

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

### Minutes of meeting held 11 January 2018

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

**In attendance:** Arjun Dhillon, Louise Dunn, Duncan Easton, Dickie Langley, Jan Spence, Jane Town (Observer), Joanne Treddenick (JT – by phone item 2.1), Kimberley Watson, Steve Webster, Vicki Williams.

**Apologies:** Sarah Baalham, Nicola Fear, Jon Fistein.

1	<p><b>Welcome and introduction</b></p> <p>The Chair welcomed Jane Town to the meeting as an observer.</p> <p><b>Declaration of interests</b></p> <p>There were no declarations of interest.</p> <p><b>Review of previous minutes and actions</b></p> <p>The minutes of the 21 December 2017 IGARD meeting were reviewed and subject to a number of minor changes 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 received (see Appendix B).</p>
2	<p><b>Data applications</b></p>
2.1	<p><u>National Centre for Social Research - Adult Psychiatric Morbidity Survey (APMS) (Presenter: Steven Webster) NIC-159399-K2M6H</u></p> <p><b>Application:</b> This was a new request for the 2014 Adult Psychiatric Morbidity Survey (APMS) extract dataset. The dataset is described as being anonymised in accordance with ICO guidance and cannot (logically nor contractually) be linked to any record level dataset.</p> <p>The National Centre for Social Research are commissioned by the Department of Health for analysis of APMS data to describe the circumstances of people with learning impairment and the wider inequalities they face (such as whether or not are more likely to have particular physical health conditions or unmet needs for treatment and services) compared with others.</p> <p>AMPS is a sample survey of private households in England, interviewing around 7,500 adults and provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).</p> <p>Steve Webster explained this would be a test case to create a template for future applications of this nature and the NHS Digital Caldicott Guardian supported the release of this data.</p> <p><b>Discussion:</b> IGARD welcomed the application and acknowledged the significant utility of the datasets within this application. IGARD noted a lack of clarity with regard the legal basis and requested the NHS Digital IG Advisor to IGARD (IG Advisor) to comment.</p> <p>The IG Advisor noted Section 7 of the application covered 'Approval Considerations' and that the data was from a long running series of historical surveys, covered under a Commencement Order, issued by the Department of Health which approved the collection of the data. The IG Advisor noted that no new Directions had been issued due to there being no significant changes to the survey or collections.</p> <p>IGARD noted that for first of type data collections or disseminations a briefing note should be provided to explicitly explain the legal basis.</p> <p>IGARD queried if patient consent was the correct legal basis for the receipt of data, even though every survey was voluntary by personal agreement, and also noted the lack of opt out within the fair processing information provided. IGARD noted that the applicant had updated</p>

	<p>their website, however it was noted that the cohort may not know to access the website. IGARD noted that reference to 'information consent' or 'consent' should be removed, where appropriate from within the application summary.</p> <p>IGARD noted that any data linkage should be explicit referenced within section five of the application plus any prohibitions to linkage and that standard wording be included with regard to limited access controls to access the data.</p> <p><b>Outcome:</b> Recommendation deferred, pending:</p> <ul style="list-style-type: none"> <li>• Providing a briefing paper, including any supporting documentation, to clearly explain the legal basis for receipt of data,</li> <li>• Section 5 of the application, processing activities, should be updated to clarify and be explicit about any data linkage (including standard wording about limited access controls and prohibitions on linkage, as relevant)</li> <li>• Reference to consent or informed consent within the application should be removed</li> <li>• A misleading typographical error within Section 5 of the application be corrected.</li> </ul>
<p>2.2</p>	<p><u>University of Bristol – continuation of Avon Longitudinal Study of Parents and Children (ALSPAC) for the children aspect only (Presenter: Duncan Easton) NIC-13133-B7B3K</u></p> <p><b>Application:</b> This application for bespoke extracts of Hospital Episode Statistics Admitted Patient Care, Critical Care, Outpatient and Accident and Emergency data as well as Office for National Statistics Cancer registration and death data had previously been considered by IGARD on the 21<sup>st</sup> December 2017 when IGARD had deferred making a recommendation pending the applicant providing a copy of all previous versions of consent materials from when the cohort consented at age 16; and that the application be redrafted to more accurately reflect the cohorts, the processing activities and the projects that are covered by the consent as the legal basis.</p> <p><b>Discussion:</b> IGARD noted the application had been updated to reflect comments previously raised. IGARD noted that a reference to 'previous data extracts' within section 5a of the application referred to a processing activity and should be moved to section 5b.</p> <p>IGARD queried two supporting documents that were both named 'Supporting Document (SD) 8' and suggested that one should be renamed accordingly.</p> <p>IGARD noted that consent versions 7 and 7.1 provided with the application notified cohort participants that if they did not respond to consent notices then they would not be exercising their right not to be included, because of the section 251 support. IGARD welcomed this as an exemplar for best practice.</p> <p>IGARD noted that the applicant's DSA with NHS Digital had expired and that NHS Digital should progress as per due process.</p> <p><b>Outcome:</b> Recommendation to approve</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• Reference describing processing activity within Section 5a to be moved to Section 5b of the application</li> <li>• One of the two supporting documents referenced as 'SD8' to be renamed accordingly.</li> </ul> <p>IGARD noted that the applicant's Data Sharing Agreement with NHS Digital had expired, and that NHS Digital should progress as per due process.</p>
<p>2.3</p>	<p><u>NHS Blood and Transplant Service – Request for HES Data to analyse outcomes in the NIHR funded ATTOM Study (Presenter: Gaynor Dalton) NIC-14342-Q8W0X</u></p> <p><b>Application:</b> This was an application for pseudonymised Hospital Episode Statistics data to support a research study into Access to Transplant and Transplant Outcome Measures (ATTOM) had previously been considered by IGARD on the 12<sup>th</sup> October 2017 and was not recommended for approval.</p>

	<p><b>Discussion:</b> IGARD noted the application had been updated to reflect comments previously raised. It was noted that a special condition had been included that the draft privacy notice would be published within six weeks of the applicant signing the Data Sharing Agreement. IGARD noted that the applicant should inform HRA CAG as part of their S251 renewal process of their current situation (regarding the now completed PhD research) as outlined in section five.</p> <p>IGARD noted that the application summary should be updated to note that the privacy notice had met point three of the nine-point criteria.</p> <p><b>Outcome:</b> Recommendation to approve</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>Reference within the application summary to the nine minimum criteria should be updated to accurately reflect that point 3 had been met.</li> </ul> <p>The following advice was given:</p> <p>IGARD advised that the applicant should inform HRA CAG as part of their renewal process of their current situation (regarding the now completed PhD research) as outlined in the application.</p>
2.4	<p><u>University of Manchester – Investing the relationships between Quality of Primary Care and Hospitalisation, a spatial whole population study for England (Presenter: Duncan Easton) NIC-73469-F3B9N</u></p> <p><b>Application:</b> This was an application to investigate and quantify the relationships between recorded general practice performance, as measured in the Quality and Outcomes Framework (QOF) and to investigate the effects of one of the largest Pay-for-Performance (P4P) programmes worldwide which has attracted substantial attention from media, policy makers and the public. This study will explore whether there has been any effect on all cause and cause-specific hospitalisations (reductions/increases) due to financial incentives, targeted to improve the quality of services in Primary Care in the UK between 2006 and 2015.</p> <p><b>Discussion:</b> IGARD requested further detail within the application to explain the NIHR publication guidelines to understand the commitment to make available the results to a wider audience the outcomes from the study, and any requirements of NIHR.</p> <p>IGARD requested clarification that only the named researcher within the application would have access to the HES data and that this be explicit within section five. IGARD also asked for clarification on the level of data accessed by the Research Team and access controls in place.</p> <p><b>Outcome:</b> Recommendation to approve</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>Clarification within Section 5 of the application of routes to wider dissemination to the public including any publication requirements by NIHR.</li> <li>Clarifying in Section 5b of the application that only the HES data will be accessed by the researcher named within the application and clarification of the level of data accessed by the Research Team.</li> </ul>
2.5	<p><u>Royal College of Physicians of London – National Hip Fracture Database (Presenter: Kimberley Watson) NIC-10343-Z3M1B</u></p> <p><b>Application:</b> This was an application to renew and amend for the continued purposes of the National Hip Fracture database. The renewal is to receive further Hospital Episode Statistics (HES) Admitted Patient Care (APC) data and Medical Research Information Service (MRIS) list clean. The amendment is a change to remove the Royal College of Surgeons who are no longer acting as a data processor in this application and to add the University of Oxford as a data processor.</p> <p><b>Discussion:</b> IGARD queried if the project had been funded beyond March 2017 as the documentation provided was not clear and noted that the HRA CAG letters circulated were not explicit that the project was continuing beyond March 2017. It was noted that a NHS England</p>

	<p>Commissioning letter received earlier that week by NHS Digital had not been circulated to IGARD. IGARD queried if all the data processors noted to HRA CAG were also explicitly stated the NHS Commissioning letter received by NHS Digital and asked that a copy of the letter be provided.</p> <p>IGARD queried the retention of the data and that there were no references to data identifiers being destroyed once the necessary linkage had been completed by the data processors and asked that clarification be sought that the data will be destroyed after use.</p> <p>IGARD noted that the applicant referenced within the summary of the application was HQIP, however this should be corrected to Royal College of Physicians along with correcting the patient information leaflet version control references.</p> <p><b>Action:</b> Gaynor Dalton to ensure the legal basis table contained within the summary of applications clearly states the legal basis for receipt and dissemination of data</p> <p><b>Outcome:</b> Recommendation to approve subject to the following conditions:</p> <ul style="list-style-type: none"> <li>• Providing a copy of the NHS England commissioning letter (a) detailing that the project is funded beyond March 2017 and (b) listing all the Data Processors.</li> <li>• Confirmation that the three data items listed in Section 5 of the application will be destroyed after use.</li> </ul> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• That the application summary be updated to correct the applicant name to Royal College of Physicians</li> <li>• Correcting the version control reference within the patient information leaflet.</li> </ul> <p>It was agreed the above conditions would be reviewed out of committee by the IGARD Chair.</p>
2.6	<p><u>Rand Europe – outcome evaluation of Offender Liaison and Diversion Trial Schemes (Presenter: Gaynor Dalton) NIC-66034-M7B8W</u></p> <p><b>Application:</b> This was a new application for bespoke linkage of Hospital Episodes Statistics, Accident and Emergency, Mental Health Minimum Data Sets and Improving Access to Psychological Therapies data set to a cohort of service users.</p> <p>RAND Europe Community Interest Company had been commissioned by the Department of Health to undertake an evaluation of the National Model for Liaison and Diversion (L&amp;D) services in England for which this request will supply the data. L&amp;D services aim to identify people experiencing mental health and substance misuse problems, and learning disabilities (among other vulnerabilities) as they pass through the criminal justice system (CJS) to ensure their health and other needs are known about and that they are referred to services to address their needs. L&amp;D schemes aim to improve outcomes for their service user group and to save money through the provision of accurate, appropriate and timely information to inform the decisions of the CJS.</p> <p><b>Discussion:</b> IGARD acknowledged the importance of the research study which was to better understand this vulnerable group of individuals and the efforts made by the applicant with regard to consent.</p> <p>IGARD noted that it was difficult to find information on the study on the website. IGARD queried the lack of a withdrawal statement in the consent material provided and although the applicant had made significant efforts to update their website, it was agreed that there would be limitations on the cohort in their practical ability to access the website information and withdraw from the study.</p> <p>IGARD did not believe that consent provided an adequate legal basis and suggested that an alternative legal basis and consent model be sought. IGARD suggested that until the legal basis issue had been resolved the applicant should suspend recruitment to the study. IGARD also suggested that the consent material should be updated, and that the applicant should implement a process for updating current consent materials.</p>

	<p>IGARD noted that the data flow diagram and text contained within Section 5 of the application differed and asked for confirmation that the data flow diagram accurately reflected the application.</p> <p><b>Outcome:</b> Not recommended for approval</p> <ul style="list-style-type: none"> <li>• Consent did not provide an adequate legal basis.</li> </ul> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• Confirmation that text within Section 5 of the application with regard to data flows is correct and accurately reflected in the data flow diagram</li> </ul> <p>The following advice was given:</p> <ul style="list-style-type: none"> <li>• IGARD advised that the applicant should suspend cohort recruitment, if recruitment is ongoing, until the legal basis has been resolved</li> <li>• IGARD advised that the applicant should update their consent material and implement a process for updating their current consent materials.</li> </ul>
<p><b>2.7</b></p>	<p><u>Manchester University NHS Foundation Trust – business analytics (Presenter: Kimberley Dalton) NIC-376374-F8D0M</u></p> <p><b>Application:</b> This was an application to amend the change of name for the Central Manchester University NHS Foundation Trust which has now merged with University Hospitals of South Manchester NHS Foundation Trust to form Manchester University NHS Foundation Trust as of 1st October 2017 and requesting further releases of pseudonymised Hospital Episodes Statistics Admitted Patient Care, Outpatients, Accident and Emergency and Critical Care data.</p> <p><b>Discussion:</b> IGARD noted that Information Governance Toolkit (IGT) V14.1 had not been completed and it was noted that a special condition had been included that the IGT V14.1 must be completed within three months of signing the Data Sharing Agreement.</p> <p>IGARD noted that the application referred to data being accessed by the Business Analytics Team and asked for the wording to be amended to current agreed standard wording which restricted data access to substantive employees of Manchester University NHS Foundation Trust.</p> <p><b>Outcome:</b> Recommendation to approve</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> <li>• Clarification that the Information Governance Toolkit assessment was in progress.</li> <li>• Confirmation that the individuals who will access the data are substantive employees of Manchester University NHS Foundation Trust.</li> </ul>
<p><b>3</b></p>	<p><b>Any other business</b></p> <p><b>3.1 NIC-16016 Wilmington Healthcare</b></p> <p>IGARD noted that following the 21 December 2017 meeting, when IGARD had deferred making a recommendation:</p> <p><b>Outcome:</b> Recommendation deferred, pending:</p> <ul style="list-style-type: none"> <li>• IGARD were unable to fully consider the application because the information previously requested for the 3-month approval had not been provided for IGARD’s consideration and the data sharing agreement end date should be limited to only last for three months, with an updated application to be submitted to IGARD at the end of that period, and the agreement should be limited to permit the applicant to continue to store data but not otherwise process it.</li> <li>• Providing evidence that the fair processing information for Wilmington Healthcare meets the nine minimum criteria for privacy notices, in that it is published, visible and accessible on the company’s website and to correctly reference that pseudonymised data does not directly identify individuals.</li> </ul>

NHS Digital had taken the decision to disseminate the data. The IGARD Chair and IGARD Deputy Chair had been informed of this out of committee.

### **3.2 Updated Application Reference Numbers**

For the purposes of the minutes and ensuring transparency and accuracy IGARD had been informed by NHS Digital that the following applications previously considered by IGARD had incorrect NIC Numbers:

- a) NIC 90670 NHS Hambleton, Richmondshire & Whitby CCG was recommended for approval on the 14 December and relates to updated NIC number: NIC-134558-G9L9K
- b) GA06-SCW-AMD Group of 8 applications was recommended for approval on the 14 December and relates to updated NIC numbers:
  - NHS Fareham and Gosport CCG NIC-132395-Q4W9P
  - NHS Isle of Wight CCG NIC-132427-N4G2T
  - NHS North East Hampshire And Farnham CCG NIC-132457-D4X6G
  - NHS North Hampshire CCG NIC-131835-X9M5J
  - NHS Portsmouth CCG NIC-132430-K9R9K
  - NHS South Eastern Hampshire CCG NIC-132436-N2X1P
  - NHS Southampton CCG NIC-132445-B5S0R
  - NHS West Hampshire CCG NIC-132448-F8M0G
- c) GA08-CM-AMD Group of 2 applications was recommended for approval on the 2nd November and relates to updated NIC numbers:
  - NHS Shropshire CCG NIC-126117-S3Y1K
  - NHS Telford and Wrekin CCG NIC-127332-G0J1N
- d) Group of 207 CCG's – Emergency Care Data Set was considered at the 7 December 2017 IGARD meeting and recommended for approval. Confirmation that the NIC number is NIC-164062-K2G8J

### **3.3 IGARD standard wording**

IGARD approved the following standard wording for inclusion in future IGARD minutes, where applicable:

*IGARD noted that the applicant's Data Sharing Agreement with NHS Digital had expired, and that NHS Digital should progress as per due process.*

## Appendix A: Summary of Open Actions

Date raised	Action	Owner	Updates	Status
20/04/17	IGARD Chair to contact key stakeholder organisations regarding the benefits of uses of data to feed into the IGARD annual report.	IGARD Chair	<p>14/09/17: Ongoing. It was agreed this would be discussed during the educational session.</p> <p>07/12/17: Ongoing. It was agreed to bring the first draft to January's education session.</p> <p>11/01/18: Ongoing.</p>	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	<p>18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian.</p> <p>22/06/17: Ongoing; it was suggested the Deputy Caldicott Guardian should discuss this in more detail with Joanne Bailey.</p> <p>29/06/17: It was noted this action would be taken forward by the Deputy Caldicott Guardian, and the action owner was updated.</p> <p>20/07/17: It was agreed the Deputy Caldicott Guardian would provide an update on the current status of this.</p> <p>10/08/17: An update from NHS England had been requested.</p> <p>09/11/17: A response from NHS England had been received and this would be circulated to IGARD by email.</p> <p>07/12/17: Ongoing – draft response to IGARD with Deputy Caldicott Guardian for sign off.</p> <p>14/12/17: IGARD Secretariat Team to circulate an update to IGARD Members.</p>	Close

			11/01/18: This action can be closed and removed from the action table.	
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	<p>15/06/17: IGARD had been advised by email that a paper about this would be submitted to an upcoming IGARD meeting.</p> <p>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.</p> <p>27/07/17: An email had been circulated requesting further information from IGARD members.</p> <p>03/08/17: Two IGARD members had responded by email and the action remained ongoing.</p> <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: The paper was in the process of being updated based on 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</p>	Open



			<p>guidance; IGARD suggested that NHS Digital should seek legal advice and if necessary then contact the ICO directly.</p> <p>16/11/17: Ongoing. IGARD queried the progress made regarding this action and there was a suggestion that this should be discussed at an education session; however it was suggested that it would be necessary to receive an updated response from NHS Digital before this.</p> <p>11/01/18: Ongoing</p>	
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>11/01/18: Ongoing</p>	Open
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	11/01/18: 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	Garry Coleman	11/01/18: Ongoing	Open

	applications, and present to a future education session on changes to how MRIS reports are now shown within applications.			
21/09/17	Dickie Langley to provide a briefing paper (with relevant supporting documents) regarding the legal basis for receipt of data from Department for Education, and for this to be reviewed by the IG Advisor prior to circulation to IGARD.	Dickie Langley	07/12/17: Dickie Langley noted that a briefing paper would be presented to IGARD in December / January. 14/12/17: The briefing paper was presented to IGARD on 14 <sup>th</sup> December 2017. 11/01/18: This action can be closed and removed from the action table.	Close
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. 11/01/18: 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	11/01/18: Ongoing.	Open
07/12/17	Dickie Langley to provide a briefing note on NHS Digital's due diligence policy and process	Dickie Langley	11/01/18: 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	11/01/18: Ongoing.	Open
21/12/17	NHS Digital / IGARD to discuss at a future meeting the issue of consistency across applications presented.	IGARD Chair /	11/01/18: Ongoing.	Open

		Garry Coleman		
11/01/18	Gaynor Dalton to ensure the legal basis table contained within the summary of applications clearly states the legal basis for receipt and dissemination of data	Gaynor Dalton		Open

**Appendix B: Out of committee report**

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
NIC-61090-T9Y0G	University of Oxford	7/12/17	<ul style="list-style-type: none"> <li>Clarification should be sought as to whether HQIP should be classed as a joint data controller and to ensure that the DSA correctly reflects this, along with updating the data flow diagram.</li> <li>Providing evidence that NHS Digital is content that the fair processing information for University of Oxford meets the nine minimum criteria for privacy notices before data can flow..</li> </ul>	IGARD Chair	IGARD Chair	N/A
<b>GA02-NEL-STP</b> NIC-56039-T9H7X; NIC-55703-H0T1C; NIC-99319-F0R8C; NIC-95884-F9J1V;	<b>Group 7 CCGs:</b> NHS Barking and Dagenham CCG; NHS Havering CCG; NHS City and Hackney CCG;	14/12/17	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are shown as joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	IGARD Chair	IGARD Chair	N/A

NIC-95867-F5F0L; NIC-41646-V9N9J; NIC-55709-D8W3P	NHS Newham CCG; NHS Tower Hamlets CCG; NHS Redbridge CCG; NHS Waltham Forest CCG					
<b>GA03-NEL-STP</b> NIC-55719-Q0T3Z; NIC-41632-C6X9D; NIC-41640-G0C5N; NIC-95815-C3W0W; NIC-95817-Q6V9N	<b>Group 5 CCG's:</b> NHS Barnet CCG; NHS Camden CCG; NHS Enfield CCG; NHS Islington CCG; NHS Haringey CCG	14/12/17	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are shown as joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	IGARD Chair	IGARD Chair	N/A
<b>GA05-NEL-STP</b> NIC-43431-N0G4J; NIC-43450-C7M7C;	<b>Group 6 CCG's:</b> NHS Croydon CCG; NHS Kingston CCG;	14/12/17	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are shown as joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	IGARD Chair	IGARD Chair	N/A

NIC-43498-C6X1S; NIC-43547-B4R5Q; NIC-43527-T7P7R; NIC-43405-T5C4G	NHS Merton CCG; NHS Richmond CCG; NHS Sutton CCG; NHS Wandsworth CCG					
<b>GA06-NEL-STP</b> NIC-43439-N1L6G; NIC-43466-P5J3F; NIC-43559-M1Z8L; NIC-43421-F1R6G	<b>Group 4 CCG'S:</b> NHS East Surrey CCG; NHS Guilford and Waverley CCG; NHS North West Surrey CCG; NHS Surrey Downs CCG	14/12/17	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are shown as joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	IGARD Chair	IGARD Chair	N/A
<b>GA06-SCW-AMD</b> NIC-54736-M5M1L; NIC-54756-R4Y4V; NIC-43549-Z5T2V;	<b>Group 8 CCG'S:</b> NHS Fareham and Gosport CCG; NHS Isle of Wight CCG;	14/12/17	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	IGARD Chair	IGARD Chair	N/A

<p>NIC-54781-M2F2K;  NIC-54764-N1C1J;  NIC-54738-M4C8H;  NIC-54796-Z0Q1P;  NIC-54743-X9B7K</p>	<p>NHS North East Hampshire and Farnham CCG;  NHS North Hampshire CCG;  NHS Portsmouth CCG;  NHS South Eastern Hampshire CCG;  NHS Southampton City CCG;  NHS West Hampshire CCG</p>					
<p><b>GA01-YO-AMD</b>  NIC-30034-N7D1F;  NIC-129953-Y2H5J;  NIC-129961-P7T9Z</p>	<p><b>Group of 3 CCG'S:</b>  NHS Leeds North CCG;  NHS Leeds South and East CCG;  NHS Leeds West CCG</p>	<p>7/12/17</p>	<ul style="list-style-type: none"> <li>Clarification that appropriate role based access controls are in place for those staff accessing the data.</li> </ul>	<p>IGARD Chair</p>	<p>IGARD Chair</p>	
<p><b>GA09a-SCW-AMD</b>  NIC-43358-L8W2Q;</p>	<p><b>Group of 3 CCG's</b>  NHS Bristol CCG;</p>	<p>14/12/17</p>	<ul style="list-style-type: none"> <li>Confirmation that all CCGs are joint data controllers and reference to patient level data not leaving CCG is clarified accordingly</li> </ul>	<p>IGARD Chair</p>	<p>IGARD Chair</p>	

NIC-43354-B7P4H; NIC-43355-Q4R2Y	NHS North Somerset CCG; NHS South Gloucestershire CCG					
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In addition the following applications were not considered by IGARD but have been progressed for IAO and Director extension/renewal:

- None notified to IGARD