

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 20th March 2025

09:00 – 15:15

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Kirsty Irvine (KI)	AGD independent member (Chair)
Andrew Martin (AM)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
Tom Wright (TW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman)) (not in attendance for part of item 4.3 and 5.4))
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Deniz Budak (DB)	Information Governance Officer, IG Delivery (Data & Analytics), Privacy, Transparency, and Trust (PTT), Delivery Directorate (Observer: item 5.4)
Claire Clements (CC)	Head of Information Governance (IG) – Federated Data Platform, Data and Analytics, NHS England (Presenter: item 4.2)
Garry Coleman (GC)	NHS England SIRO Representative (Observer: items 4.1, 4.3 and 5.4)
Ayse Depsen (AD)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.2)
Louise Dunn (LD)	Principal Operational Delivery Manager, Data and Analytics, Transformation Directorate (Observer: item 4.2)

Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
James Gray (JG)	NHS DigiTrials, Data and Analytics, Transformation Directorate (Observer: item 4.1)
Andrew Ireland (AI)	Information Governance Specialist, IG Risk and Assurance, Privacy, Transparency, and Trust (PTT), Delivery Directorate (Observer: items 9.1 and 9.2)
James Kent (JK)	National Advisor (Primary Care Reform), Primary Care and Community Services (Presenter: item 4.1)
Dickie Langley (DL)	NHS England SIRO Representative (Delegate for Garry Coleman) (items) (not in attendance for items 4.2, 9.1 and 9.2)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.1)
Nicki Maher (NM)	Information Governance Lead, IG Assurance and Risk, IG Audit Services Lead (Interim), Privacy, Transparency, and Trust (PTT), Delivery Directorate (Observer: items 1 to 11)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Delivery Directorate
Jodie Taylor-Brown (JTB)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 4.1, 4.3 and 8)
Joanne Treddenick (JT)	Information Governance Lead, Data and Analytics, Privacy, Transparency and Trust (PTT), Delivery Directorate (Observer: item 4.1)
Emma Whale (EW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: items 5.3 and 5.4)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Delivery Directorate
AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:	
Name:	Role / Area:
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)

Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Prof. Nicola Fear (NF)	AGD independent member (Specialist Academic Adviser)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
DEPARTMENT OF HEALTH AND SOCIAL CARE STAFF IN ATTENDANCE (ITEM 4.1)	
Naomi Drewitt (ND)	Policy Lead - Data Strategy, Data Strategy Team, Joint Digital Policy Unit (Observer: item 4.1)

1	Welcome and Introductions: The AGD Chair welcomed attendees to the meeting.
2	Review of previous AGD minutes: The minutes of the AGD meeting on the 13 th February 2025 were reviewed and, after several minor amendments, were agreed as an accurate record of the meeting.
3	Declaration of interests: There were no declarations of interest.

4 BRIEFING PAPER(S) / DIRECTIONS:

4.1	<p>Title: GP Data for consented cohorts – Direction and Requirement Specification</p> <p>Presenters: James Gray and James Kent</p> <p>Observers: Naomi Drewitt, Joanne Treddenick and Jodie Taylor-Brown</p> <p>The Secretary of State is expected to direct NHS England under the proposed GP data for Consented Research Directions 2025 to establish and operate an information system through the collection of information held in General Practice (GP) health records. This is to enable NHS England to operate a service to share this data with specific approved research studies, for certain patients where Explicit Consent has been provided by or on behalf of the patient to their data being shared with that Approved Research Study, for health research.</p> <p>NHS England were seeking advice on the following points:</p>
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	<p>1. “Note the draft Direction and Requirements Specification to enable this recollection on provision of data to meet the consent given by research participants”.</p> <p>2. “Provide any high-level concerns relating to the overall approach and current drafting, noting that these are drafts which will be subject to (at minimum) PTT and Legal review before finalising”.</p> <p>Outcome of discussion: AGD welcomed the draft Direction and Requirement Specification, and made the following observations / comments:</p> <p>In response to point 1 above:</p> <p>4.1.1 AGD noted the content of the draft Direction and Requirement Specification.</p> <p>In response to point 2 above:</p> <p>4.1.2 AGD noted that prior to the meeting, the draft Direction and Requirement Specification had been uploaded to AGD’s internal shared collaboration area, where AGD members / delegates were able to comment directly on the Draft Direction.</p> <p>4.1.3 AGD discussed the comments made on the draft Direction with NHS England colleagues, including some suggested changes to the current wording. AGD advised that following the meeting, the draft Direction with the suggestions would be shared with NHS England colleagues for consideration.</p> <p>ACTION: AGD Secretariat to forward the draft Direction with AGD comments to NHS England colleagues for consideration.</p> <p>4.1.4 AGD advised that they were happy to provide any further advice on any aspect of this work as may be required by NHS England going forward.</p>	<p>AGD Sec</p>
<p>4.2</p>	<p>Title: Federated Data Platform (FDP) Product Data Protection Impact Assessment (DPIA) – Strategic Commissioning Tool</p> <p>Presenter: Claire Clements</p> <p>Observers: Louise Dunn</p> <p>The NHS FDP provides a secure, scalable infrastructure that enables Integrated Care Boards (ICBs) to create, analyse and derive actionable insights into aggregate healthcare data utilising the pseudonymised commissioning datasets that the ICB currently receives through existing routes and into existing systems.</p> <p>The Strategic Commissioning Tool will leverage these capabilities to empower ICBs to make informed commissioning decisions, with a particular focus on aligning resources to population needs, identifying cost inefficiencies, and reducing unwarranted variation in healthcare delivery in their Integrated Care System (ICS) area. By enabling a granular understanding of healthcare costs and outcomes across population segments, this Product will support the efficient and equitable allocation of resources.</p>	

The Product will be an 'Incubator Site' Product. An Incubator Site is a test site used to innovate and create new Products and where programme support is provided from NHS England and from the Suppliers.

NHS England were seeking advice on the following points:

1. Would it be helpful for AGD to see all examples of where ICBs access data already received in a more secure environment.
2. Will the current data sharing agreements (DSA) need to be updated where ICBs access data in a more secure environment - or is the proposed wording in the DSA sufficient with an update to the website.

Outcome of discussion: AGD welcomed the DPIA / briefing paper and made the following observations / comments:

4.2.1 AGD were advised by NHS England that discussions had been held with the National Data Guardian (NDG) and the Information Commissioner's Office (ICO), who had advised that they were supportive of the proposal outlined.

In response to point 1 above:

4.2.2 AGD queried whether accessing the data via the NHS FDP would replace access via a data extract, or whether there would be a duplication of data via both routes. NHS England advised the Group that for ICBs accessing this data via the NHS FDP, this would replace their existing data extracts and there would be no duplication of access.

In response to point 2 above:

4.2.3 AGD did not proffer specific advice as to whether the DSAs should be updated; however, they were supportive of the ICB template provided as a supporting document being updated in line with the proposal outlined.

4.2.4 An AGD independent Lay Adviser advised that they had some specific comments / suggestions on the ICB template provided as a supporting document, and that they would share this directly with NHS England colleagues for consideration following the meeting.

4.2.5 The Group noted the importance of transparency to the public.

AGD provided the following observations / comments, separate to the DPIA / briefing paper:

4.2.6 AGD queried if the data would be linked, for example, with local data flows, and were advised that work was ongoing within NHS England with Data Access Service (DAS) and Privacy, Transparency, and Trust (PTT) colleagues on this.

4.2.7 AGD advised that they would welcome a further update on this programme of work at a future AGD meeting when available.

<p>4.3</p>	<p>Title: NIC-15625-T8K6Lv14 Clinical Practice Research Datalink (CPRD) Briefing Paper</p> <p>Presenter: Jodie Taylor-Brown</p> <p>The purpose of the briefing paper was to advise AGD on an amendment that was added to version 12.2 of the data sharing agreement (DSA) for NIC-15625-T8K6L and all subsequent versions, in respect of the provision of linked data to supplement clinical trial data. It was noted that this amendment was not highlighted as an amendment to the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) or AGD as part of any review from version 12.2 of the DSA onwards.</p> <p>The briefing paper provided further information as to how NHS England is proposing to manage this element of the DSA.</p> <p>NHS England were seeking advice on the following points:</p> <ol style="list-style-type: none"> 1. Whether AGD agree with the steps proposed by NHS England in relation to the application. 2. Whether AGD consider the data to be derived, based on the evidence provided; and, 3. If the data is considered derived, to provide advice on any specific risks that may therefore reside with NHSE and how they can be mitigate. <p>Outcome of discussion: AGD welcomed the briefing paper and made the following observations / comments:</p> <p>In response to points 1, 2 above (point 3 not applicable due to the answer given to point 2):</p> <p>4.3.1 AGD noted the information provided by NHS England in respect of whether the data was / was not considered to be derived data and agreed with NHS England’s analysis that the data was not derived, amongst other reasons because there appeared to be insufficient transformation.</p> <p>4.3.2 AGD noted and supported NHS England’s view that if CPRD were to share the data with third parties, they would need to do so via sublicence agreements.</p> <p>4.3.3 In respect of the flow of data from CPRD to the GPs, to allow the GP to identify patients, with a later flow of follow up data, AGD felt that this was incompatible with statements in the agreement that ‘effectively anonymised’ data is shared.</p>	
<p>5 EXTERNAL DATA DISSEMINATION REQUESTS:</p>		
<p>5.1</p>	<p>Reference Number: NIC-610798-N0G8Z-v4.2</p> <p>Applicant and Data Controller: National Institute for Health and Care Excellence (NICE)</p> <p>Application Title: “SDE – NICE”</p>	

	<p>Observer: Joe Lawson</p> <p>Previous Reviews: The application and relevant supporting documents were previously discussed at the AGD meeting on the 27th April 2023.</p> <p>The application and relevant supporting documents were previously discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meetings on the 20th October 2022, 24th March 2022 and the 24th February 2022.</p> <p>The application and relevant supporting documents were previously presented / discussed at the General Practice Extraction Service (GPES) Data for Pandemic Planning and Research (GDPPR) – Profession Advisory Group (PAG) meeting on the 16th February 2022 (Notes from this meeting were published in the 24th February 2022 IGARD meeting minutes).</p> <p>Application: This was an amendment application.</p> <p>NHS England were seeking general advice on the application.</p> <p>Should an application be approved by NHS England, further details would be made available within the Data Uses Register.</p> <p>Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>AGD noted that they had been provided with a curated set of documentation and noted that they would be providing observations based on these documents.</p> <p>5.1.1 AGD advised that they were supportive of the proposed amendment to add the National Disease Registration Service (NDRS) Cancer Consolidated data set to the application.</p> <p>5.1.2 AGD suggested that NHS England’s Data Access Service (DAS) should consider having a reusable decision / Precedent for this type of application / type of Data Controller (statutory health organisation fulfilling a statutory purpose).</p> <p>5.1.3 AGD noted and commended the updates to the benefits outlined in section 5(d) (Benefits).</p> <p>5.1.4 No AGD member noted a commercial aspect to the application.</p>	
5.2	<p>Reference Number: NIC-758592-R3M5V-v0.6</p> <p>Applicant: University of Nottingham</p> <p>Data Controller: Nottinghamshire Healthcare NHS Foundation Trust</p> <p>Application Title: “STADIA - STAndardised Diagnostic Assessment for children and adolescents with emotional difficulties: a multi-centre randomised controlled trial”</p> <p>Observers: Ayse Depsen</p> <p>Application: This was a new application.</p>	

NHS England were seeking advice on the following points, including general advice on any other aspect of the application:

1. The datasets requested.

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

Outcome of discussion: AGD were supportive of the application if the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive comments:

5.2.1 AGD noted and commended NHS England's Data Access Service (DAS) on seeking advice from the Group on this application, noting the proposed processing and potential issues / conflicting information in the consent materials.

5.2.2 AGD discussed the proposed processing, and advised that, on balance, noting the issues with the consent materials identified by DAS, it would be advisable for the applicant to engage with their patient and public involvement and engagement (PPIE) group, to determine whether they would be surprised, or had any concerns about the proposed processing and the datasets requested, compared to the specific statements in the consent materials.

5.2.3 AGD advised that if the PPIE undertaken was positive and no substantive queries or concerns were raised, then they would be supportive of the flow of data under this application; however, suggested that **all** transparency materials were reviewed and updated as may be necessary, to ensure information in respect of datasets, processing and how participants could withdraw were clear / correct.

In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:

5.2.4 AGD noted and commended the PPIE undertaken by the applicant to date.

5.2.5 AGD noted in the NHS England DAS internal application assessment form, that the Chief Investigator, is employed by the University of Nottingham (Data Processor), and holds an honorary contract with Nottinghamshire Healthcare NHS Foundation Trust (Data Controller). The Group noted a potential risk to NHS England in respect of this arrangement, and suggested that, notwithstanding the questions already discussed with the applicant on this point, that NHS England explore this further with the applicant in line with [NHS England DAS Standard for Data Controllers](#).

5.2.6 AGD discussed whether potential revenue may be generated for YoungMinds from adapting their triage approach and whether this could have a commercial aspect, however on balance this did not meet the threshold of the [NHS England DAS Standard for Commercial Purpose](#).

5.2.7 It was the view of AGD that there was **no** commercial aspect to the application.

5.3

Reference Number: NIC-777554-J2V4K-v0.4

Applicant and Data Controller: University College London (UCL)

Application Title: “Inequalities in cancer care pathways”

Observer: Emma Whale

Application: This was a new application.

NHS England were seeking general advice on the application.

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

Outcome of discussion: AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:

5.3.1 AGD noted in the NHS England Data Access Service (DAS) internal application assessment form, that individuals from the University of Leicester would have honorary contracts with UCL; and suggested that NHS England query this point further, by clarifying **1)** how many honorary contracts would be held by the University of Leicester employees; and **2)** if the balance of honorary contract holders suggested that the University of Leicester had a greater role in the work outlined, for example a Data Controller in line with the [NHS England DAS Standard for Data Controllers](#).

5.3.2 AGD noted the references in section 5(b) (Processing Activities) to “*aggregated data*”; and suggested that these were reviewed and updated to reflect that this was aggregated data with small numbers suppressed, if this reflected the factual / correct information.

5.3.3 AGD noted the outputs in section 5(c) (Specific Outputs Expected), and that they would seek knowledge of areas of deprivation, and queried whether there was sufficient detail within the dataset requested / data being linked in regarding the Cancer Alliances. The Group suggested that **1)** NHS England clarify with the applicant that the data they require is within the dataset requested; and **2)** if the deprivation data will be obtained from the data linked with the Cancer Alliances, then this is made clear within the application.

5.3.4 AGD noted and supported NHS England’s position, that no data will flow until the applicant has sought and obtained ethical approval.

5.3.5 AGD noted and commended the patient and public involvement and engagement (PPIE) undertaken by the applicant to date.

5.3.6 AGD noted and commended the work undertaken by NHS England’s DAS on the internal application assessment form, which supported the review of the application.

5.3.7 No AGD member noted a commercial aspect to the application.

5.4

Reference Number: NIC-772509-D0L2P-v0.5

Applicant: Information Governance Services

Data Controller: NHS North Central London ICB, NHS North East London ICB, NHS North West London ICB, NHS South East London ICB, NHS South West London ICB

Application Title: "OneLondon Secure Data Environment (The OneLondon SDE)"

Observers: Dan Goodwin and Emma Whale

Application: This was a new application.

NHS England were seeking general advice on the application.

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

Outcome of discussion: AGD were **not** supportive of the application **at this time** and wished to draw to the attention of the SIRO the following significant comments, and suggested that the application be brought back to a future meeting:

5.4.1 AGD raised concerns as to whether the correct Data Controllers had been identified in this application. The Group noted the information within the Data Protection Impact Assessment (DPIA) that sets out that the members of the Integrated Care System (ICS) are providing instructions to the Integrated Care Boards (ICB) as Data Processors. However, the ICBs were listed as Data Controllers in the application.

5.4.2 AGD noted that in the application the Data Controllers for the purpose of 'direct care' were the individual ICBs, and queried whether **1)** 'direct care' was in the purview of the ICB; **2)** the data requested was actually required for the delivery of direct care; and **3)** whether there will be duplication of existing flows of data. It was suggested that NHS England explore these points further.

5.4.3 AGD suggested that the 'Individual Data Access Committees' update their terms of reference to ensure they undertake an assessment of the balance between public and commercial benefit, in line with the National Data Guardian (NDG) [guidance on benefits](#).

5.4.4 AGD noted that three Article 9 UK General Data Protection Regulation (UK GDPR) limbs had been cited, Article 9(2)(h) (*Health or social care (with a basis in law)*), Article 9(2)(i) (*Public health (with a basis in law)*) and 9(2)(j) (*processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purpose*); and suggested that section 5(a) (Objective for Processing) of the application was updated to clarify what processing was being carried out under each Article 9 limb.

5.4.5 AGD noted that there **was** a commercial aspect to the application.

6 INTERNAL DATA DISSEMINATION REQUESTS:

There were no items discussed

7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL

7.1	<p>Reference Number: NIC-147805-HDHWM-v4.3</p> <p>Applicant and Data Controller: University of Birmingham</p> <p>Application Title: “MR470 - Electricity Supply Industry (ESI) Mortality Study”</p> <p>The SIRO approval was for 1) the removal of University of Birmingham as a Data Controller; 2) the addition of the University of Warwick as a Data Controller; and 3) the transfer of data from the University of Birmingham to the University of Warwick, and provide access to substantive employees of the University of Warwick.</p> <p>Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval.</p> <p>AGD thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>7.1.1 The Group noted that, prior to the meeting, an AGD independent member had raised some points for the NHS England SIRO Representative to consider, including 1) whether NHS England retained an identifiable list of individuals in the ESI Mortality Study, and if so, how the common law duty of confidentiality was being met; 2) the conflicting information in the two privacy notices in respect of opt-outs; 3) the statements in the notices regarding reviews and updates every year, noting that the privacy notice had not been updated since 2018; and 4) the references in both privacy notices that data will not be shared with a third party, which would seem to rule out the University of Warwick.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>
7.2	<p>Reference Number: NIC-616038-B3P3X-v1.3</p> <p>Applicant and Data Controller: NHS Suffolk and North East Essex Integrated Care Board (ICB)</p> <p>Application Title: “DSfC - NHS Suffolk and North East Essex Integrated Care Board - IV, RS & Comm”</p> <p>The SIRO approval was for an amendment for data to be linked to non-NHS England datasets.</p> <p>Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>AGD thanked NHS England for the written update and made the following observations on the documentation provided:</p>

	<p>7.2.1 The Group noted that prior to the meeting, an AGD independent member had raised some points for the NHS England SIRO Representative to consider, including 1) that a parent / guardian may be surprised at the linkage of health, social care, and housing data about their child; 2) the linked data may be so rich that someone who knows the family could re-identify them, and whether the ICB have explored these issues via a data protection impact assessment (DPIA) and consulting data subjects; and 3) Noting the description of the linkage methodology, how does the ICB apply the National Data Opt-out.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<p>7.3</p>	<p>Cancer Alliance Template to access Cancer Waiting Times</p> <p>Previous Reviews: The Cancer Alliance Template was discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meeting on the 6th December 2018 as part of NIC-204557-F0N1T.</p> <p>application</p> <p>The SIRO approval was for an amendment to the Cancer Alliance Template regarding how data can be transferred.</p> <p>Outcome of discussion: AGD noted that the NHS England SIRO had already provided SIRO approval and confirmed that they were supportive of this.</p> <p>AGD thanked NHS England for the written update and made the following observations on the documentation provided:</p> <p>7.3.1 AGD noted the reference to advice being sought from NHS England’s Privacy, Transparency and Trust (PTT); and, as a general point to note for SIRO approvals, suggested that if the PTT advice has been received, then this is provided as part of the documentation provided to the Group to support the review.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
<p>8</p>	<p>NIC-561357-X0F3N-v3 Evidera Ltd (AstraZeneca UK Limited) (Presenter: Jodie Taylor-Brown)</p> <p>AGD noted that NIC-561357-X0F3N-v2.2 was discussed at the AGD meeting on the 24th October 2024 in respect of a number of amendments to the application, including, but not limited to, increase the cohort size from 25% to 50% of the population of England.</p> <p>The Group noted that following the meeting on the 24th October 2024, Dr. Rob French, the AGD independent Specialist Academic / Statistician Adviser, had provided support out of committee on the amendment to increase the cohort size.</p> <p>The Group were advised that following a number of discussions between NHS England colleagues and the applicant, the NHS England SIRO Representative</p>	

	<p>confirmed support of the increase to the cohort, if further minimisation was undertaken that was not applied to the original 25% of the cohort.</p> <p>The Group were provided with an overview of the data minimisation that would be undertaken, and how the data would be stored for the original 25% / additional 25% of the cohort.</p> <p>The AGD NHS England Caldicott Guardian Team Representative noted that the General Practice Extraction Service (GPES) Data for Pandemic Planning and Research (GDPPR) – Profession Advisory Group (PAG) representatives had been advised of the details outlined in the briefing paper and that no comments had been received to date.</p> <p>AGD noted the content of the briefing paper and commended NHS England on the work undertaken in respect of data minimisation; and in respect of the previous AGD advice which had been taken into consideration.</p> <p>NHS England thanked Dr Rob French for the support and advice he had provided on this work.</p>	
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9 OVERSIGHT AND ASSURANCE

<p>9.1</p>	<p>Oversight and Assurance Process</p> <p>The Statutory Guidance states that the data advisory group (AGD) should be able to provide NHS England with advice on: <i>“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”</i>.</p> <p>In advance of the meeting, the AGD independent members were provided with 1) two applications (selected by the AGD Secretariat); 2) internal application assessment forms for each of the two applications; and 3) an oversight and assurance template to complete.</p> <p>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.</p> <p>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.</p> <p>Please see appendix A for high-level points raised in-meeting on the two applications.</p>	
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<p>9.2</p>	<p>Oversight and Assurance Conclusion / Review</p> <p>AGD and the NHS England SIRO Representative reiterated points raised at previous AGD meetings that, for applications reviewed as part of oversight and assurance, there were no documents available that provided an audit trail outlining how the</p>	
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10.2	<p>Standard Operating Procedures (SOPs) (Update from Vicki Williams)</p> <p>The ongoing forward plan of work for creating the AGD Standard Operating Procedures was discussed.</p> <p>The Group noted that the ‘AGD member Declaration of Interest’ was in the process of being finalised, and a further update on this would be provided in due course, and published on the AGD webpage.</p>
10.3	<p>AGD Stakeholder Engagement</p> <p><i>There were no items discussed</i></p>
10.4	<p>AGD Project Work</p> <p>Federated Data Platform</p> <p>A brief update was given by the Group’s Representative on the Federated Data Platform Data Governance Group.</p>
<p>11 Any Other Business</p>	
<p><i>There were no items discussed</i></p>	
<p>Meeting Closure</p> <p>As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.</p>	

Appendix A

Oversight and Assurance Review – workstream 1 - 20th March 2025

Ref:	NIC Number:	Organisation:	Areas to consider:
250320a	NIC-147814-86GS4-v6.4	University of Bristol	<ul style="list-style-type: none"> • The application was last seen at IGARD on the 8th December 2022 where IGARD recommended for approval with amendments and advice, for a 2-year DSA and stated the application was not suitable for an extension beyond 22nd December 2024 unless an action plan had been completed to a satisfactory standard. No assessment provided advising if the action plan was satisfactory and therefore why this was suitable for the precedent route, therefore unclear if the precedent was applied correctly. <ul style="list-style-type: none"> Process point: Action for D&A Representative to ensure that it is clear in s1 of the DSA or in the SDA what documents were reviewed to make the decision with regard to the precedent route. • It was unclear which NHSE standards had been applied correctly. <ul style="list-style-type: none"> ○ Process point: Action for D&A Representative to ensure that is clear in the SDA / escalation form, as an audit trail, which NHSE standards have been applied.

250320b	NIC-727325-W4M7T-v1.4	NHS England and King's College London	<ul style="list-style-type: none">• To provide a copy of the knowledge base or the text relating to the reusable decision in the abstract / SDa.<ul style="list-style-type: none">○ Action for the D&A Representative: to provide a copy of the knowledge base referenced, or for the wording of the knowledge base cited to be included in the SDa.
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