dvisory Group for Data (AGD) – Meeting Minutes

Thursday, 5th February 2026

09:00 – 14:45

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser) (Not in attendance for item 5.1)
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)
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))
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate (**Observer:** item 2.4)
Dr. Arjun Dhillon (AD)	Associate Director Clinical, Medical Directorate (**Observer:** Items 5.1 to 10.1)
Danielle Golds (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 2.2)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (**Observer:** item 2.3)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data

Gemma Walker (GW)	Information Governance Specialist, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Technology, Digital and Data (**Presenter**: item 3)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** item 2.4)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer:** items 2.1 and 2.2)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS NOT IN ATTENDANCE:	
Name:	**Role / Area:**
Mr Christopher Barben (CB)	AGD independent member (Specialist Clinician Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting. AGD noted that, due to unforeseen circumstances, only two AGD NHS England members were in attendance for the meeting. Noting that the AGD Terms of Reference state that *"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**…",* 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.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 29th 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 personal and professional link to one of the co-investigators involved in NIC-798519-F7X8X (University of Oxford). It was agreed that Dr. Fistein would chair this item, but would not be part of the discussion of this application. Dr. Jon Fistein noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-109867-M8S6B), or staff involved, and it was agreed that this was not a conflict of interest. Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-737123-P6P6G), and it was agreed that this was not a conflict of interest Paul Affleck noted a professional link to NIC-737123-P6P6G (University of Oxford) and requested not to be part of the discussion. It was agreed that Paul would leave the virtual room for the discussion of this application. Paul Affleck noted a professional link to a co-investigator in NIC-798519-F7X8X (London North West Healthcare NHS Trust), but noted no specific connection with the application or other staff involved, and it was agreed that this was not a conflict of interest. Paul Affleck noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-109867-M8S6B), or staff involved, and it was agreed that this was not a conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS:	
4.1	**Title:** Knowledgebase Review **Presenter:** Gemma Walker **Previous Reviews:** The Knowledgebase Review Work Package was previously discussed at the AGD meeting on the 4th September 2025. The purpose of the briefing paper was to provide an update on the points raised at the AGD meeting on the 4th September 2025, and how they had been addressed; and to provide the Group with a copy of **1)** the draft Knowledgebase Standard Operating Procedure (SOP), that outlines current thinking on ways of working; and **2)** an updated copy of the Knowledgebase which intends to display how the feedback previously provided by AGD has been addressed. NHS England were seeking advice on the following points: 1. Note the changes that have been made to the Knowledgebase 2. Confirm whether contentment with the draft SOP, and, if not, highlight any additional work required 3. Confirm whether the language around the Knowledgebase is clear and consistent **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 colleagues for the volume of work undertaken to update the Knowledgebase; and advised that they welcomed having this information collated in one place. **4.1.2** AGD advised that they would welcome the opportunity to work with NHS England to support the ongoing work on the Knowledgebase as this progresses, including, but not limited to, undertaking a regular review of the decisions in the Knowledgebase, to ensure they are at the right level and consistent with each other. **4.1.3** AGD suggested that NHS England consider other options for holding the Knowledgebase information, for example, via a customer relationship management (CRM) tool / database. **4.1.4** The NHS England SIRO Representative suggested that the Knowledgebase was reviewed by AGD on a six-monthly basis; and asked the AGD Secretariat to add to the internal forward plan. **In response to point 2 above:** **4.1.5** AGD noted the content of the draft Knowledgebase SOP and advised that they would welcome the opportunity to support the work on this document, to ensure that it is manageable and transparent. **In response to point 3 above:** **4.1.6** AGD noted that they had no further comments to make on the language around the Knowledgebase. **4.1.7** AGD looked forward to further information / engagement on this work as may be appropriate / required.	AGD Sec
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-737123-P6P6G **Applicant and Data Controller:** University of Oxford **Application Title:** "MyMelanoma database" **Observer:** Emma Whale **Linked applications:** This application is linked to NIC-743571-K7X4R. **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 internal consent review. 2. The sublicensing request including compatibility with the consent given and internal sublicence review NHS England were seeking general advice on the application. Should an application be approved by NHS England, further details would be made available within the Data Uses Register.	

	As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked **not** to review the 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:** AGD were supportive of the application **if** the following substantive comments in respect of **sublicensing** were addressed, and wished to draw to the attention of the SIRO the following substantive comments: **In response to point 1:** **5.1.1** AGD noted the content of the lengthy NHS England Data Access Request Service (DARS) internal consent review, and advised that this was very thorough; and supported the conclusion of this review that consent provided a legal basis. **5.1.2** AGD noted that the consent had a strong emphasis on the 'worldwide' use of data, and advised that they were keen to see this aspiration of use being realised in the research projects. **5.1.3** AGD noted that there were updates to transparency materials that had been highlighted in the internal consent review, for example, in respect of being clear on the data items that would flow. AGD noted that whilst this was not an alternate to consent, it did support transparency to participants. **5.1.4** AGD noted that updated transparency material on the study website explains to participants that "*gender*" data is in the MyMelanoma Cloud, which will be sent to NHS England to link NHS health information to study records. The Group queried if this was correct, or whether it was actually "*sex*" data, noting they were not interchangeable fields. AGD suggested that NHS England explored this further with the applicant, and that any transparency materials were updated as may be required to reflect the correct / factual information. **5.1.5** AGD noted the statement in the participant information sheet (version 4) *"…information used for research must never be identifiable so the data will not contain information such as…hospital you were treated at"*; and suggested that NHS England satisfy itself that researchers accessing the MyMelanoma data resource are **not** able to identify hospitals that participants were treated at, in line with the consent materials. **5.1.6** AGD noted the statement in the participant information sheet (version 4) *"You will also be asked to agree to MyMelanoma following your health as long as funding is available…"*; and suggested that any data sharing agreement (DSA) aligns with the funding period, in line with the consent materials. **In response to point 2:** **5.1.7** AGD noted the advice provided by the Group on sublicensing is based on the position / documents reviewed at this point in time, noting that the sublicensing proposals may **not** come into effect for another two years. The Group suggested that NHS England ensure there is an opportunity to review the proposed sublicensing arrangements as things change or moving forward, from both a University of Oxford perspective; and NHS England policy perspective, noting the forthcoming organisational changes.	

	5.1.8 AGD advised that they were broadly content that the sublicensing proposals outlined were robust; and aligned with the broad consent taken that permitted sublicensing arrangements. **5.1.9** The Group suggested that any requests for sublicensing via the Data Access Committee as referred to in the consent materials, aligned with NHS England DARS standard for sub-licencing and onward sharing. **5.1.10** AGD also suggested that NHS England ensure that the conditions of a data release set out in the Data Access Committee's Terms of Reference was amended to adequately align with the NHS England Data sharing standard 5d – Expected Measurable Benefits and Data sharing standard 5e - Commercial Purpose and the NDG guidance on benefits. In particular this should be done to ensure that there is a benefit to patients in England and Wales from uses of the data, and that there the committee considers the balance between public and any commercial benefits to be proportionate. **5.1.11** AGD also suggested that the data access committee explicitly considers any use of machine learning / Artificial Intelligence; and that the sublicensing agreements clearly state what is acceptable. **5.1.12** AGD suggested that the Data Access Agreement Template is updated to include the relevant criteria outlined in 5.1.11. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:. **5.1.13** AGD noted the 'inclusion' criteria in section 3.6 of the form included: e "*Family member participants where a melanoma participant with reported evidence of a familial tendency to melanoma has invited that person to consider participation".* Accordingly, if participants did include non melanoma patients, this should be reflected in **all** of the relevant documents; if not, the inclusion criteria should be revised. **5.1.14** AGD noted the 'exclusion' criteria in section 3.6 of the form which included those who do not have access to e-mail / digital devices; and those who have a lack of understanding of English or Welsh where translation services are not available. The Group suggested that NHS England work with the applicant, to determine whether further work can be undertaken to ensure these groups are also included, noting there may be a significant number of patients affected. **5.1.15** AGD noted the information in 4.3.3 in respect of machine learning / AI; and suggested that **1)** the applicant is transparent on this aspect with cohort, and ensure that it is in line with expectations and NHS England policies (both current and future); and **2)** NHS England to add a special condition in respect of machine learning / AI to ensure that this is related to the purposes outlined, and is clear on any future use of models derived from this work. **5.1.16** AGD noted that there **may be** a commercial aspect to the application. In addition, **AGD made the following observation separate to the application**: **5.1.17** The Group suggested that NHS England's Data Access Request Service (DARS) ensure that the questions around controllership mirror exactly the wording of the relevant legislation and ICO guidance on controllership.	DARS

5.2	**Reference Number:** NIC-789702-M6C7G **Applicant and Data Controller:** Liverpool Heart and Chest Hospital NHS Foundation Trust **Application Title:** "A pilot study to evaluate the incidence, distribution and referral pathways for Post Infarction Ventricular Septal Defect in England using NHS Hospital Episode Statistics" **Observers:** Emma Whale and Danielle Golds **Application:** This was a new application. NHS England were seeking general advice on the application. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. As part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7th August 2025), the Group were asked **not** to review the 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:** 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: **5.2.1** AGD suggested that in line with the Health Research Authority (HRA) guidance on Protocols the applicant updates their protocol, to be clear that there will be **1) no** local data linkage; **2) no** re-identification of the data; and **3)** accurately describe the data minimisation. **5.2.2** In addition, AGD suggested that, as per the usual process, the applicant engage with the Health Research Authority to ensure that the ethical support remains in place following any updates to the protocol. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.2.3** AGD noted that there was **no** study specific website and suggested the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible **study 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). **5.2.4** AGD suggested that section 4.10 (Special Conditions) was updated to revise the citation special condition wording, in line with NHS England DARS Standard for Special Conditions. **5.2.5** AGD welcomed the application and noted the importance of the study. **5.2.6** AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) and the applicant on the work undertaken on this application. **5.2.7** No AGD member noted a commercial aspect to the application.	
5.3	**Reference Number:** NIC-688223-X1W4R-v0.12	

Applicant: University of Nottingham

Data Controllers: University Hospitals of Derby and Burton NHS Foundation Trust

Application Title: "POSNOC - POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomised controlled trial of axillary treatment in women with early-stage breast cancer who have metastases in one or two sentinel nodes"

Observer: Suzanne Hartley

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 30th October 2025 and the 6th March 2025.

Application: This was a new application.

NHS England were seeking advice on the following points only:

1. Whether AGD would be supportive of the flow of data beyond five years for all cohort members and not restrict follow-up beyond five years to those cohort members consented on version four onwards only.
2. Whether AGD would support that there is no time limit on follow-up data collection from NHS England, thereby permitting ongoing data flows for the duration of the study as clinically and scientifically appropriate.

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: AGD were **not** providing comments on the wider application as requested by NHS England; comments were limited to the specific points of advice requested. AGD wished to draw to the attention of the SIRO the following observations in relation to the advice points:

In response to point 1:

5.3.1 AGD advised that they were **supportive** of the flow of data beyond five years for **all** cohort members.

5.3.2 AGD noted that they had previously suggested on the 30th October 2025 (point 5.1.3) that the applicant undertake some patient and public involvement and engagement (PPIE) in respect of the follow-up. The Group noted that some PPIE had been undertaken, and that the results from this indicated that flowing the data beyond five years was within the expectations of cohort members, putting the applicant and NHS England in a defensible position in respect of the flow of data beyond five years for **all** cohort members.

5.3.3 AGD noted that the applicant had offered to send the signed documentation evidencing the cohort participants consulted; however, advised that this would not be necessary. The Group suggested that where cohort members are consulted on matters of consent, it would be helpful to receive their views in their own words.

In response to point 2:

	5.3.4 AGD advised that they would be **supportive** that there is no time limit on follow-up data collection from NHS England, thereby permitting ongoing data flows for the duration of the study as clinically and scientifically appropriate, **if 1)** there was appropriate transparency on any longer-term follow-up; **2)** the transparency on the longer-term follow-up was available to the entire cohort; and **3)** the transparency was clear on **i)** the nature of the processing beyond five years, and **ii)** the options / process for withdrawing consent. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.3.5** AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) and the applicant on this application. **5.3.6** No AGD member noted a commercial aspect to the application.	
5.4	**Reference Number:** NIC-798519-F7X8X **Applicant and Data Controller:** London North West Healthcare NHS Trust **Application Title:** "Outcomes from the Lynch Syndrome-Bowel cancer screening programme" **Observers:** Dave Cronin and James Watts **Previous Reviews:** A briefing paper was previously presented / discussed at the meeting on the 15th January 2026. **Application:** This was a new application. NHS England were seeking general advice on the application. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. The Group had been provided with a curated set of documentation and would be providing observations based on these documents. 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:** AGD were supportive of 'service evaluation' under this application. AGD would be supportive of 'research' under this application **if** the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments: **5.4.1** AGD queried whether some of the objectives go beyond 'service evaluation' and fall into 'research'. The Group suggested that they would be **supportive** of a 'research' element **if 1)** the form was updated to be clear on the 'research' elements; **2)** the form was updated to ensure that the appropriate legal basis was clarified for the research; **3)** ethics approval was sought / obtained for the 'research' elements in line with the NHS England DAS Standard for Ethical Approval; and **4)** all transparency was updated as appropriate to reflect	

	the correct objective for processing in line with NHS England DAS Standard for Transparency. **5.4.2** AGD queried if the National Disease Registration Service (NDRS) opt-out would apply to this application and suggested that NHS England satisfy themselves on this point. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.4.3** AGD noted and commended the work undertaken by NHS England's Data Access Request Service (DARS) on the work undertaken on the responses made by the Group on the briefing paper on the 15th January 2026. **5.4.4** No AGD member noted a commercial aspect to the application. In addition, **AGD made the following observation separate to the application**: **5.4.5** AGD requested a future briefing on the status of the NDRS opt-out.	D&A Rep
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		
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)** ten applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the ten 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 ten applications.	
8.2	**Oversight and Assurance Conclusion / Review**	

	AGD noted that the last oversight and assurance for workstream 1 review had taken place on the 15th January 2026. The Group noted that some applications fell into the following categories **1)** previous AGD/IGARD comments had not been adequately addressed or it was unclear if / how previous AGD/IGARD comments had been addressed; **2)** 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; and **3)** where the Knowledgebase reference was included it was not dated or not findable within the Knowledgebase, so it was difficult to assess whether the reference was in line with when / if a reference had been archived. Whilst the MS Form used for workstream 1 was working well, the Group reiterated that a number of updates were required including, but not limited to, **1)** updating the precedents in the drop down menu to the four currently available including the "risk assessed amendment" which is currently absent from the list; **2)** to be clear that although the four precedents note "SIRO" they are undertaken by DA&P via delegated authority; **3)** the precedent drop down tab be updated to provide for a Knowledgebase reference; and **4)** rewording of the check as to whether 'all standards' had been met, as this was not a part of the O&A review by AGD. This question could be reworded as 'Do you have any concerns regarding any of the data standards?', for instance. The Group noted the diligence of DARS to update the abstract with the Knowledgebase reference. 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.	DARS SIRO Rep DARS
9 AGD OPERATIONS		
9.1	**AGD ways of working (Presenter: Jon Fistein)** AGD noted that at the AGD meeting on the 22nd January 2026 (item 9.1) and the AGD plenary meeting on the 4th December 2025 (items 5 and 6), the Group had discussed new ways of working and how the Group supports / provides advice to NHS England, both now and in the future. The AGD Chair noted that at the AGD meeting on the 22nd January 2026, the Group had been asked to think about some specific points, feeding back responses to the AGD Chair and AGD Secretariat, and that these would form part of further discussions at future AGD meetings. The Group thanked the AGD Chair for the update on this evolving area of work and noted that a further discussion would take place at future AGD meetings.	
9.2	**Risk Management Framework** The NHS England SIRO Representative noted the recent discussions at the AGD plenary meeting on the 4th December 2025, on a number of different scenarios that may influence the content of a Risk Management Framework; and it was noted that further work / discussions on this will take place out of committee with some of the AGD members; and	

	that further information would be provided / discussed with the Group at a future AGD meeting. **ACTION:** The NHS England SIRO Representative, AGD Chair and AGD Secretariat to discuss out of committee work on the Risk Management Framework.	SIRO Rep
9.3 **a)**	**AGD Stakeholder Engagement** **Federated Data Platform** A brief update was given by the Group's representative on the Federated Data Platform Data Governance Group.	
b)	The AGD Chair noted they had met with Jackie Gray, Director of Privacy and Information Governance, in line with clause 9.2 of the AGD Terms of Reference that states: *"The Chair and the Deputy SIRO shall meet at least every six months to review the operation of the Group"*.	
9.4	**AGD Project Work** *There were no items discussed*	
10 Any Other Business		
10.1	*There were no items discussed*	
Meeting Closure As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.		

Appendix A

Oversight and Assurance Review – 5th February 2026

Ref:	NIC Number:	Organisation:	Areas to consider:
260205a	NIC-15293-R6V2H-v18.2	Health IQ Ltd	The application had last been seen by AGD on the 10th October 2024 and were supportive with substantive comments **Feedback on application:** • The applicant had completed an ACR but noted "N/A" in response to a question around DPNs with data processors. AGD noted that 2 data processors were listed in the agreement • The yielded benefits outlined in the ACR had not been adequately updated in line with the NHSE DARS Standard **Feedback on process:** • **Process point: Action for D&A Representative** to ensure DARS are actively reviewing the ACRs • **Process point: Action or D&A Representative** to ensure, for audit purposes, that all narrative is dated.
260205b	NIC-109867-M8S6B-v3.2	University of Leeds	The application had last been seen by IGARD on the 15th April 2021 where it had been recommended for approval subject to conditions, amendments and advice. **Feedback on application**

			• It appeared that the ACR had been signed by the researcher and not the authorised signatory. • Noting the reliance on s251 support, it appeared the extension went beyond the next HRA CAG review and so it was important that the ACR was checked to ensure the legal basis was still in place. • The published papers by the applicant did not appear to acknowledge the use of NHS data, in line with special condition. **Feedback on process:** • **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:** the rationale for using the precedent was clearly set out, with each action dated, which aided the review – exemplar
260205c	NIC-119910-K6W9Q-v9.2	University of Bristol	The application had last been seen by IGARD on the 5th November 2020 when it had been recommended for approval subject to advice. **Feedback on application:** • It appeared from the documentation provided, that **no** annual ACR had been completed by the applicant **Feedback on process:** • **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
260205d	NIC-147837-RJMRN-v8.2	University of Bristol	The application had last been seen by IGARD on the 24th November when it had been recommended for approval subject to amendments and advice. **Feedback on application** • The applicant had completed an ACR but noted the title appeared to be different to the one on the DSA, and had answered 'yes' to data processors when there were none listed in the DSA. **Feedback on process:** • No issues raised on the process.
260205e	NIC-147910-HHGGZ-v3.4	University of Oxford	The application had last been seen by AGD on the 10th August 2023 and were supportive with high level comments **Feedback on application:** • It appeared from the documentation provided, that **no** annual ACR had been completed by the applicant and had been noted by DARS as 'delayed' • It appeared that the identifiers held by the applicant had not been destroyed in line with the special condition.

			Feedback on process: • **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.
260205f	NIC-209200-S9H5R-v5.6	Royal College of Psychiatrists	The application had last been seen by AGD on the 19th September 2024 and were supportive of the application subject to substantive comments **Feedback on application:** • No issues raised on the application. **Feedback on process:** • **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.
260205g	NIC-616004-J8K1K-v4.2	NHS South Yorkshire ICB	The application had not had a previous independent review by DAAG / IGARD / AGD **Feedback on application:** • It appeared from the documentation provided, that **no** annual ACR had been completed by the applicant.

			• It was unclear what role the Sheffield University had and suggested that NHSE investigate further **Feedback on process** • **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.
260205h	NIC-616080-P7S9X-v3.2	NHS Cambridgeshire and Peterborough ICB	The application had not had a previous independent review by DAAG / IGARD / AGD **Feedback on application:** • It appeared from the documentation provided, that **no** annual ACR had been completed by the applicant since February 2024. **Feedback on process:** • **Process point: Action for D&A Representative** to ensure annual ACRs are completed timely. • **Process point: Action for SIRO Representative** to consider whether no provision of an ACR should be an exclusion criterion. • **Process point: Action for D&A Representative** to ensure that when listing multiple knowledge base

			references that where references have been retired, that they are still findable on the database.
260205i	NIC-789345-S3W6T-v0.3	Milton Keynes City Council	The application had not had a previous independent review by DAAG / IGARD / AGD **Feedback on application:** • It appeared that the applicant was not complying with the contractual requirement set out in section 4 of the DSA of maintaining a compliant transparency notice for the lifetime of the agreement or that the processing arrangements are not as described the DSA **Feedback on process:** • **Process point: Action for D&A Representative** to consider enhanced checks on those applications relying on Regulation 3 COPI.
260205j	NIC-790414-L6R9T-v0.2	The Institute of Cancer Research	The application had not had a previous independent review by DAAG / IGARD / AGD **Feedback on application:** • No issues were raised on the application. **Feedback on process:** • **Process point: Action for D&A Representative** to ensure that when listing Knowledgebase references that where references have been retired, they are still finable on the database.