

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

**11<sup>th</sup> NOVEMBER 2019, 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)  
Peter Gough – HISBI Manager – MTW (PG)  
Andrew Brownless – Chief Information Officer – West Kent CCG (ABr)

**IN ATTENDANCE:**

Alan Day – Corporate Information Security Officer/IG Lead – KCC/Kent & Medway STP (AD)  
Bruce Pollington – Delivery Partner – RightCare  
Chris Farmer – CHSS Clinical Professor & Consultant Renal Physician – University of Kent & EKHUFT (CF)  
Chris Morley – Health Informatics Graduate Management Trainee – EKHUFT  
Rachel Kennard – Chief Analyst – KCC  
Andrew Scott-Clark – Director of Public Health – KCC (AS-C)  
Edyta McCallum – Head of Research & Innovation – MFT  
Richard Ewins – Head of Information Development – EKHUFT  
Sarah Dickens – Head of Research – KMPT  
Gemma Brignall – Senior Contracting Commissioner – MFT  
Lauren Lee – Head of BI Development – MFT  
Irina Pyke – Head of Performance – DGS & Swale CCGs  
Ian Mylon – Head of Analytics – KSS AHSN  
Valerie Elderkin – Digital Transformation Lead, K&M Local Maternity System – Kent & Medway STP  
Stuart Grierson – Head of Business Intelligence – SECAMB  
Louise Pallas – Deputy Director of Information – EKHUFT  
Melissa Ream – AI Initiative Advisor – KSS AHSN (MR)  
Luke Rahman – Health Analysis Graduate Management Trainee – EKHUFT  
Mark Needham – Director of Contracting – East Kent CCGs (MN)  
Gerrard Abi-Aad – Head of Public Health Intelligence – KCC (GA-A)  
Yvonne Morrissey – Consultant HCOOP – EKHUFT  
Ramandeep Ghuman – Regional Manager – TriNetX

MINUTE NO.		ACTION
97/19	<p><b>WELCOME</b></p> <p>Introductions were made for new attendees.</p>	
98/19	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were received from: Nick Plummer, Kieran Kelly, Claire Walker, James Jarvis, Marie Van Melle, Lin Guo, Nigel Lowther, Lee Tomlinson, Ravi Baghirathan, David Whiting, Lisa Riley, Dan Seymour, Jennifer Murray-Robertson</p>	
99/19	<p><b>CHAIRMAN'S OVERVIEW</b></p> <p><u>Update on Kent and Medway Health and Care Analytics Strategy:</u>                      MF explained that the Kent and Medway Health and Care Analytics Strategy is structured in three parts: a glossy brochure overview document; a more detailed 'middle' technical document which provides detail on the deliverables and their named leads; and then a variety of assets which support these deliverables.</p> <p>MF explained that the Kent and Medway Health and Care Analytics Strategy has now been approved at the CPB (Clinical and Professional Board), Finance Directors Group, the STP Digital Board and the STP Partnerships Board. The strategy will also be shown at the NED (Non-Executive Director) Oversight Committee during the week commencing 18/11/2019.</p> <p>MF explained that the SHCAB is now the delivery board for this strategy, as reflected in an amendment to the SHCAB's ToR.</p> <p>Comments have been received on the strategy – and more are welcome – and will be used to inform and refresh the strategy moving forwards. MF suggested that particular views and reflections should be focused on how the strategy shapes the forthcoming ICS, ICPs and PCNs.</p> <p>MF will also be meeting with Ivor Duffy on 13/11/2019 (Finance Director, Thanet CCG) to start a dialogue on the financial support for PHM, BI and other work of the SHCAB.</p> <p>There is also a significant opportunity with the KMCR (Kent and Medway Care Record) programme for analytics and related work e.g. data warehousing and linkage. The SHCAB is well placed to shape the programme for analytics with the KMCR.</p>	
100/19	<p><b>MINUTES OF PREVIOUS MEETING (16<sup>TH</sup> SEPTEMBER 2019) AND ACTIONS</b></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p> <p>65/19 – AD to create a set of specific recommendations for the SHCAB to</p>	

	<p><u>address in order to achieve joint control status:</u>  <b>COMPLETED</b></p> <p>AD has produced and provided documents relating to the SHCAB Joint Data Controller (JDC), including the Agreement and revised DPIA.</p> <p>MF explained that each organisation can now start to sign up for Joint Data Control.</p> <p><u>69/19 – CF to create a sub-process to build on the research element</u>  <b>IN PROGRESS</b></p> <p>CF has completed the sub-process on how the SHCAB receives research requests and actions them; it now needs to be circulated.</p> <p><u>79/19 – MF to circulate regional analytics strategy and delivery model document to SHCAB attendees</u>  <b>COMPLETED</b></p> <p><u>84/19 – AD to arrange joint data control visit with SECAMB’s IG team</u>  <b>IN PROGRESS</b></p> <p>AD will meet with SECAMB IG Lead (Caroline Smart) to discuss. MF suggested it may be useful to create a simple table of which organisations had or had not been seen.</p> <p><u>91/19.01 (A) ABr to attend the KMCR project board to propose the establishment of the Data Architecture Working Group</u>  <b>IN PROGRESS</b></p> <p>The Data Architecture Working group has not met yet; this will be discussed at the next meeting of the group.</p>	
<p>101/19</p> <p>101/19.01</p>	<p><b>SHCAB PROGRAMME PLAN</b></p> <p><b>WORKPLAN</b></p> <p><u>Workstream 1 – Research (AG)</u></p> <p>AG stated that the Research &amp; Development (R&amp;D) sub-group of the SHCAB had been created (ToR and November agenda below). This group brings together the research and innovation leads across the patch. Key objectives for the R&amp;D sub-group include:</p> <ul style="list-style-type: none"> <li>• Looking at the mid-level technical plan for the Regional Analytics Strategy, particularly around the research element, and how to achieve the key deliverables.</li> <li>• To clarify the group’s ToR (which will be agreed upon, and circulated at the following SHCAB).</li> <li>• How to set up the database ethics process around managing research requests. Currently there is a University of Kent led ethics process, which was setup in collaboration with EKHUFT. The plan is to now expand the remit of this process to cover the purposes of the SHCAB</li> </ul>	

	<p>(linked with the Joint Data Control work).</p> <ul style="list-style-type: none"> <li>• Research projects</li> <li>• How to bring data together at a system level to undertake research priorities that are critical at a system level</li> <li>• Support the applied research agenda for the STP</li> </ul> <p>CF is working on the ARC (Applied Research Consortium) to secure funding across Kent, Surrey and Sussex (KSS) to build upon the region’s applied research agenda. CF is also working on a Strength in Places bid to secure funding to develop the Kernel database.</p> <p>MR stated that KSS AHSN are holding an event on February 5<sup>th</sup> 2020. Part 1 of the event will be focused on Digital Twins Inspiration, and Part 2 will be focused on how to use Kent and Medway data for research and innovation. Currently, KSS AHSN is looking for volunteers from the SHCAB from both research and data perspectives to help co-design the event. Get in touch with MR for details.</p> <p>AG has three Health Foundation funding calls in progress: The Social and Economic Value of Health; Evidence into Practice and The Networked Data Lab.</p> <p>There is an opportunity for partnership bids – for example with Imperial College, or with King’s for whom EKHUFT has signed a letter of intent to collaborate on AI.</p> <p>KMAP (Kent and Medway Analytics Partnership) is linked to the Health Foundation’s Evidence into Practice funding call, such as best practice around applied analytics, demand and capacity modelling, and socialising the use of Python and R.</p> <p>CF sought approval from the SHCAB for extending the ethics (which control how access is provided for research) via CHSS and the University of Kent under the auspices of the ARC to lead this piece of work.</p>	
102/19	<p><b><u>ACTION:</u> 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.</b></p>	CF
103/19	<p><b><u>ACTION:</u> MF to note at the STP’s CPB and Partnership Board.</b></p> <p><u>Workstream 2 – Data; warehousing, standards and quality</u></p> <p><u>JDC Agreement (AD):</u>          AD provided an overview of the JDC Agreement (see earlier attached documents):</p> <ul style="list-style-type: none"> <li>• Consists of a legal half – which covers the legal aspects of setting up the agreement so that it works.</li> <li>• There will be an initial signing date (after a critical mass of joint controllers have become adopters) and a commencement date from when it takes effect. Joint controllers can also be added later after</li> </ul>	MF

<p>104/19</p>	<p>commencement.</p> <ul style="list-style-type: none"> <li>• There is a second schedule: the information/data assets that the controllers bring into joint control. There is no compulsion to provide data – it is about controllers agreeing to the framework and then, project by project and need by need, finding out what data is required and making sure that the agreement works (NOT a big bang approach to having all data available at once).</li> <li>• There is a set of agreed joint purposes: these are based on the NHS Secondary Use Data Governance Tool (SUDGT). The SUDGT is constructed nationally to provide the purposes for the use of data for analytics, and it is critically important to align with these. The joint purposes consist of:             <ul style="list-style-type: none"> <li>➢ Planning, implementing and evaluating population health strategy</li> <li>➢ Managing finances, quality and outcomes</li> <li>➢ Risk stratification for early intervention and prevention</li> <li>➢ Co-ordinating and optimising patient or service user flows</li> <li>➢ Undertaking research</li> <li>➢ Public health</li> </ul> </li> <li>• The agreement IS NOT:             <ul style="list-style-type: none"> <li>➢ A ‘magic bullet’ for IG problems</li> <li>➢ Air cover for dodgy or doubtful processing</li> <li>➢ A way for using other controller’s data without telling them what you are doing with it</li> <li>➢ A way of offloading legal and regulatory compliance</li> <li>➢ An obligation on any controller to provide data</li> </ul> </li> <li>• The agreement IS:             <ul style="list-style-type: none"> <li>➢ An assured framework for analytics and research</li> <li>➢ A clear statement of purposes which have been developed nationally</li> <li>➢ A means of performing analytics across ICS commissioner-provider boundaries</li> </ul> </li> <li>• The JDC Agreement enables access to data held in multiple third-party processors, and can make this data accessible through a legal mechanism</li> <li>• The JDC Agreement builds trust and confidence in the use of analytics to the public and for the public benefit, and to the system. It opens up processing, making it more transparent; and gives a public identity to processing</li> </ul> <p>AD explained that most of the schedules in the JDC Agreement are written in outline, and will be developed by the early adopters over the course of the first 6 months to a year.</p> <p>AD explained that the next steps are to engage the early adopter controllers.</p> <p>AD explained that there are mandatory roles within JDC – requiring a DPO, Caldicott Guardian, IG Lead and Agreement Administrator – which will require resource.</p> <p><b><u>ACTION:</u> CM to maintain a log of organisations signed up to JDC.</b></p> <p><u>HISbi data warehouse (PG):</u></p>	<p>CM</p>
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	<p>PG explained that the HISbi are currently creating a base requirements specification for the warehouse as a start point, from which to develop out specific stakeholder's requirements.</p> <p><u>Workstream 3 – Workforce Development (JM-R)</u></p> <p>MF explained the importance of using the SHCAB as a network to share what is happening with regards to developing the workforce – i.e. sharing opportunities for training, sharing materials on learning new processes and software (e.g. Power BI, R).</p> <p><u>Workstream 4 – Analytics and Benchmarking (MF)</u></p> <p>MF explained that there had been some alignment around using external benchmarking services. EKHUFT is planning to move to using Dr Foster in line with others. There is some opportunity here to work more collaboratively and benchmark local datasets.</p> <p><u>Workstream 5 – Strategic Intelligence Unit Launch (SIU) (AG)</u></p> <p>MF reiterated that the purpose of the SIU would be to become less reliant on external services by providing intelligence services at a system level, whilst also encouraging joint working and creating interesting new opportunities for our workforce.</p> <p>The KMAP is intended as a virtual group to start with, which will then expand into a substantive team – and could focus its analyses across tactical, operational, strategic and research domains.</p> <p><u>Workstream 6 – Funding Opportunities (MF)</u></p> <p>MF explained that thought should be given to the licensing model for organisations to access linked data for research.</p> <p><b>PRESENTATION TIMETABLE</b>          This item was not discussed.</p> <p><b>RISKS AND ISSUES LOG</b>          This item was not discussed.</p>	
<p>105/19</p>	<p><b><u>KENT AND MEDWAY HEALTH AND CARE ANALYTICS STRATEY (Marc Farr [MF])</u></b></p> <p>MF went through the Kent and Medway Health and Care Analytics Strategy, which has been circulated around to SHCAB attendees, and is open to feedback and sharing of the strategy.</p> <p><u>KID and ARC:</u></p> <p>CF explained that he is now 6 months into the ARC project and needs to deliver against it.          CF will be extending the database ethics to cover Kent and Medway more</p>	

<p>106/19</p>	<p>broadly.</p> <p>CF explained that the historic KID, which has not been in operation or ingested data since 31<sup>st</sup> March 2019, is still a huge resource for research across health and social care, informatics and AI. CF stated that funding has been secured to host the static KID, which would serve as good exemplar around the broader research governance agenda and ethics application if completed. The aim would be to take a copy of the static KID for research purposes to be curated by and hosted via the University of Kent and funded through the ARC. CF can also extend the funding to cover the extension of the database ethics committee.</p> <p>MN proposed that the existing KID could be recommissioned on a rolling 3-month basis. CF stated that this would not be acceptable for the purposes of the ARC and instead offered to take a static version of the KID to create a new dataset known as the KERNEL, to be curated and hosted by the University of Kent. See action below for CF, MF and AS-C.</p> <p>CF explained that making the KID data available for research purposes and securing it for the longer term is key. In terms of its potential shelf-life: the funding stream for the ARC is 5 years (and is renewable) but needs to be delivered against – any delay in getting data available for health and social care would be problematic. CF also mentioned that the University of Kent would need to have a large communication and engagement piece, and have patient and public groups involved.</p> <p>GA-A explained that it can take time to get to grips with the vagaries and complexity of the KID's data – for some observations of the data it can be difficult to discern if what has been seen is an artefact of a quality deficit or 'the truth'. GA-A agreed that the current static KID as is has a future and longevity to it, with data quality curation.</p> <p>AD agreed that the static KID was also worth continuing via a lift and shift process to take a copy of the KID and host it locally. Carrying this out would also have business continuity benefits for research whilst waiting for other linked dataset programmes to come on stream.</p> <p>AG asked the SHCAB if an agreement in principle could be reached to lift and shift a copy of the KID to get the ARC programme of work going ahead. This was agreed.</p> <p>AG also explained that there is a case for change to extend the closure of the static KID (which is currently due for deletion March 31<sup>st</sup> 2020) and perhaps re-fire the KID back up. This option would entail preparatory work, including a re-application to NHSE for an updated PMI (Patient Master Index).</p> <p>AS-C explained that to provide meaningful data to organisations across the system, such as PCNs, would require a good longitudinal database – which a re-fired KID or replacement to KID could achieve.</p> <p><b><u>ACTION:</u> CT to organise a Data Management workshop to set out the future requirements for the Mede database and for KERNEL, considering</b></p>	<p>CT</p>
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107/19	<p><b>possible services available via the KMCR.</b></p> <p><b><u>ACTION:</u> 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.</b></p> <p>CF explained that, from a research perspective, the granularity of longitudinal KID data is key to the research agenda in Kent and Medway. CF stated that the end point is to develop research proposals – such as YM's work around preventing patient harm, and AG's work around people with autism – and that there is a great opportunity to deliver these proposals through a re-fired or lift-and-shift KID, and eventually KERNEL. However, there needs to be urgent work to continue and/or establish a longitudinal dataset for research purposes which is ready by early 2020 so that it is available within the timeframe of the KSS ARC and ready to secure proposals and bids against. CF explained that in order to put a bid together, a robust, clear data plan needs to be put together – a bid cannot rely on stipulations around what may or may not be available.</p>	CF
108/19	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was raised.</p>	

**Date of Next Meeting: 13<sup>th</sup> January 2020, 11am-2pm, Boardroom, Kent and Canterbury Hospital, Ethelbert Road, CT1 3NG**