Wessex Data Access Committee: Minutes

Date: Friday 26th September 2025
Time: 13:00-15:00
Location: Virtual via TEAMS (meeting recorded for training and reflection)

Chair: Dr Rachel Chappell
Secretariat: Rebecca Wood

Present:

Rachel Chappell (Chair) RC; Keith Gomes Pinto (NHS Dorset) KGP; Will Jennings (Associate Dean Research & Enterprise, UoS) WJ; Patricia Fuller (Research Fellow, NIHR ARC Wessex)PF; John McBeth (Professor of Health Data Science, UoS) JM; Heather Case (Deputy Director of Data and Analytics, NHS Dorset) HC; Andy Taylor (DCF) AT; Sam Fortune (DCF) SF; Sandra Hall (DCF) SH; Lindsay Anderson (DCF) LA; Mark Heffernan (Director of Operations, Wessex SDE: Presenter) MH; Rebecca Wood (Minutes) RW.

Apologies: Nick Fuggle

	Item
1.	**Welcome and Administrative Business** • Chair welcomed attendees to the Wessex SDE Data Access Committee meeting. • Apologies acknowledged. • No declaration of interest raised. • Previous minutes (Paper A) agreed. • Outstanding actions identified from the action log and previous minutes. • MH reminded members to provide information to contribute to the DAC Committee presence on the SDE website. • Chair shared a brief reminder of the DAC's social license.
2.	**Study 1: BRC Management of ICU RTI's** MH Presented an overview of the study and shared slides. This research aims to identify the number of patients affected by serious respiratory infections and examine treatment approaches across multiple sites in Wessex. The findings will support NHS service planning for winter pressures and highlight variations in care delivery across participating centres. Data will be collected, transferred to the SDE, pseudonymised, linked where appropriate, and re-pseudonymised before being made accessible to researchers. Discussion: • The study demonstrates clear potential benefits for the Wessex population.

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	• The study documents included in the pre-reads were clear and informative. • The study appears to be a suitable candidate for a future light-touch review process by the panel. **Decision: Approved**
3	**Study 2: BRC Reducing COPD exacerbation** MH Presented an overview of the study and shared slides. This study aims to link consented patient data from the Living Well Partnership with consented data held at University Hospital Southampton. Both datasets will be pseudonymised and securely linked within the Secure Data Environment. The approved researcher will work within the SDE in a restricted workspace. The study will utilise both structured and unstructured data, with data packages analysing the unstructured elements. Discussion: • A committee member noted that the study also intends to incorporate data from the MyCOPD app and NHS 111 records. • Group discussed safe outputs and the process by which trained models exit the SDE, including checks to ensure no identifiable public data is included. • The potential for this research to support NHS efforts in reducing backlog, improving patient outcomes, and accelerating diagnosis was highlighted. • It was noted that the DARF delegated ethical approval section was incomplete as the study will instead rely on SDE ethics approval. • Discussion on quality of available data and the robustness of the research methodology. However, it was acknowledged that assessing research quality falls outside the remit of this group. • MH demonstrated the SDE environment, showing an example of what a research script would look like within the workspace. **Action 1:** Include data flow diagrams, covering data outputs and the study title in future pre-read documentation. **Decision: Approved**
4.	**Study 3: ePROMS Validation** MH Presented an overview of the study and shared slides. This study involves a comparative analysis of consented perioperative data from UHS, aiming to evaluate and contrast manual versus electronic data collection methods.

	Discussion:
	• Discussion on the use of historical nursing data, including how such data is presented and interpreted. • Discussion on the handling of free-text fields versus structured checkbox inputs, and how the SDE manages unstructured data that may be unreadable or incomplete. **Decision: Approved**
5.	**Comfort break**
6.	**Study 4: Older Adults Alcohol pathway** (Study has independent ethical approval and was presented to DAC for awareness of data hosting on SDE) MH Presented an overview of the study and shared slides. This exploratory study will analyse consented, routinely collected hospital data at UHS to assess clinical outcomes in patients with alcohol use disorder, compared to those without. The research aims to support patient care at UHS and address current challenges faced by the hospital. Discussion: • The committee expressed support for the study, noting its relevance and potential impact. • Members requested that future documentation and agenda items be clearly marked as "for information only" where applicable. • The committee agreed that the Pre-check report was useful context for these types of study • It was noted that the study will use the SDE platform and will be listed on the website. **Committee raised no concerns with this study being hosted in the SDE.**
7.	**Study 5: SDE Driver HPO** (Study has independent ethical approval and was presented to DAC for awareness of data hosting on SDE) MH Presented an overview of the study and shared slides. This driver project, which has its own ethics approval and is funded by NHS England, aims to extract meaningful insights from clinic letters for patients with Inflammatory Bowel Disease (IBD).

	Discussion: • While the study focuses on IBD, the model developed has potential applications across other clinical areas to extract data from clinic letters. **Committee raised no concerns with this study being hosted in the SDE.**
8.	**Final Plenary Discussion: Conclusions and Next Steps** • Chair thanked the committee for their attendance and contribution to discussions. • Committee agreed it was interesting to have five different projects for discussion today and, including the 3 previous studies and examples, were building an understanding of the breadth of research being undertaken. • Chair noted the ambition to develop criteria for a 'light touch' process such that precedent can be set to enable a streamlined process
9.	**AOB** Chair provided an update on the Data for Research national programme led by NHS England. Currently, there are 11 SDEs across the country, but there is a proposal to reduce this number to 7. This change also anticipates the future launch of the Health Data Research Service (HDRS), which aims to create a national front door for access to data for research. While these developments are ongoing, the committee's remit remains unchanged. Collaboration across SDEs is expected to increase, with shared projects already emerging. Committee member noted a conversation at the DCF meeting highlighting how this may work as the social licence relies on local participation. Discussion on how the Wessex SDE will keep standards high in the future whilst working with less developed SDE's.
10	**Close of meeting**