

Appendix 2 - 2025/26 Cabinet Secretary's Enabling Actions

Thematic Area	Objective	Enabling Actions	Current Position As At March 25 Implemented Yes (Y) In Progress (IP) No (N)	Delivery Confidence High (H) Medium (M) Low (L)
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation	Implementation of the Community Based Falls Response - 6 Goals Programme	IP	H
		Implementation of the remote clinical assessment services framework - 6 Goals Programme	IP	H
		Implementation of actue Frailty model at the Front Door - 6 Goals Programme	IP	H
		Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	IP	M
		Implement the Optimum Hospital Flow Framework - 6 Goals Programme	IP	H
		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. Ensure consistent delivery of effective intergrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme	IP	H
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. The included delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CIN's will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	IP	M
		All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2	IP	M
		Ensure monitoring of DNA/CNA 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	IP	H
		Implementation of CIN follow up criteria both prospectively and retrospectively to establish Follow-up waiting lists	IP	M
		On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1	IP	M
		Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GIRFT standard of 85% by March 2026	IP	H
		Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroplasty 90% compliance with GIRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 - 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2	IP	H
		Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025	Y	H
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact	Y	H		

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Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	IP	H
		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	IP	H
		Ensure a reduction in agency spend on Healthcare support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025	IP	M
		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 30th September 2025	IP	M
		Ensure 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-Wales Occupational Health minimum service levels	IP	M
Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which included local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value	IP	M
		Medicines Management - ensure full implementation of the high value medicines Value & 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)	IP	M
		CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This included implemented a standard digital solution to support effective intelligence capture on a national basis	IP	M
		Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate	IP	M
Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised and focus on improving outcomes.	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	IP	M
		Ensuring full compliance with straight to test guidance	IP	M
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	IP	M
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impacts pathway - Bone Health	IP	H
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impacts pathway - Arthroplasty (Hip & Knee)	IP	H
		Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app	IP	M
		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	IP	M
		Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation	IP	M
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1	IP	H
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	IP	H
		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.	IP	M