Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 11th June 2026

09:00 – 14:30

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Vanessa Kaliapermall (VK)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser) (In attendance for item 11.1 only)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Prof. Matthew Sydes (MS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Kimberley Watson (KW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative
Cath Day (CD)	Data Portfolio Management, Data and Analytics, Transformation Directorate (**Observer**: item 11.1)
Lyndon Dibb (LDi)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.3)
Louise Dunn (LD)	Principal Operational Delivery Manager, Data Access and Partnerships, Data Portfolio Management, Transformation Directorate (**Observer**: item 11.1)

Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.2 and 11.1)
Sara Lubbock (SL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.1)
David Morris (DM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.3 and 5.4)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Steph Rowley (SR)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.1)
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)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
CLINICAL PRACTICE RESEARCH DATALINK (CPRD) STAFF IN ATTENDANCE (ITEM 11.1)	
Peter Wright (PW)	Head of Information Governance, Clinical Practice Research Datalink (CPRD) (**Presenter**: item 11.1)
Dr Susan Hodgson (SH)	Head of Observational Research, Clinical Practice Research Datalink (CPRD) (**Presenter**: item 11.1)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting.
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 4th June 2026 were reviewed and were agreed as an accurate record of the meeting.

3	**Declaration of interests:** Dr. Jon Fistein noted a professional link to the University of Oxford (and a separate professional and personal relationship with one of the co-investigators) but noted no specific connections with the application (NIC-668928-L9N5F), 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. Claire Delaney-Pope noted a professional link to King's Health Partners (NIC-708052-S1L9J London School of Hygiene and Tropical Medicine) as part of her role at South London and Maudsley NHS Foundation Trust (SLAM). It was agreed this did not preclude Claire from taking part in the discussion on this application. Claire Delaney-Pope noted a professional link to King's Health Partners (NIC-667506-N6Q9G London School of Hygiene and Tropical Medicine) as part of her role at South London and Maudsley NHS Foundation Trust (SLAM). It was agreed this did not preclude Claire from taking part in the discussion on this application. Prof. Matthew Sydes noted a previous professional link to the Chief Investigator of NIC-802666-L0L0D (The University of Manchester). It was agreed this did not preclude Prof. Sydes from taking part in the discussion about this application. Prof. Matthew Sydes noted a professional link to the applicant of NIC-756432-F0B1L (The Institute of Cancer Research) and the subject matter of this item, but noted no specific connection with the application or other staff involved, and it was agreed that this was not a conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS:	
There were no items discussed	
5 EXTERNAL DATA DISSEMINATION REQUESTS:	
5.1	**Reference Number:** NIC-802666-L0L0D-v0.1 **Applicant and Data Controller:** The University of Manchester **Application Title:** “UK Juvenile Idiopathic Arthritis (JIA) Biologics Register - NHS data linkage” **Observers:** Steph Rowley and Sara Lubbock **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the data minimisation is sufficient, and the requested data is sufficiently justified. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised against the proposed data access (dissemination / release). The Group advised that the following should be addressed by NHS England before any further steps are taken:

In response to point 1:

5.1.1 AGD were advised by NHS England that the cohort number cited on the Health Research Authority Confidentiality Advisory Group (HRA CAG) register was incorrect and would be amended from 500, to reflect the correct number of approximately 3,500. The Group noted and thanked NHS England for the update, and advised that **no** data should flow until the HRA CAG register had been updated.

5.1.2 AGD discussed the flows of data for the participants under the age of 16 and over the age of 16, and advised that:

5.1.2.1 the s251 support **does** cover the inclusion of participants over the age of 16 and therefore there is a legal basis for this;

5.1.2.2 the s251 **would seemingly not** cover the flow of data for participants under the age of 16 where there is parental/guardian consent; and advised that further clarity on the legal basis should be provided on this specific data flow; and that data on participants under the age of 16 should **not** flow until this has been resolved; and

5.1.2.3 further clarity should be provided on how many participants currently under the age of 16 were likely to be included in the study.

5.1.3 AGD discussed which data fields would be included as part of the date of birth data requested, i.e. full date of birth or month and year only; and advised that:

5.1.3.1 the application was reviewed / updated to ensure the correct information was reflected; and

5.1.3.2 the applicant ensures that the legal basis supports the flow of the required fields as part of the date of birth data flowing.

5.1.4 AGD discussed the datasets requested and advised that:

5.1.4.1 the applicant provided a clear justification for the Emergency Care dataset; and

5.1.4.2 the applicant reviews the purpose for requesting the Hospital Episode Statistics (HES), to ensure that the HES dataset can meet these objectives / outcomes; and amend / remove as may be appropriate.

5.1.5 AGD noted that the purpose as currently outlined was very broad, and that the proposed outputs were much narrower / specific; and advised that:

5.1.5.1 for this phase of the work, the outputs and the purposes are aligned and

5.1.5.2 that data is limited to supporting these purposes only.

5.1.5.3 If further data is required for the broader work referenced, then the applicant should submit an amendment application to NHS England to cover this.

5.1.6 AGD advised that this appears to be a good candidate for accessing the data via NHS England's SDE, to mitigate any risks of extracts of this type, noting the data required was expected to be onboarded in NHS England's SDE at the end of June 2026; and strongly advised:

5.1.6.1 NHS England discuss this further with the applicant to determine if this would be feasible; and, if not,

	5.1.6.2 that NHS England ensure that The University of Manchester accepts the risk of holding data extracts. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.1.7** AGD noted the challenges on these types of applications, where cohorts are turning 16 during the lifecycle of the study; and advised that the applicant considers having a mechanism in place, to ensure that: **5.1.7.1** participants are informed via up-to-date transparency materials; **5.1.7.2** are included in any patient and public involvement and engagement (PPIE); and **5.1.7.3** the applicant considers working with the relevant charities involved to seek views on the PPIE / transparency. **5.1.8** AGD noted some confusion in respect of export controls, and advised that: **5.1.8.1** the applicant provides further clarity on this; and **5.1.8.2** NHS England satisfies itself there are appropriate controls in place for any downloads of data. **5.1.9** AGD welcomed the application and noted the importance of the study; and advised that they encouraged the flow of data, subject to the points above being suitably addressed.	
5.2	**Reference Number:** NIC-756432-F0B1L **Applicant and Data Controller:** The Institute of Cancer Research (ICR) **Application Title:** "INTERACT Retrospective- Understanding inclusivity in oncology clinical trials: a data-driven approach" **Observer:** Dan Goodwin **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 5th March 2026. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the points previously raised by AGD have been sufficiently addressed. 2. The patient and public involvement and engagement (PPIE) Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised against the proposed data access (dissemination / release). The Group advised that the following should be addressed by NHS England before any further steps are taken: **In response to points 1 and 2:** **5.2.1** AGD noted that there appeared to be some inconsistencies in section 3.6 of the internal form / application that appears to suggest that data subjects are only individuals	

	who previously participated in ICR Clinical Trials and Statistics Unit cancer trials; and advised that this was reviewed and updated to align with the information elsewhere, that states data subjects would be much broader. **5.2.2** AGD queried which specific data items on the data subjects were being requested, for example, is this all data or specific items; and noting that this information was not clear, advised that: **5.2.2.1** NHS England work with the applicant to clarify this; **5.2.2.2** the internal form / application was updated to reflect the correct / factual information and a justification for the request; and **5.2.2.3** NHS England clarify whether the data minimisation can be undertaken before the data flows to the applicant. **In response to point 2:** **5.2.3** AGD acknowledged the extensive patient and public involvement and engagement (PPIE) undertaken to date, and advised that: **5.2.3.1** this should continue throughout the lifecycle of the study. The HRA guidance on Public Involvement is a useful guide. **5.2.3.2** any ongoing PPIE should **i)** enable participants to engage with the detail of the data that is being accessed; and **ii)** include harder to reach patients. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.2.4** AGD noted that, prior to the meeting, an AGD independent member had raised a query with NHS England, in respect of whether some of the data returned to the applicant would be owed a duty of confidence. NHS England advised that s251 support would be sought for this and that **no** data would flow until this had been obtained from the Health Research Authority Confidentiality Advisory Group (HRA CAG). **5.2.5** AGD noted some confusion in respect of export controls, and advised that: **5.2.5.1** the applicant provides further clarity on this; and **5.2.5.2** NHS England satisfies itself there are appropriate controls in place for any downloads of data.	
5.3	**Reference Number:** NIC-801590-G7D7B-v0 **Applicant and Data Controller:** London School of Hygiene and Tropical Medicine **Application Title:** “Evaluation of Local Anaesthesia in the endovascular repair of ruptured abdominal aortic aneurysms: a Target trial and Economic evaluation (ELATE)” **Observers:** Lyndon Dibb and David Morris **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether the data controllership arrangements are appropriate.	

	2. Whether the data minimisation is sufficient and the requested data is sufficiently justified (noting the request for data from 2000) Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** In response to the specific points, AGD advised that the following should be addressed before access (dissemination / release) of data proceeds: **In response to point 1:** **5.3.1** AGD noted no significant comments in respect of the data controllership, and were content with the position that London School of Hygiene and Tropical Medicine were the sole Data Controller, noting their relationships with the other organisations involved. **In response to point 2:** **5.3.2** AGD recognised the multifactorial nature of causes of illness and the seriousness of ruptured abdominal aortic aneurysms, and therefore agreed that it was reasonable to request Hospital Episode Statistics Admitted Patient Care (HES APC) data; however, noted that the time periods requested were not clear. The Group advised that: **5.3.2.1** rather than fix this to specific dates, the applicant could limit the period based on a number of years proceeding each index event; **5.3.2.2** the applicant provides a justification for the index period to ensure consistency across the cohort; **5.3.2.3** the protocol is updated to reflect the index period; and **5.3.2.4** the ethics support aligns with any updates to the time period. **5.3.3** AGD advised that further information on the audit data flows was included in the internal flow / application. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.3.4** AGD noted that the cohort may be mixed cohort, i.e. some were covered by the s251 support, and some that may be covered under consent; and noted that the usual process would be to split these into two separate data sharing agreements (DSA), and advised that if this was the case: **5.3.4.1** NHS England consider have two separate DSAs for this cohort; and **5.3.4.2** that the National Data Opt-out is applied appropriately. **5.3.5** AGD discussed date of death and identifiability, and noted that for this application there was an inconsistency, whereby it was currently stated the data flow would be pseudonymous but there was s251 support to flow date of death. AGD advised that NHS England and the applicant should agree which applies, and, if it is pseudonymous, then the applicant determine whether there could be any mitigation of the possibility of identification. **5.3.6 Separate to the application**: AGD advised that for clarity / future reference, NHS England should re-confirm its position on the identifiability status of date of death.	DARS / SIRO Rep

	5.3.7 AGD noted and supported the data being accessed in NHS England's SDE and therefore advice had not been provided on any other method of access.	
5.4	**Reference Number:** NIC-668928-L9N5F-v3 **Applicant and Data Controller:** University of Oxford **Application Title:** "DART: The Integration and Analysis of Data using Artificial Intelligence to Improve Patient Outcomes with Thoracic Diseases" **Observer:** David Morris **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 5th October 2023. **Application:** This was an amendment application. NHS England were seeking advice on the following points: 1. The increase in cohort size is sufficiently justified and any risks sufficiently mitigated. 2. Whether the data controllership arrangements are appropriate. 3. The NHS England DARS Standard for Commercial Purpose is met given the involvement of commercial companies as Data Processors. 4. The transparency arrangements including patient and public involvement and engagement (PPIE) are sufficient, noting the potential interest in AI and the health area being considered. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD advised that significant concerns had been identified and advised against the proposed further release of data. The Group advised that the following should be addressed by NHS England before any further steps are taken: **In response to point 1:** **5.4.1** AGD noted that there was insufficient detail provided on the cohort size to enable them to form a view; however, based on the information provided, noted that it did appear to be disproportionately large. The Group noted in the internal form / application that justification given for the large cohort size was that it would help to reduce bias within the algorithm. The Group advised that this was an over-simplification, and advised that: **5.4.1.1** NHS England discuss this further with the applicant, in line with NHS England DARS standard for Data Minimisation; **5.4.1.2** the applicant provide clarity as to how they will mitigate the risk of bias; and **5.4.1.3** the applicant provides specific examples of how the data requested will influence the training of the model. **In response to point 2:** **5.4.2** AGD advised that the data controllership arrangements as currently set out were **not** adequate, and it appeared Optellum Ltd and GE Healthcare were determining the purpose and means of processing, noting that they are training / deploying the tool the data is going to train. AGD therefore advised that NHS England therefore engage with the applicant further on this, in line with NHS England DARS Standard for Data Controller(s).	

	In response to point 3: **5.4.3** AGD advised that, in their view, the internal form / application as presented does not meet the NHS England DARS Standard for Commercial Purpose. Noting the involvement of the commercial organisations, NHS and charities, AGD advised that the applicant undertake further work on this, including, but not limited to, the balance between public and commercial benefits and consideration of the ownership of intellectual property. **In response to point 4:** **5.4.4** AGD noted that some PPIE had been undertaken, however advised that it was not clear whether this related to the overall programme or just the work package outlined in this iteration of the internal form / application; and advised that the applicant should demonstrate an appropriate level of PPIE, including, but not limited to, views on the **i)** commercial purposes including the proposed ownership of intellectual property generated, and **ii)** the use of AI in line with Guidance on AI and data protection | ICO; and that these uses were within the reasonable expectation of participants. In addition to their advice on the specific points raised by NHS England, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.4.5** AGD noted an inconsistency across the internal form / application in respect of whether the work under this application also included developing an AI algorithm, which would be a breach of the existing data sharing agreement (DSA); or whether this was a planned future purpose. The Group advised that NHS England clarify this with the applicant as a matter of urgency. **5.4.6** AGD advised that as the internal form / application would require a substantial update, that the applicant should also provide further clarity / details on the following: **5.4.6.1** the storage / location arrangements for the data; and **5.4.6.2** the data access arrangements.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
There were no items discussed		
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
7.1	**Reference Number:** NIC-771303-G4V1M-v2.3 **Applicant and Data Controller:** University Hospital Southampton NHS Foundation Trust **Application Title:** "Pre-hospital Research and Audit Network (PRANA)" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 4th September 2025, 1st May 2025 and the 10th April 2025. The SIRO approval was for an amendment to permit the Department for Transport to access identifiable postcode. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 11th March 2026 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: **7.1.1** AGD noted that, prior to the meeting, an AGD independent member had raised a query with the NHS England SIRO Representative in respect of the s251 support covering the flow of postcode data from NHS England to the Department for Transport, and whether it was compatible with NHS England's position that address would not normally be considered confidential patient information. The NHS England Representative advised that the position on this would be sought from colleagues, and the Group would be updated in due course, however, the current position is that the s251 is expected to cover the flow of postcode data. The NHS England SIRO representative thanked AGD for their time.
7.2	**Reference Number:** NIC-708052-S1L9J-v1.8 **Applicant:** London School of Hygiene and Tropical Medicine **Data Controllers:** King's College Hospital NHS Foundation Trust and London School of Hygiene and Tropical Medicine **Application Title:** "Management of patients with chronic liver disease admitted to hospital as an emergency – ICNARC" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 6th July 2023. **Linked applications:** This application is linked to NIC-667506-N6Q9G (item 7.3). The SIRO approval was for a reactivation of the data sharing agreement, noting this expired on the 13th August 2024. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 17th March 2026 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.
7.3	**Reference Number:** NIC-667506-N6Q9G-v1.6 **Applicant:** London School of Hygiene and Tropical Medicine **Data Controllers:** King's College Hospital NHS Foundation Trust and London School of Hygiene and Tropical Medicine **Application Title:** "Management of patients with chronic liver disease admitted to hospital as an emergency" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 6th July 2023. **Linked applications:** This application is linked to NIC-708052-S1L9J (item 7.2). The SIRO approval was for the non-compliance of one of the special conditions, which was to provide a partial data destruction certificate within one year of the start date for any individuals who were found

	not to be diagnosed following an emergency chronic liver disease admission between the 1st April 2009 and the 1st April 2022. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 17th March 2026 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)** six applications (selected by the AGD Secretariat); **2)** internal application assessment forms for each of the six 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 six applications.	
8.2	**Oversight and Assurance Conclusion / Review** AGD noted that the last oversight and assurance for workstream 2 review had taken place on the 14th May 2026. The Group noted that whilst the majority of applications clearly communicated how the previous AGD comments had been addressed, a few applications fell into the following categories **1)** previous AGD comments had not been adequately addressed; **2)** it was unclear if / how previous AGD comments had been addressed; and **3)** the response to the previous AGD comments could have been clearer. In addition, the Group raised a serious concern with the NHS England SIRO Representative and AGD Chair prior to the meeting in relation to one of the applications (NIC-74625-S1Q8X-v3.4), and it was agreed that an action be taken by the NHS England SIRO Representative and AGD NHS England D&A Rep to feedback on that concern at a future meeting. The Group provided some feedback for future reviews including, but not limited to **1)** the preparation time of 10 minutes per application was sufficient if it was clear how AGD comments had been addressed; **2)** reviewing fewer applications per independent member was more effective; and **3)** two independent members per review was sufficient.	SIRO Rep / D&A Rep

	The Group acknowledged that some of the points highlighted above may be in part due to ongoing issues in the NHS England Customer Relationship Management (CRM) system, in that the documentation was not always visible. The NHS England SIRO Representative reiterated that work to rectify this issue be prioritised since the lack of visibility of documents did not just affect the small number of applications picked each month for oversight and assurance, but more importantly impacted on all other applications where a clear document audit trail of the decision making may not be visible to NHS England staff. The AGD Chair noted that O&A was a key topic for discussion at the next plenary meeting on the 18th June 2026 and would welcome the Group's thoughts and feedback on how the process and feedback can be improved to support NHS England.	
9 AGD OPERATIONS		
9.1	**AGD ways of working** *There were no items discussed*	
9.2	**AGD Stakeholder Engagement** *There were no items discussed*	
9.3	**AGD Project Work** *There were no items discussed*	
10 Any Other Business		
10.1	*There were no items discussed*	
Meeting Closure As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.		
11 LEARNING SESSION		
11.1	Following conclusion of the AGD meeting, the Group were provided with an overview of the Clinical Practice Research Datalink (CPRD) for information purposes. The Group noted the content of the overview provided, and thanked CPRD colleagues for attending.	

Appendix A

Oversight and Assurance Review – 11th June 2026

Ref:	NIC Number:	Organisation:	Areas to consider:
260611a	NIC-789772-N6S1N-v0.3	University of Bristol	The application has last been seen by AGD on the 29th January 2026 where the majority of the Group were supportive of the application **if** the substantive comments were addressed. A minority of the Group (one independent member) dissented due to concerns about whether the confidentiality of the data subjects with regard to non-health data is being sufficiently addressed. The Group wished to draw to the attention of the SIRO the substantive comments. Feedback on the application • In response to point 5.3.1, the Group noted that it was for NHS England to satisfy itself that there was a legal basis, not for the applicant to satisfy itself. Feedback on the process • No issues raised on the process.
260611b	NIC-737123-P6P6G-v0.16	University of Oxford	The application has last been seen by AGD on the 5th February 2026 where the Group had been supportive of the application **if** the substantive comments in respect of **sublicensing** were addressed, and wished to draw to the attention of the SIRO the substantive comments. Feedback on the application

			• No issues raised on the process Feedback on the process • No issues raised on the process
260611c	NIC-798519-F7X8X-v0.2	London North West University Healthcare NHS Trust	The application has last been seen by AGD on the 5th February 2026 where the Group had been supportive of 'service evaluation' under this application. AGD would be supportive of 'research' under this application **if** the substantive comments were addressed, and wished to draw to the attention of the SIRO the substantive comments. Feedback on the application • In response to point 5.4.2, the Group noted that a clearer response should be provided as to why the NDRS opt out no longer applied and when this decision was made, for audit purposes and future reviews, to avoid confusion and contradictory statements across documents. Feedback on the process • No issues raised on the process
260611d	NIC-786264-W6R5D-v0.2	University Hospital Southampton NHS Foundation Trust	The application has last been seen by AGD on the 12th February 2026 where the Group had been supportive of the application **if** the substantive comments in respect of **transparency** were addressed, and wished to draw to the attention of the SIRO the substantive comments. Feedback on the application

			• In respect of point 5.3.1.1, the Group noted it was unclear if a project specific privacy notice had been provided or an alternate timeframe had been agreed. • In respect of point 5.3.1.2, the Group noted that the research group had not committee to updating the newsletter or whether discussions had taken place. • In respect of point 5.3.6 it was unclear if the role of HeartFlow Inc had been made clear in section 5 of the application summary Feedback on the process • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that there was a clear evidence trail, otherwise it would be difficult to audit
260611e	NIC-74625-S1Q8X-v3.4	Cardiff University	The application has last been seen by AGD on the 19th February 2026 where the Group had been supportive of the application **if** the substantive comments were addressed, and wished to draw to the attention of the SIRO the substantive comments. Feedback on the application • In respect of point 5.2.1, the Group noted that records would be kept in line with University of Bristol policy (15 years), however the response indicated they would be retaining for longer than 15 years and a further review of transparency should have been considered.

			• In respect of point 5.2.2, the Group noted that it appeared the information provided at the time was incorrect and therefore the advice they provided was invalid and the application should have returned to AGD. • In respect of point 5.2.6, the Group noted that there appeared to be no response and this point remained outstanding. Feedback on the process • **Process point: Action for D&A Representative** to ensure that DARS colleagues feel empowered to return to AGD for a view on the responses given to AGD minutes. • **Process point: Action for D&A Representative** to ensure that if DARS colleagues feel that AGD's expectations were unclear or the information provided had been incorrect (point 5.2.2) that they feel empowered to return to AGD at the earlier opportunity to clarify the point, noting that DARS have access to a summary of the discussion on conclusion of the meeting, meet with the SIRO Representative the day after the meeting to discuss outputs and have access to ratified minutes within one week of the meeting. • **Process point: Action for SIRO Representative and D&A Representative** to return to a future AGD meeting with an update on the concerns raised around the application and process

260611f	NIC-343380-H5Q9K-v21.2	UK Health Security Agency	The application has last been seen by AGD on the 5th March 2026 where the majority of the Group had been supportive of the application **if** the substantive comments were addressed. A minority of the Group (one independent member) dissented due to the concerns raised. Feedback on the application • In respect to point 5.4.8.2 and noting the point had been made previously to the applicant, the Group noted that the response that the applicant will consider the most appropriate way in which information could be presented and how transparency information might be revised was not adequate and drew the applicant's attention to the contractual requirements of section 4 of the DSA and UK GDPR. Feedback on the process • **Process point: Action for D&A Representative** to ensure that DARS colleagues feel empowered to return to AGD for a view on the responses given to AGD minutes