# **Independent Group Advising on the Release of Data (IGARD)**

## Minutes of meeting held 10 August 2017

Members: Joanne Bailey, Anomika Bedi, Jon Fistein, Kirsty Irvine (Acting Chair)

In attendance: Garry Coleman, Gaynor Dalton, Arjun Dhillon, Louise Dunn, Frances Hancox, Louise Hill, Kathy Holland (observer), James Humphries-Hart, Kimberley Watson, Vicki Williams

**Apologies:** Sarah Baalham, Chris Carrigan, Nicola Fear, Eve Sariyiannidou, James Wilson

1 It was noted that Kirsty Irvine would act as chair for this meeting.

#### **Declaration of interests**

Jon Fistein noted a potential interest in the Barts Health NHS Trust – NICOR application (NIC-359940) due to an advisory role with HQIP but it was agreed this was not a conflict of interests.

#### Review of previous minutes and actions

The minutes of the 3 August 2017 IGARD meeting were reviewed and agreed as an accurate record of the meeting.

Action updates were provided (see Appendix A).

#### Out of committee recommendations

An out of committee report was provided (see Appendix B).

## 2 Data applications

## 2.1 Stockport CCG (Presenter: James Humphries-Hart) NIC-76770-F0J5W

**Application**: This application was to extend and renew existing data flows and to amend the existing agreement to add North of England CSU as a data processor for risk stratification, to add the use of pseudonymised Secondary Uses Service (SUS) data for invoice validation, and to add linkage to social care data provided to the CCG by a Local Authority. It was noted the CCG privacy notice had been reviewed by NHS Digital as meeting the minimum nine criteria.

IGARD were notified of two errors, as the data flow diagram should reflect pseudonymised data for invoice validation being processed within the CSU and section five of the application should describe SUS data being processed by Outcomes Based Healthcare.

**Discussion**: There was a discussion about the use of a commercial company such as Outcome Based Healthcare as a data processor; it was noted that a number of CCGs had similar data processing arrangements in place, and IGARD suggested it might be helpful in future to schedule a discussion about whether this was described within application as being 'in any way commercial'. There was also a discussion about the number of different data storage addresses listed.

It was agreed that the outputs section should be updated to be clear that the outputs produced by data processor five, in line with other outputs, would only contain aggregated data with small numbers appropriately suppressed. In addition it was agreed that section five should be amended to more clearly describe the reason for using two different data processors for the purpose of risk stratification.

IGARD discussed the way that the standard IGARD advice regarding privacy notices had been incorporated into this type of application as a special condition and suggested that NHS Digital should consider the best way to present this advice wording within application, ensuring consistency with other types of applications. It was noted that the privacy notice advice wording within this application should be updated to the current standard wording.

IGARD asked for section five to be updated to more clearly explain the data processing that would be carried out by data processor five, and how this would be distinct from the processing that would be carried out by data processor one. It was noted that section five should also more clearly stated that GPs would be able to re-identify patients with whom they have a legitimate care relationship, as indicated on the data flow diagram.

There was a brief discussion about the CCG privacy notice and IGARD noted that while the checklist advice suggested that the notice should be moved to the 'Fair Processing' section of the website, it might be more appropriate for this to remain under 'Accessibility' as this term might be more easily understood by the general public. In addition IGARD noted that the privacy notice should be updated to include Outcomes Based Healthcare.

**Outcome**: Recommendation to approve.

The following amendments were requested:

- A reference to the outputs produced by data processor five should be amended to be clear that all outputs will only contain aggregated data with small numbers suppressed.
- The application should be amended to include the updated standard IGARD advice wording regarding privacy notices.
- Section five should be amended to more clearly describe the objectives for processing for data processor five, and to more clearly separate the processing carried out by data processor one from that carried out by data processor five.
- Section five should also be amended to explain that GPs will be able to access reidentified data for their own patients and to provide a clearer justification for the use of two data processors for risk stratification
- It was noted that section five of the application would be amended to include a description of SUS data being analysed and sent to Outcome Based Healthcare, and the data flow diagram would be amended to be clear invoice validation data would be processed within the CSU.
- It was suggested that NHS Digital should confirm that the CCG privacy notice would be updated to include Outcomes Based Healthcare as a data processor.

The following advice was given:

- IGARD suggested that NHS Digital should consider the best way to reflect the standard IGARD advice wording on privacy notices within this type of application.
- 2.2 Imperial College London Evaluating the Rate of De-adoption of Interval Cholecystectomy and Diffusion of Index Cholecystectomy (Presenter: Kimberley Watson) NIC-72318-M4W8J

**Application**: This application for pseudonymised Hospital Episode Statistics (HES) data linked to Personal Demographics Service (PDS) data containing month and year of death had previously been considered at the 15 June 2017 meeting when IGARD did not recommend approval. The application had now been updated to be clear that data would be used for a PhD thesis, to minimise the data requested to relevant HES fields and only certain hospital trusts, and to justify the need for ten years of data. IGARD were informed of an error in the application as it stated incorrectly in section three that the Health and Social Care Act 2012 section 261(7) would provide a legal basis for dissemination and it was confirmed this had been removed from the application.

**Discussion**: IGARD agreed that they were broadly content that the points previously raised in relation to this application had now been adequately addressed.

IGARD suggested that section five of the application should be amended to include the standard wording restricting data linkage and confirming that there would be no attempt to reidentify the data. In addition it was agreed that a reference in the abstract section to the proposed agreement end date being May 2018 should be updated as this was now 31 July 2018.

There was a discussion of academic collaborators as referred to in the study protocol; it was confirmed that for the purposes of this application, only the PhD student and their academic supervisors would have access to data and that these individuals were substantive employees of Imperial College London, as stated in section five of the application.

IGARD noted that it would be helpful in future if NHS Digital could consider how to best highlight the changes made in an application as compared to the previous agreement.

**Outcome**: Recommendation to approve.

The following amendments were requested:

- Section five should be amended to include the standard wording that there will be no linkage with other record level data, and that the applicant will not attempt to re-identify the data
- A reference in the abstract to updating the agreement end date to May should be corrected or removed.
- It was noted the application had been updated to remove section 261(7) of the Health and Social Care Act 2012 as a legal basis for dissemination.

2.3

<u>London School of Hygiene and Tropical Medicine - Liver transplantation as treatment for patients with hepatocellular carcinoma; (Presenter: Louise Dunn) NIC-72064-V5V2X</u>

**Application**: This was a new application with both the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons acting as joint data controllers, requesting pseudonymised HES data linked to ONS mortality data (including date of death) based on identifiers submitted to NHS Digital by both NHS Blood & Transplant and Public Health England. IGARD were informed that section three of the application incorrectly listed section 251 as providing a legal basis for NHS Digital to disseminate data, and that this would be removed, as the section 251 support was instead considered to provide the legal basis for identifiers to flow into NHS Digital.

**Discussion**: IGARD noted the special condition regarding providing a vulnerability report to NHS Digital's Information Assurance Specialist for review, and suggested this wording should be amended to be clear that this would also require confirmation that the specialist was content with the report provided.

IGARD queried the data years requested as it was noted that ONS mortality data was requested from 1997 onwards, but that some HES datasets were only requested from 2003 or 2007. It was clarified that in some cases HES data was not available or was not of a suitable quality for earlier years, but that the applicant had determined that mortality data would still be useful for their purposes without having full HES data for those earlier years. The legal basis to disseminate ONS mortality data was queried and it was confirmed this would be shared under section 42(4) of the Statistics and Registration Service Act 2007, as the work had been commissioned by the Department of Health, rather than relying on Approved Researcher accreditation or another different legal basis. References to 'Liver Cancer ID and Liver Transplant ID' within the application were queried as these were not referred to within the applicant's section 251 support, but it was confirmed that these data items were not

considered identifiers that would require cover under section 251.

It was noted that a supporting document provided with the application described data access being restricted to specific individuals and it was agreed the application should be updated to reflect this. A reference to the data being used for an intended presentation in March 2017 was queried and IGARD suggested this should be either updated or removed from the application. A reference to King's College London in the study protocol was queried and it was confirmed that King's College London had no involvement in this application. IGARD asked for section five of the application to be amended to include the standard wording restricting data linkage and confirming that there would be no attempt to re-identify the data

A query was raised about the standard procedures for NHS Digital to destroy identifiers submitted into the organisation as part of this type of data flow once the data processing was complete and data had been passed on to the applicant or their data processors as requested. It was suggested this could be discussed at a future education session.

IGARD welcomed the requirement for both Public Health England and NHS Blood & Transplant to publish appropriate privacy notices within one month, as these organisations would process identifiable patient data in relation to this application. However IGARD agreed that NHS Digital should also review these privacy notices against the nine minimum criteria, and agreed that this should be completed prior to data flowing under this agreement. In addition IGARD suggested that information governance staff within NHS Digital should work with the applicant to help improve their fair processing information including the use of consent leaflets to notify patients of this use of data.

Outcome: Recommendation to approve, subject to:

 Confirmation that NHS Digital has reviewed the proposed privacy notice against the minimum nine point criteria and is content.

It was agreed the above condition should be reviewed out of committee by the IGARD Chair.

The following amendments were requested:

- The special condition regarding a vulnerability report should be amended to require confirmation that the Security Consultant has reviewed and is content with the additional information provided regarding this report.
- Section five should be amended to include the standard wording that there will be no linkage with other record level data, and that the applicant will not attempt to re-identify the data.
- A reference to presenting at a conference in March 2017 should be updated or removed
- The application should also be amended to be clear that data access will be restricted to specific individuals as described in supporting documents.
- IGARD advised that the applicant should update their DPA registration to include processing data about patients. In addition IGARD advised that DARS IG should work with the applicant regarding their fair processing materials and the use of consent information leaflets to notify patients of this use of data.
- It was noted that section three of the application would be amended to remove section 251 as a legal basis to disseminate data.
- 2.4 Imperial College London An evaluation of the relationship between simulation-based training assessment tools and performance in real world settings (Presenter: Kimberley Watson) NIC-80304-H6P6R

**Application**: This application for pseudonymised HES data linked to GMC consultant codes had previously been discussed at the 15 June 2017 meeting when IGARD did not recommend approval. The application had now been updated to be clearer that the data would be used as part of a PhD thesis, to clearly state the purpose and that access to data would be limited to

the PhD student, to state that only 20 surgeons would be included and that these surgeons had not yet given consent but that the updated consent materials would be used.

**Discussion**: IGARD agreed that the points previously raised in relation to this application had now been addressed.

There was a discussion about the consultant consent for data sharing, the patient consent to participate in the study but not specifically for this data sharing, and the legal basis for pseudonymised patient data to be shared under the Health and Social Care Act 2012.

IGARD noted that it would be helpful in future if NHS Digital could consider how to best highlight the changes made in an application as compared to the previous agreement.

Outcome: Recommendation to approve.

### 2.5 South Central and West CSU - HDIS (Presenter: Kimberley Watson) NIC-99675-X5S7X

**Application**: This application for access to the HES Data Interrogation Service (HDIS) had previously been considered at the 20 July 2017 meeting when IGARD did not recommend approval. IGARD had now been provided with a copy of the corrective action plan undertaken by the CSU to address the findings of the July 2016 data sharing audit, and it was confirmed this action plan had been validated by NHS Digital. It was noted that the CSU would only be able to request to download aggregated data and that any reference in the application to data storage addresses therefore referred to storing this aggregated data only.

IGARD noted that they had been given sight of the draft second audit report shortly prior to the meeting, but that as this had been shared at short notice not all members present had been able to fully review this ahead of the meeting.

**Discussion**: IGARD discussed the history of this application and that a data sharing breach had resulted in a data sharing audit in July 2016, with a second audit following in December 2016. Concerns were raised about the possibility of recommending data release to an organisation before the second audit report had been finalised and published, and given that it was noted that the draft audit report referred to only 'limited assurance' being provided for some aspects. A reference in the draft audit report to an ICO investigation was queried and IGARD agreed that more information about this possible investigation would be needed with clarification of whether this included the CSU or only related to other organisations for whom the CSU had acted as a data processor.

IGARD were informed that due to the history involved, this application only requested for the applicant to be able to download aggregated data with small numbers suppressed whereas other similar HDIS applications usually requested the ability to download aggregated data including small numbers, and it was suggested to IGARD that this additional restriction should provide some assurance as no record level data or data containing small numbers could be downloaded or onwardly shared. IGARD agreed that this additional explanation was helpful but noted that the application should be updated to reflect this and more clearly explain within section five, which would be published in the data release register following approval, so that this would be more transparent to a general public audience.

There was a discussion of whether it might be appropriate for the proposed agreement end date to be shortened, with more information to be provided at the next renewal about the action plan created following the second audit and what steps had been taken to address this. On balance it was not considered appropriate to recommend approval until more information could be provided about the follow-up to the two data sharing audits, as it was noted that the CSU had not yet formally received the final audit report and it remained unclear what steps if any had been taken by the ICO.

Outcome: Recommendation deferred, pending:

• Providing more information about the follow-up from the two audits, with further information about the ICO investigation involving this organisation.

The following amendments were requested:

The application should include a clearer statement in section five about the history of a
data sharing breach and audit of this organisation and how this has led to the
additional controls proposed by NHS Digital for their access to HDIS.

#### 2.6 Barts Health NHS Trust - NICOR (Presenter: Gavnor Dalton) NIC-359940-W1R7B

**Application**: This application requested to renew and amend an existing data sharing agreement for identifiable HES and ONS data to change the data processor from University College London to Barts Health NHS Trust, as it was noted that this organisation would now be responsible for the National Institute for Cardiovascular Outcomes Research (NICOR) work carried out as commissioned by HQIP. It was confirmed that HQIP would still act as data controller for this application. IGARD were informed that the application would be updated to state within section five that all ONS mortality data would be processed in accordance with standard ONS terms and conditions.

**Discussion**: IGARD queried which organisations the existing data sharing agreement had been between; it was explained that this had been between NHS Digital and HQIP as the data controller, with University College London previously acting as data processor.

The DPA registration wording for HQIP was discussed as IGARD noted that this should be updated to reflect their responsibilities as data controller for the processing of data about patients or health service users. It was thought that this point had previously been raised by DAAG in relation to HQIP's DPA registration.

A reference to Datahop was queried and IGARD were informed that this organisation was located within the same building as RedCentric, where data would be stored, but that Datahop would have no access to data. It was agreed that the special condition relating to Datahop should be clarified to explain this more clearly.

IGARD noted that the section 251 support for this use of data stated that there should be no further data processing carried out by University College London beyond 31<sup>st</sup> July 2017; it was agreed the application should be updated to be clear that there would be no further processing by University College London. A query was raised about any outputs that had been created from the data shared under the previous agreement and it was agreed more information should be added to the outputs section about what had been achieved to date.

**Outcome**: Recommendation to approve.

The following amendments were requested:

- The special condition regarding Datahop should be amended to use clearer wording.
- The application should be amended to include a clear statement in section five that there must be no further data access by University College London.
- The outputs section should be amended to include information about any outputs produced from the 2016/17 audit.
- It was noted the application would be updated to state within section five that ONS data would be processed in accordance with the standard ONS terms and conditions.

The following advice was given:

 IGARD advised that HQIP and RedCentric should both update their DPA registration wording to reflect processing data about patients or health service users.

2.7 <u>University of Nottingham - Evaluation of the Safe At Home safety equipment scheme</u>

#### (Presenter: Kimberley Watson) NIC-50919-D5R5D

**Application**: This new application was for University of Nottingham and Swansea University to act as joint data controllers to receive pseudonymised HES data, and it was noted that the data would only be processed at the SAIL Databank within Swansea University with no data stored at Nottingham. The data would be used alongside home safety equipment supply data at Lower Super Output Area (LSOA) level and PEDW data would be used to provide a control population.

**Discussion**: A query was raised about a reference to 'UKSeRP' within the application as this acronym was not explained and it was unclear what type of body this referred to. It was confirmed that UKSeRP was part of Swansea University and IGARD asked for this to be clarified within the application, along with clarification of why separate security assurances had been provided for UKSeRP. There was a broader discussion about how ISO 27001 security details were presented within applications and IGARD suggested that NHS Digital should consider how this information could be more clearly presented, with confirmation that the security arrangements had been reviewed by NHS Digital in relation to this specific use of data.

IGARD noted that the fair processing section of the application was currently blank and agreed that the standard privacy notice advice for applicants using pseudonymised data should apply.

The potential benefits of this work were acknowledged but it was agreed that the benefits section of the application should be amended to more clearly describe how the potential benefits might be achieved.

Outcome: Recommendation to approve.

The following amendments were requested:

- A reference to UKSeRP should be updated to clarify this acronym and explain that this
  is part of Swansea University and to clarify why separate security assurances have
  been provided for UKSeRP.
- The application should be amended to more clearly state that the ISO 27001 security assurances for Swansea University have been reviewed by NHS Digital specifically in relation to this application.
- IGARD suggested that NHS Digital should consider how information about ISO 27001 security assurances should best be presented within applications.
- The benefits section should be updated to provide more information about how the applicant intends to work towards achieving these benefits.

The following advice was given:

- IGARD advised that Swansea University should update their DPA registration wording to reflect processing data about patients or health service users.
- Notices Code of Practice to ensure they reflect best practice standards, and in the interests of transparency, update their privacy notice as soon as possible to include information about receiving data from NHS Digital and to ensure the information is easily accessible. The EU General Data Protection Regulation recognises that pseudonymised data should be considered as information on an identifiable natural person and also places a greater focus on the need to demonstrate transparency of data processing in the information provided to data subjects.

## 3 Any other business

There was a discussion about items for inclusion in the IGARD annual report.

# **Appendix A: Summary of Open Actions**

Date raised	Action	Owner	Updates	Status
15/11/16	To update DAAG on the feasibility of providing random samples of data to applicants, and to ask the Production Team to provide DAAG with further information about the options for data minimisation	Garry Coleman	06/12/16: This action was ongoing and it was anticipated an update would be available in mid-January. There had also been a discussion during the training session about data minimisation, with a suggestion for Peter Short to contact the Production Team for further information, and it was agreed that would be incorporated into this action.  20/12/16: It was anticipated an update would be available in mid-January.  10/01/17: Ongoing. It was agreed that this action would be taken forward by Alan Hassey rather than Peter Short.  17/01/17: A number of internal discussions had taken place and it was anticipated an update would be brought to DAAG within the next few weeks.  31/01/17: Ongoing. It was agreed the IGARD Chair would request an update on progress of this action.  09/03/17: Ongoing. A number of internal discussions continued to take place and it was agreed the action would be taken forward by Garry Colman.  23/03/17: Ongoing. There was a suggestion it might be helpful to discuss the type of sampling used by the Department for Work and Pensions.  11/05/17: This action was not discussed due to time restrictions.  18/05/17: IGARD received a verbal update on work underway to develop 'dummy data' for the purpose of developing tools and algorithms.  15/06/17: It was agreed the IGARD Chair would contact Garry Coleman about this action and ask whether an update could be provided in the near future, or if not then agree to close the action	Open

20/04/17	IGARD Chair to contact key stakeholder organisations regarding the benefits of uses of data to feed into the IGARD annual report.	IGARD Chair	and to raise the topic again at a later date. 10/08/17: The action remained ongoing. It was agreed the Acting Chair would contact the IGARD Chair to confirm whether he would be content for this action to be closed.  10/08/17: Ongoing.	Open
27/04/17	IGARD Chair to contact the NHS Digital Caldicott Guardian regarding GPs' data controller responsibilities for fair processing around risk stratification.	Arjun Dhillon	18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian. 22/06/17: Ongoing; it was suggested the Deputy Caldicott Guardian should discuss this in more detail with Joanne Bailey. 29/06/17: It was noted this action would be taken forward by the Deputy Caldicott Guardian, and the action owner was updated. 20/07/17: It was agreed the Deputy Caldicott Guardian would provide an update on the current status of this. 10/08/17: An update from NHS England had been requested.	Open
18/05/17	Garry Coleman to provide information about different arrangements for data storage and backup locations, for consideration of whether the organisations involved would be considered to be processing data.	Garry Coleman	15/06/17: IGARD had been advised by email that a paper about this would be submitted to an upcoming IGARD meeting. 22/06/17: It was anticipated that this would be discussed at the 6 July 2017 IGARD meeting. IGARD asked for some information to be circulated by email prior to the meeting in order to inform members who would not be present at that particular meeting. 27/07/17: An email had been circulated requesting further information from IGARD members. 03/08/17: Two IGARD members had responded by email and the action remained ongoing. 10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks.	Open
15/06/17	Data Services for Commissioners to work with NHS Digital IG staff to check the privacy notices for these 4 CCGs (South Kent Coast CCG; Ashford CCG; Thanet CCG; Canterbury & Coastal CCG) as part of the ongoing training, and provide a copy of the	Stuart Richardson	29/06/17: Ongoing. It was suggested it would be helpful to discuss this at an upcoming educational session. 10/08/17: Ongoing.	Open

	outcome of this check to IGARD for information.			
22/06/17	NHS Digital to ensure that in future applications using the Health and Social Care Act 2012 as a legal basis provide more detail about the applicable subsections, such as section 261(2)(b)(ii).	Garry Coleman	10/08/17: This was now being checked as part of the Pre-IGARD process, and further work would be undertaken to clearly document which subsections would be likely to apply to certain data flows.	Open
29/06/17	Stuart Richardson to contact DARS regarding standard data destruction timescales and processes where data processing is moving from one data processor to another.	Stuart Richardson	03/08/17: It was thought that this had now been completed. IGARD requested an email summary of the action taken so that the action could be closed. 10/08/17: Ongoing.	Open
06/07/17	Stuart Richardson to circulate a suggested change to the updated 'substantive employees' wording for discussion out of committee.	Stuart Richardson	13/07/17: This proposed change had been circulated by email and IGARD members were asked to respond. 10/08/17: Ongoing.	Open
06/07/17	Stuart Richardson to ensure that privacy notice checklists are provided for all DSfC applications for a trial period of three months from 13 July IGARD meeting.	Stuart Richardson	10/08/17: Ongoing.	Open
20/07/17	Garry Coleman to provide an update within two weeks on how NHS Digital manage the risk involved in CCGs using South Central and West CSU as a data processor in light of data sharing breaches and recent audits.	Garry Coleman	10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks.	Open
20/07/17	Garry Coleman to categorise different standard lengths of indicative data retention periods for general research and clinical trials, with appropriate justification.	Garry Coleman	10/08/17: Ongoing.	Open
27/07/17	Arjun Dhillon to provide information for IGARD about the robustness of different funding processes and how this might affect the level of scrutiny applied to or information included in applications provided to IGARD.	Arjun Dhillon	10/08/17: Ongoing. It was thought that this action might be addressed within the context of a forthcoming paper on a risk-based approach to application, which it was anticipated would be brought to IGARD for discussion soon.	Open
03/08/17	Joanne Treddenick to report back to IGARD on whether organisations can be described as data	Joanne Treddenick	10/08/17: Garry Coleman had responded by email to explain that this was intended to indicate that the data controller would also process	Closed

controllers and data processors within an application for the same data.	and have access to data, to distinguish from the different type of arrangement where a data controller would not have access to data. It was hoped that the application template would be updated in future to instead state whether the data controller would or would not be	
	processing data.	

## Appendix B: Out of committee report (as of 04/08/17)

These applications were previously recommended for approval with conditions by IGARD, and since the previous Out of Committee Report the conditions have been agreed as met out of committee.

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (including any changes)
NIC-379807- P3R7Z	Intensive Care National Audit Research Centre (ICNARC)	08/06/17	<ul> <li>The applicant should work with DARS IG staff to appropriately update their privacy notice to meet the NHS Digital minimum nine criteria, within a period of six weeks and before further data is disseminated.</li> <li>A dated commitment from the applicant to work with DARS IG staff to update their patient information sheet to more clearly describe the role of NHS Digital in data processing, and to confirm when this is expected to be completed.</li> </ul>	IGARD Chair	IGARD Chair	N/A
NIC-104802- G2J0P	London School of Hygiene and Tropical Medicine	13/07/17	<ul> <li>Confirmation that the section 251 support is considered to cover the case cohort as well as the control cohort.</li> <li>Confirmation that data will not be disseminated until one month after fair processing information has been published, to allow the opportunity for individuals to opt out first.</li> </ul>	IGARD quorum	IGARD quorum	N/A
NIC-78397- Z1F1Q	University of Oxford	20/07/17	<ul> <li>Confirmation that the updated fair processing information will be published before data is disseminated.</li> <li>Providing a copy of the funding grant terms and conditions.</li> </ul>	IGARD quorum	IGARD quorum	N/A

NIC-49297- Q7G1Q	University College London (Centre for Longitudinal Studies)	20/07/17	•	The fair processing information published online should be updated to include a statement that University College London is the data controller.	IGARD quorum	IGARD quorum	Based on the supporting document provided IGARD accepted that the correct legal basis under the Health and Social Care Act 2012 was shown.
NIC-89613- L9D8C	Sheffield CCG (SA01-AMD-NoE)	29/06/17	•	The CCG should amend their privacy notice to more accurately reflect the type of data that is processed for the purpose of risk stratification, and to include Rotherham CCG when adding details about data processors.	IGARD Chair	Acting IGARD Chair (Kirsty Irvine)	N/A

In addition the following applications were not considered by IGARD but have been progressed for IAO and Director extension/renewal:

• NIC-17824-V9F2B Institute of Fiscal Studies