Confidentiality Advisory Group

Minutes of the meeting of the Confidentiality Advisory Group held on *07 December 2023* via video conference.

Present:

Name	Capacity
Dr Tony Calland MBE	CAG Chair
Professor William Bernal	Alternate Vice Chair
Dr Malcolm Booth	CAG Expert Member
Mr David Evans	CAG Expert Member
Mr Andrew Melville	CAG Lay Member
Professor Sara Randall	CAG Lay Member
Dr Joanne Bailey	CAG Expert Member
Dr Ben Gibbison	CAG Expert Member

Also in attendance:

Name	Position (or reason for attending)
Ms Emma Marshall	HRA Confidentiality Specialist
Dr Paul Mills	HRA Confidentiality Advice Service Manager
Mr Dayheem Sedighi	HRA Approvals Administrator
Ms Flora White	HRA Member Support Administrator (Observer)
Ms Kerry Dunbar	HRA Member Support Officer (Observer)
Ms Tracy Hamrang	HRA Approvals Administrator (Observer)

Ms Gemma Walker	Case Manager within the Data Access Request Service (DARS) at NHS England (Observer)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from: Mr Dan Roulstone, Mr Anthony Kane and Ms Rose Payne.

2. DECLARATIONS OF INTEREST

2.1	**5a. 23/CAG/0173** **5b. 23/CAG/0179**	**National Paediatric Diabetes Audit (NPDA)** **Urgent and Emergency Care Survey 2024**
	Conflict:	CAG Member Mr David Evans declared an interest in these items as he works in the same team as the Secretary of State Decision Maker for CAG, and these are non-research applications. The Committee agreed that Mr Evans should leave the meeting for the review of these applications.

2.1	**21/CAG/0044**	**Longitudinal Linkage Collaboration (LLC)**
	Conflict:	CAG Member Dr Ben Gibbison declared an interest in this item as they were related to the director although unattached to this application. The Committee agreed this did not constitute a conflict of interest and they could participate in the full study discussion.

3. SUPPORT DECISIONS

Secretary of State for Health & Social Care Decisions

The Department of Health & Social Care senior civil servant on behalf of the Secretary of State for Health & Social Care agreed with the advice provided by the CAG in relation to the **09 November 2023** meeting applications.

Health Research Authority (HRA) Decisions

There were no applications requiring a decision by the Health Research Authority in relation to the **09 November 2023** meeting applications.

Minutes:

The minutes of the following meetings have been ratified and published on the website:

- 09 November full CAG meeting
- 03 November Precedent Set meeting

4. CONSIDERATION ITEMS

4.1 Amendment

4.a	21/CAG/0044	Longitudinal Linkage Collaboration (LLC)
	Chief Investigator:	Mr Andy Boyd
	Sponsor:	University of Bristol
	Application type:	Research/Research Database
	Submission type:	New application/Amendment/Annual review/NDO exemption request

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

Summary of amendment

This application was initially set up during the COVID pandemic and operated under the COPI Notice. On expiry of the COPI notice, Section 251 support was given to continue the work of the LLC, but only for purposes related to COVId-19.

This amendment sought to expand the scope of the LLC from COVID-19 only to all research, ensuring that the core principles and objectives of the LLC remain. The applicants recognise that this is a significant change and note that all future uses cannot be immediately identified.

To support this change, the applicants have also undertaken the following:

a) Revised their data access review process which is now a 3-stage review process. Stage 3 always will include a review by the UK LLC Data Access Public Review Panel. This is a panel of lay representatives and focuses on the lay summary, assessing potential public good and public involvement sections of the application.

b) Working with each individual study to ensure that the necessary patient information is updated to make clear that the LLC will be used for all research, not limited to COVID -19.

In addition to this main change the applicants also seek to extend the term of support until 2028, and add the EPIC Norfolk study as a collaborating study.

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 CAG requested that any additional data set that was going to be added to this collaboration data set where consent is not sufficient, should come to CAG as an amendment. This should provide clear detail on how these participants will be informed of the new use. **(Condition 1)**

The CAG noted that the amendment was aiming to expand the UK LLC Research from COVID-19 research to all research. From the information provided to CAG members found it difficult to understand the intended purpose of the LLC. The CAG felt the submission was still looking for a purpose, rather than having a clear a vision how the LLC will contribute to furthering medical research. Therefore, the CAG requested that more details to be provided on the types of research that the data access panel has considered and supported/rejected six months from the date of approval of this amendment. **(Condition 2)**

Members agreed that Section 251 can only be provided where there is a medical purpose, and wished to remind the applicants that any request to use the data should be for a medical purpose. **(Condition 3)**

Members agreed that the provided notifications were overcomplicated and too technical for the intended reader. The CAG requested for these to be revised, and recommended review by the Patient and Public Involvement and Engagement Group. **(Action 1a)**

The CAG also requested that the notifications to provide a clear explanation on how patients can request removal of their data for this application. This would also need to be reviewed by the Patient and Public Involvement and Engagement Group. **(Action 1b)**

The CAG noted the submitted guidance to ensure that each participating study informs their participants of the extended purpose. Members requested confirmation that the applicant has contacted each participating study with the guidance and that clear information is provided on study websites. Examples should be provided. **(Action 2)**

The CAG noted that the response to initial conditions (in 2021) anticipated that the planned Patient and Public Involvement (PPI) was anticipated to complete in spring 2022. No further feedback was specifically requested by CAG on the outcome of this PPI, and none was provided in the 2023 annual review. Further information was provided by the applicant regarding this initial PPI, and PPI around the change in purpose from COVID-19 to all research. On reviewing the

provided information, it was not clear whether the participants were asked their views on the extended use of their confidential patient information for the purposes of the LLC (particularly as extending from COVID-19 to all research), without consent. Considering the potential scale of the LLC members also felt that the scale of PPI was insufficient. Therefore, the CAG requested an extensive and proportionate specific patient and public involvement was undertaken with representative groups, to discuss the acceptability of this use of confidential patient information without consent for the expanded purpose of LLC. **(Action 3)**

<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.	Update the patient notification materials as follow and provide to CAG for review: a. Please update the notifications in a lay language that is easily understood. b. An explanation on how patients can request removal of their data for this application should be included. c. All updated patient notification materials should be reviewed by a patient and public involvement group.	
2.	Provide confirmation that each participating study has been provided with the guidance and that clear information is displayed on study websites. Examples should be provided.	
3.	Further proportionate patient and public involvement, particularly around the specific issue of use of confidential patient information without consent is to be undertaken across the longitudinal studies	

	and feedback provided to the CAG for review.	

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.	The CAG requested that any additional longitudinal data set that is going to be added, where consent is not sufficient, should be submitted as an amendment to CAG. This should provide clear detail on how these participants will be informed of the new use.	
2.	The CAG requested that more details to be provided on the types of research that the data access panel has considered and supported/rejected within six months from the date of approval of this amendment.	
3.	Section 251 can only be provided where there is a medical purpose. The applicants should ensure that any request to use the data should be for a medical purpose	

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

5. NEW APPLICATIONS FOR CAG CONSIDERATION

5.1	23/CAG/0173	National Paediatric Diabetes Audit (NPDA)
	Contact:	Ms Holly Robinson
	Data controller:	The Healthcare Quality Improvement Partnership (HQIP) & NHS England for English data and The Healthcare Quality Improvement Partnership (HQIP) & Digital Health and Care Wales (DHCW) for Welsh data
	Application type:	Non-research
	Submission type:	New application

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

Summary of application

This non-research application from Royal College of Paediatrics and Child Health (RCPCH) (on behalf of Healthcare Quality Improvement Partnership (HQIP) & NHS England for English data, & HQIP and Digital Health and Care Wales (DHCW) for Welsh data), set out the purpose of collecting confidential patient information on children and young people treated for diabetes in England and Wales, to establish the National Paediatric Diabetes Audit (NPDA) – the NPDA is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

NPDA has been collecting data since 2003, originally undertaken by the NHS Information centre, and since 2012 with RCPCH undertaking the audit, under Regulation 5 support – reference ECC 2-03(c)/2012. NPDA has existing 's251' support to collect confidential patient information on children and young people treated for diabetes. Support is also in place to link to outcome data. This application is a resubmission, requested as part of the NDOO exemption application, and this application will supersede ECC 2-03(c)/2012.

The purpose of the NPDA is to monitor the prevalence and incidence of diabetes amongst children and young people in England and Wales, and to address a series of questions underpinning efforts to improve the quality of care provided by paediatric diabetes teams. Paediatric diabetes teams submit the audit dataset, which includes confidential patient information, to the Royal College of Paediatrics and Child Health (and their data processors Net Solving Ltd, Rackspace Ltd, Sysgroup Trading Ltd, & Microsoft Limited), for all children and young people receiving care from their service during each audit year, which requires 's251' support. This data used to be linked to Hospital Episode Statistics (HES) via NHS England, and Patient Episode Database for Wales (PEDW) via Digital Health and Care Wales (DHCW), also under 's251' support, however this is no longer requested in this application. The NPDA team then undertake analysis on the data, for a range of audit outputs.

Confidential information requested

Cohort	All children and young people with diabetes of all types receiving care from NHS paediatric diabetes units (PDUs) in Trusts in England and Health Boards in Wales up to the age of 25 (around 33,000 each audit year).
Data sources	1. NHS paediatric diabetes units (PDUs) in Trusts in England – patient medical records 2. NHS paediatric diabetes units (PDUs) in Health Boards in Wales – patient medical records
Identifiers collected in NPDA database	1. NHS number 2. Date of birth 3. Postcode 4. Gender 5. Ethnicity

	6. Date of death
Identifiers required for analysis purposes	Identifiers required for analysis within NPDA: 1. Date of birth - to calculate age at the beginning of the audit year and calculate duration of diabetes diagnosis (modified for analysis) 2. Postcode - to link to deprivation information enabling analysis of inequalities (modified for analysis) 3. Date of death collected as an outcome measure and to exclude patients who have died from certain analyses - modified for analysis 4. gender 5. Ethnicity No identifiers released to external third parties for analysis.

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of the management of health and social care services 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 CAG previously queried if some of the cohort could consent, especially due to the number of times the clinician sees the families. This was queried as part of the ECC 2-03(c)/2012 application, and also during the NDOO exemption review. CAG understands that it is virtually impossible to consent everybody. However, the CAG discussed that it would be possible to have 's251' support for the initial data collection, and then consent those who it was possible to consent, as an exit strategy from 's251' support for those individual patients. Given the cohort, who are likely to have frequent appointments it was agreed that this is a possibility, over time. The Members felt very strongly that CAG should ensure that these practicable alternatives to 's251' support were explored in more detail, as the CAG would not be able to recommend 's251' support if there were practicable alternatives in place that could avoid a breach in the common law duty of confidentiality. In a resubmission, CAG requested confirmation as to whether a process to gradually consent the cohort can be undertaken, or full justification if not. **(Issue 1)**

The CAG noted that the Patient & Public Involvement undertaken was mostly focused on the National Data Opt-Out, and there was no evidence of discussions of use of confidential patient information without consent. The CAG requested further patient and public involvement was undertaken with representative groups, to discuss the acceptability of this use of confidential patient information without consent. **(Issue 2)**

The CAG noted that the single privacy notice was outdated and inadequate for the purposes of a patient notification mechanism for this application. It does not provide any detail that the audit is exempt from the National Data Opt Out, nor provide details on a project specific audit. Given the cohort are likely to be frequently seen in clinics CAG agreed that there should be posters/leaflets available to explain the audit and how information is used. The CAG requested the patient notification materials (privacy notice, posters, leaflets) are reviewed and updated to ensure adequate notification and opportunity to opt out to patients. **(Issue 3)**

The CAG acknowledged that this application was exempt for National Data Opt-Out. However, the applicant was requested to develop an application specific opt out option, which was visible to the cohort, if young people with diabetes or their families did not want their data entered the audit. **(Issue 4)**

This is a non-research application but members noted the frequent references to research within the application. The CAG also understood that the NHS number was not necessarily retained for linkages for non-research purposes, but for potential future linkages related to research purposes. Members agreed that this has lots of potential but reminded the applicants that this was not a research application and thus CAG were currently unable to support this. It was therefore unclear why identifiers were required to be collected into the NPDA, for non-research purposes, as no linkages were planned to be undertaken regarding non-research purposes. Members received an update from the Confidentiality Advice Team of ongoing work to support the Healthcare Quality Improvement Partnership (HQIP) with a potential broader research application which this application could link into, and suggested further discussions with HQIP on this element. (**Issue 5)**

As such, whilst members deferred this application given the above issues, they agreed that support may continue under the existing reference ECC 2-03(c)/2012.

<u>Confidentiality Advisory Group advice:</u> Deferred

The CAG was unable to recommend support to the Secretary of State for Health and Social Care for the application based on the information and documentation received. The CAG noted that the following points should be taken into consideration and addressed prior to resubmitting this application in future.

Number	**Issue:**
1.	Consent as a practicable alternative to ‘s251’ support, for at least some of the patients, needs to be explored in more detail, as the CAG will not be able to recommend ‘s251’ support if there are reasonably practicable alternatives in place that could avoid a

	breach in the common law duty of confidentiality. Confirmation should be provided as to whether a process to gradually consent the cohort can be undertaken, or full justification if not.
2.	Further proportionate patient and public involvement, particularly around the specific issue of use of confidential patient information without consent is to be undertaken.
3.	Review and update the patient notification materials (privacy notice, posters, leaflets) to ensure adequate notification and opportunity to opt out from this audit.
4.	The applicant is requested to develop an NPDA specific opt out option, which is clearly disseminated, for patients who do not want their data entered the audit.
5.	Consider the research uses of this audit and work with HQIP on a future research application, either specific to this audit or as part of a broader research application, as it is currently unclear why 's251' non-research support is requested for the collection of identifiers into the NPDA.

5.b	**23/CAG/0179**	**Urgent and Emergency Care Survey 2024**
	Contact:	Tamatha Webster
	Data controller:	Care Quality Commission
	Application type:	Non-research
	Submission type:	New application

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

Summary of application

This non-research application submitted by Picker Institute Europe, (on behalf of the Care Quality Commission), sets out the purpose of conducting the Urgent and Emergency Care Survey 2024 (UEC24). The 2024 Urgent and Emergency Care Survey will be the tenth carried out to date, and falls within the NHS Patient Survey Programme (NPSP). The NPSP was initiated in 2002 by the then Department of Health, and is now overseen by the Care Quality Commission (CQC), the independent regulator of health and social care in England. Any outputs provided will be anonymous. This statistical dataset is used for a wide variety of purposes, with the ultimate aim of supporting the improvement of patient experience in England.

The CQC have commissioned the Survey Coordination Centre (SCC) at Picker to manage and coordinate the survey programme. All eligible trusts (123 plus 3 pilot organisations) will be asked to conduct the survey, with preparations

expected to begin in July 2023 and fieldwork expected to start from April 2024. Trusts will collect information of all eligible patients and, following suitability checks, will share confidential patient information with the SCC (Picker Institute Europe) in the form of NHS number and post code, and with one of the approved contractors (Picker Institute Europe, Quality Health, Patient Perspective or Explain) in the form of name, address and postcode. The contractors will distribute questionnaires to patients using the approach detailed below:

	Mode of contact
Contact 1	Postal letter inviting the patient to take part online (URL/QR code)
Contact 1.1	3 working days later an SMS reminder will be sent, including a direct link to the online survey
Contact 2	In week 2, a reminder letter will be sent to non-responders (URL/QR code)
Contact 2.2	3 working days later an SMS reminder will be sent, including a direct link to the online survey
Contact 3	Final postal reminder sent (no URL/QR code), along with a paper questionnaire
Contact 3.3	3 working days later an SMS reminder will be sent, including a direct link to the online survey

Ahead of each reminder mailing, it will be necessary to remove all respondents who have completed the survey already, and to conduct a Demographic Batch Service or local check on the full sample. If anyone has requested to be opted out of further reminders, they should also be removed at these timepoints.

The methodology for the 2024 survey is slightly changed from the 2022 survey, to include a small number of non-acute providers as a pilot, to submit type 3 samples, to include more Urgent Treatment Centres (UTCs). Findings from this pilot will inform a potential national rollout to all independent providers and NHS community trusts providing Type 3 services in the 2026 survey.

Other changes proposed for the 2024 survey relate to the mode of data collection- a mixed mode design of online and paper self-completion questionnaire, which was previously supported as part of a pilot (21/CAG/0174), push to web approach, change in sampling information provided, and the timings of the sample, fieldwork and reporting phases. Also, NHS number will be sent to the SCC for linkage with Emergency Care Data Set (ECDS).

Support is requested to allow the disclosure of confidential patient information from NHS trusts to one of the approved contractors for the purpose of sending out questionnaires for the Urgent and Emergency Care Survey 2024, and for disclosure of postcode and NHS Number to Picker Institute Europe (SCC) for analysis purposes. As part of this process, the approved contractors will run deceased checks using the NHS Spine Personal Demographics Service (PDSS), using confidential patient information.

Support is also requested to allow the disclosure of confidential patient information from Picker Institute Europe (SCC) to NHS England, for the purposes of linkage to Emergency Care Data Set (ECDS) and for the flow of data back.

Confidential information requested

Cohort	People aged 16 and over who attended a Type 1 emergency department in February 2024 or a Type 3 urgent care department in February 2024. Trusts can sample back to January 2024 if required to fulfil sample. Total sample size for trusts submitting a Type 1 sample = 1250 patients. Total sample size for trusts submitting a Type 1 and Type 3 sample = 1,530 patients (950 Type 1 patients and 580 Type 3 patients). A further 3 organisations participating in the Independent Providers and NHS Community Trusts pilot will only submit a Type 3 sample. The sample they submit will be 1250 patients. The Sampling Instructions will ask trusts to exclude: - deceased patients - children or young persons aged under 16 years at the date of their attendance at the emergency department - any patients who are known to be current inpatients - planned attendances at outpatient clinics which are run within the Emergency Department (such as fracture clinics) - patients without a UK postal address - patients attending primarily to obtain contraception (e.g. the morning after pill), patients who suffered a miscarriage or another form of abortive pregnancy outcome whilst at the hospital, and patients with a concealed pregnancy - any patient known to have requested their details are not used for any purpose other than their clinical care - any patients who were admitted to hospital via Medical or Surgical Admissions Units and therefore have not visited the emergency department - Any attendances at Walk-in Centre's

	- Any attendances at Type 3 departments not wholly managed by the sampling trust (or organisation). - Patients who attended or were streamed to a separate Same Day Emergency Care unit (i.e. were not treated in the A&E department or Urgent Treatment Centre).
Data sources	1. Electronic patient records within all eligible acute Trusts in England (123 trusts) 2. Electronic patient records within 3 non-acute organisations; Independent Providers and NHS Community Trusts included in the pilot. These are: • Partnership of East London Cooperatives (PELC) • Malling Health • Derbyshire Community Health Services NHS Foundation Trust 3. NHS England - NHS Spine Personal Demographics Service (PDSS) – DBS checks undertaken by approved contractors 4. NHS England - Emergency Care Data Set (ECDS) – linkage undertaken centrally by SCC
Identifiers required for contact purposes	1. Title (Mr, Mrs, Ms, etc.) 2. Initials or First name 3. Surname 4. Address Fields including postcode 5. Mobile phone number 6. Patient unique identifier. This code is printed on the covering letter as part of the online log-in details and the questionnaire itself.
Identifiers required for deceased checks	1. NHS Number 2. Full date of birth
Identifiers required by SCC for analysis purposes	1. Trust code 2. Patient unique identifier 3. Full Postcode - to use to map to deprivation index 4. Year of birth 5. Gender 6. Ethnicity 7. Department Type 8. Designated UTC 9. Time, Day, Month and Year of Attendance

	10. NHS Site Code 11. Sub-ICB codes 12. Mobile Phone Indicator 13. NHS Number – for linkage to ECDS 14. Chief Complaint 15. Diagnosis codes 16. Acuity 17. Person Score
Additional information	Trusts may also choose to collect additional sample variables outside of those detailed in the Survey Handbook. This can be valuable to trusts in enabling them to make greater use of their survey locally to target quality improvements. Please note that the Survey Coordination Centre does **not** receive any names or full addresses, except the patients postcode and NHS number

Main issues considered, discussed and outcomes

The CAG noted that this activity fell within the definition of the management of health and social care services 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 CAG noted that the applicants were beginning cognitive testing of the questionnaire and other survey material. The discussion would additionally include the use of confidential patient information without consent for the purposes of sending out the survey, and also for this year for linkage with ECDS. The CAG requested that feedback on the outcomes of the recommendations from the cognitive testing to be provided to CAG for review. **(Condition 1)**

The Committee also recommended that for future better practice the applicant could consider separating the discussions regarding use of confidential patient information without consent form that of cognitive testing, as they can be considered different types of discussion. **(Recommendation 1)**

The Committee noted that document 27 in the application folder stated: “People receiving the paper questionnaires are informed that they could opt out of the survey by returning the questionnaire blank in the envelope provided to the freepost address”. However, this wording was not included in the cover letter 3. The CAG requested that the wording was added to the cover letter 3. **(Condition 2a)**

The CAG also noted that Letter 2 did not appear to have the information which

was on the reverse of Letter 1 that included information on how patients can Opt-Out. The CAG requested that the applicant to include information regarding patients Opt-Out in Letter 2. **(Condition 2b)**

The CAG noted that the applicants have considered the feasibility of including an Opt-Out mechanism within the SMS reminders but have ruled it out for reasons detailed in the application form. However, there would be a helpline number included in the SMS which patients can call to Opt-Out if required. The CAG requested that the applicant consider including a unique link in the SMS as an alternative way for patients to Opt-Out. **(Condition 3)**

CAG noted that for the 2023 survey, and as pe rother recently supported CQC surveys, Trusts will be provided with a communication toolkit to promote the survey in advance of fieldwork, as well as during fieldwork to promote the value, purpose and usefulness of the survey and how data will be used. This toolkit will consist of publicity posters, social media cards, infographics and website banners. Copies should be provided to CAG once finalised (**Condition 4).**

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 Secretary of State for Health and Social Care, subject to compliance with the specific and standard conditions of support as set out below.

Number	Condition	Response from the applicant
1.	Please provide detailed feedback on the outcomes the questions about using confidential patient information without consent, and linkage with ECDS (added to the cognitive questioning research) to CAG for review. This should be provided to CAG within 3 months.	
2.	Update the patient notification materials as follows and provide to CAG for review: a. Include the information in the cover letter 3 that people receiving the paper questionnaires are informed that they can opt out of the survey by returning the questionnaire blank in the envelope provided to the freepost address.	

	b. Include the process of patient Opt-Out in Letter 2. c. This should be provided to CAG within 3 months.	
3.	Please clarify whether it's possible to include a unique link in the SMS as an alternative way for patients to Opt-Out. This should be provided to CAG within 3 months.	
4.	Please provide the additional full set of communication toolkit materials that are being developed, as soon as they are ready, and confirm that Trust's will be strongly advised to use the communication toolkit.	

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

Recommendation:	
1	The Committee also recommended that for future better practice the applicant could consider separating the discussions regarding use of confidential patient information without consent form that of cognitive testing, as they can be considered different types of discussion.

6. ANY OTHER BUSINESS

There was no other business for discussion.

Dr Tony Calland MBE — 19 December 2023
……. ……..
Signed – Chair *Date*

Dayheem Sedighi — 12 December 2023
……. ……..
Signed – HRA Approvals Administrator *Date*