

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 5th March 2026

09:00 – 15:15

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Kirsty Irvine (KI)	AGD independent member (Lay Adviser) (In attendance for items 8.1 and 8.2)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
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)) (In attendance for part of item 5.4 to 10)
Ellie Ward (EW)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
Maddie Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.1)
Harry Millard (HM)	Information Governance Officer, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Technology, Digital and Data (Presenter: item 4.2)
David Morris (DM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 4.2)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data

David Robertson (DR)	Programme Manager, Maternity and Neonatal Programme, Nursing Directorate (Presenter / Observer: item 4.1)
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Chris Wilson (CW)	Senior IG Manager - IG Delivery (Data and Analytics), Privacy, Transparency and Trust, Technology, Digital and Data (Presenter / Observer: item 4.1)
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
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)

1	<p>Welcome and Introductions:</p> <p>The AGD Chair welcomed attendees to the meeting.</p> <p>AGD noted that, due to unforeseen circumstances, only two AGD NHS England members were in attendance for items 1 to 5.3 and part of item 5.4. Noting that the AGD Terms of Reference state that “<i>The quorum for meetings of the Group or a Sub-Group is five members, including at least three independent members, one of whom may be the Chair, Deputy Chair or Acting Chair and two of the three NHSE Members...</i>”, the Group agreed that, as there were two AGD NHS England members present, the meeting was still quorate for all agenda items and agreed to proceed on that basis.</p>
2	<p>Review of previous AGD minutes:</p> <p>The minutes of the AGD meeting on the 26th February 2026 were reviewed and, after minor amendments, were agreed as an accurate record of the meeting.</p>
3	<p>Declaration of interests:</p>

Dr. Jon Fistein noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-715599-M3G8T), 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-793895-J0F7F), or staff involved, and it was agreed that this was not a conflict of interest.

4 BRIEFING PAPER(S) / DIRECTIONS:

4.1 Title: Maternity Outcomes Signal System (MOSS) Collection, Outcomes and Registries Directions 2024

Presenters / Observers: David Robertson and Chris Wilson

A requirement specification, to be issued alongside the Outcomes and Registries Directions 2024, will require NHS England to collect and analyse information from NHS Trusts and Foundation Trusts for the purpose of informing key measures in the Maternity Outcomes Signal System (MOSS) visualisation tool. As per the requirements specification, data will be sourced via specified fields within the Submit a Perinatal Event Notification (SPEN) service, an existing web-based portal used to streamline notifications of perinatal safety events by Trusts and Foundation Trusts.

MOSS has been developed by NHS England to address the first recommendation in the Reading the Signals report on East Kent maternity service (referred to as the East Kent report) which called for the identification of “valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers”.

NHS England were seeking advice on the following points:

1. Note the draft Requirements Specification and related MOSS-SPEN Information Governance products.
2. Note the necessity and purpose for retaining date of birth alongside other data that has been pseudonymised, along with the enhanced level of security and that the specific use case does not set a precedent for other non-related processing and feedback any concerns on this approach.
3. Feedback on the adequacy of the transparency information.

Outcome of discussion: AGD welcomed the briefing paper and made the following observations / comments:

In response to point 1 above:

4.1.1 AGD noted and thanked NHS England for the draft Requirements Specification and related MOSS-SPEN Information Governance products.

4.1.2 AGD noted that the Data Protection Impact Assessment (DPIA) was still in draft, and that further work was being undertaken to update this.

4.1.3 AGD suggested that the DPIA were updated:

4.1.3.1 to provide clearer information on the role of NHS Resolution, including, but not limited to, how they may use any of the data;

- 4.1.3.2** to remove the use of maternal death data; **or**,
- 4.1.3.3** to include the use of maternal death data as a purpose; and
- 4.1.3.4** to provide clearer information with regard the reidentification risk of any publicly available report.

In response to point 2 above:

4.1.4 AGD noted and recognised the need for retaining date of birth data alongside other pseudonymised data; however, advised that there was a potential risk of reidentification, for example, with combinations of NHS Trust site and event type, and given the potential rarity of these events. AGD suggested that NHS England ensure that the reidentification risk assessment process progresses as per due process.

4.1.5 AGD noted that the MOSS application presented an exceptional use-case for the use of birth data alongside other pseudonymised data, and suggested that NHS England ensure that any future request were considered on a case-by-case basis.

4.1.6 AGD noted the benefits of the retaining date of birth data alongside other pseudonymised data, and suggested that NHS England should consider creating a version of the data that is fully pseudonymised (without the date of birth), so that this could be used more broadly.

In response to point 3 above:

4.1.7 In respect of the transparency, AGD noted and commended the work undertaken to date on this, however suggested the following:

- 4.1.7.1** there should be further specific information on the use of the data;
- 4.1.7.2** further clarity on the data flows;
- 4.1.7.3** more consistency on the references to “anonymised” and “pseudonymised”;
- 4.1.7.4** more transparency on the use of the maternal death data;
- 4.1.7.5** further clarity on the role of NHS Resolution; and
- 4.1.7.6** clearer detail on how the outputs would support patient safety.

4.1.8 AGD also said that the transparency documents were difficult to understand and suggested that they be shared with a lay audience to seek views on a number of points, including, but not limited to:

- 4.1.8.1** the content / language was easy to understand, considering a ‘layered’ approach with a short and simple summary that covered the likely key points of interest as to what flows of data could be opted out of and what could not;
- 4.1.8.2** the flows of data were clear;
- 4.1.8.3** any views on the flow of this data; and
- 4.2.8.4** noting the sensitive nature of the proposal AGD suggested that the tone and language is reviewed for appropriateness and sensitivity.

4.1.9 AGD looked forward to further information / engagement on this work as may be required.

<p>4.2</p>	<p>Title: UK Longitudinal Linkage Collaboration (UKLLC) Reusable Decision</p> <p>Presenter: Harry Millard</p> <p>Observer: David Morris</p> <p>The Data Access Request Service (DARS) is responsible for managing multiple Data Sharing Agreements (DSAs) associated with Longitudinal Population Surveys (LPS) that collaborate with the UK Longitudinal Linkage Collaboration (UKLLC). The UKLLC, which is controlled by the University of Bristol, operates a Trusted Research Environment (TRE) containing linked, pseudonymised NHSE and study data from various partner LPS.</p> <p>To maintain accurate and current information on partner LPS participants within the UKLLC Trusted Research Environment, LPS Data Controllers are seeking authorisation to share identifiable data with Digital Health and Care Wales (DHCW). DHCW will serve as a processor for LPS Data Controllers and will obtain updated participant information which will be shared with the UKLLC. By facilitating data sharing, it is anticipated that postcode information will be kept up to date, thereby enhancing the reliability of research outcomes derived from the UKLLC TRE.</p> <p>This purpose of the briefing paper is to advise AGD of a new reusable decision, that would enable LPS Data Controllers to Amend their DSAs to add DHCW as a processor authorised to handle identifiable information (including NHS Number, Date of Birth, Gender, and Postcode) on behalf of LPS Data Controllers.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Whether AGD are content with the proposal to establish a reusable decision. 2. 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 point 1 above:</p> <p>4.2.1 AGD noted the content of the briefing paper and commended NHS England on the work undertaken on the reusable decision.</p> <p>4.2.2 AGD noted that whilst they were supportive of the reusable decision, suggested that NHS England ensure that prior to this going live, it satisfies itself that there is an appropriate legal basis for the data to flow back to DHCW. Noting that LPS Data Controllers rely on different legal basis to meet the Common Law Duty of Confidentiality.</p> <p>In response to point 2 above:</p> <p>4.2.3 AGD advised that they were supportive of the reusable decision going ‘live’ once the legal basis issue (point 4.2.2) has been satisfactorily addressed.</p>	
<p>5 EXTERNAL DATA DISSEMINATION REQUESTS:</p>		
<p>5.1</p>	<p>Reference Number: NIC-757820-S7F8B</p> <p>Applicant and Data Controller: Intensive Care National Audit and Research Centre (ICNARC)</p>	

Application Title: "ICNARC National Clinical Audit Programme"

Observer: Maddie Laughton

Application: This was a new application.

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. The data controllership position and confirmation that NHS England has appropriately assured itself on this matter.
2. Whether more should be done to assess the commercial to health benefit balance within the ICNARC Data Access Committee (DAC) Terms of Reference (ToR).

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

Outcome of discussion: The majority of the Group **deferred** the application as not all the necessary information was available to make a full assessment. A minority of the Group (one AGD independent member) was broadly supportive of the purpose outlined in the application, but were **not** supportive of the application at this time. The Group wished to draw to the attention of the SIRO the following substantive comments; and suggested that the application be brought back to a future meeting once the AGD points had been sufficiently addressed (or it was clearly highlighted / justified where points were no longer applicable):

In response to point 1:

5.1.1 The Group discussed the data controllership arrangements outlined, in particular the involvement of the Queen Mary University of London (QMUL) PhD student and how this may / may not impact on data controllership, and advised that:

5.1.1.1 NHS England clarify with the applicant when the honorary contract was put in place with the QMUL PhD student, noting that if the purpose and means of the work outlined were determined **before** the student had an honorary contract in place with ICNARC, then in line with [NHS England DARS Standard for Data Controllers](#) QMUL could be considered a joint Data Controller.

5.1.1.2 If the honorary contract was put in place with the QMUL PhD student **after** the purpose and means of the work outlined were determined, then this would support ICNARC being the sole Data Controller.

5.1.1.3 The internal form / application was updated with the correct / factual information.

In response to point 2:

5.1.2 In respect of the assessment of the balance between public and commercial benefits within the ICNARC DAC ToR, AGD noted that the information provided was high-level and did **not** provide **1)** sufficient information on the how the balance was achieved; or **2)** information on ICNARC's Independent Data Access Oversight Committee, referenced in the documents provided. AGD advised that this information would need providing to be able to provide NHS England with further advice on this point, in line with [NHS England DARS Standard for Commercial Purpose](#) and the National Data Guardian (NDG) [guidance on benefits](#).

	<p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.1.3 AGD noted that Article 6(1)(f) (<i>Legitimate Interests</i>) had been cited as the UK General Data Protection Regulation (UK GDPR) legal basis being relied on, however, suggested that clarification was provided on the balancing test of relying on this legal basis in the internal form / application, as per the usual process.</p> <p>5.1.4 AGD queried the data minimisation efforts being undertaken, and noting that the information provided in the internal form was not consistent / clear, suggested that in line with NHS England DARS standard for data minimisation, further clarity was provided on:</p> <ul style="list-style-type: none"> 5.1.4.1 where data minimisation was being applied; 5.1.4.2 where data minimisation could not / was not being applied; and 5.1.4.3 why the applicant had declined to apply data minimisation where this was possible. <p>5.1.5 AGD noted that for some of the purposes outlined, the National Data Opt-out (NDO) would be applied, and for other it would not; and suggested that:</p> <ul style="list-style-type: none"> 5.1.5.1 NHS England satisfy itself that the NDO was being respected / applied appropriately; 5.1.5.2 a special condition is added to the internal form / application that the NDO must be respected / applied appropriately; and 5.1.5.3 a special condition is added to the internal form / application that no reidentification can be undertaken to identify which patients have applied an NDO. <p>5.1.6 AGD noted that the internal form / application does not include any later derived data use, and noted that the applicant would need to seek further approval from NHS England for researchers to access this (as per the special condition in the form / application).</p> <p>5.1.7 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>5.1.8 AGD suggested that the application be brought back to a future meeting once the points outlined above had been addressed.</p> <p>5.1.9 AGD noted that there may be a commercial aspect to the application.</p>	
<p>5.2</p>	<p>Reference Number: NIC-756432-F0B1L</p> <p>Applicant and Data Controller: The Institute of Cancer Research</p> <p>Application Title: “INTERACT Retrospective- Understanding inclusivity in oncology clinical trials: a data-driven approach”</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>	

The Group had been provided with a curated set of documentation and would be providing observations based on these documents.

Outcome of discussion: AGD **deferred** the application as not all the necessary information was available to make a full assessment. AGD wished to draw to the attention of the SIRO the following substantive points; and suggested that the application be brought back to a future meeting once the AGD points had been sufficiently addressed (or it was clearly highlighted / justified where points were no longer applicable):

5.2.1 AGD noted the information that had been provided to Health Research Authority Confidentiality Advisory Group (HRA CAG) when seeking s251 support, however, suggested that NHS England satisfy itself that the proposed flows of data requested aligned with the information provided to HRA CAG, including, but not limited to the identifiability of the data. Noting this substantive point raised, the Group would be happy to advise further once this point had been addressed, noting that the outcome may impact on the content of the internal form / application.

5.2.2 AGD discussed whether the approach to data minimisation was appropriate, given that a cohort is being provided; and noted that whilst some efforts were being undertaken to minimise the data, the internal form / application should be updated to include further information a number of points:

5.2.2.1 the requested dates of data;

5.2.2.2 how the requested dates of data align with the study period and objectives; and

5.2.2.3 what further data minimisation that could be undertaken in line with [NHS England DARS standard for data minimisation](#).

5.2.3 AGD noted that the applicant had provided some justification as to why the datasets were required, however, suggested that further information was provided confirming why each of the different categories of data were required.

5.2.4 AGD discussed whether the processing approach is sufficiently clear to distinguish the population details being provided as well as the cohort detail; and advised that there was currently **not** sufficient clarity on the relationship between the research and control group; noting that these were separate populations that may have separate governance arrangements. The Group suggested that NHS England explore this further with the applicant, and that the internal form / application was updated with further information.

5.2.5 AGD discussed the risks of reidentification of individuals who have opted out of the National Disease Registration Service (NDRS); and noting that identifiers for the cohort would be held by the applicant, AGD suggested that a special condition was added to the form / application, stating that:

5.2.5.1 reidentification was not permitted; and

5.2.5.2 the data and identifiers must be held separately.

5.2.6 AGD suggested that the internal form / application was updated to provide further clarity on the definitions of 'identifiability' and 'anonymisation', noting that this was currently unclear.

	<p>5.2.7 AGD noted that there was not a clear plan in respect of transparency and communicating the overall objectives to patients and the public. Noting that some patient and public involvement and engagement (PPIE) / transparency would be undertaken, the Group suggested that:</p> <p>5.2.7.1 NHS England satisfies itself that any PPIE was undertaken to an acceptable standard, noting that the applicant did have access to a cohort.</p> <p>5.2.7.2 there was wider ongoing PPIE throughout the lifecycle of the work. The HRA guidance on Public Involvement is a useful guide.</p> <p>5.2.7.3 any transparency to patients and the public was actively undertaken as soon as possible, i.e. before the study begins.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.2.8 AGD welcomed the application and noted the potential importance of the study.</p> <p>5.2.9 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 had reviewed the updated application.</p> <p>5.2.10 No AGD member noted a commercial aspect to the application.</p>	
<p>5.3</p>	<p>Reference Number: NIC-715599-M3G8T</p> <p>Applicant and Data Controller: University of Leeds</p> <p>Application Title: “Characterising cancer in individuals with cystic fibrosis”</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 3rd August 2023.</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>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>5.3.1 AGD noted that as part of the review of the application at the AGD meeting on the 3rd August 2023, the Group had suggested that further transparency be provided to cohort members with regard to what was being shared with ‘the pharmaceutical company’. The Group noted that whilst some work had been undertaken in respect of improving the transparency, suggested further updates / improvements prior to any data flowing, including, but not limited to:</p> <p>5.3.1.1 clearer information on the commercial interest of the funder Boehringer Ingelheim, both now and in the future;</p> <p>5.3.1.2 the controls in place in the involvement of Boehringer Ingelheim;</p> <p>5.3.1.3 completing the development of the study website / publishing;</p>	

	<p>5.3.1.4 the proposed study website text be updated, to ensure that the information relating to how participants can withdraw from the study, contains at least two methods of contact for participants (post, telephone and / or e-mail); and</p> <p>5.3.1.5 Sharing the transparency information with the cohort.</p> <p>5.3.2 In addition, noting that the funder Boehringer Ingleheim are a member of the project steering group, AGD suggested that NHS England remind the applicant that the funders will not have any influence or decision making on the NHS England data.</p> <p>5.3.3 AGD noted that the data will now be accessed via a data extract and not in the NHS England Secure Data Environment (SDE) as previously advised, and advised that this presented a substantive change in terms of the risk profile. The Group suggested that this risk was assessed as per process.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.3.4 AGD noted that following the review of the application at the AGD meeting on the 3rd August 2023, the applicant had obtained s251 from Health Research Authority Confidentiality Advisory Group (HRA CAG); and confirmed that they were satisfied the previous issues with the legal basis had now been resolved.</p> <p>5.3.5 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 previous points raised by the Group.</p> <p>5.3.6 AGD noted that there was a commercial aspect to the application.</p>	
<p>5.4</p>	<p>Reference Number: NIC-343380-H5Q9K-v21.1</p> <p>Applicant: UK Health Security Agency (UKHSA)</p> <p>Data Controller: Department of Health and Social Care (DHSC)</p> <p>Application Title: “D1.1 - UK Health Security Agency (UKHSA) Single Data Sharing Agreement”</p> <p>Observer: Jodie Taylor-Brown</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 23rd October 2025, 8th May 2025, 25th April 2024 and the 24th August 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 3rd November 2022, 23rd June 2022, 16th December 2021 and the 3rd June 2021.</p> <p>The application and relevant supporting documents were previously presented / discussed at the IGARD COVID-19 response meeting on the 27th Jul 2021.</p> <p>Linked applications: This application is linked to NIC-143888-H0W2N, NIC-359940-W1R7B and NIC-635697-P0C5M.</p> <p>Application: This was an amendment application.</p>	

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. General support on the proposed amendments.
2. The use of hospital episode data (HES) to generate a national ethnic group reference table

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

The Group had been provided with a curated set of documentation and would be providing observations based on these documents.

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 the concerns raised.

In response to points 1 and 2:

5.4.2 AGD noted the proposal to use HES data for the purpose of generating a national ethnic group reference table; and discussed whether HES data was the most appropriate dataset, or whether there was an alternative option. The Group advised that whilst they broadly and cautiously supported the proposal, highlighted potential data quality issues with the HES data for this purpose, noting the way in which ethnicity is assigned into the HES dataset from NHS organisations. The Group, whilst recognising that the approach outlined was the most effective at the current time, suggested that the applicant carefully consider:

5.4.2.1 how any data quality issues may impact the work they are wanting to undertake with the data; and

5.4.2.2 whether the ethnicity data is sufficient for any analysis undertaken.

5.4.3 AGD noted that the proposal outlined was an interim solution, and suggested that:

5.4.3.1 NHS England and the applicant work closely to define the duration of the interim period;

5.4.3.2 NHS England explore any potential alternative that might have more accurate ethnicity data, for example, replicating similar work [referenced](#) elsewhere; and

5.4.3.3 NHS England undertake a regular review, for example annually, to ensure that the data is generating value.

5.4.4 In addition, AGD noted that there had been other projects proposed within NHS England to address the issue of ethnicity attribution more centrally; and suggested that NHS England satisfies itself that there is no duplication of efforts and any long-term solution is robust and sustainable.

5.4.5 AGD noted that this interim solution was a bespoke request, and due to the work being undertaken differed from other researchers, who may also have requested / request the HES data for similar purposes.

5.4.6 AGD advised that NHS England should also consider the risks of using the data for the purposes outlined in this application, noting that the data quality issues may result in the data not being sufficient to support analysis. This may also lead to criticism / reputational damage, even though they would not be responsible for the collection of this data at source.

	<p>5.4.7 AGD suggested that NHS England should consider if / how they could actively support the applicant undertake the work outlined and how to overcome any challenges.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.4.8 In respect of transparency and in line with Caldicott Principle 8 and the UK General Data Protection Regulation (UK GDPR), AGD suggested that:</p> <p style="padding-left: 40px;">5.4.8.1 the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible project specific transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA); and</p> <p style="padding-left: 40px;">5.4.8.2 the transparency clearly outlines why the data requested is being processed.</p> <p>5.4.9 No AGD member noted a commercial aspect to the application.</p>	
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6 INTERNAL DATA DISSEMINATION REQUESTS:

There were no items discussed

7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL

7.1 **Reference Number:** NIC-667040-B5T1X-v1.13

Applicant and Data Controller: University of York

Application Title: “Centre for Health Economics, University of York, Programme Level Agreement”

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 10th August 2023.

The SIRO approval was for **1)** an update to the Data Access Request Group (DARG) Terms of Reference; and **2)** to remove the data destruction special condition.

Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.

AGD thanked NHS England for the written update and advised that they had no further comments to make on the documentation provided.

The NHS England SIRO representative thanked AGD for their time.

7.2 **Reference Number:** NIC-662451-S5L8J-v1.8

Applicant and Data Controller: Milton Keynes University Hospital NHS Foundation Trust

Application Title: “FINESSE database outcome study - NHS England Linkage project”

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 14th September 2023.

The SIRO approval was for an extension, with a special condition in place that Information Commissioner’s Office (ICO) registration is in place, within one-month of signing the data sharing agreement.

Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.

AGD thanked NHS England for the written update and made the following observations on the documentation provided:

7.2.1 AGD noted that the applicants ICO registration had now expired, and supported NHS England’s engagement with the applicant to highlight this substantive issue. AGD also noted the applicant had missed other deadlines r.e meeting conditions or requesting a DSA extension.

The NHS England SIRO representative thanked AGD for their time.

7.3 **Reference Number:** NIC-793895-J0F7F-v0.7

Applicant: Queen Mary University of London

Data Controller(s): Cambridge University Hospitals NHS Foundation Trust and University of Cambridge

Application Title: BEST-4 Heart burn Health Programme - Patient list update service (PLUS)

Linked applications: This application is linked to NIC-753801-J5B3X and NIC-776147-F5N3V.

The SIRO approval was for general support / progression of the application.

Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.

AGD thanked NHS England for the written update and advised that they had no further comments to make on the documentation provided.

The NHS England SIRO representative thanked AGD for their time.

8 OVERSIGHT AND ASSURANCE

8.1 **Oversight and Assurance Process**

The [Statutory Guidance](#) states that the data advisory group (AGD) should be able to provide NHS England with advice on: *“Precedents for internal and external access, including advising in accordance with an agreed audit framework whether processes for the use of precedents are operating appropriately, to provide ongoing assurance of access processes”*.

In advance of the meeting, the AGD independent members were provided with **1)** eight applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the eight applications; and **3)** an oversight and assurance template to complete for each of the applications that each individual member had been asked to review.

Following review of the applications by the AGD independent members **out of committee**, the completed oversight and assurance templates were sent to the AGD Secretariat prior to the meeting.

It was noted that only **high-level points** would be discussed in meeting (and noted in the minutes); however, the full suite of comments and feedback from AGD independent members on the oversight and assurance templates would be collated by the AGD Secretariat and shared with the NHS England SIRO representative and relevant NHS England colleagues as may be appropriate.

Please see **appendix A** for high-level points raised in-meeting on the eight applications.

<p>8.2</p>	<p>Oversight and Assurance Conclusion / Review</p> <p>AGD noted that the last oversight and assurance for workstream 1 review had taken place on the 5th February 2026.</p> <p>The Group noted that for some applications, the annual compliance report (ACR) was not available to be selected from the NHS England Customer Relationship Management (CRM) system because it was either not named correctly or had not been provided by the applicant in line with due agreed process.</p> <p>The Group noted the diligence of DARS to update the abstract with the Knowledgebase reference.</p> <p>The Group thanked the NHS England Risk & Assurance Team for turning around their suggested edits quickly and following discussion at last week’s AGD.</p> <p>The Group thanked the AGD Secretariat for the background information provided in the agenda pack, which was invaluable to an effective review including clear labelling and relevant screenshots.</p> <p>The NHS England SIRO Representative noted there was still room for improvement, noting the ongoing learning and development within Data and Analytics and thanked AGD for the work undertaken to date.</p>
<p>9 AGD OPERATIONS</p>	
<p>9.1</p>	<p>AGD ways of working</p> <p>The AGD Chair and the NHS England SIRO Representative noted that a discussion would be held at the AGD plenary meeting on the 19th March 2026 on AGD new ways of working.</p> <p>In addition, the AGD Chair noted that as part of his ongoing engagement with Jackie Gray, Director of Privacy and Information Governance, within Privacy, Transparency, and Trust (see item 9.2), that further discussions would be had in respect of any updates to the AGD Terms of Reference; the AGD Annual Report 2025/26; and communications about AGD.</p> <p>The Group noted the update and looked forward to a further discussion at the AGD plenary meeting.</p>
<p>9.2</p>	<p>AGD Stakeholder Engagement</p> <p>The AGD Chair noted to the Group that they had met with Jackie Gray, Director of Privacy and Information Governance, within Privacy, Transparency, and Trust on the 3rd March 2026, following the last update at the AGD meeting on the 15th January 2026; this was in line with clause 9.2 of the AGD Terms of Reference that states: “<i>The Chair and the Deputy SIRO shall meet at least every six months to review the operation of the Group</i>”.</p> <p>The AGD Chair noted he had met with Prof, Lorna Fraser, the Chair of the Health Research Authority Confidentiality Advisory Group (HRA CAG), and Dr. Nicola Byrne, the National Data Guardian for health and adult social care in England, on 2nd March 2026, as part of their regular engagement.</p> <p>The AGD Chair noted that he had attended a meeting with NHS England and a number of stakeholders on the 3rd March 2026, to discuss the NHS England Secure Data Environment (SDE), and how organisations such as the Health Research Authority Confidentiality Advisory Group (HRA CAG) can tailor their advice / support to applicants where data is accessed in the SDE.</p>
<p>9.3</p>	<p>AGD Project Work</p>

	<p>The NHS England SIRO Representative advised the Group that the NHS Health Research Authority had recently published information on a new pilot, to get feedback on information governance guidance; and advised that NHS England would be seeking the views of AGD as part of a collective response on this. The Group were advised that further information would be shared in due course.</p>
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10 Any Other Business

10.1 NHS England attendance at Data Access Request Group (DARG) meetings

AGD noted that they often see special conditions in applications, stating that an applicant must permit NHS England to attend DARG meetings, and queried whether this does happen. The NHS England SIRO Representative advised the Group that, noting the number of applicants that have DARG's, NHS England do not attend every meeting, however, do attend these on an ad-hoc basis where appropriate, and provided some examples of future DARG meetings where there would be NHS England attendance.

The Group noted and thanked the NHS England SIRO Representative for the feedback.

Meeting Closure

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

Appendix A

Oversight and Assurance Review – 5th March 2026

Ref:	NIC Number:	Organisation:	Areas to consider:
260305a	NIC-744993-Z8K2K-v1.3	Methods Analytics Ltd	<p>The application had last been seen by AGD on the 10th October 2024 and were supportive if the substantive issues were addressed.</p> <p>Feedback on the application:</p> <ul style="list-style-type: none"> • Without provision of the SDA / escalation form, it was unclear: <ul style="list-style-type: none"> ○ What had happened to the DSA since its last independent review ○ Whether the reuseable decision used was the correct one. • It appeared from the documentation provided, that no annual ACR had been completed by the applicant <p>Feedback on the process:</p> <ul style="list-style-type: none"> • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable. • Process point: Action for D&A Representative to ensure annual ACRs are completed timely.

			<ul style="list-style-type: none"> • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable • Process point: Action for SIRO Representative to consider whether no provision of an ACR should be an exclusion criterion
260305b	NIC-06303-H3G5G-v7.5	London Borough of Southwark	<p>The application had last been seen by DAAG on 23rd February 2016 and recommended for approval subject to amendments and advice.</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • It appeared from the documentation provided, that no annual ACR had been completed by the applicant since February 2024. • The Group commended DARS on the clarity within the DSA, even without an SDA provided <p>Feedback on process:</p> <ul style="list-style-type: none"> • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable. • Process point: Action for D&A Representative to ensure annual ACRs are completed timely. • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable

			<ul style="list-style-type: none"> • Process point: Action for SIRO Representative to consider whether no provision of an ACR should be an exclusion criterion
260305c	NIC-136400-H5Y3X-v6.4	Solihull Metropolitan Borough Council	<p>The application had had no previous DAAG / IGARD / AGD review.</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • Without provision of the SDA / escalation form, it was unclear what had happened to the DSA during its lifetime, and would be difficult therefore to audit • It appeared from the documentation provided, that no annual ACR had been completed by the applicant • It did not appear that the application had been updated in line with the NHSE DARS Standards, and it was therefore unclear how the application had progressed under precedent / reuseable decision <p>Feedback on process:</p> <ul style="list-style-type: none"> • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable. • Process point: Action for D&A Representative to ensure annual ACRs are completed timely. • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable

			<ul style="list-style-type: none"> • Process point: Action for SIRO Representative to consider whether no provision of an ACR should be an exclusion criterion <p>ACTION: the NHSE SIRO Representative noted that he would review the application and feedback to a future AGD</p>
260305d	NIC-148071-QHNM8-v7.3	Imperial College London	<p>The application had last been seen by AGD on the 5th September 2024 via oversight & assurance</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • The Group noted this was an exemplar application and ACR <p>Feedback on process:</p> <ul style="list-style-type: none"> • No issues were raised on the process
260305e	NIC-148106-PP9LS-v4.4	University of Oxford	<p>The application had had no previous DAAG / IGARD / AGD review.</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • Without provision of the SDA / escalation form, it was unclear what had happened to the DSA during its lifetime, noting that some narrative had been captured in s1 (abstract) • Noting the applications history, AGD were surprised that NHS England had not sought independent advice on this application. • It appeared from the documentation provided, that no annual ACR had been completed by the applicant

			<p>Feedback on process:</p> <ul style="list-style-type: none"> • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the SDA / escalation form, is uploaded to CRM and easily findable. • Process point: Action for D&A Representative to ensure annual ACRs are completed timely. • Process point: Action for D&A Representative to ensure that all relevant documentation, for example the latest ACR, is uploaded to CRM and easily findable • Process point: Action for SIRO Representative to consider whether no provision of an ACR should be an exclusion criterion <p>ACTION: the NHSE SIRO Representative noted that he would review the application and feedback to a future AGD</p>
260305f	NIC-170647-Z0B6H-V2.4	University Hospitals Bristol and Weston NHS Foundation Trust	<p>The application had last been seen by IGARD on 16th July 2020 and recommended for approval subject to conditions, amendments and advice</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • The Group noted that NHS England had stated this was a renewal application, however it was agreed that it should have been labelled as an ‘amendment’ application. <p>Feedback on process:</p> <ul style="list-style-type: none"> • No issues were raised on the process

260305g	NIC-334952-R5M7K-v8.2	University College London (UCL)	<p>The application had last been seen by AGD on the 11th May 2023 and were supportive of the application with comments</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • AGD suggested that more information about how the data had been used commercially should have been included in section 5, since it was obvious in the documentation provided. • It did not appear that the application had been updated in line with the NHSE DARS Standards, and it was therefore unclear how the application had progressed under precedent / reuseable decision <p>Feedback on process:</p> <ul style="list-style-type: none"> • No issues were raised on the process
260305h	NIC-791292-Z2X6Z-v0.2	NHS England	<p>The application had had no previous DAAG / IGARD / AGD review.</p> <p>Feedback on application:</p> <ul style="list-style-type: none"> • The Group noted this was linked to bridge application NIC-772633 previously discussed at AGD on the 11th September 2025. • The Group noted that due to the type of application, there would be no SDA / escalation form / ACR, which would be provided as part of NIC-772633 <p>Feedback on process:</p> <ul style="list-style-type: none"> • No issues were raised on the process