

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 6th August 2026

09:00 – 12:40

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Noela Almeida (NA)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
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)
Prof. Matthew Sydes (MS)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative (not in attendance for item 5.3 and part of item 5.4)
Dave Cronin (DC)	Applications Service Owner, Data Access and Partnerships, Transformation Directorate, Transformation Directorate (Observer: items 5.1 and 6.1)
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 5.1 and 6.1)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (Observer: item 5.2)
Madeline Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)

Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
Azeez Oladipupo (AO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.3)
Suzanne Shallcross (SS)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.2)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Technology, Digital and Data
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> 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)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)

1	Welcome and Introductions: The AGD Chair welcomed attendees to the meeting. AGD noted that, due to unforeseen circumstances, there would be no NHS England SIRO Representative or delegate in attendance for item 5.4 and part of item 5.5. 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, prior to the meeting, the NHS England SIRO Representative had confirmed contentment for all items to be discussed in their absence.
2	Review of previous AGD minutes: The minutes of the AGD meeting on the 23rd July 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: Paul Affleck noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-808587-C6Y6J), and it was agreed that this was not a conflict of interest. Dr. Jon Fistein noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-808587-C6Y6J), or staff involved, and it was agreed that this was not a conflict of interest.

	Dr. Jon Fistein noted a professional link to the University of Cambridge but noted no specific connections with the application (NIC-805508-Z4G6N and NIC-24422-R3W3S), or staff involved, and it was agreed that this was not a conflict of interest. Prof. Matthew Sydes noted a professional link to University College London, but noted no specific connections with the application (NIC-793870-B4M7D), or staff involved, and it was agreed that this was not a conflict of interest.
4 BRIEFING PAPER(S) / DIRECTIONS:	
<i>There were no items discussed</i>	
5 EXTERNAL DATA DISSEMINATION REQUESTS:	
5.1	Reference Number: NIC-808590-T5B3K-v0 Applicant and Data Controller: University of Bristol Application Title: "Tackling inequalities in cardiovascular prevention" Observer: Ayse Depsen and Dave Cronin Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 7th July 2026. Application: This was a new application. NHS England were seeking advice on the following points: 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose. 2. Is this an application which could be approved under a new OpenSAFELY Precedent. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. Summary of discussion: AGD noted that the PAG had reviewed the application as per process on the 7th July 2026, and that feedback was available in the published PAG minutes from the meeting. AGD noted that a briefing paper had been provided to support the discussion (as a supporting document) on this application, that was previously discussed at the AGD meetings on the 16th July 2026, 25th June 2026 and the 23rd April 2026. In response to point 1: 5.1.1 AGD noted that they were broadly supportive of the proposed use of OpenSAFELY for the specified purpose; however, advised NHS England that the applicant should ensure that the benefits section was updated to be more specific on the work outlined in this application, and in line with NHS England DARS Standard for Expected Measurable Benefits; noting that they were currently quite generic.

	5.1.2 Separate to the application: AGD advised NHS England to ensure that OpenSAFELY applicants provide specific expected benefits, in line with NHS England DARS Standard for Expected Measurable Benefits. In response to point 2: 5.1.3 Notwithstanding the ongoing work being undertaken by NHS England on the draft OpenSAFELY Precedent, following comments previously provided by the Group, AGD noted that this application would be suitable for approval under Precedent once finalised. 5.1.4 Separate to the application: AGD noted that following on from the advice provided at the AGD meeting on the 23rd July 2026 (point 5.1.6.3), the Group advised that this application provided a further OpenSAFELY example of where there are multiple organisations involved; and where there may be joint data controllership / responsibility; and that they looked forward to receiving an update from NHS England on this point at a future AGD meeting. 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: 5.1.5 AGD advised that the internal form / application was updated where appropriate to be clear that the legal basis for processing was under the NHS OpenSAFELY Data Analytics Service Pilot Directions 2025. 5.1.6 AGD advised that as part of its work on the draft OpenSAFELY Precedent, NHS England should ensure that any differing requirements for OpenSAFELY applications, for instance the slightly differing requirements on ethics or on permitted analytics method, are either reflected in the Precedent or amended to be in line with other applications for data coming through the Data Access Request Service (DARS). Differences to NHS England DARS Standards should be spelled out in the “<i>Standards Required to be Met</i>” section of the Precedent, rather than just noting that Standards have been met. 5.1.7 Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England’s Data Access Request Service (DARS) once the AGD advice has been addressed.	D&A Rep SIRO Rep
5.2	Reference Number: NIC-805508-Z4G6N-v0 Applicant and Data Controller: University of Cambridge Application Title: “BLOOMS (Babies' Longitudinal 'Omics, Outcomes, and Milestones Study) - Participant Update List Service” Observers: Suzanne Shallcross and Suzanne Hartley Application: This was a new application. NHS England were seeking advice on the following points: 1. Whether the consent materials and approach to transparency are sufficient to meet the Common Law duty of Confidentiality in relation to this application. Should an application be approved by NHS England, further details would be made available within the Data Uses Register.	

Summary of discussion:

In response to point 1:

5.2.1 AGD discussed at length whether data could flow to NHS England for the purposes both of checking vital status of participant babies and parents and of obtaining updated contact details, and whether this was covered by the existing consent materials. The whole Group was comfortable that the consent materials provided a Common Law Duty of Confidentiality basis for the vital status check information to flow. However, the Group also noted that the patient information sheet (PIS) stated, “*Data that allows you or your child to be identified will only be shared externally with e.g. the NHS or the Department for Education for the purposes of identifying long-term outcomes.*” The application proposed that the researchers use NHS England’s DigiTrials’ Plus Service to ensure that follow-up requests did not go to families where the child or a parent had died. The Plus Service, which allows easier, more frequent and cheaper access to status information (compared to periodic status lists), also includes current contact details which can be useful if participants have already been lost to follow-up. The majority of the Group recognised a need for contact details to be kept up to date, however they noted that the PIS statement appeared incompatible with the request that would include receipt of contact information. Whilst a minority of the Group felt that the consented purpose of sharing details to identify long term outcomes could stretch to include consent for checking contact details were correct, and any uncertainty could be mitigated by the applicant undertaking patient and public involvement and engagement (PPIE) and updating transparency materials; the majority of the Group reluctantly felt this would unfortunately **not** mitigate the issue in this instance.

5.2.2 The Group therefore advised the applicant of the following:

5.2.2.1 for existing participants, when the first questionnaire is sent out (noting it was to be an annual questionnaire for the first five years of a child’s life), further narrative should be included up front, so that it is clear to those completing the questionnaire that their views are being sought about whether contact details should flow to NHS England for the purposes of checking they were up to date, and that consent should be obtained at that point;

5.2.2.2 for future participants (if any), the PIS should be updated before consent to clarify what information beyond following up health outcomes was included, for example, to include the amendment of contact details; and

5.2.2.3 the updated PIS is reviewed by the study’s research ethics committee, in line with [NHS England DARS Standard for Ethical Approval](#).

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:

5.2.3 AGD advised that notwithstanding the points made on this application, they were comfortable that consent was already in place for the ‘vital status of participants’ information to flow.

5.2.4 AGD advised that NHS England ensure that further clarity is given around the controls used, to ensure that the data is being used **only** for the purposes specified in the data sharing agreement.

	5.2.5 Given the points raised by the Group, the NHS England SIRO Representative noted this application could not progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application or developed an alternative approach.	
5.3	Reference Number: NIC-793870-B4M7D-v0 Applicant: University College London Hospitals NHS Foundation Trust Data Controller: University College London Application Title: “Clinical Cohorts in Coronary disease Collaboration (4C)” Observer: Azeez Oladipupo Application: This was a new application. NHS England were seeking advice on the following points: 1. The lack of a clearly defined data retention period; and 2. The request to review health information over “<i>a period of years before and after</i>” clinic attendance, without specifying the exact number of years. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. Summary of discussion: 5.3.1 AGD noted that this study had previously been discussed by the Data Access Advisory Group (DAAG) on the 30th October 2012 and the 29th May 2012, and following this, the applicant appeared to have received mortality data. The Group suggested that this narrative be updated to the internal form / application for future reference. AGD noted that the most recent protocol was now 15 years old and continued to refer to structures and bodies that have been merged and renamed. In response to points 1 and 2: 5.3.2 AGD had an extensive discussion on both of the advice points, in respect of balancing 1) the stated longitudinal aims of the study; 2) the expectations of participants when recruited; and 3) the legal requirements, including, but not limited to, retention of data and ongoing data access in line with UK General Data Protection Regulation (UK GDPR). 5.3.3 The Group advised that, on balance, the retention period and data uses were compatible with the consent materials provided; however, advised that it would not be acceptable to retain data indefinitely without a clear purpose and suggested that further clarity be provided on: 5.3.3.1 the ongoing data access requirements; 5.3.3.2 the expected retention period; 5.3.3.3 how this retention period aligns with patient expectations; and 5.3.3.4 how this aligns with UK GDPR. 5.3.4 The Group also noted that there was a lack of transparency which was not in line with the contractual requirements of section 4 of the data sharing agreement (DSA) and NHS England DARS Standard for Transparency; and advised that as part of the process of	

	reviewing / updating the transparency materials, including, but not limited to 1) the study website; and 2) the privacy notice, which would also create the opportunity for further clarity to be provided on the process of withdrawing from the study. 5.3.5 AGD advised that, noting the number of years that have passed since consent was provided, the applicant should ensure that all updated (or new) transparency materials (see points 5.3.3 / 5.3.4) should be accessible to the cohort. 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: 5.3.6 AGD noted in the protocol that a lot of the datasets originally requested were from 2012; and advised NHS England that the applicant should take the opportunity to update their protocol, in line with datasets currently available from NHS England. 5.3.7 AGD noted the purpose and the benefits outlined, were quite generic, and advised that NHS England engage with the applicant to ensure that further information was provided on: 5.3.7.1 the purpose in line with NHS England DARS Standard for Objective for Processing; and 5.3.7.2 the benefits, including, but not limited to the yielded benefits accrued, in line with NHS England DARS Standard for Expected Measurable Benefits. 5.3.8 AGD noted that the information provided was unclear in respect of the ethical approval sought / received; and advised NHS England to clarify this with the applicant, and to ensure the correct information was reflected before any (further) data flows. 5.3.9 NHS England advised the Group that following submission of the application to the Group for review, the applicant had noted that they also wanted to include a request for National Institute for Cardiovascular Outcomes Research (NICOR) data, of which the 'Myocardial Ischaemia National Audit Project' is part, under this application. The Group noted the request, however advised that they would require further information on this, including, but not limited to, the nature and extent of the additional data. 5.3.10 In addition, AGD noted that: 5.3.10.1 the advice provided, did not account for any addition of the NICOR data; and the advice provided may change if NICOR data was included; and 5.3.10.2 should NHS England require advice on the addition of the NICOR data, then they would welcome an updated application at a future AGD meeting. 5.3.11 Given the points raised by the Group, the NHS England SIRO Representative noted this application could not progress via delegated authority until such time as the NHS England SIRO Representative and an NHS England senior colleague within Data and Analytics had reviewed the updated application.	
5.4	Reference Number: NIC-01207-V9G9P-v12.2 Applicant and Data Controller: Compufile Systems Limited (CSL) Application Title: "ESPRIT tool" Observer: Madeline Laughton	

Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 18th May 2023. 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 12th May 2022, 17th February 2022, 3rd September 2020, 28th November 2019, 21st December 2017 and the 14th December 2017. The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 20th December 2016, 23rd February 2016 and the 16th February 2016. Application: This was a renewal application. NHS England were seeking advice on the following points: 1. Does AGD consider the three categories of use to be sufficiently defined. 2. Do the processes implemented by Compufile Systems Ltd. provide appropriate controls and restrictions governing the use of the data. 3. Does AGD consider the security controls to be sufficient. Should an application be approved by NHS England, further details would be made available within the Data Uses Register. Summary of discussion: In response to point 1: 5.4.1 AGD advised that the three categories of use outlined appeared to be defined; however advised that the applicant satisfies itself, via the Health Research Authority (HRA) decision tool, that the three categories do not creep into the category of 'research'. 5.4.2 AGD advised that if any of the work outlined was considered to be 'research' (and noted as such in the open minutes of the Advisory Board), then further consideration should be given to: 5.4.2.1 seeking / obtaining the view / support of a research ethics committee; and 5.4.2.2 undertake some patient and public involvement and engagement (PPIE). In response to point 2: 5.4.3 AGD noted that the applicant has a CSL 'NHS Data Advisory Board', and that its Terms of Reference (ToR) require the Board to include representatives of the NHS; however, advised that, looking at publicly available information, at least one of the NHS representatives do not appear to be currently work for the NHS; and advised that NHS England engage with the applicant to ensure that there are appropriate NHS representatives on the Board. 5.4.4 In addition, AGD noted that that the outcomes of the CSL 'NHS Data Advisory Board' were not published / easy to locate via a search engine, and advised the applicant to ensure that, for the purpose of transparency, these were made publicly available / easy to locate – for example, providing a link on the home page. In response to point 3:	
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	5.4.5 Noting that the data would be accessed via a 'private' secure data environment (SDE), the Group advised that they were unable to provide a specific view on the security controls and whether they were sufficient; however advised that: 5.4.5.1 NHS England and the applicant satisfies itself that any access is in line with the emerging accreditation standards on access to data via an SDE; and 5.4.5.2 NHS England to consider whether access to the data could be moved to an NHS SDE. 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: 5.4.6 In addition to the advice given in point 5.4.4, AGD also noted that the transparency materials were not readily available to patients; and advised that the applicant ensure that: 5.4.6.1 the transparency materials align with the stated purpose (see point 5.4.1 and 5.4.2), in line with the contractual requirements of section 4 of the data sharing agreement (DSA) and NHS England DARS Standard for Transparency; 5.4.6.2 transparency was UK General Data Protection Regulation (UK GDPR) compliant; and 5.4.6.3 the transparency materials are easily accessible. 5.4.7 AGD advised NHS England that no further data should be provided until the issues raised in respect of transparency have been suitably addressed. 5.4.8 Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England's Data Access Request Service (DARS) once the AGD advice has been addressed.	
6 INTERNAL DATA DISSEMINATION REQUESTS:		
6.1	Reference Number: NIC-808587-C6Y6J-v0 Applicant and Data Controller: NHS England Application Title: "Descriptive evaluation of palliative care identification in general practice in England using routinely recorded SNOMED CT-coded data from GP practices linked to secondary care data" Observer: Ayse Depsen and Dave Cronin Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the Profession Advisory Group (PAG) meetings on the 7th July 2026. Application: This was a new application. NHS England were seeking advice on the following points: 1. Does AGD support the proposed use of OpenSAFELY for the specified purpose. 2. Is this an application which could be approved under a new OpenSAFELY Precedent.	

	Should an application be approved by NHS England, further details would be made available within the Data Uses Register. Summary of discussion: AGD noted that the PAG had reviewed the application as per process on the 7th July 2026, and that feedback was available in the published PAG minutes from the meeting. AGD noted that a briefing paper had been provided to support the discussion (as a supporting document) on this application, that was previously discussed at the AGD meetings on the 16th July 2026, 25th June 2026 and the 23rd April 2026. In response to point 1: 6.1.1 AGD noted in the documents provided, that the purpose for processing was for ‘service evaluation’; and whilst there was some information supporting the reason for this, several statements in the documents provided refer to ‘research’, potentially going beyond service evaluation. The Group advised NHS England and the applicant to refer and comply with the OpenSAFELY Research Ethics Compliance Policy, in respect of: 6.1.1.1 institutions consulting their local Research Ethics Committee to determine if it is research; and 6.1.1.2 the role of the sponsor in ensuring that the research is ethical. In response to point 2: 6.1.2 Notwithstanding the ongoing work currently being undertaken by NHS England on the draft OpenSAFELY Precedent, following comments previously provided by the Group; AGD noted that this application would be suitable for approval under Precedent once finalised; however, advised that the parameters that shape compliance with the Precedent, are made as clear as possible, for example, being clear on which ‘standards’ are being referred to and complied with. 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: 6.1.3 AGD advised that as part of its work on the draft OpenSAFELY Precedent, NHS England should ensure that any differing requirements for OpenSAFELY applications, for instance the slightly differing requirements on ethics or on permitted analytics method, are either reflected in the Precedent or amended to be in line with other applications for data coming through the Data Access Request Service (DARS). Differences to NHS England DARS Standards should be spelled out in the “<i>Standards Required to be Met</i>” section of the Precedent, rather than just noting that Standards have been met. 6.1.4 Given the points raised by the Group, the NHS England SIRO Representative noted this application could progress via delegated authority to NHS England’s Data Access Request Service (DARS) once the AGD advice has been addressed.	
7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL		
7.1	Reference Number: NIC-793437-Z3C1X-v1 Applicant and Data Controller: Westmorland and Furness Council	

	Application Title: <i>“HES via NHS England Portal”</i> The SIRO approval was for an amendment to add Cumberland Council as a joint Data Controller. Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval on the 21st July 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 Prior to the meeting, an AGD independent member raised a point with the NHS England SIRO Representative to query why this application could not have proceeded down another Precedent route. The NHS England SIRO Representative advised that this proceeded via the SIRO approved route due to an outstanding query on ethical review / support. The NHS England SIRO Representative thanked AGD for their time.
7.2	Reference Number: NIC-323026-N2R0B-v3 Applicant and Data Controller: Hull City Council Application Title: <i>“Access to Civil Registration Data”</i> The SIRO approval was for amendments to 1) add Microsoft Limited as a Data Processor for their role in providing cloud storage to Hull City Council; and 2) to remove Primary Care Mortality Data (PCMD) as a held dataset following confirmation of its destruction. This also covers a further two-year renewal of the data sharing agreement until the 31st May 2029. Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval on the 15th July 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: 7.2.1 Prior to the meeting, an AGD independent member raised a query with the NHS England SIRO Representative, in respect of one of the yielded benefits, which is estimating pre-school nursery numbers, and how this fits under risks to public health; and whether NHS England are assured that the data is only being used in line with the strictures of Regulation 3 of The Health Service (Control of Patient Information) (COPI) Regulations 2002. The NHS England SIRO Representative thanked AGD for their time.
7.3	Reference Number: NIC-689512-S9R2Q-v1.4 Applicant and Data Controller: Nottingham University Hospitals NHS Trust Application Title: <i>“Real World Outcomes for T- and NK-cell lymphomas in England using National Cancer Registration and Analysis Service Data (ODR2021_180)”</i> The SIRO approval was for a two-year extension. Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval on the 8th July 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.
7.4	Reference Number: NIC-387891-W3F3B Applicant and Data Controller: Dorset Council Application Title: “LAPH Standard Extract” Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the Data Access Advisory Group (DAAG) meetings on the 5th January 2016 and the 1st December 2015. The SIRO approval was for an amendment to remove Bournemouth, Poole and Christchurch Council as a Data Controller and Data Processor. Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval on the 15th July 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	
<i>There were no items discussed</i>	
9 AGD OPERATIONS	
9.1	AGD ways of working The AGD Chair reiterated the point made at the AGD meeting on the 23rd July 2026, in respect of the ‘AGD Themed Questions’, the Group were advised that, following a discussion on this document with Jackie Gray, Director of Privacy and Information Governance, Privacy, Transparency, and Trust, this would require further updates, and an update would be provided in due course.
9.2	AGD Annual Report 2025/26 The AGD Chair reiterated the point made at the AGD meeting on the 23rd July 2026, that as noted at the AGD meeting on the 9th July 2026, the proposed AGD Annual Report 2025/26 had been discussed with Jackie Gray, Director of Privacy and Information Governance, Privacy, Transparency, and Trust (PTT) who was giving this further consideration. It was noted that a further update would be provided in due course. The Group noted the update, and advised that any decision on the AGD Annual Report should be in-line with the AGD Terms of Reference.
9.3	AGD Stakeholder Engagement Federated Data Platform The Group’s representative on the Federated Data Platform Data Governance Group, alongside the AGD NHS England Caldicott Guardian Team Representative, provided a brief update.
9.4	AGD Project Work

	There were no items discussed	
10 Any Other Business		
10.1	NIC-24422-R3W3S-v9 - University of Cambridge AGD noted that NIC-24422-R3W3S had been incorrectly submitted to the Group for review, as part of the ‘SIRO approved’ section of the agenda. The Group were advised by the NHS England SIRO Representative that this application had proceeded via the Precedent route. The Group noted and thanked the NHS England SIRO Representative for the update, however made a number of comments as part of the review of this application, including, but not limited to: As part of the review of this application by the Group on the 21st September 2023, the Group asked that an update was provided at a future AGD meeting with regard to the two outstanding actions associated with point 5.4.5: 1) ensuring a clear contractual obligation on researchers to notify NHS England if they receive data they didn’t apply for and 2) ensure relevant training for recipients of NHS England data is clear with regard to the contractual obligation to notify NHS England if they receive data they did not apply for. In addition, the NHS England SIRO Representative advised the Group that the application should be meeting all of the relevant NHS England Standards, and specifically highlighted the yielded benefits that should be captured in line with NHS England DARS Standard for Expected Measurable Benefits. The NHS England SIRO Representative thanked AGD for their time.	SIRO Rep
Meeting Closure As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.		