

Independent Group Advising on the Release of Data (IGARD)

Minutes of meeting held 9 November 2017

Members: Joanne Bailey (not present for item 3.6), Anomika Bedi, Chris Carrigan (Chair), Nicola Fear, Jon Fistein (items 3.1 onward), Kirsty Irvine

In attendance: Arjun Dhillon, Anna Duggan (observer), Louise Dunn, Frances Hancox, Dickie Langley, Jenny Pope (observer), Jan Spence, Kimberley Watson, Vicki Williams

Apologies: Sarah Baalham, Eve Sariyiannidou

<p>1</p>	<p>Declaration of interests</p> <p>No interests were declared.</p> <p>Review of previous minutes and actions</p> <p>The minutes of the 2 November 2017 IGARD meeting were reviewed and subject to a number of minor changes were agreed as an accurate record of the meeting.</p> <p>Action updates were provided (see Appendix A).</p> <p>Out of committee recommendations</p> <p>An out of committee report was provided (see Appendix B).</p>
<p>2</p>	<p>CAG 7-07(a-c)/2013 - Invoice Validation Confidentiality Advisory Group</p> <p>IGARD were briefed about ongoing work to update NHS England's section 251 approval that provided overarching cover for the use of data for invoice validation, as NHS England had requested for this to provide cover for patient objections to not apply to this use of data. It was noted that approval had been granted for this in relation to specialised commissioning only at this stage.</p>
<p>3</p> <p>3.1</p>	<p>Data applications</p> <p><u>University College London - MR104a Regional Heart Study (Presenter: Dave Cronin) NIC-148101-R7RSL</u></p> <p>Application: This application was to extend a previous agreement which had now expired, to permit the applicant to continue to hold Personal Demographics data, Cancer Registration data and Office for National Statistics (ONS) mortality data that had been previously provided via NHS Digital's Medical Research Information Service (MRIS). IGARD were informed that NHS Digital had previously queried the applicant's data sharing with third parties but that it had been determined that this only included derived variables rather than the raw data provided by NHS Digital. It was noted that this extension would be considered an interim measure, and that an outstanding point regarding patient objections would need to be addressed as part of an updated application before more data could be disseminated.</p> <p>Discussion: IGARD expressed their support in principle for the importance of having a Data Sharing Agreement in place for all applicants holding data, which could include issuing a short term extension while work was underway to address any issues ahead of submitted a broader or more complex application. It was confirmed that no new data had been provided to the</p>

applicant since the previous agreement expired but that the applicant had continued to retain data and to process the derived variables.

IGARD acknowledged the complexity of this application and the various issues that had been considered by NHS Digital; it was suggested it would have been useful if the application had included comments from appropriate NHS Digital staff with Information Governance expertise to provide context for statements such as that NHS Digital accepted that the consent provided a legal basis to extend the agreement, for example including a more detailed explanation of why this was considered to be the case.

IGARD queried the different time periods listed in the table of data already held. It was clarified that for MRIS services, the period described related to when that particular report had last been provided to the applicant as this would have included the latest data available at that point in time. IGARD also queried some updates made to the 'Objective for processing' section of the application and whether the described expansion to non-cardiovascular conditions was considered to be part of the original purpose or whether this was a new separate purpose.

The use of technical language such as 'proteomics and metabolomics' was noted and IGARD emphasised the importance of writing applications in a way that could be understood by a general public lay audience. IGARD noted a numbering error in the 'Approval Considerations' section of the application and it was agreed this should be corrected.

There was a discussion about the information made available to participants, including details of data processing and how to withdraw consent, and the website updates were noted. IGARD advised that any future newsletters issued to participants should include a clear description of how participants could withdraw their consent if they wished to do so.

Considering the comments raised, IGARD recommended that an extension agreement should be issued to permit the applicant to continue to hold data only but not to otherwise process the raw data received from NHS Digital until wider issues had been addressed. It was noted that this restriction around processing would not apply to derived variables held by the applicant if these were no longer considered to be NHS Digital data. IGARD agreed that the application should more clearly state that only data retention was requested at this stage, rather than the agreement also including reuse of NHS Digital data. Some concerns were raised that the processing activities section as currently written was not sufficiently clear which activities related to raw NHS Digital data and which made use of derived variables; it was agreed that the updated application would need to clarify this in future.

Outcome: Recommendation to approve, subject to:

- Updating the application to be clear that the applicant is permitted to continue to hold data but not to otherwise process the raw NHS Digital data.

The following amendments were requested:

- The approvals evidence section of the application should be updated to correct a numbering error.

The following advice was given:

- IGARD advised that University College London should update their DPA registration to list 'research participants' under the section 'who data is processed about'.

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

When an updated application was next submitted, the following points would need to be addressed:

- Clarification regarding the updated purpose section regarding expanding the focus to non-cardiovascular conditions and whether this is considered to be within the original purpose of the study.
- The processing activities section should be updated to be clear which processing relates to the derived data produced by the applicant, and what relates to the raw data provided by NHS Digital.

- IGARD advised that any future newsletters should include details about options for participants wishing to withdraw consent.

3.2

University of Cambridge - MR1280 Cognitive Function and Ageing Study (Presenter: Dave Cronin) NIC-147034-XH3H2

Application: This was a renewal application for the continued receipt of MRIS reports including Office for National Statistics mortality data. It was noted that the study cohort size had increased.

Discussion: IGARD noted that although ONS mortality data was requested, section nine of the application did not currently list any ONS users. It was confirmed that NHS Digital held these user details but that they had been inadvertently omitted from that section of the application; IGARD asked for the application to be updated with the ONS user details.

The study consent materials were discussed and IGARD agreed on balance that although these did not include the preferred amount of detail about how data would be processed, the information given to participants during the consent process was not incompatible with the proposed uses of data. It was acknowledged that the applicant had taken steps to further inform participants via fair processing materials. However IGARD noted that if in future the applicant wished to also apply for HES data, the materials provided would likely not be considered to cover this as the consent materials referred to providing NHS Digital with identifiers to receive 'date and cause of death' only rather than hospital episode data.

Outcome: Recommendation to approve

The following amendment was requested:

- Section 9 should be updated to list the ONS users.

The following advice was given:

- IGARD advised that if the applicant wished to in future apply for HES data, their consent materials did not appear to adequately cover this and the applicant should consider either updating their consent or seeking an alternative legal basis.

3.3

King's Fund - Policy Research Programme for the Department of Health (Presenter: Dickie Langley) NIC-363464-J4F8N

Application: This application was to extend an existing agreement as well as to request to retain additional years of HES data, as the existing agreement committed to only retain ten years of data at any one time but the applicant now wished to retain data from 2000/01 onwards. It was confirmed that there had been no significant changes to the application purpose since the previous review by DAAG at the 30 August 2016 meeting. IGARD were informed that the University of York's contract with the Department of Health was due for renewal in April 2018 and that the application contained a special condition regarding this.

Discussion: IGARD noted the potential importance of the described work and expressed their support. However some concerns were raised that the purpose section as written did not provide a sufficiently clear justification for the additional data retention; it was agreed that this section should be updated to provide a more detailed justification, potentially incorporating some of the wording currently provided in the abstract section. In addition IGARD agreed that the application should include a clearer statement that the data provided under this agreement could only be used for the purpose of the contract described between the University of York and the Department of Health. A reference to 'working together on methodologies' should also be amended to be clear that this referred to work with the University of York.

A query was raised about the wording of the special condition regarding the contract between the Department of Health and the University of York. IGARD suggested this should more

clearly state that this related to contract renewal, rather than saying to confirm 'the contract situation'. There was a brief discussion about the expected benefits and it was suggested that when an updated application was next submitted, this should include more information about the work that had been carried out by that point in time as well as more clearly distinguishing between any anticipated future benefits and any benefits already achieved.

IGARD briefly discussed the contract between the University of York and the Department of Health and it was noted that the sub-contract provided referred to commercial exploitation. In light of this IGARD suggested that the application should be updated to include a clear statement that data cannot be used for commercial purposes unless this was first explicitly approved by NHS Digital.

IGARD queried the applicant's security assurance as the application seemed to indicate that the System Level Security Policy (SLSP) had last been renewed in 2015, although it had been reviewed and accepted by NHS Digital more recently. IGARD suggested that the applicant should seek to review this policy and ensure it is up to date by 30 April 2018, in line with the requirement to renew the contract with the Department of Health by that date.

It was noted that the applicant had previously been advised to update their DPA registration but that this did not seem to have been actioned; IGARD agreed that the applicant should be reminded of this.

Outcome: Recommendation to approve.

The following amendments were requested:

- The purpose section should be updated to be clear that the data can only be used for the purpose of the contract described between the University of York and the Department of Health.
- Given that the sub-contract provided refers to commercial exploitation, the application should include a clear statement that data cannot be used for commercial purposes without explicit approval from NHS Digital.
- A special condition should be added that the applicant should review their SLSP and ensure that this is up to date before 30 April 2018.
- The purpose section should be updated to include more detail about the justification for the requested increase in data retention.
- A paragraph on page 8 should be updated to be clear that the applicant will work with the University of York on methodologies.
- A reference to 'confirming the contract situation' should be amended to clarify that this refers to the need to renew the contract in April.

The following advice was given:

- IGARD advised that when an updated application was next submitted, this should include more information about the purposes for which data had been used and the outputs that had been produced. In addition that application should be clearer about what benefits are potential future benefits and what are yielded benefits that have already been achieved.
- The applicant should update their DPA registration in line with the advice previously given by DAAG.

3.4

Northgate Public Services Ltd - National Joint Registry (Presenter: Louise Dunn) NIC-07289-G8J6C

Application: This renewal application had previously been presented to the 5 October 2017 meeting when IGARD had deferred making a recommendation. The application had now been updated to provide more information about the legal basis for the different cohorts and how the cohorts would be defined by NHS Digital.

Discussion: IGARD discussed the legal basis for data to flow under the applicant's section

251 support and noted that the application abstract should be updated to refer to the two additional supporting documents that had been provided (SD15 and SD16) as evidence of legal basis.

Some queries were raised about the purpose for which identifiable data would be used, and it was felt that the application as written did not provide a sufficiently clear justification for why identifiable data was required for this purpose in a way that aligned with the legal basis under section 251. In particular it was considered unclear why the processing required could not be carried out using pseudonymised data, or if identifiable data was required for the consented cohort then why it would be necessary to disseminate identifiable data for the cohort members who had not consented rather than NHS Digital excluding these before data was disseminated. It was considered that these points were more clearly explained within the additional section 251 documentation provided and IGARD asked for the application to more clearly align with this.

IGARD noted that although the abstract stated that the wording about Isle of Man and North Ireland had been added to the application, this wording seemed to be missing from section five and should be added.

A query was raised about the data requested as this appeared to duplicate the data already disseminated to the applicant. It was clarified that data had previously been disseminated before patient objections had been implemented; the applicant had therefore destroyed that data and would be re-supplied with a copy of the same data but with data about patients who had made a type two objection removed.

IGARD noted that with the exception of the outstanding query regarding legal basis, they were otherwise content that the previously raised points had largely been addressed. IGARD suggested that NHS Digital might wish to consider issuing a short term extension to permit the applicant to continue to hold data, given that the previous agreement had expired.

Outcome: Recommendation deferred, pending:

- Section five of the application must include a clearer explanation of why the applicant requires identifiable data for individuals who have not consented, with this accurately reflecting the explanation provided for the applicant's section 251 support to ensure the full purpose is covered by the legal basis.

The following amendments were requested:

- The abstract should be updated to refer to the additional section 251 documentation provided as evidence of legal basis.
- Confirmation that the application includes a statement that Isle of Man data will be sourced elsewhere.
- The processing activities section should be updated to clarify that the data previously provided to the applicant has been destroyed as this did not have patient objections applied, and therefore data will be resupplied with objections applied.

3.5

Northgate Public Services Ltd (Presenter: Kimberley Watson) NIC-321226-T4B8S

Application: This amendment application requested the use of pseudonymised HES data for an amended purpose that included reporting on case ascertainment for the National Joint Registry.

Discussion: There was a brief discussion of the previous approvals process and IGARD queried a reference to a renewal in March 2015; it was believed that this should instead refer to 2016 and it was agreed this would be corrected. A reference to the applicant having had access to HES data 'for a number of years' was queried and IGARD asked for this to be updated to be clear whether this referred to identifiable or pseudonymised data.

IGARD noted the information provided within the application about the separate use of identifiable data under application NIC-07289-G8J6C. It was agreed the application should be amended to be clearer that this information was provided for general context only, and that the use of identifiable data was not included as part of this agreement. In addition, it was agreed that a reference within the application to that separate application should be updated to include slightly more detail about that request, rather than only referring to it by the application reference number.

It was agreed that a statement about the HES data provided being 'based on the same set of OPCS4 codes' should be amended to confirm that this was the same set of codes; it was also agreed that a reference to using data for case ascertainment should be more clearly explained using plain English that could be more easily understood by the general public.

A query was raised about the legal basis for data dissemination under the Health and Social Care Act 2012, and whether for this type of request it would be more appropriate to refer to section 261(5)(d). It was agreed this would be discussed separately at a future meeting and that the listed legal basis for this application would remain as section 261(2)(b)(ii).

IGARD noted that although the application listed two data processors, Northgate was also named as a 'sole data processor'. It was agreed this should be corrected within the application.

Outcome: Recommendation to approve

The following amendments were requested:

- A reference to a renewal in March 2015 should be clarified.
- The explanation that data will be used for case ascertainment should be clarified.
- The information provided about the applicant's use of identifiable data should be updated to be clear that this is for context only and that the use of identifiable data is not part of the current application.
- The wording 'based on the same codes' should be amended to 'using the same codes'.
- A statement that the applicant has had access to HES data for a number of years should clarify whether this was identifiable or pseudonymised data.
- A reference to the related application for identifiable data should be updated to include a brief explanation that that application covers the dissemination of identifiable data rather than just a reference number.
- References to Northgate as sole data processor should be corrected.

The following advice was given:

- IGARD advised that the applicant should update their DPA registration to remove or amend a statement that 'this information is about survey respondents'.

3.6

Cardiff University – Building Blocks (Presenter: Louise Dunn) NIC-79434-P1T7D

Application: This was a new application requesting list cleaning for a subset of the Building Blocks study cohort, to provide fact of death. It was noted that the applicant had received HES and ONS data from NHS Digital under a separate agreement (NIC-333498-D1K7G), and that the applicant had been advised to update their DPA registration.

Discussion: IGARD acknowledged the potential benefits of this work.

It was noted that the Funding Sources section of the application was currently blank and IGARD suggested this should be updated to list the study's NIHR funding.

Outcome: Recommendation to approve

The following amendments were requested:

- The funding sources section should be updated to list the study's NIHR funding.
- IGARD advised that the applicant should update their DPA registration to include

processing data about patients or health service users.

3.7

Lightfoot Solutions UK Ltd - Signals From Noise (sfn) tool (Presenter: Louise Dunn) NIC-359692-Q4X1C

Application: This application was to renew and extend an existing agreement for a monthly dissemination to HES data. It was noted an earlier version of the application had been considered and recommended for approval by DAAG in September 2015 and that the applicant had been advised to update their DPA registration. IGARD were informed that as part of the renewal process NHS Digital had discussed the data fields required with the applicant and as a result the application now requested roughly half of the available HES data fields rather than the full dataset.

Discussion: There was a discussion about the role of C4L as this organisation was listed as a data processing and storage location but not as a data processor; IGARD noted that NHS Digital did not consider this organisation to be acting as a data processor as they only provided 'bricks and mortar' hosting with no access to the data, but it was also noted that IGARD had previously raised an action for NHS Digital to consider how the data processing role of organisations with this type of arrangement should be reflected within applications. In particular IGARD noted that the application described C4L as acting 'as a storage and processing location' and asked for this wording to be amended for clarity given these discussions.

A query was raised about the applicant's security assurances as this was listed as 'ISO' without further detail, but with an ISM reference number supplied. It was confirmed that this was the certificate number for ISO 27001 accreditation and IGARD asked for the application to state this more clearly. IGARD noted that the application did not currently provide a clear explanation of what type of organisation the applicant was and what types of work they typically undertook; it was suggested that in the interests of transparency for the general public, a brief explanation should be added.

There was a discussion about some wording within the application that referred to workstreams being subject to statistical process control. IGARD asked for this section to be clarified to instead state more clearly that all outputs would be subject to appropriate suppression of small numbers. It was noted that NHS Digital would have considered the small number suppression steps taken as part of the data sharing audit and it was agreed the application would be updated to reflect this. In addition IGARD asked for the application to include a statement that the applicant would not link the data provided with any other record level data.

IGARD noted that the application listed the criteria for accepting new clients for this use of data, which stated that the prospective client must be either an NHS organisation, an academic organisation, or an organisation working as part of an AHSN to conduct health research. IGARD queried whether the applicant's existing clients all met these criteria and it was agreed the application would be updated to confirm this. A reference to 'health provider' organisations was noted and IGARD requested confirmation that this only included NHS organisations rather than private healthcare providers.

It was noted that the application stated that the data would not be used 'in compiling tender responses'. IGARD noted that as written this could be interpreted as preventing NHS clients from using the small number suppressed outputs to tender for NHS service provision; it was suggested that the wording was instead intended to restrict the use of data by the applicant for commercial tender processes.

A query was raised about the governance controls in place regarding client access to data outputs. It was confirmed that these controls had been reviewed by NHS Digital as part of a

	<p>data sharing audit and IGARD asked for the application to be updated to reflect this.</p> <p>IGARD queried the geographical base for the applicant's clients, and whether it would be appropriate to minimise the data to a specific region; however it was confirmed that at least one client required the use of national data.</p> <p>Outcome: Recommendation to approve.</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> • The abstract and section five should be amended to clarify references to C4L as a data processing and storage location. • The applicant's security assurance details given in section one should be updated to be clear that this refers to ISO 27001 accreditation and that the ISM number given is the certificate number. • Section five should be amended to include a clear explanation for the general public about what type of organisation Lightfoot is and the type of work they typically carry out. • A description of workstreams should be clarified to state that all outputs are subject to appropriate suppression of small numbers. The application should also include a statement that NHS Digital is content with the steps taken by the applicant to suppress small numbers in information made available to their customers. • Confirmation that the current customer organisations are all NHS organisations, academic organisations or working as part of an AHSN conducting health research as per the criteria for approval of new clients. • A reference to 'health providers' should be amended to be clear that this only includes NHS organisations. • Updating the application to include assurance that the governance process for client access has been appropriately audited by NHS Digital and that they are content with the procedures in place. • Updating the application to include a statement that data will not be linked with any other record level data. <p>The following advice was given:</p> <ul style="list-style-type: none"> • IGARD advised that the applicant should update their DPA registration to include processing data about patients or health service users. • IGARD advised NHS Digital to consider whether C4L are acting as a data processor.
<p>4</p>	<p>Any other business</p> <p>No other business was raised.</p>

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. 05/10/17: It was agreed that the first draft would be discussed at December's education session. 09/11/17: Ongoing	Open
27/04/17	IGARD Chair to contact the NHS Digital Caldicott Guardian regarding GPs' data controller responsibilities for fair processing around risk stratification.	Arjun Dhillon	18/05/17: Ongoing. It was agreed this would be discussed with the Deputy Caldicott Guardian. 22/06/17: Ongoing; it was suggested the Deputy Caldicott Guardian should discuss this in more detail with Joanne Bailey. 29/06/17: It was noted this action would be taken forward by the Deputy Caldicott Guardian, and the action owner was updated. 20/07/17: It was agreed the Deputy Caldicott Guardian would provide an update on the current status of this. 10/08/17: An update from NHS England had been requested. 09/11/17: A response from NHS England had been received and this would be circulated to IGARD by email.	Open
18/05/17	Garry Coleman to provide information about different arrangements for data storage and backup locations, for consideration of whether the organisations involved would be considered to be processing data.	Garry Coleman	15/06/17: IGARD had been advised by email that a paper about this would be submitted to an upcoming IGARD meeting. 22/06/17: It was anticipated that this would be discussed at the 6 July 2017 IGARD meeting. IGARD asked for some information to be circulated by email prior to the meeting in order to inform members who would not be present at that particular meeting. 27/07/17: An email had been circulated requesting further information from IGARD members. 03/08/17: Two IGARD members had responded by email and the action remained ongoing. 10/08/17: It was anticipated that a paper on this would be brought to IGARD within the following two weeks.	Open

			<p>24/08/17: The paper was in the process of being updated based on recently published ICO guidance.</p> <p>14/09/17: Ongoing. IGARD noted that given the amount of time that had passed, they would consider starting to note this on relevant applications where a data storage location was not listed as a data processor.</p> <p>21/09/17: Ongoing. IGARD asked for Dickie Langley to provide an update on Garry Coleman's open actions at the next meeting to help ensure timely progression.</p> <p>02/11/17: IGARD discussed this action with Garry Coleman and requested a written update in response to the points previously raised by IGARD. Some difficulties were acknowledged as this specific scenario did not seem to be addressed in existing ICO guidance; IGARD suggested that NHS Digital should seek legal advice and if necessary then contact the ICO directly.</p> <p>09/11/17: Ongoing</p>	
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 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>09/11/17: Ongoing</p>	Open
20/07/17	Garry Coleman to categorise different standard lengths of indicative data retention periods for general research and clinical trials, with appropriate justification.	Garry Coleman	09/11/17: Ongoing	Open
27/07/17	Arjun Dhillon to provide information for IGARD about	Arjun	10/08/17: Ongoing. It was thought that this action might be	Closed

	the robustness of different funding processes and how this might affect the level of scrutiny applied to or information included in applications provided to IGARD.	Dhillon	addressed within the context of a forthcoming paper on a risk-based approach to application, which it was anticipated would be brought to IGARD for discussion soon. 24/08/17: Ongoing, pending wider work on a risk-based approach. 09/11/17: It was agreed this action would be picked up as part of ongoing discussions regarding the risk-based approach and the action was closed.	
31/08/17	Garry Coleman to report back on how cancer registration data was previously described as pseudonymised PDS data within older versions of applications, and present to a future education session on changes to how MRIS reports are now shown within applications.	Garry Coleman	09/11/17: Ongoing	Open
14/09/17	Stuart Richardson to provide IGARD with a copy of the Directions relating to the Emergency Care Data Set (ECDS) with confirmation of the date this was approved by the NHS Digital Board.	Stuart Richardson	21/09/17: The Directions had been provided by email. IGARD members were asked to provide any comments by email, ahead of potentially closing the action at the next meeting. It was noted that confirmation would still be required of NHS Digital Board approval. 09/11/17: Ongoing	Open
14/09/17	Stuart Richardson to provide IGARD with a copy of the Directions relating to Social Care Data with confirmation of the date this was approved by the NHS Digital Board.	Stuart Richardson	21/09/17: The Directions had been provided by email. IGARD members were asked to provide any comments by email, ahead of potentially closing the action at the next meeting. It was noted that confirmation would still be required of NHS Digital Board approval. 09/11/17: Ongoing	Open
21/09/17	Dickie Langley to provide a briefing paper (with relevant supporting documents) regarding the legal basis for receipt of data from Department for Education, and for this to be reviewed by the IG Advisor prior to circulation to IGARD.	Dickie Langley	09/11/17: Ongoing	Open
21/09/17	Dickie Langley to provide IGARD with a copy of the new standard DSA terms and conditions.	Dickie Langley	09/11/17: Ongoing	Open
19/10/17	Stuart Richardson to provide a briefing on the Temporary National Repository infrastructure.	Stuart Richardson	09/11/17: Ongoing	Open

02/11/17	NHS Digital to consider the responses provided by an applicant (Imperial College London NIC-27085) in relation to the language and terminology used in patient information materials.		09/11/17: Ongoing	Open

Appendix B: Out of committee report (as of 03/11/17)

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

NIC reference	Applicant	IGARD meeting date	Recommendation conditions as set at IGARD meeting	IGARD minutes stated that conditions should be agreed by:	Conditions agreed as being met in the updated application by:	Notes of out of committee review (inc. any changes)
NIC 90049	NHS Heywood, Middleton & Rochdale CCG	29/06/17	<ul style="list-style-type: none"> Providing further clarification on what teams or groups of staff within MSD Healthcare will have access to this data, for example by more clearly describing the use of role based access controls. The CCG privacy notice should be amended to remove misleading references to withdrawing consent for data processing. 	IGARD Members	IGARD Quorum	N/A
NIC 95040	NHS Cambridge & Peterborough CCG	27/07/17	<ul style="list-style-type: none"> The CCG should update their privacy notice in line with NHS Digital's nine criteria and in particular should ensure that it is easily accessible on the website, describes who data is shared with and ensure that definitions such as 'anonymised' data are in line with best practice terminology. 	IGARD Members	IGARD Quorum	N/A

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

- None