Digital Health & Care Institute			
BOARD MEETING Via Microsoft TEAMS	Thursday 11th November 2021		
Chairing: Mr John Jeans (member)			
Present:	Professor George Crooks (member) Chief Executive Officer Digital Health & Care Institute (DHI)		Dr Margaret Whoriskey (member) Head of Technology Enabled Care and Digital Healthcare Innovation, SG
	Madeline Smith (member) Head of Strategy, Innovation School, GSA		Charles Sweeney (member) CEO Physiomedics Ltd
	Ms Janette Hughes (attendee) Head of Performance and Planning DHI		Brian O'Connor (member) Chair European Connected Health Alliance, UK
	Chaloner Chute (attendee) Chief Technology Officer DHI		Mr Grant Reilly (attendee) Head of Communications and Marketing, DHI
	Campbell Grant (member) Chairman & MD Sitekit		Edith Macintosh (member) Executive Director of Strategy and Improvement Care Inspectorate

	Karen Reid (attendee) CEO NES		Gary Bannon (attendee) Senior Policy/Analysis Officer SFC
	Andrew Howie (attendee) Head of Health and Wellbeing Scottish Enterprise		Pamela Mooney (attendee) Programme Manager DHI
	Professor Sir Harry Burns (member) UoS		Professor John Liggat (depute for Iain Stewart) Vice Dean KE UoS
	Joanne Boyle (attendee) Head of Engagement DHI		
Apologies	Moira MacKenzie (member) Deputy CEO DHI/Director of Innovation		Professor Iain Stewart (depute for member HB) Associate Principal & Executive Dean University of Strathclyde
Board Secretary	Shirley Sharp, Office Manager/EPA DHI (attendee)		Alex Porteous, Admin Asst DHI

Item	Topic	Action by
1.	**Chair's introduction & apologies** The Chair welcomed everyone to today's meeting and submitted apologies on behalf of those unable to attend.	
2.	**Declarations of interest** None declared.	
3.	**Minutes of previous meeting/Matters Arising** The previous minutes from 12th August were agreed as an accurate reflection of the meeting. All matters arising will be covered during today's agenda.	
4.	**Chairman's Update (verbal)** JJ updated colleagues on progress to date of the Board effectiveness review. Whilst a few interviews have still to take place, JJ has agreed to hold a facilitated open session for the Board members to discuss DHI's strategic direction in Q1 2022. JJ will update everyone	**GC/SS**

	on the final outcomes from the review once the process is complete. JJ also advised that introductions have been made to GC and the Chief Executive of NHS Wales, Digital Health and Care. JJ advised that they do have an innovation component to their work and discussions with DHI may help inform progress going forward.	
5.	Chief Executive Update	

5. Chief Executive Update

GC highlighted and updated some of the key points of his update. GC advised that DHI have given input into the recent SG Strategy refresh update around data strategy, and on other relevant issues.

GC advised that DHI met with senior representatives from the National Care Service. The DHI approach to user centred design, to citizens holding their own data and the development of an ICT architecture that delivers fully consented data sharing enabled by the citizen was received very positively by the group. CC and GC will also be presenting to Public Health Scotland's executive board next week on the work of the DHI exchange.

With respect to international relationships, GC was able to showcase DHI at the UN General Assembly. The presentation was well received, as part of the UN Science symposium and DHI is now contributing to a paper, focussing on Digital Health in Scotland. GC also updated colleagues on a meeting had with the Chief Scientists Office of WHO in Geneva. They are very interested in Scotland's approach, in particular putting digital data in the hands of citizens. They are looking to arrange a workshop some time in the new year with a view to giving disadvantaged societies around the world access to digital health and care.

GC also advised that the DHI Staff wellbeing group has now been established and will be chaired by Jennifer Thomas. JT will feed back directly to GC on issues raised and look to engage fully with staff on putting these suggestions into practice.

GC asked colleagues to note that DHI's Governance structure has been revised, notably the Strategic Advisory Group and Technology Group focussing on work around business and industry engagement. Each member of the DHI Exec Team will have responsibility for each of these groups going forward.

MW commented re the strategy refresh document released in October, work is now underway to fulfil the 50 commitments identified. Digital access/services/skills and futures are a number of the key commitments that align with DHI. This will obviously be relevant to DHI particularly in its next phase of work.

JJ advised that he has had recent discussions with BO'C and GC on the potential to access significant European funds which may be available and that DHI may be able to access. BO'C will present some data on this potential opportunity later in the meeting.

KR commented on the National Care Service discussions around data and digital and that the landscape can seem somewhat cluttered. She suggested that it might be beneficial for DHI to be collaborating in this area. MW expressed the hope that the governance structure from Scottish Government should help declutter some of this

	area, but there is a need to join the dots and collaborate to avoid areas of duplication. KR suggested a meeting with Jonathan Cameron focussing on the themes in the new strategy. In particular, the digital citizens record, as there is a need for a discussion on who's doing what and perhaps for DHI to take on a proactive role.	**KR/GC/MW**
6.	**Spotlight Session - Design Innovation within the DHI; evidenced based development and approach for next phase** MS advised colleagues on previous discussions re the design input to DHI, which had had a separate reporting format in the past. She noted that in this phase of DHI work, the design input is integral to the process and thought it would be beneficial for the board to see how this is being done. MS then introduced DM to board colleagues who gave a presentation on the approch to design innovation within DHI. The presentation included , design innovation in practice and how this makes the DHI approach and offering different to others. DM explained that he has restrospectively looked at the tools and methods used in some previous DHI projects as well as the Scottish approach to service design. This has helped to design a unique mechanism for DHI. DM advised that we are now looking to share and reuse tools , which should help give clarity on defining the most efficient and effective approach for each problem. DM asked colleagues to note that this is a unique offering that DHI has developed and recommended that it be included in our strategy for the next phase. It was agreed that the Board would review it at the strategy session planned for 2022. HB commented that he has been doing significant work regarding inequalities in society, and suggested that it would be helpful to have a discussion with DM outwith today's meeting to discuss a similar toolkit for this area.	**GC/JJ** **HB/DM**
7.	**Finance & governance update** CM asked collegues to note the financial performance of DHI as of end of September 21 and that today's report also includes updates on Additionally funded projects and the DHI Growth fund. CM asked for the following to noted specifically : - • Core income received from SFC and SG respectively at £333k approx. • Salaries – pension increase now 0.3% for employer contribution. Previous projections were 2.4 % and hence an underspend in this area. • Staffing – £5,812 underspend in design costs due to extended timescales for recruiting the design research post • Non – staffing - Approximately £8,791 underspend on other running costs. This is likely to reduce with upcoming payments. £5,375 overspend on GSA recovery overhead. This issue has been raised with GSA and awaiting clarification. • Additionally funded projects show an increase due to Moray Growth Deal.	

	• Growth fund – funds been approved and some awaiting approval. Some funds have also been underwritten for MGD to provide additional staffing capacity .	
	• Governance items - nothing to report.	
	• Overview of additionally funded projcets available on request.	
	• MM and CM are working on general software and license costs.	
8.	**SFC Annual Report – Formal Approval** JH advised that the final DHI annual report has been submitted to SFC. JH informed colleagues that the report is more succinct than in previous years, focussing on the DHI 4 pillars with all KPI's having been exceeded. JH informed the board that a benefits realisation plan has been developed based on stakeholder feedback. JH updated colleagues on plans for the next year including developing cluster activity, mental health, and international engagement with key partners. With regards to the project portfolio, some legacy covid work remains ongoing. MGD and wellbeing and health will also be a focus. Skills and further education – work continues with a national skills academy as well as the continuation of the DHI MSc programme. JJ asked if a summary of the focus areas for next 12 months could be sent to Board for info? PM updated colleagues on the Benefits realisation work carried out by JH and MS. This piece of work was designed to consider the impact from stakeholder groups. A Survey was held to collect data and perceived DHI impact. There was good feedback on projects completed over the past 12 months. It was noted that international activity wasn't captured in this survey. The following points were noted from the survey: - • DHI's positive impact on the effectiveness and efficiency of our partner organisations. Including improvement and expansion. • Positive impact on patients and citizens, with the co-design approach giving citizens more involvement and control of their own data. In conclusion, DHI appears to be having a positive impact on bringing together collaborators in its strategic, advisory and leadership role, helping to influence national policy and thereby increasing the appetite for digital innovation. Proposed actions going forward will be: - • DHI sharing positive messages on overall satisfaction of stakeholders • Continue the benefits realisation cycle annually to assess ongoing benefits • including more social care projects to the portfolio • Reporting on international activities and achievements.	**JH**

	GB commented that this is a great report and resource to have in DHI's discussions for the future. A consultation process is underway on the strategic path of SFC and this paper will help inform that process and for DHI and its next phase of work.	
9.	**PMO Update**	**JH/JB**
	The Chair requested that for the next Board, this is part of the report be merged with engagement so that the board can see a funnel/combination of projects and the engagement pipeline.	
	JH updated on Year 3 and that DHI are confident in reaching core targets and KPIs. Particular attention was given to additional funding, JH explained the £5.1m from Moray Growth Deal is usually claimed in the quarter when DHI receives the Grant Award letter, but this project is 36 months and therefore an exception. With regards to RKM, Market research reports are underway with more requests in pipeline. JH highlighted within Skills and Workforce Development that MSc's have been awarded to 23 students across five HEIs.	
	The balance between the care continuum & readiness for adoption/ scale is considered within the portfolio. MGD expands across the care continuum but with a focus on preventions and assisted living.	
	There are currently 7 live projects and board members were asked to note CAT closure in recent period and 2 rapid project closures: Roche and the 5G Connectivity Feasibility. Moray Rural Centre of Excellence has recently been onboarded. Over the next reporting period Forth Valley Dermatology AI and Community Pharmacy Scotland Hypertension projects should close. TEC Pathfinder – Midlothian (Stage 2) and My Cancer mAI Care Stage 2 (Macmillan) have received extensions to May 22 due to covid-19.	
	CHAT (Care Home) has had low uptake leading to delays, as the evaluation can't progress without data collation. PMO are projecting this will complete in February 22. Dynamic Scot – stage 1 is closing, with final evaluation being completed and a grant award letter for stage 2 has been received. The Decision Support project is waiting on award levels, with a funding package of £1 million. MW assured the Board this has been funded and working through the mechanics of a grant letter.	
	Positive feedback has been received from Roche, supply chain leads, and DHI are keeping dialogue open for future scope. FV Dermatology is still live and just finalising the final report. DHI will hopefully increase self-management. There is a national programme being led by the Chairman of the NHS Forth Valley Board as part of the mainstream outpatient transformation activities. The TITTAN project was completed in spring, but DHI have received more money for additional knowledge exchange work.	
	JH/PM to correct Dynamic Scot start date typo– to sept 20	

10.	**Corporate Risk Log**	
	Funding scaling and sustainability risk remains a high risk for DHI but discussions are ongoing.	
	Staffing – capacity and recruitment risks have been highlighted as issues. A network of specialist consultants, with the business skills needed by DHI, is being built as a short-term solution to the serious and ongoing issue of recruiting full time staff.	
	KR noted that recruitment was also issue within NHS and suggested the possibility of shared resources, innovative approaches to contracting etc could be considered. GC and KR will discuss offline.	
	MGD risk – JH and GC had a conversation with Dean on the financial risks attached to the Growth Deal. He is currently happy with the approach that DHI is taking. JH will keep board updated.	
10.	**DHI Exchange Update**	
	CC updated on the DHI Exchange activities.	
	With regards to the Health Data Exchange – Joint Working Agreement, there are 1.2 million user sessions including covid, frailty, heart failure and gastroenterology.	
	The focus for Personal data in 2022 will be on the integrated care space to bridge the gap between health, social care, charities and other who are actively delivering services for citizens. By sharing relevant data, services could be made more available and relevant from charities, housing providers etc that would benefit citizens and reduce the burden on formal health and care services.	
	CC discussed the Digital Identity Scotland Commission, with a development program underway. CC shared a diagram showing Dynamic Scot as an example. This can be used instead of a GP letter, as a QR code that recognises diagnosis token. It can be used to destigmatise i.e., priority boarding needs on plane etc. CC advised that DHI are halfway through this piece of work and will bring back a demonstration at the next board.	
	CC also informed the board that here are new digital co-management capabilities with COPD & heart failure put in place for database/infrastructure. This reduces the current 12 month wait to 4 weeks, showing the power of co-management of data. JJ asked if this can be shared in the public domain, but CC advised that this has yet to be fully evidenced.	
	CC gave an update on the Integrated Care potential in MGD, looking at all clinical records and to push data into a personal data store and share with charities/care homes etc. this would ensure that there is live ongoing data sharing. Yvonne Leathley from the Care Inspectorate is assisting with this work. JB took the action to progress a conversation with the Care Inspectorate for more input from the social care sector to the DHI Exchange.	**JB**
	CC concluded that DHI Exchange Targets will hopefully be shared at board next year.	

11.	**Engagement Update**	
	JB updated colleagues on today's report and asked for the following points to be noted.	
	• Funding award from the Digital Mental Health Team to support the recruitment of a collaboration manager post for the Digital Mental Health cluster.	
	• An initial funding proposal has been submitted to Scottish Enterprise for a role to support industry development. If funded, this role will act as a link between Scottish Enterprise and DHI. Further discussions progressing.	
	• Scottish Consortium for Dementia Research/Brain health (Dementia) – DHI is currently working up a strategic partnership with SCDR and Brain Health with a plan to host a 2-day event in February 2022, looking at the role of technology in the area.	
	JJ asked that JB and JH lead a joint discussion at the next board meeting re pipeline funnel and project portfolio.	**JB/JH**
12.	**Moray Growth Deal Update – Verbal**	
	JH advised that an interim grant agreement has now been formally accepted. A DHI Commercial Lead has also been appointed, with several more posts to be recruited going forward. Once the Full Agreement is signed with Moray Council following the UK/SG Government sign off for the overall Moray Growth Deal, then the procurement process can begin. JH advised that the deal should hopefully be signed by December. JH also advised that there is a potential financial risk if the full MGD is not signed by the end of 2021. DHI is currently operating under the interim agreement. By way of mitigation current spending is limited until the deal is confirmed.	
	JH advised colleagues that recruitment for the Moray posts is also proving to be a challenge.	
	Commercialisation Update – Brian O'Connor	
	BO'C presented to colleagues' details of the Recovery and Resilience Facility available within EU. This facility can provide a mixture of loans and grants to the tune of 723.8 billion euros with the facilities main aim to mitigate the economic impact of the COVID pandemic, ensuring that future plans and preparations are in place to face the challenges and opportunities that lie ahead. BO'C also advised that each plan will focus on 3 areas: green deal, digitalisation and economic / social resilience. BO'C suggested that DHI should consider this facility as a possible source of new income for the next phase of DHI work and beyond.	
	JJ commented that there is real money available outwith our current funding sources and we should include this in our strategic discussion planned in the new year.	

13.	**AoB**	
	MW asked colleague to note that Digi fest is well underway throughout November with the main conference taking place on the 1st and 2nd December.	
14.	**Date and Time of Next Meeting and 2022 Dates**	
	The next meeting will take place on Thursday 17th February 2022 @ 1pm – 3pm. Closed session 3pm-3.30pm (Board Members only).	
	Remaining dates for 2022 are: -	
	Thursday 19th May 2022 @ 1pm	
	Thursday 25th August 2022 @ 1pm	
	Thursday 17th November 2022 @ 1pm	