Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 25th June 2026

09:00 – 15:00

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Andrew Martin (AM)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Kimberley Watson (KW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Jenny Westaway (JW)	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**: items 4.1 and 5.1 to 5.6)
Garry Coleman (GC)	NHS England SIRO Representative
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate, Transformation Directorate (**Presenter**: item 4.1) (**Observer**: items 5.1 to 5.5)
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 4.1 and 5.1 to 5.5)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.8)

Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.7)
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting. AGD noted that, due to an urgent work commitment, there would not be an NHS England SIRO Representative or delegate in attendance for item 5.4. Noting that the AGD Terms of Reference (ToR) state that: *"…a representative of the SIRO must also be in attendance for any meetings of the Group or a Sub-Group…"*, the Group were advised that, prior to the meeting, the NHS England SIRO Representative had confirmed contentment for item 5.4 to be discussed in their absence.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 18th June 2026 were reviewed and were agreed as an accurate record of the meeting.
3	**Declaration of interests:** Dr. Jon Fistein noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-802556-Y8N0H), or staff involved, and it was agreed that this was not a conflict of interest. Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-808021-X3K8V), and it was agreed that this was not a conflict of interest. Dr. Jon Fistein noted a professional link to the University of Cambridge but noted no specific connections with the application (NIC-801407-W1X9R), or staff involved, and it was agreed that this was not a conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS:	

4.1	**Title:** Assessment of draft OpenSAFELY Precedent eligibility **Presenter:** Dave Cronin **Observers:** Ayse Depsen and Ricky Brooks **Previous Reviews:** The OpenSAFELY Precedent proposal was discussed at the AGD meeting on the 23rd April 2026. At the AGD meeting held on the 23rd April 2026, a proposed Precedent for OpenSAFELY applications was considered and agreed for pilot testing. The intention of this approach is to streamline the approval process for low-risk applications by establishing clear eligibility and exclusion criteria, thereby reducing the need for full AGD review in appropriate cases. It was agreed that the draft Precedent would be tested on a sample of six OpenSAFELY applications, assessed in two phases; this represents the first phase of that exercise. In this phase, three applications (items 5.1 to 5.3) have been selected and assessed against the agreed Precedent criteria; the assessments focus on whether each application meets the proposed eligibility requirements for streamlined approval. NHS England were seeking advice on the following points: 1. Whether the selected applications are suitable for approval under a Precedent-based approach, without requiring full AGD review prior to approval. 2. Review and test the proposed eligibility and exclusion criteria, including whether they are appropriately calibrated to identify low-risk OpenSAFELY applications. 3. Identify any categories of OpenSAFELY applications that should continue to require full AGD review before approval. **Outcome of discussion:** AGD welcomed the briefing paper and made the following observations / comments: **In response to point 1 above:** **4.1.1** Please refer to items 5.1 to 5.3 for specific comments on each of the three applications. **In response to points 2 and 3 above:** **4.1.2** As noted in 5.1.1, AGD noted that the researcher is given a choice as to whether National Data Opt-outs (NDOO) are applied to OpenSAFELY applications; and suggested that the draft Precedent was amended to state that any application of the NDOO would require support from a research ethics committee as per the current NHS England position and in line with the published Data Protection Notice (DPN). The Group noted that if ethical support was not obtained / provided, then an application with the NDOO being applied would not be suitable for progression via the Precedent route. **4.1.3** As noted in 5.3.3, AGD noted that work is ongoing within NHS England to ensure there is agreed criteria for programmatic access; and advised that the draft Precedent was updated as appropriate once these criteria are agreed to make clear when programmatic access in an OpenSAFELY application should come to AGD for advice. **4.1.4** The Group suggested that NHS England consider adding an exclusion criterion to the precedent for applications that include machine learning/use of artificial intelligence, noting,	

	as in 5.5.3, that any *"machine learning"* referenced in applications, would need also to align with the OpenSAFELY Permitted Methods Policy. **4.1.5** AGD noted that the draft Precedent included a 'qualifying criteria' for an application progressing via the Precedent route, that PAG do not highlight any significant risks associated with the purpose; and advised NHS England to be clear what is / is not consider a 'significant risk'. **4.1.6** AGD advised that NHS England should consider adding large studies / broad research to the exclusion criteria. **4.1.7** AGD noted that NHS England would update the draft Precedent, and that further selected OpenSAFELY applications would be submitted to the Group for review, as per the agreed process.	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-802556-Y8N0H-v0 **Applicant and Data Controller:** University of Leeds **Application Title:** "National evaluation of DHSC/NHSE Cardiovascular and Renal-Metabolic (CVRM) Prevention Accelerators" **Observers:** Ayse Depsen, Ricky Brooks and Dave Cronin **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 9th June 2026. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether this is an application which could be approved under a new OpenSAFELY Precedent. 2. If not, then a) what exclusion criteria may apply; and b) are there additional question / answer pairs that might have made this suitable for being a Precedent. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised NHS England against providing data access until the following had been addressed: AGD noted that the PAG had reviewed the application as per process on the 9th June 2026, and that feedback was available in the published PAG minutes from the meeting. AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.1). **In response to points 1 and 2:** **5.1.1** AGD noted that the researcher is given a choice as to whether National Data Opt-outs (NDOO) are applied to OpenSAFELY applications; and advised that the draft OpenSAFELY Precedent was amended to state that any application of the NDOO would require support from a research ethics committee as per the current NHS England position and in line with	

	the published Data Protection Notice (DPN). The Group noted that if ethical support was not obtained / provided, then an application with the NDOO being applied would not be suitable for progression via the Precedent route. **5.1.2** AGD noted that in line with the comments made in point 5.1.1, support from a research ethics committee was not currently in place for this application for application of the NDOO; and advised that the applicant ensure that ethics approval is sought / obtained before this application progresses further.	
5.2	**Reference Number:** NIC-808015-G8C4X-v0 **Applicant and Data Controller:** National Institute for Health and Care Excellence (NICE) **Application Title:** "Primary care data for medicines evaluation" **Observers:** Ayse Depsen, Ricky Brooks and Dave Cronin **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 9th June 2026. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether this is an application which could be approved under a new OpenSAFELY Precedent. 2. If not, then a) what exclusion criteria may apply; and b) are there additional question / answer pairs that might have made this suitable for being a Precedent. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that based on the information provided they had not identified any major concerns and the access of data is appropriate. AGD noted that the PAG had reviewed the application as per process on the 9th June 2026, and that feedback was available in the published PAG minutes from the meeting. AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.1). **In response to points 1 and 2:** **5.2.1** AGD noted that as no concerns had been raised, this application would be suitable for approval under a new OpenSAFELY Precedent.	
5.3	**Reference Number:** NIC-808019-J0V5M-v0 **Applicant and Data Controller:** Medicines and Healthcare Products Regulatory Agency (MHRA) **Application Title:** "Generation of descriptive statistics on medicines use, disease patterns and health care utilisation from UK primary care and linked data for statutory public health purposes" **Observers:** Ayse Depsen, Ricky Brooks and Dave Cronin	

	Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 9th June 2026. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether this is an application which could be approved under a new OpenSAFELY Precedent. 2. If not, then a) what exclusion criteria may apply; and b) are there additional question / answer pairs that might have made this suitable for being a Precedent. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised NHS England against providing data access until the following had been addressed: AGD noted that the PAG had reviewed the application as per process on the 9th June 2026, and that feedback was available in the published PAG minutes from the meeting. AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.1). **In response to points 1 and 2:** **5.3.1** AGD noted that this application would not currently be suitable for approval under an OpenSAFELY Precedent, due to the issues raised under 5.3.2. 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: **5.3.2** AGD noted that, as currently presented, this was a broad and complex request for data access, i.e. it appeared to be a programmatic model as opposed to access for specified projects. AGD advised that NHS England explore this further with the applicant and the internal form / application is updated as may be required to reflect the correct / factual information. **5.3.3 Separate to the application**: AGD noted that work is ongoing within NHS England in to ensure there is agreed criteria for programmatic access.	
5.4	**Reference Number:** NIC-808021-X3K8V **Applicant and Data Controller:** University of Oxford **Application Title:** "Trends and Variation" **Observers:** Ayse Depsen, Ricky Brooks and Dave Cronin **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Do AGD agree with NHS England's view that this application would **not** be suitable for an OpenSAFELY Precedent as it stands.	

	2. If so, to advise on appropriate exclusion criteria resulting from this application (including but not limited to whether this question is sufficiently specific in relation to the purpose, noting that its purpose its service evaluation). 3. If not, then how the broad use could be captured within a new OpenSAFELY Precedent. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised NHS England against providing data access until the following had been addressed: AGD noted that a briefing paper had been provided to support the discussion on this application (please see item 4.1). **5.4.1** AGD was advised by NHS England, that advice had been sought from the Profession Advisory Group (PAG) on this application, however as noted in the published PAG minutes on the 9th June 2026, the application was still under evaluation. The Group were advised that the PAG feedback would be provided to the Group at a later date. AGD noted this and thanked NHS England for the update. AGD advised that any advice provided to NHS England as part of this review would need to be taken in conjunction with the advice received from PAG. **In response to points 1 to 3:** **5.4.2** AGD noted that, as currently presented, this was a broad and complex request for data access, i.e. it appeared to be a programmatic model as opposed to specified projects, and there was a risk of scope creeping. AGD advised that NHS England explore this further with the applicant and the internal form / application is updated as may be required to reflect the correct / factual information, including, but not limited to how the programmatic access may be managed locally. **5.4.3** AGD advised that the outputs should be reviewed and updated to ensure they are appropriate and not open to misuse, for example, by inadvertently making individuals / GP practices identifiable. **5.4.4** AGD noted the information in section 4.2 relating to the indicative clinical topics, however advised that the links provided to support this information appeared to be incorrect and referenced COVID-19 research; and advised that NHS England should review and update this with the correct information.	
5.5	**Reference Number:** NIC-802553-F6L6G-v0 **Applicant:** University of Bristol **Data Controllers:** University of Oxford and University of Bristol **Application Title:** "REDUCE-HF, an electronic health records study of inequalities in heart failure diagnosis in England" **Observers:** Ayse Depsen, Ricky Brooks and Dave Cronin **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 9th June 2026.	

	Application: This was a new application. NHS England were seeking advice on the following points: 1. There is sufficient public benefit to justify the use of this data. Is the purpose clear, specific, and proportionate to the privacy implications. 2. It is clear what will happen with the outputs. Will NHS England be able to confirm that the data has been used as agreed. 3. Beyond the issues addressed elsewhere in this document, there are features of this release (its purpose, parties, or surrounding context) that would be likely to cause significant public concern if the release became more widely known? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that major concerns had been identified and advised NHS England against providing data access until the following had been addressed: **5.5.1** AGD was advised by NHS England, that advice had been provided from the Profession Advisory Group (PAG) on this application, however, were advised by NHS England that a further consideration had come to light, and that PAG were in the process of reviewing their original advice. The Group were advised that if the PAG feedback was updated / amended, then this would be provided to the Group at a later date. AGD noted this and thanked NHS England for the update. AGD advised that any advice provided to NHS England as part of this review would need to be taken in conjunction with the advice received from PAG. **In response to points 1 to 3:** **5.5.2** AGD noted that there were a number of inconsistencies in the internal form / application in respect of the purpose, aims, methods and outputs, including, but not limited to, *"patterns of health service use"*, *"the findings will generate evidence-based recommendations"* and *"Develop optimised NP diagnostic"*. The Group advised that NHS England explore this further with the applicant to ensure that the information provided is clear / aligned. **5.5.3** AGD noted potential concern on the lack of clarity with regards to the risk prediction model which is being created, and noting the numerous references in the internal form / application to *"machine learning"*; the Group advised that the applicant and NHS England ensures this is in line with the OpenSAFELY Permitted Methods Policy, which excluded some machine learning. **5.5.4** AGD noted that there could be potential subsequent commercial exploitation of the outputs; and advised that any commercial use should in line with the NHS England DARS Standard for Commercial Purpose. **5.5.5** AGD noted the references in the internal form / application to *"reducing inequalities"*; and advised that further clarity was provided on what this was referring to, for example, demographics, access to health services etc.	
5.6	**Reference Number:** NIC-781704-X8W4H-v0.1 **Applicant:** Bangor University	

Data Controllers: University of Liverpool and Bangor University

Application Title: "COPE: The Carboprost or Oxytocin Postpartum haemorrhage Effectiveness study"

Observer: Ricky Brooks

Application: This was a new application.

NHS England were seeking advice on the following points:

1. What should NHS England recommend the study reasonably do to improve transparency.
2. How might this additional work impact on timing.
3. Whether the data should be classified as 'pseudonymised', given that the University of Liverpool as a joint Data Controller does have the means to re-identify the data held at Bangor University.

NHS England were seeking general advice on the application.

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

Outcome of discussion: AGD advised that significant concerns had been identified and advised NHS England against providing data access ~~(dissemination / release)~~ until the following had been addressed:

In response to points 1 and 2:

5.6.1 AGD noted that the consent materials referenced the ability to withdraw from the study, however advised that it was unclear how an individual would do this; and advised that the applicant review and update to ensure this information is transparent. AGD discussed whether participants should be re-consented, however agreed that this was not proportionate, and that updates to the existing transparency materials should mitigate this issue.

5.6.2 AGD advised that the applicant's current transparency was not UK General Data Protection Regulation (UK GDPR) compliant; and advised that these were updated to:

5.6.2.1 ensure the transparency materials were more visibility.

5.6.2.2 making the process of withdrawing from the study clear.

5.6.2.3 clarity on the data sharing between University of Liverpool and Bangor University.

5.6.3 AGD advised that a special condition was added to the internal form / application, that a UK GDPR compliant privacy noticed was published **prior** to any data access.

5.6.4 AGD advised that updates to the transparency should not cause any significant delays to the data access / progression of the study.

In response to point 3:

5.6.5 AGD noted that the University of Liverpool and Bangor University were joint Data Controllers, and that the flow of data between the organisations was currently described as *"pseudonymised"*; however, noted that the University of Liverpool held the re-identification keys. Notwithstanding the contractual controls in place to prevent this data from being re-

	identified, the Group advised that this would be considered confidential patient information, and advised that NHS England satisfies itself that there is a legal gateway for this flow of data, noting that the consent materials provided do appear to provide a legal gateway. 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: **5.6.6** AGD queried the information in the study protocol (v0.8) in respect of "*consent provision where capacity is not regained or is delayed"*; and were advised by NHS England that this route was not being utilised. The Group advised that NHS England clarify this with the applicant, noting that if there were individuals included in the study cohort that do not have the capacity to consent, then: **5.6.6.1** the provision for including them was in line with the Mental Capacity Act 2005; and **5.6.6.2** the language in the study materials aligned with the Mental Capacity Act 2005. **5.6.7** AGD noted in the internal form / application, that the response provided by the applicant, in respect of the controls in place to prevent record level downloads was inadequate; and supported NHS England's proposal to seek further clarity on this point prior to any data access.	
5.7	**Reference Number:** NIC-787221-X3M8G-v0 **Applicant and Data Controller:** Swansea University **Application Title:** "STALLED: What works to address ambulance handover delays at Emergency Departments" **Observer:** Emma Whale **Application:** This was a new application. NHS England were seeking advice on the following points: 1. The cohort structure, including the relationship between the NHS England generated cohort, and the customer supplied cohorts (case note, questionnaire, and ambulance). 2. Data flows and linkage across sources, including the description of how data from these different sources will be brought together, including any linkage across them. 3. Cohort creation and linkage detail, including the generation and use of study IDs, how linkage is carried out, which organisation performs linkage, and when linkage takes place in relation to pseudonymisation. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD was unable to form a completely informed view on this application as further information was required. AGD advised that the following points should be considered by NHS England. **In response to points 1 to 3:**	

	5.7.1 AGD noted that key information in respect of the cohort was not clear in the internal form / application, and advised that NHS England explore this further with the applicant, including, but not limited to: **5.7.1.1** the number of individuals in the cohort(s); **5.7.1.2** the nature of the cohort(s); **5.7.1.3** the legal basis for the cohort(s). **5.7.2** AGD advised that a data flow diagram would be useful, that includes further clarity on the lawful basis and how the data will flow for each of the cohort(s). **5.7.3** AGD advised that there was not a clear link between the aims / data requested and the outputs; and advised that as currently presented, the outputs do not appear to be achievable. The Group advised that NHS England explore this further with the applicant. 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: **5.7.4** AGD noted that the national Data Opt-out (NDOO) would be applied and queried who would be managing this, noting that if NHS England were applying them on behalf of the NHS Trusts, then there would need to be a Data Processing Agreement (DPA); and advised that NHS England engage with the applicant on this point and that the internal form / application and any data flow diagram produced were updated to reflect the correct information. **5.7.5** Noting the sensitive nature of this study, and the fact it may discover evidence of potential patient harm, AGD advised that they were surprised that there was no mention of the Duty of candour; and advised that the applicant give this further consideration.	
5.8	**Reference Number:** NIC-801407-W1X9R-v0.1 **Applicant and Data Controller:** University of Cambridge **Application Title:** "Population-level analysis of cancer natural history, diagnostic pathways and outcomes across cancer types and ethnic groups in England" **Observer:** Humphrey Onu **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the benefits and purpose listed are achievable and realistic. 2. Whether the AGD advice would vary if the application were to be for an extract rather than access under the NHS Secure Data Environment (SDE); and whether AGD would advise that affordability is a sufficient reason to have an extract rather than access via the SDE. NHS England were seeking general advice on the application. Should an application be approved by NHS England, further details would be made available within the Data Uses Register.	

	Outcome of discussion: AGD advised that significant concerns had been identified and advised NHS England against providing data access until the following had been addressed: **In response to point 1:** **5.8.1** AGD queried how the applicant would reliably quantify diagnostic delay, noting that potentially, some of the early indicators of cancers might not be available in the datasets requested; and advised that NHS England: **5.8.1.1** clarify with NHS England colleagues that the datasets requested are able to provide the applicant with the information required to meet the aim / purpose of the study. **5.8.1.2** engage with the applicant as may be necessary if the datasets requested are not able to provide them with the information required to meet the aim / purpose of the study. **In response to point 2:** **5.8.2** AGD advised that the NHS Secure Data Environment (SDE) was the most appropriate way to access the data requested, noting **a)** the volume of data requested; **b)** the move to a system of 'data access as default' for the use of health and social care data; and **c)** noting that a clear justification had not been provided for the data to be provided as a data extract. AGD noted the important of the proposed study and its potential benefits, and encouraged NHS England to work with the applicant and the funders to facilitate access taking place via the SDE. 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: **5.8.3** AGD noted that section 4(a) of the internal form / application was relating to transparency, however noted that the response in this section was in respect of ethical approval; and advised that NHS England / the applicant: **5.8.3.1** review this section and update with information on transparency; and **5.8.3.2** the information relating to ethical approval was moved to sit in the correct section.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
There were no items discussed		
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
7.1	**Reference Number:** NIC-662234-T6B7J-v1.2 **Applicant and Data Controller:** University of Leicester **Application Title:** "Cancer survival methodological developments and their applications" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 22nd June 2023.	

	The SIRO approval was for a 12-month extension, with the addition of a special condition relating to the applicant's transparency. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 10th June 2026 and confirmed that they were supportive of this. AGD thanked NHS England for the written update and made the following observations on the documentation provided: **7.1.1** AGD noted that prior to the meeting, an AGD independent member had raised some queries directly with the NHS England SIRO Representative in respect of the National Data Opt-outs (NDOO) applied under this application; and were advised that at all stages, the NDOO was consistently applied / not applied as appropriate. The NHS England SIRO representative thanked AGD for their time.	
7.2	**Reference Number:** NIC-615969-D3K1X **Applicant:** NHS Black Country Integrated Care Board **Data Controllers:** NHS Black Country Integrated Care Board and NHS Birmingham and Solihull Integrated Care Board **Application Title: "**"DSfC – NHS Black Country Integrated Care Board – IV & Comm" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 14th March 2024. The SIRO approval was for **1)** the removal of Prescribing Services Ltd as a Data Processor*;* **2)** the *a*ddition of NHS Birmingham and Solihull Integrated Care Board as a joint Data Controller who also processes the data; and **3)** updates to Purpose section to reflect the roles of the additional Data Processor and any restrictions. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 5th June 2026 and confirmed that they were supportive of this. AGD thanked NHS England for the written update and advised that they had no further comments to make on the documentation provided. The NHS England SIRO representative thanked AGD for their time.	

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** The AGD Chair noted he had met with Prof, Lorna Fraser, the Chair of the Health Research Authority Confidentiality Advisory Group (HRA CAG), and Dr. Nicola Byrne, the National Data Guardian for Health and Adult Social Care in England, on the 24th June 2026, as part of their regular engagement.

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 thanked attendees for their time and closed the meeting.	