

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 8 March 2018

Members: Sarah Baalham, Anomika Bedi, Chris Carrigan (Chair), Nicola Fear, Kirsty Irvine.

In attendance: Louise Dunn, Kimberley Watson, Vicki Williams.

Apologies: Joanne Bailey, Jon Fistein, Eve Sariyannidou.

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| 1 | <p>Declaration of interests</p> <p>Nicola Fear noted her professional links to University College London (NIC-167186-V7J4F) and would not be part of the discussion. It was agreed that Nicola would remain in the meeting for the discussion of that application.</p> <p>Review of previous minutes and actions</p> <p>The outcomes of the 1 March IGARD meeting were reviewed and were agreed as an accurate record of that aspect of the meeting.</p> <p>The minutes of the 1 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> <p>Members were reminded to respond in a timely way to OOC's.</p> |
| 2 | Data applications |
| 2.1 | <p><u>NHS North of England Commissioning Support Unit (CSU): Application for pseudonymised HES datasets (renewal) (Presenter: Kimberley Watson) NIC-08095-P4D0D</u></p> <p>Application: This was a renewal application for pseudonymised Hospital Episode Statistic (HES) Admitted Patient Care, Critical Care, Out Patient and Accident & Emergency data from 2010-11 onwards and the latest 2017/18 quarterly data release for each dataset.</p> <p>The data will enable users of the CSU's business intelligence unit to access both standard analytic and reporting, deep-dives and diagnostic exercises on the commissioner's health economy. In addition, the CSU offers a business intelligence tool allowing self service access to a range of dashboards and configurable reports via a subscription to NHS organisations and Local Authorities (known as "RAIDR").</p> <p>Discussion: IGARD noted the applicant was requesting national data and queried why if they were receiving an additional two years data, why they needed to retain the 2010/11 and 2011/12 data and asked for justification to retain these two years or an undertaking to destroy the data years if those years were no longer required.</p> <p>IGARD queried a reference to Secondary Use Service (SUS) within section 5 of the application noting that it was not referenced in the data request table in section 3 and asked that it be clarified or removed. IGARD also noted that the applicant was requesting all data fields within HES and NHS Digital confirmed this was for benchmarking to enable comparison across commissioning groups against the national footprint, however IGARD noted that if they required the whole HES dataset that further clarification should be included within section 5 of the application.</p> |

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| | <p>IGARD noted that Pulsant 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.</p> <p>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 that the applicant endeavour to provide a clearer explanation of the benefits achieved at renewal.</p> <p>IGARD suggested that the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and update their privacy notice as soon as possible, and the applicant consider the EU's GDPR on pseudonymised data. The EU General Data Protection Regulation (GDPR) recognises that pseudonymised data should be considered as information on an identifiable natural person and also places a greater focus on the need to demonstrate transparency of data processing in the information provided to data subjects.</p> <p>Outcome: Recommendation to approve subject to the following condition:</p> <ul style="list-style-type: none"> • Clarification within section 5 of the application of the need to retain 2010/11 and 2011/12 data. <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • Clarifying a reference to SUS data within section 5 of the application. • Clarifying the need for the full HES dataset within section 5 of the application. <p>The following advice was given:</p> <ul style="list-style-type: none"> • IGARD advised the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards, and in the interests of transparency, update their privacy notice as soon as possible. The EU General Data Protection Regulation (GDPR) 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. • IGARD advised that on renewal they would expect section five of the application to be updated to be more easily understood by the lay reader. <p>It was agreed the condition would be approved OOC by the IGARD Chair.</p> |
| 2.2 | <p><u>Rod Gibson Associates Ltd: Application for Inpatient HES for the provision of maternity and general health indicators for the consumer organisation Which (Presenter: Kimberley Watson) NIC-15402-M9L6Z</u></p> <p>Application: This was a renewal application to continue to hold Hospital Episode Statistics (HES) previously disseminated under NIC-15402 and to request two additional years for 2015/16 and 2016/17, and an amendment to restrict the data disseminated to females, with the purpose restricted to providing aggregated maternity indicators for the "Which? Birth Choice" website and to continue to provide maternity indicators for the BirthChoiceUK website.</p> <p>The application had been previously considered by IGARD on the 15 February 2018 when IGARD had deferred making a recommendation pending a clearer justification why the full HES dataset was required for all females of all ages; to clearly state no data linkage except linkages permitted under this application, clarifying terminology within the application and updating the DPA.</p> |

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| | <p>Discussion: IGARD noted the application had been updated to reflect the comments previously raised.</p> <p>IGARD noted the applicant had restricted the age range for females within HES, but requested that the special condition “any data previously disseminated that is not required to achieve purpose 1 and purpose 2 in this Agreement, for example data on males, must be deleted within 2 months of signing this Agreement” be updated to specifically include “any female outside of the age group” and the condition be updated in section 6 and included within section 5 of the application for transparency.</p> <p>IGARD suggested that the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and update their privacy notice as soon as possible. The EU General Data Protection Regulation (GDPR) 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. IGARD suggested that since the 15 February 2018 minutes were now ratified and published on NHS Digital's website that the minutes extract for the application previously considered be inserted into the abstract for future reference.</p> <p>IGARD suggested that NHS Digital may wish to audit the organisation in relation to this application.</p> <p>Outcome: Recommendation to approve.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • That the ratified minutes extract from the 15 February meeting be inserted into the abstract. • The special condition “any data previously disseminated that is not required to achieve purpose 1 and purpose 2 in this Agreement, for example data on males, must be deleted within 2 months of signing this Agreement” be updated to include any female outside of the age group and the condition be included within section 5 of the application. <p>The follow advice was given:</p> <ul style="list-style-type: none"> • IGARD advised the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards, and in the interests of transparency, update their privacy notice as soon as possible. The EU General Data Protection Regulation (GDPR) 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. • IGARD suggested that NHS Digital might wish to consider auditing the organisation in relation to this application / agreement. |
| 2.3 | <p><u>University College London: Variation in avoidable hospital admissions by mental health status (Presenter: Kimberley Watson) NIC-167186-V7J4F</u></p> <p>Application: This was a new application for 2016/17 and 2017/18 pseudonymised Hospital Episode Statistics (HES) and three of the available ten Mental Health Services dataset packages.</p> <p>The study was looking at how supply (e.g. availability and quality of health and care services) and demand factors (population need) influence both supply and demand (e.g. rurality, geographical accessibility of services) variation between Clinical Commissioning Groups in</p> |

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| <p>accident and emergency attendance rates and rates of potentially avoidable emergency hospital admissions among ‘mental health’ and ‘non-mental health’ groups. Locating and quantifying reasons for variation between areas will help highlight where investment would make the most difference to conditions, management and prevention of avoidable hospital use.</p> <p>Discussion: IGARD were unsure from the application how the data was to be used to identify avoidable hospital admissions and although they understood the theory, as detailed in the supporting protocol documents provided, suggested that a clearer explanation be provided within section 5 detailing how the applicant is defining avoidable hospital admissions to make comparisons, with specific examples provided. IGARD also queried the amount of data requested and asked for justification to be included within section 5.</p> <p>IGARD queried how the applicant was engaging with patients and charities, other than through social media and suggested that the applicant consider partnership with relevant mental health charities to maximise the benefit of disseminating outputs to the general public. IGARD also suggested that the applicant may wish to consider speaking with GP’s in order to disseminate outputs via newsletters, for example.</p> <p>IGARD noted that mental health data was incorrectly referenced within the application and suggested NHS Digital cross reference sections 3a and 5b of the application to ensure Mental Health data was correctly referred to as ‘sensitive data’.</p> <p>It was suggested that reference to anonymised data within both the application and data flow diagram should be updated to the correct terminology: pseudonymised data. IGARD also suggested that a typo referring to ‘nominator’ be updated to ‘numerator’ and that the special condition in section 6 ‘disclosure control rules’ should be included in section 5b of the application in order to be transparent for the general public when this section was published within NHS Digital’s data release register</p> <p>Outcome: Recommendation to approve subject to the following condition:</p> <ul style="list-style-type: none"> • A clearer explanation of avoidable hospital admissions within section 5 of the application with specific examples, and a clearer justification for the amount of data requested, as described in the supporting protocol. <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • A typo within section 5a referring to ‘nominator’ be updated to correctly reference ‘numerator’. • To cross reference sections 3a and 5b of the application to ensure Mental Health data is correctly referred to as sensitive data. • A reference to anonymised data should be updated to pseudonymised data. • The special condition ‘disclosure control rules’ to be added to section 5b of the application for transparency. <p>The following advice was given:</p> <ul style="list-style-type: none"> • IGARD suggested that the applicant may wish to consider partnering with relevant mental health charities to maximise the benefit of disseminating outputs to the general public and find wider routes of dissemination including via GP practices. <p>It was agreed the condition be approved OOC by the IGARD Chair.</p> |
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| 2.4 | <p><u>University Hospital Southampton NHS Foundation Trust: Fluid Optimisation in Emergency Laparotomy (FLO-ELA) trial: NIHR HTA ref 15/80/54 (Presenter: Louise Dunn) NIC-60714-M4T1M</u></p> <p>Application: This was a new application for identifiable Hospital Episode Statistics (HES) Admitted Patient Care and Critical Care, and Office for National Statistics (ONS) date of death date linked to a cohort of approximately 8000.</p> <p>The data will be used to support Fluid Optimisation in Emergency Laparotomy (FLO-ELA) which is a large randomised clinical trial proposal funded by the National Institute for Health Research Health Technology Assessment stream and aim to determine whether a discrete medical intervention (perioperative cardiac output guided haemodynamic therapy) reduces deaths after emergency laparotomy when compared with usual care. The HES and Mortality data will support the primary and secondary measures specifically looking at mortality and hospital readmission and duration of stay.</p> <p>NHS Digital had suggested to the applicant that they update their DPA registration to remove reference to 'our patients'.</p> <p>Discussion: IGARD noted this was described as a clinical trial and the applicant was using informed consent.</p> <p>IGARD noted that no matter what NHS Digital advice on the consent materials has been in the past, the applicant needs to evaluate whether the consent materials will meet the GDPR standard, once the Regulation becomes applicable on 25 May 2018. In any case, the applicant, as the data controller, has an obligation to comply with data protection legislation and confidentiality requirements when processing personal data. IGARD noted that further information and signposts to reference material were set out in detail in the letter from NHS Digital to researchers on 7 February 2018 and that detailed guidance is available from the Information Commissioner's Office (ICO) and the Health Research Authority (HRA).</p> <p>IGARD suggested that the applicant review and update their consent material, as may be necessary, to ensure they meet the GDPR standard of consent and the applicant should set out a clear process for how they intend to re-consent the cohort, if necessary, and ensure that a clear process was put in place for recording and monitoring consent going forward.</p> <p>IGARD asked how many of the cohort were lacking the capacity to consent and noted that the alternative consent materials for those cohort members were not supplied with the application. IGARD asked that a copy of the personal consultee / nominated consultee advice documents and relevant consent materials be provided for consideration by IGARD for those lacking capacity to consent.</p> <p>IGARD queried the cohort size of 8000 and asked if they were already part of the audit. NHS Digital confirmed that they were, however IGARD suggested that further clarification be included in section 5 of the application that the cohort were part of the audit. NHS Digital noted they had discussed with the applicant the cohort size and that recruitment was ongoing, however IGARD suggested that clarification be given as to when recruitment is intended to stop. IGARD suggested a clearer explanation of the relationship between the audit as a whole and how it interacts with the clinical trial and that the delineation between NELA and FLO-ELA subsets be provided.</p> <p>IGARD noted that the data flow diagram provided as a supporting document referenced EPOCH data but that the application referenced Health Economic data being linked to the NELA and HES-ONS data and suggested that the application be updated to clarify that EPOCH data and Health Economics data are the same dataset. IGARD also noted that a reference to anonymised data should be updated to pseudonymised data and that it be clearly stated in section 5 of the</p> |
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application that the applicant will not share the data in this application apart from aggregated data or publishable data sharing permitted under this application / Data Sharing Agreement. It was noted the applicant had requested the full HES CC and HES APC datasets and IGARD suggested the applicant provide a clearer explanation of why any data minimisation efforts undertaken were not applied or justification as to why the full datasets were required.

IGARD noted that Iron Mountain 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 suggested that the applicant's DPA registration should be updated to refer to processing data about patients rather than 'our patients' and that it more clearly state that data is processed about patients or health care users.

IGARD noted that section 5b referenced the Royal College of Anaesthetists and suggested that an explicit statement be included of their role and that they cannot access the FLO-ELA data. It was also suggested that reference to "more broadly, work will be carried out with patient partners and the PCPIE group at the Royal College of Anaesthetists to plan lay-orientated dissemination of the trial results to a non-medical audience" outlined within section 4 should be included within section 5 for transparency.

IGARD suggested that the applicant summarise supporting document 3 provided and suggested that the applicant may wish to provide to the cohort an executive summary which would be easily understood by a lay audience.

IGARD queried if Queen Mary University of London and University Hospital Southampton NHS Foundation Trust were both processing data and NHS Digital confirmed that although both were listed as Joint Data Controllers, only Queen Mary University were processing data. IGARD queried if NHS Digital planned to have an agreement with both organisations and NHS Digital noted as per process that because both were Joint Data Controllers that an agreement would be in place with both, however IGARD suggested that NHS Digital ensure appropriate Data Sharing Framework Contracts were in place to recognise the roles of both Queen Mary University of London and University Hospital Southampton NHS Foundation Trust.

IGARD also queried which specialist health body was being referred to for the receipt of ONS data. IGARD noted that the FLO-ELA link on Queen Mary University of London's website should be updated

IGARD queried if funding was being received from NIHR and NHS Digital confirmed that funding was in place, however IGARD suggested that confirmation be sought from the applicant and evidence provided.

Outcome: unable to recommend for approval.

- NHS Digital to ensure appropriate Data Sharing Framework Contracts are in place to recognise the roles of both Queen Mary University of London and University Hospital Southampton NHS Foundation Trust.
- To provide a copy of the personal consultee or nominated consultee advice document(s) and the appropriate consent materials to those lacking capacity to consent.
- IGARD suggested that NHS Digital work with the applicant to ensure their consent materials meet the GDPR standard of consent, including a clear process for re-consenting the cohort, if necessary, as well as setting up a process for recording and monitoring consent.

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| | <ul style="list-style-type: none"> • A clearer explanation was requested about data minimisation and why it would not be sufficient to use a smaller amount of HES APC / CC data for this purpose. • Reference to “more broadly, work will be carried out with patient partners and the PCPIE group at the Royal College of Anaesthetists to plan lay-orientated dissemination of the trial results to a non-medical audience” within section 4 should be included within section 5 when published as part of the data release register. • Clearly state that the applicant will not share the data in this application apart from aggregated data or publishable data sharing permitted under this application / DSA. • Clarifying the delineation between the National Emergency Laparotomy Audit (NELA) and FLO-ELA subset. • Clarification within section 5 that the Royal College of Anaesthetists cannot access FLO-ELA data and to fully explain their role. • The application should also be amended to confirm that funding is in place and providing relevant evidence. • Reference to NELA data and HES-ONS data being linked to Health Economics dataset be updated to reflect that this is EPOCH data, as referenced in the data flow diagram, • A reference to anonymised data should be updated to pseudonymised data. • IGARD suggested the applicant update their DPA registration to more clearly state that data is processed about patients or healthcare users and remove reference to ‘our patients’. • Correcting a website link to the FLO-ELA within the application. |
| 2.5 | <p><u>University of Hull: An Impact Assessment of National Head Injury Guidelines Using an Interrupted Time Series (Presenter: Louise Dunn) NIC-61042-K9Q3G</u></p> <p>Application: This was a new application for pseudonymised Hospital Episode Statistics (HES) Admitted Patient Care (APC) linked to sensitive Office for National Statistics (ONS) Mortality records.</p> <p>The project aims to assess changes in hospital admissions, deaths and neurosurgical interventions in patients admitted to hospital with head injury and resulting in traumatic brain injury with the data set being used to assess whether known increases in head injury admissions are due to the introduction of national guidelines or underlying changes in the population and admission practices.</p> <p>NHS Digital noted this was a NIHR funded application and two sets of benefits had been provided within section 5: the original benefits wording as drafted for the NIHR PhD funding application (“NIHR wording”) and benefits wording drafted for the NHS Digital application (“NHS Digital wording”), as per a pilot project designed to look at streamlining the application process for researchers.</p> <p>Discussion: IGARD discussed both descriptions of the benefits in section 5 and agreed that, on balance, Members preferred the NIHR wording and that it was better suited to a lay reader. It was, however, noted that the NHS Digital wording did have a slightly fuller explanation of the specific benefits to the NHS and that this note should be included in the pilot findings. IGARD suggested that the NHS Digital wording be deleted and that the NIHR wording be retained within section 5 of the application (but with an appropriate explanation that this wording comes from the NIHR PhD funding application, so as to explain the different writing style).</p> <p>IGARD queried the HES APC data requested and asked if it was restricted to emergency admissions only. NHS Digital confirmed that the applicant would receive only 39% of the data</p> |

fields but would receive all emergency admission data filtered to emergency codes by NHS Digital. IGARD suggested that reference to filtering on diagnosis codes should be included in section 3b of the application.

IGARD noted that the data had been filtered to exclude psychiatric and maternity data and queried why only those two items were being excluded and suggested that a clearer justification be included in the data minimisation table to provide a clear rationale.

IGARD queried the legal basis for ONS Mortality data and suggested the application be updated to correctly reference s261(7). IGARD also queried which specialist health body was being referred to for the receipt of ONS data and suggested a clearer explanation as to how s42(4A) applied to this application including the appropriate subsection.

It was suggested that reference to anonymised data within the application should be updated to the correct terminology: pseudonymised data. IGARD suggested that the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and update their privacy notice as soon as possible. The EU General Data Protection Regulation (GDPR) 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 noted that information was provided for the risk stratification tool in section 5a however IGARD suggested that development of the tool be included in section 5b for transparency.

IGARD noted that the PhD student from University of Hull would be accessing data on the premises at University of York but noted that the special condition "any access to data held under this agreement by University of Hull would be considered a breach of the agreement. This includes granting of access to any database[s] containing the data" may inadvertently mean University of Hull breaching their agreement with NHS Digital, and suggested that the special condition be updated to include: "other than where the PhD student is accessing the data on the premises at University of York".

IGARD also suggested that the University of Hull update their DPA registration to clearly state that data is processed about patients or health care users.

Outcome: recommendation to approve subject to the following condition:

- Justifying why data has been filtered to exclude only psychiatric and maternity data and the data minimisation table in section 3b be updated to provide a clear rationale.

The following amendments were requested:

- A reference to anonymised data should be updated to pseudonymised data.
- The legal basis for ONS Mortality data within section 3 of the application be updated s261(7).
- The special condition "Any access to data held under this agreement by University of Hull would be considered a breach of the agreement. This includes granting of access to any database[s] containing the data" be updated to include: "other than where the PhD student is accessing the data on the premises at University of York"
- Reference to S42(4) Statistics & Registration Service Act 2007 be updated within section 9 of the application to correctly list the appropriate subsection.
- Reference to the development of the risk stratification tool should be included in processing activities section 5b.

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| | <ul style="list-style-type: none"> Reference to filtering on diagnosis codes should be included in section 3b of the application. <p>The following advice was given:</p> <ul style="list-style-type: none"> IGARD advised the applicant should review their fair processing against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards, and in the interests of transparency, update their privacy notice as soon as possible. The EU General Data Protection Regulation (GDPR) 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. IGARD suggested that applicant update their DPA registration to more clearly state that data is processed about patients or healthcare users. <p>It was agreed the condition be approved OOC by the IGARD Chair.</p> |
| 3 | <p>AOB</p> <p>None</p> |

Appendix A: Summary of Open Actions

| Date raised | Action | Owner | Updates | Status |
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| 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>08/03/18: 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>08/03/18: Ongoing</p> | Open |

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| 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. 08/03/18: ongoing | Open |
| 19/10/17 | Stuart Richardson to provide a briefing on the Temporary National Repository infrastructure. | Stuart Richardson | 16/11/17: Stuart Richardson noted discussions were ongoing. 22/02/18: IGARD Secretariat to contact Stuart Richardson to provide an update 01/03/18: Stuart Richardson noted he and Dickie Langley had met recently with NHS England and would provide a briefing note when an updated application was presented to IGARD. 08/03/18: 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 | 08/03/18: 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 | Open |

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| | | | <p>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.</p> <p>08/03/18: Ongoing</p> | |
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Appendix B: Out of committee report

Independent Group Advising on Releases of Data (IGARD): Out of committee report 02/03/18

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) |
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| NIC-15226-X7Z9R | University College London Institute of Education | 22/02/18 | <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, specifically adding in reference to NHS number, and before data can flow. | Chair of IGARD Meeting (Deputy IGARD Chair) | Chair of IGARD Meeting (Deputy 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 notified to IGARD