

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 31st July 2025

09:00 – 16:05

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Laura Bellingham (LB)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (Presenter: item 9) (in attendance for items: 5.2, 5.3, part of 5.4, part of 5.6, part of 9, 11.1(b) and 11.1(c))
Eleanor Berg (EB)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Arjun Dhillon (AD)	NHS England member (Caldicott Guardian Team Representative)
Kirsty Irvine (KI)	AGD independent member (Chair)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate (Presenter: item 9)
Ayse Depson (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
James Gray (JG)	NHS DigiTrials, Data and Analytics, Transformation Directorate (Presenter: item 11.1)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.1)
Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.5)

James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 5.2 and 5.3)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.6)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate
INDEPENDENT ADVISER OBSERVERS IN ATTENDANCE:	
Dr Jon Fistein	Independent Adviser (in attendance for items 1 to 5.2 and 5.5 to 11.1(d))
Professor Jo Knight	Independent Adviser
Dr Mark McCartney	Independent Adviser
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)

1	<p>Welcome and Introductions:</p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that only two AGD NHS England members were in attendance for part of item 1 to 5.1, part of 5.4, 5.5 to 8, part of 9, 10 to 11.1(a) and 11.1(d), but in line with the paragraph 7.13 of the AGD Terms of Reference, the meeting was still quorate for all agenda items and the Group agreed to proceed on that basis.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the AGD meeting on the 24th July 2025 were reviewed and, after several minor amendments, were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p> <p>Claire Delaney-Pope noted a professional link to King's Health Partners (NIC-787006-N2H5C-v0.4 / King's College London) as part of her role at South London and Maudsley NHS Foundation Trust (SLAM). It was agreed this did not preclude Claire from taking part in the discussion on this application.</p>

	<p>Dr Jon Fistein noted a professional link to the University of Cambridge but noted no specific connections with the application (NIC-773525-N5H9R-v0.2 / University of Cambridge), or staff involved, and it was agreed that this was not a conflict of interest.</p> <p>Jenny Westaway noted that she had undertaken some paid contract work for Templar Executives to provide training courses for Our Future Health. It was agreed this did not preclude the Jenny from taking part in the discussions about the Our Future Health (item 11.1(a)).</p>
4 BRIEFING PAPER(S) / DIRECTIONS:	
<i>There were no items discussed</i>	
5 EXTERNAL DATA DISSEMINATION REQUESTS:	
5.1	<p>Reference Number: NIC-773953-N5L3H-v0.2</p> <p>Applicant and Data Controller: Tolley Limited</p> <p>Application Title: Treatment pathways and clinical outcomes in BCG-unresponsive non-muscle-invasive bladder cancer</p> <p>Observer: Joe Lawson</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: The majority of the Group (four independent members and one AGD NHS England member) were supportive of the application if the following substantive comments were addressed; a minority of the Group (one independent member) was supportive of the application with comments; and a minority of the Group (one AGD NHS England member) were not supportive of the application due to it not being clear within the documentation what the precise purpose of the application was. The Group wished to draw to the attention of the SIRO the following substantive comments:</p> <p>5.1.1 AGD suggested that the applicant 1) clearly demonstrate there is a potential benefit to health and social care in England and Wales in order for NHS England to be confident it is meeting the requirements under the Health & Social Care Act 2012, as amended by the Care Act 2014 and in line with the NHS England DARS Standard for Commercial Purpose; 2) that section 5(a) (Objective for Processing) and section 5(e) (Is the Purpose of this Application in Anyway Commercial) were updated, as appropriate, with an assessment of the balance between potential public and commercial benefit, in line with the National Data Guardian (NDG) guidance on benefits and 3) that any potential commercial benefits are proportionate, referencing both Solem GmbH and ImmunityBio.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.1.2 The Group noted and commended the excellent work undertaken by the NHS England Data Access Service (DAS) on the documentation provided as part of the review, noting the complex contractual arrangements.</p>

	<p>5.1.3 AGD noted that extensive questions and answers within the NHS England DAS internal application assessment form with regard to Data Controllership and data processing and supported the questions asked by NHS England DAS. Noting they could not proffer any further advice, the Group suggested it was for the NHS England SIRO to consider if any further action was required to clarify controllership.</p> <p>5.1.4 The Group noted the effort by both NHS England DAS and the applicant to outline the commercial aspects within section 5(a) of the application and suggested that 1) reference to “<i>ImmunityBio are seeking reimbursement for their novel treatment...</i>” be updated to be to state “<i>ImmunityBio are seeking NICE approval...</i>”; and 2) to amend reference to “<i>...working with NICE...</i>” to reflect they are providing a “<i>submission</i>” to NICE.</p> <p>5.1.5 AGD suggested the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible study / project specific transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA).</p> <p>5.1.6 Noting reference in section 5(a) to the funder not suppressing any findings, AGD would encourage the applicant to pro-actively publish any findings on their website, if not published more widely.</p> <p>5.1.7 AGD welcomed the patient advocacy group engagement as outlined in section 5(a) and noting they have not sought ethical approval, suggested that in line with step 3 of the NHS England DARS Standard for Ethical Approval, the applicant outline in section 5(a) if the patient advocacy group considered any possible ethical issues and what they were supportive of.</p> <p>5.1.8 Noting the NHS England Secure Data Environment (SDE) update at AGD on the 24th July 2025, AGD reminded NHS England that section 3(b) (Additional Data Access Requested) should contain all relevant data minimisation text, as set out in section 5, since NHS England data wranglers minimised data in alignment with sections 3(a) (Data Access Already Given) and 3(b).</p> <p>5.1.9 AGD suggested that access arrangements for substantive employees of Tolley Ltd be updated within section 5(a) to ensure that reference to the Secure Data Environment (SDE) data access agreement (which an individual signs) is also included, alongside reference to the Data Sharing Framework Contract (DSFC) and sharing agreement (DSA).</p> <p>5.1.10 AGD noted reference in section 5(a) to “<i>clinical trial analysis</i>” and suggested that unless a robust justification can be included in the application, that the reference be removed.</p> <p>5.1.11 In addition, the Group suggested that section 3(b) be updated to reference the “<i>SDE</i>”, rather than “<i>extract</i>”.</p> <p>5.1.12 AGD noted that section 1(b) (Data Controller(s)) referred to “<i>NHS England (Quarry House)</i>”, and suggested that this was updated to reflect the most recent / up to date information.</p> <p>5.1.13 AGD noted that there was a commercial aspect to the application.</p>	
5.2	<p>Reference Number: NIC-787193-Y8W6D-v0</p> <p>Applicant and Data Controller: University of York</p>	

<p>Application Title: Health Educational Attainment and Research on Treatment Outcomes in Percutaneous Coronary Interventions (HEART-OP)</p> <p>Observer: James Watts</p> <p>Application: This was a seeking early advice application.</p> <p>NHS England were seeking advice on the following points only:</p> <ol style="list-style-type: none"> 1. Whether the study is something NHS England should be supportive of, 2. Concerns or issues over the purpose of the request, and what can be done to resolve them and AGD member concerns. <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of Discussion: AGD were not providing comments on the wider application as requested by NHS England; comments were limited to the specific point of advice requested. AGD wished to draw to the attention of the SIRO the following observations in relation to the advice points:</p> <p>AGD noted that they had been provided with a curated set of documentation and noted that they would be providing observations based on these documents.</p> <p>In response to points 1 and 2:</p> <p>5.2.1 AGD noted they had been provided with a Data Access Request Form (DARF), rather than the usual data sharing agreement (DSA) templated application and noted that a lot of resource would be required to turn the DARF into a DSA. The Group, including the AGD NHS England Caldicott Guardian Team representative, did not believe this would be an appropriate use of NHS England resources due to the number of substantive issues raised during the lengthy discussion.</p> <p>5.2.2 AGD agreed, however, that at a macro level the study appeared to be a good idea based on the limited document they had been provided with, however this was caveated to the application being well balanced and designed, alongside any other additional documentation; since the design of the study and the methodology used were not robustly clarified or scoped out in sufficient detail within the documentation provided.</p> <p>5.2.3 The Group noted there was a public interest case for this type of study and use of General Medical Council (GMC) code (the Group also noted the ethics support referred to but not provided). AGD flagged the proposed use of GMC codes raised ethical and professional issues may not have been considered by the University of York's Department of Health Sciences Research Ethics Committee (REC) as the ethical review may have only focused on the ethical issues pertaining directly to patients.</p> <p>5.2.4 The Group noted that a key stakeholder group, clinicians, were not part of the stakeholder engagement by the applicant. The Group suggested that the British Medical Association (BMA) and Royal College of Surgeons (RCS), plus any other relevant professional bodies, be engaged with. This was particularly acute due to the fact the applicant was wishing to use the annual appraisal, which is usually for supportive and positive engagement not for performance measurement, noting that clinicians have obligations to manage their own performance.</p>

	<p>5.2.5 The Group suggested that a Data Protection Impact Assessment (DPIA) could be a useful tool to help explore some of the issues raised, including, but not limited to 1) how clinicians dealing with particularly complex surgery and/or operating in areas of high deprivation are accounted for in the statistical analysis; 2) what will happen to any outliers discovered; 3) how clinicians will be advised that this data is being processed; 4) how the processing / outcomes will be made transparent; 5) whether any confidential data relating to the clinicians (not patient confidential data) will be processed and how this will be managed; 6) how any of duty of confidence owed to clinicians is addressed; and 7) appropriate safeguards were in place with regard to the use of the data.</p> <p>5.2.6 AGD could not find a privacy notice outlining the use of the UK Medical Education Database (UKMED) and suggested that this was communicated to UKMED to help them meet their UK General Data Protection Regulation (UK GDPR) transparency requirements regarding their data subjects.</p> <p>5.2.7 AGD noted that the DARF form made reference to the s251 support, however the Group could not see how this pertained.</p> <p>5.2.8 AGD were unclear about the funding, and suggested that the arrangement was clearly outlined in any documentation and that any conditions around the fundings were checked by NHS England.</p> <p>5.2.9 No AGD member noted a commercial aspect to the application.</p>	
5.3	<p>Reference Number: NIC-787006-N2H5C-v0.4</p> <p>Applicant: King's College London</p> <p>Data Controller: King's College London</p> <p>Application Title: Utilisation & Outcomes of Perioperative Temporary Mechanical Circulatory Support in Contemporary Practice of Adult Cardiac Surgery in the UK (ACTACC National Audit Project 2024-2025) [25-NACSA-01]</p> <p>Observer: James Watts</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of Discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>5.3.1 AGD queried if King's College London would play any role in the project and suggested NHS England explore this further with the applicant and in line with the NHS England DARS Standard for Data Controllers.</p> <p>5.3.2 AGD noted reference in section 5(a) (Objective for Processing) to "<i>anonymous data</i>" and suggested that it may be useful to refer to the recently published Information Commissioner's Office (ICO) guidance on anonymisation.</p> <p>5.3.3 No AGD member noted a commercial aspect to the application.</p>	

5.4	<p>Reference Number: NIC-773525-N5H9R-v0.2</p> <p>Applicant and Data Controller: University of Cambridge</p> <p>Application Title: Youth's [sic] mental health service effectiveness, mental health and educational outcomes</p> <p>Observer: Ayse Depson</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of Discussion: The majority of the Group (five independent members and one AGD NHS England member) were supportive of the application if the following substantive comments were addressed; a minority of the Group (one independent member / one AGD NHS England member) was supportive of the application with substantive comments. The Group wished to draw to the attention of the SIRO the following substantive comments.</p> <p>5.4.1 AGD noted that based on the application / supporting documents provided, there was a legal gateway in consent for data to be linked.</p> <p>5.4.2 AGD noted it was unclear whether participants understood they had agreed to retention of names and addresses beyond October 2017.</p> <p>5.4.3 The majority of the Group were supportive if steps were taken before the data flowed to engage with some representatives of parents and young people covered the original consent, and that they confirmed they had consented for retention of identifiers.</p> <p>5.4.4 The majority of the Group also suggested that the applicant provide clear information on the cohort size, since the information provided suggested that 100% of the original cohort had consented to data linkage.</p> <p>5.4.5 In addition, the majority of the Group suggested that applicant undertake to improve the transparency in line with the proposed activities outlined in the application.</p> <p>5.4.6 A minority of the Group, including the AGD NHS England Caldicott Guardian Team Representative, were supportive of the data flowing with no further steps taken as outlined in point 5.4.3 to 5.4.5 above, but to ensure a robust case for use of the survey data in future.</p> <p>5.4.7 A minority of the Group suggested that 1) it was clear in the application and relevant documentation who was in the cohort and what they had consented to; 2) consideration be given as to whether or not the use of data requires reconsenting or other legal mechanism to ensure a continued legal gateway; and 3) further clarity with regard to the national data opt outs (NDO).</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.4.8 The Group considered the age of the children when parental consent was given, and how engaged the young people were in the study. The Group judged parental consent could be relied upon, but this would need to be kept under consideration as they move further into adulthood.</p>	
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	<p>5.4.9 The Group queried the method used to link the data and what data would be transferred, noting consent given was for name, address and date of birth only, and this be clearly outlined in section 5 (Purpose / Method / Outputs) of the application.</p> <p>5.4.10 AGD noted that PhD students enrolled with the University of East Anglia would also access the data, alongside students from the University of Cambridge. The Group suggested that NHS England explore with the applicant that the appropriate contract arrangements were in place.</p> <p>5.4.11 AGD suggested that section 3(b) (Additional Data Access Requested) be updated the reflect the data minimisation efforts undertaken by the applicant, as outlined in section 5.</p> <p>5.4.12 AGD suggested that section 7 (Approvals Considerations) be updated in line with the NHS England DARS Standard for Ethical Approval, and the three steps outlined in the process.</p> <p>5.4.13 AGD suggested that either further information was provided as to who would be covered by “<i>agents</i>”; or that this word was removed, as may be necessary to reflect the facts.</p> <p>5.4.14 AGD queried with special condition 3.0 “<i>processing of cohort data</i>” in section 6 (Special Conditions) was relevant in the context of the application and suggested NHS England may wish to delete it, if it was not relevant.</p> <p>5.4.15 AGD suggested that section 2(c) (Territory of Use) was updated to align with the flows of data outlined in the application, to reflect that the territory of use is “<i>UK and EEA</i>”, and to provide a justification for “<i>EEA</i>”.</p> <p>5.4.16 The Group suggested a small correction throughout the application from “<i>youth’s</i>” to “<i>youth</i>”.</p> <p>5.4.17 Given the points raised by the Group, the NHS England SIRO representative noted this application could not progress via delegated authority until such time as the NHS England SIRO Representative had reviewed the updated application.</p> <p>5.4.18 No AGD member noted a commercial aspect to the application.</p>	
5.5	<p>Reference Number: NIC-733055-Y4J1B-v0.6</p> <p>Applicant and Data Controller: London School of Economics and Political Science (LSE)</p> <p>Application Title: Evaluating hospital-level and patient-level factors that influence quality and safety outcomes for acute myocardial infarction patients in the UK (20-MNP-01)</p> <p>Observer: Tiaro Micah</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of Discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p>	

	<p>5.5.1 The Group noted this was a service evaluation, ruling out activities the Health Research Authority (HRA) would class as research.</p> <p>5.5.2 AGD noted that date of death was flowing, this had been reviewed / assessed to determine whether this would in fact make the data identifiable and would therefore be confidential patient data in the NHS England DAS internal application assessment form; and suggested section 5a (Objective for Processing) was updated with a statement regarding the determination.</p> <p>5.5.3 AGD noted reference in section 5(a) to relevant professional societies helping to “<i>shape the methods, and promote the dissemination of findings</i>” and queried why the applicant had not engaged with the professional societies prior to the submission of the application and. if they had, to update the application in line with the facts. If the applicant had not engaged with professional societies, the Group suggested that this should happen sooner, rather than later.</p> <p>5.5.4 AGD noted reference to s251 in section 3 (Common Law Duty of Confidentiality) and 3(c) (Patient Objections); and noting s251 was not the legal basis to flow the data under the application, suggested such references be removed and the text updated in line with the facts.</p> <p>5.5.5 AGD suggested that the application was updated to reflect the standard NHS England citation special condition in section 6 (Special Conditions), not the NDRS citation wording.</p> <p>5.5.6 No AGD member noted a commercial aspect to the application.</p>	
<p>5.6</p>	<p>Reference Number: NIC-756900-Q2J3K-v0.15</p> <p>Applicant and Data Controller: University College London (UCL)</p> <p>Application Title: A mixed methods evaluation of the National Perioperative Screening and Optimisation Programme (NPSOP) on patient centred outcomes using Hospital Episode Statistics</p> <p>Observer: Emma Whale</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of Discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>5.6.1 AGD welcomed the extensive patient and public involvement and engagement (PPIE) undertaken by the applicant and as outlined in section 5(a) (Objective for Processing), however suggested that this narrative be tailored to the PPIE relevant to the data to be accessed under this data sharing agreement (DSA).</p> <p>5.6.2 AGD noted that the applicant was relying on the University’s Trusted Research Environment Data Security and Protection Toolkit (DSPT), and suggested that NHS England clarify with the applicant that all the researchers are covered by this DSPT.</p>	

	<p>5.6.3 The Group noted reference in sections 3(b) (Additional Data Access Requested) and 5(a) to “<i>underdone colorectal cancer surgery</i>” and suggested that this may be a typo and may cause distress to patients and that this be updated to “<i><u>undergone</u> colorectal cancer surgery</i>”.</p> <p>5.6.4 AGD suggested that access arrangements for substantive employees be updated within section 5(a) to ensure that reference to the Secure Data Environment (SDE) data access agreement (which an individual signs) is also included, alongside reference to the Data Sharing Framework Contract (DSFC) and sharing agreement (DSA).</p> <p>5.6.5 AGD noted that the NHS England DAS internal application assessment form outlined only one honorary contract was in place, however the DSA was silent on this point. The AGD NHS England Data and Analytics Representative assured the Group that the honorary contract was covered within the data access agreement.</p> <p>5.6.6 No AGD member noted a commercial aspect to the application.</p>	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
<i>There were no items discussed</i>		
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
<i>There were no items discussed</i>		
8 OVERSIGHT AND ASSURANCE		
There was a brief verbal discussion with regard to the oversight and assurance work streams and their inclusion on future agendas.		
9	<p>Data and Analytics Process update (Presenter: Laura Bellingham / Dave Cronin)</p> <p>Following on from the verbal discussion at the AGD meeting on the 3rd July 2025, Laura Bellingham provided a further verbal update to the Group including, but not limited to, controllership; research versus service evaluation; UK General Data Protection Regulation (UK GDPR) legal basis; Data Protection Act Registration and; agents.</p> <p>AGD noted the update and that Data and Analytics would be undertaking work in August in order for the pilot process to begin with applications to AGD from September onwards. The AGD Chair noted that it was imperative that the AGD NHS England Data and Analytics Representative was well versed on the pilot and should note in-meeting to AGD, any divergences from the agreed pilot process.</p>	
10 AGD OPERATIONS		
10.1	<p>Risk Management Framework</p> <p>AGD Chair asked for an update on the risk management framework referred to in the Group’s Terms of Reference. The NHS England SIRO Representative updated the Group that NHS England was developing an interim approach, and he would bring thoughts back to AGD in the timeline previously outlined: September 2025.</p>	

	ACTION: The NHS England SIRO Representative to provide a written response to AGD on the progress in September 2025, of the risk management framework.	SIRO Rep
10.2	<p>Standard Operating Procedures (SOPs)</p> <p>AGD had previously queried if the review of the AGD Terms of Reference (TOR), forwarded to the Director of Privacy and Information Governance on the 14th March 2025, had been considered.</p> <p>The AGD Chair noted the that Director of Privacy and Information Governance had reviewed the minor changes, however due to the stipulation in the current AGD TOR that any changes are subject to consultation (under section 9), and in view of the proposed merger with the Department of Health & Social Care (DHSC), it was not proposed to go through the full change control process.</p> <p>Once AGD have had time to consider any further potential changes arising from potential new ways of working and the continued integration with the DHSC, NHS England suggested that AGD may wish to reconsider if there is a requirement for a broader set of revisions to the AGD TOR later in the year.</p> <p>The Group welcomed the update, and suggested a future discussion item on the AGD TOR be pencilled in for the December plenary meeting.</p> <p>ACTION: AGD Secretariat to add the AGD TOR to the AGD Forward Plan for discussion at the December plenary meeting.</p>	AGD Sec
10.3	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>	
10.4	<p>AGD Project Work</p> <p>(a) Joint DHSC / NHS England governance reform workshop (15th and 16th July 2025)</p> <p>Paul Affleck gave a brief verbal update to the Group on the workshop he'd attended on behalf of the AGD Chair, which was around gathering colleagues from across the governance system to look to reducing barriers of governance to research via a two-day workshop in Leeds.</p>	
11 Any Other Business		
11.1	<p>Our Future Health (OFH): use of PLUS service update (Presenter: James Gray)</p> <p>(a) AGD received a verbal update outlining OFH's proposed request to use the Digi-Trials PLUS service to provide NHS numbers. James Gray explained that due to multiple channels by which it is possible to register for OFH, individuals can and do register more than once, and since each registration is assigned a Study ID by OFH, there may be more than one Study ID for the same individual. OFH have asked to use the Digi-Trials PLUS service to receive NHS number for new participants prior to adding them to the existing cohort, giving OFH a clear sight of duplicate registrations. Once resolved, OFH would then only send to NHS England a single Study ID for new participants.</p> <p>AGD welcomed the verbal update and noted that an application for use of the Digi-Trials PLUS Service would be submitted to NHS England and that any such new / amendment applications would come to AGD for advice.</p>	

<p>(b)</p> <p>(c)</p> <p>(d)</p>	<p>Health Research Authority (HRA)</p> <p>Laura Bellingham gave a brief verbal update with regard to ongoing conversations between NHS England and the HRA, alongside other key stakeholders. As part of any new ways of working around ethics approvals, HRA and the NHS England Data Access Service (DAS) are knowledge sharing, including the journey of the applicant.</p> <p>The Group welcomed the verbal update and would welcome further discussions at AGD in the future.</p> <p>Consultee / National Data Opt-Out (NDO)</p> <p>Garry Coleman noted that it has been agreed with NHS England Legal and Policy colleagues that a consultee can override a NDO, as an NDO is not specific to the specific research project and therefore if a consultee considers that it would be in accordance with the participants wishes and feelings for them to participate in the research, the view of the consultee should take preference.</p> <p>AGD welcomed the position update provided and suggested a more substantive discussion, including a copy of any legal advice received, at a future AGD meeting.</p> <p>ACTION: AGD Secretariat to add to the AGD Forward Plan for a future discussion item at AGD.</p> <p>Update on expiring / expired applications and Data Sharing Framework Contracts (DSFC)</p> <p>AGD noted a correction was required to the 19th June 2025 minutes, item 13, in relation to the remit of work: <i>The Data Analytics and Partnership (DA&P) team remain operationally responsible for the management of expiring DSFC and data sharing agreements (DSA). The IG Risk and Assurance (R&A) team are supporting DA&P, primarily acting as a point of escalation for long-expired contracts (2+ months) and following up with organisations on behalf of the SIRO representative to either send a data destruction certificate to NHS England or contact the Data Applications team to progress a contract renewal. The IG R&A team work with DA&P on responses received and forward any data destruction certificates to DA&P to process as per their normal procedures.</i></p>	<p>AGD Sec</p>
<p>Meeting Closure</p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>		