Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 16th April 2026

09:00 – 16:00

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	**Role:**
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Ellie Ward (EW)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore)) (not in attendance for part of items 5.3 and 5.4)
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:**
Jack Bennett (JB)	Senior Project Manager, NHS DigiTrials, Transformation Directorate (**Observer:** item 4.1)
Garry Coleman (GC)	NHS England SIRO Representative
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.1, 5.2, 5.3 and 5.4)
Louise Garnham (LG)	Service Delivery Manager, NHS DigiTrials, Transformation Directorate (**Observer**: item 4.1)
Vanessa Kaliapermall (VK)	Information Governance Lead, Privacy, Transparency and Trust (PTT), Technology, Digital and Data (**Observer**: items 1 to 5.4)
Maddie Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.5 and 5.6)

Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.7)
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)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
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)

1	**Welcome and Introductions:** The AGD Chair welcomed attendees to the meeting. The AGD Chair noted changes to the 'AGD outcome' wording in line with the new ways of working, noting that AGD would be moving away from "support" / "not support" of an application, and focusing on the risks associated with the access (dissemination / release) of data and whether it was appropriate or not based on the Group's evaluation of the risks. This new approach was supported by the NHS England Deputy SIRO and NHS England SIRO Representative. AGD noted that, due to unforeseen circumstances, only two AGD NHS England members were in attendance for part of items 5.3 and 5.4. 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 26th March 2026 were reviewed out of committee by the Group and, after several minor amendments, were agreed as an accurate record of the meeting by the AGD Chair, on behalf of the Group.
3	**Declaration of interests:** Dr. Jon Fistein noted a professional link to the University of Oxford but noted no specific connections with the application (NIC-796485-J3L4P), and it was agreed that this was not a conflict of interest. Prof. Jo Knight noted a professional link to the lead applicant of NIC-796493-V2P3R (University of Oxford), 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:	
4.1	**Title:** NHS Digi-Trials Template Review – Prostate Programme **Observers:** Louise Garnham and Jack Bennett At the AGD meeting on the 13th November 2025, as part of the 'DigiTrials Recruitment Service - Invitation Letter Standards' review / discussion, AGD had agreed that the first three instances of the finalised standard (which will form part of the NHS DigiTrials Precedent) used to assess an NHS DigiTrials invitation letter would come to AGD for review. AGD noted that this was the **third** instance of where the finalised standard had been used to assess an NHS DigiTrials invitation letter. NHS England were seeking advice on the following points: 1. Provide advice on the points raised in the template review document. 2. Confirm if this letter was correctly brought to AGD for advice based on the points identified in the internal NHS DigiTrials Invitation Template Review document. **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 the content of the letter, and made the following suggestions / updates to the letter template: **4.1.1.1** the tone of the letter was reviewed / updated as may be necessary, to ensure that potential participants were not put under any undue pressure to join the research study. **4.1.1.2** the content order of the letter was reviewed / updated, for example, by moving the quote from a participant from the beginning of the letter; **4.1.1.3** to be clear that the research study is not the sole reason more men are surviving prostate cancer, and that it may be, for example, due to early diagnosis; **4.1.1.4** to review / update the reference to "*life changing"*, noting that this was inappropriate and pre-judging the results of the study;

	4.1.1.5 to ensure that the potential benefits outlined in the letter are realistic, and not overstated; **4.1.1.6** to review the statement *"If you do not have or have never had a diagnosis of prostate cancer, you can ignore this letter, or you can contact NHS England…"*; for example, by removing the statement "*you can ignore this letter";* and reviewing the method(s) or a recipient to contact NHS England, noting that currently there is only an e-mail address; **4.1.1.7** to provide further reassurance to the recipient of the letter if they have received it in error, noting that this may potentially cause some distress noting the research subject; and **4.1.1.8** to review / update the information on *"why have I been invited to take part"*, to include further clarity on the lawful basis for sending the invitation, i.e. under the direction of the Secretary of State for Health and Social Care. **In response to point 2 above:** **4.1.2** AGD noted the content of the internal NHS DigiTrials Invitation Template Review document that supports the production / quality of the letters, and made the following suggestions / updates in respect of contact methods for letter recipients, to clarify: **4.1.2.1** why two methods of contact were required; or, **4.1.2.2** why only one method of contact was justified. **4.1.3** AGD suggested that, as part of any ongoing patient and public involvement and engagement (PPIE), views should be sought on the following: **4.1.3.1** all of the points raised under 4.1.1; and **4.1.3.2** the risk of digital exclusion noting that you can only sign up to the research study online. **4.1.4** AGD noted that whilst this was the third and final instance of where the finalised standard had been used to assess an NHS DigiTrials invitation letter, the Group would encourage and support any further letters being brought to a future AGD meeting, for example, if something is flagged in the internal NHS DigiTrials Invitation Template Review document that NHS England would like to seek further advice on.	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-796485-J3L4P-v0.2 **Applicant and Data Controller:** University of Oxford **Application Title:** A profile of migrants' health using OpenSAFELY **Observer:** Ayse Depsen **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 26th March 2026 and the 12th March 2026.	

	The application and relevant supporting documents were previously reviewed by the Profession Advisory Group (PAG) on the 3rd March 2026 *(the notes from this review were included in the AGD minutes on the 12th March 2026)*. **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether the previous points raised by AGD have been adequately addressed. 2. Whether there is sufficient granularity / detail within the application. 3. Whether the role of the University of Oxford is sufficiently explained. 4. Whether the role of the Department of Health and Social Care (DHSC) and the Bennett Institute on the Trial Steering Committee is a model that should be encouraged, and/or presents any specific risks? 5. Whether any specific points from the Profession should be highlighted? 6. The transparency requirements have been passed back to the Bennett Institute however should this action sit with NHS England as the Data Controller *(Question for the Data Protection Office (DPO) Representative)*? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD noted that it was responding to NHS England's request for advice on specific points, and did not identify any major concerns in those areas. NHS England would need to assure itself regarding other aspects of the application. **In response to point 1:** **5.1.1** AGD noted that as part of the review on the 12th March 2026, the Group had suggested that, for a study of this type, the applicant should clearly state how they will work to mitigate any misuse of the outputs of the analysis by other parties; and that as part of the response on this point, the applicant had advised that if a particular finding was going to be too inflammatory to be published, then the applicant would take action **not** to publish that particular aspect. The Group did not support this approach and suggested the applicant commit to publishing all outputs. **5.1.2** The Group suggested that the applicant identify a different process for managing any inflammatory results, for example, consideration as to **5.1.2.1** how they may be framed; and / or **5.1.2.2** consulting relevant parties to determine how they may be published appropriately. **In response to point 2:** **5.1.3** AGD noted within the internal form / application that the legal basis for processing had not been included and text stated *"not applicable"*. The Group suggested that NHE England review this, both for this application and other OpenSAFELY applications, noting that there would need to be a lawful basis for any data processing, even if a UK General Data Protection Regulation (UK GDPR) basis is not needed for providing anonymised outputs to an applicant.	

	In response to point 3: **5.1.4** AGD noted that the role of the University of Oxford was clear within the internal form / application, however, suggested that further updates should be made as to which part of the University of Oxford is the Data Controller that will be determining the purpose and means, in line with NHS England DARS Standard for Data Controllers. **5.1.5** In addition, AGD suggested that the roles of **all** of the organisations involved, should be made clear throughout the internal form / application for clarity / transparency. **In response to point 4:** **5.1.6** AGD noted the information provided in respect of the Trial Steering Committee and advised that whilst they supported the wider involvement of DHSC and the Bennett Institute in an 'advisory' capacity for any project, raised the following points / suggestions: **5.1.6.1** the line between the providing advice and acting as a Data Controller was clearly delineated; and **5.1.6.2** consideration should be given to renaming the group to the 'Trial Advisory Committee', to be clear that the members of the group do not have any data controllership responsibilities. **In response to point 5:** **5.1.7** AGD noted the Profession Advisory Group (PAG) had reviewed the application on the 3rd March 2026. AGD did not highlight any specific PAG feedback. **In response to point 6:** **5.1.8** The NHS England Data Protection Office Representative noted that the transparency requirements were being discussed with the NHS England SIRO Representative out of committee.	
5.2	**Reference Number:** NIC-796493-V2P3R-vPAG 0.2 **Applicant and Data Controller:** University of Oxford **Application Title:** Improving disease burden estimation in England **Observer:** Ayse Depsen **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether there is sufficient granularity / detail within the application. 2. Whether the role of the University of Oxford is sufficiently explained. 3. Whether any specific points from the Profession should be highlighted. 4. Whether the commitment to sharing all outputs openly is deliverable given the nature of outputs listed. 5. Whether the production of statistics via research rather than through NHS statistics creates any risks/issues that need to be addressed. 6. Whether the lack of internal ethics confirmation causes any particular risks/issues.	

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

Outcome of discussion: AGD noted that it was responding to NHS England's request for advice on specific points, and did not identify any major concerns in those areas. NHS England would need to assure itself regarding other aspects of the application.

In response to point 1:

5.2.1 AGD noted the information in the internal form / application in respect of patient and public involvement and engagement (PPIE), however, suggested that NHS England satisfy itself that any PPIE undertaken represent the view of patients in England.

In response to point 2:

5.2.2 AGD noted that the role of the University of Oxford was clear within the internal form / application, however, suggested that further clarification was provided:

5.2.2.1 on the role of the Bennett Institute of Applied Science;

5.2.2.2 how active the Bennett Institute of Applied Science are at influencing the research project;

5.2.2.3 that the Bennett Institute of Applied Science are undertaking the analysis; and

5.2.2.4 whether the University of Washington (USA) has a role in directing the research project.

5.2.3 AGD suggested that, to aid understanding, where there are multiple organisations listed within the internal form / application, this is linked with the relevant name / member of staff.

In response to point 3:

5.2.4 AGD was advised by NHS England, that advice had been sought from the Profession Advisory Group (PAG) on this application, however the papers had not been submitted in time for PAG to provide a response in time for this meeting. The Group were advised that the PAG feedback would be provided to the Group at a later date. AGD noted this and thanked NHS England for the update. AGD advised that any advice provided to NHS England as part of this review would need to be taken in conjunction with the advice received from PAG.

In response to points 4 and 5:

5.2.5 AGD recognised the international nature and importance of estimating burdens of disease; and suggested that in respect of the potential uses of the outputs, the applicant clarify:

5.2.5.1 where they may differ from other similar estimates that are produced; and

5.2.5.2 how any potential discrepancies will be explained.

In response to point 6:

5.2.6 AGD noted that prior to the meeting, the Group had been provided with the relevant ethics approval; and noted that they had no additional comments.

5.3	**Reference Number:** NIC-802986-S6M8G-v0.2 **Applicant and Data Controller:** University of Bristol **Application Title:** The effect of herpes zoster vaccines on incident dementia in England **Observer:** Ayse Depsen **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether the role of the University of Oxford is sufficiently explained. 2. Whether any specific points from the Profession should be highlighted. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD noted that it was responding to NHS England's request for advice on specific points, and did not identify any major concerns in those areas. NHS England would need to assure itself regarding other aspects of the application. **In response to point 1:** **5.3.1** AGD did not raised any concerns / points in respect of how the University of Oxford was explained within the internal form / application. **In response to point 2:** **5.3.2** AGD was advised by NHS England, that advice had been sought from the Profession Advisory Group (PAG) on this application, however the papers had not been submitted in time for PAG to provide a response in time for this meeting. The Group were advised that the PAG feedback would be provided to the Group at a later date. AGD noted this and thanked NHS England for the update. AGD advised that any advice provided to NHS England as part of this review would need to be taken in conjunction with the advice received from PAG. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.3.3** AGD recognised that commercial involvement in the use of health data remains something of great interest to the public. This was irrespective of whether it entails any legislative requirements. AGD welcomed the continued intent from NHS England to include the commercial benefits for applications within the release register, and felt that this is important for public trust. AGD therefore considered the commercial benefit statement in this internal form / application, and advised that the statement that there was no commercial interest should be clarified and documented further in line with the NHS England DARS Standard for Commercial Purpose, particularly given that the work focused on two specific drugs. **5.3.4** AGD noted that one of the researchers was associated with Stanford University (USA), and suggested that the internal form / application was updated: **5.3.4.1** to be clear on the extend of the researcher's involvement in the current project; and	

	5.3.4.2 to be clear that no data will be accessed outside England and Wales. **5.3.5** AGD noted the patient and public involvement and engagement (PPIE) undertaken was for a previous study in Wales, however advised that this was proportionate for this study.	
5.4	**Reference Number:** NIC-802985-K1J2M-v0.2 **Applicant and Data Controller:** National Institute for Health and Care Excellence (NICE) **Application Title:** Primary Care Eligibility Analysis - SGLT2I and DOAC **Observer:** Ayse Depsen **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether the role of the University of Oxford is sufficiently explained. 2. Whether any specific points from the Profession should be highlighted. 3. Whether the production of statistics via research rather than through NHS statistics creates any risks/issues that need to be addressed. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD was unable to form a completely informed view on this application as further information was required. AGD advised that the following points should be considered by NHS England. **5.4.1** AGD noted a significant risk and advised that the internal form / application should be updated to provide further information on: **5.4.1.1** the nature of the work being proposed in terms of this being a 'service evaluation' or 'audit activity'; **5.4.1.2** the potential outputs they are producing, including, but not limited to, the dashboards and how they are intending to inform any service improvements; and **5.4.1.3** the levels of granularity in the dashboards. **In response to point 1:** **5.4.2** AGD did not raised any concerns / points in respect of how the role of the University of Oxford was explained within the internal form / application. **In response to point 2:** **5.4.3** AGD was advised by NHS England that advice had been sought from the Profession Advisory Group (PAG) on this application, however the papers had not been submitted in time for PAG to provide a response in time for this meeting; and were advised that the PAG feedback would be provided to the Group at a later date. AGD noted and thanked NHS England for the update. Due to the nature of this application, in particular due to the consequences of the use of the outputs, AGD felt that it would be inappropriate to respond to this point until the PAG advice was available. **In response to point 3:**	

	5.4.4 AGD did not raise any concerns / points in respect of whether the production of statistics via research rather than through NHS statistics creates any risks/issues that need to be addressed.	
5.5	**Reference Number:** NIC-757268-L0G0P-v0.4 **Applicant and Data Controller:** The Christie NHS Foundation Trust **Application Title:** National audit of the access to care trajectories for cancer patients according to cancer type, regional area and deprivation index of the patient address. **Observer:** Maddie Laughton **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether the purpose is 'Audit' given the outputs listed; and if not, does AGD advise that the approach to ethics need to change? Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD noted that it was responding to NHS England's request for advice on specific points only. AGD advised that significant concerns had been identified within those points and that further consideration should be given before the access (dissemination / release) of data proceeds. The following points should be considered by the SIRO before any further steps are taken. **In response to point 1:** **5.5.1** AGD discussed whether the purpose outlined was for 'audit' and, noting this was a significant risk, suggested that the applicant provide further clarification as to why this was not deemed to be 'research' and / or 'service evaluation', either overall or for part of the work being undertaken, noting that the proposal as currently drafted was not clearly auditable across the breadth of the work. **5.5.2** AGD suggested that if any of the work outlined was considered to be 'research', then further consideration should be given to: **5.5.2.1** seeking / obtaining the view / support of the research ethics committee; and **5.5.2.2** undertake some patient and public involvement and engagement (PPIE). In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.5.3** AGD noted that one of the researchers had an honorary contract, and suggested that: **5.5.3.1** further clarification of the purpose for this honorary contract; and **5.5.3.2** that this is in line with the NHS England's DARS Standard for Honorary Contracts **5.5.4** AGD suggested that the internal form / application was updated to be clear on the nature and timing of the PPIE.	
5.6	**Reference Number:** NIC-757820-S7F8B	

Applicant and Data Controller: Intensive Care National Audit & Research Centre (ICNARC)

Application Title: ICNARC National Clinical Audit Programme

Observer: Maddie Laughton

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 only:

1. Whether the previous points raised by AGD have been adequately addressed.
2. Whether there are sufficient controls in relation to the provision of derived data, or whether such controls are excessive given that the date is derived.
3. How NHS England may best mitigate the risk of expectation exceeding delivery in relation to the derived data.

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

Outcome of discussion: AGD was unable to form a completely informed view on this application as further information was required. AGD advised that the following points should be considered by NHS England:

5.6.1 AGD noted and welcome the work undertaken by ICNARC, to clarify the position on sub-licensing, however noted that it had caused some confusion in the internal form / application, noting that some of the previous sub-licensing information is still noted. The Group suggested that in order to provide advice on the risks associated, NHS England and the NHS England SIRO Representative meet with ICNARC to work through the detail regarding the nature of the data that is being shared / proposed to be shared with **1)** external researchers outside of UK; **2)** external researchers in the UK; and **3)** researchers internal to ICNARC; and **4)** the role of the ICNARC Data Access Committee (DAC) in relation to the three categories of researchers. The Group noted that this will allow AGD to give better advice on whether controls are sufficient, too onerous, or need further detail.

In response to point 1:

5.6.2 AGD noted that at the AGD meeting on the 5th March 2026, a point (5.1.2) had been raised in respect of the assessment of the balance between public and commercial benefits within the ICNARC DAC Terms of Reference (ToR). The Group noted the response to this point raised in the internal form / application, however suggested that the information provided was still very high-level and should be updated to provide sufficient information on the how the balance was achieved.

5.6.3 AGD noted that at the AGD meeting on the 5th March 2026, a point (5.1.3) had been raised in respect of the legal basis cited, which was Article 6(1)(f) (Legitimate Interests) and the Group / NHS England DPO Member suggested that further clarification was provided as to how the legitimate interest assessment had been addressed across the three categories of researchers.

	5.6.4 AGD noted that the issue of national Data Opt-outs (NDO) had been discussed at the meeting on the 5th March 2026, however suggested that section 4.5 of the internal form / application was reviewed and updated to ensure the information provided in respect of the NDO was correct. **In response to point 2:** **5.6.5** AGD did not raised any points in respect of whether there are sufficient controls in relation to the provision of derived data, or whether such controls are excessive given that the date is derived. **In response to point 3:** **5.6.6** AGD did not raised any concerns / points in respect of how NHS England may best mitigate the risk of expectation exceeding delivery in relation to the derived data. In addition, **AGD made the following observations separate to the application**: **5.6.7** AGD suggested a further update by NHS England be provided to the Group with regard to derived data.	
5.7	**Reference Number:** NIC-773376-M4M7B-v0.9 **Applicant and Data Controller:** Queen Mary University of London **Application Title:** A national perioperative platform trial to improve outcomes for surgical patients PROTECT **Observer:** James Watts **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 12th February 2026. **Application:** This was a new application. NHS England were seeking advice on the following points only: 1. Whether the previous points raised by AGD have been adequately addressed. 2. Whether the consent is consistent with the approach being proposed. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. **Outcome of discussion:** AGD noted that it was responding to NHS England's request for advice on specific points, and did not identify any major concerns in those areas. NHS England would need to assure itself regarding other aspects of the application. **In response to point 1:** **5.7.1** AGD noted that at the AGD meeting on the 12th February 2026, there had been a lengthy discussion on honorary contracts / sub licensing (5.5.1). AGD noted that access to data may be granted to external organisations as the lead funder, with QMUL as the lead investigator; and suggested that NHS England engage with the applicant: **5.7.1.1** to ensure this does not recreate the sub-licensing arrangement previously in place; and	

	5.7.1.2 to ensure that honorary contracts are not being used to avoid using a sub license model. **In response to point 2:** **5.7.2** AGD suggested that NHS England remind the applicant that they must be able to demonstrate that any data used under consent is in line with the consent taken, both **i)** for future audit; and **ii)** to mitigate the risk that data entered the platform under consent for one study, and then used in error for a study beyond the original consent. **5.7.3** In addition, AGD also suggested that the applicant undertake an internal consent review to ensure that all processing of the data is in line with the consent taken. In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review: **5.7.4** AGD noted that the Platform Steering Group considered a variety of matters, however noted that in this instance they did not consider the balance between public and commercial benefit; however, advised that this was less of a consideration for this specific application, noting that this should be included in the consent materials. **5.7.5** AGD noted that the retention period is for 25 years, and suggested that further clarification was provided as to when this starts, for example, is this from the date consent is taken.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
There were no items discussed		
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
There were no items discussed		
8 OVERSIGHT AND ASSURANCE		
There were no items discussed		
9 AGD OPERATIONS		
9.1	**AGD ways of working** The AGD Chair noted that following the discussion at the AGD plenary meeting on the 19th March 2026, further work was being undertaken to **1)** draft the AGD team charter; and **2)** review the draft process document for the AGD Deputy Chair role; and that these would be shared with the Group as soon as possible. The Group were also advised that the AGD Chair was in the process of having 1-2-1 discussions with AGD members / delegates, to discuss / seek views on the proposed AGD new ways of working. The Group noted that as discussed at the AGD meeting on the 26th March 2026, a half day AGD plenary meeting would take place on the 21st May 2026, to discuss the AGD ways of working, the proposed updated AGD Terms of Reference; the draft AGD Team Charter; the AGD Annual Report 2025/26; and feedback on the questions provided for each application. The half day plenary would provide all AGD members / delegates the opportunity to be in attendance for this discussion.	

9.2	**AGD Stakeholder Engagement** **Federated Data Platform** The Group's representative on the Federated Data Platform Data Governance Group provided a brief update.
9.3	**AGD Project Work** **NIC-762279 Project work request (Presenter: Garry Coleman)** The NHS England SIRO Representative advised the Group that following the review of NIC-762279-Q6S6T (University of Newcastle Upon Tyne) on the 22nd January 2026, NHS England were seeking additional support on this out of committee, from an AGD independent member. The Group noted that as per process, expressions of interest would be sought from AGD independent members following the meeting.
10 Any Other Business	
10.1	**Cluster Trials / the DIRECT Study** An AGD independent member requested that NHS England provided an update on cluster trials / the DIRECT study at a future AGD meeting.

Meeting Closure

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