

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 26th February 2026

09:00 – 15:15

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Dr. Arjun Dhillon (AD)	NHS England member (Caldicott Guardian Team Representative (In attendance for items 5.3 to 11.1))
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay 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) (In attendance for items 1 to 5.2)
Nin Sandhu (NS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (in attendance for items 5.2 to 10.1)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
Clare Edgeworth (CE)	Head of Strategic IG – Consultancy, Information Governance and Ethics Lead, Data for R&D Programme (Observer: Item 5.1)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: Items 5.1 and 5.2)
Wendy Harrison (WH)	Deputy Director of IG Delivery for Data and Analytics, Privacy, Transparency and Trust (PTT), Technology, Digital and Data (Presenter / Observer: Item 4.1)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (Observer: Item 5.1 / Presenter: item 9)

Harry Millard (HM)	Information Governance Officer, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Technology, Digital and Data (Observer: Item 8.1)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Azeez Oladipupo (AO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
Simon Snowden (SS)	Senior Manager - specialist analytical support functions, Data and Analytics, Transformation Directorate (Presenter / Observer: Item 4.1)
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Presenter: item 9)
Gemma Walker (GW)	Information Governance Specialist, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Technology, Digital and Data (Presenter: Item 8.1)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.5)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Sara Woodhouse (SW)	Principal Consultant, Outcomes and Registries Programme (Presenter / Observer: Item 4.1)
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> 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)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	<p>Welcome and Introductions:</p> <p>The AGD Chair welcomed attendees to the meeting.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the AGD meeting on the 19th February 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p> <p>Dr. Jon Fistein noted a personal and professional link to the applicant of NIC-759333-B8J2D (University of Oxford). It was agreed that Dr. Fistein would chair this item, but would not be part of the discussion of this application.</p> <p>Dr. Arjun Dhillon noted a professional link to the GP Workforce Census referred to in NIC-744520-T5J2D (University of Newcastle Upon Tyne). It was agreed this did not represent a substantive conflict of interest.</p>
<p>4 BRIEFING PAPER(S) / DIRECTIONS:</p>	
4.1	<p>Title: National Inflammatory Bowel Disease (IBD) Register Data Protection Impact Assessment (DPIA)</p> <p>Presenters / Observers: Wendy Harrison, Simon Snowden, Sara Woodhouse</p> <p>The IBD Registry was established in 2012 within the British Society of Gastroenterology and later became an independent company (IBDR Ltd). It has supported quality improvement, research, pharmacovigilance and COVID-19 response work.</p> <p>Following the Royal College of Physicians’ decision to close the organisation, NHS England’s Outcomes and Registries Programme (ORP) was identified as the new home for this. NHS England will now operate the NIBDR, supported by NHS Arden and Gem Commissioning Support Unit, with full transfer of historical datasets, continuation of data collection, and maintenance of research and clinical functions.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Confirmation that the DPIA adequately fulfils its purpose of identifying and reducing risks associated with the processing of personal data. 2. Advice on correct application of the National Data Opt-Out (NDO) during and after transition. 3. Review of proposed communications to data subjects regarding transfer of controllership from IBDR Ltd to NHS England. <p>Outcome of discussion: AGD welcomed the briefing paper / DPIA and made the following observations / comments:</p> <p>In response to point 1 above:</p> <p>4.1.1 AGD thanked NHS England for the information provided; and supported the trajectory of this programme of work.</p>

	<p>4.1.2 AGD noted that the DPIA was still in the progress of being drafted, and therefore the document provided to the Group was still in draft.</p> <p>4.1.3 AGD noted that the compatibility of the consent with the proposed processing was a substantive issue as the data transfers into NHS England; and suggested that a full consent review was undertaken by NHS England outlining a clear conclusion, to ensure that any consent relied on was compatible with any proposed use of the data, including, but not limited to, any commercial use aspects.</p> <p>4.1.4 AGD suggested that if any aspect of the proposed use of the data was not compatible with the consent, then NHS England explore other options to ensure that there was a legal basis for processing, for example, seeking s251 support or via Directions.</p> <p>In response to point 2 above:</p> <p>4.1.5 AGD noted the complexities with the NDO, for example, noting that the flow of data into NHS England covered under s251 support, will not include those who have previously submitted an NDO, even though they have provided consent. AGD noted that this issue would need resolution, and suggested that NHS England could seek approval from Health Research Authority Confidentiality Advisory Group (HRA CAG), to not apply the NDO for the flow of data into NHS England.</p> <p>In response to point 3 above:</p> <p>4.1.6 AGD noted that they had not had sight of any specific proposed communication materials, but had been provided with a high-level communication plan, and were providing advice based on this.</p> <p>4.1.7 AGD noted that any communications would be in the form of notifications as opposed to re-consenting patients.</p> <p>4.1.8 AGD suggested that NHS England undertake some patient and public involvement and engagement (PPIE) on any proposed communications.</p> <p>4.1.9 AGD suggested that any communications included transparency on the commercial aspects.</p> <p>4.1.10 AGD advised that they would be happy to provide comments on specific communication / transparency material as may be required by NHS England.</p> <p>In addition, AGD made the following comments / observations:</p> <p>4.1.11 NHS England noted that there was a delay on the progression of some applications for data until the work outlined was resolved; and AGD advised that they would encourage a quick resolution to ensure any current / future applications can be progressed.</p> <p>4.1.12 AGD looked forward to further information / engagement on this work as may be required either in-meeting or out of committee.</p>	
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5 EXTERNAL DATA DISSEMINATION REQUESTS:

<p>5.1</p>	<p>Reference Number: NIC-759333-B8J2D-v0.12</p> <p>Applicant and Data Controller: Oxford University Hospitals NHS Foundation Trust</p> <p>Application Title: Thames Valley and Surrey (TVS) Secure Data Environment (SDE)</p>	
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Observers: Clare Edgeworth, Dan Goodwin and Suzanne Hartley

Application: This was a new application.

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](#).

As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked **not** to review the “IGARD summary” for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.

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

5.1.1 AGD suggested that the issue of transparency is addressed appropriately, for example, patients within the local population, who should be informed of a number of points, including, but not limited to

5.1.1.1 why / how their data is being processed;

5.1.1.2 how much of their data is being processed;

5.1.1.3 how the processing of their data relates to specific conditions being treated both within / outside their geographical area;

5.1.1.4 any time limits on the use of data; and

5.1.1.5 any follow-up.

5.1.2 AGD noted that in respect of data minimisation, this would need to be considered in terms of

5.1.2.1 what is appropriate in terms of the research; and

5.1.2.2 what can be achieved from a technical point of view; and this would need to be communicated to patients in addition to the points made above (point 5.1.1).

5.1.3 AGD noted that the cohort of patients covered under s251 support will not include those who have previously submitted a National Data Opt-out (NDO). Some of these patients may have separately provided consent for data use for research that would now be carried out in the SDE; however, the inbound application of the NDO means their data will not be available in the SDE, potentially excluding them from research contrary to their expectations. The Group suggested this issue be explored further to ensure the appropriate patients are included in line with their expectations.

5.1.4 AGD noted the sub-licensing arrangements outlined, and suggested that in line with [NHS England DARS standard for sub-licencing and onward sharing](#):

5.1.4.1 The special conditions included in the internal form / application were also replicated in any contractual documentation to ensure that the requirements / expectations were clear to sub-licensees.

	<p>5.1.4.2 To review / amend the terminology used in the internal form / application and any other related documents, to ensure that it was correct, for example, that data access for sub-licensees must be for a “<i>medical purpose</i>”.</p> <p>5.1.4.3 That the Data Access Review Committee align with NHS England's Standards, and that this is reflected in their Terms of Reference and other transparency materials.</p> <p>5.1.4.4 NHS England engage / work closely with the applicant to assure itself that access arrangements are in line with NHS England's expectations and the contractual obligations.</p> <p>5.1.5 AGD noted that the s251 support ended in 2028; and suggested that:</p> <p>5.1.5.1 this application would not be suitable for a three-year data sharing agreement (DSA); and</p> <p>5.1.5.2 NHS England are mindful of this when considering a renewal to the DSA.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.1.6 AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) and the applicant on the work undertaken on this application.</p> <p>5.1.7 AGD noted that there may be a commercial aspect to the application.</p> <p>In addition, AGD made the following observations separate to the application:</p> <p>5.1.8 AGD suggested that NHS England ensure a clearly defined process for those applications where s251 support has a specific end date (see point 5.1.5).</p> <p>5.1.9 AGD noted that the internal form was silent on the length of the agreement and suggested that NHS England consider including the term of the agreement when the internal form is next up for review / update.</p>	<p>D&A Rep D&A Rep</p>
<p>5.2</p>	<p>Reference Number: NIC-773911-J3S9C-v0.2</p> <p>Applicant and Data Controller: University of Leicester</p> <p>Application Title: Peripheral Arterial Disease and high blood pressure Screening trial (PADS) - a randomised controlled trial of screening people for peripheral arterial disease and high blood pressure vs no screening</p> <p>Observer: Dan Goodwin</p> <p>Application: This was a new application.</p> <p>NHS England were seeking advice on the following points, including general advice on any other aspect of the application:</p> <ol style="list-style-type: none"> 1. Should NHS England be supportive of this application where identifying demographics is required for the whole identified cohort. 2. Should NHS England be supportive of disseminating identifying demographics where the sole purpose (for those within the control group) is to retain until August 2031/2032 and then share back to NHS England for healthcare data. 3. Is it justified that the screening cohort remains on s251 support despite there being an opportunity for consent. 	

4. Do AGD wish to comment (with regards to the stage 2 application in future) on whether NHS England should be supportive of disseminating Hospital Episodes Statistics (HES) and mortality data on or after the 1st August 2031; or whether they should not be supportive unless the transparency material is updated or the data is released only on or after the 1st August 2032.

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

As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked **not** to review the “IGARD summary” for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.

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

In response to points 1 and 2:

5.2.1 AGD noted that they were broadly supportive of the of identifying demographics being required for the whole identified cohort; however suggested that NHS England clarify with the applicant whether the proposal to follow-up with the study group now and the control group around 2031/2032 is the most effective and efficient way to follow up, and whether there was an alternate option to allow scientific rigour without requiring full access to the demographics data.

In response to point 3:

5.2.2 AGD noted that the screening cohort will remain on s251 support, despite there being an opportunity for consent; and advised that NHS England should satisfy themselves that the sharing of data for the screening cohort was in line with the s251 support.

In response to point 4:

5.2.3 AGD noted that the transparency materials were generally of a good standard, however suggested that this should be updated with more detail, noting that there is a ‘stage 2’ to the study, and those recruited earlier in the study need to be aware of this.

5.2.4 AGD noted the role of InHealth Ltd as a Data Processor, and the information elsewhere in the internal form / application that outlines their indirect commercial benefit(s); and suggested that this was made clear in the transparency materials, including but not limited to the patient information sheet.

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

5.2.5 AGD noted that for the screening cohort, the University of Leicester would be conducting virtual clinics, and that patients would have the option to not have the results / outcomes of these virtual clinics reported back to their GP’s; and suggested that the applicant ensure that they are clear to patients, for example via the protocol, on the opt-out process.

5.2.6 AGD looked forward to further information / engagement on this work as may be required, for example on stage-2 of the study.

	<p>5.2.7 AGD noted that there was a commercial aspect to the application.</p>	
<p>5.3</p>	<p>Reference Number: NIC-745331-S3H1T-v0.2</p> <p>Applicant and Data Controller: City St George’s University of London (SGUL)</p> <p>Application Title: Novel endovascular technologies in complex lower limb revascularisation – cardiovascular outcomes in primary and secondary care in the UK</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked not to review the “IGARD summary” for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p>Outcome of discussion: AGD were supportive of the application only if the processing was undertaken in NHS England’s Secure Data Environment (SDE). AGD were not supportive of the application if the data was processed via a data extract, and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>5.3.1 AGD queried whether the Quality Outcomes Framework data was sufficient enough to meet the needs of the applicant / study, and suggested that NHS England explore this further with the applicant.</p> <p>5.3.2 AGD noted that there were discrepancies between the protocol and the internal form / application in relation to the s251 support; and noting that the data is pseudonymised, suggested that NHS England explore this further with the applicant, and that the relevant documentation was updated to reflect the correct / factual information.</p> <p>5.3.3 AGD queried how the volume of data requested will meet requirements, noting that this appeared to be influenced by cost; and suggested that NHS England explore this further with the applicant and update the internal form / application as appropriate, noting that any data minimisation based on cost may reduce the reach of the study.</p> <p>5.3.4 AGD suggested also that NHS England clarify with the applicant whether the justification for the requested data, including, but not limited to,</p> <p style="padding-left: 40px;">5.3.4.1 geography; and</p> <p style="padding-left: 40px;">5.3.4.2 diagnostic codes are sufficient to meet the needs of the study; or whether additional diagnostic codes were required, and that the internal form / application were updated accordingly.</p> <p>5.3.5 AGD suggested that the internal form / application were updated to clarify:</p> <p style="padding-left: 40px;">5.3.5.1 the age criteria; and</p> <p style="padding-left: 40px;">5.3.5.2 the arrangement for registered versus resident practice at the time of diagnosis.</p>	

	<p>5.3.6 No AGD member noted a commercial aspect to the application.</p>	
<p>5.4</p>	<p>Reference Number: NIC-744520-T5J2D-v0.4</p> <p>Applicant and Data Controller: University of Newcastle Upon Tyne</p> <p>Application Title: Partnership for Workforce Sustainability in Underserved Areas: Exploring challenges to workforce sustainability in general practice</p> <p>Observer: Azeez Oladipupo</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked not to review the “IGARD summary” for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p>Outcome of discussion: The Group were broadly supportive of the purpose outlined in the application, but were not supportive of the application at this time and wished to draw to the attention of the SIRO the following substantive comments, and suggested that the application be brought back to a future meeting:</p> <p>5.4.1 AGD noted that although pseudonymised data had been requested, there were concerns about potential identification of individuals, noting that this study will include smaller GP practices. The Group noted that even with the proposed data minimisation, the re-identification of individuals was still a risk, and suggested that NHS England explore with the applicant:</p> <p style="padding-left: 40px;">5.4.1.1 Whether further data minimisation techniques that could be undertaken, for example, small numbers suppressed; and</p> <p style="padding-left: 40px;">5.4.1.2 Whether any further data minimisation would impact on the outcomes / conclusion of the study, and how the benefits would outweigh the need for the data (without further data minimisation) and the associated risks, for example, from a legal and ethical perspective.</p> <p>5.4.2 AGD suggested that the applicant undertake some professional engagement, to understand:</p> <p style="padding-left: 40px;">5.4.2.1 any issues that professionals may have as part of the publication of any results; and</p> <p style="padding-left: 40px;">5.4.2.2 to provide information to professionals on the balance between possible re-identification versus the expected benefits.</p> <p>5.4.3 AGD noted the reference to the ‘Newcastle University Research Data Warehouse system’ in the internal form, and suggested that NHS England satisfy itself that there were no additional Data Processors that needed including in the internal form, in line with NHS England DARS Standard for Data Processors.</p>	

	<p>5.4.4 AGD queried one of the research aims outlined in section 4.2 of the internal form to “...derive turnover measures and examine the effects of demographics characteristics...”; and suggested that this was updated to state it was exploring the relationship between the characteristics and skill mix within the general practice team.</p> <p>5.4.5 No AGD member noted a commercial aspect to the application.</p> <p>In addition, AGD made the following observation separate to the application:</p> <p>5.4.6 AGD suggested that NHS England consider onboarding the GP workforce historical dataset into the NHS England Secure Data Environment (SDE), noting that some of the issues raised on this application would be mitigated by the data being accessed in the SDE.</p>	D&A Rep
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5.5	<p>Reference Number: NIC-785339-D9Q2D-v0.5</p> <p>Applicant and Data Controller: The Newcastle Upon Tyne Hospitals NHS Foundation Trust</p> <p>Application Title: Inflammatory bowel disease-associated lymphoma</p> <p>Observer: Emma Whale</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 20th November 2025.</p> <p>Application: This was a new application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked not to review the “IGARD summary” for this item, and had been provided with the new NHS England DARS internal form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p>Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>5.5.1 AGD noted and commended the applicant on the patient and public involvement and engagement (PPIE) undertaken and noted the support for the project from this work; however, noting the small number engaged with, suggested that NHS England engage with the applicant, to ensure that the PPIE undertaken are representative of the cohort.</p> <p>5.5.2 AGD noted that at the meeting on the 20th November 2025, the Group had suggested the applicant update their website the retention period; and noted that whilst this had been partly addressed, suggested that this was updated further to ensure that this could be clearer on their website on the end date of the retention period.</p> <p>5.5.3 No AGD member noted a commercial aspect to the application.</p>	
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6 INTERNAL DATA DISSEMINATION REQUESTS:

There were no items discussed

7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL

7.1	<p>Reference Number: NIC-148411-Q64H8-v6.3</p> <p>Applicant: University College London (UCL)</p> <p>Data Controllers: UCL and University of Newcastle Upon Tyne</p> <p>Application Title: British Regional Heart Study - follow-up of the BRHS cohort</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) meetings on the 12th January 2023, 3rd November 2022, 23rd August 2018 and the 2nd August 2018.</p> <p>The SIRO approval was for an amendment to include detail on generating the UK Data Service (UKDS) dataset, which qualifies as derived data.</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 advised that they had no further comments to make on the documentation provided.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>
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8 OVERSIGHT AND ASSURANCE

8.1	<p>Workstream 1 (WS1) Precedent approved internal and external applications: MS Teams Form updates (Presenter: Gemma Walker)</p> <p>Oversight and Assurance (O&A) WS1 supports the review of applications that have been approved under an agreed precedent in the past six months, provided these applications have not undergone an independent review within the same period. This process is intended to ensure that NHS England's data sharing standards and precedents are being consistently and correctly applied by NHS England's Data Access Request Service (DARS).</p> <p>The O&A WS1 form was initially introduced in November 2024 with the aim of streamlining the review process. It brings together all necessary information to generate valuable insights and metrics; key themes are presented to the group at the quarterly AGD plenary meetings. In addition, the form also allows the group to raise any concerns with the NHS England SIRO Representative and to provide feedback to DARS.</p> <p>O&A activity was paused for a period, and the WS1 process was relaunched in early January 2026. Following the relaunch, the IG Risk and Assurance Team received feedback from AGD members regarding the O&A form.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none">1. To note the changes that have been made to the oversight and assurance MS Team form.2. To confirm whether the Group are content with the updates to the MS form, and if not highlight any additional work required. <p>Outcome of discussion: AGD welcomed the briefing paper / updated MS form and made the following observations / comments:</p>
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	<p>In response to points 1 and 2 above:</p> <p>AGD noted and thanked NHS England colleagues for the updates made to the MS form following feedback from the Group.</p> <p>AGD suggested that question 6 (application type) in the form was updated to also include ‘reusable decisions’.</p> <p>AGD queried whether it was possible to add a link to the internal ‘reusable decision knowledgebase’, to support the review of applications under WS1.</p> <p>AGD were advised that this was an ongoing programme of work and the MS form would be updated every couple of months, depending on the feedback / suggestions made by the Group as part of the WS1 review.</p> <p>The AGD Secretariat noted that the information relating to this agenda item would be flagged with those AGD members who were not in attendance at the meeting, for information / comments.</p> <p>AGD thanked NHS England for the work undertaken on updating the MS form for WS1, and advised that they looked forward to any future updates as may be required.</p>
<p>9</p>	<p>Internal Application Assessment Form (Presenters: Suzanne Hartley and Jodie Taylor Brown)</p> <p>AGD noted that at the AGD meeting on the 7th August 2025, the Group were advised that a pilot would be undertaken by NHS England’s Data Access Request Service (DARS), testing a new version of the internal application assessment form. The aim of the form is to improve clarity on the data sharing agreements (DSA); improve transparency / auditability of changes to applications following AGD reviews; improve efficiency; mitigate risks identified within current ways of working; and determine user requirements ahead of potential system development to automate process.</p> <p>AGD were advised by NHS England, that following feedback from a number of stakeholders, including AGD, further amendments / improvements had been made to the form, for example, making it clear which text was for ‘information only’, and which text would be transferred over into the DSA.</p> <p>AGD noted that DARS had kept an internal log of the suggested updates from stakeholders and which ones had been implemented in the updated form; and advised that it would be helpful to have sight of this document, for information.</p> <p>The AGD Secretariat noted that the standard wording in the minutes in respect of the pilot for the internal form would no longer need to be included, noting that this programme of work was moving out of the ‘pilot’ phase; and advised that this would be removed from the minutes moving forward.</p> <p>AGD thanked NHS England for the volume work undertaken on updating the form, and advised that they would welcome this being implemented at the earliest opportunity. The Group also noted that if they had any suggestions on further updates to the form, then they would feed these back as per the usual process.</p>
<p>10 AGD OPERATIONS</p>	
<p>10.1</p>	<p>AGD ways of working</p> <p>The NHS England SIRO Representative noted, that following previous discussions on the AGD ways of working, further discussions / work had been undertaken internally, in respect of the AGD end-to-end process, and where improvements could be made to further streamline this.</p>

	<p>In addition, the Group were advised that work was ongoing to ensure that applications being reviewed by AGD, were seeking advice on specific points, as opposed to 'general advice'.</p> <p>The Group were advised that whilst work was still ongoing to work with stakeholders to agree a way forward with any new processes, the timeline for starting some of the new ways of work outlined was expected to be around mid-April 2026.</p> <p>The Group noted the update provided, and welcomed further information in due course.</p>	
<p>10.2</p>	<p>Risk Management Framework</p> <p>The NHS England SIRO Representative noted the recent discussions at the AGD plenary meeting on the 4th December 2025, on a number of different scenarios that may influence the content of a Risk Management Framework; and it was noted that further work / discussions on this will take place out of committee with some of the AGD members.</p> <p>The NHS England SIRO Representative advised the Group that a further update would be provided at the AGD plenary meeting on the 18th June 2026, and that this item would be removed as a standing item on the AGD agenda.</p> <p>ACTION: The NHS England SIRO Representative, AGD Chair and AGD Secretariat to discuss out of committee work on the Risk Management Framework.</p> <p>ACTION: The NHS England SIRO Representative to provide an update to the Group on the Risk Management Framework at the AGD plenary meeting on the 18th June 2026.</p>	<p>SIRO Rep</p> <p>SIRO Rep</p>
<p>10.3</p>	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>	
<p>10.4</p>	<p>AGD Project Work</p> <p><i>There were no items discussed</i></p>	
<p>11 Any Other Business</p>		
<p>11.1</p>	<p>Professor Nicola Fear CBE</p> <p>AGD expressed their deep sadness at the recent passing of Professor Nicola Fear CBE, who was a member of the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) and interim AGD, up to the end of March 2025.</p> <p>Professor Fear was remembered as a highly professional, committed and compassionate colleague.</p> <p>The thoughts of NHS England and AGD are with Professor Fear's family, friends, colleagues and the wider research community.</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>		