22-01-10 - Minutes

Attendees

- Marc Farr (Chair) - MF
- Simon Bailey - SB
- Clara Wessinger - CW
- Abraham George - AG
- Chris Morley - CM
- Nick Plummer - NP
- James Jarvis - JJ
- Chris Farmer - CF
- Rachel Adams - RA
- Nigel Lowther - NL
- Jennifer Murray-Robertson - JMR
- Mo Davies - MD

No apologies

Minutes

No	Item	Lead	Minutes
1	Minutes & Actions	MF	
2	New ToR sign-off	MF	Suggested changes: • remove Appendix A which is out of date • references to "ICS" and "ICS Partnership Board" should be replaced with "CCG/ICB" throughout, to keep all references to legal entities • Board Membership and Quorum lists updated to reflect that CCG IG Lead and dedicated SHCAB DPO could both attend These changes will be made in Version 15 of the ToR, which will be circulated to SHCAB members before the next meeting.
3	Update from Data Access & Information Governance group	AG	**DPO** Gail has now left, but is finishing residual work including 10-day notification period for local data controllers. Adam Tucker at SCW will take over the role of SHCAB DPO. **KID access** The KID is the only linked dataset currently available for secondary uses. Health Economics Unit projects started but have recently stopped early, issues include poor data completeness and delays in releasing data. 7 other projects have IG paperwork completed and sign-off from Morfydd, with access being arranged now. **KMCR for secondary uses** KMCR IG Working Group are not currently recognising that SHCAB IG/DA Group will manage the process for access requests to KMCR data for secondary uses. AG explained that clearer communication is needed to KMCR group that SHCAB IG/DA Group is intended to create a single operating model for data requests to simplify bureaucracy, but not to take away decision-making power from data controllers, and suggested inviting new KMCR IG role to SHCAB IG/DA group. CM noted that similar issues are holding up patient access to KMCR. Agreed to continue discussion offline, and that eventually clear decision will be needed from appropriate ICS Board to officially give SHCAB control of managing process for access requests for secondary uses. **Primary care representation** Exploring option of a rota or deputy of GPs to attend SHCAB IG/DA to ensure there is always GP representation in cases where Bob Bowes cannot attend. JMR notes that there is a risk of rota members not communicating with each other. CM notes that primary care covers opticians, dentistry and pharmacy as well as GPs. AG agrees to use "GP representation" as more accurate terminology, and notes that there has been no exploration yet of integrating community pharmacy data. **Comms and engagement** Engagement needs to be prioritised, and particularly engagement with GPs as well as public. MF notes that monthly meetings are now scheduled to create engagement plan to include all stakeholders - patients, public, GPs, staff. **KCC participation** KCC not yet signed up to Joint Controller Agreement. AG hoping to make progress this month with this, and with getting KCC data into KID and KMCR - will update at next SHCAB meeting.

4	Infrastructure: • KMCR • Kernel • BI	JJ	Pete's team working closely with CCG on replacing Optum contract with HISBI. Also working on warehousing provider SUS and Maternity Services dataset, 3 trusts included so far and more work needed to include Dartford. MTW, MFT, KCHFT, KMPT, CCG now all sharing same licence for cloud-based Power BI, splitting cost between them and supporting collaboration on joint cancer report for Cancer Alliance. Unable to make progress on Kernel until Kernel Business Case is complete. MF: Catherine Dampney will be working on the Business Case this quarter, with hope to begin rolling out from April. MF: KMCR access now getting approved with process through KCHFT helpdesk, with some reports now available. Useful for organisations to log in and compare these reports with their own data. Reports available on high-risk cohort of patients with GPs able to see list of their patients in high-risk cohort. Potential use cases include pushing alerts to GPs, dashboards for providers showing admissions etc for the cohort, and sharing with SECAMB control. CM suggests additional use case to prioritise high-risk cohort in GP reception phone queues. MF will send screenshots to CM to share with GPs to encourage starting to use tool.
5	Intelligence: • Updates from ICP Improvement Boards	All	JJ: Inequalities is central to new planning guidance, and would be good to collaborate on ideas for this. AG: Odd patterns in deprivation data is sometimes because propensity scoring tools like IMD is not as real-time as medical data. Conversations ongoing with Medway Council about getting access to better real-time data on deprivation and vulnerability from local authorities. CM notes that there needs to be a benefit to councils from participating in sharing data. AG notes that CCG Health Inequalities group is working with councils on inequalities as part of Covid vaccination campaign and may be possible to build on this. Agreed that it will be useful to continue discussing health inequalities reporting among acutes and possibly also others, and to have round robin here at each SHCAB on trust-level health inequalities projects to share learning .
6	PPIE	All	Monthly meeting in place with CCG Comms team to put together plan for comms and engagement - will report back at SHCAB.

7	Operational Issues:
	• Automation Anywhere
	• Clinical Coding
	  • Encoder business case
	  • IQVIA NLP application
		MF	Agenda slot for ad hoc issues each month:
			• KCHFT Automation Anywhere representative will come to future SHCAB to discuss robotic automation at KCHFT and opportunities to use in other trusts for data quality issues etc
			• All acutes want to move to a new encoder - MF will update after meeting with Allscripts.
			  • AG asks about coding in GP practice. CM notes that there has been investment in GP coding software and would like to hear update - added to Points of Escalation
			• East Kent considering IQVIA NLP product to partly automate clinical coding, will share DPIA etc if this proceeds

8	AOB	All	AG asks for update on Kernel website. MF: It is live, and we will get a steer from Comms & Engagement on how to use it.