NHS
Health Research Authority

Minutes of the meeting of the Confidentiality Advisory Group

09 November 2017 at Skipton House, SE1 6LH

Group Members:

Name	*Present*	*Notes*
Dr Kambiz Boomla	Yes	
Dr Tony Calland	Yes	Vice Chair
Ms Hannah Chambers	Yes	Lay
Mr Anthony Kane	Yes	Lay
Professor Jennifer Kurinczuk	Yes	
Mrs Diana Robbins	Yes	Lay
Ms Clare Sanderson	Yes	Alternate Vice Chair Conflict of interest declared - not present for agenda item: 5.a. 17/CAG/0178
Dr Murat Soncul	Yes	
Mr Marc Taylor	Yes	
Ms Gillian Wells	Yes	Lay

Also in attendance:

Name	*Present*	*Notes*
Miss Kathryn Murray	In Attendance	Senior Confidentiality Advisor
Dr Hugh Davies (Agenda Item 3 only)	In Attendance	Research Ethics Advisor

1. INTRODUCTION, APOLOGIES AND DECLARATIONS OF INTEREST

<u>Introduction</u>

Dr Hugh Davies was welcomed to the CAG meeting in order to lead an education item around the Mental Capacity Act.

Apologies

No apologies were noted for the meeting.

Declarations of Interest

Ms Clare Sanderson advised ahead of the meeting that the main applicants were current clients and she had provided guidance around the application. Ms Sanderson did not receive any advance papers for this item and left the CAG meeting prior to discussion beginning.

2. APPROVAL DECISIONS

The following was shared with the CAG for information.

Secretary of State Approval Decisions

The DH senior civil servant on behalf of the Secretary of State for Health (SofS) agreed with the advice provided by the CAG in relation to the 12 October 2017 meeting applications.

HRA Approval Decisions

The HRA agreed with the advice provided by the CAG in relation to the 12 October 2017 meeting applications.

3. EDUCATION ITEM

a. Mental Capacity Act - Dr Hugh Davies

Dr Hugh Davies was welcomed to the CAG meeting. Dr Davies led the CAG through an education item around the Mental Capacity Act.

The Group extended their thanks to Dr Davies for his time. Dr Davies took leave from the meeting following this item.

4. CONSIDERATION ITEMS

a. Diabetic Retinopathy Screening – position paper

Advice Request

A request for advice was received from Professor Scanlon dated 06 October 2017. The request to the CAG provided information on a historical request for guidance submitted to a predecessor body to the CAG function, the Patient Information Advisory Group (PIAG), and the separate National Information Governance Board (NIGB).

The first element provided detail of a historic request for guidance from the National Diabetic Retinopathy Screening Programme that had been considered by the (PIAG) in December 2004. The historical request for guidance had previously queried whether “Section 60 support” was required to provide a legal basis to the Diabetic Retinopathy Screening Programme to avoid a breach of the common law when sharing data across PCTs, hospitals and GPs. The PIAG had previously agreed that call and recall for retinopathy

screening could be considered to be part of the care pathway and advised that consent to sharing relevant data could be implied from information about how patient data is used by the retinopathy screening programme, information provided to patients, and by making clear patients had the right to opt out. The Patient Information Advisory Group had advised at the time that there was no requirement to apply for "Section 60 support" for these reasons. This was specified in the PIAG meeting minutes.

The second element of the current request for advice to the CAG provided detail on the transfer of risk factor data within the GP2DRS project. This was clarified to be a national project involving electronic transfer of demographic and risk factor data between GPs and screening services in England. The PIAG had previously been asked for their advice on this consent model, and the request to CAG indicated that PIAG had previously confirmed that if a specific letter (provided) was sent to patients that incorporated certain elements, consent could be implied for the processing. The request confirmed that further advice had been sought from the National Information Governance Board that had endorsed this approach. It was acknowledged that no formal record of guidance from the PIAG or NIGB in relation to the risk factor information for the GP2DRS project was provided to the CAG.

The current request put to the Confidentiality Advisory Group was to confirm whether the historic guidance given by PIAG and the NIGB in relation to the consent model for the GP2DRS programme could be endorsed by the CAG.

Confidentiality Advisory Group Consideration

The CAG noted that that the function administering "section 60" under the Health & Social Care Act 2001, and its re-enacted version "section 251 support" under the NHS Act 2006 had previously been undertaken by the Patient Information Advisory Group until the end of 2008, and then the Ethics and Confidentiality Committee (under the remit of the National Information Governance Board) from 2009 until end March 2013. Since the time of the original advice request to PIAG, there had been a significant change in the relevant bodies and their statutory responsibilities, evolving guidance and changes to legislation within the information environment.

It was noted that the request indicated endorsement of original advice had been sought from the National Information Governance Board. Members flagged that the NIGB had a broader statutory remit than the CAG and had been established to provide advice on the appropriate use, sharing and protection of patient and service user information. The CAG remit is, in comparison, significantly narrower as its primary focus involves the common law duty of confidentiality.

In reviewing the request, Members indicated it appeared to focus on the flow of information supporting the direct care pathway, and was specifically regarding an approach to consent. In terms of the remit of the CAG, the CAG cannot advise where the purpose of the data processing is 'solely or principally for the purpose of determining the care and treatment to be given to particular individuals (s6 Health Service (Control of Patient Information Regulations 2002)). It therefore appeared to Members that this request related to activities that would be considered to be direct patient care, and unfortunately out of the remit of the CAG to provide advice against.

It was suggested that as the query was related to a national screening programme, Public Health England may be the appropriate body to contact for guidance in this matter. Alternatively, you may wish to seek advice from the Information Commissioner's Office as requirements of consent under Data Protection and future changes to legislation around this may be of relevance. Alternatively, the Information Governance

Alliance is understood to be producing guidance for the health and care sector, and potentially working through these issues, so you may also wish to approach this body as well.

5. NEW APPLICATIONS – Research

a. 17/CAG/0178 – Connected Bradford: Data Linkage of Healthcare and Education Data

Context

Purpose of Application

This application from Bradford Institute for Health Research - Bradford NHS Foundation Trust set out the purpose of medical research for which the primary aim is to develop a linked dataset for individuals that have routinely recorded electronic education and healthcare records across Bradford and Airedale to provide a coherent picture of whether patterns seen in education map to later healthcare needs and vice-versa whether healthcare needs later impact children's education over a period of 11 years.

The applicants have a focus on childhood obesity, asthma and diabetes or have neurodevelopmental conditions; the most common conditions include Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

By linking education and healthcare data, the applicants hope to identify groups of patients that may benefit from alternative care and earlier intervention, improve and evaluate the pathway locally for diagnosis of neurodevelopmental disorders, obesity, asthma and diabetes. The applicants will also be triangulating data to establish links between parents and children who are both present within the established cohort.

A recommendation for class 4, 5, and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

All individuals born between 01/01/1988 to 01/09/2014 who have had recorded patient episodes with GPs in the Bradford and Airedale Region, Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and Bradford District Community Trust. The applicants have confirmed that the patient population of the geographical area is up to 500,000 patients.

The following items of confidential patient information will be requested from all healthcare organisations and for the purposes identified below:

- NHS Number – validation, linkage with other datasets – retained until close of study,
- Full Name – validation,
- Full Address – validation,
- Postcode – validation – used to calculate LSOA and deprivation scoring, which will be retained for analysis,
- Date of Birth – validation and linkage with other datasets – retained until close of study,
- Sex – validation and retained for analysis,
- Ethnicity – for analysis.

The applicants are seeking a wide range of information from both the health care providers and the educational records. The subsequent dataset will be incredibly detailed and will contain healthcare information not directly linked to the medical conditions which are the focus of the applications, some of which is quite sensitive.

Confidentiality Advisory Group Advice

Public Interest

The CAG was clear that the application defined a medical purpose through proposed medical research; however, Members were not clear in the overall public interest in the activity.

The Group acknowledged that the project was incredibly ambitious and proposed the linkage of a considerable volume of health data, including sensitive information which was not directly linked to the four conditions which the applicants had identified as the project's focus. Whilst it was acknowledged that educational data was outside of the CAG's remit, Members recognised that there would also be considerable information included in the resulting project dataset from this sector. Concerns were raised around the breadth of data which was to be processed. The Group suggested that it would be more comfortable with the proposal had this been submitted as a request to create a research database, as is more commonly the pathway for data linkage projects linking this amount of clinical date on a population of this size. It was further commented that the project aims and purpose appeared to be too generic to support a specific project and the wide range of clinical data, not directly linked to the four specified conditions of interest, did not appear to be fully justified.

The CAG agreed that the applicants had not articulated a strong enough rationale to support why the wide scope of clinical and sensitive data was required for the project and as such, the proposal did not appear to be justifiably within the public interest. The Group commented that the protocol document which had been submitted to support the application was very high-level and did not fully explain what the applicants were intending to do with the vast amount of data which was being collated for the project. The CAG was not able to make a determination around whether the public interest would be served by the project as it was unclear what the intended outcomes would be due to lack of detail in the documentation.

Members agreed that, should a resubmission of the application be made, the applicants should strongly consider whether the purpose of the application activity was more achievable via the establishment of a research database. If the application was to be resubmitted as a specific project only, a clear outline of the project aims would need to be provided together with a strong justification to explain why the scope of clinical information requested was required to achieve the specific project aims. The CAG further commented that a much more detailed protocol document would be required to support the resubmission if made as a single project, rather than research database, which detailed specific hypotheses, the variables which would be used to conduct the analyses, what analyses would be carried out and the sample size estimates. This detail would help to justify the breadth of information which is being requested for the project, through clarifying how this would be utilised in analysis.

Practicable Alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

Members requested clarification of the approximate sample size for the project as it commented that the numbers quoted within the application related to the geographical cohort size, rather than the specific cohort to be included within the project. The Group advised that without an understanding of the patient numbers to be included within the project, an assessment could not be made around whether consent was feasible for the project.

- Use of anonymised/pseudonymised data

The CAG was assured that processing of confidential patient information was required in order to facilitate the linkage between the various clinical and educational datasets.

Justification of Identifiers

Applicants should justify the necessity of each identifiable data item in the context of how each is essential to achieve the aims, and as part of this justification consider whether less identifiable variants of each item would be sufficient e.g. month and year instead of full date of birth. Members accepted that wider patient identifiers were required to facilitate linkage with educational data, due to the absence of NHS number. The Group was; however, unclear why full address and postcode was required to facilitate data linkage and it was commented that further justification to support this requirement would be required as part of any resubmission.

Access to Confidential Patient Information

Members considered the description of the data flows within the project at question 42 of the CAG application form. It was noted at step seven of the process that specified individuals would continue to have access to a restricted set of patient identifiers. The Group agreed that clarification would be required around who these individuals were.

Scope of Clinical Data Requested

The Group noted that queries had been raised ahead of the meeting around the scope of the clinical data which the applicants would be requesting, particularly in relation to sensitive clinical data fields. As there was some contradiction in the responses provided, Members advised that a clear overview of the clinical data required for the project would need to be included as part of any resubmission. This would need to clearly state which sensitive clinical read codes were excluded from the data extraction. The relevance of the clinical data fields to the project aims would also need to be justified.

Scope of Support

The applicants had identified within the application that, as this was not confidential patient information, the scope of support requested under the Regulations did not extend to the release of educational data. Members were unclear from the detail provided within the application under what legal basis this additional data was being released to the applicants. Whilst it was acknowledged that educational data was outside of scope of the CAG considerations, the Group stated that when making a recommendation of support under the Regulations, assurance was required that the data released under support would only be linked with wider datasets which had an established legal basis to support their disclosure and processing.

Exit Strategy

It is generally a principle that steps should be taken to move away from this potential support; such as through the seeking of consent or removing identifiable information once completed. The applicants had clarified that support was required until 31 December 2018, by which stage it was anticipated all proposed linkage would be completed and confidential patient information would be destroyed. It was also stated that the organisations supplying data would also delete the pseudonymisation key at this point.

Members were unclear around the proposed timescale for the project as it was understood that data was to be collected up to this date and additional time would be required to link this information to patient records within the database, prior to destroying confidential patient information. The Group recommended that the applicants reconsider the duration of support required as part of any resubmission. The Group also sought clarification around the intended duration of the resulting anonymised dataset as there were discrepancies within the application.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead. The CAG was familiar with the patient and public involvement and engagement programme which was operated within the Bradford area. It was recognised that the community within this area was well-engaged with healthcare and this had carried forward into the activity which had been undertaken as part of the study design and planning stages.

Members recognised that there was public and patient support for research to understand the link between health and education which was a positive point and did support the project; however, the Group acknowledged that the wider issues which had been identified with the project would need to be resolved and further clarification provided to understand the potential benefit of the project.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 1998.

The Group agreed that the single point of contact identified within the patient notification materials provided to support the project was a sensible and would easily facilitate contact and objections. It was noted; however, that alternative means of contact, including telephone numbers and postal address, should be provided to support the email address currently detailed in the documentation. It was also suggested that information could be displayed more widely on websites to supplement physical documentation at sites.

Members further commented that the content of the documentation should be reconsidered to ensure this was accessible to all readers. It was commented that some of the language used was quite complex and included abbreviations which were likely to unfamiliar to general public. Revised documentation which was written for a wider audience would be required as part of any resubmission.

Research Ethics Committee Favourable Opinion

It is a requirement under the Health Service (Control of Patient Information) Regulations 2002 that those processing confidential patient information without consent can do so once approved by the Health Research Authority (following advice from the CAG), and providing a favourable ethical opinion is in place. It was acknowledged that evidence of a favourable ethical opinion would be required before any recommendation of support would be given to the project.

Data Protection Act 1998 Compliance

It is a requirement within the Regulations that any approved activity cannot be inconsistent with the Data Protection Act (DPA) 1998. Applicants must therefore demonstrate thorough the application that it is consistent with the DPA. Members discussed the third principle of the DPA 1998 which stated that personal data should be adequate, relevant and not excessive in relation to the purposes for which they are processed. The Group was unclear whether the application activity as proposed was compliant with this principle, acknowledging the breadth of clinical data which was being requested for this project which did not appear to be linked to the focus of the project. The CAG noted that concerns around the scope of the clinical data which had been requested for the proposal had been relayed together with a request for additional clarifications from the applicants which would address the concerns in this area.

Confidentiality Advisory Group Advice Conclusion

In line with the considerations above, the CAG agreed that further information would be required from the applicant in order for a recommendation under the Regulations to be provided.

Further Information Required (Summary)

The following information should be provided to allow the CAG to continue their consideration of the application. The below is a summary of the points which were raised in discussion at the CAG meeting. A detailed covering letter should be provided which details how the following points have been addressed. This should be supplemented with a revised CAG application form which reflects any amendments made in light of the below points. Wider study documentation should also be updated as appropriate and resubmitted for consideration.

The CAG would like to extend an invitation to attend the CAG meeting to discuss the resubmission of the application – this can be facilitated via the Confidentiality Advice Team upon booking the resubmission for review.

Details as follows:

1. Consideration should be given to the classification of the project and whether the aims and purpose of the activity proposed would be more appropriately achieved through the establishment of a research database. Rationale should be provided to explain the classification of the project upon resubmission.
2. A clear overview of the anticipated patient benefits anticipated from the project is required to help establish the public interest in the project, acknowledging the significant scope of data currently being requested.
3. A clear overview of the scope of clinical data to be requested as part of the project should be provided. The following points should be addressed in this area:
   a. Rationale should be provided to support the wider clinical dataset required,
   b. Confirmation of which sensitive read codes would be included and excluded from data extractions.
4. Confirm the estimated cohort size to be included in the project.
5. Provide further justification to support the requirement for full address and postcode to be provided to facilitate linkage.
6. Confirm under what legal basis the educational data and associated identifiable data is being released to the research team.
7. Clarification should be added to the dataflow section of the CAG application form (Q42) around which individuals would be able to access the dataset at each stage.
8. Consideration should be given to the duration of support which has been requested under the Regulations, to ensure the time period requested is sufficient to facilitate the application activity.
9. Patient Notification and Dissent Materials – the information materials which will be used to promote the project within the public domain and facilitate objection require revision to address the following points:
   a. The content and language of the documentation should be reviewed and made more accessible for a wide patient and public audience,
   b. Abbreviations should be explained within the documentation,
   c. Alternative contact means should be provided to supplement the email address currently included,
   d. A wider communication strategy should be considered to include web-based promotion to increase the reach of information about the study.

6. NEW APPLICATIONS – Non-Research

a. 17/CAG/0184 – UK Collaborative Clinical Audit of Health Care for Children and Young People with Suspected Epileptic Seizures (Epilepsy12)

Context

Purpose of Application

This application from the Royal College of Paediatrics and Child Health sets out the purpose of clinical audit into the healthcare provided to children and young people with suspected epileptic seizures. This

application is for the third round of the audit which has been commissioned by HQIP from 01 April 2017 to 31 March 2021. The audit will run in England, Wales and Scotland and aims to build on current high levels of engagement established during the previous two rounds to provide a high value audit leading to ongoing significant improvements and equality in clinical outcomes, practice and patient experience.

The audit has three main domains:

1. Service Descriptors – An annual census approach will continue to detail the components of the services that each Health Board/Trust provides to children and young people (CYP) with seizures and epilepsies. This will also be mapped to best practice tariff criteria.
2. Clinical Performance Indicators – These will continue to be applied to CYP presenting to a paediatric service with a paroxysmal episode or episodes and particularly focus on those with epileptic episodes.
3. Patient Reported Experience Measures – The audit will capture, via anonymised questionnaires, the experience of both young people and parents on their experience of the care that they have received from the point of their first paediatric assessment for epilepsy and the following 12 month period.

The Royal College of Paediatrics and Child Health delivered rounds one and two of the audit between 2009 and 2014; however, the previous rounds of the audit had been delivered without the requirement for support under the Regulations.

The methodology of the prospective audit differs from that employed by the historic rounds in that the applicants are proposing linkage via NHS Digital and NHS Wales Informatics Services to enable linkage with HES/PEDW and ONS mortality data.

A recommendation for class 1, 4, 5 and 6 support was requested to cover the activities as described in the application.

Confidential Patient Information Requested

Cohort

All children and young people (aged 0 to 16 years 364 days) under NHS paediatric care with suspected epilepsy with a first paediatric assessment from “day 0” (proposed as 1 April 2018) with ongoing audit of those diagnosed with epilepsy.

The data will be provided by participating Trusts and Health Boards and will be cross-referenced with information held by NHS Digital as part of the HES/ONS datasets and NHS Wales Informatics for data within PEDW.

The following items of confidential patient information are required for the purposes outlined:

- First name/surname – only viewable by the treating Trust/Health Board – captured to aid local provider patient monitoring and clinical improvement activity,
- Gender – analysis,
- Ethnicity – analysis,
- Date of birth – analysis,
- Date of death – linkage and analysis,
- NHS/CHI/ number – validation and linkage,
- Home postcode – translated into LSOA for analysis,
- Details of individual patient care – analysis.

Confidentiality Advisory Group Advice

Public Interest

The Group was assured that the application defined a clear medical purpose through the management of health and social care services which was within the public interest due to the potential for ongoing improvements and equality in patient care and experience, which has been demonstrated by the previous rounds of the audit.

Practicable Alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

The applicants had identified that the treatment pathway for this patient population was not linear, which would make any consenting process complex to manage, with unclear responsibilities and no defined time point at which consent should be taken. Members noted that an epilepsy diagnosis may also be unclear on initial presentation, which would further complicate any required approach for consent. The CAG was assured by the rationale presented by the applicants to support why consent was not feasible for this activity.

- Use of anonymised/pseudonymised data

The Group acknowledged that analysis of the audit data would be undertaken on a pseudonymised dataset; however, use of confidential patient information was required in order to facilitate linkage with the wider NHS databases.

Justification of Identifiers

Applicants should justify the necessity of each identifiable data item in the context of how each is essential to achieve the aims, and as part of this justification consider whether less identifiable variants of each item would be sufficient e.g. month and year instead of full date of birth.The Group was assured that the identifiers requested by the applicants were appropriate to the activity which was being undertaken. It was acknowledged the applicants would be using data items in less identifiable formats for analysis.

It was noted that the applicants had not yet made contact with NHS Digital or NHS Wales Informatics Services to explore the proposed linkage with HES/PEDW and ONS databases. Members commented that in experience, data linkage was not generally undertaken on NHS number alone. The Group agreed that confirmation was required around the personal identifiers which were required to facilitate the proposed data linkage, prior to any recommendation of support being given to the activity, to ensure that this extended to the disclosure of the relevant items of confidential patient information.

Exit Strategy

It is generally a principle that steps should be taken to move away from this potential support; such as through the seeking of consent or removing identifiable information once completed. The CAG recognised that support under the Regulations was requested for the duration of the audit programme, up to 31 March 2021.

Patient and Public Involvement and Engagement

Meaningful engagement with patients, service users and the public is considered to be an important factor for the CAG in terms of contributing to public interest considerations as to whether an unconsented activity should go ahead.

The history of public and patient involvement and engagement in the historic audit programmes had been provided within the application. The applicants had also identified that they were currently working with the

Children and Young People Team at the Royal College of Paediatrics and Child Health to identify how children and young people could become involved in the prospective audit. Members agreed that feedback on this work would be required at first annual review, which should provide an overview of the actual activity which has been undertaken in this area. If the responses given were negative, the CAG would take this into account when considering whether support should continue, or whether further actions are necessary.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 1998.

The patient notification materials were currently under development and the applicants had explained that it was anticipated this documentation would be prepared by early December 2017. The CAG agreed that review and consideration of these items was required prior to any recommendation of support coming into effect.

Additional Points

The Group requested clarification of the audit start date, to ensure that support for the activity came into effect at the appropriate time.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, however, further information would be required and therefore advised recommending provisional support to the Secretary of State, subject to satisfactory responses to the request for clarification and compliance with the specific and standard conditions of support as set out below.

In order to complete the processing of this application, please respond back to the following request for further information within one month:

Request for Further Information

1. Clarify the start date for the 'Epilepsy12' audit.
2. Contact should be made with NHS Digital and NHS Wales Informatics Services to clarify what patient identifiers are required to facilitate the linkage with HES/PEDW and ONS – provide confirmation of the outcome of these discussions.
3. Provide copies of all patient notification materials which are developed for the project for consideration. An overview of how the patient objection mechanism will be managed should also be provided.

Once received, the information will be reviewed by a sub-committee of the original reviewing Members in the first instance and a recommendation and decision issued as soon as possible. At this stage it may be necessary to request further information or refer to the next available CAG meeting. If the response is satisfactory, the SofS will confirm approval.

Specific Conditions of Support (Provisional)

1. Support extends to England and Wales only.
2. Provide a report at the time of first annual review of actual patient and public involvement and engagement activity which has been undertaken. This should explain how children and young people were involved in the project. If the responses given are negative, the CAG will take these into account when considering whether support should continue, or whether further actions are required.

3. Confirmation from the IGT Team at NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed - Net Solving Ltd shows a reviewed satisfactory grade at 97% on Version 14, 2016/17. Royal College of Paediatrics and Child Health shows a reviewed satisfactory grade at 82% on Version 14, 2016/17).**

7. EDUCATION ITEM SUGGESTIONS

No specific education items were raised at the meeting. The Chair reminded Members that any suggestions could be directed to the Confidentiality Advice Team or direct to the Chair team.

8. CAG CHAIR REPORT

It was noted that the Chair's report was not yet available.

9. ANY OTHER BUSINESS

No other business was raised.

The Chair thanked Members for their time and consideration and the meeting was concluded.