

Data Access Advisory Group (DAAG)

Minutes of meeting held 4 August 2015

Members: Alan Hassey (Acting Chair), Eve Sariyannidou, Dawn Foster, John Craven, Joanne Bailey

In attendance: Frances Hancox, Victoria Williams, Diane Pryce, Susan Milner, Nicola Mallender-Ward, Steve Hudson, Dickie Langley, Gaynor Dalton, Sophie Fletcher, James Salt, Garry Coleman

Apologies: Sean Kirwan, Patrick Coyle

1	<p>Review of previous minutes and actions</p> <p>The minutes of the 28 July 2015 meeting were reviewed and agreed as an accurate record.</p> <p>Action updates were provided (see table on page 5).</p> <p>Out of committee recommendations</p> <p>The following applications had previously been recommended for approval subject to caveats, and it had been confirmed out of committee that the caveats had now been met:</p> <ul style="list-style-type: none">• NIC-275706-T4D6W University of Oxford• NIC-312474-H5Q0T Royal College of Physicians• NIC-341335-G3S3B Imperial College London (Airwave)
2	<p>Data applications</p> <p>2.1 <u>Newcastle Upon Tyne Hospitals NHS Foundation Trust - The Future Children's Neurorehabilitation Project (Presenter: Steve Hudson) NIC-337938-M5Q4W</u></p> <p>Application: This application was for pseudonymised Hospital Episode Statistics (HES) data filtered to only include children aged between 1 and 18 with an ICD10 code related to possible acquired brain injury.</p> <p>Discussion: DAAG discussed the purposes described and whether this was consistent with the requirements of the Care Act 2015 that the HSCIC should only share data in order to benefit health and social care or for the promotion of health. It was noted that this application was only for the first phase of this project, but on balance the expected benefits were considered to meet this requirement. The need to ensure that outputs were appropriately disseminated to relevant interested organisations was raised. The interdependencies between the first and second phase of the project were discussed, and DAAG emphasised that as this application was only for the first phase the applicant would not be able to use the data received for a second phase without submitting a further application. The amount of data requested was queried, and it was clarified that the requested number of data years would be required to allow follow-up over time.</p> <p>Some concerns were raised regarding the involvement of a researcher employed by Newcastle University; a letter from the applicant organisation had been provided which stated that an honorary contract was not required, but that the individual's substantive employer would remain responsible for their actions and may instigate disciplinary action in the event of a confidentiality breach. DAAG requested additional evidence of the arrangements between the two organisations. In addition, given the involvement of this individual and the fact that work was taking place in a joint research facility it was suggested that it might be more appropriate for both organisations to</p>

be listed as joint data controller, as they appeared to be acting as such from the information provided.

Outcome: Unable to recommend for approval. Clarification was sought on the employment arrangements between the two organisations. DAAG suggested that the applicant should consider whether the two organisations were joint data controllers, as from the information received they appeared to be acting as such. DAAG emphasised that the data could only be used for the first phase, and could not be used for a second phase without seeing further approvals, and DAAG encouraged the applicant to consider how best to disseminate the outputs of this work to relevant interested parties.

2.2 Midlands and Lancashire Commissioning Support Unit (CSU) (Presenter: Steve Hudson) NIC-363897-P5D9L

Application: This application to amend an existing agreement had previously been considered by DAAG at the 21 July 2015 meeting. DAAG had previously been unable to recommend approval and had requested additional information relating to the new Project D, which would make use of Office for National Statistics (ONS) mortality data. Evidence of the legal basis for receipt of ONS data had been requested, which had now been provided, and it had been confirmed that the CSU would act as data controller. Details of the applicant's customer base had been requested; a response had been provided that the applicant had a geographical spread of customers and had been appointed to the Lead Provider Framework for End-to-End Commissioning Support Services, and as such could provide commissioning support to NHS organisations across England. In addition, clarification of commercial aspects had been provided.

Discussion: DAAG noted that the applicant had stated they would act as data controller for this use of data, but also noted that the data sharing framework contract provided was with NHS England as the relevant legal entity. Confirmation was requested that NHS England were aware of and content with the intention for this data use to sit under the existing contract, which was primarily used for the provision of Secondary Uses Service (SUS) data to stage one accredited safe havens (ASHs), as it was noted that this could set a wider precedent.

The role of the Data Services for Commissioners Regional Office (DSCRO) as a data processor was queried, as it was not clear whether this constituted a change to the data flow described in the previous application. DAAG recognised that the CSU received money from other NHS organisations, and the arguably commercial nature of these transactions was acknowledged.

Outcome: Recommendation deferred, as further information was required before a recommendation could be reached. DAAG requested confirmation that NHS England were content for this type of agreement to sit under the existing data sharing framework contract, given the potential for this to set a wider precedent. Clarification was also requested regarding the role of the DSCRO as data processor, and whether this was a change in data flow to the previous application.

2.3 Camden Clinical Commissioning Group (CCG) stage one ASH (Presenter: Sophie Fletcher) NIC-363645-R5W0Z

Application: This was a new application for the receipt of non-sensitive SUS data identifiable at the level of NHS number (weakly pseudonymised) under the section 251 support for stage one ASH. DAAG were informed that the applicant had previously received SUS data that was identifiable by postcode, but that this postcode data was no longer used by the applicant and would not be retained. The applicant held an appropriate Data Protection Act 1998 (DPA) registration and had achieved a satisfactory Information Governance (IG) Toolkit score.

Discussion: DAAG requested confirmation that both the applicant and their data processor had

destroyed the postcode data previously received, as based on current guidance it was not thought to be appropriate for an applicant to receive both postcode and NHS number data under this section 251 support.

The applicant's fair processing notice was discussed, and DAAG expressed concerns that this information did not appear to clearly describe the use of secondary care data and that the notice referred to only using identifiable data for NHS purposes 'with your consent'.

Outcome: Unable to recommend for approval, due to the need for confirmation that both the CCG and its data processor have deleted the previously held data that was identifiable at the level of postcode. In addition the applicant's fair processing information should be updated as this was inadequate and potentially misleading.

2.4 Risk stratification group application¹ (Presenter: Sophie Fletcher)

Application: This was a group application to renew access to non-sensitive SUS data identifiable at the level of NHS number (weakly pseudonymised) for the purpose of risk stratification. It was noted that all three applicant CCGs used North East London CSU as a landing point for the data, and that data would then flow via each CCG on to MedeAnalytics for analysis. An updated diagram had been provided to clarify data flows.

DAAG had previously suggested that the DPA registration details for MedeAnalytics should be updated, and this had been raised with MedeAnalytics; the DPA registration had not yet been updated, but some additional wording from their registration was provided in the application summary which referred to processing physical and mental health details.

Discussion: The applicants' fair processing materials were discussed, and it was noted that the Castle Point and Rochford CCG information linked to appeared to require log in details and was therefore not accessible.

DAAG discussed the data flow, and it was felt to be unclear why the data would need to pass through the CCG to the data processor MedeAnalytics rather than flowing directly from North East London CSU to MedeAnalytics. In addition DAAG queried the statement that CCG staff would be able to access the data identifiable by NHS number by logging into the MedeAnalytics risk stratification tool, and requested a clearer justification for why CCG staff required access to this data rather than just accessing aggregated outputs.

Outcome: Recommendation deferred, pending clarification. DAAG queried the number of organisations through which the data flows, and what the justification was for data to pass through the CCG itself rather than from the CSU directly to MedeAnalytics. The fair processing information for Castle Point and Rochford CCG was not accessible. A clearer justification was requested for why the CCG required access to identifiable data from the risk stratification tool rather than only using aggregated outputs.

It was agreed that the application summary for West Essex CCG would be updated to align wording with the other two applications.

2.5 Invoice validation group application² (Presenter: Sophie Fletcher)

Application: This was a group application for the flow of non-sensitive SUS data identifiable at the

¹ Basildon and Brentwood CCG NIC-347795-G7C8D, West Essex CCG NIC-348118-R9F5S, Castle Point and Rochford CCG NIC-347865-Y8Z0X

² Basildon and Brentwood CCG NIC-347803-H3R9X, West Essex CCG NIC-348127-X4F7S, Castle Point and Rochford CCG NIC-347878-N1D5Y

	<p>level of NHS number (weakly pseudonymised) into the applicants' Controlled Environment for Finance for the purpose of invoice validation, supported by section 251. DAAG were informed that the applicant organisations all held appropriate DPA registrations and had achieved satisfactory IG Toolkit scores.</p> <p>Discussion: A query was raised about whether data already held under a stage one ASH application should be listed on invoice validation applications, and DAAG agreed that this would be helpful. The description of 'addressing poor data quality' as an output was queried, and it was agreed this wording should be clarified for future applications.</p> <p>As with the risk stratification group application, DAAG noted that the fair processing information for Castle Point and Rochford was not accessible via the website link provided.</p> <p>Outcome: Recommendation to approve the Basildon and Brentwood CCG and West Essex CCG applications. Recommendation deferred for the Castle Point and Rochford CCG application pending confirmation of fair processing information.</p>
<p>3</p>	<p>Any other business</p> <p>The DAAG Secretariat asked whether DAAG members would find it helpful to have access to Wi-Fi during meetings, and it was agreed that this would be arranged for future meetings.</p> <p>DAAG had considered the process for Primary Care Mortality Data (PCMD) applications at the 12 May and 2 June 2015 meetings, and a recommendation had been given for the current process to continue for a period of two months in order to provide the opportunity to develop an appropriate scrutiny and assurance process within DAAG. This time period had now elapsed, but due to staff changes and internal difficulties an updated process was not yet in place. DAAG agreed that data could continue to flow, pending an update paper that should be submitted to DAAG for their consideration by the end of August.</p> <p>The possibility of Clinical Practice Research Datalink (CPRD) representatives attending a future DAAG training session was raised, and it was agreed that this should be considered but that it would not be possible for the September training session due to the number of agenda items already planned.</p> <p>DAAG were informed that Rob Shaw, Director of Operations and Assurance Services, would attend a DAAG meeting in August to discuss changes to HSCIC Executive Director and Caldicott Guardian roles. It was agreed that the minutes of the HSCIC Board meeting when these changes had been discussed would be circulated to DAAG members once available.</p> <p>Action: DAAG Secretariat to send DAAG members a copy of the HSCIC Board minutes that covered the discussion of changes to HSCIC Executive Director team and Caldicott Guardian arrangements.</p>

Summary of Open Actions

Date raised	Action	Owner	Updates	Status
24/02/15	Dawn Foster to raise with HRA CAG the possibility of stage 1 accredited safe havens receiving both data that is identifiable by NHS number and data that is identifiable by postcode.	Dawn Foster	<p>03/03/15: Discussions were taking place with HRA CAG, and the response would be fed back to a future DAAG meeting.</p> <p>10/03/15: An initial response had been received and this would be shared with DAAG members for information. A further query had been raised and discussions were ongoing.</p> <p>05/05/15: It was agreed that Dawn Foster would raise this separately with CAG.</p> <p>12/05/15: Clarification had been requested from NHS England regarding a particular request for both identifiers.</p> <p>30/06/15: No response had yet been received from NHS England, and a further reminder would be sent.</p> <p>07/07/15: It was agreed that if no response was received within a week then this application should be closed.</p> <p>21/07/15: A response from NHS England had been received, and this would be discussed with the HRA CAG Secretariat.</p> <p>28/07/15: Discussions with the HRA CAG Secretariat had taken place, and copies of the documents provided by NHS England had been shared with the Secretariat for their review.</p> <p>04/08/15: This action was ongoing pending feedback from HRA CAG.</p>	Open
16/06/15	Garry Coleman to speak to Chris Roebuck regarding Public Health England's approach to fair processing.	Garry Coleman	<p>30/06/15: No update available.</p> <p>07/07/15: Ongoing. It was agreed that Steve Hudson would provide an update at the following meeting.</p> <p>14/07/15: Ongoing.</p> <p>21/07/15: Ongoing.</p> <p>28/07/15: Garry Coleman agreed to raise this with Rob Scott.</p> <p>04/08/15: This action had been picked up and would be discussed as part of a regularly scheduled call with the Public Health England Data and Information Policy and Partnership Lead. It was agreed that DAAG</p>	Closed

			should be informed of any relevant outcomes of this discussion.	
28/07/15	Garry Coleman to provide an update on the process to update the application summary template.	Garry Coleman	04/08/15: An update had been provided on changes to existing processes during the morning training session.	Closed
28/07/15	Acting DAAG Chair and Head of Information Governance to meet with the Public Health England Data and Information Policy and Partnership Lead, along with a senior member of the DARS team, to discuss Local Authority public health requirements for data.	Acting DAAG Chair	04/08/15: This meeting had taken place, and it was anticipated that an updated template for Local Authority public health applications would be brought to the following DAAG meeting.	Closed
04/08/15	DAAG Secretariat to send DAAG members a copy of the HSCIC Board minutes that covered the discussion of changes to HSCIC Executive Director team and Caldicott Guardian arrangements.	DAAG Secretariat		Open
04/08/15	Steve Hudson to provide a diagram of current DARS team setup.	Steve Hudson		Open
04/08/15	Dawn Foster and Steve Hudson to discuss data disseminations process.	Dawn Foster		Open