Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

04 March 2022

Present:

Name	Capacity	Items
Dr William Bernal	CAG Alternate-Vice Chair	1a, 1b, 1c, 1d
Dr Malcolm Booth	CAG Member	1a, 1c
Ms Sophie Brannan	CAG Member	1a, 1c 1d
Ms Katie Harron	CAG Member	1b
Dr Harvey Marcovitch	CAG Member	1b, 1d

Also in attendance:

Name	Position (or reason for attending)
Ms Katy Cassidy	Confidentiality Advisor for 1c and 1d
Mr Michael Pate	Confidentiality Advisor for 1a and 1b

1. New Precedent Set Review Applications – Research

a. 22/CAG/0040– A Surveillance Study of Congenital and Hospitalized Neonatal Varicella in the United Kingdom & Portugal (NEOPOX)

Context

Purpose of application

This application from the UK Health Security Agency (with the controller for the activity confirmed to be the same) set out the purpose of medical research which aims to collect data on the number of cases, severity, and treatment of FVS and babies hospitalised with neonatal varicella infections. This information will be collected over a 13-month surveillance period by asking paediatricians from across the UK to provide information about any cases they treat. This crucial information will help inform public health interventions, guide decisions about the benefits and cost effectiveness of introducing the vaccine to the routine immunisation schedule and describe short term outcomes and treatments for these conditions in the UK.

Support is requested to allow the disclosure of confidential patient information from the treating physician (NHS number, date of birth and full postcode) to the UKHSA, in order for them to identify duplicate reports.

The data from questionnaires will be collated into two databases by UKHSA staff. Database one will contain NHS number, date of birth and postcode to enable deduplication, and will be stored for 13 months (throughout the surveillance period) before being destroyed.

Following deduplication, the data will be inputted into database 2 by UKHSA staff. This will contain anonymised data. Age will replace date of birth, NHS number will be replaced by a study number, and postcode will be reduced to a partial postcode.

When a paediatrician reports a case to the BPSU, their contact details will be shared between the BPSU and the UKHSA. The UKHSA has an existing legal basis to conduct

surveillance of infectious diseases for public health purposes and thus this data sharing falls outside of the scope of CAG support.

Any data collected from sites in Northern Ireland will need separate authorisation from the CAG equivalent in Northern Ireland.

A recommendation for class 1 and 5 support was requested to cover access to the relevant unconsented activities as described in the application.

Confidential patient information requested

The following sets out a summary of the specified cohort, listed data sources and key identifiers. Where applicable, full datasets and data flows are provided in the application form and relevant supporting documentation as this letter represents only a summary of the full detail.

Cohort	Children in the UK who develop chicken pox infection in the first month of life (neonatal varicella) and children who are diagnosed with fetal varicella syndrome (FVS).
Data sources	1. Reporting clinicians via a questionnaire from every NHS site in England and Wales that receives an orange card from BPSU.
Identifiers required for linkage purposes	1. NHS number 2. Date of Birth 3. Full postcode
Identifiers required for analysis purposes	1. Partial postcode for deprivation scoring 2. Date of death

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Health Research Authority.

Public interest

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

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

- **Minimising flow of identifiable information**

Deduplication, which requires NHS number and date of birth, is necessary to achieve a primary aim of the study – determining the incidence of foetal varicella syndrome and neonatal varicella syndrome. Deduplication could be conducted without access to identifiers.

The CAG accepted this explanation.

- **Feasibility of consent**

The BPSU reporting methodology has been reviewed previously by the Ethics and Confidentiality Committee of the National Information Governance Board as not requiring patient consent. The justification for this is that to do so would reduce and potentially bias case ascertainment for rare diseases, i.e. certain groups or types of individuals might be more likely to refuse consent than others.

The CAG accepted this explanation.

- **Use of anonymised/pseudonymised data**

Date of death is also collected, where appropriate, for analysis purposes, which is acceptable under the PS category 5 pathway. Date of death is being collected to calculate age at death. Date of death will be pseudonymised to age at death and only pseudonymised data will be used for analysis.

Age of death (derived from date of death) is required to classify the death (stillbirth, neonatal or paediatric death) and for descriptive analysis of the morbidity and mortality associated with FVS and neonatal varicella (including age-related risk factors for death associated with FVS and neonatal varicella, as listed in Protocol Section 5.3, Data Processing).

The CAG was content with the use of anonymised/pseudonymised data.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

A study flyer for paediatricians, a protocol card, a bulletin article and information for BPSU's website will all be generated to increase the awareness of the study prior to the surveillance period. Support of relevant associations is currently being sought (including BLISS, the UK's leading charity for babies who require neonatal care). An abstract was also submitted to the European Society of Paediatric Diseases (ESPID) 2020 conference to help publicise the study.

A public information leaflet (v3) has been provided with the application. This informs people that they need to ask their doctor for their child's data not to be used, or else register an objection through the NHS website for the NDOO.

Documents that publicise the study (public information leaflets and flyers) will be disseminated to participating clinicians, published on the BPSU website, and published on the UKHSA website. Participating clinicians will be advised to display the posters and flyers within their department. These materials will describe the study and provide contact details of the research team.

Cases will only be reported by the treating physician if there is no record of individual's dissent from the use of their records for research purposes.

Local and national opt out is eligible to every patient. Nationally, in line with national governmental policies, parents of children under 13 years old can opt their child out of research by visiting https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/ or by calling 0300 303 5678. Families can also opt-out of having their medical information

used for research by informing their attending clinician. Opt-out information is also available on the BPSU website. In the unlikely event that families decide to opt-out, a small amount of identifiable information (their NHS number) will be held for the duration of the study to ensure that no further clinical information is collected and that case is not used.

The CAG felt that the steps for notification and dissent were generally satisfactory. Consideration should be given for a detailed postal, and potentially an email, address on the notification leaflet, although this is only a recommendation and not a condition of support.

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 the unconsented activity should go ahead.

Details of the study, the BPSU approach and public information materials were shared with members of the St George's Paediatric Infectious Diseases Research Unit Patient and Public Engagement Group and comments received. The group thought that the methodology was appropriate, and they were supportive of the study. Further meetings with the group are planned to discuss any issues raised and make plans for disseminating information about the study more broadly.

The PPE group were given a description of the study and were directed toward detailed information on BPSU methodology. The PPE commented specifically on the study being worthwhile, that they supported the conduct of the study, that the study materials were clear and appropriate for lay members of the public. The PPE has given the NEOPOX study a Letter of Support for the study ~~(attached, Letter from PPI group Jan 2020 RP).~~

The Patient and Public Engagement Group queried whether some cases that attend their GP but don't reach hospital, might be missed and further discussions will occur to discuss this further with the group.

BLISS, a charity founded by concerned parents in 1979, is the UK's leading charity for babies born who need neonatal care in the UK. The applicants are currently in discussions with them asking them to formally support the study with a Letter of Support and to share the research results via their wide social media presence.

The study team is also planning to recruit a lay person to our study working group. Criteria will be that this lay person previously have experience with paediatric/neonatal public-patient involvement.

The CAG felt that the PPI conducted was satisfactory and would encourage recruitment of a lay person to the study working group. The CAG would like to see the outcome of the further discussions around those cases who attend their GP but don't reach hospital, alongside the BLISS letter of support. However, these requests are not mandatory to starting or continuing the study.

Exit Strategy

Given that date of death is collected for analysis, the exit strategy will be destruction of the data. Date of death will be held on the study-specific database held at UKHSA (as detailed in the Data Flow Diagram, Database 1) and will be destroyed after the 13-month surveillance period ends. Therefore, support is required for the length of the surveillance period.

Confidentiality Advisory Group advice conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific conditions of support (conditional)

1. Favourable opinion from a Research Ethics Committee. **Pending.**

2. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information. **Pending.**

b. 22/CAG/0039 - An investigation into effective Antimicrobial Stewardship (AMS) Strategies during a pandemic (COVID-19) in an acute care setting

Context

Purpose of application

This application from University of Hertfordshire sets out the purpose of medical research that seeks to investigate the effectiveness of antimicrobial stewardship (AMS) during the Covid-19 pandemic in Luton and Dunstable (L&D) University Hospital, and explore the organisational antibiotic prescribing behaviour during the pandemic. A mixed method of quantitative research and questionnaires will be used. This CAG application is only relating to the retrospective review of medical records, as 's251' support is not required for the questionnaire element.

Antimicrobial resistance (AMR) is a global crisis that requires urgent attention. Antimicrobial stewardship (AMS) is a set of actions to promote the effective use of antimicrobial interventions. In acute-care settings, antibiotics are widely administered, leading to increased opportunities for AMR. It is estimated that around 20–50% of antibiotics are unnecessary or inappropriately used. The Covid-19 pandemic increased the threat of AMR - although Covid-19 is a viral infection, there are overlapping clinical and radiological features with bacterial respiratory tract infection, so it is inevitable that antibiotics were prescribed for many patients. It is important to identify effective AMS strategies to facilitate AMS interventions in an acute care setting, especially at time of emergency or crisis, to maintain the rational use of antibiotics and offer practical solutions to Antimicrobial Resistance (AMR).

The direct care team at L&D hospital will identify the eligible cohort from Trust medical records, by undertaking a search for patients prescribed antibiotics for bacterial respiratory tract infection or pneumonia. The data collection will be undertaken by the research student, who is not considered direct care team. Although no confidential patient information will be extracted for analysis, 's251' support is required, as the research student will view the electronic medical records, which includes confidential patient information, such as date of birth in order to extract age. Information will be collected about antibiotics that were prescribed upon patient admission and at 48-72 hours. A pseudonymous study ID will be applied, and the key between the study ID and the confidential patient information will be retained by the direct care team within the Trust, although the researcher will have access to this key. 's251' support is required until the researcher who is not considered direct care team, no longer has access to the key.

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

Confidential patient information requested

The following sets out a summary of the specified cohort, listed data sources and key identifiers. Where applicable, full datasets and data flows are provided in the application form and relevant supporting documentation as this letter represents only a summary of the full detail.

Cohort	**Total of 588 patients** diagnosed with bacterial respiratory tract infection; **294 patients before the onset of COVID-19**: • 1st week of August 2019 (low risk of respiratory tract infections or pneumonia). • 1st week of October 2019 (onset of winter season and initiation of flu preventive/protective measures). • 1st week of December 2019 (winter season and high risk of respiratory tract infections or pneumonia). **294 patients during COVID-19**: • 1st week of April 2020: Wave 1 and first lockdown. • 1st week of November 2020: Wave 2 and second lockdown • 1st week of March 2021: Post wave 2 and COVID-19 vaccination
Data sources	1. Electronic patient records at Luton &Dunstable (L&D) University Hospital (Bedfordshire NHS Foundation Trust)
Identifiers required for the purposes of extracting a pseudonymous dataset	The applicant will view the patients' medical record and will therefore see the following; 1. Name 2. NHS number 3. Hospital ID 4. Date of birth – required to extract age 5. Date of death

Identifiers required for analysis purposes	1. Gender 2. Pseudonymous Study ID This dataset can be considered anonymous for analysis (if no full date of birth and death recorded). The applicant has clarified that patient age will be extracted, rather than date of birth. The applicant has clarified that date of death will be modified to age on admission + added days up to the age that would have been at the next birthday.
Additional information	The link between patients' identifiable data and study numbers will be maintained by the pharmacist at the hospital site and PI who is the PhD student. No confidential patient information will leave the Trust.

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Health Research Authority.

Public interest

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

- **Feasibility of consent**

The applicant argues that it is not practicable for the researcher to gain consent for retrospective data collection in this sample. In addition, seeking consent would also be more disclosive, as the researcher would have to view patients name and addresses in order to send out letters. The CAG agreed that consent was not feasible as this would require a larger disclosure of confidential patient information.

- **Use of anonymised/pseudonymised data**

The researcher required access to confidential patient information in order to extract a pseudonymised dataset. The application could not be undertaken in any other way.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

A poster has been developed for clinical areas. The poster advises that patients can opt-out. Telephone and email contacts for the PhD student were provided.

Study specific opt out can be done via contacting the PhD student, whose details are included on the poster.

The applicant advised that the Head of Information Governance at the Luton and Dunstable hospital has confirmed that the NHS Opt-Out process at the hospital is still being established. Although a timeline for completion and finalisation of internal processes hasn't been given, the relevant governance will be followed to ensure that patients who have a national data opt-out are excluded from the data provided to the student. Members requested confirmation that the National Data Opt-Out would be applied once this is possible within the Trust.

The CAG agreed that the poster required revision. The poster informed patients that the medical notes of patients admitted during the pandemic would be reviewed. However, half of the patients would have been admitted in August, October and December 2019, prior to the start of the pandemic. This needed to be corrected.

The poster also needed to be revised to be suitable for a lay audience. The revised version needed to be displayed in clinical areas and on the Trust website.

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 the unconsented activity should go ahead.

The applicant explained that, while the study was presented to and discussed with the researchers' peers, no patient and public involvement has taken place.

The CAG stated that patient and public involvement needed to be undertaken. Members noted that this was important to undertake as a standard requirement for applications to CAG, but also for the PhD student to develop understanding of appropriate research methods. The patient and public involvement needed to include review of the study poster, to ensure the language used is suitable for a lay audience.

Exit strategy

The applicant advised that an anonymised dataset will be extracted from the Trust. However, the PhD student, who is not a member of the direct care team, will retain the reidentification key until the extraction phase has completed. The PhD student will no longer have access to the patients' identifiable data after the expected end of this study phase 1, 28th February 2023.

The CAG requested confirmation that the re-identification key will be held at the Trust, and not by the researcher. Justification also needed to be provided as to why the key needed to be retained until February 2023.

Caldicott Guardian Letter

The CAG requested that a letter of support was required from the Caldicott Guardian at Bedfordshire NHS Foundation Trust.

Confidentiality Advisory Group advice conclusion

The CAG agreed that there was a public interest in this activity, were supportive in principle of this activity proceeding, and therefore recommended to the Health Research Authority that the activity be provisionally supported. However, further information and actions would be required prior to confirming that the minimum criteria and established principles of support have been adequately addressed.

In order to complete the processing of this application, please respond back to all of the request for further information, and actions required to meet the specific conditions of support where indicated, within one month.

Request for further information

The following sets out the specific conditions of support.

1. Confirm that the National Data Opt-Out would be applied once this is possible within the Trust.

2. The poster requires revision as follows;

    a. The poster needs to inform patients that the medical notes of patients admitted in August, October and December 2019 will be accessed, as well as the notes of those admitted during the pandemic.

    b. The language used needs to be revised to be suitable for a lay audience.

3. Confirmation needs to be provided that the poster will be displayed in clinical areas and on the Bedfordshire Hospitals NHS Foundation Trust website.

4. A letter of support from the Caldicott Guardian at Bedfordshire Hospitals NHS Foundation Trust is required.

5. Patient and public involvement needed to be undertaken. The patient and public involvement needs to include review of the study poster, to ensure the language used is suitable for a lay audience.

6. Confirm that the re-identification key will be held at the Trust, and not by the researcher.

7. Justification needs to be provided as to why the key needs to be retained until February 2023.

Specific conditions of support

The following sets out the provisional specific conditions of support. These may change in the final outcome letter depending on the responses to queries.

1. Favourable opinion from a Research Ethics Committee. **Pending**

2. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information. **Confirmed:**

   The NHS Digital **2020/20** DSPT review for Bedfordshire Hospitals NHS Foundation Trust was confirmed as 'Standards Met' on the NHS Digital DSPT Tracker (checked 15 March 2022).

c. 22/CAG/0048 - Changing from face-to-face to virtual meetings during the COVID-19 pandemic: exploring the impact on cancer multi-disciplinary team (MDT) meetings

Context

Purpose of application

This application from Queen Mary University of London set out the purpose of medical research that seeks to explore how the change from face-to-face to virtual multidisciplinary team (MDT) meetings during the COVID-19 pandemic has impacted the effectiveness of group decision-making in cancer MDT meetings.

Multi-disciplinary teams (MDTs) are groups of professionals from one or more clinical disciplines who make decisions of the treatment of individual patients. In the UK, the National Cancer Plan (2000) recommends that the care of every cancer patient is reviewed by an MDT in order to facilitate specialist input and reduce variations in care. Since these guidelines were introduced, MDTs have faced increasing demands, in terms of the number of the complexity of cases they review. Further guidelines have since been released to help improve and streamline MDT working. More recently, the COVID-19 pandemic has presented MDTs with the challenge of running MDT meetings virtually rather than face-to-face. The applicants seek to explore how the change from face-to-face to virtual MDT meetings may have impacted the effectiveness of decision-making in cancer MDT meetings. The findings will be used to co-produce resource packs to improve future cancer MDT working.

The applicants will recruit NHS staff who are members of selected cancer MDTs and who have participated in virtual MDT meetings during the Covid-19 pandemic. The participating NHS staff will take part in interviews and complete an online questionnaire. The applicants will also observe MDT meetings. Support under Regulation 5 is required for this aspect of the study as the applicants may be exposed to confidential patient information when undertaking the observations.

A recommendation for class 5 and 6 support was requested to cover access to the relevant unconsented activities as described in the application.

Confidential patient information requested

The following sets out a summary of the specified cohort, listed data sources and key identifiers. Where applicable, full datasets and data flows are provided in the application form and relevant supporting documentation as this letter represents only a summary of the full detail.

Cohort	The participants in the study are NHS staff participating in cancer MDT meetings. The researchers undertaking observation of MDT meetings may be exposed to confidential patient information relating to patients discussed at the MDT meetings as they are undergoing investigation or treatment for cancer.
Data sources	1. MDT meetings taking place at: a. University College London Hospitals NHS Foundation Trust b. North Middlesex University Hospital NHS Foundation Trust c. Royal Free London NHS Foundation Trust d. Whittington Health NHS Trust
Identifiers required for linkage purposes	No items of confidential patient information will be recorded for linkage purposes
Identifiers required for analysis purposes	No items of confidential patient information will be recorded for analysis purposes

Confidentiality Advisory Group advice

The following sets out the Confidentiality Advisory Group advice which formed the basis of the decision by the Health Research Authority.

Public interest

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of the section 251 of the NHS Act 2006. The CAG agreed that the application had a medical purpose and was in the public interest.

Practicable alternatives

- **Feasibility of consent**

The applicants advised that up to 120 patients can be discussed at a single MDT meeting. It was not practicable for this number of patients to be consented prior to the MDT meeting taking place. Seeking consent would also require the transfer of patient identifiable contact information or would require that NHS staff carry out the consent procedure, which would place a significant and unjustifiable burden on NHS staff.

The CAG agreed that the number of patients alone was not a justification for not seeking consent. However, seeking consent would require either a greater disclosure of confidential patient information to the researchers or the placing of additional burden on hospital staff. The CAG therefore agreed that consent was not feasible.

- **Use of anonymised/pseudonymised data**

The applicants do not require access to confidential patient information in order to undertake the research, however, the researchers may be exposed to confidential patient information when observing MDT meetings. The research could not be undertaken in any other way.

'Patient Notification' and mechanism for managing dissent

It is part of the CAG responsibility to support public confidence and transparency in the appropriate sharing and use of confidential patient information. Access to patient information without consent is a privilege and it is a general principle of support for reasonable measures to be taken to inform the relevant population of the activity and to provide a right to object and mechanism to respect that objection, where appropriate. This is known as 'patient notification'. This is separate to the local obligation to comply with the principles of the General Data Protection Regulation and Data Protection Act 2018.

Participating trusts will be asked to display information about the study. Trusts will have the choice to display the information physically and/or digitally within hospital outpatient

waiting rooms. The text will be displayed at least two weeks prior to the observations taking place.

The text advises patients who wish to dissent to contact the researcher, and telephone and email contact details are given. When a patient contacts the research team to opt out/dissent, the researcher will record their initials and date of birth. In advance of each meeting observation, the researcher will ask the MDT lead or coordinator if any patients to be discussed have this date of birth and if so, if they also have these initials. If they confirm a match for these details, then researchers will ask to be removed from the meeting when this patient is discussed.

If the patient does not want to disclose their initials and date of birth to the research team, they will be provided with the contact details of the NHS site PI to request dissent via the same method.

The CAG asked that the patient notification was displayed in clinical areas and on the websites of participating trusts.

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 the unconsented activity should go ahead.

A patient representative was included in the Study Management Group (SMG) and provided advice from a patient perspective. SMG meetings take place monthly. The use of identifiable data has been discussed in all SMG meetings, particularly in the earlier sessions, which focused discussion about the confidentiality safeguarding procedures for the study.

The study PPI representative was satisfied that appropriate safeguards had been put in place to protect the confidentiality of patient information.

The applicants carried out another PPI exercise to explore the views of other individuals who have experience of cancer, so as to ascertain a more diverse range of perspectives. Individuals were provided with a brief study summary, including the purpose of the research, researchers access to patient information without consent, and the proposed safeguards. Feedback from this exercise was provided in the CAG application form.

The patient and public involvement is small in scale, but proportionate to the scope of the study.

Exit strategy

No items of confidential patient information will be recorded.

Confidentiality Advisory Group advice conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

Specific conditions of support

The following sets out the specific conditions of support.

1. Confirm that the patient notification will be displayed in clinical areas and on the websites of participating trusts.

2. Favourable opinion from a Research Ethics Committee. **Confirmed: 14 March 2022**

3. Confirmation provided from the IG Delivery Team at NHS Digital to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. See section below titled 'security assurance requirements' for further information. **Confirmed:**

   The NHS Digital **2020/21** DSPT reviews for University College London Hospitals NHS Foundation Trust, Royal Free London NHS Foundation Trust and Whittington Health NHS Trust were confirmed as 'Standards Met' on the NHS Digital DSPT Tracker (checked 15 March 2022).

Minutes signed off as accurate by correspondence from Dr William Bernal, CAG Alternate-Vice Chair		*30 March 2022*
Signed – Officers of CAG		Date
Michael Pate		*21 March 2022*
Kathleen Cassidy		*21 March 2022*
Signed – Confidentiality Advice Team		Date
		21 March 2022