DAAG date	Application Number	Project Name	Organisation making the request	Approved	Project Start Date	Project End Date	How is the Common Law Duty of Confidentiality met	Legal Basis - COPI / S.251 / other	Identifiable/Pseudonymised/ Aggregate	Details of associated Data Sharing Agreements	Dataset(s) inc. linked on common pseudonym	Project description	Data Transferred from (Organisation)	Data Transferred to (Organisation)	Legal Basis - UK GDPR	Details of associated DPIAs	Method of data transfer	Aggregate data will be shared with	Project Values/Uses
	DSR001	CHIS Vac and Imms	System C (CHIS)	Approved	01/11/20	01/03/21	CLDC is set aside by the COPI Regulations. However, the direct care element is addressed by implied consent.	COPI Notice for Covid-19	Identifiable	Tier 2 DSA (CIPHA)	GP Vacs and Imms Data	patient level, identifiable health care records from the GP systems showing Children's vaccinations received and date	System C (CIPHA)	System C (CHIS)	6 (1) (c) 6 (1) (e) 9 (2) (h) 9 (2) (i)			N/A	
	DSR002	MAST testing	Liverpool CCG	Approved	01/11/20	01/03/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data	PCR Trend analysis to understand PCR trend pre and post COVID	System C	Liverpool CCG	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	
	DSR003	MAST testing evaluation	Liverpool CCG	Approved	01/12/20	01/02/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data	Geospatial analysis of lateral flow test uptake within Liverpool including: (i) which areas have high/low test percentages overall, (ii) which areas have high/low test uptake during super weekend. Analyses will be conducted for LSOAs and we will link information about residents within LSOAs including deprivation (IMD 2019), internet usage (internet user classification 2018), population counts (2019 mid year population estimate), access to test site (calculated by Green), area classification (ONS 2011). Statistical analysis will include GIS mapping, descriptive statistics and regression based techniques. Results will be used to inform how successful outeach activities have been in reaching particular areas and population groups.	System C	Liverpool CCG	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Research paper accepted by Lancet Regional Health
	DSR004	MAST testing evaluation	UoL	Approved	01/11/20	01/02/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data, PHE	Interrupted time series to quantify PCR uptake since LFT introduced. PCR tests results from 1st Oct 2020 to the most recent date, to assess whether there has been an uptake increment from 6th Nov 2020. We will evaluate changes over time and by geographical area in the number of tests undertaken, positive rates, and associations with prevalence values and transissions in our city. Work in collaboration with DHSC and PHE. Expanded to include assessment of (i) uptake of repeat testing, (ii) uptake of confirmatory PCR's following positive LFT, (iii) testing of school aged children, (iv) distribution and proportion of PCR cycle threshold values (possibly indicating new variant prevalances)	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Paper on testing in schools submitted to BMJ. Paper on PCR Ct values aiming to be submitted in next two weeks to Lancet Infectious Diseases.
	DSR005	MAST testing evaluation (QA analysis)	UoL	Approved	01/11/20	01/02/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	QA datam Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	QA records linked to MPI, Pillar 2 testing data	To evaluate the field sensitivity of Innova lateral flow antigen test (LFAgT) in the Quality Assurance subset of paired LFAgT and PCR analysed samples, analysing first by reported result and then stratified by PCR results. Work with DHSC and PHE. Demographic data of the participants will be also captured.	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Research paper accepted by BMJ
	DSR006	MAST testing evaluation	UoL	Approved	01/12/20	01/12/20	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data	To evaluate the number of tests by age categories of both LFT and PCR between 6th November and 20th November in Liverpool Residents	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	NHS Test and Trace / ONS	Summaries sent to NHS Test and Trace
	DSR007	MAST testing evaluation	UoL	Approved	01/12/20	01/12/20	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data	To determine the number of Liverpool residents with a postive LFT test with a following PCR test.	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	NHS Test and Trace	Summaries sent to NHS Test and Trace
	DSR008	New Variant Evaluation	UoL	Approved	01/02/21	01/01/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data and genomic sequencing data (from Al Darby)	To determine the prevalance and descriptive features of postive COVID cases with new variants (particularly the Kent variant and possibly others as more data becomes available).	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Possible publications/SAGE reports
	DSR009	Vaccination Efficacy Evaluation	UoL	Approved	01/01/21	01/01/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Demographics: age, sex, ethnicity, LSOA, care home residency, multiple occupancy, health and social care worker status Full vaccination data: dates, and type and batch of vaccination. Occasions when vaccination is declined. Data on influenza vaccination uptake Test data: PCR and Antigen detection test results, both positive and negative. Some antigen detection test results will require extra tracing prior to linkage with the anonymised data. As a matter of urgency viral genomic data is also required, currently not present in the CIPHA platform. Activity and outcomes data: 111 calls for suspected COVID, primary care consultations related to COVID, ED attendances with reasons, admissions and discharges to hospital, admissions and discharges to ICU, deaths. Clinical Data: Presence of recognised comorbidities and medications contributing to COVID vulnerability, inclusion on the shielded patient and Clinically	Our primary aim is to model the relative risk of SARS CoV2 infection per unit change in vaccine coverage by geography-defined clusters in the Liverpool City Region, adjusted for baseline and transmission confounders. We will also assess the direct effect of vaccination in the vaccinated population, linked to data on variant type and dose (whether the 2nd dose of the vaccine was administrated). In addition, where possible, data generated per small geographical areas will be used to assess how different vaccination strategies may have an impact on the risk of SARS-CoV-2 symptomatic infection, hospitalisations, icu admissions and outcomes and deaths.	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Possible publications/SAGE reports. Kieran Sharkey and team have written a paper on vaccine effectiveness which they are about to submit to BMC Medicine.
	DSR010	Lateral Flow Testing Transmission evalution	UoL	Approved	10/02/21	01/01/22	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data. Pseudonumised demographics including age, sex, ethnicity, LSOA, PCR and LFT testings dates and results, Ct values where available. Test and Trace contact data. Pseudonymised Vaccine data.	Generalised linear mixed models using linked testing, and test and trace data to assess 1.Is there any evidence that people with a lateral flow positive infect fewer people than those detected by PCR only (because they were asymptomatic and so transmission chains were broken)? 2.Is there any evidence that people with negative LFT's in the days before a positive PCR infect more people than those without a negative LFT? (I.e., is there any harm to a negative LFT in terms of what might appear to be less strict adherence to the distancing rules) 3.Is there any evidence that people with a series of LFT tests before a positive PCR infect fewer people (since they are caught earlier, and so transmission chains broken)? 4. Is there evidence that vaccinated individuals are less likely to transmit COVID-19, or to catch if from infected contacts.	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Possible publications.SAGE/DsPH reports
	DSR011	Exploratory Data Assessment in relation to COVID Vaccine Surveillance	Graphnet	Approved	21/04/21	21/05/21	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	A DSA is not needed, as the request is from Graphnet Health, who support the CIPHA platform.	Coded and dated diagnoses as identified in the primary care record. COVID Vaccination events with date and vaccination type.	PHE and MHRA are keen to monitor the occurrence of adverse events following vaccination for COVID. The C&M CIPHA platform contains a breadth of markers that may indicate the occurrence of adverse events. This project aims to explore the quality of available data and run initial queries looking at the background incidence of serious thrombotic events. A similar study is also in progress in the Frimley/Berkshire locality.	System C (CIPHA)	No data transfer required	6 (1) (e) 9 (2) (h) 9 (2) (i)		N/A	The study will examine anonymized data only. The raw data will not leave the CIPHA Azure platform.	A report identifying the incidence of serious thrombotic events in the Cheshire and Merseyside population over the previous 5 years
	DSR012	Liverpool events ERP evaluation	UoL	Approved	29/05/21	31/07/21	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Pseudonymised	Pillar 2 DSA with DHSC (Honorary contract with Liverpool CCG)	Pillar 2 Testing Data. Pseudonumised demographics including age, sex, ethnicity, LSOA, PCR and LFT testings dates and results, Ct values where available. Test and Trace contact data. Pseudonymised Vaccine data.	The aim is to provide evidence on the feasibility and utility of risk mitigations for reopening events and venues in England, in support of the Government's Roadmap for COVID-19 recovery.	System C (CIPHA)	UoL	6 (1) (e) 9 (2) (h) 9 (2) (i)		Secure FTP or Direct Access (TBC)	Gold Command/C&M System	Possible publications.DSPH reports
	DSR013	Liverpool events LFT positive identification	System C (CIPHA)	Approved	02/05/21	02/05/21	CLDC is met by the COVID COPI notice	COPI Notice for Covid-19	Identifiable	N/A	Emergency identification of all lateral flow positive people testing in the Cheshire and Mersey CIPHA instance over the period 30th April - 2nd May.	To match against ticket purchases for the events research programme and cancel tickets if needed.	PHE	System C (CIPHA)	6 (1) (e) 9 (2) (h) 9 (2) (i)		NHS Secure email	N/A	N/A
	DSR014	Covid build back: supporting elective restoration	Liverpool CCG	Approved	01/07/21	01/03/22	The data being accessed is pseudonymized and therefore is not owed a duty of confidentiality. Data will only be reported in aggregate / anonymized form.	COPI Notice for Covid-19	Pseudonymised	CIPHA DSA for COVID Intelligence	Acute Waiting List data Outpatients Data GP Data	COVID has caused a backlog of people waiting for elective care. As part of the National Elective Restoration Programme we want to link the pseudonymised waiting list and outpatient data to the primary care data across C&M to understand inequality for those waiting. With a view to increasing understanding of cohorts waiting and considering how this information can be used to target care.	Pseudonymised data will not leave the Graphnet infrastructure	Pseudonymised data will not leave the Graphnet infrastructure	6 (1) (e) 9 (2) (i)		N/A	-The ICS Elective Restoration Team -NHSe/I – where required to give assurance -Providers of services where useful and appropriate	An analysis of those waiting stratified by varales in the general practice record such as age, sex, deprivation, health status, signs of deterioration.

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	DSR015	OpenSafely CIPHA Recovery Observatory Proof of Concept	University of Liverpool / University of Oxford	Approved	19/07/21	06/08/21	Researchers will not have access to any identifiable data. Data will be extracted as full pseudonymised primary care NHS records are used. Pseudonymised data is interrogated within the CIPHA data mart and only aggregated data is extracted. The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence.	N/A	Pseudonymised	Existing CIPHA DSA	GP data	OpenSafely is a new type of research platform for secure health data analytics. Developed at the University of Oxford it allows researchers to write and run queries without needing to directly access the data (see Graphnet IG cover – OpenSAFELY.docx – embedded in Additional Information below), with additional checks on data output. N.B. This states that full pseudonymised primary care NHS records are used. This model has already been successfully deployed within TPP and EMIS, and is now being tested within Graphnet in order to support two use cases within the CIPHA Expansion programme: Vaccinations Safety, and Federation of Data Queries.	GP / Graphnet	University of Liverpool / University of Oxford	6(1)(e) 9(2)(i)		TBC - Secure	Only aggregated data will flow from CIPHA to University of Liverpool / Oxford.	The output from this project is not intended as research, it is simply to test the technology. However, it should be noted that the output can be made available to the Cheshire and Mersey region for recovery planning. The Recovery Observatory aggregated data and the report on local implementation.
	DSR016	System P	Mersey Care are host of System P but this C&M ICS project working with University of Liverpool, Liverpool Health partners	Approved	01/09/21	28/02/23	Researchers will not have access to any identifiable data.	N/A	Pseudonymised	Population Health DSA	Data from CIPHA for C&M -Acute Providers -Adult & Child Social Care -General Practice -Community Health -Mental Health -Ambulance Data from NHS D and linkable (for information and not part of the data access request into CIPHA) -Secondary Care (SUS) -Community Care (CSDS) -Primary Care (GDPPR) -Mental Health (MHMDS)	System P aims to be the whole system approach to addressing health and related demands, bringing C&M expertise in data, evidence and analytics together. System P projects will address an area of multifaceted, intersectoral and multiagency need that will require transformation at multiple layers (service and economic) and meet priority areas for ICS system, programme and place.	CIPHA partners, as stated in the Population Health DSA	Data will be directly accessed either on the CIPHA infrastructure or the DSCRO infrastructure (once the DSA with NHS Digital for pop health is approved across the ICS).	6(1)(e) 9(2)(i)		N/A	C&M ICS- Providers, commissioners, LA/CHAMPS.	Improvement in patient quality and safety outcomes.
	DSR017	RESTORE - Research for Equitable SySTem RespOnse and Recovery	University of Liverpool	Approved	01/07/21	31/01/23	Researchers will not have access to any identifiable data.	N/A	Pseudonymised	Population Health DSA	Linked data from CIPHA for C&M (based on data dictionary v2.20.6) Pseudonymised household ID (See additional information below). Pseudonymised Person ID Patients (core patient's data) Acute Providers (General Practice Community John Hopkins ACG System Mental Health Reference data COVID19 testing data. Adult & Child Social Care COVID Vaccination data. Data from NHS D and linkable Mortality records SUS_APC SUS_AAE SUS_OPA Maternity Data Set Community Data Set Shielding Patient List/ CEV	This is a research project designed to find the most effective approaches for identifying "at risk" groups for several adverse outcomes and whether better targeting of support at these groups effectively reduces their risks. The COVID-19 crisis has hit the most disadvantaged hardest, increasing inequalities. The emerging risks to health are multiple, complex, cross-sectoral, and rapidly changing. The control measures have led to delays in screening and diagnoses for cancer, vaccination uptake, and interruption to schooling and child protection services. The economic recession caused by the pandemic has led to more families living below the bread line, bigger differences in household income between rich and poor, homelessness, and food poverty. To effectively respond to these risks local systems are using linked data to segment the population, for example through the COVID-19 shielding programme for identifying at-risk population groups and target limited resources to prevent adverse outcomes. The health and health inequalities impact of these approaches is not known. We do not know the most effective approaches for identifying "at risk" groups for many of these outcomes or whether better targeting of support at these groups effectively reduces their risks. This work will enable us to answer the following research questions. -Which population groups have been at increased risk, during and after the pandemic, of (1) mortality, (2) health care utilisation, (3) developing mental health problems, (4) adverse childhood outcomes, and what are the mechanisms driving any increased risks, and how are they changing over time? -How effective have current approaches to risk segmentation been at protecting vulnerable groups before, during and after the COVID crisis, and how could they be improved? -What is the best way to embed segmentation models derived from this causal analysis within health systems to effectively target support to reduce health inequalities?	CIPHA	CIPHA TRE	6(1)(e) 9(2)(i)		TBC - Secure	NHS England, MHCLG, the Association of Directors of Public Health, the Local Government Association, the NHS confederation and the Department for Health and Social Care, PHE, the Public.	Practical research outputs from our research will include: -At least 3 dynamic segmentation models for identifying groups with high emerging risk consequent to the pandemic and the likely intervention sensitive causal factors driving these risks. This will include open-source statistical code for implementing methods on similar data to CIPHA (e.g. across the CIPHA expansion programme), as well as versions that can be implemented on the more limited linked data available nationally. -Estimates of the potential benefits and harms of at least 2 existing segmentation approaches including those used to identify groups vulnerable to COVID-19. -Recommendations for incorporating risk segmentation approaches into decision making at strategic and operational levels. -Easily deployed dashboards and other interactive tools for displaying risk segmentation data to decision makers. A methodology to use postal address / geolocation data in a safe and secure way in CIPHA, which other projects can reuse.
	DSR018	Impact of deprivation on lung cancer patient outcomes in the C&M area.	Clatterbridge Cancer Centre	Approved	01/10/21	Ongoing	Analysis is being done with pseudonymised data therefore the Common Law Duty of Confidentiality doesn't apply.	N/A	Pseudonymised	Population Health DSA	CO-MORBIDITIES CO-MORBIDITY SCORES FRAILTY INDEPENDENCY DEPRIVATION	Retrospective analysis of all lung cancer patients treated at CCC between 2016/2018 with 2 years follow up. Pre-Covid. We would like to correlate data held from primary care with data held at CCC to analyse various outcome measures.	All primary care organisations and secondary care organisations where patients from the cohort have been treated.	Clatterbridge Cancer Centre	6(1)(e) 9(2)(h)		Pseudonymised data will be made available in a secure customer database	CCC Governance - Lung Site Resource Group (SRG) initially – then SRG leads to MAC – Medical Advisory Committee. Externally to GP's in C&M, CIPHA population. Appropriate patient groups.	Report with recommendations and a publication in a peer review journal.
	DSR019	Covid build back: supporting elective restoration - Perioperative care	C2-AI in pseudonymized form	Approved	01/11/21	31/03/22	CLDoC can be addressed by implied consent for direct care, pseudonymized data flow isn't owed a duty of confidence.	COPI Notice for Covid-19	Both	Tier 2 Population Health Data Sharing Agreement An Addendum will be required to add C2-AI as a data processor A Data Processing Agreement with C2-AI will be required	Acute Waiting List data Outpatients Data GP Data	COVID has caused a backlog of people waiting for elective care. As part of the National Elective Restoration Programme, building upon the prior approval for linking the pseudonymised waiting list and outpatient data to the primary care data across C&M to understand inequality for those waiting. Using the increasing understanding of patient cohorts waiting to sign post to use of the independent sector and to support the perioperative pathway through either self-management, and/or supported coaching using a partner health coaching app.	Data Controllers listed in Tier 2 S2C Data Sharing Agreement Workstream COVID Intelligence V3 Extension	C2-AI in pseudonymized form	6(1)(e) 9(2)(i)		SFTP	Health care providers, patients on elective waiting list	A stratification of the elective waiting list at patient level, identifying an outcome risk for those waiting for elective procedures. An analysis of those waiting stratified by variables in the general practice record such as age, sex, deprivation, health status, signs of deterioration
	DSR020	NHS England and Improvement / Optum Population Health Management Development	OPTUM	Approved	01/11/21	30/06/22	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence.	N/A	Pseudonymised	Tier Two Population Health DSA . An Addendum to the Tier Two Population Health DSA is required to add Optum as a Data Processor.	General practice and Local Authority Data from the CIPHA Platform will be linked with Community (CSDS), acute (SUS), Mental Health (MHSDS), National Waiting List Data and Adult Social Care Data (National Flow) from NHS Digital.	To assist in the development of approaches to population health management using data analytics within Action Learning Sets in Wirral as a Place and 4 Primary Care Networks. The process which includes providing pseudonymized data from a number of sectors by Optum under contract to NHSEI helps local teams to identify priority areas and design interventions which are then monitored for effectiveness.	Wirral and PCN residents from across providers where relevant for Waiting list, Acute, Community and Mental Health, Local Authority and GP. CIPHA partners, as stated in the Population Health DSA.	OPTUM	6(1)(e) 9(2)(i)		Secure transfer	Wirral as a Place and 4 PCNs (2 in Wirral and 2 outside). This work will be aligned with C&M System P work to provide learning across the ICS.	The initial data processing allows highlighting of possible areas where the locality might be an outlier in areas which may be susceptible to actions which will impact wellbeing and reduce consumption of resources. Once an area is identified, further, more detailed investigation will follow and interventions put into practice with a particular (usually small) cohort. The impact is then measured to judge its effectiveness and how desirable it might be to repeat at larger scale.

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NA - once approved will go onto register	DSR021	Civic Data Cooperative / David Salac	The University of Liverpool	Approved	15/11/21	31/03/25	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence. Data will be de-identified. Further details will be determined and documented on a project-by-project basis within the CDC programme. Access to data will be managed according to the agreed research data DPIA and processes, and will only be undertaken with prior approval from the DAAG.	NA	Pseudonymised	Tier Two TRE DSA	CIPHA	Project values are Transparency, Empowerment, Improvement and Truthfulness. Uses: Research and innovation gateway for Liverpool City Region in relation to Civic Data sources. Governance and Communications model to raise awareness and develop trust in the use of health and care data for research and the benefits this can bring.	In order to act as the Data Manager for the CIPHA TRE the role will need to access all CIPHA data.	Subsets of CIPHA data for individual projects will be made available to researchers within the CIPHA TRE.	6(1)(e) 9(2)(i)		Internal CIPHA TRE transfer.		The development of the infrastructure, people and processes to deliver an operational CDC, which can deliver data-based insights to improve health and care improvements via a network of research projects each with its own benefits and outputs.
NA - once approved will go onto register	DSR022	Knowledge support to General Practitioners and patients: evaluation of the effectiveness of periodic feedback, decision support during consultations and peer comparisons in multi-arm cluster randomised trial (BRIT2).	Health eResearch, University of Manchester	Approved	ASAP	30/11/23	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence. Only anonymised patient-level data will be used.	Check with Suzanne	Pseudonymised	We have a small number of DSA in place with few general practices and UoM for the precursor project BRIT1. The preference is to use CIPHA DSA for research use; alternatively, we can seek to collect DSA for BRIT2 specifically.	Patient-level anonymised primary care data of patients registered in practices; hospital admission date and admission diagnosis; microbiology data, if available. Racial or ethnic origin, if available. Code lists and mapping and meta-data.	Antimicrobial resistance and polypharmacy are two main priorities for the NHS. Also, there is considerable variability between practices and GPs in how they prescribe and to whom, plus there is a large case-mix variability between practices. This work aims to test whether analytics-based feedback to practices improves clinical care. The benefits of this project are that practices will receive detailed 'diagnostics' of their prescribing and, possibly, it will improve care in key clinical areas.	Partner organisations to CIPHA	Health eResearch, Un	6(1)(e) 9(2)(i)		Data to remain within Graphnet TRE.		Dashboards for general practices, content of patient leaflets (with individualized content based on our analyses), and scientific manuscripts.
	DSR024	Covid-19 vaccine-associated thrombotic thrombocytopenia surveillance (requested by Medicines and Healthcare products Regulatory Agency (MHRA) CMO)	University of Liverpool	Approved	ASAP	Stage 1 to be reviewed 1 month after start. Stage 2 will require further development and approval at that review.Stage 1 to be reviewed 1 month after start. Stage 2 will require further development and approval at that review.	Data will only be reported in aggregate / anonymized form. The common law duty of confidentiality is set aside due to COPI.	Check with Suzanne	Aggregated Pseudonymised	Linked to existing C&M H&C DSA (Tier Two) – Workstream: COVID-19 Intelligence	SUS / HES Vaccination data, NPEX and other pathology data required Primary Care Data	This research is needed to provide reliable information about any risks associated with Covid-19 vaccines to medicine regulators, the UK Departments of Health, health professionals, and the public. Because clotting events are rare, it will be important to understand not only whether there is an increased risk with a COVID vaccine but also the size of any increased risk and whether it only applies to particular groups of people. It will also be important to understand how any risk compares with the benefits of the vaccine, which are known to be substantial.	CIPHA	University	6(1)(e) 9(2)(i)		SQL access from CIPHA to University of Liverpool		Stage 1: Feasibility and data quality exercise to understand system ability to discover vaccination side effects. Stage 2: Report and potential monitoring / early warning system for side effects from vaccinations Amendment: Outputs remain the same
	DSR025	Health Inequalities Surveillance for Inclisiran Deployment (HISID)	Innovation Agency (Academic Health Science Network for the North West Coast)	Approved	ASAP	01/03/23	Data will only be reported in an aggregate / anonymized form.		Aggregated Pseudonymised	Using under existing CIPHA Population Health DSA	-SUS / HES -Pathology Data -Primary Care Data	Practice data will be used to ensure those who are at the highest risk of cardiovascular events in our communities receive access to this new treatment. Additionally, will we able to demonstrate the impact of the programme on cholesterol levels, prescribing and compliance.	NA	NA	6 (1) (e) 9 (2) (i)		Securely - only aggregated data will be extracted.		Phase One: Establish a reporting structure to illustrate the uptake of Inclisiran across Cheshire & Merseyside and highlight areas of inequality. Phase Two: Adopt a learning health system to provide specific interventions in areas of high need/low uptake and monitor the effectiveness of the same. Success from both phases would potentially act as a blueprint from spread across England through the AHSN Network.
	DSR026	COVID Vaccination in Pregnant women	Back to organisations across C&M via Power BI dashboard in CIPHA.	Approved	01/09/21	Ongoing	The common law duty is set aside CLDoC is set aside by COPI for COVID purpose	COPI Notice for Covid-19	Identifiable	C&M H&C DPIA - Workstream: COVID-19 Intelligence - being reviewed to add to pop health DSA once COPI expires on 3006/22	Flow of pregnancy data flow into CIPHA Data out is aggregate within CIPHA Power BI dashboard.	-Improvement in data quality of the pregnancy register -Reduction in time spent by each provider maternity teams producing aggregate data on vaccinations rates -Ability to report accurate vaccinations rates -Ability to identify cohorts with low uptake and target interventions/communications	Data would flow into CIPHA from the 7 Provider trusts.	Back to organisations across C&M via Power BI dashboard in CIPHA.	6(1)(e) 9(2)(h)	C&M H&C DSA (Tier Two) - Workstream: COVID-19 Intelligence	SFTP		-accurate covid vaccination rates reported in existing Vaccination reports on the CIPHA platform in power BI -epidemiological insight into cohorts with low uptake rates reported on the CIPHA platform in power BI
	DSR027	Early Interventions – Adults Social Care - LiquidLogic	Liverpool Knowsley Wirral With the option to extend this to include additional local authorities as they onboard, i.e. Sefton and St Helens.	Approved	04/10/21	Ongoing	The Common law duty of confidentiality is addressed by consent for direct patient care. Information that is shared between health and social care for the provision of direct client care can also be shared using existing health and social care sharing agreements. This programme is designed to focus in on the Health and Social Care Integration Agenda and Duty to collaborate which is referenced in the Integration and innovation: working together to improve health and social care for all, white paper, with an aim to deliver positive change to keep people independent.		Identifiable	Using under existing CIPHA Population Health DSA	See appendix A – May need to extend as CIPHA data set grows. This would be a limited cohort based on individual who meet a set of criteria including Local Authority, Age (18+), and one or more of the following (Hospital Admission in last x months, GP visit in last x months, Specific Medication or Medication combination, or health condition)	The CIPHA system will use data analytics to identify people at risk, and GPs and their nominees with a data sharing agreement will contact the identified individuals and seek their permission to refer into the service. Once a person has accepted and had a referral to social care, a direct care relationship exists and the event level detail would be made available to Social Care staff within each of the local authorities. However, we also expect that there may be some interest from the DOH on the outcome and progression of this program, which would only be at an impact summary level.	CIPHA Platform	Liverpool Knowsley Wirral With the option to extend this to include additional local authorities as they onboard, i.e. Sefton and St Helens.	6(1)(e) 9(2)(h) 9(2)(i)	HCP CM CIPHA population health DPIA	We would be looking to utilise the existing CIPHA approved mechanisms for accessing the data, which would ideally be a secure transfer approach. We have a wide experience of dealing with different methods of data exchange through existing customer interfaces with other applications, and already provide data to the CIPHA system from Social Care.		Early Support for Adults not currently in receipt of local authority social care Support for Adults already receiving social care services - Identification of Significant Events and Assisting Informal Carers to continue in their Role Safeguarding Improvements Predictive Analysis

DAAG date	Application Number	Project Name	Organisation making the request	Approved	Project Start Date	Project End Date	How is the Common Law Duty of Confidentiality met	Legal Basis - COPI / S.251 / other	Identifiable/Pseudonymised/ Aggregate	Details of associated Data Sharing Agreements	Dataset(s) inc. linked on common pseuodnym	Project description	Data Transferred from (Organisation)	Data Transferred to (Organisation)	Legal Basis - UK GDPR	Details of associated DPIAs	Method of data transfer	Aggregate data will be shared with	Project Values/Uses
	DSR028	CIPHA Support for nMABs process	Cheshire & Mersey ICS (MLCSU)	Approved	10/01/22	TBC	For COVID Cheshire & Merseyside - the Common Law Duty of Confidentiality is set aside by the COPI Notice.		Identifiable	Linked to existing C&M H&C DSA (Tier Two) – Workstream: COVID-19 Intelligence - being reviewed to add to pop health DSA once COPI expires on 3006/22	Patient details/ identifiers for all patients who are eligible for the nMABs service.	Neutralising Monoclonal Antibodies (nMABs) have been found to be effective in preventing severe disease and need for hospitalisation in vulnerable patients who contract Covid-19. The nMAB Ronapreve, was approved for use in hospitals in the early Autumn, and subsequently for community use at the end of November. All trusts have confirmed that they are unable to meet the expected demand within their current capacity, without prioritising activity. By ingesting the eligible patient list from NHS-Digital/ Adastra into CIPHA, it is possible to match the patients with their care record. This linkage of patient information, from NHS-Digital/ Adastra, to the patient's primary care record will enable the patient's clinical cohort (selection criteria satisfied) to be shared in advance of any patient contact.	Patient identifiers from NHS-Digital.	Patient contact details and their clinical cohort data to be shared with Primary Care providers to enable onboarding of patients.	6(1)(e) 9(2)(h) 9(2)(i)	The Data Protection Impact Assessment (DPIA) under the Data Sharing Agreement (Tier Two) COVID-19 Intelligence	TBC		Enable much richer and more informed conversations with patients, as well as the grouping of patients into cohorts to help manage demand across the ICS. Implementing this process (via CIPHA) will also enable business intelligence on the service and help with capacity and demand forecasts to this and associated services, including overlap with other covid services (preventing duplication of effort).
	DSR029	CIPHA Support for Covid virtual ward and Oximetry at Home	Cheshire & Mersey ICS (MLCSU)	Approved	10/01/22	TBC	For COVID Cheshire & Merseyside - the Common Law Duty of Confidentiality is set aside by the COPI Notice.		Identifiable	•DHSC DSA •HCP C&M Data Sharing Agreement (Tier Two) COVID-19 Intelligence An Addendum G, to the HCP C&M Data Sharing Agreement (Tier Two) COVID-19 Intelligence, includes the Docabo/tele health dataset as a dataset that flows into CIPHA for linkage. Mersey Care are the data controller, so there are no changes to data controllers or data processors, just a new dataset, and therefore addendum for information rather than for signature. Being reviewed to add to pop health DSA once COPI expires on 3006/22	Patient details/ identifiers for all patients who are eligible for Covid virtual ward/ Oximetry at Home.	Pulse oximeters are being provided to patients as part of the NHS response to COVID-19. This service supports people at home who have been diagnosed with coronavirus and are most at risk of becoming seriously unwell. People are provided with a pulse oximeter and supporting information to monitor their oxygen saturation levels at home for up to 14 days, supported by carers and/or family members where appropriate. COVID virtual wards are for adults being discharged from hospital who have a primary diagnosis of coronavirus but with an improving condition. On discharge to the virtual ward, patients are provided with a pulse oximeter in addition to any other treatment and support they may require.	Patient identifiers from NHS-Digital	Patient contact details and their clinical cohort data to be shared with Primary Care providers to enable onboarding of patients.	6(1)(e) 9(2)(h) 9(2)(i)	The Data Protection Impact Assessment (DPIA) under the Data Sharing Agreement (Tier Two) COVID-19 Intelligence	TBC		More comprehensive patient health data to enable richer conversations with patients, more effective demand management, transparent business intelligence and prevent duplication of effort across covid support services.
	DSR030	SMART Release and Return Study	UoL	Approved	21/01/22	21/04/22	Data will be collected and shared under existing COPI regulations. Consent will be requested from participants for participation in the study. Data for researchers will be de-identified so individual-level data remains secure.		Identifiable Pseudonymised	Use of existing DSA for CIPHA	CIPHA, Pillar 1 data for LUFT staff who are consented to the study. See attached data flow below in additional information	Essential services face staffing pressures due to the quarantine of key workers after close contact with Omicron cases before they can return to work on a daily contact testing (test-to-release) regimen. Similar pressures arise from the isolation of asymptomatic cases after they have ceased to be infectious. The civic risk from essential service loss may become greater than the direct health risks of Omicron. National policies recently changed to allow early return from 10-day isolation after two consecutive days (5 and 6) of negative lateral flow tests. The findings of this study will reveal the implications of this policy for the NHS in terms of SARS-CoV-2 transmission risks and managing staff shortages. Convenient home testing with lateral flow devices (LFD) will be used, with the added risk mitigation of using two LFDs from two different manufacturers (Orient Gene and Innova) at the same time, and within an hour of leaving for work (if on a daily contact testing regimen). The Orient Gene kit uses a nose-only swab whereas the Innova kit uses a nose and throat swab.	LUFT	UoL	6 (1) (e) 9(2)(i)	Use of existing DPIA for CIPHA	Secure FTP and password protected files where data needs to be transferred from LUFT to CIPHA.		
29/03/22	DSR031	Long-term rotavirus vaccine effectiveness in the UK.	University of Liverpool and NIHR Health Protection Research Unit in Gastrointestinal Infections	Approved	01/02/22	31/01/23	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence Access to data requires DAAG and research ethics approvals.		Pseudonymised	TBC	UKHSA Second Generation Surveillance System (SGSS) and/or pathology reports to identify rotavirus positive cases and controls HES admitted patient care / SUS to identify cases and controls GP records for rotavirus immunization status and control group selection Reference laboratory typing records of rotavirus positive cases from UKHSA	Project Values: Transparency, Efficiency, Health, The impact of rotavirus vaccination on the burden of rotavirus gastroenteritis in infants and young children has been well described and is substantial. However, the long-term effectiveness in older children is not well described. This study will enable assessment of whether a long-term rotavirus vaccine effectiveness study is feasible in the UK, using the case-control methodology with data from the CIPHA system. If deemed feasible we will progress to phase II and the full study. The Phase II full study will inform public health and policy for a vaccine currently in the pediatric immunization schedule.	CIPHA	CIPHA TRE, project specific data made available to project researchers.	Access to data will be managed according to the agreed research data DPIA and processes, and will only be undertaken with prior approval from the DAAG. Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical	TBC	Internal CIPHA TRE transfer		Phase I Assess the feasibility of using CIPHA for evaluating pediatric vaccines in use. Phase II A robust long term evaluation of the infant rotavirus vaccination programme in the UK. Which can inform ongoing use of rotavirus vaccines in the UK and globally in Low-mortality countries.
29/03/22?	DSR032	Evaluating COVID-19 booster vaccine effectiveness in CIPHA	OpenSAFELY	Approved	08/02/22	TBC	TBC	TBC	TBC	TBC	SUS (admissions) Vaccinations (booster vaccine) Covid test results (pillar 2)	Due to concerns about waning immunity in those who received two doses of a COVID-19 vaccine, the United Kingdom extended their vaccination effort by administering a third dose to vulnerable people in September 2021. By the end of the year, eligibility was extended to the entire adult population. There is emerging evidence that the administration of a third dose is associated with an increased protection against severe illness and lower infection rates. We are currently evaluating the effectiveness of a COVID-19 booster using national-level data in OpenSAFELY-TPP and aim to replicate this study using local data in OpenSAFELY-CIPHA	CIPHA	OpenSAFELY	TBC	TBC	TBC		This replicates an initial booster effectiveness study that uses national-level data (containing 40% of England's population) in OpenSAFELY-TPP. We will compare COVID outcomes in TPP with regional data from Liverpool in CIPHA to evaluate the effectiveness of the booster vaccine in the region. Simultaneously, we aim to demonstrate the portability of code in the OpenSAFELY TRE, which facilitates executing the same analysis across different clinical databases.

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29/03/22	DSR033	DynAIRx: AI for Dynamic prescribing optimisation and care integration in multimorbidity	University of Leeds, Manchester, Graphnet	Approved	01/04/22	31/10/27	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence. Data will be de-identified. Access to data will be managed according to the agreed research data DPIA and processes and will only be undertaken with prior approval from the DAAG.	TBC	Pseudonymised	TRE DSA	CIPHA, GP and hospital data, prescribing, mental health and social care records for patients who meet inclusion criteria: • Older people with frailty. • People with co-existing mental and physical health problems. Commented [LG1]: This will need to be checked by a Caldicott Guardian, suggest done by lead NHS org. Commented [LG2]: This is not active yet but is to start rolling out shortly Commented [LG3]: To be written 4 DSR033 DynAIRx DARF Form v0.1 • Other people, with complex multimorbidity (≥4 long-term conditions), potentially problematic polypharmacy (≥10 regular medications) and/or drug-drug interactions.	DynAIRx aims to develop an Artificial Intelligence (AI)-augmented summarisation system that includes clustering of patient journeys, combined with risk prediction and integration of existing clinical guidelines, in order to support medicines optimisation for people living with multiple long-term conditions. It is often challenging to gather the information needed for medication reviews in primary care due to poor integration of health records across providers and little guidance on how to identify those patients whose medication most urgently requires review. DynAIRx will address these problems by targeting potentially problematic polypharmacy in multimorbidity	CIPHA	University of Leeds, Manchester, Graphnet	6 (1) (e) 9 (2) (i)	TRE DPIA	SFTP		Values: Service improvement, efficiency. Uses: DYNAIRx will the way revolutionize the way that structured medicines reviews are undertaken in the NHS. It will prioritize those that stand to benefit the most and make access to data across different systems easier and more time effective. This gives clinicians back the time they so desperately need to be able to focus on making the best decisions for patients (rather than on collecting data from often unwieldy systems)
01/03/22	DSR034	COVID- 19 Children Young Persons MH Needs analysis	Mersey Care NHS Foundation Trust	Approved	21/02/22	01/01/23	Researchers will not have access to any identifiable data. The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence.		Pseudonymised	Population health DSA	Data from CIPHA for C&M -Acute Providers -Adult & Child Social Care -General Practice -Community Health -Mental Health -Ambulance Data from NHS D and linkable (for information and not part of the data access request into CIPHA) -Secondary Care (SUS) -Community Care (CSDS) -Primary Care (GDPPR) -Mental Health (MHMDS) -UPRN	Work undertaken by Mersey Care in October 2021 highlighted that one of the largest groups at risk of future mental health demand due to Covid-19 was from Children and Young People. This project has been commissioned as part of the Cheshire and Merseyside MH programme in partnership with the Children's programme. Mersey Care will lead the project delivery. Access to the CIPHA data will be used to answer the following questions •What is level of need for CYP services within the population? Are there any particular demographic groups with an unmet need? (e.g. demographic with very low access rates?) •What is the current/future demand on the Children's and Young Persons service? What are these demands (likely to be)? •Are we able to describe the patients that form the current/future demand on this service? What are their (likely) needs (both short and long term)? Are there any key patient groups with common patterns, either within themselves, their family, their environment, their needs, or how they enter the service? •How do patients leave CYP or transition to adult services? What are their outcomes (both short- and long-term)? If they transition out of CYP, are there any issues on their transition?	CIPHA	Data will be directly accessed either on the CIPHA infrastructure or the DSCRO infrastructure.	6 (1) (e) 9 (2) (i)	Population health DPIA	NA will not leave CIPHA	Data will be directly accessed either on the CIPHA infrastructure or the DSCRO infrastructure.	The project will provide insights on the level of current MH need within the population. It will highlight any issues with transitional service from CAMHS to Adult MH. It will improve integration between providers and the wider system. This work will have focus on the family unit highlight in MH with households.
	DSR035	Pregnant Women COVID-19 Vaccination Campaign	Liverpool CCG	Approved	Started	TBC	The information will only be used in accordance with the specific purpose that it is provided for and will be at all times treated as confidential and handled in a secure manner. The shared information will not be used for the following: •Advertising, Marketing and Public Relations •Trading/sharing of personal information •Performance and / or contract management The common law duty of confidentiality is met by the COPI Notice for Covid-19, and by GDPR as set out below.		Identifiable	Control of Patient Information Notice for COVID (COPI) and a Data Sharing Agreement; COVID-19 Vulnerable patient lists Data Flow between Liverpool CCG and local organizations (e.g. Mersey Care and Liverpool City Council) detailing Liverpool CCG flowing patient level & identifiable data to these organisations for the purposes of COVID-19. Being reviewed to add to pop health DSA once COPI expires on 3006/22	Pregnant Women Data Set – based on weekly submissions by C&M Providers containing NHS Number of pregnant women made to CIPHA.	1.Improve uptake of COVID-19 amongst pregnant women 2.Ascertain if this kind of scheme is of benefit	CIPHA	Liverpool CCG	6(1)(e) 9(2)(h)	Control of Patient Information Notice for COVID (COPI) and a Data Sharing Agreement; COVID-19 Vulnerable patient lists Data Flow between Liverpool CCG and local organizations (e.g. Mersey Care and Liverpool City Council) detailing Liverpool CCG flowing patient level & identifiable data to these organisations for the purposes of COVID-19.	via secure NHS email (nhs.net)		Liverpool CCG and Liverpool Council are targeting specific members of the Liverpool population to improve COVID-19 vaccination uptake rates in order to reduce the impact and spread. One of the strands of this work is to target members of the population most at risk; this specific project focuses on pregnant women. The project aims to telephone pregnant women who have not been vaccinated to provide advise as to where they can get vaccinated, and where able, to book patients in for vaccination.
	DSR036	CIPHA analysis - the value of population health insights	CIPHA	Approved	18/02/22	04/03/22	The CLDoC doesn't apply in this situation as pseudonymised and/or aggregated data isn't owed a duty of confidence.		Aggregated	Population health DSA		Dear colleagues As you are aware from project delivery meetings, one of the objectives of the CIPHA programme is to show how we can accelerate the value of population health by member ICSs making use of each other's insights. As part of the CIPHA programme evaluation currently being undertaken that will link to future funding, we have been asked to illustrate these insights back with NHSE leadership and we need to provide something over the coming week. We have various existing examples which can be used for this purpose, and we would like to provide you with reports on your data. The two use cases proposed are based on live work at Frimley and they are: Understanding the impact of increased demand in Primary care for those presenting with Mental Illness. •Frimley analysis found that an increase in patients presenting at Primary care with Depression and Anxiety who had not been known before. There was a dramatic increase in patients presenting in Crisis who had never been known to services previously •Population analytics was used to identify the profile of these patients to understand how interventions and services could be created to support them. Understanding the impact of reduction in regular health checks and monitoring for Hypertensive patients pre Covid and since. •Frimley found that monitoring of Hypertensive patient had decreased by 25% from the start of the pandemic. This is now starting to recover and programmes such as Blood pressure monitoring at home have proved useful tools to help patients self-manage •Interventions such as reviewing patients with high blood pressure without a Hypertension diagnosis led to a 40% diagnosis rate by GPs with a further 20% being managed and monitored remotely.	CIPHA	CIPHA	6 (1) (e) 9 (2) (i)	Population health DPIA	NA will not leave CIPHA		It is straightforward for the programme working with Graphnet and Frimley to provide and run these dashboards for your data and we would expect the insights to be very useful for you. If, as part of your governance arrangements you can give us permission to run the analyses, we will set them up for you and work with you to interpret the outputs. Note that all data is aggregated and will be grouped at ICS>CCG>PCN>Practice level. No patient identifiable data will be made available. The outputs will be integrated into a piece of written analysis to demonstrate the value of collaborative working.

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29/03/22	DSR037	Investigating the impact of SARS-CoV-2 infection on gastrointestinal illness using advanced linked data systems	University of Liverpool and NIHR Health Protection Research Unit in Gastrointestinal Infections	Approved	01/10/21	01/09/25	We believe the Common Law Duty of Confidentiality does not apply in this project as data requested are to be pseudonymised and/or aggregated data. Access to data requires DAAG, and Research Ethics approvals.		Aggregated	TRE DSA	UKHSA Second Generation Surveillance System (SGSS) and/or pathology reports to identify COVID-19 positive cases and controls. HES admitted patient care / SUS to identify cases and controls. GP records for COVID-19 immunisation status, control group selection and medical history to identify cases. Reference laboratory tying records of COVID-19 positive cases from UKHSA.	There is growing evidence that gastrointestinal health may be negatively affected following COVID-19 infection. This project aims to identify the incidence of gastrointestinal illness across Cheshire and Merseyside and evaluate this in conjunction with the available COVID-19 data. Analysing such events in the CIPHA dataset will allow the potential to detect rarer gastrointestinal events that may not currently be documented in the literature. This may help inform future healthcare practice and COVID-19 vaccination policy.	CIPHA at C&M HCP/ICS.	CIPHA TRE, project specific data made available to project researchers.	6 (1) (e) 9 (2) (i)	TRE DPIA	Internal CIPHA TRE transfer.		There is growing evidence that gastrointestinal health may be negatively affected following COVID-19 infection. This project aims to identify the incidence of gastrointestinal illness across Cheshire and Merseyside and evaluate this in conjunction with the available COVID-19 data. Analysing such events in the CIPHA dataset will allow the potential to detect rarer gastrointestinal events that may not currently be documented in the literature. This may help inform future healthcare practice and COVID-19 vaccination policy.
01/03/22	DSR038	Pharmacogenetic testing - demand forecasting	Cheshire & Mersey ICS	Approved	01/02/22	TBC	Common Law Duty of Confidentiality is satisfied because the output will be aggregated. Not identifiable information to be shared/ included.		Aggregated	Population health DSA	Medicines	Provide summary statistics on usage of antidepressants to estimate numbers of patients who may require pharmacogenetic testing. In the future NHS could introduce eligibility criteria based on numbers of antidepressants tried; i.e. If a patient fails after 2 antidepressants, either because of lack of efficacy and/or because of adverse drug reactions, they would be eligible for a pharmacogenomic test before they go onto their 3rd antidepressant. Specifics on drugs and doses not required at this stage.	NA	NA	6 (1) (e) 6 (1) (f) 9 (2) (h)	NA	NA	One off piece of work for NHS England board.	To understand demand for Pharmacogenetic testing should eligibility criteria be introduced based on the numbers of antidepressants tried. This will allow an estimation of likely throughput of possible genetic testing required for the NHS in relation to antidepressants for the future.
29/03/22	DSR039	COVID Vaccination Status in population with Serious Mental Illness (SMI)	Organisation: Wirral CCG	Approved	29/02/22	31/03/22	Common Law Duty of Confidentiality is set aside by COPI for COVID purpose		Aggregated	Tier two population health DSA	NIMS, Primary Care	Understanding the vaccination uptake in SMI patients across Cheshire & Merseyside	CIPHA partners, as stated in the Population Health DSA	Back to organisations across C&M via Power BI dashboard in CIPHA.	6 (1) (e) 9 (2) (h)	Population health DPIA	CIPHA partners, as stated in the Population Health DSA	Back to organisations across C&M via Power BI dashboard in CIPHA.	Intelligence to inform potential patient cohort that would benefit from the vaccination. Better target public health interventions.
18/01/22	DSR043	Cheshire & Merseyside Integrated Contact Tracing Programme	Cheshire & Merseyside ICS	Approved	Dec 2021	Ongoing for Covid work, for the foreseeable future.	The Common Law Duty of Confidentiality is set aside by the COPI Notice for Covid.	The Health Service (Control of Patient Information) Regulations 2002 Section 3. Communicable disease and other risks to public health	Identifiable	Cheshire and Merseyside Data Sharing Agreement (Tier Two) Workstream: Combined Intelligence for Population Health Action (CIPHA) - COVID-19 Intelligence Addendum F – COVID Cheshire & Merseyside - Integrated Contact Tracing Programme Being reviewed to add to pop health DSA once COPI expires on 3006/22	CTAS Daily Line List PHE Situational Explorer Import Template Completed by LA/ Care homes/ IPC/ School/ Business Postcode Coincidence Line List	The DHSC proposal sets out an approach to further develop an integrated system for Contact Tracing in Cheshire & Merseyside to enable both the local teams and Hub to work seamlessly and ensure system resilience for next autumn/winter. The intention is the establishment of a scaled and robust contact tracing model within a wider approach to community engagement. oImplementation of enhanced Contact Tracing, by access to national ring-fenced team to ensure rapid and comprehensive contacting of cases and identification of their contacts. oDeveloping the functionality of C&M Contract Tracing Hub to a fit for purpose CT system for C&M and ensuring capacity until March 2022.	National Test and Trace team Local Test and Trace team	National Test and Trace team Local Test and Trace team	6 (1) (e) 9 (2) (h) 9 (2) (i)	The Microsoft Dynamics/	Data will come into the system via email or electronic file. Case creation will be automated using workflow.		A continuous quality improvement plan will enable the development of seamless national to local and local to national integration with plans for mutual aid and surge capacity.
29/03/22	DSR045	COR Mortality Analysis	Medical directors across C&M	Approved	01/04/22	01/06/22	The data being accessed is pseudonymized and therefore is not owed a duty of confidentiality. Data will only be reported in aggregate / anonymized form.		Pseudonymised	CIPHA population health DSA	Deprivation (patient-level)Smoking prevalence Mortality rate including cause of death COPD Acute admissions (ICD10) Acute myocardial infarction events (ICD10) Covid prevalence (positive tests?) Mortality data Vaccinations Ambulance waiting times (patient level) Patients with cardiac events Deprivation (patient-level) Cardiac events (ICD10) Covid test (patient level) Vaccinations Deprivation Medication (anti-psy.) or SMI reg Mortality	As part of this work we are looking to validate the following hypotheses, 1.Wirral UTH has worse COPD outcomes than other acute providers because it has a population with greater deprivation 2.C&M has experienced a deterioration in clinical outcomes associated with acute myocardial infarction than other providers because: a)The thrombotic impact of covid has increased the number of events b)Patients with cardiac events have waited longer for an ambulance transfers to acute providers and to LHCH c) Areas of deprivation have seen a greater incidence of covid infections 3. Areas, where populations experience a higher prevalence of mental health conditions, have greater deprivation and poorer clinical outcomes	NA - CIPHA TRE	NA - CIPHA TRE	6(1)(e) 9 (2) (i)		CIPHA TRE		The research aims to identify: •Drivers of COPD mortalities by deprivation •Vaccination rate vs events (including Out-of-hospital arrest) vs covid prevalence vs mortalities •Relationship between ambulance waiting times and for patients with cardiac event vs non-cardiac event •Relationship between mortality and deprivation for serious mental illness (SMI) vs no-SMI patients Understand why COPD mortality outcomes seem to be high in relation to other areas, helping to guide the strategy for COPD and enabling the ICS to setup the right tracking/ dashboarding so we are monitoring improvement in a balanced way. The analysis may also lead to further projects or research once causation of cardiovascular admissions has been established in this work
03/05/22	DSR049	Early Warning System to support the public health approach to COVID in Cheshire East	Cheshire East Council	Approved	01/04/22	01/09/22	The Common Law Duty of Confidentiality doesn't apply in this situation as pseudonymised data isn't owed a duty of confidence.		Pseudonymised	To be provided by Cheshire Council	NIMS, COVID dashboard	To design, develop and implement a COVID Early Warning System for Cheshire East Local Authority (CELA): Health datasets (COVID cases, COVID hospital admissions & COVID immunisations) will be integrated with publicly available demographic and an anonymized and aggregated behavioral data to profile COVID risk and vulnerability across small geographic areas (Lower Layer Super Output Areas - LSOAs) in Cheshire East. Future aims are to include wastewater samples within CE boundary to continue to capture COVID transmission at the population level as community testing decreases (we are currently in negotiation with UKHSA and DHSC). Hosted on Power BI.	CIPHA Graphnet Platform	Cheshire East LA	6 (1) (e) 9 (2) (h)	To be provided by Cheshire Council	Dataflow with Dynamics	CE DsPH (Directors of Public Health), Local Public Health Consultants, and Local Authority Public Health team, Clinical Commissioning Group	This will support Cheshire East Council Public Health teams to: •anticipate risk and be proactive •act as a decision-making tool to inform public health response •intelligently allocate resource according to COVID risk & vulnerability •mitigate negative impacts of COVID-19
03/05/22	DSR050	Cheshire and Merseyside Elective Recovery, Restoration and Transformation – PTL Extract	Cheshire and Merseyside ICS with Attain	Approved	11/04/22	01/06/22	The data being accessed is pseudonymized and therefore is not owed a duty of confidentiality. Data will only be reported in aggregate / anonymized form.		Aggregated	CIPHA population health DSA	Waiting list Primary care data Demographics Activity and types of cases grouped (e.g. revision)	The project aim is to address unwarranted variation and inequality in access, experience and outcomes across the population of Cheshire & Merseyside. It's focus is split into recovery and restoration, which is looking at reducing waiting lists and backlog and getting activity levels back up to pre covid levels and transformation, which involves creating intelligence packs for each specialist, looking at the current state, and identifying opportunities for improvement.	CIPHA data controllers – Acute trusts and CCGs/GP's	NA - CIPHA TRE	6 (1) (e) 9 (2) (h)	CIPHA Pop health DPIA	TRE	Specialty and Programme Leads.	Demand for surgery is increasing and there are large backlogs for elective surgery. Nationally, there is a move towards new models of care including elective surgical hubs on system footprints. Unless no action is taken, WHTHT will have a shortfall of surgical capacity for both non elective and elective care. There are several short-medium term operational opportunities to increase capacity which will, if fully implemented, ensure there is enough capacity to meet demand until the planned redevelopment in 2029. A current state assessment will highlight the challenges across the specialities by Trust, to help to identify variation and ultimately promote improvements. In addition, there are longer term strategic opportunities to increase theatre capacity at SACH, redevelop it into a ring fenced elective facility, and utilise capacity at Chase Farm Hospital (CF)/ICS/Independent Sector