IGSG

Regional ISA Annual General Meeting

12th March 2024

https://www.regisa.uk

Regional ISA AGM Objectives

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The objectives of the AGM are to provide member organisations with:

1. An opportunity to scrutinise the management of the Regional Health and Social Care ISA over the preceding 12 months
2. A top-level view of the sort of joint processing and sharing arrangements that are coming in the following 12 months
3. An opportunity to give strategic guidance and direction to IGSG regarding members' preferences for current and near-future challenges and concerns
4. The opportunity to appoint and confirm the appointment of the Information Governance Steering Group who will act on members' behalf over the following 12 months

The AGM also gives IGSG the opportunity to:

1. Provide member organisations with an update regarding the scope and status of sharing arrangements managed under the framework
2. Involve member organisations in key decisions

Regional ISA AGM Conduct

Conduct of the meeting

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1. Please keep microphones on mute unless presenting or as required during Q&A

2. The meeting will be recorded so that accurate notes and decisions are taken. Once these are confirmed at the next IGSG meeting the recording will be deleted.

3. If you wish to raise an item of Any Other Business, please put it in the Chat, marked AOB

4. If you wish to raise a question about any item, please enter it in the 'Chat' window. The Chat will be monitored throughout and questions brought to the attention of the speaker. The speaker will either respond verbally or in the chat.

5. If Voting is required on specific items and this will be facilitated by the use of Mentimeter (menti.com). Please access Menti.com on a phone/tablet or another browser window.

6. Items for voting will be decided on a majority basis, unless the Chair stipulates otherwise.

Regional ISA update

Scope of the Regional ISA and Membership Summary

Utilisation of the ISA

DSPT Status Summary

Matters Arising

Useful Links

as of 13/2/24

https://www.regisa.uk

Scope of the Regional ISA and Membership Summary

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The Agreement:

1. Extends to Berkshire, Buckinghamshire, Hampshire, Oxfordshire and Surrey
2. Supports sharing arrangements based on the main local shared care records (Connected Care, My Care Record and the TVS Care Record) as well as systems such as GP Connect
3. Also supports joint controllership arrangements that are based on systems such as Docobo, EMIS, EPIC, ICE and RIO

The 425 members* of the Agreement comprise:

1. General Practice organisations (226 +100)
2. Independent sector health care providers (32**)
3. Independent sector social care providers (31)
4. Local authorities (11)
5. Integrated Care Boards (3)
6. NHS Trusts (18)
7. Voluntary sector providers (5)***

Through the TVS arrangements there are a further 100 organisations (predominantly practices) we have a joint controllership relationship with that is managed through the Surrey Heartlands ISA (a derivative of the Regional ISA) but that will need to be incorporated directly into the Regional ISA alongside the TVS contract consolidation.

(* this includes current as well as pre-agreed “required” organisations)
(** includes 8 community pharmacy organisations)
(*** commissioned or coordinated by Local Authority and NHS organisations)

Arrangements: https://www.regisa.uk/documents/schedc.html … Membership: https://www.regisa.uk/documents/schede.html

Utilisation of the ISA

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Type of sharing arrangement	Total
Both Direct Care and Other Uses Berkshire and Frimley joint processing and sharing schedule	265
Direct Care Berkshire and Frimley joint processing and sharing schedule	831
Both Direct Care and Other Uses Buckinghamshire joint processing and sharing schedule	56
Both Direct Care and Other Uses Oxfordshire joint processing and sharing schedule	67
Direct Care (Legacy)	399
Other Uses (Legacy)	117
Direct Care Surrey Heartlands	218
Secondary Uses Surrey Heartlands	108
Grand Total	**2,061**

Current uses - Shared information assets

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2,000+ agreements in place across 400+ organisations (Adults and Childrens Social Care, GPs, Independents, Nursing Homes, Pharmacies, Residential Care, Trusts, VCSEs) across Berkshire, Buckinghamshire, Hampshire, Oxfordshire, Surrey and Sussex in respect of:

1. BHFT RIO (Community and Mental Health)
2. BSPS Sunquest ICE (Pathology)
3. Connected Care Clinical Platform (Shared Care Record)
4. Connected Care/System Insights Analytics Platform
5. Docobo DOC@HOME (Remote Monitoring – at home as Virtual Wards and in Care Homes)
6. EMIS Community
7. EMIS GPs and Hospices
8. FHFT EPIC
9. GP Systems for Federated Working and Extended Hours
10. Healthy.IO (Kidney function)
11. LivingWith COVID
12. My Care Record (Shared Care Record)
13. SABP SystmOne (Community Mental Health)
14. Thames Valley and Surrey LHCR (Shared Care Record – replacing Connected Care and My Care Record)

Current uses - Lead controller organisations

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1. Berkshire West GP Systems for Federated Working (BOB ICB)
2. BHFT RIO (Berkshire Healthcare)
3. BSPS Sunquest ICE (Frimley Health)
4. Connected Care (Frimley Health)
5. Docobo DOC@HOME (Frimley Health)
6. East Berkshire EMIS Community (Thames Hospice)
7. East Berkshire GP Systems for Federated Working and Extended Hours (Frimley ICB)
8. EPIC (Frimley Health)
9. Frimley South EMIS Community (Frimley Health)
10. Healthy.IO (Frimley ICB)
11. LivingWith COVID (Berkshire Healthcare)
12. My Care Record (Buckinghamshire Healthcare)
13. SystmOne for MHICS and ARRS (SABP)
14. Thames Valley and Surrey LHCR (Frimley Health)

DSPT Status

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Type	OrgClass	Not registered in DSPT	20/21 Standards Met	21/22 Standards Met	22/23 Approaching Standards	22/23 Standards Met	22/23 Standards Exceeded	23/24 Standards Met	23/24 Standards Exceeded	Grand Total
General Practice Organisation	General Practice Organisation					295	15	16		326
Independent sector health service provider	Community pharmacy			1		6		1		8
	Hospice					1				1
	Independent sector health service provider	1				7	5	2		15
	Nursing and residential care service provider					2	1	1		4
	Nursing home service provider					4				4
Independent sector social care provider	Adult social care					1				1
	Childrens social care					1		1		2
	Independent sector social care provider					1	1			2
	Residential care service provider	1	1	2		14	2	5	1	26
Integrated Care Board	Integrated Care Board					1	2			3
Local Authority	Local Authority					10		1		11
NHS Trust	NHS Trust				4	12	2			18
Voluntary sector provider	Voluntary sector provider					3	1	1		5
Grand Total		**2**	**1**	**3**	**4**	**358**	**29**	**28**	**1**	**426**

DSPT Status – Matters arising

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LegalEntityStatus	Org	ICS Area	
Not registered in DSPT	Just Homes (Surrey) Ltd	Frimley	Covered by DOC@HOME remote monitoring restricted access policy*
	Thrive Tribe	Multiple	Not a shared record participant – data provider only
20/21 Standards Met	Charnley Care Homes Limited (t/a Beech House Care Home)	Frimley	Covered by DOC@HOME remote monitoring restricted access policy*
21/22 Standards Met	Farnborough (War Memorial) Housing Society Limited	Frimley	Covered by DOC@HOME remote monitoring restricted access policy*
	Haldane House Limited (t/a HALDANE HOUSE NURSING HOME)	Frimley	Covered by DOC@HOME remote monitoring restricted access policy*
	RSA and Co Limited (t/a Windlesham Village Pharmacy)	Frimley	Not currently active – Qualifying Standard compliance required
22/23 Approaching Standards	Buckinghamshire Healthcare NHS Trust	BOB	Recovery plan agreed with NHSE and lead controller**
	Royal Berkshire NHS Foundation Trust	Multiple	Recovery plan agreed with NHSE and lead controller**
	South Central Ambulance Service NHS Foundation Trust	Multiple	Recovery plan agreed with NHSE and lead controller**
	South East Coast Ambulance Service	Multiple	Recovery plan agreed with NHSE and lead controller**

* The DOC@HOME remote monitoring policy agreed and implemented by IGSG in 2020 restricts care home access only to data that the care home itself provided in the first place

** These organisations were previously “Standards not met”. However, recovery plans have subsequently been agreed with NHSE, allowing their DSPT status to be re-stated as “Approaching Standards”. The lead controllers concerned have also reviewed plans and confirmed their appropriateness.

Useful links

1. The framework documentation as a whole www.regisa.uk
2. The supporting legal opinions https://www.regisa.uk/index.php?view=article&id=40&catid=2
3. Data Protection Impact Assessments https://www.regisa.uk/documents/schedp.html
   and a TVS analytics example https://regisa.uk/documents/DPIA2030current.pdf
4. Joint processing and sharing arrangements (aka Schedule K documents) https://www.regisa.uk/documents/schedc.html
   and a pathology example https://regisa.uk/documents/KA000024BSPScurrent.pdf
5. Regional ISA policies:
   1. The policy webpage https://regisa.uk/index.php/policies
   2. Example policy (CSC access to Shared Care Record web portal) https://regisa.uk/documents/ChildrensSocialCareAccessAllPlatforms.pdf
6. Who's signed up to what:
   1. Records of processing web page: https://www.regisa.uk/documents/schedcdeactive.html
   2. Records of processing search page: https://www.regisa.uk/index.php/searchmenu/30-schedf
7. The role of the IG Steering Group (p8 of the Master Agreement https://www.regisa.uk/documents/FullMasterAgreement.pdf)
8. The role of the lead controller (p11 of the Master Agreement https://www.regisa.uk/documents/FullMasterAgreement.pdf):
   1. Maintaining master Records of Processing for the system concerned
   2. Responding to Subject Rights requests
   3. Responding to FOI requests
   4. Managing IG issues
   5. Running Audits

Benefits from the Regional ISA

Reading Urgent Care Centre and Berkshire West Federated Working

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1. Reading UCC Established to replace the Reading WIC
2. Within just a few days around 40% of practices had signed up
3. ISA's subscription model supported immediate sharing as the practices signed up

4. Ease of distribution and sign up previously meant that the revised Berkshire West GP federated working arrangements could also be implemented rapidly (around half of practices had signed up within 48 hours)

Better targeted and prioritised care

High risk patients

- High intensity users from across the system derived using analytical methodology, including data from GP, 111, 999 and A&E
- Identified at General Practice so we can support them proactively, improve outcomes and make their activity levels more sustainable in both the short and longer term
- Initial pilot with clinical leads identified 20+ patients out of the 103 who could be targeted for support

Hypertension

- A PCN identified that there was an opportunity to offer improved care to their hypertensive patients using a suite of analytics tools
- Able to diagnose more patients with hypertension (+4% over short period) and offer better hypertension control across the register
- Practice GPs and pharmacists offer safer, more joined up and thorough care and have more capacity to offer timely interventions for those most in need

Remote monitoring

- Patients identified using population health approach and clinically defined rule set
- Through remote monitoring, patients submit regular readings, helping to engage and empower them to look after their own health and wellbeing
- Has been able to demonstrate tangible reductions in contacts across the system

Primary Care ED admissions interventions

Transfer of care notifications (TCN) are generated automatically on a patient's arrival at and on discharge from the ED.

When received by the care record analytics system (for participating practices) the TCN also generated an email alert to a mailbox specified by the practice, allowing the nominated GP in the practice to initiate a follow up with the patient.

Seen as beneficial by patients and professionals alike.

Rapidly responding to National Medication Alerts

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1. Sodium Valporate can cause birth defects and developmental delays. There was a national Valporate Integrated Quality Improvement (VIQI) programme to make usage of the medication as safe as possible.

2. National shortages of Guanfacine meant any clients who were unable to have a prescription filled and therefore stopped suddenly were at risk of serious effects (especially for those on a 3-4mg dosage).

3. We used the analytics platform, in both cases, to identify cohorts of clients who fell into the affected/at risk categories. Clinical services then reached out to discuss and agree appropriate next steps and changes to medication if required.

4. Patients were quickly identified and contacted in both cases to reduce risk.

Future use of the Regional ISA in BOB

BOB ICS Major Programmes with IG Impact

- **Shared Care Record.** Consolidate, implement and enhance the single BOB-wide Shared Care Record (TVS GraphNet). Including new functionality such as ReSPECT forms and pushing usage into wider organisations (hospice / care homes).
- **Population Health Analytics.** Widescale adoption of the System Insights PHM tool using data from the Shared Care Record and inclusion of new data sets within this (such as CDS).
- **Federated Data Platform.** Scope the potential deployment options of FDP, ready for a decision in Q2 FY24/25.
- **Frimley BOB Data Infrastructure.** Further development of joint data and analytics infrastructure with data flows from providers into the data warehouse.
- **ICS Intelligence Model.** Develop a coherent system-wide intelligence function with aligned infrastructure, staff, technology, processes and data sharing. This includes the transfer of SCW CSU analytics team into the ICB and a change of the way that residual data services are provided by the CSU to the ICS.
- **Secure Data Environment.** Support to the OUH-led Thames Valley and Surrey SDE.
- **Diagnostics - Common Order Comms**. Potential to align to a single diagnostic order comms system for non-acute diagnostics requests and results (pending decision in Q1 FY 24/25.
- **Digitising Adult Social Care.** Continue the roll out of digital adult social care records and scoping of potential options for future interoperability (no funding or decision to pursue this).
- **Frontline Digitisation**. Deployment of new EPRs at BHT and OHFT as part of the Frontline Digitisation programme.
- **Remote Monitoring**. Potential to align the ICS onto a single remote monitoring platform (unfunded).
- **ICS Cyber Strategy.** National cyber funding being used to resource the development of an ICS Cyber Security Strategy.

Future use of the Regional ISA in Frimley

Future Project areas with IG Implications

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1. Increased attention to:
    1. Exploiting the shared care record to support pathway changes and improvements
    2. Targeting and informing quality and pathway changes and improvements by exploiting the shared record analytics platforms
2. Increased digital patient engagement
3. Increased support for population health
    1. Better understanding of care pathways
    2. Better direct care case finding
    3. Better understanding our population
    4. Attention to quality improvements and to meeting reporting requirements
4. Increased use of TVS to support the high levels of cross border flows
5. Increased 3rd and independent sector participation
6. Introduction of specialist apps to support remote monitoring, self care and wellbeing
7. Renewal of local federated working and integrated care arrangements

Onboarding of Surrey Heartlands Controllers into the Regional ISA

Onboarding of Surrey Heartlands Controllers into the Regional ISA

IGSG

1. One non-GP controller needs to be brought onboard:
    1. First Community Health (22/23 Standards Exceeded)

2. All GP controllers need to be brought onboard:
    1. All are “Standards Met” or above
    2. Approx 100 practices to be onboarded (although two practices did not originally sign up to TVS)
    3. An advance notice, a cover letter and a DPO advice notice for the GP controllers setting out the rationale for the consolidation (as well as the GP DPO’s assessment) to be provided by the programme
    4. The Regional ISA master agreement and the TVS GP Schedule K document are to be issued for signature using the normal process

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Regional Health and Social Care Information Sharing Agreement

TVS+ Comms Update

Communications business case key points

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1. Communications for transparency reasons required a review anyway
    1. But the risk stratification pause in BOB and Frimley means that urgency is elevated
2. Risk and assurance …
    1. Not carrying out the communications proposals could result in increased risk to partners and to residents as the ICS' ability to carry out risk stratification and segmentation is impaired.
3. Equality and quality …
    1. Communications plans include provision to adapt materials and methods to meet the needs of minority groups.
4. Stakeholder engagement …
    1. Significant positive impact expected.
5. Financial and legal …
    1. Most important perhaps is the case that risk stratification and segmentation allows the ICS' partners to better prioritise interventions and care.
    2. Which in addition to the patient benefits has a clear positive impact on financial productivity.
    3. It is also likely that without a timely risk stratification and segmentation capability the ICS may find it more challenging to meet NHS England and DHSC targets.
    4. Finally, failure to carry out equivalent communications proposals puts the ICS' partners at risk of:
        1. Patient litigation under common law
        2. Regulatory action in respect of GDPR transparency and notification requirements.

Digital deliverables

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1. Story of everything (SoE) … include links to digital version of flyer/leaflet and to summary versions, then finalise and publish as PDF and HTML pages [on TVS website and elsewhere?]
2. Flyer/leaflet … finalise digital version(s)
3. Summary deliverables … 25%/33% of the SoE … draft, finalise and publish
    1. Easy read version
    2. Young persons' version
    3. Accessible versions
    4. Professionals' versions
4. Communications trigger deliverables
    1. Articles for inclusion in local authority newsletters for residents … finalise and include in communications
    2. Articles for inclusion in staff newsletters and emails … not started … draft, finalise and communicate
    3. One-liners for inclusion in correspondence … finalise and include in communications templates
        1. General correspondence
        2. Referral and appointment letters
        3. Discharge letters
        4. SMS communications
    4. Reception/waiting area messages … not started … draft, finalise and communicate
        1. Electronic notice boards
        2. Posters
    5. Emails to data subjects … under consideration not started … draft, finalise and communicate

TVS+ Comms Update

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1. The plan
    1. New comms collateral
        1. Story of everything https://www.regisa.uk/documents/TVSsolutionDetailedProcessingAndPrivacyNarrative.pdf
        2. Flyer/leaflet
        3. Digital deliverables
    2. Flyer/leaflet into all homes
    3. Other deliverables published online and into operational communications channels
2. Progress achieved
    1. Story of everything completed
    2. Flyer/leaflet updated in draft but not issued … missed the annual mailing opportunity … perhaps the basis for full/half page ads in Council magazines and digital leaflets
    3. Summary deliverable scope drafted … various themes need to be authored and published before any of the other deliverables can be used
    4. Draft newsletter article text drafted and ready for approval … perhaps used in Council magazines, etc
    5. Text to be added to operational communications and social media communications drafted
3. Next steps
    1. Create summary level deliverables, finalise and publish
    2. Finalise flyer/leaflet in each ICS and issue
    3. Review and update TVS participant organisations' websites

Our s.251 application

Why it's needed

Progress

Next steps

as of 12/3/24

Why it's needed

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Counsel and solicitors have advised that a s.251 notice setting aside the Common Law Duty of Confidentiality is not needed for Connected Care and by extension TVS as a consequence of the "black box" nature of our processing and our use of ACG output for direct care purposes.

So, in the ordinary course of events or if we didn't see value in the SUS data we would be able to run risk stratification and segmentation processing without a s.251 notice.

However, NHS England has a s.251 stipulation in the contract under which identifiable SUS data is shared with us for processing. (This applies where the processing includes linking data sources and running risk stratification algorithms.)

NHS England also has a contractual restriction in place regarding the use of SUS data to support direct care (e.g. we are unable to supplement the shared care record with out of area data provided to us using the SUS dataset).

Progress

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Work is underway on the supporting documentation

Work is underway on the communications materials:

1. Communications strategy completed and shared with ICSs
2. Story of everything is completed and summary communications materials are underway
3. Template for flyers and advertisements completed
4. Template for newsletter articles completed
5. Templates for text to include in letters etc completed

To satisfy CAG it will be necessary to implement (at least in part) the communications strategy and materials before the CAG submission is made

Next steps

IGSG

1. Finalise the application's supporting documentation covering:
    1. Processing
    2. Legal bases
    3. Controls
    4. Communications materials
2. Implement the communications strategy with local controllers
3. Submit the application to the HRA CAG team
4. Following approval by CAG arrange for NHSE to re-initiate the SUS data flows

23-24 Summary of the IG steering group's decisions and policies

Summary of decisions made in 23/24

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Approved DPIAs:

- Healthier Together app (May 23 – IG implementation was delegated to the DPOs concerned)
- Talking Therapies data flows into the shared care record (May 23)
- Thames Valley and Surrey Care Record consolidation programme (TVS DPIA09 and Regional ISA DPIA2029 and DPIA2030) (Aug 23)
- Thames Valley and Surrey Care Record consolidation Docobo remote monitoring (DPIA 2031)

Approved sharing arrangements:

- Subject to acceptable DPIAs being developed and approved the Regional ISA can be used to support the Thames Valley Radiology Network shared/networked PACS system and the AI data flows (Nov 23 – TBA)
- To support access to the FHFT Epic CareLink system the Regional ISA can be extended to military practices provided that their data protection and security standards are consistent with the Qualifying Standard. The first such practice is based at the Sandhurst Military Academy (Nov 23 – TBA)
- Talking Therapies (May 23 – as part of Connected Care Data flows)
- The Thames Valley and Surrey Care Record Schedule K documents and the supporting Schedule T, U and V documents

Summary of decisions made in 23/24

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Other decisions of note

- Care Home membership (June 23):
  - Membership is not to be extended to care homes that trade as unincorporated partnerships iass this makes it impractical to ensure that partners can be held to account
  - Membership is also not to be extended to care home operators where there are material inconsistencies between NHS Organisation Data Service (ODS), DSPT and Companies House records
- A Data Publication policy was agreed https://regisa.uk/documents/PublicationPolicyAllPlatforms.pdf (June 23)
- A policy document was agreed to address a gap in some Regional ISA documentation in respect of the requirements of the DPA 2018 for an Appropriate Policy Document and for certain language to be included in the documentation https://regisa.uk/documents/APDpolicyAllPlatforms.pdf (July 23)
- A documentation strategy was agreed (the full detail of use cases, role based access, data items to be documented in supporting schedules rather than in all of the DPIAs and Schedule K documents) (July 23) – Schedule T (Use cases) and schedule V (data detail) (latest revision Feb 24)
- A baseline "Story of everything" communications narrative was agreed to describe the shared care record and associated analytics processing and to act as the baseline for a revamp of the shared care record privacy communications across TVS (Oct 23) https://www.regisa.uk/documents/TVSsolutionDetailedProcessingAndPrivacyNarrative.pdf

BOB IGSG

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Verbal update

Quoracy requirements

Quoracy requirements for TVS

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IGSG meetings are quorate when at least one member is present from each of the following:

1. The chairperson or alternate chairperson
2. Clinical professionals from within the geographic areas* covered by TVS
3. Commissioners from within the geographic areas* covered by TVS
4. Social Care professionals from within the geographic areas* covered by TVS
5. The Lead Controller for TVS
6. Information Governance professionals from the geographic areas* covered by TVS such as:
    1. Caldicott Guardians
    2. Data Protection Officers
    3. Heads of information governance
    4. Senior Information Risk Owners

* For quoracy to be maintained for the meeting as a whole, attendance from each of BOB, Frimley and Surrey Heartlands is required

Meeting Frequency

Meeting frequency

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1. BOB IGSG (as a formal sub group of IGSG) – monthly
2. Frimley IGSG (as a formal sub group of IGSG) – monthly
3. IGSG – quarterly decision making forum for the TVS and pathology IG matters and any BOB and Frimley requirements escalated to IGSG
4. Surrey Heartlands DGG and SIGG – may have an interest in or contribute to TVS and pathology IG decision making
    1. in support of the TVS IG working group deliberations
5. TVS IG working group – monthly forum for developing consensus regarding TVS IG matters