

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

## Minutes of meeting held 2 November 2017

**Members:** Sarah Baalham, Joanne Bailey, Anomika Bedi, Chris Carrigan (Chair), Kirsty Irvine, Eve Sariyiannidou

**In attendance:** Garry Coleman, Arjun Dhillon, Louise Dunn, Rachel Farrand, Frances Hancox, Louise Hill, Stuart Richardson, Jane Spence, Joanne Treddenick, Steve Webster

**Apologies :** Jon Fistein, Nicola Fear

1	<p><b>Declaration of interests</b></p> <p>No interests were declared.</p> <p><b>Review of previous minutes and actions</b></p> <p>The minutes of the 19 October 2017 IGARD meeting were reviewed and two minor amendments were agreed. In addition, IGARD discussed the outcome for application 3.2 (Wilmington Healthcare, NIC-16016-Y9H1D) and agreed that one of the points listed as an amendment should instead have been a condition of approval; it was agreed the minutes would be updated to reflect this, and that NHS Digital would confirm what steps had been taken to address the recorded amendment. With these changes the minutes were 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 provided (see Appendix B).</p>
2	<p><b>APMS Briefing Paper</b></p> <p>IGARD received a briefing on the Adult Psychiatric Morbidity Survey (APMS) data, which had been collected in 2014 and published in high level aggregation as a National Statistics report in 2016. IGARD were informed of the steps that had been taken by NHS Digital to reduce the risk of the record level data being re-identified, which had included review by the Disclosure Control Panel. It was proposed that the reduced record level dataset would be held by the UK Data Service (acting as data processor for NHS Digital) and that applications from researchers to use this data would be submitted through the DARS applications process using templated applications. It was noted that an initial template application would be brought to IGARD for consideration, and that it was anticipated several other survey datasets would follow the same process.</p> <p>It was acknowledged that one IGARD member had submitted comments ahead of the meeting expressing support for the proposed approach, while acknowledging that individual's potential conflict of interests due to involvement with the APMS steering group. IGARD also acknowledged the potential value of this data and the likelihood that sharing this survey data could result in benefits to the healthcare system.</p> <p>IGARD queried the legal basis for data to the collection of the survey data and agreed that the template application would need to include more information about the consent process, such as whether participants were asked to verbally consent and if so how this was recorded. Some</p>

	<p>concerns were raised about the participant information materials provided, although it was acknowledged that these had been issued in 2013-14 and were considered appropriate at that time. There was a discussion about separating the legal basis for collection from the legal basis for linkage. IGARD suggested that NHS Digital should carefully consider the survey consent materials in line with the requirements of the upcoming implementation of GDPR, and in particular consider how participants could withdraw their consent.</p> <p>A query was raised about whether the collection of the APMS data had been reviewed by an independent panel, as IGARD suggested that if this had not taken place and the collection had not otherwise been subject to independent scrutiny then IGARD ought to consider issues relating to the collection of data rather than solely focussing on the proposed dissemination of data. There was a discussion about IGARD's remit regarding data collections and IGARD emphasised that it was crucial for any data dissemination to ensure that appropriate independent scrutiny had been applied regarding the data collection.</p> <p>There was a brief discussion about the possibility of sharing data outside of the EEA and IGARD agreed that this would not necessarily be ruled out, but that it would be important to consider any application requesting this on its own merits and carefully consider elements such as whether any data linkage would be possible. It was therefore agreed that any application including international data sharing should not follow the standard template approach but should instead be submitted to IGARD for bespoke consideration. In addition, was noted that there might be some practical difficulties around auditing data sharing with international organisations. IGARD noted that a query regarding costs for customers had been raised by email, and it was explained that NHS Digital would consider this as part of the wider DARS cost recover model.</p> <p>IGARD advised that it would be helpful to have earlier sight of consent materials for other national surveys, as they could potentially offer advice and help improve these materials ahead of their implementation. It was suggested that for any similar briefing papers in future it would be helpful to include more detailed information about the parameters under which data would be potentially made available to researchers.</p>
<p><b>3</b></p> <p><b>3.1</b></p>	<p><b>Data applications</b></p> <p><u>University of Sheffield - Investigation of the geographic and socioeconomic variation in alcohol and tobacco related hospital admissions (Presenter: Dickie Langley) NIC-366216-Z9H9Q</u></p> <p><b>Application:</b> This application for pseudonymised Hospital Episode Statistics (HES) data had previously been considered at the 17 November 2015 DAAG meeting and recommended for approval. The applicant requested to continue processing the previously provided data as well as to receive three additional years of HES data.</p> <p><b>Discussion:</b> IGARD queried the justification for the number of data years requested, as it was noted the application requested up to 15 years of data whereas the ethics documentation provided only explained the need for ten years of data. It was agreed the application should be updated to more clearly explain this. In addition, IGARD queried whether the data could be further minimised by removing certain age groups such as young children, given the research's focus on alcohol and tobacco.</p> <p>A reference to requesting 'the full HES data' was queried as it was stated elsewhere in the document that some data minimisation efforts had been made rather than providing the full dataset. It was confirmed that a minimised version of the HES dataset would be provided and IGARD asked for the application to be updated to more consistently state this.</p> <p>It was noted that the applicant's research post was funded by the UK Centre for Tobacco and Alcohol Studies, which was described as a network of thirteen universities including one in</p>

New Zealand. It was confirmed that the individual employed in this post was a substantive employee of the University of Sheffield. IGARD asked for the application to be updated to include a clearer statement that data would not be shared with the UK Centre for Tobacco and Alcohol Studies, and it was agreed that a statement that data would only be processed by University of Sheffield employees should be amended to instead state that only these employees would have access to the data.

A query was raised about whether the applicant's NIHR funding was ongoing or whether this had ended, as the document provided did not specify an expiry date. It was agreed the application should be updated to clarify this. A reference in the application abstract to ongoing work by the Royal College of Physicians was queried and it was confirmed that this was provided as context for the amount of data requested.

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

- Providing a clearer justification for why up to 15 years of data are required, given that the ethics application provided only explains the need to hold 10 years of data.
- Providing a clearer justification for why data is required for all ages, such as young children given the purpose of the research focuses on alcohol and tobacco, or if appropriate then the application further minimise the dataset to remove data for younger age groups.

The following amendments were requested:

- A reference within the application to providing a 'full HES dataset' should be clarified.
- Updating the application to clarify whether the NIHR funding is ongoing.
- Updating the application to be clear that no data will be shared with the organisations that fund the applicant's post. A reference to only University of Sheffield employees processing data should be corrected to be clear only these employees will have access to the data.

The following advice was given:

- IGARD advised that the University of Sheffield should update their DPA registration to include processing data about patients or health service users.
- IGARD advised the applicant should review their website 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 notice 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 conditions would be considered out of committee by a quorum of IGARD members.

### 3.2

#### Meditrends Ltd (Presenter: Rachel Farrand) NIC-14340-R7G1F

**Application:** This renewal application had previously been presented at the 19 October 2017 IGARD meeting under the name Beacon Consulting, when IGARD had deferred making a recommendation. It had subsequently been confirmed that Meditrends Ltd was the relevant legal entity who held a Data Sharing Framework Contract with NHS Digital and that other details such as their DPA registration were in that name, with Beacon Consulting acting as a trading name. More information had been provided regarding the customer base for purpose two and the amount of data requested had been restricted to five years rather than ten for purpose two.

**Discussion:** IGARD expressed concerns that a number of the queries raised at the 19 October meeting had not been adequately addressed. It was felt that the application remained unclear regarding the legal status of Meditrends Ltd and Beacon Consulting; confirmation was requested of whether Beacon Consulting had been dissolved, and it was agreed that references to the organisation 'trading as' Beacon Consulting should be further clarified. There

was a suggestion that if Beacon Consulting was the public name by which the organisation was commonly known, section five of the application should make this clear in order to be transparent for the general public when this was published within NHS Digital's data release register.

IGARD also questioned the update provided regarding customer organisations for purpose two, as the application indicated that the applicant had two life science organisations as current customers and two NHS organisations as 'potential' customers as these had expressed an interest; however it was considered unclear how this related to the commitment that projects under purpose two must be NHS led, and whether for example the two life science customers had been commissioned by an NHS organisation for a particular project. A further query was raised about a statement that 'the applicant typically undertakes six projects at any one time due to capacity' as IGARD suggested this should be clearer that this referred to a standard limit on the number of customers, rather than implying that six projects were currently underway as less than six customer organisations were listed.

More information was requested about the specific governance process and the explicit criteria used by the applicant to determine whether or not a project could make use of data under purpose two. While it was noted that the applicant had declined work that did not meet the requirement of being for the benefit of health or social care, it was unclear what specific steps would be taken to review future requests and who would be responsible for making this decision each time. IGARD suggested that the applicant should consider establishing a clearer governance process if this was not already in place, preferably with appropriate external scrutiny via the inclusion of lay members or patient representatives. It was agreed that a clearer update was required about the current governance process as well as what steps the applicant could commit to take in the near future. Overall it was agreed that purpose two was still not sufficiently delineated within the application and it was therefore unclear what type of projects might fall in or out of scope.

A query was raised about the statement within the application that all customers were required to undergo governance training and it was agreed this should be further explained. IGARD further queried a reference to how outputs would be used by the 'ultimate beneficiary' as it was unclear how the applicant would gather information on whether these benefits had been achieved. In addition, it was agreed that references to 'historical data' should be clarified within the application, a reference to applying scrutiny should be amended to be clear who would apply this scrutiny, and a special condition relating to data destruction should be appropriately reflected in the purpose section.

IGARD acknowledged that the applicant's previous data sharing agreement had expired and in light of this, advised that NHS Digital might wish to consider issuing a short-term extension agreement to permit them to continue to process data. However, IGARD advised that this should be restricted to only processing data for purpose one, with purpose two to be excluded until the outstanding questions regarding this had been appropriately addressed.

**Outcome:** Recommendation deferred, pending:

- More clearly explain the purposes for which data can be used under purpose two as previously raised by IGARD, with clarification of what governance process is used and what explicit criteria the applicant will use to determine whether a project can proceed under purpose two.
- Clarifying how the applicant will seek to evidence that any work taking place under purpose two is NHS-led.
- Providing more information about the due diligence undertaken by NHS Digital with regard to Meditrends Ltd and the trading name Beacon Consulting, with confirmation of whether Beacon Consulting has been dissolved and updating the application to clarify this.
- Amending a statement that the applicant will only work with six customers at a time to further clarify this.

3.3	<ul style="list-style-type: none"> <li>References to purpose two using historical data should be clarified.</li> <li>References to applying scrutiny to the purposes for which data can be used should be clarified to be clear who will apply this scrutiny.</li> <li>Reference to the requirement for potential customers to undertake governance training should be clarified.</li> <li>Section five should be updated to include a special condition that refers to data destruction.</li> </ul> <p>The following advice was given:</p> <ul style="list-style-type: none"> <li>IGARD advised that given that the applicant's previous DSA had expired, NHS Digital might wish to consider putting a short-term extension in place for a limited time period to enable the applicant to continue processing data for purpose one only, with no processing permitted for purpose two, while further work was undertaken to address the queries raised.</li> </ul> <p><u>Imperial College London - SCAMP: Study of Cognition, Adolescents, and Mobile Phones (Presenter: Louise Dunn) NIC-27085-C5L5G</u></p> <p><b>Application:</b> This was a new application requesting HES and Diagnostic Imaging Dataset (DIDs) data for a cohort of adolescents, as well as patient tracking to deaths and cancer registration data, based on the legal basis of parent consent. IGARD were informed that the applicant had discussed their information materials with NHS Digital and was in the process of seeking approval to update their online information. It was noted that NHS Digital had not yet accepted the results of the applicant's penetration testing and that data would not be released until this had been confirmed.</p> <p><b>Discussion:</b> IGARD discussed the consent materials provided and while it was agreed on balance that the combination of materials provided a sufficient explanation to parents of the data that would be released from NHS Digital, concerns were raised that the consent obtained did not cover the flow of identifiers into NHS Digital. In particular IGARD highlighted that the materials provided to parents stated that access to personal identifiable data would be 'limited to key members of the academic research team at Imperial College', which did not seem compatible with sending patient identifiers to NHS Digital. IGARD also noted that the consent materials referred to the use of 'anonymised' data which could be misleading, and it was agreed that if recruitment was ongoing then the applicant should update their materials in line with current standards as well as the upcoming implementation of GDPR.</p> <p>IGARD queried whether the consent materials provided were the latest versions, as the research ethics committee (REC) documentation provided appeared to refer to more recent versions. In addition, it was noted that where the REC documentation described sending identifiers to NHS Digital, this did not seem to include all the identifiers listed within this application and IGARD queried whether this approval should be updated to cover this.</p> <p>It was suggested that the application should be updated to consistently refer to parental consent rather than patient consent or participant consent, as in this instance consent would be sought from parents rather than the individual children. In addition, IGARD acknowledged the applicant's response to NHS Digital comments regarding the use of technical language and IGARD suggested that NHS Digital should consider these comments in relation to the advice given on patient information materials.</p> <p><b>Outcome:</b> Not recommended for approval.</p> <ul style="list-style-type: none"> <li>Based on the materials provided as evidence there did not appear to be a legal basis in consent for identifiers to flow to NHS Digital, as the information provided to parents states that access to personal identifiable data will be limited to the Imperial College London research team and this did not seem compatible with the data sharing described in this application.</li> <li>Confirmation was needed that the latest versions of consent materials have been</li> </ul>
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3.4	<p>provided to IGARD as the REC approval appeared to refer to later versions.</p> <ul style="list-style-type: none"> <li>• Confirmation of whether the applicant's REC approval includes the flow of identifiers to NHS Digital including NHS number and date of birth, and if not, then the applicant should seek to update this approval.</li> <li>• Confirmation that the penetration testing has been completed and signed off by NHS Digital.</li> <li>• References to 'patient consent' or 'participant consent' within the application should be corrected to refer to parental consent.</li> </ul> <p>The following advice was given:</p> <ul style="list-style-type: none"> <li>• IGARD advised that if recruitment is ongoing then the applicant should update the consent materials to meet current standards as well as the requirements of the upcoming implementation of GDPR.</li> </ul> <p><b>Action:</b> 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.</p> <p><u>Group of 2 CCGs<sup>1</sup> (Presenter: Stuart Richardson) GA08-CM-AMD</u></p> <p><b>Application:</b> This amendment application was for two CCGs to share pseudonymised Secondary Uses Service (SUS) data between the two CCGs in order to work more collaboratively on commissioning. A copy of the CCGs' collaboration agreement had been provided.</p> <p><b>Discussion:</b> IGARD noted that the CCGs' version 14 IG Toolkit scores had not yet been reviewed and asked NHS Digital to ensure that the standard special condition wording around this would be included in the data sharing agreement.</p> <p>The data flow diagram was discussed and IGARD noted that this did not seem to have been updated to reflect the data processing activities that were described within the application for the two CCGs (data processors two and three).</p> <p>IGARD noted that the template application wording in some places did not seem to have been updated to reflect that data would be shared between the two CCGs, as for example a statement was still included that patient level data would not be shared 'outside of the CCG'. In addition, it was agreed that references to 'all the CCGs in the group' should be amended to be clear that only two CCGs would be included in this collaboration.</p> <p><b>Outcome:</b> Recommendation to approve.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• The standard special condition wording should be added regarding to the need for version 14 IG Toolkit scores to be reviewed as satisfactory.</li> <li>• A statement that patient level data will not be shared 'outside of the CCG' should be corrected, and section five of the application should in general be updated to consistently refer to two CCGs rather than a single CCG.</li> <li>• A reference to 'all CCGs in the group' should be amended as there are only two CCGs included in this group.</li> <li>• The data flow diagram should be updated to reflect the processing activities for data processors two and three as described in section five of the application.</li> </ul> <p>The following advice was given:</p> <ul style="list-style-type: none"> <li>• IGARD advised that the DPA registration for Blackpool Teaching Hospitals should be updated to refer to processing data about patients rather than 'our patients'.</li> </ul>
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<sup>1</sup> NIC-41543-R8Q9Q NHS Shropshire CCG; NIC-41537-D0P0M NHS Telford Wrekin CCG

3.5	<p><u>Group of 4 CCGs<sup>2</sup> – Out of Committee re-review (Presenter: Stuart Richardson) GA01-AMD-NW</u></p> <p><b>Application:</b> This amendment application had previously been presented to IGARD on 6 July 2017 and IGARD had recommended approval subject to conditions; due to the amount of time that had passed, the application had been brought back to this IGARD meeting to report on the steps taken to meet the conditions. Copies of signed data sharing handling agreements between the four CCGs had been provided as per the previous IGARD discussion.</p> <p><b>Discussion:</b> IGARD agreed that the previous conditions had been suitably addressed. However, a query was raised about the different data sharing and handling agreements provided, as it was unclear how the three different agreements related to each of the four CCGs and why each agreement seemed to include a different combination of organisations. It was agreed the application should be updated to clarify this. In addition, IGARD suggested that the application wording should be amended to clarify references to the CCGs ‘in their group’ to be clear that this only related to the four applicant CCGs, not any other organisations included in the agreements provided.</p> <p>There was a brief discussion about the role of CCGs in this type of collaboration agreement as both joint data controllers and data controllers in common. IGARD suggested that NHS Digital should further consider how these roles were reflected in this type of application.</p> <p><b>Outcome:</b> Recommendation to approve. The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• Section five of the application should be amended to correct references to CCGs ‘in their group’ and ensure this is consistent given the information provided within the collaboration agreements.</li> <li>• Clarification regarding the three different collaboration agreements in place between the CCGs, and why different organisations are party to each agreement.</li> </ul> <p>The following advice was given:</p> <ul style="list-style-type: none"> <li>• IGARD advised NHS Digital to consider how the role of CCGs as joint data controllers or data controllers in common is reflected within the application when a collaboration agreement is in place.</li> </ul>
3.6	<p><u>Group of 5 CCGs<sup>3</sup> – Out of Committee re-review (Presenter: Stuart Richardson) GA02-AMD-SC</u></p> <p><b>Application:</b> This extension and amendment application had been considered at the 6 July 2017 IGARD meeting, when IGARD had recommended approval subject to conditions; due to the amount of time that had passed, the application had been brought back to this IGARD meeting to report on the steps taken to meet the conditions. The CCG privacy notices had been updated and these had been reviewed by NHS Digital as meeting the nine minimum criteria.</p> <p><b>Discussion:</b> IGARD acknowledged the update provided and queried some of the comments included within the privacy notice checklists for each CCG, as these seemed to imply that the privacy notice did not meet the necessary criteria although the notices had been scored as passing. One example given was that for Eastbourne, Hailsham and Seaford CCG the checklist indicated that the CCG met the criteria of stating who data was shared with, but the checklist comments stated that the privacy notice did not state who information is shared with.</p>

<sup>2</sup> NHS Bury CCG NIC-120758-L4C3B; NHS Heywood, Middleton and Rochdale CCG NIC-120774-Y8L7S; NHS Manchester CCG NIC-120770-V1H9H; NHS Oldham CCG NIC-120805-F9Q4D

<sup>3</sup> NHS Coastal West Sussex CCG NIC-91799-G0T9X; NHS East Surrey CCG NIC-91865-Y2L1H; NHS Eastbourne, Hailsham and Seaford CCG NIC-91866-V4R5J; NHS Hastings & Rother CCG NIC-91825-W4M1H; NHS High Weald Lewes Havens CCG NIC-91827-P6J6X

	<p>IGARD also noted that the checklist comments for the East Surrey CCG privacy notice stated that the notice listed one data processor but did not list the others, which could be misleading. In addition, IGARD noted that two of the CCG privacy notices referred to processing 'anonymised' data for risk stratification and that this could be considered misleading. It was agreed that NHS Digital should confirm that it was fully content that the CCG privacy notices met the minimum criteria in light of the checklist comments provided.</p> <p>A query was raised about whether the standard special condition regarding Interxion had been included; it was confirmed that this was included in the application.</p> <p><b>Outcome:</b> Recommendation to approve, subject to:</p> <ul style="list-style-type: none"> <li>Confirmation that NHS Digital is content that the privacy notices for these CCGs meet the nine criteria given the various comments made within the checklists, with this to be reviewed by a senior member of NHS Digital staff with appropriate IG expertise.</li> </ul> <p>It was agreed the above condition would be considered out of committee by the IGARD Chair.</p>
4	<p><b>Any other business</b></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. 05/10/17: It was agreed that the first draft would be discussed at December's education session. 02/11/17: 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. 02/11/17: Ongoing	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	Open

			<p>recently published ICO guidance.</p> <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>02/11/17: IGARD discussed this action with Garry Coleman and requested a written update in response to the points previously raised by IGARD. Some difficulties were acknowledged as this specific scenario did not seem to be addressed in existing ICO guidance; IGARD suggested that NHS Digital should seek legal advice and if necessary then contact the ICO directly.</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>05/10/17: It was confirmed this would be discussed at the October education session</p> <p>12/10/17: Stuart Richardson attended IGARD</p>	Closed
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>05/10/17: It was confirmed this would be discussed at the October education session</p> <p>12/10/17: Stuart Richardson attended IGARD</p>	Closed
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>	Open

			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. 02/11/17: Ongoing	
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	02/11/17: 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. 02/11/17: Ongoing	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	02/11/17: 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. 02/11/17: Ongoing	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. 02/11/17: Ongoing	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	Dickie Langley	02/11/17: Ongoing	Open

	Education, and for this to be reviewed by the IG Advisor prior to circulation to IGARD.			
21/09/17	Dickie Langley to provide IGARD with a copy of the new standard DSA terms and conditions.	Dickie Langley	02/11/17: Ongoing	Open
19/10/17	Stuart Richardson to provide a briefing on the Temporary National Repository infrastructure.	Stuart Richardson	02/11/17: 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.			Open

## Appendix B: Out of committee report (as of 27/10/17)

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)
GA01-CS-AMD NIC-116524-S2N2H; NIC-116548-M7Z5F; NIC-116582-F2F2J; NIC-116560-R7F9J	NHS Bath & North-East Somerset CCG; NHS North East Hampshire & Farnham CCG; NHS Oxford CCG; NHS Wiltshire CCG	13/07/2017	<ul style="list-style-type: none"> <li>The CCGs must update their privacy notices in order to meet the NHS Digital nine-point criteria.</li> <li>Clarification of the process described in section five around the use of black box and pseudonym keys to clarify the process and why the applicant considers that the DSCRO does not participate in the pseudonymisation process of social care data.</li> </ul>	IGARD Members	Quorum IGARD members	N/A
SA01-NEL-AMD NIC 81831	NHS Thurrock CCG	13/07/17	<ul style="list-style-type: none"> <li>The CCG must update their privacy notice in order to meet the NHS Digital nine-point criteria. In particular IGARD advised that the notice should be updated to refer to MedeAnalytics and to correct any broken links, and IGARD queried a reference to NA Wilson Boston Consulting Group receiving anonymised patient data.</li> <li>Clarification of a reference to linkage with 'historic data already held by MedeAnalytics'.</li> </ul>	IGARD Members	Quorum IGARD Members	N/A

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

- None