

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

## Minutes of meeting held 22 June 2017

**Members:** Anomika Bedi, Chris Carrigan (items 1 – 2.2), Nicola Fear, Jon Fistein, Kirsty Irvine

**In attendance:** David Bryant (observer), Garry Coleman, Dave Cronin, Gaynor Dalton, Arjun Dhillon, Frances Hancox, Louise Hill, Terry Hill, Stuart Richardson, Joanne Treddenick, Vicki Williams

**Apologies:** Sarah Baalham, Joanne Bailey, Debby Lennard, Eve Sariyiannidou, James Wilson

1	<p>It was agreed that Kirsty Irvine would chair the meeting from agenda item 2.3 onwards as Chris Carrigan would not be available after that time.</p> <p><b>Declaration of interests</b></p> <p>Jon Fistein noted he had previously worked on projects with IMS Health Ltd and with CPRD but no current connection with either organisation. Anomika Bedi noted previous involvement with GPRD (predecessor to CPRD) but no current connection to the organisation.</p> <p>Kirsty Irvine noted her involvement with the Royal College of Obstetricians and Gynaecologists which was referred to in the Royal College of Surgeons application (NIC-383345-W2D3J), but no specific connection with the application.</p> <p><b>Review of previous minutes and actions</b></p> <p>The minutes of the 15 June 2017 IGARD meeting were reviewed and agreed as an accurate record of the meeting.</p> <p>Action updates were provided (see Appendix A).</p> <p><b>Out of committee recommendations</b></p> <p>An out of committee report was received (see Appendix B).</p>
2  2.1	<p><b>Data applications</b></p> <p><u>IMS Health Ltd - THIN-HES (Presenter: Gaynor Dalton) NIC-24629-X6B6N</u></p> <p><b>Application:</b> This application requested a renewal of an existing data sharing agreement, in order to receive more years of pseudonymised Hospital Episode Statistics (HES) data, and an amendment in order for IMS Health Ltd to be able to issue sub-licenses for organisations wishing to use the linked THIN-HES data. It was confirmed that IMS Health Ltd had revised their sub-license documentation in line with the requirements of NHS Digital, and a copy of the updated amendment to the sub-license was provided as a supporting document. It was noted that the use of data would be restricted to within the EEA, and it was confirmed that any continuing sub-licensees had entered into the amendment to the sub-license.</p> <p>IGARD were given a brief verbal summary of the approvals history of this request; this included that in May 2017 IGARD had considered an amendment application the use of data for an additional purpose to support a cardiovascular mortality study, and had not recommended approval. NHS Digital had subsequently approved the amendment. Due to an</p>

error IGARD had not been notified of this at the time, but had now been made aware via email.

**Discussion:** IGARD acknowledged the similarities between the data used by IMS Health Ltd and the data used by CPRD, and queried whether the GP data provided to each organisation was the same. It was clarified that the cohort of general practices providing data to either THIN or CPRD were separate, but that there was potentially some overlap of general practices submitting data to both.

There was a discussion of fair processing and IGARD agreed that although NHS Digital would only disseminate pseudonymised data under this application, it was important for patients to be informed about the general practice data provided into THIN. IGARD advised that general practices should ensure their privacy notices reflected this use of data and were in accordance with the ICO Privacy Notices Code of Practice, particularly given the potential implications of GDPR from May 2018. In addition there was a discussion about what level of information IMS Health Ltd provided for the general public about their use of data, and whether this was consistent with the type of information NHS Digital provided through the data release register. IGARD advised IMS Health Ltd to consider making more information available for the general public in the interests of transparency.

A question was raised about the legal basis to disseminate this pseudonymised data under the Health and Social Care Act 2012 and how the specific subsection cited was applicable. This was briefly discussed and it was agreed that the IG Advisor should provide clarity during an AOB discussion at the end of the meeting, with the application to be updated to reflect the outcome of that discussion.

There was a query about the fees charged by NHS Digital for data processing, and how these compared to the fees charged by IMS Health Ltd. It was confirmed that NHS Digital only charged fees on a cost recovery basis, whereas IMS Health operated as a commercial organisation. It was noted that general practices were compensated for their participation in providing data to THIN. There was then a discussion about how patient objections were applied to the data and it was clarified that any patient registering an objection with their GP would be removed from the THIN database.

IGARD noted the use of a large number of abbreviations within section 5 of the application and advised that these should be explained on their first use, to help ensure that the information would be comprehensible to a lay audience when published as part of the data release register. There was a discussion about the information provided about outputs and IGARD felt that more information about this would have been helpful; it was acknowledged that IMS Health Ltd had only recently received data from NHS Digital beyond 2011 and that more outputs would therefore be expected over the next year. IGARD agreed that when a renewal application was next submitted, this should include more information about the outputs created and the benefits achieved by that point in time.

IGARD discussed the different types of organisations and the range of purposes for which data could be used under sub-license, and there were some initial concerns that this was a rather broad description. However it was noted that any uses of data would be subject to the approval of the Independent Scientific Ethical Advisory Committee (ISEAC).

IGARD also discussed the sub-license documentation provided and noted that this was set out as an amendment to existing sub-licenses, but that a copy of the original sub-license this amended did not seem to have been provided and the appendices referred to also did not seem to be included. IGARD requested sight of these supporting documents.

**Outcome:** Recommendation to approve, subject to condition:

- Providing the relevant appendices and earlier sub-license document referred to within the sub-license amendment.

The legal basis under the Health and Social Care Act 2012 should be amended to also refer to

section 261(2)(b)(ii).

IGARD noted that when a renewal application was submitted, this would be expected to include more detail about the outputs that had been produced by that point in time.

IGARD advised that IMS Health should consider publishing the same level of detail about data disseminated under sub-license as NHS Digital would publish within their data release register and that IMS Health should discuss this further with NHS Digital.

IGARD advised the applicant that practices participating in THIN should review their websites against the ICO's Privacy Notices Code of Practice to ensure they reflect best practice standards, and in the interests of transparency, update their privacy notices as soon as possible. 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.

It was agreed the above condition would be reviewed out of committee to IGARD.

## 2.2

### Clinical Practice Research Datalink (CPRD) (Presenter: Garry Coleman) NIC-15625-T8K6L

**Application:** This application requested a renewal, amendment and extension to an agreement covering the release of HES, mental health data (MHMDS, MHLDDS), Patient Reported Outcome Measures (PROMs), DIDs, and Office for National Statistics (ONS) mortality data linked to the CPRD cohort. CPRD would further process data and share this under sub-license to third party organisations for agreed purposes only and following review by the Independent Scientific Advisory Committee. It was noted that section 251 support was in place for the flow of identifiable data. The application had previously been considered at the 24 January 2017 DAAG meeting, when DAAG had deferred making a recommendation pending clarification of a number of points including how CPRD would ensure outputs would be disseminated in a way that would result in health benefits, clarifying onward data sharing and committing to appropriately update fair processing information.

IGARD were informed that the use of Date of Death data had been discussed with ONS; ONS were content that the data could be considered anonymised due to the limitations on other fields associated with that field, and as such ONS had confirmed that the data could be shared internationally.

**Discussion:** There was a brief discussion about upcoming changes to how NHS Digital would manage applications for ONS mortality data.

IGARD discussed the points that had been raised by DAAG when the application had been deferred in January 2017, and agreed they were largely content that these had now been addressed. The updated fair processing information was noted and IGARD expressed their agreement with the points raised by HRA CAG regarding patient communications; it was suggested that CPRD should continue to work with NHS Digital staff to improve their patient information materials. It was noted that CPRD did publish information about approved applications for the use of data, and IGARD welcomed this.

IGARD noted the sub-license provisions for CPRD to audit sub-licensees or require them to provide information about compliance with the agreement, and queried whether NHS Digital would also have the option to audit sub-licensees. It was clarified that NHS Digital would be able to require information or to audit CPRD directly under their data sharing agreement, and that CPRD would be responsible for any data shared under sub-license and how it was managed with possible consequences for their own data sharing agreement in the event of any problems.

A query was raised about a reference within a supporting document to NHS Digital as a data processor, as it was noted that they were not listed as a data processor for the purposes of this application. It was clarified that for the data disseminated under this application, NHS

2.3	<p>Digital was acting in the role of data controller. There was a discussion about the matching process where NHS Digital would act as a trusted third party to ensure that datasets such as cancer registration data could be linked without needing to disseminate direct identifiers to CPRD.</p> <p>There was an additional query about how the legal basis to disseminate data under the Health and Social Care Act 2012 was reflected in this application, and it was agreed this would be clarified during the wider discussion later in the meeting about subsections of that Act.</p> <p><b>Outcome:</b> Recommendation to approve.</p> <p>IGARD expressed their agreement with the points raised by HRA CAG regarding information for patients, and advised that CPRD should continue to work with NHS Digital to improve their patient information materials to accurately describe the level of identifiability of data. IGARD advised the applicant that practices providing data to CPRD should review their websites against the ICO's Privacy Notices Code of Practice to ensure they reflect best practice standards, and in the interests of transparency, update their privacy notices as soon as possible. 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.</p> <p><u>Royal College of Surgeons - Maternity Birth Data Study (Presenter: Jen Donald) NIC-383345-W2D3J</u></p> <p><b>Application:</b> This application requested an amendment to an existing agreement, which had been considered by DAAG on 8 November 2016, with the requested amendment being to cover the flow of ONS mortality data (including date of death) in addition to the HES data already disseminated. It was noted that the application included a commitment that once processing was completed and date of birth and date of death were no longer required, the applicant would destroy these fields. The applicant had been made aware that they should update their DPA registration wording to include processing data about patients for the purpose of health research.</p> <p><b>Discussion:</b> IGARD queried whether the applicant's section 251 application had originally included reference to the use of ONS mortality data. It was confirmed this was correct, but that an appropriate legal basis for the use of ONS data had not previously been in place and hence the last application reviewed by DAAG had not included ONS mortality data. IGARD noted that the study protocol did not seem to reflect the use of mortality data, and queried whether the protocol had been updated to incorporate this and whether updated Research Ethics Committee approval had been sought.</p> <p>There was a discussion of fair processing and IGARD felt that it would be helpful to have more information for patients about the use of HES and mortality data in a more easily accessible location on the website. It was agreed that the applicant should be expected to make improvements within a reasonable time and IGARD asked for a special condition to be included within the application that the applicant should make appropriate progress within four months.</p> <p>IGARD noted a reference in the application to the study team being 'closely linked' to ongoing maternity service evaluation work carried out by the Royal College of Obstetricians and Gynaecologists (RCOG). It was agreed this wording should be updated to clearly state that data should not be shared with this organisation or linked with National Maternity Audit data. However it was suggested that the applicant should consider working with RCOG patient networks to share information about the outcomes of this work.</p> <p>IGARD noted that section nine of the application listed the Approved Researcher accreditation</p>
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details but not the Microdata Release Panel approval information, and it was agreed this should be added to the application.

**Outcome:** Recommendation to approve.

The application should be amended to confirm that the study protocol has been updated to include the use of mortality data. A reference to the study team being closely linked to the work undertaken by RCOG should be amended to explicitly state that data will not be shared with this organisation or linked with National Maternity Audit data. Section nine of the application should be amended to include the Microdata Release Panel expiry date. As a result of this application IGARD would like to draw the applicant's attention to the importance of the accessibility and clarity of their Privacy Notice. The applicant is advised to review their notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and in the interests of transparency, update their notice as soon as possible. The applicant will be expected to demonstrate progress against this recommendation in any audit undertaken and completion of the requirement for any renewal / new application for data. The EU 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, and IGARD would remind applicants that this will come into force in May 2018. It was agreed a special condition should be added to the application that the applicant must make appropriate progress with this within four months.

## 2.4

Harvey Walsh (Presenter: Garry Coleman) NIC-05934-M7V9K

**Application:** This application was to amend and renew an existing agreement, with the amendments being to more clearly reflect the provision of services to Academic Health Science Networks (AHSNs), request an additional five years of data for a total of ten rolling years of data, and to add DIDs data to the HES data already requested.

**Discussion:** IGARD acknowledged that MedConfidential had written to raise some queries regarding this applicant, the recent data sharing audit of the applicant and the previous review of Harvey Walsh applications by DAAG. A response from NHS Digital had been provided to IGARD, but IGARD had not yet formally responded to MedConfidential. It was agreed that although those activities were ongoing, the current application should be reviewed and considered solely on its own merits.

A query was raised in relation to the percentage breakdown of customer organisations, as the numbers provided did not appear to total 100%. In addition it was felt that the application could have more clearly explained what proportion of work would result in health benefits as opposed to other, non-health benefits.

IGARD discussed the request for ten years of data rather than the five data years already provided; it was confirmed that the Axon tool would only continue to make use of five years of data, and IGARD asked for a special condition to be added to the application to reflect this. There was a discussion of the reasons that DAAG had previously recommended that data be limited to five years and IGARD noted that in those situations the applications related to organisations that needed the data in order to carry out benchmarking activities. However, it was noted that this particular application envisaged a wide range of uses of data (such as analysis looking at trends over a ten year period) in addition to benchmarking. IGARD acknowledged the information provided in a supporting document from the applicant about the justification for needing ten years of data for specific projects. However IGARD noted that the level of justification provided was variable, and that a clearer case was needed for the specific projects for which ten years of data would be used as it was noted that the supporting document referred to 'example' projects rather than a specific list. It was suggested that the applicant could consider establishing additional governance arrangements to allow the applicant to receive the additional years of data for use only with projects that met specific

<p>2.5</p>	<p>criteria. This mechanism is in line with similar applications from academic organisations and is one whereby more detail is typically provided within the applications about the governance arrangements that would be implemented controlling the amount of data each project could use. IGARD agreed that more information was needed about the criteria that would be used within these governance arrangements to determine how much data would be appropriate for each project. There was a brief discussion about the governance processes used by IMS Health Ltd and CPRD but it was acknowledged that this application did not include any data sharing with third parties under sub-license.</p> <p>It was noted that the legal basis for NHS Digital to disseminate data was listed as section 261(1) of the Health and Social Care Act 2012, but that IGARD had raised a query earlier in this meeting about what particular subsections of the Act applied to this type of dissemination of pseudonymised data. It was agreed that pending the outcome of that wider discussion, this application should be updated to appropriately reflect the relevant subsection.</p> <p>IGARD queried whether clients accessing data via the Axon tool required a sub-licence. It was explained that the only data visible to the applicant's clients would be aggregated data with small numbers suppressed; this data was therefore considered to be publishable data and as such NHS Digital did not impose sub-licensing requirements. A further query was raised about the definition of small numbers and it was confirmed this was set out within the HES Analysis Guide.</p> <p>There was then a discussion about the possibility that some of the projects described might require ten years of data more urgently – for example in instances where work had already begun some time previously but had been halted midway. It was agreed that if the applicant wished to request the use of ten years of data for a number of specific projects only, while undertaking wider work to put in place appropriate governance arrangements so that the applicant could apply agreed criteria itself to determine which projects would be entitled to use the additional amount of data, then the applicant could submit additional information about those specific projects. This additional information should include details of their purposes, processing, outputs and expected benefits with a clear justification for why ten years of data would be necessary, and with the application to be updated to state that at this point in time the additional data years could only be used for those specific projects. It was agreed that an updated application to request this could be submitted to the following IGARD meeting for consideration; it was thought that this approach would be consistent with other applications where the use of some data had been limited to specific projects only.</p> <p><b>Outcome:</b> Recommendation deferred, pending:</p> <ul style="list-style-type: none"> <li>• Providing information about the additional governance controls that will be in place in order to appropriately and independently determine how many data years should be used for individual research projects.</li> <li>• If some projects requiring ten years of data were more urgent and would require data sooner than additional governance controls could be established, then the applicant should submit an updated application with additional information to justify why each specific project required this number of data years, with the application to clearly state that the use of ten years of data would be restricted to those specific projects.</li> </ul> <p>The application should be amended to include a special condition that only five data years can be used within the AXON tool.</p> <p>The legal basis under the Health and Social Care Act 2012 should be amended to also refer to section 261(2)(b)(ii).</p> <p><u>Group application for 2 CCGs<sup>1</sup> (Presenter: Stuart Richardson)</u></p> <p><b>Application:</b> This was an amendment application to allow the two CCGs to share</p>
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<sup>1</sup> NIC-82373-G0D9K NHS Corby CCG and NIC-82394-W7G7J NHS Nene CCG

	<p>pseudonymised Secondary Uses Service (SUS), mental health (MHMDS, MHLDDS, MHSDS), maternity (MSDS), Improving Access to Psychological Therapies (IAPT), Children and Young People's Health (CYPHs) and DIDs data for commissioning purposes. The application would also extend the existing flows of identifiable SUS data for risk stratification and invoice validation, but it was confirmed that this data would not be included in the data sharing between the two CCGs. This application had been considered at the 16 February 2017 IGARD meeting, when IGARD had deferred making a recommendation; additional information had now been provided as requested.</p> <p>IGARD were informed that due to a change in internal processes, this application would be split into separate data sharing agreements so that the flow of identifiable SUS data for risk stratification and invoice validation would not be part of the same agreement as the pseudonymised SUS data that would be shared between CCGs under their joint data controllership.</p> <p><b>Discussion:</b> IGARD noted the information provided about the CCGs' privacy notices and expressed their thanks for the helpful way this was presented.</p> <p>IGARD queried a reference to Leicester City CCG within the application; it was confirmed that Leicester City CCG had previously been part of a group application with these two CCGs, but that it was not part of the current group application.</p> <p>It was noted that the application included a commitment not to link the record level data other than as specifically described within the application. IGARD suggested this wording should be updated to also state that the pseudonymised data and identifiable data must be stored entirely separately and not linked, as had previously been raised at the 16 February 2017 meeting.</p> <p>There was a discussion about the data controller roles of the two CCGs, and whether they should be considered data controllers in common, joint data controllers or possibly both. On balance it was agreed to be appropriate to describe them as joint data controllers, as was currently stated within the application. IGARD noted that the collaboration agreement between the CCGs referred to them as data controllers in common and IGARD suggested the CCGs might wish to review the use of this term in that agreement for consistency with the roles described within this application.</p> <p><b>Outcome:</b> Recommendation to approve.</p> <p>A statement in section 5 that record level data will not be linked should be amended to also state that pseudonymised and identifiable data must be held entirely separately and not linked. IGARD suggested the applicant might wish to consider describing the two CCGs as joint data controllers within the collaboration agreement, for consistency with how data controllership is described within this application.</p> <p>It was noted that the application would be split to separate the identifiable data flows into a separate data sharing agreement from the pseudonymised data that would be shared between CCGs under joint data controllership.</p>
3	<p><b>Any other business</b></p> <p>Stuart Richardson queried whether, due to application pressures and an upcoming deadline for the Data Services for Commissioners team, IGARD would be willing to consider applications where the applicant CCG's privacy notice had not yet passed a review against the nine point criteria. This would require a time-limited special condition restricting signature of the new data sharing agreement (and release of new data), until the privacy notice had passed review. IGARD noted this suggestion but agreed that it was not appropriate to take a view before discussing this with the wider IGARD membership including the Chair.</p>

There was a discussion with input from the IG Advisor about how applications recorded the legal basis to disseminate pseudonymised data under the Health and Social Care Act 2012, specifically when this was listed as section 261(1) of the Act. Section 261(1) of the Health and Social Care Act makes reference to section 261(2) of the Act and IGARD queried which part of section 261(2) would therefore apply in these cases. It was clarified that the described data disseminations would be covered by section 261(2)(b)(ii), and IGARD asked for this to be reflected in future applications to ensure that the legal basis was described accurately.

**Action:** 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).

IGARD were notified that the NHS England (Temporary National Repository – IAPT) application that had been considered at the 4 May 2017 meeting had contained an incorrect NIC reference number. The application had been recorded as NIC-92346, but the correct reference number was NIC-107814-Z0J1Q.



## 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	<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>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.</p> <p>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.</p> <p>11/05/17: This action was not discussed due to time restrictions.</p> <p>18/05/17: IGARD received a verbal update on work underway to develop 'dummy data' for the purpose of developing tools and algorithms.</p> <p>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</p>	Open

			and to raise the topic again at a later date. 22/06/17:	
23/03/17	To provide a response to previously raised IGARD queries about indemnity.	IGARD Secretariat	06/04/17: An update had been provided and the action remained open. 13/04/17: This was ongoing within NHS Digital. 01/06/17: The Caldicott Guardian had request a meeting with the IGARD Chair and others to discuss this. 08/06/17: A call had been scheduled to discuss this. 15/06/17: Ongoing pending the scheduled call. 22/06/17: This call had taken place and a note would be circulated to confirm the outcome.	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	22/06/17: 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.	IGARD Chair	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.	Open
04/05/17	Robyn Wilson and Joanne Treddenick to agree updated wording for the PCMD application template on type two objections, ensuring that this is consistent with published NHS Digital information about exceptions to type two objections.	Robyn Wilson	11/05/17: The IG Advisor gave a verbal update with confirmation that in October 2016 NHS Digital had confirmed a decision that type two objections would not be considered to apply to this flow of data due to the specific legal gateways around ONS data sharing. Further work was planned to agree the specific application wording to describe this. 18/05/17: IGARD were informed by the Secretariat that Robyn and Joanne had agreed new draft wording, and that this would be circulated to IGARD for discussion out of committee. 25/05/17: The new draft wording had been circulated out of committee and members were reminded to provide any comments by email if they wished to do so. 08/06/17: There had been a further discussion of the wording by email. 15/06/17: IGARD had received an updated email response to the	Open

			queries raised. IGARD were asked to provide any comments on this by the following week's meeting. 22/06/17: This was currently with an IGARD member to respond.	
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.	Open
01/06/17	Garry Coleman to provide information about the process for applicants moving from the use of identifiable to pseudonymised data and what standard steps are taken when they opt to retain identifiable data as well as receiving new pseudonymised data.	Garry Coleman	22/06/17: Ongoing.	Open
15/06/17	NHS Digital to provide information about the standard approach to data destruction where an applicant has been provided with data for linkage, and whether the original data should be retained as well as the linked data.	Jen Donald	22/06/17: Ongoing.	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 outcome of this check to IGARD for information.	Stuart Richardson	22/06/17: Ongoing.	Open
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		Open

## **Appendix B: Out of committee report (as of 16/06/17)**

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

The following application conditions have been signed off by the IGARD Chair:

- Group application for 2 CCGs (GA01-CON-NEL) (*Considered at 22 November 2016 DAAG meeting*)
- NIC-86861 Doncaster CCG (*Considered by IGARD 20 April 2017*)

The following application conditions have been signed off by a quorum of IGARD members:

- NIC-46287 Northern Eastern and Western Devon CCG (*considered at 12 July 2016 DAAG Meeting*) – IGARD recommended that the Deputy Caldicott Guardian undertake an appropriate review of process.