

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

Thursday, 19<sup>th</sup> February 2026

09:00 – 14:00

*(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)
Noela Almeida (NA)	NHS England member (Data Protection Office Representative) (Delegate for Jon Moore)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
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)) (not in attendance for part of items 2.1 and 2.2)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
<b>NHS ENGLAND STAFF IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> items 2.3 and 2.4)
David Morris (DM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 2.5)
Denise Pine (DP)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 2.1)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 2.3)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 2.2)
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>
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
<b>NHS ENGLAND STAFF NOT IN ATTENDANCE</b>	
Garry Coleman (GC)	NHS England SIRO Representative

<b>1</b>	<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. 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>AGD noted that, due to a pre-arranged meeting 10:00 to 10.30, only two AGD NHS England members were in attendance for parts of items 2.1 and 2.2. Noting that the <a href="#">AGD Terms of Reference</a> 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 <b>two of the three NHSE Members...</b>”, the Group agreed that, as there were two AGD NHS England members present, the meeting was still quorate for <b>all</b> agenda items and agreed to proceed on that basis.</p>
<b>2</b>	<p><b>Review of previous AGD minutes:</b></p> <p>The minutes of the AGD meeting on the 12<sup>th</sup> February 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.</p>
<b>3</b>	<p><b>Declaration of interests:</b></p> <p>There were no declarations of interest.</p>

#### 4 BRIEFING PAPER(S) / DIRECTIONS:

*There were no items discussed*

#### 5 EXTERNAL DATA DISSEMINATION REQUESTS:

<b>5.1</b>	<p><b>Reference Number:</b> NIC-628636-Y3B1N-v0.3</p> <p><b>Applicant:</b> Addenbrookes Hospital</p> <p><b>Data Controller(s):</b> Cambridge University Hospitals Foundation Trust and University of Cambridge</p> <p><b>Application Title:</b> BROCADE: BReast cancer OutComes from Addenbrooke's data Evaluation</p> <p><b>Observer:</b> Denise Pine</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 "IGARD summary" 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 <b>deferred</b> 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 the following substantive points; and suggested that the application be brought back to a future meeting once the previous AGD points had been sufficiently addressed (or it was clearly highlighted / justified where points were no longer applicable):</p> <p><b>5.1.1</b> AGD noted the request to enable linkage to and updating of the clinical records system, possibly for future research, however, the Group were <b>not</b> supportive of this flow and suggested that it be removed from the internal form / application, and for the applicant to submit an amendment to the application for this linkage at a future date.</p> <p><b>5.1.2</b> AGD were <b>not</b> clear why the identifiers must be sent to NHS England to identify the cohort and why existing NHS England datasets are not suitable for direct cohort identification, and suggested that this be clearly articulated in the internal form / section 5 of the application.</p> <p><b>5.1.3</b> The Group suggested that the process for comparing the research participant group with the non-research participant group should be clearly explained by the applicant in the internal form / section 5 of the application.</p> <p><b>5.1.4</b> NHS England noted the indicative cohort size of approximately 13,000 had been provided in section 3.6 of the internal form, however the applicant had noted that they could not provide actual cohort size until the application was approved. Noting this was the</p>
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	<p>applicant's own information system, AGD noted that NHS England approval was not required for the applicant to access their own data in their own systems.</p> <p><b>5.1.5</b> The Group suggested clarification be sought as to whether the NHS England data would be integrated into an existing research database, and suggested that the internal form / application clearly articulate how NHS England data would be deleted once the project had ended.</p> <p><b>5.1.6</b> Noting that the Health Research Authority Research Ethics Committee (HRA REC) had reviewed v2 of the protocol and that HRA Confidentiality Advisory Group (CAG) had reviewed v1, AGD suggested that the applicant clarify that the latest protocol aligns with the HRA REC / HRA CAG support, and, if not, suggested they speak to HRA REC / HRA CAG as to whether they would require sight of the updated protocol for support to continue.</p> <p><b>5.1.7</b> AGD suggested the common law basis for processing the NHS England data once received, is clarified.</p> <p><b>5.1.8</b> NHS England noted that, due to timing and resource pressures in NHS England, the application had been presented to AGD prior to the data fields requested being analysed by the National Disease Registration Service (NDRS) Analyst. AGD noted the update that the NDRS Analysts are yet to review this application and suggested that a careful review of the data requested be undertaken and before data flows.</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>5.1.9</b> AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) on the work undertaken on this application.</p> <p><b>5.1.10</b> No AGD member noted a commercial aspect to the application.</p>	
<p><b>5.2</b></p>	<p><b>Reference Number:</b> NIC-74625-S1Q8X-v3.4</p> <p><b>Applicant and Data Controller:</b> Cardiff University</p> <p><b>Application Title:</b> CLASSIC – Development of a CLinical tool to Aid identification of Serious Infections in Children in Primary Care; building on The LUCI Study</p> <p><b>Observer:</b> Emma Whale</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 7<sup>th</sup> December 2023 and 30<sup>th</sup> November 2023.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 19<sup>th</sup> November 2020, 27<sup>th</sup> July 2017 and 13<sup>th</sup> July 2017.</p> <p><b>Application:</b> This was an amendment application.</p> <p>NHS England were seeking advice on the following point <b>only</b>:</p> <ol style="list-style-type: none"> <li>1. Change to the purpose.</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>The Group had been provided with a curated set of documentation and would be providing observations based on these documents.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the 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>In response to point 1:</b></p> <p><b>5.2.1</b> The Group suggested that NHS England should satisfy itself that the current project is not ruled out by anything in the original consent or the previous HRA CAG approval, given the move towards the new tool development.</p> <p><b>5.2.2</b> Noting the project had received National Institute for Health and Care Research (NIHR) funding, the Group suggested that NHS England satisfy itself that the development of the tool is not solely based on data from before 2012, and suggested the applicant use the outputs of this research appropriately, for example for a pilot study to inform further research into the development of the tool using more recent data.</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>5.2.3</b> AGD commended the work of the applicant to establish a Patient Advisory Group and suggested this could be further enhanced by also engaging with children.</p> <p><b>5.2.4</b> AGD noted and commended the work undertaken by NHS England’s Data Access Request Service (DARS) on the work undertaken on this application.</p> <p><b>5.2.5</b> No AGD member noted a commercial aspect to the application.</p> <p>In addition, <b>AGD made the following observation separate to the application:</b></p> <p><b>5.2.6</b> AGD suggested that NHS England explore with HRA CAG where data can be considered non-confidential when the Data Controller has access to identifiers, using this application as a case study.</p>	D&A Rep
5.3	<p><b>Reference Number:</b> NIC-392669-T1F8B-v7.5</p> <p><b>Applicant and Data Controller:</b> University of Oxford</p> <p><b>Application Title:</b> The Oxford Heart Vessels and Fat (ox-HVF) Cohort</p> <p><b>Observer(s):</b> Tiaro Micah, James Watts</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 10<sup>th</sup> July 2025, and 8<sup>th</sup> August 2024.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) on the 30<sup>th</sup> January 2020, 27<sup>th</sup> June 2019, 16<sup>th</sup> November 2017 and 25<sup>th</sup> May 2017</p> <p><b>Application:</b> This was an amendment application.</p> <p>NHS England were seeking advice on the following point <b>only:</b></p> <ol style="list-style-type: none"> <li>1. to ensure the duration of the consent covers the years of data requested.</li> </ol>	

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

The Group had been provided with a curated set of documentation and would be providing observations based on these documents.

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 “IGARD summary” 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:** A majority of the Group (three independent members and one AGD NHS England member) **deferred** the application as not all the necessary information was available to make a full assessment. A minority of the Group (one independent member and two AGD NHS England members) were supportive of the application **if** the following substantive comments were addressed. AGD wished to draw to the attention of the SIRO the following substantive points; and suggested that the application be brought back to a future meeting once the previous AGD points had been sufficiently addressed (or it was clearly highlighted / justified where points were no longer applicable):

**In response to point 1:**

**5.3.1** The Group noted inconsistencies in the responses within the documentation to the points previously made and suggested that a review of the documentation be undertaken, to remove these inconsistencies around study end date and data requested.

**5.3.2** AGD noted the efforts undertaken to address all the previous points raised by AGD on the 10<sup>th</sup> July 2025, and reiterated their point (5.6.2) that concerns remained around what participants would have understood about the study end date and whether the earlier consent documents would cover the request of data from NHS England, since those earlier forms only refer to “*medical records*”.

**5.3.3** AGD suggested that NHS England ask the applicant to undertake work to understand what the participants understood to be the end dates of the studies, the term ‘medical records’ and how long the data would be held for (previous points 5.6.3 / 5.6.5). The Group noted the applicant’s commitment to undertake patient and public involvement and engagement (PPIE) in 2025/26 and suggested that the outcome of this PPIE work would have supported AGD in understanding what participants understood around the study end dates / data requested / term ‘medical records’.

**5.3.4** AGD welcomed the applicant’s commitment to sending out newsletters to participants, but also noted that the use of newsletters was to share information and update participants, not to establish the expectations of participants. As previously suggested (previous point 5.6.5) AGD suggested that the applicant consult with a small representative group of the cohorts consented on the earlier consent forms / information sheets / leaflets as to what they understood to be the study end dates, what they understand by the term ‘medical records’ and the data requested.

**5.3.5** AGD noted the request for National Institute for Cardiovascular Outcomes Research (NICOR) data and, whilst the Group could that this data may be compatible with ‘medical records’, suggested that the applicant confirms this expectation with participants via PPIE.

	<p><b>5.3.6</b> The Group suggested that before any further data flows, that NHS England receives positive evidence from the applicant that the PPIE undertaken confirms that the expectations of the cohort align with the processing outlined in the application.</p> <p><b>5.3.7</b> AGD reiterated their point (5.6.6) that the applicant determines the specific end date for the studies, and, when agreed, to be transparent about those end dates to the cohorts. This point is especially important, given the fact that there are four studies, at different stages of recruitment and NHS England should be assured that data will not be retained beyond the relevant study end dates.</p> <p><b>5.3.8</b> AGD noted inconsistencies with regard to the retention period between the internal form / application and the various patient information materials provided by the applicant and suggested that this was rectified.</p> <p><b>5.3.9</b> AGD noted and commended the work undertaken by NHS England’s Data Access Request Service (DARS) on the work undertaken on this application, in particular the consent review and consideration of AGD’s previous points raised in 2025. However, the consent review form was missing a ‘conclusion’ by DARS as to whether consent was compatible or not with the processing outlined, and suggested that this was clearly articulated in the internal form / application form.</p> <p>In addition, AGD made the following observation on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.3.10</b> No AGD member noted a commercial aspect to the application.</p> <p>In addition, <b>AGD made the following observations separate to the application:</b></p> <p><b>5.3.11</b> AGD raised again the difficulty in reviewing the new internal form, when page numbering was ‘missing’ dependent on the software used by the AGD member and suggested NHS England discuss internally how to resolve this anomaly.</p> <p><b>5.3.12</b> AGD suggested that the consent review form be updated to include a ‘conclusion’.</p>	<p>D&amp;A Rep</p> <p>D&amp;A Rep</p>
<p><b>5.4</b></p>	<p><b>Reference Number:</b> NIC-796232-C6B3Q-v0.7</p> <p><b>Applicant and Data Controller:</b> University College London (UCL)</p> <p><b>Application Title:</b> Cardiac Magnetic Resonance (CMR) predictors of mortality in patients undergoing Surgical AVR or TAVI for severe AS: The British society of Cardiac Magnetic Resonance (BSCMR) Aortic Stenosis Outcome Study</p> <p><b>Observer:</b> Tiaro Micah</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 “IGARD summary” 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 and wished to draw to the attention of the SIRO the following comments:</p> <p><b>5.4.1</b> AGD suggested, in line with the <a href="#">NHS England DARS Standard for Data Minimisation</a>, and in order to populate section 5 of the application and the <a href="#">Data Uses Register</a>, that the applicant either</p> <p style="padding-left: 40px;"><b>5.4.1.1</b> provides a clearer justification why the entire Hospital Episode Statistics (HES) dataset is needed, or</p> <p style="padding-left: 40px;"><b>5.4.1.2</b> works with NHS England to minimise the data to, for example, relevant cardiovascular Internal Classification of Disease (ICD) codes.</p> <p><b>5.4.2</b> In advance of the meeting, a query had been raised with the applicant with regard to the deletion of the identifiers the applicant receives from the study centre. The applicant had confirmed, via NHS England, that once NHS England confirms the data linkage all identifiers would be deleted. The Group thanked the applicant for the update, and suggested that NHS England satisfy itself that the technical process is documented.</p> <p><b>5.4.3</b> NHS England noted that the applicant had requested that the HES Admitted Patient Care (APC) data start year be changed from 2013 to 2008. The Group noted the update and suggested that NHS England satisfy itself that the request was in line with the Health Research Authority Confidentiality Advisory Group (HRA CAG) support.</p> <p><b>5.4.4</b> In advance of the meeting, a query had been raised with the applicant with regard to UCL using Amazon Web Services (AWS) to host the back up of data. The applicant confirmed, via NHS England, that AWS were used for older backups. The Group suggest adding AWS to the application as a Data Processor, in line with the <a href="#">NHS England DARS Standard for Data Processors</a>, and other UCL applications.</p> <p><b>5.4.5</b> In addition, AGD noted possible migration to a new trusted research environment (TRE) and suggested the applicant ensures NHS England approves any transfer before it happens.</p> <p><b>5.4.6</b> AGD suggested that section 4.10 (Special Conditions) was updated to revise the citation special condition wording in line with the agreed wording and the <a href="#">NHS England DARS Standard for Special Conditions</a>.</p> <p><b>5.4.7</b> AGD noted and commended the work undertaken by NHS England’s Data Access Request Service (DARS) on this application.</p> <p><b>5.4.8</b> No AGD member noted a commercial aspect to the application.</p> <p>In addition, <b>AGD made the following observation separate to the application:</b></p> <p><b>5.4.9</b> Following NHS England’s briefing to AGD on the 20<sup>th</sup> November 2025 with regard to the Secure Data Environment (SDE), the Group would welcome a further update on this programme of work.</p>	D&A Rep
5.5	<p><b>Reference Number:</b> NIC-718663-H2Z5P-v0.7</p> <p><b>Applicant:</b> London School of Hygiene and Tropical Medicine (LSHTM)</p> <p><b>Data Controllers:</b> LSHTM / The Royal Marsden NHS Foundation Trust (not processing data) / Queen Mary University of London (QMUL)</p>	

**Application Title:** EVolution of a patiEnt-REported symptom-based risk stratification sySTEM to redesign the suspected Head and Neck cancer referral pathway (EVERESTHN: NIHR202862)

**Observer:** David Morris

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

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. Are AGD satisfied that the second chief investigator for the wider study wouldn't impact controllership of the application; and
2. Is AGD supportive of the approach being used in the application relating to the splitting of work packages and explanations provided by the applicant and narrative within the protocol.

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 "IGARD summary" 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 for work packages 3 and 6 only, and wished to draw to the attention of the SIRO the following substantive comments:

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

**5.5.1** Noting the access was via the national NHS England secure data environment (SDE) and AGD were asked to specifically comment on work packages 3 and 6 only, suggested that the internal form / section 5 of the application clearly articulates that the data supplied via the SDE is limited to only work packages 3 and 6. The Group welcomed sight of the wider programme of work.

**5.5.2** AGD noted that date of death was flowing, and queried whether this had been assessed to determine whether this would in fact make the data identifiable and would therefore be confidential patient data, in line with usual process. NHS England noted that only month and year of death were being requested. AGD thanked NHS England for the update and suggested that the internal form / section 5 of the application be updated to clarify only month and year of death was being requested.

**5.5.3** Noting the applicant had requested the consultant code, the Group advised that the processing of consultant code data may result in the identification of consultants, and suggested that the internal form / section 5 of the application be updated to provide a clear justification as to why these consultant codes were being requested alongside clarification if the consultant code was identifiable, or not.

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

**5.5.4** AGD suggested that reference in the internal form / section 5 of the application to "employees" be updated to "**substantive employees of LSHTM and QMUL**"

	<p><b>5.5.5</b> AGD suggested that the applicant provide further clarity on specific expected benefits aligning to the study, in line with the <a href="#">NHS England DARS Standard for Expected Measurable Benefits</a>, noting most of the current text appeared to be the generic text from the NDG <a href="#">guidance</a> on benefits.</p> <p><b>5.5.6</b> AGD noted there was an intention to update the study website and suggested the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible <b>study specific</b> transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA).</p> <p><b>5.5.7</b> AGD suggested that section 4.10 (Special Conditions) was updated to revise the citation special condition wording in line with the agreed wording and the <a href="#">NHS England DARS Standard for Special Conditions</a>.</p> <p><b>5.5.8</b> AGD noted and commended the work undertaken by NHS England’s Data Access Request Service (DARS) on the work undertaken on this application, in particular the commercial aspects and Data Controllership.</p> <p><b>5.5.9</b> Noting the potential wider commercial aspects of the programme, AGD suggested that the possible commercial aspect be updated within section 5(e) of the application / internal form, and then replicated for transparency in the published section 5(a) of the application, in line with <a href="#">NHS England’s DARS Standard for Objective for Processing</a> and <a href="#">NHS England’s DARS Standard for Commercial Purpose</a>.</p> <p><b>5.5.10</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>5.5.11</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>	D&A Rep
<b>6 INTERNAL DATA DISSEMINATION REQUESTS:</b>		
<i>There were no items discussed</i>		
<b>7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL</b>		
<i>There were no items discussed</i>		
<b>8 OVERSIGHT AND ASSURANCE</b>		
<i>There were no items discussed</i>		
<b>9 AGD OPERATIONS</b>		
9.1	<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</p>	DPO Rep /

	<p>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>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>	D&A Rep
9.2	<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
9.3	<p><b>AGD Stakeholder Engagement</b></p> <p><i>There were no items discussed</i></p>	
9.4	<p><b>AGD Project Work</b></p> <p><b>Federated Data Platform (FDP)</b></p> <p>The Group's representative on the FDP Data Governance Group (DGG) noted that the FDP DGG minutes from April 2025 had been <a href="#">published</a>.</p>	
<b>10 Any Other Business</b>		
10.1	<i>There were no items discussed.</i>	
<p><b>Meeting Closure</b></p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>		