HRCDC
Health Research Consent Declaration Committee

Minutes of the Meeting – APPROVED

Date: 12th August 2025

Location: Zoom video conferencing

HRCDC Attendance:

Aideen Hartney (Chairperson)
Evelyn Mahon
Mary Tumelty
Patricia O'Beirne
Sarah Barnes Aabo
Jonathan Briody
Antoinette O'Connor
Jim Blighe
Ross McMullan
Barbara Clyne
Brid Burke (Secretariat)
Jonny Barrett (Secretariat)
Caroline Byrne (Secretariat)

Quorum for Decisions

YES

New Applications – For consideration

Applicant: Professor Patricia Maguire
Ref No.: 25-006-AF1
Title: The role of Extracellular Vesicles in disorders of haemostasis and organ injury following Acute Brain Injury (COALESCE-Brain)

Applicant: Professor Ger Curley
Ref No.: 25-007-AF1
Title: Clinical Feasibility Study of a Prototype Device (SepTec) System for Early Detection of Sepsis in Critically Ill Patients.

Applicant: Professor Donal Sexton
Ref No.: 25-008-AF1
Title: GENAKI: Generative AI for Acute Kidney Injury Prediction and Management at St. James's Hospital

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Health Research Consent Declaration Committee

Opening

The Chairperson opened the meeting and welcomed the members.
Ms Brigid McManus, who recently retired as Chairperson of the HRCDC, joined the beginning of the meeting to thank the Committee and Secretariat during her time as Chairperson. The newly appointed Chairperson, Dr Aideen Hartney, other Committee members and the Secretariat acknowledged and thanked Brigid for her significant work and dedication that she has given to the HRCDC as its first Chairperson, noting her contribution in the establishment and effective operation of the HRCDC and its role in the Irish health research landscape. On behalf of the HRCDC and Secretariat, Aideen wished Brigid all the best for the future.
After Brigid had left the meeting, the HRCDC were also informed that, due to other commitments, Barry Lyons had resigned as a HRCDC member. On behalf of the HRCDC, the Chairperson thanked Barry for his work while on the HRCDC.

Apologies

Susan Smith, Paul Stynes, John Woods, Aisling McMahon.

Disclosure of Interest

- **Chairperson approval 19-077-AF3/AMD2:** Jim Blighe (JB) informed the HRCDC that he is on the advisory committee for this study. It was noted that the amendment in question was approved via the Chairperson approval process and therefore JB was not involved in the consideration of this amendment.
- **25-006-AF1 and 25-007-AF1:** Aisling McMahon (AM) informed the HRCDC that she is involved and/or connected to these studies; however, AM was an apology for today's meeting and therefore was not present when these applications were discussed.

Minutes of the last meeting

Draft minutes of 24th June 2025 were circulated in advance of the meeting and were approved by the HRCDC.

Chairperson Approvals

- **Ref ID: 22-006-AF1/AMD4 (A description of the evolution of phenotype in epilepsy from paediatrics through adulthood and old age (HPO Study) -** The HRCDC were informed that amendment request 22-006-AF1/AMD4 was approved via the Chairperson approval process. The amendment covers an extension of the declaration by 1 year to 31st July 2026.
- **Ref ID: 23-016-AF1/AMD2 (Personalized Mechanical Ventilation Guided by UltraSound in Patients with Acute Respiratory Distress Syndrome (PEGASUS)** - The HRCDC were informed that amendment request 23-016-AF1/AMD2 was approved via the Chairperson approval process. The amendment covers (i) the addition of Tallaght University Hospital as a site; (ii) to include a PEGASUS sub-study, IMPROVE-LM and (iii) an extension of the declaration until December 2042.

- **Ref ID: 24-002-AF1/AMD1 (BONANZA Trial)** - The HRCDC were informed that amendment request 24-002-AF1/AMD1 was approved via the Chairperson approval process. The amendment covers (i) the addition of University College Dublin as a data processor and (ii) an additional option on what will happen the data if a participant is withdrawn.
- **Ref ID: 19-077-AF3/AMD2 (IPCOR Study)** - The HRCDC were informed that amendment request 19-077-AF3/AMD2 was approved via the Chairperson approval process. The amendment covers an extension of the declaration by five years to 31st July 2030.

New Applications

Reference ID:
25-006-AF1

Lead Applicant:
Professor Patricia Maguire

Lead Data Controller:
University College Dublin
Mater Misericordiae University Hospital
Beaumont Hospital
RCSI University of Medicines and Health Sciences

Title:
The role of Extracellular Vesicles in disorders of haemostasis and organ injury following Acute Brain Injury (COALESCE-Brain)

Research Objective:
Acute brain injury as a result of trauma or haemorrhagic stroke (including subarachnoid haemorrhage and intracranial haemorrhage) can have devastating consequences at both a personal and societal level. These patients are at risk of disorders in blood clotting after brain injury. This can result in extension of the bleed if a coagulopathy develops or venous thromboembolism and multiorgan failure if a prothrombotic state ensues. These consequences are associated with worse outcomes for patients. There are few targeted therapies to improve patient outcomes in this population. Extracellular vesicles (EVs) are nano-metre sized particles that are released from virtually all cell and carry a cargo containing lipids, proteins and nucleic acids. One of their most well described roles is their contribution to coagulation in health and disease. There is evidence to suggest that EVs are released after brain injury. Our hypothesis is that brain derived EVs are elevated after acute brain injury and that they contribute to disorders on blood clotting, organ failure and worse outcomes. This would be a potential mechanism to identify patients at risk of bleeding or thrombosis and organ injury following acute brain injury and possibly to develop targeted therapies for future use.

Reason for Declaration:
The consent declaration is requested to process the data of participants who lack decision-making capacity to consent. This study can only be carried out in an ICU setting as it is aiming to investigate extracellular vesicles in patients with moderate to severe brain injury. By nature of their illness and the treatments they are receiving, including sedation and

mechanical ventilation, a significant proportion will lack the capacity to consent to research on recruitment.

HRCDC Comments:

The Chairperson requested the primary and secondary reviewers who were assigned to this application to outline the proposal contained in the application. There was then a discussion on the application by the HRCDC. It was the consensus of the HRCDC that a Consent Declaration should be made, subject to conditions attached.

Public interest case:

- The HRCDC discussed the aims and objectives of the study, noting the data controllers and data processors, the data processing flow and the cohorts to be covered by the consent declaration. Based on the information provided it was the view of the HRCDC that there is a strong public interest case in this study as it would likely contribute to existing evidence and research in this area.

Proxy assent and consent process

- The HRCDC noted the rationale for why consent cannot be obtained from participants upon their enrolment in the study and was of the view that the deferred proxy assent and participant consent to continue process outlined was appropriate.
- It was also highlighted that deferred proxy assent would be obtained within 72 hours of the participant's enrolment but that the Applicant also wishes to include the personal data and associated samples of participants in scenarios where proxy assent cannot be obtained; the Applicant outlined that proxy assent may not be obtained due to participant mortality prior to consent or that no relevant legal representative is available. It was noted that the study wishes to include data in such scenarios to avoid survivorship bias and protect the scientific validity of the study. Based on the information provided, the HRCDC was of the view that the scope of the consent declaration should include this.

Data and sample security

- The HRCDC noted that personal data would be captured on a spreadsheet and transferred to the researchers in UCD via secure email of an encrypted file. The HRCDC queried if more secure methods of transfer could be used.
- It was also noted that an access log for the excel file will be kept and it would be considered best practice to use a system that automatically provided a full audit trail for access to the personal data.
- In addition to the personal data, it was also commented that the pseudonymised samples that are linked to the data should also be securely stored.
- It was commented that the use of a case report form helps to ensure that only the minimum level of data should be processed within this study.

Public and patient involvement

- The HRCDC noted the PPI engagement that was undertaken; it was noted that some of the PPI feedback outlined did not appear to have been taken on board by the study, specifically that the study information leaflets did not outline to participants that they would not be informed of the study outcome.

- The HRCDC discussed and was of the view that further PPI engagement could occur during the course of the study, including with enrolled participants and their proxies as well as enhanced PPI engagement regarding the outcomes/findings of this study.

Other:

- It was highlighted that parts of the proxy information leaflet and assent form refers to the use of 'my samples' or 'my data' rather than the participant's samples or data and that the study information leaflets note a start date that has already passed. It was further highlighted that all the PILs should provide clear details on all the data controllers of the study and information on the participant's right to withdraw from the study and have their samples and data destroyed.
- It was noted that the full research ethics approval for each site must also be in place and that the outstanding DPO feedback from RCSI on the DPIA should also be submitted. In addition it should be ensured that the required data agreements and arrangements are in place prior to any data transfers and processing.

HRCDC Decision:

The consensus of the HRCDC was that a Consent Declaration, subject to conditions attached should be made.

Duration of Declaration:

The consent declaration is made until 30th September 2032 or until the personal data is deleted or fully anonymised, whichever occurs first.

Conditions Attached:

Condition 1. The necessary data agreements and arrangements must be in place between the parties prior to the processing of personal data commencing; this includes joint data controller arrangements and data transfer agreements.

Condition 2. Full REC approval, not just provisional approval, must be obtained from each relevant REC.

Condition 3. The outstanding data protection officer feedback on the DPIA from the joint data controller, RCSI, must be submitted as soon as possible and within 2 months and before the start of the study.

Condition 4. It is noted that personal data would be captured on a spreadsheet and transferred to the researchers in UCD via secure email of an encrypted file. The Applicant is asked to explore if alternative more secure methods of data recording and transfer could be implemented for this study, including methods that also provide for a log/audit of the personnel who are accessing the data. In addition to the personal data, it should be ensured that the pseudonymised samples that are linked to the data are securely transferred and stored during the course of the study. The Applicant is asked to report on this condition as part of the Annual Review.

Condition 5. It is a condition that the following points are addressed in the study information leaflets and assent/consent forms for all the sites:

- parts of the proxy information leaflet and assent form refers to the use of ‘my samples’ or ‘my data’ rather than the participant’s samples or data
- the study information leaflets note a start date that has already passed; the PILs should note an accurate start date.
- Beaumont Hospital is not referenced as a joint data controller in the versions of the leaflets and assent/consent forms submitted to the HRCDC; all the PILs should provide clear details on all the joint data controllers of the study
- The proxy information leaflet will need to provide the same level of detail as the participant’s leaflet on what will happen the data and samples upon withdrawal, including that data and samples can be destroyed; all versions of the PILs should provide the same clear information on the right to withdraw and the destruction of samples and data.

HRCDC Recommendations:

Recommendation 1. The HRCDC requests the applicant to undertake further PPI engagement during this study. Enhanced PPI engagement could include discussions with enrolled participants and their proxies about this study and its potential benefits, as well as disseminating the outcomes/findings of this study to participants, their families and the public.

Reference ID:

25-007-AF1

Lead Applicant:

Prof. Ger Curley

Lead Data Controller:

Novus Diagnostics

Title:

Clinical Feasibility Study of a Prototype Device (SepTec) System for Early Detection of Sepsis in Critically Ill Patients.

Research Objective:

Novus Diagnostics is conducting a proof-of-concept study on SepTec- a new bedside device that detects bloodstream infection (BSI) rapidly - a leading cause of sepsis. Sepsis is a life-threatening condition where early and accurate diagnosis is critical. Unlike traditional blood cultures that can take 1–3 days, SepTec delivers results within 15 minutes, classifying pathogens as gram-positive, gram-negative, or fungal. Rapid detection will enable clinicians to initiate targeted antimicrobial treatments promptly, which is particularly vital in intensive care units where timely intervention can save lives. Targeted treatment will also help reduce the use of broad-spectrum antibiotics, mitigating antimicrobial resistance. In this study, whole blood samples from suspected BSI patients will be analyzed using SepTec (results will not influence patient care decisions). The primary aim is to evaluate SepTec's clinical feasibility and effectiveness, generating data to support development and future integration into clinical practice for improved management of life-threatening infections.

Reason for Declaration:

To process the personal/pseudonymised data of participants who lack decision-making capacity due to the nature of their illness, for the purpose of this study. A process of deferred proxy assent, followed by participant consent to continue will be implemented.

HRCDC Comments:

The Chairperson requested the primary and secondary reviewers who were assigned to this application to outline the proposal contained in the application and any issues arising. There was then a discussion on the application by the HRCDC. It was the consensus of the HRCDC that a Consent Declaration should be made, subject to conditions attached.

Public interest case:

- The HRCDC discussed the aims and objectives of this study. It was noted that the study is focused on a new device that could benefit patients, however this study would not impact the clinical care of participants enrolled into the study,
- On balance it was the view of the HRCDC that there is a strong public interest case in this research.

Proxy assent and participant consent:

- It was noted that the study will seek to obtain deferred proxy assent within 72 hours of participant enrolment, however for technical and scientific reasons, the sample collected will need to be tested with the SepTec device at Novus Diagnostics within 12 hours.
- The Applicant had also requested that the participant's personal/pseudonymised data could be included and processed in the study in scenarios where proxy assent could not be obtained within 72 hours; the HRCDC was of the view that this could be covered by the scope of the consent declaration.

Study information leaflets:

- It was noted that the Applicant had confirmed in their replies to the Secretariat that the personal data and associated samples would be destroyed by March 2028; however, the study information leaflets refer to storing data for 10 years.
- On withdrawing from the study, the Applicant's replies are that the samples collected would be destroyed and the default position is that the pseudonymised data would be deleted unless this is no longer possible to do so. The HRCDC commented that the study information leaflets should explicitly outline that personal/pseudonymised data will not be retained but will be destroyed if proxy assent or participant consent is withdrawn, subject to GDPR derogations that may apply.
- The HRCDC was also of the view that the study information leaflets need to provide more specific detail on the role of Novus Diagnostics in this study, including that they are the data controller of the study and that will be receiving and processing, including analysing, personal/pseudonymised data and the associated samples. It was also discussed that it should be clear in the study information leaflets that Novus is a commercial entity.
- It was further noted that the term 'consent' or 'explicit consent' is inaccurately used in the proxy information leaflet and assent form for example 'I give informed explicit consent…'.

In addition, it was noted that the proxy documents are titled 'Next of Kin information leaflet and deferred assent form' and that the participant consent to continue leaflet also refers to the patient's 'Legal Representative'. It was discussed that the use of these terms is not appropriate and therefore should be corrected by the Applicant.

- It was also commented that the PILs should outline that the results of the SepTec device in this study will not have a direct impact on the participant's clinical care.

Other:

- The reference in the DPIA to collecting email address and phone number was queried.
- It was commented that transparency notices about this study should also be in place in the hospitals before the study commences.
- The HRCDC discussed that the scope of the consent declaration should make it clear that pseudonymised data and associated samples would not be used for future research purposes beyond March 2028, as per the replies provided to the HRCDC.
- It was commented that PPI engagement should reference that this proof-of-concept on SepTec is a follow-on from previous research pilot involving SepTec.
- It was noted that the Applicant hopes that data and samples may still be included in the research if deferred proxy assent cannot be obtained.
- More generally it was advised that the Applicant keeps the PPI groups updated about this study. It was discussed that this would also help to enhance patient trust and confidence.
- It was also highlighted that full research ethics approval and the necessary data agreements and arrangements need to be in place prior to the study commencing.

HRCDC Decision:

The consensus of the HRCDC was that a Consent Declaration, subject to conditions attached, should be made.

Duration of Declaration:

The consent declaration is made until 31st March 2028, or until the personal data is deleted or fully anonymised, whichever occurs first.

Conditions Attached:

Condition 1. The necessary data agreements and arrangements must be in place between the parties prior to the processing of personal data commencing.

Condition 2. Full REC approval, not just provisional approval, must be obtained.

Condition 3. It is a condition that the following points are addressed in the study information leaflets and assent/consent forms:

- The study information leaflets reference that data would be stored for 10 years; this should be corrected to align with the replies to the HRCDC that data and samples will be destroyed by March 2028.
- On withdrawing from the study, the Applicant confirmed that the samples collected would be destroyed and the default position is that the pseudonymised data would be deleted unless this is no longer possible to do so. The study information leaflets

should explicitly outline that personal/pseudonymised data will not be retained, but will be destroyed, if proxy assent or participant consent is withdrawn, subject to GDPR derogations that may apply. *(please note that the consent declaration does not override an individual's decision to withdraw from the study and to have their data deleted)*

- It is the view of the HRCDC that more detailed information on the role of Novus Diagnostics, beyond their funding the study and receiving some data, is outlined in the information leaflets; the study information leaflets must therefore provide more specfic detail on the role of Novus Diagnostics in this study, including that they are the data controller of the study and that they will be receiving and processing, including analysing, personal/pseudonymised data and the associated samples. It should also be clear in the study information leaflets that Novus is a commercial entity.
- The term 'consent' or 'explicit consent' is inaccurately used in the proxy information leaflet and assent form, for example 'I give informed explicit consent…'; the term 'proxy assent', not 'consent' should be used when referring to seeking permission from the proxy.
- The proxy assent documents are titled 'Next of Kin information leaflet and deferred assent form' and the participant consent to continue reference the patient's 'Legal Representative'. The use of these terms is not appropriate and therefore should be corrected, for example by using the term 'proxy'.
- The PILs for all cohorts should outline that the results of the SepTec device in this study will not have a direct impact on the participant's clinical care.

HRCDC Recommendations:

Recommendation 1. Transparency notices about this study within the hospital should be implemented before the study commences.

Recommendation 2. It is recommended that the PPI groups/representatives who have been engaged with should be kept up to date about this study. In addition, it is recommended that PPI engagement going forward notes that this proof-of-concept study on SepTec is a follow-on from previous research involving SepTec.

Recommendation 3. Further to Recommendation 2, PPI engagement should also note that data and samples may still be included in the research if deferred proxy assent cannot be obtained.

Reference ID:

25-008-AF1

Lead Applicant:

Prof Donal Sexton

Lead Data Controller:

St James's Hospital

HRCDC
Health Research Consent Declaration Committee

Title:
GENAKI: Generative AI for Acute Kidney Injury Prediction and Management at St. James's Hospital

Research Objective:
This research aims to improve the prediction and management of Acute Kidney Injury (AKI) using artificial intelligence (AI). AKI is a sudden decline in kidney function that affects one in five hospital patients and can lead to severe complications. The project will develop a secure research environment at St. James's Hospital to test and refine AI models, ensuring they work effectively with local patient data. Researchers will use historical, pseudonymised health records (2018–2023) to assess AI's ability to predict AKI early, helping doctors make better treatment decisions in the future. A consent declaration is needed because the study involves past patient data, and obtaining individual consent from thousands of patients is not feasible. To protect privacy, all data will be pseudonymised, securely stored, and used only for research.

Reason for Declaration:
The consent declaration is requested as the applicant states it is not possible/logistical to obtain consent due to the large number of participants that would need to be consented retrospectively. The declaration is for the processing (collection, storage, analysis) of the pseudonymised data within a secure Trusted Research Environment (TRE), where access is strictly controlled, and no data can be extracted by researchers, for the purpose of testing/assessing/validating/developing AI models within the TRE.

HRCDC Comments:
The Chairperson requested the primary and secondary reviewers who were assigned to this application to outline the proposal contained in the application. There was then a discussion on the application by the HRCDC. It was the consensus of the HRCDC that a formal decision should be deferred pending receipt of further information from the Applicant.

Public interest case:
- The HRCDC discussed the study's aims and objectives and the processing activities involved. It was noted that this study will involve processing retrospective pseudonymised data within a secure research environment and this data will not be extracted or analysed outside this environment. It was also noted that the data will be fully anonymised or deleted after 3 years.
- Based on the information provided, the HRCDC is of the view that there is a strong public interest case in this study, acknowledging the rationale for why consent cannot be obtained. However, it is also of the view that further important information is required from the applicant regarding data minimisation before a final decision can be made.

Data Minimisation:
- Based on the information provided, this study seeks to process the data of up to 100,000 patients who were treated in St James's Hospital between 2018-2023. The HRCDC discussed that while this study is focused on AI models for predicting and managing acute kidney injury (AKI), the large number of participants to be included indicates that data of all in-patients during that period would be included in this study.

- In addition to the number of participants, the Applicant also referenced that data on vital signs, laboratory results, medical diagnosis and medications will be processed. It was also noted that data from the patient's 'clinical notes', including doctor and nurse free text, will be processed. The HRCDC commented that the volume and type of data to be processed was very extensive and that 'clinical notes' could cover a wide range and type of personal data. It was further queried whether this study would be collecting the same extent of data on patients with AKI versus those without AKI and if so, why would this be necessary.
- On balance, and in the context of data minimisation, the HRCDC was of the view that more information is needed from the Applicant on why data from all patients, with or without AKI, is required for this study and to provide more details on the extent of data that will be processed for the AKI and non-AKI cohorts. The applicant is asked to provide this information in non-technical language for the benefit of transparency for all Committee members.

Public and patient involvement and transparency measures:

- The HRCDC noted the Applicant's detailed response on the PPI activities that are planned for this study which includes undertaking different workshops. It was commented that this plan would provide an appropriate and welcome approach to PPI engagement for this study, including welcoming that PPI will include discussions on interpreting the study outputs that are generated; however, it was also discussed that no PPI activities seem to have been undertaken to date and the activities outlined are subject to successful funding.
- The HRCDC discussed that even if funding is not secured to undertake the planned PPI engagement that was outlined, it would remain the case that appropriate PPI engagement would still need to be undertaken if the study proceeds. It was also discussed by the HRCDC to what extent PPI engagement should be undertaken before the study formally commences.
- On the transparency measures to be put in place, the Applicant outlined that a study website would be created and draft text for this website was provided. In addition, there were references made to having public notices in place. The HRCDC noted that these are planned transparency measures and that they are not yet in place; it was commented that transparency measures would need to be in place prior to the study commencing.
- It was also the view of the HRCDC that the text used within the transparency measures, including the proposed website, should be non-technical, and that all measures should explicitly state that participants have the right to have their data removed from the study and it should be clear how they can exercise this right i.e., provide information on who to contact if they wish to withdraw.
- In addition, it was commented that transparency measures should make it clear that the study will include the personal/pseudonymised data of all St James's Hospital patients between 2018-2023, and not just patients who had AKI, and correspondingly it should be clear on the extent and type of data that will be included and why it is needed for the purpose of this AI model study.

Other:

- The HRCDC queried whether some participants included in this study may also still be attending St James's Hospital for treatment. It was discussed that while obtaining consent

from any such patients for this study would be impractical, there could be opportunities to enhance transparency measures within the hospital.
- It was commented that the pseudonymization key will be securely stored at the local site.
- It was commented that, if a declaration is made, the scope of the letter should note the right of participants to withdraw and that a declaration does not override such rights.

HRCDC Decision:
The consensus of the HRCDC was that a formal decision would be deferred pending receipt of further information,.

Further information requested:
Point **1**. From the information submitted to the HRCDC this study seeks to process the data of up to 100,000 patients who were treated in St James's Hospital between 2018-2023; this large number of participants to be included indicates that data of patients with and without AKI would be included in this study.
It was also noted that data on vital signs, laboratory results, medical diagnosis and medications will be processed, as well as data from the patient's 'clinical notes', including doctor and nurse free text; from the information provided it was not clear what is meant 'clinical notes' i.e., the extent of data to be processed from clinical notes. In the context of the above and given the GDPR principle of data minimisation, the Applicant is requested to respond to the following:

- Please clarify and justify why data on 100,000 participants with and without AKI is necessary for this study on AI models.
- Please provide more information on the type and extent of data that will be collected and processed, including, in particular, from the patient's clinical notes. Please justify why this extent of data is necessary for this study. When replying to this point, if all the data for all patients held by SJH between 2018-2023 is collected and processed, then please note this.
- Linked to the above points, please confirm if this study will collect and process the same extent and type of data on patients with AKI versus those without AKI and if so, why is this necessary.
- The applicant is asked to provide this information in non-technical language for the benefit of transparency to the HRCDC.

Point 2. The HRCDC queried whether some participants included in this study may also still be attending St James's Hospital for treatment. The Applicant is requested to respond to whether transparency measures aimed at this cohort can be put in place within the hospital to inform them about this study and their rights, including their right to withdraw.

Point 3. Please detail who will be the point of contact within SJH whom participants will be able to contact if they wish to withdraw from the study.

Annual Reviews
The Secretariat has received 11 annual reviews in advance of the meeting which were deemed satisfactory:

- **Ref ID:** 19-025-AF2 (The Alpha-1 Registry)
- **Ref ID:** 19-077-AF3 (IPCOR)
- **Ref ID:** 22-006-AF1 (A description of the evolution of phenotype in epilepsy from paediatrics through adulthood and old age (HPO Study)
- **Ref ID:** 21-007-AF1/COV (INPBS - COVID19)
- **Ref ID:** 19-041-AF3/COV (The role of T-Regulatory and Mononuclear Phagocyte Cells causing Immune Dysfunction in Sepsis (A study on the role of immune dysfunction in sepsis and COVID-19))
- **Ref ID:** 22-005-AF1 (EPIDIVE 2)
- **Ref ID:** 22-007-AF1 (OPTIMATE)
- **Ref ID:** 22-009-AF1 (Linking and harnessing health and population data to improve outcomes in Out-of-Hospital Cardiac Arrest)
- **Ref ID:** 23-005-AF1 (The journey from wardship to supported decision-making: An examination of the process and the experiences of people leaving wardship)
- **Ref ID:** 21-003-AF1 (Investigating the Epidemiology of *Mycobacterium bovis* infection in humans)
- **Ref ID:** 22-008-AF1 (Evaluation of policies and practices to support safe and appropriate controlled drug prescribing)

Any Other Business

The HRCDC were reminded that the next HRCDC meeting is scheduled for Tuesday 9th September.

The Chair closed the meeting