Confidentiality Advisory Group

Minutes of the meeting of the Precedent Set Review Sub Committee of the Confidentiality Advisory Group held on 26 January 2024 via correspondence.

Present:

Name	Capacity	Items
Ms Clare Sanderson	Alternate Vice Chair	2a, 2b, 2c, 2d
Dr Sandra Duggan	CAG Member (Lay)	2c, 2d
Dr Rachel Knowles	CAG Member (Expert)	2a, 2d
Professor Sara Randall	CAG Member (Lay)	2a, 2b
Mr Dan Roulstone	CAG Member (Lay)	2b, 2c

Also in attendance:

Name	Position (or reason for attending)
Ms Caroline Watchurst	HRA Confidentiality Advisor
Ms Kathleen Cassidy	HRA Confidentiality Advisor
Mr William Lyse	HRA Approvals Administrator

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. NEW PRECEDENT SET REVIEW APPLICATIONS FOR CAG CONSIDERATION

2a	**24/CAG/0005**	**PremPath: Improving the optimisation and stabilisation of the preterm infant**
	Chief Investigator:	Professor Nicola Mackintosh
	Sponsor:	University of Leicester
	Application type:	Research (CAG/REC PILOT)

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This application from University of Leicester set out the purpose of medical research that aims to understand how the care pathway for preterm infants (before 37 weeks of pregnancy) works in practice, and to make recommendations to policy makers to improve care.

When babies are born premature, they are at greater risk of needing neonatal care. The earlier in pregnancy a baby is born, the higher the chance of the baby not surviving or having a long-term illness. There is a specific care pathway to make sure babies who are born prematurely have the best chance of survival and quality of life. This research project will look at how well this care pathway is currently working. If the pathway looks different in different hospitals, applicants will try to understand why.

A researcher is undertaking research using a number of different methodologies at four NHS Trusts. One is University Hospitals of Leicester, however 3 sites are not yet confirmed, and will be added via amendment. Observation locations are likely to include preterm birth clinics, medical assessment units, antenatal clinic, antenatal ward, foetal medicine, obstetric and neonatal units. Some elements of the study, including consented interviews and viewing procedural documents do not require ‘s251’ support. However the researcher, who is not considered direct care team, is also undertaking ethnographic observations of staff caring for babies, mums and families. The focus of the observations will be team working and work processes around the optimisation of care for preterm infants, including how parents are involved in these processes. This will include preterm birth clinics, medical assessment units, antenatal clinic, antenatal ward, foetal medicine, obstetric and neonatal units, hand-overs and multidisciplinary team (MDT) meetings. Support under Regulation 5 is required for this aspect of the study as the applicant may be exposed to confidential patient information when undertaking the observations. Observations will be recorded via handwritten field notes. Identifiable patient information will not be recorded. The researcher will aim to observe each site for approximately 3-4 days, between 1 February and 1 December 2024.

Confidential information requested

Cohort	Patients whose confidential patient information was discussed during observations of preterm birth clinics, medical assessment units, antenatal clinic, antenatal ward, foetal medicine, obstetric and neonatal units between

	approximately 01 February and 1 December 2024. There will be 3-4 days of observations at each site. The size of the cohort will vary by site: • University Hospitals of Leicester have 30 cots in NICU and 12 in SCBU, therefore on any day, there may be 42 preterm infants being cared for across the Trust. • Site 2 (tbc) 32 cots • Site 3 (tbc) 20 cots • Site 4 (tbc) 15 cots
Data sources	Observations of team working, clinical processes, and decision-making, recorded via written field notes, at four NHS Trusts: University Hospitals of Leicester 3 not yet confirmed, will be added via amendment.
Identifiers required for linkage purposes	No items of confidential patient information will be recorded for linkage purposes.
Identifiers required for analysis purposes	No items of confidential patient information will be recorded for linkage purposes.

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006.

Having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

The Precedent Set Review (PS) Sub-Committee requested that further information as set out below (conditions 1 - 5) should be provided.

The PS Sub-Committee highlighted the participant information sheet (PIS) stated, '*What are your choices about how your information is used? You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.'* The PS Sub-Committee queried whether parents would not realise that they were part of the study, just by having been observed. The Committee requested for a clearer statement, such as, *'if you don't want to be included in the observations, please let … know and we will make sure no information about you, or your baby is*

included'.[**Condition 1**]

The PS Sub-Committee requested clarification as to why, in the case of an opt-out, the research team would keep the information that they had already been collected. The CAG queried whether this was due to the data already being anonymised and therefore could not identify what information related to a specific child. If so, the PS Sub-Committee requested for this to be made clear within the participant information sheet. [**Condition 2**]

The PS Sub-Committee requested for all patient notification materials to clearly specify the breach of confidentiality and to state why 'section 251 support' was sought for this application. Therefore, the patient notification materials should clarify that the Chief Investigator will potentially overhear confidential patient information during the process of undertaking observations, however no confidential patient information would be recorded. [**Condition 3**]

The PS Sub-Committee acknowledged that there was no reference made to the PIS on either the poster or the postcard. The CAG requested for the PIS to be referred to on both materials. [**Condition 4**]

The Sub-Committee highlighted a passage within the postcard, which stated '*if you are present during PremPath observations, we will not collect any information that could identify you or you baby.'* The PS Sub-Committee requested for the wording to be revised to the following, *'if you are present during PremPath observations the researcher may hear information that could identify you or you baby. This will not be recorded.'* [**Condition 5**]

Confidentiality Advisory Group advice: Provisionally supported

The CAG was unable to recommend support to the Health Research Authority for the application based on the information and documentation received so far. The CAG requested the following information before confirming its final recommendation:

Number	Action required	Response from the applicant
1.	Support cannot be issued until a Favourable opinion from a Research Ethics Committee is in place. **Pending**	

The CAG also set out the following provisional specific conditions of support in addition to the standard conditions of support.

Number	Condition	Response from the applicant

1.	Where the PIS states; '*What are your choices about how your information is used? You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.'* Please revise to state; *'if you don't want to be included in the observations, please let … know and we will make sure no information about you, or your baby is included'.*	
2.	Explain why the research team would keep the already collected information, after a participant has opted-out. Is this due to the data already being anonymised? If so, please clarify this within the PIS..	
3.	Clearly outline in all patient notification materials that the Chief Investigator will potentially overhear confidential patient information during the process of observations, however no confidential patient information will be recorded.	
4.	Ensure both the poster and the postcard PIS refer to the PIS.	
5.	Where the postcard states; 'i*f you are present during PremPath observations, we will not collect any information that could identify you or you baby.'* Please revise to state*; 'if you are present during PremPath observations the researcher may hear information that could identify you or you baby. This will not be recorded.'*	

The Group delegated authority to confirm its final opinion on the application to the Chair and reviewers.

2b	**24/CAG/0019**	**Biomarkers in severe acute hepatitis**
	Chief Investigator:	Professor Rajiv Jalan
	Sponsor:	University College London
	Application type:	Research

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This application from University College London sets out the purpose of medical research to assess the correlation between hepatic markers of inflammation, senescence, regeneration, and the risk of mortality in patients with severe acute hepatitis (sAH).

Acute liver failure (ALF) is a rare condition where patients, without any prior liver disease, sustain major liver injury (i.e. acute hepatitis) leading to liver and brain failure. This is a life-threatening condition with mortality rates of around 25% in the first month of admission to hospital. No definitive treatment is available beyond liver transplantation and supportive therapy remains the mainstay of management. The process of decision making to list a patient for liver transplantation is challenging and requires careful day to day assessment, however there is no clear way to predict if recovery can be achieved without transplantation. Additionally, late transplantation is associated with a greater risk of mortality and therefore the decision regarding this needs to be made in a timely manner. Use of a test which can give a clear indication of the prognosis prior to any further deterioration would be of great value to earlier and better preparation of patients for surgery and aid in decision-making in situations where chances of recovery without transplant are unclear. Studies in animal and human samples have shown that p21 is a protein which is involved in processes that can hinder recovery post-liver injury. The applicants seek to undertake a retrospective study, making use of samples that have been collected in the past from patients presenting with acute liver injury. The samples are mainly in form of liver tissue, but the applicants also seek to access blood samples stored from the same admission episode.

Seven transplant centres in the UK will be approached through the British Association for the Study of the Liver specialist interest group in acute liver failure. Members of the local research or healthcare team will search local databases to identify eligible patients. Living patients will be contacted to seek consent, if this had not previously been given. Support is sought to allow members of the research team to access confidential patient information to contact patients and seek their consent. The applicants anticipate that many patients will have died or moved away, therefore support is sought to include samples from patients who are deceased or who are otherwise uncontactable. Biological samples and clinical data, pseudonymised by use of a study ID number, will be transferred to University College London.

Confidential information requested

Cohort	300 patients aged 18 years and over with severe non-paracetamol acute hepatitis.

Data sources	1. Paper and electronic patient records held at participating sites
Identifiers required for linkage purposes	1. Date of Death
Identifiers required for analysis purposes	1. Date of Death 2. Gender 3. Ethnicity
Additional information	

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006. Furthermore, having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

Members noted that written information will be sent to all patients who the applicants believe to be alive. If the contact details for the patient are correct, the research team will aim to contact them 1-2 times per week for 4 weeks. A 4-week period will also be allowed for patients to respond. If contact has not been made, the patients will be classed as inaccessible. The applicants seek to include inaccessible patients, similar to the support sought for deceased patients. The Sub-Committee agreed that this issue required discussion by the full CAG, due to the CAG position on non-response, which is usually that non-responders are to be assumed to be dissenters, and cannot be included with 's251' support.

Alongside escalation to Full CAG review, the members noted several queries and clarifications which are as followed:

The PS Sub-Committee sought clarification as to why consent was requested a second time for individuals who had previously given consent for their samples to be used for research.

The PS Sub-Committee noted that the participant information sheet was too complex and requested that a shorter version was submitted following full review. The CAG requested that an email address and phone number are included in the participant information sheet, so patients can register dissent, as well as in the letter.

The PS Sub-Committee also requested that the study website explain the

options around opt-out.

The PS Sub-Committee requested clarification around the data flow diagram. The CAG noted that the red arrow implied the confidential patient information flowing to Royal Free. However, the PS Sub-Committee's understanding of the text, was that data was pseudonymised at the local unit (by direct care team) so that no identifiable data is flowing. Members requested clarification on whether this was correct.

These clarification points will be re-visited at full review.

Confidentiality Advisory Group advice: Escalation

The CAG was unable to recommend support to the Health Research Authority for the application based on the information and documentation received. The CAG requested that this application be escalated to a Full CAG meeting, as it required discussion by the full CAG.

2c	**24/CAG/0022**	**RELAX – REducing Levels of AnXiety - in pregnancy and after birth**
	Chief Investigator:	Professor Colette Hirsch
	Sponsor:	King's College London
	Application type:	Research

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This application from King's College London set out the purpose of medical research to determine whether pregnant women with high levels of Repetitive Negative Thinking (RNT) who complete an early intervention, RELAX, alongside receiving usual care, have a significant reduction in anxiety later in the perinatal period compared to those who receive usual care alone.

Up to 40% of pregnant women and new mothers experience high levels of anxiety, with multiple adverse consequences for these women, their unborn child, children and partners. These consequences may include reduced responsivity to babies, impairments in childhood development, and a twofold increase in risk of a child developing psychological disorders. Currently there are no targeted early interventions for perinatal anxiety, despite its prevalence. The need for interventions has been recognised in the NHS Long Term Plan. The applicants have adapted an existing low-intensity (self-help) intervention to address perinatal anxiety presenting the form of Repetitive Negative Thinking (RNT).

A randomised controlled trial (RCT) will be conducted, in which 268 pregnant women (16-28 weeks gestation) with high levels of RNT and up to a moderate level of anxiety will be randomly allocated to a control group, who will receive usual care for pregnant women, or the intervention group, who will receive the

online web-based intervention, RELAX, plus usual care. A computer will decide which group an individual is randomly allocated to. Support is needed to allow members of the research team to access maternity health records to screen for eligible patients. Patients will be approached via telephone or email and consent sought.

Confidential information requested

Cohort	Pregnant women aged 18 years and over, between 16-28 weeks of gestation, who attend one of the participating NHS sites and have high levels of Repetitive Negative Thinking and a moderate level of anxiety.
Data sources	1. Electronic patient records at Guy's and St Thomas's NHS Foundation Trust and King's College Hospital NHS Foundation Trust
Identifiers required for linkage purposes	1. Name 2. NHS Number 3. Hospital ID Number 4. Date of birth 5. Postcode – unit level
Identifiers required for analysis purposes	1. Date of birth 2. Postcode – unit level
Additional information	

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006.

Having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

The Precedent Set Review Sub Committee requested that further information as set out below **(Actions 1 - 7)** should be provided.

The PS Sub-Committee requested clarification on the amount of people that would need to be contacted in order to reach the sample requirement of 268 participants. **(Action 1)**

The PS Sub-Committee requested clarity on how the research team would

ensure that mothers who had previously declined participation in the clinic would not be reapproached for consent. **(Action 2)**

Furthermore, the PS Sub-Committee requested an explanation on why the research team could not retain the NHS number for patients that had refused consent or did not respond, to avoid them being re-approached, rather than all their details. **(Action 3)**

The CAG requested that the applicant conduct further patient and public involvement and engagement, specifically around the following points. 'Researchers accessing confidential information to identify individuals as eligible for the study and gain contact details', as well as 'how potential participants might feel if someone they do not know contacts them to say they have been given medical information to indicate explicitly (or implicitly) that they have been identified as having high levels of anxiety or negative thoughts about their pregnancy'. **(Action 4)**

The PS Sub-Committee requested that the patient notification clearly state that the research team had been authorised access to health records to invite potential participants to take part in a study, however, should the individual decline consent, their data would be deleted. **(Action 5)**

The CAG requested that the opt-out notification is revised to specifically state that opting out of the study would not affect standard of care or treatment. **(Action 6)**

The Group highlighted the section titled 'further supporting information', which stated that the participants General Practitioner (GP) would be contacted or informed if there were concerns. The PS Sub-Committee requested that this statement is included in the informed consent form. **(Action 7)**

<u>Confidentiality Advisory Group advice:</u> Provisionally supported

The CAG was unable to recommend support to the Health Research Authority for the application based on the information and documentation received so far. The CAG requested the following information before confirming its final recommendation:

Number	Action required	Response from the applicant
1.	Provide clarification on the amount of people that would need contacting, in order to reach the sample requirement of 268 participants.	
2.	Provide clarification on how the research team would ensure that mothers who had previously declined participation in the clinic, would not be reapproached for consent.	

3.	Explain why the research team could not retain the NHS number for patients that had refused consent or did not respond, to avoid them being re-approached, rather than all their details.	
4.	Please conduct further patient and public involvement and engagement, specifically around the following points. 'Researchers accessing confidential information to identify individuals as eligible for the study and gain contact details', as well as 'how potential participants might feel if someone they do not know contacts them to say they have been given medical information to indicate explicitly (or implicitly) that they have been identified as having high levels of anxiety or negative thoughts about their pregnancy'.	
5.	Clearly state within the patient notification material that the research team had been authorised access to health records to invite potential participants to take part in a study, however, should the individual decline consent, their data would be deleted.	
6.	Ensure the opt-out notification states that opting out of the study would not affect standard of care or treatment.	
7.	Where stated, 'further supporting information', section, the participants General Practitioner (GP) would be contacted or informed if there were concerns. Ensure this information is clearly stated within the informed consent form.	

The Group delegated authority to confirm its final opinion on the application to the Chair and reviewers.

2d	**24/CAG/0023**	**Stroke and atrial fibrillation (AF) with a focus on prevalent and incident stroke and/or AF in one area of North West England, and associated clinical risk factors, multimorbidity, time trends,**

		and outcomes, and development and evaluation of clinical risk models and dynamic changes in stroke risk
	Chief Investigator:	Associate Professor Andrew Hill
	Sponsor:	Mersey & West Lancashire teaching hospitals NHS Trust
	Application type:	Research

The Group reviewed the above application in line with the CAG considerations.

Summary of application

This application from Mersey & West Lancashire teaching hospitals NHS Trust set out the purpose of medical research that aims to recognise factors that may modify cardiovascular risk in AF and in stroke, and to identify new predictors of stroke in patients with AF. Applicants specifically aim to determine the predictive ability of, and the association between coronary artery calcification (CAC) and intracranial arterial calcification (IAC) and adverse outcomes (such as AF, stroke, stroke recurrence, all death and stroke related death). There is a secondary aim of the creation of computer programs (risk prediction models) that use advanced technology (artificial intelligence and machine learning) to incorporate CAC and IAC in predicting the likelihood of experiencing strokes and heart rhythm issues such as AF.

In short, 's251' support is requested to allow the disclosure of confidential patient information from Mersey & West Lancashire teaching hospitals NHS Trust to Graphnet, for the purposes of linking to the Combined Intelligence for Population Health Action (CIPHA) platform, before providing an effectively anonymous dataset for analysis to the applicants, via provided access within Graphnet Trusted Research Environment. 's251' support is also specifically required for Graphnet to process NHS number and date of death from CIPHA, in order to pseudonymise the NHS number for linkage, and modify the date of death for analysis.

The rate of recurrent stroke and post-stroke complications and death, as well as death related to atrial fibrillation (AF), remains high despite current management. Clinical risk scores such as CHADS2 and CHA2DS2-VASc have been fully validated and widely used in clinical practice to identify AF patients at higher risk of stroke, who will need certain treatment (i.e., blood thinners). Nevertheless, recent evidence has emerged proposing new markers of risk of AF and/or stroke that are yet to be studied in a larger population size before they can be incorporated into new risk scores and clinical risk models, which this study aims to do.

The applicants intend to link a patient's hospital record (including their CCTA report) to their individual baseline characteristics, comorbidities, and outcomes as recorded in the Shared Care Records within CIPHA. Outcomes of interest include recurrent stroke + mortality, stratified as AF vs no AF. The cohort will be

identified by the direct care team at Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). The cohort will consist of a CAC group: All adult patients who had CAC assessment on a CCTA at MWL Trust in the period between May 2010 and May 2018 (which allows for at least 5 years of follow up data), and an IAC group: adult stroke patients who had CT head (namely brain CT angiography) between July 2021 and July 2022 at Whiston hospital (part of MWL). This dataset will comprise 25 patients with (cases) and 20 patient without (controls) visually evident IAC on their scans). This analysis will serve as a pilot study to assess feasibility and prove concept.

To facilitate linkage to CIPHA, the transfer of patient identifying information (NHS numbers and dates of birth) to Graphnet (along with limited data e.g. the recorded calcium score on CT) will take place, which requires 's251' support. Graphnet will pseudonymise the NHS number, before linking it to CIPHA data using the pseudonymised NHS number. Date of birth will be modified to age. Data regarding the CAC groups and IAC groups are both sent to Graphnet for linkage. Graphnet also requires 's251' support for processing NHS number and date of death of the CIPHA dataset, in order to pseudonymise the NHS number for linkage, and modify the date of death for analysis. Pseudonymised scans of the IAC group only will also be sent to University of Liverpool for IAC assessment and calcification scoring which are not done routinely. Graphnet will create an effectively anonymous dataset for analysis within their own Trusted Research Environment (TRE) where the data can be analysed by the MWL researchers. 's251' support will be required for 3 years after linkage, for the applicant at Mersey & West Lancashire teaching hospitals NHS Trust to retain a key between identifiers and the study ID.

Confidential information requested

Cohort	CAC group: All adult patients who had CAC assessment on a CCTA at MWL Trust in the period between May 2010 and May 2018 (which allows for at least 5 years of follow up data) The CAC group is 2509 patients IAC group: And adult stroke patients who had CT head (namely brain CT angiography) between July 2021 and July 2022 at Whiston hospital (part of MWL). (this dataset will comprise 25 patients with (cases) and 20 patient without (controls) visually evident IAC on their scans). This analysis will serve as a pilot study to assess feasibility and prove concept. The IAC group is 45 total patients
Data sources	1. Mersey & West Lancashire teaching hospitals NHS Trust: • CT/CTA scans from -Radiology PACS system at MWL

	• Electronic patient records 2. Graphnet (processor) - Combined Intelligence for Population Health Action (CIPHA) platform – the data controller for CIPHA is individual GP practices within Cheshire and Merseyside. Currently this is a shared care record for direct care purposes.
Identifiers required for linkage (and within Graphnet)	Linkage: 1. NHS number – required to pseudonymise for linkage Processed for analysis: 2. Date of Birth – disclosed to Graphnet from Trust and modified to age for analysis 3. Date of death – modified to MM/YY from the full date in CIPHA
Identifiers retained within the key by the Trust	1. Study specific pseudo-ID 2. NHS number 3. Date of birth
Identifiers required for analysis purposes	1. Gender 2. Ethnicity 3. District level postcode 4. Date of death – in MM/YY This is effectively anonymous for analysis within Graphnet
Additional information	Participants will be allocated a unique study number, and this will be used by the study team in communications with the collaborating research teams (e.g. University of Liverpool). The local NHS Trust (MWL) will hold that link code. The Chief Investigator and authorised delegated members of the research team will have access to the link code to the identifying data. 's251' support required for as long as the key between this code and identifiers is held, and this will be deleted 3 years after linkage.

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of medical research and was therefore assured that the application described an appropriate medical purpose within the remit of section 251 of the NHS Act 2006.

Having reviewed the application and considered the risks and benefits involved, the CAG was also assured that the proposed activity was in the public interest.

Regarding the patient notification, the CAG requested that this be improved in

line with the advice below, and re-sent to CAG for review within one month (**Condition 1).**

The Sub-Committee felt the poster layout is not accessible and the information about opt outs is presented differently in two different places on the poster. This needs to be remedied to be an effective notification. A poster should function as readable by patients on a wall in a clinic, and therefore should have headlines of the study with information on where or how to find out more (i.e. the leaflet). The applicant should improve the poster layout, increase the text size, and correct the text on the poster (i.e. the bullet points and blue table both describe how to opt out but provide different information) (**Condition 1a).**

The CAG noticed a spelling error on both the patient notification leaflet and poster – which spell Graphnet as Graphent, which should be corrected (**Condition 1b)**.

Regarding opt out, patients should be provided with more than an email address for opt-out – the applicant is therefore requested to include a phone number and/or postal address (**Condition 1c)**.

Confidentiality Advisory Group advice: Conditionally supported

The CAG agreed that the minimum criteria under the Regulations appeared to have been met, and therefore advised recommending support to the Health Research Authority, subject to compliance with the specific and standard conditions of support as set out below.

1. Within one month, please update the poster and send to CAG for review with the following changes included:
    a. Improve the poster layout, increase the text size, and correct the text on the poster, in line with advice in the minutes.
    b. Correct the spelling error of Graphnet on both the patient notification leaflet and poster
    c. Include a phone number and/or postal address for patients to opt out in addition to the email address.

2. Favourable opinion from a Research Ethics Committee. **Confirmed 20 November 2023**

3. Confirmation provided from the DSPT Team at NHS England to the CAG that the relevant Data Security and Protection Toolkit (DSPT) submission(s) has achieved the 'Standards Met' threshold. **Confirmed:**

   The NHS England **22/23** DSPT reviews for **Mersey and West Lancashire Teaching Hospitals NHS Trust** (in the form of St Helens and Knowsley Teaching Hospitals NHS Trust **(RBN) and** Southport and Ormskirk Hospital

NHS Trust **(RVY)** as these have formally come together as one Trust – Mersey & West Lancashire**) & Graphnet Health Limited** were confirmed as 'Standards Met' on the NHS England DSPT Tracker (checked 12 February 2024)

The Group delegated authority to confirm its final opinion on the application to the Chair and reviewers.

Ms Clare Sanderson	
CAG Alternate Vice Chair	*15 February 2024*
……..	……...
Signed – Chair	*Date*
Mr William Lyse	
HRA Approvals administrator	*12 February 2024*
……	……..
Signed – Insert job title	*Date*