

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 8 June 2017

Members: Sarah Baalham (agenda items 1 – 2.4), Joanne Bailey, Anomika Bedi (agenda items 1 – 2.3), Chris Carrigan, Nicola Fear, Jon Fistein, Kirsty Irvine, Debby Lennard

In attendance: David Bryant (observer), Gaynor Dalton, Arjun Dhillon, Frances Hancox, Terry Hill, Richard Irvine, Andrea Shires (observer), Vijay Tailor (observer), Sonia Walters (observer), Kimberley Watson, Vicki Williams

Apologies: Eve Sariyiannidou, James Wilson

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| 1 | <p>Declaration of interests</p> <p>Nicola Fear expressed a potential interest in the University of Oxford application (NIC-13172-S1S3F) due to previous doctorate study at that institution, but it was confirmed there was no more current connection to the organisation or this particular application.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 1 June 2017 IGARD meeting were reviewed and agreed as an accurate record of the meeting.</p> <p>Action updates were provided (see Appendix A).</p> <p>Out of committee recommendations</p> <p>An out of committee report was received (see Appendix B).</p> |
| 2 2.1 | <p>Data applications</p> <p><u>University of Oxford - Study of Heart and Renal Protection (SHARP) Intrial (Presenter: Jen Donald) NIC-13172-S1S3F</u></p> <p>Application: This application for linkage of identifiable Office for National Statistics (ONS), Cancer and Hospital Episode Statistics (HES) data to the SHARP clinical trial cohort for the 'within trial' period had previously been considered at the 18 May 2017 meeting when IGARD deferred making a recommendation. Additional evidence had now been provided for the applicant's section 251 support, along with confirmation that additional efforts would be made to reduce the amount of identifiable data disseminated. IGARD were informed that the applicant had committed to update the fair processing information published online. It was noted that the application incorrectly stated that de-identified data would flow from NHS Digital, and that this had since been corrected.</p> <p>Discussion: IGARD welcomed the reduced flow of identifiers due to the use of a Study ID instead.</p> <p>IGARD queried the legal basis for NHS Digital to disseminate pseudonymised HES data, as this was listed as section 251 in the application. It was confirmed that this release would be covered under the Health and Social Care Act 2012, whereas section 251 would provide a legal basis for identifiers to flow into NHS Digital. It was agreed this should be clarified.</p> <p>There was a discussion about the potential benefits of this work and IGARD suggested that it</p> |

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| | <p>would be helpful in future for the applicant to consider describing the benefits in a more accessible, plain English way that could be more easily understood by the general public.</p> <p>IGARD discussed the applicant's fair processing efforts and some concerns were raised that the privacy notice had not been reviewed against NHS Digital's minimum nine criteria, despite the fact that IGARD had raised this during the previous review of the application. A query was raised about the description of data as de-personalised, as it was felt that this description could be potentially inaccurate or misleading given the use of a Study ID and the flow of identifiable mortality and cancer registration data. In addition it was suggested that data linkage should be referred to more explicitly. There was a discussion about whether providing an updated privacy notice should be treated as a condition prior to data dissemination but on balance it was agreed to be appropriate for NHS Digital to assure itself that an appropriate privacy notice was in place, rather than this requiring review out of committee by IGARD. IGARD agreed that NHS Digital should work with the applicant to ensure that the privacy notice passed the nine point criteria and IGARD requested sight of the updated privacy notice for information.</p> <p>Outcome: Recommendation to approve NHS Digital should assure itself, with guidance from DARS IG, that the study privacy notice meets the minimum nine criteria and IGARD requested sight of the updated privacy notice for information once any changes to meet these criteria had been made. The application should be amended to state the legal basis for dissemination of HES data correctly in section 3. IGARD advised that in future applications or for any renewal, the applicant should take care to describe potential benefits in a more accessible way that could be clearly understood by the general public.</p> <p>2.2 <u>Institute for Fiscal Studies (Presenter: Jen Donald) NIC-17824-V9F2B</u></p> <p>Application: This was an amendment and renewal application for the applicant to continue to receive pseudonymised HES data as well as to additionally receive Office for National Statistics (ONS) mortality data for one project only, and to use the HES data for six additional projects. It was confirmed that Microdata Release Panel approval and Approved Researcher accreditation were in place for the use of ONS data. IGARD were informed that the application incorrectly referred to the agreement running until 2019, but that due to the inclusion of ONS data the agreement would be limited to one year.</p> <p>Discussion: IGARD queried the funding arrangements for the different projects, as evidence of funding had been provided for some but not all. It was clarified that some projects were internally funded and IGARD asked for the application to be updated to reflect this. In addition, IGARD requested confirmation that where external funding was in place then the funding organisations would not have the ability to restrict or otherwise unduly influence the creation or dissemination of outputs.</p> <p>The potential benefits were discussed and while it was agreed that a number of potentially significant benefits were apparent, the application varied in the level of detail provided about the possible benefits of each project. It was agreed the application should be amended to include a clearer explanation of the different benefits from projects 12 and 14 in particular, as the difference between the two projects was not currently sufficiently clear.</p> <p>Fair processing was briefly discussed and IGARD suggested that given the upcoming GDPR deadline the applicant should review their privacy notice, even though no identifiable data would be processed other than date of death.</p> <p>IGARD noted a reference elsewhere to one project being jointly coordinated with the USA and suggested that section five of the application should be updated to include a specific</p> |
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commitment that only aggregated data with small numbers suppressed could be shared outside the UK. In addition it was agreed that section five should include a statement that the applicant would not attempt to re-identify individuals from the data via linkage. IGARD noted that when a previous version of this application was reviewed by DAAG, the applicant had committed to update their DPA registration wording; it was confirmed that this update had been completed.

Outcome: Recommendation to approve.

The application should be amended to confirm that for the projects with external funding in place, the funding arrangements do not include provision for the funding organisation to influence the outputs of the project or their dissemination. The application should also be amended to confirm that data (other than aggregated data with small numbers suppressed) will not be accessed from outside the UK, particularly for project 13 given the involvement of an USA organisation as lead coordinator.

The benefits for project 12 and project 14 should be described more clearly to specify the difference between the expected benefits of the two projects. The processing activities should be amended to include a statement that the applicant will not attempt to re-identify individuals via data linkage. Section five should also be amended to clarify that some of the projects are internally funded.

It was noted that the proposed agreement end date would be limited to one year.

As a result of this application IGARD would like to draw the applicant's attention to the importance of the accessibility and clarity of their Privacy Notice and the absence of any reference to using data from NHS Digital in this. The applicant is advised to review their notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and in the interests of transparency, update their notice as soon as possible. The applicant will be expected to demonstrate progress against this recommendation in any audit undertaken and completion of the requirement for any renewal / new application for data. The EU Data Protection Regulation recognises that pseudonymised data should be considered as information on an identifiable natural person and also places a greater focus on the need to demonstrate transparency of data processing in the information provided to data subjects, and IGARD would remind applicants that this will come into force in May 2018.

2.3

Device Access UK (Presenter: Jen Donald) NIC-05429-H7X6R

Application: This application had previously been considered at the 16 March 2017 meeting when IGARD had not recommended approval. IGARD had requested a clearer explanation of the purposes for which data would be used, what proportion of the work would relate to commercial organisations, and a clearer justification for why this should be considered an appropriate use of data under the requirements of the Care Act 2014 restricting solely commercial uses.

It was noted that NHS Digital would consider undertaking a data sharing audit during the period of the agreement; IGARD expressed their support for this.

Discussion: IGARD expressed their surprise that the application still stated that this use of data was not in any way commercial, without providing any justification for this statement. It was agreed that a clear justification for this was required as on the surface this did appear to involve a commercial purpose, although IGARD were broadly content that it was not a solely commercial purpose. IGARD suggested it would be helpful to clarify whether or not the applicant only undertook data analysis when commissioned to do so by another organisation, and if so whether those organisations could be considered to be acting as data controllers. A possible inconsistency was noted in the application as at one stage it was stated that 75% of customers were NHS organisations, where elsewhere that 75% of projects were with NHS bodies.

There was a brief discussion of the applicant's website and some concerns were raised about

the potentially unclear description of how HES data would be used.

IGARD noted the improvements made since the previous application was submitted. However there remained concerns about the described purposes for which data would be used, as these were considered very broad and general without proposing any specific hypotheses. IGARD felt that the level of detail provided about how data would be used was substantively lower than the detail required in a standard application from an academic organisation in order for data to be disseminated, and there were concerns about ensuring consistency across different types of applications. It was agreed that the purposes for which data could be used would need to be much more clearly defined, and there was a suggestion that in the first instance the applicant could consider doing this by restricting data use to the specific projects outlined only with any additional projects to be subject to a future amendment application.

A reference to disseminating 2012/13 HES data was queried and it was agreed the data years should be clarified. In addition IGARD noted a reference to 'benefit to the health and social care act' and suggested that this should instead refer to using data to the benefit of the health and social care sector. A duplicated sentence in section five was noted and IGARD suggested this should be removed. Furthermore IGARD suggested that in future the applicant should keep in mind a potential lay audience when updating section five and should avoid the use of acronyms without first explaining these. It was noted that additional details about the projects that made use of this data had been provided as a supporting document, and IGARD suggested that this should be referenced within section five of the application.

IGARD acknowledged that the applicant's previous data sharing agreement had expired. It was agreed that NHS Digital should put in place a short term, limited agreement that would enable the applicant to retain data but not to otherwise process the data, unless explicitly agreed with NHS Digital, while work continued to put an updated and more appropriate data sharing agreement in place.

Outcome: Not recommended for approval:

- Section five should be updated to more clearly describe the purposes for which data will be used, potentially by limiting use to the three projects described or any other current projects with future projects to be subject to an amendment application.
- Confirmation of whether the organisations who commissioned these projects are acting in the role of data controllers.
- A statement that the application is not commercial should be amended to include the justification for this statement, or should be amended to describe the application as commercial.

References to benefits to the Health and Social Care Act should be amended to instead refer benefits to the health and social care sector, to remove a duplicated sentence from section five. Section five should also be amended to refer to the information about projects provided as a supporting document, and to explain acronyms. A reference to the dates of release of HES data should also be clarified.

IGARD advised that the applicant should update their DPA registration wording to include processing health data about patients or health service users.

As a result of this application IGARD would like to draw the applicant's attention to the importance of the accessibility and clarity of their Privacy Notice. The applicant is advised to review their notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and in the interests of transparency, update their notice as soon as possible. The EU Data Protection Regulation recognises that pseudonymised data should be considered as information on an identifiable natural person and also places a greater focus on the need to demonstrate transparency of data processing in the information provided to data subjects, and IGARD would remind applicants that this will come into force in May 2018.

Recommendation to approve a limited DSA for a short period of time to enable the applicant to retain data only but not to otherwise process data without the explicit permission of NHS Digital until an updated DSA is agreed.

2.6**Delivering community and mental health data extracts (Presenter: Richard Irvine)**

Application: This briefing paper was presented to IGARD for information only, and described how improved data minimisation would be undertaken for the Mental Health Minimum Data Set (MHSDS) and Improving Access to Psychological Therapies (IAPT), by offering a number of different standard 'packages' of data. IGARD were informed that further work would likely be undertaken in future to continue to improve data minimisation for these datasets.

Discussion: IGARD welcomed sight of this paper and expressed their general support for the proposed approach to minimising data, rather than disseminating the full dataset as standard.

A query was raised about how the applicants and the general public would be informed of this change, and what steps NHS Digital would take to review the effectiveness of this approach. It was confirmed that applicants' use of the different data packages would continue to be reviewed and that customer feedback would be sought, so that if necessary the 'packages' could be reconsidered in future.

Some technical questions were raised and it was agreed that the specification would be shared with IGARD for information only. IGARD queried the description of an inpatient activity package as containing 'all referrals', and also queried the decision to include all types of disability within the 'IAPT Disability' package rather than separating out mental health-related disabilities from physical disabilities.

Outcome: IGARD noted the contents of the paper and welcomed the proposed approach to data minimisation.

2.4**IMS Health Ltd (Presenter: Gaynor Dalton) NIC-13925-Q7R2D**

Application: This application was to extend and renew an existing agreement for the use of pseudonymised HES data, with NHS Digital linking this to pharmacy data on behalf of the applicant. It was noted that a previous application had been considered by DAAG on 20 December 2016 and recommended for approval for six months only; since this IMS Health had reviewed the terms of reference for its Independent Scientific Ethics and Advisory Group (ISEAC), which would review requests to make use of this linked data, and had recruited lay/patient representatives to the updated committee. It was noted that two special conditions from the previous application had now both been addressed and so were not included in the current application.

IGARD were informed of an error in the application abstract which referred to IMS Health Ltd as the sole data processor, whereas in fact The Bunker Secure Hosting Ltd would also act as a data processor on their behalf.

Discussion: The role of The Bunker was briefly discussed and IGARD suggested that this organisation should appropriately update their DPA registration wording, and that IMS Health Ltd should update their privacy notice to reflect the involvement of this organisation as a data processor.

It was suggested that section five should be amended to include a number of special conditions listed in section six. It was also suggested that the legal basis for dissemination listed in section three of the application should be updated to remove a reference to section 251, and a reference to limiting data use to 'the provision of health' should be amended to 'promotion of health' in line with the requirements of the Care Act 2014. In addition IGARD agreed that section five of the application should include a statement that data could not be used for solely commercial purposes, and IGARD advised that the applicant should consider

updating the ISEAC terms of reference to include this restriction as per the Care Act 2014. It was agreed a reference to a 'definitions file' should be clarified.

IGARD noted the queries that had previously been raised about the structure of various IMS Group organisations and it was agreed that the application should be amended to include a statement that record level data or aggregated data containing small numbers would not be shared within the other organisations in the IMS Group as well as that data would not be shared under sub-licensing under this agreement. There was a brief discussion about the use of the name Quintiles and it was confirmed that at present IMS Health Ltd was a separate legal entity under the Quintiles umbrella.

There was a discussion of the number of data years requested and IGARD requested a clearer justification for why more than ten data years were necessary for the described uses of data. Alternatively it was suggested that the applicant might wish to limit their request to a rolling ten years of data.

A query was raised about whether this use of data was in line with the applicant's ethical approval, as it was noted that this had previously included a requirement not to break data down by geographical location. It was agreed that this should be clarified.

IGARD acknowledged the positive steps taken by IMS Health Ltd to strengthen ISEAC and expressed their support for this work.

Outcome: Recommendation to approve, subject to conditions:

- Clarification of whether the proposed use of data is in line with the Research Ethics approval.
- The applicant should provide a clearer justification for the number of data years requested, or limit the number of data years to a rolling 10 years.

Section five should be amended to reflect the special conditions currently listed in section 6, should include a statement that data will not be shared with third parties under sub-license, and should state that data will not be shared within the IMS Group of organisations. In addition the legal basis in section 3 should be amended from Section 251 to the relevant section of the Health and Social Care Act 2012. A reference to data use being limited to the 'provision of health' should be amended to refer to the 'promotion of health'. A reference to a 'definitions file' should be clarified.

Section five should include a statement that data cannot be used for solely commercial purposes as per the requirements of the Care Act 2014, and IGARD advised that the ISEAC Terms of Reference should be updated to include this limitation on the use of NHS Digital data.

It was noted that the abstract incorrectly referred to IMS Health as the sole data processor and that this would be corrected.

IGARD advised that the DPA registration for The Bunker should be updated to include processing data about patients or health service users.

As a result of this application IGARD would like to draw the applicant's attention to the importance of the accessibility and clarity of their Privacy Notice. The applicant is advised to review their notice against the ICO's Privacy Notices Code of Practice to ensure it reflects best practice standards and in the interests of transparency, update their notice as soon as possible. The applicant will be expected to demonstrate progress against this recommendation in any audit undertaken and completion of the requirement for any renewal / new application for data. The EU Data Protection Regulation recognises that pseudonymised data should be considered as information on an identifiable natural person and also places a greater focus on the need to demonstrate transparency of data processing in the information provided to data subjects, and IGARD would remind applicants that this will come into force in May 2018. In particular IGARD advised that IMS Health should update their privacy notice to reflect the involvement of The Bunker as a data processor.

It was agreed these conditions would be reviewed out of committee by IGARD.

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| 2.5 | <p><u>Intensive Care National Audit Research Centre (ICNARC) - Risk modelling in the critically ill (Presenter: Kimberley Watson) NIC-379807-P3R7Z</u></p> <p>Application: This application was to extend and amend an existing agreement, in order to receive additional historic HES data as well as additional ONS mortality data. IGARD were informed that due to delays in receiving the other data necessary for linkage, the outputs and benefits of the study had not yet been achieved since the application was last reviewed by DAAG on 19 July 2016; it was anticipated that the reason for the delay would be addressed within a matter of weeks.</p> <p>IGARD were informed that based on previous feedback from DAAG, the applicant had made a number of updates to their website to provide more information for patients. The applicant had been advised to update their DPA registration to cover processing data about patients.</p> <p>Discussion: The potential benefits of this work were noted; IGARD expressed their support and noted the challenges around delays to receiving data for linkage.</p> <p>IGARD queried what steps had been taken to update the applicant's fair processing information as there remained some concerns that the information available for patients was not sufficiently clear and informative. It was agreed that NHS Digital should work with the applicant to ensure the online information was appropriately updated, for example to ensure it explained that identifiers would be sent to NHS Digital, and reviewed against the NHS Digital nine point criteria for privacy notices. In addition it was agreed that the patient information sheet should be updated along the same lines as the online information in a timely manner, and IGARD asked for the applicant to commit to how soon this could reasonably be achieved.</p> <p>A query was raised about a reference in the application to an 'anonymous key permitting linkage' and it was suggested this wording should be clarified.</p> <p>IGARD discussed the number of data years requested, and noted the explanation provided for this but felt that a clearer justification would have been more helpful. It was agreed that for future applications, the applicant would be expected to provide a clearer justification for the continued need for this number of data years.</p> <p>Outcome: Recommendation to approve, subject to conditions:</p> <ul style="list-style-type: none"> • The applicant should work with DARS IG staff to appropriately update their privacy notice to meet the NHS Digital minimum nine criteria, within a period of six weeks and before further data is disseminated. • A dated commitment from the applicant to work with DARS IG staff to update their patient information sheet to more clearly describe the role of NHS Digital in data processing, and to confirm when this is expected to be completed. <p>The application should be amended to clarify a reference to 'an anonymous key permitting linkage'. IGARD advised that the applicant should update their DPA registration to remove a statement that the processing of health data is about survey respondents only. IGARD noted that for any future renewal or amendment applications, a clearer justification should be provided for the amount of data requested.</p> <p>It was agreed these conditions would be reviewed 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 |
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| 15/11/16 | To update DAAG on the feasibility of providing random samples of data to applicants, and to ask the Production Team to provide DAAG with further information about the options for data minimisation | Garry Coleman | <p>06/12/16: This action was ongoing and it was anticipated an update would be available in mid-January. There had also been a discussion during the training session about data minimisation, with a suggestion for Peter Short to contact the Production Team for further information, and it was agreed that would be incorporated into this action.</p> <p>20/12/16: It was anticipated an update would be available in mid-January.</p> <p>10/01/17: Ongoing. It was agreed that this action would be taken forward by Alan Hassey rather than Peter Short.</p> <p>17/01/17: A number of internal discussions had taken place and it was anticipated an update would be brought to DAAG within the next few weeks.</p> <p>31/01/17: Ongoing. It was agreed the IGARD Chair would request an update on progress of this action.</p> <p>09/03/17: Ongoing. A number of internal discussions continued to take place and it was agreed the action would be taken forward by Garry Colman.</p> <p>23/03/17: Ongoing. There was a suggestion it might be helpful to discuss the type of sampling used by the Department for Work and Pensions.</p> <p>11/05/17: This action was not discussed due to time restrictions.</p> <p>18/05/17: IGARD received a verbal update on work underway to develop 'dummy data' for the purpose of developing tools and algorithms.</p> <p>08/06/17: Ongoing.</p> | Open |
| 23/03/17 | To provide additional information about the application checks made by the Pre-IGARD process | Gaynor Dalton | 06/04/17: Ongoing. It was anticipated a response would be provided at the following IGARD meeting. | Open |

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| | before applications are submitted to an IGARD meeting. | | <p>13/04/17: A verbal update was given on the Pre-IGARD process and it was agreed that it would be helpful on both sides to develop a Pre-IGARD checklist to define what checks would be carried out as standard for each application before reaching IGARD.</p> <p>27/04/17: Gaynor offered to provide a marked up application to demonstrate the types of comments raised at Pre-IGARD, but IGARD felt that this could be potentially prejudicial to the consideration of that application.</p> <p>04/05/17: Ongoing. This had been discussed as part of the morning educational session.</p> <p>18/05/17: IGARD received a verbal update about the increased involvement of the IG Advisor in Pre-IGARD and about the role of Operational IG staff within DARS. There was a suggestion that the Deputy Caldicott Guardian could also attend Pre-IGARD. IGARD advised that it would still be helpful to have sight of a checklist to confirm what items should be checked prior to an application reaching an IGARD meeting.</p> <p>01/06/17: IGARD were given a brief update about the work underway, including involving the IG Advisor more actively in the Pre-IGARD process and it was hoped the Deputy Caldicott Guardian could also attend Pre-IGARD.</p> <p>08/06/17: Ongoing.</p> | |
| 23/03/17 | To provide a response to previously raised IGARD queries about indemnity. | IGARD Secretariat | <p>06/04/17: An update had been provided and the action remained open.</p> <p>13/04/17: This was ongoing within NHS Digital.</p> <p>01/06/17: The Caldicott Guardian had request a meeting with the IGARD Chair and others to discuss this.</p> <p>08/06/17: A call had been scheduled to discuss this.</p> | Open |
| 30/03/17 | To contact the NHS Digital Caldicott Guardian regarding how NHS Digital handles applications from organisations whose IG Toolkit has been reviewed as satisfactory with an improvement plan. | IGARD Chair | <p>06/04/17: This had been raised but a response had not yet been received.</p> <p>18/05/17: IGARD noted a verbal update provided about upcoming changes to the IG Toolkit and how this would be reviewed. It was agreed further clarity was still required about how this issue would</p> | Open |

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| | | | be handled with existing applications until the IG Toolkit changes came into effect. 08/06/17: Ongoing. | |
| 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 | 08/06/17: Ongoing. | Open |
| 27/04/17 | IGARD Chair to contact the NHS Digital Caldicott Guardian regarding GPs' data controller responsibilities for fair processing around risk stratification. | IGARD Chair | 18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian. 08/06/17: Ongoing. | Open |
| 04/05/17 | Robyn Wilson and Joanne Treddenick to agree updated wording for the PCMD application template on type two objections, ensuring that this is consistent with published NHS Digital information about exceptions to type two objections. | Robyn Wilson | 11/05/17: The IG Advisor gave a verbal update with confirmation that in October 2016 NHS Digital had confirmed a decision that type two objections would not be considered to apply to this flow of data due to the specific legal gateways around ONS data sharing. Further work was planned to agree the specific application wording to describe this. 18/05/17: IGARD were informed by the Secretariat that Robyn and Joanne had agreed new draft wording, and that this would be circulated to IGARD for discussion out of committee. 25/05/17: The new draft wording had been circulated out of committee and members were reminded to provide any comments by email if they wished to do so. 08/06/17: There had been a further discussion of the wording by email. | 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 | 08/06/17: Ongoing. | Open |
| 25/05/17 | Dave Cronin to provide information to IGARD regarding the NHS Digital policy on how different types of data sharing agreement breaches are classified and handled. | Dave Cronin | 08/06/17: This had been provided by email. It was agreed IGARD members would share any questions or comments by the following meeting. | Open |

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| 25/05/17 | IGARD Chair to contact Garry Coleman regarding the special condition wording around version 14 IG Toolkit review, and the associated risk of requiring applicants to report back to NHS Digital. | Garry Coleman | 01/06/17: The IGARD Chair had contacted Garry Coleman but had not yet had a response due to annual leave. 08/06/17: It was agreed that the action owner would be changed to Garry Coleman, pending a response. | Open |
| 01/06/17 | IGARD Chair to contact the Director of Data Dissemination regarding the out of committee sign-off for Monitor NIC-15814-C6W9R. | IGARD Chair | 08/06/17: The IGARD Chair had sent an email regarding this and it would be discussed further in person. | Open |
| 01/06/17 | IGARD Chair to feedback to NHS Digital about the need to ensure applications coming to IGARD include the appropriate, up to date documentation such as the most recent commissioning letter. | IGARD Chair | 08/06/17: Ongoing. | Open |
| 01/06/17 | IGARD Chair to contact the Wellcome Trust about their work around 'Understanding Patient Data' communications and how this could influence NHS Digital's applications. | IGARD Chair | 08/06/17: Ongoing. | Open |
| 01/06/17 | Garry Coleman to provide information about the process for applicants moving from the use of identifiable to pseudonymised data and what standard steps are taken when they opt to retain identifiable data as well as receiving new pseudonymised data. | Garry Coleman | 08/06/17: Ongoing. | Open |
| 01/06/17 | IGARD Secretariat to speak to Gaynor Dalton about the need for pre IGARD checks to include an applicant's DPA registration wording. | IGARD Secretariat | 08/06/17: This action had been completed and was closed. | Closed |

Appendix B: Out of committee report (as of 02/06/17)

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

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

- NIC-86623 Nuffield Trust (*considered at IGARD meeting 4th May 2017*)
- NIC-315419 University of Oxford (*considered at IGARD meeting 18th May 2017*)