

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 21 June 2018

Members: Joanne Bailey, Anomika Bedi, Nicola Fear, Kirsty Irvine (Chair)

In attendance: Jane Cleave, Dave Cronin, Rachel Farrand, James Humphries-Hart, Dickie Langley, Karen Myers, Vicki Williams.

Apologies: Sarah Baalham, Chris Carrigan, Jon Fistein,

1	<p>Declaration of interests</p> <p>There were no declarations of interest.</p> <p>Review of previous minutes and actions</p> <p>The outcomes of the 14 June 2018 IGARD meeting were reviewed and were agreed as an accurate record of that aspect of the meeting.</p> <p>The minutes of the 14 June IGARD meeting were reviewed out of committee by IGARD following conclusion of the meeting, and subject to a number of minor changes were agreed as an accurate record of the meetings.</p> <p>Out of committee recommendations</p> <p>An out of committee report was received (see Appendix B).</p>
2	<p>Data applications</p>
2.1	<p><u>University Of Liverpool: MR1025 The Roy Castle Lung Cancer Research Programme, Liverpool Lung Project (Presenter: Dave Cronin) NIC-147982-J7KGV</u></p> <p>Application: This was a renewal application and to receive additional years of data of Cancer Registrations, PDS and Mortality data via NHS Digital's Medical Research Information Service (MRIS). The application was previously considered by IGARD on the 12 April 2018 and recommended for approval for an extension only for a time limited period.</p> <p>NHS Digital noted that the abstract section should be updated to reflect recent conversations with regard to Article 6 and 9 of GDPR.</p> <p>Discussion: IGARD welcomed the application and the importance of the work being undertaken. IGARD noted the pragmatic approach taken by NHS Digital with reference to National Opt Outs, noting that National Opt Out is overridden by consent, and welcomed NHS Digital's safer approach to work with the applicant to apply opt outs to the whole cohort. IGARD suggested that section 5 be updated to set out the consideration given to applying National Opt Outs.</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 and as per recent discussions between NHS Digital and IGARD. IGARD also noted that, and not limited to, reference to the public interest condition under the DPA 2018 should be included in the abstract.</p> <p>IGARD queried the legal basis outlined in tables 3a and 3b and suggested that the tables be updated to clearly reflect the legal basis for dissemination. IGARD suggested that since this was</p>

a mixed cohort, NHS Digital may need to specifically list several legal basis under the Health & Social Care Act 2012 for each dissemination.

IGARD noted that supporting document 4.8 referenced anonymised data and suggested that the supporting document and application be updated, where appropriate, to clear list the data as pseudonymised.

IGARD noted that the patient information leaflet and consent forms used wording developed with NHS Digital and queried if the applicant was still recruiting to the study. IGARD noted previous advice given and suggested that if the applicant was still recruiting the applicant may wish to provide more granular detail in the consent materials with regard to how the participant may withdraw / opt out

Outcome: recommendation to approve

The following amendments were requested:

1. To update the abstract section on Article 6 and 9 of GDPR to reflect recent discussions between NHS Digital and IGARD, including (but not limited to) reference to the public interest condition under the DPA 2018.
2. To correct the legal basis within the table in section 3 for the dissemination of data, noting this is for a mixed cohort and several bases may be required.
3. To clarify the use of 'anonymisation' within the application and supporting documentation and correct to pseudonymised, where appropriate.
4. To briefly set out in section 5 the consideration that has been given with regard to applying national opt outs.

The following advice was given:

1. IGARD suggested that, if still recruiting, the applicant may wish to provide more granular detail in the consent materials with regard to how the participant may withdraw / opt out.

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2.2

The Nuffield Trust: QualityWatch (Presenter: Dave Cronin) NIC-336478-Z7Q9F

Application: This was a renewal and extension application to retain and reuse Hospital Episode Statistics (HES) Admitted Patient Care (APC), HES Accident and Emergency (A&E) and HES Outpatient (OP) for the QualityWatch project. The project was launched in 2013 in the wake of high profile investigations into major failures of care, including Mid Staffordshire NHS Foundation Trust Public Enquiry and Professor Sir Bruce Keogh's review of high mortality rates at 14 NHS Trusts. The objective of the project is to review, monitor and provide an independent pictures of the quality of health and social care services.

NHS Digital noted that reference to QualityWatch 2 which is a continuation of the original QualityWatch Programme was not part of this application and reference to it should be removed.

NHS Digital noted that reference to a special condition in the abstract should include the word 'not' (will not be reinstated).

Discussion: IGARD welcomed the application and 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 and as per recent discussions between NHS Digital and IGARD.

IGARD also noted that this was the first application submitted referencing 'legitimate interest' and suggested that it be clearly outlined at the start of section 5a the legitimate interest relied upon as related to the purpose of the research.

IGARD queried if the Health Foundation should be listed as a Data Controller and asked if they were directing the research being undertaken and also asked if they were providing any funding. NHS Digital assured IGARD that The Nuffield Trust were determining the research agenda so The Health Foundation were not a Data Controller. IGARD suggested however that if The Health Foundation were funding the study, that they be clearly referenced in section 8b of the application.

IGARD noted that the applicant had listed mental health purposes but was not receiving any mental health datasets and queried how they were going to produce mental health outputs. It was suggested that section 5 of the application be updated to clarify how the applicant will provide mental health outputs for mental health purposes listed when not receiving any mental health datasets under this application or agreement.

IGARD noted that all data required by the Data Controller under this application was pseudonymised and therefore was considered as personal data under the General Data Protection Regulation (GDPR). It was noted that 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 suggested that it be updated to include reference to NHS Digital and that NHS Digital check within one month of the dissemination of the data that the privacy notice had been updated.

IGARD suggested that section 5 of the application be updated from "the trust want to achieve..." to "the trust's vision is to help achieve..."

IGARD noted the different tools the applicant were considering using as part of their analysis work and although noted they were standard statistics tools which had been reviewed by NHS Digital's security advisor, that clarification be given in section 5 that the analysis tool providers were not using cloud based services. IGARD also noted that the applicant was using managed IT services and suggested given the application clearly stated that there would be no processing or storage of data by 3rd parties that a clear explanation be given of 'managed IT services'.

Outcome: recommendation to approve

The following amendments were requested:

1. To update the abstract sections on Article 6 and 9 of GDPR to reflect recent discussions between NHS Digital and IGARD.
2. To update the abstract wording with reference to the special condition to insert the word "not" ("...will **not** be reinstated").
3. If The Health Foundation is a funder, to update the source of funding in section 8b to reference that entity.
4. To clarify within section 5 how the applicant will provide outputs for the mental health purposes listed since they are not receiving mental health datasets under this application.

	<ol style="list-style-type: none"> 5. To clearly state at the start of section 5a the legitimate interest relied upon, as related to the purpose of the research (and as will be expounded in the applicant's updated Privacy Notice). 6. To amend section 5 from 'the trust wants to achieve...' to 'the trust's vision is to help achieve...'. 7. Given that the statement in the application that there is no processing (including storage) of data by any third parties, to clarify in section 5 the term 'managed IT services'. 8. To clarify in section 5 that analysis tool providers are not using cloud services. 9. To remove wording referencing QualityWatch 2 as it was not relevant within this application. <p>The following advice was given</p> <ol style="list-style-type: none"> 1. IGARD suggested that NHS Digital check within one month of the data being disseminated that the applicant has met their obligation under GDPR to update their privacy notice.
2.3	<p><u>University of Glasgow: MR1462 Data Linkage request for Febuxostat versus Allopurinol Streamlined Trial (FAST) (Presenter: Dickie Langley) NIC-72180-R2L5Y</u></p> <p>Application: This was a new application for data linkage of Medical Research Information Service (MRIS) Cause of Death Report, Hospital Episode Statistics (HES) Admitted Patient Care (APC), MRIS flagging current status report and MRIS cohort event notification report. Record linkage to national datasets of hospital admissions, deaths and cancer diagnosis is the primary method of identifying serious adverse events and potential cardiovascular endpoints in the FAST study. Identification of all hospitalisations, deaths and diagnosis of cancer allows assessment of the safety of the study interventions, febuxostat and allopurinol.</p> <p>Discussion: IGARD noted that this was a valid study and well put together application.</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 and as per recent discussions between NHS Digital and IGARD. IGARD also noted that Article 6 wording may require "no less intrusive to individual" wording including within the abstract update and suggested that Article 9 wording should include reference to the relevant section of the DPA, schedule 1, part 1.</p> <p>IGARD queried the current data retention date and suggested that the application be updated to reference 2024 as the data retention date.</p> <p>IGARD noted that Menarini Pharma SAS were providing funding to the study and suggested that it be explicitly stated in section 5b Menarini Pharma SAS, in addition to the study funder, would have no input or involvement in the study design, administration or management and will have no influence over outputs disseminated.</p> <p>IGARD also noted that the funder was referenced as 'applicant' within section 8b and suggested that this be amended to 'partner', if relevant.</p> <p>Outcome: recommendation to approve</p> <p>The following amendments were requested:</p>

	<ol style="list-style-type: none"> 1. To update the abstract section on Article 6 and 9 of GDPR to reflect recent discussions between NHS Digital and IGARD, including (but not limited to) reference to the public interest condition under the DPA 2018 2. To amend the data retention period to 2024. 3. To include within section 5e that Menarini Pharma SAS will have no influence over outputs disseminated. 4. To remove reference to 'applicant' within section 8b funding sources (and, if relevant, update to 'partner'). <p>The following advice was given:</p> <ol style="list-style-type: none"> 1. IGARD suggested that NHS Digital might wish to consider auditing the organisation in relation to this application / agreement.
2.4	<p><u>Data Minimisation Briefing Paper (Presenter: James Humphries Hart)</u></p> <p>Currently, Data Access Requests for commissioning data, including both pseudonymised (general commissioning) and identifiable (Risk Stratification and Invoice Validation) have data minimisation controls attached which state: "CCG of residence and registration for the CCG". IGARD received the briefing paper and suggested a number of amendments and asked that the briefing note be presented back to a future meeting of IGARD.</p>
2.5	<p><u>NHS Gloucestershire CCG: An amendment for Gloucestershire CCG to receive data for: commissioning, risk stratification and invoice validation (Presenter: James Humphries Hart) NIC-182332-B2F4M</u></p> <p>Application: this was an amendment application 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) and Diagnostic Imaging Data Set (DIDS) for the purpose of commissioning, risk stratification and invoice validation.</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 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 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.</p>

	<p>IGARD noted inconsistencies within the application and data flow diagram provided and suggested that the special condition be amended to be clear that The Sollis Partnerships Ltd would not have access to identifiable data.</p> <p>IGARD suggested that the application be updated to correct typos.</p> <p>IGARD noted the helpful explanation of the black box process in the abstract and suggested that the publishable section 5 of the application be updated, using this explanation, to provide a clearer explanation of the black box arrangements in place be added</p> <p>Outcome: recommendation to approve</p> <p>The following amendment was requested:</p> <ol style="list-style-type: none"> 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.” 2. To add a time limited special condition to section 6 for a period of 3 months [that the application] is updated to clearly describe the relevant sections under Article 6 and 9 of GDPR. To update the abstract to accurately reflect the data flow diagram and section 5 of the application. 3. To amend the special conditions to clearly state that The Sollis Partnership Ltd will not have access to identifiable data. 4. 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
<p>2.6</p>	<p><u>University of Essex: improving the experience of dementia and enhancing active life: living well with dementia – the IDEAL study MR1461 (Presenter: Rachel Farrand) NIC-29822-N0N6W</u></p> <p>Application: This was a new application requesting access to Hospital Episode Statistics (HES) and Mental Health Data linked to Office for National Statistics (ONS) mortality data (including date of death) for a consented cohort of approximately 900 participants (a subset of the originally recruited cohort, which included people with dementia and their carers). The data will be accessed at the ONS Virtual Microdata Laboratory and will be linked there to other health data obtained from NHS Wales Informatics Services (NWIS) and NHS Scotland Information Services Division (ISD) as well as the applicant’s existing research dataset for the IDEAL study.</p> <p>NHS Digital noted that a number of supporting documents were listed within the application but not provided, as not relevant.</p> <p>NHS Digital noted that the legal basis for the dissemination of MRIS had been updated to currently list patient consent.</p> <p>Discussion: IGARD noted the important work being undertaken by this study and the complexities of the application.</p> <p>IGARD noted that the study overall contained over 3000 participants and that this application referenced only 900 and queried the difference. NHS Digital noted that although other participants were being recruited by Wales and Scotland this application relates to 900 of the cohort giving consent for their data to be linked, noting the final participant total of 1500.</p>

IGARD noted that the consent form had been provided but the personal consultee / nominated consultee advice document(s) had not been included within the supporting documentation. IGARD suggested that clarification be sought if a copy of the form(s) were available for the data linkage outlined within the applications in order to be assured should those consented lose capacity to give future consent or wish to withdraw from the study.

IGARD queried if the Cardiff University were involved in the work since they appeared in the protocol. NHS Digital noted that it was a broader UK wide study but Cardiff University were not part of this application. IGARD noted that lead researcher worked at Cardiff University but was now at University of Exeter and suggested that section 5 be updated to clarify Cardiff University's involvement and their role and any data they may have access to, but if not involved clarification that they will not have access to the data under this application / agreement.

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 and as per recent discussions between NHS Digital and IGARD. IGARD noted that reference to the public interest condition under DPA 1998 and deletion of the sentence beginning "more specifically" be considered.

IGARD noted that the legal basis within the abstract was contrary to the legal basis outlined in section 3 and suggested that the table in section 3 be updated to reflect the correct legal basis.

IGARD noted that ONS were listed as the Data Controller and as a sole Data Processor, and it was suggested that the application be updated to clarify that ONS and University of Southampton were Data Controllers who also process data.

NHS Digital noted that the University of Exeter were the Data Controller for the overall study and named in the privacy notice as such and that the roles of all the organisations involved were complex. IGARD queried if the staff at University of Exeter were undertaking their research role as part of the ADRN or as staff at University of Exeter and suggested that section 5 clearly state who has responsibility for the individual researchers involved and confirmation that the individual researchers accessing the data are substantive employees with appropriate honorary contracts in place, which should also include a clause that the substantive employer of the person under the honorary contract will take appropriate action in the event of a breach. It was also suggested that confirmation of which organisation will be responsible for the actions undertaken by the individual researchers be clarified in section 5.

IGARD noted the updated privacy notice provided in supporting documents and suggested the applicant may wish to disseminate to participants with the next iteration of the newsletter.

Outcome: recommendation to defer pending:

1. To update the abstract section on Article 6 and 9 of GDPR to reflect recent discussions between NHS Digital and IGARD, including (but not limited to) reference to the public interest condition under the DPA 2018 and to delete the sentence beginning 'more specifically'"
2. Clarification if a copy of the personal consultee or nominated consultee advice document(s) is available for the data linkage outlined in the application.

	<ol style="list-style-type: none"> 3. Section 5 of the application should be updated to clarify if University of Cardiff are involved and if so their role and any data they may have access to, and if not involved clarification that they will not have access to data. 4. The application should be updated to clarify that ONS and University of Southampton are Data Controllers who also process data. 5. Clarification within section 5 of who is responsible for the actions of the individual researchers and, consequently, if necessary, confirmation that the individual researchers accessing the data are substantive employees with the appropriate honorary contract in place which will include a clause that the substantive employer of the person under the honorary contract will take appropriate action in the event of a breach and confirmation of which organisation will be responsible for the actions undertaken by the individual researchers. 6. To amend the abstract to correctly list the legal basis reflected in the table in section 3. <p>The following advice was given:</p> <ol style="list-style-type: none"> 1. IGARD suggested that the updated Privacy Notice be disseminated to participants with the next iteration of the newsletter.
2.7	<p><u>University of Cambridge: INTERVAL and COMPARE trial cohorts: long term follow up of health outcomes and associations with genetic, biological and lifestyle traits (Presenter: James Smith) NIC- 156334-711SX</u></p> <p>Application: this was an extension and amendment application covering the release of Medical Research Information Service (MRIS) data for the INTERVAL study MR1292, with the amendment to include updated MRIS data and identifiable Hospital Episode Statistics (HES) Admitted Patient Care (APC) and Outpatient (OP) data for the purpose of health outcome follow up with the INTERVAL and COMPARE trial cohorts. The application was to create a multipurpose resource by linking detailed lifestyle and biological information collected at INTERVAL and COMPARE participants with health related records. The establishment of such a resource of healthy volunteers would enable detailed study of the health of blood donors and more generally allow studies of cardiovascular disease and other health related outcome.</p> <p>NHS Digital noted that the legal basis should be updated in the abstract to reflect current conversations.</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 and as per recent discussions between NHS Digital and IGARD, including reference to the public interest condition under DPA 1998</p> <p>IGARD queried the two cohorts being combined and NHS Digital confirmed that this was to allow for health related records to be looked into to create a resource of health volunteers. IGARD noted that he supporting document 1, data flow diagram, referenced third party researchers via a committee and asked for the composition of the committee, however NHS Digital noted that the committee was still to be formed and the data flow diagram was simply futureproofing.</p>

IGARD noted a number of collaborators were outlined in the protocol document supplied and asked if they would have access to any data and suggested that it be clearly outlined in section 5 the roles and responsibilities of the collaborators, including access to any data.

IGARD noted that the protocol v2 had been reviewed by REC as part of the INTERVAL study in 2012 however the protocol provided to IGARD was version 4 and suggested that confirmation be sought of whether the newest version of the protocol had been reviewed by ethics or whether the changes made were only considered minor amendments.

IGARD noted that the abstract wording referencing common law duty of confidentiality be updated to include "...NHS Digital has determined that the dissemination would meet the reasonable expectations of those individuals who have consented...".

IGARD noted that within the application the fair processing notice links provided did not work and suggested that the privacy notice link on the COMPARE website be updated, as per the INTERVAL website. It was also noted that the COMPARE privacy notice did not meet GDPR notice requirements and suggested that NHS Digital work with the applicant to update the COMPARE privacy notice to ensure its compliant with the GDPR notice requirements specifically in reference to withdrawal and opt out by patients. IGARD also suggested that the COMPARE privacy notice may wish to use the INTERVAL privacy notice as good practice.

IGARD suggested redrafting the beginning of section 5c and in Plain English.

Outcome: recommendation to approve

The following amendments were requested:

1. To update the abstract section on Article 6 and 9 of GDPR to reflect recent discussions between NHS Digital and IGARD, including (but not limited to) reference to the public interest condition under the DPA 2018.
2. To update the abstract with regard to common law duty of confidentiality that "...NHS Digital has determined that the dissemination would meet the reasonable expectation of those individuals who have consented..."
3. Giving a clear explanation within section 5 of the application the roles and responsibilities of the collaborators outlined within the application, including any access to data.
4. Confirmation of whether the applicant has sought updated ethics review based on the updated protocol, or whether the changes made were only considered minor amendments.
5. To include a privacy notice link on the COMPARE website.
6. To redraft the beginning of section 5c for clarity,

The following advice was given

1. IGARD suggested that NHS Digital work with the applicant to update the COMPARE privacy notice that is compliant with the GDPR notice requirements specifically in reference to withdrawal and opt out by participants, as outlined in the INTERVAL privacy notice.

It was the view of IGARD that this application would not be appropriate for renewal by IAO and Director delegated authority

3	<p>AOB</p> <p>None.</p>
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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>21/06/18: 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>21/06/18: 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>21/06/18: 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.	Garry Coleman	<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>21/06/18: IGARD Secretariat have requested an update to progress made.</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>21/06/18: IGARD Secretariat have chased the Chair for a copy of the email. 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>21/06/18: 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>21/06/18: 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	21/06/18:	Open

DRAFT

Independent Group Advising on Releases of Data (IGARD): Out of committee report 15/06/18

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)
None						

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

- None notified to IGARD