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

**17th May 2021, 11am-1pm**

**Actions**

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| **Action Number** | **Action Date** | **Who** | **Action** | **Progress** |
| **1** | **16-11-20** | **Marc Farr** | Invite Nick Plummer and Nigel Lowther to business planning deep dive. | **Paused because of delay to business planning cycle. Instead plan to invite monthly to BI directors meeting.** |
| **2** | **16-11-20** | **Simon Bailey** | Develop a regional approach to recording standards and data quality. | **Completed** |
| **3** | **16-11-20** | **Valerie Elderkin** | Work out a Maternity Funding Model. | **Completed** |
| **4** | **08-01-21** | **Morfydd Williams** | Raise the issue of linking in care home data to the Kernel and what IG will need to be in place for that. | Ongoing |
| **5** | **13-01-21** | **Peter Gough** | Confirm that the EMPI as proposed by Graphnet is suitable for our plans at Kernel - for SHCAB. | **Completed** |
| **6** | **18-01-21** | **Marc Farr/Emily Lloyd** | Confirm funding agreement from each SHCAB member. | Hold until Morfydd presentation to CEOs. Superseded by SCWCSU/Moorhouse report which will create business plan for Kernel. |
| **7** | **18-01-21** | **Marc Farr** | Change the TOR to include both Maternity (Digital Maternity Steering group) and IG working group. | **Completed** |
| **8** | **18-01-21** | **Abraham George** | Pick up the linked Police data project and apply to NIHR. | Action |
| **9** | **18-01-21** | **Morfydd Williams** | Arrange meeting with JJ to go through investment strategy for Kernel. | **Completed** |
| **10** | **18-01-21** | **Marc Farr** | Develop a deck for MW to take to CEOs on the business case for Kernel. | As above |
| **11** | **18-01-21** | **Helen O’Neill** | Helen to liaise with Marcus Green to explain our IG approach. | **Completed** |
| **12** | **18-01-21** | **Abraham George** | Invite Marcus Green to weekly IG meetings. | **Completed** |
| **13** | **18-01-21** | **Marc Farr** | To contact Sam Page, Morfydd's PA to join nest LMC meeting re SHCAB. | **Completed** |
| **14** | **18-01-21** | **Marc Farr/Morfydd Williams/Rachel Jones** | Call to discuss Kernel business case. | As above |
| **15** | **15-03-21** | **Marc Farr/James Jarvis** | Open up a clinical coding working group, to try and align more closely clinical coding across our organisations. | Action – for Emily to add to agenda for future SHCAB. For all other trusts to be canvassed on involvement. |
| **16** | **15-03-21** | **Marc Farr** | Add the coding working group to the TOR | **Completed** |
| **17** | **15-03-21** | **Marc Farr** | Send out official KID governance letter | **Completed** |
| **18** | **15-03-21** | **Marc Farr** | Project creating an AI tool for the early detection of lung cancer, study will go ahead subject to the SHCAB. Ask SHCAB if happy for this to go ahead. | **Completed** |
| **19** | **15-03-21** | **Marc Farr/Chris Farmer** | Develop process to get access to the GP data for care home research. | Action |
| **20** | **15-03-21** | **Marc Farr/James Jarvis** | Improve collaborative clinical coding using KFRS and accidental fire admissions as an initial starting point. | Action – pick up in Clinical Coding Cell |
| **21** | **17-05-21** | **Marc Farr** | Liaise with Pete around including a variable for a strategic relationship. | Action |
| **22** | **17-05-21** | **Abraham George** | Share the NHS Futures research on vaccines uptake by Inequalities. | Action |
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**Minutes**

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| **Minute no** | **Notes** | **Action Owner** |
| **1** | **11.00 – Chair Opening Remarks**  MF -   * Hopefully we will have a website for the Kernel by the next meeting – Papers, IG, code guidelines etc should be available to access there. * Potential in person meeting in September to showcase current work e.g. Kernel, Demand and Capacity model etc. | **MF** |
| **2** | **11.15 – Research**  AG –   * Conversations in public health around key research areas. * Centre for public health – Funding application on unlocking data on public health policy. In Kent the focus is on linking data with district councils – Maidstone District Council have shown interest in doing work on equality and district health. * Data access requests - KID is now under the SHcAB joint control. Available to both internal and external data access requests. Attached access requests received to date are around heart failure, early detection of lung cancer, baseline commodity analysis etc. Access requests have been discussed and approved by the SHcAB working group. In future, we are going to upload requests/IG documentation onto the Kernel website, to see how the KID and the Kernel are being used in each project. * Joint research collaborative – workshop done which had feedback, update in next SHcAB meeting. * Funding application around AI – working with KCC Public Health and Medway Public health, looking at health inequalities by ethnicity, weren’t able to make a proper application due to timescale. Looking to take it forward. * IG working group – Got two new reps on the weekly IG group, GP representation and PPI rep. Will be beneficial in terms of robustness of delivery of business. Options appraisal around the development of the Kernel, organisation going on around that. * Helen has given a couple of updates around the KID – joint controller agreement/data processing agreement. In the process of making the IG group more formalised, it will make positions on behalf of the SHcAB, all data controllers will also have access to those positions and can comment on them. * Covid Modelling Surveillance meeting ongoing – work in Kent has now expanded – 18/19 other models are being developed across the South East. Analysis been done around looking at ethnicity vaccine uptake. There is national analysis on the [futures platform](Mini-huddle:%20ML%20Mondays:%20Vaccine%20inequalities%20multivariate%20regression%20tool%20-%20AnalystX%20-%20FutureNHS%20Collaboration%20Platform), they looked at vaccination uptake. Data sharing between Public Health – Covid testing is ongoing, acute trusts are still keen on having that data, presuming this is still relevant due to the surge in cases elsewhere in England, aware on the effect on Kent in the future.   NB -   * Had a meeting with Helen this morning in terms of DPIA sign up for practices, hoping to get that out this week. Recently put together an FAQ document, which supports questions from GP providers etc. Organising a meeting with Bob the GP representative to make sure questions are answered.   MF –   * Are we late with Strength in Places bid?   CF –   * Next update will be on the 28/05/21, no guarantee of an outcome, just an update. | **CF/AG** |
| **3** | **11.30 – Kernel: Data Linkage**  JJ –   * Energy has gone into supporting review, commissioned with HSLI money. * Data warehouse is ongoing with providers, phase one scope still ongoing. Going to be engaging with East Kent and Dartford soon, hopefully going to get some mental health data too. * Commissioned from Beautiful Information to get a dashboard. * Given £280,000 to spend on Kernel from HSLI. * There is some work around technical build, IG work and South-Central West around the review, website for the kernel, technical bits, maternity project, warehousing the datasets and creating dashboards.   AG –   * Helen is going to create a group around governance imminently.   PG –   * Data is not particularly complex with the projects currently going – two of the key datasets are GP data and PMI data. * There are a number of ways to get this, the aim is to work out which is the best option. Spoken with KDG and others and decided that the best options are Apollo, EMIS, Graphnet and dustgrow. * IG is in progress, outcome of IG might affect what we do. * Key requirements – each dataset single source, data should be loaded clear, frequency is key (daily data). * Weighting the options – scored for getting the data.   **GP data:**   * A local solution scored higher due to more control over the data and how to get it (IG purposes). Downside is, it’s cheaper to get from Graphnet etc. EMIS or Apollo come out on top. * Apollo - not an issue to work with them, have used them before so they are reliable, data is good quality. Cost is around £78-£79000 per annum with £10,000 development, currently spending £20,000 that would come off the total cost. Could have a single cost across the county rather than one for separate projects. Do have some failures with GP data, fewer than they used to be. * Graphnet - wouldn’t be able to get clear data. Comes from national source, not allowed to give clear data. Cheapest option but not clear, so limited as to what we can do with the data. Not rated highly. May not give priority to bespoke projects. Only contains data from EMIS practices, that’s not a massive issue. * EMIS is the best option if it is affordable. Weekly extractions cost around 140k, some development costs too. Same pros and cons as Apollo, better data access though. DUSKGROW – not sure about their flow yet. Similar pros and cons.   **PMI data:**   * Assuming IG, Graphnet or Dustgrow are on top. * National is more useful than local. * Graphnet is best – cost is lower than Dusgrow, data flow will be easier as we have worked with them before. May be data limitations on how the data is stored. Although currently is the best option.   GP –   * EMIS (if funding available) or Apollo, Graphnet is an option too.   PMI –   * Graphnet is the recommendation – Duskgrow another option. | **JJ** |
| **4** | **11.50 – Kernel: Information Governance** | **HON** |
| **5** | **12.10 – Regional Data Quality Strategy**  SB -   * Tried at EK and Medway to launch a Kent and Medway DQ and Assurance Strategic Group and failed due to quite a huge remit. Not sure whether to tackle it at source or the end point. * Would like to relaunch a project to focus on what is achievable, to pick something that is common amongst everyone and to test this amongst all the organisations, bringing in skills from all the people who wish to partake.   MF –   * Trying to count and record things in the same way so we can improve the sharing of data between trusts. For example, Frailty and Covid are recorded slightly differently.   SB –   * Purpose is to start with a new lease with an interested group of people, to look at best practice and to organise some guidelines for each trust to work with. * Will result in clearer documentation, clearer process, owners of data quality process – do we need a better definition/a specific workforce? * Make sure systems are set for purpose too, explore options to get software and systems. Should be pushing the angle of automated data flows and make it mandatory. * Will lead to closer alignment and data quality. Making sure we have a system wide view. Explore the idea of benchmarking going forward between trusts. * Don’t punish poor data quality, just improve it. * After willing volunteers.   CF –   * Might have to involve CCIOs at every location.   MF –   * Need to bring out more forcefully the relationship we will have to have with IT. Can see how much logic IT can bring in to follow national guidance.   AG –   * May want to explore AI approach to improving data quality. Looking for patterns in e.g. free text data, in ethnicity, inherently in public health practice.   RK -   * We have a similar workstream at the moment on Data Quality within Adult Social Care at KCC (which is hopefully data that will flow into Kernel) so would be interested in any opportunities to draw on approaches taken elsewhere in the system. | **SB** |
| **6** | **12.25 – Covid and Ethnicity Research**  RW –   * Looking at the relationship between ethnicity and behaviour. * Three concerns to look at – is data unrecorded or over recorded in relation to ethnicity and groups in particular areas, variety of groups categorised under the category of ‘white other’, some self-responses are considered as false. Another concern is how accurately to identify the patients that come to the hospital. * Using our software, we can infer the likely ethnicity by people’s names compared to how they would identify themselves as an ethnicity. | **RW/ES** |
| **7** | **12.40 – Care Home Data; Requirements and Research introduction** | **CT** |
| **8** | **12.55 - AOB** | **MF** |