

NHS DATA AND INFORMATION CONFERENCE Underpinning Innovation

18th June 2024 | 15Hatfields, London SE1 8DJ

Agenda for today:



SCAN ME



Welcome to the 10th NHS Data & Information Conference!



18th June 2024 9am – 5:30pm 15Hatfields, London



NHS DATA AND INFORMATION CONFERENCE

Underpinning Innovation

Chair Opening Address



Andi Orlowski Director The Health Economics Unit



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Underpinning Innovation

Federated data platforms panel discussion...



NVENZIS

Andi Orlowski Director - The Health Economics Unit



Nicola Hamilton Head of Understanding Patient Data



Dr Nicola Byrne National Data Guardian Office of the National Data Guardian



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Case Study...





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Speaking Now...



Filipe McManus CEO - Facts and Dimensions Ltd





National

Competency

Framework

Basic SQL Training

Delivered by Fromoting professionalisation in data and analytics Specialism SA13: Technological Specialisms Filipe McManus CEO, Facts and Dimensions Ltd





Successes so far 19 x Pass 1 x Merit 4 x Distinction





Course content:

1.LEFT JOIN

2.INNER JOIN

3.Using a CASE statement to handle DQ issues in your join (eg where the codes in your fact table end in 00, but the code in your lookup table don't)

4.WHERE

5.Using CASE statement in your SELECT list

6.Ensuring you don't end up with duplicates or missing records.

7.IFNULL

8.IS NULL

9.LIKE _ and %

10.DISTINCT





What is a LEFT/INNER JOIN?

Sped up Lecture







Future course: Basic SQL Analytics Sum, Avg, Max, Min, Count, Top, Order By, And, Or, Not, In, Between, <=, >=, <, >, Group By, Having





BOOK YOURSELF ON!

Book onto the MS Teams Course here https://future.nhs.uk/DataAnalytics/view?objectId=1101811---->



Book onto the live in person course here https://www.snowflake.com/nhs-sql-training-series/ ---->





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Refreshments & Networking



Chair Morning Reflection



Andi Orlowski Director The Health Economics Unit



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Case Study...

Cohesive



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Speaking Now...



Olly Thomas Buildings and Communities Director Cohesive

Cohesive

Data Driven Digital Estates to Improve Healthcare Outcomes

Olly Thomas, Director of Advisory Services, UKIME

Cohesive

Get in touch!



Olly Thomas

Director of Advisory Services, UKIME e: olly.thomas@cohesivegroup.com t: 07775 710 937 **Cohesive**

If you have not done so already - find me and team on **stand 1** in the exhibition area throughout the day!

Maximise the Availability and Sustainability of your Physical Assets

Revolutionise Your Outcomes with Seamless Integration.

 Better data-driven decision-making capai improved efficiency, productivity & quality Increased collaboration and communicat Holistic view of the entire asset lifecycle



Cohesive



Lower ground floor suite





Cohesive is a **global full asset lifecycle engineering system integrator** that helps clients harness the power of information and data within their business, both physically and digitally, to design, construct, and operate their assets. We assist in achieving their outcomes—environmental, social, fiscal, and others.

With an **advisory led approach**, we provide a range of services across the asset lifecycle to support strategies (defining the why and when) and implementation plans (defining the how). Importantly, where we believe we stand out against others, we deliver the what— tangible interventions that enable sustained change within clients' businesses and deliver against their outcomes.





How we contribute...

A mix of engagements with end clients, comprehensive partner relationships to augment domain specific capabilities and individual employee subject matter expertise...



NHS The Leeds **Teaching Hospitals NHS Trust**



BDP.



University College London Hospitals **NHS Foundation Trust**

Μ Μ MOTT MACDONALD



Turner & Townsend



ST. VINCENT'S UNIVERSITY HOSPITAL

NHS Guy's and St Thomas' **NHS Foundation Trust**

Cohesive

"We want to use this technology to better forecast when patients are likely to feel better or worse, or likely to have a health problem, or when their medication is working and when it isn't. We hope it will allow us to be more receptive and responsive while also reassuring this critically ill group of patients."

Professor Steven Niederer, Chair in Biomedical Engineering at the National Heart and Lung Institute at Imperial College London, and Co-Director of Digital Twins at the Alan Turing Institute

Digital Estates – the boundaries



Digital is at the heart of the New Hospital Programme (NHP) ambition – it's a theme throughout the approach to the build and operational cycle and a critical enabler to delivering hospitals better, faster and with a sustainable legacy – through both the digitisation of the hospital and the programme.

New Hospital Programme

- Digitally empowered patients
- Digitally enabled staff
- Interoperable and intelligent systems
- Hospitals without walls supporting integrated care
- Smart buildings

"Healthcare built infrastructure is closely intertwined with patient satisfaction and user outcomes. Better, more connected data about these assets and how they are performing will enhance and support patient-centred care."

Digital Estate: A simple hypothesis

What is a Digital Estate?



Digital Estates – line of sight to better healthcare outcomes



Digital Estate Characteristics

The Gemini Principles are a useful framework to establish the characteristics that will support your Digital Estate strategy.

| Purpose: Must have clear purpose | Outcome Driven | Value Creation | Insight |
|---|----------------|----------------|-----------|
| Trust: Must be trustworthy | Security | Openness | Quality |
| Function: Must function effectively | Federation | Curation | Evolution |

Digital Estate Use Cases



Digital Estate Maturity



- Maturity is driven by use case and outcomes required
- Different uses cases could demand different levels of maturity
- Maturity and use cases could be satisfied by line of business applications or only satisfied by data integration
- A Digital Estate could comprise of different maturity, across different use cases at differing stages of the asset(s) lifecycle

Digital Estate Maturity – The Data Driven Estate



Digital Estate Example Systems Architecture



Data Journey

Digital Estate Data Journey – Strategy and Controls



PFI Handback Programme

As Private Finance Initiative (PFI) contracts reach expiration, the handback of healthcare facilities and hospitals to contracting authorities is underway.

In total, over 600 PFI projects across the UK are set to expire before 2040 and around 159 of them are hospital and acute care facilities.

Amongst the complexities of this process, one key area of expiry preparation cannot be overlooked – the asset data and the associated transition to the supporting systems and technologies.

Significant challenges presented:

- What asset information is available?
- What format is it in?
- Is it verified and trusted?
- What asset information is required and what is missing?
- What asset management systems are currently being used and how suitable are they?


Rapid Asset Data Readiness Assessment

Ahead of handback we will work with PFI contacting authorities to establish the quality and completeness of the available asset data, undertaking an assessment to ensure clarity of the current state vs. the required state, providing a clear set of recommendations and actions to address the issues identified and any capability gaps.



Digital Estate Takeaways

- Importance of Digital Digital technologies are impacting every aspect of healthcare delivery – the potential needs to be grasped
- Improve outcomes Digital Estates help answer the question "how can we get better outcomes from our existing infrastructure?"
- The Digital Estate must have a clear purpose, it must trustworthy and must functions effectively to ensure it enabled the outcomes you require
- Strategy create line of sight between digital estate, use cases and outcomes
- Maturity Digital Estates could comprise of different maturity, across different uses at differing stages of the estate lifecycle
- Data Journey understand your data foundations rubbish in, rubbish out
- Opportunities Capital programmes, existing estates, PFI handback



| Readiness Assessment | Discovery | | Data Strategy | | Implementation Plan | | Support Implementation |
|------------------------------------|---|--|--|--|--|--|--|
| Organisational | | | Produce / Support development of a Data Strategy Activities that assist the client | | Produce detailed Implementation plan Support periodic review and update of the implementation plan | | Act as advisor to the Trust or PFI Co during hand back / transition |
| Strategy | Delivery of a discovery report | | where they are leading the data strategy. | | | | new digital TOM |
| Data health | methodology to further explore issues identified during the Readiness Assessment. | | Develop Roadmap | | | | Systems Data integration / migration services |
| check | Against the agreed scope: 1. What is the As-is? 2. What is the To-be? 3. Options & | | Define organisational roles | | | | Digital Twin advisory services |
| _ | recommendations | | Develop Digital TOM | | | | Digital Twin delivery services |
| Technology check | | | Develop Data Architecture | | | | Develop standards and spec. e.g. for asset surveys etc. |
| | | | Develop Systems Architecture | | | | ISO 19650 adoption / requirements |
| | | | Develop Data Management controls | | | | ISO 550 ntion / require. |
| Rememberif in doubt – we can help! | | | | | | | |



www.cohesivegroup.com



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Case Study...





Speaking Now...



Brittame Vasanthaswara Srivas Al Solutions Lead - Apheris Al GmbH



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Unlocking novel medical research on sensitive hospital patient data with federation

Apheris @NHS Data Conference 2024



Billions are spent on licensing limited sets of healthcare data. 97% of all healthcare data remains siloed and inaccessible¹.

Siloed data from sites, HCOs and research institutes



Inability to share data:

- Regulation: Data use is legally protected (HIPPA, GDPR, EHDS, EU AI Act)
- Commercial sensitivity: Data contains IP
- Security requirements



44



Federation combined with strong governance, security and privacy measures safely connects distributed data for analytics & Al





Why Federation







Data doesn't move Comply with regulation

Connect complementary data



Why governed federation for NHS?

Reach gold standard of patient privacy (beyond pseudonymization) Empower local governance yet national or international level research, with federation

Scalable, frictionless and repeatable approach for compliant research

Control to NHS to ethically commercialize your data



Real-world examples

Federation with Apheris



USE CASES



Empowering hospitals to drive and partake in best-in-class research





The Apheris Compute Gateway safely connects distributed data for federated analytics & Al





Hospital and large pharmaceutical research collaboration on neuro disease real world data



50k neuro disease patients across multiple regions

Open-source providers



Proprietary algorithms



Use cases:

- 1. Disease progression & treatment sequencing analysis
- 2. Benchmarking of >10 MRI lesion detection algorithms

Clinical Impact:

- Advanced insights into disease progression and treatment effectiveness
- Improved clinical decisions
- Consortium enables hospitals to trigger their own research protocols and studies
- Evaluation of AI models on real patient data, crucial for clinical adoption



Top-10 HC Data Aggregator enables granular access to global EHR data by embedding Apheris



"We are just one week in production and are already able to do things we have never done before".

Data Scientist, Data Aggreagor



Cancer progression research on EU data

Speed: study completed within 2 months post-approval

Flexibility: Empowered to run advanced and granular analytics & ML workloads on the data, without compromising data privacy

Research governance: Access controls ensured data used only for agreed research purpose.

Clinical impact: Deeper insights on EU oncology data - verifying reliability of ICD codes to proxy for metastasis status in melanoma patients



Coming soon





apheris.com



EU patient identification for trial recruitment with a Top-10 HC Data Aggregator



250 M patients in total



Flexibility: Pharma can run more advanced patient cohort analysis on EU hospitals to identify relevant sites for clinical trials

Trust model: Only EU sites that opt in to be contacted for trials are contactable

Clinical impact: Avoid trials not meeting recruitment targets, therefore enabling life-saving medication to reach markets earlier. More diverse representation in clinical trials from EU hospitals.



Deep Dive

Transforming unstructured data into Al-ready insights: A federated approach







Transforming unstructured data into Al-ready insights: A federated approach







Enrich unstructured data (1|2) | Raw data sits in hospitals



NLP model is sent to hospitals where Apheris Compute Gateway (CG) is deployed next to sensitive data







Enrich unstructured data (2|2) | Generate enriched data



NLP model is sent to hospitals where Apheris Compute Gateway (CG) is deployed next to sensitive data





Creation of enriched data, mapped to a common data model.



Create accurate ML model (1|2) | PharmaCo sends statistical model to CG



PharmaCo defines statistical model (e.g., survival analysis) and sends it to Apheris CG (deployed at the hospitals)





Create accurate ML model (2|2) | PharmaCo sends statistical model to CG





Federated access to data LLMs to create interoperable data Simple models for explainable insights



Why governed federation for NHS?

Reach gold standard of patient privacy (beyond pseudonymization) Empower local governance yet national or international level research, with federation

Scalable, frictionless and repeatable approach for compliant research

Control to NHS to ethically commercialize your data



Questions?



Customer Solutions Engineer, Apheris Email: <u>b.srivas@apheris.com</u>



LinkedIn: https://www.linkedin.com/in/britta-srivas/



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Speaking Now...



Andi Orlowski Director - The Health Economics Unit



(0)



System decision making in PHM - addressing health inequalities and allocative efficiency

The role of health, wellbeing and the wider determinants of health The challenges of system working and creating a common language for change

The critical role of PHM and fixing inequalities

Andi Orlowski Director of the Health Economics Unit Senior Population Health Analytics Advisor – NHS England (Data and Analytics Directorate)



Health Economics Unit

health determinants that effect your health outcomes





health behaviors

What are the modifiable health factors that effect your health outcome?



nment clinical care

Hood CM, Gennuso KP, Swain GR, Catlin BB. County health rankings: relationships between determinant factors and health outcomes. *Am J Prev Med* 2016; **50:** 129–135. https://doi.org/10.1016/j.amepre.2015.08.024.



100

Life expectancy









Delivering on the promise of systems



There is little convincing evidence to suggest that collaboration between local health care and non-health care organisations improves health outcomes

Alderwick, H., Hutchings, A., Briggs, A. *et al.* The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health* **21**, 753 (2021). https://doi.org/10.1186/s12889-021-10630-1


Motivation and purpose

Vision and aims

Commitment

Perceived benefits

Resources and capabilities

Resources and resource sharing Processes and infrastructure Implementation and monitoring Staff skills and capabilities

External factors

Policy and political context Institutional and organizational context Geography

Social and economic context

Governance and leadership

Decision-making and accountability Engagement and involvement Leadership support

Relationships and cultures

Trust and relationships

Communication

Culture and values

Roles and responsibilities

Key: Example interactions between factors identified in the studies

Alderwick, H., Hutchings, A., Briggs, A. *et al.* The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health* **21**, 753 (2021). https://doi.org/10.1186/s12889-021-10630-1



Aunger, J.A., Millar, R., Greenhalgh, J. *et al.* Why do some inter-organisational collaborations in healthcare work when others do not? A realist review. *Syst Rev* **10**, 82 (2021). https://doi.org/10.1186/s13643-021-01630-8



Addressing motivation and purpose



Multi-Criteria Decision Analysis (MCDA)

- MCDA is a decision-making tool that helps individuals or organizations evaluate multiple criteria when making complex decisions.
- It involves the use of mathematical models and techniques to weigh and compare various alternatives against each other based on different criteria.
- MCDA is widely used in various fields such as business, engineering, environmental management, and healthcare.



INTERVENTION SPEND

of $\pounds 4.5m$ spend on falls

| VISION ASSESSMENT & REFERRAL | HOME HAZARD ASSESSMENT | MEDICATION REVIEW | STRENGTH & BALANCE TRAINING | RAPID RESPONSE | HOSPITAL ADMISSION | |
|------------------------------------|---------------------------|----------------------|-----------------------------------|-------------------|-----------------------|--|
| £6,986 | £7,369 | £58,800 | £81,868 | £60,979 | £3,685,290 | |
| 0.2% | 0.2% | 1.5% | 2.1% | 1.6% | 94.5% | |





A programme to embed allocative value in NHS decision making

The Health Economics Unit are leading a development programme on allocative efficiency across systems in the Midlands.

Using COPD as an exemplar pathway, HEU will run the STAR process with:

- Birmingham and Solihull ICS
- Coventry Place
- Northamptonshire ICS
- Nottinghamshire ICS
- Gloucester ICS

Through the Midlands Decision Support Network, the HEU will run a training programme on allocative value and the STAR method.





Process

The project aimed to understand how to increase allocative efficiency of the COPD pathway in Nottinghamshire. It was facilitated through the following process:

Summary: Smarter Spending in Population



More details on the project process are on page 12

VALUE OF COPD CARE PATHWAY IN NOTTINGHAMSHIRE







Recommendations

The following pathway improvements have been modelled and are recommended for implementation as they are likely to lead to the most health generation per pound spent.

Summary: Smarter Spending in Population



If implemented, these interventions are expected to result in £408k-872k increase on costs and a 34.24 percentage point increase to population health (best case scenario).



Process

The project aimed to understand how to increase allocative efficiency of the COPD pathway in Gloucestershire. It was facilitated through the following process:

Summary: Smarter Spending in Population



VALUE OF COPD CARE PATHWAY IN GLOUCESTERSHIRE





Recommendations

The following pathway improvements have been modelled and are recommended for implementation as they are likely to lead to the most health generation per pound spent.

Summary: Smarter Spending in Population



If implemented, these pathway improvements are expected to be cost saving. They are estimated to save £1.04m net per year and lead to a 12.4% percentage point increase to population health.



Process

The project aimed to understand how to increase allocative efficiency of the COPD pathway in Birmingham and Solihull. It was facilitated through the following process:

Summary: Smarter Spending in Population







Recommendations

The following pathway improvements have been modelled and are recommended for implementation as they are likely to lead to the most health generation per pound spent.

Summary: Smarter Spending in Population



If implemented, these pathway improvements are expected to be cost saving. They are estimated to save ~£1.8m net per year and lead to a 52.46% percentage point increase to population health.





Health Economics Unit

Recommendations for Coventry

- As a result of this project, it is recommended that the respiratory programme prioritises the following pathway improvements:
 - Expansion of the virtual ward.
 - · Joint clinics in primary care with the current establishment of Respiratory Nurse Specialists.
 - Targeting spirometry testing and improving diagnosis
 - An education package for people with COPD.
 - Education in schools against smoking and vaping.
- The estimated savings from the virtual ward, £553,523.40 per year, could save enough to cover most of the additional cost of these improvements if the resource could be freed up

Health Economics Unit













Questions

andi.orlowski@nhs.net

https://healtheconomicsunit.nhs.uk/



NHS DATA AND INFORMATION CONFERENCE

Underpinning Innovation

Lunch & Networking



Chair Afternoon Address



Andi Orlowski Director The Health Economics Unit



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Speaking Now...



Mark Crannage Associate Director of BI and Digital -Cambridgeshire Community Services NHS Trust







Data Strategy and Reporting Transformation 'CCS Intelligence Hub'

Mark Crannage Associate Director for BI and Digital



About Us



Children & Young People's Children & Young People's Health Services CAMBRIDGEONTE Luton Children & Adults Health Services Community Health Services ustone Norfolk.nhs.uk 0000 000 0000 CaSH Dental **DynamicHealth** HealthCare **Contraception & Sexual Health** Cambridgeshire, Peterborough MSK, Pelvic Health Physio dgeshire & Peterborough East of England & Suffolk Bedfordshire Community Health Services

23/24 Finacial Year

- o 230,115 Unique patients seen
- o 855,200 Number of contacts delivered



The populations we serve are approximately:

| Cambridgeshire 644,000 Luton 214,000 Milton Keynes 264,479 Norfolk 883,000 Peterborough 193,000 Suffolk 743,000 | Bedfordshire | 437,817 | |
|---|----------------|---------|--|
| Luton 214,000 Milton Keynes 264,479 Norfolk 883,000 Peterborough 193,000 Suffolk 743,000 | Cambridgeshire | 644,000 | |
| Milton Keynes 264,479 Norfolk 883,000 Peterborough 193,000 Suffolk 743,000 | Luton | 214,000 | |
| Norfolk 883,000 Peterborough 193,000 Suffolk 743,000 | Milton Keynes | 264,479 | |
| Peterborough 193,000 Suffolk 743,000 | Norfolk | 883,000 | |
| Suffolk 743,000 | Peterborough | 193,000 | |
| | Suffolk | 743,000 | |



Introduction

Our programme aspires to revolutionise NHS data management and analytics, merging advanced technology with a reimagined data strategy to enhance decision-making, operational efficiency, and patient care.

We are fostering a culture of continuous improvement and collaboration, setting new standards in healthcare data utilisation.

The CCS 'Intelligence Hub' focuses on automating data collection and management, delivering relevant, reliable information for intelligent decision-making.

This ambitious project emphasises data security, robust quality management, and insightful analytics, laying the groundwork for significant NHS advancements and exceptional patient and staff experiences.







Data Strategy - Vision

"...to provide efficiently managed information across the trust's key line of business systems, shared effectively and presented clearly as one set of 'Intelligent Information' to drive evidence-based and informed decision making.'

Our data will enable to We will monitor and The trust has many identify and address evaluate the impact of data sources spread health inequalities that across different our interventions on affect the individuals or reducing health services, teams and communities who face inequalities and systems with no central social, environmental improving health view or repository of all and economic available data assets. outcomes. disadvantages. We will use our data to To facilitate this work, We aspire to be a support the design and the Trust will ensure national leader in delivery of inclusive that our Modern Data services that meet the community data -Platform has the linked into the NHS diverse health needs of appropriate data our patients and help **Faster Data Flows** governance and them access the best pilots publishing tools. possible care.





Cambridgeshire Community Services

Data Services Workforce





Modern Data Platform – '...the Sausage Machine'





MODERN DATA PLATFORM PROJECTS TIMELINE



iHub



Cambridgeshire Community Services

iHub - Vision

We reviewed and redesigned the trust's current data architecture enabling the trust to have a vision of – "Delivering relevant and reliable information, to the right people at the right time enabling intelligent business decisions across the Trust".



The MDP will transform the bulk of the Data Service's deliverables from reactive, turn-handle reporting to proactive, intelligence-driven insight.

This will be an iterative process (MVPs) not overnight. By adding more information to the iHub the need for ad-hoc reporting and some substantive reporting will reduce thus channel shifting the resource to more proactive analysis with the services.





Cambridgeshire Community Services

iHub - Approach









iHub - Components

We are delivering an enterprise model providing a comprehensive blueprint for our data management and analytics needs. This model encompasses various components that work together to ensure seamless data flow, storage, processing, and governance across the organisation.



Azure Synapse is an integrated analytics service. It will simplify the data landscape by offering a unified workspace for developing data processing pipelines, data models, and data visualisations with ease.



Power BI is a data visualisation and business intelligence tool. Integrated with Azure Synapse, it will allow users to leverage the full potential of their data, transforming raw information into actionable insights in our intelligence hub.



Microsoft Purview is a data governance solution that automates the discovery, understanding, and management of data. It also provides automated classification of sensitive information based on GDPR requirements.





iHub – Guide and Catalogue

| iHub Guide | A Power BI apo packages multiple related repo | iHub G | uide App | | Reset All Button: Clears all the | Control of | | |
|--|--|--|--|--|--|---|-----------|--|
| App Types of Visuals Fifters Drift-down & Drift-up Drift-through | A the second sec | the Report of Work In News, as England the data Share Serie Containing annexes that Report the Containing and an the page Mathematic Mathmathmenit Mathematic Mathematic Mathematic Mathem | O Get mights: 1% Sublusche te support : O. Set alert |) CHECKS RE Clear Fil applied Ri eta (clear - | Appres Mar 2 across the app Comparison of the second of t | 6.× 9. | | |
| Toolip Paginated Raports Lop Catalogue | fandag kaujun | 50% without of the second seco | Image: | 903 Research 0 6% 6% 0 6% 6% 0 6% 6% 0 6% 6% 0 10% 6% 0 10% 6% 0 10% 6% 0 10% 6% | Bits Description Bits Processing Bits < | er Filter a dy | | |
| | | 10 34 50 50 | iHub Guide | APP | REPORTS | | AVAILABLE | Combridged Combridged Community Service en to CONTAINS SENSITIVE DEPODETS** |
| | + Gobalt | Neg 333 | App Types of Visuals | 0-19 Healthy Child Programme | Mandated Checks DNA&Decline Rates Feeding Analysis | The D-19 Healthy Child Program app for Childres's Services tracks essential KPIs such as antenatal contacts and milestone reviews in the Mandated Checks report. The DNA/Decline Rates report highlights attendance trends, and the Feeding Analysis report provides insights into breastleeding prevalence and drop-off rates. | Yes | No |
| | | | Filters Drill-down & Drill-up Drill-through | Children's Services | Overview Staff Breakdown EHCP | The Children's Services app offers comprehensive insights into referals, discharger, activity, appointments, and caseloads which is covered in the Overview report. The Staff Breakdown Report presents staff activities and appointments, while the EHCP report tracks Education Health Care Plan requests. | Yes | Yes |
| | | | Tooltip Paginated Reports | Dental | Appointment Utilisation Report Patient Tracking List Trajectory Report Activity Tracker | The Dental app, for dental services, provides analytics on appointment utilization, patient tracking, trajectory forecasting, and activity analysis. The Appointment Utilization Report thows a detailed overview of practitioner appointments across the Special Care dental service. The Patient Tracking List monitors open waters, while the Trajectory Report forecasts open waiter values for the next there emotions. The Activity Trackar offers insights into service refermist and activity by sees and practitioner. | Yes | Yes |
| | | | App Catalogue | Dynamic Health | DH Weekly Report Waiting Times Report | The DH Weekly Report offers a service overview, highlighting wait times, patient with an open clock, and referral statistics. It also delves into referral activity, waiting times, RTT pathway, activity and contacts. The waiting times report examines patient statuses, like inactive patients and open cases over 16 weeks with no appointment booked. | Yes | No |
| | | | | Just One | Healthy Child Programme Dashboard | The Just One Number report, tailored for Norfolk HCP includes summaries of requests, breakdowns by age group, locality, call type, analysis of peak request times, urgency assessments, signposting and referral details, intervention outcomes, friends and | Vec | |
| | | | | Number | | family etc. | 105 | NO |
| | | | | Population Health | Health Profiles Health Inequalities | family etc. Aligned with the NHS PHM strategy, the Health Profiles report offers an overview of kay health indicators across the regions covered by the Truit, encompassing areas such as inductivities report examines the Index of Multiple Deprivation (IMD), and population demographics alongical controls data. | Yes | No |

NHS

NHS Trust



Minimum Viable Products - MVP









MASH Decision Support - MVP

| MASH ENQUIRIES CAMBRIDGESHIRE & PETERBOROUG | н 🚺 | 15 | | | | |
|---|--|--|--|---|---|---|
| | | | | | | |
| Please search for an NHS Number from the below dropdown: NHS Number | | | | | | |
| Click to navigate | © | M | ASH ENQUIRIE | S Cambridge | ESHIRE & PETERBOR | |
| | First Name Sumame | 11 August 2019 Date of Birth | 4-11 Age Band | South Car NHS Number Local Auth | mbridgeshi 11 May 2023 onity Last Contact Date | Cambs Community Pa HCP - South Cambridges Last Contact With Unit |
| | Total Score | No data Depression Marker No data A&E Attendances | Markers No data Domestic Violence 3 Open Referrals | No data Police Report No data Drug / Alcohol Abuse | Immunisation Date | Scoring Criteria Under 6 - Researcher to share information 6 and over - Clinical review with additional narrative |
| n Jog | Score breakdown | | Letters | | | Coded Risks |
| | Pathway Score 1 Care Score 2 Imms Score 0 A&E Score 0 Police Score 0 Wider health / Diagnosis 1 Is the child on a waiting list 0 | Letter type Vaccination | | Date 31/01/2024 | Coded Risks | Date 31/01/2024 |
| | | | Under developmen | nt | | Under development |

iHub






iHub 2023/24 MVP/Sprint Roadmap

Cambridgeshire Community Services NHS Trust





NHS iHub 2024/25 MVP/Sprint Roadmap Cambridgeshire iHub **Community Services** NHS Trust **Beds & Luton RPA Pilot MVP** Adults MVP Safer Staffing Project Quality Dashboard MVP MVP Modern Data Platform

NHS

NHS Trust





Power users

Workforce team

NHS

NHS Trust

Cambridgeshire

Community Services







Power users

Resilience team





ANY QUESTIONS



NHS DATA AND INFORMATION CONFERENCE

Underpinning Innovation

Fireside Interview



Mr Dave Norton Innovation Consultant - NHS and Freelance



NHS DATA AND INFORMATION CONFERENCE

Underpinning Innovation

Drinks and Networking



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Thank you for attending The 10th NHS Data & Information Conference!



Scan here to book onto our next NHS Data & Information Conference in May!