

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 16 February 2017

Members: Anomika Bedi, Chris Carrigan (Chair), Nicola Fear, Jon Fistein, Debby Lennard, Eve Sariyiannidou

In attendance: Garry Coleman, Gaynor Dalton, Kristy Dormand, Frances Hancox, Alan Hassey (observer), Dickie Langley, Stuart Richardson, Vicki Williams

Apologies: Sarah Baalham, Joanne Bailey, Kirsty Irvine, James Wilson

1	<p>Declaration of interests</p> <p>Debby Lennard declared a conflict of interests in the Royal College of Surgeons application (NIC-26815-F8H6B) due to work with the North Thames CLAHRC and prior review of the project.</p> <p>Jon Fistein declared a potential interest in the Lancashire Care NHS Foundation Trust application (NIC-79728-X2C2X) due to a connection with Connected Health Cities but it was not thought that this should prevent him considering the application.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 9 February IGARD meeting were reviewed and agreed as an accurate record.</p> <p>Action updates were provided (see Appendix A).</p> <p>It was noted that a large number of former DAAG actions remained open and the Deputy Caldicott Guardian agreed to discuss this with colleagues within NHS Digital.</p> <p>Out of committee recommendations</p> <p>An out of committee report was received (see Appendix B).</p>
2 2.1	<p>Data applications</p> <p><u>Group application for two CCGs¹ (Presenter: Stuart Richardson) GA01-AMD-GEM</u></p> <p>Application: This application was to amend an existing data sharing agreement to allow the two CCGs to share pseudonymised data between each other. IGARD were informed that these two CCGs and the CCGs in the following three applications (GA02-AMD-GEM, GA03-AMD-GEM and NIC-47167 NHS South Warwickshire CCG) had previously been part of a group application reviewed by DAAG and recommended for approval subject to caveats at the 28 July 2016 meeting.</p> <p>Discussion: A query was raised about the data already held by the CCGs and whether data destruction certificates would be required in relation to any identifiable data previously requested. It was clarified that this application did not request any changes to the data held by the CCGs, as the only amendment requested was for data sharing between the organisations. IGARD suggested that NHS Digital add a special condition to the data sharing agreement to be clear that the pseudonymised data could not be linked to identifiable data.</p> <p>A further query was raised about a reference to 'clear data' on the data flow diagram. IGARD</p>

¹ NIC-82373-G0D9K NHS Corby CCG; NIC-82394-W7G7J NHS Nene CCG

suggested that this term was not clearly defined and that the diagrams should instead use the term 'identifiable' in future. In addition IGARD noted that the diagram referred to pseudonymised data as 'anonymised (PSE)'. Some questions were raised about the description of de-identified data as 'anonymised', especially in the light of potential identifiability due to the extensive linkage of the pseudonymised data sets involved. It was agreed that IGARD would seek clarification of this specific issue from the Caldicott Guardian.

IGARD queried the arrangements in place between the two CCGs to share data appropriately, and it was agreed that a copy of the collaboration agreement between the organisations would be requested. The description of the two CCGs as data controllers in common was queried and IGARD suggested that it would be more accurate to refer to them as joint data controllers.

There was a discussion about fair processing and the CCG privacy notices, particularly given that identifiable data would flow under the amended agreement. It was noted that due to administrative errors the correct privacy notice assurances had not been provided for some of the CCGs in this and the following applications, and IGARD noted that they had not received confirmation of whether the caveats (including those relating to privacy notices) for the previous group application had been met. IGARD noted that DAAG had previously received assurances that the privacy notice for Corby CCG had passed the full NHS Digital review but similar assurances had not been provided for Nene CCG and it was also unclear whether this CCG had passed the minimum criteria review. It was noted that work was underway within NHS Digital to agree the future process for the review of CCG privacy notices.

Outcome: Recommendation deferred, pending:

- Provision of evidence that the privacy notice for Nene CCG has been appropriately reviewed by NHS Digital.
- Providing a copy of the collaboration agreement between CCGs.

IGARD advised that NHS Digital should amend the application to refer to the applicants as joint data controllers rather than data controllers in common, and that the application should be amended to add a statement within the application that will be included in the DSA that the identifiable and pseudonymised data will be kept separately and must not be linked. In addition IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.

IGARD advised that a special condition should be included within the DSA to state that: "As a result of your application IGARD would like to draw your attention to the importance of the accessibility and clarity of your Privacy Notice. In the interests of transparency, you are advised to regularly review your notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice. You will be expected to demonstrate progress against this recommendation in any audit undertaken and for any renewal or new application for data."

Action: To contact the NHS Digital Caldicott Guardian about terminology and the use of terms such as 'anonymised' or 'pseudonymised' to describe data, particularly regarding Data Service for Commissioners applications.

2.2

Group application for three CCGs² (Presenter: Stuart Richardson) GA02-AMD-GEM

Application: This application was to amend an existing data sharing agreement to allow three CCGs to share pseudonymised data between each other. IGARD were informed that this application was largely similar to the previous group application (GA01-AMD-GEM) but also included the request to remove the previously requested flow of identifiable data for invoice validation.

Discussion: IGARD reiterated the points raised during the discussion of the group application GA01-AMD-GEM, including the need for appropriate privacy notice assurances and the

² NIC-82380-C1N5B NHS East Leicestershire & Rutland CCG; NIC-82393-M7N6T NHS Leicester City CCG; NIC-82398-J0W9Y NHS West Leicestershire CCG

request for a copy of the collaboration agreement between CCGs. It was noted that East Leicestershire & Rutland CCG had previously passed the privacy notice review but confirmation had not been received for the other two CCGs. IGARD queried whether the CCG privacy notices should be updated to reflect the new data sharing between CCGs.

Outcome: Recommendation deferred, pending:

- Provision of evidence that the privacy notices for Leicester City CCG and West Leicestershire CCG have been appropriately reviewed by NHS Digital.
- Providing a copy of the collaboration agreement between CCGs.

IGARD advised that NHS Digital should amend the application the application to refer to the applicants as joint data controllers rather than data controllers in common, and that the application should be amended to add a statement within the application that will be included in the DSA that the identifiable and pseudonymised data will be kept separately and must not be linked.

In addition IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.

IGARD advised that a special condition should be included within the DSA to state that: "As a result of your application IGARD would like to draw your attention to the importance of the accessibility and clarity of your Privacy Notice. In the interests of transparency, you are advised to regularly review your notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice. You will be expected to demonstrate progress against this recommendation in any audit undertaken and for any renewal or new application for data."

2.3

Group application for two CCGs³ (Presenter: Stuart Richardson) GA03-AMD-GEM

Application: This application was to amend an existing data sharing agreement to allow three CCGs to share pseudonymised data between each other. IGARD were informed that this application was largely similar to the previous group applications (GA01-AMD-GEM, GA02-AMD-GEM) and that the two CCGs listed in this application would also share data between themselves and South Warwickshire CCG.

Discussion: IGARD reiterated the previous points raised in relation to GA01-AMD-GEM, including amendments to the application and the request for a copy of the collaboration agreement between CCGs. It was noted that both CCGs in this application had passed the full NHS Digital privacy notice review.

Outcome: Recommendation deferred, pending:

- Providing a copy of the collaboration agreement between CCGs.

IGARD advised that NHS Digital should amend the application the application to refer to the applicants as joint data controllers rather than data controllers in common, and that the application should be amended to add a statement within the application that will be included in the DSA that the identifiable and pseudonymised data will be kept separately and must not be linked.

In addition IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.

IGARD advised that a special condition should be included within the DSA to state that: "As a result of your application IGARD would like to draw your attention to the importance of the accessibility and clarity of your Privacy Notice. In the interests of transparency, you are advised to regularly review your notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice. You will be expected to demonstrate progress against this recommendation in any audit undertaken and for any renewal or new application for data."

³ NIC-82378-M2B6C NHS Coventry & Rugby CCG; NIC-82396-W4F5T NHS Warwickshire North CCG

<p>2.4</p>	<p><u>NHS South Warwickshire CCG SA01-AMD-GEM (Presenter: Stuart Richardson) NIC-47167-H3M4V</u></p> <p>Application: This application was to amend an existing data sharing agreement to allow CCGs to share pseudonymised data between each other. IGARD were informed that this application was largely similar to the previous group applications (GA01-AMD-GEM, GA02-AMD-GEM, GA03-AMD-GEM) but with the addition of South Warwickshire GP Limited as a data processor. Data would be shared between South Warwickshire CCG, Coventry & Rugby CCG and Warwickshire North CCG.</p> <p>Discussion: IGARD queried the role of South Warwickshire GP Limited and whether they were acting as a data processor only or if they had also taken on some data controller responsibilities. It was noted that this query had been raised when the previous application was discussed by DAAG on 28 July 2016, and that the application had at the time been amended to address this issue but that the amendments did not appear to have been included in this updated application. IGARD asked for the previously agreed wording to be added back in to this application to be clear that South Warwickshire GP Limited would act as a data processor only.</p> <p>IGARD reiterated the points raised in relation to the previous group applications, including the request for sight of the collaboration agreement and the need for appropriate privacy notice assurances.</p> <p>Outcome: Recommendation deferred, pending:</p> <ul style="list-style-type: none"> • Provision of evidence that the privacy notice for the CCG has been appropriately reviewed by NHS Digital. • Providing a copy of the collaboration agreement between CCGs. • Updating section five of the application to include the previously agreed wording to clarify the data processor role of South Warwickshire GP Limited. <p>IGARD advised that NHS Digital should amend the application the application to refer to the applicants as joint data controllers rather than data controllers in common, and that the application should be amended to add a statement within the application that will be included in the DSA that the identifiable and pseudonymised data will be kept separately and must not be linked.</p> <p>In addition IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.</p> <p>IGARD advised that a special condition should be included within the DSA to state that: "As a result of your application IGARD would like to draw your attention to the importance of the accessibility and clarity of your Privacy Notice. In the interests of transparency, you are advised to regularly review your notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice. You will be expected to demonstrate progress against this recommendation in any audit undertaken and for any renewal or new application for data."</p>
<p>2.5</p>	<p><u>Redbridge CCG GA01-Pan-SL (Presenter: Stuart Richardson) NIC-81417-R1V4C</u></p> <p>Application: This application requested pseudonymised SUS and local flows (ambulance, community and emergency care) data relating to 32 CCGs in Greater London. Data would be used to support the work of the Health London Partnership Urgent and Emergency Care Programme. Data would be processed by North East London CSU and by Chelsea and Westminster NHS Foundation Trust as the legal entity hosting the North West London CLAHRC. Aggregate reports would be shared with Redbridge CCG and then onwards to the other CCGs.</p> <p>Discussion: IGARD queried the role of the 32 CCGs within this application, and whether they were in fact acting as data controllers in addition to Redbridge CCG. In addition a query was raised about whether fair processing assurances should be provided for the 32 CCGs,</p>

although it was noted that only pseudonymised data would be disseminated. After some discussion it was agreed that more information was needed about the role of the 32 CCGs in commissioning this work and determining how data should be processed or what outputs should be produced, to help clarify whether they should be considered data controllers. It was suggested that if a collaboration agreement was in place between Redbridge CCG and the other CCGs then that document might help provide clarification.

A further query was raised about the involvement of North West London CLAHRC, and whether any data or outputs of the work would be shared with the partner organisations involved with the CLAHRC.

There was a discussion about the use of patient data for the purpose of analytics and to develop algorithms, and whether a possible future option would be to use sample data for this type of work. It was suggested this could be discussed at a future educational session.

Outcome: Recommendation deferred, pending:

- Clarifying the relationships between the different organisations involved, with evidence of whether the 32 CCGs should be considered joint data controllers in addition to Redbridge CCG.
- Clarifying the role and responsibilities of the CLARHC in this application.

IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.

2.6

Lancashire Care NHS Foundation Trust – The Innovation Agency SA01-AMD-NW (Presenter: Stuart Richardson) NIC-79728-X2C2X

Application: This new application requested pseudonymised SUS and local provider data for residents registered within the Liverpool CCG area. The application was submitted by Lancashire Care NHS Foundation Trust as the legal entity hosting the Innovation Agency, which led on the North West Coast Connected Health Cities programme. It was noted that AIMES Grid Services CIC would act as a data processor, and that University of Liverpool staff would be working under honorary contracts with the Foundation Trust so that they could process data. Data would be used to support work on the two clinical pathways of Alcohol and Emergency Care (COPD and Epilepsy).

Discussion: IGARD queried the role of various different organisations in this work, as the application listed a number of organisations involved in the Connected Health Cities programme including Lancaster University and Quaenam Limited. IGARD received verbal assurances that only AIMES, Lancashire Care NHS Foundation Trust and the University of Liverpool staff working under honorary contracts would have access to data. However it was noted that the application stated data would 'only be shared with those parties listed' and some concerns were raised that listing a number of other organisations could imply that the data processors could also share data with those additional organisations.

A query was raised about a statement within the application that AIMES could only process data as set out within the data sharing agreement, and that the data controller 'will ensure that a robust agreement is in place with AIMES'. It was confirmed that NHS Digital would not usually request sight of this type of agreement between data controller and processor, but that it was the responsibility of the data controller to ensure that appropriate arrangements were in place so that any requirements of the data sharing agreement were also in place for the data processor.

There was a discussion of the honorary contract arrangements and concerns were raised that the documents provided did not provide sufficient evidence that in the event of a data breach involving an individual working under an honorary contract, the substantive employer would be informed and would take disciplinary action rather than the honorary contract simply ending.

A reference to analysts accessing data was queried and it was agreed the application wording

	<p>should be amended to be clear this referred to the individuals working under honorary contracts rather than any other analysts. In addition IGARD queried a reference within the application to contracting individuals under honorary contracts and it was agreed this wording should be clarified.</p> <p>IGARD noted the application listed a DPA registration expiry date for AIMES that had now passed, and asked for the application to be updated to reflect the new expiry date following renewal. IGARD also noted some uses of jargon within the application and reiterated the importance of writing applications in a way that could be understood by a lay audience.</p> <p>Outcome: Recommendation deferred, pending:</p> <ul style="list-style-type: none"> • Clarifying a reference to sharing data with the listed parties to be clear this does not include the other Connected Health Cities partner organisations. • Providing evidence that appropriate contractual arrangements are in place to ensure that if a data breach occurs involving an individual working under an honorary contract, the substantive employer would be notified and would take disciplinary action. <p>IGARD advised the application should be amended to more clearly explain the role of the different organisations involved, to correct a reference to contracting employees from the University of Liverpool, and to clarify references to 'the analysts' accessing the data. In addition the application should be amended to update the DPA registration expiry date for AIMES.</p> <p>IGARD advised that future data flow diagrams should use the term 'identifiable' rather than clear data.</p>
2.7	<p><u>Nuffield Trust - Retrospective analysis of the impact of Age UK delivered community intervention on NHS hospital use (Presenter: Dickie Langley) NIC-18674-W8Q8K</u></p> <p>Application: This was a new application requesting Hospital Episode Statistics (HES) IDs and other fields matched to cohort provided to NHS Digital by Age UK. The Nuffield Trust would use this data, in combination with HES data already held under an existing data sharing agreement, to investigate and evaluate the Age UKs Integrated Care Programme.</p> <p>Discussion: IGARD discussed the role of Age UK in this application and queried whether that organisation should also be considered a data controller along with the Nuffield Trust. IGARD were informed that Age UK held appropriate security assurances and a current data sharing framework contract with NHS Digital, and it was suggested that the application should be updated to list both organisations as joint data controllers.</p> <p>A query was raised about the process for control group data as IGARD noted that the applicant would make use of the data already held under a separate data sharing agreement. It was clarified that the HES ID could be used to link the two datasets without requiring any identifiable data to be combined with pseudonymised data.</p> <p>The participant consent materials were noted and IGARD suggested that the applicant should ensure these provide a sufficiently clear explanation for participants.</p> <p>Outcome: Recommendation to approve. IGARD advised that the application should be amended to list Age UK as a joint data controller along with the Nuffield Trust.</p>
2.8	<p><u>Royal College of Surgeons - The access to and outcomes of elective joint replacement surgery for patients with long-term conditions (Presenter: Dickie Langley) NIC-26815-F8H6B</u></p> <p>Application: This application requested pseudonymised HES and Patient Reported Outcome Measures (PROMs) data, in addition to Office for National Statistics (ONS) mortality data including the identifiable field date of death. It was stated that while the Royal College of Surgeons would be the sole data controller and processor, honorary contracts would be used</p>

<p>2.9</p>	<p>to enable some staff employed by London School of Hygiene and Tropical Medicine to also process the data.</p> <p>Discussion: IGARD queried the requirement for date of death, and noted that the applicant had confirmed that using alternative data fields would not be suitable for their research. The involvement of a PhD student in the research was queried and IGARD requested confirmation of whether a PhD thesis would be an additional output of the work.</p> <p>The description of the data as anonymised in context was queried, considering the number of datasets to be linked and the use of date of death. It was noted that the applicant committed not to link the data provided to any other record level data, and that date of death would be converted to survival from date of surgery following which the date of death would be removed.</p> <p>IGARD noted the proposed fair processing wording and agreed that this seemed appropriate. There was a discussion of the timescale for this information to be published and IGARD suggested that the applicant should be asked to commit to making the information publicly available within six weeks to allow data to be shared. In addition it was suggested the applicant should carefully consider where the information would be published on their website to ensure it would be easily accessible.</p> <p>IGARD requested more information about how the planned outputs would be disseminated in a way that would help achieve healthcare benefits, and communicate these benefits to the general public.</p> <p>Outcome: Recommendation to approve, subject to conditions:</p> <ul style="list-style-type: none"> • A commitment from the applicant to publish the proposed fair processing wording online within six weeks. • A clearer explanation of the planned dissemination of outputs to show that these will be communicated in a way that will help achieve and communicate the benefits to health and social care, including dissemination to a lay audience. • Clarification of whether a PhD thesis will also be an output of this work. <p>IGARD advised that the applicant should consider where the fair processing information is made available on their website and to ensure it is clearly accessible.</p> <p>It was agreed the above conditions would be considered out of committee by IGARD members.</p> <p><u>University Hospitals of North Midlands Trust - HDIS (Presenter: Gaynor Dalton) NIC-12406-X5D0K</u></p> <p>Application: This application requested continued access to the HES Data Interrogation Service (HDIS), with the ability to download aggregated extracts of data only. Two HDIS licenses were requested and it was confirmed any data shared beyond those two individuals would have small number suppression applied in line with the HES Analysis Guide. It was confirmed the application included a number of standard special conditions relating to the use of HDIS, including a requirement to destroy any record level data previously downloaded from HDIS.</p> <p>Discussion: IGARD noted the information provided about how the applicant had previously made use of HDIS to achieve health or care benefits and it was agreed that this information was helpful in demonstrating the impact of HDIS access. There was a brief discussion of the dataset period and it was explained that HDIS provided access to HES data over a large number of years but that applicants' use of data could be audited to ensure they had not downloaded excessive amounts of data.</p> <p>IGARD queried whether the applicant was currently in receipt of any extracts of HES data in addition to the HDIS access requested. It was confirmed that the applicant did not hold any extracts of HES data and IGARD asked for the application to be updated to reflect this. It was</p>
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<p>2.10</p>	<p>also confirmed that the two individuals accessing data were substantive employees of the University Hospitals of North Midlands Trust, and that the previous agreement for HDIS access had been with the merged organisation rather than either of the former organisations.</p> <p>Outcome: Recommendation to approve. IGARD advised that the application should be updated to reflect that the applicant organisation is not in receipt of a HES data extract. IGARD noted that the applicant's DPA registration was shortly due to expire and would need to be renewed, and suggested that a reference to 'our patients' should be amended.</p> <p><u>Islington Council (Presenter: Gaynor Dalton) NIC-71603-T8C0Q</u></p> <p>Application: This application for pseudonymised HES data used the standard Local Authority Public Health template and included the standard special condition wording about the organisation's privacy notice. It was noted that data would be processed by the Public Health team within the Council.</p> <p>Discussion: There was a discussion of the process for Local Authority privacy notices and IGARD emphasised the importance of organisations ensuring that they clearly informed the general public what data was held and for what purposes. In addition IGARD suggested that the applicant should update their DPA registration wording.</p> <p>It was noted that there was currently an open action to update the Local Authority Public Health template wording around the Licensing Act; it was anticipated that this change would be made for renewal applications from March 2017 onwards.</p> <p>Outcome: Recommendation to approve. IGARD noted that the applicant should consider updating their DPA registration wording to refer to processing data about patients.</p>
<p>2.11</p>	<p><u>University of Cambridge - The SIMPLIFIED Registry Trial (Presenter: Gaynor Dalton) NIC-24422-R3W3S</u></p> <p>Application: This application was for identifiable HES and ONS mortality data for a consented cohort of trial participants. The University of Cambridge would act as data controller and would be the sole processing location, but it was noted that Cambridge University Hospitals NHS Foundation Trust would also act as a data processor with staff accessing the data remotely.</p> <p>IGARD were informed that the study had not yet begun recruiting participants but copies of the proposed consent materials had been provided. It was noted that the application abstract referred to an outstanding point regarding the applicant's security assurances, but it was confirmed that this was now completed and NHS Digital had accepted the security assurances.</p> <p>Discussion: A reference to University College London (UCL) within the application abstract was queried and it was clarified that this was an error as that organisation was not involved in this application. There was a discussion of the planned data retention period and it was felt that this was in line with retention periods for similar research.</p> <p>IGARD queried the planned outputs and expected benefits of this work, as it was felt the application did not clearly explain how outputs would be disseminated in a way that would help achieve benefits to health or social care. It was agreed the applicant should provide further information on this point.</p> <p>There was a discussion of the consent materials and IGARD suggested that, given a statement within the materials that no information about participants would be shared with third parties not directly involved in the research, the applicant might wish to include a clearer</p>

explanation of which organisations would be directly involved to avoid inadvertently ruling out sharing data with these organisations in future. In addition it was suggested that the consent materials could make it clearer how an individual could withdraw their consent, but it was acknowledged that the information sheet did state that individuals should contact their study doctor to withdraw consent.

IGARD noted the use of a large number of acronyms in this application and emphasised the need to ensure that applications could be understood by a lay audience, such as when certain sections of the application were made available to the general public via the data release register. IGARD queried the applicant's DPA registration expiry date and it was confirmed that this registration had now been renewed.

Outcome: Recommendation to approve, subject to conditions:

- Providing further information on the dissemination strategy for the planned outputs.

IGARD advised that the abstract wording should be amended to reflect that the applicant's security assurances have now been accepted by NHS Digital, and to correct a reference to UCL. IGARD also advised that the application should be updated to list the new DPA registration expiry date for Cambridge University Hospitals NHS Foundation Trust. In addition IGARD advised that the applicant might wish to consider updating their consent materials to specify which organisations are involved in the study so as to not rule out the possibility of future data sharing with these organisations.

2.12

Group application for 10 Local Authorities⁴ - Greater Manchester LA Template SUS (Presenter: Garry Coleman)

Application: This application, which had been based on the Local Authority Public Health template for HES data requests, requested regional SUS data for ten Local Authorities in the Greater Manchester area to be used for public health purposes. It was anticipated that a number of other Local Authorities would also request SUS data in future using the same template.

IGARD were informed of a number of errors within the application, including a number of references to HES data that should instead state SUS data. It was also noted that while the application stated that Manchester City Council did not have an IG Toolkit score, the public health team that would process data held a satisfactory reviewed IG Toolkit score. It was noted that Bolton Council did not yet have a data sharing framework contract in place and that data could not be released to that organisation until a fully signed contract was confirmed.

Discussion: IGARD recognised the need for Local Authorities to hold data appropriately and expressed their support for the proposed approach.

IGARD queried the differences between SUS and HES data flows and why some Local Authority public health teams might require access to one dataset rather than the other. There was a brief discussion of the datasets and it was noted that in some circumstances, organisations might wish to request access to both datasets but that for the majority of organisations either SUS or HES alone would likely be sufficient. A query was raised about the possibility of providing access to SUS data through a service similar to HDIS in future. It was suggested that at some point in the future NHS Digital might wish to review the criteria used to agree whether a Local Authority required access to SUS, HES or both to ensure that these criteria were applied consistently.

There was a discussion about the differences between this template and the template used for Local Authorities requesting HES data for public health purposes. IGARD noted that it as a

⁴ Bury Metropolitan Borough Council; Bolton Metropolitan Borough Council; Manchester City Council; Oldham Metropolitan Borough Council; Salford City Council; Rochdale Borough Council; Stockport Metropolitan Borough Council; Tameside Metropolitan Borough Council; Trafford Borough Council; Wigan Council

	<p>first of type application would be helpful to receive a briefing note or other written explanation, particularly to help inform members not present for the verbal explanation.</p> <p>IGARD noted that this application stated that data would be processed within the Local Authority's public health team. It was confirmed that applications using the same template would specify when data would be processed under a different arrangement, such as by an analytical team. IGARD suggested that a reference in the application to not sharing data outside the Local Authority should be amended to also state that data would not be shared outside the public health team without appropriate steps being taken to suppress small numbers. There was a discussion about the restrictions in place around how Local Authorities could process and use data and IGARD suggested that the application should include a more explicit statement that data could not be linked with other record level data. In addition IGARD suggested that NHS Digital should include a special condition to require each data controller to ensure that they have appropriate arrangements in place with their data processors to mirror the controls set in place by the data sharing agreement between that controller and NHS Digital.</p> <p>IGARD noted that an action had previously been raised to amend the HES template wording regarding the Licensing Act, and it was suggested that change should be reflected in this SUS template as well.</p> <p>Outcome: Recommendation deferred, pending:</p> <ul style="list-style-type: none"> • Updating the application form to correct errors. • A commitment within processing activities that NHS Digital will ensure the SUS data requested cannot be linked to local provider data or other record level data. In addition the application should be amended to update a reference to the Licensing Act. • Including a special condition to require the data controller to ensure there are appropriate data processing arrangements in place with the data processor such that they mirror the controls within this application. <p>IGARD advised that the special condition wording should be updated to include that record level data will not be used outside the specified team. IGARD also advised that NHS Digital should consider updating the LAPH template for HES applications to include the same amendments to the standard special conditions.</p>
3	<p>Any other business</p> <p>IGARD were reminded to provide comments out of committee on the draft Standard Operating Procedures.</p> <p>There was a brief discussion of the Out of Committee Report. IGARD reflected that it might be helpful for this report to note if an IAO and Director extension related to an application that had recently been reviewed by IGARD, or had been recommended for approval for a limited time period only.</p>

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 / Alan Hassey	<p>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.</p> <p>20/12/16: It was anticipated an update would be available in mid-January.</p> <p>10/01/17: Ongoing. It was agreed that this action would be taken forward by Alan Hassey rather than Peter Short.</p> <p>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.</p> <p>31/01/17: Ongoing. It was agreed the IGARD Chair would request an update on progress of this action.</p> <p>16/02/17: Ongoing.</p>	Open
06/12/16	To query the privacy notice review process within NHS Digital.	Chris Carrigan	<p>13/12/16: This had been discussed with the Caldicott Guardian but further clarification was needed.</p> <p>20/12/16: This action was ongoing in light of developments in other areas, including the drafting of minimum criteria. It was agreed that the action would be taken forward by Dawn Foster and Noela Almeida.</p> <p>10/01/17: Ongoing, pending updated criteria.</p> <p>17/01/17: DAAG were given a brief verbal update on the work taking place.</p> <p>24/01/17: Work was ongoing following receipt of the final DAAG comments on the minimum review criteria.</p> <p>31/01/17: A meeting was scheduled to discuss this later in the</p>	Open

			<p>week.</p> <p>09/02/17: Ongoing. It was agreed this action would be taken forward by the IGARD Chair.</p> <p>16/02/17: It was noted that a meeting with the NHS Digital Caldicott Guardian was scheduled to discuss this.</p>	
10/01/17	To speak to NHS Digital colleagues regarding security assurance for HQIP.	Chris Carrigan	<p>24/01/17: This had been raised with NHS Digital.</p> <p>31/01/17: This had been raised with HQIP and it was thought that work was underway to provide assurances.</p> <p>16/02/17: Ongoing. It was suggested that Jon Fistein could support this work.</p>	Open
17/01/17	To provide an update on the security assurances that NHS Digital would seek for applicants using contractors.	Garry Coleman	<p>24/01/17: It was anticipated this update would be provided to a meeting within the next few weeks.</p> <p>16/02/17: Ongoing.</p>	Open
24/01/17	To clarify the Local Authority Public Health application template wording regarding the Licensing Act.	Garry Coleman	<p>09/02/17: Ongoing. It was thought the template would be updated for renewal applications from March onwards.</p> <p>16/02/17: Ongoing.</p>	Open
31/01/17	To consider the NHS Digital process for new applicant organisations, such as due diligence and data availability for new start-ups.	Alan Hassey / Gaynor Dalton	16/02/17: Ongoing.	Open
09/02/17	To provide an update on the out of committee sign-off of NIC-69707 KPMG.	Garry Coleman	16/02/17: Ongoing.	Open
09/02/17	To circulate information about how NHS Digital currently defines data as 'sensitive'.	Gaynor Dalton	16/02/17: Ongoing.	Open
09/02/17	To consider the use of a standard special condition for applications that do not require data linkage.	Garry Coleman	16/02/17: Ongoing.	Open
09/02/17	To provide an update on whether special conditions could be reflected on the data release register or otherwise made publicly available.	Garry Coleman	16/02/17: Ongoing.	Open
16/02/17	To contact the NHS Digital Caldicott Guardian about terminology and the use of terms such as 'anonymised' or 'pseudonymised' to describe data, particularly regarding DSfC applications.	Chris Carrigan		Open

Appendix B: Out of committee report (as of 10/02/17)

These applications were previously recommended for approval with caveats by DAAG, and the caveats have subsequently been agreed as met out of committee.

The following application caveats have been signed off by DAAG:

- NIC 55763 NHS Islington CCG - SA05 CON NEL (*considered at 15/11/16 DAAG meeting*)

The following application caveats have been signed off by the Director for Data Dissemination:

- NIC-381383 Department of Transport (*considered at 24/01/17 DAAG meeting*)

IAO and Director approvals

The following applications were not considered by DAAG or IGARD but have been progressed for IAO and Director extension/renewal only:

- NIC-371031 University of York
- NIC-306894 University of Sheffield