

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 14 June 2018

Members: Sarah Baalham, Nicola Fear, Jon Fistein, Kirsty Irvine (Chair), Eve Sariyiannidou.

In attendance: Jane Cleave, Dave Cronin, Arjun Dhillon (part), Louise Dunn, Joanna Geisler (Observer), James Humphries-Hart, Magi Ifeoma (Observer), Joanne Treddenick (part), Aaron White, Vicki Williams.

Apologies: Joanne Bailey, Anomika Bedi, Chris Carrigan.

1	<p>Declaration of interests</p> <p>Jon Fistein noted a professional link to University of Leeds and would not be part of the discussion and would not remain in the meeting for the discussion of that application.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 7 June 2018 IGARD meeting were reviewed by IGARD and agreed as an accurate record of the meeting.</p> <p>Out of committee recommendations</p> <p>An out of committee report was received (see Appendix B).</p>
2	Data applications
2.1	<p><u>University of Oxford: MR1460 OxValve – survival following a diagnosis of Valvular Heart Disease in a primary care population (Ox-Valve Survive) (Presenter: Dave Cronin) NIC-135294-P7L0F</u></p> <p>The application was withdrawn by the presenter.</p>
2.2	<p><u>Health and Safety Executive: MR5 (b) patient flagging for asbestos workers (Presenter: Dave Cronin) NIC-183842-H8L1J</u></p> <p>Application: This was a new application (linked to NIC-337801-K2N5Y) to retain and reuse Personal Demographic data, Cancer Registration data and Office for National Statistics (ONS) mortality data previously provided via the Medical Research Information Service (MRIS) or predecessors which will be linked to a cohort of individuals comprising of 7462 individuals who gave consent from 2006 and 81045 individuals who were not deemed to have given informed consent for whom s.251 support permits the processing of data.</p> <p>The application had been previously presented to IGARD on the 3rd May 2018 when they were unable to recommend for approval: the application did not appear to provide a clear legal basis for the release of data; a clear statement within section 5b that no new individuals will be added to the current cohort which is finite; to clarify within section 5 that the mortality cohort is derived from published data and not any additional data disseminated by NHS Digital; the applicant should update their DPA registration to more clearly state that data is processed about patients or healthcare users.</p> <p>Discussion: IGARD noted that NHS Digital had included within the abstract the applicant's legal basis under the General Data Protection Regulation (GDPR) Article 6 and 9, however IGARD suggested that a clear justification for each choice indicated should be given in terms of how the specific criteria and additional requirements would be met since the applicant would need to satisfy the relevant tests associated with the legal basis suggested.</p>

IGARD noted the data retention period of 2034 and asked that a clearer justification be provided of a clear basis in law to retain for this period.

IGARD noted the new fair processing notice requirements and that new standard wording be used within the fair processing section: "All data required by the Data Controller is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."

IGARD queried if any additional data linkages would be undertaken and that it be explicit within section 5b of the application that the applicant will not link data in this application except those permitted under this application / data sharing agreement.

Outcome: recommendation to approve subject to the following conditions:

1. To provide the relevant sections under Article 6 and 9 of GDPR and a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met.
2. To provide clear justification for the retention period of 2034 that is consistent with the law.
3. Confirmation within section 5b of the application that the applicant will not link the data further and the only data linkages are those permitted under this application

The following amendment was requested:

1. The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."

It was agreed that the conditions would be approved OOC by IGARD Members.

2.3 NHS Stockport CCG: A new application for Stockport CCG to receive pseudonymised data for the purpose of commissioning (James Humphries-Hart) NIC-139477-V5D6

Application: This was a new application for the CCG to receive pseudonymised SUS+ and Local Provider Flow data for the purpose of commissioning. The data is to provide intelligence to support the commissioning of health services and contains both clinical and financial information which is analysed so that health care provision can be planned to support the needs of the population within the CCG area.

Discussion: IGARD advised that NHS England should continue to work with CCG's to support their transition to General Data Protection Regulations (GDPR) and noted that due to the public interest and continued running of NHS services the data should continue to flow. IGARD suggested that a time limited special condition of 3 months be included in section 6. The applicant should clearly describe the relevant sections under Article 6 and 9 and GDPR and provide a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met.

IGARD suggested that the existing special condition wording with regard to fair processing notices within section 6 of the application be removed.

IGARD queried why the CCG was using two Data Processors for the same purpose and NHS Digital explained that the Data Processors were undertaking slightly different tasks but

	<p>producing the same outputs and benefits. IGARD suggested that a clear explanation be given as to why the same data was being provided to both Data Processors for similar purposes under commissioning, and within section of the 5 application.</p> <p>Outcome: recommendation to approve</p> <p>The following amendments were requested:</p> <ol style="list-style-type: none"> 1. To add a time limited special condition to section 6 for a period of 3 months that the application clearly describes the relevant sections under Article 6 and 9 of GDPR and provides a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met. 2. To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section. 3. To clarify within section 5 why the same data is being provided for apparently similar purposes under commissioning to two separate Data Processors.
2.4	<p><u>Group of 4 CCG's: A new application for 4 CCGs to receive pseudonymised data for the purpose of commissioning (Presenter: James Humphries-Hart) GA-02-GEM AMD</u></p> <p>Application: This was a new application for the CCG to receive pseudonymised SUS+, Local Provider Flow data, Mental Health Minimum Data Set, Mental Health Learning Disability Data Set, Mental Health Services Data Set, improving Access to Psychological Therapies, Maternity Services Data Set, Children & Young People's Health, Community Services Data Set, Diagnostic Imaging Data Set and National Cancer Waiting Times Monitoring Data Set for the purpose of commissioning. The data is to provide intelligence to support the commissioning of health services and contains both clinical and financial information which is analysed so that health care provision can be planned to support the needs of the population within the CCG area.</p> <p>Discussion: IGARD advised that NHS England should continue to work with CCG's to support their transition to General Data Protection Regulations (GDPR) and noted that due to the public interest and continued running of NHS services the data should continue to flow. IGARD suggested that a time limited special condition of 3 months be included in section 6. The applicant should clearly describe the relevant sections under Article 6 and 9 and GDPR and provide a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met</p> <p>IGARD suggested that the existing special condition wording with regard to fair processing notices within section 6 of the application be removed.</p> <p>IGARD queried why the CCG was using two Data Processors for the same purpose and NHS Digital explained that the Data Processors were undertaking slightly different tasks but producing the same outputs and benefits. IGARD suggested that a clear explanation be given as to why the same data was being provided to both Data Processors for similar purposes under commissioning, and within section of the 5 application.</p> <p>Outcome: recommendation to approve</p> <p>The following amendments were requested:</p>

¹ NHS Birmingham and Solihull CCG NIC-134833-S0M1M; NHS Dudley CCG NIC-134865-Q2T7Z; NHS Sandwell and West Birmingham CCG NIC-134899-Z7C9G; NHS Walsall CCG NIC-134909-J5H7C

	<ol style="list-style-type: none"> 1. To add a time limited special condition to section 6 for a period of 3 months that the application clearly describes the relevant sections under Article 6 and 9 of GDPR and provides a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met. 2. To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section. 3. To clarify within section 5 why the same data is being provided for apparently similar purposes under commissioning to two separate Data Processors..
<p>2.5</p>	<p><u>University of Leeds: Liaison psychiatry service configuration and referral patterns and their effects on outcomes: an evaluation of cost-effectiveness and efficiency using routine NHS data (Presenter: Louise Dunn) NIC-315999-W2W4C</u></p> <p>Application: This was an extension application to continue to hold pseudonymised Hospital Episode Statistic (HES) Admitted Patient Care (APC) data to enable analysis to be finalised and prepared for publication with no additional data being requested. The overall aim of the study is to evaluate the cost-effectiveness and efficiency of particular configurations of liaison psychiatry service for specified target populations.</p> <p>NHS Digital noted that the application was submitted to IGARD last year, however IGARD were unable to make a formal recommendation as there was not a quorum of members able to comment on the application and the Director Data Dissemination agreed to extend the agreement at that time.</p> <p>Discussion: IGARD noted that extension put in place by the Director Data Dissemination.</p> <p>IGARD noted that NHS Digital had included within the abstract the applicant's legal basis under the General Data Protection Regulation (GDPR) Article 6 and 9, however IGARD suggested that a clear justification for each choice indicated should be given in terms of how the specific criteria and additional requirements would be met since the applicant would need to satisfy the relevant tests associated with the legal basis suggested.</p> <p>IGARD noted that a final report was to be submitted in January 2018 suggested that application be updated to indicate that funding was in place until June 2019 and provide relevant evidence such as a funding letter.</p> <p>IGARD noted the sentence "...the other organisations noted in the collaboration do not have any rights to the data disseminated for this project" was not clear as to the 'rights' of the organisations and that the sentence should be clarified within section 5.</p> <p>IGARD noted that the application stated that ethics approval was not required, however since ethics approval is in fact required for this application that the application be updated with appropriate standard ethics approval wording within section 7 of the application.</p> <p>IGARD noted that it was not clear within the application if the work packages indicated were part of work stream 2 and suggested that it be explicitly stated in section 5b that they were not.</p> <p>Outcome: recommendation to approve subject to the following conditions:</p> <ol style="list-style-type: none"> 1. To provide the relevant sections under Article 6 and 9 of GDPR and a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met. 2. Providing relevant evidence that funding is in place to June 2019.

	<p>3. To clarify the wording within section 5a the sentence "...the other organisations noted in the collaboration do not have any rights to the data disseminated for this project"</p> <p>4. To be explicit in section 5b that the work packages within the application are not part of workstream two.</p> <p>The following amendment was requested:</p> <p>1. To include the standard ethics approval wording within section 7 of the application.</p> <p>It was agreed the conditions would be approved OOC by IGARD members.</p>
<p>2.6</p>	<p><u>The Health Foundation: funding pressures, phenotyping hospitals, penalising readmission and analysing factors associated with accident and emergency performance in England (Presenter: Louise Dunn) NIC-15411-C9Z9L</u></p> <p>Application: This was an amendment and renewal application for The Health Foundation to add UK Cloud as a storage location and to add the final 2015/16 year for Admitted Patient Care (APC), Outpatient (OP), Accident & Emergency (A&E) and Critical Care (CC), for the case of OP 2015/16 will include a new bespoke variable consult type; month and year of death (and bridge file with Hospital Episode Statistics (HES)) from the Office for National Statistics (ONS) mortality data. The additional data request will enable the applicant to complete ongoing work packages and to allow peer review of work produced so far.</p> <p>Discussion: IGARD noted that NHS Digital had included within the abstract the applicant's legal basis under the General Data Protection Regulation (GDPR) Article 6 and 9, however IGARD suggested that a clear justification for each choice indicated should be given in terms of how the specific criteria and additional requirements would be met since the applicant would need to satisfy the relevant tests associated with the legal basis suggested. It was observed that, generally speaking, charities are not public authorities unless expressly mentioned in the Freedom of Information Act 2000.</p> <p>IGARD noted that historic phrasing was being used in section 4, Fair Processing and it was suggested that new standard wording for use with pseudonymised data be used: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."</p> <p>IGARD noted that the Health Foundation was in collaboration with the Institute of Fiscal Studies and queried their involvement. They suggested that it be explicitly stated in section 5 how the Institute of Fiscal Studies were involved, including their role in the design and performance of the project and to clarify if they had access to any data.</p> <p>IGARD noted the statement "all researchers with access to data" and suggested that confirmation be sought that the individuals accessing the data were substantive employees of the Health Foundation and if those accessing the data included the Institute of Fiscal Studies or individuals on honorary contracts that standard wording be included in section 5 with regard to access controls to access the data.</p> <p>IGARD suggested that the wording within the abstract of the application be included at the start of section 5a as explanatory background information and in a suitable format for the lay reader.</p> <p>IGARD queried why the applicant required month and year of death, in addition to the fact of death for patients, and suggested that clarification be sought.</p>

IGARD noted the importance of this research and the need for the applicant to continue to hold data. IGARD noted that the applicant's Data Sharing Agreement with NHS Digital had expired, and in light of this it was suggested that NHS Digital might wish to consider a short-term extension to permit the continued retention of data while work was undertaken to address the queries raised by IGARD

Outcome: recommendation to defer, pending:

1. To clarify the legal basis for the dissemination of data to the applicant under the GDPR and to provide a clear justification for the choice in terms of how the specific criteria and additional requirements are met.
2. The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."
3. Section 5 of the application should be updated to be explicit how the Institute of Fiscal Studies are involved, including their role in the design and performance of the project and any data they may have access to.
4. Clarification within section 5 of the application whether "all researchers with access to data" are substantive employees of the Health Foundation, and whether these include substantive employees of the Institute of Fiscal Studies as well as individuals on honorary contracts.
5. To update section 5a to include explanatory background information suitable for the lay reader.
6. Clarification why applicant requires month and year of death in addition to fact of death for patients.

2.7 University of York: economic analysis of health and social care – evaluation of differences in the performance of health care providers in terms of the amount and cost of provision and in patient outcomes including mortality and self-reported morbidity (Presenter: Louise Dunn) NIC-84254-J2G1Q

Application: This was a amendment, renewal and extension application for Hospital Episode Statistics (HES) Accident and Emergency (A&E), HES Admitted Patient Care (APC), HES Critical Care (CC), HES Outpatient (OP) linked to Patient Reported Outcome Measures (PROMS) and mortality flags derived and are included in the HES APC data made up of 7/30/90/365 days between the last admission date and date of death, in addition MHLDDS and Mental Health Minimum Data Sets (MHMDS) data sets are requested, with a request for the latest data now including the newer Mental Health Service Data Set (MHSDS)

NHS Digital noted an error in table 3 of the application and confirmed the applicant was just holding 2015/16 APC data and not requesting the data again.

Discussion: IGARD noted that NHS Digital had included within the abstract the applicant's legal basis under the General Data Protection Regulation (GDPR) Article 6 and 9, however IGARD suggested that a clear justification for each choice indicated should be given in terms of how the specific criteria and additional requirements would be met since the applicant would need to satisfy the relevant tests associated with the legal basis suggested.

IGARD queried the MHMDS data sets being requested and NHS Digital confirmed how the MHMDS data sets change over the years as new fields are added and older fields removed and that there was no comparison year on year, as with other data sets disseminated. IGARD suggested that it be clearly explained in section 5 that the applicant is holding historic mental health data sets alongside a request for new mental health data sets

IGARD noted a typo in the standard wording in section 5b relating to linkage of data and suggested adding 'no' to the sentence.

Outcome: recommendation to approve subject to the following condition:

1. To provide the relevant sections under Article 6 and 9 of GDPR and a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met.

The following amendments were requested:

2. To correct the typo within section 5b that 'no' linkage of data will be undertaken with NHS Digital data.
3. To explain within section 5 that the applicant is holding historic Mental Health data alongside a request for new Mental data sets.

It was agreed this would be approved OOC by IGARD members

2.8

Clinical Practice Research Datalink (CPRD): BisCK Study (risks and benefits of bisphosphonate use in patients with chronic kidney disease) (Presenter: Louise Dunn) NIC-113017-L9R3N

Application: This was a new application requesting trusted third party data linkage facility for the UK Renal Registrate data (part of the Renal Association) and CPRD data. The bridge file of Hospital Episode Statistics (HES) to Diagnostic Imaging Dataset (DIDs) data will be used to assess the association between the use of oral bisphosphonates (anti-osteoporosis medication) and the progression (stage worsening or entering renal replacement therapy / transplant) of kidney disease in NHS patients with moderate or severe chronic kidney disease.

NHS Digital noted that the applicant's fair processing notice did not meet NHS Digital's nine minimum criteria.

Discussion: IGARD welcomed the study and noted the importance of the work being undertaken.

IGARD noted that NHS Digital had included within the abstract the applicant's legal basis under the General Data Protection Regulation (GDPR) Article 6 and 9, however IGARD suggested that a clear justification for each choice indicated should be given in terms of how the specific criteria and additional requirements would be met since the applicant would need to satisfy the relevant tests associated with the legal basis suggested.

IGARD noted that the applicant's fair processing notice did not meet NHS Digital's fair processing criteria for privacy notices and suggested that it be updated to include an accurate description of the processing activities undertaken, and the level and type of data being processed. IGARD queried how CPRD and general practices were meeting their Data Controller obligations under GDPR to provide privacy notices.

Action: the Chair of IGARD to contact the Deputy Caldicot Guardian requesting NHS Digital engage with CPRD with regard to measures in place to engage with participating General Practices so that both GP's and CPRD meet with obligations as Data Controllers under GDPR.

IGARD also noted that the University of Oxford's fair processing notice did not meet NHS Digital's processing criteria for privacy notices and suggested that it be updated by the University

of Oxford to remove links to other fair processing notices references on their website including NHS Digital and the Renal Association.

IGARD noted the new fair processing notice requirements and that new standard wording be used within the fair processing section 4 of the application: "All data required by the Data Controller is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."

IGARD queried the legal basis for data to be disseminated to CPRD, on the basis that further information was required to support the assertion that it was a public authority, and noted that HRA CAG letters were provided for 2017 but suggested that evidence be provided that s.251 support was currently in place.

IGARD noted that Aimes Grid Services Ltd were being used as a back up facility and that it be clearly stated in section 5 of the application that they were being used as a backup for the North Bristol NHS Trust and would not have access to data.

listed as a Data Processor, would not have access data and are used as a backup for North Bristol NHS Trust

Outcome: recommendation to defer, pending:

1. To provide the relevant sections under Article 6 and 9 of GDPR and a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met.
2. To clarify the legal basis to disseminate data for CPRD.
3. Providing evidence that s.251 support is in place.
4. CPRD to update their Fair Processing Notice to meet the NHS Digital's fair processing criteria for privacy notices including accurate description of the processing activities, and level and type of data processed.
5. University of Oxford to provide a Fair Processing Notice to meet NHS Digital's fair processing criteria for privacy notices including removing links to other fair processing notices referenced on their website.
6. The Fair Processing section to be amended to include the new standard wording: "All data required by the Data Controller under this application is pseudonymised and therefore is considered as personal data under the General Data Protection Regulation (GDPR). All Data Controllers are expected to provide a privacy notice that is compliant with the GDPR notice requirements within a reasonable period after obtaining the personal data, but at the latest within one month."

To clarify in section 5 that Aimes Grid Services Ltd, listed as a Data Processor, would not have access data and are used as a backup for North Bristol NHS Trust.

3	AOB None.
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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>08/02/18: it was agreed the updated draft be brought to the March education session</p> <p>01/03/18: the March education session was cancelled, and it was agreed to take the draft annual report to the April education session.</p> <p>05/04/18: to seek clarification from the Chair if stakeholders have been approached and to bring back the draft to the May education session.</p> <p>12/04/18: The Chair noted he was yet to contact external to NHS Digital stakeholders.</p> <p>19/04/18: IGARD chair to update members at May's education session.</p> <p>03/05/18: The Chair of IGARD noted that he would be contacting key stakeholders over the coming weeks.</p> <p>14/06/18: ongoing</p>	Open
20/07/17	Garry Coleman to provide an update within two weeks on how NHS Digital manage the risk involved in CCGs using South Central and West CSU as a data processor in light of data sharing breaches and recent audits.	Garry Coleman	<p>10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks.</p> <p>24/08/17: IGARD received a verbal update on the work that had taken place following both audits and verbal assurances that NHS Digital were content with the level of risk involved in this organisation</p>	Open

			<p>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>05/04/18: IGARD Secretariat had contacted Garry Colman and were awaiting a response.</p> <p>14/06/18: ongoing</p>	
31/08/17	Garry Coleman to report back on how cancer registration data was previously described as pseudonymised PDS data within older versions of applications, and present to a future education session on changes to how Medical Research Information Service (MRIS) reports are now shown within applications.	Garry Coleman	<p>22/02/18: IGARD Secretariat to contact Garry Coleman to suggest presentation at the June education session.</p> <p>05/04/18/18: IGARD Secretariat were awaiting a response.</p> <p>14/06/18: ongoing</p>	Open
15/03/18	Stuart Richardson to provide a briefing note clarifying the contractual arrangements in place, the structure, enforcement strategy and how the agreements worked together so that the data disseminated by NHS Digital would be protected and provide a verbal update to IGARD on the progress of this note by 5 April 2018.	Gaynor Dalton	<p>05/04/18: A verbal update was provided that individual Data Sharing Framework Contracts (DSFC) were issued yet Data Sharing Agreements were joint Data Controllership and that DSFC's placed exactly the same terms and conditions upon organisations and NHS Digital believe the position to be acceptable. IGARD noted the verbal update and asked that a briefing note be provided by NHS Digital confirming the arrangements in place by the end of April 2018.</p> <p>26/04/18: IGARD secretariat were awaiting a response following issue of a reminder</p>	Open

			<p>03/05/18: It was noted the issue was wider than DSfC applications and applies to all DARS applications, the action owner was amended to the Head of Data Access, Gaynor Dalton.</p> <p>10/05/18: The Director Data Dissemination noted that a briefing note would be provided to IGARD for the 24 May meeting.</p> <p>24/05/18: it was noted that a briefing note had not been provided to IGARD.</p> <p>14/06/18: ongoing</p>	
12/04/18	<p>IGARD Members to consider the HRA guidance on GDPR published on line</p> <p>IGARD Chair to provide feedback to the Caldicott Guardian</p>	<p>IGARD</p> <p>IGARD Chair</p>	<p>19/04/18: IGARD members had considered the HRA guidance and asked the IGARD Chair to provide feedback to the Caldicott Guardian.</p> <p>26/04/18: IGARD Secretariat awaiting comment following issue of a reminder.</p> <p>03/05/18: the Chair of IGARD to provide a copy of the email sent to the Caldicott Guardian to the Secretariat team</p> <p>14/06/18: ongoing</p>	Open
26/04/18	<p>Stuart Richardson to complete, for transparency, on all future CCG applications the data already held information at section 3a, including such data as may be held under a different Data Sharing Agreement / NIC number.</p>	<p>Stuart Richardson</p>	<p>14/06/18: ongoing</p>	Open
26/04/18	<p>Stuart Richardson to provide for all future CCG applications a data flow diagram detailing all previously approved data flows alongside a new data</p>	<p>Stuart Richardson</p>	<p>14/06/18: ongoing</p>	Open

	flow diagram outlining the data flows for the presented application.			
14/06/18	Chair of IGARD to contact the Deputy Caldicot Guardian requesting NHS Digital engage with CPRD with regard to measures in place to engage with participating General Practices so that both GP's and CPRD meet with obligations as Data Controllers under GDPR.	Kirsty Irvine / Arjun Dhillon		Open

DRAFT

Independent Group Advising on Releases of Data (IGARD): Out of committee report 08/06/18

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

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
NIC-60714-M4T1M	University of Southampton NHS Foundation Trust	10/05/18	1. The application should be amended to confirm that funding is in place and providing relevant evidence including a copy of the funding extension letter.	IGARD Chair	IGARD Chair	N/A
NIC-337801-K2N5Y	Health & Safety Executive	03/05/18	1. The legal basis under GDPR be clearly defined within the application	IGARD Members	Quorum of IGARD Members	N/A
NIC-349273-T3L4K	Royal College of Physicians of London	26/04/18	1. To clearly explain within section 5b that the data requested would include attending or receiving care in Wales. 2. The fair processing notice for the applicant be reviewed and updated against NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices including reference to opting out, and before data can flow.	IGARD Members	Quorum of IGARD Members	N/A

NIC-10094-P6P4B	City University of London	26/04/18	<ol style="list-style-type: none"> 1. Providing evidence that the date of birth for both mother and baby are clearly referenced on the current HRA CAG register or letter of approval 2. The fair processing notice for the applicant be reviewed against NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices and a dissemination plan be clearly articulated, and before data can flow. 3. Confirmation within section 5 of the application that the individuals accessing the data are substantive employees of City University of London. 4. Section 5a of the application should be updated to be explicit that no member of the collaborative group would be able to access the data. 	IGARD Members	Quorum of IGARD Members	N/A
NIC-149784-H9K6B	University of Oxford	10/05/18	<ol style="list-style-type: none"> 1. To provide a copy of the 'data sharing request form' as outlined in supporting document 6 'HQIP Data Sharing Agreement'. 	IGARD Chair	IGARD Chair	N/A
NIC-07141-L2S0B	Salford Royal NHS Foundation Trust	17/05/18	<ol style="list-style-type: none"> 1. To provide the relevant sections under Article 6 and 9 of GDPR and a clear justification for the choice of each section in terms of how the specific criteria and additional requirements are met. 	IGARD Members	Quorum of IGARD Members	N/A

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

- None notified to IGARD

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