

Minute of the HSC Data Access Committee (HSC-DAC)

Date of Meeting: Friday 07th March 2025, 14:00 – 16:00

Venue: Remote meeting via MS Teams

1. Apologies

Voting Members		Non-Voting Members	
Present:			
Dr Aaron Peace - <i>AP</i>	Chair of HSC-DAC, WHST	Martin Mayock - <i>MM</i>	BSO
		Alan Harbinson – <i>AH</i>	BSO
Dr Hilary Russell - <i>HR</i>	Lay Member	Gary Hill - <i>GH</i>	BSO
Dr Mark Cross - <i>MS</i>	BHSCT	Rachel Coey – <i>RCo</i>	BSO
		Rory Cunningham - <i>RCu</i>	BSO
Dr Peter Sharpe - <i>PS</i>	SHSCT	Karen Beattie - <i>KB</i>	ORECNI
		Charlene Maher - <i>CM</i>	DoH
		Julia Wolfe - <i>JW</i>	NIAS
		Cormac O’Brien - <i>CO</i>	BSO
Apologies were noted from the following:			
Neil Martin - <i>NM</i>	NHSCT	Alison Afrifa – <i>AA</i>	BSO
Dr Dave Watkins - <i>DW</i>	NHSCT	Rachelle Moore – <i>RM</i>	SHSCT
Dr Nicola Armstrong - <i>NA</i>	Deputy Vice Chair of HSC-DAC, PHA		
Dr Patrick Donnelley - <i>PD</i>	SEHSCT		

2. Minutes of Last Meeting

Minutes accepted as a true account of last meeting and all actions closed off.

3. Matters Arising

No updates.

4. Project Reviews. Half hour reserved for discussion on Project 106.

Project 106 (*Antenatal, postnatal and early years (0-2 years) child welfare interventions*) was discussed and approved by the Committee.

This project had been identified by HBS as requiring Tier 3 approval due to sensitive data included (SOSCARE).

The group agreed to approve the project and that with the controls in place through the training and safeguards provided through the HBS were sufficient to allow remote access via the Secure e-Research Platform.

There were discussions involving **AP**, **PS**, **HR**, **MM**, **AH** and **CM** around the new scrutiny process and what would make this project different to other projects requiring approval via Tier 1 (correspondence).

PS and **AR** felt the application could potentially have gone through this route and were concerned about delaying project unduly.

MM and **CM** outlined that while appropriate safeguards are in place, certain projects will continue to require additional discussion at the full committee. **HR** emphasised the importance of this and the Committee's role in balancing the risk vs the potential impact of the research.

AH also provided assurance that the new scrutiny process does ensure applications will be seen within 3-month window and there is also a fast track review option where a sub panel can be convened (for example if a project requires further discussion but has an urgent nature, or has just missed the previous committee and wouldn't be appropriate to make wait for 3 months in addition).

5. Feedback on scrutiny process – suggestions for improvement

AP view was that the new scrutiny process is good and that it may be improved with deadlines, the Committee will be happy to keep working with HBS around the process on any ideas to make the process as efficient as possible.

AH had outlined ideas about using SharePoint for communicating with the group with a timetable so that the chairing team and Trusts could ensure that reviews are covered on a rota basis without duplicating effort.

AP thought it was a good idea to try this and see how it goes, to continue to try and facilitate the researchers by turning applications around quickly.

6. HBS MOU Update

AH outlined plans for updating the Memorandum of Understanding (MOU) which governs the HBS processes. The update is required to keep it in line with changes going on in the data landscape across HSCNI, including the rollout of encompass which is replacing most secondary and social care computer systems, and the fact that not all data is coming from the regional data warehouse now. Under the old MOU there was often need for data access agreements to bring in specific datasets in addition to the HBS approvals which massively increase the timeline between project approval and the researchers getting access to the data. The new MOU will widen the scope and describe the service as being the secure data environment for health and social care in NI.

AH showed a new annex to the document, which provides a comprehensive list of data sources and will ask data controllers to confirm they are content for their data to be made available for research and delegate authority for the DAC to review applications. It includes background details on various different sources and whether any additional steps or consultation are required. This Annex will be a living document and if a new data source is identified, you can work with the stakeholder and get it signed off and republish it without needing to get all of the signatories to open up the MOU and resign it.

AP asked what provision there is for researchers to provide consented identifiable data with verification that it has been consented from a random sample, and suggested a paragraph to be added to account for this situation. **AH** said there is a separate workstream around consented data where the team need the identifiable data sent back to them, but agreed this suggested paragraph should be added.

MC welcomed the new MOU.

AH explained with regards to GPIP there is still a parallel process where the applications get reviewed by the chief editorial board but then by the DAC as well. There have been discussions around getting a GP representative on the DAC but at the moment the current process is documented.

ACTION: Add a paragraph about consented data to the MOU. Once feedback from legal is acted on, there will be a presentation to IGAG about the MOU and DAC - AH

7. Research & Internal Projects Update

AH showed we are up to 9 approvals for the year, and E106 makes it 10. There have been a lot more Ulster University projects this year as well as projects from UCL and Cardiff University, which is encouraging to see a widening of the user base. Outputs have been in huge volume this year, 150 in January and February, which is a result of having between 30-40 people accessing data via SeRP, which is a key driver in terms of work for the HBS as outputs can come at any time. **AP** thought it would be good to be more granular about the approval process for each different tier. There can be huge delays where data access agreements are needed, which is a huge driver for the new MOU. **AP** suggested seeing a graph with each individual project time taken through the process, so outliers can be seen more clearly and that the overall statistics aren't skewed too much by things out of HBS control, rather than the current graph which plots the median approval time for each year.

There was a group discussion around difficulties with recording timelines for research stages and whether can monitor and implement ideas like stop clocks.

AH Non-research activity in the HBS report relates to bespoke linkage requests, and is separate to the amount of data that people get access to via the DWH. Last year, there was the National Emergency Laparotomy, and **AH** going to get in touch to make sure this is still going. PLICS took 3 months last year, and this year the project was done in conjunction with the DI team via the NIHAP cloud platform and worked on using an automated pipeline, yet it still took quite a while but it was very useful for HBS in terms of seeing the functionalities of NIHAP and the Microsoft Azure cloud.

8. Review of Action log & Risk Register

Action Point Updates

AH said there is a meeting scheduled with Janet Diffen, from the PHA, next week regarding a lay review of the new website. For the new charging policy, working on a ready reckoner spreadsheet based on Scotland's model for doing a quick quote based on the complexity of the data people are wanting, but this still needs tidied up. A briefing paper on synthetic data was done last November to the DAC, since then,

AH has produced a data protection impact assessment which was identified as necessary as the process in creating the synthetic data processes personal data. This has been sent to the BSO Data Protection Officer for initial review.

HBS are in process of creating a DAC introduction pack to inform new members (particularly lay members) of necessary background information about the DAC and our processes for induction into the group.

Risk Register

Funding - business case for the HSC Data Institute is progressing and core costs for the HBS have been included within that. It is not approved yet but confident there will be an element of correspondence through the DoH for the key staff in the HBS.

Breaches – This is a standing item which is monitored to ensure processes are in place to reduce likelihood of a data breach during HBS processing

Issues Log

Impact of encompass on data availability - in the last meeting the group discussed issues caused by the encompass rollout, and the only regional offering available for NI via the HBS is data up to November 2023 when SEHSCT went live. The DI team are working with the Encompass programme around how to get data out of Encompass and ingest it into NIHAP, and there are further meetings taking place around that. **AH** explained the data in the DWH will become static over time, and then a decision needs to be made around the archiving and retention of that data. **AP** asked if the coding within EPIC would become more automated, and **AH** thought the clinical coding team would always be key.

MC spoke about aspiring to have a clinical data science unit like in Manchester and this is something R&D directors are keen to move forward on and he suggested getting a representative to come to this group to discuss encompass functionality and research modules in the future.

Action: Consider a talk about encompass data at a future meeting.

9. AOB

AP noted the unfortunate passing of the father of **NA** and passed on condolences on behalf of the DAC.

AP raised the issue of appointing another deputy chair and putting out an expression of interest in relation to this. **AH** said a note would be put out to the group about this and we would see if there are any replies to it.

AP formally welcomed **JW** who thanked **AP**.

PS informed the group of his pending retirement at the end of April so this will be his last meeting, and informed the group he has no successor from the trust as of yet.

Action: Send note to group for an expression of interest in the deputy chair role for the DAC - AH

Agreed by HSC DAC on 27/06/2025.

Glossary

[BSO](#) – Business Services Organisation

DI – Data Institute

[DoH](#) - Dept. of Health

DWH – HSC Data Warehouse

GPIP – General Practice Integration Platform

[HBS](#) – Honest Broker Service

HSC DAC – Health & Social Care Data Access Committee

IG – Information Governance

MOU – Memorandum of Understanding

NICR - NI Cancer Registry

NIHAP – NI Health Analytics Platform

NILS – NI Longitudinal Study

NIRSH – NI Registry of Self Harm

[NIHR](#) – National Institute for Health & Care Research

[NI PDP](#) – NI Public Data Panel

[PCC](#) – Patient Client Council

[PHA R&D](#) - Public Health Agency Research & Development

[PIER NI](#) – Public Involvement Enhancing Research

PPIE - Patient and Public Involvement and Engagement

SeRP – Secure E-Research Platform (used by hbs researchers to access data)

T&F group – Task & Finish Group

TORs – Terms of Reference

TRE – Trusted Research Environment

[UKRI](#) – UK Research & Innovation