Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 27th August 2026

09:00 – 15.45

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Dr Jon Fistein (JF)	AGD independent member (Chair)
Vanessa Kaliapermall (VK)	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)
Prof. Matthew Sydes (MS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 5.1)
Lyndon Dibb (LD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 5.4)
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** items 5.7 and 6.1)
Louise Garnham (LG)	Service Delivery Manager, NHS DigiTrials, Data and Analytics, Transformation Directorate (**Observer:** item 4.1)
Shyma Jundi (SJ)	Senior Behavioural Science Manager, Technology, Digital and Data (TDD), Transformation Directorate (**Observer:** item 4.1)
Jorge Marin (JM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 5.5)

Suzanne Shallcros (SS)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 5.2)
Jodie Taylor-Brown (JTB)	Data Access Service, Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** items 5.1 and 5.3)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data (TDD) (**Presenter:** items 11.2c and 12.2a)
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Prof Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)

	Pre-meeting discussion
1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 18th August 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 Cambridge but noted no specific connections with the 'Digi-Trials Template Review: invitation review – Early Intervention Mission' (item 4.1), 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-804975-T2Z1J), and it was agreed that this was not a conflict of interest. Prof. Matthew Sydes noted a professional link to the Principal Investigator of NIC-804975-T2Z1J (University College London), but noted no specific connections with the application. It was agreed this did not preclude Prof. Sydes from taking part in the discussion for this application.

	Prof. Matthew Sydes noted a professional link to the 'Digi-Trials Template Review: invitation review – Early Intervention Mission' due to his NHS England role as Head of Data-Driven Clinical Trials and Cohorts. It was agreed that the item would be discussed / reviewed as per usual process and that this was not a conflict of interest. Prof. Matthew Sydes noted a noted a professional link to the applicant of NIC-810118-F0H1M (University Liverpool), but noted no specific connections with the application. It was agreed this did not preclude Prof. Sydes from taking part in the discussion for this application. Dr Jonathan Osborn noted a noted professional historical links to an applicant of NIC-810118-F0H1M (NICE), but noted no specific connections with the application. It was agreed this did not preclude Dr Osborn from taking part in the discussion for this application. Dr. Jonathan Osborn noted a professional link to one of the Principal Investigators of NIC-804975-T2Z1J (University College London) and noting they were part of Dr Osborn's overarching management chain as part of their role within NHS England; it was agreed that Dr Osborn would remain in the room, but would **not** be part of the discussion of this application. The AGD NHS England representatives in attendance, noted a professional link to NIC-810124-Z6C2T (NHS England); they all confirmed that they had no additional knowledge / engagement with the application, and it was agreed that the application would be discussed / reviewed as per usual process and that this was not a conflict of interests.
4 BRIEFING PAPER(S) / DIRECTIONS / DPIAs / PRECEDENTS / REUSEABLE DECISIONS / TEMPLATES	
4.1	**Title:** Digi-Trials Template Review: invitation review - Early Intervention Mission **Observer(s):** Louise Garnham and Shyma Jundi **Previous Reviews:** At the AGD meeting on the 13th November 2025, as part of the 'DigiTrials Recruitment Service - Invitation Letter Standards' review / discussion, AGD had agreed that the first three instances of the finalised standard (which will form part of the NHS DigiTrials Precedent) used to assess an NHS DigiTrials invitation letter would come to AGD for review. AGD advised at the AGD meeting on the 30th April 2026, that the Group would encourage and support any further letters being brought to a future AGD meeting; and therefore, this was the **fifth** instance of where the finalised standard had been used to assess NHS DigiTrials invitation letters. NHS England were seeking advice on the following points: 1. Provide advice on the points raised in the template review document. 2. Confirm if this letter and SMS were correctly brought to AGD for advice based on the points identified in the review document. 3. Based on the above findings regarding SMS vs letter, please could AGD provide advice on whether SMS or letter would be a considered a more suitable method of invite for a trial of this sensitive nature? **Summary of Discussion:** AGD welcomed the briefing paper / letter template and made the following observations / comments: **In response to point 1:**

	4.1.1 AGD considered whether the content of the letter was broadly suitable and advised it was, noting the sensitive nature, however advised that the following should be undertaken (or explained why this is not to be done): **4.1.1.1** ensure that age range aligns across the letter and documents provided; **4.1.1.2** ensure the letter is written in plain English, with a less 'legal tone'; **4.1.1.3** explain how the participants had been identified to receive the letter; **4.1.1.4** outline that this is under Directions (not under s251 support); and **4.1.1.5** clarifying around the application of National Data Opt-outs (NDOO) for this study, noting this was not in line with NHS England policy. **4.1.2** The Group had discussed the use "psychosis" within the body of the letter and felt that that it was appropriate term to use in this instance. **In response to point 2:** **4.1.3** AGD advised that they were supportive of the template letter(s) being brought to AGD for advice based on the sensitive nature of the study. **In response to point 3:** **4.1.4** AGD commended the work of the applicant in seeking the Patient and Public Involvement and Engagement (PPIE) views on using SMS and noted the PPIE had stated "…*participants consistently viewed SMS as an inappropriate channel for an initial research invitation*…". The Group welcomed the views of the PPIE and agreed that the use of SMS for this study was **not** appropriate and agreed with all the points raised by the PPIE; in addition, AGD noted the SMS cannot capture the complexity of recruitment as illustrated by the comments made on the initial recruitment letter. **4.1.5** the AGD NHS England DPO Representative welcomed the PPIE insight which was highly significant because: **1)** transparency must be meaningful and accessible to the individual; **2)** communications must minimise the risk of harm or unnecessary distress; **3)** trust is critical when processing special category data relating to mental health; **4)** the method of communication should be proportionate to the sensitivity of the subject matter; and **5)** need to assess risk of postal communications and take steps to ensure addresses are up to date and avoid patient confusion incidents. **4.1.6 Separate to the briefing:** AGD recognised that SMS may be appropriate for other studies but that this should be judged on a case-by-case basis. In addition, the Group would encourage other studies discuss the use of SMS with their PPIE Groups, but only use SMS where the PPIE have indicated it should be used. The Group would welcome the opportunity to give further advice on the use of SMS. AGD provided the following observations / comments, separate to the briefing paper. **4.1.7** AGD discussed whether the incentive being offered to study participants was appropriate and proportionate; and that each stage of the incentive was broadly in line with National Institute for Health and Care Research guidance. However, the Group advised that the payment schedule was too cryptic to be easily understood by a lay reader, and suggested that the applicant should clearly articulate the potential payment offered at each stage alongside the overall payment within the patient information materials.	SIRO Rep

	4.1.8 In addition, the Group noted that the patient information materials state that participants would have a "blood test". However, the Group observed that the 100ml of blood required for the study is a much larger volume than for most routine blood tests. The Group suggested the applicant be clear within the patient information materials that blood samples of this larger volume will be taken, for example by explicitly saying "blood samples" rather than "blood tests". **4.1.9** AGD advised that they felt that the letter was suitable for use, subject to the advice provided by the Group	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-351722-W7D4N-v18.1 **Applicant and Data Controller**: L2S2 Ltd* **Application Title**: Commercial work by L2S2 Ltd to support NHS England, CQC, ICBs and NHS Trusts **Observer(s):** Dave Cronin and Jodie Taylor-Brown **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 27th November 2025, and 23rd March 2023. The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 5th May 2022, 27th February 2020, 14th March 2019, 11th October 2018, 4th October 2018, and 5th July 2018. The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 22nd September 2015 and 25th August 2015. **Application:** This was an amendment application. NHS England were seeking advice on the following points: 1. Does the proposed expansion from linear regression models to broader machine learning techniques fall within the scope of the currently approved purpose and processing activities, or does it constitute a new use of NHS England data requiring explicit approval and amendment of the DSA? 2. Is the proposed wording sufficient to describe and justify the intended use of machine learning techniques? and 3. Should any additional contractual controls, restrictions or governance provisions be incorporated into the DSA if NHS England were minded to approve the use of machine learning techniques? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to points 1 and 2:**	

5.1.1 The Group had a lengthy discussion whether this was an amendment to an existing data sharing agreement (DSA) or should be considered as a new application, since the amendment proposed was so significantly different, and it was not clear how the proposed expansion from a linear regression model to a broader machine learning technique would fall within the currently approved purpose. The Group agreed this should be considered a new application, with the ability to link back to data previously provided under this DSA if this could be achieved.

5.1.2 The Group noted the applicant's response to previous points raised by AGD, including stated safeguards, local processing, no cloud storage and that the proposal does not develop large language models; but were still not clear on the expansion or further use.

5.1.3 The Group noted they were not experts on machine learning, and noted the proposed machine learning description within the internal form / application, suggested:

5.1.3.1 further granular detail around the processing;

5.1.3.2 further detail about machine learning is being used for and what is being excluded;

5.1.3.3 an explanation around the boundary between the selected machine learning approach and general artificial intelligence;

5.1.3.4 more information around the clinical oversight to ensure that outputs were safe and effective, and not misleading or introducing bias;

5.1.3.5 any inferences around the use of consultant code should be clinically accurate and managed appropriately.

In response to point 3

5.1.4 The Group suggested that there were explicit statements around the benefits expected from using the broader machine learning techniques, ensuring they are safe and not misleading, with specific consideration of how any bias would be addressed.

5.1.5 The Group would expect to see clear restrictions around processing locations, noting the Google Tool mentioned, to ensure the processing is in line with the DSA and there is no leakage beyond the territory of use.

5.1.6 AGD were clear that all new narrative should be clearly articulated to ensure NHS England can audit and verify each criterion has been met.

In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review.

5.1.7 The Group noted that there was a lack of transparency, which was not in line with the contractual requirements of section 4 of the DSA and NHS England DARS Standard for Transparency; NHS England should discuss this with the application and that transparency materials be in place before any new data flows or used for any new purposes.

5.1.8 AGD noted the National Secure Data Environment (SDE) had been excluded as a route with the applicant expecting to continue to receive an extract of data. The Group expected that any new application in line with 5.1.1 (or updated amendment application)

	would be reviewed in line with current NHS England policy and that the most appropriate route whether extract, SDE or other be considered. **5.1.9** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	
5.2	**Reference Number:** NIC-804975-T2Z1J-v0.4 **Applicant and Data Controller**: University College London (UCL) **Application Title**: The Impact of Martha's Rule on Clinical Deterioration and Inpatient Safety in England: A National Evaluation using Hospital Episode Statistics **Observer:** Suzanne Shallcross **Application:** This was a new application. NHS England were seeking advice on the following points: **1)** advice on whether minimisation beyond financial year is required given the broad scope of the project, and if so at what level; **2)** whether they would advise that this application should fall under a low-risk Precedent (currently in draft); and **3)** whether it would if the draft were currently active (and how we could adjust the Precedent if these answers are inconsistent). Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to points 1 to 3:** **5.2.1** Recognising the applicant will be accessing the data via the National Secure Data Environment (SDE), AGD advised NHS England to ensure that the level of data minimisation was proportionate, in line with the NHS England DARS Standard for Data Minimisation, and ensuring assessment around the size, sensitivity, legal consideration and risk assessment. **5.2.2** On balance, the Group agreed that the application would fall under the low-risk precedent. AGD noted that there were a number of issues outstanding that would need to be addressed before the application could potentially proceed via the low-risk Precedent, including but not limited to: **5.2.2.1** ensuring the internal form / application explains what 'Martha's Rule' is. **5.2.2.2** Further clarity on what data will be included / excluded within the internal form / application and in line with the NHS England DARS Standard for Data Minimisation; **5.2.2.3** Ensuring the information around data minimisation is explained, clearly justified and aligned across the internal form / application and Protocol, provided as a supporting document. **5.2.2.4** Clearer justification in the internal form / application why a sub-set of HES is required versus data minimising for the study, for example in excluding "day cases"	

	is that a single episode 'day case' in the period requested or would that mean all data for that patient who had one 'day case' in the period be excluded. **5.2.2.5** explanation as to why the study population is appropriate, specifically covering why proposed exclusions were appropriate, given that including those excluded could strengthen the study's validity by including vulnerable populations who may need to invoke Martha's Rule. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review. **5.2.3** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	
5.3	**Reference Number:** NIC-806802-N6R7P-v0.2 **Applicant and Data Controller**: Online NHS Trust **Application Title**: Online NHS Trust UDAL Access **Observer:** Jodie Taylor-Brown **Application:** This was a new (early advice) application. NHS England were seeking advice on the following points: **1)** the proposed purposes are sufficiently defined and appropriately limited given the organisational nature of NHS Online; **2)** they would agree that further detail on access by processor staff, contractors and consultants is required; **3)** the proposed transparency and reporting arrangements are sufficient, noting that a privacy notice is not yet in place; and **4)** further work is required on ethical considerations, noting the applicant does not consider REC review to be required. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to points 1 to 3:** **5.3.1** AGD welcomed sight of the early advice application and the opportunity to provide high level comments and advice to support NHS England and the applicant, and would therefore not be expanding their advice to detailed comments. **In response to point 4:** **5.3.2** AGD did not opine on ethics considerations since any advice would be dependent on the more specific detail within the internal form / application. AGD accepted that the programme was not research and therefore may not need Research Ethics Committee (REC) approval, but the applicant could seek a local Trust's ethics committee for support.	

	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. **5.3.3** The Group noted that no access had been given at present to the Online NHS Trust staff for this programme of work, noting the organisation is still in its establishment phase, but will require appropriate ongoing access in order to operate effectively as soon as possible. **5.3.4** AGD agreed that it would be helpful to understand the timescale for establishment of the Online Trust to comment on its programme of work, in order to determine what support was required to deliver urgent work, or what could be planned as longer term project work. **5.3.5** AGD recognised that the 'delegate decision-making / programmatic access' (name still TBC) Precedent had been developed by NHS England since this application was mooted as a data sharing agreement (DSA), and suggested that this draft Precedent be considered in order to identify the information that DARS requires to assure itself that any project approved under delegated decision making would meet the same DARS standards required if each project applied separately to NHS England for the data access. **5.3.6** AGD queried if the data access / work outlined in the internal form / application had already happened when the applicant was part of NHS England, and consideration should be given whether any existing work can be utilised to aid any planning by the applicant, so as not to duplicate work / effort. **5.3.7** There was a lengthy discussion around access and governance, and although the Group had agreed not to go into detail, highlighted a couple of aspects for the applicant to consider, including but not limited to: **5.3.7.1** Providing a clear justification around why they required access to Electronic Staff Record (ESR), for example linking the request to the programmes specific function and planning needs; **5.3.7.2** Further explanation of why a relatively broad group of people would require access, and explaining what was meant by the term 'contractor(s)', for example by defining relevant roles or categories of used more clearly; **5.3.8** The Group could not opine on the governance of the programme as little detail had been provided and suggested: **5.3.8.1** the applicant work with NHS England to establish settled answers on governance, responsibilities and access controls questions; and **5.3.8.2** to work with a local data access committee or local ethics committee, to develop governance processes and procedures. **5.3.8.3 Separately and for this applicant only**, AGD understands there is a tight timescale for establishing the Online NHS Trust, and offered to support the applicant by either **1)** AGD members assisting with any work to establish Online NHS Trust data governance, PPIE or transparency (as AGD 'project work'); **2)** individual members being part of any new governance committee or, alternatively, and **3)** co-opting a sub-group of AGD to provide a temporary governance committee whilst the applicant set up its own board-level committees.	SIRO Rep

	5.3.9 The NHS England SIRO Representative noted this application was for early advice and would return to AGD, in due course, for further advice.	
5.4	**Reference Number:** NIC-765951-N6M8L-v0.7 **Applicant and Data Controller**: University Hospitals Coventry & Warwickshire NHS Trust **Application Title**: Understanding NHS Trusts to support Service Improvement, future strategic planning of NHS Service and Innovation, including evaluation of robotic and non-robotic surgical pathway variation using derived and anonymised / anonymised aggregated outputs **Application:** This was a new application. NHS England were seeking advice on the following points: **1)** whether further work is required to consider the wider use of dashboards for other NHS Trusts / ICSs which is planned within this application; **2)** whether they would advise that this application should fall under a low-risk Precedent (currently in draft); and **3)** whether it would, if the draft were currently active (and how we could adjust the Precedent if these answers are inconsistent). Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to point 1:** **5.4.1** AGD noted that the internal form / application seemed to indicate that the commercial organisation may have its own purpose(s) for analysis and tying this to point 5.4.4, clearly explain how individual projects are approved. **5.4.2** The Group noted that the scope was inconsistently described. Some parts of the internal form / application refer to one Trust and robotics, whilst other parts of the documentation expand beyond robotics and potentially to multiple Trusts. AGD suggested further clarification around the intended rollout and any commercial benefits arising. **5.4.3** The Group also suggested explanation of the balance between public and commercial benefit should also be provided, in line with the National Data Guardian (NDG) guidance on benefits **In response to points 2 and 3:** **5.4.4** AGD advised that the application was **not** suitable to proceed via the low-risk Precedent, because of the involvement of the commercial organisation and level of commercial funding involved. The Group suggested that: **5.4.4.1** further written evidence be provided around any commercial influence; **5.4.4.2** further explanation of the approval process, noting the applicant claimed they made all their own decisions on the analysis, however, given the work was wholly commercially funded, further explanation was required to reassure AGD that there could not be any conscious or unconscious bias towards the funder's priorities in the	

	applicant's decision making. Without this it was not possible to be clear that the commercial organisation was not influencing the purpose and/or means; **5.4.4.3** to clarify who owns intellectual property (IP) resulting from the project when considering the commercial involvement. **5.4.5 Separate to the application**; the Group suggested the precedent be updated, including but not limited to: **5.4.5.1** Adding a new exclusion criteria that any and all projects with commercial funding are not eligible; and **5.4.5.2** Updating the current commercial exclusion criteria that where funding is not commercial but a commercial body is involved, then any incidental commercial involvement such as for example influencing the study design, analysis or outputs would mean the application is not eligible. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.4.6** AGD noted that it was **not** clear within the internal form / application who was permitted access to the data, and this should be explicit within the processing section. **5.4.7** In the interests of clarity about data minimisation, AGD asked that an explanation be included in the internal form / application to explain why all Trust data was needed for benchmarking, rather than a subset being good enough (the subset approach has been seen by DARS in other applications for benchmarking data). **5.4.8** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application. **Subsequent to the meeting:** **5.4.9** After the meeting, an AGD independent member reminded AGD members that in previous cases of identifying commercial involvement, the applicant setting out whether the commercial funder would receive results or information about project outcomes in advance of any publication to the general public, had been identified as helpful.	D&A Rep
5.5	**Reference Number:** NIC-739725-M8C2F-v0. **Applicant and Data Controller**: University of Leicester **Application Title**: A Randomised Controlled Trial of Early valve replacement in severe ASYmptomatic Aortic Stenosis (EASY-AS) **Observer:** Jorge Marin **Application:** This was a new application. NHS England were seeking advice on the following points: **1)** agree with the consent assessment, and/or whether the applicant should take further measures given the intention to store the data on Public Health Scotland (PHS) SDE;	

2) the justification for not using the NHS SDE is sufficient, and if not whether the work should proceed only if the NHS SDE were to be used; and
3) any additional advice given the outstanding queries raised appropriately by the Data Access Team (comments within the document).

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

Summary of discussion:

5.5.1 There was a far-reaching discussion in order to frame the advice around the data, nature of the study and national study; and the Group were working on the assumption that the provision of data by NHS England would be processed in the Public Health Scotland (PHS) safe haven / secure data environment (SDE). The application documents refer in places to just England and Wales, but the clinical register refers to recruitment in Scotland. AGD suggested that this should be checked and corrected, as may be appropriate within the internal form / application.

In response to point 1:

5.5.2 Although the flow of data was not incompatible with the consent materials, further work with participants and transparency was suggested, including but not limited to:

5.5.2.1 AGD and the AGD NHS England DPO Representative considered whether participants would reasonably expect their data to be processed in the PHS SDE, and suggested that the applicant discuss with a representative sample from their patient and public involvement and engagement (PPIE) group their expectations.

5.5.2.2 The Group suggested that the applicant update their transparency materials to clearly articulate what data would be processed in the PHS SDE, noting this would only inform participants and would not demonstrate what participants actually expect.

In response to point 2:

5.5.3 The Group noted that the SDE may be an appropriate use for the study, however noted that at this time an extract may be more appropriate given the international nature of the study, and the fact the international data may not be ingestible by the National SDE.

In response to point 3:

5.5.4 There was a lengthy discussion around Data Controllership, and AGD were not clear on the relationship between the University of Leicester and all the other international parties involved in this international study. Noting the steering group arrangement outlined in the supporting documentation, the NHS England SIRO Representative asked the AGD NHS England DPO Representative to review and confirm the data controllership arrangements outlined in the internal form / application were in line with the NHS England DARS Standard for Data Controllership alongside the expectations of NHS England, noting the applicant had confirmed they were the sole Data Controller, and that the internal form / application be updated as appropriate.

5.5.5 The Group reminded NHS England and the applicant, that where there was a data controller / processor relationship, there should be an assured contractual arrangement in place for example by providing a data processing agreement, and expressed in such as way within that documentation that it is amenable to audit by NHS England as required.

	5.5.6 The AGD NHS England DPO Representative queried the applicant's use of Article 9(2)(a) and suggested that the applicant re-confirm whether they genuinely intend to rely on this article; and to update the internal form / application as appropriate. 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. **5.5.7** AGD suggested that further clarity be provided in the internal form / application around the use of archiving, alongside archiving in line with NHS England's expectations and policy. **5.5.8** Noting the follow-up was limited to 10 years (but not from when), the clinical members of the Group suggested that if clinically appropriate, that a longer follow-up may give more value to the study. **5.5.9** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application.	
5.6	**Reference Number:** NIC-656849-P9M6C-v2.3 **Applicant and Data Controller**: University of Oxford **Application Title**: Hodgkin and Non-Hodgkin Lymphoma: Using routine data to identify recurrence and late-effects of diagnosis and treatment with an emphasis on second primary malignancies **Observer:** Suzanne Hartley **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD on 11th May 2023. **Application:** This was an amendment application. NHS England were seeking advice on the following points: **1)** agree with NHS England's position that the purpose as stated is beyond the current protocol, and therefore either the protocol should be amended and application resubmitted, or the purpose reduced to that set out in the protocol; **2)** subject to the above, whether the delegated decision-making arrangements are appropriate; and **3)** subject to the above, if a revised protocol is sought, what additional advice might be provided to the applicant re scope of work to maximise their likelihood of a successful application down the line? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Summary of discussion:** **In response to points 1 to 3:** **5.6.1** The Group agreed with NHS England that the purpose is beyond the current protocol, and suggested that the protocol be updated to align with the internal form / application.	

	5.6.2 The Group had a lengthy discussion whether this was an amendment to an existing data sharing agreement (DSA) or should be considered as a new application given **1)** the purpose was very broad and different to the original, and **2)** there appeared to be programmatic access rather than a single project. AGD were agreed that this should be considered a new application, but with the ability to link back to data under this DSA, if required. **5.6.3** Since mooted as a data sharing agreement (DSA), AGD recognised that the 'delegate decision making / programmatic access' (name still TBC) Precedent had been developed by NHS England and suggested that application be developed in line with the Precedent. **5.6.4** AGD suggested that the purpose would need to be expressed tightly enough to make it clear what purposes would fall in and out of scope, i.e. that it were not so general as to be able to encompass almost anything related to cancer. **5.6.5** AGD could not opine further since they would need to re-consider any new application in the round as a programmatic application data sharing agreement (DSA), and in line with all relevant NHS England DARS Standards and Precedent criteria, alongside consideration of: **5.6.5.1** Further consideration of extract as opposed to the National Secure Data Environment (SDE), with a clear justification why the SDE cannot be used; **5.6.5.2** The governance process for project approvals, for example but not limited to, how ethical issues are considered and how any project approval committee approves decisions and mitigates risk; and **5.6.5.3** What public and patient involvement and engagement (PPIE) and external representation from outside the University are involved in the governance arrangements; 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** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application.	
5.7	**Reference Number:** NIC-810118-F0H1M-v0.2 **Applicant and Data Controller**: University of Liverpool **Application Title**: Understanding safe, effective medicine use in the NHS **Observer:** Ayse Depsen **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meeting on the 28th July 2026. **Application:** This was an amendment 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; and 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. **Summary of discussion:** AGD noted that the PAG had reviewed the application as per process on the 28th July 2026, and that feedback was available in the published PAG minutes from the meeting. **In response to points 1 and 2:** **5.7.1** Notwithstanding the ongoing work currently being undertaken by NHS England on the draft OpenSAFELY Precedent, following comments previously provided by the Group; AGD noted that this application would be suitable for approval under Precedent once finalised if limited to the two pilot conditions only (type 2 diabetes and chronic heart failure), and suggested the internal form / application be updated as appropriate. **5.7.2** AGD were clear that if the applicant was proposing the broader use, including a wider range of conditions, then the application would **not** be suitable for approval under Precedent because the application appeared to be programmatic, not project specific. **5.7.3 Separate to the application:** the Group suggested that the OpenSAFELY Precedent be updated to include an exclusion criteria around programmatic access and bookmarking to the 'delegate decision making / programmatic access' Precedent. **5.7.4** Since mooted as a data sharing agreement (DSA), AGD recognised that the 'delegate decision making / programmatic access' (name still TBC) Precedent had been developed by NHS England and suggested that application be developed in line with the Precedent. **5.7.5** AGD could **not** opine further since they would need to re-consider any new application in the round as a programmatic data sharing agreement (DSA), and in line with all relevant NHS England DARS Standards and Precedent criteria. **5.7.6** Given the points raised by the Group, the NHS England SIRO Representative noted this application could **not** progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application, unless the applicant had confirmed and the internal form / application updated to two pilot conditions only whereby the application could progress via delegated authority.	D&A Rep
6 INTERNAL DATA DISSEMINATION REQUESTS:		
6.1	**Reference Number:** NIC-810124-Z6C2T-v0.2 **Applicant and Data Controller**: NHS England **Application Title**: Population and Wellbeing Dataset (PWD) validation via OpenSAFELY **Observer:** Ayse Depsen	

	Previous Review: The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meeting on the 4th August 2026. **Application:** This was an amendment 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; and **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. **Summary of discussion:** AGD noted that the PAG had reviewed the application as per process on the 4th August 2026, and that feedback was available in the published PAG minutes from the meeting. **In response to points 1 and 2:** **6.1.1** AGD noted that this application would **not** currently be suitable for approval under an OpenSAFELY Precedent until the Precedent had been uplifted to list 'NHS England access' as an exclusion criteria to ensure transparency to the public. **6.1.2 Separate to the application**: the Group suggested that the Precedent be updated to include "*NHS England access*" as an exclusion criteria. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **6.1.3** Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	D&A Rep
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
There were no items discussed		
8 OVERSIGHT AND ASSURANCE		
There were no items discussed		
9 AGD OPERATIONS		
9.1	**AGD ways of working** *There were no items discussed*	
9.2	**AGD Stakeholder Engagement** *There were no items discussed*	

9.3	**AGD Project Work** *There were no items discussed*
10 Any Other Business	
10.1	*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.