

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 25th April 2024

09:00 – 14:55

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Dave Cronin (DC)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (Presenter: items 10, 12 and 13)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Kirsty Irvine (KI)	AGD independent member (Chair)
Andrew Martin (AM)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
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)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Laura Bellingham (LB)	Deputy Director, Data Access and Partnerships, Data and Analytics (Observer: items 5.1 and 10) (Presenter: items 11 and 12)
Ben Cromack (BC)	Data Access and Partnerships, Data and Analytics (Observer: item 6.3)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics (Observer: item 6.3)
Suzanne Hartley (SH)	Data Access and Partnerships, Data and Analytics (Observer: item 5.1)
Dickie Langley (DL)	NHS England SIRO Representative (Delegate for Garry Coleman)

Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Delivery Directorate
Dr. Kate Pavlidou (KP)	Principal Implementation & Business Change Lead, Transformation Directorate (Observer : item 5.1)
James Watts (JW)	Data Access and Partnerships, Data and Analytics (Observer : item 6.2)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Delivery Directorate (Presenter : item 14.1)

AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:

Name:	Role / Area:
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Prof. Nicola Fear (NF)	AGD independent member (Specialist Academic Adviser)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)

NHS ENGLAND STAFF NOT IN ATTENDANCE:

Garry Coleman (GC)	NHS England SIRO Representative
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OFFICE FOR NATIONAL STATISTICS (ONS) STAFF IN ATTENDANCE (ITEM 5.1):

Name:	Role / Area:
Matt Brown (MB)	Head of Health and Wider Government Data Acquisition
Matthew Ford (MF)	Legal Services
Roland Potts (RP)	Deputy Director for Data Acquisition

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 18 th April 2024 were reviewed and, after several minor amendments, were agreed as an accurate record of the meeting.
3	Declaration of interests: Dr. Jonathan Osborn noted a declaration of interest with NIC-641622-S4C1Q (University of Newcastle Upon Tyne), as part of his role as Trustee of the Doctors in Distress charity; but noted no specific connections with the application or staff involved and it was agreed that this was not a conflict of interest.
4	AGD Action Log: <i>The action log was not discussed.</i>
5 BRIEFING PAPER(S) / DIRECTIONS:	
5.1	<p>Title: Developing a Data Sharing Partnership between Office for National Statistics (ONS) and NHS England to enable linked health and non-health data for the public good</p> <p>Presenters: Roland Potts, Matt Brown, Matthew Ford</p> <p>Observers: Laura Bellingham, Dr. Kate Pavlidou and Suzanne Hartley</p> <p>The ONS briefing paper outlined a proposal from ONS, in respect of ONS and NHS England establishing a data sharing partnership aimed at enabling researcher access to linked health and non-health data via the Integrated Data Service (IDS).</p> <p>ONS are requesting that NHS England:</p> <ol style="list-style-type: none"> Agree in principle to the provision of pseudonymised, referenced and linked health and non-health datasets, on the IDS platform. Agree that approved/accredited researchers may access this pseudonymised health and non-health data via the IDS platform, with ONS providing data access through section 39(4)(i) of the Statistics and Registration Service Act (SRSA) (2007). Agree that project applications would be assessed by the UK Statistics Authority's Research Accreditation Panel (which NHSE representatives would continue to actively participate in). <p>Outcome of discussion: AGD welcomed the ONS briefing paper and noted that they were not responding to ONS on behalf of NHS England regarding points a – c above.</p> <p>5.1.1 Colleagues from ONS attended the first part of the discussion to provide a brief overview to AGD on the proposal outlined in the ONS briefing paper; and to answer some initial / overarching questions raised by the Group, including but not limited to the ONS legal basis, public engagement and the role of the UK Statistics Authority (UKSA) Research Accreditation Panel (RAP).</p> <p>5.1.2 AGD thanked ONS colleagues for attending the meeting and answering their initial / overarching questions in-meeting and for the information provided prior to the meeting.</p>

	<p>In response to points a to c:</p> <p>5.1.3 Following the departure of ONS colleagues from the meeting, AGD noted the specific request from ONS to NHS England, and advised that whilst they were broadly supportive of the aims of the proposal outlined in the ONS briefing paper, noted a number of high-level preliminary comments and observations, based on the ONS briefing paper, presentation in-meeting by ONS and answers provided to their initial / overarching questions.</p> <p>5.1.4 AGD discussed the legal basis for ONS to share the data with researchers; and noting that S39(4)(i) is not a legal gateway as of itself to share data as outlined in the ONS briefing paper, suggested that this was reviewed and further clarity provided on which limb of s45 could be used to share the data, and how this satisfies / complies with NHS England's protection of patient data - GOV.UK (www.gov.uk) (statutory guidance).</p> <p>5.1.5 It was also suggested by AGD, that once ONS had confirmed the legal basis for them to share the data with researchers, that NHS England seek advice from NHS England's Legal Team on the appropriate legal basis for NHS England to share data with ONS and any impact on the statutory guidance.</p> <p>5.1.6 AGD suggested that NHS England should lead on appropriate public engagement exercises and undertake them as early as possible, to seek views of the public on the proposed use of patient data by ONS and researchers. In addition the views of key stakeholders should be understood, including but not limited to the British Medical Association (BMA), the General Medical Council (GMC) and the National Data Guardian (NDG).</p> <p>5.1.7 AGD noted the role of the UKSA (RAP) outlined in the ONS briefing paper, as the main approval body for researchers wanting to access the data. They noted that it would be very difficult to achieve an appropriate balance of expertise by adding members to the RAP, because, e.g. of the existing 18 members, only one has a specifically health focussed expertise/background, and there is no lay or ethical representation. As a result AGD queried whether RAP was the most appropriate body for approving such requests; or whether a separate group / body should be created specifically for this purpose.</p> <p>5.1.8 AGD noted the statement in the ONS briefing paper in respect of the role of AGD, that they would / would not need to be involved and suggested that this would be a decision for NHS England to determine as opposed to ONS.</p> <p>5.1.9 AGD noted that the risks considered by ONS for this proposed work, may differ from risks that would need to be considered by NHS England.</p> <p>5.1.10 AGD advised NHS England, that they would welcome further discussions on this area of work as may be required.</p>
6 EXTERNAL DATA DISSEMINATION REQUESTS:	
6.1	<p>Reference Number: NIC-343380-H5Q9K-v18.3</p> <p>Applicant: UK Health Security Agency</p>

<p>Application Title: D1.1 – UK Health Security Agency (UKHSA) Single Data Sharing Agreement</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 24th August 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 3rd November 2022, 23rd June 2022, 16th December 2021 and the 3rd June 2021.</p> <p>The application and relevant supporting documents were previously presented / discussed at the IGARD COVID-19 response meeting on the 27th July 2021.</p> <p>Linked applications: This application is linked to NIC-359940-W1R7B, NIC-143888-H0W2N1 and NIC-635697-P0C5M.</p> <p>Application: This was an amendment application.</p> <p>The amendment is to use the identifiable Maternity Services Dataset (MSDS) (both v1.5 and v2), which had previously only been used for purposes relating to COVID-19, for purposes beyond COVID-19. This involves expanding the Vaccination Programme work supported by the use of the MSDS to look at other infectious diseases including influenza and whooping cough (pertussis).</p> <p>NHS England were seeking advice on the amendment request (above).</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>6.1.1 Significant Risk: AGD highlighted a significant risk, previously raised to NHS Digital / NHS England, of flowing data under this amendment data sharing agreement (DSA), when the applicant appeared to be in breach of their current DSA, for example not publishing a ‘Register of Dissemination’ within three months of signing the DSA, which had previously been discussed at the AGD meeting on the 24th August 2023; and the Independent Group Advising (NHS Digital) On the Release of Data (IGARD) meetings on the 23rd June 2022 and 3rd November 2022. The Group noted their disappointment that a register for dissemination was still not available, particularly given the large volumes of patient data held and linkage being undertaken by UKHSA.</p> <p>6.1.2 AGD noted the special condition in section 6 (Special Conditions) of the application, that UKHSA must publish a Register of Disseminations and commit to updating transparency materials no later than the 31st May 2024; and suggested that NHS England follow this up with the applicant, and that the application and the internal Data Access Service (DAS) escalation form were updated with an update on progress. It was suggested that the default should be for the UKHSA register to provide the same level of transparency as the NHS England register.</p>	
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	<p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>In response to point 1:</p> <p>6.1.3 AGD advised that they were supportive of the use of Regulation 3 of the Health Service (Control of Patient Information) Regulations 2002 (COPI) to support the extended purpose to the Vaccination Programme; however, suggested that the application was updated to provide further clarity on the Vaccination Programme, including, but not limited to, exactly what vaccinations and illnesses were being studied under the extended purpose; and that any references to “<i>including</i>” are removed, noting that this was too broad a term when relying on Regulation 3 of COPI which has strict parameters of application.</p> <p>6.1.4 AGD also suggested that the application and the internal Data Access Service (DAS) escalation form were updated, to clarify exactly which limb of Regulation 3 of COPI was being relied upon for each aspect of processing being undertaken.</p> <p>6.1.5 AGD noted that the information within the transparency materials did not currently provide enough information on the use of the data; and suggested that this was reviewed and updated to provide further clarification.</p> <p>6.1.6 Separate to this application: AGD repeated the query previously raised whether record keeping was undertaken by NHS England on the approval and use of Regulation 3 of COPI (as was the process within other public bodies); and suggested that the AGD Caldicott Guardian Team representative explored this further with NHS England Caldicott Guardian colleagues. If it was determined that there was currently no record keeping in respect of the use of Regulation 3 of COPI, then AGD suggested that NHS England consider setting up a system of recording the decision making process, the flows of data relying on this legal gateway and how an annual review would be maintained (to address both the legal requirements of COPI and for audit purposes).</p> <p>ACTION: The AGD Caldicott Guardian Team representative to clarify with NHS England colleagues what record keeping was undertaken by NHS England on the use of Regulation 3 of COPI; and if it there was no record keeping, to discuss setting up a process as a matter of urgency.</p> <p>6.1.7 Noting that the applicant was relying on COPI as the legal basis for processing the data; AGD noted that Regulation 7(2) of COPI stipulates that anyone processing confidential patient information (CPI) under COPI must be a health professional or person who in the circumstances owes a duty of confidentiality which is equivalent to that which would arise if that person were a health professional. It was suggested by the Group that this statement was acknowledged in the application for consistency with other applications relying on Regulation 3 of COPI.</p>	<p>CG Team Rep</p>
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	<p>6.1.8 AGD noted the information within the application, the data sharing by UKHSA with “<i>third parties</i>”, and queried whether opt-outs would be upheld and if so how; and suggested that this was clarified in the application.</p> <p>6.1.9 The SIRO representative noted the references in the application to “<i>mortality data</i>”; and noting that this data was not flowing under this application, queried what the contractual framework was for this data to flow; and asked that this was clarified within the application and the internal DAS escalation form.</p> <p>6.1.10 AGD noted the benefits outlined in section 5(d) (Benefits), however suggested that this section was reviewed and any ‘outputs’ were moved to section 5(c) (Specific Outputs Expected) in line with NHS England’s DAS Standard for Expected Outcomes.</p> <p>6.1.11 Noting the large volumes of data flowing, AGD suggested that the yielded benefits in section 5(d) (iii) (Yielded Benefits) were reviewed and updated with specific, more recent examples , in line with NHS England’s DAS Standard for Expected Measurable Benefits.</p> <p>6.1.12 In addition, it was suggested that the yielded benefits in section 5(d) (iii) were reviewed and updated, to ensure that they all related to benefits to health and social care, and that any outputs, were removed from this section of the application, in line with NHS England’s DAS Standard for Expected Measurable Benefits.</p> <p>6.1.13 The SIRO representative queried if there was work ongoing within NHS England that overlapped with the work being undertaken for this application; and advised that this would be discussed with relevant NHS England colleagues outside of this meeting.</p> <p>Subsequent to the meeting: The SIRO representative confirmed that in relation to point 6.1.13, there are regular meetings between UKHSA / NHS England’s DAS, in relation to consolidating all of the onboarded data flows and the ones that sit outside of DAS, for example, vaccination data.</p>	
6.2	<p>Reference Number: NIC-659283-N1S1H-v1.4</p> <p>Applicant: London School of Hygiene and Tropical Medicine</p> <p>Application Title: CONCORD Programme (ODR1617_033)</p> <p>Observer: James Watts</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meeting on the 15th December 2022.</p> <p>Application: This was an extension and amendment application.</p> <p>The amendments are to 1) extend the years of data from 2000 - 2019 to 1990 to most recent data available (2021); 2) extend child cancers to capture all cancers; 3) inclusion of data required for VENUSCANCER which represents a more detailed analysis of patterns of care and survival in cancers of the breast, cervix and ovary.</p>	

<p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Advice on amendment points 2 and 3 only (above). 2. Any issues with the data quality of the cancer data going back to 1990. <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>In response to point 1:</p> <p>6.2.1 AGD noted amendment point 2, to extend child cancers to capture all cancers; and amendment point 3, the inclusion of data required for VENUSCANCER; and advised that they were supportive of both amendments to the application.</p> <p>6.2.2 AGD queried whether the s251 support extends to the inclusion of data required for VENUSCANCER, and noted that NHS England had discussed this with the applicant, who had advised that this was covered under their existing s251 support. The Group noted that whilst this point had been discussed with the applicant, ethical support for VENUSCANCER had been sought from the London School of Hygiene and Tropical Medicine Research Ethics committee in October 2023, and not the Health Research Authority Research Ethics Committee (HRA REC), as would be the usual process. It was suggested that NHS England explore this further with the applicant to ensure that the s251 support does cover the extended purpose; and to ensure that the correct ethical reviews had been undertaken. It was suggested that any new supporting documentation to support these points, were uploaded to NHS England's customer relationships management (CRM) system for future reference.</p> <p>6.2.3 In addition, AGD noted that the Health Research Authority Confidentiality Advisory Group (HRA CAG) annual review, was due on the 10th May 2024; and noting that there was no information provided as to whether the renewal was in process and the annual review had been submitted; suggested that NHS England seek further clarification from the applicant on this point, and that the internal application assessment form and application were updated to reflect any updated information. In addition, it was suggested that any new supporting documentation to support this, was uploaded to NHS England's CRM system for future reference.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>In response to point 2:</p> <p>6.2.4 AGD noted the second point of advice requested by NHS England, in respect of the data quality of the cancer data going back to 1990, however advised that this was for NHS England's Data Production Team to determine and would therefore not be offering advice on this point.</p>	
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	<p>6.2.5 AGD noted that the internal Data Access Service (DAS) escalation form made reference to the public benefit being significantly greater than any potential commercial benefits; but noted that section 6.4 (commercial benefit evaluation) of the form and section 5(e) (Is the Purpose of this Application in Anyway Commercial) of the application provided no information on any potential commercial benefits. It was therefore suggested that either the internal Data Access Service (DAS) escalation form and application were updated with further clarity on potential commercial benefits in line with NHS England DAS Standard for Commercial Purpose; or the internal Data Access Service (DAS) escalation form was updated to reflect that there would be no commercial benefits.</p> <p>6.2.6 AGD noted the benefits outlined in section 5(d) (Benefits), however suggested that this section was reviewed and any 'outputs' were moved to section 5(c) (Specific Outputs Expected) in line with NHS England's DAS Standard for Expected Outcomes.</p> <p>6.2.7 AGD noted the yielded benefits in section 5(d) (iii) (Yielded Benefits), however suggested that in line with NHS England DAS Standard for Expected Measurable Benefits, that this information was reviewed and updated / amended to retain the details provided of two or three specific yielded benefits accrued to date, and asked that it was clear as to the benefits to both the patients and the health and social care system more generally.</p> <p>6.2.8 The Group commended the applicant on the excellent patient and public involvement and engagement (PPIE) undertaken / ongoing as outlined in the application; and how the research project design reflected the PPIE received to date.</p>	
6.3	<p>Reference Number: NIC-641622-S4C1Q-v0.6</p> <p>Applicant: University of Newcastle Upon Tyne</p> <p>Application Title: Emerging evidence on the impact of COVID-19 on mental hEalth sErVICES and health inequalities in high deprived communities (DEEP)</p> <p>Observers: Ben Cromack and Dan Goodwin</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 1st February 2024.</p> <p>Application: This was a new application.</p> <p>The purpose of the application is for a study, which aims to examine the impact of the COVID-19 pandemic and lockdown periods on patterns of engagement with mental health services for people from the most deprived communities in North East and North Cumbria, and determine whether these patterns were associated with health-related outcomes.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p>	

Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:

6.3.1 AGD reiterated the previous point made at the AGD meeting on the 1st February 2024; that if the s251 support was no longer required, and that the data would be limited to a study cohort identified by the Data Services for Commissioner's Regional Office (DSCRO); suggested that it was made clear in the application that there was a clear legal basis for this within NHS England's vires.

6.3.2 AGD noted the work undertaken by the applicant on transparency, however, reiterated some of the previous points made at the AGD meeting on the 1st February 2024, in respect of the content of the GP poster provided as a supporting document (SD5.2), including but not limited to, the information outlining who is eligible to take part in the study, which incorrectly implies patients would need to proactively sign up to be included ; the references to Health Research Authority Confidentiality Advisory Group (HRA CAG), which are no longer relevant.

6.3.3 AGD noted the references to "*consultee*" in the privacy notice provided as a supporting document (SD5.1); and noting that this may cause some confusion, and suggested that this was updated to ensure that the notice used consistent language, for instance by consistently being addressed to "*you*".

6.3.4 AGD noted that as s251 support was no longer required, the applicant would not require ethical support from the Health Research Authority Research Ethics Committee (HRA REC); however, it was noted in the internal application assessment form, that the applicant was seeking advice from HRA REC on the latest proposal for this study. It was also noted in the internal application assessment form that there was **no** evidence provided of an ethics review by the University of Newcastle Upon Tyne, however a letter had been provided by the Data Protection Officer (DPO) and Caldicott Guardian, confirming they were content with the proposal and supporting documents reviewed. AGD noted that following the review by the DPO / Caldicott Guardian, the University policy on ethical reviews had been updated and suggested that if advice was not in fact sought from HRA REC, the applicant should approach their institutional ethics committee and ask whether an ethical review is required in accordance with [NHS England's DAS Standard for Ethical Approval](#); and that any supporting documentation is uploaded to NHS England's customer relationships management (CRM) system for future reference.

6.3.5 In addition, AGD suggested that once point 6.3.4 had been resolved, that section 7 (Ethics Approval) of the application was updated to reflect what ethical support had been obtained, in line with [NHS England's DAS Standard for Ethical Approval](#).

6.3.6 Separate to the application: AGD suggested that the NHS England Data and Analytics representative remind staff in the Data Access Service (DAS) to advise applicants, that due consideration should be given to the revised (July 2023) [NHS England Ethical Approval Standard](#) (particularly for University research applications

	<p>which do not require HRA REC but University-level ethical support may still be indicated); and that section 5.3 (local ethical requirements) of the internal application assessment form should be completed, confirming that ethical support from their institution had been sought / obtained; or that ethical support was not required.</p> <p>ACTION: the NHS England Data and Analytics representative to remind staff in DAS, to advise applicants, that due consideration should be given to the revised (July 2023) NHS England Ethical Approval Standard (particularly for University research applications which do not require HRA REC but University-level ethical support may still be indicated); and that section 5.3 of the internal application assessment form should be completed.</p> <p>6.3.7 The Group commended the applicant on the excellent patient and public involvement and engagement (PPIE) undertaken / ongoing as outlined in the application; and how the research project design reflected the PPIE received to date.</p>	D&A Rep
7 INTERNAL DATA DISSEMINATION REQUESTS:		
<i>There were no items discussed</i>		
8 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
8.1	<p>Reference Number: NIC-656890-V4L0D-v1.3</p> <p>Applicant: Genomics England</p> <p>Application Title: Curated NCRAS data for The National Genomics Research Library (ODR1617_131)</p> <p>Previous Reviews: The NDRS datasets requested under this DSA had previously flowed from Public Health England (PHE) prior to its closure at the end of September 2021; and therefore, had not had a previous independent review.</p> <p>The SIRO approval was for an amendment to the territory of use from “UK” to “Worldwide” (with limits on the countries in which the data can be accessed).</p> <p>Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>AGD thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>8.1.1 AGD noted in the internal Data Access Service (DAS) escalation form, that remote access to data was permitted in the United States of America (in addition to other permitted countries); and reiterated the points made at the AGD meetings on the 15th June 2023, 20th April 2023 and the 23rd March 2023; where AGD (independent members) noted that the impact of the USA Patriot Act and other federal legislation with a global impact and the risks associated with this, should be determined at NHS England Board level; and that it was not necessarily the</p>	

	<p>responsibility of colleagues within the Data Access Service (DAS) to undertake additional checks.</p> <p>8.1.2 AGD queried the statement in section 5(b) (Processing Activities) of the application “<i>Should any country on the permitted list above become a high risk country through the duration of this DSA, the Recipient will cease disseminating data to researchers/organisations based in that country and request that data already disseminated be destroyed</i>”, and suggested that this was reviewed, noting that data was not being disseminated to the countries and therefore could not be destroyed.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
9 OVERSIGHT AND ASSURANCE		
<i>There were no items discussed</i>		
10	<p>Live system application walk through (Presenter: Dave Cronin)</p> <p>AGD were provided with a verbal overview of the process undertaken by the Data Access Service (DAS) when an application is submitted by an applicant; and an overview of the current, approximate timescales for each part of the NHS England DAS process.</p> <p>AGD requested that the latest internal Q&A document, used by DAS when processing applications, was provided to the Group for future reference.</p> <p>ACTION: The AGD Data and Analytics Representative to provide AGD with a copy of the latest internal Q&A document (via the AGD Secretariat).</p>	
11	<p>Data Access Model Assurance Framework (Presenter: Laura Bellingham)</p> <p>AGD were provided with an overview of the latest iteration of the Data Access Model Assurance Framework; that outlines the way in which a user interacts with NHS data, which is dependent on the type of organisation requesting access, the requirement, format of data required and how the data can be accessed.</p> <p>The Data Access Model Assurance Framework ensures that checks and balances are undertaken regardless of the Access Model.</p> <p>AGD made a number of suggestions in respect of the content of the Data Access Model Assurance Framework, including, but not limited to, the assurance path for commercial applications and security arrangements; the National Data Guardian (NDG) guidance on benefits and having due regard for this; the reference to “<i>other Government Departments</i>” and who this applies to; and transparency.</p> <p>AGD thanked Laura for the presentation / discussion, and advised they would be happy to provide further support on this if required.</p>	
12	<p>NHS England Precedents and Standards (Presenter: Laura Bellingham / Dave Cronin)</p> <p>AGD were advised that work was ongoing on the NHS England Precedents and Standards remit of work, and that work had been ongoing to retire some Precedents that were no</p>	

	<p>longer relevant, and to consolidate existing Precedents. It was noted that the updated / new Precedents were currently awaiting internal review.</p> <p>AGD requested that the updated Precedents were brought to the AGD meeting on the 16th May 2024 for information / discussion.</p> <p>ACTION: The AGD Data and Analytics representative to submit the updated Precedents to AGD for information / discussion at the AGD meeting on the 16th May 2024.</p> <p>ACTION: The AGD Secretariat to ensure the internal AGD forward meeting planner is updated to reflect that the updated Precedents will be discussed at the AGD meeting on the 16th May 2024.</p>
13	<p>Application Compliance Reports (ACRs) (Presenter: Dave Cronin)</p> <p>Following the discussion at the AGD meeting on the 1st February 2024, AGD were provided with an update on progress with the ACRs to date.</p> <p>AGD were advised that colleagues within the Data Access Service (DAS) were proactively contacting applicants in advance of their ACR being due, to remind them this was due and to provide the relevant form.</p> <p>AGD were advised that as of the 17th April 2024 132 ACRs were due, and of those 103 had been submitted and 92 of these were fully compliant. It was noted that the outstanding ACRs had either 1) been sent back to the applicant for further work, 2) the applicants were in discussion with NHS England; or 3) some may be escalated via the appropriate route.</p> <p>AGD were advised that there was currently not a process in place for publishing the ACRs.</p> <p>AGD queried if it would be beneficial to NHS England, for AGD to provide a 'light touch' review of a selection of some of the ACRs via oversight and assurance; and suggested that NHS England gave this further consideration.</p> <p>ACTION: The AGD Data and Analytics representative to consider whether AGD could provide a 'light touch' oversight and assurance review of a selection of the completed ACRs which DAS had viewed as compliant.</p> <p>ACTION: AGD Secretariat to discuss AGD providing a 'light touch' oversight and assurance review of a selection of the completed ACRs with the Nicki Maher (on behalf of the AGD SIRO representative).</p> <p>AGD thanked Dave for providing the latest position with the ACRs; and advised that they looked forward to a further update in due course.</p>
14 AGD OPERATIONS	
14.1	<p>AGD Standard Operating Procedures (SOPs) (Presenter: Vicki Williams)</p> <p>The ongoing forward plan of work for creating the AGD Standard Operating Procedures was discussed; and noting that the AGD Terms of Reference (ToR) had now been approved, it</p>

	<p>was noted that work was progressing in order to finalise the AGD SOPs in line with the approved AGD ToR.</p> <p>It was noted that a further update would be provided to the Group in due course.</p>
14.2	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>
14.3	<p>AGD Project Work</p> <p><i>There were no items discussed</i></p>
11 Any Other Business	
11.1	<p><i>There were no items discussed</i></p>
<p>Meeting Closure</p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>	