

Item:	DHI Board Meeting Minutes
Date and Time:	Thursday 20 th November 2025
Location:	Microsoft Teams
Chair:	<ul style="list-style-type: none"> • Dr Petra Wilson (Chair)
Present:	<p>Members</p> <ul style="list-style-type: none"> • Prof George Crooks OBE (member) Chief Executive Officer, DHI • Moira Mackenzie (member) Deputy CEO/ Director of Innovation, DHI • Jonathan Cameron (member) Deputy Director for Digital Health and Care, Scottish Government • Angus McCann (Member) Non-Exec Director, MyWay Digital Health • Flora MacLeod (member) Design Director, IBM UK • Charles Sweeney (member) Non- Exec Director • Prof Gordon Hush (member) Head of The School of Innovation and Technology, GSA <p>Attendees</p> <ul style="list-style-type: none"> • Janette Hughes (attendee) Head of Performance and Planning, DHI • Prof Duncan Graham (attendee) Associate Principal & Executive Dean of Science, UoS • Colin Brown (attending on behalf of Karen Reid), Head of Strategic Development, NES • Nicola Watt (attendee) Team Leader, Future Industries (Health), Scottish Enterprise • Fiona Bates (attendee) Senior Policy/ Analysis Officer, SFC (MS Teams) • John Matheson (member) Non- Exec Director • Abby Lyons (attendee) Senior Business Innovation Manager
Apologies:	<ul style="list-style-type: none"> • Prof Roma Maguire MBE (member), Deputy Associate Principal & Director Health and Care Futures, UoS • Grant Reilly (attendee) Head of Communications and Marketing, DHI
Board Secretary:	<ul style="list-style-type: none"> • Shirley Sharp (attendee) Board Secretary / PA DHI

Item	Topic	Action By
1.	<p>Welcome and Introductions PW welcomed everyone to today’s meeting and submitted apologies on behalf of those unable to attend.</p>	
2.	<p>Minutes of the Previous Meeting The Board agreed that the minutes of the previous meeting were an accurate reflection of discussions.</p>	
3.	<p>DHI Action Log Only one item is currently on the action tracker. MM is at an event today on the Life Sciences Strategy and Life Sciences Clusters. MM will update colleagues at the Feb meeting.</p>	MM
3.	<p>Chair’s Update PW provided an update on recent discussions covering the Digital Front Door Programme, Digital Prescribing and Dispensing pathways, the Digital Health and Care Record and developments in European Digital Health legislation.</p> <p>PW reported the Digital Front Door programme’s full business case was updated and option 4 (core services plus additional service national rollout) was selected, with rollout planned for April 2026, marking a significant milestone with major financial commitment.</p> <p>PW then went on to update the board on the DPDP programme, focussing on implementing digital prescribing in primary and community care, with a draft implementation and outline business case under development and an MVP launch for 2028- 2029.</p> <p>PW discussed the importance of enforceable standards for the digital health and care record, supported by the Care Reform Scotland Act, and the need for robust public and stakeholder engagement, with strategic direction set as a key priority for the next parliamentary term.</p> <p>PW then went on to summarise recent European developments, including the publication of draft legislation for the electronic health record exchange format (based on HL7 & FHIR), ongoing consultations, concerns about rollout speed and budgets, and upcoming acts such as the Critical Medicines Act and the Biotech Act</p>	
4.	<p>CEO Update GC briefed the board on the trademark dispute with the US based Healthcare Information Management Systems Society (HIMSS) over the DHI Trademark. GC explained that HIMSS applied to register the DHI trademark in the UK for their digital health indicator tool, prompting DHI to formally object based on advice from their trademark advisor.</p> <p>Following discussions with HIMSS leadership, both organisations agreed to pause the registration process for up to a year, allowing time to draft a coexistence agreement, with legal teams collaborating to address concerns about market confusion.</p> <p>GC stated that once the draft coexistence agreement is received, it will be reviewed in detail and shared with the board for input and agreement before finalising the resolution.</p>	GC

	<p>GC then advised colleagues on the upcoming DigiFest event being held on the 11th Dec in the TIC building. GC described the main themes of the event, with Digital Front door featuring prominently amongst other topics on the day.</p>	
<p>5.</p>	<p>Analysis of Scotland’s Digital Health Industry Sector</p> <p>AL presented the DHI commissioned analysis of Scotland’s digital health and care industry sector. AL explained that the analysis focussed on Scottish-founded and grown companies, excluding multinationals, using Beauhurst propriety datasets and a refined search algorithm, cross referenced with DHI’s known organisations and manual review, resulting in a core cohort of 135 companies and a peripheral cohort of 56 companies.</p> <p>The report found the sector to be modestly sized with sustained but potentially slowing growth, concentrated mainly in Edinburgh and Glasgow, with Edinburgh accounting for nearly £1 billion in turnover over the past decade, highlighting the disproportionate impact of a few large companies.</p> <p>AL noted that while over half the cohort met at least one high growth signal, few companies achieved scale-up status, with collective investment underperforming relative to the wider Scottish Economy; challenges identified included regulatory hurdles, funding difficulties, and lack of skills shortage mention in the report.</p> <p>Board members discussed the need for international benchmarking, separation of public and private funding data, lessons from company failures, and the importance of supporting both fledgling companies and clinicians with innovative ideas, with suggestions to include more detail on academic spinouts and patent activity.</p> <p>AL agreed to incorporating board feedback, seeking further comparator data from Beauhurst, and considering additional analysis on UK-wide trends, academic spinout origins, and lessons learned from company failures before finalising the report. AL also asked colleagues to send any further comments to her directly.</p>	<p>AL</p> <p>ALL</p>
<p>6.</p>	<p>Annual Performance Reporting</p> <p>JH updated the board on the status of the DHI annual report, feedback from the Scottish Funding Council and Scottish Government, and the need for a separate performance review report for each funder.</p> <p>JH reported that the public facing annual report is finalised, incorporating feedback from the funders, and will be published, while a separate, more detailed performance report tailored to the SFC and SG are being developed.</p> <p>The SFC’s interests focus on university and college impact, while the SG prioritises service transformation and strategic alignment, necessitating differentiated reporting formats and timelines.</p> <p>MM and FB emphasised the importance of minimising reporting burdens and aligning requirements across funders, with AMcC and CS supporting streamlined processes and transparency, and GC highlighting the dual need for performance management and broader communications. FB reassured the board that DHI is meeting its funding commitment against the SFC principles.</p>	

	JH will circulate the finalised annual report to the board and work with SFC and SG to align and minimise reporting requirements where possible.	JH/MM/FB
7.	<p>NHS Delivery Consultation</p> <p>JC noted a conflict of interest with this agenda item as he is receiving comments on this document currently so, will not contribute to this topic today.</p> <p>GC provided an overview of the Scottish Government’s live public consultation seeking views from a range of individuals and organisations on the intention to create ‘NHS Delivery’ (to note that this is a working title for now, with the formal name to be confirmed in due course). GC set out the main areas of interest for DHI and confirmed that DHI would be submitting a formal response to the Scottish Government’s consultation. A draft was being provided for review by DHI Board members before it is finalised.</p> <p>GC invited CB to provide an overview of the latest position for NES, given the Memorandum of Understanding in place between NES and DHI. CB explained that preparations were underway (subject to the necessary legislation being in place) to disestablish NES and transfer its staff, powers and functions to the Common Services Agency (currently referred to as NHS National Services Scotland). ‘NHS Delivery’ is expected to commence from 1st April 2026. CB referred DHI Board members to the Scottish Government’s public consultation document as the key source of information of the Scottish Government’s policy intentions.</p> <p>CB also provided the DHI Board with recently published guidance (‘DL (2025)25’) from Scottish Government which establishes ‘subnational’ arrangements on an East/West basis, accompanied by a Ministerial Direction. This is for the purposes of the implementation of sub-national planning and co-operation across NHS Boards. CB referred to this as a significant development for NHS Scotland which when considered together with the creation of ‘NHS Delivery’.</p> <p>GC shared the draft DHI response, emphasising that NHS Scotland needed to demonstrate substantive change rather than superficial reorganisation. GC requested board members to submit comments and suggestions by early the following week to inform the final submission.</p> <p>GC focussed on the risks and opportunities for DHI, including the potential for improved integration and innovation if the new organisation is effectively structured. GC referred to his own considerable experience of reorganisations in the NHS and underlined the importance of supporting staff through the process, as well as there being a focus on clear, actionable outcomes from the restructuring.</p> <p>CB agreed to send on the Scottish Government’s DL (2025)25 (referred to above) to SS for distribution as this could provide useful context for DHI Board members alongside the DHI draft response to the Scottish Government’s consultation on ‘NHS Delivery’.</p>	<p>All</p> <p>CB</p>
	Standing Items – by exception only	
8.	<p>Finance and Governance Update</p> <p>MM presented the financial position as of October. MM reported a positive core fund balance of £29k, £147k in additional income, and £1.3m in pending grants, noting</p>	

	<p>pressures from fixed term staff contracts and demonstration environment costs, with ongoing efforts to manage budgets and develop a rolling three-year plan.</p> <p>Governance GC outlined the governance considerations for remunerating non-executive board members for consultancy work, referencing best practice guidelines, and proposed transparent documentation and board oversight. PW recommended clarity and visibility of terms and remuneration and in particular clarity around the use of ‘short term’ within the framework. Rather than looking at periods of ‘short-term’ consultancy, PW suggested it may be more appropriate to revise this to periods of ‘short periodic support’.</p> <p>Colleagues were asked to submit any additional comments to SS by the beginning of next week.</p>	ALL
9.	<p>Priority Action Areas – Introduction and Highlight Reports JH provided updates on the six priority action areas, including project onboarding, cluster development, skills initiatives, industry engagement, and net zero efforts.</p> <p>JH reported 16 projects in the portfolio, including the onboarding of the NHS Inform project and the upcoming Health Frontiers TIC project, with several initiatives moving towards adoption and scale.</p> <p>MM described the participation in the TCI International cluster conference, support for Scotland’s Life Sciences strategy, and ongoing collaborations with St Andrew’s University and international partners to strengthen Scotland’s digital health position.</p> <p>JH updated the board on the Masters scholarships, the Clinical Entrepreneur programme, and the AI lighthouse proposal, with Jonathan querying DHI’s unique contribution to AI skills and JH confirming ongoing partnerships with NES, Datalab and others.</p> <p>Net Zero and International Engagement – JH and MM discussed efforts to baseline the sector, support women’s health initiatives, and pilot net zero projects with NHS Inform: alongside international engagement activities and inward visits from Norway, India and Finland.</p>	
10.	<p>Corporate Risks and Issues JH summarised key risks, including commercial input, business failures, organisational mergers, and financial pressures, with mitigation strategies involving closer partner engagement, lessons learned analysis, and ongoing monitoring.</p> <p>JH highlighted risks 267 and 272 – business failure and 284, merge of NSS and NES, and 285 financial situations in Scotland. All issues have been carried forward with nothing new to report.</p>	
11.	<p>AoB MM reminded the board about the upcoming Digifest event on 11th December at the Technology Innovation Centre (UoS). MM stated that Digifest is oversubscribed with over 300 attendees registered, encouraged board members to contact the team if they wish to attend or supports sessions, and highlighted the event’s role in showcasing collaboration across Scotland.</p>	

12.	Date and Time of Next Meeting The next meeting is scheduled to take place on Thursday 19 th February 2025, Via Microsoft Teams.	
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