



House of Commons  
Health and Social Care  
Committee

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# Appointment of the National Data Guardian

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**Fourth Report of Session 2019–21**

*Report, together with formal minutes relating  
to the report*

*Ordered by the House of Commons  
to be printed 4 March 2021*

## Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health and Social Care.

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[Paul Bristow MP](#) (*Conservative, Peterborough*)

[Rosie Cooper MP](#) (*Labour, West Lancashire*)

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[Taiwo Owatemi MP](#) (*Labour, Coventry North West*)

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[Dean Russell MP](#) (*Conservative, Watford*)

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### Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via [www.parliament.uk](http://www.parliament.uk).

### Publication

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### Committee staff

The current staff of the Committee are Matt Case (Committee Specialist), Dr Jasmine Chingono (Clinical Fellow), Laura Daniels (Senior Committee Specialist), James Davies (Clerk), Gina Degtyareva (Media and Communications Officer), Previn Desai (Second Clerk), Sandy Gill (Committee Operations Assistant), Bethan Harding (Trainee Assistant Clerk), James McQuade (Committee Operations Manager), Rebecca Owen-Evans (Committee Specialist) and Anne Peacock (Senior Media and Communications Officer).

### Contacts

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You can follow the Committee on Twitter using [@CommonsHealth](https://twitter.com/CommonsHealth)

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# 1 Appointment of the National Data Guardian

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1. On 22 February 2021, the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP, informed us that following the conclusion of an open recruitment campaign, his preferred candidate for appointment as National Data Guardian was Dr Nicola Byrne.
2. In accordance with Liaison Committee advice, we provided Dr Byrne with a questionnaire that covered her personal background, motivation and priorities for the position. On 2 March 2021, we considered Dr Byrne's answers to that questionnaire, her CV and the information provided by the Secretary of State on the recruitment process. The questionnaire is published as an Annex to this Report.
3. On the basis of the information contained in those documents, we were satisfied that Dr Byrne has the professional competence, personal independence and skills required of the post of National Data Guardian. We therefore decided that a pre-appointment hearing was not necessary.
4. **We are pleased to endorse the appointment of Dr Byrne as the National Data Guardian and wish her well for her tenure in that post.**

## Annex: Questionnaire

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### Motivation

***What motivated you to apply for this role, and what specific experiences would you bring?***

I'm motivated by my conviction about this role's importance and my personal suitability for it. I firmly believe getting the security and use of citizens' health and care data right matters, for three key reasons: *the safety and quality of individual patient care, improving population health and the effectiveness and sustainability of the NHS longer-term* through research and innovation in treatment and models of care. I believe also that I've the skills, strength and integrity to embody this role, inspire and build both public and professional trust and confidence around safe, effective data use and in doing so, honour Dame Fiona Caldicott's legacy.

The experience I'd bring is both personal and professional, having seen first-hand the benefits and opportunities that flow from when we get health information sharing and use right, and the (sometimes devastating) consequences when we don't. Professionally, my experience as both Caldicott Guardian and Chief Clinical Information Officer (CCIO) within the South London and Maudsley NHS Foundation Trust has equipped me with the requisite technical understanding, strengthened by my perspective as a clinical lead for safety and improvement. These roles, combined with over twenty years of practical clinical experience, inform my view of data as a tool to drive improvements to individuals' direct care alongside that of others through innovation and research, including into questions of profound civic importance such as equity of care access, experience and outcomes across different ethnic and social groups.

***If appointed are there specific areas where you will need to acquire new skills or knowledge?***

Yes. I recognise as this would be my first national role I will need, swiftly, to acquire a deeper, more nuanced understanding of '*how things work around here*', both within and between government and its agencies, non-departmental public bodies, arm's length bodies, professional bodies, third sector organisations, the private sector and industry. In addition, I'm aware my experience comes solely from within health; I've no doubt there will be much to learn about data use in adult social care, both its challenges and opportunities.

***How were you recruited? Were you encouraged to apply, and if so, by whom?***

A colleague alerted me to the advertisement. I was subsequently strongly encouraged to apply by senior leaders within and outside of my organisation, including by my referee, Professor Sir Simon Wessely, Regius Professor of Psychiatry at King's College London and former President of the Royal Society of Medicine. I was also encouraged by conversations with Dame Fiona Caldicott about the role and my potential suitability.

## Personal Background

*Do you currently or potentially have any business, financial or other non-pecuniary interests or commitments, that might give rise to the perception of a conflict of interest if you are appointed? - No.*

*If appointed what professional or voluntary work commitments will you continue to undertake, or do you intend to take on, alongside your new role? How will you reconcile these with your new role?*

I will relinquish managerial roles, including Caldicott Guardian, but intend to continue working between one to two days a week as a consultant psychiatrist at the Maudsley hospital. It's my view that doing so will help ensure my work nationally continues to be informed by the often highly complex, challenging reality of frontline clinical care, including working with some of the most disadvantaged individuals in society with multiple physical and mental health problems, for whom care often involves extensive coordination across multiple, sometimes very different, organisations. Alongside, my term on the Maudsley Charity board ends this May and I hope to continue for a further term (up to 3 years), if invited.

*Have you held any post or undertaken activity that might cast doubt on your political impartiality? - No.*

*Do you intend to serve your full term of office? - Yes.*

## National Data Guardian (NDG)

*If appointed what will be your main priorities on taking up the role?*

1. **To build on progress towards the NDG's existing priorities**, including focusing on **information sharing for individuals' care** and recent work to clarify what constitutes **public benefit**. This will incorporate continuing work hosted within NHSX that includes advising on the production of **guidance**, topics such as new **challenges from tech-driven innovation**, and how best to design **clear, transparent and accountable decision making** into our evolving NHS landscape and Integrated Care Systems, reviewing the **advances made during COVID** whilst doing so. On a related note, I intend to continue endeavours with **third sector** organisations to **improve public knowledge and understanding** of data use, alongside working with the UKCGC (UK Caldicott Guardian Council), to strengthen training, resources and collaborative network engagement with both Caldicott Guardians and Information Governance leads

2. **To establish a new focus on data quality**, and therefore its subsequent utility to improve the safety and effectiveness of both individuals' care and the health of others in future through better prevention, treatment and models of care provision. I envisage this will entail **championing patients as more active stakeholders** in the collection and use of data related to their care, including embedding into practice the new **8th Caldicott Principle to safeguard citizens' trust** through clarifying reasonable expectations and ensuring 'no surprises' in how data is used, drawing also on the increase in citizens' data maturity through COVID, and **encouraging the development and use of online Personal Health Records** to drive more personalised, self-directed care. It will also require **engaging health and care staff** with why data matters, how they can use it to

improve both individual patient care and their services, and **advocating for more user-centred designed electronic records** to reduce staff admin, freeing up time to care, and providing them with the data they need, visualised in a way that supports safer, more effective treatment

*What criteria should the Committee use to judge your performance over your term of office?*

- **Have I provided an authoritative, trusted and independent voice** to effectively advise and challenge the health and care system in its secure and proper use of citizens' data, including in active response to any new or unanticipated questions that arise, for example in relation to digital innovation, public health or other health and care challenges?
- **Has my leadership made a discernible, significant impact on the two priorities outlined above** to improve information sharing for individual care and data quality?
- **Has my leadership strengthened the UKCGC** in its training provision, resource development, and collaborative network engagement to improve the quality and consistency of decision-making locally, as evidenced through online resource use and uptake of Caldicott Guardian training nationally?

*How do you assess the public profile and reputation of National Data Guardian?*

- **Appraisal of their visibility as a leading national figure across health and care**, providing authoritative advice through committee, conference and online presence; the reputation of the office itself is in my view key here, upholding the Seven Principles of Public Life with palpable integrity as my predecessor has done, rather than as an individual personality as such; my intention is not to further my own profile in the media more widely, rather I'm committed to the work, so will speak publicly with that purpose
- **Consideration of the influence of the office of NDG in the international sphere**, through dialogue, collaboration and policy development related to the use of confidential health data, acting as an ambassador for the UK regarding how we maintain trust in health and care data use, and thereby maximise its potential benefit to all citizens through a shared public commitment to altruistic data use

*What risks do you think the NDG will face over your term of office? How do you intend to manage them?*

#### Risks

I would view risks as including, but not exhaustive to, the following:

- **Maintaining independence of judgement** in the role, and the perception of the same, whilst leading effective collaboration with a diverse range of stakeholders
- **Remaining sufficiently informed** within an ever-changing and increasingly complex technical landscape

- **Being effective with a small team**, recognising the boundaries of the role (advisory, not executive)
- **Balancing potentially competing needs and agendas** regarding my duty to speak on behalf of citizens, when considering questions of data privacy that might be legitimately argued (by government ministries, third sector, commercial or civic organisations) to be overridden by potential significant public benefit, including in response to new, unanticipated national or geopolitical events such as threats to health or security, which may change political imperatives or public views about and sentiments towards privacy
- **The current situation of ‘tenuous’ citizen trust** in health and care, and also wider public sector, data security and use, which may therefore be quickly and significantly compromised by any high profile data breach if we do not successfully establish a more widely engaged, informed basis for citizen trust and at least a broad consensus in how data is used, and deliver on existing promises we have already made, in particular the implementation of the National Data Opt Out
- **Addressing new questions related to population health and prevention**, arising in the context of technological advances (digital, healthcare and life sciences) with the potential to predict at a population level potential benefits to offering preventative interventions, but which would require new models of data access that have yet to be explored in terms of citizen views regarding impact on privacy

### **Mitigations**

The following mitigations are, in my view, relevant in combination to all the above:

- I’ll actively seek the **wider expertise, check and challenge of a NDG panel group**, as my predecessor has done. I recognise no one person has all the answers. I will therefore ensure that I have the input of technical, legal and ethical expertise to consider not only what is possible, but what is the right thing to do in relation to complex or novel questions and challenges
- I will seek to **collaborate** across Health and Care, including engaging with statutory and non-statutory bodies, third sector organisations and frontline health and care staff
- I will ensure my work always remains informed by **active citizen engagement**
- I will employ **considered deliberation**, resisting any pressure to provide definitive advice at pace if doing so would compromise the integrity of that advice through too rushed an evaluation of the issues at stake

### ***In summary***

At this current time within the COVID pandemic we are at a point of unprecedented public interest in the security and use of health and care data, alongside accelerated technical and operational development of the same. As digital maturity increases, citizens are increasingly questioning the use of data about them in the context of greater awareness

of its potential to improve health and care, but also its complexity - what does it mean to say data is right, inclusive, used in a way that is fair, or managed securely? If appointed I will be fully committed to upholding the integrity of the role and providing leadership that maintains and builds both public trust and professional competence in the intelligent, safe use of data as our most valuable tool to improve the care we provide and the lives of the citizens we serve.

Dr Nicola Byrne, 19/02/21

# Formal minutes

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**Thursday 4 March 2021**

Members present:

Jeremy Hunt, in the Chair

|                 |                |
|-----------------|----------------|
| Paul Bristow    | Barbara Keeley |
| Rosie Cooper    | Sarah Owen     |
| Dr James Davies | Dean Russell   |
| Dr Luke Evans   | Laura Trott    |

Draft Report (*Appointment of the National Data Guardian*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 4 read and agreed to.

Annex agreed to.

*Resolved*, That the Report be the Fourth Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Tuesday 9 March at 9.00am

## List of Reports from the Committee during the current Parliament

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All publications from the Committee are available on the publications page of the Committee's website.

### Session 2019–21

| <b>Number</b> | <b>Title</b>   | <b>Reference</b> |
|---------------|--|------------------|
| 1st           | Appointment of the Chair of NICE   | HC 175           |
| 2nd           | Delivering core NHS and care services during the pandemic and beyond   | HC 320           |
| 3rd           | Social care: funding and workforce   | HC 206           |
| 1st Special   | Process for independent evaluation of progress on Government commitments   | HC 663           |
| 2nd Special   | Delivering core NHS and care services during the pandemic and beyond: Government Response to the Committee's Second Report | HC 1149          |
| 3rd Special   | Drugs policy: Government Response to the Committees First Report of Session 2019   | HC 1178          |