

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 13th July 2023

09:30 – 15:30

(Remote meeting via videoconference)

INDEPENDENT ADVISERS IN ATTENDANCE:	
Name:	Role:
Claire Delaney-Pope (CDP)	Independent Specialist Adviser (Observer – new AGD member)
Dr. Robert French (RF)	Independent Specialist Academic / Statistician Adviser
Kirsty Irvine (KI)	Chair
Dr. Imran Khan (IK)	Specialist GP Adviser
Jenny Westaway (JW)	Independent Lay Adviser
Miranda Winram (MW)	Independent Lay Adviser (Observer – new AGD member)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
Louise Dunn (LD)	Data Access Request Service Senior Approval Team (DARS SAT) (SAT Observer: items 4.1 to 5.1)
Kate Fleming (KF)	NHS England Data & Analytics Representative (Delegate for Michael Chapman)
Andrew Martin (AM)	NHS England DPO Representative (Delegate for Jon Moore)
Karen Myers (KM)	AGD Secretariat Team
Dr Jonathan Osborn (JO)	NHS England Caldicott Guardian Team Representative
Vicki Williams (VW)	AGD Secretariat Team (Presenter: items 8 and 9.1)
INDEPENDENT ADVISERS NOT IN ATTENDANCE:	
Paul Affleck (PA)	Specialist Ethics Adviser
Prof Nicola Fear (NF)	Independent Specialist Academic Adviser

Dr. Geoffrey Schrecker (GS)	Specialist GP Adviser
Dr. Maurice Smith (MS)	Independent Specialist GP Adviser
NHS ENGLAND STAFF NOT IN ATTENDANCE:	
Michael Chapman (MCh)	Data and Analytics representative
Jon Moore (JM)	NHS England Data Protection Office Representative

1	<p>Welcome and Introductions</p> <p>The NHS England Senior Information Risk Owner (SIRO) Representative advised attendees that, noting the statutory guidance and the AGD Terms of Reference (ToR) had not yet been agreed, the meeting could not be held under the draft ToR, until they have been approved, and recognised that the draft ToR may change as the statutory guidance evolves. As NHS England would like to seek advice on a number of areas, the NHS England SIRO Representative therefore proposed that:</p> <ul style="list-style-type: none"> • Kirsty Irvine (as an independent adviser) will be asked to Chair the AGD meetings; • The meeting will be minuted, with advice and minutes published; • Attendees will include both independent advisers from outside NHS England and representatives from within NHS England. Attendees from NHS England include representatives covering the offices of the Data Protection Officer (DPO); the Caldicott Guardian; and the SIRO. • Attendees would not be listed as “members” in minutes during the transitional period; • NHS England representatives would not, during the transitional period, be formally part of any consensus that is reached, but would be active participants in the meeting; • It was agreed to use the Data Access Request Service (DARS) Standards / Precedents in relation to applications for external data sharing. <p>The attendees present at the meeting considered the proposal put forward by the NHS England SIRO Representative and, as no objections were raised, it was agreed that the meeting would proceed on this basis.</p> <p>Kirsty Irvine noted and accepted the request from the NHS England SIRO Representative to chair; and welcomed attendees to the meeting.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the 6th July 2023 AGD meeting were reviewed and subject to a number of minor amendments were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p>

	<p>Jenny Westaway noted that she had undertaken some paid contract work for Templar Executives to contribute to the development of a general e-learning course on data protection for Our Future Health. It was agreed this did not preclude the Jenny from taking part in the discussions about the two Our Future Health applications (NIC-414067-K8R6J and NIC-411795-X5N2V).</p> <p>Dr. Imran Khan noted a professional link to the NHS North and East London Commissioning Support Unit (CSU) (NIC-371243-H1P5T) through engagement on the General Practice Guidelines programme, but no specific connection with the application or staff involved and it was agreed this was not a conflict of interest.</p>
EXTERNAL DATA DISSEMINATION REQUESTS:	
4.1	<p>Reference Number: NIC-414067-K8R6J-v3.2</p> <p>Applicant: Our Future Health</p> <p>Application Title: Our Future Health Recruitment Programme</p> <p>SAT Observer: Louise Dunn</p> <p>Previous Reviews: The application and relevant supporting documents had previously been presented / discussed at the AGD meetings on the 2nd March 2023, 30th March 2023, 11th May 2023 an 29th June 2023.</p> <p>The application and relevant supporting documents had previously been presented / discussed at the IGARD BAU meetings on the 5th May 2022, 26th May 2022, 17th November 2022 and 1st December 2022.</p> <p>Linked applications: This application is linked to NIC-411795-X5N2V (item 4.2).</p> <p>Application: This was an amendment application.</p> <p>The amendment is to increase the total number of invitation mailouts from approximately 16 million to approximately 20 million, to allow recruitment to proceed whilst Our Future Health discuss a further increase to the invitation numbers with the Health Research Authority Confidentiality Advisory Group (HRA CAG).</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 group welcomed the application and noted the importance of the programme, which potentially may bring substantial benefits to patients.</p> <p>The minority of the group supported the amendment, and felt that the additional data could flow now, and all the additional work could be completed as part of continuous improvement after the flow.</p> <p>The majority of the group felt that additional work to test the public understanding of the commercial work, needs to be completed before additional data could flow and they could be supportive of the amendment.</p>

	<p>The group wished to draw to the attention of the SIRO the following significant comments and suggested that the application be brought back to a future meeting:</p> <p>4.1.1 The group noted that the review of this application was in relation to the amendment only, which was to increase the total number of invitation mailouts from approximately 16 million to approximately 20 million only; and they did not provide any advice on future steps for the application.</p> <p>4.1.2 The group suggested that further testing was carried out by the applicant with the cohort, to clarify the breadth and depth of understanding with participants on 1) the transparency in respect of the commercial involvement, and 2) the potential worldwide use of the data. The group noted that while the consent was valid, they suggested that subsequent updates were made to the consent / transparency materials following this testing, to build in further improvements.</p> <p>4.1.3 The group noted that the previous points / concerns raised by the group remain outstanding; and noted that the Health Research Authority Confidentiality Advisory Group (HRA CAG) had supported an increase in the invitation mailouts from approximately 16 million to approximately 20 million, subject to specific conditions of support.</p> <p>4.1.4 The group advised that satisfaction of the HRA CAG conditions of support in itself would not necessarily satisfy the points previously raised by AGD, including, but not limited to, the necessity of using confidential patient information (CPI) to target of the underrepresented groups more effectively than a “<i>Dear Householder</i>” approach, and that there had been no clear evidence provided to further support this objective / outcome.</p> <p>4.1.5 The group advised that if NHS England supported the additional data being supplied, to increase the total number of invitation mailouts, they would be supportive of a robust letter from NHS England in addition to the amended data sharing agreement (DSA), outlining all of the previous points / concerns previously made by the group, and with the advice, that all of these points would need to be satisfactorily addressed for any future data flows.</p> <p>4.1.6 The independent advisers suggested that the Caldicott Guardian Team Representative offered a view to NHS England in respect of the specific cohort letters shared with the group, noting that the content of some of the letters may be perceived as being coercive or misleading, including, but not limited to, the suggested involvement / encouragement from the NHS to potential participants. In addition, it was suggested by the group that the applicant should amend the letters to include all of the partners logos, and not just a select few.</p> <p>4.1.7 The independent advisers noted in the internal application assessment form, that further ethics advice / approval was not required for the increase to the number of invitation mailouts; however, a specialist independent adviser suggested that this</p>	
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	<p>may not be correct noting, amongst other things, the significant volume of additional data flowing; and suggested that this should be clarified with HRA REC.</p> <p>4.1.8 The independent advisers noted that s261(5)(d) of the Health and Social Care Act 2012 had been cited as a legal basis for dissemination, as per the advice from NHS England's Privacy, Transparency, Ethics and Legal (PTHEL); however, suggested that further clarification was provided as to why this was deemed to be the most appropriate legal basis.</p>	
4.2	<p>Reference Number: NIC-411795-X5N2V-v0.5</p> <p>Applicant: Our Future Health (OFH)</p> <p>Application Title: Our Future Health Outcomes TRE Data Linkage Application with Sublicensing</p> <p>SAT Observer: Louise Dunn</p> <p>Previous Reviews: The application and relevant supporting documents had previously been presented / discussed at the IGARD BAU meetings on the 22nd September 2022.</p> <p>Linked applications: This application is linked to NIC-414067-K8R6J (item 4.1).</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Whether OFH have sufficiently addressed the queries around: <ol style="list-style-type: none"> a) the OFH Access Board independence; b) data minimisation; c) clarity on DNAnexus' role; d) the data access process; e) any other aspects of the application that have not been clearly defined. <p>The application also set out that a number of areas had also been set as out of scope for discussion for this meeting, as NHS England were conducting further inquiries and discussion with the customer, for example the OFH Access Policy and Worldwide Territory of Use.</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 group were not offering support on the application as requested by NHS England, and made the following observations on the documentation provided as part of the review.</p> <p>4.2.1 The group noted that they were providing a narrow review on the points advanced by NHS England.</p>	

	<p>In respect of point 1 above:</p> <p>4.2.2 The independent advisers noted the statement in the OFH Governance Manual, provided as a supporting document <i>“Access Board representatives must not be from the Founding Members, with the exception of any representative nominated by the Founders Board to sit on the Access Board”</i>; and suggested that this may undermine the principle of independence on the OFH Access Board.</p> <p>4.2.3 In addition, an NHS England representative noted the geographical location of participants on the OFH Access Board, and queried whether they were representative of the cohort and that further information be provided.</p> <p>4.2.4 In respect of the OFH Access Board Standard Work Instructions, provided as a supporting document, the independent advisers noted that it was unclear when the Access Team and / or OFH Access Board provided approval, and suggested that further clarification be sought.</p> <p>4.2.5 It was also noted in the OFH Access Board Standard Work Instructions that the OFH Access Board does not seem to have the function/role to balance the public benefit against the commercial benefit and that this be further clarified.</p> <p>4.2.6 In respect of the OFH Data Access Register, it was noted in section 5(a) (Objective for Processing) that this would include a <i>“public benefit statement”</i>; and it was suggested by the independent advisers that this the public benefits were assessed in line with the National Data Guardian (NDG) guidance on benefits; and that the commercial benefits accruing to the commercial organisation(s) were proportionate to the benefit to health and social care.</p> <p>4.2.7 It was noted by the independent advisers that the OFH Access Board would ensure projects are in line with OFH policies and Health Research Authority Research Ethics Committee (HRA REC), however they noted that there was no reference on assessing the projects against NHS England’s requirements, for example, dataset limitations and requirements for public benefit, and suggested that the application be updated with further clarification.</p> <p>4.2.8 In respect of the OFH Founders Board, the independent advisers noted the statement in section 5(a) <i>“They do not make any decisions about the way Our Future Health is conducted or how the data is used”</i>; however, noted that the OFH Governance Manual has a clear description of how The Founders Board will advise OFH on, and assist OFH with, certain key aspects regarding the development and delivery of the OFH research programme. It was suggested that any future versions of this application, should provide more clarity on the exact role of the OFH Founders Board.</p> <p>4.2.9 The independent advisers noted in the internal application assessment form, that a Data Protection Impact Assessment (DPIA) had been undertaken by the applicant, however NHS England had not had sight of this. The independent advisers suggested that the applicant provide a copy of the DPIA to NHS England,</p>	
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	<p>and that NHS England ensure that the DPIA addressed a number of high-level points / risks, including, but not limited to, re-identification.</p> <p>4.2.10 The independent advisers also noted and advised that the Our Future Health Data Protection Policy, provided as a supporting document, does not adequately address the risks in respect of re-identification.</p> <p>4.2.11 The independent advisers noted that the data flow text description document provided as a supporting document was not easy to follow and suggested that the first paragraph of the supporting document which described the flows was reviewed and updated as appropriate to be clearer on the specific data flows.</p> <p>4.2.12 The independent advisers noted the reference to “<i>samples</i>” in the application; and queried how OFH would track identifiers between research and samples, and how this would impact on the identifiable data; and suggested that further clarification was provided.</p> <p>4.2.13 The independent advisers noted the intention to link the data with other datasets, for example, the Office for National Statistics data; and suggested that this was reviewed to ensure that all data linkage was compatible with the consent.</p> <p>4.2.14 Noting that the legal advice provided by NHS England’s Privacy, Transparent, Ethics and Legal (PTEL) team was subject to legal privilege in relation to the worldwide use of data, the independent advisers had not been sighted on the documentation, unlike the NHS England representatives who were able to view the PTEL legally privileged documentation; and noting this had been discussed a number of times at AGD and that the action remained outstanding in respect of independent advisers being able to view legal advice, and that an update would be provided in due course, following a formal view from NHS England internal lawyers..</p> <p>ACTION: NHS England to provide an update on independent advisers being able to view legally privileged advice.</p>	DPO
4.3	<p>Reference Number: NIC-430963-R7T2B-v0.14</p> <p>Applicant: University of Leeds</p> <p>Application Title: Enhanced Liver Fibrosis (ELF) test to Uncover Cirrhosis as an Indication for Diagnosis and Action for Treatable Events (ELUCIDATE).</p> <p>SAT Observer: Louise Dunn</p> <p>Application: This was a new application.</p> <p>The purpose of the application is for a study to assess the potential benefits of biomarkers in liver and renal disease (such as being able to detect and treat disease earlier) for patients and the NHS. Biomarkers are naturally occurring substances that can be measured, often in fluids such as blood or urine, and which provide information about a patient and their illness.</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 group were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>4.3.1 The independent advisers noted that the Chief Investigator, who was a substantive employee of Bart's Health NHS Trust, holds an honorary contract with UCL who are a joint Data Controller for this application; and noting NHS England had not had sight of the signed honorary contract, suggested that NHS England obtained this from the applicant; and that it was uploaded to NHS England's customer relationships management (CRM) system for future reference.</p> <p>4.3.2 The independent advisers noted in the internal application assessment form, that NHS England were waiting for a response from the applicant in respect of security assurance; and were advised by NHS England, that this would need to be addressed / signed off by NHS England prior to any data flowing. The group noted the update from NHS England.</p> <p>In addition, the group made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>4.3.3 The independent advisers commended NHS England's Data Access Request Service Senior Approval Team (DARS SAT) review undertaken on this application.</p> <p>4.3.4 The independent advisers queried the conflicting statement in section 5(a) (Objective for Processing) that stated <i>"The funding is provided by the National Institute for Health and Care Research (NIHR)..."</i>; and the internal application assessment form that stated that NIHR was not providing funding; and suggested that the funding arrangements were reviewed, and the application and internal application assessment form aligned / updated as appropriate to reflect the correct information.</p> <p>4.3.5 The independent advisers noted that the usual standard form wording with regard to funders was noted in the internal application assessment form, but was not in the data sharing agreement (DSA) and suggested that section 5(a) was updated to state that <i>"The funders will have no ability to suppress or otherwise limit the publication of findings"</i>.</p> <p>4.3.6 In addition, the independent advisers noted that the special condition, stating that the funder would not have influence on the outcomes nor suppress any of the findings of the research, was missing from section 6 (Section 6), and suggested that this was included as per process.</p> <p>4.3.7 The group advised that they were content there was a legal gateway for the processing of the data as outlined in the application, however, suggested that NHS England do not use the protocol as evidence to support the legal gateway in their consent review document; and that a verbal update on the role of UCL as referred to in the consent review was not a satisfactory justification for the UCL involvement.</p>	
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	<p>4.3.8 The independent advisers queried whether all of the proposed activity was still in line with the consent obtained from participants; and suggested that this was reviewed as may be appropriate.</p> <p>4.3.9 Noting the statement in section 5(a) “<i>The Data will be accessed by an individual...</i>”, the independent advisers suggested that this was updated to clarify the specific role of the individual.</p> <p>4.3.10 The independent advisers noted in section 5(a) that the identifiable data requested was necessary due to the attendance number that was required; and suggested that further clarification was provided as to how this was deemed to be an identifiable field, as it was currently unclear.</p> <p>4.3.11 The independent advisers noted the reference in section 5(a) to patient and public involvement and engagement (PPIE) to test support for this long-term follow-up, however suggested that this was updated to clarify when the PPIE was undertaken, i.e. was this undertaken for the historical or new processing. If the PPIE was not undertaken recently, it was suggested that the applicant should consider doing some additional / refreshed PPIE.</p>	
4.4	<p>Reference Number: NIC-656825-X7T4K-v1.3</p> <p>Applicant: University College London</p> <p>Application Title: Advancing Survivorship after Cancer: Outcomes Trial (ODR1819_039)</p> <p>SAT Observer: Louise Dunn</p> <p>Application: This was an extension and amendment application.</p> <p>The amendments are to 1) to extend the dates for data on any cancers diagnosed; and 2) to collect mortality data, both deceased status and cause of death, from January 2015 - to the latest available in order to capture any deaths from the start of the trial.</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 group were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>4.4.1 The independent advisers noted, within the internal application assessment form, that there had been some discussions with the applicant in respect of the honorary contract; and advised that, as per usual process / advice, the honorary contract should be counter-signed by the individual's substantive employer. The independent advisers suggested that NHS England ensure that written confirmation was received from the applicant that the document had been counter-signed by the employing body; and that the written confirmation was uploaded to NHS England's customer relationships management (CRM) system for future reference.</p>	

	<p>In addition, the group made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>4.4.2 The independent advisers noted references in section 5(a) (Objective for Processing) to “<i>lifestyle</i>” choices, and suggested that these were reviewed and updated as may be necessary, for example with a more sensitive form of language.</p> <p>4.4.3 The independent advisers suggested that the application was reviewed and updated as may be necessary to provide further clarity on the numbers cited, including, but not limited to, the original number of potential participants invited to join the cohort versus the minimised cohort number after the second consent process has occurred.</p>	
4.5	<p>Reference Number: NIC-656768-C1Z1M-v0.2</p> <p>Applicant: Imperial College London</p> <p>Application Title: Small Area Health Statistics Unit (SAHSU) (ODR1516_371/A4)</p> <p>SAT Observer: Louise Dunn</p> <p>Application: This was a renewal application.</p> <p>Linked applications: This application is linked to NIC-204903-P1J7Q.</p> <p>The purpose of the application is to support SAHSU, which was established in 1987 as a recommendation of an inquiry into the incidence of leukaemia and lymphoma in children and young adults near the Windscale/Sellafield nuclear power plant. SAHSU has a particularly significant role in carrying out environmental health surveillance of the population in relation to environmental contaminants and point sources of industrial pollution, based on routinely collected health data.</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 group were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>4.5.1 Noting the information within the application in respect of the students involved with the study, the independent advisers suggested that the contractual arrangements for the students were reviewed and updated in line with NHS England’s DARS Honorary Contract Standard, currently in the process of being signed off by the SIRO representative; and that a copy of any honorary contract(s) or other appropriate contracts for the students were uploaded to NHS England’s customer relationships management (CRM) system as per usual process, and for future reference.</p> <p>4.5.2 In addition, the independent advisers noted the honorary contract special condition in section 6 (Special Condition); and suggested that this was reviewed and updated as may be necessary following the review of the student’s contractual arrangements as noted in 4.5.1.</p>	

<p>4.5.3 The group noted the statement in section 5(a) (Objective for Processing) of the application “UK Health Security Agency (UKHSA)...do not have any decision-making responsibilities over project initiations...or have access to the data and are therefore not considered a Data Controller”; however, queried this in light of representation on the ‘UKHSA - The Small Area Health Statistics Unit (SAHSU) Liaison Committee’ who were predominantly from UKHSA; and that UKHSA provide formal approval for all studies under this data sharing agreement (DSA) via the ‘UKHSA Programme Board’. The group suggested that NHS England seek assurance from the applicant that UKHSA do not have data controllership responsibilities in line with NHS England’s DARS Standard for Data Controllers.</p> <p>4.5.4 In addition, noting the references in the ‘UKHSA - SAHSU Liaison Committee’ Terms of Reference (ToR) to “<i>stakeholders</i>”; it was suggested by the group that the applicant reviewed the activities and responsibilities of all stakeholders involved in the study in line with NHS England’s DARS Standard for Data Controllers, noting that a superficial / hands off approach by these stakeholders in the study, may provide further support to UKHSA being a Data Controller; alternatively if the stakeholders have a more active role than the ToR suggests, then this may have data controllership responsibilities. The group suggested that the internal application assessment form and the application form were updated as may be appropriate to provide further clarity / transparency.</p> <p>In addition, the group made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>4.5.5 The independent advisers noted the reference to “<i>research</i>” in section 5 (Purpose / Methods / Outputs) of the application; and suggested that this was reviewed to ensure that any research was in the scope of the legal gateway, currently cited as Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002 (COPI).</p> <p>4.5.6 In addition, noting that the legal gateway cited relies on support from the UKHSA Caldicott Guardian, the independent advisers suggested a special condition was added to section 6 (Special Conditions) to ensure the applicant obtain this support throughout the life of the data sharing agreement (DSA).</p> <p>4.5.7 The independent advisers noted that the published ‘UKHSA - SAHSU Liaison Committee’ Terms of Reference (ToR) do not currently have any patient and public involvement and engagement (PPIE); and suggested that they recruited to these vacant posts as soon as possible / practical.</p> <p>4.5.8 The group noted that there was a “<i>sister</i>” application (NIC-204903-P1J7Q) linked to this application; and suggested that NHS England ensure that both applications are reviewed and aligned, for example, in respect of the processing, data etc.</p>	
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INTERNAL DATA DISSEMINATION REQUESTS:

5.1	<p>Reference Number: NIC-371243-H1P5T-v8.5</p> <p>Applicant: NHS North and East London Commissioning Support Unit (CSU) / NHS England</p> <p>Application Title: HES data for all CSUs and NHS England 2022/23</p> <p>SAT Observer: Louise Dunn</p> <p>Previous Reviews: The application and relevant supporting documents had previously been presented / discussed at the IGARD BAU meetings on the 30th March 2017, 30th August 2018, 29th August 2019, 20th January 2022 and the 25th August 2022.</p> <p>The application and relevant supporting documents had previously been presented / discussed at the DAAG meetings on the 10th November 2015 and the 24th November 2015.</p> <p>Application: This was an amendment application.</p> <p>The amendments to the application are following the IGARD review on the 25th August 2022. The application has been submitted to seek advice from AGD on the responses to the previous IGARD conditions and amendments.</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 group were not supportive of the application and wished to draw to the attention of the SIRO the following significant comments, and suggested that the application be brought back to a future meeting:</p> <p>5.1.1 The independent advisers noted that this application had previously been reviewed by the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) on the 25th August 2022, where the application had been recommended for approve subject to conditions, amendments and advice; and that as part of this review, NHS England were seeking advice from the group as to whether the conditions and amendments had been sufficiently addressed.</p> <p>5.1.2 The independent advisers advised that some of the previous conditions from the IGARD review on the 25th August 2022 had not been addressed, including, but not limited to, 1) the update to the application with assurance that the CSU has the legal basis to process data for all classes of applicants for the purposes outlined in the DSA, which would need addressing noting that some potential customers of the CSU may be international; and 2) the condition relating to the NHS North and East London CSU transparency. It was suggested that to support the progression of this application, the previous IGARD conditions were addressed as appropriate, and the application was updated to reflect the progress on the outstanding conditions.</p> <p>5.1.3 The independent advisers also noted the IGARD advice that NHS Digital (now NHS England) should consider auditing this organisation in relation to this application / data sharing agreement (DSA), due to the quantum of national data</p>	
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	<p>flowing and the unique processing arrangements; and were advised by the SIRO representative that this DSA was not on the forward work programme for data sharing audits presently. The group noted the updated from the SIRO representative, and advised NHS England that they would expect that internal sharing practice with a CSU would be subject to appropriate audit, either through the data sharing audit or other audit.</p> <p>5.1.4 Noting the statement in section 5(e) (Is the purpose of this application in anyway commercial) <i>“The CSUs make no profit. All work is done at cost plus 5% which is a required margin set by and controlled by NHS England”</i>; the independent advisers suggested that this was replicated in section 5(a) (Objective for Processing) for transparency, in line with NHS England’s DARS Standard for Objective for Processing.</p>	
AGD Operations		
5	<p>Statutory Guidance</p> <p>The independent advisers again noted the reference to reviewing materials in accordance with <i>“a clearly understood risk management framework”</i> within the published Statutory Guidance and advised that they were not aware of an agreed risk management framework, and requested that NHS England provide further information/ clarity on this, noting this topic had been raised by Lord Hunt in the House of Lords on the 26th June 2023, and was answered by Lord Markham on the 5th July 2023: Written questions, answers and statements - UK Parliament.</p> <p>ACTION: NHS England SIRO Representative to provide further clarity on the risk management framework.</p>	GC
6	<p>AGD Terms of Reference (ToR)</p> <p>Garry Coleman noted that NHS England were still receiving comments from stakeholders on the AGD ToR and that the draft AGD ToR had not been approved by NHS England on the 28th June 2023, as per the plan originally advised to AGD.</p> <p>ACTION: The NHS England SIRO Representative noted a previous action to clarify when a revised draft of the AGD ToR would be presented to AGD and when the AGD ToR was scheduled to be considered by the NHS England Board / subcommittee of the Board.</p>	GC
7	<p>Standard operating procedures</p> <p>The ongoing forward plan of work for creating Standard Operating Procedures was discussed.</p>	To note
8 8.1	<p>New Operational Actions & those carried forward from previous meetings of AGD:</p> <p>Zero Hours contracts for independent advisers</p>	

	<p>Vicki Williams noted that a number of independent advisers were due to move to NHS England zero hours contracts from Monday, 26th June 2023, joining one adviser who had transitioned to a zero hours contract on the 31st May 2023.</p> <p>Vicki noted that NHS England were actively working to put the remaining zero hours contracts in place before the end of July 2023.</p>	To note
9 Any Other Business		
9.1	<p>National Data Advisory Group</p> <p>The AGD Chair noted reference to the 'National data Advisory Group' within the recently published 'Data Save Lives Implementation Update' (published 27th June 2023) and asked that AGD be provided with a briefing by NHS England on this group.</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>		