Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 16th January 2020

In attendance (IGARD Members): Anomika Bedi, Sarah Baalham, Kirsty Irvine (Chair), Maurice Smith.

In attendance (NHS Digital): Garry Coleman (Items 2.1 - 2.2), Louise Dunn, James Humphries-Hart, Karen Myers, Kimberley Watson, Vicki Williams.

In attendance (Other): Dr Janet Valentine (CPRD) (item 2.1)

Not in attendance (IGARD Members): Maria Clark, Nicola Fear, Geoffrey Schrecker.

Observers: Bethan Thomas (Items 2.3 - 2.4)

1	**Declaration of interests:** Maurice Smith noted a professional link with the RCGP (NIC-115590-Q1C7Z University of Surrey) but noted no specific connection with the application or staff involved and it was agreed that this was not a conflict of interest **Review of previous minutes and actions:** The minutes of the 19th December 2019 IGARD meeting were reviewed and subject to a number of minor amendments were agreed as an accurate record the meeting. **Out of committee recommendations:** An out of committee report was received (see Appendix B).
2.1	<u>Clinical Practice Research Datalink (CPRD) (Presenter: Dr Janet Valentine)</u> Dr Janet Valentine, Director of CPRD, attended IGARD to provide a high-level overview of the organisation including its history, functions and governance arrangements. CPRD collects de-identified patient data from a network of GP practices across the UK. Primary care data are linked to a range of other health related data to provide a longitudinal, representative UK population health dataset. The data encompass 45 million patients, including 13 million currently registered patients. CPRD is jointly sponsored by the Medicines and Healthcare Products Regulatory Agency and the National Institute for Health Research (NIHR), as part of the Department of Health and Social Care. IGARD welcomed the overview and thanked Janet for attending the meeting to provide this background information, which, for the avoidance of doubt, was not presented in the context of any current or forthcoming CPRD application.
	Data applications
2.2	<u>UK Biobank: MR1109 - UK Biobank – Renewal/Extension/Amendment (Presenter: Garry Coleman) NIC-08472-V9S6K</u> **Application:** This was a renewal application for identifiable Mental Health Services Data Set (MHSDS), Medical Research Information Service (MRIS), Hospital Episodes Statistics (HES), Diagnostic Imaging Dataset (DIDs), Mental Health and Learning Disabilities Data Set (MHLDDS) and Mental Health Minimum Data Set (MHMDS). It was also an amendment to add three new datasets, identifiable Emergency Care Data Set (ECDS), National Diabetes Audit (NDA), Improving Access to Psychological Therapies Data Set (IAPT); and an extension to permit processing for a further year. The overall purpose of the research is to create a

	prospective epidemiological resource of 500,000 people aged 45 -69 at the time of recruitment from around the UK. The application was been previously considered on the 5th December 2019 when IGARD had been unable to recommend pending: the relevant documents, essential for IGARD's review, were not available; noting the conflicting information in the application, the consent materials and the applicant's website, taken as a whole, to confirm the correct legal basis under GDPR and the Data Protection Act 2018 that the applicant has been relying on since the end of the Transitional Period. If more than one basis has been relied on, to clarify which processing activities have been carried out under which basis; to align the lawful basis for the applicant with the permissions listed under the Access Procedures supporting document (which appears to presume consent is the legal basis for processing); section 5 to be amended to align with the relevant NHS Digital Standards; to provide further clarification in section 1 that appears to indicate that GDPR 'consent' is going to be phased out; to update section 5 to include reference to the new datasets disseminated under this application; to clarify the reference in the data minimisation column in section 3(a) and 3(b) to "466,953"; to remove from section 5(a) reference to 'there are no moral or ethical issues". **Discussion:** IGARD noted that the application had been updated to reflect most of the comments previously made and noted that previous point 2 (*to provide the full formal official legal analysis document (not an extract) outlining the legal advice received by the applicant from their Legal Counsel to allow IGARD to assess what has changed since IGARD's last review*) was not part of IGARD's consideration for this application. IGARD noted the reference within section 1 (Abstract) to *"the IGARD Chair"* having had sight of the confidential legal counsel documents (as per the previous recommendation), the IGARD Chair confirmed that she had not received nor had sight of these documents, and advised that as it was not necessary for the IGARD Chair to review these, that any recommendation made on this application would not be based on the content of these documents. In light of this information, IGARD asked that section 1 was updated to correctly reflect this important point. IGARD noted that the application now provided clarity that the Data Controller is relying on only one legal basis for the processing of NHS Digital Data and that the relevant privacy notice had also been updated in January 2019 to make that clear. However, their previous point 3 (*to align the lawful basis for the applicant with the permissions listed under the Access Procedures supporting document (which appears to presume consent as the legal basis for processing)*) remained outstanding and IGARD again queried the information provided in the aged 'Access Procedures' (November 2011) and the 'Material Transfer Agreement' (August 2012) documents, specifically in relation to the contradictory information contained within these documents in relation to the legal basis being relied upon. Noting that these documents had not been updated since the introduction of the GDPR and Data Protection Act 2018 and were in the public domain and accessible via the applicant's website, IGARD asked that either the 'live links' to the documents were disabled or a note was added on to the website to make it explicitly clear that the documents were 'currently under review'. IGARD also asked that a time-bound special condition was added to section 6 (Special Conditions) stating that both the 'Access Procedures' and the 'Material Transfer Agreement' documents were revised, updated and published within a reasonable timeframe [within 3 months of receipt of data] to ensure they reflected legislative developments and Biobank's processing arrangements. Noting that one specialist IGARD member dissented from the recommendation to approve (still having concerns about the applicant's legal basis in processing data), a further discussion was held between the IGARD members and NHS Digital on the process for reaching a recommendation. IGARD agreed that as a clear process was not explicitly outlined for this

	situation, that IGARD would recommended for approval by way of a majority vote of 3 members (Lay Chair, Lay Member, Specialist Member (approve) to 1 member (specialist) (dissent); and separate to this application for an urgent action for the IGARD Secretariat to review all Standard Operating Procedures and to liaise with the IGARD Chair and Caldicott Guardian to review and outline a clear explicit process going forward. **ACTION:** IGARD Secretariat to review all Standard Operating Procedures to ensure a clear process is outlined for reaching a recommendation when IGARD members are not in full agreement and the number of members in favour of approving an application falls below the quorum identified for the meeting. **Outcome Summary:** recommendation to approve by way of a majority vote of 3 members to 1 member, with one specialist member dissenting, subject to the following conditions. 1. To either (i) disable the 'live links' on Biobank's website to the Access Procedures and the Material Transfer Agreement documents, or (ii) add a note on the website that these documents are 'currently under review'. The following amendments were requested: 1. To add a Special Condition to section 6 that the Access Procedures and the Material Transfer Agreement documents are revised, updated and published within a reasonable timeframe (within 3 months of receipt of data) to ensure they reflect legislative developments and Biobank's processing arrangements. 2. To update the abstract to remove reference to the Chair of IGARD having had sight of the legal counsel documents (as per previous recommendation), since it was not necessary for the IGARD Chair to review that document and this recommendation is not based on the content of that document. The following advice was given: 1. IGARD advised that they would wish to review this application again when it comes up for renewal It was agreed the condition would be approved OOC by IGARD members
2.3	<u>NHS West Cheshire CCG: DSfC - NHS West Cheshire CCG, RS (Presenter: James Humphries-Hart) NIC-47238-Y6L3M</u> **Application:** This was a renewal application for identifiable Secondary Uses Service (SUS+) data and an amendment for to the process of Risk Stratification (RS) which is a tool for identifying and predicting which patients are at high risk or likely to be at high risk and prioritising the management of their care. The application was been previously considered on the 19th September 2019 when IGARD had deferred pending: the applicant should work with NHS Digital on a fair processing notice that does not contain misleading statements and is GDPR compliant; to provide a DPIA that is GDPR compliant that includes a careful analysis of the activities outlined in the application and their impact on data subjects; to update the application throughout to clarify at what stages there is profiling, solely automated decision making and automated decision making with human interaction and to describe how these types of processing complies with the requirements of the GDPR; to clarify whether the application is for both phase 1 and phase 2 of the project, as outlined in the supporting documentation, and whether it is proposed that GP practices will have access to the data of the entire CCG population; as the proposed processing includes the processing of combined primary and secondary care data by the applicant CCG, to clearly describe in the application the appropriate legal gateways for these combined purposes; to update the application to clarify the correct Data Controllers; to align

	the description of activities described within the application with the data flow diagram provided; to update section 1 and section 5(a) of the application to clearly outline the purpose. NHS Digital advised IGARD that section 3(c) incorrectly stated that patient objections would **not** be applied; and that this would need correcting to state that they **would** apply. **Discussion:** IGARD noted and supported the amendment outlined by NHS Digital to update section 3(c) to reflect that patient objections would apply. IGARD noted that the application had been updated to reflect some of the comments previously made. IGARD queried the point previously raised (*to update the application throughout to clarify at what stages there is profiling, solely automated decision making and automated decision making with human interaction and to describe how these type of processing complies with the requirements of GDPR*) and asked that the application was updated throughout to clarify this and to also describe how these types of processing complies with the requirements of the General Data Protection Regulation (GDPR). IGARD noted and endorsed NHS Digital's review that the applicant did **not** meet NHS Digital's fair processing notice criteria for privacy notices. IGARD suggested that in addition to the points raised by NHS Digital on the Privacy Notice, that it was also updated to ensure that it was written in 'plain English' and in language that would be suitable for a lay reader; that a detailed description was added on the profiling and any automated decision making that would be taking place; and to ensure that the different processing activities and the Data Controllers and Data Processors involved for each activity were clearly outlined. IGARD noted that a Data Protection Impact Assessment (DPIA) (supporting document 2.2.1) had now been completed and that section 251 support was referenced within this; and asked that the DPIA was updated further to include reference to the correct GDPR legal basis, as outlined in the application. IGARD also asked that the potential different Data Controllership models were addressed, both within the DPIA **and** the application depending on the process that was being undertaken. IGARD also asked that in light of the further detail provided in the DPIA provided, that the application was updated to ensure it accurately reflected that there may be different Data Controllers dependent on the processing being undertaken. IGARD noted the statement in the DPIA that stated *"Under no circumstances do GP practices have access to data for patients outside of their practice population within this system and this is regulated under a strict 2-stage security process."* and asked that for clarity this was also replicated in section 5 (Purpose / Methods / Outputs). IGARD noted the reference to *"DSCRO"* in section 5(b) (Processing Activities) and asked that this was updated to provide a clear definition of what this is. **Outcome Summary:** Unable to recommend for approval 1. IGARD endorsed NHS Digital's assessment that the Fair Processing Notice did not meet GDPR requirements and in addition to the points raised by the case officer, made the following suggestions that it be updated: a) To be written in Plain English and in language suitable for a lay reader; b) To describe in detail the profiling and any automated decision making that will take place; c) To ensure the different processing activities and the controllers and processors involved for each activity are clearly outlined.

	2. The DPIA should be updated to: a) Reference the GDPR legal basis (not just s251); b) To address the potential different controllership models depending on the processing being undertaken. 3. To update the application throughout to clarify at what stages there is profiling, solely automated decision making; and automated decision making with human interaction and to describe how these types of processing comply with the requirements of the GDPR. *4.* To replicate in section 5 of the application the statement from the DPIA into section 5(a) that states *"Under no circumstances do GP practices have access to data for patients outside of their practice population…".* 5. To ensure the application reflects that there may be different Data Controllers depending on the processing that is taking place. 6. In light of the further detail provided in the DPIA, to update the application to ensure it accurately reflects the correct Data Controllers. 7. To update section 5(b) to provide a further definition of *"DSCRO".*
2.4	<u>Group Application 6 CCG's[1]: DSfC - NHS Bexley CCG - Comm (Presenter: James Humphries-Hart) NIC-161352-L1M9W</u> **Application:** This was an amendment group application for 6 CCG's to receive Secondary Uses Service (SUS+), Local Provider Flows, Mental Health Minimum Data Set (MHMDS), Mental Health Learning Disability Data Set (MHLDDS), Mental Health Services Data Set (MHSDS), Maternity Services Data Set (MSDS), Improving Access to Psychological Therapy (IAPT), Child and Young People Health Service (CYPHS), Community Services Data Set (CSDS), Diagnostic Imaging Data Set (DIDS), National Cancer Waiting Times Monitoring Data Set (CWT), Civil Registries Data (CRD), National Diabetes Audit (NDA) and Patient Reported Outcome Measures (PROMs). The amendments are to 1) add Optum Health Solutions UK Limited as an additional Data Processor, 2) to include novel linkage between GP data and data released by NHS Digital. The purpose of the application is to provide intelligence to support the commissioning of health services. NHS Digital advised IGARD that the DPA expiry date for Microsoft UK, noted within section 1(c) (Data Processors) the application had expired and that this had since been updated following submission of the application to IGARD for review. **Discussion:** IGARD noted and supported the amendment outlined by NHS Digital to update the DPA expiry date in section 1(c) for Microsoft UK. IGARD noted and endorsed NHS Digital's review that all 6 of the CCG's did **not** meet NHS Digital's fair processing notice criteria for privacy notices and advised that when the application returned to IGARD for renewal, they would expect to see a Privacy Notice that was compliant with the General Data Protection Regulations (GDPR). IGARD noted that Optum Health Solutions UK would only have access to pseudonymised data, and asked that for clarity, the beginning of section 5(b) (Processing Activities) was updated to reflect this information.

[1] NIC-161352-L1M9W NHS Bexley CCG, NHS Bromley CCG, NHS Greenwich CCG, NHS Lambeth CCG, NHS Lewisham CCG, NHS Southwark CCG

	NHS Digital advised IGARD that the language used in section 5(c) (Specific Outputs Expected) would need reviewing, for example to remove the reference to *"high flyers".* IGARD advised when the application returns to IGARD for renewal, IGARD would expect to see further information with regard to yielded benefits. **Outcome Summary:** recommendation to approve The following amendments were requested: 1. To update nearer the start of section 5(b) to clarify that Optum Health Solutions UK Limited will only have access to pseudonymised data. 2. To review the language used in section 5(c) and remove for example, reference to *"high flyers"*. The following advice was given: 1. IGARD advised when the application returns to IGARD for renewal, IGARD would expect to see a GDPR-compliant Privacy Notice. 2. IGARD advised when the application returns to IGARD for renewal, IGARD would expect to see further information with regard to yielded benefits.
2.5	University College London: Using national electronic databases to validate cardiovascular outcomes in PATCH – a pilot study to assess the use of electronic databases for clinical trial follow up. (Presenter: James Humphries-Hart) NIC-242415-V9T5D **Application:** This was a new application for pseudonymised Hospital Episode Statistics (HES) data, for the purpose of a sub-study of the Prostate Adenocarcinoma: TransCutaneous Hormones (PATCH) Trial, which is assessing the safety and efficacy of replacing androgen suppression using Luteinising Hormone Releasing Hormone (LHRH) analogues with transdermal oestrogen patches, in men with locally advanced or metastatic prostate cancer. The aim of the study is to compare cardiovascular events between PATCH study data approx. 1600 patients), National Institute for Cardiovascular Outcomes Research (NICOR) and HES data and see if they are comparable. **Discussion:** IGARD welcomed the application and noted the importance of the study. Overall IGARD noted that this was a well written application with a well described section 5 and NHS Digital may wish to consider this as an exemplar for this type of application. In addition, IGARD noted the well described sub-trial in relation to the wider trial, including the analysis of the consent material undertaken by NHS Digital. IGARD noted and endorsed NHS Digital's review that the applicant did **not** meet NHS Digital's fair processing notice criteria for privacy notices. IGARD queried when the data would be provided for members of the cohort, for example, would this be when they joined the study or from a point prior to this; and asked that this was clarified within section 3(b) (Additional Data Access Requested) and section 5 (Purpose / Methods / Outputs). **Outcome Summary:** recommendation to approve. The following amendment was requested: 1. To update section 3(b) and section 5 to clarify the point at which the data will be provided for the members of the cohort (i.e. the date when they joined the study or prior to this).

2.6	University of Surrey: Models of Child Health Appraised (MOCHA - A study of Primary Care in 30 European Countries): comparing eight exemplar conditions in the UK (Presenter: Louise Dunn) NIC-115590-Q1C7Z **Application:** This was a new application for pseudonymised Hospital Episode Statistics (HES) and Civil Registrations data, for work Package 5 of the MOCHA study which is looking to appraise the existing models of primary child healthcare in Europe. Work Package 5 will specifically focus on assess the availability of large data sets, using learning from the TIRRE survey tool. The overall aims of the MOCHA study will analyse the effect of individual and structural health services factors on the antecedents and outcomes in eight key childhood disease areas between 2003-17. These are asthma care, epilepsy care, care for children with diarrhoea and vomiting, prevention of rickets, vaccine preventable disease, post-natal care, treatment of depression in teenagers and treatment of enuresis. **Discussion:** IGARD noted the involvement of Imperial College London within the study and queried whether they should also be considered as a Data Controller. NHS Digital advised that detailed discussions had taken place with the applicant on the role and responsibilities of Imperial College London in relation to Work Package 5, and the conclusion was that they should not be added as a Data Controller for this Data Sharing Agreement (DSA). IGARD thanked NHS Digital for the investigations undertaken and the update and endorsed the conclusion that Imperial College London should **not** be added as a Data Controller. IGARD noted and endorsed NHS Digital's review that the University of Surrey and the Royal College of General Practitioners (RCGP) did **not** meet NHS Digital's fair processing notice criteria for privacy notices. IGARD queried the quantum of data requested within the application; and were advised by NHS Digital that discussions had taken place with the applicant and advised that any further minimising of the data would impact on achieving the outcomes outlined, IGARD were in agreement with this conclusion. IGARD noted that the application was specifically for Work Package 5 of the MOCHA Study, and asked that for clarity, the opening paragraphs of section 1 (Abstract) and section 5(a) (Objective for Processing) were updated to clearly state that the data used for work Package 5 would **not** be used for any of the other (9) Work Packages outlined within the application. IGARD also asked that a special condition was added to section 6 (Special Conditions) stating that no data flowing to Work Package 5 would be shared with any of the other Work Packages outlined within the application. IGARD noted that there were a number of references / acronyms within section 5(a), and asked that this was amended to ensure that it was written in 'plain English' and in language that would be suitable for a lay reader, in-particular the description that was provided of work Package 5, for example the reference to the *"TIRRE survey tool"*. IGARD also queried the language used in section 5(b) (Processing Activities), specifically the description that was provided, outlining how the data would be pseudonymised that started *"Each unique patient within the RCGP RSC database…";* and asked that this was updated to simplify the information provided. IGARD queried the reference in section 5(c) (Specific Outputs Expected) to *"…some publications in selected lay outlets"* and asked that this was updated with further information; and that section 5(d) (Benefits) was updated with further information of how the outputs would be disseminated to the wider public within England and Wales. IGARD noted that section 5(d) referred to future publication or presentation dates which had now passed and asked that this was updated to reflect current information and that any dates

	referenced that had now passed, and were therefore no longer relevant, were removed or updated. **Outcome Summary:** recommendation to approve The following amendments were requested: 1. To update in the opening paragraphs of section 1 and section 5(a) to headline that the data used for 'Work Package 5' will not be used for any of the Work Packages outlined in the application. 2. To add a special condition in section 6 that states that no data flowing to 'Work Package 5' will be shared with any other Work Packages outlined in the application. 3. To amend section 5(a) to ensure it is written in Plain English and in language suitable for a lay reader, particularly the description of 'Work Package 5' (e.g. the reference to *"TIRRE survey tool")*. 4. To update section 5(b) to simplify the description provided of how the data will be pseudonymised. 5. To update section 5(c) and 5(d) to provide further information on the *"selected lay outlets"* referenced and how the outputs will be disseminated to the wider public in England and Wales. 6. To update section 5(d) to ensure this reflects current information and to remove any dates referenced that have passed (and are no longer relevant).
2.7	<u>2020 Delivery: Benchmarking operational performance and patient cohort demand on the NHS national service structure (Presenter: Louise Dunn) NIC-26646-M9Q0J</u> **Application:** This was a new application for pseudonymised Hospital Episode Statistics (HES) data, which has been requested by the applicant for the purpose of being able to provide its clients with higher quality and more specific answers regarding the identification, assessment and quantification of opportunities for NHS services to improve their quality and efficiency. The clients (NHS organisations) will be able to make better decisions on how to spend public money to benefit patients, in some cases these decisions are critically important, for example to the viability of a hospital service. **Discussion:** IGARD noted that the applicant had provided a 'draft' Privacy Notice and that this had been reviewed and did **not** meet NHS Digital's fair processing criteria; and asked that a revised fair processing notice was provided that was compliant with the notice requirements under the General Data Protection Regulation (GDPR), particularly with reference to the legitimate interests relied upon. IGARD noted that the applicant was referred to as '2020 Limited' on the Companies House website and asked that the application was updated throughout to reflect the correct legal entity. IGARD noted the information in section 5(a) (Objective for Processing) that listed a number of organisation types that the applicant would not be working with; and asked that this was amended to include *"For the avoidance of doubt…"* at the start of the paragraph, before the list of prohibited entities. IGARD queried what projects the data being requested would be used for and asked that specific details of these were provided. IGARD also noted that throughout the application there was reference to *"projects"* in a general sense, and asked that these were removed, along with any other reference to generic use of the data; and noted that the data could only be used for detailed and specific projects outlined in the application.

	IGARD queried how the HES data requested would improve the outputs and impact for each of the projects outlined in the application and asked that further clarity was provided outlining this including how each project would be improved and the data minimisation efforts undertaken. IGARD also asked what aspects of the data sets would be used for each project, for example date range, geographic spread, HES fields etc; and asked that further clarity was provided specifically detailing this point. IGARD noted the generic wording that had been added to section 5 (Purpose / Methods / Outputs) in relation to data minimisation; and asked that further clarity was provided outlining how this would be addressed. IGARD queried the information provided in section 5(c) (Specific Outputs Expected) and section 5(d) (Benefits) in relation to outputs and benefits for each specific project; and asked that these were updated to provide further information. IGARD queried what legitimate interest was being relied upon and asked that further specific details was provided and specifically how it related to the purpose(s) of the processing being undertaken within this application. IGARD also asked that detailed written consideration was provided of how the proposed processing linked to the three limbs of the Legitimate Interest Assessment (LIA). IGARD noted that the applicant had answered *"yes"* in section 5(e) (Is the Purpose of this Application in Anyway Commercial?) and asked that further clarity was provided outlining how the activities outlined were commercial and how this was balanced against the benefits to Health and Social Care as required in NHS Digital's published Commercial Purpose Standard (Standard 5e), linking to NHS Digital's published '5e Commercial Purpose Standard'. IGARD suggested that NHS Digital may wish to consider auditing this organisation in relation to this application / data sharing agreement. **Outcome Summary:** Recommendation to defer, pending: 1. The applicant to provide a revised fair processing notice and to ensure that it is compliant with the notice requirements under the GDPR, particularly with reference to the legitimate interests relied upon. 2. To update the application throughout to ensure the correct legal entity is referred to as noted on the Companies House website. 3. To update section 5(a) when reference is made to whom the applicant will not be working by including the wording "For the avoidance of doubt…" before the list of prohibited entities. 4. To provide more specific details of the projects for which the applicant will be using the requested data. 5. To remove any reference to general "projects" or any other generic use of the data (i.e. data may only be used for detailed and specific projects). 6. To clarify how the HES data requested will improve the outputs and impact of each of the projects. 7. To clarify what aspects of the data sets will be used for each project (e.g. date range, geographic spread, HES fields). 8. To clarify for each project how data minimisation will be addressed (rather than the current generic wording in section 5). 9. To provide further specific details of the legitimate interest relied upon and how it specifically relates to the purpose of the proposed processing, and providing detailed

	consideration of how the proposed processing links to the three limbs of legitimate interest assessment. 10. To update section 5(c) and 5(d) to provide more detail with regard to the outputs and benefits (again in respect of each specific project). 11. To provide further clarity in section 5(e) outlining how the activities outlined are commercial and how this is balanced as against the benefit to Health and Social Care, as required in the NHS Digital published Commercial Purpose Standard. The following advice was given: 1. IGARD suggested that NHS Digital may wish to consider auditing this organisation in relation to this application / data sharing agreement.
3	<u>Returning Applications</u> IGARD noted that they do not scrutinise every application for data, however they are charged with providing oversight and assurance of certain data releases which have been reviewed and approved solely by NHS Digital. • NIC-66034-M7B8W RAND Europe • NIC-210151-K9C7G IQVIA Technology Services Ltd • NIC-226185-B6C3J University of Hull IGARD welcomed the three applications as part of their oversight and assurance role and noted a number of comments to NHS Digital and suggested that further information and comments be provided in an IGARD Oversight and Assurance Report which would be published separately to the minutes of the meetings, for transparency of process, and on a quarterly basis. **Action:** IGARD asked that NHS Digital's Precedent 4 'change of storage and processing' be added to a future IGARD under agenda item 'Standards and Precedents'.
4	<u>AOB:</u> There was no further business raised, the IGARD Chair thanked members and NHS Digital colleagues for their time and closed the application section of the meeting.

Independent Group Advising on Releases of Data (IGARD): Out of committee report 10/01/20

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-147747-KRTQ8	Queen Mary University of London	12/12/2019	1. To expressly state in section 5 that patient names will not be used for linkage or any other processing activities. 2. To provide an explanation of what the "de-reg and re-reg" data fields contain.	Quorum of IGARD members	Quorum of IGARD members	
NIC-158112-L0R5C	Northumbria University	08/08/2019	1. To provide confirmation that the applicant's DSFC is in place, and before any data is disseminated. 2. To provide written evidence that a no-cost funding extension has been given up to cover the full period up to the updated 'final report of results' date and to update the application accordingly	Quorum of IGARD members	Quorum of IGARD members	
NIC-368020-R5L2K	Dr Foster Limited	07/11/2019	1. To provide written confirmation that there were no major non-conformity(ies) raised in the recent (October 2019) audit. 2. To clarify in section 5(a) that the reports and outputs that Dr Foster Limited are producing for customers will not include pseudonymised record level data; and to	Quorum of IGARD members	Quorum of IGARD members	Request from IGARD Chair: *"I am content that the conditions have been met if the Special Condition text "No outputs produced for Dr Foster customers will contain pseudonymised record level data." can also be included in section 5(a)"*

			include this text as a special condition in section 6.			

In addition, a number of applications were processed by NHS Digital following the Precedents approval route. IGARD carries out oversight of such approvals and further details of this process can be found in the quarterly Oversight and Assurance Report.