

## **Advisory Group for Data (AGD) – Meeting Minutes**

Thursday, 6<sup>th</sup> November 2025

09:00 – 14:00

*(Remote meeting via videoconference)*

<b>AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role:</b>
Dave Cronin (DC)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Dr. Arjun Dhillon (AD)	NHS England member (Caldicott Guardian Team Representative)
Rachel Fernandez (RF)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser) (In attendance for item 5.2 only)
Kirsty Irvine (KI)	AGD independent member (Chair)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Miranda Winram (MW)	AGD independent member (Lay Adviser)
<b>NHS ENGLAND STAFF IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Dan Goodwin (DG)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.5)
Dickie Langley (DL)	NHS England SIRO Representative (delegate) ( <b>Presenter:</b> item 9.1)
Maddie Laughton (ML)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.1)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.6)
Sara Lubbock (SL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.4)
Madeline Moore (MM)	Head Inquiry Lawyer, Inquiry Team ( <b>Presenter / Observer:</b> item 5.5)

Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate
Azeez Oladipupo (AO)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.3)
Andy Rees (AR)	NHS DigiTrials and Research Products Operations Manager (Observer: items 5.2 to 5.6 and 9.1 to 10.2)
James Watts (JW)	Data Access and Partnerships, Data and Analytics, Transformation Directorate ( <b>Observer:</b> item 5.2)
Francesca Whitehead (FW)	Legal Issues Manager, Inquiry Team ( <b>Presenter / Observer:</b> item 5.5)
Vicki Williams (VW)	AGD Secretariat Manager, Privacy, Transparency and Trust (PTT), Deputy Chief Executive Directorate
<b>INDEPENDENT ADVISER OBSERVERS IN ATTENDANCE</b>	
Dr Jon Fistein (JF)	AGD independent adviser
<b>AGD INDEPENDENT MEMBERS / NHS ENGLAND MEMBERS <u>NOT</u> IN ATTENDANCE:</b>	
<b>Name:</b>	<b>Role / Area:</b>
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Michael Chapman (MC)	NHS England member (Data and Analytics Representative)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)

<b>1</b>	<b>Welcome and Introductions:</b> The AGD Chair welcomed attendees to the meeting.
<b>2</b>	<b>Review of previous AGD minutes:</b> The minutes of the AGD meeting on the 30 <sup>th</sup> November 2025 were reviewed and, after several minor amendments, were agreed as an accurate record of the meeting.
<b>3</b>	<b>Declaration of interests:</b> Claire Delaney-Pope noted a professional link to King's College London (NIC-381078-Y9C5K) as part of her role at South London and Maudsley NHS Foundation Trust. It was agreed this did not preclude Claire from taking part in the discussion on this application.
<b>4 BRIEFING PAPER(S) / DIRECTIONS:</b>	

*There were no items discussed*

## 5 EXTERNAL DATA DISSEMINATION REQUESTS:

### 5.1 **Reference Number:** 381078-Y9C5K-v11.3

**Applicant:** British Heart Foundation

**Data Controllers:** Imperial College London, Kings' College London, London School of Hygiene and Tropical Medicine, Swansea University, The University of Manchester, University College London (UCL), University of Bristol, University of Cambridge, University of Dundee, University of Glasgow, University of Leicester, University of Liverpool, University of Nottingham, University of Oxford, University of Sheffield, and the University of Southampton

**Application Title:** "R14.2 - COVID-IMPACT-UK. Health conditions and COVID19: using UK-wide linked routine healthcare data to address the impact of health conditions on COVID-19 and the impact of COVID-19 on health conditions"

**Observer:** Maddie Laughton

**Previous Reviews:** The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 23<sup>rd</sup> October 2025, 12<sup>th</sup> June 2025 and the 22<sup>nd</sup> February 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 24<sup>th</sup> November 2022, 5<sup>th</sup> May 2022, 29<sup>th</sup> July 2021, 25<sup>th</sup> February 2021, 6<sup>th</sup> August 2020, 3<sup>rd</sup> December 2020, 22<sup>nd</sup> October 2020, 15<sup>th</sup> October 2020, 20<sup>th</sup> August 2020, 23<sup>rd</sup> July 2020 and the 25<sup>th</sup> June 2020.

The application and relevant supporting documents were previously presented / discussed at the IGARD COVID-19 response meetings on the 29<sup>th</sup> June 2021, 19<sup>th</sup> January 2021, 24<sup>th</sup> November 2020, 16<sup>th</sup> June 2020, 9<sup>th</sup> June 2020, 2<sup>nd</sup> June 2020 and the 26<sup>th</sup> May 2020.

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) meetings on the 28<sup>th</sup> July 2021 and the 24<sup>th</sup> June 2020.

**Application:** This was a briefing paper seeking specific advice on the project proposals only. NHS England were seeking advice on the following points only:

1. Do the revised project proposals sufficiently address the previous feedback and meet the qualifying criteria of being 'COVID-19 research'.
2. Do the revisions to the scope and focus of the projects impact the potential benefits of the research in a negative way.
3. Should NHS England authorise the use of the data for the purpose of these project proposals.

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

<p><b>Outcome of discussion:</b> AGD noted NHS England were <b>not</b> seeking support of the application itself, and made the following observations on the two final projects as part of the review:</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><b>5.1.1</b> AGD noted that a briefing paper had been provided to the Group for this agenda item; and that they had been asked to provide specific advice on the three points noted above only, and <b>not</b> provide a review of the application.</p> <p><b>In response to points 1 and 2:</b></p> <p><b>Project 5 (CCU107: An intersectionality approach to evaluate the variation of statins and anticoagulants prescriptions among stroke survivors before and during COVID19)</b></p> <p><b>5.1.2</b> The Group noted the revised project proposals, and agreed that COVID-19 was now sufficiently central, in line with the requirements of the data sharing agreement (DSA) and was within the parameters of the <a href="#">COVID-19 Public Health Directions 2020</a>.</p> <p><b>5.1.3</b> AGD noted and agreed that the revision to the scope and focus of the project will deliver benefits to justify the use of the data.</p> <p><b>5.1.4</b> AGD suggested that the applicant could consider utilising the Health Data Research UK '<a href="#">Big Data for Complex Disease</a>' programme for this project when this is available.</p> <p><b>Project 6 (CCU108: Simulation modelling of aortic disease detection and management: implications for post-COVID policy)</b></p> <p><b>5.1.5</b> The Group noted the revised project proposals, and agreed that COVID-19 was now sufficiently central, in line with the requirements of the data sharing agreement (DSA) and was within the parameters of the <a href="#">COVID-19 Public Health Directions 2020</a>.</p> <p><b>5.1.6</b> AGD noted and agreed that the revision to the scope and focus of the project will deliver benefits to justify the use of the data.</p> <p><b>In response to point 3</b></p> <p><b>5.1.7</b> AGD noted that they were supportive of access to the data in NHS England's Secure Data Environment (SDE), and noted the experience of the researchers.</p> <p><b>5.1.8</b> AGD noted and thanked NHS England for providing the Group with the opportunity to further review the Project 5 and Project 6 proposals.</p> <p><b>5.1.9</b> AGD noted that they had now reviewed eight projects as part of this application, and were content that COVID-19 was sufficiently central in all of them to justify data release. However AGD suggested that any future amendments to any of the eight projects utilising this data, were carefully reviewed by NHS England to ensure that they remained fully aligned with the parameters of the <a href="#">COVID-19 Public Health Directions 2020</a></p> <p>In addition, AGD made the following observations on the supporting documentation provided as part of the review:</p> <p><b>5.1.10</b> AGD noted, and commended NHS England's DARS on the information provided in the briefing paper, which supported the review.</p>
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	<p><b>5.1.11</b> Noting AGD was only asked to advise on specific points reviewed, no AGD member noted any substantive commercial aspects.</p>	
<b>5.2</b>	<p><b>Reference Number:</b> NIC-787209-F3W7J-v0.4</p> <p><b>Applicant and Data Controller:</b> University College London (UCL)</p> <p><b>Application Title:</b> “Health, education and social outcomes of children with visual impairment and blindness (VI/SVIBL) - SHINE study”</p> <p><b>Observers:</b> James Watts and Andy Rees</p> <p><b>Application:</b> This was a new 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application and wished to draw to the attention of the SIRO the following substantive comments:</p> <p><b>5.2.1</b> AGD noted that whilst the Group were supportive of the flow of data (subject to the points raised), the NHS England Data and Analytics Representative made the caveat that it would <b>not</b> be appropriate to support this application until such time that there was express support from the Department for Education (DfE) on the bespoke linkage, given the other work ongoing across the system in creating linked health and education data. The Group noted and supported this caveat.</p> <p><b>5.2.2</b> AGD noted that the application, as it currently stands, does <b>not</b> align with the s251 support in respect of the postcode data; and suggested that NHS England and the applicant review the application to ensure that the flow of postcode data is clearly described and clearly aligns with what is permitted in the s251 support. AGD including the AGD independent Specialist Academic / Statistician Adviser, advised that they could see the justification and the importance of the additional postcode data, and were supportive of this.</p> <p><b>5.2.3</b> In addition, AGD suggested that the processing activities outlined in the application were reviewed and updated to ensure it aligns with the s251 support.</p> <p><b>5.2.4</b> AGD noted that as part of the s251 support, Health Research Authority Confidentiality Advisory Group (HRA CAG) did <b>not</b> identify any requirements / conditions of support in respect of communication / transparency to the cohort. AGD did however note that the UK General Data Protection Regulation (UK GDPR) requirements did apply, specifically in relation to the needs of the data subjects (in this case visual impairment); and noting that a section of the cohort would now be young adults, the Group suggested that <b>1)</b> the applicant engage with these individuals, and that the patient and public involvement and engagement (PPIE) group could be utilised to support this; and <b>2)</b> consideration was given to the appropriate methods of communication, for example, via audio files, accessible version of the privacy notice and any other supporting documentation. The Group noted that this was particularly important in light of the substantive changes to the study following the initial consent that was provided.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p>	

	<p><b>5.2.5</b> AGD noted that the different cohorts would require different years of data, and suggested that the application was reviewed and updated where appropriate to ensure that the specific years of data for each cohort was clearly outlined so that no excess data was flowing, in line with <a href="#">NHS England DARS standard for data minimisation</a>.</p> <p><b>5.2.6</b> AGD suggested that section 5(a) (Objective for Processing) and section 5(b) (Processing Activities) were updated with further information on the comparative cohort, including, but not limited, how this was being compiled.</p> <p><b>5.2.7</b> AGD noted the reference in section 5(c) (Specific Outputs Expected) to a “tool” to identify children with visual impairments; and suggested that section 5(a) and section 5(b) were updated with further information, including whether it is possible to create this tool with the specific data that has been requested.</p> <p><b>5.2.8</b> AGD noted the role of the Office for National Statistics (ONS) outlined in the HRA CAG letter and suggested that their role in relation to this application was clarified and, if applicable, they were listed as a Data Processor, in line with <a href="#">NHS England DARS Standard for Data Processors</a>.</p> <p><b>5.2.9</b> AGD noted the reference to the involvement of a PhD student in some of the documentation provided; and suggested that the application was updated as appropriate, to clarify the role of the PhD student and what access they will have to the data.</p> <p><b>5.2.10</b> AGD noted and commended the applicant on the excellent PPIE undertaken to date.</p> <p><b>5.2.11</b> No AGD member noted a commercial aspect to the application.</p>	
<p><b>5.3</b></p>	<p><b>Reference Number:</b> NIC-761989-J2G4R-v0.9</p> <p><b>Applicant and Data Controller:</b> University Hospital Southampton NHS Foundation Trust</p> <p><b>Application Title:</b> “CHARIOT 5 YEAR OUTCOMES”</p> <p><b>Observer:</b> Azeez Oladipupo and Andy Rees</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) meeting on the 3<sup>rd</sup> October 2019.</p> <p><b>Linked applications:</b> This application is linked to <b>NIC-287601-K4P2V</b>.</p> <p><b>Application:</b> 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application <b>if</b> the following substantive comments were addressed, and wished to draw to the attention of the SIRO the following substantive 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><b>5.3.1</b> AGD noted concern on the apparent lack of transparency and engagement with the cohort over a numbers of years; notwithstanding the s251 support, the Group suggested that NHS England highlight <b>1)</b> the a UK General Data Protection Regulation (UK GDPR)</p>	

<p>legal obligations on the researchers; and <b>2)</b> the <a href="#">Caldicott Principles</a>, specifically Principle 8 that <i>“A range of steps should be taken to ensure no surprises for patients and service users...”</i>.</p> <p><b>5.3.2</b> In addition, AGD suggested the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible <b>study specific</b> 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).</p> <p><b>5.3.3</b> AGD noted that whilst the applicant had the appropriate documentation from the Health Research Authority Research Ethics Committee (HRA REC), that the applicant should consider any ethical issues themselves in line with <a href="#">NHS England DARS Standard for Ethical Approval</a>; and highlighted that the lack of transparency was in itself an ethical issue to consider.</p> <p><b>5.3.4</b> AGD suggested that NHS England satisfied itself that the evidence provided in respect of the HRA CAG and the HRA REC support applied to the amended version of protocol, noting that it was currently unclear if this had been tabled as part of the HRA CAG and HRA REC review.</p> <p><b>5.3.5</b> AGD suggested that a robust transparency / communications plan should be produced by the applicant and submitted to NHS England, including, but not limited to, the submission of a draft privacy notice.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p><b>5.3.6</b> AGD advised that whilst not just specific to this application, it was important to note that it is a specific condition of the HRA CAG support, that Data Security and Protection Toolkit (DSPT) must meet the ‘Standards Met’. The Group noted that the application was at ‘Standards Not Fully Met (plan agreed)’; and suggested that NHS England review and ensure that this is resolved as appropriate.</p> <p><b>5.3.7</b> AGD noted that the data was incorrectly described as <i>“pseudonymised”</i> in section 3(b) (Additional Data Access Requested); and suggested that this was updated in line with the correct information in section 5 (Purpose / Methods / Outputs), to state that the data is identifiable.</p> <p><b>5.3.8</b> AGD suggested that section 3(c) (Patient Objections) was updated to correctly reflect that the data is confidential patient information and therefore opt-outs <b>would</b> be applied.</p> <p><b>5.3.9</b> AGD also suggested that the legal basis cited in section 3 was reviewed and updated to reflect the correct legal basis.</p> <p><b>5.3.10</b> AGD noted and commended the applicant on adding the yielded benefits from NIC-287601-K4P2V in section 5(d) (Benefits) (iii) (Yielded Benefits).</p> <p><b>5.3.11</b> Given the points raised by the Group, the NHS England SIRO representative noted this application could <b>not</b> progress via delegated authority until such time as the NHS England SIRO Representative had reviewed the updated application.</p> <p><b>5.3.12</b> No AGD member noted a commercial aspect to the application.</p>	
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5.4	<p><b>Reference Number:</b> NIC-734273-H8R3Q-v0.13</p> <p><b>Applicant and Data Controller:</b> Institute of Occupational Medicine (IOM)</p> <p><b>Application Title:</b> “MORSE (MORTality Study of former professional footballers in England and Wales) Study”</p> <p><b>Observers:</b> Sara Lubbock and Andy Rees</p> <p><b>Previous Reviews:</b> The application and relevant supporting documents were previously presented / discussed at the AGD meeting on the 5<sup>th</sup> June 2025.</p> <p><b>Application:</b> This was a new 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p><b>5.4.1</b> AGD welcomed the application and noted that this was a potentially valuable study that may have wider implications for contact sport more generally.</p> <p><b>5.4.2</b> AGD noted the previous point raised (5.3.4) on the 5<sup>th</sup> June 2025, in respect of why some of the data being sought from the Barry Hugman’s Footballer database could not be obtained from the Professional Footballers’ Association (PFA) (if data is available to share), which would avoid the reliance on public sources of information. Based on the responses received, referring to controllership, it seems that this straightforward suggestion was misunderstood. Accordingly, AGD reiterated the suggestion that NHS England ask the applicant to simply ask if the PFA had any relevant data that could be used by the applicant as a source of information.</p> <p><b>5.4.3</b> AGD noted the previous point raised (5.3.6) on the 5<sup>th</sup> June 2025, in respect of the study leaflet; and suggested that this was reviewed and updated further, to <b>1)</b> ensure that the study leaflet is clear / factually correct, on the options / process for withdrawing from the research, which should contain at least <b>two</b> methods of contact for participants (post, telephone and / or e-mail); <b>2)</b> that the language throughout the patient leaflet was aimed at the correct individuals, for example, not suggesting deceased individuals contact the Data Controller; and <b>3)</b> that the applicant may wish to consider having separate transparency for those who are living and for the families of those who are deceased.</p> <p><b>5.4.4</b> AGD noted that whilst the processing should consist of data processing for deceased individuals, which would take the processing outside of the requirements of UK General Data Protection Regulation (UK GDPR); suggested that <b>1)</b> a UK GDPR legal basis continued to be identified / stated, noting that there may be some processing of data for individuals who are living; and <b>2)</b> that the Legitimate Interest Assessment (LIA) was updated in line with the Information Commissioner’s Office (ICO) <a href="#">guidance</a> on LIA, to show that the balance of the Data Controller’s interests with data subjects interests has been considered.</p> <p><b>5.4.5</b> AGD suggested that section 5(a) (Objective for Processing) was updated to be clear <b>1)</b> on who is in the cohort, including, but not limited to, what league(s) the footballer players will be included in the cohort; and <b>2) only</b> deceased individuals will be in the cohort.</p>	
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	<p><b>5.4.6</b> AGD noted some ambiguity in the s251 support, however noting that this is permissive, suggested that NHS England clearly set out that only data for deceased individuals would flow; and that a special condition was added to section 6 (Special Conditions) to also clarify this, in line with <a href="#">NHS England DARS Standard for Special Conditions</a>.</p> <p><b>5.4.7</b> AGD suggested that if this application does proceed, that NHS England monitor the cohort / undertake a quality check, to ensure the special condition is being adhered to, and that only data for deceased individuals is flowing.</p> <p><b>5.4.8</b> In addition, AGD suggested that in respect of the s251 support, that NHS England make Health Research Authority Confidentiality Advisory Group (HRA CAG) aware, that <b>1)</b> the s251 letter of support does <b>not</b> note that the individuals will be deceased, but that NHS England was operating on that basis; and <b>2)</b> that the Barry Hugman’s Footballer database was <b>not</b> the only data source, and that the Data Controller intends to create a new database to include further publicly available data.</p> <p><b>5.4.9</b> AGD queried the statement in section 5(b) (Processing Activities) “<i>Access is restricted to employees or <b>agents</b> of...</i>” and suggested that either further information was provided as to who would be covered by “<i>agents</i>”; or that this word was removed, as may be necessary to reflect the facts.</p> <p><b>5.4.10</b> AGD noted the statement in section 5(a) that “<i>...processing is necessary for its legitimate interests in being able to provide tools and services...</i>”; and suggested that this was removed, to avoid the suggestion that the applicant would be selling a service.</p> <p><b>5.4.11</b> AGD noted and commended NHS England’s DARS and the applicant on the work undertaken on the responses to the previous AGD advice provided on the 5<sup>th</sup> June 2025.</p> <p><b>5.4.12</b> No AGD member noted a commercial aspect to the application.</p>	
<p><b>5.5</b></p>	<p><b>Reference Number:</b> NIC-795268-S1T4D-v0.2</p> <p><b>Applicant and Data Controller:</b> Lampard Inquiry (NHS Inquiry Team)</p> <p><b>Application Title:</b> “The Lampard Inquiry – Pseudonymised access”</p> <p><b>Observers:</b> Dan Goodwin, Madeline Moore and Francesca Whitehead</p> <p><b>Application:</b> This was a new 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> 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>AGD noted that as part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group had been asked <b>not</b> to review the application for this item, and had instead been provided with a new NHS England</p>	

	<p>DARS internal application form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p> <p><b>5.5.1</b> AGD applauded the applicant and NHS England on the efforts undertaken to document the access to the data, which would be in NHS England's <a href="#">Data Uses Register</a>; however noted and supported the suggestion by NHS England to update this further to also include information that was already in the public domain, for example, the Lampard Inquiry terms of reference.</p> <p><b>5.5.2</b> AGD noted that whilst the Lampard Inquiry had a statutory footing, queried <b>1)</b> whether it would be able to enter into data sharing agreement and associated Data Sharing Framework Contract (DSFC); <b>2)</b> whether alternatively a Government Department sponsor would be able to do this on their behalf; or <b>3)</b> whether a Memorandum of Understanding could be utilised.</p> <p><b>5.5.3</b> AGD noted that the use of honorary contracts in this instance was appropriate, however, noting the use of technology and the individuals involved, that consideration should be given to adding the University of Oxford as a Data Processor, in line with <a href="#">NHS England's DARS Standard for Data Processors</a>.</p> <p><b>5.5.4</b> AGD queried why national data had been requested, and suggested that further clarification was provided, in line with <a href="#">NHS England DARS standard for data minimisation</a>.</p> <p><b>5.5.5</b> AGD also suggested that section 5(b) (Processing Activities) was updated to be clarify that further data minimisation would be undertaken within NHS England's Secure Data Environment (SDE).</p> <p><b>5.5.6</b> AGD advised that they would be supportive of additional datasets flowing if this was appropriately justified, and in line with <a href="#">NHS England's DARS Standards</a>, for example, Hospital Episode Statistics (HES) data.</p> <p><b>5.5.7</b> No AGD member noted a commercial aspect to the application.</p>	
<b>5.6</b>	<p><b>Reference Number:</b> NIC-762732-L6B5X-v0.10</p> <p><b>Applicant and Data Controller:</b> Queen Mary University of London</p> <p><b>Application Title:</b> "Bowel-Star UK: Risk-Stratification Study"</p> <p><b>Observer:</b> Joe Lawson</p> <p><b>Application:</b> This was a new 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 <a href="#">Data Uses Register</a>.</p> <p><b>Outcome of discussion:</b> AGD were supportive of the application and wished to draw to the attention of the SIRO the following comments:</p> <p>AGD noted that as part of an NHS England Data Access Request Service (DARS) pilot (discussed at the AGD meeting on the 7<sup>th</sup> August 2025), the Group had been asked <b>not</b> to review the application for this item, and had instead been provided with a new NHS England DARS internal application form that contained summary information that, once finalised, would be transferred into the usual data sharing agreement (DSA) template.</p>	

	<p><b>5.6.1</b> AGD noted that NHS England's Data Access Request Service (DARS) had already queried the data controllership arrangements with the applicant, however, the Group suggested that <b>1)</b> further clarification was sought on how the six work packages work together, information of which is already in the public domain, and <b>2)</b> whether there are any implications on data controllership, in line with <a href="#">NHS England DARS Standard for Data Controllers</a>.</p> <p><b>5.6.2</b> AGD suggested that section 4.2 (Purpose for Processing) was updated to clarify how the purpose of this application was for work package one; and how it fits in with the wider programme of work in respect of the other five work packages.</p> <p><b>5.6.3</b> AGD noted the references in the NHS England DARS internal application form to the data being accessed by "<i>authorised personnel</i>"; and suggested that this was updated with further clarification as to exactly who could access the data.</p> <p><b>5.6.4</b> AGD noted the statement in section 4.8 (Expected Measurable Benefits) that the data analysis was not expected to achieve public benefits; and suggested that <b>1)</b> this was removed, noting that it contradicted other information provided in respect of the benefits; and <b>2)</b> that the benefits outlined aligned with <a href="#">NHS England DARS Standard for Expected Measurable Benefits</a>.</p> <p><b>5.6.5</b> No AGD member noted a commercial aspect to the application.</p>	
<b>6 INTERNAL DATA DISSEMINATION REQUESTS:</b>		
<i>There were no items discussed</i>		
<b>7 EXTERNAL DATA DISSEMINATION - SIRO APPROVED / SEEKING SIRO APPROVAL</b>		
<i>There were no items discussed</i>		
<b>8 OVERSIGHT AND ASSURANCE</b>		
<i>There were no items discussed</i>		
<b>9 AGD OPERATIONS</b>		
<b>9.1</b>	<p><b>Risk Management Framework</b></p> <p>The Group noted that the NHS England SIRO Representative had engaged with the Group out of committee following the AGD meeting on the 30<sup>th</sup> October 2025 in respect of the Risk Management Framework; and that a further update on this outstanding action would be provided as soon as possible.</p> <p><b>ACTION:</b> The NHS England SIRO Representative to provide a written response to AGD on the progress at a future AGD meeting.</p>	SIRO Rep
<b>9.2</b>	<p><b>AGD Stakeholder Engagement</b></p> <p><i>There were no items discussed</i></p>	
<b>9.3</b>	<b>AGD Project Work</b>	

	There were no items discussed	
10 Any Other Business		
10.1	<p><b>NHS England patient and public involvement and engagement (PPIE) Standard</b></p> <p>AGD noted that there was work ongoing within NHS England, to develop an NHS England patient and public involvement and engagement (PPIE) Standard; and asked the NHS England SIRO Representative that an update was provided to the Group at a future AGD meeting.</p> <p><b>ACTION:</b> The NHS England SIRO Representative to provide an update to the Group, on the development of the NHS England PPIE Standard.</p>	SIRO Rep
10.2	<p><b>AGD NHS England Data and Analytics Representative / Delegate: Dave Cronin</b></p> <p>The Group noted that Andy Rees would be the AGD NHS England Data and Analytics Representative on behalf of Michael Chapman (AGD NHS England Data and Analytics Representative) from the 13<sup>th</sup> November 2025.</p> <p>The Group thanked Dave for his valuable contribution to AGD as delegate for Michael.</p>	
<b>Meeting Closure</b>		
As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.		