In Attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role</th>
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<tbody>
<tr>
<td>Mike Andersson (MA)</td>
<td>HL7 UK; BCS Health &amp; Care Executive</td>
<td>Co-Chair</td>
</tr>
<tr>
<td>Luke Readman (LR)</td>
<td>INTEROPen</td>
<td>CIO Network</td>
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<tr>
<td>Ian Williams (IW)</td>
<td>Digital Health and Care Wales</td>
<td>Clinical Informatics Lead</td>
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<tr>
<td>Rik Smithies (RS)</td>
<td>Technical Chair, HL7 UK</td>
<td>INTEROPen</td>
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<tr>
<td>Ben McAlister (BMca)</td>
<td>Chair, HL7 UK</td>
<td>INTEROPen</td>
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<tr>
<td>Kelly Gaddes, (KG)</td>
<td>Vice Chair, techUK Interoperability Group</td>
<td>Taffy Gatawa (TG)</td>
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<td>Angie Quinn (AQ)</td>
<td>Secretariat, NHSX</td>
<td>NHS Digital</td>
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<tr>
<td>Ian Williams (IW)</td>
<td>Application Development &amp; Support</td>
<td>Clinical Informatics Lead</td>
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Apologies:

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<tr>
<td>Ian Townend (IT)</td>
<td>NHSX</td>
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<tr>
<td>Irina Bolychevsky Co-Chair (IB)</td>
<td>Director Standards and Interoperability, NHSX</td>
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<tr>
<td>Rob Jones (RJ)</td>
<td>Chief Architect</td>
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<td>NDR/Digital Health and Care Wales</td>
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Item | Notes of Discussion
---|--------------------------------------------------
1.  | MA welcomed members and attendees to the Board meeting. Apologies were noted as above. IW attended for Rob Jones

2.  | The minutes from the 16 August meeting were approved with no amendments. Current open actions were discussed as follows:
   | 2021/A002 - members were advised that we still need details of core and deputy members for some organisations. AQ will update membership list and follow up
   | 2021/A009 – Problem statement. Updated version to be circulated after the meeting.
   | Members to raise any issues either direct with SP or via AQ.
   | 2021/A012 – Comms policy etc. Closed – no comments received.
   | 2021/A013 – Delayed by illness.
   | 2021/A014 and 2021/A017. It was noted that both T&F groups had been set up and the initial meetings held. The actions were closed
   | 2021/A016. AQ had not received any notification of people wanting to work on the E2E process with Seb. AQ to email Seb for details of volunteers. DH reported he and LR were liaising directly on behalf of INTEROPen with Seb & IB at NHSX. Post meeting note: Emailed Seb on 21 Sept for update.

3.  | UK FHIR Delivery Senior Leadership Team update
   | In DC’s absence BMca updated the Board on SLT developments.
• UK Core Implementation Guide 1.0.0 STU1 Release published on 10 Sept
• The SLT were advised that the following feedback from HL7 and via INTEROPen had been received:
  o HL7 UK feedback:
    ▪ Surprise of release straight to full version 1 – not as per expected process of going through a ballot
    ▪ Title used in sprint 3 has been changed, ‘profiles’ removed from heading
    ▪ Information on APIs had been added to the guidance sections
  o Feedback via INTEROPen included:
    ▪ Although profiles had been through technical/clinical review some other areas had not
    ▪ Process for feedback, review and raising issues needed clarification
    ▪ Needed to be clearer what was UK-wide and what was just England, eg GP Connect, Medicines Guidance, etc.
  o There was some uncertainty about the availability of the sprint 3 snapshot

• SLT now meets biweekly, last met on 13 Sept; feedback above provided after published on HL7 Simplifier site (link in slides)
• The timescale for Sprint 4 was provided with the scope being agreed as follows:
  o Message Header
  o Operation Outcome
  o Encounter
  o Episode of Care
  o Composition
  o Condition
  o Procedure
  o List
  o Related Person
• SLT produced evaluation of UK Core guide against FHIR Community Process including alignment and some recommendations

The slides would be circulated after the meeting.

Comments from Board:
• It was clarified that the following link is to draft implementation guides.
  https://simplifier.net/guide/UKCoreDevelopment2/Profiles
• Noted that this could cause issues with engagement as language not clear. Agreed in priorities T&F group that need to understand what is being done already and by who.
• Also need a glossary to understand different ‘language’.

It was noted that there appears to be a breakdown in governance. Members of SLT who sit on this board did not appear to be aware of the scope or precise timing of the release and the FHIR Board did not give formal approval nor was it sought.
Members were advised that as part of publication there has been migration from NHSD to HL7 account. The SLT were notified at 6 Sept meeting of this plan and to finalise amendments following Sprint 3. Not expecting to see the announcement conveying that the SLT and FHIR Board approved it for publication. All these issues need to be taken up with relevant people when they return from leave. Noted there was no deputy present today from NHSD. The Board needs to clarify the role of SLT as they had asked for Board to be set up. It was also noted that the UK Core is going through the final assessment at the November DAPB Board which, if approved, will enable the ISN, etc to be published.

ACTION:
• AQ to circulate members of SLT when following up on deputies.
• Discussion to be had with relevant people at SLT regarding publication of UK Core Implementation Guide 1.0.0 STU1 Release and report back to FHIR Board

4. **Update from T&F Group – Measures for Success (not Metrics)**

BMcA updated members on the initial meeting of the T&F Measures for Success group. Notes from the meeting were circulated with the meeting papers. Main considerations were:

- Need to ensure remain within the scope of the HL7 UK FHIR Board ToR. What should be evaluated and the relevant evidence. Might need to review ToR
- Need to understand what has actually being done and how it deviates from UK Core. What are other bodies doing?
- Are profiles delivered in a usable format?
- Need to consider including Social Care measures and any effects on patient care

Discussion at Board:

- Need to reflect measure for success for the Board – not the broader view of FHIR. Although need to consider bigger picture and how widely it is implemented, etc.
- Could look at what has been published by NHSX in What Good Looks Like (WGLL) which will be assessing maturity across the system. Could this be integrated across this space, rather than commission a new piece of work? Although noted that WGLL is just for England. INTEROPen or Digital Health could be used to gauge maturity but look WGLL this first.
- Need to look at state now but also where things will be in 12 – 18 months’ time – what planning would be needed?
- In some cases may just want to gather information/evidence on how we engage with other bodies, rather than as a measure

**Update from T&F Group – Priorities**

JK – Matrix: document needs to be at high level to engage with all, so all can understand what it is about. Use of language is an issue – needs to be formal but also cover clinical. Will include what is achievable, existing work and what we are aware of. Need to find out where to look for current work, see link above. JK and AQ meeting 21 Sep to discuss matrix development.

Noted that there are a number of ‘workarounds’, such as RPA (Robotic Process Automation) being undertaken where there are no available interfaces. An action from T&F was to use Discourse on Digital Health Network to ask about this – had some feedback. Will chase for more.

Possibility of using Ryver, PRSB channels or online polling to get other views, possibly using same tool as the NHSD API poll.

Another option to look at work in London on RPA Robotic Process Automation. Lead is James Davis at Royal Free. ([j.n.davis@nhs.net](mailto:j.n.davis@nhs.net)) Will discuss at next priorities T&F group.

**ACTIONS:**

- Draft matrix to be produced, circulate to members for review, then poll for next priorities meeting.
- Noted that both groups need to appoint a Chair at their next meeting
- AQ to circulate doodle poll with suggested dates for measures for success T&F group meeting. Reiterate that anyone from organisations on FHIR Board can be on T&F groups

5. **Discussion on ToR**

This was not discussed and only included on the agenda in case the scope needed a discussion as a result of the T&F group outcomes. It was noted that the ToR would be due for a formal review after the Board had been operating for 6 months.
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<th><strong>Risk and Issues Register</strong></th>
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<td>It was agreed that publication of UK Core without HL7 UK FHIR Board approval would be added as an issue.</td>
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<th><strong>Any Other Business</strong></th>
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<td>AQ asked if contact details of the members from Northern Ireland and Wales were ok to be passed on as a point of contact for potential representatives for G7 work. IW and WA agreed. It was noted that TG and KG are pleased that the discussions include the broader context of social care.</td>
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<td>There was no other business, so MA thanked members for their contributions to the meeting and to the T&amp;F Groups.</td>
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<th><strong>Next meetings:</strong></th>
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<tr>
<td></td>
<td>18 October 13:00 – 14:30</td>
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<td>15 November 13:00 – 14:30</td>
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Forward Agenda items:

- Update on E2E process – written update Seb on leave but invited to Nov meeting
- ToR review (Nov/Dec)
- Feedback from FHIR SLT regarding publication of UK Core