

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 18 May 2017

Members: Sarah Baalham, Anomika Bedi, Joanne Bailey, Chris Carrigan, Jon Fistein, Kirsty Irvine, Eve Sariyannidou, James Wilson

In attendance: Garry Coleman, Gaynor Dalton, Arjun Dhillon, Jen Donald, Kristy Dormand, Frances Hancox, Louise Hill, Stuart Richardson, Joanne Treddenick, Vicki Williams

Apologies: Nicola Fear, Debby Lennard

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| 1 | <p>Declaration of interests</p> <p>No relevant interests were declared.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 11 May 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>Brighton and Hove CCG (Presenter: Stuart Richardson) NIC-91808-P5Z1F</u></p> <p>Application: This amendment application requested the additional flow of Secondary Uses Service (SUS) data identifiable at the level of NHS number for use in invoice validation, under the relevant overarching section 251 support, as well as to amend two data processors. IGARD were informed that NHS Digital would seek confirmation of data destruction by the CSU that had previously held data for this purpose. It was noted that the DPA registration for the Sollis Partnership did not currently seem to cover the processing of data for this type of purpose.</p> <p>Discussion: IGARD queried a reference in the application to data minimisation efforts set out in 'Annex A of the Data Sharing Agreement' as it was not clear what section of the application form this related to. It was agreed that this wording should be rephrased in order to make sense in isolation.</p> <p>A query was raised about the involvement of Carnall Farrar employees, as the application indicated that these staff would have access to data but did not list Carnall Farrar as a data processor or provide any details of contractual arrangements.</p> <p>IGARD noted that section five of the application confirmed that access to data would be limited to substantive employees, but did not specify which organisations these individuals must be employed by. It was suggested that this wording should be amended to specify substantive employees of the CCG or its data processors. In addition IGARD noted the use of technical language and acronyms within section five and suggestion that when the template wording was next revised, NHS Digital should keep in mind the importance of making sure that this</p> |

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| 2.2 | <p>wording would be comprehensible to the general public.</p> <p>The request for historic data extracts was noted and IGARD asked for the application to be amended to reflect the reason that historic data was requested in addition to ongoing data extracts. IGARD queried which parts of the summary section would be included in the data sharing agreement as special conditions, as this was considered ambiguous from the current wording, and it was confirmed that all the text following a reference to Annex A would be included as special conditions.</p> <p>IGARD discussed the CCG privacy notice and concerns were raised that this did not appear to meet the nine point criteria set out by NHS Digital, as in particular the description of data types seemed misleading and did not reflect that the CCG would receive data from NHS Digital for invoice validation. The description of data as anonymised in context was also considered misleading. There was a discussion about the review process for privacy notices and the need for appropriate input from information governance staff while training was underway.</p> <p>Outcome: Recommendation deferred, pending:</p> <ul style="list-style-type: none"> • Clarification of the involvement of Carnall Farrar employees and whether this organisation is acting as a data processor, and if so providing relevant details such as security assurances. • Confirmation that NHS Digital IG staff are content that the privacy notice for this CCG meets the nine point criteria. <p>A reference in section five to Annex A of the DSA should be clarified. The wording around limiting data access to substantive employees should be amended to be clear that this refers to substantive employees of the CCG and its data processors.</p> <p>The application should also be amended to include explanations of why historic data extracts are required.</p> <p>IGARD advised that the Sollis Partnership should update their DPA registration wording to cover the data processing they carry out for the health sector.</p> <p><u>Great Yarmouth and Waveney CCG (Presenter: Stuart Richardson) NIC-100546-M1J6C</u></p> <p>Application: This application was to amend an existing data sharing agreement in order to receive pseudonymised instead of identifiable SUS data for commissioning purposes, as well as mental health data, MSDS, IAPT, CYPHs and DIDs, and to receive SUS data identifiable at the level of NHS number for risk stratification only.</p> <p>Discussion: IGARD welcomed the move to use pseudonymised data instead of requested the dissemination of identifiable data for this purpose.</p> <p>A reference to the CCG holding data until March was queried, as only data from May onwards appeared to be requested, and it was confirmed that this was an error. It was agreed a reference to an amendment to receive mental health data should be updated within the application to clarify whether this was for pseudonymised or identifiable data. IGARD asked for the special condition regarding data destruction to be updated to include the relevant timescales.</p> <p>IGARD queried the way the application described the data flow for risk stratification, and it was agreed that the application wording should be amended to more clearly explain what level of data would be available to general practices or to remove a possible repetition.</p> <p>There was a discussion of the privacy notice for this CCG and while no major concerns were raised, IGARD advised that the notice should be updated to make better use of Plain English rather than describing data usage in legalistic terms. It was suggested that the CCG might wish to work with patient groups to review the language used to describe levels of data, and IGARD suggested that the CCG should avoid using the terms anonymised or anonymous but</p> |
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instead explain that individuals could not be directly identified from the data. In addition IGARD suggested that for future applications, it would be helpful for the fair processing section to indicate which team had carried out the privacy notice check. IGARD noted the requirement for applicants to inform NHS Digital if their version 14 IG Toolkit score was not reviewed as satisfactory, and noted the potential risk if an organisation did not correctly inform NHS Digital of this.

IGARD suggested that the data flow diagram should be updated to more clearly indicate the separation between pseudonymised and identifiable data within an organisation, to be clear that these would be stored separately and not combined. In addition a reference to 'transfer of information' on the diagram was queried as it was unclear what type of data sharing or information release this referred to.

Outcome: Recommendation to approve

The dataset periods should be amended to correct an administrative error. The summary section should be amended to state what level of mental health data is requested. The description of processing activities for risk stratification should be amended to correct the description of GP access to data. The data flow diagram should be amended to clarify a reference to 'transfer of information'. The special condition wording around data destruction should be amended to include timescales.

IGARD suggested that NHS Digital should review the standard wording of the special condition around the review of version 14 of the IG Toolkit to ensure this is sufficiently clear. IGARD advised that in future, data flow diagrams should more clearly demonstrate the division in place between pseudonymised and identifiable data when held by the same organisation. IGARD advised that the CCG should update their privacy notice to remove descriptions of data as anonymised or anonymous, replacing this with a statement that patients cannot be directly identified from this data, and IGARD advised that the privacy notice should use less technical and legalistic language. It was suggested that NHS Digital should review the updated privacy notice against the nine point criteria.

2.3

Salford CCG (Presenter: Stuart Richardson) NIC-76770-F0J5W

Application: This amendment application requested the dissemination of pseudonymised SUS data for invoice validation, in addition to the previously agreed data flows. IGARD were informed of an error on the data flow diagram as this did not show the flow of pseudonymised data from providers into Salford CCG for the purpose of invoice validation.

Discussion: There was a discussion of the privacy notice for this CCG and while no major concerns were raised, IGARD advised that the notice should be updated to make better use of Plain English rather than describing data usage in legalistic terms. It was suggested that the CCG might wish to work with patient groups to review the language used to describe levels of data, and IGARD suggested that the CCG should avoid using the terms anonymised or anonymous but instead explain that individuals could not be directly identified from the data.

As with the previous application IGARD also emphasised the need to use clearer language in section five of the application with acronyms spelled out where applicable, and requested an explanation for why historic data extracts were required. It was noted that the application still referred to the HSCIC in places and IGARD suggested this should be updated to NHS Digital. IGARD also requested clarification of the expected timescales for data destruction certificates.

IGARD queried a statement in the application that data 'cannot be matched on NHS Number [...] but can be used to validate invoices' and it was agreed this should be more clearly explained. There was a discussion about the role of the CCG as both a data processor and a data controller.

Outcome: Recommendation to approve.

The application should also be amended to include explanations of why historic data extracts are required. A statement that “Data cannot be matched on NHS Number as this is not present in the data, but can be used to validate invoices” should be explained more clearly. References to HSCIC should be amended to refer to NHS Digital. The special condition wording around data destruction should be amended to include timescales. IGARD suggested that NHS Digital should review the standard wording of the special condition around the review of version 14 of the IG Toolkit to ensure this is sufficiently clear. IGARD advised that the CCG should update their privacy notice to remove descriptions of data as anonymised or anonymous, replacing this with a statement that patients cannot be directly identified from this data, and IGARD advised that the privacy notice should use less technical and legalistic language and ensure it is not contradictory. It was suggested that NHS Digital should review the updated privacy notice against the nine point criteria.

2.4

Group application for 3 CCGs¹ - Connected Care Vanguard (Presenter: Stuart Richardson)

Application: This group application requested SUS data identifiable at the level of NHS number for the purpose of risk stratification for all three CCGs, as part of the work led by the Connected Care Vanguard. Data would be processed by Optum Health Solutions (UK) Ltd with the intention of evaluating this against the CCGs’ current risk stratification tool provider for a period of six months.

Discussion: IGARD queried the way this application had been presented as it was described as a new application, but also listed the data already held by the CCGs or on their behalf under different data sharing agreements. It was confirmed that this application was for a different purpose, focused on evaluating the two risk stratification tool providers and therefore supporting future commissioning decisions around the tool providers. IGARD queried whether the identifiable data provided for risk stratification under a separate agreement could have been used for this purpose, rather than resupplying what could be seen as duplicate data; however it was clarified that the CCG did not hold this data but rather it was held by the existing risk stratification tool provider. It was agreed that the summary section should be updated to clarify this. In addition IGARD asked for section five of the application to be updated to include more information about this specific purpose, rather than the standard template text for risk stratification applications.

There was a discussion of the CCG privacy notices and IGARD reiterated some of the previously raised points around using clearer language to describe the level of data processed. It was noted that the application only referred to ‘the CCG’ in singular when talking about fair processing and IGARD suggested this should be amended to refer to all three CCGs. There was a brief discussion about whether a special condition should be included about the need for the risk stratification parallel running to end in six months, but it was confirmed that the data sharing agreement would only be for six months in total. It was agreed that the application should include the standard wording about the role of CCGs to support GPs in their fair processing responsibilities around the flow of general practice data for risk stratification.

IGARD discussed the role of the CCGs as data processors in addition to data controllers, and suggested that the table of data processors should list the CCGs by name to make this clear rather than referring to the table of differences. IGARD briefly discussed the role of SunGard Availability Services, as this organisation was not listed as a data processor but was cited as a storage and processing location. It was agreed that a special condition would be included that SunGard would not access the data received under this agreement.

Outcome: Recommendation to approve.

¹ NIC-91358-P1J0K NHS Birmingham Cross City CCG; NIC-91371-K4X5R NHS Birmingham South & Central CCG; NIC-91333-D4H8F NHS Sandwell & West Birmingham CCG

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| 2.5 | <p>The summary section should be amended to include a clearer explanation of existing data flows and why this application has been submitted as a request for a new data flow from NHS Digital. References to 'the CCG' in singular when describing fair processing information should be amended to refer to all three CCGs. Section one of the application should be amended to list the names of CCGs as data processors. A special condition should be added to confirm that SunGard will not access this data. In addition section five should be amended to describe the expected purpose and benefits of carrying out this process to decide future direction for the area's risk stratification.</p> <p>The application should include a statement that "CCGs should work with general practices within their CCG to help them fulfil data controller responsibilities regarding flow of identifiable data into risk stratification tools" in line with the special condition wording included in similar applications.</p> <p>IGARD advised that the CCG should update their privacy notice to remove descriptions of data as anonymised or anonymous, replacing this with a statement that patients cannot be directly identified from this data, and IGARD advised that the privacy notice should use less technical and legalistic language. It was suggested that NHS Digital should review the updated privacy notice against the nine point criteria.</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 was a new 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 (2003 to 2010). This data would then be used to compare with the SHARP study within-trial reported and adjudicated outcome data. It was noted that Approved Researcher accreditation and Microdata Release Panel approval were in place for the use of ONS data, and the study section 251 support had been amended to include the use of HES data although it was noted that the final CAG approval letter was not currently available.</p> <p>Discussion: IGARD noted the potential benefits that could arise from this use of data. However it was felt that the application as presented did not provide a sufficiently clear explanation of how data would be processed in a way that would lead to the possible healthcare benefits, and how outputs would be disseminated in a way to support the achievement of those benefits.</p> <p>IGARD discussed the applicant's fair processing efforts and noted that the study no longer seemed to be issuing newsletters. It was also noted that although some information was available on the study website about the use of data for the clinical trial, there did not seem to be any clear information for participants about the involvement of NHS Digital in providing data about participants for this additional purpose. IGARD advised that the study should work to update its fair processing information to ensure that it would meet the nine criteria for privacy notices set out by NHS Digital, to help ensure that it would also meet the patient notification requirement of their section 251 support.</p> <p>A query was raised about why the applicant required identifiable data about their cohort, given references in the application to the use of a Study ID. IGARD queried whether NHS Digital and the applicant had considered whether any other data minimisation efforts could reasonably made to reduce the need to share identifiable data, such as NHS Digital providing data back to the applicant with a Study ID attached rather than with identifiers. It was noted that the current description of data minimisation efforts indicated that only the 'product fields which are relevant' would be provided, but it was unclear which fields this included and what proportion of the available data this comprised.</p> <p>The applicant's DPA registration was briefly discussed and while it was noted that this referred to processing data about the subjects of research, IGARD suggested that it should also be updated to include processing data about patients or health service users.</p> |
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IGARD requested confirmation that the applicant's section 251 support covered this additional purpose rather than just the main SHARP trial follow-up process, as it was noted that this was potentially ambiguous from the documentation provided. It was suggested that providing a copy of the section 251 amendment application might help to provide clarity.

Outcome: Recommendation deferred, pending:

- Providing evidence that the section 251 support covers this new purpose, which might be provided by supplying a copy of the section 251 amendment application.
- The applicant should update their fair processing materials in order to meet the nine point criteria set out for privacy notices by NHS Digital, to ensure that they meet the requirements for patient notification under their section 251 support.
- Confirmation of whether any other data minimisation efforts could reasonably be taken to reduce the processing of personal confidential data, such as NHS Digital providing data with a Study ID rather than identifiers.

Section five of the application should be amended to explain how the data will be processed in a way that will lead to the described outputs and benefits.

There was a brief discussion about scenarios in which an applicant might wish to receive identifiable data to confirm linkage had been carried out correctly. IGARD suggested that in general it would seem appropriate for NHS Digital to use the identifiable data that it held to confirm linkage, rather than sharing further identifiable data for this purpose as that could potentially be considered excessive processing.

2.6

University of Oxford - Epidemiological and health services research using routine NHS data: work programme of the Unit of Health-Care Epidemiology (Presenter: Jen Donald) NIC-315419-F3W7K

Application: This was an amendment and renewal application for the continued receipt of pseudonymised HES data, as well as pseudonymised ONS mortality data which it was noted would contain month and year of death rather than full date of death. This would be used alongside other historic hospital data held by the Unit of Health-Care Epidemiology in order to carry out programmes of work relating to healthcare. It was noted that ONS data had previously been received directly from ONS, but would now be provided by NHS Digital on behalf of ONS using Approved Researcher and Microdata Release Panel approval as the legal basis.

Discussion: IGARD acknowledged the important work already carried out by this Unit and expressed their support for the unique resource offered through the use of this data in combination with historic data.

Some concerns were raised about the breadth of the purposes described and the range of different health purposes that this could encompass. It was raised that for organisations where data would be shared for a range of purposes, more information would be required about the specific uses of data but it was acknowledged that in this instance record level data would not be shared outside the applicant organisation. It was also acknowledged that some information was provided about the broad programmes of work for which data could be used or had already been used, and the application included confirmation that any request to use data for purposes outside the described purposes would require an updated application to NHS Digital. IGARD agreed that when a renewal application was next submitted, this should include more information about the governance controls that were in place within the organisation to determine whether a request to use this data would fall within the broad overarching purposes described.

IGARD queried why a HES-ONS bridging file was listed within the table of data requested, as

the description provided of how linkage would be carried out using encrypted fields did not seem to involve the use of this file. It was confirmed that this had been listed in error and that the bridging file would be removed from the application. In addition it was agreed that section five of the application should be amended to include a statement that the standard ONS terms and conditions would apply.

It was noted that the applicant had committed to having network encryption in place by the end of May and IGARD agreed that data should not be disseminated until this had been completed.

An erroneous reference to five datasets was noted and it was agreed this should be corrected to refer to four datasets. IGARD emphasised the importance of explaining acronyms appropriately.

IGARD discussed the study's research ethics approval, as it was noted that the Research Ethics Committee (REC) letter provided contained some potentially ambiguous wording. It was agreed that confirmation should be sought for the duration of the research as agreed by REC.

Outcome: Recommendation to approve, subject to conditions:

- Confirmation of the duration of the research as agreed by the REC.

The HES-ONS bridging file should be removed from the list of data requested.

Section five should be amended to state that standard ONS terms and conditions apply.

Section five should also be amended to ensure acronyms are appropriately explained and to correct a typographical error. A special condition should be added to the application that data will not be disseminated until encryption is in place

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

IGARD noted that when an application was next submitted for amendment or renewal, this would be expected to provide further information about the governance controls in place to determine whether a request to use this data falls within the stated overarching purposes.

It was agreed the above conditions would be reviewed out of committee by the IGARD Chair.

2.7

NHS National Services Scotland (Presenter: Garry Coleman) NIC-391119-T4J3R

Application: This application was for the continued provision of pseudonymised national HES data in order for Nation Services Scotland to provide benchmarking services for Scottish hospital trusts. It was noted that the hospital trusts would access aggregated indicators, with small numbers appropriately suppressed, via the Discovery tool.

IGARD were informed that section six of the application currently contained some wording regarding contract expiry that no longer applied, and that this wording would therefore be removed.

Discussion: IGARD queried the amount of data requested as it was initially unclear why data for the whole of England would be required to benchmark Scottish organisations. It was suggested that this was in line with current arrangements for organisations carrying out benchmarking activities for hospital trusts within England, but IGARD noted that the application ought to have provided a clearer justification for the amount of data requested and why this was necessary rather than minimising the data for example by only providing data for a number of specific peer organisations.

The role of ATOS was queried, as this organisation had been listed as a storage address but not as a data processor. IGARD were informed that ATOS provided a physical location for the servers on which data would be stored, but that ATOS itself would not have access to the data held on these servers. IGARD queried the approach taken by NHS Digital to determining

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| 2.8 | <p>whether an organisation should be considered a data processor, and it was agreed that more information was required about this in general. With regard to this application specifically it was agreed that the data sharing agreement should be limited to three months only, and that when a renewal application was submitted at the end of that period this should include clarity about the role of ATOS as well as a clearer justification for the amount of data requested.</p> <p>There was a discussion about what level of data would be accessible to which organisations. It was agreed that the application should be amended to more clearly state that only NHS National Services Scotland substantive employees would have access to record level data, with only aggregated small number suppressed data shared more widely.</p> <p>Outcome: Recommendation to approve for a period of three months only.</p> <p>The data sharing agreement end date should be limited to three months, and when a renewal application is submitted at the end of this period it should include greater clarity regarding the role of ATOS. This renewal application should also provide a clearer justification for why national data is required for benchmarking against peer organisations.</p> <p>Section five should be amended to be clear that only NHS NSS employees have access to record level data, and that only aggregated outputs with appropriate small number suppression will be shared outside this organisation.</p> <p>IGARD noted that the application would be amended to remove the wording around contract expiry from section six.</p> <p>Action: 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.</p> <p><u>Monitor - PLICS (Presenter: Gaynor Dalton) NIC-15814-C6W9R</u></p> <p>Application: This amendment, renewal and extension application had previously been considered at the 11 May 2017 meeting when IGARD had deferred making a recommendation. Further information had now been provided about how special conditions previously agreed with DAAG had been met, and the role of NHS England as a data processor had been clarified. In addition it was noted that the version 14 IG Toolkit score for the data processor Royal National Orthopaedic Hospital NHS Trust had now been reviewed as satisfactory, and therefore a proposed special condition around this had not been included.</p> <p>Discussion: IGARD acknowledged the updates provided and agreed that the majority of the previously raised queries had now been addressed. However it was noted that the point previously raised about data that ‘will become available in the lifetime of this agreement’ did not seem to have been directly answered in the abstract section, and it was therefore unclear how this had been addressed.</p> <p>IGARD noted some repeated text in section five and suggested this repetition should be removed. A query was raised about the use of the term ‘provider’ in section five and IGARD suggested this term should be more clearly defined within the application. In addition IGARD noted the use of a number of acronyms that were not clearly explained in section five, and the importance of using clear and accessible language was emphasised. It was agreed that a special condition relating to the use of PROMs data that was listed in section six should also be reflected in section five.</p> <p>Outcome: Recommendation to approve, subject to conditions:</p> <ul style="list-style-type: none"> • The abstract should be updated to include an explanation of what the statement “will become available during the lifetime of the agreement” meant and how the previously raised query regarding this statement has been addressed. <p>Section five should be amended to remove some repeated text, to define acronyms when they are first used and to explain the term ‘provider’. Section five should also be amended to</p> |
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| | <p>include the special condition for PROMs data.</p> <p>It was agreed the above conditions would be reviewed out of committee by the IGARD Chair.</p> |
| 3 | <p>Any other business</p> <p>During the course of the meeting, Catherine O'Keefe attended for a members-only introductory session with IGARD members. Separately Martin Severs attended for a members-only item and gave an update on anonymisation.</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> | Open |
| 10/01/17 | To speak to NHS Digital colleagues regarding security assurance for HQIP. | Garry Coleman | <p>24/01/17: This had been raised with NHS Digital.</p> <p>31/01/17: This had been raised with HQIP and it was thought that work was underway to provide assurances.</p> | Closed |

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| | | | <p>16/02/17: Ongoing. It was suggested that Jon Fistein could support this work.</p> <p>02/03/17: It was agreed the action should be taken forward by Garry Coleman.</p> <p>09/03/17: Security assurance discussions with HQIP and NHS Digital had taken place and it was hoped to be resolved by the end of the month.</p> <p>16/03/17: NHS Digital had received a System Level Security Policy (SLSP) from HQIP and this was currently under review.</p> <p>20/04/17: It was confirmed that the HQIP SLSP had been reviewed and approved. IGARD requested sight of this for information.</p> <p>11/05/17: This action was not discussed due to time restrictions.</p> <p>18/05/17: Confirmation had been provided that the HQIP SLSP had been appropriately signed off, and it was agreed a copy would not be provided due to a standard NHS Digital policy around the confidentiality of these documents.</p> | |
| 17/01/17 | To provide an update on the security assurances that NHS Digital would seek for applicants using contractors. | Garry Coleman | <p>24/01/17: It was anticipated this update would be provided to a meeting within the next few weeks.</p> <p>09/03/17: Ongoing. It was agreed that the IGARD chair would contact Garry Coleman.</p> <p>16/03/17: An update had been provided by email; it was agreed this would be circulated to confirm whether this had addressed IGARD's query.</p> <p>23/03/17: It was confirmed one query had been addressed by email; confirmation was requested if any queries remained outstanding.</p> <p>11/05/17: This action was not discussed due to time restrictions.</p> <p>18/05/17: The proposed DSA wording on contractors had been discussed via email and the updated proposed wording had been shared.</p> | Closed |
| 23/03/17 | To provide additional information about the application checks made by the Pre-IGARD process before applications are submitted to an IGARD | Gaynor Dalton | <p>06/04/17: Ongoing. It was anticipated a response would be provided at the following IGARD meeting.</p> <p>13/04/17: A verbal update was given on the Pre-IGARD process</p> | Open |

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| | meeting. | | 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. 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. 04/05/17: Ongoing. This had been discussed as part of the morning educational session. 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. | |
| 23/03/17 | To provide a response to previously raised IGARD queries about indemnity. | IGARD Secretariat | 06/04/17: An update had been provided and the action remained open. 13/04/17: This was ongoing within NHS Digital. 18/05/17: Ongoing. | 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 | 06/04/17: This had been raised but a response had not yet been received. 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 be handled with existing applications until the IG Toolkit changes came into effect. | Open |
| 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 | 18/05/17: Ongoing. | Open |
| 20/04/17 | Louise Dunn to request an update from Garry Coleman about possible future improvements to the data release register, and whether this might include | Louise Dunn | 18/05/17: IGARD received a verbal update from Garry Coleman on current plans to improve the data release register, which currently focused on improving the information available about the Data | Closed |

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| | publishing data flow diagrams to add clarity. | | Services for Commissioners data releases. | |
| 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. | 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. | 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 | | Open |

Appendix B: Out of committee report (as of 12/05/17)

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

No out of committee reviews have been completed since the 05/05/17 out of committee report.