

# minutes v1.0

**National Committee  
Services**  
Strategy, Performance & Service  
Transformation  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB  
Telephone via MS Teams



## **CHI Management Board (CHIMB) Meeting 9 April 2024 at 10am via Microsoft Teams**

### **Present:**

Dr Tim Allison, Director of Public Health, NHS Highland [**Chair**]

Dr Elena Beratarbide, Head of Information Assurance & Risk, Digital Health & Care Directorate, Scottish Government (SG)

Mr David Carr, Principal Information Analyst, Public Health Scotland representing CHI National User Group

Mr Martin Morrison, Associate Director– Practitioner Services

Dr Lindsey Ross, General Practitioner (GP) representative

Mrs Gail Turner, Head of Research, National Records of Scotland, NHS Central Register for Scotland (NHSCR)

Mr Kevin Whiteford, Health Records Development Manager, NHS Ayrshire & Arran representing CHI National User Group

Mr Iain Young, Head of Service Delivery, P&CFS

### **In attendance:**

Ms Anne Ferguson, NHS National Services Scotland, Committee Secretary

### **Part attendance:**

Mr Doug Kidd, Compliance Officer, NHS Education for Scotland (NES) Technology Service

Mr Andy Malyon, National Clinical Lead, Scan for Safety, Scottish Government

Dr Susan Siegel, Lay Member, CHIMB

Mr Jonathan Waldheim-Ross, NES

### **Apologies:**

Mr Ryan Anderson, Policy Lead for Data & Intelligence, Scottish Government

Mr Martin Bell, Director, Practitioner & Counter Fraud Services (P&CFS), NHS National Services Scotland (NSS) [**Vice Chair**]

Mr Mark Orr, Service Delivery Manager – NHS Scotland, Atos Origin Alliance

Ms Dianne Urquhart, Health Records Manager, NHS Greater Glasgow & Clyde

Dr James Ward, Scottish Association of Medical Directors Representative, Scottish Ambulance Service

## 1. Welcome and Introductions

Dr Allison welcomed all to the CHI Management Board especially the CHI National User Group (NUG) representatives attending for the first time. Several housekeeping matters were highlighted, and permission granted to record the meeting. The apologies above were noted.

The recent retirement of Dr McGilchrist was announced and ended his membership of this group.

It had been agreed that on Mr Bell's retirement, Mr Morrison would represent the incoming Directors at Practitioner and Counter Fraud Services (P&CFS) at the CHIMB as well as attending in his own right as Associate Director Service Delivery P&CFS. The group agreed that Mr Morrison would take over from Mr Bell as the Vice Chair of this group.

### **ACTIONS:**

**20240409:01 Mr Morrison to become CHIMB Vice Chair with effect from 1 May 2024**

## 2. Minutes of the Previous Meeting and Matters Arising (not on the agenda).

The minutes from 18 January 2024 were approved.

The action points from the last meeting were reviewed, and updates of actions not on the agenda or completed noted below:

### **ACTIONS:**

**20240118:01 An advertisement for a new Lay Member had been published on Volunteer Scotland's Volunteering Zone with a closing date of 28 April 2024.**

**20240118:06 Dr Allison had written to the CMO and Scottish Government's Head of Digital Health requesting an urgent review and refresh of the 2012 CHI Guidance document. Dr Beratarbide reported that the Scottish Government agreed to modify this guidance and proposed to work with the operational group to draft an update for CMO approval before submitting it for approval to the CHIMB. This approach was agreed.**

## 3. Matters Arising (not on the agenda)

There were no matters arising raised.

## 4. CHI Number Format (M Morrison)

Mr Morrison explained that in February 2024, the new CHI system identified that there were no additional CHI numbers available for registrations with a date of birth of 1 January 1980. This had occurred because 1 January 1980 was used in line with Home Office convention for the date of birth of immigrants when not accurately known. To date there were three people who had recently moved to Scotland with this date of birth, unable to be allocated a CHI and currently in pending status until a solution was implemented.

An urgent SBAR had been circulated to the CHIMB late February with full details. Mr Morrison had also discussed the issue with colleagues from Scottish Government's Digital Health team and was advised of a policy paper being developed to look at strategically moving away from the current format of CHI that would no longer be comprised of digits relating to date of birth or gender. Mr Morrison asked for an update on that development and whether it was likely that the strategic direction would be available soon. There was no update available from those attending the meeting, so Dr Beratarbide sought an update electronically from Mr Alistair Hodgson. It was confirmed that this work was to be progressed following Ime Jones departure although no timescale was provided.

This matter had been discussed at the recent CHI National User Group meeting where it had been agreed to undertake an initial impact analysis and data capture exercise to understand the impact of any future strategic SG approach.

Additionally, analysis work was being undertaken to establish the reasons for new CHI reporting that there were no other CHI numbers available for 1 January 1980 registrations. An audit of the historical allocation of numbers in both new and legacy CHI systems was being undertaken by Practitioner Services in conjunction with Rhapsody and Atos. The purpose was to determine whether any CHI that had been created but immediately cancelled or blocked could safely be added back into the pool for allocation. These numbers would never have been issued into the wider health system. So far, it had been identified that this would potentially result in 32 male and 130 female CHI numbers available although more validation was required. This was the preferred immediate solution as it would enable current methodology to be used until a strategic solution was available from the Scottish Government. There were other solutions being considered such as changing the date of birth to enable a CHI to be generated. However, as the date of birth would not be consistent with identity documents, this approach may have wider implications. Although only 1 January 1980 registrations were currently affected, this issue may occur for other dates in future.

Dr Beratarbide enquired about the proposal being developed by the Scottish Government in relation to CHI format. Mr Morrison stated that there was not a format specified as such but a desire to move away from including gender or date of birth components in new numbers. Mr Morrison agreed to share the annotated draft paper with Dr Beratarbide for information. The SBAR was also to be recirculated by the Committee Secretary for information.

The CHIMB noted the issue, but no further action or decision was required from the group at this time.

#### **ACTIONS:**

**20240409:02 Mr Morrison to share the annotated version of the Scottish Government draft paper on CHI format strategy**

**20240409:03 Ms Ferguson to recirculate the CHI Format SBAR issued on 27 February 2024**

## 5. Clinical Safety Case Update (Mr Morrison)

Mr Morrison reminded the group that an updated clinical safety case had been circulated in February 2024 giving an update on the hazards and risks profile reported to the CHIMB in July 2023 based on May 2023 scores. At that time there were seven hazards and risks deemed amber and too high by the NSS Clinical Informatics Team. Evidence was subsequently gathered following the implementation of additional controls that reduced the risk. After rescoring of these hazards only three hazards/risks remained amber (H-03, H-08 & H-09). More information was being gathered from DaS and Practitioner Services to enable rescoring of these three hazards. It was anticipated that all remaining amber risks/hazards would be reduced in the coming month to an acceptable level.

It was noted that the scoring in relation to hazard/risk H-05 'CHI number unable to be allocated' had been calculated prior to identification of the 1 January 1980 issue. If the matter was unable to be resolved as described in 4. above, then the scoring would need to be reassessed. Dr Beratarbide suggested that raising that hazard level may assist in raising attention of the matter within Scottish Government. Mr Morrison agreed to take this into account.

### **ACTIONS:**

**20240409:04 Mr Morrison to share the outcome of the rescoring of hazards H-03, H-04 and H-05 at the next meeting.**

**20240409:05 Mr Morrison to consider rescoring H-05 should the 1 January 1980 be unable to be resolved.**

## 6. Scan for Safety (SfS) for Medical Devices provided by Independent Healthcare Providers (Dr Malyon)

Dr Malyon outlined the SfS programme whereby an electronic link was created between implanted medical devices and the patient record. Patient safety was at the core of this programme but would also save money through stock management using barcode scanning. Medical devices were not only provided on the NHS but increasingly by the independent sector. The independent sector was supportive of the SfS programme but there was no common patient identifier available for the private sector so providing access to CHI was requested.

The CHIMB had already approved SfS for medical devices provided by the NHS. It was agreed that the SfS CHI application and its subsequent approval for NHS use would remain separate from the independent sector use of CHI for this purpose. As such a separate application would be required.

The CHIMB recognised the benefits and importance of capturing implantable medical device data from independent sector providers as well as the benefits for patients and all healthcare providers of a common system operating across all sectors for storing medical device data.

For patient safety purposes, the CHIMB agreed in principle to enable read only access to CHI to the independent sector providing services in Scotland.

It was recognised that independent providers often had CHI data via the GP referral letter. The SfS programme offered a method of improving the control and structure for access to CHI by the independent sector. A search return mechanism would

provide the independent sector with identifier information without granting full access to CHI. Appropriate guidance would be required to ensure that where partial information offered multiple matches that the correct CHI was assigned. The new fire interface on the National Digital Platform (NDP) could be used to give the integration and search functionality described. NES would be able to facilitate access via the secure Application Programming Interface (API) subject to approval. NES was currently developing an onboarding process for the NDP demographic service, one element of which was ensuring that approval for access to CHI for that purpose had been granted.

It was noted that the Scottish Government's Digital Health & Care Team was working with the SfS Clinical Lead on developing the Data Protection Impact Assessment (DPIA) and agreed to progress this further following this meeting.

The CHIMB discussed the practicalities of working with the private sector to ensure reasonable applications were received. Dr Malyon estimated around 15-20 private sites would need access to CHI. Rather than reviewing an application from each private provider, Dr Beratarbide recommended the CHIMB review a generic DPIA in detail once. Provided the DPIA documented the need for the private sector to have access to CHI for specific purposes, any subsequent request within the scope of the DPIA could then be approved automatically. This was agreed and the DPIA was to be submitted for discussion at the next meeting in July.

#### **ACTIONS:**

**20240409:06 Dr Malyon to submit the SfS DPIA for consideration at the next meeting in July 24.**

### **7. CHI National User Group (Mr Morrison)**

The NUG had its inaugural meeting on 27 March 2024. The meeting covered a DaS service update (including version release management and £60k funded development until June 2024), strategic directions from Craig Murney (ethnicity and dissolution of Argyll and Clyde) as well as a Wipro Contract Management Board update from Mr Young. Meeting dates had been arranged for the remainder of the year. Mr Carr and Mr Whiteford were thanked for volunteering to represent the NUG on the CHIMB.

As a reporting mechanism into the CHIMB, it was agreed to share the NUG minutes with future CHIMB papers and provide a short verbal update at the CHIMB meeting. The verbal update would alternate between Mr Carr and Mr Whiteford.

#### **ACTIONS:**

**20240409:07 Mr Morrison to provide minutes from the NUG meetings for circulation with meeting papers**

**20240409:08 A brief verbal report to be provided alternately by Mr Carr and Mr Whiteford at CHIMB meetings**

### **8. Race & Ethnicity Data Improvement Update**

The CHIMB noted the paper submitted by Mr Anderson advising that the NDP had been identified as an alternative to the CHI database for storing and linking race

and ethnicity data alongside data for other protected characteristics and that an options appraisal of each system was underway.

## **9. Data Strategy & National Information Governance (IG) Work Update (Dr Beratarbide)**

An update report was about to be published and would be shared with this group to provide detailed information. However, it had been agreed that the following work would continue during this financial year:

- IG Code of Practice and underpinning tools and approaches for IG maturity
- IG Competency Framework
- Review the IG Federated Model – looking at where central decisions could be made to facilitate work to progress more quickly, safely and in a rational manner.

Dr Beratarbide offered to provide a presentation on the IG Code of Practice at a future CHIMB meeting or invite those interested to attend an awareness session.

### **ACTIONS:**

**20240409:07 Dr Beratarbide to send a copy of the Data Strategy update report when published to the Committee Secretary for circulation**

## **10. NES Quarterly Update Report (D Kidd)**

Mr Kidd provided the regular quarterly update confirming that NES had now fully decommissioned the CHI copy. All NES products were now linked to new CHI. Evidence of the destruction could be provided if required. NES agreed to share the onboarding process mention under item 6 for information with members.

### **ACTIONS:**

**20240409:08 Mr Kidd to share a copy of the onboarding process for the NDP Demographic Service with the group**

## **11. NES Request to extend current permission for approving use of CHI to include Accelerated National Innovation Adoption (ANIA) Programmes (D Kidd, J Waldheim-Ross)**

Mr Kidd explained that at the time NES were approved to hold a copy of CHI, it was also granted permission to implement an internal process for approving uses of CHI for NES products. To facilitate the Accelerated element of ANIA, Mr Kidd requested an extension of that internal process for ANIA programme projects. NES were the digital delivery partner for ANIA and the majority, if not all ANIA projects would require use of CHI for positive patient identification. ANIA projects may access CHI through the NDP Demographic Service but may also use other NDP products and services such as storage services.

The first ANIA project had submitted a CHI application (item 12.ii), NES had been involved in completing this application which may provide the group with some assurance around the level of detail applied by NES. If granted, the ANIA projects would be included in the NES Quarterly Report rather than submitting an individual application for each ANIA use case. NES anticipated three or four ANIA projects

per year. Nevertheless, Mr Kidd pointed out that NES were data processors and Health Boards and CHIMB data controllers.

From a governance perspective, Dr Beratarbide said it came down to pre-approved use cases detailing scenarios and documenting pre-agreed uses of CHI with defined levels of risk. Anything beyond that in terms of purposes for use of CHI or higher risk needed to be referred to the CHIMB for a decision. In this instance, the CHIMB were not delegating authority of decision making but pre-approving cases. In order to pre-approve a case, the CHIMB needed to be comfortable.

A formal register would therefore be required to provide the CHIMB with clarity around data flows, CHI uses approved by NES and details of responsible organisations. NES agreed to consider producing a dynamic register as well as the quarterly report. Early visibility of requests for uses of CHI through the application process enabled Practitioner Services to understand the knock-on effect to performance. There was a retrospective risk in delegating the authorising process that if these applications were large users that CHIMB wouldn't find out about the consequences until after the use was live. These ANIA projects were national scale projects that took several months to implement so the CHIMB would be have sufficient notification to assess the impact on the whole system before going live.

Dr Allison agreed to discuss with the Directors of Public Health (DsPH) the issue of pre-approval delegation in line with criteria agreed by the CHIMB and ensure the NHS Board Data Controllers were content with that process. A paper was to be submitted for discussion at the next meeting detailing the process and level of pre-approval. Dr Beratarbide agreed to prepare a draft paper for the next meeting in conjunction with NES. In the meantime, one item was pending under item 12.ii. CHIMB agreed to consider that application out-with the meeting as it was only received a few days ago.

#### **ACTIONS:**

**20240409:09 In the event that the CHIMB agreed to NES approving uses of CHI for ANIA projects, NES agreed to consider producing a dynamic register as well as the quarterly report**

**20240409:10 Dr Allison to discuss with the DsPH the issue of pre-approval delegation to ensure that NHS Boards' Data Controllers were content with that process**

**20240409:11 Dr Beratarbide to work with NES to produce a draft paper for the next meeting detailing the process and level of pre-approval**

**20240409:12 The CHIMB was to consider the Digital Dermatology application out-with the meeting**

## **12. New Applications**

### **i. CHI Database Automation Application**

The CHIMB approved the request to automate the use of CHI by Social Security.

**ii. Digital Dermatology Image Capture Pass-Through for Access to CHI**

It was agreed that the Committee Secretary would request feedback from members on this application within the next couple of weeks and a decision made out-with this meeting.

**ACTIONS:**

**20240409:12 The CHIMB was to consider the Digital Dermatology application out-with the meeting**

**13. Homologation of Chair/Vice Chair Responses**

There were no items to homologate.

**14. CHI Related Governance Arrangements**

**i. CHIMB Terms of Reference**

The membership in the CHIMB ToR had been updated to include the CHI NUG representatives. It was agreed to invite Scott Heald, the Head of Profession for Statistics to future meetings. The Chair agreed to work with the Committee Secretary to identify any other gaps in membership.

Dr Beratarbide agreed to obtain approval of these changes from Jonathan Cameron, National Information Asset Owner (IAO) for CHI. It was agreed to provide a copy of the ToR document showing tracked changes to assist this process. The ToR was to be ratified at the next meeting.

**ii. CHIMB website**

The Committee Secretary reported that the NSS Executive Support Director was progressing reinstatement of the CHI website and was to escalate the matter if work did not progress soon. Dr Allison also offered to assist in this regard.

**ACTIONS:**

**20240409:13 The Committee Secretary was to invite Scott Heald to future CHIMB meetings**

**20240409:14 The Chair and Committee Secretary to identify any other membership gaps**

**20240409:15 Dr Beratarbide to be provided with a tracked changes copy of the updated ToR.**

**20240409:16 Dr Beratarbide to obtain approval of the ToR update from Jonathan Cameron as National IAO for CHI.**



**20240409:17 Work to reinstate the CHI website was progressing and would be escalated by the NSS Executive Support Director if required.**

**15. Feedback from the Public Benefit & Privacy Panel (PBPP) – none**

**16. Feedback from the Scottish Caldicott Guardian Forum – none**

**17. Feedback from the UK Council of Caldicott Guardians – none**

**18. Feedback from the NHSCR Stakeholder Group**

Dr Allison had an action from the last meeting of the NHSCR Stakeholder Group to check the progress of the MoU for the use of CHI. Mrs Turner thanked Stuart MacPhail for sending the updated document. The comments were being currently being reviewed by NHSCR so this matter had now progressed.

**19. Any Other Business**

Mr Carr mentioned the business case developed by COSLA for greater access to CHI for social care data and was meeting COSLA later that afternoon to find out more about the request. Mr Carr agreed to share the outcome of that meeting with Craig Murney from DaS.

**ACTIONS:**

**20240409:18 Mr Carr to liaise with Craig Murney regarding greater access of COSLA to CHI.**

**20. Date of Next Meeting**

Thursday 18 July 2024 (10-12pm) via Microsoft Teams