

DIGITAL HEALTH & CARE INSTITUTE			
BOARD MEETING Via Microsoft TEAMS		Minutes: Friday 21st August 2020	
Chairing: Mr John Jeans (member)			
Present:	Professor George Crooks (member) Chief Executive Officer Digital Health & Care Institute		Moira MacKenzie (member) Director of Innovation/Deputy CEO DHI
	Jonathan Cameron (member) Deputy Director – Digital Health and Care Scottish Government		Dr Margaret Whoriskey (depute for JC, SG) Head of Technology Enabled Care and Digital Healthcare Innovation, SG
	Gary Bannon (attende) Senior Policy/Analysis Officer SFC		Madeline Smith (member) Head of Strategy, Innovation School, GSA
	Charles Sweeney (member) CEO, Critiqom		Ms Janette Hughes (attende) Head of Performance and Planning DHI
	Joanne Boyle (attende) Head of Engagement, DHI		Brian O'Connor (member) Chair European Connected Health Alliance, UK
	Chaloner Chute (attende) Chief Technology Officer DHI		Mr Grant Reilly (attende) Comms, Marketing and Events Manager, DHI
	Joanne Boyle (attende) Head of Business Engagement DHI		Professor Harry Burns (member) University of Strathclyde
	Campbell Grant (member) Chairman & MD Sitekit		James Cameron (attende) Head of Health and Life Sciences HIE
Apologies	Professor Iain Stewart (depute for HB) Associate Dean University of Strathclyde		Edith Macintosh (member) Executive Director of Strategy and Improvement Care Inspectorate

	Andrew Howie (attendee) Head of Health and Wellbeing Scottish Enterprise		
Board Secretary	Shirley Sharp, Office Manager/EPA DHI (attendee)		Alex Porteous, Admin Asst DHI (attending today to shadow SS)

		ACTION BY
1.	Chair's Introduction and Apologies JJ 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/Action Log (22/05/20) The minutes of the previous meeting 22/05/20 were agreed as an accurate record. JJ would like to make some minor amends to format and will advise SS of revisions to be made. The following updates were noted from the action log: - <ul style="list-style-type: none"> • Board member assist to DHI – item complete • Finance and Governance – update declarations of interest register – item complete • Engagement Strategy – will be covered on today's agenda • Evidencing Impact Document – Deferred. JH/MS will return with update at November's board meeting. 	JH/MS
4.	Chairman's Update (verbal) JJ would like to take this opportunity to congratulate DHI on its continued response to all Covid related activities during these past few months. The Board appreciates that this has been a particularly busy time for the team. JJ would also like to update colleagues on recent discussions he has had with the health and care agency in Singapore. They have expressed an interest in meeting with DHI to discuss work being carried out and in particular the DSE environment. JJ will proceed to make the introductions to DHI. JJ suggested to colleagues that we t work towards a socially distanced board meeting in November, with perhaps a few members of the team in the DHI HQ and remaining colleagues joining virtually. Recognising that this will be subject to Covid related restrictions in effect at the time.	JJ
5.	CEO Update (Verbal) GC advised that he has just returned from annual leave, hence the reason for the verbal rather than written update provided today.	

GC advised colleagues that since our last meeting in May, DHI has been looking at a blended working model by way of preparation for staff returning to DHI HQ. A short life working group has been established to look at how DHI has been working since lockdown began to review what we have learned from these new ways of working. Members of the RKM team have also been looking at various blended office models internationally.

GC advised that the RKM team devised a staff survey to help gauge the current home working arrangements within the DHI team and thoughts on new methods of working going forward. In particular, the group are keen to find what worked best and least from the current home working arrangements. GC noted that results from the survey had highlighted that the majority of staff feel that the transition to remote working has been successful and broadly sustainable. Colleagues also found they had an improved work life balance, with increased productivity, potentially due to saving time and costs on daily commutes.

GC informed colleagues that the survey found that energy levels amongst some members of the team had decreased, however diary management has led to a tendency to slip into back to back meetings without taking the necessary breaks required. This will need to be addressed should we move more permanently to this way of working.

Additional points to note were on hardware and office equipment required to support the home working environment. Most staff felt that they had the digital tools online to complete tasks, but items such as screens and chairs etc. were an issue. Current modes of communication set up across the DHI team were deemed to be working well and most members of the team felt they were fully aware of DHI wide issues on the whole. However, the lack of social connection and face to face communication with colleagues was highlighted as an issue for some staff members.

GC advised that the working group will be reviewing the findings from the survey and proposing ways of working going forward, taking into account first and foremost the safety and wellbeing of staff members, including the potential risks of commuting on public transport and individual home working environments.. GC will update colleagues on the findings and proposals at the November meeting.

GC asked the board to note that due to ongoing and increased activity, there is a need to strengthen the PMO team.

GC advised that Heads of Terms for the Moray Growth deal will be formally signed by SG and UK governments on Monday 24th August. There are discussions ongoing around the phasing of the growth deal with the digital aspect being a priority. GC advised that will result in some challenging timescales to complete the business case as this will now be to have to be completed by January 2021. JH is lead on this project for DHI and is currently in discussions with HIE to assist with support for work involving the business case and 'on the ground' planning. JJ enquired around the implications on DHI resource due to tight timescales. JH is having discussions currently on the need to mobilise a team quickly and to be ready to start at on work in January 2021.

GC also confirmed discussions that have taken place on a potential DSE simulation project in collaboration with the Republic of Ireland. GC advised that we have now been formally notified that this is being taken forward from

GC

	<p>September of this year and will be dedicating two members of the HSE for this piece of work.</p> <p>GC advised on some Covid next stage planning. DHI have submitted a document to SG colleagues re vaccination programmes. There is an awareness that should a vaccination programme begin at the end of this year, general practice may find this a significant challenge. Discussions are underway on how DHI can support and help to develop a digitised system to aid these programmes. HB advised on his role with the Public Health Threat Assessment subgroup, reporting to the Chief medical officer and focussing effectively on the winter threat that may arise due to a second wave of Covid and flu. The group are looking at the possibility of creating a digital vaccination passport to try and aid the process of data collection and help identify what vaccinations members of the community have had. JC advised that SG have appointed Caroline Lamb as the Programme Director for Vaccinations with work progressing at a rapid pace.</p> <p>GC updated board colleagues on previous discussions around Decision Support involving the submission of a 3-year business case proposal to Scottish Government. After extensive dialogue with SG colleagues we have reviewed this and will now be submitting a 12-month proposal for a clearly focussed piece of work to be carried out including work around Covid and other work identified by other health boards. Existing funding is due to run out at the end of September, which will result in a risk and will be reflected in the corporate risk register.</p>	
6.	<p>DSE Update</p> <p>CC presented colleagues with an update on recent Covid 19 work including an overview of the responses to the changing dynamics of Covid.</p> <p>CC updated colleagues on professional and patient facing tools including the National Notification System, which all health boards have access to. Currently it is being used by 3 HB's, but it is expected that 5 other boards will progress towards adoption.</p> <p>CC reviewed the Simple Tracing Tools, that have been running through the peak covid period across all 13 health boards. This was an interim solution I, with the fully functional contract tracing tool now replacing it.</p> <p>CC also described the Covid Community Co-Management (Co3), self-service tool. Requiring individuals to fill out a self-service tracing form following a positive result. Approval has now been given for this system to go live. JC advised that a user research report for this tool is now complete and awaiting publication. .</p> <p>Finally, CC described briefly a Clinical Assessment Tool – In which real time data collection, will hopefully help identify any possible outbreaks.</p> <p>CC advised that there have been some procurement delays, which should hopefully be resolved by the end of October. CC gave an overview of DSE activity to date and advised that 6 simulations have taken place this year so far; 4 were Covid related. There have been approximately 750 participants in the DSE, including e-Health leaders. CC also advised that there are a number of strategic partners looking to collaborate in simulation environment, NHS GG&C, Grampian and NHS Lothian in particular. International expansion has been paused due to Covid related activities taking priority, but this will now accelerate again.</p> <p>CC then gave a brief overview of the DHI vaccination proposal submitted to SG. CC advised that the infrastructure for this is currently in place and being used for other things. The proposal would help to create a vaccination app, giving the vaccinator a simple form to complete with the ability to link into the patient</p>	

	<p>trackcare system. A detailed discussion took place and JC reiterated that the proposal will be sent to Caroline Lamb as Director of the vaccination programme. JC also advise that all health boards will be sighted on the vaccination process being rolled out. HB, JC and CC will also have a further discussion out with today's meeting.</p>	
<p>7.</p>	<p>Planning and Performance Update</p> <p>JJ advised that due to time pressure today, it was agreed that colleagues would sign off the annual SFC MEF report virtually before submission.</p> <p>JH gave colleagues and overview of the performance and planning report and asked colleagues to note the following: -</p> <ul style="list-style-type: none"> • Phase 1b projects are now closed, with Scotcap and Decision Support moving into Phase 2. Decision Support delay is due to review of the Business case. • Phase 2 – there are currently 17 projects, 10 are core and 7 Covid related. JH asked colleagues to note that resources are currently stretched. • Scotcap – Phase 1 academic report still awaited from UoA to complete sign off of phase 1. April 2020 saw the project move into the readiness for adoption phase. DHI will work with NSS re innovation going forward, with hopefully national rollout. • Macmillan – This current project will be closing with a full closure report expected. Phase 2 grant application has been successful, albeit with a reduced financial package. The project is proceeding with scoping adjustments being made. • Decision Support – This SG programme is now fully hosted by DHI. The business case for 2020/23 was submitted in February. JH asked colleagues to note a potential risk on this project due to an I issue with the manufacturer's role. This has now been added to the Operational and Corporate risk logs. • Valmed – This project is currently ongoing, with an extension to Dec 2020. Discussions are currently underway re the next stage. • PCR – Stage 1 of this project is coming to an end, with approval for stage 2 currently ongoing. • Midlothian – NNS/STT are now both closed and been handed over for adoption. • Care in Place – Test of change is now complete. Consideration is being given to the tool being used in a wider application and not just Covid. Stage 2 proposal has been approved and grant funding awarded. MM advised that a number of governance issues need to be addressed and hopefully this will go live in November. DHI will work in a supporting role with the ultimate product owner which is still to be agreed. MM also advised that a DHI project manager is being funded 3 days per week to assist. • Dynamic Scot - (Scale up COPD) – Originally a Covid project, but transferrable and scalable out with Covid. • Hospital at Home – Project still onboard, but re-scoping will be done for the coming phase. <p>JH advised that this has been a particularly busy time for the PMO team with 28 live projects underway.</p>	

	<p>RKM – JH advised colleagues that recent focus of RKM work has been in response to Covid 19 priority project work for DHI. Msc scholarships have now been finalised and awarded to students in 3 institutions. JH also advised that the repository now has over 220 documents with as many as 12k downloads from both national and international bodies. Business as usual continues with several research requests received.</p>	
8.	<p>Finance and Governance Update MM asked colleagues to note the financial performance of DHI Core Funds and expenditure at the end of June 2020. The report also contains details on additionally funded projects and the proposed budget for year 2.</p> <p>MM advised that at the end of year 1 there is an underspend of around £311k, split between SFC and SG. One of that main reasons for this is due to delays in filling staff vacancies, DSE delays and academic grant underspend. SG and SFC have approved the process for carry forward of the underspend. MM also advised that there has been a slight increase in running costs, although GSA travel cost apportions have yet to be accounted for. MM also confirmed the reconciliation process from phase 1b is now complete.</p> <p>MM highlighted to colleagues that there is also a DSE capex underspend of £84k due to a managed procurement delay as previously discussed by CC.</p>	
9.	<p>Draft Engagement Strategy Following on from May's Board meeting, JB gave an update on the revised document presented today. A detailed discussion took place and it was agreed that MM and JB will meet to discuss comments from colleagues today, in particular around the commercial element of the document, and return at the next meeting in November for further review. The Chairman accepted Brian O,Connor's offer to personally assist in the commercial and international aspects of the engagement strategy and will contact Joanne Boyle over the coming days. He stated that this work needed to be progressed over the coming weeks and not be left to run on for many more months.</p>	MM/JB
10.	<p>Corporate Risk Log GC advised that there will be a dedicated session for the executive team to review and revamp the risk register. JJ suggested that perhaps this item be covered earlier on in the agenda of the November meeting to allow for a more detailed discussion to take place.</p>	
11.	<p>AOB JJ asked GC/SS to look at the possibility of a board software pack for use during these meetings and review in November. SS will also contact the university senate secretary to see if they may already have an existing package in use.</p>	GC/SS
12.	<p>Date and Time of the Next Meeting The next meeting is scheduled to take place on Thursday 12th November @ 10am via Microsoft TEAMS</p>	