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

**13th JANUARY 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)

Andrew Brownless – Chief Information Officer – West Kent CCG, Kent & Medway STP (ABr)

Adrian Billington – Informatics Programme Director – Kent and Medway STP (AB)

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

Edyta McCallum – Head of Research & Innovation – MFT

Richard Ewins – Head of Information Development – EKHUFT

Sarah Dickens – Head of Research – KMPT

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

Junior Graham – Data Analyst – KMPT

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

Jane Rees – Business Manager – Dr Foster

Shalini Jagdeo – Business Manager – Dr Foster

Phil Scott – Chief Information Officer – East Kent CCGs

James Bennell – Head of Operational Information & Performance – EKHUFT (JB)

Nigel Lowther – Assistant Director of Information & Performance – KMPT

Stuart Grierson – Head of Business Intelligence – SECAmb

Paul White – Analytics Consultant – MFT

Sarah Overton – Chief Planning Officer – Medway, North and West Kent CCGs (SO)

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| **MINUTE**  **NO.** |  | **ACTION** |
| 01/20 | **WELCOME**  Introductions were made for new attendees. |  |
| 02/20 | **APOLOGIES FOR ABSENCE**  Apologies were received from: David Whiting, Alan Day, Simon Bailey, Lianne Mellor, Harmeet Ruprai, James Lowell, Claire Walker, Kent LMC representative, Richard Stanford-Beale, David Howell |  |
| 03/20 | **CHAIRMAN’S OVERVIEW**  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. |  |
| 04/20 | **MINUTES OF PREVIOUS MEETING (11TH NOVEMBER 2019) AND ACTIONS**  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** |  |
| 05/20  05.1/20 | **SHCAB PROGRAMME PLAN**  **WORKPLAN**  Workstream 1 – Research  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  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  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  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)  This item was not discussed.  Workstream 6 – Funding Opportunities  This item was not discussed.  **PRESENTATION TIMETABLE**  This item was not discussed.  **RISKS AND ISSUES LOG**  This item was not discussed. |  |
| 06/20  **06/20A** | **STP, ICS AND ICP REQUIREMENTS (Clint Taylor [CT])**  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** |
| 07/20 | **KMCR & DATA ANALYTICS (Andrew Brownless [ABr])**  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. |  |
| 08/20 | **ANY OTHER BUSINESS**  No other business was raised. |  |

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