



PROGRAMMES DELIVERY COMMITTEE- PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

09:30-12:40

05 February 2026



MS Teams

Present (Members)	Initials	Title	Organisation
David Selway	DS	Committee Chair	DHCW
Ruth Glazzard	RG	Interim Chair of the Board	DHCW
Marian Wyn Jones	MJ	Independent Member	DHCW
Rowan Gardner	RG	Independent Member	DHCW

In Attendance	Initials	Title	Organisation
Ifan Evans	IE	Executive Director of Strategy	DHCW
Chris Darling	CD	Director of Corporate Affairs Board Secretary	DHCW
Sam Hall	SH	Director of Primary, Community and Mental Health Digital Services	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Michelle Sell	MS	Director of Programmes and Engagement	DHCW
Laura Tolley	LT	Head of Corporate Governance Deputy Board Secretary	DHCW
Meghan Morris	MM	Assistant Director of Planning	DHCW
Lee Mullin	LM	Programme Director	DHCW
Belinda Mills	BM	Corporate Governance/Risk Coordinator	DHCW

Acronyms

SHA	Special Health Authority	WPAS	Welsh Patient Administration System
NDR	National Data Resource	LINC	Laboratory Information Network Cymru
SRO	Senior Responsible Officer	BAU	Business as Usual

DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information System
NHS	National Health Service	DHCW	Digital Health and Care Wales
WCCIS	Welsh Community Care Information System	LIMS	Laboratory Information Management System
AB	Aneurin Bevan University Health Board	CTM	Cwm Taf Morgannwg University Health Board
WG	Welsh Government	PDC	Programmes Delivery Committee
DMC	Digital Maternity Cymru	OBC	Outline Business Case
EPS	Electronic Prescription Service	RISP	Radiology Informatics System Procurement
UAT	User Acceptance Testing	CDR	Care Data Repository
BCU	Betsi Cadwaladr University Health Board	WG	Welsh Government
IQPD	Integrated Quality Planning and Delivery	WIVS	Welsh Identity Verification Service
SBUHB	Swansea Bay University Health Board	DDaT	Digital, Data & Technology Board

Item No	Item	Outcome	Action to Log
PART 1 – PRELIMINARY MATTERS			
1.1	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to Digital Health and Care Wales' Programmes Delivery Committee Meeting and an extended welcome to Meghann Morris Assistant Director of Planning at her first Programmes Delivery Committee meeting.</p> <p>The Chair also provided some housekeeping notices regarding the technical aspects of recording the meeting, the planned break, and etiquette.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>No apologies for absence was received</p>	Noted	None to note
1.3	<p>Declarations of interest</p> <p>No declaration of interest was raised.</p>	Noted	None to note
PART 2 – CONSENT AGENDA			
2.1	<p>Minutes of the Last Meeting</p> <ul style="list-style-type: none"> • Public • Private <p>The Programmes Delivery Committee resolved to:</p> <p>APPROVE the minutes of the last meeting.</p>	Approved	None to note



2.2	Forward Workplan The Programmes Delivery Committee resolved to: NOTE the Forward Workplan.	Noted	None to note
2.3	Programmes Delivery Committee Annual Report The Programmes Delivery Committee resolved to: ENDORSE the Annual Report of the Programme Delivery Committee 2025/26 for APPROVAL to the SHA Board	Endorsed	None to note
2.4	Programmes Delivery Committee Effectiveness Self-Assessment The Programmes Delivery Committee resolved to: NOTE the contents of the report and the survey findings	Noted	None to Note
2.5	Programmes Delivery Committee Cycle of Business The Programmes Delivery Committee resolved to: APPROVE the DHCW Programmes Delivery Committee Annual Cycle of Business	Approved	None to Note
2.6	Internal Audit – Programme Management IE noted that the Internal Audit report had already been reviewed by the Audit and Assurance Committee, chaired by the Independent member, with internal colleagues present. The Programmes Delivery Committee resolved to: NOTE the report	Noted	None to Note
PART 3 – MAIN AGENDA			
3.1	Action Log (0) The Programmes Delivery Committees resolved to: NOTE the Action Log.	Discussed	None to note
PART4 -FOR ASSURANCE			
4.1	Annual Assurance Reports Ifan Evans, Executive Director of Strategy (IE), introduced the report noting that it provides rolling annual updates on major programmes. The agenda included updates on the Cloud Transition Programme and WPAS disaggregation (closure stage) from the Director of Operations, and the GP Systems Framework update on moving to a single GP system supplier from the Director of Primary, Community and Mental Health Digital Services. A brief item covered governance changes for the NHS Wales App as it moves from programme to product, with full responsibility transferring to the Director of Primary, Community and Mental Health Digital Services from April. Cloud Migration Programme Sam Lloyd, Executive Director of Operations (SL) presented an update on the Cloud Transition Programme, which aims to migrate applications and services from on-premise data centres to secure, modern cloud platforms to	Assured	None to Note



improve resilience, security, scalability and efficiency.

The programme supports DHCW's move to a product-centric operating model, enabling greater automation, self-service and faster delivery, while also addressing organisational change through staff training and new ways of working in a cloud-first environment. It represents a shift from capital investment to a consumption-based cost model and is focused on cost avoidance rather than overall cost reduction.

- The programme is complex and multi-supplier, structured around three main workstreams: infrastructure delivery, migration and optimisation of services, and organisational change. It involves migrating around 100 services currently hosted on approximately 1,600 on-premise servers, using a phased approach to minimise disruption and maintain service continuity.
- Strong governance, security and operational frameworks are being put in place, alongside a dedicated cybersecurity workstream to ensure cloud environments are correctly configured and managed.
- Knowledge sharing with the wider NHS Wales system is a core element of the programme, with learning, standards and communities of practice being developed to support others on similar journeys.
- Financially, while overall infrastructure costs across NHS Wales are expected to continue rising due to digital inflation, the programme is forecast to avoid approximately £19 million in costs over ten years if carefully managed.
- Early benefits have already been realised, including a New Azure contract increased cloud discounts from 15% to 24%, standardised cloud infrastructure designs shared across NHS Wales, enhanced backup arrangements and more cost-effective firewall solutions.
- Additional benefits include improved service reliability, reduced major incidents, stronger cybersecurity, faster development and deployment of digital services, and sustainability gains from more energy-efficient cloud infrastructure.
- Progress to date includes completion of high-level cloud architecture design, advancement into detailed design through organisation-wide workshops, procurement of migration and organisational change partners, and active development of the operating model, cloud strategy and benefits realisation framework.
- Despite challenges related to technical complexity, skills, supplier dependency, procurement timelines and financial management, the programme remains on track to complete by March 2028, with



progress and milestones closely monitored and reported to Welsh Government.

Welsh Patient Administration WPAS (Disaggregation and migration)

Sam Lloyd, Executive Director of Operations (SL) presented the report noting the successful closure of the WPAS disaggregation and migration programme, which enabled the transition of Bridgend's patient data from Swansea Bay WelshPAS system to Cwm Taf's system.

- The programme, originally planned to complete in 2020, was delayed by the pandemic and competing priorities, including the Betsi Cadwaladr PAS mergers, with a revised completion date of May 2025.
- It successfully went live between 16 and 19 May 2025 and has now been formally closed. All migration, testing and support activities were completed within the agreed £3.3 million budget, shared between the health boards and Digital Health and Care Wales.
- A post-go-live warranty period supported health boards in resolving migration issues and concluded on 30 September 2025, with all issues closed.
- The final Programme Board met on 8 December 2025 and formally approved closure.
- The programme achieved its objectives by successfully migrating Bridgend data from Swansea Bay PAS to Cwm Taf PAS, ensuring data accuracy and continuity across downstream systems.
- While some milestones were delayed due to complexity, overall delivery dates were met through strong cross-organisational collaboration.
- Key lessons highlighted the importance of earlier programme structure reviews, improved test environment planning and addressing inconsistencies in data standards.
- All outstanding issues have been resolved, remaining risks have been transferred to business-as-usual registers, and the final programme closure and lessons-learned report has been submitted to the committee.

GP Systems Framework

Sam Hall, Director of Primary, Community and Mental Health Digital Services (SH) presented the report noting that:

- The GP Systems Framework provides clinical IT systems for 369 practices in Wales, supporting appointments, referrals, prescribing, decision support, workflows, and citizen access via the NHS Wales app. After INPS withdrew from Wales in December 2024, 198 practices had to migrate to



	<p>EMIS Web, affecting 1.3 million patients.</p> <ul style="list-style-type: none"> • DHCW managed a major incident, maintained service continuity, and transitioned practices to One Advanced by August 2025. Key lessons included improving business continuity, supplier financial checks, procurement, contract exit plans, and access to critical data. • Migration accelerated from 2 to 4 practices per week, with 129 of 193 practices now migrated, keeping completion on track for May 2026. About 3,841 staff have transitioned with minimal disruption, and practice feedback has been over 95% positive. • Next steps include completing migrations by May 2026, decommissioning INPS/One Advanced systems by Q2 of the new financial year and closing the programme. • Moving to a single supplier is expected to reduce operational complexity, improve clinical information sharing, enhance staff mobility, and strengthen strategic partnership with EMIS. <p>The Programmes Delivery Committees resolved to: NOTE the report for ASSURANCE.</p>		
4.2	<p>Digital Services for Patients and the Public Programme Governance Changes</p> <p>Sam Hall, Director of Primary, Community and Mental Health Digital Services (SH) presented the report noting that</p> <ul style="list-style-type: none"> • The DSPP programme, which developed the NHS Wales App, is now in Public Beta. With the programme ending in March, the app will transition to ongoing management within DHCW’s Primary and Community Mental Health directorate. • An in-house, multidisciplinary product team is being set up to focus on user-centred design, continuous improvement, and evidence-based prioritisation to maximise impact. • From April, governance will shift to a three-tier structure, with a patient-facing digital services oversight group providing strategic direction and policy alignment. • The app product team will manage delivery, the development roadmap, and backlog prioritisation, focusing on joined-up services and whole care pathways. Expanded user groups and enhanced analytics will support research, testing, and evaluation of usage, usability, and value. • Work is also underway to define reporting of product development and outcomes alongside major programmes, ensuring visibility, effective 	Noted	None to Note



	<p>investment, and rapid delivery of patient-focused benefits.</p> <p>The Programmes Delivery Committees resolved to:</p> <p>NOTE the report</p>		
PART 5 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
5.1	<p>Major Programmes Report</p> <p>Ifan Evans, Executive Director of Strategy (IE), introduced the report, and noted that the report focused on the highest-priority programmes to maintain transparency without overloading members. IE highlighted a complex governance environment, emphasising the committee’s role in providing public assurance, and noted that the next three to six months are critical for moving several programmes toward closure. Portfolio management has improved through new digital tools enhancing consistency, visibility, and reporting.</p> <p>While the overall portfolio is stable, some programmes remain red or amber-red, each with defined route to Green. LIMS remains red due to its complexity, while RISP PACS replacement, Connecting Care, and DSPP are amber-red due to delivery pressures and funding timing. DSPP funding beyond March is expected but not yet confirmed.</p> <p>Three programme closures include CANISC, WPAS Bridgend Disaggregation, and the Powys Cross Border Project. High-level assurance escalations continue for LIMS, RISP, and WICIS, attracting system-wide and government attention.</p> <p>Welsh Intensive Care Information System</p> <p>Michelle Sell, Director of Programmes & Engagement (MS) highlighted:</p> <ul style="list-style-type: none"> • Overall RAG status was grey “Not Assessed” • The WICIS programme had been on hold for a review, but Welsh Government ministers have now confirmed they want it to proceed. • The immediate next step is to clarify the programme’s scope and specification, ensuring all Health Boards agree on key priorities. • Governance has been strengthened with a new Programme Oversight Chair and strong Clinical and Technical Advisory groups. • The programme will work through the specification and present conclusions to the DDAT leadership board on the 19 March 2026. • DHCW Chief Executive is meeting with the Chief Executive of the supplier, Ascom, to support progress. 	Noted	None to note



- MS emphasised that further work is required over the coming months to reach a clear position,

Radiology Information System Procurement

Michelle Sell, Director of Programmes & Engagement (MS) highlighted:

- Overall RAG status was “Amber-Red”
- The RISP Programme is the national programme replacing the radiology system used for scheduling and reporting scans across all Welsh Health Boards. Philips is the supplier, and the programme is midway through implementation.
- The National Imaging Academy and Hywel Dda have gone live with the new RISP solution; Cwm Taf Morgannwg is scheduled to go live in March 2026, followed by other Health Boards in Q1 of the next financial year
- DHCW is providing additional contract management support and strategic oversight, including regular meetings with Philips’ managing Director.

Laboratory Information Management System

Michelle Sell, Director of Programmes & Engagement (MS) highlighted:

- Overall RAG status was “Red”
- The LIMS programme is a national rollout of a new laboratory system, operating under a mitigation plan due to previous contract issues
- It was noted that the LIMS programme is a nationally run, single-solution deployment across all Welsh Health Boards and trusts, led by a central Programme Team with strong stakeholder engagement.
- The programme has moved through Tranche 1 (Technical go-live) and Tranche 2 (functional go-live for Cellular Pathology and Andrology), which are now live across Wales and performing as expected.
- Tranche 3 (Microbiology and Cervical Screening) is on track for Q1 next year, while blood sciences and blood transfusion functions remain the most complex and are causing delays.
- Clear dates for resolving outstanding defects and functionality have been agreed with the supplier, with external testing support arranged to alleviate pressure on Health Boards.
- Weekly escalation calls with Chief Executives, Directors of Finance, and Directors of Digital are in place to ensure system-wide focus.
- The programme is expected to extend into the next financial year, with the final go-live stages carefully coordinated with all Health Boards.



Microsoft 365 Enterprise Agreement

Sam Lloyd, Executive Director of Operations (SL) highlighted

- Overall RAG status was “Green”
- The M365 Enterprise Agreement underpins collaboration and security across NHS Wales through tools like Teams, Office, SharePoint, OneDrive, email security, and antivirus.
- NHS Wales currently operates under a single, all-Wales agreement, now in its fourth year of a five-year term ending 30 June 2026.
- Options include extending the current agreement into year five or negotiating a new agreement starting in June.
- The focus is on securing best pricing, ensuring access to emerging capabilities like AI, and managing digital inflation pressures.
- A collaborative approach is underway, involving a project board with digital, clinical, finance, and procurement representation across all NHS Wales organisations, supported by a task force validating licensing requirements.
- Once an overarching deal is agreed, costs will be recharged to individual organisations for Board approval.
- The planned timeline aims for Board approvals in March, DHCW board sign-off in May 2026, and contract commencement on 1 July 2026.

Digital Medicines

Electronic Prescription Service (EPS)

Ifan Evans, Executive Director of Strategy (IE) highlighted

- Overall RAG status was “Amber - Green”
- EPS enables digital prescriptions mainly in primary care, with plans to extend to secondary care.
- The program is complex, involving seven community pharmacy software suppliers, one GP supplier, 375+ GP practices, and UK-wide infrastructure.
- Rollout is progressing well: 40% of GP practices, 80% of Community Pharmacies, and all 100% dispensing appliance contractors are live; 25% of all prescriptions are now digital.
- The rollout is expected to complete by November 2026, nearly a year ahead of the original schedule, after temporarily slowing to support GP system migrations.
- New features in development include Non-Nominated Pharmacy Prescriptions (barcode in the NHS Wales app) and Integration with hospital outpatient prescriptions.
- The program is rated amber-green due to unconfirmed ongoing funding arrangements post-rollout.



Electronic Prescribing Medicines Administration (EPMA)

Ifan Evans, Executive Director of Strategy (IE) highlighted

- Overall RAG status was “Amber - Green”
- EPMA is a national support programme for implementing e-Prescribing and Medicines Administration across all Health Boards in Wales.
- While a National Framework Procurement has been established, individual Health Boards and some trusts procure from this framework and manage their own local implementations.
- These activities are funded by, and accountable to, Welsh Government. DHCW provides central support, lessons learned, Community of Knowledge, advice and standards on technical aspects, and manages the Shared Medicines Repository (SMR).
- All Health Boards have now selected their framework suppliers and are progressing with implementation.
- Wales is operating a multi-vendor approach, with Cardiff and Vale live on Nervecentre and Betsi Cadwaladr recently going live with Better.
- Betsi Cadwaladr represents a key milestone as the first organisation using Better and the first EPMA system to successfully connect to the shared message repository.
- Health boards typically begin rollout in one or two locations before expanding more widely, with a busy but locally managed rollout schedule planned across the year.
- Rollouts follow a "land and expand" approach, with a busy timetable for further go-lives this year.
- The program benefits from strong external chairs and close involvement from the Chief Pharmaceutical Officer in Welsh Government.
- Attention is turning to the future digital medicine roadmap, with completion of EPS and EPMA seen as reaching a baseline for further strategic work

Integration Hub

Sam Lloyd, Executive Director of Operations (SL) highlighted

- Overall RAG status was “Amber-Green”
- The Integration Hub enables data exchange between over 100 DHCW systems and is central to NHS Wales digital operations.
- Currently, about 300 independent information flows run through a proprietary SaaS platform; the goal is to modernise to a cloud-native platform and reduce flows by half for efficiency. This will improve efficiency, speed up onboarding of new systems, reduce pressure on the integration team and improve responsiveness to Health Board requests.



- The new platform, developed with an external partner but owned by DHCW, is in private beta with test flows running, and the first live production flow is scheduled for 10 February 2026.
- The programme involves significant business change, particularly for teams managing the existing platform, with a strong focus on knowledge transfer from the external partner to internal staff.
- The plan is to transition to a largely internally delivered service at the start of the next financial year, although there are some risks related to recruiting key specialist roles to support this shift.

National Target Architecture

Ifan Evans, Executive Director of Strategy (IE), highlighted

- Overall RAG status was “Amber - Green”
- IE reported that the project is on track to complete its final milestone for 2025–26, which is the delivery of a draft strategic investment plan by the end of March.
- The consultants and internal team are working at pace to meet this deadline.

National Data Resource

Ifan Evans, Executive Director of Strategy (IE), highlighted

- Overall RAG status was “Amber - Green”
- The NDR is a major partnership program, with about one-third of funding distributed to Health Boards and Social Care Wales.
- Over the last three months, the programme has focused on activities not originally planned in Phase 4, notably routing hospital appointments and waiting list referrals into the NDR’s direct care platform (CDR).
- Six Health Boards went live at the end of October, with Cardiff and Vale following in January, achieving full Wales-wide coverage. Around 1.2–1.3 million appointments flow weekly into the CDR, with over 100,000 appointments visible in the patient-facing app.
- Another significant piece of work involved maternity playback discharge, and transfer integrations. Although originally thought unnecessary, Health Boards submitted a new request in October, which was delivered by mid-November. While the teams delivered successfully, resource redeployment delayed some other planned work, which the programme is now aiming to recover in Q4.
- The programme also manages disbursements of approximately £2.5 million to Health Boards and Social Care Wales, with efforts focused on stabilising payments earlier in the financial year.
- Engagement with stakeholders continues through programme board activities, including development



days, with the next one planned for late February 2026.

- These sessions support reflection on the 2025–26 delivery, planning for 2026–27 roadmap, and aligning with government priorities, including improved data flow into NDR, analytics platform enhancements, and exploration of AI applications.

Digital Services for Patients and Public

Sam Hall, Director of Primary, Community and Mental Health Digital Services (SH) provided the update noting that current activity is focused on moving from a programme-based approach to a product-based model.

- A major recent achievement was the release of waiting list information before Christmas, followed by significant effort over the Christmas and New Year period by DSPP teams, the in-house apps team and Cardiff and Vale to complete the Wales-wide release, which is now fully live.
- Progress has also been made in strengthening the in-house app team and transitioning work from the delivery partner, who continues to support completion of remaining items for the year.
- A key recent development is the confirmation of authorised (proxy) access, allowing individuals to access another person’s account within the same GP practice.
- This functionality, which had previously been piloted but did not fully meet requirements, has now been completed, fixed and is in testing, with rollout planned as soon as possible. This is seen as particularly important to support forthcoming GP reforms.

Connecting Care

Lee Mullin, Programme Director (LM) highlighted

- Overall RAG status was “Amber -Red”
- DHCW is working with Health Boards on community health electronic records, while local authorities are handling their own aspects, aiming for eventual exit from the current product.
- The programme received £4.1 million in revenue and £4.1 million in capital funding in August, with most funding passed to Health Boards to deliver their plans.
- Capital funding has supported digital enablement through the procurement of modern devices, with Health Boards confirming procurement is complete and deployment underway, enabling thousands of practitioners to access records at the point of care.
- On the revenue side, Health Boards are well advanced in procuring new mental health systems, with Aneurin Bevan and Swansea Bay both moving



	<p>into implementation and three others progressing through evaluation and award process.</p> <ul style="list-style-type: none"> • Planning is also underway for a broader community system procurement, potentially involving collaboration across multiple Health Boards. • Work is progressing on the business case for an Integrated Care Record, with workshops taking place across Wales with health communities and planned sessions with local authorities in partnership with the WLGA. Although the late arrival of funding created challenges, the programme is now well advanced given the timescales. <p>Audit + Replacement Lee Mullin, Programme Director (LM) highlighted</p> <ul style="list-style-type: none"> • Overall RAG status was “Not Assessed” • The Audit + replacement project will soon be renamed once the new service name is agreed, as it currently uses the existing product's name. • Audit + compiles GP data for management reporting, vaccination cohorting, and anonymised data for public health management. • The current Audit + contract ends in May 2026; the project aims to replace its functionality with DHCW platforms, but there are dependencies on GP surgery migrations, EMIS cloud migration, and changes to EMIS data extract tools. • Due to these complexities, the Informatica contract was extended by one year, giving until May 2027 for migration, ensuring no service break. • Digital work is progressing, but live data feeds are pending resolution of supplier dependencies; once resolved, dual running and report comparison will begin. • Information governance work is ongoing, requiring new data protection impact assessments and agreements with GP services, but DHCW will continue as data processor. <p>The Programmes Delivery Committees resolved to: NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.</p>		
5.2	<p>Corporate Risk Register Chris Darling, Director of Corporate Affairs Board Secretary presented the report noting that there were 17 risks on the Corporate Risk Register, seven of which were assigned to the Committee.</p> <p>The following risks were highlighted:</p> <ul style="list-style-type: none"> • DHCW0237 New requirements impact on resources and plan: CD noted that this will be considered during the upcoming IMTP review. • DHCW0298 Delay in the Implementation of WLIMS 	Discussed and Noted	None to note



	<p>2.0. Discussed earlier</p> <ul style="list-style-type: none"> • DHCW0333 WICIS Implementation Delay • DHCW0347 National Target Architecture Transition Roadmap • DHCW0348 Transition to new data architecture • DHCW0349 RADIS Team scaling back 25/26 • DHCW0352 Delivery of 2025-2026 Milestones <p>The Programmes Delivery Committees resolved to:</p> <ul style="list-style-type: none"> • DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee. • NOTE the status of the Corporate Risk Register. 		
5.3	<p>Escalation Status – Improvement Plan Update</p> <p>Chris Darling, Director of Corporate Affairs Board Secretary (CD) presented the update:</p> <ul style="list-style-type: none"> • CD reported that out of 42 escalation plan milestones scheduled by end of January, 39 were delivered • Two January milestones were delayed: submission of the Integrated Care Record Outline Business Case, now rescheduled for March, and the planned step-back of the CANISC system to archive mode, which remains temporarily active to support national cancer audit data and is expected to complete shortly. • CD noted that while most milestones were met, there was the need for consistent delivery to build confidence. • Recent Welsh Government feedback acknowledged positive progress but highlighted the need for improved stakeholder perceptions and stronger system leadership from DHCW. • A draft phase two Escalation Plan is being developed, focusing less on programme milestones and more on system-wide changes and bold conversations with government and partners. This will be discussed at an upcoming Programmes Delivery Committee development session. <p>The Programmes Delivery Committees resolved to:</p> <ul style="list-style-type: none"> • NOTE for ASSURANCE the Escalation Status Update; and • NOTE the escalation feedback provided by Welsh Government in January 2026. 	Assured	None to note
PART 6- CLOSING MATTERS			
Any Other Urgent Business			
<ul style="list-style-type: none"> • No urgent business was raised. 		Discussed	None to note
Committee Highlight Report to SHA Board			
		Noted	None to note



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Date of next meeting:

- 30 April 2026

Noted

None to note