

Advisory Group for Data (AGD) – Meeting Minutes

Thursday, 8th May 2025

09:00 – 15:00

(Remote meeting via videoconference)

AGD INDEPENDENT / NHS ENGLAND MEMBERS IN ATTENDANCE:	
Name:	Role:
Paul Affleck (PA)	AGD independent member (Specialist Ethics Adviser)
Claire Delaney-Pope (CDP)	AGD independent member (Specialist Information Governance Adviser)
Rachel Fernandez (RF)	NHS England member (Data Protection Office Representative (Delegate for Jon Moore))
Kirsty Irvine (KI)	AGD independent member (Chair)
Dr. Jonathan Osborn (JO)	NHS England member (Caldicott Guardian Team Representative)
Jenny Westaway (JW)	AGD independent member (Lay Adviser)
Tom Wright (TW)	NHS England member (Data and Analytics Representative (Delegate for Michael Chapman))
NHS ENGLAND STAFF IN ATTENDANCE:	
Name:	Role / Area:
Garry Coleman (GC)	NHS England SIRO Representative
David Evans (DE)	IG Lead, Privacy, Transparency, and Trust (PTT), Delivery Directorate (Presenter: item 7)
Suzanne Hartley (SH)	Data Applications Service (DAS) - Senior Manager, Data Access and Partnerships, Transformation Directorate (Observer: item 5.5)
Joe Lawson (JL)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.3)
Jorge Marin (JM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: item 5.4)
Tiaro Micah (TM)	Data Access and Partnerships, Data and Analytics, Transformation Directorate (Observer: part of item 5.1 and 5.2)
Karen Myers (KM)	AGD Secretariat Officer, Privacy, Transparency and Trust (PTT), Delivery Directorate

Ellie Ward (EW)	Deputy Data Protection Officer, Privacy, Transparency and Trust (PTT), Delivery Directorate (Observer: items 5.2 to 5.5)
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)
Dr. Robert French (RF)	AGD independent member (Specialist Academic / Statistician Adviser)
Jon Moore (JM)	NHS England member (Data Protection Office Representative)
Miranda Winram (MW)	AGD independent member (Lay Adviser)

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 1 st May 2025 were reviewed and, after several minor amendments, were agreed as an accurate record of the meeting.
3	Declaration of interests: Paul Affleck noted a professional link to the University of Leeds but noted no specific connections with the application (NIC-777919-R7D2B) 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-682461-D0Z7H-v0.9 Applicant and Data Controller: Imperial College London Application Title: “Lynch Syndrome Research Registry Pilot Study” Observers: Tiaro Micah and Ellie Ward Application: This was a new application. NHS England were seeking general advice on the application.

<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>5.1.1 AGD noted that there was a legal gateway in consent for the flow of confidential data, however, noted that the consent form was complex and granular with several optional items, and that in order for this work to take place all participants would need to have consented to item 5, consenting for information about past medical history and previous care related to Lynch syndrome, to be collected from medical records and stored electronically on the pilot registry.</p> <p>5.1.2 AGD suggested that if the work outlined in this application was expanded beyond the 'pilot' phase, further patient and public involvement and engagement (PPIE) was undertaken on the development of the consent form, for example, to reduce the complexity of the information within the form(s).</p> <p>5.1.3 AGD noted that no cohort members had withdrawn from the study, and advised that this may be partly due to the process for withdrawing being unclear, and suggested that the applicant review / update their published transparency materials, to 1) ensure that it was clear / factually correct, on the options / process for withdrawing from the research, which should contain at least two methods of contact for participants (post, telephone and / or e-mail); and 2) to make it clear what data will be processed after a cohort member withdraws from the study.</p> <p>5.1.4 AGD noted the statement in section 5(b) (Processing Activities) of the application <i>"There will be no requirement and no attempt to reidentify individuals..."</i>; and noting that this was a consented cohort, suggested that there may be instances where it would be beneficial to re-identify individuals, for example in respect of patient safety. It was suggested that this was reviewed and updated as may be necessary to reflect the correct information; or that the statement was removed.</p> <p>5.1.5 Separate to this application and for NHS England to consider: AGD reiterated the point made on the 10th April 2025, that the AGD NHS England Data and Analytics Representative reviewed / updated the standard wording in respect of <i>"re-identification"</i> in section 5(a) (Objective for Processing), to allow for re-identification where appropriate / permitted, for example, for direct care / patient safety reasons where it is a consented cohort.</p> <p>5.1.6 AGD suggested that section 3(b) (Additional Data Access Requested) was updated to accurately reflect that the data is <i>"identifiable"</i> and not pseudonymised.</p> <p>5.1.7 AGD noted the reference to a <i>"steering committee"</i> in section 5(a); and suggested that either further information was provided on the steering committee, including, but not limited to 1) membership; and 2) the roles and responsibilities of the steering committee; or that the reference was removed.</p> <p>5.1.8 AGD suggested the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible 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>D&A Rep</p>
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	<p>5.1.9 The NHS England SIRO Representative suggested that the information in section 5(b) in respect of remote access was reviewed, and any duplication of information was removed.</p> <p>5.1.10 The NHS England SIRO Representative suggested that the statement in section 5(b) <i>“Any additional analyses or research questions Imperial College London identify will be defined and approval will be sought through separate ethics approvals and patient consent”</i> was removed.</p> <p>5.1.11 AGD suggested that the statement in section 5(b) <i>“Any approaches by external parties for access to study data will be considered and data will only be disseminated in an anonymised, aggregated format”</i> was updated, to state that there will be no access to external researchers, and be clear that the Data Controller can help with research queries, and that any responses based on Registry data will contain only anonymised, aggregate data with small numbers suppressed.</p> <p>5.1.12 In addition, AGD suggested that the information in the NHS England Data Access Service (DAS) internal application assessment form was added to section 5(b), in respect of 1) there is no bar on commercial entities using the research query service but that this was not anticipated ; and 2) that there are no charges for production and release of aggregated data in response to research queries, but that if the query required a significant amount of staff time to prepare, then a contribution toward staff costs might be requested.</p> <p>5.1.13 AGD advised whilst there may currently be no anticipation that commercial entities would want to use the research query service, this may change in future, and suggested that cohort members may welcome commercial use of data, noting this could lead to better drug treatment / therapies etc. The Group suggested that a special condition was added to section 6 (Special Conditions), to state that commercial use of the data is not anticipated, but should the intended use of the data become commercial, as defined in NHS England DAS Standard for Commercial Purpose, then the Data Controller will secure an agreed amendment to this data sharing agreement (DSA) in advance of such use.</p> <p>5.1.14 AGD noted and commended the PPIE undertaken by the applicant to date.</p> <p>5.1.15 No AGD member noted a commercial aspect to the application.</p>	
5.2	<p>Reference Number: NIC-776195-H7W4D-v0.4</p> <p>Applicant and Data Controller: Imperial College London</p> <p>Application Title: “Inequalities in Pelvic Floor Surgery Access in the UK”</p> <p>Observers: Tiaro Micah and Ellie Ward</p> <p>Application: 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 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>5.2.1 AGD noted that there were a number of sensitive data fields requested in section 3(b) (Additional Data Access Requested), including, but not limited to, ‘detention category’ and ‘consultant code’; the Group advised that the processing of the consultant code data may</p>	

<p>result in the identification of consultants, and would not align with the statement in section 5(b) (Processing Activities) that <i>“The Data will contain no direct identifying data items”</i>. AGD suggested that 1) NHS England explore with the applicant, the request for a) ‘consultant’ code; b) ‘Code of patient’s registered or referring general medical practitioner’ code; c) ‘Person referring patient’ code; and d) codes related to the legal/detention status of patients; and 2) that a clear justification was added to section 5(a) (Objective for Processing) for these data fields in line with NHS England DAS Standard for Objective for Processing; and 3) if any of the data fields were not essential / required, they were removed from the application. AGD advised that if a clear justification was provided as to why these sensitive data fields were required, then they would be supportive of the processing of this data.</p> <p>5.2.2 Separate to this application and for NHS England to consider / action: AGD reiterated the previous query, in respect of what the current process / policy is for approving the use of consultant code, noting that NHS Digital previously required the review / support of the Independent Group Advising (NHS Digital) on the Release of Data (IGARD) and that this was noted in the public domain.</p> <p>5.2.3 AGD suggested that the statement in section 5(b) <i>“The Data will contain no direct identifying data items”</i> was updated as may be necessary to reflect the factual situation, for example, to state this is in relation to <i>“patients”</i> or <i>“patients and health care professionals”</i>.</p> <p>5.2.4 AGD noted that an individual from Cardiff University on an honorary contract was referred to in the NHS England Data Access Service (DAS) internal application assessment form, but is not referred to in the application; and suggested that the application was updated to reflect the factual information in respect of this.</p> <p>5.2.5 AGD noted the references in the application to a <i>“Doctor of Medicine student”</i> at Imperial College London and a <i>“PhD student”</i>; and suggested that the application was updated to be clear 1) whether this was one individual who was both a Doctor of Medicine and a PhD student, or separate individuals; 2) that the correct terms were used when referring to this / these individuals, that reflect the correct / factual information.</p> <p>5.2.6 AGD noted that, in respect of security assurances, the Data Controller was relying on ISO 27001, however, suggested that the Data Controller highlight this to the individual working on the study, to ensure they are aware of the requirements and how this applies to them.</p> <p>5.2.7 AGD noted the statement in section 5(a) <i>“The Pelvic Floor Society (TPFS) is the organising committee overseeing this project”</i>, and suggested that NHS England’s DAS explore this further with the applicant, to clarify that they were not determining the purpose and means of processing and were therefore not carrying out any data controllership activities in line with the NHS England DAS Standard for Data Controllers; and that the application was updated as may be required to reflect the correct / factual information.</p> <p>5.2.8 AGD noted that section 2(c) (Territory of Use) had not been populated, and suggested that the applicant update this with the territory of use, in line with the NHS England DAS Standard for Territory of Use.</p> <p>5.2.9 AGD suggested that section 5(b) was updated, to be clear that <i>“any user will be subject to a separate Access Agreement”</i>.</p> <p>5.2.10 Separate to this application and for NHS England to consider / action: AGD suggested that the AGD NHS England Data and Analytics Representative explore whether</p>	<p>SIRO Rep</p>
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	<p>standard wording could be used in all applications where NHS England's Secure Data Environment (SDE) is being used, to be clear that <i>"any user will be subject to a separate Access Agreement"</i>.</p> <p>5.2.11 AGD noted and commended the utilisation of NHS England's SDE for the processing of data for this study.</p> <p>5.2.12 Separate to this application and for NHS England to consider / action: AGD and the NHS England SIRO Representative asked that, to support the review of future applications, the AGD NHS England Data and Analytics Representative provide an update at a future AGD meeting, as to how data fields are minimised within NHS England's SDE.</p> <p>5.2.13 No AGD member noted a commercial aspect to the application.</p>	<p>D&A Rep</p> <p>D&A Rep</p>
5.3	<p>Reference Number: NIC-680303-Y3X4W-v0.6</p> <p>Applicant and Data Controller: University of Oxford</p> <p>Application Title: "Optimising Prescription of Treatment In older patients with Mild hypertension at Increased risk of Serious adverse Events - OPTIMISE2: Informed Patient Consent Subset of the Cohort"</p> <p>Observers: Joe Lawson and Ellie Ward</p> <p>Linked applications: This application is linked to NIC-782954-Z6C8Z</p> <p>Application: 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 Data Uses Register.</p> <p>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.</p> <p>5.3.1 AGD noted in the NHS England DAS internal application assessment form, that the Chief Investigator (CI), who was previously employed by the University of Oxford is now employed by Brighton and Sussex Medical School, and holds an honorary contract with the University of Oxford. Noting that Brighton and Sussex Medical School are not named in the application, the Group suggested that, in line with NHS England's DAS Standard for Honorary Contracts and NHS England DAS Standard for Data Controllers, NHS England clarify with the applicant that 1) Brighton and Sussex Medical School would not be credited on any academic outputs 2) what the supervision arrangements are for the CI; 3) who will sign the data sharing agreement, noting this cannot be the CI; and 4) how access to the data will be restricted to employees of the University of Oxford who have authorisation from the CI, as noted in section 5(b) (Processing Activities).</p> <p>5.3.2 AGD noted that NIC-680303-Y3X4W was an application for individuals recruited via consent; and NIC-782954-Z6C8Z was an application for individuals recruited via Consultee Advice under the Mental Capacity Act 2005. It was noted that all advice provided on NIC-680303-Y3X4W as part of this review, would also be considered for NIC-782954-Z6C8Z to see where advice may also be applicable.</p>	

	<p>5.3.3 AGD noted and thanked NHS England’s Data Access Service (DAS) on the internal consent review provided as a supporting document (SD5), which supported the review of the application. AGD noted that whilst recruitment commenced in November 2023, the version of consent reviewed by DAS was March 2024; and suggested that this was explored further, to ensure that any difference in the documents used prior to March 2024 were reviewed to ensure there was a legal gateway in consent for those consented on earlier versions of the materials.</p> <p>5.3.4 AGD noted that, whilst there did appear to be a legal gateway in consent to address the common law duty of confidentiality (subject to point 5.3.2 being addressed), there were concerns regarding the unclear process/options for withdrawing consent; and suggested that 1) given the recruitment is ongoing, the applicant review the processing for withdrawing consent and make this more streamlined; 2) for those who have already provided consent, the applicant to provide updated communications to the cohort, to explain the process for withdrawing consent; 3) NHS England to explore with the applicant if it is actually possible to fully withdraw from the study, and if not, then this should be clarified, for example, if this was on the basis of patient safety; and 4) NHS England to seek clarification from the applicant that any withdrawals from the study will be honoured.</p> <p>5.3.5 AGD suggested that a review was undertaken on the withdrawal process for the individuals recruited under NIC-782954-Z6C8Z.</p> <p>In addition, AGD made the following observations on the application and / or supporting documentation provided as part of the review:</p> <p>5.3.6 AGD suggested that section 3 (Datasets Held / Requested) was updated to clarify how the common law duty of confidentiality is addressed.</p> <p>5.3.7 AGD queried the statement in section 5(b) “<i>Access is restricted to employees or agents 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>5.3.8 No AGD member noted a commercial aspect to the application.</p>	
5.4	<p>Reference Number: NIC-777919-R7D2B-v0.5</p> <p>Applicant: University of Leeds</p> <p>Applicant and Data Controller: Sheffield Teaching Hospitals NHS Foundation Trust, University of Leeds, and University of Sheffield</p> <p>Application Title: “DANTE: A randomised phase III trial to evaluate the Duration of ANti-PD1 monoclonal antibody Treatment in patients with metastatic mElanoma”</p> <p>Observers: Jorge Marin and Ellie Ward</p> <p>Application: 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 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>5.4.1 AGD noted that the 'Leeds Analytics Secure Environment for Research' (LASER) was covered by a separate Data Security and Protection Toolkit (DSPT) to the Leeds University Clinical Trials Research Unit; and suggested that NHS England satisfy themselves that the application included all relevant DSPTs, and that the application was updated as may be appropriate.</p> <p>5.4.2 AGD also suggested that section 5(a) (Objective for Processing) and section 5(b) (Processing Activities) were reviewed and updated as may be necessary, to ensure that the information relating to how the data would be handled and stored aligns with the relevant DSPTs.</p> <p>5.4.3 AGD queried the statement in section 5(b) "<i>Access is restricted to employees or agents 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>5.4.4 AGD noted and commended NHS England's Data Access Service on the internal consent review provided as a supporting document (SD3); and the queries raised with the applicant in respect of data controllership and the outcome of these discussions, which supported the review of the application.</p> <p>5.4.5 No AGD member noted a commercial aspect to the application.</p>	
5.5	<p>Reference Number: NIC-72180-R2L5Y-v5.5</p> <p>Applicant and Data Controller: University of Dundee</p> <p>Application Title: "MR1462 - Data linkage request for the Febuxostat versus Allopurinol Streamlined Trial (FAST)"</p> <p>Observer: Suzanne Hartley</p> <p>Previous Reviews: 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 27th October 2022, 31st March 2022, 21st May 2020, 9th April 2020, 12th March 2020 and the 21st June 2018.</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>5.5.1 AGD were provided with a verbal update in-meeting, in respect of the history / pathway of the application, and noted that whilst the Group did not have information available / technical expertise to assess whether or not the data was derived, advised that they were</p>	

	<p>supportive of the steps taken by NHS England and the proposed amendments to the application.</p> <p>5.5.2 AGD suggested that NHS England 1) clarify whether the University of Dundee has ever received any data that is not derived; 2) if the University of Dundee has received data that is not derived, then NHS England should satisfy itself that they are no longer holding NHS England data via a data destruction certificate.</p> <p>5.5.3 AGD noted that the purpose of this application was for archiving, and suggested that 1) the application was updated throughout to be clear that it is for the purpose of archiving; 2) the existing information in the application is reviewed and edited / updated where appropriate, to ensure that the historical information is still noted, but that the language is reflective of what has happened in the past; 3) the length of the application aligns with the length of time required for regulatory purposes, for example, one year or ten years.</p> <p>5.5.4 AGD noted the s251 support expires in 2026, and suggested that, notwithstanding the special condition in section 6 (Special Conditions) in respect of the Annual Compliance Report (ACR), NHS England should ensure that this is carefully monitored, including, but not limited to, the assurance on the continued s251 support.</p> <p>5.5.5 AGD noted that in respect of security assurances, the University of Glasgow (Data Processor) was relying on ISO 27001, and that this expires on the 31st October 2025; and suggested that this was brought to the attention of the applicant.</p> <p>5.5.6 AGD noted that section 5(a) (Objective for Processing) and section 5(b) (Processing Activities) state that the University of Glasgow use a third-party IT provider, Iron Mountain, as a storage location, which do not process the data and has no access to the data. AGD suggested that 1) Iron Mountain were added as a Data Processor, noting that storage of data was processing of the data; or 2) if Iron Mountain no longer have any involvement with the data, but did hold the data, then they should be removed from the application and NHS England should ensure that a data destruction certificate has been received (noting that this may not be possible if they were not listed as a Data Processor).</p> <p>5.5.7 AGD advised that they were unable to locate a published privacy notice, and suggested that 1) the applicant was reminded that they were required to maintain a UK General Data Protection Regulation (UK GDPR) compliant, publicly accessible transparency notice for the lifetime of the agreement, in line with the contractual requirement in section 4 (Privacy Notice) of the data sharing agreement (DSA); and 2) the privacy notice was clear that the purpose of the current processing is archiving.</p> <p>5.5.8 AGD noted the statement in section 5(b) that “<i>No NHS England Data is held in the analysis dataset</i>”; and suggested that any further details of the analysis dataset are removed as it is not relevant.</p> <p>5.5.9 AGD suggested that the information in section 5(e) (Is the Purpose of this Application in Anyway Commercial) in respect of the Menarini Pharma SAS funding, was replicated in the public facing section 5(a), in line with NHS England DAS Standard for Commercial Purpose.</p> <p>5.5.10 AGD noted that there was a commercial aspect to the application.</p>	
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6 INTERNAL DATA DISSEMINATION REQUESTS:

[illegible]

	<p>Data Controller: Department of Health and Social Care (DHSC)</p> <p>Applicant and Data Controller:</p> <p>Application Title: “D1.1 - UK Health Security Agency (UKHSA) Single Data Sharing Agreement”</p> <p>Previous Reviews: The application and relevant supporting documents were previously presented / discussed at the AGD meetings on the 24th April 2024 and the 24th August 2023.</p> <p>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 3rd November 2022, 23rd June 2022, 16th December 2021 and the 3rd June 2021.</p> <p>The application and relevant supporting documents were previously presented / discussed at the IGARD COVID-19 response meetings on the 27th July 2023.</p> <p>The SIRO approval was for 1) the addition of the COVID-19 Therapeutics data; and 2) an update to the special conditions in section 6.</p> <p>In addition, there were a number of updates made to the application via ‘reusable decisions’.</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>8.2.1 AGD noted the statement in section 5(a) that “Identifying data is not used for research purposes”; and queried if it should simply refer to “<i>data</i>”, since research would not seem compatible with the legal basis for flowing confidential patient information.</p> <p>The NHS England SIRO representative thanked AGD for their time.</p>	
9 OVERSIGHT AND ASSURANCE		
<i>There were no items discussed</i>		
10 AGD OPERATIONS		
10.1	<p>AGD Annual Report 2024/25</p> <p>The Group discussed the 2024/25 AGD Annual Report draft template, in line with paragraph 8.1 of the AGD Terms of Reference that state that “<i>The Group will produce an annual report on its work...for the SIRO following the end of the financial year...</i>”.</p> <p>The Group noted that following discussions at the AGD meetings on the 1st May 2025, 10th April 2025, 13th March 2025 and the 27th February 2025, the updated AGD Annual Report 2024/25 template had been uploaded to AGD’s internal collaboration area for AGD members / delegates to review and make further comments / suggested updates.</p> <p>The Group discussed the comments / suggested updates made to the draft template and made further amendments as necessary to reflect the discussion in-meeting. AGD noted that the AGD Annual Report 2024/25 template would be updated by the AGD Secretariat following the meeting, and the next version of the report uploaded to AGD’s internal</p>	

	<p>collaboration area for AGD members / delegates and the AGD Secretariat to continue populating over the coming weeks.</p> <p>ACTION: AGD Secretariat to update the AGD Annual Report 2024/25 template, and upload to AGD's internal collaboration area.</p> <p>ACTION: AGD to continue populating the AGD Annual Report 2024/25 template once uploaded to AGD's internal collaboration area.</p> <p>The Group also discussed the management information (MI) that would be included in the AGD Annual Report 2024/25, and noted several actions for the AGD NHS England's Data and Analytics Representative, and the AGD Secretariat in respect of the collation / production of the MI.</p> <p>ACTION: The AGD NHS England's Data and Analytics Representative to discuss / collate the MI for the AGD Annual Report 2024/25 with colleagues and ensure this is populated in the AGD Annual Report 2024/25 template.</p> <p>ACTION: The AGD Secretariat to collate the MI for the AGD Annual Report 2024/25 with colleagues and ensure this is populated in the AGD Annual Report 2024/25 template.</p>	<p>AGD Sec AGD</p> <p>D&A Rep AGD Sec</p>
10.2	<p>Risk Management Framework</p> <p>AGD has been previously informed that a risk management framework is being developed by Data Access and had commented on early thinking about such a Framework. Nonetheless, presently AGD were still operating using the precedent and standard framework as an interim arrangement since February 2023 and AGD were concerned that the permanent Risk Management Framework was not in place. The Group discussed the NHS England corporate risk management framework (see minutes of 14th November 2024) and the AGD Chair subsequently formally asked via email if the NHS England corporate risk management framework could be used. The NHS England SIRO Representative updated the Group that NHS England was still considering the request, including how the NHS England corporate risk management framework could be adapted for AGD.</p> <p>ACTION: The NHS England SIRO Representative to provide a written response to AGD on the progress, and expected time frame for implementation, of the risk management framework.</p>	<p>SIRO Rep</p>
10.3	<p>Standard Operating Procedures (SOPs)</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' SOP 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> <p>AGD queried if the review of the AGD Terms of Reference, forwarded to the Director of Privacy and Information Governance on the 14th March 2025 had been considered and asked that an update be provided as to next steps.</p> <p>ACTION: NHS England SIRO Representative to update the Group at a future AGD Meeting.</p>	<p>SIRO Rep</p>
10.4	<p>AGD Stakeholder Engagement</p>	

	<i>There were no items discussed</i>
10.5	AGD Project Work Federated Data Platform A brief update was given by the Group's Representative on the Federated Data Platform Data Governance Group.
11 Any Other Business	
11.1	<i>There were no items discussed</i>
Meeting Closure As there was no further business raised, the Chair thanked attendees for their time and closed the meeting.	