**MINUTES OF THE KENT AND MEDWAY SHARED HEALTH AND CARE ANALYTICS BOARD (SHCAB)**

**2nd MARCH 2020, 11AM-2PM, BOARDROOM, KENT AND CANTERBURY HOSPITAL**

**PRESENT:**

Marc Farr – Chief Analytical Officer; SHCAB Chair – EKHUFT (MF)

Abraham George – Consultant in Public Health – KCC (AG)

Clint Taylor – Strategic Analyst, Local Care Programme – Kent & Medway STP (CT)

James Jarvis – Assistant Director of Business Intelligence – MTW (JJ)

Peter Gough – HISBI Manager – MTW (PG)

Ian Roberts – Head of Performance and Information – East Kent CCGs

**IN ATTENDANCE:**

Bruce Pollington – Delivery Partner – NHS RightCare

Chris Farmer – CHSS Clinical Professor & Consultant Renal Physician – University of Kent & EKHUFT (CF)

Chris Morley – Health Informatics Graduate Management Trainee – EKHUFT

Lauren Lee – Head of BI Development – MFT

Stuart Grierson – Head of Business Intelligence – SECAmb

Louise Pallas – Deputy Director of Information – EKHUFT

Melissa Ream – AI Initiative Advisor – KSS AHSN (MR)

Kieran Kelly – Head of Informatics – IC24

Rob Howard – Associate Director of Business Intelligence – Medway Community Healthcare

Jennifer-Murray Roberson – Deputy Director of Performance & BI – DGT (JM-R)

Lisa Keslake – Director of Strategic Planning – Kent & Medway STP (LK)

Kate Jones – Chief Operating Officer – KSS NIHR Clinical Research Network

Phil Scott – Chief Information Officer – East Kent CCGs

Nigel Lowther – Assistant Director of Information & Performance – KMPT

Alan Day

Lee Tomlinson

Christopher Gedge

Jennifer Teke

Mark Dodd

Gerrard Abi-Aad

Simon Bailey

Tom Bourne PHO Manager

Ian Mylon

Claire Reed

Dan Seymour

Ben Louis (>?)

James F

Nigel Lowther

Irina Pyke

Caroline Crowley from EKHUFT (Interim Head of R&I?)

Steve Childs from University of Kent (Data Analyst)

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| **MINUTE**  **NO.** |  | **ACTION** |
| 09/20 | **WELCOME**  Introductions were made for new attendees. |  |
| 10/20 | **APOLOGIES FOR ABSENCE**  Apologies were received from: Andrew Brownless, Edyta McCallum, Stuart Jeffery, Lianne Mellor, Ravi Baghirathan, Richard Stanford-Beale, Kate Jones, James Lowell, Beckie Burn, Catherine Skilton, Kieran Kelly, Rachel Kennard, Stuart Grierson, Adrian Billington, Melissa Ream, Sarah W |  |
| 11/20 | **CHAIRMAN’S OVERVIEW**  Data Visualisation course went well on 24th  KERNEL official launch at Sandwich event. Also taken to Strategic Oversight Group and accepted as useful way forward  KERNEL slide deck circulation (latest copy from Marc)  Position as an Analytical function within PHM, rather than a Technical function in Digital  Police research/insight work – for example, Intimate Partner Violence  KMCR (Graphnet and Cantium [???])  SHCAB is formally the analytics function of the KMCR   * Contract management of KMCR will be operated by KCHFT   Encourage SHCAB members (particularly those with a Research role or interest) to collate user lists/use cases/user stories for KERNEL  **ACTION: MF and CM to write out to SHCAB organisations about ‘membership fee’ to secure funding for KERNEL development**  Gerrard Abi-Aad asked if the static KID would form the basis of the KERNEL, and if the KERNEL would interact with the Optum KID   * The KERNEL will not be based from the static KID, the KERNEL will be developed using the datasets which were used to inform the KID   The SHCAB agreed that the SHCAB is the owner/controller/responsible for the static KID   * Update on STP Comms (e.g. agenda, minutes 🡪 chase up with Ben Mcardle)   Alan Day recommended familiarising yourselves with SUGDT and the forms of analytics which could be covered  SHCAB workstream feeding into KMCR:  MF explained that KMCR has large implications for analytics, so it will be important for a formal workstream from the SHCAB to feed into KMCR. For example – what data will be accessible, where it will be hosted, how it will be extracted, where it goes to, how linkages can be created across the data, how the data is kept secure. ABr explored this in greater detail in section 07/20 “KMCR & DATA ANALYTICS“  KERNEL PID:  MF explained that a first draft, working document PID which lays out indicative plans for a clinically linked dataset, the KERNEL, had been circulated to the group for comments and discussion. In particular, the PID lays out indicative costs for constructing and maintaining the dataset.  ICS, ICP, PCN development:  MF hoped that the SHCAB would in time be able to help plan the data required at PCN level, support the development of how ICPs are monitored, etc.  Atlassian Confluence collaboration software:  MF stated that Confluence, which was being used internally by both the Information team and other departments at EKHUFT, could potentially be expanded to other organisations across Kent and Medway. Confluence allows users to create structured wikis/knowledge bases which can be accessed and iterated upon by any team member with access. At EKHUFT, for example, the Information team has been using Confluence to create, structure and document training materials for new starters; project tracking; guides and documentation. It is being used to reduce the use of shared drives where documents are created once but never accessed or iterated upon after creation, and often become lost in a series of folders. |  |
| 12/20 | **MINUTES OF PREVIOUS MEETING (11TH NOVEMBER 2019) AND ACTIONS**  T  Action log:   * All past actions deemed complete and close down   The minutes of the previous meeting were agreed as an accurate record.  68/19 – CF to create a sub-process to build on the research element  **COMPLETED**    84/19 – AD to arrange joint data control visit with SECAmb’s IG team  **COMPLETED**  91/19.01 (A) ABr to attend the KMCR project board to propose the establishment of the Data Architecture Working Group  **COMPLETED**  ABr to present at this meeting (13th January 2020).  102/19 – CF (with CHSS and the University of Kent under the auspices of the ARC) will re-write or extend the database ethics process to cover all organisations within Kent and Medway, and the data that is coming through. Each time datasets are added via the governance framework, an amendment will be written to the ethics agreement to include that.  **IN PROGRESS**  CF will submit a major amendment to the current committee.  104/19 – CM to maintain a log of organisations signed up to JDC.  **IN PROGRESS**  So far, the following organisations have been contacted to sign up for JDC: MCH; SECAmb; KMPT; KCHFT; DGT; MTW; EKHUFT; MFT  *As of 23/01/2020, the following organisations have responded and signed up to JDC:* ***EKHUFT, MTW, KCHFT***  106/19 – CT to organise a Data Management workshop to set out the future requirements for the Mede database and for KERNEL, considering possible services available via the KMCR.  **COMPLETED**  107/19 – ACTION: CF to agree via a proposal to AS-C, cc’d to MF – in their respective roles as Data Controller for the KID and Chair of the SHCAB – to take a static version of the KID and use the ARC funding to curate a wider dataset known as the KERNEL with the static KID as the first element. The proposal will explain that the University of Kent will curate and organise the hosting of this new dataset. This proposal to be agreed outside of the SHCAB and reported at the next SHCAB.  **COMPLETED** |  |
| 13/20  13.1/20 | **SHCAB PROGRAMME PLAN**  **WORKPLAN**  Workstream 1 – Research  AG:   * KID ownership to SHCAB – approved by SHCAB group * PHM as a workstream. Population segmentation work (from OBH). 12th March PHM workshop. Working group which meets bi-weekly on PHM * Possibly workshops in July and September for OBH to demonstrate the segmentation tools. * Cancer Digital Transformation Board. Outside expertise (Quantum Analytica) has been invited in to develop AI tools for cancer * AG and CF have applied for the Networked Data Lab programme from the Health Foundation – full application was made on Friday to become a partner on the programme. The next stage would be interviews (end of March), and the final outcome will be announced in April * HRA and Section 251 separate controlled environment types * Police work – IPV prevention and development of an algorithm to identify at-risk people. IPV prevention principally good to go ahead. Risk algorithm would need more consideration * Schedule 1 document – with list of organisations/providers signed up   AG stated that a Research & Development (R&D) subgroup of the SHCAB had been established, and will meet on the same day as the SHCAB from 10am-11am, prior to the main board meeting. Invites will confirm the room being used.  AG explained that the purpose of the R&D subgroup was to focus on task and finish objectives, which have been outlined in the attached ToR and Key Deliverables document.    The R&D subgroups’ minutes contain updates on research bids underway.    MR explained that £250m of central Government funding was being used to establish a National Artificial Intelligence Lab, which would sit within NHSX – this could provide support to a number of pieces of work and ambitions that the SHCAB has.  MR expecting to get a pre-brief on upcoming funding opportunities and will cascade information on further funding opportunities to the SHCAB group.  Following on from this, AG stated that he had met with the Cancer Digital Transformation Board around how the Infoflex dataset could be linked to the KERNEL, once it is up and ready, to be able to conduct AI-backed research on cancer. Quantum Analytica would produce the AI algorithms to apply to the data.  AG also mentioned that NHSE’s “Bridges to Health” programme was beginning to be trialled with the intention of providing segmentation tools to local regions, particularly areas that have a linked dataset. AG explained that Kent and Medway could become a testbed for this segmentation tool.  Workstream 2 – Data; warehousing, standards and quality   * Workstream 2 to become KERNEL workstream * JJ explained that ToR has been circulated and is open to comment from the SHCAB, and will be signed-off after any comments have been received. Gerrard Abi-Aad suggested that membership from ‘coalface’ workers/analysts (e.g. to feed into for data quality, reporting, etc.) and representation from the single CCG * New NHS Digital data standards (<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#provider-data-quality-assurance-framework>) * PG data warehouse build update: rebuilding current data warehouse with new equipment (and de-commissioning the old equipment). Currently working to replicate all of the current services etc., provided by HISbi. Then from this the new warehouse will enable future improved analytics.   MF presented on the vision of the KERNEL, and the indicative PID, which can be viewed via the documents attached.      MF suggested that there are 3 joint funding streams which could be pursued (each stream being pursued individually or in combination with one or both other streams):   * Pro rata contributions from each organisation – with SHCAB members as senior decision makers within their respective organisations able to access some funding * Regional funding (e.g. from the STP) and/or central funding * Grants and research bids   Workstream 3 – Workforce Development  JM-R, AD, JJ, MF:   * HIN (London AHSN) – are good at recruiting graduate-level analysts and would be useful to work with * Share where vacancies are, so that organisations can dual-appoint staff and from this setup joint training and rotation schemes * Exploiting the Apprenticeship Levy to support some of this work – graduate schemes * AHSN Hexi Time platform (>>>look at George’s newsletter) * AG – incorporating recruitment into PHM * STP to look into convene a workforce summit   MF and JB demonstrated the Atlassian Confluence wikis/knowledge base being used within the Information team at EKHUFT. JB explained that the platform was being used to put a stop to one-time pieces of work being created and later forgotten about, for example user guides which are generated once but not updated post-creation. Using Confluence, documents like this exist in perpetuity on the platform (which indexes all items) to be easily accessed, amended and updated by all users who have been granted access.  JB explained that the process of creating content on the Confluence platform encourages collaboration and shared ownership, as all team members are able to contribute in the creation and editing process, much like a wiki or knowledge base. This moves away from burdensome folder directory structures which are less visual, and more difficult to navigate and collaborate on, leading to stranded and forgotten content. Instead, the whole department can contribute on the platform to build and edit content.  Workstream 4 – Analytics and Benchmarking   * EKHUFT in the process of moving to Dr Foster for measurement of mortality   MF mentioned that a thorough mortality review would be carried out at EKHUFT; there would be opportunities for organisations to collaborate in carrying out these sorts of reviews and benchmarking.  AG explained that in the next funding round to the STP, funding would be sought to bring in analytical involvement from the Provider organisations to work with the Kent Public Health Observatory and the Medway Public Health Intelligence teams and help to establish and formalise the KMAP (Kent and Medway Analytics Partnership). Funding would also need to be sought for enabling and supporting roles once Joint Data Control is in place across organisations – this would include funding for an administrator to manage data linkage requests, data access requests, etc.; and an IG group which would include a Caldicott Guardian, Data Protection Officer.  Workstream 5 – Strategic Intelligence Unit Launch (SIU)   * Rolled up into parts of KERNEL group & workstream and Workforce workstream * Earmarked some allocation for KMAP in the Networked Data Lab   This item was not discussed.  Workstream 6 – Funding Opportunities   * To keep on as a placeholder   This item was not discussed.  **PRESENTATION TIMETABLE**  This item was not discussed.  **RISKS AND ISSUES LOG**  This item was not discussed. |  |
| 14/20  **06/20A** | **STP, ICS AND ICP REQUIREMENTS (Clint Taylor [CT])**  CT:   * Optum analysis data flow ? * Annual planning round of STP – dealing with planning and impacts * Tracking and tracing work for DGS (data coming in via Virgin Care) – difficult to undertake * STP merging into single CCG. New organisational structure will be arranged 3 months into the CCG. Structure is still being considered and designed at the moment   CT explained that, from April 1st 2020, the STP would cease as an entity – leading in April 2020 to an Integrated Care System (ICS) which focuses on Population Health Management (PHM), via: the creation of a single CCG across Kent and Medway which will be led by local doctors who will take a bird’s eye view and look at where shared challenges can be tackled together, 42 Primary Care Networks (PCNs) consisting of all GP practices working together, 4 Integrated Care Partnerships (ICPs) which involve all health and care organisations (including NHS, local councils, social care and voluntary sector working together in a given area). CT gave some examples of the analytical needs that PCNs, ICPs and the ICS/Single CCG may have.    MF asked where this work was being done and at what pace of change it would occur. LK responded that with regards to PHM, a large cultural shift will need to accompany it which will require a Population Health strategy to establish the processes around this – at the single CCG, ICPs and PCNs level. A PID is being developed for this piece of work. These processes will eventually become BAU in the ICS.  **ACTION: CT/LK to present the PID on Population Health strategy**  LK also responded to the contractual aspect of MF’s question: eventually the direction of travel is that a Kent and Medway Outcomes Framework will be established, which will identify the alternate end outcomes that the system will try to achieve for the health and wellbeing of the population. This Outcomes Frameworks will be the basis by which the money flows from the Single CCG to the ICPs. Overall, the data requirements of the ICS, ICPs and PCNs are likely to change as they evolve.  SO suggested that the SHCAB as a group should play a greater role at feeding into what the data requirements may be for the ICS, ICPs and PCNs. | **CT/LK** |
| 15/20 | **KMCR & DATA ANALYTICS (Andrew Brownless [ABr])**  As an update on the KMCR agenda item, we have signed contracts with System C / Graphnet and are starting the implementation planning in detail, with meetings happening in March between Graphnet and Trusts.   * Analytics looking to move into earlier phases of KMCR (moving from Phase 4 to Phase 2. Aim for the SHCAB group is to have it move to Phase 1)   ABr informed the group that the KMCR (Kent and Medway Care Record) programme had been running for a few years now to establish a shared care record across the entire system.  The procurement and full business case for KMCR have now been signed off, and the programme is entering the final stages of contract negotiation with the supplier System C & Graphnet.  The high level objectives of the Data Analytics workstream (extracted from the Full Business Case, and taken from slide 10 of the presentation), are as follows:   * Ensure that data quality standards are met * Report to the programme board issues identified relating to data quality * Provide advice, guidance and information on data issues * Provide link between the KMCR programme and STP population health management programme * Link to the STP Business Intelligence governance group (Shared Health and Care Analytics Board)   ABr explained that these points needed to be developed further and explored in a lower level of detail by the group, and any feedback and developments on them should be fed back to ABr and MF.   * CT asked for clarification around how KMCR would work * ABr explained that KMCR holds data up in the cloud and is fed by activity data from all care systems (e.g. outputs from a PAS system, or an EPR, etc). The basis for this transfer from individual care systems to KMCR is yet to be fully agreed, although there is some early indication around the frequency of extraction into KMCR for some systems – for example it is planned that primary care is fed into KMCR on a daily basis. * ABr explained that how KMCR would be used for business intelligence was still being worked out. The model that the supplier sells suggests that the KMCR system becomes a repository that can support population health intelligence analysis directly from the KMCR’s data store – however ABr explained that this would be less likely as KMCR will not collect everything that would be wanted for a population health analysis platform. Rather, ABr suggested that an extract of KMCR would be made available into a separate population health analysis environment. |  |
| 16/20 | **ANY OTHER BUSINESS**  Kent Police:  VRU (Violence Reduction Unit) interested in using the ISTV (Information Sharing to Tackle Violence) data. Looking to get access to A&E attendance data to understand those who have been admitted with knife wounds.   * Could look into extracting once from the HISbi data warehouse   AD:   * 4 places remaining for ABC (Anything But Consent) course for proper legal basis of consent. Let AD know if there are any clinicians available who would be interested in attending. Free to attend. Takes place in London   AHSN:  Worth looking into AHSN Hexi Time  Gerrard Abi-Aad:   * In relation to underused Apprenticeship Levy. Level 7 apprenticeship scheme – Public Health Analysis will be looking to take on individuals |  |

**Date of Next Meeting: 11th May 2020, 11am-2pm, Boardroom, Kent and Canterbury Hospital, Ethelbert Road, CT1 3NG**