Thames Valley & Surrey SECURE DATA ENVIRONMENT | Part of the NHS Research Secure Data Environment Network

Services and data Access Review Committee (SARC) Terms of Reference

This document sets out the Terms of Reference for the Thames Valley and Surrey (TVS) Secure Data Environment (SDE) Services and data Access Review Committee (SARC).

Changes

Version 2.1	29 Sep 2026	annual review and updates
Version 2.0	31 Oct 2025	annual review and updates
Version 1.1	24 Jan 2025	LA inclusion
Version 1.0	10 Oct 2024	Approved by SARC
Version 0.1	01 Aug 2024	

Date of next review: October 2027

1. STATUS AND AUTHORITY OF COMMITTEE

1.1 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 health and care data to be used without the need for that data to leave the NHS.

1.2 The TVS SDE supports analysis of health and care data including research and development within and across the region such as the development, deployment, and validation of new data-driven innovations alongside non-research uses such as clinical audit and improvement.

1.3 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.

1.4 The TVS SDE Programme Board (the "**Programme Board**") has agreed to establish the Services and data Access Review Committee ("**Committee**").

1.5 These terms of reference (the **"Terms of Reference"**) set out the roles and responsibilities, function, membership, decision making and reporting arrangements of the Committee.

2. ROLE OF THE COMMITTEE

The Committee's role is to:

2.1 advise OUH on policy relating to data and services within the TVS SDE;

2.2 Review and make recommendations about the desirability of applications for access to data and services in the TVS SDE in line with the TVS SDE access review process and codesigned value criteria.

2.3 advise OUH on any project-specific controls or conditions arising from the Committee's desirability review. OUH, as Host Organisation, remains the final organisational decision-maker.

2.4 The Committee, in line with the rest of the SDE, shall use the Five Safes, as a framework for its work.

3. RESPONSIBILITIES OF THE COMMITTEE

The Committee has the following responsibilities:

3.1 **Safe Settings and Data** – supporting SDE policy and practice by:

3.1.1 making recommendations regarding the policies and procedures for data management within the TVS SDE.

3.1.2 setting the parameters for delegation to the TVS SDE Senior Management Team.

3.1.3 advising on the content and form of TVS SDE Data, taking account of recommendations from the TVS SDE Senior Management Team.

3.1.4 assessing and making recommendations on the nature of datasets held by the TVS SDE.

3.1.5 ensuring that advice and recommendations draw on the range of perspectives among Committee Members, commissioning and considering independent expert advice where needed.

3.1.6 establishing working groups or sub-committees to undertake specific tasks, research, or projects as required. The purpose, scope, and membership of each working group will be clearly defined by the Committee, and all findings or recommendations will be reported back for consideration and decision.

3.1.7 work with counterparts in other organisations to help ensure consistency of decision-making across SDEs, and convergence or equivalence over time.

3.1.8 retrospectively review decisions made by the SDE Senior Management Team around compliance with delegated authority.

3.1.9 The TVS SDE Access Review Process, Research Database Management Policy and other relevant TVS SDE policies and agreements set out the detailed review routes, criteria, delegated arrangements, operational responsibilities, public reporting requirements and controls. These Terms of Reference do not duplicate those arrangements.

3.2 **Safe Projects and Outputs** – reviewing and making recommendations about the desirability of applications referred by the TVS SDE Senior Management Team following its feasibility and achievability assessment. The Committee will review a request in line with the TVS SDE access review process and codesigned value criteria. The Committee will do this by:

- taking into account the TVS SDE Senior Management Team's assessment of feasibility and achievability, including identified risks, mitigations and any recommended controls;
- assessing potential value for patients, carers and families; population health and communities; the health and care system; health and care staff; and wider society. Value may be direct, indirect or long-term, but should be identifiable even where it cannot easily be measured or quantified;
- considering potential risks and whether they outweigh the identified value, including risks to privacy and confidentiality, equity, the reputation of health and care organisations and the TVS SDE, and public trust.

3.2.1 Where the Committee advises that a proposal is desirable, it may agree project-specific controls or conditions as recommended by the TVS SDE Senior Management Team. These may constrain the means of access employed and the data or code imported, or the export and use of results. The detailed review route and operational arrangements are set out in the TVS SDE Access Review Process.

3.2.2 Where the Committee advises that a request is not desirable, it shall provide to the TVS SDE Senior Management Team with the reasons for its advice. The applicant may subsequently elect to revise, re-submit or withdraw the application in line with the TVS SDE Access Review Process.

3.3 ensuring that the perspectives of patients, the public and health & care professionals are reflected in the Committee's advice and recommendations;

3.4 ensuring that all policies, procedures, and decision-making processes actively promote and uphold the principles of Equality, Diversity, and Inclusion (EDI), reflecting the diversity of the communities served by the TVS SDE.

3.5 promoting communication and transparency through timely reporting and publication in accordance with the TVS SDE Access Review Process and relevant policies.

4. FUNCTIONS OF THE COMMITTEE

4.1 The Committee shall have decision making or advisory and oversight capabilities in accordance with these Terms of Reference, including advising on policy and on the desirability of access requests. OUH remains the final organisational decision-maker.

4.2 Functions not assigned to the Committee under these Terms of Reference are retained by the Programme Board and TVS SDE Senior Management Team.

5. MEMBERSHIP

5.1 The Committee is comprised of Public Members and Health & Care Members. Only individuals formally appointed as Public Members or Health & Care Members shall have voting rights. All other members, including those appointed for their expertise or as representatives of the Senior Management Team, shall serve in a non-voting, advisory capacity.

5.2 The voting membership shall comprise an equal balance of 50% Public Members and 50% Health & Care Members.

5.3 Voting Members shall normally be appointed for a term of three years and may be reappointed once for a further term of up to three years. Appointments should be staggered, where practicable, to maintain continuity, retain experience and support the effective onboarding of new Members.

5.4 Health & Care Members are appointed from a range of professional backgrounds from across different sectors:

5.4.1 An NHS Acute Trust, providing perspective from across the acute sector;

5.4.2 An NHS Mental Health Trust providing perspective from across the mental health sector;

5.4.3 An NHS Ambulance Trust providing perspective from across the ambulance sector;

5.4.4 An NHS Community Care provider providing perspective from across the community provider sector;

5.4.5 An NHS Primary Care provider providing perspective from across primary care sector;

5.4.6 A Local Authority, providing a social care and public health perspective; and

5.4.7 The Integrated Care Systems that the TVS SDE manages data on behalf of, providing perspective from that geography;

5.5 Additional attendees shall also include:

5.5.1 A representative of the TVS SDE Senior Management Team (non-voting) providing strategic and operational perspectives of the TVS SDE;

5.5.2 Independent advisers with relevant expertise in health data research ethics and governance, research and development and information governance (non-voting), to provide independent advice as needed;

5.5.3 Health & Care Members shall be recruited through an application process and appointed by the Committee Chair, with appropriate input from the sectors represented. A Health & Care Member may represent more than one sector.

5.6 Independent members are appointed for their subject matter expertise. They are non-voting and must not be involved in the management or operation of

the TVS SDE. They may be called upon to provide specific independent advice where a question arises within their area of expertise.

5.7 Observers and staff, as approved by the Chair, may attend a meeting as a non-member from time to time.

5.8 The Members of the Committee are required to comply with the TVS SDE policy on declaring and managing interests.

5.9 Members shall protect confidential information and comply with applicable confidentiality requirements, TVS SDE policies and any agreement governing their participation in the Committee.

5.10 Liability and indemnity are governed by the applicable TVS SDE agreements and OUH arrangements. No additional liability or indemnity is created by these Terms of Reference.

6. COMMITTEE CHAIR

6.1 The Committee Chair is responsible for the operation of the Committee.

6.2 The Committee Chair will chair all TVS SDE SARC meetings, when present.

6.3 In the Committee Chair's absence, the Committee shall nominate an agreed deputy chair for that meeting.

6.4 The Committee Chair will ensure that the Committee discusses key and appropriate issues in a timely manner with all the necessary information and advice being made available to the committee to inform the debate and ultimate resolutions.

6.5 The Committee Chair will ensure that there is equitable input and consideration from all members.

6.6 The Committee Chair shall hold their position for a period of two (2) years (the "Term"). Reappointment for a further term may be considered at the end of the Chair's term, through the nomination and appointment process set out below.

6.7 At least three months prior to the end of the current Chair's term, the Committee will invite nominations for the next Chair from among eligible members. The Committee will review nominations and select a preferred candidate by majority vote. The appointment will be ratified by the Programme Board before the new Chair assumes their role.

6.8 Removal of the Chair or another Member shall require the approval of the Programme Board.

7. MEETINGS

7.1 The Committee will meet at least 12 times a year.

7.2 The Committee may be stood down with agreement of the Committee Chair where there is insufficient business to conduct.

7.3 The Committee may meet at other times during the year as agreed between the Committee Chair and Members of the Committee or as otherwise requested or required.

7.4 Only Members have the right to attend Committee meetings but other persons and external advisers may be invited to attend all or part of any meeting as and when appropriate.

7.5 Any Member or attendee may participate in the Committee'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.

7.6 If a Member cannot attend a meeting, they should, where possible, notify the TVS SDE team at tvssde@ouh.nhs.uk at least five working days in advance.

7.7 The Committee is entitled to delegate discrete work packages to sub-groups who will conduct research and report their findings back to the Committee at a meeting. The constitution of the subgroup will be decided by the Committee, at the sole discretion of the Chair.

8. QUORUM AND DECISION MAKING

8.1 Only appointed Public Members and Health & Care Members may vote.

8.2 Where a formal Committee view is required, it shall be reached by a simple majority of voting Members present. Where votes are equal, the Committee Chair shall have a second and deciding vote, provided that the Chair is not conflicted.

8.3 A meeting shall be quorate with the following Members in attendance:

8.3.1 Committee Chair or agreed deputy;

8.3.2 At least three voting Public Members;

8.3.3 At least three Health & Care Members;

8.3.4 A non-voting representative of the TVS SDE Senior Management Team.

8.4 If any Member is disqualified from voting due to a conflict of interest, they shall not count towards the quorum.

8.5 A Committee view may be reached outside a meeting at the discretion of the Committee Chair, provided that all voting Members receive notice, are given reasonable time to respond, and the same quorum requirements are met.

8.6 The Committee's advice, recommendations, rationale and any proposed conditions shall be recorded and provided to the TVS SDE Senior Management Team for action and onward submission to OUH as final organisational decision-maker. A summary shall be reported to the Programme Board through the Committee Chair.

8.7 The Members have a collective responsibility for the operation of the Committee. 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.

8.8 Where an applicant is not satisfied with the outcome communicated following SARC review, they may use the appeal route set out in the TVS SDE Access Review Process. OUH's decision on the application will be final.

9. REPORTING

9.1 The Committee Chair shall report to the next Programme Board meeting on the Committee's proceedings, advice, recommendations, significant risks and matters requiring escalation.

9.2 The Committee may make recommendations to the Programme Board on matters within its remit where wider governance action or improvement is needed. This reporting line does not alter OUH's accountability or final organisational decision-making role. Any additional reporting arrangements approved by the TVS SDE Senior Management Team shall be incorporated into these Terms of Reference.

10. ADMINISTRATIVE

10.1 Conflicts of interest will be recorded in the minutes.

10.2 Minutes and any Committee papers shall be made available to the Programme Board.

11. GENERAL MATTERS

11.1 The Committee 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 Board for approval.

11.2 The Committee shall have access to sufficient resources in order to carry out its duties.

11.3 The Committee shall give due consideration to all laws and regulations as appropriate.

12. SUPPORTING DOCUMENTS

These Terms of Reference should be read alongside the following TVS SDE documents, as updated from time to time:

12.1 TVS SDE Access Review Process;

12.2 TVS SDE Research Database Management Policy;

12.3 TVS SDE Provider Terms and Accession Agreement;

12.4 TVS SDE policy on declaring and managing interests; and

12.5 other relevant TVS SDE policies and agreements governing access, confidentiality, liability and indemnity.

13. DEFINITIONS

13.1 In these Terms of Reference, the following terms have the meanings set out below:

Health & Care Member	means a Member who is an employee or sub-contractor to a health and care organisation that is appointed to the Committee 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 Public Members and Health & Care Members appointed to the Committee as set out in the Membership section.
Project Proposal	means the proposal put forward by a prospective user for access to de-identified data held on the TVS SDE for a specific purpose.
Providers	means the providers of health and care data to the TVS SDE that have signed an Accession Agreement, as defined in the TVS SDE Provider Terms.
Public Member	means someone who serves on a committee, governance group or panel of an organisation to provide views from a public and/or patient perspective. A public member is someone who is not employed by statutory health and care services, or within research. A member of the public who is employed or volunteers in the voluntary, community and social enterprises (VCSE) is eligible to be a public member. There are occasions when a person with lived experience is employed in a role that is related to their lived experience. Public membership eligibility will be made on a case-by-case basis by the Committee Chair.
TVS SDE Data	means the patient data provided by the Providers or other organisations to the Host Organisation under the Provider Terms or other agreements.
TVS SDE Senior Management Team	means the management team as detailed in the organisational tree set out at Schedule 1.
TVS SDE Purpose	means an academic and/or research purpose which falls within the scope of a relevant Section 251 Approval and/ or one or more Use Cases(s).

Section 251 Approval	means the approval granted in favour of the TVS SDE in accordance with s251 of the NHS Act 2006 dated 7 July 2023 and as updated or amended from time to time, and any such other approval granted in accordance with s251 of the NHS Act concerning a proposed Use Case relating to the TVS SDE Purpose.
Use Cases	means the approved uses for patient data agreed by the Providers, and which the SARC is therefore able to approve for a project, as defined in the TVS SDE Provider Terms and which include: (a) Research Use Cases such as: ○ The development of Artificial Intelligence and/or algorithms; ○ Real world studies concerning clinical safety, effectiveness and cost effectiveness; ○ Translational research concerning academic discovery and implementation of discovery into practice; ○ Epidemiological studies concerning large cohorts for population health research; ○ Health systems research concerning evaluation of systems or processes including operational and applied research; and (b) Non research uses cases such as ○ clinical/non-financial audit; ○ service evaluation, improvement and development; ○ health services planning; and ○ health surveillance. Applications in respect of other activities, such as clinical trials or clinical audit, may also be approved by the Committee on a case by case basis, following approval by the relevant Providers.

ENDS