

## **Advisory Group for Data (AGD) – Meeting Minutes**

Thursday, 12<sup>th</sup> February 2026

09:00 – 15:25

*(Remote meeting via videoconference)*

<b>AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role:</b>
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser) (Item 4.1 only)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Andrew Martin (AM)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser) (Item 4.1 only)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Nin Sandhu (NS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Jenny Westaway (JW)	AGD independent member (Lay Adviser) (Item 4.1 only)
<b>NHS ENGLAND STAFF IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Laura Bellingham (LB)	Deputy Director, Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 4.1)
Ricky Brooks (RB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> items 5.4 and 5.5)
Garry Coleman (GC)	NHS England SIRO Representative (Item 4.1 and 5.1 only)
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate ( <b>Observer:</b> item 4.1)

Rebecca Dennett (RD)	Senior Programme Manager, Data Linkage: ECHILD Transition, Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 4.1)
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.3)
Arjun Dhillon (AD)	Associate Director Clinical, Medical Directorate ( <b>Observer:</b> 4.1)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate ( <b>Observer:</b> item 4.1)
Maddie Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 3)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.1)
Narissa Leyland (NL)	Head of Data Governance and Assurance, Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Presenter:</b> item 4.1)
Azeez Oladipupo (AO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 4.4)
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 4.1)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.5)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.2)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
<b>AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

<p><b>1</b></p>	<p><b>Welcome and Introductions:</b></p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that, due to unforeseen circumstances, there would be no NHS England SIRO Representative or delegate in attendance for the meeting (with the exception of item 4.1 and 5.1). Noting that the <a href="#">AGD Terms of Reference</a> (ToR) state that: “...a representative of the SIRO must also be in attendance for any meetings of the Group or a Sub-Group...”, the Group were advised that, prior to the meeting, the NHS England SIRO Representative had confirmed contentment for all items to be discussed in their absence.</p>
<p><b>2</b></p>	<p><b>Review of previous AGD minutes:</b></p> <p>The minutes of the AGD meeting on the 5<sup>th</sup> February 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.</p>
<p><b>3</b></p>	<p><b>Declaration of interests:</b></p> <p>Claire Delaney-Pope noted a professional link to NHS South West London Integrated Care Board (NIC-791919-T4Y0Y-v0.1) as part of her role at South London and Maudsley NHS Foundation Trust (SLAM). It was agreed that that this was not a conflict of interest.</p>
<p><b>4 BRIEFING PAPER(S) / DIRECTIONS:</b></p>	
<p><b>4.1</b></p>	<p><b>Title:</b> Office for National Statistics (ONS) Governance and Data Sharing Agreement (DSA) Transition</p> <p><b>Presenter:</b> Narissa Leyland</p> <p><b>Observers:</b> Laura Bellingham, Dave Cronin, Maddie Laughton, Suzanne Hartley, Rebecca Dennett</p> <p>AGD were provided with a brief overview of the background data sharing agreements (DSA); the proposed ONS governance and DSA model; and the consent processes.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> <li>1. Advice on the proposed model, consisting of: <ol style="list-style-type: none"> <li>a) The ONS legal interpretation register that documents the reasons for data use in alignment with the relevant legal basis</li> <li>b) An aligned DSA for multiple purposes that is clear for implementation, maintains appropriate control and oversight</li> <li>c) Clear consenting procedures for onward sharing that are publicly available and will be monitored.</li> </ol> </li> <li>2. Advice on supporting consent for onward sharing purposes: <ol style="list-style-type: none"> <li>a) A pro-active consent for ONS to share for the following purposes in line with the processes</li> <li>b) Devolved Nations</li> <li>c) Accredited / Approved Researchers</li> <li>d) Are there any other exceptions to be considered and what risk does this present?</li> </ol> </li> <li>3. Is the proposed model scalable, if not what would AGD advice be enable scalability?</li> </ol>

**Outcome of discussion:** AGD welcomed the briefing and made the following observations / comments:

**4.1.1** The Group were supportive of the model in principle and noted the work undertaken by the Team to get to this point.

**In response to point 1 above:**

**4.1.2** AGD were unable to opine on the legal basis as this was outside of their remit and suggested advice be sought from NHS England's Legal Team.

**4.1.3** The Group suggested that the current draft format data sharing agreement (DSA) was too lengthy and may be difficult to audit against. AGD suggested that NHS England may wish to take a different approach in order to support ONS for example shortening the length of the proposed section 5, and splitting out elements into separate documents.

**4.1.4** Notwithstanding the consent approval set out in the Statistics and Registration Service Act 2007 (SRSA), the Group suggested that the use of the word 'consent' may cause confusion for the public, and suggested that any public facing documents / communications use 'approval' or 'permission'.

**In response to point 2 above:**

**4.1.5** AGD were supportive of the consent model for NHS England to approve onward sharing in line with the processes outlined within the DSA.

**4.1.7** The Group no further advice to offer with regard to devolved nations.

**4.1.8** Due to time constraints the Group did not discuss data access for 'approved researchers', but noted the use of existing processes, and suggested these were incorporated and in line with NHS England expectations.

**4.1.9** Due to time constraints the Group did not discuss any other exceptions.

**In response to point 3 above:**

**4.1.9** The Group noted the suggestion that the proposed model could be transferrable to other organisations. However, members of AGD noted that ONS had statutory powers and multiple DSAs to access data, and queried if any other organisations had such wide-ranging powers and therefore needed this approach. The Group would welcome the opportunity to advise on the appropriateness of extending the model to other organisations on a case-by-case basis

In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:

**4.1.10** The Group noted that data use may go beyond existing public expectations and suggested that NHS England assured itself that the sharing of data with ONS doesn't cause any surprises for the public. AGD suggested that ONS and NHS England should work together to ensure coordinated communications in order to set out the uses proposed; to reassure the public that the data is being used appropriately; and to note any uses not covered.

**4.1.11** AGD suggested that there should be alignment across national policy, for example ensuring that the National Data Opt Out (NDO) is applied consistently.

	<p><b>4.1.12</b> AGD would welcome an update of the evaluation of the ONS model and suggested NHS England bring back updates at appropriate check points, outlining for example how the model is working, what benefits are being accrued and how the model is informing decisions around further rollouts of the model. The NHS England SIRO Representative supported the need for ongoing checks and markers throughout the implementation of the ONS model and giving AGD the opportunity to review progress and raise any concerns, if necessary.</p> <p><b>4.1.13</b> AGD also noted that they would welcome involvement of the development of section 5 of the DSA.</p>	
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**5 EXTERNAL DATA DISSEMINATION REQUESTS:**

<p><b>5.1</b></p>	<p><b>Reference Number:</b> NIC-790533-Z1B6W</p> <p><b>Applicant and Data Controller:</b> Global Data Support B.V.</p> <p><b>Application Title:</b> “Health Insight Analytics Environment”</p> <p><b>Observers:</b> Joe Lawson and Jodie Taylor-Brown</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 20<sup>th</sup> November 2025.</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group were asked <b>not</b> to review the application for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p><b>Outcome of discussion:</b> AGD were <b>not</b> supportive of the application <b>at this time</b> due to the limited information / documentation provided, and wished to draw to the attention of the SIRO the following substantive comments, and suggested that the application be brought back to a future meeting:</p> <p><b>5.1.1</b> The Group acknowledged the work from DARS in attempting to clarify the points previously raised by AGD on the 20<sup>th</sup> November 2025, however the Group felt that the majority of the points previously raised were still <b>not</b> clear and either not answered or partially answered and suggested the applicant addresses the previously raised points (see <a href="#">AGD Minutes 25<sup>th</sup> November 2025</a>).</p> <p><b>5.1.2</b> The Group noted risks associated with the proposed data dissemination, noting the access would be via secure data environment (SDE).</p> <p><b>5.1.3</b> AGD and the NHS England SIRO Representative suggested that NHS England work with the applicant to significantly revise the internal form / application and provide clarity to points previously raised by the Group, and provide evidence to support the proposed processing outlined in the application, including but not limited to</p>	
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	<p><b>5.1.3.1</b> provide a copy of their legitimate interest assessment (LIA) or if not completed, to complete a LIA, noting there is no obligation in the UK General Data Protection Legislation (GDPR) to do a LIA, but it is <a href="#">best practice</a> to conduct one and it is difficult to meet obligations under the accountability principle without it;</p> <p><b>5.1.3.2</b> provide further information in respect of the balance between public and commercial benefit, in line with the National Data Guardian (NDG) <a href="#">guidance</a> on benefits; and</p> <p><b>5.1.3.3</b> provide evidence of working with NHS organisation(s), for example by providing a letter of support from an NHS organisation.</p> <p><b>5.1.4</b> Noting the commercial elements within the application, the Group noted that there was a lack of clarity in the model around the use of the SDE and potential data extracts; and suggested that section 5 of the application be updated with further detail and in line with the <a href="#">NHS England DARS Standard for Commercial Purpose</a>. The Group suggested that the applicant may wish to consider outlining their business plan to NHS England with an example of a time limited pilot to demonstrate an early benefit.</p> <p><b>5.1.5</b> AGD noted they had other less substantive points and would feed these back to DARS via the AGD Secretariat.</p> <p><b>5.1.6</b> AGD noted that there <b>was</b> a commercial aspect to the application</p>	
<p><b>5.2</b></p>	<p><b>Reference Number:</b> NIC-791919-T4Y0Y-v0.1</p> <p><b>Applicant and Data Controller:</b> NHS South West London Integrated Care Board</p> <p><b>Application Title:</b> “SWL ICB Population Health Benchmarking”</p> <p><b>Observer:</b> Emma Whale</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group were asked <b>not</b> to review the application for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the 12-month application <b>if</b> the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments</p> <p><b>5.2.1</b> Recognising the length of the agreement was 12 months, AGD suggested that NHS England assure itself that this application does <b>not</b> duplicate any access arrangements in other national systems providing similar data. The Group recognised the applicant may require certain tool sets that are <b>not</b> currently available in other national systems.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p>	

	<p><b>5.2.2</b> AGD were supportive of the level of data being provided given the multiplicity of conditions outlined in the internal form but suggested that NHS England work with the applicant to</p> <p><b>5.2.2.1</b> clearly articulate a justification for each dataset requested by the applicant, and in line with the purpose outlined, noting the same justification had been provided for each dataset requested; and</p> <p><b>5.2.2.2</b> clearly explain why NHS England cannot minimise the data prior to provision to the applicant, and in line with the <a href="#">NHS England DARS Standard for Data Minimisation</a>.</p> <p><b>5.2.3</b> AGD suggested that section 4.8 of the internal form be updated to remove reference to “<i>Findings will be used for future algorithm development...</i>” and that should the applicant wish to develop an algorithm that this be part of a future amendment to the application.</p> <p><b>5.2.4</b> AGD noted that the points raised for this application should <b>not</b> be used as a reusable decision / precedent.</p> <p><b>5.2.5</b> No AGD member noted a commercial aspect to the application.</p>	
<p><b>5.3</b></p>	<p><b>Reference Number:</b> NIC-786264-W6R5D</p> <p><b>Applicant:</b> University Hospital Southampton NHS Foundation Trust</p> <p><b>Data Controllers:</b> University Hospital Southampton NHS Foundation Trust and University of Southampton</p> <p><b>Application Title:</b> “Fractional Flow Reserve Derived from CT Coronary Angiography in the Assessment and Management of Stable Chest Pain (FORECAST): 5 Year Follow-Up”</p> <p><b>Observer:</b> Ayse Depsen</p> <p><b>Application:</b> This was a new application.</p> <p>NHS England were seeking advice on the following points, including general advice on any other aspect of the application:</p> <ol style="list-style-type: none"> <li>1. Is there a legal gateway for NHS England to share HES APC and Mortality Data?</li> <li>2. Is there a legal gateway to share long term follow-up data.</li> <li>3. If AGD are not supportive of the flow of Data as outlined in this application, please suggest what the applicant might consider, to establish a legal gateway to support the flow of Data for the purpose of outlined in this application.</li> </ol> <p>Should an application be approved by NHS England, further details would be made available within the <a href="#">Data Uses Register</a>.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group were asked <b>not</b> to review the application for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application <b>if</b> the following substantive comments in respect of <b>transparency</b> were addressed, and wished to draw to the attention of the SIRO the following substantive comments:</p>	

	<p><b>5.3.1</b> In providing advice on points 1 and 2 (see 5.3.2 to 5.3.4), the Group noted that further work to update the transparency materials was required by the applicant in order to meet the expectations of the participants, including but not limited to</p> <p style="padding-left: 40px;"><b>5.3.1.1</b> providing a project specific privacy notice which explains <b>i)</b> the role of NHS England as a Data Processor, <b>ii)</b> the use of the data, <b>iii)</b> the withdrawal process for individuals to withdraw from the study, and <b>iv)</b> the study period as noted in the protocol; and</p> <p style="padding-left: 40px;"><b>5.3.1.2</b> extending transparency materials beyond the website, such as provision of a newsletter or mailing list.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>In response to point 1:</b></p> <p><b>5.3.2</b> AGD discussed whether consent was compatible to permit the flow of HES APC and Mortality Data, and advised that considering the consent material and patient information sheets provided that the consent was compatible with the proposed processing.</p> <p><b>5.3.3</b> AGD noted that Mortality Data was not specifically mentioned in any of the materials provided, but that the provision of this data was not incompatible, and that this view should <b>not</b> be used as a reusable decision / precedent for any other dataset.</p> <p><b>In response to point 2:</b></p> <p><b>5.3.4</b> The Group discussed whether the consent was compatible to share long term follow up data, and advised that the consent was compatible, but <b>only</b> for those that had given such consent which was an addition on the consent form.</p> <p><b>In response to point 3:</b></p> <p><b>5.3.5</b> Noting the Group’s responses to questions 1 and 2, AGD noted this question was now redundant, but noted that AGD are unable to opine on the legal basis as this was outside of their remit, and suggested advice should always be sought from NHS England’s Legal Team.</p> <p><b>5.3.6</b> AGD suggested that the internal form be updated to clearly outline the role of HeartFlow Inc in order to populate section 5 of the application and the <a href="#">Data Uses Register</a>.</p> <p><b>5.3.7</b> AGD noted that there <b>may be</b> a commercial aspect to the application</p> <p>In addition, <b>AGD made the following observations separate to the application:</b></p> <p><b>5.3.8</b> The Group suggested that NHS England may wish to consider the advice questions to AGD are in line with the <a href="#">NHS England DARS Standard for Duty of Confidentiality</a>, for example, asking if the data flow is compatible with the consent, or if the data flow is incompatible with the consent, or if the consent is insufficient if the data flow is still compatible with the consent, rather than using the term “legal gateway”.</p> <p><b>5.3.9</b> AGD noted that the internal form was silent on the length of the agreement and suggested that NHS England consider including the term of the agreement when the internal form is next up for review / update.</p>	<p>SIRO Rep / D&amp;A Rep</p> <p>D&amp;A Rep</p>
<p><b>5.4</b></p>	<p><b>Reference Number:</b> NIC-365804-B3N1K-v0.3</p>	

**Applicant and Data Controller:** PERSPECTUM LTD

**Application Title:** “UK Imaging Diabetes Study Seeing Diabetes Clearly (UKIDS) Outcome Data”

**Observers:** Ricky Brooks and Azeez Oladipupo

**Application:** This was a new application.

NHS England were seeking general advice on the application.

Should an application be approved by NHS England, further details would be made available within the [Data Uses Register](#).

As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group were asked **not** to review the application for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.

**Outcome of discussion:** AGD were supportive of the application **if** the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments:

**5.4.1** Noting that the consent materials and patient information sheets were specific about the datasets, alongside referring to generalised datasets, the Group felt that the consent was not incompatible with the consent materials provided for the proposed processing, however suggested that further work be undertaken by the applicant on the transparency materials, in order to meet the expectations of the participants.

**5.4.2** The Group noted the update from NHS England that the applicant was due to publish a privacy notice in the next week, however suggested

**5.4.2.1** updating the study specific draft Privacy Notice to **i)** outline the use of the data, **ii)** clarify which datasets go beyond those outlined in the consent materials and where those other datasets are referenced, **iii)** including more information about the follow up period in that it is now 5 years not 10 years, **iv)** the withdrawal process for individuals to withdraw from the study, and **v)** the role of the applicant;

**5.4.2.2** noting the applicant had committed to creating a PPIE committee, that the applicant utilises this committee to review the updated draft Privacy Notice, and prior to its publication on the trial website; and

**5.4.2.3** suggested that **no** data should flow until the Privacy Notice had been published.

**5.4.3** Noting the commitment by the applicant to create a patient and public involvement and engagement (PPIE) committee, AGD suggested that **no** data should flow until that committee was established and reminded the applicant of ongoing PPIE throughout the lifecycle of the work. The [HRA guidance on Public Involvement](#) is a useful guide.

**5.4.4** AGD suggested that NHS England satisfy itself that the applicant has clearly demonstrated there is a benefit to health and social care in England and Wales; and that further information was provided in the internal form (in order to populate section 5 of the

	<p>application and the <a href="#">Data Uses Register</a>), in respect of the balance between public and commercial benefit, in line with the National Data Guardian (NDG) <a href="#">guidance on benefits</a>.</p> <p><b>5.4.5</b> The Group suggested that the applicant provide a copy of their legitimate interest assessment (LIA) to NHS England, for information only, or if not completed to consider completing a LIA, noting there is no obligation in the UK General Data Protection Regulation (GDPR) to do a LIA, but it is <a href="#">best practice</a> to conduct one since that would support the applicant in balancing public and commercial benefit.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.5.6</b> AGD noted that there was a commercial aspect to the application</p> <p>In addition, <b>AGD made the following observations separate to the application:</b></p> <p><b>5.5.7</b> The AGD NHS England DPO Representative suggested that the SDA question and answering in red text was an exemplar of good practice and thanked the team for an easy-to-follow document.</p> <p><b>5.5.8</b> AGD suggested that only consent materials relevant for the AGD review be included in the agenda pack, for example if the applicant did not use v1 of the consent materials for any aspect of the study, to not include it in the pack.</p> <p><b>5.5.9</b> AGD raised again the difficulty in reviewing the new internal form and establishing what was internal narrative and what was to be included in the application, and suggested that NHS England consider reviewing the template when the internal form is next up for review / update.</p>	<p>D&amp;A Rep</p> <p>D&amp;A Rep</p> <p>D&amp;A Rep</p>
<p><b>5.5</b></p>	<p><b>Reference Number:</b> NIC-773376-M4M7B</p> <p><b>Applicant and Data Controller:</b> Queen Mary University of London</p> <p><b>Application Title:</b> “A national perioperative platform trial to improve outcomes for surgical patients PROTECT”</p> <p><b>Observers:</b> Ricky Brooks and James Watts</p> <p><b>Application:</b> This was a new application.</p> <p>NHS England were seeking advice on the following point, including general advice on any other aspect of the application:</p> <ol style="list-style-type: none"> <li>1. Whether the use of honorary contracts is appropriate or would constitute sublicensing; and, whether the proposed access model is compliant and appropriate.</li> </ol> <p>Should an application be approved by NHS England, further details would be made available within the <a href="#">Data Uses Register</a>.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group were asked <b>not</b> to review the application for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p><b>Outcome of discussion:</b> AGD deferred the application as not all the necessary information was available to make a full assessment. AGD wished to draw to the attention of the SIRO</p>	

	<p>the following substantive points; and suggested that the application be brought back to a future meeting once the AGD points had been sufficiently addressed (or it was clearly highlighted / justified where points were not applicable):</p> <p><b>In response to point 1:</b></p> <p><b>5.5.1</b> AGD had a lengthy discussion with regard to honorary contracts / sub licensing and were clear that QMUL honorary contracts are the only appropriate mechanism where QMUL or third-party researchers are working on the specific QMUL projects <b>only</b>.</p> <p><b>5.5.2</b> The Group noted that the use of honorary contracts as outlined in the internal form was incompatible with the existing consent materials for non-QMUL projects, and in addition that the consent materials did not support the use of sub licensing for projects ingested into the model and were not QMUL projects i.e. the researchers doing their own projects.</p> <p><b>5.5.3</b> AGD suggested that the model outlined was sub-licensing due to the involvement / range of the other organisations, the data access, and the lack of clarity around the purposes, and suggested the <a href="#">NHS England DARS Standard for Sub-licensing and Onward Sharing of Data</a>, was a useful guide for the applicant.</p> <p><b>5.5.4</b> The Group also suggested that further consideration be given by the applicant to joint Data Controllership since for those non-QMUL purposes the organisation would be determining the purpose and means of the project, which would require the internal form to be significantly updated in order to populate the application and the <a href="#">Data Uses Register</a>.</p> <p><b>5.5.5</b> The Group noted the internal form was inconsistent with regard to the potential commercial uses of data and that further detail should be provided in order to</p> <ul style="list-style-type: none"> <li><b>5.5.5.1</b> populate section 5 of the application and the <a href="#">Data Uses Register</a>; and</li> <li><b>5.5.5.2</b> clarify any commercial influences (direct / indirect) to inform potential participants in the trial.</li> </ul> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.5.6</b> AGD noted that there <b>may be</b> a commercial aspect to the application</p>	
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**6 INTERNAL DATA DISSEMINATION REQUESTS:**

*There were no items discussed*

**7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL**

*There were no items discussed*

**8 OVERSIGHT AND ASSURANCE**

8.1	<p><b>Oversight and Assurance Process</b></p> <p>The <a href="#">Statutory Guidance</a> states that the data advisory group (AGD) should be able to provide NHS England with advice on: <i>“Precedents for internal and external access, including advising in accordance with an agreed audit framework whether processes for the use of precedents are operating appropriately, to provide ongoing assurance of access processes”</i>.</p>	
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	<p>In advance of the meeting, the AGD independent members were provided with <b>1)</b> six applications (selected by the AGD Secretariat); <b>2)</b> internal application assessment forms for each of the six applications; and <b>3)</b> an oversight and assurance template to complete for each of the applications that each individual member had been asked to review.</p> <p>Following review of the applications by the AGD independent members <b>out of committee</b>, the completed oversight and assurance templates were sent to the AGD Secretariat prior to the meeting.</p> <p>It was noted that only <b>high-level points</b> would be discussed in meeting (and noted in the minutes); however, the full suite of comments and feedback from AGD independent members on the oversight and assurance templates would be collated by the AGD Secretariat and shared with the NHS England SIRO representative and relevant NHS England colleagues as may be appropriate.</p> <p>Please see <b>appendix A</b> for high-level points raised in-meeting on the six applications.</p>	
<p><b>8.2</b></p>	<p><b>Oversight and Assurance Conclusion / Review</b></p> <p>AGD noted that the last oversight and assurance for workstream 2 review had taken place on the 22<sup>nd</sup> January 2026.</p> <p>The Group noted that whilst the majority of applications clearly communicated how the previous IGARD / AGD comments had been addressed, a few applications fell into the following categories <b>1)</b> previous AGD comments had not been adequately addressed; <b>2)</b> it was unclear if / how previous AGD comments had been addressed; and <b>3)</b> the response to the previous AGD comments could have been clearer.</p> <p>The Group provided some feedback for future reviews including, but not limited to <b>1)</b> the preparation time of 10 minutes per application was sufficient if it was clear how AGD comments had been addressed; <b>2)</b> reviewing fewer applications per independent member was more effective; and <b>3)</b> two independent members per review was sufficient.</p> <p><b>Subsequent to the meeting</b>, the NHS England SIRO Representative noted that it was important for NHS England Data Access Request Service (DARS) to clearly articulate how the AGD advice had been considered across all points, and that a clear document trail was required to enable an audit of the decision made.</p> <p><b>Subsequent to the meeting</b>, the NHS England SIRO Representative noted that there was still room for improvement and thanked AGD and NHS England colleagues for the work undertaken to date</p>	<p>D&amp;A Rep</p> <p>D&amp;A Rep</p>
<p><b>9 AGD OPERATIONS</b></p>		
<p><b>9.1</b></p>	<p><b>AGD ways of working (Presenter: Jon Fistein)</b></p> <p>The AGD Chair noted that at the AGD meeting on the 22<sup>nd</sup> January 2026, the Group had been asked to think about some specific points, feeding back responses to the AGD Chair and AGD Secretariat, and that these would form part of further discussions at future AGD meetings, and asked that any outstanding responses be forwarded as soon as possible.</p>	<p>DPO Rep / D&amp;A Rep</p>

	<p>Jon provided a high-level summary of responses received to date and noted that once everyone had provided their thoughts on the specific points, he would collate the responses and that this would be a substantive discussion at the plenary in March 2026.</p> <p>The Group thanked the AGD Chair for the update on this evolving area of work and noted that further discussions would take place at future AGD meetings.</p>	
<b>9.2</b>	<p><b>Risk Management Framework</b></p> <p>The NHS England SIRO Representative noted the recent discussions at the AGD plenary meeting on the 4<sup>th</sup> December 2025, on a number of different scenarios that may influence the content of a Risk Management Framework; and it was noted that further work / discussions on this will take place out of committee with some of the AGD members; and that further information would be provided / discussed with the Group at a future AGD meeting.</p> <p><b>ACTION:</b> The NHS England SIRO Representative, AGD Chair and AGD Secretariat to discuss out of committee work on the Risk Management Framework.</p>	SIRO Rep
<b>9.3</b>	<p><b>AGD Stakeholder Engagement</b></p> <p><i>There were no items discussed</i></p>	
<b>9.4</b>	<p><b>AGD Project Work</b></p> <p><i>There were no items discussed</i></p>	
<b>10 Any Other Business</b>		
<b>10.1</b>	<p><b>AGD Declarations of Interest (DOI)</b></p> <p>Vicki Williams noted that the updated DOI table had been published here: <a href="#">AGD DOI table</a></p>	
<b>10.2</b>	<p><b>AGD Member Profiles</b></p> <p>Vicki Williams noted that following discussion earlier in the year, the delegate profiles for the NHS England Representatives had been removed to leave only the NHS England Representatives on AGD profiles on the webpage. In addition, Vicki noted that four member profiles had been updated, and the four new member profiles (Jon, Jo, Chris and Mark) had been added to the webpage here: <a href="#">AGD members profiles</a></p>	
<b>10.2</b>	<p><b>GPES Data for Consented Cohorts</b></p> <p>Michael Chapman provided a brief update to the Group, confirming the <a href="#">GPES Data for Consented Research Directions 2026</a> had been published. He took the opportunity to thank AGD, on behalf of NHS England, for their support, advice and challenge throughout the process.</p>	
<b>Meeting Closure</b>		
As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.		

Appendix A

Oversight and Assurance Review – \*\*12<sup>th</sup> February 2026\*\*

Ref:	NIC Number:	Organisation:	Areas to consider:
260212a	NIC-393510-D6H1D-v10.2	University College London (UCL)	<p>The application had last been seen by AGD on the 18<sup>th</sup> September 2025 where the Group had been supportive with comments.</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• The Group felt there were adequate responses to the majority of the points raised by AGD except:               <ul style="list-style-type: none"> <li>○ 5.6.3, 5.6.4 and 5.6.11 where no update had provided in response to the points in section 10 (AGD outputs) of the SDA, however other sections of the SDA had been updated to reflect the advice</li> </ul> </li> </ul> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• <b>Process point: Action for D&amp;A Representative</b> to ensure a clear document trail of the decisions made by ensuring section 10 of the SDA has explicit responses to all AGD advice points.</li> </ul>
260212b	NIC-780525-J4L3S-v2.2	NHS England	<p>The application had last been seen by AGD on the 9<sup>th</sup> October where the Group had been supportive of the application <b>if</b> the substantive comments had been addressed</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• No issues were raised on the application</li> </ul> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• No issues were raised on the process.</li> </ul>

260212c	NIC-771170-Y3J8Z-v0.4	University of Cambridge	<p>The application had last been seen by AGD on the 9<sup>th</sup> October 2025 where the Group had been supportive with comments.</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• AGD were unable to provide oversight and assurance, as there was <b>no</b> evidence the previous points raised by AGD had been updated within the application summary because no SDA / escalation form was visible to the Secretariat on CRM in order to provide as part of the agenda pack.</li> </ul> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• <b>Process point: Action for D&amp;A Representative</b> to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable.</li> </ul>
260212d	NIC-788684-Y5P8C-v0.3	National Centre for Stereotactic Radiosurgery	<p>The application had last been seen by AGD on the 9<sup>th</sup> October 2025 where the Group had been supportive with comments.</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• The Group felt there were adequate responses to the majority of the points raised by AGD except: <ul style="list-style-type: none"> <li>○ 5.6.2 where the applicant had confirmed an action to develop a privacy notice, but there was <b>no</b> update within the SDA the action had been completed, and it appeared that the applicant was not complying with the contractual requirement set out in section 4 of the DSA of maintaining a compliant transparency notice for the lifetime of</li> </ul> </li> </ul>

			<p>the agreement or that the processing arrangements are not as described the DSA</p> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• <b>Process point: Action for D&amp;A Representative</b> to update the ACR template to enable the application to provide a website link to their Privacy Notice, or so as not to rely solely on the ACR to develop a follow up tracking system of committed actions.</li> </ul>
260212e	NIC-791529-K1J8C-v0.2	University of Leeds	<p>The application had last been seen by AGD on the 16<sup>th</sup> October 2025 where the Group had been supportive <b>if</b> the substantive comments had been addressed.</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• The Group felt there were adequate responses to the majority of the points raised by AGD except: <ul style="list-style-type: none"> <li>○ 5.1.1 where the application had been updated to refer to “<i>in excess of 30000 invitations</i>” which was not in line with the HRA CAG support which clearly stated “<i>approximately 30000 invitations</i>” – the DSA now appeared to be permissive that the applicant could send out invitations well in excess of the HRA CAG support.</li> <li>○ 5.1.6 (2) where <b>no</b> update had been provided as to whether the report was also small number suppressed.</li> </ul> </li> </ul> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• No issues were raised on the process.</li> </ul>

260212f	NIC-786843-Y6V6G-v0.2	Department of Health and Social Care	<p>The application had last been seen by AGD on the 16<sup>th</sup> October 2025 where the majority of the Group (three AGD independent members and three AGD NHS England members) were supportive of the application; and a minority of the Group (one AGD independent member) was supportive of the application <b>if</b> the point raised on the Direction were adequately addressed. A minority of the Group (one AGD independent member) was <b>not</b> supportive of the application <b>at this time</b> as not all the necessary information was available to make a full assessment.</p> <p><b>Feedback on application:</b></p> <ul style="list-style-type: none"> <li>• AGD were unable to provide oversight and assurance, as there was no evidence the previous points raised by AGD had been updated within the application summary because no SDA / escalation form was visible to the Secretariat on CRM in order to provide as part of the agenda pack.</li> </ul> <p><b>Feedback on process:</b></p> <ul style="list-style-type: none"> <li>• <b>Process point: Action for D&amp;A Representative</b> to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable.</li> </ul>
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