

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 29th January 2026

09:00 – 15:30

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser) (not in attendance for items 1 to 3, part of 4.1)
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. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Nin Sandhu (NS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Laura Bellingham (LBe)	Deputy Director, Data Access and Partnerships, Data and Analytics, Transformation Directorate (Presenter: item 9)
Mia Bojang (MB)	PTT Business Support Officer, Privacy Transparency and Trust (PTT), Technology, Digital and Data (Observer: items 1 to 3, 4.1, 5.1 and 5.2)
Lorna Branton (LBr)	Head of Strategy, Chief Scientific Advisor Directorate (Presenter: item 9)
Ricky Brooks (RB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 4.1 and 5.1)
Garry Coleman (GC)	NHS England SIRO Representative (Not in attendance for part of item 5.4)

Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate (Presenter: item 4.1)
Dr. Arjun Dhillon (AD)	Associate Director Clinical, Medical Directorate (Observer: Item 9)
Claire Edgeworth (CE)	Head of Strategic IG – Consultancy, Information Governance and Ethics Lead, Data for R&D Programme (Observer: item 9)
Louise Garnham (LG)	Service Delivery Manager, NHS DigiTrials, Transformation Directorate (Observer: item 5.4)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 5.2 and 9)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (Observer: item 4.1 and 9)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Suzanne Shallcross (SS)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.2)
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.3)
Gemma Walker (GW)	Information Governance Specialist, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Technology, Digital and Data (Presenter: item 4.2)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.3 to 5.5)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
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)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)

Jenny Westaway (JW)	AGD independent member (Lay Adviser)
HEALTH DATA RESEARCH UK (HDR UK) - EXTERNAL STAFF IN ATTENDANCE (ITEM 4.1):	
Ross Forsyth (RF)	Research Project Manager, Health Data Research UK (HDR UK) (Presenter: item 4.1)
Sarah Lessels (SL)	Senior Operations Programme Manager, Health Data Research UK (HDR UK) (Presenter: item 4.1)
Prof. Reecha Sofat (RS)	Head of Information Governance, Health Data Research UK (HDR UK) (Presenter: item 4.1)

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 22 nd January 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.
3	Declaration of interests: Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-782177-G5W5G), 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 Cambridge but noted no specific connections with the application (NIC-753801-J5B3X), or staff involved, and it was agreed that this was not a conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS:	
4.1	Title: British Heart Foundation (BHF) Data Science Centre UK Clinical Cohorts (UK CliC) – Briefing Paper Presenter: Dave Cronin Observers: Ricky Brooks, Suzanne Hartley, Ross Forsyth, Sarah Lessels, and Prof. Reecha Sofat Previous Reviews: NIC-680176-M2P2Y (Health Data Research UK (HDR UK)) was previously discussed at the AGD BAU meetings on the 27 th February 2025 and the 10 th October 2024. Since 2023, NHS England (NHSE) has been supporting the British Heart Foundation (BHF) Data Science Centre (which sits within HDR UK) to develop its proposal for the UK Clinical Cohorts (UK CliC) initiative which aims to improve access to anonymised, linked clinical cohort and routine health data, especially in cardiovascular and metabolic research, within a secure Trusted Research Environment (TRE) (SAIL Databank).

The UK CliC TRE forms a significant part of the BHF Data Science Centre's renewal plans which has recently been awarded funding for five years. Following the investment of considerable resource from both HDR UK and NHS England to develop this proposal, both parties now desire conclusion of the work.

NHS England were seeking advice on the following points:

1. Does AGD support the proposed UK CliC model as described?
2. Does AGD support the proposed processes for onboarding studies as described in the documents provided?
3. Does AGD support the outcomes of the assessments provided as examples?

Outcome of discussion: The AGD Chair welcomed colleagues from HDR UK, who were in attendance with NHS England colleagues to answer any questions on the briefing paper and the outcomes of the assessments provided as examples.

The Group thanked HDR UK colleagues for attending the meeting, and for the information provided.

Following the departure from the meeting by HDR UK, the Group made the following observations / comments:

In response to point 1:

4.1.1 The majority of the Group were supportive of the proposed model **if** the comments were addressed. A minority of the Group (one independent member) dissented, advising NHS England that they should not pursue this model, on the basis that they considered it to be incompatible with the current aspiration of data access by default in NHS Safe Data Environments rather than data dissemination. They were also concerned that the proposed model was not compatible with the National Data Opt-out policy or the basis on which people volunteered in terms of which institution would be responsible for their data.

4.1.2 AGD noted the volume of work undertaken to date on the model / proposal outlined, including, but not limited to, NHS England Data Access Request Service (DARS), HDR UK and Health Research Authority Confidentiality Advisory Group (HRA CAG).

4.1.3 AGD noted the importance of the model / proposal outlined whose aims are to **1)** maximise the value of the data for research participants; **2)** to find a way to minimise the burden across the system; and **3)** to maximise efficiency and minimise cost. However, AGD noted that whilst the burden and cost of assessing / processing these applications would transfer out of NHS England to HDR UK, there may not be an overall reduction of the burden and cost across the system as a whole.

4.1.4 AGD noted that the consent review boards were still in the process of being developed / set-up, and suggested that NHS England ensure that there is sufficient patient and public involvement and engagement (PPIE), including lay representation. It was noted that the current proposals would involve perhaps three lay members on a ten-person consent review board. One AGD independent lay member suggested that a majority of lay members should be necessary to endorse a consent review board recommendation, or, if this was not practical, an alternative mechanism that ensured that if lay members were not supportive, their view could not be overridden by specialist members.

4.1.5 AGD noted that whilst the model / process was still in the development stage, NHS England should give further consideration to a number of points, including, but not limited to

	<p>1) what the risk appetite is for NHS England, and whether the model aligns with this; 2) what the risks are in respect of data minimisation and how this will be managed; 3) any risks identified are done so in a quantifiable way; 4) that the model does not minimise the existing rigour around the use of the datasets; 5) what evidence they would require from HDR UK to ensure there was appropriate oversight; 6) how consent reviews would be robust; 7) that there was appropriate governance in place i) within HDR UK; and ii) between NHS England and HDR UK.</p> <p>4.1.6 AGD noted that further work was being undertaken on the operational details, including, but not limited to, 1) contractual arrangements; 2) training; 3) the escalation route back to NHS England; and 4) oversight and assurance. The Group suggested that all operational processes being developed are as robust as those currently in place at NHS England; and that to support joint learning whilst the joint consent review board is being established, a joint group between NHS England and HDR UK should be set up to support this work to establish a “community of practice” for joint learning.</p> <p>4.1.7 AGD queried whether the model was aligned with existing policies, for example, the National Data Opt-out policy; and suggested that this was reviewed as the model is developed further.</p> <p>4.1.8 In respect of any changes to data controllership that did not align with the original consent as it moves into HDR UK, the Group suggested that NHS England 1) clarify how it would satisfy itself that these changes were acceptable; and 2) that in line with the Caldicott Principles, specifically Principle 8 that “<i>A range of steps should be taken to ensure no surprises for patients and service users...</i>”.</p> <p>In response to point 2:</p> <p>4.1.9 The majority of the Group advised that they supported the proposed processes for onboarding studies as described in the documents provided; and whilst noting that there was ongoing work to develop this further, AGD suggested that this was as robust as possible and in line with existing NHS England policies and processes both now and in the future.</p> <p>In response to point 3:</p> <p>4.1.10 The Group noted that they were not providing specific feedback on the assessment examples provided due to time constraints within the meeting. The Group advised that there could be a subjective difference of opinion through any assessment of this type, however, noting the rationale provided, recognised that process undertaken in these reviews would provide a defensible position for the conclusions reached.</p> <p>4.1.11 AGD looked forward to further information / engagement on this work as may be required.</p>	
<p>4.2</p>	<p>Title: Archiving Reusable Decision – Briefing Paper</p> <p>Presenter: Gemma Walker</p> <p>Previous Reviews:</p> <p>NHS England’s Data Access Request Service (DARS) are occasionally approached by applicant organisations, seeking permission to archive data disseminated under previous</p>	

<p>iterations of their Data Sharing Agreement (DSA), this is often to comply with Regulations or industry best practice guidance.</p> <p>At the AGD meeting on the 18th July 2024, DARS submitted an application (NIC-316558-W0T8G) to amend a DSA to permit archiving of data. As part of the discussion on this application, DARS also sought advice on the creation of a reusable decision that would allow DARS to progress requests to amend a DSA to permit archiving without requiring further SIRO Authorisation or AGD review when a set of qualifying criteria are met and where exclusion criteria do not apply.</p> <p>At the AGD meeting on the 4th September 2025, the Group reviewed the ‘Knowledgebase Review Work Package; where it was agreed that AGD would be provided a briefing paper on the implementation of the Archiving Reusable Decision.</p> <p>This purpose of this briefing paper was to addresses some of the comments raised by AGD in respect to the Archiving Reusable Decision.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Note the changes that have been made to the reusable decision. 2. Advise NHS England whether the reusable decision can now be made live. <p>Outcome of discussion: AGD welcomed the briefing paper and made the following observations / comments:</p> <p>In response to points 1 and 2:</p> <p>4.2.1 AGD noted the changes that have been to the reusable decision; and advised that they were supportive of this going live.</p> <p>In addition, AGD made the following observations separate to the briefing paper:</p> <p>4.2.2 AGD noted that the content of the briefing paper provided applied specifically to data extracts and not data being accessed in the Secure Data Environment (SDE); and suggested that further consideration was given to those wanting to archive data for a project in the national SDE.</p>

5 EXTERNAL DATA DISSEMINATION REQUESTS:

<p>5.1 Reference Number: NIC-797243-P7K9P</p> <p>Applicant and Data Controller: University Hospital Southampton NHS Foundation Trust</p> <p>Application Title: “RIPCORDER 2: A randomised controlled trial comparing routine pressure wire assessment with conventional angiography in coronary artery disease - 5-year long-term follow-up”</p> <p>Observer: Ricky Brooks</p> <p>Linked applications: This application is linked to NIC-303379-H4C8H.</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 application 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>5.1.1 AGD noted the patient and public involvement and engagement (PPIE) undertaken to date and suggested that section 5 of the application was updated to reflect the helpful PPIE that had been undertaken to date and future plans.</p> <p>5.1.2 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>5.1.3 No AGD member noted a commercial aspect to the application.</p>	
<p>5.2</p>	<p>Reference Number: NIC-782177-G5W5G-v0.10</p> <p>Applicant and Data Controller: University of Oxford</p> <p>Application Title: “The Early Detection of Hepatocellular liver cancer (DeLIVER)”</p> <p>Observers: Suzanne Shallcross and Dan Goodwin</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 application 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 if the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments:</p> <p>5.2.1 AGD suggested that NHS England satisfy itself that in line with NHS England DARS Standard for Data Controllers, the correct data controllership arrangements were reflected in the form, including, but not limited to 1) the role of the University of Glasgow; 2) the role of Glasgow Caledonian University.</p> <p>5.2.2 AGD suggested that the form was updated with further clarification of the nature of the Trusted Research Environment (TRE).</p> <p>5.2.3 AGD noted that five honorary contracts had been requested; and suggested that further information was provided on the nature of these, in line with NHS England’s DARS Standard for Honorary Contracts.</p> <p>5.2.4 AGD suggested that in line with NHS England DARS Standard for Commercial Purpose, NHS England engage with the applicant to seek further clarification on any</p>	

	<p>commercial aspect to the applicant, including, but not limited to 1) the commercial / funding relationship with Roche Ltd; 2) any influence that Roche Ltd may have over the work under this application.</p> <p>5.2.5 AGD suggested that the applicant ensure that all transparency materials were updated to include details of 1) any commercial aspect to the work being undertaken under this application, was clearly outlined, including, but not limited to, any commercial involvement of Roche Ltd; 2) the data controllership arrangements; 3) how participants can withdraw from the research, which should contain at least two methods of contact for participants (post, telephone and / or e-mail); 4) data retention periods; and 5) processing locations.</p> <p>5.2.6 In addition, AGD noted the statement in the ‘Pearl Participation Information Sheet’ that “...your unique study number and will only go to researchers who have been approved by NHS Digital”; and suggested that all transparency materials were reviewed and updated to 1) ensure this statement / information was removed noting that this was incorrect; and 2) clarify how researchers will be approved.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.2.7 AGD welcomed the application and noted the potential importance of the study.</p> <p>5.2.8 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>5.2.9 AGD noted that there may be a commercial aspect to the application.</p>	
<p>5.3</p>	<p>Reference Number: NIC-789772-N6S1N</p> <p>Applicant and Data Controller: University of Bristol</p> <p>Application Title: “Continuation of AVON LONGITUDINAL STUDY OF PARENTS AND CHILDREN (ALSPAC): section 251”</p> <p>Observers: Emma Whale and Jodie Taylor-Brown</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 16th October 2025.</p> <p>Linked applications: This application is linked to NIC-152414-W3P6Q.</p> <p>Application: This was an amendment 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. Do AGD support the merging of the three s251 supports and have any advice or concerns they wish to raise? 2. Do AGD agree with the NHS England’s Data Access Request Service (DARS) assessment that the changes proposed (same as those under the consent application) are covered by the s251 support? <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>The Group had been provided with a curated set of documentation and would be providing observations based on these documents.</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 application 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: The majority of the Group were supportive of the application **if** the following substantive comments were addressed. A minority of the Group (one independent member) dissented due to concerns about whether the confidentiality of the data subjects with regard to non-health data is being sufficiently addressed. The Group wished to draw to the attention of the SIRO the following substantive comments:

5.3.1 AGD discussed the linkage of NHS England data to education data and Ministry of Justice data and noted that this linkage is already happening under current data sharing agreements; and that the Health Research Authority Confidentiality Advisory Group (HRA CAG) are aware of this. The Group suggested that NHS England satisfy itself that **1)** there is a legal basis for this existing linkage; and **2)** that any risks with the continued linkage are in line with their risk appetite.

5.3.2 AGD suggested that the NHS England satisfy itself that where there is potential commercial involvement, that there is an appropriate approvals process to ensure that this is acceptable and within the parameters of the restrictive consent, including, but not limited to, the involvement of lay representatives.

5.3.3 AGD noted that they had previously noted on the 7th August 2025 (point 5.6.4) the references to data being “*effectively anonymous*” in the form, and had suggested that this was reviewed and updated as appropriate, noting that NHS England were not necessarily of the view that the data would be effectively anonymous. AGD suggested that NHS England satisfy itself that data would be truly “*effectively anonymous*” *in line with ICO guidance*. for example, whether the data would still be considered to be effectively anonymous to a researcher in Bristol University, as that institution holds identifying data on these individuals.

5.3.4 AGD suggested that NHS England ensure that all of the relevant special conditions were included in the form, relating to honorary contracts.

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

In response to point 1:

5.3.5 AGD advised that they welcomed and were supportive of the merging of the three s251 supports, noting that this would simplify / streamline the process.

In response to point 2:

5.3.6 AGD advised that they agreed with the NHS England’s DARS’ assessment, that the changes proposed (same as those under the consent application) were covered by the s251 support.

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

5.3.7 AGD noted that there **may be** a commercial aspect to the application.

In addition, **AGD made the following observation separate to the application:**

	<p>5.3.8 The Group noted that at the AGD meeting on the 27th November 2025, the NHS England SIRO Representative had advised that a point raised on data being “<i>effectively anonymous</i>” had a very broad reach, noting the potential impacts / ramifications across not just NHS England data sharing agreements (DSA), but also across the Secure Data Environment (SDE) network and, in future, the Health Data Research Service (HDRS) (and therefore the entire UK). AGD suggested that NHS England should satisfy itself that there is a consistent position on the contexts in which data may be considered to be “effectively anonymous”, both internally (consulting the Data for Research and Development programme, and Information Governance colleagues) and across UK SDEs. AGD would be pleased to advise NHS England on this point, and would hope to receive details of any developing definitions at an early stage.</p>	
<p>5.4</p>	<p>Reference Number: NIC-753801-J5B3X-v2.5</p> <p>Applicant: Queen Mary University of London (QMUL)</p> <p>Data Controllers: Cambridge University Hospitals NHS Foundation Trust and University of Cambridge</p> <p>Application Title: “BEST-4 Heartburn Health Programme – Recruitment”</p> <p>Observers: Emma Whale and Louise Garnham</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 27th March 2025, 12th September 2024 and the 18th July 2024.</p> <p>Linked applications: This application is linked to NIC-776147-F5N3V.</p> <p>Application: This was an amendment application.</p> <p>NHS England were seeking advice on the following point only:</p> <ol style="list-style-type: none"> 1. The amendments not covered by a reusable decision. <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>The Group had been provided with a curated set of documentation and would be providing observations based on these documents.</p> <p>Outcome of discussion: AGD were not providing comments on the wider application as requested by NHS England; comments were limited to the specific point of advice requested. AGD wished to draw to the attention of the SIRO the following observations in relation to the advice point:</p> <p>In response to point 1:</p> <p>5.4.1 AGD noted that there were three amendments not covered by a reusable decision, that the Group had been asked to provide advice on. In respect of amendment one, to update the number of individuals required in the Heartburn Health Programme from 120,000 to 300,000, and increasing the current invitations from 4.5 million to 8 million; the majority of Group were supportive of the amendment noting the Health Research Authority Confidentiality Advisory Group (HRA CAG) support if NHS England satisfied itself that: 1) any increased public benefit gained by increasing the numbers outweighed any potential intrusion to potential participants; and 2) reminders to those already invited were used prior</p>	

	<p>to approaching new individuals One independent member dissented due to concerns that there had been no explanation by the applicant of the increased public health benefit arising from the increase in invitations/desired cohort size.).</p> <p>5.4.2 In respect of amendment two, to include reminders to those who do not uptake the initial invite to Heartburn Health Programme, and clarify that the reminders will be sent via NHS Notify, rather than iPlato, who send out the initial invitation; the Group advised that they were supportive if NHS England satisfied itself (via monitoring of the responses to the use of text messages), that reminders were not viewed by potential participants as being overly intrusive.</p> <p>5.4.3 In respect of amendment three, to change the territory of use from 'UK' to 'UK and EEA'; the Group were supportive noting that this was reflective of the processing, however, suggested that NHS England ensure that 1) advice was sought from NHS England's Privacy, Transparency, and Trust; 2) an international data transfer form was completed in line with established process; 3) the form was clear on the international data transfers, and 4) any appropriate special conditions were included in the form.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.4.4 AGD noted that there were a number of substantive points raised at the AGD meeting on the 12th September 2024, that had not been reviewed by the Group as part of this review, noting that the application had come for a specific point of advice. The Group noted that the points previously raised were broadly still relevant, and suggested that NHS England satisfy itself that 1) the points had all been adequately addressed; and 2) that the any subsequent amendments to the form had been made.</p> <p>5.4.5 AGD noted that if the applicant was to request a further increase in number of individuals required in the Heartburn Health Programme, and / or an increase in invitations beyond the current request; then they would expect there to be 1) a robust consideration of why the increase was required; and 2) further clarification of how the invites could be best targeted to receive the best response; and 3) clarification of the response rate for those who were issued a reminder.</p> <p>5.4.6 AGD noted that there was a commercial aspect to the application.</p> <p>In addition, AGD made the following observations separate to the application:</p> <p>5.4.7 AGD and the NHS England SIRO Representative noted that Google LLC and Microsoft required access in the EEA, and suggested that the AGD NHS England Data and Analytics Representative ensured that this was consistent with previous applications that had identified the products and processes outlined in this application.</p>	
<p>5.5</p>	<p>Reference Number: NIC-745296-R1J2M</p> <p>Applicant and Data Controller: University of Liverpool</p> <p>Application Title: "Liverpool-Heart and bRain Project (L-HARP)"</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 13th 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 application 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 substantive comment:</p> <p>5.5.1 AGD noted the responses to the comments made by the Group on the 13th November 2025, however were advised by NHS England that the form had not been updated to fully reflect the point addressed / updates, for example any commercial involvement; and suggested that prior to any data flowing, the form should be updated to reflect the correct / factual information, to ensure this is reflected in the data sharing agreement.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.5.2 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 and the responses to the previous advice provided by the Group.</p> <p>5.5.3 AGD noted that there was 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

There were no items discussed

8 OVERSIGHT AND ASSURANCE

There were no items discussed

9 CONFIDENTIAL ADVICE / BRIEFING SESSION

9.1	Confidential briefing session
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10 AGD OPERATIONS

10.1	<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 /</p>	
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	<p>discussions on this will take place out of committee with some of the AGD members; and that further information would be provided / discussed with the Group at a future AGD meeting.</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>SIRO Rep</p>
10.2	<p>AGD Stakeholder Engagement</p> <p>Federated Data Platform</p> <p>A brief update was given by the AGD NHS England Caldicott Guardian Team Representative on the Federated Data Platform Data Governance Group.</p>	
10.3	<p>AGD Project Work</p> <p><i>There were no items discussed</i></p>	
<p>11 Any Other Business</p>		
11.1	<p>NIC-700547-S2M9L CorEvitas</p> <p>The NHS England SIRO Representative gave a brief update to the Group.</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>		