
CONNECTED HEALTH CITIES: DATA SHARING AGREEMENT

Document Management

Revision History

Version	Date	Summary of Changes
0.1	01/08/2016	First draft for internal review
1.0	20/03/2017	Incorporating minor changes following stakeholder review
1.1	23/05/2018	Adding website links

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
CHC IG working Group			

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
John Ainsworth			03/05/2017	1.0

Data Sharing Agreement

This Data Sharing Agreement is subject to the terms and conditions set out in the Connected Health Cities Data Sharing Contract (<https://www.connectedhealthcities.org/about-us/how-we-protect-your-data/>)

Each party to this agreement must have signed up to these terms and conditions before any Data can be shared.

1. Title and Reference Code

CHC Project	Project Title
Reference	CHC reference Number

2. Parties to the Agreement

Agreement owner	Project Lead Organisation
Receiving Organisation (s)	List all the organisations that will receive or access Data
Providing Organisation (s)	List all the organisations that will provide Data

3. Term of the Agreement

Start Date	Date that data sharing or access is to commence
End Date (to be no later than xxxxxxxx2019)	End date must be within the period covered by the overarching Data Sharing Contract: after this date the Contract and the Agreement must be renewed if it is to continue

4. Privacy Impact Assessment

Summary of Privacy Impact Assessment for Data Sharing	Outline the findings of the Privacy Impact Assessment including the controls that are required to protect Patient privacy and confidentiality
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5. Data Details

<p>Type of Data to be Shared Anonymised (inc. Pseudonymised/ De-identified) / Personal Confidential</p>	<p>Identify the type of Data to be shared.</p> <p>This agreement is <u>not</u> a requirement for Anonymised Grouped data but could provide a helpful record of when Data has been shared.</p>
<p>Purpose for Sharing</p>	<p>Set out all identified purposes covered by this Agreement</p> <p>See Guidance on Data Use and Data Sharing: Definition of Purpose</p>
<p>Personnel to have access to the Data</p>	<p>List all personnel or groups of staff (as appropriate) that will have access to the Data under this Agreement.</p>
<p>Details of the Data to be shared</p>	<p>Describe the Data / Data Set to be shared</p> <p>See Guidance on Data Use and Data Sharing: Specification of the Data Requirements</p>
<p>Details of how the Data will be shared</p>	<p>Describe transfer arrangements or access arrangements for data sharing including security arrangements and frequency</p> <p>See Guidance on Data Use and Data Sharing: Secure Systems</p>
<p>Details of access / storage and destruction</p>	<p>See Guidance on Data Use and Data Sharing: Records Management</p>

6. For Personal Confidential Data only

In the following table provide details of Information leaflets used to inform patients or service users; Patient Opt Out process; Consent forms; and REC and Section 251 Reference details as appropriate.

Details of Legal Basis for Sharing See Guidance on Data Use and Data Sharing: Legal Basis for Data Sharing and Processing. Include details here of Patient Information leaflets; Opt out process; Consent Model etc. as appropriate for the specific legal basis.	Direct care purpose with implied consent
	Purpose other than direct care with explicit informed consent (for research projects provide details of REC approval)
	Purpose other than direct care with Section 251 support
Data Controller Arrangements (describe who will be the Data Controller of the shared Data)	See Guidance on Data Use and Data Sharing: Legal Basis for data Sharing and Processing
Receiving Organisations ICO Registration Reference	List the ICO registration details for each Receiving Organisation

7. For Pseudonymised or De-Identified Data only

Details of Controls to be put in place to minimise the risk of re-identification of patients or service users	
Patient Information made available by Data Provider	Include details here of Patient Information leaflets etc.

Signature Page

Data Sharing Agreement owner

Signed for and on behalf of (organisation name)	
Name	
Role / Job Title	
Signature	
Date	

Parties to the Data Sharing Agreement (add as required)

Signed for and on behalf of (organisation name)	
Name	
Role / Job Title	
Signature	
Date	

Signed for and on behalf of (organisation name)	
Name	
Role / Job Title	
Signature	
Date	

Signed for and on behalf of (organisation name)	
Name	
Role / Job Title	
Signature	
Date	