



Digital Health & Care Innovation Centre			
BOARD MEETING Via Microsoft TEAMS		Thursday 25 th August 2022	
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
	Chaloner Chute (attendee) Chief Technology Officer DHI		Grant Reilly (attendee) Head of Communications and Marketing, DHI
	Moira MacKenzie (member) Deputy CEO DHI/Director of Innovation		Andrew Howie (attendee) Head of Health and Wellbeing Scottish Enterprise
	Campbell Grant (member) Chairman & MD Sitekit		Madeline Smith (member) Head of Strategy, Innovation School, GSA
	Edith Macintosh (member) Executive Director of Strategy and Improvement Care Inspectorate		Professor Sir Harry Burns (member) UoS
	Charles Sweeney (member) CEO Physiomedics Ltd		
	Colin Brown (attending for Karen Reid) Head of Strategic Development NES		Karim Mahmoud Commercial Innovation Lead DHI

Apologies	Karen Reid (attendee) CEO NES		Janette Hughes (attendee) Head of Performance and Planning, DHI
	Professor Duncan Graham (attendee) Associate Principal & Executive Dean of Science, UoS		Brian O'Connor (member) Chair European Connected Health Alliance, UK
	Gary Bannon (attendee) Senior Policy/Analysis Officer SFC		
Board Secretary	Shirley Sharp, Office Manager/EPA DHI (attendee)		

Item	Topic	Action by
1.	<p>Welcome and introductions</p> <p>JJ Introduced today's meeting and submitted apologies on behalf of Gary Bannon, Duncan Graham, Brian O'Connor, Karen Reid and Janette Hughes. Colleagues also noted that Andrew Howie will need to leave at 3pm.</p>	
2.	<p>Minutes of previous meeting</p> <p>Matters arising</p> <p>Social Prescribing. MW advised that the mPower report has an update on social prescribing within it. MW will send to colleagues following today's meeting.</p> <p>Action Log</p> <p>JJ asked colleagues to note the following :</p> <ul style="list-style-type: none"> DSE and suggestions of microsoft as possible source of additional funding GC advised that that these discussions are currently ongoing. A further update will follow on JH's return from annual leave. Spotlight Session –Sanna to have a discussion with SFC re MSc funding. GC advised that no discussions to date with GMC, but looking at future calls with European colleagues to progress. A meeting had also been scheduled with SFC to discuss MSc funding issues. 	MW
3.	<p>Chairman's Update – Verbal</p> <p>JJ advised colleagues that the process of the DHI Annual Performance Review is anticipated to begin during Sept/Oct. SS to arrange one to one meetings with the Chair and board members.</p> <p>JJ updated the board on the recent launch of the Moray Growth Deal in the Highlands. This was attended by national and local politicians and was extremely well done. JJ asked</p>	

	<p>colleagues to note that there will be an opportunity to visit the Forres campus in December for the launch of the first project from MGD. JJ would encourage as many colleagues as possible to attend.</p> <p>MS advised that she would be happy to host board colleagues should they wish to visit the campus. She suggested a future board meeting could be held there, giving board members the opportunity to see the campus and the work of the MGD project as it starts to deliver.</p> <p>JJ attended a Health Data Research UK meeting on the 28th of June. This was the final meeting for this programme. JJ had a discussion with Andrew Morris, as previously discussed at our meeting in May. JJ advised that the focus will now be looking at the delivery and output from the UKHRD programme and hopes that DHI can have some input on the Data Innovator side of things.</p>	
<p>4.</p>	<p>Chief Executive Update</p> <p>GC advised that the key points are presented in today's CEO update paper, but would like to highlight a couple of areas.</p> <p>An appointment has now been made to the Senior Business Innovation Manager post, with a start date to be confirmed. A very capable and credible candidate will take up the post and is currently a Scottish Enterprise colleague with a very good awareness of what will be required. Thanks again go to Andrew for the funding assistance to establish this post.</p> <p>GC also asked colleagues to note that DHI has started engaging with a consultancy that's been appointed by SFC and enterprise agencies, to undertake an evaluation of the SFC Innovation Centre programme. A number of individuals are being contacted to assist with this process. A number of colleagues on this board have been contacted already and asked to participate. SFC are looking at the entire process from Stage 1, but do recognise that DHI is very different to the other Innovation Centres, in the way we are structured and focus on comparison to the others who are much more industry facing as opposed to DHI which has a significant interface with public services and academia. A survey and interviews will take place over the coming month.</p> <p>GC advised that the MGD and office refurbishment highlighted in his paper will be discussed further on in today's agenda.</p> <p>GC asked colleagues to note that discussions are currently taking place on the National Decision Support programme and its potential transfer to be hosted by a National Health Board withing NHS Scotland. These discussions are going well and more importantly, the RDS service is now gaining traction across both the delivery side of NHS Scotland and through the Chief Medical Officers office, looking at how the service will support the delivery of realistic medicines.</p> <p>MS reiterated previous discussions on how best we can show the added value of investing in an innovation centre. Noted that this will probably be picked up on the strategy piece later in today's agenda but asked colleagues to note that following discussions with Gary</p>	

	<p>Bannon, MS has been contacted by one of the consultants to discuss how this can best be captured as part of the evaluation.</p>	
<p>5.</p>	<p>Spotlight Session – Commercialisation & Sustainability – Karim Mahmoud</p> <p>GC introduced KM to today’s meeting. KM presented details on the paper submitted with today’s boardpack and requested the board’s input .</p> <p>KM recapped the interim update and its further development, based on discussions with the Exec team and interim findings. The report gives a list of value creation assets and activities. The report also includes a discussion on the conflicts and risks associated with some of the deliverables with their constraints and dependencies.</p> <ul style="list-style-type: none"> • <p>KM then went on to describe next possible steps.</p> <p>Firstly, creation of a template process for a playbook that can be used in Moray. Also, evaluation of an IP commercialisation model for project outcomes noting that there are some challenges with IP and potential commercialisation routes.</p> <p>JJ asked colleagues for comment, particularly industry members of the board. A detailed discussion ensued highlighting the following:</p> <ul style="list-style-type: none"> • Any conflicts? Is what DHI has to offer already out there? • CS - pricing of service and how many times this can be sold. • CG – difficulty in seeing what specific products and services might be offered? • AH – recognise the core points in the report. Expect the public sector would be reluctant for it to veer off too far into the commercial world when established for predominantly the public good. HB see DHI as a digital innovation enterprise to improve the health and wellbeing of the population. • CG - do we see the CHI mainly as a catalyst , rather than a primary channel for commercialisation. . • MW - question mark over commercialisation and what this would mean for DHI and the role of the funders. Do we think there are some areas that can commercially be exploited without detracting from DHI’s core role. <p>JJ commented that he views DHI as a catalyst and an agency that can help industry take advantage of the large and growing global market for digital health and care.</p> <p>AH suggested that seeking some commercial incomes do not need to force people away from the core function of DHI. There could be areas that can be supported financially to deliver.</p>	

	<p>GC being able to generate funds from a different source would be useful for self-generated R&D opportunities. The risk for us is reliance on core funding from SG and SFC, and we need to manage that risk by trying to diversify our funding.</p> <p>JJ thanked KM for this helpful document. This work should now carry on into the phase 3 of DHI with further input from our stakeholders.</p>	
<p>6.</p>	<p>Finance and Governance Report</p> <p>MM gave colleagues a high-level update on the end of year 3 position noting many uncertainties and fluctuations from the initial budget position which had to be managed.</p> <p>MM ask the Board to note formal thanks to Chris Malarkey, DHI finance officer for his support and flexibility in assisting with this challenging process.</p> <p>MM also asked colleagues to note the positive balance of £143k at the end of this year. This will be carried forward for commitments already identified for work to support the Digital Telecare programme and DHI's office reconfiguration. SFC have been previously made aware of the positive balance of funds and confirmed they are not concerned as long as this is over the 5-year funding period.</p> <p>With regard to the additionally funded projects, almost £12m has come in over DHI stage 2. It's interesting to note that 98% of that has come through public sector sources and 2% from industry. It is currently estimated that approximately 85% is flowing out from DHI to industry and around 10% to academia, however this position will be finally confirmed in the annual report.</p> <p>MM asked colleagues to also note that £536k has been transferred to the Growth fund during phase 2. This is used predominantly for additional staffing resources. We have also committed funding to establish a Graduate Innovation Intern, leaving an £17k uncommitted balance. This demonstrates how tight DHI's funding position is. The Year 4 budget is currently being developed, with the intention to bring this to the next board meeting for ratification in November.</p>	
<p>7.</p>	<p>DHI Forward Strategy</p> <p>MM presented colleagues with the distilled work that followed on from the two strategy sessions held in early 2022 to provide an overview of the current position.</p> <p>Vision – this has been slightly updated but reflects the Boards previous discussions that it remains accurate.</p> <p>Indicative timelines – SFC infrastructure piece is due to be implemented in August 23. GC advised there will be a transition phase to manage, but don't anticipate any hard stop on funding and the current funding will run on until June 24.</p> <p>MM advised that the IC Evaluation interviews look likely to coincide in timing with our planned stakeholder engagement, so may have to adjust the timings for this and/or draw some input from the results of the SFC consultation. JJ suggested to include a question on DHI Commercialisation aspect to gather views.</p>	

<p>Document review – desktop review has started, but more will be added as these emerge. Board members suggested including HRDUK, Health Education England AI Strategy, UK Gov Digital & Data Action Plan.</p> <p>Logic Model – Board asked to review the identified key challenges and proposed activities.</p> <p>.</p> <p>Timelines – MM asked board members to note the proposal for greater pillar intersection – recognising the impacts from greater convergence of activities across the pillars.</p> <p>MM suggested the following questions for the Board:</p> <ol style="list-style-type: none"> 1. Are you generally content with the vision as it stands? 2. Any additional strategic documents we should include? 3. Review and comment on the draft DHI 3.0 logic model 4. Does the key stakeholder map reflect your understanding of our key areas of highest influence and highest impact? 5. What are your thoughts on timing and phasing activity? <p>Board agreed that they are happy with the vision as it stands. Logic Model, outputs and impact, perhaps we need to be more precise about impact; this needs further development and MS and JH to build on previous discussions.</p> <p>MS noted that there is an opportunity for the Innovation clusters to be more integrated into DHI business – a collaboration rather than a collection.</p> <p>Logic model – added value from the IC, why is the public sector investing in DHI– need to capture that within our impact.</p> <p>Need to also build on what we have already done rather than always focus on new. Bring the learning and developments forward to influence future activities.</p> <p>CB advised that constructive discussions have taken place to strengthen DHI and NES relationship. 3 dimensions for impactful collaboration have been identified - Technical; Strategic & Governance; Education and Workforce. NES have also had positive results from recent stakeholder engagement exercise which used very different approach than in previous times, resulting in a huge response. CB happy to share methodology with DHI. MM to be in touch.</p> <p>AH suggested the ILG strategy document and action plan to be included in documents and ILG, Scottish Enterprise added to stakeholder map. MW also suggested social care should have a stronger link.</p> <p>Logic model – EM commented on the social care sector and questioned if SC sector see themselves in this. Also, with regard to the Stakeholder map, not sure map covers social care interests. MM to revise initial stakeholder map to reflect comments.</p>	<p>MS/JH</p> <p>CB/MM</p> <p>MM</p>
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<p>8.</p>	<p>Future Ways of Working</p> <p>GC asked the board to formally sign off the paper presented today with our intention for DHI to continue with agile and hybrid working going forward. DHI recommending that this will be an option for all staff and that all options will be available to staff in whatever way they prefer. University of Strathclyde HR has been sighted and are content with the document; and also, the establishment of the DHI Health and Wellbeing group. DHI Exec team will review regularly to ensure that this meets our business plan requirements. GC advised that this has been discussed with whole team this week and staff are happy with a flexible way of working going forward.</p> <p>JJ noted concerns on new staff starts in DHI, how they will be supported and embedded effectively into the culture of DHI. This to be kept under review although does not seem to have been an issue for most recent staff joining.</p> <p>Board agreed to sign off document and review when required.</p>	
<p>9.</p>	<p>DHI Annual Report – Year 3</p> <p>MM presented a draft of the annual report so far and reiterated that this is a work in progress. Editing process is ongoing as document is still far too long and impacts required to be pulled out. Comments from board on any omissions/amends are welcomed.</p> <p>JJ asked for any further substantive comments to be sent to MM over the next week.</p> <p>As previous years, JJ and GC will formally approve and sign off the final document on the board’s behalf. Submission by the end of September.</p>	<p>All</p>
<p>10</p>	<p>Standing items for Noting – Exception only</p> <p>P&P Update</p> <p>PM Update the board on the summary document provided by the PMO office. The following points were noted.</p> <ul style="list-style-type: none"> • 8 live projects in the portfolio and the last period has seen the closure of the CHAT project and CHANCE. The Innovation Hub from the CHANCE project been handed to DHI for the next two years and PMO will refine and expand the hub to support DHI’s strategic agenda. • HIS – Decision support as previously discussed by GC; this will be discussed at HIS board meeting in September. • CHAT 3 – report concluded that the app wasn’t ready to be scaled and further highlighted issues around the sharing of data between health and care. PM suggested a spotlight session at a future board on CHAT and other relevant social care insights. SS to schedule. • KPI’s - all key performance indicators have been achieved this year with exception of challenge fund call. Two opportunities progressing in Year 4. 	<p>SS</p>

- JJ Roche Stage 2 project –PM advised that the whole project is roughly £50k with £5k for DHI. Expect to onboard within the next few days.

Engagement Update

MM advised of good progress with Year 3 delivery plan, with the appendix of the report providing detail. A year 4 delivery plan is under development.

Prevention of Drug Death portfolio – noted the excellent work of the Design Team assisting Scot Gov and other partners to support Define stage of national Digital Lifelines Programme. A workshop will be held on 28th Sept to support cross sector engagement and agree priorities. MM advised that MW has been very helpful in linking DHI with key drugs policy colleagues. The DD prevention work may also be an interesting topic for a spotlight session at a future board.

DMHIC – MM advised that 2 events have been held to date and have been very well attended. We will hopefully be in a position soon to confirm the successful candidate for the Cluster Manager post appointment. MM advised on recent discussion with UKRI colleagues on a digital extended reality (XR) Challenge Call, which aligns well with our ongoing mental health cluster work. We will be hosting the challenge launch on 1st Sept, with the next cluster event on young people and mental health on 20th Sept.

Moray Growth Deal

PM advised that all work is currently on track. MM also advised on formal approval of change control request which extends the project to the end of May 2025. This will be cascaded to relevant partners and reflected in legal agreements.

PM also advised that the living lab and care in place work is on track with the co-design work almost complete. Anticipating an industry call in the autumn.

DSE Update

CC asked board colleagues to note the report within today's pack. This has been particularly detailed due to the material that is being produced for the Annual report appendices. CC advised that we are approaching a critical mass on simulation outputs. This is as a result of work that had to be side-lined to deal with Covid challenges and these are now starting to come through.

JJ asked for comment on the Centre for sustainable delivery – DHI have been working on relationships with SHIP and CFSD and the innovation test beds. DHI will help with Dermatology carrying out an accelerated co-design process to assist with digital technologies that worked in a pilot stage and to move forward on to the Ania process.

CB advised that a new governance group is on the landscape. The Innovation Design Authority Delivery Board has been established, to provide oversight, direction and scrutiny of the ANIA processes. This group is co-chaired by Tom Steele, Chair of SAS.

GC/CB

	<p>CB suggested it might be useful to arrange a conversation with Tom Steele as this will be an additional layer of governance between ANIA and it's a direct link of reporting into the Centre for Sustainable Delivery Strategic Board.</p> <p>HB, commented on the importance of supporting the NHS, it might be worth writing a short report on how DHI can help the NHS and Social Care see the value that is being added by DHI. JJ suggested that perhaps an impact appendix could be added to the annual report on HB point raised.</p>	MM
12.	<p>Corporate Risk Register</p> <p>PM advised on Risk 153 - RKM KPI's and workstreams on MSc programme. There is a challenge to recruit students due to not being able to top off student fees for these courses. GC advised that a meeting has been arranged with SFC to discuss this further.</p>	
	<p>AoB</p> <p>None noted.</p>	
13.	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place on Thursday 17th November 2022 @ 1pm – 3.30pm. Closed session 3pm-3.30pm (Board Members only).</p>	