Wessex SECURE DATA ENVIRONMENT | Part of the NHS Research Secure Data Environment Network

Wessex Data Access Committee: Minutes

Date: Friday 25th September 2026
Time: 13:00-15:00
Location: Virtual via TEAMS (meeting recorded for training and reflection)

Chair: Dr Rachel Chappell
Secretariat: Laura Fletcher

Present: Rachel Chappell (Chair) RC; Lindsay Anderson (Digital Critical Friend) LA; Michael George (Clinical Digital Research Fellow) MG; Will Jennings (Associate Dean Research & Enterprise) WJ; John McBeth (Professor of Health Data Science) JM ; Sandra Hall (Digital Critical Friend) SH; Sam Fortune (Digital Critical Friend); Andy Taylor (Digital Critical Friend) AT; Lisa Ballard LB; Laura Fletcher (Minutes) LF.

Apologies: Heather Case, Mark Heffernan, Patricia Fuller, Keith Gomes-Pinto

	Item
1.	**Welcome and Administrative Business** • Chair welcomed attendees to the Wessex SDE Data Access Committee meeting. • Apologies were noted. • The minutes of the previous meeting (Paper A) were approved. The Chair advised that a review of the DAC activity and development would be presented to the Wessex SDE Board in October. It was noted that the December DAC meeting was currently scheduled for 25 December and would need to be rearranged. **Action:** 1. LF to rearrange the December DAC meeting and issue updated invitations.
2.	**Study 1: FAIRSTART: Framework for Analysing Integrated Records to Support healthy Transitions And Reduce Inequalities** The Committee considered the FAIRSTART study, which aims to create a linked maternal and child data resource using routinely collected health, education, and social care data. The research will examine childhood health and obesity and explore how pregnancy and early-life experiences may influence longer-term child health outcomes, with the aim of supporting earlier intervention and prevention for children and families. The specific request considered by the Committee related to the inclusion of Southampton City Council data covering education, social care, and youth justice. Project-specific Confidentiality Advisory Group (CAG) support had been obtained for linkage of University Hospital Southampton

	maternity data, Hampshire and Isle of Wight Healthcare Child Health Information Services data and the relevant Southampton City Council datasets. **Discussion:** • The Committee discussed the requested Southampton City Council data including education information (school type, eligibility for free school meals, childcare provision, attendance, suspensions, and exclusions) and alongside social care and youth justice information (including offence-related information, cautions, sentences, and proven re-offending) • Members discussed the proposed data-linkage process as the cohort first needs to be identified before relevant records can be matched with Southampton City Council data. The approved process allows the required linkage to take place at UHS before the linked dataset is transferred into the SDE. The Committee noted that the proposed linkage arrangement had been included within the project-specific CAG approval. • Southampton City Council data will be pseudonymised before transfer to UHS and that researchers would only access pseudonymised data within the SDE. • Members discussed the wider use of social care and other non-health data within the SDE including the importance of public acceptability and social licence and the value of linking wider information to understand factors affecting health and outcomes. • The Committee considered the potential for study bias particularly when analysing disadvantaged populations . It was noted that the study protocol recognised the potential for selection bias in the methodology. • The Committee noted that no Equality Impact Assessment (EIA) had been completed for this phase of the project and suggested either undertaking an EIA or strengthening the planned sensitivity analysis to demonstrate how bias will be identified and mitigated **Recommendation: Approval with Observation** Observation: Study team to undertake an Equality Impact Assessment or consider this through sensitivity analysis to reduce the risk of bias within the research. The Committee did not require this to return for further review.
3.	**Study 2: Prostate Progress – NW SDE Data Transfer** The Committee considered an amendment to the existing Prostate Progress data access arrangements. Prostate Progress is a national prostate cancer research programme coordinated through the Northwest SDE. UHS has already prepared a Phase I dataset within the Wessex SDE. The amendment would allow that dataset to be transferred to the Northwest SDE and linked with relevant records from other participating SDEs and patient-reported outcomes to support the wider national study. **Discussion:** • The Committee discussed the proposed data transfer model, including the role a trusted key holder, enabling consistent pseudonymisation and linkage of records across participating SDE's.

	• Members discussed the technical process used to protect NHS numbers before transfer including hashing and use of salts. • The Committee agreed that this approach enables data from different organisations to be linked without transferring NHS numbers in identifiable form. • A Data Partnership Agreement is in place between Wessex and Northwest SDEs to cover the proposed data flow. • Members noted the direction of travel towards research involving multiple SDEs and the importance of appropriate arrangements to support secure data movement and linkage between environments. **Recommendation: Approval**
4.	**Study 3: Benchmarking cardiovascular risk scores in patients with Type 2 diabetes using NHS secondary care data: a validation study in the Wessex Secure Data Environment** The Committee considered a study comparing two cardiovascular risk prediction tools, SCORE2-Diabetes and QRISK3, in people with Type 2 diabetes using routinely collected NHS secondary care data. The study aims to assess how well each tool predicts cardiovascular events and whether performance differs by sex, ethnicity, and socioeconomic deprivation. **Discussion:** • The Committee discussed the value of the study in improving understanding of cardiovascular risk in people with Type 2 diabetes and the potential benefit of identifying individuals whose cardiovascular risk may not otherwise be recognised. • Members discussed the different risk prediction models being considered noting that SCORE2-Diabetes was developed specifically for people with Type 2 diabetes, while QRISK3 is also used in the NHS. • The Committee discussed potential variation in model performance across population groups, including differences associated with sex, ethnicity and socioeconomic deprivation and highlighted the importance of considering these factors when interpreting the study findings. • Members recognised the relevance of the work for groups in whom existing cardiovascular risk tools may perform differently, including women and people of South Asian ethnicity, and noted the potential public benefit of the study. **Recommendation: Approval**
5.	**Study 4: Optimising Personalised Oxygen Therapy Using Target Trial Emulation and Explainable AI (Wessex OPTIMUM)** The Committee considered the Wessex OPTIMUM study, which aims to improve understanding of how oxygen therapy is used across secondary and critical care and how treatment varies between patients and hospitals. The study will use routinely collected, de-identified information from Wessex hospitals to describe oxygen treatment from emergency admission and ward care through intensive care and discharge, to compare practice between hospitals and explore which patients may benefit from more personalised treatment.

	The study will use descriptive analysis, target trial emulation, and explainable artificial intelligence techniques to examine oxygen strategies and outcomes including length of stay, discharge, readmission, and mortality. The initial analysis will use data from Southampton, Portsmouth, and Hampshire Hospitals. **Discussion:** • Members recognised the potential value of the study and the proposed use of existing datasets held within the Wessex SDE. • Each site will independently define its cohort using common inclusion and exclusion criteria and data will be combined using a common data structure rather than through patient-level linkage between hospitals. • Members discussed the possibility of the same patient appearing in datasets from more than one hospital and the potential implications this could have for machine-learning analysis if there were substantial overlap between cohorts. • The Committee discussed the use of machine-learning techniques. It was clarified that these would not be used to develop predictive algorithms; clustering and explainable AI techniques would instead be used to identify patterns and variables associated with oxygen treatment and outcomes. • It was clarified that ambulance data are outside the scope of the study, while emergency department, inpatient and intensive care data will be included. • The Committee discussed variation in the amount and frequency of data available for patients at different stages of illness. It was noted that more unwell patients may have more frequent observations, particularly in intensive care, while patients with very short admissions may have limited data. The potential for this to influence the analysis was discussed, together with the need for the research methods to account for unusual or influential data patterns. • Members recognised the potential benefit of examining variation in oxygen treatment and development of oxygen strategies **Recommendation: Approval**
6.	**Precedent and Setting Criteria** The Chair presented a review of the precedent-setting work undertaken over the previous six months and invited members to consider how the DAC process could develop as application volumes increase. The presentation revisited the criteria proposed earlier in the year, compared these with issues that had arisen through subsequent Committee discussions, and set out potential options for streamlining future reviews while maintaining appropriate governance oversight. **Presentation and Discussion** • The Committee reviewed proposed criteria for studies likely to require full DAC discussion. These included materially different or new data types, different categories of data recipient or user, new purposes of data use, novel data linkages or disclosure arrangements, unresolved public benefit concerns, and significant commercial sensitivity. These aligned with the areas identified by the Committee over the past six months.

- It was noted that unresolved public benefit concerns should be retained, reflecting occasions where further PPIE had been requested.
- Members proposed that studies using data already held within the SDE could be more straightforward
- It was emphasised that the purpose of any criteria would be to support proportionate review and not to predetermine any recommendation.
- It was proposed that agreed criteria could form a checklist within the pre-check report, allowing members to see why a study had been assessed as potentially suitable for a lighter-touch review
- The Chair noted a proposal for a smaller or mid-month review group with a reduced membership group or agreement by email. The practical implications of additional preparation, administration and diary coordination were discussed, including the need for any process not to create delays elsewhere in the data access pathway.
- The Committee discussed if conditions attached to a recommendation could be reviewed on completion through an expedited mechanism rather than routinely waiting for the next monthly meeting.
- The Chair noted that DAC is one stage within a wider pathway that also includes feasibility work, completion of the DARF, organisational and user validation, data sharing agreements and, where applicable, commercial contracting. Members discussed the importance of considering end-to-end efficiency rather than accelerating one part of the process in isolation.
- It was noted that SDE-to-SDE working is expected to increase and the HDRS has commissioned work to examine streamlining opportunities with findings expected towards the end of March.
- Members discussed organisational eligibility and public confidence, including concerns about potential access by organisations such as insurance companies. The national safe people and safe organisations validation process was described, including escalation where an organisation's activities may not align with NHS principles and values. It was agreed that the organisation and its area of business could be made clearer within pre-check information and considered within the developing criteria.
- Members recommended that all members have sight of papers even if a smaller group or streamlined route were introduced, so that any member could flag a study for fuller discussion. It was noted that a potential sub-DAC would draw from the existing Committee membership and should refer any study to the full DAC where concerns, anomalies or uncertainty were identified.
- The value of the Committee's range of professional, public and Digital Critical Friend perspectives was highlighted. Members noted that different readers can identify different issues and that any streamlined process should retain an appropriate safety mechanism and Committee accountability.
- The Committee discussed the quality and consistency of papers. Repetition within some pre-check reports, including strategic alignment sections, was noted. The Chair agreed that this was a fair observation and would be considered as part of the wider process review.
- It was also suggested that agenda structure could group studies expected to require lighter-touch consideration, allowing more meeting time to be reserved for studies anticipated to require fuller discussion.

The Chair will use the discussion to further develop the proposed approach, taking account of the Committee's experience, the quality and content of supporting paperwork, the need to retain appropriate oversight, and the wider work underway to streamline SDE data access processes.

7.	**Close of Meeting** The Chair thanked the Committee for their attendance and contribution to the discussions.