# Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 16th July 2026

09:00 – 15:00

*(Remote meeting via videoconference)*

| **AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:** | |
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| **Name:** | **Role:** |
| Paul Affleck (PA) | AGD independent member (Specialist Ethics Adviser) |
| Mr Christopher Barben (CB) | AGD independent member (Specialist Clinician Adviser) |
| Claire Delaney-Pope (CDP) | AGD independent member (Specialist Information Governance Adviser) |
| Arjun Dhillon (AD) | NHS England member (Caldicott Guardian Team Representative) (in attendance for items 1 to 3, 4.1 and 5.1) |
| Rachel Fernandez (RF) | NHS England member (Data Protection Office Representative (Delegate for Jon Moore)) |
| Dr. Jon Fistein (JF) | AGD independent member (Chair) |
| Narissa Leyland (NL) | NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (not in attendance for items 4.1 and 5.2) |
| **NHS ENGLAND STAFF IN ATTENDANCE:** | |
| **Name:** | **Role / Area:** |
| Garry Coleman (GC) | NHS England SIRO Representative (in attendance for part of item 5.1 only) |
| Dave Cronin (DC) | Applications Service Owner, Data Access and Partnerships, Transformation Directorate, Transformation Directorate (**Observer:** items 4.1 to 4.2, 5.3 to 5.5) |
| Ayse Depsen (AD) | Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 4.2, 5.2 to 5.5) |
| Karen Myers (KM) | AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data |
| Denise Pine (DP) | Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 4.1, 5.1 and 5.6) |
| Vicki Williams (VW) | AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data |

| AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE: | |
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| **Name:** | **Role / Area:** |
| Michael Chapman (MC) | NHS England member (Data and Analytics Representative) |
| Prof. Jo Knight (JK) | AGD independent member (Specialist Academic / Researcher Adviser) |
| Dr. Mark McCartney (MM) | AGD independent member (Specialist GP / Clinician Adviser) |
| Jon Moore (JM) | NHS England member (Data Protection Office Representative) |
| Dr. Jonathan Osborn (JO) | NHS England member (Caldicott Guardian Team Representative) |
| Jenny Westaway (JW) | AGD independent member (Lay Adviser) |
| Miranda Winram (MW) | AGD independent member (Lay Adviser) |

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| **1** | **Welcome and Introductions:**<br>The AGD Chair welcomed attendees to the meeting.<br>AGD noted that, due to unforeseen circumstances, only two AGD NHS England members were in attendance for the majority of the meeting, with the exception of item 4.1 and 5.2, where there would only be one AGD NHS England member in attendance. Noting that the AGD Terms of Reference state that *"The quorum for meetings of the Group or a Sub-Group is five members, including at least three independent members, one of whom may be the Chair, Deputy Chair or Acting Chair and* **two of the three NHSE Members**. the Group agreed that the meeting was quorate for items 1 to 3, 4.2, 5.1 and 5.3 to 10, but was **not** quorate for agenda items 4.1 and 5.2, and agreed to proceed in exceptional circumstances on that basis.<br>AGD noted that, due to unforeseen circumstances, there would be no NHS England SIRO Representative or delegate in attendance for the meeting for all items other than part of item 5.1. Noting that the AGD Terms of Reference (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 |
| **2** | **Review of previous AGD minutes:**<br>The minutes of the AGD meeting on the 9th July 2026 were reviewed and were agreed as an accurate record of the meeting. |
| **3** | **Declaration of interests:**<br>Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-808555-J8P1P and NIC-808567-R7X6T), and it was agreed that this was not a conflict of interest. |

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| | Dr. Jon Fistein noted a professional link to the University of Cambridge but noted no specific connections with the application (NIC-808551-P5S8T), or staff involved, and it was agreed that this was not a conflict of interest. | |
| **4 BRIEFING PAPER(S) / DIRECTIONS:** | | |
| **4.1** | **Title:** Assessment of draft Precedent eligibility - Precedent for the approval of low-risk new applications.<br><br>**Observers:** Denise Pine and Dave Cronin<br><br>At the AGD meeting on the 14th April 2026, the Group expressed support for the concept of new Precedent for the approval of low-risk new applications; and suggested some criteria which might apply to a new Precedent. Based on this feedback, NHS England provided a draft Precedent which will be tested across six applications over several weeks.<br><br>The purpose of testing is to evaluate whether the criteria successfully identifies applications which are sufficiently low-risk and appropriate for approval under delegated authority without requiring review by AGD and/or the NHS England SIRO Representative before approval.<br><br>NHS England were seeking general advice on the draft Precedent eligibility.<br><br>**Summary of discussion:** AGD acknowledged that they would **not** be quorate for the discussion of this draft Precedent, noting only one NHS England member was available. AGD welcomed the draft Precedent and made the following observations / comments:<br><br>**4.1.1** AGD advised that NHS England should consider not excluding applications where there may be close academic collaborations and therefore may be more than one Data Controller.<br><br>**4.1.2** AGD noted that by excluding certain types of applicants / applications, it may incorrectly suggest that these applications were of a higher risk; and advised that NHS England gave this further consideration.<br><br>**4.1.3** AGD noted and welcomed the approach that the types of datasets requested would not impact on whether an application proceeded via a low-risk Precedent route, and instead, each application would be assessed individually.<br><br>**4.1.4** AGD noted that the complexity of the application would be assessed by NHS England, to determine whether an application could progress via the low-risk Precedent route; however, advised that they would welcome further examples of this.<br><br>**4.1.5** AGD noted that further work on the draft Precedent would be undertaken by NHS England, and looked forward to a further update in due course.<br><br>**4.1.6** AGD noted that once the trial had ended that the 'low risk Precedent' could form part of any future oversight and assurance process. | |
| **4.2** | **Title:** Assessment of Draft OpenSAFELY Precedent Eligibility<br><br>**Observers:** Ayse Depsen and Dave Cronin<br><br>**Previous Reviews:** The OpenSAFELY Precedent proposal was discussed at the AGD meeting on the 25th June 2026 and the 23rd April 2026. | |

At the AGD meeting held on the 23rd April 2026, a proposed Precedent for OpenSAFELY applications was considered and agreed for pilot testing. The intention of this approach is to streamline the approval process for low-risk applications by establishing clear eligibility and exclusion criteria, thereby reducing the need for full AGD review in appropriate cases.

It was agreed that the draft Precedent would be tested on a sample of OpenSAFELY applications, assessed in two phases; this represents the second phase of that exercise.

In this phase, four applications (items 5.2 to 5.5) have been selected and assessed against the agreed Precedent criteria; the assessments focus on whether each application meets the proposed eligibility requirements for streamlined approval.

NHS England were seeking advice on the following points:

1. Whether the selected applications are suitable for approval under a Precedent-based approach, without requiring full AGD review prior to approval.
2. Review and test the proposed eligibility and exclusion criteria, including whether they are appropriately calibrated to identify low-risk OpenSAFELY applications.
3. Identify any categories of OpenSAFELY applications that should continue to require full AGD review before approval.

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

**4.2.1** The majority of the Group (three independent members and the AGD NHS England DPO Representative) advised, that as the Group were due to receive an update from NHS England in response to queries previously raised in respect of Opt-outs and data controllership, they would be in a better position to give support for the implementation of the OpenSAFELY Precedent once the Group had received the update. A minority of the Group (one independent member and the AGD NHS England D&A Representative) supported the immediate implementation of the Precedent whilst awaiting the updates.

**In response to point 1 above:**

**4.2.2** Please refer to items 5.2 to 5.5 for specific comments on each of the four applications.

**In response to point 2 above:**

**4.2.3** AGD noted that the application of Opt-outs for OpenSAFELY projects had been discussed on a number of occasions, including, but not limited to, the 23rd April 2026, 18th and 25th September 2025; and therefore:

**4.2.3.1** reiterated previous advice that this was reviewed and updated in line with NHS England's National Data Opt-out (NDOO) policy and other relevant documentation; and

**4.2.3.2** requested that an update was provided to the Group on this point.

**4.2.4** AGD noted that the data controllership for OpenSAFELY had been discussed previously, including, but not limited to, on the 23rd April 2026 and the 25th September 2025; and whether UK General Data Protection Regulation (UK GDPR) requirements have been captured, noting that whilst an applicant was not receiving or processing personal data, they may be a data controller. The Group asked that an update was provided to the Group on this point.

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| | **In response to point 3 above:**<br><br>**4.2.5** AGD advised that NHS England gave further consideration to:<br><br>**4.2.5.1** the process whereby an application is unclear on the lead organisation or unclear on the roles of multiple organisations;<br><br>**4.2.5.2** programmatic applications where future uses or analyses are determined after approval;<br><br>**4.2.5.3** applications involving AI, machine learning, automated decision-support or model development, unless specifically assessed; and<br><br>**4.2.5.4** applications involving onward access, international transfers, or future use by other researchers or commercial parties.<br><br>**4.2.6** AGD advised that where NHS England identify any risk, they would encourage NHS England to bring the application to the Group for advice, even if it meets the Precedent criteria. | |
| **5 EXTERNAL DATA DISSEMINATION REQUESTS:** | | |
| **5.1** | **Reference Number:** NIC-793367-S9D4P-v0<br><br>**Applicant and Data Controller:** The University of Sussex<br><br>**Application Title:** "Maternal status and psychiatric inpatient care in England: a population-based cohort study using linked NHS administrative data"<br><br>**Observers:** Denise Pine and Dave Cronin<br><br>**Application:** This was a new application.<br><br>NHS England were seeking advice on the following points:<br><br>1. Whether this is an application which could be approved under a new Low Risk (SDE) Precedent.<br>2. If not, then **a)** what exclusion criteria may apply; and **b)** are there additional question/answer pairs that might have made this suitable for being a Precedent.<br><br>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.<br><br>**Summary of discussion:**<br><br>AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.1).<br><br>**In response to point 1:**<br><br>**5.1.1** AGD noted that there were a number of issues outstanding that would need to be addressed before this application could potentially proceed via a low-risk Precedent, including, but not limited to, ensuring that:<br><br>**5.1.1.1** the Data Sharing Framework Contract (DSFC) is in place for the University of Sussex; | |

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| | **5.1.1.2** the security assurance is in place for the University of Sussex in line with NHS England DARS Standard for Security Assurance;<br><br>**5.1.1.3** there is a published UK General Data Protection Regulation (UK GDPR) compliant privacy notice, in line with the contractual requirements of section 4 of the DSA, their protocol and NHS England DARS Standard for Transparency; and<br><br>**5.1.1.4** the appropriate ethical support is in place; and the relevant documents have been provided to NHS England.<br><br>**In response to point 2:**<br><br>**5.1.2** AGD noted that exclusion criteria for the draft low-risk Precedent was discussed under item 4.1.<br><br>In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:<br><br>**5.1.3** AGD noted that substantive issues that would need to be addressed in the applicant's protocol including, but not limited to:<br><br>**5.1.3.1** removing the reference to *"1998 Data Protection Act"* and updating to the 2018 Data Protection Act;<br><br>**5.1.3.2** removing the reference to the peer review by "*NHS England Data Access Request Service Advisory Group*" [sic]; noting that if this was referring to AGD, this information was incorrect as AGD do not peer review studies; and<br><br>**5.1.3.3** ensuring all information in the protocol is clear on **i)** what has been done; and **ii)** what will be done, for example, reviews etc.<br><br>**5.1.4** AGD noted and supported the data being accessed in NHS England's SDE.<br><br>**5.1.5** AGD noted and commended the work undertaken by NHS England to date on this internal form / application. | |
| **5.2** | **Reference Number:** NIC-808564-L1F2C-v0<br><br>**Applicant and Data Controller:** London School of Hygiene and Tropical Medicine<br><br>**Application Title:** "INTEGRATE: Using routinely-collected healthcare data to inform clinical guidance and improve population health"<br><br>**Observer:** Ayse Depsen and Dave Cronin<br><br>**Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 23rd June 2026.<br><br>**Application:** This was a new application.<br><br>NHS England were seeking advice on the following points:<br><br>1. Whether this is an application which could be approved under a new OpenSAFELY Precedent.<br>2. If not, then **a)** what exclusion criteria may apply; and **b)** are there additional question/answer pairs that might have made this suitable for being a Precedent. | |

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| | Should an application be approved by NHS England, further details would be made available within the Data Uses Register.<br><br>**Summary of discussion:**<br><br>AGD acknowledged that they would **not** be quorate for the discussion of this application, noting only one AGD NHS England member was available.<br><br>AGD noted that the PAG had reviewed the application as per process on the 23rd June 2026, and that feedback was available in the published PAG minutes from the meeting.<br><br>AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.2).<br><br>**In response to points 1 and 2:**<br><br>**5.2.1** AGD noted that this application would not currently be suitable for approval under an OpenSAFELY Precedent, due to the issues raised; and advised that further clarity was provided on:<br><br>**5.2.1.1** which organisations were involved with the proposed study;<br><br>**5.2.1.2** the relationships between the organisations;<br><br>**5.2.1.3** the extent of the commercial involvement of the organisation(s) involved in line with NHS England DARS Standard for Commercial Purpose; and<br><br>**5.2.1.4** the nature and extent of the delegated decision making.<br><br>In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:<br><br>**5.2.2** AGD noted that a 'protocol' was referenced in the Research Ethics Committee application, however advised that they had not been provided with a copy of this; and advised that NHS England obtain a copy of this from the applicant.<br><br>**5.2.3** AGD noted that the cohort was not clearly defined, including, but not limited to, post-menopausal women, as referenced in the internal form / application; and advised that NHS England seek further clarity on this.<br><br>**5.2.4** AGD noted the statement in the internal form / application "*analyses will be stratified by key demographic and clinical factors, including age, sex, ethnicity, deprivation, relevant comorbidities, and geographic region*"; and advised that NHS England clarify whether this may directly or indirectly lead to scope creep.<br><br>**5.2.5** AGD noted that the study end date was not clearly defined, and advised that NHS England clarify this with the applicant. | |
| **5.3** | **Reference Number:** NIC-808551-P5S8T-v0<br><br>**Applicant:** University of Cambridge<br><br>**Data Controllers:** GlaxoSmithKline (GSK) Research & Development Limited, Health Data Research UK and University of Cambridge<br><br>**Application Title:** "Evaluation of the potential causal effect of shingles vaccine eligibility on the incidence of dementia in the United Kingdom" | |

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| | **Observers:** Ayse Depsen and Dave Cronin<br><br>**Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 23rd June 2026.<br><br>**Application:** This was a new application.<br><br>NHS England were seeking advice on the following points:<br><br>1. Should UK Dementia Research Institute (UKDRI) should be added as a lead organisation.<br>2. The application states that there are no commercial factors relating to the application, and on that basis, it may be suitable for consideration under a new OpenSAFELY Precedent, would AGD advise that this is an appropriate assessment. If no, what additional guidance could be given to help a different assessment be made.<br><br>If yes, then is this an application which could be approved under a new OpenSAFELY Precedent.<br><br>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.<br><br>**Summary of discussion:**<br><br>AGD noted that the PAG had reviewed the application as per process on the 23rd June 2026, and that feedback was available in the published PAG minutes from the meeting.<br><br>AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.2).<br><br>**In response to point 1:**<br><br>**5.3.1** AGD advised that the role of UKDRI was not clear; and advised that based on the information provided, it would be sensible to have them as the lead organisations; ensuring the flow of responsibility and accountability is clear.<br><br>**In response to point 2:**<br><br>**5.3.2** AGD noted the involvement of GSK, and the views of PAG; however, advised that, based on the information provided, there needs to be further clarity on:<br><br>**5.3.2.1** the role of GSK;<br><br>**5.3.2.2** the commercial benefits in line with NHS England DARS Standard for Commercial Purpose, noting that GSK manufacture vaccines;<br><br>**5.3.2.3** the commercial interests are proportionately balanced with the benefits to the health and social care system; and<br><br>**5.3.2.4** whether GSK have access to the outputs.<br><br>**5.3.3** AGD also advised that the outputs are reviewed by the applicant to ensure that they align with the expected benefits. | |
| **5.4** | **Reference Number:** NIC-808555-J8P1P-v0 | |

**Applicant and Data Controller:** University of Oxford

**Application Title:** "Detecting the Impact of NICE Guidance On Primary Care Prescribing"

**Observers:** Ayse Depsen and Dave Cronin

**Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 23rd June 2026.

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

NHS England were seeking advice on the following points:

1. Whether this is an application which could be approved under a new OpenSAFELY Precedent.
2. If not, then **a)** what exclusion criteria may apply; and **b)** are there additional question/answer pairs that might have made this suitable for being a Precedent.

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

**Summary of discussion:**

AGD noted that the PAG had reviewed the application as per process on the 23rd June 2026, and that feedback was available in the published PAG minutes from the meeting.

AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.2).

**In response to points 1 and 2:**

**5.4.1** AGD noted that this application would not currently be suitable for approval under an OpenSAFELY Precedent.

**5.4.2** AGD queried which cardiovascular drugs would be included in the study, and advised that either:

**5.4.2.1** the applicant clarifies specifically which cardiovascular drugs will be included in the study; and

**5.4.2.2** the applicant is clear that any additional drugs added to the list would be subject to an amendment of the data sharing agreement; or

**5.4.2.3** a list of 'potential' cardiovascular drugs is provided that may be used in the study.

**5.4.3** AGD advised that to further support the work to identify the scope of the cardiovascular drugs, the applicant should:

**5.4.3.1** be clear on the expected outputs in line with NHS England DARS Standard for Expected Outcomes;

**5.4.3.2** be clear on the expected benefits in line with NHS England DARS Standard for Expected Measurable Benefits; and

**5.4.3.3** ensure that there is no scope creep with any broad statements in respect of the drugs that be included in the study.

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| | **5.4.4** AGD noted that one of the purposes outlined is to "*create tools that allow NICE to monitor how long it takes to put guidance into practice*"; and noted that whilst this was a worthy aim, further details of the tools should be provided, for example, will this be for use retrospectively or predictively, or will they be used for performance monitoring purposes. | |
| **5.5** | **Reference Number:** NIC-808567-R7X6T-v0.1<br><br>**Applicant:** University of Oxford<br><br>**Data Controllers:** UK Health Security Agency (UKHSA) and University of Oxford<br><br>**Application Title:** "Surgical site infection monitoring in English routinely collected primary and secondary care data"<br><br>**Observers:** Ayse Depsen and Dave Cronin<br><br>**Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 23rd June 2026.<br><br>**Application:** This was a new application.<br><br>NHS England were seeking advice on the following points:<br><br>1. If the role of the University of Bristol is sufficiently clear and documented within the application.<br>2. Whether this is an application which could be approved under a new OpenSAFELY Precedent.<br>3. If not, then **a)** what exclusion criteria may apply; and **b)** are there additional question/answer pairs that might have made this suitable for being a Precedent.<br><br>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.<br><br>**Summary of discussion:**<br><br>AGD noted that the PAG had reviewed the application as per process on the 23rd June 2026, and that feedback was available in the published PAG minutes from the meeting.<br><br>AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.2).<br><br>**In response to point 1:**<br><br>**5.5.1** AGD advised that the role of the University of Bristol was not clear; and advised that based on the information provided, it would be sensible to have them as the lead organisations, noting the researchers from the University of Bristol have the same level of access to the data as the University of Oxford. The Group advised that:<br><br>**5.5.1.1** NHS England explore the role of the University of Bristol with the applicant, and update the internal form / application as may be appropriate; and<br><br>**5.5.1.2** the flow of responsibility and accountability is clear.<br><br>**In response to points 2 and 3:**<br><br>**5.5.2** AGD noted that this application would not currently be suitable for approval under an OpenSAFELY Precedent. | |

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| | **5.5.3** AGD noted that notwithstanding the points raised under 'point 1', that if there were to be two lead organisations, then this should not prevent the application from proceeding via the OpenSAFELY Precedent route, however the responsibility and accountability should be clear. | |
| **5.6** | **Reference Number:** NIC-789200-C0P7W-v0<br><br>**Applicant and Data Controller:** University of Leicester<br><br>**Application Title:** "The Post-hospitalisation COVID-19 study (PHOSP-COVID) 5 Year Follow Up"<br><br>**Observers:** Denise Pine<br><br>**Application:** This was a new application.<br><br>NHS England were seeking advice on the following points:<br><br>1. If the purpose provides sufficient clarity on the permitted purposes for using the data.<br>2. If it would be appropriate to gain further clarity on the technical controls preventing downloads of data from the Trusted Research Environment (TRE).<br><br>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.<br><br>**Summary of discussion:**<br><br>**In response to point 1:**<br><br>**5.6.1** AGD noted that the purpose as currently outlined was very broad, and advised that whilst the consent materials do outline a broad purpose, advised that the applicant:<br><br>**5.6.1.1** review and refine the purpose in line with NHS England DARS Standard for Objective for Processing;<br><br>**5.6.1.2** clearly link the purpose with the outputs in line with NHS England DARS Standard for Expected Outcomes;<br><br>**5.6.1.3** clearly link the purpose and outputs to the benefits in line with NHS England DARS Standard for Expected Measurable Benefits; and<br><br>**5.6.1.4** ensure the transparency materials align with the stated purpose, in line with NHS England DARS Standard for Transparency.<br><br>**In response to point 2:**<br><br>**5.6.2** AGD noted a concern that, notwithstanding statements regarding technical controls on downloads, there appeared to be only contractual controls, which was a risk. The Group advised that NHS England engage with the applicant:<br><br>**5.6.2.1** to clarify what technical controls are in place; or<br><br>**5.6.2.2** if there are no technical controls in place, to establish these, in line with current expectations, for example, the NHS secure data environment (SDE) policy / processes. | |

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| | In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review:<br><br>**5.6.3** AGD noted that data was flowing to Public Health Scotland, however advised that there was a discrepancy in the internal form / application in respect of the data flows to the University of Leicester and Public Health Scotland; and advised that this information was reviewed and updated to reflect the correct / factual information.<br><br>**5.6.4** AGD noted that the information relating to the process for withdrawing consent was not aligned between what participants have been told on the study website, and the information in the privacy notice; and advised that these were reviewed to ensure they align.<br><br>**5.6.5** AGD queried what happens to the data for those individuals who do withdraw; and advised that NHS England engage with the applicant on this point, noting that NHS England's current position on this is to permit the applicant to hold the data that has already flowed, however no further analysis of this data would be allowed.<br><br>**5.6.6** AGD noted that the study has a small cohort recruited via consultee advice; and it was the view of the AGD independent members that the National Data Opt-out is applied to this group. | |
| **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** | **Oversight and Assurance Process: Workstream 1** *(Precedent approved internal and external applications (not had an independent review in the last 6 months / or not had an independent review at all)*<br><br>The Statutory Guidance states that the data advisory group (AGD) should be able to provide NHS England with advice on: *"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"*.<br><br>In advance of the meeting, the AGD independent members were provided with **1)** six applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the six applications; and **3)** an oversight and assurance template to complete for each of the applications that each individual member had been asked to review.<br><br>Following review of the applications by the AGD independent members **out of committee**, the completed oversight and assurance templates were sent to the AGD Secretariat prior to the meeting.<br><br>It was noted that only **high-level points** 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. | |

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| | Please see **appendix A** for high-level points raised in-meeting on the six applications. |
| **8.2** | **Oversight and Assurance Conclusion / Review: workstream 1**<br><br>AGD noted that the last oversight and assurance for workstream 1 review had taken place on the 4th June 2026.<br><br>The Group noted that in all cases the appropriate precedent / reuseable decision had been used.<br><br>The Group noted that for some applications, the annual compliance report (ACR) was not available to be selected from the NHS England Customer Relationship Management (CRM) system because it was either not named correctly or had not been provided by the applicant in line with due agreed process or due to ongoing issues in that documentation in CRM was not always visible.<br><br>In addition, the Group raised a serious concern with the NHS England SIRO Representative and AGD Chair prior to the meeting in relation to one of the applications (NIC-116883-L8W9Q-v5.3), and it was agreed that an action be taken by the NHS England SIRO Representative and AGD NHS England D&A Rep to feedback on that concern at a future meeting.<br><br>The Group noted the diligence of DARS to update the abstract with the Knowledgebase reference and where the SDA / Escalation form was not available that the abstract contained enough information for the review.<br><br>Subsequent to the meeting, the NHS England SIRO Representative noted there was still room for improvement, noting the ongoing learning and development within Data and Analytics and thanked AGD for the work undertaken to date. |
| **8.3** | **Oversight and Assurance Process: Workstream 2** *(Internal and external applications that have had an independent review in the last 6 months and been approved internally)*<br><br>The Statutory Guidance states that the data advisory group (AGD) should be able to provide NHS England with advice on: *"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"*.<br><br>In advance of the meeting, the AGD independent members were provided with **1)** four applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the four applications; and **3)** an oversight and assurance template to complete for each of the applications that each individual member had been asked to review.<br><br>Following review of the applications by the AGD independent members **out of committee**, the completed oversight and assurance templates were sent to the AGD Secretariat prior to the meeting.<br><br>It was noted that only **high-level points** 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.<br><br>Please see **appendix B** for high-level points raised in-meeting on the four applications. |
| **8.4** | **Oversight and Assurance Conclusion / Review: workstream 2**<br><br>AGD noted that the last oversight and assurance for workstream 2 review had taken place on the 11th June 2026. |

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| | The Group noted that whilst the majority of applications clearly communicated how the previous AGD comments had been addressed, a few applications fell into the following categories **1)** previous AGD comments had not been adequately addressed; **2)** it was unclear if / how previous AGD comments had been addressed; and **3)** the response to the previous AGD comments could have been clearer.<br><br>The Group acknowledged that some of the points highlighted above may be in part due to ongoing issues in the NHS England Customer Relationship Management (CRM) system, in that the documentation was not always visible. |
| **9 AGD OPERATIONS** | |
| **9.1** | **AGD ways of working**<br><br>The AGD Chair noted, that following updates to the AGD Ways of working, AGD Themed Questions, AGD Team Charter, AGD Terms of Reference and AGD Operational Continuity and the SOP Roadmap documents following the AGD plenary meeting on the 18th June 2026; these would be presented / discussed further with Jackie Gray, Director of Privacy and Information Governance, Privacy, Transparency, and Trust (PTT) at their next catch-up meeting. The Group were advised that a further updated would be provided in due course. |
| **9.2** | **AGD Stakeholder Engagement**<br><br>*There were no items discussed* |
| **9.3** | **AGD Project Work**<br><br>*There were no items discussed* |
| **10 Any Other Business** | |
| | *There were no items discussed* |

**Meeting Closure**

As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.

**Appendix A**

**Oversight and Assurance Review (workstream 1) – 16th July 2026**

| Ref: | NIC Number: | Organisation: | Areas to consider: |
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| 260716a | NIC-10891-M2Y6Z-v15.1 | CHKS Limited | The application had last been seen by AGD on the 4th September 2025<br>**Feedback on the application**<br>• It appeared from the documentation provided, that no ACR had been completed since January 2024.<br>• The DSA purpose wording "*production of the required outputs*" seemed broader than the knowledgebase / precedent which limits the retention to "*benchmarking*" only<br>**Feedback on the process:**<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed in a timely manner.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** |

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| | | | to consider whether no provision of an ACR should be an exclusion criteria.<br>• The Group noted the clear abstract which allowed for easier review<br>• The Group noted this was a good example of the development of a precedent. |
| 260716b | NIC-116883-L8W9Q-v5.3 | Moorfields Eye Hospital NHS Foundation Trust | The application had last been seen by AGD on the 1st May 2025<br>**Feedback on the application**<br>• It appeared from the documentation provided, that no annual ACR had been completed by the applicant.<br>• It appeared that the additional of date of death may increase the risk profile of the DSA, but without an assessment as to whether it renders the dataset identifiable it was difficult to assess.<br>• With regard to AGDs previous point (5.3.6) the applicant's privacy notice still says, "*We might invite you to take part in research, but we will never use your personal identifiable data in research without your permission*", which rules out this research taking place.<br>**Feedback on the process:**<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** |

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| | | | to ensure that ACRs are completed in a timely manner.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria.<br>• The Group noted that the knowledgebase entry for "*28May08*" stated "*TBC"* so it was unclear whether it was an approved precedent or not. |
| 260716c | NIC-302473-K6R0Z-v8.5 | University of Cambridge | The application had last been seen by AGD on the 5th September 2024<br>**Feedback on the application**<br>• Without provision of the SDA / escalation form, it was unclear what had happened to the DSA during its lifetime, and would be difficult therefore to audit, and different to ascertain whether evidence around CLDoC continuing to be met / REC support is continuing.<br>• It appeared from the documentation provided, that no ACR had been completed since May 2024. |

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| | | | • The Group noted that the cohort does expand by 750 participants per year, so its not more of the same and this should be taken into consideration.<br>**Feedback on the process:**<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable – the Group noted section 1 of the application was completed.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed in a timely manner.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria. |
| 260716d | NIC-324388-L6C2Q-v6.3 | University of Birmingham | The application had last been seen by AGD on the 4th September 2025<br>**Feedback on the application** |

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| | | | • Without provision of the SDA / escalation form, it was unclear what had happened to the DSA during its lifetime, and would be difficult therefore to audit<br>• It appeared from the documentation provided, that no ACR had been completed since May 2024.<br>**Feedback on the process:**<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable – the Group noted section 1 of the application was completed.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed in a timely manner.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria. |

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| 260716e | NIC-147843-8NKTW-v7.2 | City St George's, University of London | The application had last been seen by AGD on the 4th August 2022<br><br>**Feedback on the application**<br><br>• It appeared from the documentation provided, that no ACR had been completed since September 2024.<br><br>**Feedback on the process:**<br><br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed in a timely manner.<br><br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br><br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria. |
| 260716f | NIC-421602-N3B0X-v3.2 | NorthWest EHealth Limited | The application had last been seen by AGD on the 8th December 2022<br><br>**Feedback on the application**<br><br>• It appeared from the documentation provided, that no ACR had been completed since May 2024. |

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| | | | • It appeared that the Data Processor was signing ACRs on behalf of the Data Controller, which did not align with NHS England's current policy.<br>**Feedback on the process:**<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed in a timely manner.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable.<br>• **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria. |

**Appendix B**

**Oversight and Assurance Review (workstream 2) – 16th July 2026**

| Ref: | NIC Number: | Organisation: | Areas to consider: |
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| 260716g | NIC-628636-Y3B1N-v0.3 | Addenbrookes | The application had last been seen by AGD on the 26th March 2026 where the Group had been supportive and drew to the attention of the SIRO comments.<br>**Feedback on the application**<br>• The Group noted the application was relying on NHS England to apply the NDOO, noting the Trust had the obligation to apply the opt outs.<br>**Feedback on the process**<br>• No issues raised on the process. |
| 260716h | NIC-802985-K1J2M-v0.2 | National Institute for Health and Care Excellence (NICE) | The application had last been seen by AGD on the 16th April 2026 where the Group had been unable to form a completely informed view as further information was required. AGD advised that the points should be considered by NHS England.<br>**Feedback on the application**<br>• No issues raised on the application.<br>**Feedback on the process**<br>• No issues raised on the process. |
| 260716i | NIC-744993-Z8K2K-v2.2 | Methods Business and Digital Technology Limited | The application had last been seen by AGD on the 30th April 2026 where the Group had supported the action that |

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| | | | NHS England had taken over the breach outlined and recommended no further access (dissemination / release) of data should be permitted until the points had been addressed.<br><br>**Feedback on the application**<br><br>• In response to 5.1.2, the Group noted the commercial interests were not proportionately balanced between public and commercial benefits.<br>• In response to 5.1.2, the Group noted the privacy notice website link appeared to be broken and they could not access.<br><br>**Feedback on the process**<br><br>• No issues raised on the process. |
| 260716j | NIC-801642-B0K2B-v0.2 | University of Southampton | The application had last been seen by AGD on the 30th April 2026 where the Group advised that significant concerns had been identified and that further consideration should be given before access (dissemination / release) of data proceeds<br><br>**Feedback on the application**<br><br>• In response to 5.4.3, the Group noted the privacy notice website link appeared to be broken and they could not access.<br><br>**Feedback on the process**<br><br>• No issues raised on the process. |