Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 26 April 2018

Members: Anomika Bedi (item 2.5 by telephone), Kirsty Irvine (Chair), Nicola Fear, Jon Fistein, Eve Sariyiannidou.

In attendance: Jane Cleave, Garry Coleman, Dave Cronin, Louise Dunn, Duncan Easton, Rachel Farrand, James Humphries-Hart, Dickie Langley, Stuart Richardson, Tracy Taylor (Observer), Kimberley Watson, Aaron White, Vicki Williams.

Apologies: Sarah Baalham, Joanne Bailey, Chris Carrigan.

1	**Declaration of interests**
	Jon Fistein noted his professional links to NIC-77953 University of Leeds and would not be part of the discussion. It was agreed that Jon would not remain in the meeting for the discussion of that application.
	Jon Fistein noted a potential interest NIC-349273 Royal College of Physicians of London due to an advisory role with HQIP, but it was agreed this was not a conflict of interest.
	Nicola Fear noted a previous working relationship with some staff involved with NIC-77953 University of Leeds application. It was agreed this did not represent a substantive conflict of interest.
	Review of previous minutes and actions
	The minutes of the 19 April 2018 IGARD meeting were reviewed and subject to a number of minor changes were agreed as an accurate record of the meeting.
	Out of committee recommendations
	An out of committee report was received (see Appendix B).
2	**Data applications**
2.1	City University of London: linkage, analysis and dissemination of national birth and maternity data for England and Wales (Presenter: Dave Cronin) NIC-10094-P6P4B
	Application: This was an application to continue to access previously provided identifiable Hospital Episode Statistic (HES) Admitted Patient Care (APC) data to enable researchers using the Office for National Statistics (ONS) Secure Research Service (SRS) to maintain a research database which adds value to the HES database by adding further items from birth registration and notification such as birth weight and gestational age. providing information about how number of birthday in England and Wales vary by time of day, day of week and day of year along with separately analysing births before term and those after full term.
	NHS Digital noted that HRA (Health Research Authority) CAG (Confidentiality Advisory Group) had been incorrectly referenced within the application and this had been updated to just the HRA.
	NHS Digital noted that the fair processing notice did not meet NHS Digital's nine minimum criteria.
	Discussion: IGARD welcomed this application and noted the importance of this study.
	IGARD were in agreement with HRA CAG and noted that the applicant's fair processing did not meet NHS Digital's nine minimum criteria for privacy notices including easy accessibility, and also suggested that a clear dissemination plan be articulated. IGARD noted that a clear statement should then be added to the application summary that NHS Digital was satisfied that

the applicant's fair processing meets the NHS Digital nine minimum criteria for privacy notices (to be known as NHS Digital's fair processing criteria) and before data can flow.

IGARD queried the role of University College London (UCL) referenced on the fair processing materials provided and it was confirmed by NHS Digital that UCL had no role in the current project. However, IGARD suggested that an explicit statement be included within section 5a that no member of the collaborative group would be able to access the data under this agreement. IGARD also suggested that the applicant may wish to update their posters, if still current, to remove reference to UCL.

IGARD suggested that confirmation be sought that the individuals, including the consultant, accessing the data were substantive employees of the City University of London and that standard wording be included in section 5 with regard to access controls to access the data.

IGARD queried the birth cohort and if it was for just hospital births and NHS Digital confirmed it was for all national births irrespective of where the babies were born. IGARD noted that supporting document 3 provided referenced the date of birth, NHS number but did not refer to the postcode, however supporting documents 3.1-3.3 provided referred to postcode and NHS number but not the date of birth. It was suggested that evidence be sought and provided that the date of birth for both mother and baby were clearly referenced on the HRA CAG register or in the current letter of approval and since date of birth data originated from Office for National Statistics and not NHS Digital.

IGARD queried reference to the funding which appeared to have come to an end in March 2017 and NHS Digital confirmed that the funding had expired but the applicant was looking to other sources of funding.

Outcome: recommendation to approve subject to the following conditions

- 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.

- 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.

- Confirmation within section 5 of the application that the individuals accessing the data are substantive employees of City University of London.

- 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.

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

2.2	University College London (UCL) Institute of Education (IoE): 1970 British Cohort Study MR21 (Presenter: Kimberley Watson) NIC-17218-B0W9X

Application: this was an extension application for an MRIS list cleaning report for the British Cohort Study 1970 which is a longitudinal birth study that follows a sample of individuals born in one week in 1970 through the course of their lives. The study originated in the British Births Survey where information was gathered on 17500 babies and focused on the circumstances and outcomes or birth but has since been extended to map all aspects of health, education, social and economic development.

NHS Digital noted that a typo within section 5 had been updated within the application and that the application end date had been updated to 31 August 2018.

Discussion: IGARD noted that it was unclear in section 3b whether reference was being made to the whole cohort or the smaller cohort size of 1370 which had been lost to follow up

and suggested that the application be updated to be clear which cohort was being referred to. It was also suggested that the correct cohort size be stated within section 5a.

IGARD noted that the applicant was in the process of renewing they Approved Researcher (AR) accreditation under the Statistical Registration Service Act 20017 and Microdata Release Panel (MRP) and suggested that since the applicant did not appear to have a legal basis to process the data but did have a legal basis for list cleaning for the smaller cohort size that due to the importance of this study, it be appropriate for a shortened Data Sharing Agreement (DSA) to support the applicant in putting in place the relevant legal basis.

Outcome: recommendation to approve for one month

The following amendments were requested:

- To update the table in section 3b to clearly state which cohort is referred to (namely the smaller cohort group lost to follow up).
- To update section 5a to clearly reference the cohort size of 1370.

| 2.3 | <u>Royal College of Physicians of London: chronic obstructive pulmonary disease (COPD) secondary care audit (Presenter: Rachel Farrand) NIC-349273-T3L4K</u>

Application: this was an amendment application to receive updated Office for National Statistics (ONS) mortality data and an additional year of Hospital Episode Statistics (HES) Admitted Patient Care (APC) data for a cohort of circa 35,000, and to add two data processors: Crown Informatics and Imperial College London. The National COPD Audit Programme commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) supports the Department of Health's aims to improve the quality of services for people with COPD, measuring and reporting the delivery of care as defined by guidance standards.

NHS Digital noted that an error had been made within the data requested table and that the application had been updated to include the HES data for year 2017/18.

Discussion: IGARD noted that section 3b be updated to include the missing HES data for the year 2017/18.

IGARD noted that the applicant's fair processing did not meet NHS Digital's nine minimum criteria for privacy notices, specifically in reference to opting out. NHS Digital noted that reference to opting out was within the patient leaflet, however IGARD noted that opting out should be referenced across all fair processing information provided to patients. IGARD noted that a clear statement should then be added to the application summary that NHS Digital was satisfied that the applicant's fair processing meets the NHS Digital nine minimum criteria for privacy notices (to be known as NHS Digital's fair processing criteria) and before data can flow. IGARD noted that the application referenced identifiable data and that the applicant is expected to provide a fair processing notice that meets NHS Digital's fair processing criteria.

IGARD noted that for transparency it should be clearly stated within section 5b that the data requested with regard to Wales is the data approved in the past under Option B. Namely, NHS Digital to submit patient identifiable data for members of the cohort that attended hospital in Wales only to NWIS and receive back Patient Episode Databased for Wales (PEDW) and PEDW/ONS linked data for those members plus pseudonymised data for all other relevant patients attending hospitals in Wales for procedures relating to Chronic Obstructive Pulmonary Disease (COPD).

Outcome: recommendation to approve subject to the following conditions: |

- To clearly explain within section 5b that the data requested would include attending or receiving care in Wales, and data previously approved by IGARD under option B.
- 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.

The following amendments were requested:

- The data requested table in section 3b to be updated to include HES data for the year 2017/18.

The following advice was given:

- This application request is for personal data and the applicant is expected to provide a fair processing notice that meets NHS Digital's fair processing criteria

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

2.4	Herefordshire Council: access to Primary Care Mortality Database (PCMD) (Presenter: Duncan Easton) NIC-41188-J4C7J
	Application: This was a renewal application to continue to access PCMD data and an amendment to the legal basis as Office for National Statistics (ONS) data moves to NHS Digital controllership. Birth and death identifiable data is of significant value to the Local Authority in enabling analysts to respond to local public health needs when linked to other datasets to enhance and verify the statistics produced, or to investigate specific areas of concern relating to the health of the local population.
	NHS Digital noted that title of the application had been updated to more accurately reflect the content.
	NHS Digital noted that ONS data was in the process of moving to NHS Digital controllership.
	Discussion: IGARD welcomed this application and noted that ONS data was in the process of moving to NHS Digital controllership and that the application was clearly stating the current and future legal basis for the dissemination of data.
	IGARD noted that although it was clear in section 3 of the application, it was not clear in section 5 if the Local Authority was only accessing their data and asked that a clearer explanation be provided that the applicant was only accessing their own data.
	IGARD noted the decision-making process undertaken by NHS Digital but noted that it was not clear within the abstract and suggested that the information provided be removed and a clearer process be provided that clearly outlined the decision-making process undertaken by NHS Digital to determine whether or not to apply Type 2 Opt Outs.
	NHS Digital noted that the fair processing notice provided met NHS Digital nine minimum criteria for privacy notices (to be known as NHS Digital's fair processing criteria), however IGARD suggested that a special condition be inserted into section 6 of the application that within 6 months of signing the Data Sharing Agreement (DSA), the applicant must have made significant progress in updating their fair processing notice to comply with the new notice requirements of the General Data Protection Regulation (GDPR).
	Outcome: recommendation to approve under the current legal basis and until such time as the ONS data has moved to NHS Digital controllership and subject to the following conditions:
	- A clearer explanation be included within the abstract and Section 5 that the Local Authority was only accessing their own data.

	• To remove erroneous paragraphs in the abstract and provide a clearer explanation, for transparency, of the decision-making process undertaken to determine whether or not to apply Type 2 Opt Outs.
	The following amendments were requested:
	• A special condition be included within Section 6 that the applicant must demonstrate to NHS Digital, and within 6 months of signing the DSA, that they have made significant progress in updating its fair processing notice to comply with the new notice requirements of the GDPR.
	It was agreed the conditions would be approved OOC by IGARD Members.
2.5	<u>University of Leeds: liaison psychiatry – measure and evaluation of service types, referral patterns and outcomes (workstream 2 – phase 1) (Presenter: Louise Dunn) NIC-777953-C4M3T</u> It was noted that due to a conflict of interest Jon Fistein was not present for the discussion of this application and Anomika Bedi joined the meeting by telephone for this application only. **Application:** This was a new application for pseudonymised Hospital Episode Statistics (HES) data linked to pseudonymised Primary Care Data. The application had been previously considered by IGARD on the 15 March 2018 when IGARD had been unable to recommend for approval; to amend the application and data flow to accurately reflect the data processing activities; to provide a copy of the HRA CAG application; to provide current approvals letter from the hospital trusts; to provide evidence that REC approval was in place; to provide evidence of NIHR funding; to provide evidence to confirm the NHS Digital security advisor had confirmed they were content with the location and data held; to clarify the work streams and packages references in section 5; to clarify University of York will not access the data; and update the abstract to reference supporting documentation. NHS Digital noted an error in section 5b which had been updated. **Discussion:** IGARD noted that the application had been updated to reflect the comments previously raised and noted the work undertaken by NHS Digital and the applicant to address previously raised issues. IGARD queried the data linkage of pseudonymised Hospital Episode Statistics (HES) data linked to pseudonymised Primary Care Data using SALT methodology (in cryptography a salt is random data that is used as an additional input to a one-way function that 'hashes' a data item) and queried if data would be linked to any other data 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. IGARD suggested that confirmation be sought that the individuals accessing the data were substantive employees of the University of Leeds and that standard wording be included in section 5 with regard to access controls to access the data. It was noted that historic phrasing was being used in section 4, Fair Processing and may be out of date by the time the applicant's sign their contract / DSA with NHS Digital. 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."

IGARD also suggested that section 5b be updated to provide further detail with regard to how the pseudonymisation process would be undertaken and how this will pose a low risk of identifiability.

IGARD noted that ISO 27001 certification provided noted a USA based company and asked that clarification be sought on reference to this company.

Outcome: recommendation to approve

The following amendments were requested:

- 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 / Data Sharing Agreement.

- Confirmation that the individuals accessing the data are substantive employees of the University of Leeds.

- To update section 5b to provide additional detail to clarify how the pseudonymisation process undertaken will pose low risk to identifiability.

- To clarify a reference to the USA within the ISO 27001 certificate provided.

- 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."

2.6	<u>Group of 11 CCGS[1]: to receive Local Provider data for the purpose of commissioning for the Cancer Vanguard. (Presenter: James Humphries Hart) GA12-NW-VAN</u>
	Application: This was an application for the 11 CCG's to act as joint Data Controllers to receive pseudonymised Local Provider Flows related to cancer services for the 11 CCG's within the Greater Manchester and Easter Cheshire region with the Christie NHS Foundation Trust acting as a Data Processor. The Great Manchester and Eastern Cheshire Cancer Vanguard (which includes the 11 CCG's) is responsible for ensuring the delivery of cancer services for the Greater Manchester and Eastern Cheshire populate meets national standards and that all patients have equal access to care.
	Discussion: IGARD suggested the special condition referencing fair processing notices be removed, since it was not relevant to this application and had been superseded by updated wording within section 4.
	IGARD noted that the DPA registration expiry dates for NHS Stockport CCG had expired and should be updated in section 2 of the application.
	Outcome: recommendation to approve
	The following amendments were requested:
	• To remove the special condition about Fair Processing.
	• The applicant should update their DPA registration expiry date within the application.

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[1] NHS Bolton CCG NIC-191209-G3Z6Z; NHS Bury CCG NIC-191315-Y2L5P; NHS Eastern Cheshire CCG NIC-191323-D0R7C; NHS Heywood, Middleton and Rochdale CCG NIC-191328-M5N1J; NHS Manchester CCG NIC-191334-J5X2C; NHS Oldham CCG NIC-191337-F1Y8R; NHS Salford CCG NIC-191580-X3M3L; NHS Stockport CCG NIC-191588-V3R2V; NHS Tameside and Glossop CCG NIC-191602-D0X0D; NHS Trafford CCG NIC-191604-R2N2B; NHS Wigan Borough CCG NIC-191611-C0S5D

2.7	NHS Heywood Middleton and Rochdale CCG: to allow a one-way pseudo feed from NHS Digital (DSCRO) to support the HMR Testbed Programme (Presenter: James Humphries Hart) NIC-140023-N1F1S

Application: This was an amendments application to use identifiable data for the invoice validation and to change from identifiable to pseudonymised data for the purpose of risk stratification including SUS (all datasets) identifiable data at the level of NHS Number for the purpose of invoice validation, SUS (all datasets) pseudonymised data for the purpose of risk stratification, SUS (all datasets) for the purpose of commissioning, Local Provider Flow data, Mental Health Minimum Data Set, Mental Health Learning Disability Data Set, Mental Health Services Data Set, Maternity Services, Improving Access to Psychological Therapies, Children & Young People's Health Service, Community Services Data Set, Diagnostic Imaging Data Set and National Cancer Waiting Times Monitoring Data Set and to add MSD Healthcare Services as a Data Processor.

Discussion: IGARD queried if the data flow diagram provided showed both existing and new data flows and NHS Digital confirmed that all data flows were provided on the diagram. IGARD suggested that for all future CCG applications that a data flow diagram be provided for existing data flows and one for new data flows for transparency and clarity. IGARD noted that the Data Processor numbering on the data flow diagram should correlate to the application and suggested the diagram be updated to correctly reference the data flows outlined in section 5 of the application.

NHS Digital noted that the applicant was moving to pseudonymised data for risk stratification and suggested that a special condition be included in Section 6 of the application, IGARD suggested the following wording for inclusion: "Upon instruction from NHS Digital, a Certificate of Data Destruction must be completed by MSD Healthcare Services confirming the identifiable data has been appropriately disposed of following use."

IGARD suggested the special condition referencing fair processing notices be removed, since it was not relevant to this application.

It was also suggested that DAAG / IGARD approval dates be inserted into the table within the abstract for clarity. IGARD also noted that the application title should more accurately reflect the purpose of the application presented to provide more context. It was suggested that the application be updated throughout to clearly identify the new text within the standard template.

IGARD suggested that on renewal further measurable benefits in a language that was suitable for a lay reader be provided by the applicant and in respect of invoice validation.

Outcome: recommendation to approve

The following amendments were requested

- To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section.

- The data flow diagram be updated to correctly identify the data flows and wording outlined in the section 5 of the application.

- To include in section 6 the standard special condition for destroying data: "Upon instruction from NHS Digital, a Certificate of Data Destruction must be completed by MSD Healthcare Services confirming the identifiable data has been appropriately disposed of following use."

- The abstract be updated to clearly list the previous DAAG / IGARD approval dates and NIC numbers.

	• The application title be updated to more clearly reflect the purpose of the application. The following advice was given: • IGARD suggested that on renewal the applicant would be expected to provide further measurable benefits in respect of invoice validation that would be in language suitable for a lay reader. **ACTION:** Stuart Richardson to provide for all future CCG applications a data flow diagram detailing all previously approved data flows alongside a new data flow diagram outlining the data flows for the presented application.
2.8	<u>NHS Rotherham CCG: for commissioning, risk stratification and invoice validation purposes (James Humphries-Hart) NIC-174557-H6J6Y</u> **Application:** This was an amendment application to request SUS+ (all datasets) pseudonymised data for the purpose of commissioning, SUS+ (all datasets) identifiable data at the level of NHS Number for the purpose of risk stratification, SUS+ (all datasets) pseudonymised data for the purpose of invoice validation, Local Provider Flow data, Mental Health Minimum Data Set, Mental Health Learning Disability Data Set, Mental Health Services Data Set, Maternity Services, Improving Access to Psychological Therapies, Children & Young People's Health Service, Community Services Data Set and Diagnostic Imaging Data Set and add an additional Data Processor: Sheffield Hallam University. NHS Digital noted that invoice validation was incorrectly referenced throughout the application. NHS Digital noted errors on the data flow diagram provided. **Discussion:** IGARD queried reference to invoice validation within the application. NHS Digital noted the incorrect reference and IGARD suggested that reference to invoice validation and the requests for identifiable data for the purpose of invoice validation be removed from throughout the application since it was not relevant. IGARD noted invoice validation and the North of England CSU were incorrectly referenced on the data flow diagram provided and suggested the diagram be updated to correctly reference the data flows outlined in section 5 of the application. IGARD suggested that the Fair Processing Notice for the applicant should be amended to meet NHS Digital's nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices specifically to replace all references to anonymised information and data with de-identified. IGARD also suggested that the ICO web link in section 4 be deleted and the special condition referencing fair processing notices be removed, since it was not relevant to this application. IGARD queried what social prescribing was and suggested that a clear explanation be provided within section 5 of the application. IGARD suggested that the application be updated throughout to clearly identify the new text within the standard template. It was also suggested that clarification be sought as to whether Attain Health Management Services Limited were listed as a Data Processor in the previous application presented to IGARD **Outcome:** recommendation to defer pending • The application be updated to remove reference to invoice validation and all requests for identifiable data for the purposes of invoice validation since it was not relevant to this application.

	- The Fair Processing Notice be amended to meet the NHS Digital nine minimum criteria (to be known as NHS Digital's fair processing criteria) for privacy notices specifically to replace all references to anonymised information and data with de-identified. - To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section. - To remove the ICO web link in the Fair Processing section. - The data flow diagram be updated to correctly identify the data flows and wording outlined in the section 5 of the application including reference to invoice validation and North of England Commissioning Support Unit (NECS). - The application be updated to clearly identify the new text inserted into the standard template. - To clearly describe social prescribing within Section 5. - To clarify within the abstract if Attain Health Management Services Ltd were listed on the previous application presented to IGARD.
2.9	NHS Doncaster CCG: for commissioning purposes (Presenter: James Humphries Hart) NIC-165797-G5C7M **Application:** This was an amendment application to received pseudonymised SUS (all datasets) for the purpose of commissioning, Local Provider Flow data and add an additional Data Processor: Attain Health Management Services Ltd to provide intelligence to support the commissioning of health services. The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the CCG area and each of the data flow categories requested supports the commissioned activity of one or more providers. **Discussion:** IGARD noted that the application was in relation to Doncaster CCG but asked for clarification of the reference to Sheffield CCG. NHS Digital noted that Sheffield CCG were within the Sustainable Transformation Partnership however IGARD suggested that since the application was in relation to Doncaster CCG that all references to Sheffield CCG be removed from the application since they were not part of this application. IGARD also suggested that the ICO web link in section 4 be deleted **Outcome:** recommendation to approve The following amendments were requested: - To remove the ICO web link in the Fair Processing section. - The application be updated to remove reference to Sheffield CCG since they were not part of this application by NHS Doncaster CCG.
2.10	NHS South Warwickshire CCG (Presenter: James Humphries Hart) NIC-168692-Y5S4C **Application:** This was a new application to link pseudonymised SUS+ (all datasets), Local Provider Flow data, Mental Health Services Data Set, Maternity Services, Improving Access to Psychological Therapies, Children & Young People's Health Service, Community Services Data Set, Diagnostic Imaging Data Set and National Cancer Waiting Times Monitoring Data Set data to primary care data for the purpose of enabling the evaluation of complete patient pathway for commissioning. The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the CCG area.

NHS Digital noted errors on the data flow diagram provided.

Discussion: IGARD noted that the GP data flows and reference to the DSCRO on the data flow diagram were incorrect and suggested the diagram be updated to correctly reference the data flows outlined in section 5 of the application.

IGARD suggested the special condition referencing fair processing notices be removed, since it was not relevant to this application and had been superseded by updated wording within section 4.

It was also suggested that DAAG / IGARD approval dates be inserted into the table within the abstract for clarity.

Outcome: recommendation to approve

The following amendments were requested:

- The data flow diagram be updated to correctly identify the data flows and wording outlined in the section 5 of the application.
- To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section.
- The abstract be updated to clearly list the previous DAAG / IGARD approval dates and NIC numbers.

| 2.11 | NHS Milton Keynes CCG (Presenter: James Humphries Hart) NIC-178123-C4W3G |

Application: This was a new application pseudonymised data to provide intelligence for the purpose of commissioning of health services, SUS+ (all datasets) identifiable data at the level of NHS Number for the purpose of risk stratification, SUS+ (all datasets) pseudonymised data for the purpose of invoice validation, Local Provider Flow data, Mental Health Minimum Data Set, Mental Health Learning Disability Data Set, Mental Health Services Data Set, Maternity Services, Improving Access to Psychological Therapies, Children & Young People's Health Service, Community Services Data Set, Diagnostic Imaging Data Set and National Cancer Waiting Times Monitoring Data Set. The data (containing both clinical and financial information) is analysed so that health care provision can be planned to support the needs of the population within the CCG area.

NHS Digital noted an error on the data flow diagram provided

Discussion: IGARD suggested the data flow diagram be updated to correctly reference the data flows outlined in section 5 of the application.

IGARD suggested the special condition referencing fair processing notices be removed, since it was not relevant to this application and had been superseded by updated wording within section 4. It was also suggested erroneous wording "Act 1998." should be removed from the end of section 4 of the application.

IGARD suggested that for all future applications NHS Digital should provide within section 3a of the applications data which is held under different Data Sharing Agreements or NIC numbers for transparency.

Outcome: recommendation to approve

The following amendments were requested:

- The data flow diagram be updated to correctly identify the data flows and wording outlined in the section 5 of the application

	- To remove erroneous wording "Act 1998" from within the Fair Processing section of the application.
	- To remove the special condition about Fair Processing, since this has been superseded by updated wording in the Fair Processing section.
	Action: 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.
3	**AOB** None.

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	14/09/17: Ongoing. It was agreed this would be discussed during the educational session. 07/12/17: Ongoing. It was agreed to bring the first draft to January's education session. 08/02/18: it was agreed the updated draft be brought to the March education session 01/03/18: the March education session was cancelled, and it was agreed to take the draft annual report to the April education session. 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. 12/04/18: The Chair noted he was yet to contact external to NHS Digital stakeholders. 19/04/18: IGARD chair to update members at May's education session. 26/04/18: ongoing.	Open
20/07/17	Garry Coleman to provide an update within two weeks on how NHS Digital manage the risk involved in CCGs using South Central and West CSU as a data processor in light of data sharing breaches and recent audits.	Garry Coleman	10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks. 24/08/17: IGARD received a verbal update on the work that had taken place following both audits and verbal assurances that NHS Digital were content with the level of risk involved in this organisation continuing to act as a data processor. IGARD welcomed this update and requested written confirmation.	Open

			31/08/17: IGARD were notified that the requested written confirmation should be provided within one day. 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. 05/04/18: IGARD Secretariat had contacted Garry Colman and were awaiting a response. 26/04/18: ongoing	
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	22/02/18: IGARD Secretariat to contact Garry Coleman to suggest presentation at the June education session. 05/04/18/18: IGARD Secretariat were awaiting a response. 26/04/18: ongoing	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.	Stuart Richardson	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. 26/04/18: IGARD secretariat were awaiting a response following issue of a reminder	Open
12/04/18	IGARD Members to consider the HRA guidance on GDPR published on line	IGARD	19/04/18: IGARD members had considered the HRA guidance and asked the IGARD Chair to provide feedback to the Caldicott Guardian.	

		IGARD Chair to provide feedback to the Caldicott Guardian	IGARD Chair	26/04/18: IGARD Secretariat awaiting comment following issue of a reminder.	
19/04/18		National Centre for Social Research – Adult Psychiatric Morbidity Survey (APMS): The Director Data Dissemination agreed to forward IGARD the documentation relied on by NHS Digital to reach this conclusion.	Garry Coleman	26/04/18: ongoing	Open
26/04/18		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.	Stuart Richardson		
26/04/18		Stuart Richardson to provide for all future CCG applications a data flow diagram detailing all previously approved data flows alongside a new data flow diagram outlining the data flows for the presented application.	Stuart Richardson		

Appendix B: Out of committee report

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