with the AIHW Ethics Committee approved uses of the NIHSI and the NIHSI Governance protocols and comply with the confidentiality and privacy protections of the *AIHW Act 1987* and *Privacy Act 1988*.

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

5. Final third-party release must comply with any conditions specified by the NIHSI Advisory Committee and/or the NIHSI Data Custodian on approving the release.

Project leader

Name **Signature**	**Date**

NIHSI Advisory Committee member

Approved	☐	
Approved with conditions (please specify)	☐	
Not approved	☐	
Name **Signature**		**Date**

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Attachment 9: Register of NIHSI outputs

Output register for the National Integrated Health Services Information

Name of analyst	Organisation	Project ID	Description of output	Request date	Approval date

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Attachment 10: Output clearance request briefing

AIHW National Integrated Health Services Information Analysis Asset

Please delete instructions in blue when complete.

Project identifier

Assigned by the National Integrated Health Services Information (NIHSI) secretariat as part of the Project proposal.

Please attach a copy of the completed Project proposal.

Project title

Analyst

Include name, organisation, email address and phone number.

Output summary

Please provide a summary of aggregate output tables to be released from Host environment, including the description, location in the host environment, and purpose in relation to the project objective.

Please outline the intended use of the output e.g. internal document, public release as report etc.

Guidelines

- Files must not contain unit record data about an individual.
- Files must not add information about a person or service event (including reference to person or row IDs held in other collections, e.g. Medicare no., de-identified record ID, etc.), and must not include information which may enable re-identification of an individual or an organisation.
- Files should be in MS Excel, comma separated values, text or another agreed file format (e.g. syntax can be transferred as text format). **Files must not be executable.**
- Files and their use should comply with the confidentiality and privacy protections of the *AIHW Act 1987*, *Privacy Act 1988*, and the NIHSI Governance Protocols
- Files must be checked to ensure that they do not contain malicious content and will not cause damage to the NIHSI or its host system.

NIHSI Output checklist

Please fill in the form, indicate your response, and include the outputs as attachments.

Relevant metadata and classifications for all applicable reference years have been reviewed and implemented where appropriate.	☐ Yes	☐No	☐ NA
Methodology for analysis has been reviewed.	☐ Yes	☐No	☐ NA
Outputs are related to the project's goals as stated in the project proposal.	☐ Yes	☐No	☐ NA
Confirm that data analyses have been checked and confirmed against published data where possible.	☐ Yes	☐No	☐ NA
Release of requested program code from the host environment is saved as a text file and does not contain any data, describing any individual/organisation or observation from the data.	☐ Yes	☐No	☐ NA
Confirm that table titles, footnotes and other technical information are correct.	☐ Yes	☐No	☐ NA
SAS/program code and logs checked to ensure compliance with data analysis plan.	☐ Yes	☐No	☐ NA
Demographic disaggregation's presented are consistent with those outlined in the project proposal.	☐ Yes	☐No	☐ NA
Technical information provided in the briefing should include: • Description of scope, methodology used, including for example, inclusions, exclusions, and ICD codes used, and for complex methodologies, underlying counts that make up the calculation of the final number. • Clear explanatory notes or data dictionary details of items used. • Mapping files to be provided for non-standard geographic breakdowns. • Numerators and population denominators for rates where required. • Any association with previous requests clearly identified.	☐ Yes	☐No	☐ NA
Cell attribute check: Counts between 1 and 10 (<11) have been suppressed (this includes the suppression of measures, e.g., rates, with underlying counts between 1 and 10 (<11). Seek advice from the NIHSI Data Custodian for permitted exceptions.	☐ Yes	☐No	

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Consequential suppressions have been applied to ensure that suppressed data cannot be derived from totals, and/or from data in other cells and/or tables.	☐ Yes	☐No	☐ NA
Dominance check: Confirm that dominance check had been done. If yes, please provide location (i.e., URL) where the dominance check file had been saved: _____. **Applied to Hospital data, Aged care data, MBS data and PBS data** National level data needs to be checked to see if a State or Territory is dominating the cell contribution, and State or Territory level data needs to be checked to see if a Hospital/Provider/Service is dominating the cell contribution. **For National level data**: To maintain confidentiality, reporting unit rules have been applied as per AIHW policy where: • If there are fewer than three States or Territories contributing to the cell then the cell needs to be n.p'd and consequential suppression applied if required • If there are three or more States or Territories contributing to the cell and one State or Territory contributes more than 85% of the total activities, then the cells need to be to be n.p'd (referred to as the 1,85 rule) and consequential suppression applied if required • If there are three or more States or Territories contributing to the cell and two States or Territories contribute more than 90% of the total activities, then the cells need to be to be n.p'd (referred to as the 2,90 rule) and consequential suppression applied if required **For State and Territory level data**: To maintain confidentiality, reporting unit rules have been applied as per AIHW policy where: • If there are fewer than three Hospitals/Providers/Services contributing to the cell then the cell needs to be n.p'd and consequential suppression applied if required • If there are three or more Hospitals/Providers/Services contributing to the cell and one Hospital/Providers/Services contributes more than 85% of the total activities, then the cells need to be to be n.p'd and consequential suppression applied if required	☐ Yes	☐No	☐ NA

• If there are three or more Hospitals/Providers/Services contributing to the cell and two Hospitals/Providers/Services contribute more than 90% of the total activities, then the cells need to be to be n.p'd and consequential suppression applied if required			
Geography output checks: Minimum geographic area to be released is SA3. Cell attribute checks and Dominance checks still apply for geographic area outputs Note: Estimated denominator populations for geographical units by demographic specifications (e.g., age and sex), must be greater than 1,000. Analysts must ensure compliance of reporting unit rules for each geographical unit being outputted (e.g., State, Remoteness, SA3, etc.). Estimated populations are generally determined using ABS estimated population files.	☐ Yes	☐No	☐ NA
Model output checks: Regression coefficients and test statistics model check • Minimum 10 degrees of freedom • R-squared ≤ 0.8 (for linear regression models only) For regressions that include any categorical independent variables, check Rule of 10 and Dominance rules for all cells via crosstab of all the categorical independent variables (e.g. var1*var2*var3): • Rule of 10: Provide a crosstab of all the categorical independent variables. Each cell must have at least 10 observations. Note: If you do not meet this rule of 10, you need to suppress the intercept or some of the other coefficients of the model. • Dominance rules: Each cell in the crosstab needs to be tested for the (1,85 rule) and (2,90 rule) dominance rules (see dominance checks above for more information). Please provide location (URL) where the above checks file had been saved: _____. Note: If you are struggling to meet the criteria above, please contact the NIHSI Data Custodian.	☐ Yes	☐No	☐ NA
Could the output be related to commercial gain	☐ Yes	☐No	

Analyst **Name** **Signature** **When signing this form you are agreeing to the conditions listed in the s29 Confidentiality Undertaking.**	**Date**

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Attachment 11: Input clearance request briefing

National Integrated Health Services Information Analysis Asset

Please delete instructions in blue when complete.

Project identifier

Project title

Submitting analyst

Include name, organisation, email address and phone number.

Input summary

Please provide information on the file name and type requested for import.

Please give a brief description of the file, and how it will be used.

Guidelines

- Files must not contain unit record data about an individual.
- Files must not add information about a person or service event (including reference to person or row IDs held in other collections, e.g. Medicare no., de-identified record ID, etc.), and must not include information which may enable re-identification of an individual.
- Files should be in MS Excel, comma separated values, text or another agreed file format (e.g. syntax can be transferred as text format). **Files must not be executable.**
- Files and their use should comply with the confidentiality and privacy protections of the *AIHW Act 1987*, *Privacy Act 1988*, and the NIHSI Governance protocols
- Files must be checked to ensure that they do not contain malicious content and will not cause damage to the NIHSI or its host system.

Additional Specifications:

- File location in RON/EDW: (Advise of the file path which you would like your file to be placed)
- Data Size (metadata):
- Data File Name (metadata):
- Date Data created (metadata):

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Analyst

• **Name** • **Signature**	• **Date**

When completed for AIHW analysts or analysts using the RON please attach this form to your IT request. For EDW analysts please email this form to NIHSI@aihw.gov.au

Attachment 12

Costs

Approved researchers can access the data available in NIHSI for approved projects. Researchers will access the NIHSI data via an AIHW managed instance of the Australian Bureau of Statistics (ABS) Secure Environment for Analysing Data (SEAD).

NIHSI SEAD access fee schedule – 1 July 2023 to 30 June 2024 (all fees are exclusive of GST)

Annual project fees (cost per project) – standard and complex projects

Annual project fees (cost per project) – standard and complex projects

Items	SEAD
Project establishment • IT project set-up • Project approvals • Ongoing management • Onboarding training	$3000 AUD
Project curation • Ingress, egress, and external release approvals	$3000 AUD
Databrick (if required)	From $5000 AUD ^

Annual user fees (cost per researcher/analyst) – standard and complex projects

One-off project fees (cost per project) – standard and complex projects

Items	SEAD Costs
Project establishment • IT project set-up • Project approvals • Onboarding training	$3000 AUD

Annual project fees (cost per project) – standard and complex projects

Items	SEAD Costs
Project curation • Ingress, egress and external release approvals • Ongoing management	$3000 AUD
Databrick (if required)	From $5000 AUD^
Virtual machine • Set-up costs • Standard issue with CPU cores 8 and 64GB RAM • Access to office • Access to statao	$4081 AUD^

Access to SAS	$1250 AUD^
Access to office	NA – included in VM costs
Access to stata (optional)	NA – included in VM costs

Data linkage and extraction costs (cost per project) – complex projects only

Linkage feasibility review	From $2000 AUD
Bespoke linkage (per dataset cost)	From $19,500 AUD
Project scoping and subject matter expertise	From $2000 AUD

NA – not applicable

^ Direct costs AIHW are charged by ABS for SEAD environment

Please contact the NIHIS team via nihsi@aihw.gov.au to discuss your project and the charges that apply.