Classification: Official

Terms of Reference

NHS England Screening Research, Innovation and Development Advisory Committee (RIDAC)

Document name:		**Terms of Reference – NHSE Screening Research, Innovation and Development Advisory Committee (RIDAC)**	
Senior Responsible Owner (SRO)		**Jan Yates**	
Version	2.1	**Date:**	30/08/2025

Revision history

Version	Date	Summary of changes
V1.3	22/07/23	NHSE initial versions approved by DoS following consultation with RIDAC Chairs at the time, task and finish groups, national specialist screening advisors
V2.0	30/08/25	Updated for accuracy and streamlined for contemporary processes
V2.1	08/09/2025	Minor changes following RIDAC chairs and senior consultation (Director of Vaccinations and Screening and Director of Screening)

Related documents

All related documents are stored in NHSE internal Sharepoint filing and can be made available on request

Title	Owner	Comment
Membership lists	Screening Research Office Team Leader	Each RIDAC has an appropriate membership list
RIDAC template documents, workflows and trackers	Screening Research Office Team Leader	Consists of SOPs and workflows, trackers and logs of workflows for each stage of the RIDAC process, template agendas, letters and other documents

Document control

The controlled copy of this document is maintained by NHS England. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

NHS England

1. Purpose

Each programme-specific Screening Research, Innovation and Development Advisory Committee (RIDAC) will advise the NHS England Screening Delivery Group on issues related to research, innovation and development activities linked to the relevant Screening Programme.

2. RIDAC Duties and Responsibilities

Oversight Role:

Advise on the appropriateness and relevance of research, the corresponding data access requests, the research topic, the innovation required including its evaluation and to act as a conduit to provision of further practical advice on research proposals including the impact on current NHS services and live IT services for that screening programme. See Appendix 2 for appropriate RIDAC actions for different study types.

- consider the impact on existing NHS pathways and any other requirements the NHS will need to undertake to support the research/evaluation
- support and advise the programme on research requests to quantify the benefits to the relevant screening programme.
- ensure, as far as possible, that research and innovation do not adversely affect the uptake, acceptability, quality, safety, and operational delivery of the screening programme it relates to.
- undertake, where possible, pre-application “in principle” or feasibility advice to researchers prior to them seeking formal research funding and ethical approval for their proposed research, helping researchers identify risks such as IT functionality or financial implications. This early input is intended to shape proposals before formal submission.
- determine which research applications should be supported (or not supported) to have access to screening data from individuals who have been invited to participate in the programme. The RIDAC will focus on whether the data is necessary, proportionate and in the public interest. If the RIDAC can approve all three points, it should be able to support the research proposal. Support for access to data for research by a RIDAC is not an automatic endorsement of the project. Other approvals (see Appendix 1, Governance) may be needed and **evidence of adequate funding**, including that required for the transfer of data.

- for applications where agreement of support cannot be reached or where there are exceptional circumstances, take the full application to the over-arching Screening Delivery Group (SDG) . NHSE will provide a checklist to support the RIDAC in its decision making on examples of what should be referred to the Programme e.g., to ensure that no impact on service restoration or agreed strategic development of the screening programme.
- where the number of proposals to review exceeds the capacity of the RIDACs and/or the Screening Research Office the following criteria will be used to prioritise activity:
    - Speed with which it can be actioned to achieve a quick win
    - Time since application
    - NHSE need the proposal to inform screening programme priority deliverables
    - Sensitivity (political, reputational etc)
    - Time constraint for researcher due to funding or other reason
- shape and prioritise research and innovation proposals with the necessary oversight of the Screening Programme Portfolio Team when appropriate/needed especially if prioritisation is required related to business service continuity within the NHS services and in the live IT services providing the data.
- receive regular progress updates from trials/research/audits supported by the RIDAC to and receive final project reports and keep informed the relevant screening programme board of research outcomes.
- produce an annual summary RIDAC report on business to be presented to the Screening Portfolio Team and, in summary, to SDG.
- RIDACs may advise on service evaluations and innovations that fall outside HRA-approved research, including in-service evaluations requested by the portfolio or delivery teams

Priority-Setting Role:

Support different stakeholders with different perspectives on priorities to understand and inform research priorities in screening.

- produce a schedule for research priorities in collaboration with all key stakeholders (NHSE, DHSC, charities etc) covering at least 3 years, which is currently reviewed and amended as strategic direction for the programme. This will provide a guide for academics to understand research requirements.

- provide suggestions to the SDG on the research, innovation evaluations that should be encouraged within the screening programme to improve the programme and inform the strategic direction for that screening programme.
- Whilst the RIDAC does not review evaluation or audit requests, there is an expectation the evaluation and audit outcome papers will be sent to the RIDAC for information and to aid priority-setting and the dissemination of best practice.
- RIDACs may be asked to comment on national calls for research and innovation, such as the NHS England Cancer Innovation Call, offering expert advice on gaps in evidence and impactful innovations
- RIDACs may be asked to comment on national calls for research and innovation, such as the NHS England Cancer Innovation Call, offering expert advice on gaps in evidence and impactful innovations
- Utilise Priority Setting Partnership (PSP) workshops as suggested by the James Lind Alliance to enable production of a Top 10 priority list for future research.
- The RIDAC should consider how to receive service evaluations and audits and enable these to be reported nationally.

The RIDAC will not:

- rewrite research protocols.
- formally approve or reject the research proposal itself although it is noted that a lack of support by the RIDAC will lead to the applicant failing to gain access to screening data required.
- mandate participation by screening services. Researchers must independently engage sites and commissioners
- identify all potential safety issues. Interventional studies should follow Good Clinical Practice and be reviewed by local governance processes
- be responsible for research delivery or accountable for unintended consequences.
- review single site Evaluation and/or Audits as these do not sit within the remit of the RIDAC. However, the NHSE RIDAC Screening Research Office, which provides the administrative support to the RIDACs, will be asked to facilitate the data release for these evaluations and audits and will carry out an “Is It Research” Health Research Authority review when doing so. If there are concerns about the scope of the evaluation (i.e., that it might be research), it will be sent to the next RIDAC meeting for discussion. Do note that evaluation/audit outcomes are expected to be considered as part of the priority-setting.

3. Screening Research Office Duties and Responsibilities

The RIDAC Screening Research Office will support the committees' business. They can be contacted at england.screening.research@nhs.net and are the first point of contact for research applications and will work with the Information Governance function to progress data releases. They will also handle data access requests for evaluation.

Their role is to:

- maintain a database of all applications and outcomes regardless of their scale.
- direct applicants through the approvals process for requests to access personally identifiable or de-personalised data. See Appendix 3 for RIDAC application flow chart.
- maintain a cycle of business for RIDAC committee meetings and projects/applications with a clear workflow and timescales
- provided the secretariat for meetings
- identify potential data security issues for access to national databases, sourcing expert IG support where required.
- provide advice on requests for access to databases that are managed by the NHSE screening programme teams with escalation to the appropriate prioritisation IT group for further advice/to ensure no unintended consequences to existing IT/data requirements to run the screening service real time.
- seek advice on applications where required, for example from NHSE information governance experts.
- provide advice on responsibility for excess treatment costs with support source from the NHSE life sciences team.
- provide advice on how to address any issues around patient consent.
- assess new applications for areas of duplication.
- following an agreement or not of support from the RIDAC, notify the outcome to the applicant of the decision with a summary of support provided via a paper update to the SDG.
- review the application for relevance before implementation If a supported intervention has not commenced within 12 months of RIDAC approval,

4. Membership

4.1 Chair

- The Chair will be appointed via advertisement and interview and will have an understanding in research and evaluation processes.
- The committee will nominate a deputy (Head of Operations or Senior Clinical Lead)
- Chairs will have a 5-year appointment, but the appointment may be renewed for additional terms with mutual agreement.
- The Chairs will:
    - be able to demonstrate they are an independent expert in NHS screening programmes,
    - will be able to demonstrate that they are an expert in understanding research processes and requirements,
    - will support the progression and development of research, evaluation, and audit within the NHS screening programme,
    - will be responsive to the NHSE Screening Research Office,
    - will summarise and authorise, for each project, the outcome to be sent to the applicant including any conditions required to be met before support can be given or reasons why support is not possible
    - confirm they have accepted the 7 principles of public life (Nolan principles) and complete a declaration of interests' form.

4.2 Members

- Members will be sought through open competition and a widely distributed call for expressions of interest. The Chairs and the RIDAC SRO will have final sign-off of members.
- Members will have a 5-year appointment but, with agreement from the Chairs and Screening Research Office, the appointment may be renewed for additional terms.
- Core Screening Sub-Directorate team roles on the committee will be permanent, they may act as deputy chair, but they will be associate members.
- Members are asked on appointment to confirm they have accepted the 7 principles of public life (Nolan principles) and to complete a declaration of interests form.
- Unless specifically stated otherwise, members are appointed as an individual and not as representatives of their profession, employer, or interest group. In a committee member's absence, no deputy can be sent. This does not apply to associate members who represent the Screening Sub-Directorate, who should endeavour to send a deputy if they are unable to attend.

- Members should carry out the assessment of the research applications objectively and impartially.
- Committee papers, discussions and any correspondence relating to applications are strictly confidential.
- Members must declare any potential conflicts of interest or if their declaration of interests changes in accordance with NHSE policy and procedure.
- Membership should include a lay person, patient and/or charity representative(s) to represent the service users and screening professionals with an interest in research who have current experience in delivering screening.
- Membership will be terminated if a member fails to attend 3 consecutive meetings. Membership may be suspended for a period of up to 12 months for the reason of long-term absence from work.

5. Meetings

- The RIDAC will meet quarterly or as demand requires.
- Minor amendments or proposals requiring an urgent response may be dealt with between meetings at the chair's discretion. This may be done by email or virtual conference. Members may also be asked to comment by correspondence on ad hoc applications or proposals.
- The RIDAC team will, as far as possible, assist investigators by expediting applications through the approvals process to avoid delays once the RIDAC has agreed to support their project.
- Local screening providers wishing to undertake research must inform the RIDAC as soon as possible in order to avoid any adverse impact on the national screening programme. Small projects that do not require any data or resources other than that which may be sourced locally will require an annual outcome report from the centre at which they were conducted.
- Three lead reviewers will be nominated for each application requiring RIDAC discussion by the Chairs and NHSE PHCO RIDAC Secretariat. Paperwork will be sent out to the lead reviewers 3 weeks before the meeting, with a request that reviewer comments be return via the proforma 1 week before the meeting.
- If the RIDAC needs support for discussion on prioritisation/co-dependencies by the SDG and the timing of this request is out of sync with the SDG meeting rhythm, SDG support can be sourced virtually.

- Declarations of interest of committee members will be taken at each committee meeting and applicants who are committee members must recuse themselves from discussions of their own projects
- The membership may call applicants to RIDAC meetings when their projects are discussed.

Where specific expertise is not available due to absence or a conflict of interest, the chair can request advice on a specific project from a known programme expert following consultation with other RIDAC members and the NHSE representative.

6. Quorum

Members of the RIDAC are encouraged to attend regularly in order to ensure adequate representation at all meetings. Meeting dates will be set well in advance.

Each RIDAC must include the chair or deputy plus 5 other members.

7. Agenda

The agenda will be set by the Chair with the Screening Research Office and papers will be distributed to members and those in attendance no less than 2 weeks in advance of the meeting. This allows time for review of the applications by all members. Standard agenda items are expected to include:

- Update on ongoing projects / trials to determine if support can be given
- Review and approve action/decision logs from the previous meeting
- Discussion and review of recent applications
- Receive and note outcome papers from evaluations
- Any other business
- Date of next meeting

In addition, one meeting annually will also be of longer duration to also discuss priority-setting, with the aim of guiding and assisting the Chairs and the Screening Research Office in the production of a schedule for research priorities. This will provide a guide for academics to understand research requirements.

Appendix 1. Governance

A1.1 Escalation

The RIDAC role is to lead the research, innovation, and development advisory process for each Screening programme. It will provide updates to the SDG to inform the strategic direction for the screening programmes.

A1.2 NHSE Accountability

The RIDAC will also take responsibility for approving the necessity, proportionality, and public interest of research proposals, which it will signify via its ability to issue official letters of support for the research. At the same time, the Screening Research Office will be assessing, alongside Information governance, the legality of releasing the data. The Screening Research Office will then present the RIDAC letter of support and the confirmation of legality to the NHSE signatory, which will be the Director of Screening.

Publications arising out of research conducted using data provided through support of RIDAC must acknowledge the source of data and the role of NHSE in the commissioning and operational delivery of screening programmes. The RIDAC will provide a disclaimer to be used on publications to indicate that the study may not represent the views of NHSE as an organisation. Applicants must not publish their outcomes until the RIDAC has been updated.

The RIDAC will not be responsible for reviewing the ethics of a research proposal. However, it is vital that the Screening Research Office undertakes an algorithmic review of any service evaluation or audit requests for data or access to samples to ensure that the request should not fall under the category of Research and thus require ethics approval.

Research proposals, service evaluations and audits should have a mechanism for ascertaining costs and be able to demonstrate how those costs are funded. NHSE will not (currently) charge for giving access to screening data or samples; however, costs imposed by third parties are likely to be passed on to the applicant.

A1.3 Confidentiality and information sharing

The NHS screening programmes have legally binding NHS standard contracts with several organisations to ensure their delivery. The NHS screening programmes are also bound by:

- the Common Law Duty of Confidentiality
- the Data Protection Act 2018

- [the Caldicott Principles] (https://www.gov.uk/government/publications/the-information-governance-review)
- the Information Commissioner's statutory data sharing code of practice.

Any research activity, or release of data for research purposes, must comply with all relevant legal and regulatory requirements. Any uncertainty in relation to legal issues arising from applications will be clarified by the NHSE information governance team before any response to the applicant(s).

For some studies using identifiable data without consent, review by the NHS Health Research Authority (HRA) Confidentiality Advisory Group (CAG) will be required. See [Guidance for CAG applicants] (https://www.hra.nhs.uk/about-us/committees-and-services/confidentiality-advisory-group/guidance-confidentiality-advisory-group-applicants/) for more information.

The HRA online decision tool and HRA online guidance document can establish whether ethics review by a NHS REC is needed.

Any research applications involving the use of human tissue or organs must comply with the Human Tissue Act 2004.

Requests to access controlled personally identifiable or depersonalised data from the screening programmes will require Screening research office approval https://www.gov.uk/government/publications/accessing-public-health-england-data/about-the-phe-odr-and-accessing-data#odr-application-and-approval-process).

The Screening research office approvals process assures that:

- there is a justified purpose for the release of data
- the data specification is the minimum necessary to meet the specified aims of the project
- there is an appropriate legal basis for accessing the requested data
- the applicant has appropriate safeguards in place to ensure the data will be processed safely and securely.

It is a condition of acceptance of research applications that relevant (for example, local, national or international) ethics approvals have been sought.

In situations where applications raise additional ethical issues that have not been considered elsewhere, the RIDAC may decide not to support applications or ask for further ethics approval from the applicant(s).

Members will not disclose information or written material (such as agendas, action/decision logs, discussion papers or other documents) to other parties, unless otherwise directed by the co-Chairs.

NHS England will not charge for access to research data but may pass on costs incurred from third party providers.

Appendix 2 Examples of types of applications to RIDAC detailing purpose, scope of practice and responsibilities of the committee for each application type

Interventional / Experimental Research Studies - Multiple sites or Single Site

RIDAC support is required with the requirement to agree an outcome of supported/not supported/ resubmit

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**
Assessment of whether this is valuable to the programme, of added value and so should be supported or redesigned as fundamental issues. Opportunity to comment re improvement, particularly at pre-submission stage	Assess if the design is feasible or may have an adverse impact on the existing programme delivery or patient safety. Can comment if considered poor use of resources or similar trial in existence – not an acceptable basis for non approval, but may influence prioritisation of NHS ENGLAND resources such as changes to IT required to support a trial.	Be assured that relevant governance approvals are in place.

Service evaluation - Multiple sites

RIDAC support is required with the requirement to be aware, note intention & receive outcomes. RIDAC outcome should be a letter stating reviewed by RIDAC and any pertinent observations for information produced.

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**
Comment of whether this is value to the programme, check to ensure that the proposal does not fundamentally change the screening pathway. If it does should communicate that this is unacceptable.	Comment re improvements including advice to the researchers that if they wish for the outcomes to change practice that a different intervention design would be better e.g. RCT	Be assured

Service evaluation - Single site

RIDAC support not required unless the intention is to scale up elsewhere. Should be logged.

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**
RIDAC may be invited to review a single site evaluation if there is an ambition to grow the service deployment. If this is the case, RIDAC should act as per multi-site service evaluation.		

Open data request - Either single or multiple sites

RIDAC approval not required

New aggregate data request - Single site

RIDAC approval not required

New aggregate data request - Multiple sites

RIDAC support is required with the requirement to review on 3 principles; appropriate, proportionate & justified

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**
To advise applicants on the value of the question to the programme.	To advise applicants on their data request and interpretation to ensure that it is appropriate to answer their stated purpose.	Be assured on the appropriate use of screening data

New identifiable/sensitive data request (including observational studies) - Single site

RIDAC support required if data is solely controlled by NHS England. If data is jointly controlled by NHS England and service, then local service can approve through local processes. The RIDAC purpose is to ensure data requested is appropriate, proportionate and necessary to answer the proposed question and that sharing is in the public interest.

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
To advise applicants on the value of the question to the programme.	To advise applicants on their data request and interpretation to ensure that it is appropriate to answer their stated purpose.	S251 requirements

New identifiable/sensitive data request (including observational studies) - Multiple site

RIDAC support required. The RIDAC purpose is to ensure data requested is appropriate, proportionate and necessary to answer the proposed question and that sharing is in the public interest.

For these specific areas, what is the scope of practice and responsibility of the RIDACs		
Question	**Design**	**Governance**
To advise applicants on the value of the question to the programme.	To advise applicants on their data request and interpretation to ensure that it is appropriate to answer their stated purpose.	S251 requirements

Appendix 3 Application process flowcharts

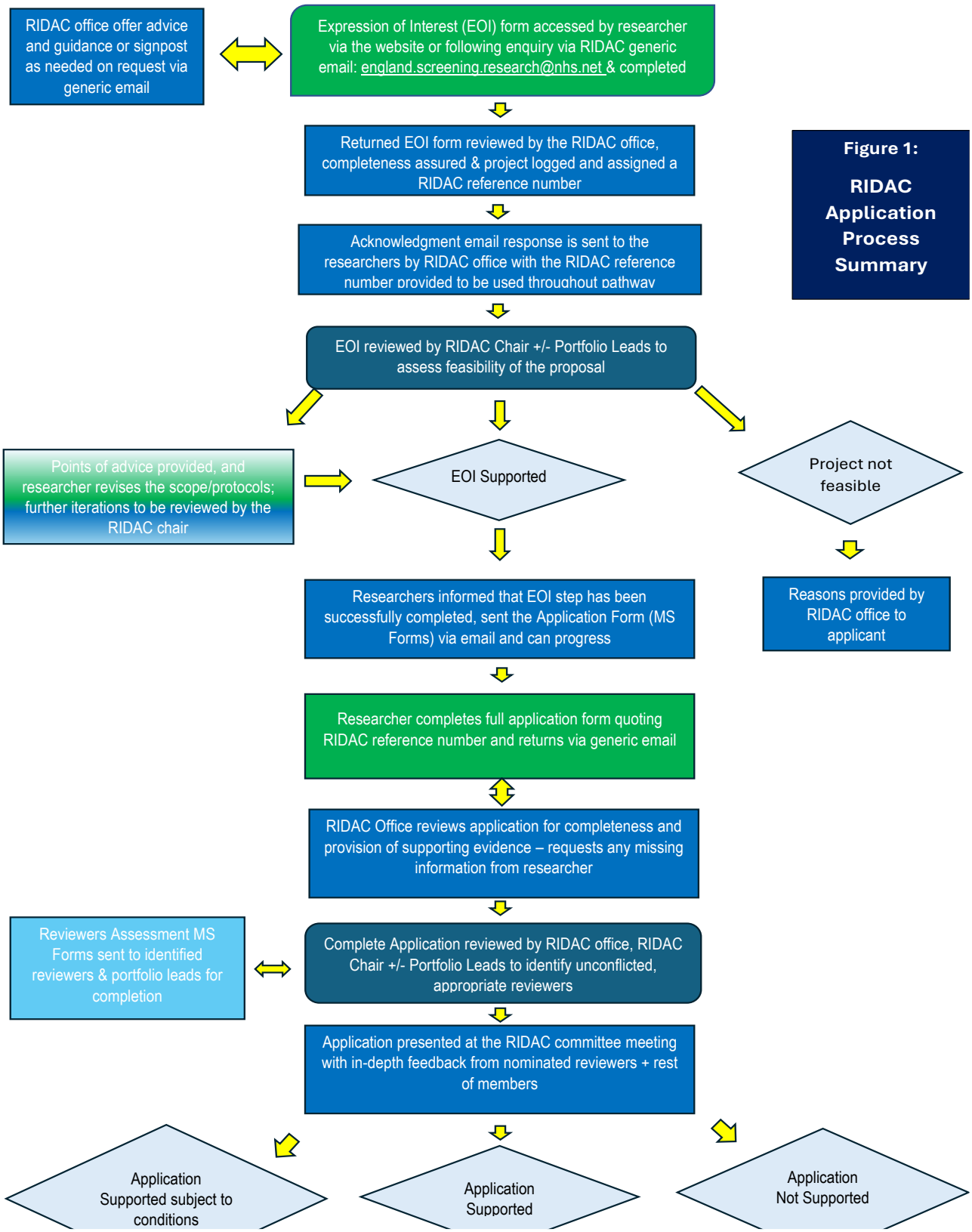

Figure 1:

RIDAC Application Process Summary

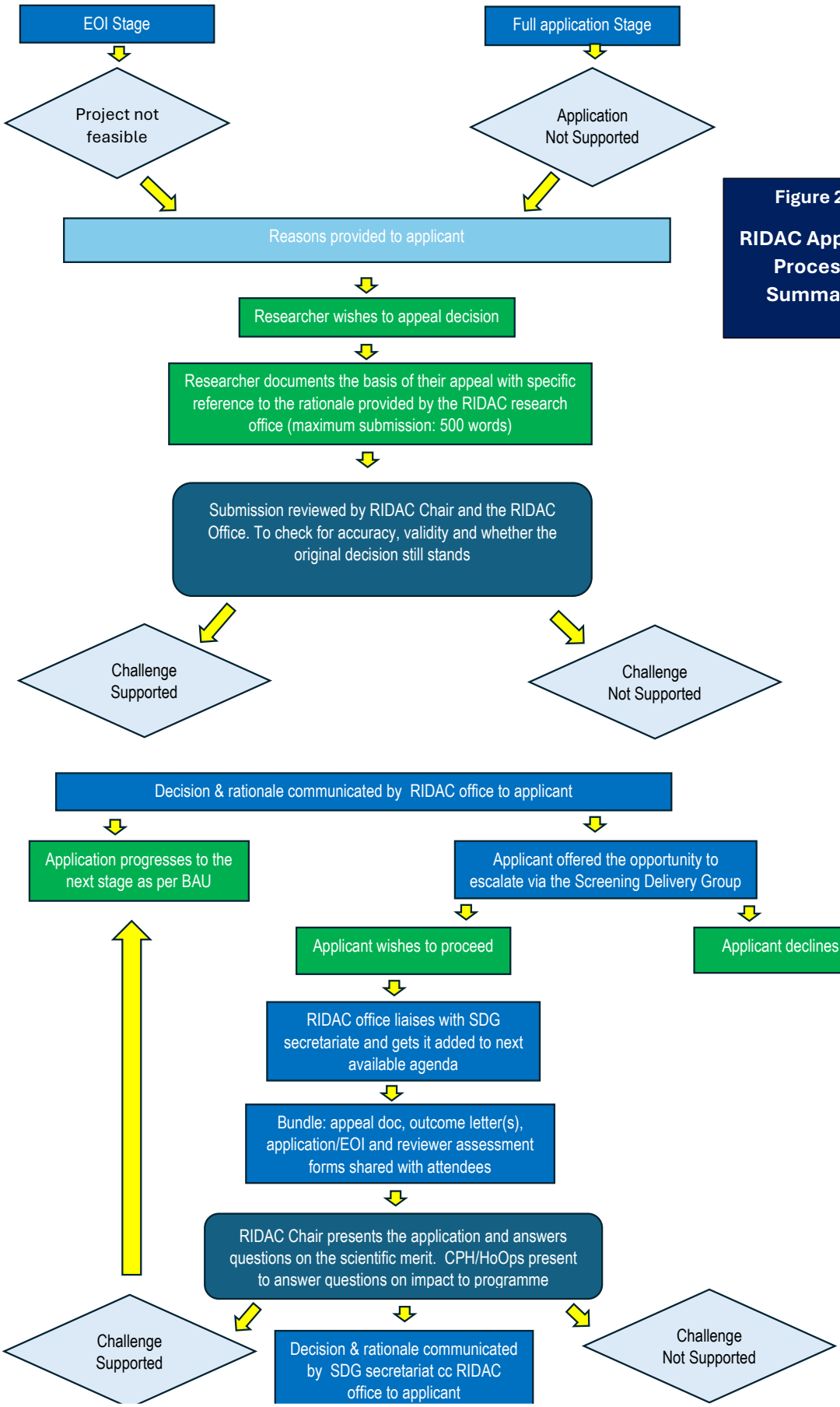

Figure 2:

RIDAC Appeals Process Summary

Differentiating Research, Surveillance, Research, Audit and Service Evaluation.

NHS England

	RESEARCH	SERVICE EVALUATION / IMPROVEMENT / DEVELOPMENT	CLINICAL/ NON-FINANCIAL AUDIT	HEALTH SURVEILLANCE
PURPOSE	The attempt to derive generalisable or transferable new knowledge to answer questions with scientifically sound methods including studies that aim to generate hypotheses, studies that aim to test hypotheses and observational studies.	Designed and conducted solely to define or judge current care or service or process.	Designed and conducted to produce information to inform delivery of best care or practice.	Designed and conducted to assess priorities, evaluate interventions, and detect and manage threats to health and adverse health status (including incidents, risk factors, hazards, outbreaks, and epidemics, may also address health inequalities).
QUESTION/ HYPOTHESIS	***Quantitative research*** – can be designed to test a hypothesis as in a randomised controlled trial or can simply be descriptive as in a survey. ***Qualitative research*** – can be used to generate a hypothesis, usually identifies/explores themes.	Designed to answer the question: "What standard does this service or process achieve?" This is normally addressed by asking those in receipt of the service or process.	Designed to answer the question: "Does this service reach a predetermined or pre-established standard?"	Designed to answer the questions: "Is there a need to start, continue or stop defined public health interventions", or "Is there need for further investigations", or "What is the cause of this outbreak (often of a disease) or incident and how do we manage it?"
AIM	***Quantitative research*** - addresses clearly defined questions, aims and objectives. ***Qualitative research*** – sometimes has clear aims and objectives but may not establish the exact questions to be asked until research is underway.	Measures current service without reference to a standard (In the case of service improvement / development the current service may be compared to the previous service).	Measures against a standard.	Measures against historical (or geographical) comparators and/or defined levels (triggers) for action. Systematic, quantitative, or qualitative methods may be used.
INTERVENTIONS	***Quantitative research*** – may involve evaluating or comparing interventions, particularly new ones. However, some quantitative research such as descriptive surveys, do not involve interventions. ***Qualitative research*** – seeks to understand the perceptions and reasoning of people.	Evaluation involves an intervention, service, or process already in use only. Service improvement or development involves a new intervention or service, or one that is new to that context. The choice of treatment, care or services is that of the care professional and patient/service user according to guidance, professional standards and/or patient/service user preference.	Involves an intervention in use only. The choice of treatment, care, service, or practice is according to standard guidance.	Intervention (if relevant) in use only. Any choice of intervention, treatment, care, or services is based on best public health evidence or professional consensus but may also be used to assess the need for an intervention when/where none is being taken currently.
DATA	Usually involves collecting data that are additional to those for routine care or service (but not always). May involve comparing data on treatments, samples, or	Usually involves analysis of existing data but may also include administration of interview(s) or questionnaire(s).	Usually involves analysis of existing data but may include administration of simple interview(s) or questionnaire(s).	May involve analysis of existing routine data supplied under license/agreement or administration of interview or questionnaire to those in the population of interest. This includes

	investigations additional to routine care. May involve data collected from interviews, focus groups and/or observation.			collection of data on hazards, exposures, and other data to enable interpretation of issues relevant to the population rather than the individual. May also require evidence review.
PARTICIPANT ALLOCATION	***Quantitative research*** – study design may involve allocating patients/service users/healthy volunteers to an intervention. ***Qualitative research*** – does not usually involve allocating participants to an intervention.	No allocation to intervention: the intervention is chosen before service evaluation.	No allocation to intervention: the intervention is chosen before the audit.	Not applicable. Collects data on issue of concern *in situ*. May involve allocation to control group to assess risk and identify source of incident, but no allocation to intervention.
RANDOMISATION	May involve randomization.	May involve randomization for sampling, but not for treatment/ care/ intervention.	May involve randomization for sampling, but not for treatment/ care/ intervention/ practice.	May involve randomization for sampling, but not for treatment/ care/ intervention.
DURATION	Time-limited collection and analysis of data, usually with defined endpoint and outputs.	May be regularly repeated.	May be regularly repeated.	Ongoing, and usually open-ended, collection and analysis of data, with regular dissemination.
INFLUENCE	Findings may influence clinical or public health practice or policy.	Findings should influence practice.	Findings should influence practice.	Findings should influence clinical or public health practice or policy.
RESPONSIBILITY	Responsibility to act on findings is not always clear. Responsibility to publish findings.	Responsibility to act should always be clear.	Responsibility to act should always be clear.	Responsibility to act should always be clear.
IMPACT	Actions informed by findings often taken a considerable time after findings reported.	Actions informed by findings sometimes taken soon after findings reported.	Actions informed by findings sometimes taken soon after findings reported.	Actions informed by findings usually taken soon after findings reported.
ETHICS	Research involving NHS patients or facilities needs review by an NHS REC. Other research requires REGG review.	May need REGG review. See below	No ethics review needed	May need REGG review. See below