

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 31 August 2017

Members: Sarah Baalham, Anomika Bedi, Chris Carrigan (Chair), Eve Sariyannidou, James Wilson

In attendance: David Bryant, Garry Coleman, Arjun Dhillon, Jen Donald, Frances Hancox, Louise Hill, James Humphries-Hart, Neil Lawrence (observer), Paul Niblett, Denise Pine (observer), Tracy Taylor (observer), Vicki Williams

Apologies: Joanne Bailey, Nicola Fear, Jon Fistein, Kirsty Irvine

1	<p>Declaration of interests</p> <p>Anomika Bedi noted her work with NICE as a committee lay member but did not feel this constituted a conflict of interests for any of the applications scheduled for discussion.</p> <p>Eve Sariyannidou noted her work for the European Commission Health Programme in relation to the University of Sheffield application (NIC-62448-Z8K5T) which was in receipt of EU funding, but agreed that this did not constitute a conflict.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 24 August 2017 IGARD meeting were reviewed and subject to a minor change were 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 provided (see Appendix B).</p>
2 2.1	<p>Data applications</p> <p><u>Guys and St Thomas' NHS Foundation Trust - Infective endocarditis after valve replacement (Presenter: Jen Donald) NIC-91878-Y4M2P</u></p> <p>Application: This new application requested pseudonymised Hospital Episode Statistics (HES) data linked to National Institute for Cardiovascular Outcomes Research (NICOR) data from the National Cardiac Surgery Audit, the UK TAVI registry and the National Congenital Heart Disease Audit. It was noted that section 251 support was in place for the identifiable audit data to flow into NHS Digital for linkage.</p> <p>IGARD were informed that the applicant had produced draft fair processing materials that had not yet been published, which would state that individuals could opt out by providing their consultant code and time of diagnosis to the study. A special condition had been added to the application that NHS Digital would not disseminate data until this fair processing information had been published via the agreed website. In addition IGARD were informed that section three of the application had been updated to include section 261(2)(b)(ii) of the Health and Social Care Act 2012 as a legal basis for dissemination.</p> <p>Discussion: Some concerns were raised about the draft fair processing materials. In particular IGARD considered that statements such as 'we cannot easily identify individuals' could be misleading given the proposed use of NHS number as an identifier to contact consultants for</p>

more information about some patients. IGARD agreed that the material should be updated to more clearly explain the cohort subset for whom NHS number would be provided in order to be clearer who would be included in this subset, explain the data processing that would take place for the different cohorts, and explain the sources from which data would be obtained including explaining what type of clinical information would be requested from consultants.

IGARD discussed the proposed timescales for the fair processing materials to be published, particularly in light of the need to allow time for individuals to opt out if they wished to do so and given the requirement under section 251 to allow individuals the opportunity to opt-out. It was agreed that the application special condition requiring the information to be published should be updated to require a minimum period of one month between publication of the data and when the applicant would begin to make use of data to contact consultants, to ensure that there was sufficient time for individuals to consider opting out and to contact the study to request that their data be removed before further processing took place. IGARD suggested that it would have been better for patient opt-outs to be applied at an earlier stage, but it was noted that it would not be practically possible for NICOR to apply opt-outs before data flowed into NHS Digital for linkage.

There was a discussion about patient objections and whether NHS Digital would apply type two objections for the whole cohort or only for the small subset of patients for whom NHS number was requested. On balance it was agreed that if appropriate steps were taken to update the study fair processing information and if this was published to allow sufficient time for individuals to consider opting out, it would not be necessary to also apply type two objections to the data released from NHS Digital that would not contain NHS number.

IGARD noted that the application referred to data being accessed by individuals 'working under appropriate supervision' and asked for this to be amended to the current agreed standard wording which restricted data access to substantive employees.

The use of the term 'pseudo-anonymised' was queried and IGARD asked for the application wording to be amended to be clear whether pseudonymised or anonymised data was referred to. A statement that 'no direct patient identifiers will be kept in the working dataset' was also queried and it was agreed this should be amended for clarity, to show that the applicant would receive NHS numbers for a subset of the cohort but that this identifier would be destroyed once the necessary data processing had been completed.

IGARD queried how the planned data retention was described within section eight of the application and asked for this to be amended to be clear that NHS number would not be retained beyond the duration of the project as this would be destroyed once the relevant processing had been completed.

Outcome: Recommendation to approve, subject to:

- The applicant should work with NHS Digital to update their fair processing material to an appropriate standard. In particular this should amend misleading statements that they will not attempt to reidentify individuals, given that NHS numbers will be disseminated for one cohort, and should describe the processing activities involved for both cohorts, describe the sources from which the study will receive data about the participants, and explain more clearly the cohort subset referred to.
- The special condition requiring the applicant to publish an agreed fair processing notice before data dissemination should be updated to require the applicant to allow a period of one month between the publication of this notice and when they will begin to contact consultants to request further information, to allow a sufficient period of time for individuals to opt out.
- The statement within the application that data will only be processed by individuals 'working under appropriate supervision' should be amended to use the current standard text restricting access to substantive employees only.

The following amendments were requested:

- A statement that the data “will only contain the patient's study number and thus no direct patient identifiers will be kept in the working dataset” should be amended to be clear that the applicant will receive NHS number for one cohort and only pseudonymised data for the other cohort, but that NHS numbers will be securely destroyed once processing is complete. A reference to ‘pseudo-anonymised’ data should be clarified.
 - Section eight of the application should be updated to be clear that when describing the indicative data retention period, this will not include the retention of NHS number past the duration of the project as this will be destroyed.
 - It was noted that the legal basis in section 3B had been updated to include section 261(2)(b)(ii) of the Health and Social Care Act 2012.
- It was agreed the above conditions would be reviewed out of committee by a quorum of IGARD members.

2.2

University of Sheffield - Collaborative European NeuroTrauma Effectiveness Research in Traumatic Brain Injury (Presenter: Garry Coleman) NIC-62448-Z8K5T

Application: This application requested pseudonymised HES data for research into traumatic brain injury. IGARD were informed that the research was funded by a European collaboration but that the data disseminated by NHS Digital would only be used by the University of Sheffield and not shared more widely. HES data would be used to compare with data received from other sources but it was noted that there would be no record level linkage.

Discussion: IGARD acknowledged the potentially significant benefits from this work and expressed their support for the aims of the project.

Concerns were raised about the lack of supporting detail provided about the EU funded project and any requirements that this might have placed on the applicant to share data with other organisations involved in the project. It was acknowledged that the application included a commitment from the applicant to not share data with third parties, but IGARD noted that the consortium contract provided appeared to place an obligation on the parties to share relevant data between the collaborators. Confirmation was also requested of whether the project was currently live, the objectives of the wider project, the specific processing activities involved and what the connection was between the wider project and this specific use of NHS Digital data. IGARD noted that DAAG had previously provided a ‘checklist’ of key points that should be considered in relation to EU funded projects and suggested that NHS Digital should review this to ensure that all key areas had been addressed. It was suggested that providing a copy of the project proposal would be helpful to answer the queries raised.

IGARD noted that the application provided a large amount of detail about the ‘core’ study and its purposes, but that this was not clearly demarcated from the particular use of NHS Digital data requested under this application. It was agreed that the purposes for which the NHS Digital data would be used should be more clearly described within the application with an explanation of how this processing would fit within the wider study as a whole, and to more clearly specify whether NHS Digital data would only be used for the purpose of comparison and determining the representativeness of other data or if it would also be used for other purposes such as populating registries.

A query was raised about the reason that research ethics committee (REC) approval was not required for this use of data. It was noted that this was in line with other similar uses of pseudonymised data where REC approval was not typically required.

IGARD noted that the application referred to the data as ‘anonymised’ and suggested that based on the information provided it would be more appropriate to describe it as pseudonymised.

Outcome: Recommendation deferred, pending:

- The application should be updated to more clearly separate the purposes of the overall project as a whole and how the processing activities of this specific use of data fit within the whole and to more clearly describe whether data shared under this application will only be used for the purpose of determining the representativeness of the dataset.
- IGARD requested sight of the European project proposal in order to determine what commitments were made around data sharing with other parties, as well as confirming the objective of the project, the processing activities involved, the connection between the wider project and this specific work and whether the project is currently live.

The following amendment was requested:

- The application should be amended to refer to data as pseudonymised rather than anonymised.

2.3

University of Oxford - The 3C Study (Presenter: David Bryant) NIC-388486-D9M5N

Application: This application was to renew and extend an existing agreement for the release of Medical Research Information Service (MRIS) reports including Office for National Statistics (ONS) mortality data (cause of death) as well as HES data for a consented cohort.

Discussion: There was a discussion of the legal basis for dissemination under the Health and Social Care Act 2012. On balance it was agreed that section 261(2)(c) seemed most appropriate for this dissemination of data.

IGARD queried what changes had been made to the application following its previous discussion by DAAG on 16 February 2016. It was explained that more information had been provided about the purpose and that newer standard wording had been added to the processing activities section.

There was a discussion about the possibility of commercial uses of data, given that the commercial sponsors providing funding appeared to have the power to request changes to outputs. However it was confirmed that the applicant would have the final decision regarding any outputs and that sponsors could not require or mandate changes. IGARD agreed that the wording around this included in the application seemed to provide appropriate assurances.

A query was raised about the indicative data retention period as this did not seem to be in line with the relevant legislation regarding the retention of clinical trial data. It was agreed that this should be updated to state a more appropriate retention period and to more clearly explain the reason for this period, with reference to the appropriate legislation. IGARD noted that DAAG had previously queried the data retention period and that this had been updated and addressed out of committee, but that the relevant change did not appear to have been included in this version of the application.

IGARD queried whether the applicant intended to undertake further recruitment activity in future, but it was confirmed that this was not currently planned. IGARD advised that if the applicant did wish to recruit more participants at a later date then they should first revise their consent materials to an appropriate standard.

A query was raised about how cancer registration data was presented in the 2016 DAAG application compared to how this was described as part of an MRIS report in the current application. It was noted there had been a change over the previous year in how this type of data was presented within applications and IGARD suggested it would be helpful to discuss this in more detail at an upcoming educational session.

IGARD queried whether any outputs had been produced since the previous application was considered, as the application seemed to indicate that the most recent publication had been in

2014. However it was acknowledged that the study focused on long-term follow-up and that it therefore might not be practical to publish new outputs until a sufficient period of time had passed.

Outcome: Recommendation to approve, subject to:

- The application should be updated to provide a clearer explanation of the indicative data retention period, with this period to be updated in line with relevant legislation regarding data retention in clinical trials.

The following advice was given:

- IGARD advised that if the applicant in future wished to continue recruitment to the trial then they should first update the consent materials to an appropriate standard.
- It was noted that the applicant's DPA registration was shortly due to expire and would need to be renewed in order for data to be disseminated.

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

Action: Garry Coleman to report back on how cancer registration data was previously described as pseudonymised PDS data within older versions of applications, and present to a future education session on changes to how MRIS reports are now shown within applications.

2.4

NCMP Pre-Measurement Letter – for advice (Presenter: Paul Niblett)

Application: IGARD were asked to provide advice on an updated draft of the Pre-Measurement letter that would be provided to parents as part of the National Child Measurement Programme (NCMP). This had previously been considered for advice only at the 11 May 2017 IGARD meeting. IGARD were asked to consider whether the proposed changes would enable this letter to meet the programme's fair processing requirements.

Discussion: IGARD noted some possible discrepancies between the draft letter and the optional leaflet that some Local Authorities would also provide to parents alongside the letter. IGARD advised that the materials should be amended to ensure that they would not be contradictory, as this could be confusing or misleading for parents. In particular IGARD advised that both the letter and leaflet should be clear that Public Health England were empowered by the Regulations to request identifiable NCMP data, but that this was not provided to them at present, rather than only referring to Public Health England receiving non-identifiable data or stating that Public Health England could not access names and postcodes without this additional context.

IGARD reiterated their previous advice that Public Health England should strongly consider providing parents with the option to opt out of their child's data being used for secondary purposes without also stopping their child from taking part in the measurement programme and receiving health advice. IGARD considered that by conflating the two, parents might feel coerced into agreeing that their child's data could be used for secondary purposes as otherwise they would miss out on the potential benefits of the measurement programme and local uses of the data. IGARD acknowledged the concerns raised by Public Health England about the potential impact this might have on participation rates, but did not consider this an appropriate reason to not provide parents with the ability to opt out of data sharing without also opting out of the other potential health benefits from the measurement programme itself. An example was raised that in standard consent forms requesting use of a study participant's data, it was expected that the consent form should state that if an individual chose to opt out then this would not affect the standard of care they would receive. It was suggested that Public Health England should consider whether their current approach would be considered appropriate following the upcoming implementation of the EU General Data Protection Regulation and should consider relevant ICO guidance on the topic. IGARD suggested that senior staff within NHS Digital with appropriate IG expertise should work with the applicant to

	<p>support this.</p> <p>There was a suggestion that Public Health England might wish to consider the 'Understanding Patient Data' work led by the Wellcome Trust on how to communicate with the general public about uses of data, to see whether this would be helpful in terms of language used to explain data processing in the letter and associated materials.</p> <p>IGARD noted that the Regulations specified that data could only be shared with third party organisations in a form 'in which no child can be identified'. It was agreed that this should be explained more clearly in the information for parents.</p> <p>Outcome: The following advice was given:</p> <ul style="list-style-type: none"> • IGARD reiterated their earlier advice that parents should be provided with the option to opt out of data sharing for secondary purposes without wholly opting out of measurement. • IGARD advised that the diagram and any related website material should be updated to clarify that while PHE have the ability to request identifiable data this is not provided to them at present, and to ensure that the information provided in the letter and the leaflet are not contradictory. • The letter should be updated to be clear that the Regulations restrict data sharing with third parties to only data in a form in which no child can be identified. <p>IGARD offered this advice without prejudice to the consideration of future applications.</p> <p>2.5 <u>Group application for 18 CCGs¹ (Presenter: James Humphries-Hart) GA05-AMD-SC</u></p> <p>Application: This group application requested pseudonymised SUS data for the purpose of commissioning, using Optum as a data processor for this purpose, in addition to the existing data flows for these CCGs already in place under separate agreements. IGARD were informed that these CCGs due to their geographic proximity had commissioned Optum to manage contracts with certain common providers on their behalf.</p> <p>In addition IGARD were informed that nine of the CCGs had failed the NHS Digital privacy notice review check but that the others had passed.</p> <p>Discussion: IGARD agreed that the CCGs listed as not having passed the privacy notice review would need to work with NHS Digital to improve their privacy notices to an appropriate standard. This should include explaining the level of data that will be processed, who data is collected by and shared with, and the purposes for which data is used. IGARD noted some potentially misleading statements that should be corrected. In addition IGARD did not consider that the privacy notices for Oxfordshire CCG, Aylesbury CCG, Newbury and District CCG, Chilton CCG, North East Hampshire CCG and North Hampshire CCG were of an appropriate standard to pass the review, although the checklist provided stated that these had passed; IGARD asked for this to be reviewed and confirmed by a senior member of NHS Digital staff with appropriate information governance expertise. IGARD also suggested that all CCGs within the group should consider updating their privacy notices to reflect the involvement of Optum as a data processor.</p>
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¹ NHS Aylesbury Vale CCG NIC-49690-C6R1L; NHS Bracknell And Ascot CCG NIC-49692-C7D3J; NHS Chiltern CCG NIC-49736-W5L3J; NHS Dorset CCG NIC-54727-S3Y1T; NHS Fareham And Gosport CCG NIC-54736-M5M1L; NHS North & West Reading CCG NIC-49707-L6M3G; NHS Newbury And District CCG NIC-49697-J0V7M; NHS North East Hampshire And Farnham CCG NIC-43549-Z5T2V; NHS North Hampshire CCG NIC-54781-M2F2K; NHS Oxfordshire CCG NIC-49716-H1K4V; NHS Portsmouth CCG NIC-54764-N1C1J; NHS Slough CCG NIC-49734-D4R1K; NHS South Eastern Hampshire CCG NIC-54738-M4C8H; NHS South Reading CCG NIC-49714-T1W5W; NHS Southampton CCG NIC-54796-Z0Q1P; NHS West Hampshire CCG NIC-54743-X9B7K; NHS Windsor, Ascot and Maidenhead CCG NIC-49718-B8K3K; NHS Wokingham CCG NIC-49731-X9N2K

	<p>Further information was requested about the role of Optum and how this would provide additional benefits beyond those already provided by the existing data processing arrangements for these CCGs. IGARD were informed that there were benefits relating to Optum managing provider contracts on behalf of the CCGs and it was agreed this verbal update should be included within the application, with more detail about the specific reason why this would be of benefit to the CCGs or the wider healthcare system.</p> <p>Outcome: Recommendation to approve, subject to:</p> <ul style="list-style-type: none"> • The application should be updated to provide a clearer explanation of the role of Optum with a justification for why it will be beneficial for this organisation to act as an additional processor as well as the existing data flows, as per the verbal update provided but with additional information about the reason that this is required. • The CCGs who have not passed the NHS Digital privacy notice review should update their privacy notice in line with NHS Digital's nine criteria. In particular these should show the level of data used, who this data is collected by and shared with, and the purposes for which data is processed and ensure to remove any misleading statements. For Oxfordshire CCG, Aylesbury CCG, Newbury and District CCG, Chilton CCG, North East Hampshire CCG and North Hampshire CCG this should be confirmed by a senior member of NHS Digital staff with appropriate IG expertise. <p>The following advice was given:</p> <ul style="list-style-type: none"> • IGARD advised that Optum should update their DPA registration wording to reflect the use of data about patients or health service users. • IGARD advised that all CCGs should update their privacy notices to refer to Optum as a data processor. • It was noted that the DPA registration for some CCGs were shortly due to expire and would need to be renewed in order for data to be disseminated. <p>It was agreed the above conditions would be reviewed out of committee by the IGARD Chair.</p>
3	<p>Substantive employees wording</p> <p>IGARD received an update on the wording contained within both the current and updated version of the Data Sharing Framework Contract defining personnel who could access data. IGARD were informed that NHS Digital proposed to include a standard special condition in all agreements to remind applicants of the Contract requirements around data use by personnel.</p> <p>There was a discussion about this proposed approach and a number of points were considered, including whether the special condition wording should explicitly refer to the supervision of personnel and the possibility of sanctions for personnel. It was noted that the data recipient would be responsible for any unauthorised use of data by its personnel. On balance IGARD agreed that the approach suggested by NHS Digital seemed appropriate.</p>
4	<p>Any other business</p> <p><u>PCMD dissemination</u></p> <p>IGARD were notified of an upcoming change in how PCMD data would be delivered to Local Authorities, as this would now be shared via Secure Electronic File Transfer (SEFT) in line with the standard dissemination method for other types of data.</p> <p>IGARD were also notified of an error on an Imperial College London application (NIC-148056) which had been considered and recommended for approval at the 16 March 2017 IGARD meeting. The application had failed to list the initial flagging report that would be disseminated to the applicant, and while it was explained that this made no substantive difference to the</p>

data that would be disseminated it was agreed that IGARD would be provided with a copy of the corrected application out of committee for information only.

IGARD were made aware that the application NIC-76770 Stockport CCG which had been presented at the 10 August 2017 IGARD meeting had used an incorrect reference number, so in fact this application should have been referred to as NIC-110660-G9W6M.

It was noted that James Wilson would be stepping down as an IGARD member from the end of this month due to other commitments, but that NHS Digital had invited him to continue to contribute to IGARD in future possibly through work such as supporting the drafting of the IGARD annual report. NHS Digital thanked James for his valuable contributions to IGARD and its predecessor bodies.

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	31/08/17: Ongoing.	Open
27/04/17	IGARD Chair to contact the NHS Digital Caldicott Guardian regarding GPs' data controller responsibilities for fair processing around risk stratification.	Arjun Dhillon	18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian. 22/06/17: Ongoing; it was suggested the Deputy Caldicott Guardian should discuss this in more detail with Joanne Bailey. 29/06/17: It was noted this action would be taken forward by the Deputy Caldicott Guardian, and the action owner was updated. 20/07/17: It was agreed the Deputy Caldicott Guardian would provide an update on the current status of this. 10/08/17: An update from NHS England had been requested. 31/08/17: Ongoing.	Open
18/05/17	Garry Coleman to provide information about different arrangements for data storage and backup locations, for consideration of whether the organisations involved would be considered to be processing data.	Garry Coleman	15/06/17: IGARD had been advised by email that a paper about this would be submitted to an upcoming IGARD meeting. 22/06/17: It was anticipated that this would be discussed at the 6 July 2017 IGARD meeting. IGARD asked for some information to be circulated by email prior to the meeting in order to inform members who would not be present at that particular meeting. 27/07/17: An email had been circulated requesting further information from IGARD members. 03/08/17: Two IGARD members had responded by email and the action remained ongoing. 10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks. 24/08/17: The paper was in the process of being updated based on recently published ICO guidance. 31/08/17: Ongoing.	Open

15/06/17	Data Services for Commissioners to work with NHS Digital IG staff to check the privacy notices for these 4 CCGs (South Kent Coast CCG; Ashford CCG; Thanet CCG; Canterbury & Coastal CCG) as part of the ongoing training, and provide a copy of the outcome of this check to IGARD for information.	Stuart Richardson	29/06/17: Ongoing. It was suggested it would be helpful to discuss this at an upcoming educational session. 31/08/17: Ongoing.	Open
29/06/17	Stuart Richardson to contact DARS regarding standard data destruction timescales and processes where data processing is moving from one data processor to another.	Stuart Richardson	03/08/17: It was thought that this had now been completed. IGARD requested an email summary of the action taken so that the action could be closed. 31/08/17: Ongoing.	Open
06/07/17	Stuart Richardson to circulate a suggested change to the updated 'substantive employees' wording for discussion out of committee.	Stuart Richardson	13/07/17: This proposed change had been circulated by email and IGARD members were asked to respond. 24/08/17: It was anticipated an update on this would be brought to the following IGARD meeting. 31/08/17: This item was scheduled for discussion later in the meeting and the action was closed.	Closed
06/07/17	Stuart Richardson to ensure that privacy notice checklists are provided for all DSfC applications for a trial period of three months from 13 July IGARD meeting.	Stuart Richardson	31/08/17: Ongoing.	Open
20/07/17	Garry Coleman to provide an update within two weeks on how NHS Digital manage the risk involved in CCGs using South Central and West CSU as a data processor in light of data sharing breaches and recent audits.	Garry Coleman	10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks. 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. 31/08/17: IGARD were notified that the requested written confirmation should be provided within one day.	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	31/08/17: Ongoing.	Open

27/07/17	Arjun Dhillon to provide information for IGARD about the robustness of different funding processes and how this might affect the level of scrutiny applied to or information included in applications provided to IGARD.	Arjun Dhillon	10/08/17: Ongoing. It was thought that this action might be addressed within the context of a forthcoming paper on a risk-based approach to application, which it was anticipated would be brought to IGARD for discussion soon. 24/08/17: Ongoing, pending wider work on a risk-based approach. 31/08/17: Ongoing.	Open
31/08/17	Garry Coleman to report back on how cancer registration data was previously described as pseudonymised PDS data within older versions of applications, and present to a future education session on changes to how MRIS reports are now shown within applications.	Garry Coleman		Open

Appendix B: Out of committee report (as of 25/08/17)

These applications were previously recommended for approval with conditions by IGARD, and since the previous Out of Committee Report the conditions have been agreed as met out of committee.

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
NIC-72064-V5V2X	London School of Hygiene and Tropical Medicine	10/08/17	<ul style="list-style-type: none"> Confirmation that NHS Digital has reviewed the proposed privacy notice against the minimum nine point criteria and is content. 	IGARD Chair	Acting IGARD Chair (Kirsty Irvine)	N/A
NIC-75133-N8S0N	Westminster City Council	11/05/17	<ul style="list-style-type: none"> Clarifying the employment status of the Tri-Borough team and which organisation or organisations substantively employ these staff. Confirmation of whether the Director of Public Health as referred to in the application template wording is a substantive employee of Westminster Council 	IGARD quorum	IGARD quorum	N/A
NIC-49238-R7G6V	Bradford Teaching Hospitals NHS Foundation Trust	24/08/18	<ul style="list-style-type: none"> Section five of the application should be updated to more clearly reflect the special conditions described in section six, including to more clearly state that the applicant will only be able to download aggregated data from HDIS, rather than record level data. 	IGARD Chair	IGARD Chair	N/A

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

- None