

## **Advisory Group for Data (AGD) – Meeting Minutes**

Thursday, 4<sup>th</sup> September 2025

09:00 – 16:00

*(Remote meeting via videoconference)*

<b>AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role:</b>
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Laura Bellingham (LB)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (not in attendance for part of item 5.1 and 5.2)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Kirsty Irvine (KI)	AGD independent member (Chair)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Ellie Ward (EW)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore)) (not in attendance for items 7.1 to 7.5)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
<b>NHS ENGLAND STAFF IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Michael Chapman (MC)	Director (Data and Analytics), Transformation Directorate ( <b>Observer:</b> item 4.1)
Garry Coleman (GC)	NHS England SIRO Representative
Dickie Langley (DL)	Assistant Director IG, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate ( <b>Observer:</b> item 4.1)
Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> items 5.1 and 5.2)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.5)

Gemma Walker (GW)	Information Governance Specialist, IG Risk and Assurance, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate ( <b>Presenter:</b> item 10)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.3)
Michael Williams (MW)	Assistant Director of Data Technology Architecture, Data and Analytics, Transformation Directorate ( <b>Presenter:</b> Item 4.1)
<b>INDEPENDENT ADVISER OBSERVERS IN ATTENDANCE</b>	
Mr Christopher Barben (CB)	AGD independent adviser
Dr Jon Fistein (JF)	AGD independent adviser
Professor Jo Knight (JK)	AGD independent adviser
Dr. Mark McCartney (MM)	AGD independent adviser
<b>AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

<b>1</b>	<p><b>Welcome and Introductions:</b></p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that, due to the lack of availability of members, <b>four</b> independent AGD independent members and only <b>two</b> AGD NHS England members were in attendance for part of item 5.1, 5.2 and 7.1 to 7.5.</p> <p>Noting that the <a href="#">AGD Terms of Reference</a> state that “<i>The quorum for meetings of the Group or a Sub-Group is five members, including <b>at least three independent members</b>, one of whom may be the Chair, Deputy Chair or Acting Chair and <b>two of the three NHSE Members</b>...</i>”, the Group agreed that, as there were two AGD NHS England members present, the meeting was still quorate for <b>all</b> agenda items and agreed to proceed on that basis.</p>
<b>2</b>	<b>Review of previous AGD minutes:</b>

	The minutes of the AGD meeting on the 7 <sup>th</sup> August 2025 were reviewed out of committee by the Group and, after several minor amendments, were agreed as an accurate record of the meeting by the AGD Chair, on behalf of the Group.	
3	<b>Declaration of interests:</b>  Dr. Jon Fistein noted a professional link to the Co-Investigator of NIC-776952-Z3R9D (The University of Manchester), but noted no specific connections with the application, and it was agreed that this was not a conflict of interest.  Professor Jo Knight noted a professional link to NHS Cheshire and Merseyside Integrated Care Board (ICB) (NIC-615980-P3Y7N), and noted that she was an observer at this AGD meeting and would not be participating in the formulation of any advice.	
4 BRIEFING PAPER(S) / DIRECTIONS:		
4.1	<b>Title:</b> Data Virtualisation Layer (DVL) <b>Presenter:</b> Michael Williams <b>Observers:</b> Michael Chapman and Dickie Langley  The purpose of the briefing paper was to describe the role and benefits of data virtualisation in NHS England. Within the NHS England estate, there is a need for an efficient and secure mechanisms to enable the virtual sharing of data assets across various systems and stakeholders. This capability is critical to maximising the value of existing datasets, improving interoperability, and supporting advanced analytics and decision-making processes.  The virtual sharing of data assets enables the avoidance of redundant data replication, reduces storage overheads, and ensures real-time access to up-to-date information without compromising security or governance.  Data virtualisation is a technology that creates a single virtual view of data from multiple, disparate sources without physically moving or copying the data.  NHS England were seeking advice on the following points:  <ol style="list-style-type: none"><li>1. That data virtualisation still satisfies the technical measurements and controls laid out in statutory guidance on the protection of patient data, including the need to “maintain separate technical data processing environments for identifiable data and de-identified data”<sup>1</sup></li><li>2. That it is acceptable to maintain multiple pseudo keys in one platform for the purposes of data virtualisation, this includes the new IQVIA pseudo. used in FDP National alongside pseudos keys used for other purposes in DPS.</li></ol> <b>Outcome of discussion:</b> AGD welcomed the briefing paper and made the following observations / comments:  <b>4.1.1</b> AGD were provided with an overview of DVL by NHS England.  <b>In response to points 1 and 2 above:</b>  <b>4.1.2</b> AGD raised a range of queries including how analysis could be repeated or verified if data in the original sources was updated over time.	

	<p><b>4.1.3</b> AGD also queried if Business Continuity had been considered in the event of downtime of the virtualisation server, given that access would be unavailable to all data during this period. In addition, AGD queried whether this approach would slow down access given all users would be accessing via one route.</p> <p><b>4.1.4</b> AGD also noted the approach would require establishing secure connections with each data source and for those connections to persist over time.</p> <p><b>4.1.5</b> AGD were unclear precisely where processing would take place, since it would seem to be both within the source systems and within the system that undertook the virtualisation.</p> <p><b>4.1.6</b> AGD acknowledged the potential value of this approach but given the technical complexity suggested the briefing was uploaded to AGD's internal SharePoint site, to allow the Group to make further comments and raise queries.</p> <p><b>ACTION:</b> AGD Secretariat to upload the DVL briefing to AGD's internal SharePoint site for review / comments.</p> <p><b>ACTION:</b> AGD Secretariat to send the DVL briefing with AGD comments to NHS England by the 12<sup>th</sup> September 2025.</p>	<p>AGD Sec  AGD Sec</p>
<b>5 EXTERNAL DATA DISSEMINATION REQUESTS:</b>		
5.1	<p><b>Reference Number:</b> NIC-776952-Z3R9D-v0.6</p> <p><b>Applicant and Data Controller:</b> The University of Manchester</p> <p><b>Application Title:</b> 'Evaluating the impact of artificial intelligence triage in online consultations to reduce delays in urgent primary care: interrupted time series analysis and quantitative process evaluation'</p> <p><b>Observer:</b> Tiaro Micah</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> The majority of the Group (three independent members and three AGD NHS England members) were supportive of the application <b>if</b> the following substantive comments were addressed; a minority of the Group (one independent member) was <b>not</b> supportive of the application due to the <a href="#">NHS England DARS Standard for Commercial Purpose</a> and <a href="#">NHS England DARS Standard for Ethical Approval</a> not being met. The Group wished to draw to the attention of the SIRO the following substantive comments:</p> <p><b>5.1.1</b> AGD were advised by NHS England that, following circulation of the papers to the Group for review, further discussions had taken place with the applicant in respect of the data being accessed via NHS England's Secure Data Environment (SDE) as opposed to a data extract. The Group noted and agreed that the advice provided, would be based on the assumption that data would be accessed via NHS England's SDE; and suggested that the application was updated throughout, to ensure it reflected this change.</p>	

<p><b>5.1.2</b> AGD noted the references throughout the application to “<i>PATCHS</i>”, and suggested that for transparency, further information was added to section 5(a) (Objective for Processing) with <b>1)</b> a brief summary / overview of <i>PATCHS</i>; <b>2)</b> further information on the commercial nature of <i>PATCHS</i> and the potential commercial benefits to <i>PATCHS</i> in this application; <b>3)</b> a clear description of the Principal Investigator’s relationship with the company that produces <i>PATCHS</i>; <b>4)</b> an assessment of the balance between public and commercial benefits, in line with <a href="#">NHS England DARS Standard for Commercial Purpose</a> and / or the NDG <a href="#">guidance on benefits</a>.</p> <p><b>5.1.3</b> AGD suggested that further clarification was provided in section 5(a) of <b>1)</b> specifically what this study is doing, for example, is the purpose to compare <i>PATCHS</i> version one and two, and the outcomes for the patients at GP practices using each version; and <b>2)</b> ensure that section 5(a) aligns with the information outlined in the protocol.</p> <p><b>5.1.4 Separate to the application and for NHS England to consider:</b> AGD suggested that NHS England Data Access Request Service (DARS) advise the applicant that transparency for patients about <i>PATCHS</i> should be updated, noting that information currently within the public domain, where data is described as anonymised, does not appear to align with the processing of <i>PATCHS</i> data in a related study. AGD noted that this did not impact on the request for data / processing under this application.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.1.5</b> AGD noted the legal basis cited for the Civil Registrations of Death data requested in section 3(b) (Additional Data Access Requested); and suggested that this was reviewed to ensure that it was correct, and that any updates were made to the application as may be appropriate.</p> <p><b>5.1.6</b> AGD suggested that the data minimisation outlined in section 3(b) was reviewed and updated to ensure that it reflected this particular limb of the project.</p> <p><b>5.1.7</b> AGD strongly suggested that the applicant publish <b>all</b> of the research outcomes regardless of whether the outcomes were as desired or anticipated.</p> <p><b>5.1.8</b> AGD noted the information in section 5(a) in respect of patient and public involvement and engagement (PPIE); and suggested that this was reviewed and updated, to <b>1)</b> remove any information that does not relate to this study; and / or <b>2)</b> make it clear that the PPIE relates to a related project.</p> <p><b>5.1.9</b> AGD suggested that the Data Security and Protection Toolkit (DSPT) assurance was reviewed to ensure it reflects where the data will be held; and that this aligns with the information in the application.</p> <p><b>5.1.10</b> AGD noted the information in section 5(b) (Processing Activities) outlining who can access the data; and suggested that this was reviewed and updated with one clear statement, in line with the <a href="#">NHS England DARS Standard for processing activities</a>.</p> <p><b>5.1.11</b> NHS England advised the Group, that the applicant had sought institutional ethical review, however noted that this was not reflected in the application, which cited NHS Research Ethics Committee support. AGD noted the verbal updated, and suggested that the application was updated to reflect this information, in line with <a href="#">NHS England DARS Standard for Ethical Approval</a>.</p>	<p>DARS</p>
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	<p><b>5.1.12</b> AGD noted that there <b>was</b> a commercial aspect to the application.</p>	
<b>5.2</b>	<p><b>Reference Number:</b> NIC-778853-K4R8H-v0.3</p> <p><b>Applicant and Data Controller:</b> University College London (UCL)</p> <p><b>Application Title:</b> ‘Outcomes of septal reduction surgery in paediatric hypertrophic cardiomyopathy in the United Kingdom (23 CONG 01)’</p> <p><b>Observer:</b> Tiaro Micah</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p><b>5.2.1</b> AGD noted that the ‘CV-19 NICOR National Congenital Heart Disease’ dataset had been requested in 3(b); and suggested that section 5(a) (Objective for Processing) was updated to clarify where and how this dataset would be used, in line with the <a href="#">NHS England DARS Standard for Objective for Processing</a>.</p> <p><b>5.2.2</b> AGD noted that funding was in place until March 2026, however the application end date was September 2028; and suggested that <b>1)</b> NHS England clarify with the applicant that there is funding in place for the duration of the data sharing agreement (DSA), for example to ensure there is sufficient funds to sustain the project through to possible archiving and destruction; and <b>2)</b> the NHS England Data Access Request Service (DARS) internal application assessment form was updated to reflect any discussions on this point with the applicant.</p> <p><b>5.2.3</b> AGD noted and discussed the queries raised by DARS with the Principal Investigator on data controllership as outlined in the NHS England DARS internal application assessment form; and advised that they were satisfied with the response that UCL are determining the purpose and the means.</p> <p><b>5.2.4 Separate to the application and for NHS England to consider:</b> The NHS England SIRO Representative to discuss with the relevant NHS England colleagues, developing a Q&amp;A script to guide discussions with applicants, where there are queries around data controllership, for example, University researchers and / or honorary contractors.</p> <p><b>5.2.5</b> AGD noted the outputs outlined in section 5(c) (Specific Outputs Expected), and suggested that the applicant consider having an outputs dissemination route for families and children affected; and suggested that this was given further consideration.</p> <p><b>5.2.6</b> AGD noted the novel wording used in the special condition in section 6 (Special Conditions), in relation to the data flow under this data sharing agreement; and noting that they had <b>not</b> been provided with the documents referred to were unable to offer any advice; however, suggested that the NHS England SIRO Representative may want to review this further.</p> <p><b>5.2.7</b> AGD noted and commended the applicant on the excellent patient and public involvement and engagement (PPIE) undertaken to date; and suggested there was ongoing</p>	<p>SIRO Rep</p>

	<p>PPIE throughout the lifecycle of the work with the affected cohort. The <a href="#">HRA guidance on Public Involvement</a> is a useful guide.</p> <p><b>5.2.8 Separate to the application and for NHS England to consider:</b> The NHS England SIRO Representative to discuss with DARS, providing AGD with a copy of NICOR Research Access Committee (RAC) reviews, to support the review of applications.</p> <p><b>5.2.9</b> No AGD member noted a commercial aspect to the application.</p>	
<b>5.3</b>	<p><b>Reference Number:</b> NIC-661742-Y2K8L-v1.5</p> <p><b>Applicant and Data Controller:</b> University of Leicester</p> <p><b>Application Title:</b> 'Improving physical health care in older people in mental health settings: The ImPreSs-Care Quantitative Study'</p> <p><b>Observer:</b> James Watts</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 21<sup>st</sup> March 2024.</p> <p><b>Application:</b> This was an extension and amendment application.</p> <p>NHS England were seeking advice on the following points only:</p> <ol style="list-style-type: none"> <li>1. An additional purpose, which would require the applicant to retain HES data on patients without a mental health record.</li> </ol> <p>Should an application be approved by NHS England, further details would be made available within the <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application <b>if</b> the following points were addressed; however, they were providing comments in response to NHS England's request for advice on specific points <b>only</b>, rather than all aspects of the application. AGD wished to draw to the attention of the SIRO the following observations in relation to the advice points:</p> <p>AGD noted that they had been provided with a curated set of documentation and noted that they would be providing observations based on these documents.</p> <p><b>In response to point 1:</b></p> <p><b>5.3.1</b> AGD noted the proposed amendment, and discussed the circumstances around the receipt of the data; and noted and supported the NHS England's SIRO Representative's suggestion that an audit was undertaken on the use of the data under this application to date.</p> <p><b>5.3.2</b> AGD were supportive of the proposed amendment if <b>1)</b> the protocol was updated to reflect the amendment; <b>2)</b> the amendment was discussed with the appropriate Research Ethics Committee (REC) and the REC were satisfied it could proceed; <b>3)</b> any updates to the REC support were provided as a supporting document to NHS England; and <b>4)</b> the transparency materials were updated to reflect the amendment.</p> <p><b>5.3.3</b> AGD noted in section 5(a) (Objective for Processing) that patient and public involvement and engagement (PPIE) is undertaken every six-months; and queried whether the proposed amendment was discussed as part of the PPIE; and if not, suggested that this was discussed at the earliest opportunity.</p>	



	<p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.3.4</b> AGD made a number of suggestions in respect of the applicant's privacy notice, including, but not limited to <b>1)</b> to amend the privacy notice to reflect that data <b>will</b> be shared with the London School of Economics; <b>2)</b> to ensure all parties involved are referenced at all relevant parts of the privacy notice , for example, Age UK; and <b>3)</b> to remove reference to NHS England being a Data Controller and have a separate paragraph clarifying the role of NHS England in the study.</p> <p><b>5.3.5</b> AGD noted that the UK General Data Protection Regulation (UK GDPR) Article 9 legal basis for the Mental Health Services Data Set (MHSDS) was missing from section 3(a) (Data Access Already Given); and suggested that this was reviewed and updated.</p> <p><b>5.3.6 Separate to the application and for NHS England to consider:</b> The NHS England SIRO Representative to note and consider the scenario outlined in this application, which highlights the challenges of applicants being responsible for minimising the data, as opposed to NHS England minimising the data prior to dissemination; and that the NHS England Secure Data Environment (SDE) should be used where possible.</p> <p><b>5.3.7</b> No AGD member noted a commercial aspect to the application.</p>	SIRO Rep
<b>5.4</b>	<p><b>Reference Number:</b> NIC-10891-M2Y6Z-v14.2</p> <p><b>Applicant and Data Controller:</b> CHKS Limited</p> <p><b>Application Title:</b> 'HES and SHMI'</p> <p><b>Previous Reviews:</b> 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 30<sup>th</sup> January 2020 and the 13<sup>th</sup> July 2017.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 21<sup>st</sup> June 2016 and the 7<sup>th</sup> June 2016.</p> <p><b>Application:</b> This was an amendment application.</p> <p>NHS England were seeking advice on the following points only:</p> <ol style="list-style-type: none"> <li>1. The amendment to permit CHKS to expand their benchmarking services to consultancy firms.</li> </ol> <p>Should an application be approved by NHS England, further details would be made available within the <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> The majority of the Group (three independent members and three AGD NHS England members) were supportive of the application <b>if</b> the following substantive comments were addressed; a minority of the Group (one independent member) was <b>not</b> supportive of the application due to the transparency points; AGD wished to draw to the attention of the SIRO the following observations in relation to the advice point:</p> <p>AGD noted that they had been provided with a curated set of documentation and noted that they would be providing observations based on these documents.</p> <p><b>In response to point 1:</b></p>	



<p><b>5.4.1</b> AGD were disappointed that CHKS Limited had not proactively demonstrated in the application, the benefits that had been obtained by such long-standing use of data and compliance with the requirements as set out in the data sharing agreement (DSA) in respect of transparency, data destruction and other special conditions.</p> <p><b>5.4.2</b> AGD suggested that NHS England should seek / receive appropriate assurances from the applicant, in respect of ongoing compliance with various contractual obligations; and compliance with <a href="#">NHS England's DARS Standards</a>, including but not limited to, compliance with <b>1) NHS England DARS Standard for Transparency</b>; and <b>2) UK General Data Protection Regulation (UK GDPR)</b>; and suggested that evidence should be provided to NHS England of the dates that they were reviewed/complied with.</p> <p><b>5.4.3</b> AGD advised that NHS England should also seek appropriate assurance from the applicant that <b>1) the citation special condition in section 6 (Special Conditions)</b> had been adhered to; <b>2) the appropriate data destruction had been undertaken in line with this DSA and appropriate evidence of this had been received</b>; <b>3) the yielded benefits in section 5(d) (Benefits) (iii) (Yielded Benefits) have been sufficiently updated in line with <a href="#">NHS England DARS Standard for Expected Measurable Benefits</a></b>; and <b>4) the Annual Confirmation Report (ACR) had been completed / submitted.</b></p> <p><b>5.4.4</b> NHS England suggested that special conditions were added to section 6, that <b>1) sets out the limits on the consultancy firms access to the services, i.e. limited to only the first (benchmarking) of the nine services, as defined in section 5(a) (Objective for Processing); and 2) that there should be no ability or attempt by the consultancy firms to identify NHS consultants.</b></p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.4.5</b> AGD suggested that section 3(a) (Data Access Already Given) was updated to correctly reflect that the Emergency Care Data Set (ECDS) is 'pseudonymised' and not identifiable.</p> <p><b>5.4.6</b> AGD suggested that section 5(a) was updated to make clear that the expansion of CHKS, will also provide benchmarking services to consultancies would <b>only be for the permitted purpose of</b> evidence-based insights and targeted interventions as part of improvement programmes of work <b>requested by NHS Trusts.</b></p> <p><b>5.4.7</b> AGD noted the DSA start date was the 15<sup>th</sup> August 2025; and suggested that this was reviewed and updated as appropriate.</p> <p><b>5.4.8</b> AGD noted the reference in section 5(c) (Specific Outputs Expected) to "<i>The Health and Social Care Information Centre</i>"; and suggested that this was reviewed and updated to refer to "<i>NHS England</i>".</p> <p><b>5.4.9 Separate to this application:</b> AGD members noted that it was six years since this application had had an independent review, and that amendments and extensions had been approved on ten occasions since then. The Group suggested NHS England consider whether commercial applications such as this should, by default, return for an independent review after a defined period of time.</p> <p><b>5.4.10</b> AGD noted that there <b>was</b> a commercial aspect to the application.</p>	<p>D&amp;A Rep / SIRO Rep</p>
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5.5	<p><b>Reference Number:</b> NIC-615980-P3Y7N-v5.2</p> <p><b>Applicant and Data Controller:</b> NHS Cheshire and Merseyside Integrated Care Board (ICB)</p> <p><b>Application Title:</b> 'DSfC- NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD - IV, RS &amp; Comm'</p> <p><b>Observer:</b> Jodie Taylor-Brown</p> <p><b>Application:</b> This was an amendment application.</p> <p>NHS England were seeking advice on the following points only:</p> <ol style="list-style-type: none"> <li>1. To permit linkage of NHS England data with other externally sourced data sets</li> </ol> <p>Should an application be approved by NHS England, further details would be made available within the <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> The majority of the Group (four independent members and two AGD NHS England members) were supportive of the application <b>if</b> the following substantive comments were addressed; a minority of the Group (one NHS England member) was supportive of the application as is; but were providing comments in response to NHS England's request for advice on specific points <b>only</b>, rather than all aspects of the application. AGD wished to draw to the attention of the SIRO the following observations in relation to the advice points:</p> <p>AGD noted that they had been provided with a curated set of documentation and noted that they would be providing observations based on these documents.</p> <p><b>In response to point 1:</b></p> <p><b>5.5.1</b> AGD noted the breadth of datasets added for linkage, and that a range of issues needed addressing by the applicant. It was suggested that a Data Protection Impact Assessment (DPIA) would be sensible / possibly mandatory under the UK General Data Protection Regulation (UK GDPR), and that NHS Cheshire and Merseyside should produce / provide a DPIA addressing a number of points, including, but not limited to, <b>1)</b> the risk of re-identification due to the additional datasets being provided for linkage; <b>2)</b> the consultation with data subjects in the relevant geographical area, in respect of the specific linkages / activities proposed; <b>3)</b> the communications plan in respect of a) the proposed opt-out, and b) the ongoing transparency to data subjects; and <b>4)</b> further detail around the re-identification process, and in what circumstances individuals at risk will be re-identified.</p> <p><b>5.5.2</b> No AGD member noted a commercial aspect to the application.</p>	
5.6	<p><b>Reference Number:</b> NIC-787195-R1H2P-v0.6</p> <p><b>Applicant and Data Controller:</b> University College London (UCL)</p> <p><b>Application Title:</b> 'Using electronic health records and continuous intra-cardiac electrogram monitoring to understand cardiovascular outcomes in patients with pacemakers and defibrillators [NICOR - 25 NCR 01]'</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were <b>not</b> supportive of the application <b>at this time</b> and wished to draw to the attention of the SIRO the following comments:</p> <p><b>5.6.1</b> AGD welcomed the application and noted the potential importance of the research outlined.</p> <p><b>5.6.2</b> AGD discussed the data minimisation, and noted that <b>1)</b> if the applicant was looking at device recipients, then the relevant registry data or subset of a wider dataset should be looked at; or <b>2)</b> if data for all heart rhythm procedures was being requested, then data would be provided for those who do not get devices, which would result in excessive processing. AGD suggested that NHS England explored this further with the applicant, in line with <a href="#">NHS England DARS standard for data minimisation</a>.</p> <p><b>5.6.3</b> AGD noted that whilst they were supportive of the research, they would advise that this application follows the usual approval processes for the whole study, and seeks AGD advice as may be necessary, with any relevant documentation, for example, Health Research Authority Confidentiality Advisory Group (HRA CAG) support.</p> <p><b>5.6.4</b> AGD noted that the Hospital Episode Statistics Outpatients dataset was stated as being “<i>identifiable</i>” in section 3(b) (Additional Data Access Requested); and suggested that this was reviewed and updated, noting that the data flowing would currently be pseudonymised.</p> <p><b>5.6.5</b> AGD noted the non-standard wording in the application respect of the UK General Data Protection Regulation (UK GDPR) legal basis; and suggested that this was reviewed and aligned with other University applications carrying out research.</p> <p><b>5.6.6</b> AGD noted the special condition in section 6 (Special Conditions), in relation to the HRA CAG support being sought; and suggested that HRA CAG support was sought first, and the application was updated to reflect the identifiability of the data and the permitted linkage.</p> <p><b>5.6.7</b> No AGD member noted a commercial aspect to the application.</p>	
<b>6 INTERNAL DATA DISSEMINATION REQUESTS:</b>		
<i>There were no items discussed</i>		
<b>7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL</b>		
7.1	<p><b>Reference Number:</b> NIC-20951-D2K6Sv14.4</p> <p><b>Applicant and Data Controller:</b> Office for National Statistics (ONS)</p> <p><b>Application Title:</b> ‘Provision of data via PDS to ONS’</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 16<sup>th</sup> January 2025, 3<sup>rd</sup> August 2023 and the 27<sup>th</sup> April 2023.</p>	

	<p>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 16<sup>th</sup> June 2022, 22<sup>nd</sup> July 2022, 17<sup>th</sup> March 2022 and the 15<sup>th</sup> October 2020.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 12<sup>th</sup> July 2016 and the 22<sup>nd</sup> March 2016.</p> <p>The SIRO approval was for a renewal of Personal Demographics Service (PDS) data.</p> <p><b>Outcome of discussion:</b> AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p><b>7.1.1</b> AGD noted that, prior to the meeting, an AGD independent member raised the following query with the NHS England SIRO Representative, that transparency around this use of PDS data should be reviewed, to ensure that information was accessible to the public about the use of names and addresses for distributing ONS surveys. The NHS England SIRO Representative confirmed that work was underway to address this.</p> <p>AGD thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<b>7.2</b>	<p><b>Reference Number:</b> NIC-147747-KRTQ8v5.3</p> <p><b>Applicant and Data Controller:</b> Queen Mary University of London (QMUL)</p> <p><b>Application Title:</b> 'The Evaluation of Breast Screening'</p> <p><b>Previous Reviews:</b> 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 16<sup>th</sup> January 2020 and the 12<sup>th</sup> December 2019.</p> <p>The SIRO approval was for a 12-month extension.</p> <p><b>Outcome of discussion:</b> AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<b>7.3</b>	<p><b>Reference Number:</b> NIC-302994-C2Q2Yv10.2</p> <p><b>Applicant and Data Controller:</b> University of Oxford</p> <p><b>Application Title:</b> 'ASCEND (A Study of Cardiovascular Events iN Diabetes)'</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 7<sup>th</sup> December 2023.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meeting on the 5<sup>th</sup> October 2017.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 27<sup>th</sup> September 2016 and the 6<sup>th</sup> June 2019.</p>	

	<p>The SIRO approval was for a renewal of data and the addition of date of birth data.</p> <p><b>Outcome of discussion:</b> 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.</p> <p><b>7.2.1</b> AGD noted that, prior to the meeting, an AGD independent member raised the following query with the NHS England SIRO Representative, in respect of previous IGARD points concerning the scope of the consent from those that consented using the earliest consent materials. It was noted that NHS England's Data Access Review Service (DARS) had considered those points with the applicant and invited the NHS England SIRO to consider if the Common Law Duty of Confidentiality was being met. This point was discussed with the NHS England SIRO Representative in the meeting, and it was noted that there had been consultation with a public advisory group that supported the view that trial participants would support the continued collection of data after the end of their active involvement in the trial. The Group acknowledged this, but stated this was answering a different question; and noted that the key question was whether the original consent encompassed the continued sharing of data.</p> <p>AGD advised that this point was encompassed into future discussions with current and future applicants on the scope of consent.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<b>7.4</b>	<p><b>Reference Number:</b> NIC-463165-H3R4Kv3.2</p> <p><b>Applicant and Data Controller:</b> Department of Health and Social Care (DHSC)</p> <p><b>Application Title:</b> 'Department of Health and Social Care - Adult Social Care Client Level Data'</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 5<sup>th</sup> October 2023.</p> <p>The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meeting on the 13<sup>th</sup> January 2022.</p> <p>The SIRO approval was for <b>1)</b> access to the broader NHS Commissioning dataset, which includes a suite of data products, some of which DHSC already receives through existing dissemination channels; and <b>2)</b> DHSC will create a separate dashboard for local authorities to share data back, where local authorities can download lists of Local Authority Person Unique Identifiers and related derived fields for specific aggregated statistics.</p> <p><b>Outcome of discussion:</b> AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p><b>7.4.1</b> AGD thanked NHS England for the written update. AGD noted that, prior to the meeting, an AGD independent member raised the following queries with the NHS England SIRO Representative, that whilst AGD were supportive of the SIRO approval, they noted seeming inconsistencies in the application that meant the data sharing agreement might be breached if data was shared.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	

7.5	<p><b>Reference Number:</b> NIC-771303-G4V1Mv1.3</p> <p><b>Applicant and Data Controller:</b> University Hospitals Southampton NHS Foundation Trust (FT)</p> <p><b>Application Title:</b> Pre-hospital Research and Audit Network (PRANA)</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 1<sup>st</sup> May 2025 and the 1<sup>st</sup> April 2025.</p> <p>The SIRO approval was for datasets to be linked to NHS England data sourced from the Integrated Care Boards (ICB) area's Local Authorities and community care providers.</p> <p><b>Outcome of discussion:</b> 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 made the following observations on the documentation provided:</p> <p><b>7.5.1</b> AGD noted that, prior to the meeting, an AGD independent member raised the following queries with the NHS England SIRO Representative <b>1)</b> noting the new special condition in section 6 to have an improvement plan in place in respect of the Data Security and Protection Toolkit (DSPT); is intended to meet the 'Standards Met' condition of Health Research Authority Confidentiality Advisory Group (HRA CAG) support. If it is, and data flows once an improvement plan is in place but before standards are met, will the Common Law Duty of Confidentiality be breached; and <b>2)</b> If there is a HRA CAG condition of a local opt-out, is it being met. The NHS England SIRO Representative advised that the queries raised would be explored further.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<b>8 OVERSIGHT AND ASSURANCE</b>		
<i>There were no items discussed</i>		
9	<p><b>Precedent (reusable decision) for Additional datasets for the same purpose- no confidential flows, section 251 and Consent</b></p> <p>AGD noted that at the AGD meeting on the 12<sup>th</sup> June 2025, the Group were provided with an overview of the qualifying / exclusion criteria, of where a Data Controller(s) would like to link their cohort to additional NHS England dataset(s), without requiring additional approval from the SIRO representative or additional advice from AGD subject to meeting the qualifying criteria and none of the exclusion criteria applying.</p> <p>This reusable decision covers three scenarios: <b>1)</b> where the DSA does not include a flow of confidential of data; <b>2)</b> consent; and <b>3)</b> s251.</p> <p>AGD suggested that the Patient and Public Involvement and Engagement (PPIE) information was updated to state <i>"If DARS consider there to be any remaining ambiguity..."</i>, to ensure this is narrowed down and is not too broad.</p> <p>AGD thanked the team for the work undertaken to update this document.</p>	
10	<b>Knowledgebase Review Work Package update (Presenter: Gemma Walker)</b>	

	<p>AGD noted that at the AGD meeting on the 19<sup>th</sup> June 2025, the NHS England SIRO Representative agreed to establish a programme of work to review the Reusable Decisions and knowledgebase, and that this process would include the involvement of an AGD independent member and an AGD NHS England Representative. AGD noted that this work had now been undertaken, and the Group were provided with an updated version of the knowledgebase.</p> <p>AGD made a number of comments / suggestions, including, but not limited to <b>1)</b> AGD noted that an action was still outstanding in respect of the archiving standard, template and Q&amp;A (Ref: 24DEC04); <b>2)</b> noting the references to the ‘NHS England Risk Framework’, the Group noted that this was still outstanding (see item 11.1); and <b>3)</b> the policy on consultant code is still outstanding.</p> <p>AGD suggested that further thought was given to the governance on the Knowledgebase, and how this updated going forward.</p> <p>AGD thanked Gemma for the work undertaken on updating this document.</p>	
11 AGD OPERATIONS		
11.1	<p><b>Risk Management Framework</b></p> <p>AGD Chair asked for an update on the risk management framework referred to in the Group’s Terms of Reference. The NHS England SIRO Representative updated the Group that NHS England was developing an interim approach, and he would bring thoughts back to AGD in the timeline previously outlined: September 2025.</p> <p><b>ACTION:</b> The NHS England SIRO Representative to provide a written response to AGD on the progress in September 2025, of the risk management framework.</p>	SIRO Rep
11.3	<p><b>AGD Stakeholder Engagement</b></p> <p><b>Federated Data Platform</b></p> <p>A brief update was given by the Group’s Representative on the Federated Data Platform Data Governance Group.</p>	
11.4	<p><b>AGD Project Work</b></p> <p><i>There were no items discussed</i></p>	
12 Any Other Business		
12.1	<p><b>AGD independent member contractual arrangements</b></p> <p>It was noted that some AGD independent members expressed concern as to their contractual arrangements with NHS England. It was noted that new arrangements were intended to start from the 1<sup>st</sup> October 2025 for those AGD independent members whose terms had been extended and for new AGD members. However, there are several outstanding queries as to the nature of the changes and their rationale.</p>	
12.2	<p><b>OpenSAFELY</b></p> <p>An independent AGD member noted directions had been approved to expand the uses of OpenSAFELY as a pilot. The AGD member expressed concern that the directions seemed to make policy changes to the application of type one objections without there being any consultation with the</p>	



	<p>public. In addition, they judged the text, on when type one objections would not be applied, to be unclear.</p> <p>The Group noted that OpenSAFELY would be on an AGD meeting agenda in the next couple of weeks.</p>
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**Meeting Closure**

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