HSC Business Services Organisation
Honest Broker Service

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

Date of Meeting: Friday 27th June 2025, 10:00 – 12:00

Venue: Remote meeting via MS Teams

1. Apologies

Voting Members		Non-Voting Members	
Present:			
Dr Nicola Armstrong - *NA*	Deputy Vice Chair of HSC-DAC, PHA	Martin Mayock - *MM*	BSO
		Alan Harbinson – *AH*	BSO
Dr Hilary Russell - *HR*	Lay Member	Gary Hill - *GH*	BSO
Dr Mark Cross - *MS*	BHSCT	Rachel McKavanagh – *RmK*	BSO
		Rory Cunningham - *RC*	BSO
Dr Peter Sharpe - *PS*	SHSCT	Karen Beattie - *KB*	ORECNI
Rachelle Moore – *RM*	SHSCT		
Julia Wolfe -*JW*	NIAS	Ronald McDowell - *RmD*	UU
Declan Bradley - *DB*	Deputy Director of Public Health, PHA	James Kerr - *JK*	BSO
		Finola Ferry - *FF*	UU
		Alison Afrifa – *AA*	BSO
		Stephen Gibbons - *SG*	BSO
Apologies were noted from the following:			
Neil Martin - *NM*	NHSCT	Dr Aaron Peace - *AP*	Chair of HSC-DAC, WHSCT
Dr Dave Watkins - *DW*	NHSCT	Cormac O'Brien - *CO*	BSO
Dr Patrick Donnelley - *PD*	SEHSCT	Charlene Maher - *CM*	DoH

2. Minutes of Last Meeting

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

3. Matters Arising

NA noted that there would be updates on the Sharepoint, the MOU and Lay Training Pack. These would be discussed later as part of item 6.

NA informed about a new research interest group named 'BESTIES' which is funded by DARE UK.

NA informed that DARE UK looks to set up and fund new community interest groups. A webinar is scheduled for 16th of July and the deadline for applications is the 4th of August.

NA informed of an AI project under NHS England (Foresight) that has been flagged by GPs for transparency issues. NHS England has referred themselves to the ICO so it is a useful case study to be aware of.

AH provided update on a non-HBS project, the early life cohort study due to kick off in 2026. Discussion with project team is ongoing and members of the HBS team will eventually be involved as trust data will be needed. The maternity systems have recently been replaced with EPIC under the encompass programme so need to identify a way to get data from this system.

AH informed of the 'Our Future Health' study which will be recruiting NI participants in 2025. The study seeks consent for data linkage and will require sign off from HSC data controllers and legal agreements.

NA informed of investment from the Health Data Research Service to the value of £600 million. A meeting is scheduled around NI response and potential funding for devolved nations.

Presentation – Does change in area-level deprivation change health outcomes? A latent class growth analysis of population data

HBS Project 55 was presented by **FF** and **RmD**. This project uses population-wide administrative data.
FF stated that the paper related to this work had been published two weeks earlier and a link was shared.

MC suggested that the presentation swap the term 'A&E' with 'Unscheduled Care'. **MC** then enquired about whether the presentation outcomes were based on 'SHMI' or 'RAMI' data and what level of access the researchers had.

RmD explained that the data provided did not distinguish between 'SHMI' or 'RAMI' and was from Regional Data Warehouse accident and emergency data with mortality data also (based on month and year). Inclusion of social care data may be something that could be looked at in future analysis.

MM enquired as to what extent changes in health status could lead to changes in social mobility, as opposed to changes in social mobility leading to changes in health status.

RmD explained that it may be possible to investigate this with the data but it is not something that they are able to incorporate at this time.

KB enquired if any particular population groups were overrepresented within the study in terms of downward trajectory.

RmD answered that the younger population group were more likely, but no other population group stood out.

HR enquired about the study being over seven years and the possibility that health improvements would be more visible if the study were over a longer period of time, such as a further ten years.

FF suggested that this may be possible but it would be complicated to investigate this due to the changes in the MDMs in 2017.

NA gave thanks to **FF** and **RmD** for their presentation and they then left the call.

4. Project Reviews

NA informed that projects 107 and 109 are at Tier 1. Additionally, **NA** encouraged that all HBS colleagues use the provided forms to ensure appropriate due diligence is being applied to all projects and for auditing purposes.

AH is in talks with ITS with regards to setting up a Sharepoint site to overcome the difficulties caused with multiple reviewers contributing feedback over e-mail. **AH** acknowledged that while it may be easy to add HSC

staff members Sharepoint, adding DoH officials and Lay Members may be more difficult as they will be outside the HSC network, but said that will look into whether this will be possible.

AH informed that project E109 has received multiple reviews by correspondence. The project has now been approved with HSC Trust representation.

AH informed that the research team are currently trying to access CHS data from the 1990s for project E108. Research team has been assured that the data is available but not for all of the fields that are required. This matter will be addressed when the data comes in. A trust resource is not required. Research team has requested that access to sensitive data be in the physical safe haven rather than through SERP.

DB commented that it would be a real milestone to obtain child health data for projects like E108 and it would open up opportunities for other valuable research. It would also be helpful for this data to be archived within BSO RDH. **DB** also supported the idea of limiting the use of SERP for this type of data due to the level of sensitivity. **DB** also raised concern about some biological characteristics within project E108 to do with low birth weight and prematurity, and that them being treated as solely biological factors may cause a potential weakness within the project. His reasoning is that low birth weight and prematurity can also be consequences of social depravation, and not just biological factors.

NA supported **DB**s comments and suggested that these be communicated with the research team for E108 and that further clarity be sought.

HR Raised a concern about the use of historic data in the project as to whether we can stand over the quality this stage and suggested regular updates with **AH** in regards to how the project is going once HBS have accessed the data. **HR** supported the idea of using the safe haven over SERP.

NA raised a concern that limiting the project to the safe haven would stop international researchers from partaking, and limit the researchers on the project to be from Northern Ireland.

SG questioned if the safe haven was still in date in regards to tools and technologies available within it. **AH** maintained that the machines and software available in the safe haven are adequate for what the researchers use. The only technology of note that is not available which may be needed in the future is Python software.

AH reminded that one of the main reasons for the safe haven is for the access to self-harm data. This is due to individual DAAs with the Public Health Agency who have specified that the physical safe haven be used. **NA** suggested communicating with colleagues in other regions such as Scotland or Wales to see how they manage similar sensitive data for research purposes and what their trusted research environments are like.

DB suggested more conversation about the decision-making process in regards to what types of data should go to the safe haven and what the parameters are for making that decision.

5. HBS Business

Vice-chair Role

NA thanked MC and DB for responding to the request the Vice-chair role. The decision was made to appoint both **MC** and **DB** to Vice-chair roles.

AH mentioned the intention of creating a structured timetable for the DAC members. **AH** also made changes to the Terms of Reference to outline the chairing positions. This can now be moved forward to the Chair for sign-off as the final Terms of Reference for the DAC. **AH** will send this around.

AH announced the creation of a new Lay Member pack. AH also wanted to pull together a finishing group with **NA**, **HR** and **KB** to have a run through the pack and then approach other groups to recruit additional Lay Members. A training session for Lay Members is also to be arranged.

Annual Report

AH has provided the Annual Report and intends to publish it by the end of July. Comments and suggestions are welcomed over the next two weeks.

MOU

AH informed that the MOU is with BSO Personal Data Guardian for review. Initial feedback was that because the previous template pre-dated GDPR it lacks a lot of the boiler plate clauses that are required for GDPR compliant MOU, as well as this recommended including Article 29 compliant controller processor agreement as annex. **AH** has been redrafting the MOU to address this however requires significant work as a result and use of new template. The redrafted MOU will be circulated with the DAC when ready and BSO PDG content. It will have the addition of an annex that lists the different data sources and describes the devolved responsibilities of the DAC. **AH** hopes that this annex will reduce the need for individual DSAs.

Encompass

NA enquired about researcher access to Encompass data and if the new MOU will cover the use of Encompass data. **AH** responded that the intention is that the new MOU will have broad coverage. The MOU will need to be sent to the PHA, the Encompass programme and the LIMS team. **AH** also informed that the HBS team will need Encompass training in order to understand the data from this system.

DB made aware that the data quality, completeness, formats and rules have changed with regards to Encompass and that researchers and also the HBS team will need to learn of all these changes in order to effectively support research. **NA** agreed with **DB**s point and reminded off our duty to assist the researchers in providing data that is as high quality as possible and can address key research requirements.

MC enquired as to why the HBS, HSC and R&D do not have a seat on the Encompass project board. He stated that the result of this is that we need to be more front and central when engaging with the established Encompass system. **NA** suggested sending a formal letter to appropriate bodies to remind of the HBS and to remind of the importance of research activity. **AH** mentioned that the HBS has been deprioritised in the past for training.

MC asked if HBS DAC did have a representative on the Encompass board then we would have to know how best use that resource. **AH** has been in touch with the East of England secure data environment as they have been working with the Cambridge University Hospital team who happen to be using EPIC. East of England have been able to retrieve data out of the EPIC system for research purposes.

DB said working with the Data Institute team is key to integrating with EPIC.

GH talked about mapping EPIC data back to historical data extracts and archives. The archiving programme is still to be decided. If this mapping exercise was sufficiently documented then future requests for data for research purposes will be easier to address.

GPIP

NA enquired about informing the GPIP platform and other key users about the updated MOU. **AH** has been working with GPIP to release metadata for research purposes and updates to the GPIP DPIA, working towards aspiration of being made available for research in 2026. GPs have requested more consultation around the use of data for research purposes. This is scheduled for the Autumn period. Data sets that **AH** hopes to publish from GPIP cover disease registries such as diabetes, cardiovascular disease, kidney disease and others. This will aid in the introduction of new research opportunities.

AH outlined that GPIP requires oversight of the GP Editorial Board and that research applications will have to go in parallel to the DAC and Editorial Board (which has broad representation from the GP Community). **NA** suggested it would be good idea to have a GP rep on to the DAC committee as would be good if they can have sight of the full discussion of the wider context of the research.

6. Research and Internal Projects Updates

AH prior to this meeting there was one project approved by correspondence – E107 Severe Asthma Linkage project. We now have another two projects approved as well as a third project coming down the line which focuses on social care and related staff turnover. AH suggested that this project may need tier 2 review and a panel will be arranged to discuss it further.

AH mentioned that **RmK** has changed the way we report project metrics. Previously the time graph showed all projects that were live, as well as projects that were still awaiting data and other necessary items. Now the time graph metric will only include projects that are live and data-ready. Projects that are not ready will be listed in a table along with details of what items the project is waiting on in order for it to progress. Currently the approved projects that are still awaiting data and other items are as follows:

Project	Approval	Notes
E087	2023-05-11	A&E archiving, VMS
E092	2023-11-03	Ethical approval for synthetic GRO data
E096	2024-02-29	External data to be sent by researcher. Unlikely to progress as researcher has left role.
E097	2024-05-29	A&E archiving
E098	2024-04-29	VMS
E102	2025-01-07	A&E archiving
E105	2025-02-21	A&E archiving

E106	2025-03-07	HBS final pre-upload checks

AH Project E103 has been approved but updates are needed to the self-harm data and the DAA with the trusts.

AH There has been a lower number of outputs for the month of June as compared to April and May of this year but this is expected for summer months. The number of outputs for the 2024/25 financial year increased compared to the previous two years, but not quite to the level seen in the 2021/22 year.

AH There has also been a drop in the number of project modification requests from compared to the last financial year. Most notably in requests for project extensions.

AH Internal projects H074 and H075 have been completed. Internal project H073 is due to begin shortly once data is retrieved.

AH informed that the BSO being short-staffed in legal department is a regular blocker when it comes to DAAs. An Information Governance Solicitor for June Turkington's team would potentially help this matter, particularly when it comes to drafting legal agreements. **NA** enquired if this post could be part of the bid that is going to the HDRS. **AH** said he did bring it up, but it may not be suitable for this HDRS bid as it is a long-term recurrent post.

7. Review of Action Log and Risk register

AH Risk Register has Encompass data. Action Log has the Lay Member pack as well as the terms of reference and the MOU. Everything has been covered.

8. AOB

NA asked if there was any other business but none was declared.

Agreed by HSC DAC on 12/09/2025.

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

HDR UK – Health Data Research UK

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