

Wessex SDE Board

CONSTITUTION AND TERMS OF REFERENCE

Version 1.6

Status: DRAFT FOR BOARD REVIEW AND SRO APPROVAL

Version history

#	Date	Author	Reviewer	Changes
1.1	4/7/25	Mark Heffernan (Director of Operations) and Rachel Chappell (SETT Manager)	Prof Christopher Kipps (SDE SRO)	N/A
1.2	1/10/25	Mark Heffernan (Director of Operations)	Prof Christopher Kipps (SDE SRO)	Updated with input from Programme Advisors (Michael Tabirade)
1.3	12/11/25	Mark Heffernan (Director of Operations)	Chris Kipps (SDE SRO) and Wessex SDE Board	Updated by Programme Advisor Michael Tabirade and Mark Heffernan based on feedback from Chris
1.4	17/11/25	Mark Heffernan (Director of Operations)	Luke Robinson (Programme Advisor)	Updated with feedback from the SDE Board and SRO
1.5	8/12/25	Ralph Scott (Interim Communications & PPIE Lead)	Mark Heffernan (Director of Operations)	Updated to reflect required functionality and align with NHS good practice
1.6	10/12/25	Prof Christopher Kipps (SDE SRO)	Ralph Scott (Interim Communications & PPIE Lead)	Added Wessex Health Partners Oversight and separate Membership appendix.

1 Introduction

- 1.1 The Wessex Secure Data Environment (SDE) is an NHS-owned and managed service hosted by University Hospital Southampton NHS Foundation Trust (UHS) that provides secure, privacy-protecting access to linked NHS data for approved research and innovation. The SDE

operates as part of the NHS Research SDE Network and is required to meet national technology, governance and accreditation standards.

- 1.2 The SDE encompasses both a live operational service delivering secure data access and a wider programme of work under the NHS England Memorandum of Understanding, including convergence, accreditation and strategic development. The Wessex SDE Board (SDE Board) provides strategic oversight, advice and assurance to the Senior Responsible Owner (SRO) across these programme and operational domains.
- 1.3 The Wessex SDE is a key initiative of Dorset Integrated Care Board (ICB), Hampshire & Isle of Wight ICB, and Wessex Health Partners. These organisations provide strategic sponsorship and oversight through the Wessex SDE Board and Executive Sponsor Group (ESG).
- 1.4 UHS serves as Host Organisation for the SDE and is responsible for ensuring governance and regulatory compliance. The SDE Board supports the SRO in discharging these responsibilities.
- 1.5 The SDE Board is a strategic advisory and assurance forum. It does not hold executive or approval authority; all formal decisions rest with the SRO. The SDE Board supports transparent, well-governed and publicly trusted operation of the Wessex SDE.

2 Purpose & objectives

- 2.1 The purpose of the SDE Board is to provide strategic advice, oversight and assurance to the SRO to ensure the Wessex SDE operates ethically, transparently and effectively as a secure, trusted research environment in alignment with national requirements, UHS governance, and public expectations.
- 2.2 The objectives of the SDE Board are to provide assurance that:
 - 2.2.1 SDE objectives and performance measures are appropriately set and delivered, reflecting national expectations and demonstrable public and NHS benefit;
 - 2.2.2 Programme and operational delivery are progressing in line with the NHS England Memorandum of Understanding and remains aligned with national NHS Research SDE Network objectives;
 - 2.2.3 The SDE operational service is subject to effective financial and business planning, resource management and performance oversight, while recognising that operational decision-making rests with the SLT;
 - 2.2.4 The SDE complies with national privacy, security, information-governance and accreditation standards, and that appropriate controls are maintained;
 - 2.2.5 Programme-level and operational risks and issues are identified, monitored and escalated appropriately, in line with agreed governance processes;
 - 2.2.6 The SDE maintains its social licence, through transparency, ethical data use, and meaningful patient and public involvement and engagement;
 - 2.2.7 Regional partners, funders and data-contributing organisations remain aligned with the SDE's objectives and governance arrangements, supporting effective collaboration across the Wessex system;

- 2.2.8 Clear boundaries are maintained between programme oversight and operational management, ensuring the SDE Board fulfils its advisory and assurance role; and,
- 2.2.9 The SRO receives accurate, timely and reliable information, enabling effective strategic decision-making and onward accountability.

3 Scope & governance

- 3.1 The SDE Board is constituted as the strategic advisory and assurance body to the SRO, providing high-level oversight of Wessex SDE programme delivery and the operational SDE service, including compliance, performance and risk, without undertaking operational management.
- 3.2 Accountability for ethical, lawful and effective operation of the Wessex SDE rests with the SRO, who is accountable to the NHS Research SDE Network Board under the Memorandum of Understanding with NHS England and to the UHS R&D Steering Group. Further oversight is provided by Wessex Health Partners through its role in representing regional system interests and supporting alignment with partner-organisation expectations.
- 3.3 The SRO chairs the SDE Board and may, where appropriate, delegate chairing responsibilities to another SDE Board member.
- 3.4 Membership of the SDE Board is appointed by the SRO and comprises representatives of UHS as Host Organisation, key funders, programme sponsors, system partners and public representatives from across Wessex.
- 3.5 The SDE Board does not hold executive authority, make decisions, direct operations or approve budgets, plans or policies; all such authority rests with the SRO.
- 3.6 The SRO has delegated all operational functions of the Wessex SDE to the Senior Leadership Team (SLT) as set out in the Functional Scheme of Delegation (Appendix 2).
- 3.7 Programme-level responsibilities not delegated to the SLT are retained by the SRO, with the Board providing strategic oversight, advice, and assurance on these matters.
- 3.8 The SDE Board does not scrutinise or manage individual studies or operational activity; operational decision-making and day-to-day service management are delegated to the SLT.
- 3.9 Strategic investment scrutiny is undertaken through the Strategic Investment Committee, with the SDE Board receiving assurance on investment governance rather than appraising individual cases.
- 3.10 Data access requests are reviewed by the Wessex Data Access Committee (DAC), which provides recommendations to the SRO. The SDE Board provides oversight and assurance that DAC governance, processes, and membership remain effective, ethically robust and aligned with Wessex SDE policies, national SDE requirements and public expectations. The Board does not review individual applications.
- 3.11 Assurance on operational delivery and risk management is provided to the SDE Board by the SLT, and assurance on investment governance is provided by the Strategic Investment Committee.

- 3.12 The SDE Board receives system-level advice from the ESG through the SRO. The ESG does not hold decision-making authority for the SDE but provides strategic sponsorship on behalf of Wessex Integrated Care Boards and Wessex Health Partners.
- 3.13 The SDE Board must operate in full compliance with UHS Standing Financial Instructions, Standing Orders, the Scheme of Delegation, procurement and contracting rules, and all associated financial control and audit requirements. Nothing in these Terms of Reference permits any individual or committee to commit UHS to expenditure, contracts or liabilities beyond delegated authority.
- 3.14 The SDE does not operate its own Legal, HR, Procurement or other corporate functions. The SDE Board must ensure that any decision with legal, workforce, contractual or procurement implications follows UHS corporate governance processes and is routed to the appropriate UHS teams for advice and approval.

4 Responsibilities

- 4.1 The responsibilities of the SDE Board are to:
 - 4.1.1 Advise the SRO on the overall strategic direction, priorities, and objectives of the Wessex SDE, including alignment with the NHS England Memorandum of Understanding, national NHS Research SDE Network requirements and wider NHS strategy.
 - 4.1.2 Provide advice and assurance to the SRO on matters reserved to the Board under the Scheme of Delegation (Appendix 2) and receive assurance from the SLT on operational functions delegated to them under the same Scheme.
 - 4.1.3 Provide assurance that SDE objectives and performance measures are appropriately set and that programme delivery and the SDE operational service are progressing against them, based on assurance reports from the SLT, SIC, and other functional leads.
 - 4.1.4 Provide assurance that the SDE operates in compliance with applicable legislation, regulation, national SDE and accreditation standards, information-governance requirements, and UHS governance frameworks.
 - 4.1.5 Oversee the strategic risk landscape for the Wessex SDE by maintaining the SDE Programme Risk Register, reviewing the SLT Operational Risk Register, and receiving assurance that operational risks and issues are identified, managed and escalated in accordance with the SDE Risks and Issues Policy and the UHS Risk Management Policy.
 - 4.1.6 Advise the SRO on whether activity should sit within programme or operational governance and on transitions between them, ensuring that boundaries are clearly defined, controlled and consistent with NHS programme and business-as-usual definitions.
 - 4.1.7 Provide oversight and assurance of financial sustainability and investment governance by reviewing high-level financial reports and receiving assurance from

the SLT and SIC on major investments and recommending to the SRO where additional scrutiny or action may be required.

- 4.1.8 Provide assurance to the SRO on the governance, operation, and effectiveness of the Wessex DAC, including oversight of escalated ethical or data-access issues, review of DAC reporting, and advice on the constitution, membership, and performance of the DAC to ensure it remains aligned with SDE governance standards and public benefit principles.
- 4.1.9 Provide assurance that the SDE maintains its social licence and public trust through ethical data use, transparent communication, and meaningful patient and public involvement and engagement, including the work of the SDE Digital Critical Friends group.
- 4.1.10 Provide assurance that stakeholder and partnership arrangements with regional partners, funders and data-contributing organisations support coherent, consistent decision-making and delivery of public and NHS benefit.
- 4.1.11 Review and recommend key Wessex SDE strategies, policies and other core governance documents, including major business cases and transparency materials, to the SRO.
- 4.1.12 Receive system-level advice from the ESG and ensure that relevant insights from Wessex ICBs and Wessex Health Partners are considered in providing assurance and recommendations to the SRO.

5 Transparency

- 5.1 In line with the public sector transparency expectations, the SDE Board will contribute to the SDE's commitment to publish key governance documents (e.g. Terms of Reference, organograms, and summary papers) once approved by the SRO. Any publication will be managed through the Communications and PPIE Lead, ensuring that information is accurate, accessible, and consistent with confidentiality and commercial sensitivity policies.

6 Membership

- 6.1 Core membership of the SDE Board is determined by the SRO and reflects the strategic roles required to provide assurance and advice on Wessex SDE programme delivery and operational service, including representatives of UHS as Host Organisation, key funders, programme sponsors, system partners and public representatives from across Wessex. The full list of member roles and current post-holders is set out in Appendix 1 (Wessex SDE Board Membership).
- 6.2 Additional individuals may attend by invitation of the SRO (as Chair) or Delegated Chair to provide specialist advice or assurance. These attendees are not core members and do not count toward quorum.
- 6.3 Members are responsible for reviewing papers relevant to their role, declaring any actual or potential conflicts of interest in line with UHS policy, and attending meetings consistently to support effective oversight and assurance.

- 6.4 All members must complete a Declaration of Interest and Confidentiality Agreement and comply with UHS standards of conduct and information governance requirements.

7 Administration of meetings

- 7.1 Secretariat support to the SDE Board will be provided by UHS R&D. The Secretariat is responsible for the administrative and governance functions of the Board. The Secretariat will:
- 7.1.1 Schedule meetings, issue invitations, prepare draft agendas for agreement with the SRO (as Chair) or Delegated Chair, coordinate paper collation, and ensure papers are circulated in advance (normally at least five working days before each meeting);
 - 7.1.2 Produce and maintain accurate minutes and a Board Actions and Decisions Log as the formal record of each meeting;
 - 7.1.3 Coordinate all papers required to support the SRO's decision-making and assurance, including any decisions taken outside SDE Board meetings and those required for onward reporting;
 - 7.1.4 Ensure all SDE Board documentation, including forward plans and assurance materials, is stored and retained in accordance with UHS information-governance and records-management requirements.
- 7.2 The SDE Board will normally meet monthly, or more frequently if required. Meetings will be scheduled by the Secretariat in consultation with the SRO. Where a scheduled meeting must be cancelled or rescheduled, members will be notified as soon as practicable.
- 7.3 A standard agenda may include:
- **Welcome, introductions and apologies** – Note attendance and confirm the meeting is quorate.
 - **Minutes and Action Log** (*previous minutes; updated Action and Decisions Log*) – Approve the previous minutes and review progress on agreed actions and SRO decisions recorded since the last meeting.
 - **National Programme Update** (*NHSE update paper or verbal report*) – Receive updates on national SDE programme requirements, policy changes and dependencies relevant to the Wessex SDE.
 - **Operational status by function** (*verbal or written reports from SLT functional leads for Researcher and Data Partnerships; Governance, Delivery and Resourcing; Risk, Security and Compliance; Finance and Funder Management; PPIE and Communications*) – Receive updates on the operational performance and compliance of each function, with a focus on matters requiring SDE Board visibility or assurance.
 - **Programme and Operational Risks and Issues** (*Programme Risk Register extract; Operational Risk Register highlights*) – Review, by exception, programme-level risks, dependencies and emerging issues, and receive assurance on operational risks escalated from the SLT.

- **Items for noting or advice** (*papers requiring strategic advice, oversight or assurance*) – Consider items brought forward by the SRO or SLT requiring SDE Board visibility, advice or assurance.
- **Any other business** – Address additional matters relevant to the governance or delivery of the Wessex SDE.
- **Date of next meeting** – Confirm the next meeting date and close the session.

- 7.4 Meetings are quorate when the SRO (as Chair) or Delegated Chair is present together with either the Director of Operations or Delivery & Centre of Excellence Lead, and more than 50 per cent of core SDE Board members identified in the Wessex SDE Board Membership (see Appendix 1).
- 7.5 Substitutes may count towards quorum where formally authorised by the SRO (as Chair) or Delegated Chair in advance of the meeting. Observers and invited attendees do not count towards quorum.
- 7.6 All members must declare any actual or potential conflicts of interest at the start of each meeting and before discussion of any relevant item. The Chair will determine whether a conflicted member should withdraw from that item. Declarations and resulting actions will be recorded in the minutes.
- 7.7 The SDE Board will seek consensus in forming its advice and assurance to the SRO. Where consensus cannot be reached, the Chair may ask members to indicate their views so that the balance of opinion, including any minority views, can be recorded. Any such indication informs the advice to the SRO and does not constitute a decision of the Board.
- 7.8 The SDE Board will produce or update the following outputs after each meeting, coordinated by the Secretariat:
- 7.8.1 **Minutes:** A full and accurate record of discussions, rationales, recommendations, and any decisions taken by the SRO. The approved minutes will constitute the formal public-record output of the SLT in line with transparency requirements;
 - 7.8.2 **Action and Decisions Log:** A consolidated log capturing actions arising from SDE Board discussions and any decisions taken by the SRO in or outside the meeting. This log supports assurance, traceability and upward reporting.
 - 7.8.3 **Programme Risk Register:** The authoritative record of programme-level risks, issues and dependencies affecting the delivery of the Wessex SDE programme, setting out their assessment, ownership and required mitigations. The Register is maintained for SRO and SDE Board oversight in accordance with SDE and UHS governance policies.
- 7.9 All documentation will be retained in accordance with UHS data governance and information management policies. Records will be stored within approved SDE repositories (e.g. NHS Futures) to ensure transparency, traceability, and compliance with information governance requirements.

8 Review

- 8.1 These Terms of Reference will be reviewed annually or as required by the SRO to ensure they remain aligned with the SDE's operating model and governance requirements.
 - 8.2 These Terms of Reference, including all appendices, may be amended at any time with the approval of the SRO. The Secretariat may submit factual updates, including changes to membership, for SRO approval between annual reviews. All approved amendments will be reported to the SDE Board for noting and assurance.
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Appendix 1: Wessex SDE Board Membership

This Appendix sets out the core membership of the Wessex SDE Board by organisational role. Named post-holders are recorded for administrative purposes and may be updated without requiring revision of the Terms of Reference. Membership reflects the range of senior perspectives needed to provide effective programme oversight, advice and assurance to the SRO.

SDE Role and Responsibility	Organisation	Current Member
SDE Senior Responsible Officer (SRO) and Clinical Director of R&D Chair of the Wessex SDE Board. Accountable for both the Operations and Programme components of the Wessex SDE	UHS	Christopher Kipps (Chair)
Clinical Informatics Research Unit (CIRU) Director and Technical Delivery Lead. Accountable for the technical platform and CIRU service for the SDE according to the Service Level Agreement (SLA)	UoS	James Bachelor
Managing Director, Wessex Health Partners (WHP). Responsible for representing the interests of the Trusts and other Partners not otherwise present at Board level.	WHP	Christine McGrath
UHS Commercial Director. Responsible for Financial and Commercial oversight of the SDE and representing UHS Board and CFO.	UHS	Peter Baker
Chief Digital Information Officer & Chief Analytics Officer, NHS Dorset ICB. Responsible for representing the interests of the Dorset ICB and Trusts.	Dorset ICB	James Woodland
Associate Director of Population Health Analytics, Hampshire and Isle of Wight (HIOW) ICB. Responsible for representing the interests of the HIOW ICB and Trusts.	HIOW ICB	Faye Brooks
SETT Centre Manager, UHS R&D Responsible for the Wessex SDE Centre of Excellence and Wessex Data Access Committee.	UHS	Rachel Chappell

Responsible for the delivery of studies and data within SDE Operations.		
SDE Director of Operations. Responsible for the Business Development and Commercial operational functions of the SDE as well as oversight of the CIRU provided technical SDE platform.	UHS	Mark Heffernan
UHS R&D Quality Assurance Manager. Responsible for the Risk, Compliance and Information Governance operational function of the SDE.	UHS	Mikayala King
Clinical Informatics Research Unit (CIRU) SDE Service Lead. Responsible for the technical platform and CIRU service for the SDE according to the Service Level Agreement (SLA)	UoS	Ashley Heinson
UHS R&D Finance Manager. Responsible for the SDE Finance and Funder Management operational function of the SDE.	UHS	Hayley Angel (interim)
SDE PPIE and Comms lead. Responsible for the SDE PPIE and Comms operational function.	External/UHS Hon Contract	Ralph Scott
Member of the Public #1 Responsible for representing the public voice of Wessex as a Digital Critical Friend (DCF).	DCF	Celia Soteriou
Member of the Public #2 Responsible for representing the public voice of Wessex as a Digital Critical Friend (DCF).	DCF	Marcus Pipe
Network Director, South Central NIHR RDN. Responsible for representing the interests of NIHR and the South Central RDN.	SC RDN	Clare Rook
Network Director, South West Central NIHR RDN. Responsible for representing the interests of NIHR and the South West Central RDN.	SWC RDN	Kyla Thomas
GP Research Lead Responsible for representing the interests of GPs in Wessex.	NIHR CRDC and the Adam Practice	Patrick Moore

Assistant Director Of Programmes Data for R&D. Responsible for updating the SDE on national programme status and to relay our SDE status and relevant risks/issues back up to the Network.	NHSE	Emma Harris
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Appendix 2: Wessex SDE Board Scheme of Delegation

1 Purpose

- 1.1 This Scheme of Delegation (SoD) sets out the programme-level functions for which the Wessex SDE Board provides advice, oversight and assurance to the Senior Responsible Owner (SRO).
- 1.2 The SoD clarifies the relationship between the Board, the SRO, the Strategic Investment Committee (SIC) and the Operational Senior Leadership Team (SLT), ensuring that decisions are taken at the appropriate level and in accordance with NHS governance standards, UHS policies and national SDE requirements.
- 1.3 The SoD describes what is reserved to the SDE Board for oversight, what is delegated to the SLT for operational management, and what is referred to the SIC for investment assurance, while confirming that all formal decisions rest with the SRO.

2 Principles of Delegation

- 2.1 The SRO retains full executive authority and accountability for all programme, operational, and investment decisions of the Wessex SDE. Delegation does not remove or diminish this accountability.
- 2.2 The SDE Board is an advisory and assurance forum to support SRO decision-making. It does not hold decision-making authority. All programme decisions are taken by the SRO, whether in or outside SDE Board meetings.
- 2.3 The SLT holds delegated authority for operational decision-making within defined limits and provides operational assurance to the SRO and Board. It manages day-to-day SDE service delivery, compliance and operational risk.
- 2.4 The SIC provides scrutiny, advice, and assurance on major investments above £75,000 and supports decision-making by the SRO.
- 2.5 The SDE Board may request further assurance, clarification, or reporting from the SLT or functional leads where required but does not direct or override operational or investment decisions.
- 2.6 Any changes to this Scheme of Delegation require SRO approval and will be reported to the SDE Board for noting and assurance.

3 Relationship to Other Governance Bodies

- 3.1 Programme decisions informed by SDE Board advice are taken by the SRO and recorded in the SDE Board minutes and the Operational Action and Decisions Log.
- 3.2 Operational decisions and functions are delegated to the SLT. The SDE Board receives operational assurance but does not direct operational management.

- 3.3 Investment decisions above £75,000 are taken by the SRO with advice from the SIC. The SDE Board receives assurance but does not scrutinise or approve business cases.

4 Review and Reporting

- 4.1 This Scheme of Delegation will be reviewed annually by the SRO and updated as required. The SRO may approve interim amendments at any time.
- 4.2 All updates will be reported to the Wessex SDE Board for noting and assurance.

5 Matters Reserved to the Board

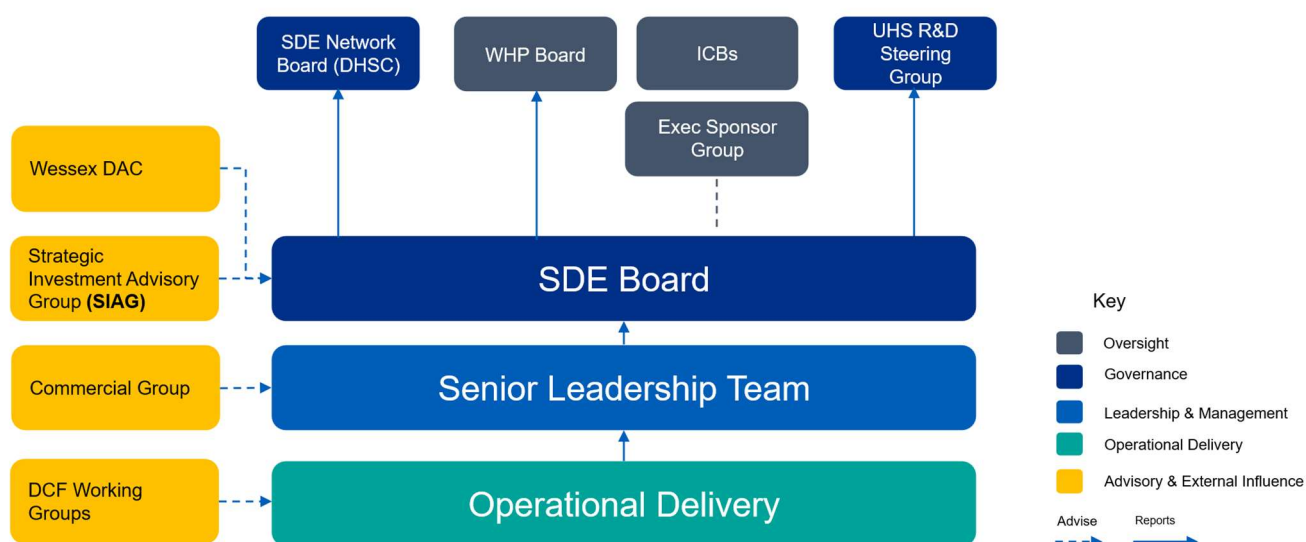
- 5.1 The table below sets out the matters reserved to the SDE Board for oversight, advice and assurance. These are areas where SDE Board scrutiny is required to support effective governance and to ensure that programme delivery, risk management and strategic alignment remain visible to the SRO.

Area / Function	Responsible Lead	Matters Reserved to the Board
Operations & Partnerships	Operations & Partnerships Lead (Mark Heffernan)	1. Advise the SRO on the Annual Business Plan and provide assurance on alignment with programme objectives and financial sustainability.
		2. Provide assurance and advice to the SRO on proposed partnerships, collaborations or contracts presenting material programme risk.
		3. Provide assurance to the SRO on the Annual Report and on external reporting relating to programme performance and finances.
		4. Receive and review performance, financial and risk reports and advise the SRO on corrective action where materially off target.
		5. Receive operational assurance from the SLT and advise the SRO where delivery risks or misalignment with approved SDE objective, performance measures, or with national SDE programme goals require attention.
Risk & IG	Risk & IG Lead (Mikaela King)	6. Provide assurance to the SRO on the adequacy and alignment of the Information Governance Framework and associated policies.

		<p>7. Advise the SRO on programme and operational-level risks and issues in line with appropriate SDE and UHS governance</p> <p>8. Provide advice and assurance to the SRO on audit programmes and findings with material compliance or reputational implications.</p> <p>9. Receive DHSC accreditation reports and advise the SRO on remediation requirements or escalated compliance concerns.</p> <p>10. Provide advice to the SRO on changes to Board, SIC or SLT membership as required.</p> <p>11. Provide advice and assurance on overall programme risk posture, compliance frameworks and escalated major incidents.</p>
Delivery & Centre of Excellence	Delivery & Centre of Excellence Lead (Rachel Chappell)	<p>12. Provide advice and assurance to the SRO on the constitution, Terms of Reference and membership of the Wessex Data Access Committee (DAC), including escalated governance matters.</p> <p>13. Advise the SRO on escalated DAC, data-access or ethical governance matters requiring programme-level assurance.</p> <p>14. Receive DAC recommendations and study-governance updates via the SLT and provide assurance to the SRO on their implications.</p>
Finance & Funder Management	Finance & Funder Management Lead (TBC)	<p>15. Receive assurance from the SIC on strategic investments and advise the SRO on funding priorities and allocations.</p> <p>16. Provide assurance and advice to the SRO on the annual Financial Plan and budget as part of programme-level oversight.</p>
Communications & PPIE	Communications & PPIE Lead (Ralph Scott)	<p>17. Advise the SRO on the Patient & Public Engagement and Involvement (PPIE), and Communications Strategy and provide assurance on alignment with transparency and public-trust commitments.</p>

Communications & PPIE	Communications & PPIE Lead (Ralph Scott)	18. Provide assurance to the SRO on the SDE's social licence , including public confidence and the role of public voice in programme direction.
Registry & Driver Management	Registry & Driver Management Lead (Matt Stammers)	19. Receive programme-level reports on registries and driver projects and advise the SRO on financial and performance implications.

Appendix 3: Wessex SDE Operational Organisational Structure & Governance (1 November 2025)



Appendix 4: Programme and Operational Risks and Issues Policy (WIP)

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Appendix 5: Glossary

Assurance: A structured process that provides confidence to the SRO, the SDE Board and external stakeholders that programme and operational activities, risks and finances are being managed in accordance with approved policies, legal requirements and national SDE standards.

Centre of Excellence (CoE): The set of technical, engineering, data-governance and study-support capabilities underpinning the delivery of the Wessex SDE. These functions provide expertise on data onboarding, catalogue and inventory management, data strategy, engineering, platforms and tools, product development, clinical data extraction and automation of linked data flows.

CIRU – Clinical Informatics Research Unit: The University of Southampton unit providing ISO-certified technical, engineering and data-infrastructure capability to support the SDE as part of the wider Centre of Excellence functions.

DAC – Data Access Committee: The independent governance body responsible for reviewing, recommending and, where authorised, approving data access requests to ensure ethical, lawful and transparent use of SDE data. The DAC reports recommendations and escalations to the SRO through the SLT.

Escalation Pathway: The defined governance route through which operational or programme issues, risks or decisions are escalated from SLT or SIC to the SRO, and where appropriate onward to the SDE Board, UHS governance or NHS England.

ESG – Executive Sponsor Group: A strategic advisory group supporting the SRO, comprising senior clinical and executive leaders from Wessex ICBs and Wessex Health Partners.

Information Governance (IG): The framework of legal, ethical, regulatory and security requirements governing the collection, storage, access and use of data within the SDE.

Integrated Care Boards (ICB): Integrated Care Boards are statutory NHS bodies responsible for planning, funding and coordinating local health services to improve outcomes across their population.

KPI – Key Performance Indicator: A quantifiable measure used to assess progress against defined programme or operational objectives.

MoU – Memorandum of Understanding: A formal agreement between NHS England and the Wessex SDE setting out programme deliverables, funding, responsibilities and performance requirements.

NHSE SDE Network Board: The national oversight body responsible for monitoring performance, delivery and compliance across the NHS Secure Data Environment network.

OKRs – Objectives and Key Results: A structured performance framework setting out measurable outcomes used to assess progress across programme and operational delivery.

Operational Action and Decisions Log: The single authoritative record of operational actions, recommendations and decisions taken by the SRO within or outside SLT meetings, including ownership and follow-up requirements.

Operations / Live Service: The ongoing management and delivery of the Wessex SDE once live, including platform operations, data onboarding, compliance monitoring, study support, user services and service continuity.

PPIE – Public and Patient Involvement and Engagement: Activities designed to ensure that public and patient perspectives inform the development, governance and social licence of the SDE.

Programme: The externally funded set of time-limited activities undertaken under the NHSE MoU and related agreements, including convergence, accreditation, deliverables, milestones and reporting.

Programme Risk Register: The authoritative record of programme-level risks, issues, mitigations and dependencies overseen by the SDE Board and SRO.

RACI – Responsible, Accountable, Consulted, Informed: A framework used to clarify roles and responsibilities across programme and operational governance.

Scheme of Delegation (SoD): A framework defining which decisions can be taken by the SRO, SIC, SLT or individual post-holders, and at what thresholds, ensuring clarity of authority and accountability.

SDE – Secure Data Environment: A secure, accredited platform enabling approved researchers to access and analyse linked health and care data safely in accordance with national standards, legal requirements and privacy protections.

SDE Board: The strategic advisory and assurance forum supporting the SRO in overseeing SDE programme delivery, operational performance, compliance and risk. The Board does not hold decision-making authority.

Secretariat: The administrative function responsible for coordinating meetings, preparing agendas and papers, recording minutes, maintaining logs and supporting assurance reporting.

SETT – Southampton Emerging Therapies and Technologies: Provides Centre of Excellence capability to the SDE, including data engineering, IG and governance support, clinical data extraction, tool and software development, and infrastructure for high-quality linked data flows.

SIC – Strategic Investment Committee: The SRO's formal decision-making forum for SDE investments over £75,000, providing structured scrutiny, advice and assurance on investment proposals and portfolio performance.

SLT – Senior Leadership Team: The operational leadership forum responsible for day-to-day management of the live SDE service, including delegated operational decision-making, risk escalation and operational assurance.

SRO – Senior Responsible Owner: The individual accountable for the delivery, governance, safety and performance of the Wessex SDE, and the sole decision-maker for programme, operational and investment matters.
