

HSC Data Institute (HSCDI) Governance Framework

Version History

Number of this Version:

1.0

Date of this Version:

September 2025

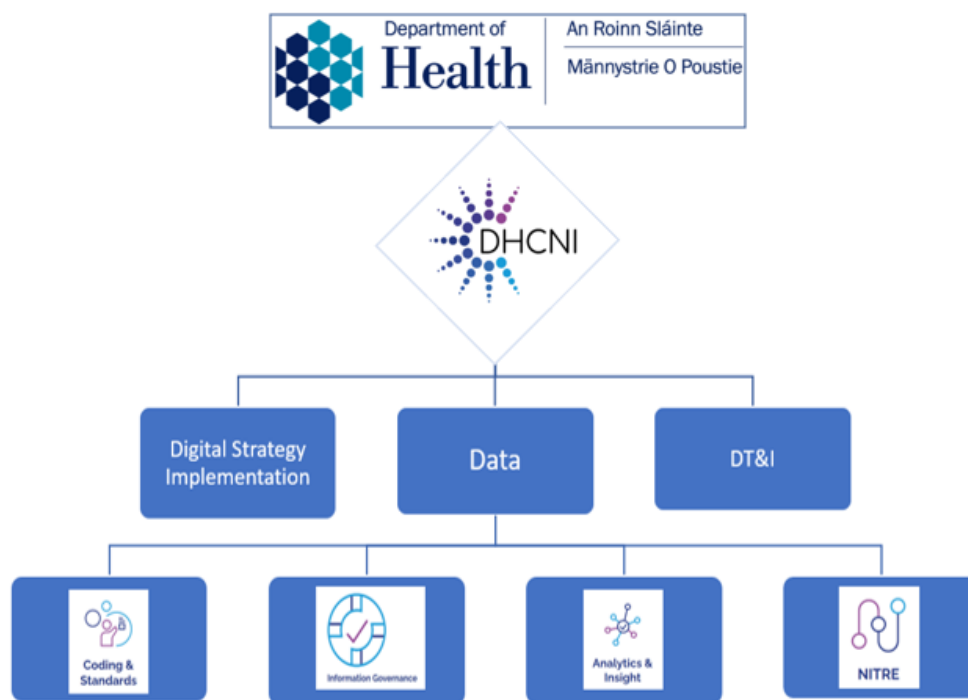
Date for Review:

September 2026

Version Number	Date	Comments
0.1	September 2024	C.Maher shared first draft document with DI Leads for comment/ input.
0.2	September 2024	Comments received from J.Beaumont and updates made.
0.3	October 2024	Comments received from F.Burns, L.Whyte and M.McCusker and updates made.
0.4	November 2024	Further amendments made by C.Maher.
0.5	November 2024	Further amendments made by C.Maher following discussion at HSCDI Implementation Meeting.
0.6	December 2024	Further amendments made by C.Maher following discussion at HSCDI Implementation Meeting.
0.7	April 2025	Review by HSCDI Implementation Group following comments received by E Ritson, DTI- DHCNI.
0.8	May 2025	Review by Deputy CDIO/Director DHCNI T Simpson. Updated Governance structure.
0.9	August 2025	Amendments following comments from Data Coordination Board.
1.0	September 2025	Document approved by CDIO/ SIRO.

Introduction

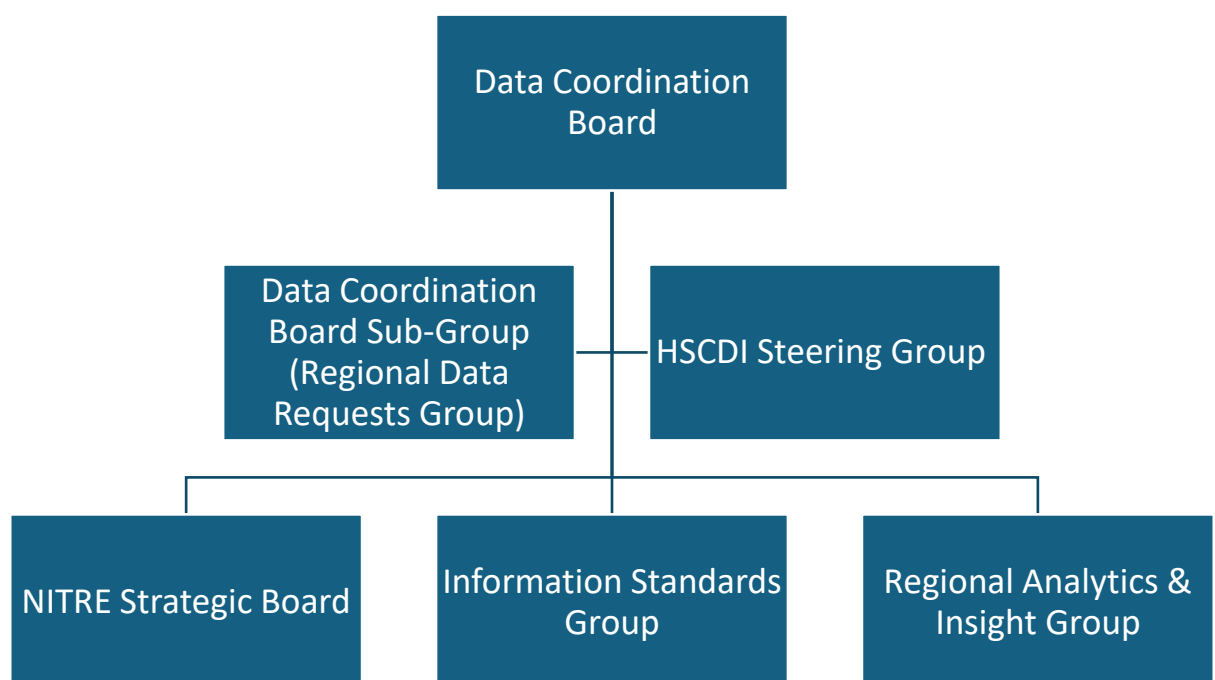
1. Digital Health and Care NI (DHCNI) is the data and technology lead to the health and social care system in Northern Ireland. Our mission is to harness the power of digital to improve health and care for our population, while improving working practices for all HSC staff. DHCNI is a Directorate of the Chief Digital Information Officer (CDIO) Group, in the Department of Health (DoH).
2. DHCNI has 3 directorates which includes the HSC [Data Institute \(HSCDI\)](#). HSCDI works across HSC organisations and the Department to provide solutions and support to data challenges and initiatives. It has been implemented as a key enabler to the delivery of the Department's [Data Strategy](#), and in turn the HSC [Digital Strategy](#).



3. The HSCDI is being implemented with supporting structures for the following areas:
 - Analytics and Insight
 - Coding and Standards
 - Information Governance
 - Northern Ireland Trusted Research Environment (NITRE).

Governance

4. The HSCDI reports to the Department's Chief Digital Information Officer (CDIO).
5. The HSCDI reports to the Data Coordination Board on delivery against the HSCDI Workplan and the overarching Data Strategy. The DHCNI Board has oversight of the delivery of the Data Strategy and the work of the HSCDI. The role of the Data Coordination Board is to provide strategic direction and oversight to the HSC system regarding the use of information. The Board supports the delivery of the Data Strategy to make health and care data safely and easily available to patients/ service users, DoH/ HSC staff and policy makers. It has representation from the DoH and all HSC organisations.



Objectives

6. HSCDI aims to:
- Harness the power of the vast data the HSC holds and work closely across the HSC system and with internal and external stakeholders to understand the data, support improvements to the data and make the HSC system data and insight driven.
 - Reduce duplication of effort, deliver improvements to the analyst environment and ensure better co-ordination and standards of data related resources.
 - Ensure Information Governance is embedded in HSCDI processes and data uses are compliant, particularly with UK GDPR and DPA 2018. Ensure patient

confidentiality is protected and privacy by design is incorporated within the technology and systems employed.

- Facilitate the use of HSC data to deliver on the transformation agenda in data access and control technologies and governance to support the secondary use of data for evaluation, service improvement and health and social care research for public benefit.
- Ensure openness and transparency and promote patient/ service user trust in how data is used.

Functions

7. **Analytics and Insight** - Develop an Analytics and Insight Centre of Excellence to build, house and grow a pool of talent across the region through peer learning, training and research, optimising the deployment of skills, resources and talent in this area across HSC. Build a core team of data scientists and analysts and develop a HSC internal analytics service and capacity in enabling technology. Provide tools for data analytics, supporting HSC in becoming data and insight driven. Data Platform Infrastructure Development and Delivery, including continual development of the NI Health Analytics Platform (NIHAP) within the HSCDI, as well as support and input to the General Practitioner Intelligence Platform (GPIP), housed within BSO, which provides analytics insights for GPs and helps provide data & analysis to support policy, planning and research.
8. **Coding and Standards** - Focused on growing confidence in the data we use across HSC to support better decision making and deliver safe patient care. The teams provide a range of services to the HSC including a Standards helpdesk; Coding Helpdesk; Clinical Coding Audits; Clinical Coding Training; HSC Data Dictionary. This is all with a view to improving the standardised collection and reporting of timely, accurate and consistent data.
9. **Information Governance**- Provides service solutions to streamline data access, management and usage, whilst ensuring privacy by design, data protection and compliance with IG legislation and DoH/ HSC IG policies. Evaluate and improve existing governance arrangements and ensure IG compliance with developing arrangements, systems, technologies, projects, data processing and uses. Ensure effective liaison with IG leads from across the HSC via direct meetings with relevant leads regarding specific projects, as well as engagement and consultation with the HSC IG Network and Regional Information Sharing Protocol (RISP) Group. Additionally, HSCDI will be a standing item on the HSC Information Governance Advisory Group (IGAG) meeting agenda, enabling regular updates about ongoing projects and early engagement regarding planned projects. HSCDI colleagues will be reminded of IGAG as a forum to present on potential projects and other aspects of the Institute's work.

10. Northern Ireland Trusted Research Environment (NITRE) & NITRE Board-

Provide strategic direction, support, commissioning and investment, to enable utility of HSC data assets for evaluation and research, within safe-guards of best practice supporting innovation in line with the Digital Strategies. Ensure safe, transparent, use of data for health and social care research, which benefits the public. The NITRE Strategic Board, (with representatives from across DoH, HSC, Academic Institutions and the Information Commissioner's Office- ICO), is responsible for coordinating, developments and delivery in the provisioning of data and infrastructure for research and evaluation. Long-term objective- to facilitate a fully integrated, longitudinal primary and secondary care data set for health and social care, which is accessible for research through a Safe Data Environment (SDE) for secondary use purposes. NITRE commissions the continued delivery of the HSC [Honest Broker Service \(HBS\)](#), within BSO, providing access to deidentified data for research. NITRE also leads, on behalf of HSCDI, on the engagement and involvement of our patients and public(s) in use of HSC data for public benefit. An example of which is the [Northern Ireland Public Data Panel \(NIPDP\)](#), an initiative delivered in partnership with the Administrative Data Research Centre- Northern Ireland.

Services

11. The HSC has opportunities at a systemic level to better optimise the use of data. The HSCDI will assist the wider HSC to centralise data capabilities and make data driven, insight led, management decisions about priority and transformation via the 4 functions set out above.
12. Any part of the system may come to HSCDI with a data request, as part of the established Regional Data Request process. HSCDI will either solve and deliver a solution, or support the relevant teams within organisations to develop the capabilities needed to solve the data request.
13. HSCDI will act as a hub for data, coding, standards and analytics services and expertise. It will provide a system leadership role, supporting HSC organisations in their development of data skills and capabilities through sharing of knowledge, training resources and access to tools. This will include provision of ongoing delivery of training to improve skills and knowledge with the introduction of new ways of learning to accommodate a diverse range of staffs' needs. It will also involve the development of a subgroup to research training in the development of data standards and data definitions to introduce training and development in this area.
14. The HSCDI, via the Analytics and Insight team, will deliver the NIHAP platform for the HSC that enables the extraction of data from various HSC systems, matching of data to longitudinal care records and analysis of core datasets within one secure platform using the most appropriate tools. (HSC organisations will decide how and when they use NIHAP and for what

purposes. They will be data controllers for any data they process on the platform with DoH- HSCDI acting as a processor on their behalf).

15. HSCDI will also support data requests requiring data from the GPIP platform, administered on behalf of GPs by the Business Services Organisation (BSO). GPIP routinely extracts codified patient information from all HSC GP clinical information systems. This supports the provision of Primary Care data for decision making, required to improve the quality-of-service delivery to patients. All requests for GPIP data must be made via the agreed request process to the GPIP Editorial Board, prior to HSCDI processing on behalf of organisations.
16. Coding and Standards provides the creation and maintenance of system technical guidance and regional reference codes; review of data sets; mapping of classification codes within systems; implementation of new versions of classifications in use in the UK; helpdesk for terminologies.

Request Process

17. Requests to HSCDI should be submitted via [Data Institute Request Application](#) or via email to DataInstitute@hscni.net
18. All requests are triaged (either by a specific HSCDI area or cross areas) and the requestor is kept updated on progress via the governance mechanisms. See request process at Annex A.

HSCDI Information Governance (IG)

19. All staff working within the HSCDI are either DoH or HSC contracted staff and must comply with established DoH/ HSC IG and ICT policies and procedures.
20. Duties in relation to confidentiality are covered within staff contracts.
21. Third party contracts are established via established BSO Procurement and Logistics services (PALS). Any contracts which the HSCDI are directly responsible for, which involve third party access to and processing of personal data, require review of Data Protection Schedules by the HSCDI IG Lead.
22. The HSCDI has established mechanisms and processes to help ensure compliance and provide IG over how data is processed and managed. Processes also aim to streamline IG and reduce administrative burden where possible. These include:
 - An IG Tracker and Record Review Schedule: records all information relevant to requests and projects being progressed by the HSCDI on behalf of DoH

and HSC organisations. It also provides a record of all MoUs and DSAs in place and records the dates they are due for review.

- An IG Guidance and Checklist: All organisations who commission the HSCDI to carry out processing and take forward data requests and projects on their behalf, must consult early with their organisations IG/ DPO Leads on their plans for processing. The HSCDI IG Guidance and Checklist advises organisations of this requirement and provides information to help guide project leads to ensure they consider IG in relation to their projects.
- Controller- Processor MoUs: All organisations which request HSCDI to process data on their behalf must have a controller-process MoU in place to meet data protection compliance requirements. HSCDI provides a template MoU, which can be used by organisations for this purpose and will often carry out the work to establish the first drafts of MoUs for controllers, reducing the administrative burden and resources required across the system, particularly where projects involve a number of organisations, e.g. all Trusts.
- NIHAP Asset Masterfile: used to record and track all data assets processed on NIHAP, their controller organisations and IAOs. This is used to compare against the IG tracker and Record Review Schedule, and Controller-Processor MoUs to ensure that all relevant documentation and agreements are in place, covering all requests and projects being progressed by the HSCDI.
- HSC Data Institute Staff Process Guide for Information Governance (IG): provides process/ procedural guidance and links to relevant templates for internal use by HSCDI staff.
- DPIAs, Privacy Notices, MoUs and DSAs: for processing for which the HSCDI is directly responsible and that DoH is a controller for.
- The IG documentation in place will continue to be developed as the work of the HSCDI progresses and will be kept under review. The HSCDI ensures all documentation, agreements, templates etc it is responsible for, along with review dates and owners, are recorded and maintained via the IG Tracker and Record Review Schedule.

RELEVANT CONTACTS

General requests/ queries – email DataInstitute@hscni.net

USEFUL LINKS

[NIHAP Privacy Notice](#)

[NI Health Care Professional \(HCP\) Codes Privacy Notice](#)

[Regional Clinical Coding - Coder Team Database Privacy Notice](#)

For access to the most up to date 'IG Guidance and Checklist' for organisations and Controller-Processor MoU Template please email the Data Institute on the above email.

Annex A HSCDI request process



Adobe Acrobat
Document