

Pan-London Protocol for Data Sharing Agreements

Background

IG managers were concerned that given the churn in NHS contracts, the workload on ISAs is increasing whilst the resources are not. Managers were also concerned that the agreements are becoming unwieldy and this is not conducive to good governance. A discussion was held and a common approach was agreed:-

ISA principles

- ISAs should be concise and easy to navigate
- ISAs should follow a standard template
- ISAs should be used when indicated by the diagram
- ISAs should be as high a level as possible to facilitate good care with minimal need for re-drafting
- All parties must meet IGT minimum standards (or equivalent) and this should always be a part of the agreement
- Where more than two parties enter into an agreement, one must be nominated as lead coordinator for the management of the document
- Where more than two parties enter into an agreement, all parties must agree to the addition of a new party
- The ICO advice is helpful, but following it to the letter often brings about the problem of length and complexity –professional IG judgement should be used to select content
- A systems access arrangement might be used instead (this can also be used to aid configuration mapping)
- Any agreement is proposed and managed by the respective service manager/ information asset owner with advice from the Information Governance Manager (not the other way around)
- The Data Protection Officer must always be consulted prior to making any agreement, if there are questions around whether information *should* be shared, the DPO will ensure that the respective Caldicott Guardian is consulted.
- the following is essential in every case
 - Parties to agreement
 - Purpose of sharing
 - Name of clinical services
 - Roles/ of those accessing data and what data each role
 - Length agreement is in force

Based on these principles, a model ISA was produced.

Document naming convention : location-purpose-month/year
eg Camden Safeguarding Children Jan 18

