

Aligned Ministerial Enablers	Jan 2026 update
<p>Implementation of Clinical Implementation Network (CIN) follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.</p>	<p>Hywel Dda University Health Board (HdDUHB) Validation Team continue to identify Follow-UP (FU) patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance. Over 78k patients have been put on an See on Symptom (SOS)/ Patient Initiated Follow-Up (PIFU) pathway. HDdUHB have 27 specialties and 218 clinical condition pathways. Discharge, SOS and PIFU have stemmed FU Waiting List (WL) growth. CIN guidelines are available for seven out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In November 2025 out of 6,904 new attendances 16% (1,110 patients) were put onto an SOS or PIFU pathway and 43% (2,939 patients) were discharged. Out of the 11,347 follow up appointment attendances a total of 10% were put on an SOS/PIFU pathway (1,112 patients) and 18% (2,089 patients) were discharged. Work progressed by the Health Board is showing a positive impact on delayed follow ups beyond 100% which have improved for three consecutive months.</p>
<p>Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact</p>	<p>Administrative Validation: Referral to Treatment (RTT): For the 12-month rolling period December 2024 to November '2025, 30,558 pathways have been validated with 13,576 removals (44% removed). Follow up Waiting List (FUWL): For the 12-month rolling period December 2024 to November 20'25 a total of 29,639 pathways have been validated with 7817 removals (removal rate of 26%).</p> <p>Clinical Validation: No Benchmark currently. FU validators identify potential records for clinical review by cross checking CIN/Other SOS/PIFU DX Guides. Ongoing work as part of the Outpatient Transformation work stream to engage clinicians in Clinical Validation with the support of the National Clinical Co-lead. Next Steps: Retrospectively apply CIN / RTT guidance, develop clinical condition improvement plan to improve targeted validation, introduce clinical validation to consultant job plans.</p>
<p>Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to</p>	<p>Amman Valley Hospital (AVH)/Bronglais Hospital (BGH) routinely have eight cataracts per list (including patients having bi-lateral cataract procedures). All outsourcing cataracts are High Volume Low Complexity (HVLC). Glangwili Hospital (GGH) is predominantly used for complex patients. These procedures take longer.</p>

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have 7 Cataracts per list by end of Quarter (Q) 2	
Implementation of the Single Point of Access (SPoA) Framework - Six Goals Programme	<p>CSH 7 day Business Case Key engagement workshops to build the business case and refine the 7-day clinical model have been held. The business case will be going through internal financial governance channels in November and December 2025, before being presented to public Board in January 2026. Currently, the setting up of a Clinical Streaming Hub Bank is progressing through the Assistant Director of Nursing, this will allow for a more sustainable and robust Clinical Streaming Hub (CSH) workforce going forward.</p> <p>Dedicated SPoA Transport Model Following the approval of the proposal and the allocation of funds in October 2025 we have been working closely with the Procurement Team to progress towards a direct award process in light of winter pressures. This approach has been agreed and the necessary documentation is currently being prepared. To date, meetings have been held with key stakeholders to review the proposed service model and identify potential risks. A comprehensive risk register has been developed to ensure appropriate mitigation measures are in place. Due to the urgent need to have this service operational to support the Single Point of Access (SPoA) and with some outstanding queries remaining, we are considering a phased implementation of the project. The initial phase will focus on patient transport, with blood sample and medication transport to follow. Engagement with providers has taken place and we are now awaiting confirmation of the service start date and associated logistics before issuing the contracts and commencing the service.</p> <p>SPoA Mentorship Programme The mentorship programme has now begun, and the team are working with the Learning and Development (L&D) team to capture the learning from the project and build a framework for ongoing work in this area.</p>
Ensure effective utilisation of theatre capacity through - Increasing session utilisation to the Getting It	<p>Theatre Steering Group continues to meet with established Co-chair (anaesthetic and clinical). Programme manager in post to support improvement stream. Challenges exist due to fragility of staffing. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient</p>

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Right First Time (GiRFT) standard of 85% by March 2026.	outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and GIRFT, enhancing theatre productivity through Key Performance Indicators (KPI) driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with Clinical Implementation Networks and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. December 2026 Theatre time utilisation was 79.3% against the target of 85%
On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	98% compliance / <2% cancelled due to UEC pressures Three protected wards across HDdUHB (6, 7 prince Philip Hospital (PPH) and Rhiannon BGH) Site specific risk of cancellations at GGH due to theatre staffing challenges (minimal impact on total elective volumes).
Ensure monitoring of Did Not Attend (DNA)/ Cannot Attend (can) rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	November 2025 combined DNA rate is 6.4%. New Out Patient Department (OPD) DNA Rate is 7.6%. Follow up DNA Rate is 5.6%. Bespoke monthly reports are circulated to service teams showing DNA rates per clinic and subspecialty. This facilitates ability to overbook where applicable. DNA scrutiny and improvement part of the New Clinical Care Group Transformation work stream led by Outpatient Transformation Programme Lead. Text reminders routinely issued. We will continue to monitor over coming months. All insourcing patients (via WG additional OPD appointments) are being telephoned directly to book an appointment with the aim to reduce DNA's.
Improvement in the implementation and	Majority of Day Surgery Unit (DSU) PPH/WGH sessions are HVLC procedures. 12 out of 45 sessions with six per list (26%) due to limited waiting list demand for HVLC procedures (short

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<p>delivery of High Volume Low Complexity Theatre lists, with an initial focus on - 90% of the time achieve at least six HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.</p>	<p>waiting times) – opportunities for regional support. Remaining average five patients per session. GGH/BGH Sessions are not HVLC and cater for complex upper gastrointestinal (UGI) patients or regular non HVLC patients. General Surgery total pathway waiting times generally below 36 weeks. No change.</p>
<p>Implementation of the Welsh Health Circular - Ambulance Guidance - Six Goals programme.</p>	<p>1. Access Goal: Transform how patients access Urgent and Emergency Care (UEC), aiming for a 50% reduction in Emergency Department (ED) attendances and 75% of emergency activity to be scheduled, shifting care into the community. Key Actions and Progress: Key engagement workshops to build the business case and refine the 7-day clinical model have been held. The business case went through internal financial governance channels in November and December 2025, before being presented to Public Board in January 2026. Currently, the setting up of a Clinical Streaming Hub Bank is progressing through the Assistant Director of Nursing, this will allow for a more sustainable and robust CSH workforce going forward. SPoA Mentorship Programme The mentorship programme has now begun, and the team are working with the L&D team to capture the learning from the project and build a framework for ongoing work in this area.</p> <p>2. Environment Goal: Create a culture of customer service excellence and pride in UEC environments. Key Actions & Progress: •Cleanliness: SBARs (Situation, Background, Assessment, Recommendation) have been reviewed and amended for domestic/facilities coverage. •Welcoming Front of House: Sites action plans are 80% complete, with final actions in place for completion.</p>

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	<ul style="list-style-type: none"> •Nutrition and Hydration: Standards set and audits completed; site plans in place. •Privacy and Dignity: Environmental reconfigurations have been planned and are in development, digital solutions (e.g. self-registration, e-triage) are being explored. •Communication: Consistent patient messaging has been developed and is being rolled out across all sites. The Health Board "help us help you" webpage has been redeveloped, and now signposts service users to the most suitable service. Customer service training for reception staff has been undertaken. <p>3. Flow Goal: Implement a coordinated, data-driven approach to patient flow, eliminating ambulance handover and ED delays, and enabling timely discharge. Key Actions and Progress: Temporary Operational Delivery Unit has been established within the Health Board. The implementation of Optimal Flow is still ongoing with established meetings and mechanisms in place to support the site and staff. We are exploring external providers to develop staff training videos including content on preventing deconditioning and raising awareness among staff. Collaboration with National and Social Care teams is also underway to map the referral process from hospital to social workers.</p>
Implementation of the Optimal Hospital Flow framework - Six Goals Programme	<p>Optimal Hospital Flow (OHF) Framework Champion Practitioner posts Recruitment for the temporary roles was unsuccessful because applicants had not been authorised by their line managers to apply for secondment opportunities. In line with the National agreement, the intention was to advertise a temporary Band 7 Quality Improvement Skills Training (QIST) post alongside an already funded permanent Band 7 role, using a QIST cost code to avoid multiple advertisements. However, variations in cost codes and changes to the initial banding may now require recruitment approval for the vacancy, potentially causing further delays. As an alternative, we are exploring the option of temporarily uplifting an existing QIST staff member to support Optimal Flow until March 2026.</p> <p>Implementation of SAFER principles The implementation of Optimal Flow is still ongoing with established meetings and mechanisms in place to support the site and staff. We are exploring external providers to develop staff training videos including content on preventing deconditioning and raising awareness among staff. Collaboration with National and</p>

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	<p>Social Care teams is also underway to map the referral process from hospital to social workers.</p> <p>Implementation of Red to Green (R2G) The Red2Green Dashboard which monitors internal delays in patient pathways has been shared with services with an request to share with their teams for reference on a frequent basis. The Health Board Pathways of Care Delays (POCD) Lead has met with key service leads to understand their Red2Green (internal health delays) / POCD process and how this aligns to the Health Board process within the Six Goals Programme.</p> <p>Trusted Assessor Model A Task and Finish Group with Health and Social Care to address the recommendations from the Trusted Assessor audit is to be set up in the New Year to develop and agree to a supporting plan.</p> <p>Preventing Deconditioning We continue to promote the Preventing Deconditioning Staff Initiative SharePoint page to share best practice, learning, and inspiring stories with staff. The Health Board has established a Preventing Deconditioning Oversight Group and participated in the Safe Care Partnership (SCP) Preventing Deconditioning National Programme. In addition, we are exploring external providers to develop staff training videos focused on preventing deconditioning and raising awareness among staff. A meeting with National is scheduled in the New Year to discuss the Deconditioning Early Warning Indicator (DEWI) Tool.</p> <p>Discharge to Recovery and Assess (D2RA) The implementation of Optimal Flow remains in progress, supported by established meetings and mechanisms designed to assist both the site and staff, including D2RA. Currently, we are introducing a new clinical system and reinforcing the Red to Green action process to ensure all staff have a clear understanding. D2RA will also feature in the planned training videos scheduled for release in the New Year. Following the D2RA audit completed in June 2025, which recommended that staff complete the D2RA Electronic Staff Record (ESR) module, we have seen significant progress, with an additional 284 staff successfully completing the module.</p>

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	<p>Pathway of Care Delays (POCD) An agreed integrated POCD action plan is in place, incorporating a key summary of actions from the Social Care Transformation Grant initiatives. A monthly meeting is held with Health and Social Care teams to review progress against the POCD action plan and provide updates on each action.</p>
<p>Implement national guidelines with thresholds by CIN and procedure. This includes delivery of effective outpatients through SOS and PIFU by default. Individual CINs will establish PIFU / SOS targets by specialty and sub-specialty on an ongoing basis by March 2025.</p>	<p>HDdUHB Validation Team continue to identify FU patients that contravene CIN Guidance for clinical review. HDdUHB receive weekly FU reports including clinical condition and consultant compliance. Over 78k patients have been put on an SOS/PIFU pathway. HDdUHB have 27 specialties and 218 clinical condition pathways. Discharge, SOS and PIFU have stemmed FU WL growth. CIN guidelines are available for seven out of 27 specialties. Transformation work stream with particular focus on application of CIN guidance to historical cohorts. In November 2025 out of 6,904 Nnw attendances 16% (1,110 patients) were put onto an SOS or PIFU pathway and 43% (2,939 patients) were discharged. Out of the 11,347 follow up appointment attendances a total of 10% were put on an SOS/PIFU pathway (1,112 patients) and 18% (2,089 patients) were discharged.</p>
<p>Implementation of acute frailty model at the Front Door - 6 Goals Programme</p>	<p>A six month secondment is still in place to support detailed frailty mapping across all acute sites. This mapping has now been completed in line with the Acute Frailty Service (AFS) Framework and an Acute Frailty Position report has been developed which outlines key recommendations. The Health Board has appointed an Acute Frailty Lead and a meeting has been scheduled to review the AFS Plan and agree governance arrangements.</p>
<p>Deliver improvements in day surgery rates, with an expectation to achieving a British Association of Cataract Day Surgery (BACDS) day case rate of 70% from April 2025, moving to 80% by the end of June 2025</p>	<p>Day case procedures continue to exceed the target of 80% (~ 86%+)</p>

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<p>Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.</p>	<p>An agreed integrated POCD action plan is in place, incorporating a key summary of actions from the Social Care Transformation Grant initiatives. A monthly meeting is held with Health and Social Care teams to review progress against the POCD action plan and provide updates on each action.</p>
<p>Ensure effective utilisation of theatre capacity through - Reducing early finishes to less than 10%</p>	<p>The Theatre Steering Group clinical lead is undertaking a manual audit to highlight areas of variation. A Theatre General manager will shortly be in post (6-month fixed) to help with all challenges in relation to theatres. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as NCEPOD and GIRFT, enhancing theatre productivity through KPI-driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with CINs and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. Early finishes in December 2025 was 57%, rather than the target of less than 10%.</p>
<p>All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.</p>	<p>One-stop pathway introduced Spring 2024. Since Q2 2024/25 the majority of cataract referrals are converted to Stage 4 retrospectively. (Circa 3000 patients during 2024/25). These patients are identified following an optometry triage. A small volume still require outpatient appointment (OPA) assessment due to complexity. Prospective direct listing to Stage 4 will be implemented from following an Admin & Clerical Organisational Change Process. No Change.</p>

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Implementation of the Community Based Falls Response - Six Goals Programme	<p>Care Home - business case</p> <p>All 90 older person care homes in West Wales have been audited to assess existing falls lifting equipment. 64 x Mangar Eagle Lifting Cushions with Airflo 24 units have been purchased and were delivered by Christmas 2025, while homes that already own a Mangar cushion will receive a complimentary one-year service plan to ensure safety and reliability. A further 23 servicing plans have been purchased with work continuing to scope requirements for the remaining homes. Nineteen training sessions have been scheduled across Carmarthen, Llanelli, Haverfordwest, and Lampeter and additional sessions will be delivered directly to individual homes unable to attend due to rural location challenges. Baseline metrics have been captured and a follow-up care home staff falls confidence survey is planned before the end of the financial year.</p>
Ensure effective utilisation of theatre capacity through - Reducing late starts to less than 20%	<p>The Theatre Steering Group clinical lead is undertaking a manual audit to highlight areas of variation. A Theatre General manager will shortly be in post (6-month fixed) to help with all challenges in relation to theatres. The Theatre Transformation Task and Finish Group provides strategic oversight and coordination of a developing programme of work aimed at improving theatre performance, effectiveness, and patient outcomes across Planned Care and Specialist Services. While progress has not yet advanced to the level we aspire to, a strong framework of workstreams is now in place to drive meaningful transformation. These include improving emergency access resilience, strengthening compliance with national standards such as NCEPOD and GIRFT, enhancing theatre productivity through KPI-driven monitoring, advancing day surgery and treat-in-turn performance, and supporting safer staffing and high-quality clinical practice. Through robust governance, regular review of risks, data and performance intelligence, and close collaboration with CINs and operational teams, the group is building the foundations required to deliver sustained theatre improvement and support the wider organisational priorities for planned care recovery and optimisation. Late starts in December 2025 was 53% compared to the target of less than 20%.</p>
Progress implementation of the national approach to Interventions Not Normally Undertaken (INNU) Deliver the eight priority procedures determined for	<p>< 1% of Patient Tracking List (PTL) is categorised as an INNU.</p> <p>INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.</p>

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implementation as part of Phase 1.	
Progress implementation of the national approach to INNU - continue to implement ongoing recommendations throughout 2025/26	< 1% of PTL are classed as an INNU. INNU's are routinely validated by each service with only clinically appropriate patients on a PTL.
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	Further to referral management HDdUHB have implemented Community Health Pathways . 310 published pathways. 79 Hywel Dda lead region national pathways published. 63,037 page views to date Top three pathways: Carpel Tunnel, Hormone Replacement Therapy (HRT), Chest Pain. Page views increasing quarterly. National evaluation undertaken to demonstrate impact - TriTech report, local evaluation workstreams. Child and Youth Health and Orthopaedics/ Musculoskeletal (MSK) have the highest volume of pathways published. Achieved regional target of publishing a minimum of 50% increase in localised pathways by February 2026.
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	Not Applicable
Ensure progress with the Implementation of Value and Sustainability Board	Local Patient Reported Outcome Measures (PROM) collection for people living with diabetes continues using the International Consortium for Health Outcomes Measurement (ICHOM) standard tools. The collection will transition to the new national PROM collection in the fourth quarter of Financial Year (FY) 2025/26. The Diabetes Planning and Delivery Group (DPDG) has been repurposed and is taking a Value-

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High Value High Impact pathway - Diabetes	Based Healthcare approach to delivering the Diabetes Quality Statement, ensuring a whole-system perspective. Workstreams have been aligned to the stages of the Value and Sustainability Board's High Value High Impact Pathway, and the DPDG will monitor progress against the required metrics. A business case has been developed to support the acceleration of the Diabetes Remission Programme which will be considered for short term support through the Value Delivery Fund.
Ensuring the full implementation of the nationally optimised pathways in the cancer recovery programme.	<p>Plan to pilot Galeas Bladder from January 2026. This will be for a cohort of 300 patients</p> <p>Transferring the Faecal Immunochemical Testing (FIT) service from Secondary to Primary Care in line with the Lower GI National Optimal Pathway commenced 24 November 2025. The ongoing impact on the waiting list is currently being assessed.</p> <p>Implement a dedicated Neck Lump Clinic with the support of a Head and Neck Radiologist. A dedicated Neck Lump clinic would allow the patients to receive an Ultrasound Guided Biopsy alongside their First OPA due to be implemented from January 2026. Delay due to recruitment of a radiographer to support the service.</p> <p>Outsourcing of Magnetic Resonance Imaging (MRI) for Prostate patients started November 2025. This equates to 20 patients a week with a 3-day turnaround reporting time. The ongoing impact on the waiting times is currently being assessed.</p>
Ensuring full compliance with straight to test guidance.	51.1% Single Cancer Pathway (SCP) referrals sent straight to test (all specialties in September 2025)
Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Bone Health	The Fracture Liaison Service (FLS) is running and an analysis of the projected number of hip fractures since the introduction of the FLS has indicated that in the first seven months there have 169 averted hip fractures. This equates to an equivalent productivity gain of £2.4m with a full year effect anticipated to be £4.1m. While this indicates the impact of the FLS, further work should now be undertaken to address the unwarranted variation in Length of Stay (LOS) for hip fracture patients, with the aim of significantly reducing the average length of stay for hip fracture patients who present. PROM collection has continued in the FLS with additional 16-week and 52-week post-appointment PROM collection points are being introduced, with implementation scheduled to go live in January 2026.

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Ensure progress with the implementation of Value and Sustainability Board High Value High Impact pathway - Arthroplasty (Hip and Knee)	National PROM Pathway data will be exported to the Health Board in January 2026, enabling work to resume on developing and populating dashboards. Local PROM data will be exported to the Health Board between January and March 2026, which will enable analysis and use of this data operationally.
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	<p>The digital maternity programme is progressing well clinically, but there are concerns about Digital Health and Care Wales' (DHCW's) inability to support integration with Welsh Patient Administration System (WPAS), Welsh Birth Notification System (WBNS), and other critical systems during 2025/26. An interim solution will be available for WPAS enabling go -live; however, WBNS will require a manual workaround for birth registration leading to clinical risk. An SBAR has been submitted to escalate this risk to the National Programme Board. Due to resource constraints within SystemC, HDdUHB will implement the system in early April 2026, as it is not possible for them to support two go lives simultaneously within March.</p> <p>In terms of the NHS Wales app - referral acceptance and appointment details for RTT specialties became available on 31 October 2025. We are currently live with 16 specialties' and we plan to expand the solution in line with services that are live on our Hybrid Print and Post hub.</p> <p>An in-app notification was issued on 1 December 2025 informing patients with an NHS Wales app account of the changes.</p> <p>We are continuing work to integrate Hybrid Print and Post with the NHS Wales app in order to ensure a seamless experience for patients when engaging with the NHS Wales app.</p>
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	The Cyber Security Programme continues to prioritise the reduction of unsupported systems from the organisation. There are 216 unsupported devices, with the increase attributed to Windows 10 devices going end of life in October 2025. There is capital funding available to remove all Windows 10 devices by October 2026, which are all currently supported by an extended support contract.
Non-Pay - ensure implementation of Value and Sustainability Board recommendations, which includes local	Implementation of recommendations continues to be reviewed through local Value and Sustainability Group (V&SG), with Integrated Quality, Finance, Performance, and Delivery (IQFPD) oversight. To date, as of 15 December 2025, £48.5m of the updated £46.4m annual savings target identified in green/amber schemes (£46.5m green and total identified £54.7m across all Blue, Red, Amber, and Green (BRAG)), including non-pay areas. In recent weeks the level of savings identified has increased in Health Board

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implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	wide efficiency savings and in workforce/ Organisational Development (OD). The Health Board's V&SG has received an update on plans in respect of chronic pain management focussing upon mitigating patient care demand through focussing upon individual patients needs and avoiding ongoing demands upon other specialties. Additionally, the V&SG has received an update on how we further develop our opportunities to drive efficiencies through learning from others (such as Bevan Exemplars).
Medicines Management - ensure full implementation of the high value medicines Value and Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	<p>HDdUHB continue to deliver on all medicines-related recommendations directed by the Value and Sustainability Board.</p> <p>Revised list of recommendations now in place through the Directors of Pharmacy Peer Group's Value and Sustainability Delivery Assurance Group. Workplan in place across Primary and Secondary Care to continue to deliver on the opportunities, including any new emerging opportunities.</p> <p>Standardised reports from V&SG shared on quarterly basis with Health Boards, with data available on a monthly basis for operational teams to continue to monitor. Health Board position is shared and discussed through the Health Board's Value and Sustainability group meeting.</p>
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Activity remains consistent in relation to allocation and managing Health Board accommodation space utilisation. Picton Terrace opens from 5 January 2026 and following this occupation, Ystwyth and Glien House will be de-commissioned before quarter end, with Ystwyth being mothballed and the lease for Glien House handed back to the landlord. The formalised 'Central Accommodation Group' is now well established and anyone requesting space is required to complete a digitalised form which is discussed at the group and a decision made for effective prioritisation and standardisation across all sites. The Health Board's approach to space utilisation and ongoing management/monitoring will be improved further during Q4 2025/26, following receipt of our informal 'internal audit' report and recommendations.

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<p>Continuing Health Care (CHC) - ensure implementation of Value and Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implementing a standard digital solution to support effective intelligence capture on a national basis.</p>	<p>It has been agreed that a consistent set of definitions and processes allowing all Health Board's to extract standardised data is required. A business case needs to be finalised, which Health Boards have been asked to provide feedback on.</p>
<p>Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.</p>	<p>80% compliant November 2025 Meetings have been arranged with areas where improvement is required, and plans are in place to effect the required changes. Due to the number of reviews taking place in January and February 2026 a targeted approach with CCG leads will take place to support and improve job planning compliance.</p>
<p>Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.</p>	<p>Additional Duty Hours (ADH) and Medical Workforce Planning report to be presented to The Medical Workforce Planning Group highlighting the possible reduction of agency and additional duty hours. Medical agency usage remains above the 30% reduction: September 2025 £192k; October 2025 £113k; November 2025 has seen a reduction to £77k. Nursing agency spend is on track to reduce by more than 30%. Allied Health Professional (AHP) and Health Staff agency use is likely to remain close to the 30% reduction</p>

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Fully implement the actions outlined in the Variable Pay and Agency Control Framework Welsh Health Circular	<p>Off-framework agency use remains eliminated since August 2025.</p> <p>Nursing agency spend: November 2025 spend is £371k, compared to October's £405k (a decrease of £34k). Reduction plans continue, including onboarding of Newly Qualified Nurses (NQN) which took place in September 2025 and we are monitoring the impact of the newly appointed nurses on variable pay.</p> <p>Medical agency spend: Off-framework usage remains ceased. Framework agency spend for November 2025 is £388k, compared to October's £407k (a decrease of £19k). Work continues to explore opportunities to exit all agency workers, though dependency on workforce pipelines (including international recruitment) means full exit is unlikely before 2026.</p> <p>Allied Health Professional agency usage: November 2025 spend is £95k, unchanged from October's £95k. Workforce planning remains focused on identifying service fragility and strengthening pipelines.</p> <p>Health Care Scientists agency usage: November 2025 spend is £71k, compared to October's £67k (an increase of £4k). Plans remain in place to right-size radiology through investment reports and annual planning cycles to meet diagnostic demand.</p> <p>Admin and Clerical: No agency usage as of November 2025.</p>
Ensure a reduction in agency spend on Healthcare Support Worker, Admin and Clerical, and Estates and Ancillary staff to zero by 30 September 2025.	<p>Health Care Support Workers (MHL) only): November 2025 spend is £31k, compared to October's £74k (a significant decrease of £43k). Work is ongoing to stabilize MHL workforce requirements and reduce reliance on agency staff.</p>
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-	<p>The Occupational Health Service aims to support a reduction in sickness absence by:</p> <ol style="list-style-type: none"> 1. Ensuring the relevant KPI recommendations are continued to be consistently met in 2025/26. Year to date figures either meet or exceed target. 2. We aim to increase the staff flu uptake by at least 20% for 2025/26 which will hopefully lead to a reduction in this reason for absence (which consistently remains in the top three highest reasons for absence). Figures to date indicate that we are on track. 3. A sickness audit has been undertaken by Internal Audit this year which should support improvements in process from a lessons learned approach. Reports on findings from reviews of paperwork and compliance with the All Wales policy within CCGs and directorates should start to feed into the system from January

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Wales Occupational Health minimum service levels.	<p>2026.</p> <p>4. A suite of bitesize animation training for sickness absence is being developed to support managers. The first in the series has been published and to date has had 669 views. Two more are awaiting the first draft of the animation and several more are at the storyboard stage. Verbal feedback to date on the first animation has been positive.</p> <p>5. Workforce and Occupational Health colleagues continue to work through model referral forms by condition and job family which should support better reports and more informed adjustments that can be implemented to support an earlier return to work.</p> <p>6. We have created a new post of Workforce Officer - Attendance Management for both East and West Operational Workforce Teams to focus on sickness absence case management. The posts (1.6 WTE) are currently out to advert.</p>