



University of
Leicester



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Director & Professor of Quality in Health Care
Richard Baker MD FRCCP

26/9/02

Dear Pete

The form is enclosed, I hope it is ok.

I have not managed to get David Jones signature,
but can arrange this next week in a copy of his version,
or make form altogether. It also needs your signature.

I am sending it since you have a meeting with a
relevant person on Monday.

Thanks.

Code A

APPENDIX A

HES NON-DISCLOSURE AGREEMENT FORM

(Please either type or write in black ink, as this form will be photocopied)

Please tick as appropriate An update of an earlier extract New application

Date of request: 26.09.02

(A) Details of Data Custodian:			
Name (please type or print):		Richard Baker	
Status/position:		Professor	
Organisation:		Clinical Governance Research & Development Unit Department of General Practice & Primary Health Care, University of Leicester	
Address:		Address where data to be held (if different):	
Department of General Practice & Primary HealthCare, University of Leicester, Leicester General Hospital, Gwendolen Rd, Leicester, LE5 4PW		As opposite	
Telephone:	0116 258 4873	Mobile:	Code A
Fax:	0116 258 4982	Email:	Code A
Declaration:			
I, the Data Custodian named above, will ensure that any results published using HES data will adhere to the HES protocol on low numbers mentioned in page 9. I have read, understood, and will follow the guidelines mentioned in point 1-8 in page 13.			
Signature:		Date: 26.09.02	
Code A			

(B) Details of Contact Person (if not Data Custodian)				
Name:	As above	Address (if different)	Signature	Date
Tel:				
Fax:				
Email:				

APPENDIX A *continued*

(C) Name	Organisation (if different)	Signature	Date
Paul Sinfield	Code A		26/9/02
David Jones			
Peter Goldblatt	ONS		

Please contact the HES section in the event of any problems with the above.

1. Assistants of the Data Custodian who wish to access the HES data supplied must sign and date box B/C to acknowledge acceptance of the terms and conditions prior to being allowed access to the data. The HES section may request a copy of the up-to-date list at any time. The Data Custodian should take disciplinary action against any assistant breaching the common law duty of confidence with regard to this data.
2. Please **keep a copy** of all the documents for your own records.
3. After the work for the purpose outlined in box E has been completed, the data must be destroyed according to the conditions described in 1.3 (page 5). Prior written agreement from the Security & Confidentiality Analyst (SCA) must be obtained for any extension to the purpose or time span. You will be sent a letter approximately a month before the end of the data retention period. This letter will give you the opportunity to either extend the data retention period or confirm that the data is destroyed.
4. The data must not be copied or transferred to any third party without the written consent of the SCA.
5. The Department of Health has the right to refuse permission to publish information arising from HES data on the grounds of data protection. Any reports, papers or statistical tables that are published or released to other organisations must not identify individuals or enable individuals to be identified.
6. Prior notice of intention to publish HES data should be given to the SCA and where feasible a copy of the published work should be provided. Any published work containing HES data must acknowledge as the source: "*Hospital Episode Statistics (Department of Health)*".
7. The data must be stored with proper safeguards to prevent unauthorised access.
Please note: **This condition is subject to unannounced site inspections by Department of Health staff** to ensure that measures are satisfactory.
8. The SCA must be informed as soon as possible if custodianship of the data should change. The new Data Custodian must give assurances in writing that the terms of this document will continue to be followed. The Data Custodian **must** also report to the SCA any changes in the organisation, personnel having access to the HES data, or systems on which the data would be held.

APPENDIX A *continued***Conditions of release**

<p>(D) How long do you wish to retain the data? If longer than 12 months, please justify your reasons below (the maximum data retention period is 3 years and then a review is required).</p>	<p>.....3...years</p>
<p>A police or other formal inquiry may take place after the completion of the audit, or at some point during the conduct of the audit. It would then be necessary to retain data in order to deal with specific questions from such inquiries. It could prove necessary to justify the findings during legal proceedings.</p>	

<p>(E) The HES data supplied will be used only for the following purpose(s) – Please include details of your research/work:</p>
<p>The Chief Medical Officer has commissioned a clinical audit of deaths at Gosport War Memorial Hospital, because there are unresolved concerns about deaths of patients at the hospital. The audit will determine whether there was indeed an excess of deaths compared with the numbers that would have been expected during the years in question, and will describe the patterns associated with any such excess.</p>
<p>The project is not a research study, but is being conducted specifically for the purpose of clarifying events at the hospital. The numbers of deaths by speciality in different age sex groups at the hospital will be compared with the numbers of deaths at selected, matched control hospitals. The names of the people who died in Gosport War Memorial Hospital will be required in order to facilitate further investigation of individual cases through record review or other means.</p>
<p>The period in question dates from 1988, the year in which a clinical assistant was appointed to work at the hospital.</p>

APPENDIX B

HES EXTRACT SPECIFICATION FORM

(Please either type or write in black ink, as this form will be photocopied)

Data years (please tick):

1989/90 1990/91 1991/92 1992/93 1993/94 1994/95

1995/96 1996/97 1997/98 1998/99 1999/00 2000/01

2001/02 (When available)

Filter details (See 2.3.1 to 2.4.2)

EPISTAT=3; CLASSPAT=1 OR 2.

Also, filters to select specific community hospitals. These will include Gosport War Memorial Hospital and a matched sample of approximately 10-20 comparison hospitals.

APPENDIX B *continued*Fields to be extracted (please tick):

Please note that the fields below are of the **General Table**, for **Augmented Care, Maternity and Psychiatric A** fields please refer to the Data Dictionary and write down the selected fields in Other Details on page 17.

Data Dictionary: http://tap.ccta.gov.uk/doh/hes_dd.nsf

ADMIDATE <input checked="" type="checkbox"/> (Date of admission)	DIAG_6 <input checked="" type="checkbox"/> (Diagnosis)	HOMEADD <input checked="" type="checkbox"/> (Postcode of patient)
ADMIMETH <input checked="" type="checkbox"/> (Method of admission)	DIAG_7 <input checked="" type="checkbox"/> (Diagnosis)	HOTEL ⁽⁶⁾ <input type="checkbox"/> (Cost per day)
ADMINCAT ⁽⁵⁾ <input checked="" type="checkbox"/> (Admission category)	DISDATE <input checked="" type="checkbox"/> (Date of Discharge)	HRGLATE ⁽¹⁰⁾ <input type="checkbox"/> (Description of healthcare resource group)
ADMISORC <input type="checkbox"/> (Source of admission)	DISDEST <input checked="" type="checkbox"/> (Destination of discharge)	HRGORIG ⁽¹⁰⁾ <input type="checkbox"/> (Healthcare resorce group original value)
ADMISTAT ⁽³⁾ <input type="checkbox"/> (Psychiatric patient status)	DISMETH <input checked="" type="checkbox"/> (Method of discharge)	INTMANIG ⁽⁴⁾ <input type="checkbox"/> (Intended management)
AIDSIND ⁽⁴⁾ <input type="checkbox"/> (AIDS flag)	DOB <input checked="" type="checkbox"/> (Date of Birth)	LEGLCAT ⁽⁵⁾ <input type="checkbox"/> (Legal category)
BEDYEAR <input type="checkbox"/> (Bed days within year)	ELECDATE <input type="checkbox"/> (Date of decision to admit)	LOPATID ⁽⁴⁾ <input checked="" type="checkbox"/> (Local patient identifier)
CARERSI ⁽⁴⁾ <input type="checkbox"/> (Carer support indicator)	ELECDUR <input type="checkbox"/> (Waiting time)	MAINSPEF <input checked="" type="checkbox"/> (Main speciality)
CATEGORY <input type="checkbox"/> (Administrative & legal status of patient)	ENDAGE <input checked="" type="checkbox"/> (Age at the end of episode)	MARSTAT <input type="checkbox"/> (Marital status)
CAUSE <input type="checkbox"/> (External cause of injury or poisoning)	EPIDUR <input checked="" type="checkbox"/> (Episode duration)	NEOCARE ⁽³⁾ <input type="checkbox"/> (neonatal level of care)
CLASSPAT <input checked="" type="checkbox"/> (Patient classification)	EPIEND <input checked="" type="checkbox"/> (Date episode ended)	NEODUR <input type="checkbox"/> (Baby's age in days)
CONSULT⁽⁴⁾ <input checked="" type="checkbox"/> (Consultant code)	EPIKEY* <input checked="" type="checkbox"/> (System record identifier)	NEWNHSNO ⁽⁴⁾ <input checked="" type="checkbox"/> (NHS number)
CURWARD <input type="checkbox"/> +RESLADST (Current electrol ward)	EPIORDER <input checked="" type="checkbox"/> (Episode order)	NUMACP <input checked="" type="checkbox"/> (No. of augmented care periods within episodes)
DETNCAT ⁽⁵⁾ <input type="checkbox"/> (Detention category)	EPISTART <input checked="" type="checkbox"/> (Date episode started)	OPER_1 <input type="checkbox"/> (Contains information about patient's operation)
DHATREAT\HA <input checked="" type="checkbox"/> (District of treatment)	EPISTAT <input type="checkbox"/> (Status of episode)	OPER_2 <input type="checkbox"/> (Contains information about patient's operation)
DHACOMP\HA <input checked="" type="checkbox"/> (DHA comparison)	EPITYPE <input checked="" type="checkbox"/> (Type of episode)	OPER_3 <input type="checkbox"/> (Contains information about patient's operation)
DIAG_1 <input checked="" type="checkbox"/> (Diagnosis)	ETHNOS ⁽¹⁾ <input type="checkbox"/> (Ethnic origin)	OPER_4 <input type="checkbox"/> (Contains information about patient's operation)
DIAG_2 <input checked="" type="checkbox"/> (Diagnosis)	GPPRAC ⁽⁴⁾ <input checked="" type="checkbox"/> (Code of GP practice)	OP_DTE_1 <input type="checkbox"/> (Date of operation)
DIAG_3 <input checked="" type="checkbox"/> (Diagnosis)	GPPRACHA ⁽⁵⁾ <input checked="" type="checkbox"/> (Health Authority of GP practice)	OP_DTE_2 <input type="checkbox"/> (Date of operation)
DIAG_4 <input checked="" type="checkbox"/> (Diagnosis)	GPPRACRO ⁽⁵⁾ <input checked="" type="checkbox"/> (Regional Office of GP practice)	OP_DTE_3 <input type="checkbox"/> (Date of operation)
DIAG_5 <input checked="" type="checkbox"/> (Diagnosis)	GROSS_A ⁽¹¹⁾ <input type="checkbox"/> (Clinical grossing)	OP_DTE_4 <input type="checkbox"/> (Date of operation)
	GROSS_B <input type="checkbox"/> (Combined coverage & clinical grossing)	PCGCODE ⁽⁵⁾ <input type="checkbox"/> (Primary care group code)

PTO
APPENDIX B *continued*

Fields to be extracted (please tick):

Please note that the fields below are of the **General Table**, for **Augmented Care, Maternity and Psychiatric A** fields please refer to the Data Dictionary and write down the selected fields in Other Details (below).

Data Dictionary: http://tap.ccta.gov.uk/doh/hes_dd.nsf

PCGORIG ⁽⁵⁾ <input type="checkbox"/> (Method of origination of PCG code)	RESCTY <input type="checkbox"/> (County of residence)	SPELDUR <input checked="" type="checkbox"/> (Duration of spell)
PREOPDUR <input type="checkbox"/> (Pre operation duration)	RESHAIHA <input type="checkbox"/> (District HA of residence)	SPELEND <input checked="" type="checkbox"/> (End of Spell)
PROCEDURE ⁽⁷⁾ <input checked="" type="checkbox"/> (provider code)	REGOR <input type="checkbox"/> (Government office region)	STARTAGE <input checked="" type="checkbox"/> (Age of admission)
PRODMUT ⁽⁷⁾ <input checked="" type="checkbox"/> (Hospital Provider)	RESRHAIRO <input type="checkbox"/> (RHA/RO of residence)	SUBSPEFITRET <input checked="" type="checkbox"/> (Specialty of second consultant in a case of shared care)
POSOPDUR <input type="checkbox"/> (Post operation duration)	RESLADST <input type="checkbox"/> (Local Authority District)	TOTCOST ⁽⁶⁾ <input type="checkbox"/> (Total cost)
PROVSPNO ⁽⁴⁾ <input checked="" type="checkbox"/> (Hospital provider spell number)	RHATREATIRO <input type="checkbox"/> (RHA/RO of treatment)	TREAT ⁽⁶⁾ <input type="checkbox"/> (Cost of treatment)
PURCODE ⁽⁹⁾ <input type="checkbox"/> (Purchaser code)	SAMPLED <input type="checkbox"/> (Selected for sample)	VIND ⁽²⁾ <input type="checkbox"/> (V code indicator)
RECTYPE <input type="checkbox"/> (Record type)	SEX ⁽⁸⁾ <input checked="" type="checkbox"/> (Sex of patient)	WARD 81 <input type="checkbox"/> (Patient's electoral ward in 1981)
REFERRER⁽⁴⁾ <input type="checkbox"/> (Person referring patient – encrypted)	SITETRET <input checked="" type="checkbox"/> (Site code of treatment)	WARD 91 <input type="checkbox"/> (Patient's electoral ward in 1991)
REGGMP⁽⁴⁾ <input type="checkbox"/> (Patient's GMP –encrypted)	SPELBGN <input checked="" type="checkbox"/> (Beginning of spell)	WARDSTRT <input type="checkbox"/> (Ward type at start of episode)

⁽¹⁾ From 1995-96 onwards.

⁽²⁾ Up to 1995-96, then replaced by ADMISTAT and NEOCARE.

⁽³⁾ From 1996-97 onwards.

⁽⁴⁾ From 1997-98 onwards.

⁽⁵⁾ From 2000-01 onwards

⁽⁶⁾ These fields are used for economic modelling, they provide relative rather than absolute costs.

⁽⁷⁾ PRODMUT identifies an individual hospital provider by using the first 3 characters of PROCEDURE.

Applicants will need to determine whether PRODMUT or PROCEDURE is essential to their purpose.

⁽⁸⁾ The field SEX will be sensitive when combined with DOB and HOMEADD.

⁽⁹⁾ Please refer to 3.1 in page 9.

⁽¹⁰⁾ 1995-96 onwards

⁽¹¹⁾ Not available for 2000/01

Fields in bold are sensitive and will need S&CAG approval.

Other details

APPENDIX C

HES DATA SECURITY FORM

(Please either type or write in black ink, as this form will be photocopied)

1. Please justify the need for the restricted field(s)	We need to identify patients who have died in order to facilitate investigation of reasons for death.
2. Estimate the number of records that would be contained within the extract (optional).	Not known.
3. Do you wish to publish any results using HES data? If so, please describe how you will ensure that patient anonymity will be maintained (please see page 9 for guidance).	A report of the audit will be published, but the names of individual deceased patients will not be mentioned. However, subject to the findings of the audit, the names of people whose deaths are regarded as suspicious would have to be notified to the relevant authorities, including the police.
4. If the research/work involves contact with patients or gaining access to patient's health records held by a physician, then please provide the approval of appropriate Ethics Committee.	This is a health service audit rather than a research study. The Chair of the responsible LREC has been approached.
5. Name(s) of any other organisations involved and whether NHS, Academic, Commercial or other. If there is a third party involved then please ensure Appendix D is completed by the third party.	Dr Peter Goldblatt, Office for National Statistics
6. Contract between above organisations (if applicable). Summary of contractual relationship to be attached.	The contract consists of the project proposal and letter of commission from the Chief Medical Officer.
7. a. Describe what other (person identifiable) data are held by the organisation, which might interact with the data requested to allow person identification.	None
b. Will you be linking these data with that of HES data? If so, for what purpose?	No
8. Please provide a copy of the organisation's data security policy.	Not currently available (see below).
9. Provide written confirmation that the organisation's data security policy is fully implemented, complies with BS7799 The Code of Practice for Information Security Management, and will be adhered to in relation to all HES data.	A working policy is in operation, and being further developed by the University's Information & Communications Strategy Committee. The code of practice will be adhered to in relation to all HES data.
10. Provide details of Data Protection Registration (to confirm that the organisation is registered for retention and analysis of the data requested).	Z6551415 18 March 2003
11. Describe any previous applications(s) to	None

use or access HES data: e.g. data of application, name of application, title.	
12. Describe the method of data destruction you will employ when you have completed your work using the HES data (see 1.3, page 5).	<p>Commercial software will be used to erase electronic files. CDs will be cut and burnt, paper will be shredded.</p> <p>Any data held by ONS will, on the completion of the project, will be deleted from ONS hardware using usual ONS procedures. Paper documents will be returned to Professor Baker for destruction.</p>

APPENDIX C continued

<p>13. Describe the physical security arrangements for the location where the information is to be:</p> <p>a. processed; and</p> <p>b. stored (if these are different)</p>	<p>The data will be held on a password protected stand-alone machine in a lockable room occupied by Professor Baker. The room is on the first floor of a building at Leicester General Hospital, in a section that is locked outside working hours and subject to security patrols.</p> <p>The data held by ONS by held in a secure environment consistent with usual ONS policies.</p>
<p>14. Identify the type of system and application to be used for information processing including version numbers where known e.g. Desktop PC, Laptop PC, MS Access database etc</p>	<p>Desktop PC using MS Excel and Access, and SPSS (Version 10).</p>
<p>15. Confirm if the computer system will be connected to a LAN or WAN network, or be otherwise accessible remotely by another means such as a dial-up modem.</p> <p>If so, please confirm which networks these are and what they are used for.</p>	<p>No</p>
<p>16. Confirm that there will be appropriate security access and/or firewall controls implemented on:</p> <p>a. this system; and</p> <p>b. any LAN or WAN to which it is connected</p> <p>Please attach a description of all appropriate safeguards and how they have been implemented.</p>	<p>The PC will not be networked and will be running Windows 2000. Only the persons named in Appendix A, sections A and C, will be able to log on.</p> <p>Hard copy will be in locked cabinets in a locked room.</p>
<p>17. Confirm that the information will not be shared with other organisations, or if</p>	<p>Information will only be shared with ONS to the extent it is necessary to verify the fact of</p>

information sharing is envisaged a full description of the proposed arrangement and intended security measures must be provided.	death and obtain details from death registration. Only the details needed for this purpose will be passed from the secure setting at Leicester General Hospital.
18. Is there a system level security policy for this system? If yes, please supply a reference copy.	N/A
19. Has the system ever been the subject of a security risk review? If so (a) when was this and (b) have all necessary recommendations been implemented.	N/A
20. Confirm that there are arrangements implemented to routinely monitor and audit access to this system for potential misuse or abuse.	As the data will be held on a password protected stand-alone machine, it cannot be accessed remotely from other sites, hence there will be no need of auditing.

APPENDIX C *continued*

21. Please provide details of Caldicott Guardian (or equivalent).	<p>Name: Dr Simon Tanner Status/position: Director of Public Health, Hampshire & Isle of Wight Health Authority</p> <p>Address: (if different to Data Custodian) Health Authority HQ Oakley Rd Southampton SO16 46X</p> <p>Tel: 023 8072 5400 Fax: 023 8072 5457 Email: <input type="text" value="Code A"/></p>
<p>22. Please provide the name and contact details of your organisation's IT Security Officer (i.e. the member of staff with specific responsibility for information security and the resolution of any security breaches).</p> <p>Please ask the IT Security Officer to sign to confirm that arrangements have been inspected and are fit for purpose.</p>	<p>Name: Ms Elizabeth Shaw Status/position: Data Protection Officer</p> <p>Address: (if different to Data Custodian) As Data Custodian</p> <p>Tel: 0116 258 4393 Fax: 0116 258 4982 Email: <input type="text" value="Code A"/></p> <p>Signature: <input type="text" value="Code A"/></p> <p>Date: 20.7.2</p>

If any of the answers above are incomplete or if further reviews/improvements are planned then these should be identified along with target dates for completion.