Health Research Authority

Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

July 2018

Present:

Name	*Capacity*	*Items*
Ms Sophie Brannan	CAG Lay Member	1.b.
Dr. Patrick Coyle	Vice Chair	1.a., 1.b.
Professor Barry Evans	CAG Member	1.c.
Dr Lorna Fraser	CAG Member	1.a.
Mr. Anthony Kane	CAG Member	1.a.
Dr Harvey Marcovitch	CAG Member	1.b.
Mr. Andrew Melville	CAG Lay Member	1.c., 1.d.
Dr Murat Soncul	Alternate Vice-Chair	1.c., 1.d.

Also in attendance:

Name	*Position (or reason for attending)*
Ms. Kathryn Murray	Confidentiality Advisor, HRA

1. NEW PRECEDENT SET REVIEW APPLICATIONS – RESEARCH

a) 18CAG0117 - Understanding excess child and adolescent mortality in the United Kingdom compared with EU15+ countries

Context

Purpose of Application

This application from University College London Great Ormond Street Institute of Child Health set out the purpose of medical research which aims to investigate why the infant mortality rate within the United Kingdom is higher than in many other developed countries.

The project involves three phases:

- A comparison of the UK childhood mortality rates with other similar nations using information available from the World Health Organisation. This information is publicly available and does not form part of the application to the CAG.
- Investigation of mortality rates for specific non-communicable diseases, for example asthma, diabetes and cancer in England and Wales from 2001-2016. The applicant will access death certification information for children and young people in England and Wales within a dataset retained by the UK Data Service, provided by the Office of National Statistics. This will also allow analysis of regional trends by geographical area and socioeconomic status. This information has been compiled from death certificates and does not require support under the Regulations.
- Analysis of secondary health care usage amongst children and young people prior to death in England only. This analysis will be undertaken on a linked HES and ONS mortality information dataset which will be created by NHS Digital for the purposes of the project. The CAG is being asked to consider providing support to the data processing which will be undertaken NHS Digital in order to create the analysis dataset.

A recommendation for class 1, 2, 4, 5 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

- All children and young people aged 1 to 24 who have accessed secondary health services (Accident and Emergency, outpatient, inpatients) in England between 2001 and latest available (identified through Hospital Episode Statistics data).
- A sub-cohort of deceased patients will be identified within this overarching cohort to be used as a comparator.

The following items of confidential patient information are required for the purposes as described below:

- NHS Number – linkage,
- Date of birth – linkage and used to calculate age at death for analysis,
- Date and cause of death – linkage and used to calculate age at death for analysis,
- Postcode – linkage and used to calculate age at death for analysis,
- Gender – analysis,
- Ethnicity – analysis.

Confidentiality Advisory Group advice

Public Interest

The CAG was assured that the application defined an appropriate medical purpose, which was medical research. It was agreed that there was a clear public interest in gaining a better understanding of why the infant mortality rates are higher in the UK than other developed countries.

Scope of Support

The Group considered the various phases within the overarching application activity and it was agreed that the first two elements were out of the CAG's remit and did not require a recommendation of support under the Regulations.

Members considered the data linkage which was detailed for the third part of the project and it was recognised that NHS Digital would be providing information from the already linked HES-ONS dataset

which they retain for the purposes of the project. The Group was unclear why support under the Regulations was required for this activity, as it was recognised that NHS Digital provided this linkage service as standard. An inconsistency in the information provided on the data flow diagram for this element of the application was also identified. The explanation provided stated that pseudonymised data would be provided by NHS Digital, but then also stated that the extract contained identifiable information. The CAG agreed that further information was required in relation to this element of the study in order to understand why support was required. Written confirmation provided by NHS Digital, as the controller providing this data, is required to explain why the proposed activity requires a recommendation of support. Clarification was also required around what data would be released from NHS Digital for both patients and controls, in order to establish whether this data flow would require a recommendation of support under the Regulations.

Practicable Alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

It was recognised that consent was not feasible as the patient cohort for inclusion was deceased.

- Use of anonymised/pseudonymised data

The Group acknowledged that a query had already been raised in relation to the processing and disclosure of confidential patient information for the purposes of the application to enable an assessment to be made in this area.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead.

It was recognised that the project was to the National Children's Bureau (NCB) Young Research Advisors Group. The acceptability of the research methods and dissemination plans were discussed at a focus group which involved 25 children and young people aged between seven and 24 years. It was confirmed that there were further plans to re-engage with the group to seek guidance around the dissemination of findings at a later stage in the project. No issues were raised in this area.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 2018.

It was recognised that a notification would be displayed on the UCL website in relation to the project. Due to the lack of clarity around the data which would be released from NHS Digital, Members commented that there was potential that the content of the documentation may need to be revised to clearly explain the dataset which would be accessed, to enable those patients who were included as controls to identify themselves as part of the project. No specific action could be requested as this stage pending confirmation of the content of the data set.

Research Ethics Committee Favourable Opinion

It is a requirement under the Health Service (Control of Patient Information) Regulations 2002 that those processing confidential patient information without consent can do so once approved by the Health Research Authority (following advice from the CAG), and providing a favourable ethical opinion is in place. Evidence would need to be provided that an ethical opinion was in place for the study before any recommendation of support could come into effect.

Confidentiality Advisory Group advice conclusion

The CAG agreed that they were supportive in principle, however further information would be required prior to confirming that the minimum criteria under the Regulations had been met and therefore advised recommending provisional support to the Health Research Authority, subject to satisfactory responses to the request for clarification and compliance with the specific and standard conditions of support as set out below.

In order to complete the processing of this application, please respond back to the following request for further information within one month:

Request for Further Information

1. Provide written correspondence from NHS Digital to clarify which element of the overall application activity they have determined requires a recommendation of support under the Regulations in order to legitimise data processing.
2. Provide a clear overview of what data will be released by NHS Digital from the linked HES-ONS dataset, specifying what items of confidential patient information would be included as necessary. Confirmation is also required around whether the same level of data would be required for patients within the control sample.

Once received, the information will be reviewed by a sub-committee of members, in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory, the HRA will confirm approval.

Specific Conditions of Support (Provisional)

1. Favourable opinion from a Research Ethics Committee (**Pending**).
2. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission (**Confirmed – UCL School of Life and Medical Sciences – V14.1, 2017/18 – reviewed satisfactory and NHS Digital – undertaking data processing**).

b) 18CAG0119 - Comprehensive Patient Records (CPR) for Cancer Outcomes: A feasibility study, Workstream 5: Patient Reported Outcome Measures (PROMs)

Context

Purpose of application

This application from the University of Leeds set out the purpose of medical research which, through the overarching research programme, aims to investigate the long-term effects of cancer and cancer treatment. The specific work stream which is presented in this application (Work Stream 5) relates to the collection of PROMs (Patient Reported Outcome Measures) data from patients around their opinions on their health, treatment, quality of life and other issues. This information will be linked with the wider clinical information collected throughout the study to create a comprehensive patient record, showing the long-term effects of cancer of quality of life, health and wellbeing.

The recruitment process is directed by the direct care team of patients; however, the applicants have identified two points within the process were wider staff at Leeds Teaching Hospitals NHS Trust, who would not be considered part of the direct care team, would potentially have access to confidential patient information and are seeking support under the Regulations to legitimise this data access. Patients invited to participate in the study will provide consent to wider activities, including linkage of the PROMs information with their wider clinical care record, which is out of scope for the CAG. The study will include a cancer patient cohort and a matched control cohort for comparison.

A recommendation for class 3 and 6 support was requested to cover activities as described in the application.

Confidential patient information requested

Cohort

- Cancer Patients – 2,000 Breast, ovarian and colorectal cancer survivors aged over 18, at around five years post-diagnosis.
- Control Patients – 4,000 patients referred to dermatology for suspected cancer, but no cancer diagnosis was made.
- Controls will be matched on age, gender and GP practice.

The following items of confidential patient information are requested for the purposes described:

- Name – invitation,
- NHS number – invitation and sample validation,
- Full address and postcode – invitation.

Confidentiality Advisory Group advice

Public Interest

The CAG was assured that the application defined an appropriate medical purpose, which was medical research. It was agreed that there was a clear public interest in ongoing research to gain a better understanding of the long-term effects of cancer and cancer treatment.

Practicable Alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

The Group recognised that support was being requested under the Regulations in order to identify the patient cohort to be invited to participate in the study. Seeking consent to approach about the study was determined impracticable and no further issues were raised.

- Use of anonymised/pseudonymised data

It was recognised that the processing of confidential patient information was required to facilitate the invitation process.

Justification of Identifiers

The CAG was assured that items of confidential patient information requested were appropriate and proportionate to the proposed activity.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead.

Members recognised that the patient and public involvement and engagement activity which had been undertaken as part of the overarching programme was strong and raised no queries in this area.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 2018.

The Group acknowledged that all patients would be approached to provide consent to their involvement in the study following receipt of invitation materials. It was commented that, in the interests of transparency, it may be helpful to include information around the study on some of the supporting websites. It was suggested that the Leeds Teaching Hospitals NHS Trust or MacMillan could be approached in connection to this item. Members agreed that support for the project would not be conditional on this item; however, it would be included as a recommendation only.

Research Ethics Committee Favourable Opinion

It is a requirement under the Health Service (Control of Patient Information) Regulations 2002 that those processing confidential patient information without consent can do so once approved by the Health Research Authority (following advice from the CAG), and providing a favourable ethical opinion is in place. Evidence would need to be provided that an ethical opinion was in place for the study before any recommendation of support could come into effect.

Confidentiality Advisory Group advice conclusion

The CAG agreed that they were supportive in principle, however further information would be required prior to confirming that the minimum criteria under the Regulations had been met and therefore advised recommending provisional support to the Health Research Authority, subject to satisfactory responses to the request for clarification and compliance with the specific and standard conditions of support as set out below.

In order to complete the processing of this application, please respond back to the following request for further information within one month:

Specific conditions of support

1. Favourable opinion from a Research Ethics Committee (**Pending**).
2. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission (**Confirmed – Leeds Teaching Hospitals NHS Trust – Version 14.1, 2017/18 – reviewed grade satisfactory**)

c) 18CAG0124 - Automated Cancer Diagnosis and Prognosis Using Digital Images

Context

Purpose of Application

This application from the University of Leeds set out the medical purpose of medical research which aims to validate a machine learning algorithm (a computer-based processing system) which has been developed to identify a range of cancers without human input. The algorithm extracts morphological features from images which is uses to achieve a diagnosis.

The aim of the project is collect a large database of images which will be used to refine and validate the developed algorithm so it can be used to diagnose a wider range of cancers of the breast, skin, digestive system, liver, female reproductive tract, lung, urinary tract and hormonal system. This will involve scanning 12,000 cases of both malignant and benign diagnoses from records held at the Leeds Teaching Hospitals NHS Trust. The scanned images will be linked with clinical and demographic patient information. The resulting database will be anonymised prior to release to the University of Leeds for analysis.

A recommendation for class 1, 4 and 6 support was requested to cover activities as described within the application.

Confidential Patient Information Requested

Cohort

- Patients aged between 18 and 115 years, who were diagnosed with cancer on biopsy or resection specimens at Leeds Teaching Hospitals NHS Trust, where there is archival tissue that has been sectioned and H&E stained.
- Both malignant and benign cases will be included.
- Patients will be excluded if samples are still in use for current diagnosis or prior case review.
- 12,000 patients will be included in the sample.

The following items of confidential patient information are required for the purposes specified:

- NHS Number – linkage and validation,
- Date of birth – to calculate age for analysis,
- Date of death – to calculate survival time,
- Gender – analysis,
- Ethnicity – analysis.

Confidentiality Advisory Group advice

Public interest

The CAG agreed that the application defined an appropriate medical purpose through medical research, which was within the public interest due to the potential future benefits to patients through improved cancer diagnosis.

Practicable alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

The Group accepted the rationale provided by the applicant to support why consent was not feasible for the project. It was recognised that the study involved the retrospective review of records which spanned a number of decades and patients may be lost to follow-up, or potentially deceased, due to the project's focus on cancer patients. No issues were raised in this area.

- Use of anonymised/pseudonymised data

The CAG recognised that access of confidential patient information was required to enable the identification of the target patient cohort and to facilitate linkage of records, which could not be otherwise achieved. The dataset required for analysis would be anonymised prior to its release to the research team.

Justification of Identifiers

Members were satisfied that the items of confidential patient information requested were appropriate and proportionate to the proposed activities and no issues were raised in this area.

Exit Strategy

It is generally a principle that steps should be taken to move away from this potential support; such as through the seeking of consent or removing identifiable information once completed. The applicant had confirmed that the linked dataset would be anonymised prior to its release to the research team who were undertaking analysis. It was explained that, for each individual patient, confidential patient information was likely to be processed for a maximum of two working days prior to being anonymised; however, the data collection phase of the project was expected to run for five years.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead. It was recognised that the applicant had engaged with the Leeds Patient and Public Involvement Group around the project and an overview of feedback had been provided. Members acknowledged that, as this study was wide-reaching, encompassing a number of cancers, establishing an effective means of communication with the patient cohort was difficult. It was agreed that further engagement work should be undertaken with the Leeds Patient and Public Involvement Group to seek feedback around ways to disseminate the study findings to ensure that these were made accessible to patients and the public. This further engagement work should be carried out as the project progressed and an update would be required at the time of first annual review around the feedback in this area.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 2018. The Group recognised that patient records would be checked for evidence of historic dissent. The applicant had explained in response to queries that a project-specific dissent mechanism would also be operated enabling a two-month period to allow patients to register a dissent to the use of their data within the project; however, it was unclear from the information provided how this mechanism would be operated and respected. The applicant had confirmed that the study would be registered on both the Trust website and the open access Research Registry. The Group considered the text which would be published via the Registry and it was commented that was quite technical if intended for a public audience. The CAG agreed that a copy of the information to be displayed on the Trust website was required for consideration. It was also

agreed that further information was required to explain how the project-specific objection mechanism would be operated, including an overview of how any raised dissents would be respected.

Research Ethics Committee Favourable Opinion

It is a requirement under the Health Service (Control of Patient Information) Regulations 2002 that those processing confidential patient information without consent can do so once approved by the Health Research Authority (following advice from the CAG), and providing a favourable ethical opinion is in place. It was noted that the project had a received a provisional opinion from Wales REC 5. Confirmation of the favourable ethical opinion was required prior to any final recommendation coming into effect.

Confidentiality Advisory Group advice conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, however, further information would be required and therefore advised recommending provisional support to the Health Research Authority, subject to satisfactory responses to the request for clarification and compliance with the specific and standard conditions of support as set out below.

In order to complete the processing of this application, please respond back to the following request for further information within one month. A covering letter addressing the points below should be provided, together with any supporting documentation:

Request for Further Information

1. Provide a copy of the information which will be displayed on the Trust website for consideration.
2. Explain how the study-specific objection mechanism would be operated, providing an overview of how and where this would be promoted and confirmation of how any registered dissent would be respected.

Once received, the information will be reviewed by a sub-committee of members in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory, the HRA will confirm approval.

Specific Conditions of Support (Provisional)

1. Further activity should be undertaken with the Leeds Patient and Public Involvement Group to seek views around how the study results can be disseminated to patients and the public. Feedback is required at the time of the first annual review around the activity which has been undertaken in this area together with an overview of the feedback which was provided.
2. Favourable opinion from a Research Ethics Committee (**Pending**).
3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission (**Confirmed – Leeds Teaching Hospitals NHS Trust shows a reviewed satisfactory grade on Version 14.1, 2017/18**)

d) 18CAG0125 - Predicting recovery and treatment responses in post-stroke aphasia

Context

Purpose of Application

This application from University College London set out the purpose of medical research which aims to explain the variability in recovery of speech and language capabilities in patients who have suffered a stroke. It is stated that this variation in recovery has traditionally been treated as a fixed limit on the available understanding of the recovery process from stroke. However, a differing view is now emerging in that, as different regions of the brain serve different functions, it is suggested that the consequences of stroke should depend on the details of the brain regions which were damaged or preserved. High-resolution imaging technology can be used to measure these details non-invasively and in large numbers of patients whose are outcomes are already known.

The proposed research will employ similar techniques to relate the details of brain lesions caused by a patient's stroke to both the recovery of their language skills and response to speech and language therapy in the first weeks after the stroke occurred. This will involve the use of high resolution brain images and associated clinical notes for patients who were treated for stroke at University College Hospitals London NHS Trust to see if details of the brain damage that stroke survivors have suffered can be used to predict likely recovery trajectories and responses to therapeutic interventions. Support is requested to allow access by the main applicant to confidential patient information held at University College Hospitals NHS Trust, to enable brain scans to be linked with information from clinical notes. A pseudonymised dataset would be extracted for analysis.

A recommendation for class 1, 5 and 6 support was requested to cover activities as described in the application.

Confidential patient information requested

Cohort

- Stroke patients, aged 18 and over, who were treated at the University College Hospitals NHS Trust Hyper-Acute Stroke Unit and transferred to the Acute Brain Injury Unit between 01/01/2008 and 31/12/2017.
- Eligible patients must have an acute structural MRI scan and MDT meeting notes recorded on file.
- It is anticipated that 1,500 patients will be included in the study.

The following items of confidential patient information are requested for the purposes stated:

- Hospital ID number – linkage,
- Date of birth – to calculated age at stroke onset (to nearest year) for analysis.

Wider clinical details will be used to facilitate linkage (date of admission) and for analysis.

Confidentiality Advisory Group advice

Public interest

The CAG was assured the application defined an appropriate medical purpose which was medical research. It was recognised that gaining further understanding of the impact of stroke on a patient's ability to recover speech and language was within the public interest.

Practicable alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

The Group was assured by the applicant's rationale that consent was not feasible for the project due to the retrospective nature of the patient cohort and the potential for the creation of bias within the sample. No issues were raised in this area.

- Data Extraction the Direct Care Team

Data extraction had initially been undertaken by the direct care team, to prevent a breach of confidentiality; however, after trialling this methodology, it had become too onerous a task for clinicians to continue. Members accepted that this additional extraction was burdensome for clinical teams and were content that whilst trialled, this methodology had not presented a practicable alternative.

- Use of anonymised/pseudonymised data

Access to confidential patient information was required to identify eligible patients and link scans to clinical information within patient records which could not be otherwise achieved.

Justification of identifiers

The Group was assured that the items of confidential patient information requested were proportionate and appropriate to the proposed activity. It was acknowledged that the applicant would have access to the full patient record; however, confidential patient information would not be extracted or retained for analysis.

Exit Strategy

It is generally a principle that steps should be taken to move away from this potential support; such as through the seeking of consent or removing identifiable information once completed. It was noted that confidential patient information was only required to enable linkage and an anonymised dataset would be retained for analysis. The applicant anticipated that the data extraction should take approximately four months from commencement. No issues were raised in this area.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead. Members recognised the positive engagement activity which had been undertaken in the planning stage of the project with the Stroke Association and patients. It was noted that focus of the study had been determined via consultation with patients and stroke care clinicians. The Group was satisfied that the activity which had been undertaken in this area was appropriate and proportionate to the proposed activity and no further issues were raised in this area.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018. The applicant had confirmed that information would be displayed on a webpage which was associated with both the University College London and PLORAS (Predicting Language Outcome and Recovery after Stroke) websites; however, draft text had not been provided for consideration. The applicant had explained that a project-specific objection mechanism would be operated and a four-month lead in time for patients to raise an objection would be offered. Members agreed that sight of this text was required for consideration before a final recommendation could be made in relation to the project.

Confirmation was also required that any objection raised or known would be respected and how this mechanism would operate.

The applicant had explained that both University College Hospitals NHS Foundation Trust and the Sentinel Stroke National Audit Programme (SSNAP) operated objections mechanisms to be patients.

The Group recognised the links which the applicant had established with the Stroke Association, which would be utilised to disseminate the findings of the research via newsletters and conferenced. It was queried whether the Stroke Association newsletter may also be used as a tool to raise the profile of the research and facilitate the patient objection mechanism. The applicant would be asked to consider this wider communication mechanism and confirm whether this would be taken forward.

Research Ethics Committee Favourable Opinion

It is a requirement under the Health Service (Control of Patient Information) Regulations 2002 that those processing confidential patient information without consent can do so once approved by the Health Research Authority (following advice from the CAG), and providing a favourable ethical opinion is in place. Evidence of a favourable ethical opinion would be required prior to any recommendation of support coming into effect.

Confidentiality Advisory Group advice conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, however, further information would be required and therefore advised recommending provisional support to the Health Research Authority, subject to satisfactory responses to the request for clarification and compliance with the specific and standard conditions of support as set out below.

In order to complete the processing of this application, please respond back to the following request for further information within one month. A covering letter addressing the points below should be provided, together with any supporting documentation:

Request for further information

1. Provide a copy of the project-specific website text for consideration. Confirmation is also required around where this information would be displayed.
2. Provide an overview of how the objection mechanism would be operated for the study, together with confirmation that any raised or known objection would be respected.

Once received, the information will be reviewed by a sub-committee of members in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory, the HRA will confirm approval.

Specific Conditions of Support (Provisional)

1. Favourable opinion from a Research Ethics Committee (**Pending**).
2. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission (**Confirmed – University College London Hospitals NHS Foundation Trust shows a reviewed satisfactory grade on Version 14.1, 2017/18**).