Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 24th September 2026

09:00 – 15:30

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser) (In attendance for items 1 to 3 and 5.1)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative) (In attendance for items 1 to 3 and 5.1)
Dave Cronin (DC)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman for items 4.1 and 5.2 to 10)) (Observer for items 1 to 3, and 5.1)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser) (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)
Ellie Ward (EW)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Ricky Brooks (RB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.3)
Garry Coleman (GC)	NHS England SIRO Representative
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 6.1)

Louise Garnham (LG)	Data Operations Manager, NHS DigiTrials, Data and Analytics, Transformation Directorate (**Observer**: item 4.1)
James Gray (JG)	Data Operations Manager, NHS DigiTrials, Data and Analytics, Transformation Directorate (**Observer**: item 4.1)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (**Observer**: items 1 to 3 and 5.1)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Humphrey Onu (HO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.4)
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 1 to 3 and 5.1)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
UK BIOBANK STAFF IN ATTENDANCE (PART OF ITEM 5.1)	
Dr. Mark Effingham (ME)	Deputy CEO, UK Biobank (part of item 5.1)
Dr. Inesa Thomsen (IT)	Director of Data Linkage, UK Biobank (part of item 5.1)

1	**Welcome and Introductions:** The AGD meeting Chair welcomed attendees to the meeting.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 17th September 2026 were reviewed and were agreed as an accurate record of the meeting.
3	**Declaration of interests:**

	Michael Chapman noted a professional link to UK Biobank as part of his role on the UK Biobank Strategic Oversight Committee (NIC-08472-V9S6K). It was agreed this did not preclude Michael from taking part in the discussion about this application. Ellie Ward noted a previous professional link to UK Biobank but noted no specific connections with the application (NIC-08472-V9S6K), or staff involved, and it was agreed that this was not a conflict of interest. Jenny Westaway noted that she had undertaken some paid contract work for Templar Executives to provide training courses for Our Future Health. It was agreed this did not preclude the Jenny from taking part in the discussions about the Our Future Health application (NIC-414067-K8R6J).

4 BRIEFING PAPER(S) / DIRECTIONS / DPIAs / PRECEDENTS / REUSEABLE DECISIONS / TEMPLATES

4.1

Title: Request to increase volume of invites for Out Future Health (OFH)

Observers: James Gray and Louise Garnham

Previous Reviews: NIC-414067-K8R6J and relevant supporting documents were previously presented / discussed at the AGD meetings on the 5th June 2025, 30th January 2025, 11th April 2024, 14th March 2024, 18th January 2024, 2nd November 2023, 28th September 2023, 10th August 2023, 13th July 2023, 29th June 2023, 11th May 2023, 30th March 2023 and the 2nd March 2023.

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 1st December 2022, 17th November 2022, 26th May 2022 and the 5th May 2022.

Linked applications: This application is linked to NIC-411795-X5N2V.

OFH aims to become the UK's largest ever health research programme with the overarching objective to help people live healthier lives for longer through better prevention, earlier detection and improved treatment of diseases. The research programme aims to recruit up to 5 million participants and has a current remit to send 33 million invites through NHS DigiTrials. The purpose of the briefing paper is to make AGD aware that OFH have requested an increase in the volume of invites by an additional 5 million to make a total of 38 million.

Since the NHS DigiTrials Recruitment Service Directions 2026 came into effect, requests to amend the volumes of invites sent out through that service are governed by these legal Directions and recorded in a Data Capture Form, whereas previously this was done via a Data Sharing Agreement (DSA). NHS DigiTrials are intending to bring further information on a Precedent to a future AGD meeting, which will address how NHS DigiTrials will determine whether a request for invites should be brought to AGD.

NHS England were seeking advice on the following points:

1. Are AGD content that previous points raised by the panel have been sufficiently responded to?
2. Is there any advice that AGD would like to provide on what NHS England should consider around any further requests from OFH to increase the number of invites?

Summary of discussion: AGD welcomed the briefing paper and made the following observations / comments:

In response to point 1 above:

4.1.1 AGD noted that some of the points previously raised by the Group on the 5th June 2025, had been addressed, however, made some further comments on some of the previous points raised.

4.1.2 AGD noted that they had previously queried the legal basis for using the letters / envelopes that are returned to NHS England, to support the Personal Demographic Service (PDS) (point 5.2.2). The Group accepted NHS England's assurance on the legal basis for this processing and noted that it is not currently being used to update PDS subject to analysis of a pilot, but further advised that NHS England consider the appropriateness of using this data in the *'FP69' process, and queried whether returning such a letter should result in the removal of individuals from the GP practice.

**FP69 is a mechanism used by NHS England and Primary Care Support England to identify and remove "ghost patients", i.e people who are registered with a GP surgery but no longer live at that address or use the service*

4.1.3 AGD noted that NHS Notify had previously been added to the data sharing agreement (DSA) as a mailout provider (point 5.2.5), and advised that NHS Notify review and update their privacy notice, to ensure that this is in plain English and suitable for a lay reader.

In response to point 2 above:

4.1.4 AGD discussed what NHS England should consider in respect of any further requests from OFH to increase the number of invites (beyond 38 million); and noted that at the current rate of recruitment and using current methods, OFH were **unlikely** to meet the research programme aim of recruiting 5 million individuals, and advised that NHS England consider whether increasing the number of invites further, is a proportionate use of confidential patient information.

4.1.5 In addition, AGD also advised OFH to provide further clarification as to what their expectation is of NHS England in helping them achieve the recruitment of 5 million individuals.

AGD provided the following observations / comments, separate to the briefing paper:

4.1.6 AGD noted that confidential patient information was previously used for sending invitation under a s251 support, and that as part of this support, the Health Research Authority Confidentiality Advisory Group (HRA CAG) were provided with an annual assurance report from OFH, which included information on patient and public engagement to support CAG's assessment of the balance of public benefits. The Group queried if this would still be a requirement to provide such information to NHS England now the work would be continuing under a new legal basis.

4.1.7 AGD advised that NHS England consider:

4.1.7.1 undertaking further patient and public involvement and engagement (PPIE), to seek views on the acceptability of receiving letters to participate in research;

4.1.7.2 that this should reach a representative population;

	4.1.7.3 should explore issues such as how often letters should be received; and **4.1.7.4** would the proposed mechanism have any impact on 'research fatigue'.	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-08472-V9S6K-v21 **Applicant and Data Controller:** UK Biobank **Application Title:** "UK Biobank: A long-term prospective health research study" **Attendees:** Dr. Mark Effingham and Dr. Inesa Thomsen (**not** present for the review / discussion of the application by AGD) **Observers:** Jodie Taylor-Brown and Suzanne Hartley **Previous Reviews:** The application and / or relevant supporting documents were previously presented / discussed at the AGD meetings on the 14th November 2024 (AOB), and the 2nd November 2023 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 3rd November 2022, 8th September 2022, 3rd June 2021, 22nd October 2020, 24th September 2020, 13th February 2020, 16th January 2020, 5th September 2019, 13th December 2018, 29th November 2018, 15th November 2018 and the 23rd February 2017. The application and relevant supporting documents were previously presented / discussed at the IGARD COVID-19 response meetings on the 8th September 2020 and the 1st September 2020. The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 16th September 2020 *(Notes from this meeting are in the IGARD minutes from the 24/09/2020).* **Linked applications:** This application is linked to NIC-656745-T4C2C. **Application:** This was an amendment application. NHS England were seeking advice on the following points: 1. Whether any additional changes should be made to the data sharing agreement (DSA) noting the work undertaken by UK Biobank, and the phased implementation approach being followed by UK Biobank; and 2. Subject to the Information Commissioner's Office (ICO) position, Data Security and Protection Toolkit (DSPT) query, and cyber review, that, with NHS England working alongside the Department of Health and Social Care (DHSC), Office for Life Sciences and Home Nations, whether the revised DSA provides sufficient controls for NHS England to permit the continued use of data (as per the DSA) pending the submission of a full DSA refresh later in the year. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:**	

Prior to the review / discussion of the application by AGD, and prior to AGD providing advice to the NHS England SIRO Representative, Dr. Mark Effingham and Dr. Inesa Thomsen attended the meeting to provide a brief overview to the Group on the work being undertaken following the recent UK Biobank data incident (as referenced in the AGD minutes on the 4th June 2026, 7th May 2026, 30th April 2026 and the 23rd April 2026). The Group thanked Dr. Mark Effingham and Dr. Inesa Thomsen for attending the meeting, and for the brief overview and update provided.

In response to point 1:

5.1.1 AGD had noted the information provided by UK Biobank with regard to the relatively small number of participants who had withdrawn from the study following the incident to date. However, AGD were unclear what further understanding had been gained from those that had withdrawn i.e. their reasons for withdrawing and what may encourage them to consider re-entering the study; and noting the public concern following the data incident, strongly recommended that NHS England should encourage ongoing patient and public involvement and engagement (PPIE) with PPIE groups and relevant stakeholders.

5.1.2 AGD noted that a number of points, including the cyber security review and ICO report, were to be completed, but additionally advised that a number of minimum requirements **should** be added to the DSA prior to any use of data access restarting, including, but not limited to:

5.1.2.1 the inclusion of the technical requirements for implementing the airlock using the manual checking process;

5.1.2.2 the DSPT must be at 'standards met' or 'approaching standards' with a full review by NHS England's Cyber Security Team prior to any data access, noting the UK Biobank self-imposed deadline for full DSPT compliance of 31st March 2027; and

5.1.2.3 that **no** data access is provided until NHS England is sufficiently assured as to the progress of the ICO report and its potential outcomes / actions.

5.1.3 AGD noted the information provided by UK Biobank in respect of the proposed phased implementation approach, namely for existing research projects that were already in process prior to the data incident; and the subsequent steps to enable data to be available for new research projects. AGD advised NHS England that AGD supported the use of the updated DSA, taking account of AGD advice and the other steps underway, for access to data for existing research projects **only**, i.e. those already approved **prior** to the data incident statement to the House of Commons by the Minister of State on the 23rd April 2026. The DSA **would** need further updates before wider use of the data.

In response to point 2:

5.1.4 AGD supported a full review of the DSA **prior** to the automation process for checking outputs being put in place, and **before** any new research projects could be approved by UK Biobank. AGD advised that the review of the DSA **should** address a number of points, including, but not limited to:

5.1.4.1 the commercial aspect of the DSA in line with NHS England DARS Standard for Commercial Purpose; and,

	5.1.4.2 the delegated decision-making in line with the draft NHS England delegated decision-making Standard; and, **5.1.4.3** all other NHS England Standards are met, and as may be appropriate; and **5.1.4.4** clarification of any Artificial Intelligence (AI) activities that UK Biobank intend to enable; and, **5.1.4.5** the project approval process, noting that this does **not** appear to align to current NHS England processes / expectations. 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: **5.1.5** AGD and the AGD NHS England DPO Representative noted the information that had been provided to the Group around data destruction evidence and strongly supported UK Biobank continuing to prioritise data destruction form completion and implementing relevant sanctions to those organisations (or individuals) not complying. The Group recognised the approach being taken with respect to sanctions, and supported the position that sanctions were there to ensure compliance and uphold standards to reassure the public, and strongly encouraged UK Biobank to continue their work in this area. **5.1.6** AGD emphasised the need for UK Biobank continued monitoring, and acting upon, inappropriate sharing of **any** previously disseminated data. **5.1.7** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority, and any approval of the updated application would be sought from appropriate senior representatives within NHS England.	
5.2	**Reference Number:** NIC-793829-Z2H4B-v0 **Applicant and Data Controller:** London School of Hygiene and Tropical Medicine (LSHTM) **Application Title:** "HPRU in Climate Change and Health Security" **Observer:** Jodie Taylor-Brown **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 9th July 2026 and the 23rd October 2025. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. AGD are asked to advise on whether the points previously raised have been satisfactorily addressed, including, **a)** whether AGD agrees with NHS England's assessment that LSHTM's governance arrangements are adequate and proportionate. 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 a briefing paper had been provided in addition to the internal form / application for this item.	

	In response to point 1: **5.2.1** AGD noted that some of the points previously raised by the Group on the 9th July 2026, had been addressed, however, made some further comments on some of the previous points raised. **5.2.2** AGD noted that they had previously discussed the 'Management Committee' referenced (point 5.1.2); and confirmed they agreed with the process outlined for approving project proposals under Theme One (*Health Impact Assessment and Climate Health Epidemiology*) and Theme Four (*Developing Resilience to Climate Change and Adverse Weather)*, however that the Group advised that the applicant ensures that the governance / approval mechanism was documented in writing, for example by way of an internal document. **5.2.3** In addition, AGD noted that the HPRU Director had sole responsibility for the final approval prior to a project being undertaken; and to ensure continuity of service should they be absent, suggested a deputy who could also provide final approval for projects. **5.2.4** AGD noted that the applicant had offered to provide an annual report to NHS England on the progress of the proposed work, but advised that NHS England engage with the applicant to suggest that this document could better be used as part of their transparency materials to the public. 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: **5.2.5** AGD noted and commended the work undertaken by NHS England on the internal form / application, and thanked them for the additional briefing paper provided, which supported the review / discussion. **5.2.6** In addition, AGD thanked the applicant for the responses provided on the points raised at the AGD meeting on the 9th July 2026. **5.2.7 Separate to the application:** AGD advised that NHS England consider adding a delegated decision-making section to their Annual Compliance Report (ACR), where it is appropriate to do so. **5.2.8** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	SIRO Rep
5.3	**Reference Number:** NIC-792383-K5H5T-v0 **Applicant and Data Controller:** University of Newcastle Upon Tyne **Application Title:** "Understanding Inequalities in access to care in Adult Congenital Heart Disease (ACHD) to improve models of surveillance for underserved groups" **Observer:** Ricky Brooks **Application:** This was a new application. NHS England were seeking advice on the following points:	

	1. The approach to upholding the National Data Opt-Out (NDOO) is appropriate and in line with policy; and 2. Subject to point 1, whether this is an application which could be approved under the new Low Risk Precedent noting in particular that this application is 'bring your own data' 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:** **In response to point 1:** **5.3.1** AGD discussed whether the approach to upholding the NDOO is appropriate; and advised NHS England that currently this does not appear to be in line with the NDOO policy. AGD advised that NHS England should ensure itself that this was in line with NDOO policy, i.e. that the NDOO is applied by the organisation and at the appropriate point. **5.3.2** AGD also advised that the internal form / application is updated, to be clear on: **5.3.2.1** the local opt-out application; and **5.3.2.2** the process being undertaken for the NHS Trusts to restrict the flow of the data. **In response to point 2:** **5.3.3** AGD noted that whilst this application was **not** currently suitable for approval under a new Low Risk Precedent, it did have the potential, subject to some further assurance. **5.3.4** AGD advised that once the new Low Risk Precedent is finalised, NHS England should consider whether DSAs that involve reliance on a s251 to support part of processing could be included in a Low Risk Precedent where it can be demonstrated that checks have been undertaken on a number of areas, including, but not limited to, **5.3.4.1** the NDOO and where this is applied; **5.3.4.2** ethics review; and **5.3.4.3** the s251 legal basis. **5.3.5 Separate to the application:** AGD advised that they would welcome a review of the draft Low Risk Precedent at a future AGD meeting; and would welcome a further discussion on the inclusion and exclusion criteria. 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: **5.3.6** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	SIRO Rep
5.4	**Reference Number:** NIC-798408-W8P4T-v0.1 **Applicant and Data Controller:** Sandwell and West Birmingham Hospitals NHS Trust	

Application Title: “Transforming Ovarian Cancer diagnostic pathways (TranSformingOvarian caNcer diAgnosTic pAthways – SONATA”

Observer: Humphrey Onu

Application: This was a new application.

NHS England were seeking advice on the following points:

1. Whether there is sufficient clarity as to whether West Midlands (WM) secure data environment (SDE) will retain any of the data provided, and if so for what purpose and under what data controllership arrangement.
2. Whether there is sufficient clarity as to the nature of the data that will be received by the University of Birmingham, and thus subject to the data sharing agreement (DSA).
3. Whether AGD agrees that the outstanding points flagged by NHS England need to be addressed before the DSA can be signed.

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

Summary of discussion:

In response to point 1:

5.4.1 AGD noted that currently there wasn’t sufficient clarity as on a number of points relating to the proposed processing in the WM SDE, and advised that NHS England engage with the applicant to seek further clarity on:

5.4.1.1 what data WM SDE will retain;

5.4.1.2 the purpose of the data;

5.4.1.3 whether there is the intention to use the data for any other purposes;

5.4.1.4 the data controllership arrangements;

5.4.1.5 any data destruction schedule that WM SDE need to adhere to; and

5.4.1.6 to update the internal form / application as appropriate.

5.4.2 AGD and the AGD NHS England DPO Representative discussed the Data Controller / Data Processor arrangement outlined, and advised that NHS England discuss this further with the applicant to:

5.4.2.1 identify the correct Data Controllers in line with NHS England DARS Standard for Data Controller(s), for example, noting the role of those collaborating who are not currently listed as a Data Controller;

5.4.2.2 clarify the roles of **all** the organisations involved with the study; and

5.4.2.3 consider seeking the views of the Data Protection Office (DPO) at each organisation, to clarify the roles of the organisations involved.

In response to point 2:

5.4.3 AGD noted that the DSA outlined that the University of Birmingham will be provided with an anonymised extract of data for the purpose of analysing work package five *(evaluate all previous work packages)*. The Group raised concerns as to how this purpose could be

	met with an anonymised dataset, and advised that NHS England discuss this further with the applicant. **5.4.4** In addition, AGD queried why the University of Birmingham cannot process the data within WM SDE, which would allow them to access the pseudonymised data to support the work package five analysis; and advised NHS England to explore this further with the applicant. **In response to point 3:** **5.4.5** AGD noted and commended the work undertaken by NHS England on this internal form / application, and advised that the outstanding points flagged by NHS England, in addition to the points raised by the Group, should be addressed before the DSA is signed. 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: **5.4.6** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
6.1	**Reference Number:** NIC-810125-Y5V5N-v0 **Applicant and Data Controller:** NHS England **Application Title:** "Infection management & Sepsis benchmarking for local areas" **Observer:** Ayse Depsen **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 4th August 2026. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether AGD agrees with the assessment of the use as 'Audit'. 2. Whether AGD believes that appropriate and sufficient steps are being taken to consider the data quality issue raised by PAG; and 3. Whether AGD agrees that PAG raising concerns about a use of data in relation to OpenSAFELY should be an exception criteria for use of the OpenSAFELY 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 4th August 2026, and that feedback was available in the published PAG minutes from the meeting. **In response to point 1:**	

	6.1.1 AGD noted that they could potentially see that the proposed activities outlined could be 'audit'; however, advised that due to the lack of information provided on the standard against which the applicant would be measuring, they were unable to say for certain whether it was an 'audit' activity or not. **6.1.2** In addition, AGD noted that some of the information provided would potentially include some scope creep into 'research'; and advised that the applicant review this to ensure that they have a standard to measure against if they intend to ensure that this only sits within the remit of 'audit'. **In response to point 2:** **6.1.3** AGD noted the value of the work outlined however advised that if the data quality issues raised by PAG were **not** addressed, this could have an impact on the outcomes. The Group advised that NHS England discuss this further with the applicant, potentially gaining further advice / expertise from the PAG, and refine the internal form / application as may be appropriate, and before any data access. **In response to point 3:** **6.1.4** AGD did feel assured that in this instance, the exclusion criteria in the draft OpenSAFELY Precedent, would have addressed the PAG concerns / points raised, and therefore the internal form / application would **not** have progressed via a Precedent route. However, the Group did advise that the draft OpenSAFELY Precedent was reviewed and updated as may be appropriate, to cover scenarios where PAG may have supported an application, but may have significant concerns that need to be addressed prior to the data access. 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: **6.1.5** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
There were no items discussed		
8 OVERSIGHT AND ASSURANCE		
There were no items discussed		
9 AGD OPERATIONS		
9.1	**AGD ways of working** *There were no items discussed*	
9.2	**AGD Stakeholder Engagement** *There were no items discussed*	

9.3	**AGD Project Work** *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 of meeting thanked attendees for their time and closed the meeting.