Programme Board Terms of Reference

This document sets out the Terms of Reference for the Thames Valley and Surrey (TVS) Secure Data Environment (SDE) Programme Board.

Changes

Version 2.0 Oct 2024 Approved by Programme Board

Version 1.0 Oct 2023 Approved by Programme Board

Date of next review: October 2025

1. **STATUS AND AUTHORITY OF PROGRAMME BOARD**
	1. NHS organisations in the Thames Valley and Surrey (**"TVS"**) region are working together to establish a sub national secure data environment ("**TVS SDE**") that will allow routinely-collected clinical patient data to be used without the need for the data to leave the NHS.
	2. The TVS SDE supports analysis of health data including translational research and development within and across the region, including the development, deployment, and validation of new data-driven innovations alongside non-research uses such as clinical audit and improvement.
	3. The TVS SDE is sponsored by NHS England’s Data for R&D programme; Oxford University Hospitals NHS Foundation Trust ("**OUH**") is the Host Organisation for the TVS SDE.
	4. The OUH Digital Oversight Committee (the “**DOC**”) has agreed to establish the Programme Board (“**Board**”) for the Thames Valley and Surrey Secure Data Environment ("**TVS SDE**").
	5. These terms of reference (the "**Terms of Reference**") set out the roles and duties, function, membership, decision making and reporting arrangements of the Programme Board.
2. **ROLE AND DUTIES OF THE BOARD**
	1. The Board’s role is to:
		1. offer constructive challenge and provide advice, guidance and make recommendations to the Senior Responsible Officer, who is ultimately responsible for Programme decision making; and
		2. oversee programme governance, including managing risk and accountability, and will provide assistance to the Programme in identifying opportunities for the implementation of products and services in support of the aims of the TVS SDE.
	2. The Board has the following duties:
		1. to oversee the effective programme management of the work, including:
			1. oversight of the approach to risk management, including approving and keeping under review the risk management plan
			2. oversee resourcing and financial reporting against the programme budget
			3. consideration of progress reporting and taking decisions on proposals for change that impact on the expected outcomes and benefits
		2. maintain oversight on co-production, ethics and values to ensure these matters remain at the forefront of the work and the perspectives of patients and the public are included in all decision-making;
		3. oversee the approach to stakeholder communications and engagement, and the involvement of SDE users and technical ‘experts’. In particular, the Board will provide assistance and support to the Programme in identifying opportunities for the Programme to better meet the needs of current and potential users of the SDE.
		4. approving and keeping under review the governance structure, programme objectives and controls within which the programme can be effectively managed
		5. make decision regarding the policies and procedures for the TVS SDE;
		6. set the parameters for delegation to the TVS SDE Senior Management Team;
		7. promote communication and transparency through the timely publication of decisions and recommendations;
		8. commission and consider expert, independent advice as needed;
		9. where appropriate, establish working groups or sub-committees within its membership and delegate decision-making to these groups (such delegation to be formally documented in a form deemed most appropriate);
		10. work with counterparts in other organisations to help ensure consistency of decision-making across SDEs, and convergence or equivalence over time; and
3. **FUNCTIONS OF THE PROGRAMME BOARD**
	1. The Programme Board shall have decision making or advisory capabilities in accordance with these Terms of Reference only.
	2. Functions not delegated to the Programme Board in accordance with these Terms of Reference are retained by the DOC.
4. **MEMBERSHIP**
	1. The Members of the Programme Board shall be appointed by the Senior Responsible Owner.
	2. Public Members shall be:
		1. representative of the population;
		2. be drawn from across Thames Valley & Surrey; and
	3. Public Members will be appointed by an open and transparent application process led by the Chair.
	4. Public Members shall not usually be employees of statutory NHS bodies. There are occasions where a person with lived experience is employed by health and care services in a role that is related to their lived experience. The Chair shall decide whether a potential Public Member is eligible on a case-by-case basis.
	5. Members will be appointed by the Chair to include representation as set out below:

| **Programme Role** | **Notes** |
| --- | --- |
| Senior Responsible Owner |  Accountable for the programme |
| **National and SDE Network Partners** |
| NHS England Data for Research & Development Programme Director | Programme funder and national perspective |
| **Public and Patient Partners** |
| Public Members | Providing the patients and public perspective on decision making, as well as a link into the Community of Practice.  |
| **Local Health & Care Partners** |
| Representative of Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) | As agreed by members of BOB ICS |
| Representative of Frimley Health and Care ICS | As agreed by members of Frimley ICS  |
| Representative of Surrey Heartlands ICS | As agreed by members of Surrey Heartlands ICS  |
| TVS Care Records Programme  | As a closely related programme  |
| Representative of Ambulance sector | As agreed by South East Coast and South Central Ambulance Services |
| Representative of Milton Keynes University Hospital NHS Foundation Trust  | A participating trust outside of the 3 partner ICSs |
| Representative of Great Western Hospital NHS Foundation Trust | A participating trust outside of the 3 partner ICSs |
| **Academic and Industry Expertise** |
| Director, Thames Valley & Oxford Health Innovation Network | Alignment with innovation and development priorities and initiatives  |
| Representative of University of Oxford Medical Sciences Division  | Academic research perspective  |
| **Programme Delivery** |
| TVS SDE Programme Director  | Responsible for delivery of the programme |
| TVS SDE Chief Technical Officer | Expert data science and architectural advice and assurance  |
| TVS SDE Co-production lead  | Professional PPIE perspective, linking to and support the lay members and Community of Practice and working to maximise alignment in comms with the public across the wider region |
| Programme Manager  | Responsible for day-to-day programme management and coordination. Non-voting role. |
| Research Information Governance  | Expert advice and assurance on data protection and ethical governance matters |
| Secretariat | Responsible for meeting arrangements, invitations, papers and Minutes. Non-voting role. |
| **Host Organisation** |
| Chief Financial Officer, OUH | Financial oversight, advice and assurance  |
| Director of Digital Services, OUH | Expert advice on digital aspects of the programme and ensures alignment with relevant services within OUH as the host trust  |

* 1. The SDE Senior Management team may attend the Board meetings as a non-voting member.
	2. Observers and staff as approved by the Chair may attend a meeting as a non-voting from time to time.
	3. The Members of the Programme Board are required to comply with the TVS SDE policy on declaring and managing interests.
1. **CHAIR**
	1. The Chair is the Senior Responsible Owner of the Programme.
	2. The Chair will chair all TVS SDE Programme Board meetings, when present.
	3. The Chair will ensure that the Programme Board discusses key and appropriate issues in a timely manner with all the necessary information and advice being made available to the Programme Board to inform the debate and ultimate resolutions.
	4. The Chair will ensure that there is equitable input and consideration from all members.
	5. The Chair will be independent from the SDE Senior Management Team.
	6. In the Chair's absence, the SRO shall nominate an interim chair for that meeting. Where that is not feasible nor practicable the Programme Board shall agree an interim chair for that meeting.
	7. Removal of a Member is at the discretion of the SRO.
2. **MEETINGS**
	1. The Programme Board will meet at least 4 times a year.
	2. The Programme Board may meet at other times during the year as agreed between the Chair and Members of the Programme Board or as otherwise requested or required.
	3. Only Members have the right to attend Programme Board meetings but other persons and external advisers may be invited to attend all or part of any meeting as and when appropriate.
	4. Any Member or attendee may participate in the Programme Board's meetings by secure telephone or video conference, provided that all those participating are able to hear each other such that they can contribute to discussions and decisions. Participation in a meeting via electronic means shall constitute presence in person at the meeting.
	5. The Programme Board is entitled to delegate discrete work packages to sub-groups who will conduct research and report their findings back to the Programme Board at a meeting. The constitution of the subgroup will be decided by the Programme Board, at the sole discretion of the Chair.
3. **QUORUM AND VOTING**
	1. Each Member shall have one vote.
	2. Where decisions are required the Programme Board shall reach decisions by a simple majority of Members present. Where there is an equality of votes the Chair has a second and deciding vote provided that they are not conflicted.
	3. A meeting shall be quorate with at least 7 Members in attendance which must include:
		1. Programme Board Chair or agreed deputy;
		2. At least three representatives of NHS Trusts or Integrated Care Systems;
		3. A representative of the TVS SDE Senior Management Team.
	4. If any Member cannot attend the meeting, they shall, if possible inform the TVS SDE Programme Support Manager at least five (5) working days in advance
	5. If any Member, other than a Public Member, cannot attend the meeting, they shall provide the name of the suitably empowered deputy nominated to attend the meeting in their stead.
	6. If any Member is disqualified from voting due to a conflict of interest they shall not count towards the quorum.
	7. Decisions may be made by the Programme Board outside of a meeting at the discretion of the Chair with written agreement being received by those members listed at section 7.3 and confirmation that all Members received notice in advance of any such decisions being considered and having a reasonable period of time to input their own consideration.
	8. Decisions and recommendations made by the Programme Board shall be notified to the Board at the next Board meeting.
	9. The Members have a collective responsibility for the operation of the Programme Board. They will participate in discussion, review evidence, and provide objective input to the best of their knowledge and ability, and endeavour to reach a collective view. They will take advice where relevant.
4. **REPORTING**
	1. The Chair shall report to the DOC and OUH Trust Management Executive as and when required.
	2. The Chair shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
5. **ADMINISTRATIVE**
	1. A schedule of meetings of the Board shall be drawn up for each financial year and circulated to the Members.
	2. The agenda for the Board shall be determined collectively by the Chair based on a standard Board template, plus any further matters arising.
	3. Meeting papers shall be distributed electronically no less than five (5) business days prior the Board meeting. Exceptions to this are at the discretion of the Chair.
	4. Minutes shall be taken of the meetings of the Board. Minutes of the meeting of the Board shall be prepared within ten (10) business days of the meeting and submitted to the Chair for approval. Once the Chair has approved the minutes and signed them as a true record of the meeting they will be circulated to the Members. Any corrections required to the minutes will be tabled at the next meeting.
	5. Conflicts of interest will be recorded in the minutes.
6. **GENERAL MATTERS**
	1. The Programme Board shall arrange for periodic reviews of its own performance and, at least once a year, review these Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the SRO for approval.
	2. The Programme Board shall have access to sufficient resources in order to carry out its duties.
	3. The Programme Board shall give due consideration to all laws and regulations as appropriate.
	4. The Programme Board and it’s Members shall maintain the confidentiality of information made available to the Programme Board where it is sensitive for of personal, corporate or commercial reasons.
7. **DEFINTIONS**
	1. In these Terms of Refence the following terms shall have the following meanings:

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| **Health & Care Member** | means a Member who is an employee or sub-contractor to a health and care organisation that is appointed to the Programme Board on the basis of their expertise or role |
| **Host Organisation** | means Oxford University Hospitals NHS Foundation Trust whose administrative offices are at the John Radcliffe Hospital, Headley Way, Headington, Oxford, OX3 9DU, England |
| **Member(s)** | means the members comprising the Programme Board as set out at Section 4;  |
| **Perspective**  | means the perspectives of each Member as set out at Section 4;  |
| **Providers** | means the providers of clinical patient data to the TVS SDE that has signed an Accession Agreement; |
| **Public Member** | means a public member is a term that refers to someone who serves on a Programme Board, governance group or panel of an organisation to advocate for public/patients interests and views. A public member is someone who does not work in statutory health and care, or within research. |
| **TVS SDE Senior Management Team** | means the management team as detailed in the organisational tree set out at Schedule 1; and |

**SCHEDULE 1**

 