

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 28 September 2017

Members: Sarah Baalham (Acting Chair for item 2.5 only), Joanne Bailey (item 2.5 only), Chris Carrigan (Chair, not present for item 2.5), Jon Fistein (not present for item 2.5), Kirsty Irvine, Eve Sariyannidou

In attendance: Louise Dunn, Rachel Farrand, Frances Hancox, Dickie Langley, Janette Spence (observer), Kimberley Watson, Vicki Williams

Apologies: Anomika Bedi, Nicola Fear

1	<p>Declaration of interests</p> <p>Both Jon Fistein and Chris Carrigan declared a conflict of interests in relation to NIC-49164-R3G5K University of Leeds (agenda item 2.5) due to their work with the University of Leeds and professional relationships with the particular applicants. It was agreed they would leave the meeting for the discussion of that application, and that agenda item would be chaired by Sarah Baalham. In addition it was noted that Joanne Bailey would join the meeting for that agenda item only to ensure quoracy.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 21 September 2017 IGARD meeting were reviewed and it was agreed any comments from IGARD would be raised by email.</p> <p>Action updates were provided (see Appendix A).</p> <p>Out of committee recommendations</p> <p>An out of committee report was provided (see Appendix B).</p>
2 2.1	<p>Data applications</p> <p><u>Methods Analytics (Presenter: Dickie Langley) NIC-09519-D5G0R</u></p> <p>Application: This amendment application requested to continue to receive monthly Hospital Episode Statistics (HES), Secondary Uses Service (SUS) and Diagnostic Imaging Dataset (DIDs) data as well as the addition of Office for National Statistics (ONS) mortality data. Following discussions about data minimisation the applicant had reduced the number of data years requested from seven to six years.</p> <p>Discussion: IGARD noted that the commissioning letter, which provided evidence of the legal basis for dissemination of ONS mortality data under section 42(4) of the Statistic and Registration Service Act 2007, had not been provided alongside the application. A copy of the commissioning letter was circulated during the meeting and IGARD confirmed that they were content, but emphasised the need to ensure appropriate evidence of legal basis was in place for future applications. There was a discussion of the standard process for applicants holding ONS data under section 42(4) and it was confirmed that if an applicant reached the end of the period defined in their commissioning letter then they would not be permitted to continue to hold the data for potential future requirements.</p> <p>There was discussion of the amount of data years requested and whether providing six years of HES data was consistent with the approach taken in other similar applications. It was</p>

confirmed that six years of data was required to produce Summary Hospital Mortality Indicators (SHMI) and that any other applicant requiring data for this purpose would also be expected to receive six years of data.

IGARD considered that the application did not provide a sufficiently clear explanation of what level of data would be visible to what different types of subscribers to the Stethoscope tool, as for example wording such as 'a further level of drilldown' was considered unclear. It was explained that the when viewing the aggregated data, small numbers would only be visible to Trusts when looking at data about their own consultants, and that record level data would not be visible to any subscribers. IGARD asked for the application to be amended to more clearly explain this and to clarify descriptions such as 'granular information'.

IGARD queried a reference to data storage in the Republic of Ireland, as it was thought that this was no longer permitted following a previous breach of an earlier data sharing agreement. It was clarified that this only referred to aggregated data with small numbers suppressed, as this data would be considered publishable; IGARD asked for the application to be updated to more clearly explain this.

IGARD noted that RedCentric was listed as a storage location and stated their view that it would be more appropriate to also list this organisation as an additional data processor. It was acknowledged that there was currently an open action with NHS Digital regarding storage locations and how to reflect their role as data processors. IGARD queried a statement within the application that data was processed 'within' RedCentric and it was agreed this point should be clarified.

There was a brief discussion of the special conditions listed in section six and IGARD suggested NHS Digital should ensure that any that were not time-bound were appropriately reflected in section five of the application for transparency. There was also a brief discussion of the comments previously raised by IGARD regarding the use of data for charities and not-for-profit organisations.

IGARD noted the use of a large number of acronyms within section five of the application and emphasised the importance of writing this section in a way that could be understood by the general public as this text would feature on NHS Digital's data release register. A query was raised about a description of how the applicant had previously used HES-ONS data and it was agreed the application should be amended to more clearly explain that the applicant had previously received this data, but did not currently hold any ONS mortality data.

Outcome: Recommendation to approve.

The following amendments were requested:

- Providing a clearer explanation of what level of data will be accessible within the Stethoscope tool to different types of users, including clarification of a reference to subscribers 'drilling down' in the data.
- A reference to storing data in Ireland should be clarified to more clearly explain that this is only aggregated data with small numbers suppressed.
- A reference to data being processing 'within RedCentric' should be clarified.
- References to previous uses of HES-ONS data should be amended to be clear that the applicant has previously been in receipt of this data but does not currently hold ONS data.

The following advice was given:

- IGARD advised that Methods Analytics should update their DPA registration to include processing data about patients or health service users.

2.2

Frontier Economics Ltd - 'Active' GP Practices Service Review (Presenter: Dickie Langley)
NIC-10539-P3N4Y

Application: This application for aggregated data including small numbers had previously been considered by DAAG on 20 December 2016, when DAAG had been unable to recommend approval. Additional information had been included in an effort to address the previously raised concerns.

Discussion: There was a discussion of the amount of data requested and IGARD asked for section five of the application to be updated to be clearer that the data requested would cover all general practices, rather than a sample. It was agreed that a clearer justification was required for the volume of data requested, or alternatively confirmation of what further steps could be taken to minimise the amount of data dissemination.

IGARD discussed the expected benefits and it was agreed that the application did not give a sufficiently clear explanation of how the data would be used in a way that would result in health or social care benefits. A query was raised about whether the applicant would take any steps to make outputs available to the general public. A suggestion was made that NHS Digital might wish to consider providing the applicant with an extract of aggregated data with small numbers suppressed, to enable them to draw initial conclusions and develop a clearer idea of how benefits might be achieved.

IGARD noted that Interxion was listed as a storage location and stated their view that it would be more appropriate to also list this organisation as an additional data processor. It was acknowledged that there was currently an open action with NHS Digital regarding storage locations and how to reflect their role as data processors.

A query was raised about the role of the data processor Data Protect UK in this application and it was agreed this should be more clearly explained.

IGARD queried the statement that the purpose of this application was not in any way commercial and it was agreed that this should be updated to reflect the commercial nature of the work described. A description of 'granular data' was queried and it was agreed this should be more clearly explained and IGARD noted that any acronyms used within section five should be explained. IGARD asked for any relevant special conditions listed in section six to be also reflected in section five of the application if appropriate.

Outcome: Not recommended for approval.

- A clearer justification should be provided for the volume of data requested, or taking appropriate steps to minimise this.
- The application should be updated to state that this is considered to be a commercial use of data.
- A clearer explanation should be given of the link between the proposed hypothesis and how this will lead to benefits to health or social care in line with the requirements of the Care Act 2014. IGARD suggested that NHS Digital might wish to consider providing the applicant with an extract of aggregated data with small numbers suppressed to help the applicant draw initial conclusions.

The following amendments were requested:

- Section five should be amended to explain any un-expanded acronyms.
- Section five should more clearly explain that HES data is requested covering all GP practices rather than a sample.
- The role of Data Protect UK in providing data management services should be more clearly explained.
- References to 'granular' data should be clarified.
- Section five should be updated to appropriately reflect the special conditions listed in section six.

The following advice was given:

- IGARD advised that both Frontier Economics and Data Protect UK should update their

DPA registration to include processing data about patients or health service users.

2.3

Nottingham University Hospitals NHS Trust – Access to HDIS (Presenter: Dickie Langley) NIC-10620-V9D8R

Application: This application was for access to the HES Data Interrogation Service (HDIS) and had previously been considered at the 24 August 2017 meeting when IGARD had deferred making a recommendation. Further information had been requested on a number of points including the governance process around the use of data and the involvement of partner organisations. This application related to the East Midlands Academic Health Science Network (AHSN) and IGARD were informed that work was underway to ensure a consistent approach could be taken for other AHSNs applying to NHS Digital for data access.

Discussion: IGARD raised concerns that the previously raised points had not been adequately addressed. In particular it was felt that a clearer explanation was still required regarding the governance processes around the use of data, clarification regarding the partner organisations, a clearer description of the use of data, and more information about the expected benefits.

IGARD noted that a supporting document had been provided with more information about the East Midlands AHSN governance processes and suggested that the application should be updated to state that HES data would be managed in line with the governance processes set out in that document. In addition IGARD noted the Impact Report that had been provided and suggested that the benefits section of the application should be updated to reflect some of the key benefits set out in that document, to ensure that the application would function as a standalone document.

Outcome: Recommendation deferred, pending:

- IGARD considered that the points previously raised had not been adequately addressed. Specifically:
 - Further information is required about the governance processes in place and principles used to determine how data will be used and for what purposes.
 - Clarification regarding the involvement of partner organisations, as raised in November 2016 and August 2017, with clarification of which organisations are partners and which are customers.
 - Section five should be updated to more clearly describe the criteria for data use as set out in a supporting document.
 - Providing more information about the benefits achieved using this data over the last few years, such as might have been described in the AHSN Impact Assessment. IGARD noted that the benefits section should be updated to highlight some of the information provided in the separate Impact Report.
- Section five should be updated to be clear that access to HES data will be controlled by the processes set out in the East Midlands AHSN governance document provided separately.

2.4

University of Warwick - Prevention of Falls Injury Trial PreFIT (Presenter: Louise Dunn) NIC-302792-X4T6B

Application: This application to renew and amend an existing agreement had previously been discussed at the 24 August 2017 meeting when IGARD did not recommend approval. The application had now been updated to remove Office for National Statistics (ONS) mortality data, as there were outstanding queries around the use of this data, and to remove the University of Leeds as data would now be solely processed by the University of Warwick.

IGARD were informed that the applicant had updated the study website with amended fair processing information as per the wording provided in a supporting document.

Discussion: The potential benefits of this work were noted and IGARD expressed their support. A query was raised about the cohort size and it was agreed this should be more clearly stated within section three of the application.

IGARD discussed the updated website wording and requested suitable evidence that this had been reviewed as meeting NHS Digital's nine minimum criteria for privacy notices. It was suggested that the website should be updated to remove references to data about deaths, given that ONS mortality data was no longer requested; it was acknowledged that the applicant would likely wish to apply again in future for this data but IGARD suggested it would be appropriate to update the website again at that point in time. In addition it was suggested that the website should provide contact details for individuals wishing to opt out.

Outcome: Recommendation to approve, subject to:

- Providing evidence that NHS Digital is content that the fair processing information published on the study website meets the nine minimum criteria for privacy notices. IGARD advised that the study website should be updated to remove references to data about deaths as this was not currently provided, and should also provide contact details for individuals wishing to opt out.

The following amendments were requested:

- The cohort size should be more clearly stated within section three the application.

It was agreed the above condition would be reviewed out of committee by a quorum of IGARD members.

2.5

University of Leeds - QuantiCode (Presenter: Dickie Langley) NIC-49164-R3G5K

Sarah Baalham acted as chair for this agenda item only. Chris Carrigan and Jon Fistein were not present for the discussion of this application due to a conflict of interests, and Joanne Bailey joined the meeting for this agenda item only.

Application: This application for pseudonymised HES data had previously been discussed at the 14 September 2017 meeting when IGARD had deferred making a recommendation. The application had now been updated in line with IGARD's comments, including redrafting the purpose section of the application to provide more clarity about why and how data would be used.

Discussion: IGARD acknowledged the work that had taken place to rewrite section five of the application in order to increase clarity. It was agreed that the previously raised issues had in general now been addressed, and that a reasonable case had been made that healthcare benefits would be realised in line with the requirements of the Care Act 2014.

There was a discussion of the information provided about the Collaboration Agreement between the different organisations involved; IGARD considered that these organisations were acting as end users for the tool and that they would not have any right to access the data disseminated from NHS Digital. IGARD asked for the application to be amended to include a clearer statement that these third party organisations would not receive or otherwise have access to record level data disseminated by NHS Digital under this application.

IGARD noted a reference in the application to NHS Digital's statutory duties to assess data quality under the Health and Social Care Act 2012, and asked for this reference to be updated to cite the relevant section of the Act.

There was a discussion of the way that data would be used to test and further develop the data analysis tool and IGARD noted that in similar situations it was expected that test data

would be used for early stages of testing rather than using live data for all stages. IGARD were informed that it would not be practical to use 'dummy' data to test the tool at the current stage of development as this would not provide a realistic picture of data quality issues. It was agreed that the application should be amended to include a clear statement that the data would only be used where it was necessary for the purposes outlined, and not used in any circumstances where it would be more appropriate to use test data instead. In addition it was agreed that the application should state that once the tool had been completed and provided back to NHS Digital, the applicant would not continue to use the data for any other purposes not described in this application.

IGARD noted that while one of the end user organisations (Sainsbury's) was mentioned by name in section 5B of the application, section 5A only referred to the types of organisations involved such as retail and local government. It was suggested that the specific reference to Sainsbury's should be removed from 5B but that 5A should be updated with a list of all the end user organisations involved in the interests of transparency.

IGARD also noted that the University of York was listed as a storage location and stated their view that it would be more appropriate to also list this organisation as an additional data processor. It was acknowledged that there was currently an open action with NHS Digital regarding storage locations and how to reflect their role as data processors.

Outcome: Recommendation to approve.

The following amendments were requested:

- Providing a clearer statement that NHS Digital data will only be used where necessary for the purposes outlined, with confirmation that live data will not be used for any early stages of testing when it would instead be more appropriate to use test data.
- Section five should state that once the tool has been released to NHS Digital, the data held by the applicant will not continue to be used to develop other outputs not described in this application.
- A reference to statutory responsibilities should be amended to cite the relevant section of the legislation referred to.
- Adding a clearer statement that NHS Digital record level data will not be shared or in any way accessible to third party organisations, including the organisations acting as end users for the tool.
- A reference in section 5A to collaborating organisations should be amended to list these organisations by name, and remove references to Sainsbury's specifically from section 5B.

2.6

University College London - Healthcare transitions for young people (Presenter: Rachel Farrand) NIC-330769-C9Y8Y

Application: This was an amendment application requesting additional data for the same purpose, as the applicant had previously requested data for 10-18 year olds but now requested data for 0-19 year olds in order to examine healthcare transitions between paediatric and adult healthcare. IGARD were informed that an agreement was only requested until the end of December 2017, due to the legal basis for ONS data currently relying on funding that would end by that point. It was noted that the applicant had previously held ONS date of death but that now only month and year of death would be required, and that a special condition would need to be added to the application to ensure that the date of death data held would be destroyed within two months of receiving the replacement data.

Discussion: The potential importance of work in this area was noted and IGARD expressed their support for the aims of the study. However, IGARD did not consider that the application provided a sufficient justification for the amount of additional data requested. It was agreed that a clearer explanation was needed of how the use of this volume of additional data would result in additional benefits to health or social care, along with more information about how

outputs would be disseminated in a way that would help ensure relevant benefits. IGARD also requested an update about any benefits that had been achieved to date using the data already held by the applicant for this purpose.

IGARD queried a statement within section five that the applicant 'does not aim to link the data' and it was agreed this should be amended to state that data linkage would not be permitted under this application. In addition it was noted that section five should reflect that ONS data would be processed in accordance with the standard ONS terms and conditions.

IGARD noted that the legal basis for ONS data depending on a suitable commissioning letter being in place and it was agreed that section seven of the application should be updated to include the expiry date for the funding as set out in this letter.

Outcome: Not recommended for approval.

- A clearer justification is required for the amount of data requested and how the use of this amount of additional data is required in order to lead to additional benefits to health or social care. More information was also requested about the benefits achieved to date with the data already held.
- More information was requested about the planned outputs and how these will be disseminated in a way that will help ensure health benefits.
- A statement that the applicant 'does not aim to link the data' should be amended to be clear that linkage is not permitted under this application.
- Section five should reflect the special condition that ONS data must be processed in accordance with their terms and conditions.
- Section seven should be updated to include the expiry date for the commissioning letter covering the use of ONS data.
- A special condition should be added that the ONS date of death data currently held by the applicant must be securely destroyed within two months, as this will be replaced by month and year of death.

The following advice was given:

- IGARD advised that University College London should update their DPA registration to more clearly state that data is processed about patients or health service users, rather than only patients of partner NHS hospitals.

2.7

Royal College of Anaesthetists - Perioperative Quality Improvement Programme PQIP
(Presenter: Kimberley Watson) NIC-63347-R8J2M

Application: This application for HES and ONS mortality data had previously been considered at the 14 September 2017 meeting when IGARD had recommended approval for participants who consented using the new consent materials, but deferred making a recommendation for participants who consented using the old consent materials. More information had now been provided about the steps the applicant had taken to update those participants, and in particular that the study had contacted participants to notify them of the updated fair processing information as part of the 6 and 12 month follow-up telephone calls.

Discussion: IGARD agreed that the use of telephone calls seemed appropriate for this cohort, with the phone call being used to explain the changes as well as to direct participants to look at the updated materials on the study website. However IGARD queried whether any additional information had been provided about the telephone calls used to inform participants, such as whether these had followed a set script or if the applicant had records of what percentage of participants had been spoken to.

The study website was briefly discussed and IGARD suggested that rather than referring to the data sent from NHS Digital as 'anonymised' it might be more accurate to describe the data as 'data that cannot directly identify an individual'. It was suggested that the applicant might wish to review the Understanding Patient Data work led by the Wellcome Trust on how to

	<p>communicate with patients about the use of data.</p> <p>The role of UKFast as a data processor was queried and it was thought that this organisation would only provide data storage.</p> <p>Outcome: Recommendation to approve, subject to:</p> <ul style="list-style-type: none"> • Providing additional details of the telephone calls made to inform participants of the updated fair processing information, such as what percentage of participants have now been spoken to in order to inform them of the change. <p>The following advice was given:</p> <ul style="list-style-type: none"> • IGARD advised that a reference on the study website to NHS Digital providing anonymised data should be updated to instead refer to data that cannot directly identify an individual. • IGARD advised that UKFast should update their DPA registration to include processing data about patients or health service users. <p>It was agreed the above condition would be considered out of committee by the IGARD Chair.</p>
3	<p>Any other business</p> <p>No other business was raised.</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	14/09/17: Ongoing. It was agreed this would be discussed during the educational session. 28/09/17: Ongoing.	Open
27/04/17	IGARD Chair to contact the NHS Digital Caldicott Guardian regarding GPs' data controller responsibilities for fair processing around risk stratification.	Arjun Dhillon	18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian. 22/06/17: Ongoing; it was suggested the Deputy Caldicott Guardian should discuss this in more detail with Joanne Bailey. 29/06/17: It was noted this action would be taken forward by the Deputy Caldicott Guardian, and the action owner was updated. 20/07/17: It was agreed the Deputy Caldicott Guardian would provide an update on the current status of this. 10/08/17: An update from NHS England had been requested. 28/09/17: Further steps had been taken to request an update from NHS England.	Open
18/05/17	Garry Coleman to provide information about different arrangements for data storage and backup locations, for consideration of whether the organisations involved would be considered to be processing data.	Garry Coleman	15/06/17: IGARD had been advised by email that a paper about this would be submitted to an upcoming IGARD meeting. 22/06/17: It was anticipated that this would be discussed at the 6 July 2017 IGARD meeting. IGARD asked for some information to be circulated by email prior to the meeting in order to inform members who would not be present at that particular meeting. 27/07/17: An email had been circulated requesting further information from IGARD members. 03/08/17: Two IGARD members had responded by email and the action remained ongoing. 10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks. 24/08/17: The paper was in the process of being updated based on recently published ICO guidance.	Open

			<p>14/09/17: Ongoing. IGARD noted that given the amount of time that had passed, they would consider starting to note this on relevant applications where a data storage location was not listed as a data processor.</p> <p>21/09/17: Ongoing. IGARD asked for Dickie Langley to provide an update on Garry Coleman's open actions at the next meeting to help ensure timely progression.</p> <p>28/09/17: IGARD emphasised the need to address this action to ensure a consistent approach can be taken for any applications that list an organisation as a storage location but not a data processor.</p>	
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	<p>29/06/17: Ongoing. It was suggested it would be helpful to discuss this at an upcoming educational session.</p> <p>28/09/17: Ongoing. IGARD asked for notes of the upcoming education session to be shared with those unable to attend.</p>	Open
06/07/17	Stuart Richardson to ensure that privacy notice checklists are provided for all DSfC applications for a trial period of three months from 13 July IGARD meeting.	Stuart Richardson	<p>14/09/17: It was confirmed this would be discussed at the October education session.</p> <p>28/09/17: Ongoing. IGARD asked for notes of the upcoming education session to be shared with those unable to attend.</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>21/09/17: Ongoing.</p> <p>28/09/17: No additional queries had been raised by email and the</p>	Closed

			action was closed.	
20/07/17	Garry Coleman to categorise different standard lengths of indicative data retention periods for general research and clinical trials, with appropriate justification.	Garry Coleman	28/09/17: Ongoing.	Open
27/07/17	Arjun Dhillon to provide information for IGARD about the robustness of different funding processes and how this might affect the level of scrutiny applied to or information included in applications provided to IGARD.	Arjun Dhillon	10/08/17: Ongoing. It was thought that this action might be addressed within the context of a forthcoming paper on a risk-based approach to application, which it was anticipated would be brought to IGARD for discussion soon. 24/08/17: Ongoing, pending wider work on a risk-based approach. 28/09/17: There was a discussion of the proposed risk-based approach and the ways in which NHS Digital approval processes could be harmonised with those for other organisations such as the HRA and the MRC. It was agreed this should be discussed in more detail at the November education session, after which the action could be closed.	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 MRIS reports are now shown within applications.	Garry Coleman	28/09/17: Ongoing.	Open
14/09/17	Stuart Richardson to provide IGARD with a copy of the Directions relating to the Emergency Care Data Set (ECDS) with confirmation of the date this was approved by the NHS Digital Board.	Stuart Richardson	21/09/17: The Directions had been provided by email. IGARD members were asked to provide any comments by email, ahead of potentially closing the action at the next meeting. It was noted that confirmation would still be required of NHS Digital Board approval. 28/09/17: Ongoing pending confirmation of board approval.	Open
14/09/17	Stuart Richardson to provide IGARD with a copy of the Directions relating to Social Care Data with confirmation of the date this was approved by the NHS Digital Board.	Stuart Richardson	21/09/17: The Directions had been provided by email. IGARD members were asked to provide any comments by email, ahead of potentially closing the action at the next meeting. It was noted that confirmation would still be required of NHS Digital Board approval. 28/09/17: Ongoing pending confirmation of board approval.	Open

21/09/17	Dickie Langley to provide a briefing paper (with relevant supporting documents) regarding the legal basis for receipt of data from Department for Education, and for this to be reviewed by the IG Advisor prior to circulation to IGARD.	Dickie Langley	28/09/17: It was anticipated that this would be provided in two weeks.	Open
21/09/17	Dickie Langley to provide IGARD with a copy of the new standard DSA terms and conditions.	Dickie Langley	28/09/17: Ongoing, pending wider discussions about making the new DSA terms and conditions available.	Open

Appendix B: Out of committee report (as of 22/09/17)

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

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
NIC-99675	NHS South Central & West CSU	24/08/17	<ul style="list-style-type: none">Updating section five of the application to reflect the controls around downloading data as described in the abstract.Providing a copy of the final post-audit report, noting that if this raises any new substantive issues then the application should be brought back to IGARD for further discussion.A statement should be added to section five that a data breach took place and that this was followed by two audits, with a link to the two audits reports and information about the steps that have been taken since	IGARD Chair	IGARD Chair	N/A

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

- None