Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 4th June 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)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser) (not in attendance for item 5.5)
Dr. Jon Fistein (JF)	AGD independent member (Chair)
Dr. Mark McCartney (MM)	AGD independent member (Specialist GP / Clinician Adviser)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Kimberley Watson (KW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	**Role / Area:**
Garry Coleman (GC)	NHS England SIRO Representative (not in attendance for part of item 7.1)
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 7.1)
David Evans (DE)	IG Lead, Privacy, Transparency and Trust (PTT), Technology, Digital and Data (Presenter: item 4.1)
Madeline Moore (MM)	Head of Legal, Chief Operating Officer Directorate (**Observer**: item 7.1)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Humphrey Onu (HO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: part of item 5.1 and item 5.5)
Denise Pine (DP)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: items 5.1 to 5.2)

Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.5)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.4)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (**Observer**: item 5.3)
Francesca Whitehead (FW)	Legal Issues Manager, Chief Operating Officer Directorate (**Observer**: item 7.1)
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)
Prof. Jo Knight (JK)	AGD independent member (Specialist Academic / Researcher Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
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. AGD noted that, due to an urgent work commitment, there would not be an NHS England SIRO Representative or delegate in attendance for part of item 7.1. Noting that the AGD Terms of Reference (ToR) state that: *"…a representative of the SIRO must also be in attendance for any meetings of the*

	Group or a Sub-Group…", the Group were advised that the NHS England SIRO Representative had confirmed contentment for item 7.1 to be discussed in their absence.	
2	**Review of previous AGD minutes:** The minutes of the AGD meeting on the 21st May 2026 were reviewed out of committee by the Group and were agreed as an accurate record of the meeting by the AGD Chair, on behalf of the Group.	
3	**Declaration of interests:** Claire Delaney-Pope noted a professional link to NIC-196263-J9Q7Z (University College London (UCL)) 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 previous professional link to NIC-774448-Q4C6X (Beamtree UK Limited) and would **not** be part of the discussion. It was agreed that Claire would **not** remain in the room for the discussion of this application.	
4 BRIEFING PAPER(S) / DIRECTIONS:		
4.1	**Title:** NHS England patient and public involvement and engagement (PPIE) **Presenter:** David Evans PPIE increases public and patient trust in the use of their data, by guiding and informing how data is used. There is anecdotal evidence to suggest that where patients and the wider public are not adequately involved, then the rate of objections and National Data Opt-outs submitted increase significantly. AGD were provided with a briefing paper for information, outlining NHS England's current requirements which aim to make use of material already prepared for the Health Research Authority (HRA) Confidentiality Advisory Committee (CAG) and NHS Research Ethics Committees (RECs) for those applicants requiring CAG / REC support, or, where an application does not require CAG / REC, that there is a clear demonstration applicants have engaged with patients, the wider public and relevant stakeholders. **Outcome of discussion:** AGD welcomed the briefing paper and made the following observations / comments: **4.1.1** AGD noted that the information outlined in the briefing paper was the start of an ongoing programme of work. **4.1.2** AGD made a number of comments and suggestions, including, but not limited to, looking at previous AGD advice on PPIE; aligning PPIE expectations / requirements with the UK General Data Protection Regulation (UK GDPR); having illustrative examples available; being clear where PPIE may not be appropriate; and ensuring clarity is provided as to what had changed as a result of PPIE. **4.1.3** The Group agreed that further comments / suggestions would be shared with NHS England out of committee. **4.1.4** AGD looked forward to further engagement on this work at a future AGD meeting.	AGD
4.2	**Title:** COVID-19 Datasets Briefing Paper	

	Presenter: Kimberley Watson AGD were provided with an overview, for information, of the latest position on the COVID-19 datasets, including, but not limited to, information on the Directions / Data Provision Notices in place for the datasets, or where an alternate Direction is required; datasets that are now out of scope; and datasets no longer collected. **Outcome of discussion:** AGD welcomed the briefing paper and made the following observations / comments: **4.2.1** AGD noted and thanked NHS England for providing the most recent information on the COVID-19 datasets; and noted that this had been done in collaboration with NHS England's Privacy, Transparency and Trust (PTT) and Information Law Teams. **4.2.2** AGD noted that the COVID-19 Ethnic Category Dataset cannot be used for non-COVID-19 purposes, and to use it for an alternate purpose would require NHS England to collect this data under a new legal basis. The Group expressed disappointment that this rich source of data could not be used for other purposes; and advised NHS England to explore options to collect ethnicity dataset that matches the quality of the COVID-19 Ethnic Category Dataset.	
5 EXTERNAL DATA DISSEMINATION REQUESTS:		
5.1	**Reference Number:** NIC-781159-J1J1N-v0.3 **Applicant and Data Controller:** Clarivate Analytics (UK) Limited **Application Title:** "European Procedure Finder – England data" **Observers:** Humphrey Onu and Denise Pine **Linked application:** This application is linked to NIC-568585-G9G9Y. **Application:** This was a new application. NHS England were seeking advice on the following points: 1. Whether AGD agrees that it does not meet the NHS England DARS Standard for Commercial Purpose; and 2. That even if the NHS England DARS Standard for Commercial Purpose were to be met, the applicant would also need to address the NHS England DARS standard for Data Minimisation and NHS England DARS Standard for Expected Measurable Benefits. 3. Noting that the applicant previously had access to tabulated data, whether AGD have any broad advice for NHS England on how to proceed with the request. 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 advised that it was their view that the internal form / application as presented, does not meet NHS England DARS Standard for Commercial Purpose; and advised that the applicant undertakes further work on this, including, but not limited to: **5.1.1.1** providing further details of the processing activities, for example, in relation to the market analysis referenced; and **5.1.1.2** providing a clearer expression of how any existing work using the tabulated data was delivering benefits to health and social care in England and Wales (to help determine the balance between commercial benefits and benefits to health and social care in England and Wales). **In response to point 2:** **5.1.2** AGD noted that whilst the data would be accessed in NHS England's Secure Data Environment (SDE), the data requests was very broad; and advised that the applicant: **5.1.2.1** provide a clear justification as to why each of the datasets was required; and, **5.1.2.2** undertake appropriate data minimisation in line with the NHS England DARS standard for Data Minimisation. **5.1.3** AGD noted that the benefits as currently noted, were currently very high level; and advised that in line with point 5.1.2, the applicant review and update the benefits in line with NHS England DARS Standard for Expected Measurable Benefits, for example: **5.1.3.1** by narrowing the benefits to align with the datasets requested; and **5.1.3.2** aligning with any previous benefits accrued under access to tabulated data. **In response to point 3:** **5.1.4** AGD noted the products/services resulting from the use of the data would be rolled out worldwide, and advised NHS England to: **5.1.4.1** satisfy themselves that there was a benefit to health and social care in England and Wales; and **5.1.4.2** consider whether there should be a phased rollout dependent on the benefits accrued, etc.	
5.2	**Reference Number:** NIC-196263-J9Q7Z-v2 **Applicant and Data Controller:** University College London (UCL) **Application Title:** "Understanding the health needs of mothers involved in family court cases" **Observer:** Denise Pine **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 2nd May 2024. The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 10th December 2020 and the 8th October 2020.	

Linked applications: This application is linked to NIC-393510-D6H1D, NIC-419453-G3G1G and NIC-381972-Q5F0V.

Application: This was an amendment application.

NHS England were seeking advice on the following points, on whether:

1. There is sufficient justification given for not using the HS England secure data environment (SDE).
2. The use of the additional data is justified, and the data is sufficiently minimised.
3. There is sufficient evidence given that the resultant data is not identifiable.
4. The level of transparency provided by UCL is compatible with the proposed expanded scope of processing under this research project.
5. The National Data Opt-Out (NDOO) is appropriately applied.

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:

5.2.1 AGD noted the work outlined in the internal form / application was now moving into a second phase, which required a substantial amendment to the application, which included a large volume of sensitive data. 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; and strongly advised NHS England to discuss this further with the applicant to determine if this would be feasible.

5.2.2 AGD advised that if it **is** feasible for the data to be accessed in NHS England's SDE, that NHS England agree a transition plan within three-months, for example, for the transition to take place within the next 18-months.

5.2.3 If it is **not** feasible for the data to be accessed in NHS England's SDE, then a clear justification for this should be added to the internal form / application for future reference / transparency.

In response to point 2:

5.2.4 AGD advised that the use of the additional data was justified, given the nature of the analysis being undertaken; and that the data would support the purpose proposed.

In response to point 3:

5.2.5 AGD advised that they were unable to opine on whether the data was identifiable or not, given that information provided on the datasets requested was not clear. AGD advised that NHS England work with the applicant to determine exactly which data fields were required, for example, date of birth, date of death etc; which would then support NHS England in determining whether the data was considered identifiable in line with existing policies.

5.2.6 AGD also noted that there may be other publicly available information based on this particular area of work that may be used in conjunction with data already held by the applicant; and advised that the applicant provided clarification as to how they would minimise the possibility of any "jigsaw identification'.

In response to point 4:

5.2.7 AGD advised that the applicant's transparency materials were currently **not** compatible with the proposed expanded scope of processing under this research project; and advised that the applicant:

5.2.7.1 review / update their transparency materials in line with the UK General Data Protection Regulation (UK GDPR);

5.2.7.2 update any out-of-date legislation;

5.2.7.3 ensure that all aspects of the research project were addressed in the transparency materials, i.e. the expansion to children;

5.2.7.4 ensure that information relating to the application of the NDOO is clear; and

5.2.7.5 ensure that the transparency materials are easy to locate.

5.2.8 AGD noted the commitment made to Health Research Authority Confidentiality Advisory Group (HRA CAG) in respect of transparency; and advised that NHS England satisfies itself that this has been undertaken.

5.2.9 AGD also noted that the patient and public involvement and engagement (PPIE) undertaken was for the initial phase of the research project; and advised that the applicant should undertake some further PPIE that covers the second phase. The HRA guidance on Public Involvement is a useful guide.

5.2.10 AGD strongly recommended that NHS England satisfy itself that the points raised on the applicant's transparency materials are adequately addressed before any further data is shared with the applicant.

In response to point 5:

5.2.11 AGD noted that there was a lack of clarity in respect of the NDOO; and advised that the applicant provide further information on this, including, but not limited to:

5.2.11.1 when the NDOO is being applied;

5.2.11.2 whether the application of the NDOO has any implications on data already held by the applicant; and

5.2.11.3 whether the application of the NDOO aligns with the HRA CAG commitments.

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:

5.2.12 The NHS England SIRO Representative advised that further advice would be sought from the Group on this internal form / application before this progresses.

5.2.13 AGD welcomed the application and noted the importance of the study, and the work that has been undertaken to date.

5.3	**Reference Number:** NIC-788051-D0M7M **Applicant:** Johnson and Johnson Medtech Health **Data Controller(s):** Johnson & Johnson Medical Limited **Application Title:** "JNJ Medtech - Equity in Access and Outcomes in England" **Observer:** Emma Whale **Application:** This was a new application. NHS England were seeking advice on the following points, on whether: 1. The transparency response adequately meets the NHS England DARS Standard for Transparency. 2. The data is appropriately minimised. 3. The purpose meets the NHS England DARS Standard for Objective for Processing (in particular, whether it is sufficiently clear on the permitted purposes for using the data). 4. The commercial response adequately meets the NHS England DARS Standard for Commercial Purpose 5. Noting the applicant's response regarding ethical considerations, is the response sufficient and if not, do AGD recommend the view of an ethical panel is sought. 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:** **5.3.1** AGD noted the applicant had advised NHS England that Johnson & Johnson Medical Ltd have a general privacy notice, and would not usually provide a study specific privacy notice. The Group advised that the current general transparency was **not** adequate, and in line with Caldicott Principle 8 and the UK General Data Protection Regulation (UK GDPR) advised that: **5.3.1.1** the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible **project specific** transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA); and **5.3.1.2** the applicant considers having a public project register. **In response to point 2:** **5.3.2** AGD advised that noting the significant comments made on this internal form / application as part of this review, they would **not** be making any suggestions / comments on data minimisation at this point; and that if appropriate, they would be happy to provide comments on this at a later stage if appropriate / required by NHS England. **In response to points 3, 4 and 5:**	

5.3.3 AGD noted that the purpose as currently outlined was very broad, covering a wide range of conditions; and the Group were **not** convinced on the applicant's current position that there would be no commercial benefits. The Group advised that in order to support this position, the applicant would need to:

5.3.3.1 review the information provided to ensure that it was sufficiently / accurately described as a 'research' study;

5.3.3.2 ensure sufficient safeguards were in place, including, but not limited to, the separation between any findings from the research study and any commercial use for it;

5.3.3.3 appropriate ethical considerations / support; and

5.3.3.4 any other requirements as indicated by NHS England.

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 internal form / application as a whole fell short of the requirements expected in line with NHS England's Data Access Request Service (DARS) standards / guidance; and advised that NHS England work with the applicant, to ensure the necessary work was undertaken to ensure that the appropriate standards were met, in line with other applicants of NHS England data.

5.3.5 In addition, AGD advised that the applicant should consider starting with a focussed example, where they can demonstrate they can meet the NHS England's Data Access Request Service (DARS) standards / guidance including, but not limited to, NHS England DARS Standard for Expected Measurable Benefits.

5.3.6 AGD noted the request from the applicant to include the potential for delegated decision making as a future amendment; and advised that:

5.3.6.1 the applicant provided further clarification on this.

5.3.6.2 NHS England satisfy itself that the applicant are not setting up a sub-licensing arrangement, noting this would need compliance with NHS England DARS standard for sub-licencing and onward sharing.

5.3.7 AGD noted that the proposed patient and public involvement and engagement (PPIE) would not be adequate, noting that they refer to engagement with patient group of a number health conditions not related to this application; and advised that the applicant review this and undertake more specific PPIE that directly relates to the work being undertaken in this application. The HRA guidance on Public Involvement is a useful guide.

5.3.8 AGD noted that the expected benefits would support "NHS partners"; and advised that the applicant provided further clarification of who this was referring to; and whether they were consider a Data Controller in line with NHS England DARS Standard for Data Controller(s) or Data Processor, in line with NHS England DARS Standard for Data Processor(s).

5.3.9 AGD noted references to *"sister"* organisations / companies of the applicant; and advised that the application provide further clarification of who this was referring to.

	5.3.10 The NHS England SIRO Representative advised that further advice would be sought from the Group on this internal form / application before it progresses.	
5.4	**Reference Number:** NIC-803751-Z3B5K **Applicant and Data Controller:** University of Liverpool **Application Title:** "The SMARTIE Study: SMART4NIPE Integrating Evidence Study" **Observer:** James Watts **Application:** This was a new application. NHS England were seeking advice on the following points: 1. The application sufficiently supports the statement that the work is 'Audit', and if not how it should be classified (and what are the implications thereof). 2. The transparency material adequately meets the NHS England DARS Standard for Transparency. 3. The overall application is sufficiently detailed. 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: **5.4.1** AGD noted that 'Newborn and Infant Physical Examination (NIPE) dataset was requested under this application; and advised that they had **not** been provided with a briefing paper on this dataset, as would be the usual process. The advice therefore is caveated as AGD were not familiar with this dataset. **5.4.2 Separate to the application:** AGD asked that the AGD NHS England D&A Representative brief the team on usual process ahead of any future applications. **In response to point 1:** **5.4.3** AGD discussed whether the purpose outlined was for 'audit', and advised that the applicant provide further clarification as to why this was not deemed to be 'service evaluation' and / or 'research', either overall or for part of the work being undertaken, noting that the proposal as currently drafted was not clearly audit across the breadth of the work. **5.4.4** In addition, the Group advised that if this was for the purpose of 'audit', then the results would usually be compared with an established standard as referred to in the Health Research Authority Decision Tool, which does not appear to be outlined in the protocol. AGD advised that: **5.4.4.1** the internal form / application was reviewed throughout, and updated as appropriate with clarification as to whether the work is 'service evaluation' and / or 'research'; **5.4.4.2** the appropriate legal bases were cited; and **5.4.4.3** if any of the work outlined was considered to be 'research', then the applicant would need to comply with the NHS England DARS Standard for Ethical Approval.	D&A Rep

	In response to point 2: **5.4.5** The Group advised that the current transparency was **not** adequate, and in line with Caldicott Principle 8, the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible **project specific** transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA). **In response to point 3:** **5.4.6** AGD advised that notwithstanding the points made on this internal form / application, there was uncertainty around what is being proposed, and any future research that may potentially follow this work; and advised that NHS England discuss this further with the applicant. 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: **5.4.7** AGD advised that NHS England work with the applicant to determine exactly which data fields were required, noting that some of the data fields would not be relevant to the primary condition being studied. **5.4.8** AGD noted that Chief Investigator is stated as having an NHS England advisory role, and advised that: **5.4.8.1** NHS England clarify with the applicant as to whether the Chief Investigator is determining the means and purpose of the processing as part of his NHS England role; and if so, **5.4.8.2** the internal form / application was reviewed and updated in line with NHS England DARS Standard for Data Controller(s). **5.4.9** AGD advised that there was value in the proposed study, and that, given the richness of the dataset, the applicant should consider further / broader opportunities are explored to maximise the potential benefits that flow from the dataset across other conditions. **5.4.10** AGD advised that this appears to be a good candidate for accessing the data via NHS England's SDE, to mitigate any risks of sensitive extracts of this type; and strongly advised NHS England to consider onboarding this dataset.	
5.5	**Reference Number:** NIC-774448-Q4C6X-v2 **Applicant and Data Controller:** Beamtree UK Limited **Application Title:** "Beamtree Evolve and NHS Confederation Collaborative" **Observers:** Humphrey Onu and Jodie Taylor-Brown **Application:** This was an amendment application. NHS England were seeking advice on the following points: 1. There is sufficient justification for not using the NHS England secure data environment (SDE). 2. The purpose provides specific clarity on the permitted purposes for using the data.	

3. The scope of purpose and the level of delegated decision-making is appropriate.
4. The governance controls give sufficient assurance that any risks associated with the delegation of decision-making will be mitigated.
5. The use of CONSULT code is sufficiently justified, and would AGD advise that any additional data sharing agreement (DSA) controls are needed around the use of this sensitive data item.
6. The responses to the points previously raised have been adequately addressed.

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:

5.5.1 AGD noted that a clear justification had not been provided for the data not being accessed in NHS England SDE; however, the Group noted that some NHS Trusts needed to download record level data, which would not be possible in the NHS England SDE. The Group advised that the internal form / application was updated to reflect this for future reference.

In response to point 2:

5.5.2 AGD noted that the purpose as currently outlined was very broad, and advised that:

5.5.2.1 the purpose in the internal form / application was reviewed / updated as appropriate in line with NHS England DARS Standard for Objective for Processing;

5.5.2.2 further clarity was provided on the specific outputs / dashboards; and

5.5.2.3 further clarity was provided on the yielded benefits in line with NHS England DARS Standard for Expected Measurable Benefits.

In response to point 3 and 4:

5.5.3 AGD noted that whilst the request was for ‘delegated decision-making', this was not a requirement and advised that the controls proposed were adequate for the access to dashboards as detailed in the application required.

In response to point 5:

5.5.4 AGD advised that, on balance, the request / use of the CONSULT code is sufficiently justified; however, advised that the applicant demonstrated to NHS England how they will ensure it is not used for performance management.

5.5.5 AGD advised that the applicant provide NHS England with further information as to how the CONSULT code has been used in any annual reports.

In response to point 6:

5.5.6 AGD noted that at the AGD meeting on the 26th June 2025, a query had been raised (5.6.5) in respect of whether ethical approval had been sought; and noting that this was still outstanding, advised that:

5.5.6.1 the applicant seek / obtain relevant ethical approval; or

	5.5.6.2 the applicant provides a clear justification as to why an ethical review is not required. **5.5.7** AGD noted that at the AGD meeting on the 26th June 2025, a query had been raised (5.6.7) in respect of the territory of use; and noted that access of the data would be extended to 'worldwide', however this was for the sole purpose of permitting access to a member of staff based in Australia, and following process this had been reviewed by NHS England's Data Protection Office and appropriate clauses added to the DSA. The Group advised that the applicant should update their transparency materials to reflect this access. 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: **5.5.8** AGD noted the update, from the NHS England SIRO Representative, that this application was currently in the process of being audited to ensure that, under existing arrangements, access was only taking place within England and Wales.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
There were no items discussed		
7 CONFIDENTIAL ADVICE / BRIEFING SESSION		
7.1	Confidential advice session	
8 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
8.1	**Reference Number:** NIC-780370-H0H7P-v0.6 **Applicant and Data Controller:** Office for National Statistics (ONS) **Application Title:** "Medicines dispensed in Primary Care - for the purposes of Statistics and Statistical Research, under section 45A of the Statistics and Registration Services Act 2007 as amended by the Digital Economy Act 2017" The SIRO approval was for a new data sharing agreement with ONS. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 13th April 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 they had previously advised NHS England that the applicant should undertake further patient and public involvement and engagement (PPIE); and requested an update on this at a future AGD meeting. AGD noted that this would be crucial information if a renewal is requested or there are related applications. The NHS England SIRO representative thanked AGD for their time.	SIRO Rep / DARS
8.2	**Reference Number:** NIC-784425-X2Y5R-v0.6 **Applicant and Data Controller:** Office for National Statistics (ONS)	

	Application Title: "Mental Health Services Data Set (MHSDS) - for the purposes of Statistics and Statistical Research, under section 45A of the Statistics and Registration Services Act 2007 as amended by the Digital Economy Act 2017" The SIRO approval was for a new Agreement with ONS. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 6th 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.
8.3	**Reference Number:** NIC-777554-J2V4K-v1.4 **Applicant and Data Controller:** University College London (UCL) **Application Title:** "Inequalities in cancer care pathways" **Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 20th March 2025. The SIRO approval was for **1)** the addition of the NDRS Cancer Patient Experience Survey (CPES) data and NDRS Cancer Registration dataset; and **2)** an update to the purpose to incorporate three additional cancer sites. **Outcome of discussion:** AGD noted that the NHS England SIRO had already provided SIRO approval on the 29th April 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.
9 OVERSIGHT AND ASSURANCE	
9.1	**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.
9.2	**Oversight and Assurance Conclusion / Review** AGD noted that the last oversight and assurance for workstream 1 review had taken place on the 7th May 2026. The Group noted that in all cases the appropriate precedent / reuseable decision had been used. The Group noted that for some applications, the annual compliance report (ACR) was not available to be selected from the NHS England Customer Relationship Management (CRM) system because it was either not named correctly or had not been provided by the applicant in line with due agreed process or due to ongoing issues in that documentation in CRM 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 Group noted the diligence of DARS to update the abstract with the Knowledgebase reference and where the SDA / Escalation form was not available that the abstract contained enough information for the review, however noted that recent chances to the knowledgebase spreadsheet meant that it was difficult to search for references across the individual sheets. The Group thanked the NHS England Risk & Assurance Team for providing the outputs from the review timely. The Group thanked the AGD Secretariat for the background information provided in the agenda pack, which was invaluable to an effective review including clear labelling and relevant screenshots. The Group provided some feedback for future reviews and noted that the preparation time of 15 minutes per application was sufficient if it was clear within the SDA or abstract the decision making process, however suggested that any application that would be substantially longer was flagged for a longer in-depth slot at the next meeting of AGD for review and discussion, or the flagged in advance for discussion at the current AGD Meeting if the meeting was scheduled to finish earlier than 16.00. 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. 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.
10 AGD OPERATIONS	
10.1	**AGD ways of working** *There were no items discussed*
10.2	**AGD Stakeholder Engagement** **Federated Data Platform** The AGD NHS England Caldicott Guardian Team Representative provided a brief update on the Federated Data Platform Data Governance Group meeting.

10.3	**AGD Project Work** *There were no items discussed*
11 Any Other Business	
11.1	**Rewiring the state: Delivering digital government** The NHS England SIRO Representative drew the attention of the Group to the following article, published on the 3rd June 2026, in respect of delivering digital government.
11.2	**UK Biobank** The NHS England SIRO Representative drew the attention of the Group to the following article, published on the 3rd June 2026, in respect of UK Biobank.
11.3	**Use MY data National Patient Data Day** An AGD independent members drew the attention of the Group to use MY data's National Patient Data Day on the 24th June 2026.
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 – 4th June 2026

Ref:	NIC Number:	Organisation:	Areas to consider:
260604a	NIC-656884-R1N3C-v1.7	University of Hull	The application had last been seen by IGARD on the 13th October 2022 **Feedback on the application:** • It appeared from the documentation provided, that no annual ACR had been completed by the applicant. • It appeared from the documentation provided that the applicant had added a Data Processor without informing NHS England, however it was unclear which reuseable decision this type of scenario would fall under. **Feedback on the process:** • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative**

			to consider whether no provision of an ACR should be an exclusion criteria. • **Notwithstanding the technical issues with CRM – Process point: Action for the NHSE SIRO Rep:** to consider whether the applicant not informing NHS England of a change of Data Processor should be an exclusion criteria.
260604b	NIC-796202-M0L0X-v0.3	University of Essex	The application had not had a previous independent review by DAAG / IGARD / AGD **Feedback on the application:** • It appeared from the documentation provided, that no annual ACR had been completed by the applicant **Feedback on the process:** • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria.

			• **Process point: Action for the D&A Representative / NHSE SIRO Representative:** it appeared that the knowledgebase database had not been updated to reflect the reusable decision (precedent 18)
260604c	NIC-682532-B4B5L-v1.2	Hull University Teaching Hospitals NHS Trust	The application had last been seen by AGD on the 1st August 2024 **Feedback on the application:** • It appeared from the documentation provided, that no annual ACR had been completed by the applicant **Feedback on the process:** • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria.
260604d	NIC-616961-X1J9B-v5.4	NHS Humber and North Yorkshire ICB	The application had last been seen by AGD on the 27th February 2025

			Feedback on the application: • It appeared from the documentation provided, that no ACR had been completed since January 2024. • It was noted the knowledge base reference cited in the abstract and the SDA / escalation form provided were different. **Feedback on the process:** • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria. • **Process point: Action for the D&A Representative** to ensure that when citing a precedent / knowledge base reference that they are consistent across all relevant documentation.
260604e	NIC-374907-Q5W5W-v3.2	Cardiff University	The application had last been seen by IGARD on the 5th November 2020 **Feedback on the application:**

			• It appeared from the documentation provided, that no annual ACR had been completed by the applicant **Feedback on the process:** • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria.
260604f	NIC-204520-B1V2G-v3.4	West Yorkshire and Harrogate Cancer Alliance	The application had previously been seen by IGARD on the 23rd May 2019. **Feedback on the application:** • Without provision of the SDA / escalation form, it was unclear what had happened to the DSA during its lifetime, and would be difficult therefore to audit • It appeared from the documentation provided, it appeared that no ACR had been completed since February 2024 **Feedback on the process:**

			• **Notwithstanding the technical issues with CRM – 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 – the Group noted section 1 of the application was completed. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to ensure that ACRs are completed timely. • **Notwithstanding the technical issues with CRM – 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. • **Notwithstanding the technical issues with CRM – Process point: Action for D&A Representative** to consider whether no provision of an ACR should be an exclusion criteria.