

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 22 March 2018

Members: Joanne Bailey, Chris Carrigan (Chair), Nicola Fear, Jon Fistein, Kirsty Irvine, Eve Sariyiannidou.

In attendance: Garry Coleman (item 2.7) Arjun Dhillon (items 2.6 and 2.7), Kirsty Dormand, Les Fawcett, James Humphries-Hart, Dickie Langley, Joanne Treddenick (Item 2.4), Kimberley Watson, Vicki Williams.

Apologies: Sarah Baalham, Anomika Bedi.

1	<p>Declaration of interests</p> <p>There were no declarations of interest.</p> <p>Review of previous minutes and actions</p> <p>The outcomes of the 15 March IGARD meeting were reviewed and were agreed as an accurate record of that aspect of the meeting.</p> <p>The minutes of the 15 March IGARD meeting were reviewed out of committee by IGARD following conclusion of the meeting, and subject to a number of minor changes were agreed as an accurate record of the meeting.</p> <p>Out of committee recommendations</p> <p>An out of committee report was received (see Appendix B).</p>
2	<p>Data applications</p>
2.1	<p>Cancer Waiting Times Briefing Note (Presenter: James Humphries-Hart / Les Fawcett)</p> <p>This was a briefing note to note a change in systems used for the National Cancer Waiting Times Monitoring Data Set (NCWTMDS) specifically in relation to CCG access to pseudonymised record level data.</p> <p>The NCWTMDS has been collected as part of the National Cancer Registry (NCR) since 2001 and many different policies and legislation have historically been used to keep the data flowing in order to monitor times taken to diagnose and treat patients with cancer and ensure these are in line with the expectations and rights of patients in the NHS Constitution.</p> <p>CCG's currently have direct access to the Open Exeter Cancer Waiting Time (CWT) system which allows pseudonymised patient level information to be downloaded to manage performance and investigate breaches against the national standards with a new system due to be activated on the 1 April 2018.</p> <p>Discussion: IGARD welcomed the briefing note and the valuable work undertaken.</p> <p>IGARD asked for clarity with regard to the legal basis for collection of data and NHS Digital confirmed that NHS Digital collect data under the Direction and disseminate the data under the Health & Social Care Act 2012.</p> <p>IGARD noted that data should be described as pseudonymised within section 2 and 8 and that reference to the NHS Number be clearer that the CCG cannot access the NHS Number.</p> <p>IGARD also suggested that should further applications be submitted that the briefing note be updated to strengthen the information provided within section 7 and to specifically include further information on statutory functions and how they would be relevant to the specific flows of data and any further flows of data in the same context.</p>

	<p>NHS Digital confirmed that NHS England was the Data Controller with NHS Digital as the Data Processor and that NHS England had relevant Data Sharing Agreements (DSAs) with all organisations involved.</p> <p>IGARD queried in section 4 the migration from the old system to the new system and if there was a need to delete data from the old system or if there would be a dual flow of data. NHS Digital confirmed no dual data flow and that data could not be held on the new national system due to formatting issues, so data prior to 2009 would be archived and that CCG's would be permitted to view a snapshot of archived data via the new system.</p> <p>IGARD noted the specific scope of the briefing note and that, if further flows of data were required, that further evidence would need to be provided on statutory functions and/or legal basis and to ensure any references to linkages were clarified.</p>
2.2	<p><u>Group 207 CCG's: an amendment for 207 CCG's to receive National Cancer Waiting Times Monitoring Data Set (Presenter: James Humphries-Hart / Les Fawcett)</u></p> <p>Application: This was an amendment application for 207 CCG's to continue to receive pseudonymised record level National Cancer Waiting Times Monitoring Data Set (NCWTMDS) which has been collected as part of the National Cancer Registry (NCR) since 2001. CCG's use pseudonymised Cancer Waiting Time (CWT) data to provide intelligence to support the commissioning of health services with the data analysed so that health care provision can be planned to support the needs of the population within the CCG area.</p> <p>NHS Digital noted that the table of difference provided should be updated to correct the CCG's DPA registration expiry dates.</p> <p>NHS Digital also noted that the CCG's would not be expected to retain both sets of data disseminated, and that the old data would be destroyed, and a special condition included in the Data Sharing Agreement (DSA).</p> <p>Discussion: IGARD noted that the DPA registration expiry dates for all CCG's listed in the table of difference should be revisited to ensure that all dates listed were updated.</p> <p>IGARD queried if the CCG's had access to record level data and NHS Digital confirmed it was pseudonymised data. IGARD was suggested that the terminology be corrected within the abstract to note that it was pseudonymised data.</p> <p>IGARD noted that the application stated that CWT could be linked to other datasets and queried the linkages. NHS Digital noted that the class action covered all CCG's and that the information provided within the application was to cover all requirements including appropriate linkages.</p> <p>IGARD noted that outputs and purposes outlined in the application were high level and suggested that further information be provided within section 5 of the expected purposes and outputs as outlined in the Direction, for transparency and to ensure the data disseminated by NHS Digital was being used as outlined in the Direction.</p> <p>It was noted that historic phrasing was being used in section 4, Fair Processing and may be out of date by the time the applicant's sign their contract / DSA with NHS Digital. It was suggested that new standard wording for use with pseudonymised data be used: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements." IGARD also suggested that the ICO web link in section 4 be updated or deleted.</p> <p>Outcome: recommendation to approve</p>

	<p>The following amendments were requested:</p> <ul style="list-style-type: none"> • More information should be included in section 5 of the application about the additional outputs expected and purposes, as outlined in the Direction. • The application to be updated to ensure all DPA expiry dates for all CCG's are up to date. • To clarify within the abstract that the record level data provided to CCGs is pseudonymised. • To include in section 6 the standard special conditional for destroying data: "Upon instruction from NHS Digital, a Certificate of Data Destruction must be completed by the Data Controller confirming the data has been appropriately disposed of following use." • The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements." • To update or delete the ICO web link in the Fair Processing section.
2.3	<p><u>Salford Royal NHS Foundation Trust: a new application to receive SUS+ and Local Provider to support commissioning (Presenter: James Humphries-Hart) NIC-139568-B9N2L</u></p> <p>Application: This was a new application to receive pseudonymised Secondary Use Service+ (SUS+) and specific Local Provider Flows to provide intelligence and to support commissioning of health services. The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the North West region.</p> <p>Discussion: IGARD noted the information provided by the applicant with regard to the organisations involved and the contractual information for Salford Royal employees.</p> <p>IGARD noted that AQuA were moving to a 'self-funded model' and whether this was current or a future move and suggested that NHS Digital clarify the self-funding model with the applicant, since a change in the legal entity would invalidate any Data Sharing Agreement (DSA).</p> <p>IGARD also suggested that on renewal the application be updated to include further realised benefits from the CCG's as additional background information.</p> <p>IGARD noted a duplicate sentence regarding the "Association of Directors of Social Services" should be removed.</p> <p>IGARD noted that the sentence "Currently both teams are working across the same region, but this could change in the future, as the teams work independently" should be updated to include 'subject to a new application' for clarity.</p> <p>It was noted that historic phrasing was being used in section 4, Fair Processing and may be out of date by the time the applicant's sign their contract / DSA with NHS Digital. It was suggested that new standard wording for use with pseudonymised data be used: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements." IGARD also suggested that the ICO web link in section 4 be updated or deleted.</p> <p>Outcome: recommendation to approve</p>

	<p>The following amendments were requested:</p> <ul style="list-style-type: none"> • To remove an erroneous repeated sentence on page 5 of the application. • To insert 'subject to a new application' on page 5 should any changes be made to the purpose or team composition, for clarity • The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements." • To update or delete the ICO web link in the Fair Processing section.
2.4	<p><u>Group of 8 CCG's¹: a new application for 8 CCG's to act as joint Data Controller and receive pseudonymised data based on the Sustainable Transformation Partnership (STP) Footprint to allow collaborative working (Presenter: James Humphries-Hart) GA15-SCW-AMD</u></p> <p>Application: This was a new application to receive pseudonymised Secondary Use Service+ (SUS+) data, Local Provider Flows data, Mental Health Minimum data set, Mental Health Learning Disability data set, Mental Health Services data set, Improving Access to Psychological Therapies, Maternity Services data set, Children & Young People's Health, Community Services data set and Diagnostic Imaging data set, based on the Sustainable Transformation Partnership (STP) Footprint to allow collaborative working.</p> <p>The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the Sustainable Transformation Partnership (STP) area. Each CCG will receive data for the entire STP region covered by all the CCG's in order to support each other proactively in delivering their commissioning agendas.</p> <p>Discussion: IGARD noted the inclusion of updates to the application following a similar discussion at the previous week's meeting.</p> <p>IGARD noted that there was currently an open action with NHS Digital regarding contractual arrangements in place, the structure, enforcement strategy and how the agreements worked together so that the data disseminated by NHS Digital would be protected.</p> <p>IGARD queried references on the data flow diagram to the GP flow of data and that the diagram should accurately reflect the wording within the application. IGARD were reassured that the CSU was acting as the GP's data processor but queried the flow of data from the GP to the CCG and the processing of data by the GP for secondary purposes. NHS Digital confirmed this arrangement was generic across a number of similar applications but IGARD queried if there was a basis in common law to process the data collected for the purposes of direct health and social care for a secondary purpose which was determined by the CCG's as a joint Data Controller under this application / agreement. IGARD suggested that NHS Digital satisfy itself of the arrangements in place and before allowing any linkage of data under this application / agreement.</p> <p>It was noted that historic phrasing was being used in section 4, Fair Processing and may be out of date by the time the applicant's sign their contract / DSA with NHS Digital. It was suggested that new standard wording for use with pseudonymised data be used: "All data</p>

¹ NHS Brighton and Hove CCG NIC-169933-S9N9J; NHS Coastal West Sussex CCG NIC-169940-T7Z0K; NHS Crawley CCG NIC-169956-K3J5T; NHS East Surrey CCG NIC-169926-W4N3M; NHS Eastbourne, Hailsham and Seaford CCG NIC-169962-Z1Z6H; NHS Hastings and Rother CCG NIC-169935-Z5F1D; NHS High Weald Lewes Havens CCG NIC-169944-Q5P0D; NHS Horsham and Mid Sussex CCG NIC-169980-F2M6Z

required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements.” IGARD also suggested that the ICO web link in section 4 be updated or deleted.

Outcome: recommendation to approve.

The following amendments were requested:

- The data flow diagram provided be updated to correctly identify the data flows and wording outlined in the section 5 of the application.
- The application to be updated to ensure all DPA expiry dates for all CCG’s are up to date.
- The Fair Processing section to be amended to include the new standard wording: “All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements.”
- To update or delete the ICO web link in the Fair Processing section.

The following advice was given:

- Before allowing linkage, NHS Digital shall satisfy itself that there is a basis in common law (Common Law Duty of Confidentiality) to process data collected for purposes of direct health and social care for a secondary purpose determined by the CCGs as joint data controllers under this application.

2.5 London Borough of Tower Hamlets: Tower Hamlets Together Whole Systems Data Project (Presenter: James Humphries-Hart) NIC-150201-T3G7X

Application: This was a new application from the Local Authority re receive identifiable Secondary Use Service (SUS), Mental Health data, Children & Young People Health Services, Improving Access to Psychological Therapies, and Local Provider data flows to support the development of a pseudonymised whole system dataset for the Tower Hamlets Together Vanguard Partnership which will inform a one off report to support new care model planning and commissioning.

NHS Digital noted that the DPA registration expiry dates for NHS England and AIMES Grid Service CIC would be updated in section 2 of the application.

Discussion: IGARD were encouraged to see that work undertaken by Understanding Patient Data was being adopted within the published fair processing notice.

IGARD noted that the applicant’s fair processing did not meet NHS Digital’s nine minimum criteria for privacy notices, specifically listing the purpose of processing, the level and type of data to be processed, the processing activities and the organisations involved, reflecting the application. IGARD noted that a clear statement should then be added to the application summary that NHS Digital was satisfied that the applicant’s fair processing meets the NHS Digital nine minimum criteria for privacy notices (to be known as NHS Digital’s fair processing criteria) before data can flow. IGARD also suggested the previous privacy notice IGARD advice wording should be removed from section 4 of the application since it was no longer relevant to this application.

IGARD noted that although there currently an open action with NHS Digital regarding storage locations and how to reflect their role as data processors, AIMEs Grid Services CIC was listed as a Data Processor.

It was noted that the objective for processing work outlined in section 5 was been overseen by Institute of Health Equity at University College London (UCL) and suggested that further clarification be added of the oversight role undertaken by the Institute.

IGARD suggested that the data flow diagram be updated to accurately reflect the legal basis for each type of data flow.

It was suggested that reference to identifiable data within the application should be updated to the correct terminology: personal data

Outcome: recommendation to approve subject to the following condition:

- The fair processing notice for the applicant be updated to meet NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices including listing the purpose of processing, the level and type of data to be processed, the processing activities and the organisations involved, reflecting the application and before data can flow.

The following amendments were requested

- A clear statement should be added to the application summary that NHS Digital are satisfied that the applicant's fair processing meets the NHS Digital nine minimum criteria for privacy notices (to be known as NHS Digital's fair processing criteria).
- A reference to identifiable data should be updated to personal.
- Clarifying within section 5 of the application the oversight role of Institute of Health Equity at UCL.
- A paragraph relating to IGARD advice within the application can be removed.
- IGARD suggested that both NHS England's and AIMEs DPA registration expiry date be updated within section 2 to accurately reflect that it had been renewed.

It was agreed the condition would be approved OOC by IGARD Members.

2.6 Wilmington Healthcare: Niemann Pick Type C Patient Finder (Presenter: Kimberley Watson) NIC-34548-M7R3H

Application: This was a new application requesting Hospital Episode Statistics (HES) data to identify episodes within the HES datasets which have been coded with combinations of ICD-10 codes that suggest clinical features compatible with a diagnosis of Niemann-Pick Type C.

The application had previously been considered by IGARD on the 1 March 2018 when IGARD were unable to recommend for approval pending providing evidence that the applicant has adequately addressed the conditions of s251 support; the fair processing notice for UCLH be updated to describe the study, the organisations involved, role and full scope of processing activities and purposes of the project to meet NHS Digital's criteria; the ethical issues and how addressed.

Discussion: IGARD noted the importance of work being undertaken and work undertaken by NHS Digital and the applicant to address previous comments raised.

IGARD noted the application had been updated to reflect the comments previously raised, however IGARD noted that the issue remained outstanding with regard to providing a copy of the updated GP letter in line with HRA CAG's condition of support and that it was still not clear

	<p>if the reply slip was to be provided with the updated letter or not. NHS Digital confirmed that supporting document 5 (the reply slip) was part of s251 support and would not be provided with the updated letter sent to GP's. IGARD acknowledged that HRA CAG were assured that they had approved the process and no patient identifiers would be included, results would be in percentages and that they had requested sight of the updated letter and study results on renewal of the s251 support.</p> <p>IGARD suggested that a way forward was to for a special condition be included within section 6 of the application that the applicant must provide to NHS Digital, and within 6 months of signing the DSA, a copy of the updated GP letter in line with the HRA CAG's condition of support. It was also suggested that section 5a of the application should include the following paragraph from section 14 of the HRA CAG application form "The treating physician will be asked to let us know what the outcome for their patient was, and the NHS laboratory doing the diagnostic test will let us know how many samples were sent as a result of this project and what percentage tested positive only, this will not have any patient identifiers attached" for transparency.</p> <p>It was noted that the applicant's fair processing did not meet NHS Digital's nine minimum criteria for privacy notices, specifically that it was not published or accessible and that it should be before data flowed. IGARD also suggested the previous privacy notice IGARD advice wording should be removed from section 4 of the application since it was no longer relevant to this application.</p> <p>Outcome: recommendation to approve subject to the following condition:</p> <ul style="list-style-type: none"> • The fair processing notice for the applicant be updated to meet NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices including published and accessible, and before data can flow. <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • A special condition be included within section 6 that the applicant must provide to NHS Digital, and within 6 months of signing the DSA, a copy of the updated GP consent letter in line with the HRA CAG's condition of support. • Section 5a of the application be updated to include the following paragraph from section 14 of the HRA CAG application form: "The treating physician will be asked to let us know what the outcome for their patient was, and the NHS laboratory doing the diagnostic test will let us know how many samples were sent as a result of this project and what percentage tested positive only, this will not have any patient identifiers attached." • To remove the special condition referencing fair processing notices, since it is not relevant to this application. <p>It was agreed the condition would be approved OOC by the IGARD Chair</p>
2.7	<p><u>McKinsey & Company: standard extract subscription (Presenter: Dickie Langley / Garry Coleman) NIC-368233-L2NOW</u></p> <p>Application: This was a renewal application to receive pseudonymised Hospital Episodes Statistics (HES) data for a number a year and permitted to use this data when commissioned on a project by an NHS organisation. The applicant uses HES data in order to provide fact-based answers to McKinsey's NHS clients questions regarding identification, assessment and quantification to improve the quality and efficiency of the NHS services that they deliver or are responsible for overseeing and regulating.</p> <p>Discussion: NHS Digital noted that 'McKinsey & Company Inc. United Kingdom' (to be known as 'McKinsey' within these IGARD minutes) was a USA company incorporated in Delaware,</p>

USA with a UK establishment in London, England. It was noted that McKinsey was registered at UK Companies House.

IGARD suggested that since McKinsey were not a UK company that confirmation be sought that NHS Digital could form a contract with the appropriate legal entity and that this legal entity be listed throughout the application / Data Sharing Agreement (DSA), including the company's full registered name and registration number. NHS Digital also suggested that it be clear that this application / agreement was in relation to McKinsey and no other company with a similar name.

It was suggested that NHS Digital may also wish to consider if sufficient protection was in place for inter-group sharing with appropriate restrictions for marketing with robust measures in place to ensure the parent company could not use the data. IGARD also noted that NHS Digital should assure itself that the signing authority of the Data Sharing Framework Contract and DSA had the appropriate legal authority to sign on behalf of the USA company.

NHS Digital confirmed that although McKinsey was an USA company that storage and processing could only be undertaken in the UK and as per their DSA, however IGARD suggested that an explicit statement be added to section 5 of the application that processing of all data under this application could only take place at the applicant's London branch in England.

It was noted that historic phrasing was being used in section 4, Fair Processing and may be out of date by the time the applicant's sign their contract / DSA with NHS Digital. It was suggested that new standard wording for use with pseudonymised data be used: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements."

IGARD noted that section five of the application may not be easily understood by the lay reader when published as part of the data release register and suggested at renewal this section be updated.

IGARD noted that it had been helpful to see the list of customers McKinsey worked with and NHS Digital noted they had customers throughout the country and were permitted to process the data as per the purposes outlined in section 5 of the application.

IGARD noted that its predecessor had raised previously and suggested that the applicant's DPA registration should be updated to remove reference to survey respondents.

Outcome: recommendation to approve subject to the following conditions:

- Confirmation there is an appropriate legal entity who NHS Digital can form a contract with, listing the correct legal entity throughout the application including the company's full registered name and registration number.
- To explicitly state within section 5 that storage and processing of all data under this application will only take place at the applicant's branch location in London, England.

The following amendments were requested:

- The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements."

The follow advice was given:

- As advised by their predecessor, IGARD suggested the applicant update their DPA registration to remove reference to survey respondents.

	<ul style="list-style-type: none"> • IGARD advised that on renewal they would expect section five of the application to be updated to be more accessible to a lay reader. <p>It was agreed the conditions would be approved OOC by the IGARD Chair.</p>
<p>3 3.1</p>	<p>AOB HRA CAG / Consent</p> <p>It was agreed that the Deputy Caldicott Guardian and IGARD Chair would meet with the HRA CAG Chair.</p>

Appendix A: Summary of Open Actions

Date raised	Action	Owner	Updates	Status
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	<p>14/09/17: Ongoing. It was agreed this would be discussed during the educational session.</p> <p>07/12/17: Ongoing. It was agreed to bring the first draft to January's education session.</p> <p>08/02/18: it was agreed the updated draft be brought to the March education session</p> <p>01/03/18: the March education session was cancelled, and it was agreed to take the draft annual report to the April education session.</p> <p>22/03/18: Ongoing</p>	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	<p>10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks.</p> <p>24/08/17: IGARD received a verbal update on the work that had taken place following both audits and verbal assurances that NHS Digital were content with the level of risk involved in this organisation continuing to act as a data processor. IGARD welcomed this update and requested written confirmation.</p> <p>31/08/17: IGARD were notified that the requested written confirmation should be provided within one day.</p> <p>14/09/17: An email response had been circulated on 31 August, and IGARD noted that they were awaiting receipt of the post-audit report.</p> <p>22/03/18: Ongoing</p>	Open

31/08/17	Garry Coleman to report back on how cancer registration data was previously described as pseudonymised PDS data within older versions of applications, and present to a future education session on changes to how Medical Research Information Service (MRIS) reports are now shown within applications.	Garry Coleman	22/02/18: IGARD Secretariat to contact Garry Coleman to suggest presentation at the June education session. 22/03/18: ongoing	Open
02/11/17	NHS Digital to consider the responses provided by an applicant (Imperial College London NIC-27085) in relation to the language and terminology used in patient information materials.	Louise Dunn	22/03/18: Ongoing.	Open
07/12/17	Stuart Richardson to provide a briefing note outlining NHS Digital's work with STP's to clarify the legal / access arrangements in place between CCG's to ensure responsibilities are clearly defined	Stuart Richardson	22/02/18: IGARD Secretariat to contact Stuart Richardson to provide an update 01/03/18: Stuart Richardson noted that STP's group CCG's together in the main (noting some STPs only have one CCG) to form larger population patches to aim for efficiencies in healthcare provision over the wider patch. They are not legal entities but have started asking for data sharing on the non-identifiable data across the CCGs involved. This has been requested (and approved by IGARD) for a London set of CCGs already under a joint data controllership model. Other CCGs grouped as CCGs and as the legal entities are likely to request the same sort of model. Moving forwards, STPs will be moving to being IHSs (Integrated Health Systems) and will involve lead providers, possibly under a data processor model, and involvement of the local councils etc. So, we will be needing to then seek amendments to bring in data sharing across those additional organisations for the non-identifiable data. Identifiable data will need to be just shared with single CCGs as legal entities under CCG, sole data-controllership, DSAs.	Open

			15/03/18: IGARD queried the statement in the above text: 'other CCG's groups as CCG's and as the legal entities are likely to request the same sort of model' and asked for clarification on this point. 22/03/18: Ongoing	
15/03/18	Stuart Richardson to provide a briefing note clarifying the contractual arrangements in place, the structure, enforcement strategy and how the agreements worked together so that the data disseminated by NHS Digital would be protected and provide a verbal update to IGARD on the progress of this note by 5 April 2018.	Stuart Richardson	22/03/18: Ongoing	Open

Appendix B: Out of committee report

Independent Group Advising on Releases of Data (IGARD): Out of committee report 16/03/18

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 (inc. any changes)
NIC-58668-V5C0L	Beyond Compliance	01/03/18	<p>Cohort 2 recommended for approval subject to the following condition:</p> <ul style="list-style-type: none"> The current consent materials should be updated to state 'in pseudonymised form and will not directly identify you' in the paragraph beginning with 'Personal information is treated with high standards of confidentiality', and to remove the second paragraph on page two which begins with the sentence 'Other than for these two purposes NPS ...'. 	IGARD Members	Quorum of IGARD Members	N/A
NIC-333498-D1K7G	Cardiff University	15/02/18	<ul style="list-style-type: none"> The fair processing notice for the applicant be updated to meet NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices including ensuring information is consolidated and accessible, as well as referencing linkage to abortion data, before data can flow. 	IGARD members	Quorum of IGARD Members	N/A

			<ul style="list-style-type: none"> • An incorrect reference to 'name' being used as an identifier for data linkage be removed from the application. • Providing evidence that s.251 support is still in place for the project. • Providing evidence that there is a license in place to retain the Department of Education data beyond January 2018. 			
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In addition, the following applications were not considered by IGARD but have been progressed for IAO and Director extension/renewal:

- None notified to IGARD