

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 25th January 2024

09:30 – 16:45

(Remote meeting via videoconference)

INDEPENDENT ADVISERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	Specialist Ethics Adviser
Claire Delaney-Pope (CDP)	Specialist Information Governance Adviser
Dr. Robert French (RF)	Specialist Academic / Statistician Adviser (Item 10)
Kirsty Irvine (KI)	Chair
Dr. Imran Khan (IK)	Specialist GP Adviser
Dr. Maurice Smith (MS)	Specialist GP Adviser (Items 10 and 11)
Jenny Westaway (JW)	Lay Adviser (Items 10 and 11)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative (Presenter: items 8 and 9)
Dave Cronin (DC)	Governance and Assurance Lead, Data Access and Partnerships (Observer: item 10)
Ellie Fairbank (EF)	Assurance Team, Data Access Service (DAS) (Observer: items 4.1 to 4.3)
Narissa Leyland (NL)	NHS England Data and Analytics Representative (Delegate for Michael Chapman)
Andrew Martin (AM)	NHS England Data Protection Office Representative (Delegate for Jon Moore) (Presenter: item 11)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Delivery Directorate
Jonathan Osborn (JO)	NHS England Caldicott Guardian Team Representative

Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Delivery Directorate
Tom Wright (TW)	Assurance Lead, Data Governance and Assurance (Observer: item 10)
INDEPENDENT ADVISERS NOT IN ATTENDANCE:	
Prof. Nicola Fear (NF)	Specialist Academic Adviser
Dr. Geoffrey Schrecker (GS)	Specialist GP Adviser
Miranda Winram (MW)	Lay Adviser
NHS ENGLAND STAFF NOT IN ATTENDANCE:	
Michael Chapman (MC)	NHS England Data and Analytics Representative
Jon Moore (JM)	NHS England Data Protection Office Representative
HEALTH RESEARCH AUTHORITY CONFIDENTIALITY ADVISORY GROUP (HRA CAG) STAFF IN ATTENDANCE (ITEM 10):	
Dr. Tony Calland (TC)	Chair, HRA CAG
Emma Marshall (EM)	HRA CAG
Dr. Paul Mills (PM)	HRA CAG

1	<p>Welcome and Introductions</p> <p>The NHS England Senior Information Risk Owner (SIRO) Representative, noting the Advisory Group for Data (AGD) Terms of Reference (ToR) had not yet been agreed, proposed that:</p> <ul style="list-style-type: none"> • Kirsty Irvine (as an independent adviser) will be asked to Chair the AGD meetings; • The meeting will be minuted, with advice and minutes published; • Attendees will include both independent advisers from outside NHS England and representatives from within NHS England. Attendees from NHS England include representatives covering the offices of the Data Protection Officer (DPO); the Caldicott Guardian; Data and Analytics; and the SIRO. • Attendees would not be listed as “members” in minutes during the transitional period; • NHS England representatives would not, during the transitional period, be formally part of any consensus that is reached, but would be active participants in the meeting; • It was agreed to use the Data Access Request Service (DARS) Standards / Precedents in relation to applications for external data sharing.
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	<p>The attendees present at the meeting considered the proposal put forward by the NHS England SIRO representative and, as no objections were raised, it was agreed that the meeting would proceed on this basis.</p> <p>Kirsty Irvine noted and accepted the request from the NHS England SIRO Representative to chair; and welcomed attendees to the meeting.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the 18th January 2024 AGD meeting were reviewed and subject to a number of minor amendments were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p> <p>Kirsty Irvine noted a personal and professional link to a collaborator of NIC-695075-J7Y2H (The University of Manchester), but noted no specific connection with the application or other staff involved, and it was agreed that this was not a conflict of interest.</p> <p>Dr. Imran Khan noted a professional link to the General Medical Council (GMC) (NIC-695075-J7Y2H), but noted no specific connection with the application or staff involved, and it was agreed that this was not a conflict of interest.</p> <p>Dr. Jonathan Osborn noted a professional link to the Royal College of Surgeons (NIC-484452-H8S1L), but noted no specific connection with the application or staff involved, and it was agreed that this was not a conflict of interest.</p> <p>Ellie Fairbank noted she was on secondment from the National Institute for Health and Care Research (NIHR) (NIC-695075-J7Y2H, NIC-671668-B4T0T and NIC-680871-G5H4X). It was agreed that because Ellie was a on a 12-month secondment to NHS England as a case officer she could remain in the room as an observer for these particular applications on this occasion as part of her ongoing learning and development (see AOB).</p>
<p>EXTERNAL DATA DISSEMINATION REQUESTS:</p>	
4.1	<p>Reference Number: NIC-695075-J7Y2H-v0.2</p> <p>Applicant: The University of Manchester</p> <p>Application Title: Quality, safety and clinical governance in NHS and independent hospitals</p> <p>Observer: Ellie Fairbank</p> <p>Application: This was a new application.</p> <p>The purpose of the application is for a research project, with the overall aim of providing evidence on the quality and safety of patient care in NHS and independent hospitals and the effectiveness and impact of shared arrangements for clinical governance.</p>

NHS England were seeking advice on the following points:

1. The use of clear consultant code for the original purposes outlined, where the code is not linked to the GMC register, and
2. Linkage of the clear consultant code to the GMC register for the purpose of obtaining additional details such as gender, speciality and place / year of training.

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

Outcome of discussion: The group were broadly supportive of the application. The group made the following observation / points of advice on the application and / or supporting documentation provided as part of the review:

In response to points 1 and 2

4.1.1 The group noted in the protocol provided as a supporting document (SD1), that the General Medical Council (GMC) was part of the 'Project Advisory Group'; however, noted that **no** evidence had been provided that the specific views / perspective of the consultants as a profession on the use of the consultant codes, had been sought and considered; specifically noting that the proposed linkage to the GMC register would reveal information, for example, the gender and the medical school attended by the consultant.

4.1.2 In addition, the group queried if the Royal College of Surgeons (RCoS) had been consulted on this study.

4.1.3 It was also noted by the group that aggregate data showing performance outputs that are linked to gender, for example, could be potentially contentious, depending on how the outputs were used.

4.1.4 The group suggested that a Data Protection Impact Assessment (DPIA) could be a useful tool to help explore some of the issues raised, including, but not limited to, what will happen to any outliers discovered; how consultants will be advised that this data was being processed; how the processing / outcomes will be made transparent, for example by seeking the view of the profession on this point; and whether any confidential data (**not** patient confidential data) will be processed and how this will be managed, and how any duty of confidence owed to consultants is addressed.

4.1.5 The independent advisers noted the statement in the protocol "*Such analysis is crucial to **monitoring and managing consultant performance**...*"; and raised concerns in respect of what governance/ethical issues had been considered in respect of "*monitoring and managing consultant performance*", and whether the profession had been consulted / involved with this.

4.1.6 The group noted that consultants have proven obligations to manage their own performance and that this could be a useful tool to learn more about their own performance and to enable them to compare to peers but suggested that this

required further development with the Royal College of Surgeons or other relevant professional bodies. Noting the benefits outlined in section 5(d) (Benefits) of the application; the independent advisers suggested that this was updated to also include the personal benefits to consultants for their own personal and professional developments, in line with [NHS England's DAS Standard for Expected Measurable Benefits](#).

4.1.7 The independent advisers noted the information in the internal application assessment form, that referred to the linkage of the clear consultant code to the GMC register for the purpose of obtaining additional details “*such as gender, speciality and place / year of training*” (as per the AGD advice point 2 above); and noting that there was further information on the GMC register, and in order for AGD to provide advice on this point, suggested that “*such as*” was removed and that the list was updated to provide the exact “*additional details*” which would be linked.

4.1.8 It was recognised by the group that there was significant public interest in using consultant data following events that led to the [Paterson Inquiry](#) in 2020; and acknowledged there may be a public benefit to using consultant codes.

4.1.9 Separate to this application: the independent advisers queried with NHS England, what the current process / policy is for approving the use of consultant code, noting that NHS Digital previously required the review / support of the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) and that this was noted in the public domain.

ACTION: The SIRO representative to clarify NHS England's current process / policy for approving the use of consultant code.

4.1.10 It was noted by the group that there was support from the Health Research Authority Research Ethics Committee (HRA REC) for some of the work packages for the wider programme of work; but noted that the specific work packages outlined in section 5(a) (Objective for Processing) of the application, **did not** have HRA REC support as they were processing pseudonymised data. It was therefore suggested by the group that to address some of the issues raised, for example, the use of the consultant code, and to comply with [NHS England's DAS Standard for Ethical Approval](#), that the applicant approach relevant institutional ethics committees (University of Manchester and University of York) and ask whether an ethical review is required; and that any supporting documentation is uploaded to NHS England's customer relationships management (CRM) system for future reference.

4.1.11 The SIRO representative noted the information within the internal application assessment form, that NHS England were **not** currently accepting new applicants into their secure data environment (SDE), however this did not align with a recent update by the Data and Analytics Director who noted that the SDE was accepting new applicant and suggested that this applicant / application would be a suitable candidate for the SDE, and that NHS England should consider whether this would be a more appropriate avenue.

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	<p>4.1.12 The independent advisers queried the statement in section 5(b) (Processing Activities) “<i>The University of York is not permitted to access the Data</i>”; and suggested that this was reviewed and advised that they would be supportive of the University of York having access to the data.</p> <p>4.1.13 The independent advisers queried the statement in section 5(b) “<i>Access is restricted to employees or agents of the University of Manchester...</i>”; and suggested that either further information was provided as to who would be covered by “<i>agents</i>”, and whether this aligned with the Data Sharing Framework Contract (DSFC); or that this was amended as may be necessary to reflect the correct / factual information.</p> <p>4.1.14 The independent advisers noted the bullet points listed in section 5(d) of the application, in respect of the potential benefits; and noting that this was standard wording copied from NHS England’s internal Q&A document, suggested that this was reviewed and tailored to reflect the benefits specific to this application, rather than a direct cut and paste of the full text.</p> <p>4.1.15 The independent advisers noted and commended the work undertaken by NHS England’s Data Access Service (DAS) on the internal application assessment form.</p> <p>4.1.16 The group commended the applicant on the excellent patient and public involvement and engagement (PPIE) as outlined in the application.</p>	
<p>4.2</p>	<p>Reference Number: NIC-671668-B4T0T-v0.5</p> <p>Applicant: The University of Manchester</p> <p>Application Title: Greater Manchester Rapid Service Evaluation Team: REVAL-GM</p> <p>Observer: Ellie Fairbank</p> <p>Application: This was a new application.</p> <p>The purpose of the application is for a research programme that aims to 1) evaluate innovations that are important to the NHS as identified by the funder, NIHR; 2) evaluate these innovations using appropriate methods, this might involve talking to patients and staff, collecting new data and using data the NHS already collects; 3) sharing findings as they emerge in ways that make sure they have impact and are useful to health service providers and patients.</p> <p>NHS England were seeking advice on the following points:</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: The group deferred the application as not all the necessary information was available to make a full assessment. The group 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 AGD points had</p>	

been sufficiently progressed (or it was clearly highlighted / justified where points were no longer applicable).

4.2.1 The independent advisers noted the potential benefits of the research programme having rapid access to data.

4.2.2 The group noted that the processing outlined in the application was programmatic access; and queried whether this application had been aligned to other similar applications / applicants given programmatic access to data, and whether NHS England had undertaken the same checks and balances. It was suggested that NHS England satisfied themselves that the proposed programmatic access of data was appropriate and within scope of relevant NHS England policies.

4.2.3 The independent advisers suggested that this application should show evidence of alignment with other programmatic applications, including, but not limited to, the applicant having an internal advisory committee, Terms of Reference (ToR), published minutes and a publicly accessible data release register. AGD noted that a number of these aspects had been addressed but cautioned NHS England about ensuring a consistency of approach across all applicants.

4.2.4 Noting the Department of Health and Social Care (DHSC) (draft) [Data Access Policy](#) (consultation), it was suggested by the independent advisers that the proposed processing of the data in this application did **not** align with this (draft) policy, for example, the open ended uncertainty in respect of the totality of the projects, what each project would cover and how the data would be shared. It was suggested that to support the progression of this application, NHS England should broadly align this application with the principles outlined in the (draft) DHSC [Data Access Policy](#) (consultation) or otherwise make a clear policy decision explaining why this application was being handled differently.

4.2.5 Separate to this application, the independent advisers reiterated the advice from the AGD meetings on the 14th September 2023, 17th August 2023 and the 10th August 2023, that NHS England considered having an NHS England DAS Standard for programmatic access, that addressed what, if any, difference in approach would be taken for commercial programmatic access; and how any programmatic access is aligned with the DHSC [Data Access Policy](#) (consultation) that states “*Secure data environments (SDEs) will become the default route for accessing NHS data for research and external uses. Instances of disseminating NHS data outside of an SDE for research and external uses will be extremely limited*”.

ACTION: NHS England Data and Analytics to consider having an NHS England DARS Standard for programmatic access.

4.2.6 If it was determined that the proposed programmatic access was **in scope** of NHS England policies, the independent advisers suggested that the application should be updated as may be appropriate to reflect this; **or** that a memo was provided alongside the application, that outlined NHS England’s position and also confirmed that NHS England have undertaken the appropriate checks and balances,

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	<p>for example in respect of data minimisation and data controllership; and that relevant advice has been sought / obtained where appropriate, for example, from NHS England’s Privacy, Transparency and Trust (PTT).</p> <p>4.2.7 It was also noted by the independent advisers that NHS England may decide to progress the proposed programmatic access of data in this application as an “<i>exceptional circumstance</i>”; and suggested that, if this was the case, it was not used as a precedent for other applicants seeking similar processing arrangements or to update / amend existing data sharing agreements (DSA). If this option was progressed by NHS England, it was suggested that there was a clear audit trail of decisions made and why, and that these should be uploaded to NHS England’s NHS England’s customer relationships management (CRM) system for future reference.</p> <p>4.2.8 The group noted that they were broadly supportive of the proposed internal approval processes for data access by the programme team; and this was on par with other Universities with similar programmatic access arrangements. The independent advisers did however note the statement in section 5(a) (Objective for Processing) of the application “<i>Where appropriate REVAL researcher(s) will apply for ethical approval from the University of Manchester</i>”; and suggested that the applicant had a framework / policy in place for researchers seeking ethical approval and where this may or may not be appropriate.</p> <p>4.2.9 Noting the statement in section 5(a) in respect of the role of the National Institute for Health and Care Research (NIHR) “<i>REVAL are asked to evaluate relate to topics that are deemed as high priority by health decision-makers at the NIHR Health and Social Care Delivery Research Programme (HSDR)...</i>”; it was suggested by the independent advisers, that NHS England confirm with the applicant, whether NIHR were a Data Controller in line with NHS England’s DAS Standard for Data Controllers. If it was deemed that NIHR were considered a joint Data Controller, the group advised that the internal application assessment form and the application were updated as appropriate to reflect this information.</p>	
4.3	<p>Reference Number: NIC-680871-G5H4X-v0.4</p> <p>Applicant: University of Newcastle Upon Tyne</p> <p>Application Title: Improving outcomeS for Women diagnosed with early breast cancer through adhErence to adjuvant Endocrine Therapy (SWEET)</p> <p>Observer: Ellie Fairbank</p> <p>Application: This was a new application.</p> <p>The purpose of the application is for a research programme, that is aiming to 1) develop and evaluate an intervention to reduce poor adherence to Adjuvant Endocrine Therapy (AET); and 2) improve cancer-specific Health-Related Quality of Life (HRQoL).</p>	

	<p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: The group were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>4.3.1 The independent advisers noted that the applicant was required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible transparency notice(s) 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>4.3.2 In addition, it was suggested that the applicant published the patient information sheet, to support the cohort in seeking out information on the research programme, in addition to the hard copy of this document they are provided with.</p> <p>In addition, the group made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>4.3.3 The independent advisers noted that they were content that the purpose of the study aligned with the NHSBSA Medicines Data Direction 2019, i.e. the processing was for safety and efficacy of medicines; however, noted that this was more complex than outlined in the internal application assessment form, i.e. it did not “<i>correlate directly to the Direction</i>”, and that for future reference, further information should be added to clarify how the application aligned with the NHSBSA Medicines Data Direction 2019.</p> <p>4.3.4 The independent advisers noted the content of the Data Access Service (DAS) consent review, provided as a supporting document (SD6.3); and suggested that this was updated to acknowledge that the consent provided was “<i>verbal</i>” consent; and noting that this was unusual, raised additional ethical issues. The group were however satisfied that the consent review was robust and there was consent to satisfy the Common Law Duty of Confidentiality.</p> <p>4.3.5 The independent advisers noted and commended the applicant on the proposals outlined in the application in respect of how the results of the research will be shared.</p>	
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EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL

<p>5.1</p>	<p>Reference Number: NIC-484452-H8S1L-v5.2</p> <p>Applicant: Department of Health and Social Care</p> <p>Application Title: Department of Health and Social Care (DHSC) SDE access - Enabling Policy Analysis</p> <p>Previous Reviews: The application and relevant supporting documents had previously been presented / discussed at the AGD meeting on the 14th December 2023.</p>	
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	<p>The application and relevant supporting documents had previously been presented / discussed at the IGARD meeting on the 8th September 2022, 19th May 2022, 7th April 2022, 21st October 2021 and the 16th September 2021.</p> <p>The application and relevant supporting documents had previously been presented / discussed at the GPES Data for Pandemic Planning and Research – Profession Advisory Group (PAG) on the 24th November 2021, 3rd November 2021, 15th September 2021 and the 25th August 2021.</p> <p>The SIRO approval was for an amendment to include ethnicity field in the Emergency Care Data Set (ECDS) that was omitted in the previous iteration.</p> <p>Outcome of discussion: The group noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>The group thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>5.1.1 The group noted that, prior to the meeting, the independent advisers had raised some queries directly with the SIRO representative, in respect of 1) the view of the SIRO representative on the removal of NHS England as a Data Processor; 2) the benefits evaluation, noting that the update to the SIRO representative from colleagues in the Data Access Service (DAS) was “not applicable”; and 3) an update on the previous advice from IGARD that the applicant should produce a patient and public involvement and engagement (PPIE) plan.</p> <p>5.1.2 The SIRO representative noted and thanked the independent advisers for the points raised in advance of the meeting; and noted that the points would be given due care and consideration as part of any future update to the application.</p> <p>The NHS England SIRO representative thanked the group for their time.</p>	
<p>5.2</p>	<p>Reference Number: NIC-420710-X0H1P-v3.1</p> <p>Applicant: Office for National Statistics (ONS)</p> <p>Application Title: ONS / NHS England TRE Public Health Asset</p> <p>Previous Reviews: The application and relevant supporting documents had previously been presented / discussed at the IGARD meeting on the 5th May 2021, 11th March 2021, 25th February 2021 and the 17th December 2020.</p> <p>The application and relevant supporting documents had previously been presented / discussed at the GPES Data for Pandemic Planning and Research – Profession Advisory Group (PAG) on the 17th March 2021.</p> <p>The SIRO approval was for a six-month renewal noting that the data sharing agreement (DSA) expired on the 2nd November 2023; with a request for the application to be brought back to a future AGD meeting.</p>	

	<p>Outcome of discussion: The group noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>The group thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>5.2.1 The group noted that, prior to the meeting, the independent advisers had raised some queries directly with the SIRO representative, in respect of 1) some potentially incorrect references to the applicant providing an annual report; 2) whether there was a potential breach noting that the DSA had expired; 3) the length of time taken to renew this expired DSA; and 4) the journals referenced in the yielded benefits in section 5(d) (Benefits) (iii) (Yielded Benefits) of the application are not easy to locate.</p> <p>5.2.2 The SIRO representative noted and thanked the independent advisers for the points raised in advance of the meeting; and noted that the points would be given due care and consideration and would be addressed as part of the update to the application.</p> <p>The NHS England SIRO representative thanked the group for their time.</p>	
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AGD Operations

<p>6</p>	<p>Statutory Guidance</p> <p>The independent advisers again noted the reference to reviewing materials in accordance with “<i>a clearly understood risk management framework</i>” within the published Statutory Guidance and advised that they were not aware of an agreed risk management framework, and requested that NHS England provide further information/ clarity on this, noting this topic had been raised by Lord Hunt in the House of Lords on the 26th June 2023, and was answered by Lord Markham on the 5th July 2023: Written questions, answers and statements – UK Parliament.</p> <p>The NHS England SIRO Representative had provided further clarity on the risk management framework via email to the group, which confirmed that NHS England were asking the interim data advisory group to use the NHS England DAS Standards and Precedents model to assess the risk factors in relation to items presented to the interim data advisory group for advice; however the independent advisers noted that the wording in the statutory guidance “...<i>using a clearly understood risk management framework, precedent approaches and standards that requests must meet...</i>”, suggested that the risk management framework is separate to the DAS Standards and Precedents, and asked that this be clarified by NHS England. The group noted that the Deputy Director, Data Access and Partnerships, Data and Analytics attended the meeting on the 23rd November 2023, and noted that plans for this work were in train.</p>	
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<p>9</p>	<p>AGD Action Log</p> <p>The group reviewed the outstanding actions on the AGD action log, that consists of all actions captured at AGD meetings from the 2nd February 2023.</p> <p>The AGD Secretariat asked that if anyone had any further updates to the AGD action log, to ensure they were forwarded to the team before Wednesday so that that next iteration of the action log could be circulated prior to discussion at the next AGD meeting</p>	<p>To Note</p>
<p>10</p>	<p>Health Research Authority Confidentiality Advisory Group (HRA CAG) Workshop</p> <p>Dr. Tony Calland, Dr. Paul Mills and Emma Marshall from HRA CAG attended the meeting to provide an overview of the role of HRA CAG; and to discuss the processes HRA CAG adhere to when reviewing applications for s251 support.</p> <p>Communication channels between NHS England, AGD and HRA CAG, should any issues / discussion points arise, were also discussed. It was noted that regular meetings between HRA CAG and the Data Access Service (DAS) were ongoing, and that any issues could be directed via this route in the first instance.</p> <p>AGD and HRA CAG suggested that the NHSE DAS Standard for Duty of Confidentiality, which was first produced in 2019, be reviewed and updated where appropriate and in collaboration with AGD and HRA CAG, for example but not limited to, updating NHS Digital to NHS England, updating IGARD to AGD etc.</p> <p>ACTION: NHS England Data and Analytics Rep and NHS England SIRO Rep to review the NHS England DAS Standard Duty of Confidentiality and revert back to AGD/HRA CAG as may be necessary.</p> <p>Narissa Leyland provided a brief overview to HRA CAG colleagues on the new staffing structure within Data and Analytics, noting recent changes.</p> <p>The group thanked colleagues from HRA CAG for attending the meeting; and Narissa for providing the brief overview of new staffing structures in Data and Analytics.</p>	
<p>11</p>	<p>Personal data breach DPO process – overview (Presenter: Andrew Martin)</p> <p>The group noted that at the AGD meeting on the 30th November 2023, the NHS England Data Protection Office (DPO) representative agreed to provide the group with further information on the DPO processes and procedures following a suspected data breach.</p> <p>The DPO representative noted that prior to the meeting, a slide deck had been shared with the group, that was discussed further in the meeting.</p> <p>The group noted the content of the presentation provided and thanked the DPO representative for the information provided before / during the meeting.</p>	
<p>Any Other Business</p>		

12.1 Independent adviser day rate (Presenter: Garry Coleman)

The SIRO Representative noted that the request for a further 10% uplift (15% in total from the rate set in 2016 and unchanged) had been submitted to NHS England HR for consideration on the 19th January 2023.

The SIRO Representative noted that an outcome had been provided to him, but that he would need to discuss the outcome with Jackie Gray, Director Privacy, Information and Governance, prior to discussing with the independent advisers.

The independent advisers noted and thanked the SIRO Representative for their verbal update and looked forward to a further update in due course.

12.2 Observers to AGD

It was agreed that staff from NHS England Data and Analytics could continue to observe, but it should be clear to AGD if the observer is on secondment, this was especially relevant if the observer's employing organisation was being discussed.

It was noted that work was still ongoing with regard to both the internal and external "*openness and transparency standard operating procedures*" which included narrative around observers and attendees.

Meeting Closure

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