

Enw'r Pwyllgor / Name of Committee	Sustainable Resources Committee (SRC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Winston Weir, Independent Member
Cyfnod Adrodd/ Reporting Period:	27 February 2024
Y Penderfyniadau a'r Materion a Ystyriodd y Prif Bwyllgor / Key Decisions and Matters Considered by the Main Committee:	
<p>The Sustainable Resources Committee has a role to advise the Board on all aspects of finance and the revenue implications of investment decisions. In addition, the Sustainable Resources Committee provides assurance on financial performance and delivery against Hywel Dda University Health Board (HDdUHB) financial plans and objectives and receives assurance on progress against delivery of the Planning Objectives aligned to the Committee. With regard to financial control, the Committee provides early warning of potential financial performance issues and makes recommendations for action to improve the financial position of the organisation.</p> <p>This report summarises the work of the Sustainable Resources Committee (SRC) at its meeting held on 27 February 2024.</p> <ul style="list-style-type: none"> The Carmarthenshire Model Deep Dive – the Committee received a presentation into the Carmarthenshire model of healthcare delivery and was informed of the challenging position of a crowded Emergency Department (ED) and Glangwili Hospital (GGH) and of overnight patients at the Minor Injuries Unit (MIU) at Prince Philip Hospital (PPH) with an increase in medical admissions at both sites. <p>The Committee was also informed of the increased numbers of patients with a length of stay of over 21 days being higher than expected, especially older and frail patients, and the detrimental impact that this was having on capacity and patient flow. The length of stay of patients in community hospitals was also considered too high. The Committee was informed that community hospitals such as Llandovery Hospital had notably high costs. The Committee requested that a cost per bed day for community and acute hospitals were recorded so that a fair comparator of costs could be made.</p> <p>The Committee noted that the overspend within Carmarthenshire was currently at £8m and forecast to be £10m at year-end, predominantly driven by an overspend at GGH and, to a lesser extent, at PPH and attributed to spending on nursing agency staff.</p> <p>The Committee was not assured of the financial sustainability of the existing county model and noted the overspending against budgets and the underachievement of cost savings plans. The Committee noted that there is a lot of change happening and encouraged the focus on reducing length of stay of patients.</p> <ul style="list-style-type: none"> Integrated Medium Term Development Plan 2024/25 – The Committee was informed of the Health Board's planned savings of 4.1% to meet the control 	

total of £44.8m, although recognised that there was not currently a line of sight to making those savings with a 2.5% saving being a more realistic level.

The Committee noted that financial projections were being made for not only March 2024 but also March 2025 to provide clarity of actions taken in real time and the impact on the trajectory of savings in the medium-term.

The Committee received assurance that the Finance Team would be conducting an internal review of the planning arrangements at its meeting on the 4 March 2024 .

- **Core Delivery Group and Financial Control Group Update** – The Committee received a verbal update from the Director of Planning and were informed that the digitalisation of switchboards across the Health Board’s four acute sites had realised efficiency savings of £200,000 a year.

The Core Delivery Group has examined 25A ward areas with a view to reducing agency and bank staff usage and accepted that the creation of substantive posts would produce savings in the next financial year’s plan.

The Committee noted that an improvement in efficiency through the Transforming Urgent and Emergency Care (TUEC) programme in could deliver £278,000 saving at PPH. The Committee noted some more savings plans had been agreed; the removal of travelling and accommodation payments to agency staff, medical staffing savings £70,000 within the Women and Children’s Services medical staffing.

The options for MIU at PPH have been considered in light of the Healthcare Inspectorate Wales (HIW) report on the sustainability of the service and is being considered by the Operational Planning, Governance and Performance (OPGP) Group. The Committee was assured that progress is being made on the identification and approval of savings schemes.

- **Healthcare Contracting and Commissioning Update** – The Committee was informed of an increase in the level of Intensive Therapy Unit (ITU) bed days utilised with Swansea Bay University Health Board (SBUHB) driven by elective surgery prompting a review by the Commissioning Team given the relative long length of stay time for elective patients. However, noted that an improvement in the repatriation of emergency department (ED) patients from SBUHB back to HDdUHB could save the Health Board between £100,000 and £150,000.

The Committee was also informed that between £2m and £2.5m could be saved by moving to a single orthopaedic pathway and withdrawing orthopaedics from a Long-Term Arrangement with no risk to patient care and that £900,000 could be saved by realigning the LTA held with Velindre Cancer Centre. The Committee noted the detailed update on contracting and noted the potential areas for savings.

- **Decarbonisation Task Force Group Update** – the Committee received the Q3 2023/24 Decarbonisation Delivery Plan, noting that the Health Board was seen as leading the way within Wales on the decarbonisation agenda and the example was given of the work done to switch patients away from high-carbon asthma inhalers.

The Committee was informed that many of the decarbonisation targets that were set by Welsh Government (WG) were unachievable due to resource constraints outside the control of the Health Board. For example, the National Grid preventing the installation of electric vehicle (EV) charging pods.

- **Finance Report** – the Committee received the Finance Report as of the end of Month 10, 2023/24.

External factors which had improved the Health Board's financial position included a reduction in prescribing costs, a reduction in energy costs and a reduction in the in the risk share from the Welsh Health Specialist Services Committee (WHSSC).

The Committee was informed the Health Board has received a formal response to its strategic cash request to WG which confirmed that HDdUHB would receive funding up to the level of the Health Board's £72.7m deficit, which was short by £9.9m with the letter from the Chief Executive of NHS Wales stating that the Health Board was expected to manage the challenge of the shortfall. Since the receipt of that letter, HDdUHB revised its forecast deficit down to £66m and WG revised its level of cash support downwards to that level, however following dialogue WG has agreed to increase the level of working capital by the difference in the deficit movement.

The Committee was assured that the Health Board would be able to manage the shortfall of liquidity support through the Cash Management Strategy previously agreed by the Board.

The Committee noted that a review of nurse and healthcare support worker agency and bank staff usage and sickness rates had shown a positive improvement in the last four months through the Nurse Stabilisation Programme with an increase of the substantive workforce by 110 whole-time equivalent (WTE) staff leading to a reduction of overtime by 62 WTE and agency usage by 58 WTE resulting in an improved patient experience and a stable workforce. The Committee noted this progress as a positive improvement.

- **Planning Objectives Update Report** – the Committee received an update on the Planning Objectives for 2024/25.
- **Corporate Risk Report** – the Committee noted that no corporate risks had increased and all risks had remained stable with significant work around the scanning of patient records having taken place expected to result in a reduction in the risk to the ability to access paper patient records in a timely manner due to existing records management infrastructure.
- **Operational Risk Report** – the Committee was informed of two new risks and were advised that the demands for data and analytics were currently being managed and that the risk of the loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP had been de-escalated from a corporate risk due to the establishment of a permanent location for the service and a business case has been approved and the impact of those changes would be assessed to inform the risk.

- **Digital Oversight Group Update Report** – the Committee was informed that the electronic prescribing and medicines administration (ePMA) proposals required further discussion within the Executive Team following a discussion with WG regarding funding the programme.
- **Information Governance Sub-Committee Update Report** – the Committee was informed that the Clinical Coding Team had not met its clinical coding target for the first time in 20 months due to sickness and a retirement within the Team.

The Committee approved a six-month extension of four all-Wales policies pending guidance from Digital Health and Care Wales (DHCW) and approved an update to the Access to Health Records policy in addition to approving a change of working to the Workforce Privacy Notice.

The Committee was informed that following the lifting of an embargo on the destruction of patient records allowing for the destruction of patient records to occur, this had relieved the pressure around the Health Board's record storage facilities.

The Committee also approved the Information Governance Sub-Committee's terms of reference.

- **Digital Medicines Transformation Portfolio Annual Review 2023** – the Committee noted the Digital Medicines Transformation Portfolio Annual Review 2023.
- **Welsh Health Circulars** – the Committee noted the report into Welsh Health Circulars (WHC) and were informed that the delay to the implementation of WHC 005-22 was due to the procurement of a new supplier and the transition process that had caused a delay in the Health Board's implementation of the WHC however this was a recognised national issue.
- **Ministerial Directions** – a report on Ministerial Directions received between 1 October 2023 and 31 January 2024 was received by the Committee. It was noted that implementation dates classified as "not known" were not able to be tracked so it was agreed that the report would be amended in future to include an implementation date for all Ministerial Directions.
- **Balance Sheet** – the Committee was informed that the Health Board's Public Sector Payment Policy target of paying suppliers within 50 days of invoice could be at risk if the Health Board resolves to delay payments as part of its cash management strategy in the new financial year.

The Committee was also notified of the provisions of short and long-term medical negligence and personal injury payments and that any claims made against the Health Board were recovered from the Welsh Risk Pool.
- **Financial Procedures** – the Committee reviewed an update to the financial procedure relating to the tax status of workers to ensure compliance with Inland Revenue regulations, which was considered particularly relevant to the payment of agency workers.

- **Procurement Update** – the Committee received an update of the procurement work that had been carried out nationally and locally for procurement work on behalf of HDdUHB.

The Committee was advised that an approval of the Children’s Continuing Care contract had been approved via Chair’s Action due to the urgency in appointing a framework for the provider.

It was advised that the contracts for Orthotic Products were now coming to an end were signed when prices were much lower compared to the higher inflationary prices at present so the savings were effectively presented as cost avoidance through this process and that costs could have been a lot higher than they are.

- **Integrated Performance Assurance Report** – the Committee noted the Sustainable Resources Committee (SRC) measures from the Integrated Performance Assurance Report.
- **All-Wales Capital Programme 2023/24 Capital Resource Limit and Capital Financial Management Update** – the Committee received the All-Wales Capital Programme 2023/24 Capital Resource Limit and Capital Financial Management Update.
- **Quarterly NWSSP Performance Report** – the Committee received the Quarterly NWSSP Performance Report.

**Materion Allweddol a Ystyriwyd gan y Pwyllgor Mewnol:
Key Matters Considered by the In-Committee:**

- **End of Year Financial Position Update/Revenue and Cash Management Governance** - the In-Committee reviewed its end of year financial position in relation to other Health Boards in Wales.
- **2024/25 Financial Update** – the In-Committee received the 2024/25 Financial Update.
- **Cyber Resilience and Security Update** – the In-Committee received an update report on the Health Board’s cyber resilience and security.

**Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer /
Matters Requiring Board Level Consideration or Approval:**

- None

**Risgiau Allweddol a Materion Pryder /
Key Risks and Issues/ Matters of Concern:**

- The Carmarthenshire Model – challenges resulting from long-stay patients in hospitals and the financial impact on nursing and medical pay. Concerns were expressed due to the lack of savings and the challenge of meeting the budget.
- The Committee resolved to revisit the review of the Pembrokeshire Model in light of the escalation framework.

- The Committee received assurance through the Core Delivery Group and the shift to the 2024/25 plans, which has been the focus of the Core Delivery Group.
- The Committee received assurance on the scrutiny that was being given to the Health Board's contracts, recognised the opportunities to repatriate activity, particularly Intensive Therapy Unit patients and the regional orthopaedic arrangements with SBUHB and arrangements to utilise contract with Velindre Cancer Centre
- Recognised the forecast improvement of the financial situation of a £66m driven by improvements to the nursing and medical staffing position and the improvement of external factors such as the pricing of medication, the improvement in utility costs and a reduction in CHC costs.
- A positive cash position with a gap that can be managed from within the Finance Team and the ability to make recurrent savings.

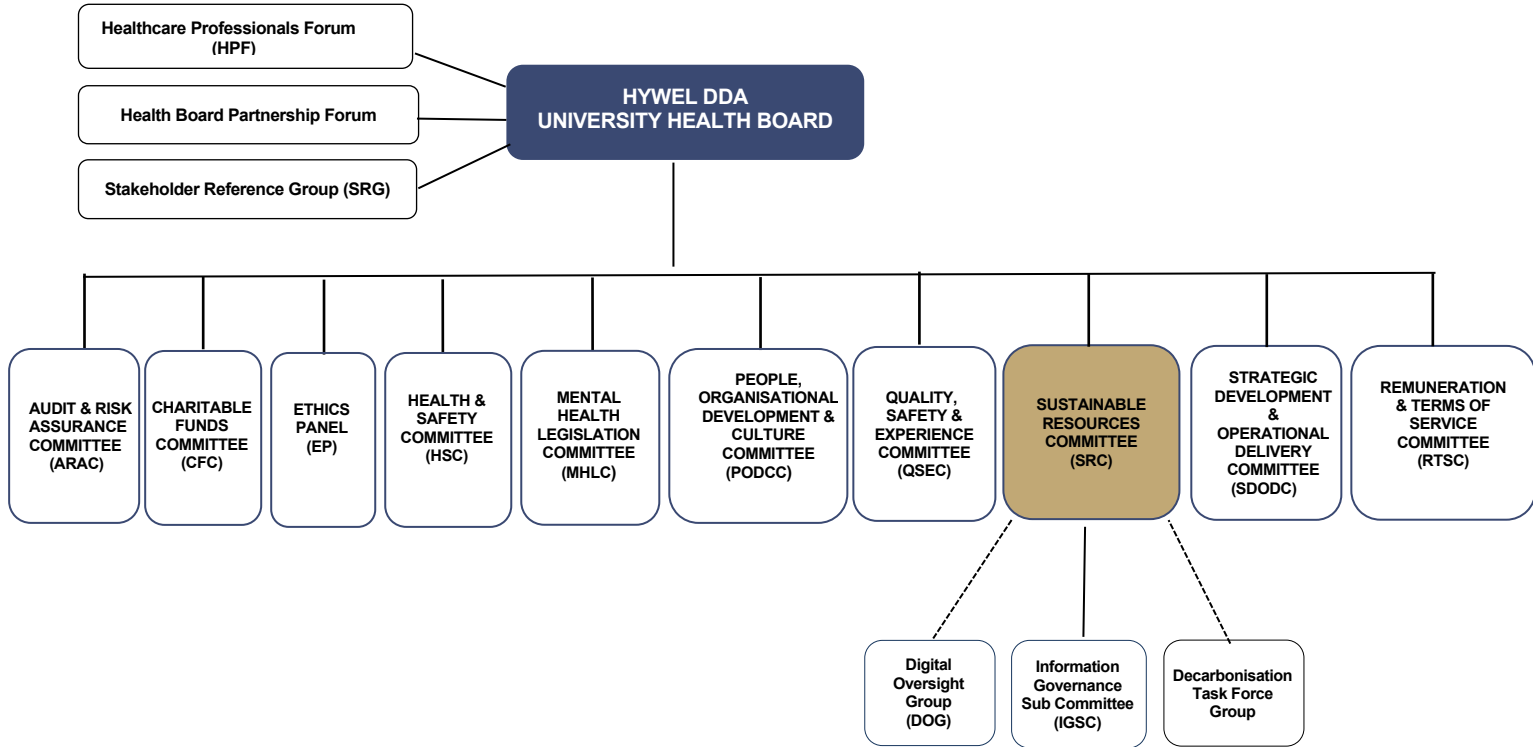
**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

- In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified at the previous Committee meeting will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

30 April 2024



SUSTAINABLE RESOURCES COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V2	Sustainable Resources Committee	28.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	Sustainable Resources Committee	27.06.2023	Approved
V3	Hywel Dda University Health Board	28.07.2023	Approved
V4	Sustainable Resources Committee	19.12.2023	Approved
V4	Hywel Dda University Health Board	28.03.2024	For approval

SUSTAINABLE RESOURCES COMMITTEE

1. Constitution

- 1.1 The Sustainable Resources Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 August 2021.

2. Purpose

The purpose of the Sustainable Resources Committee is:

- 2.1 Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.
- 2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan.
- 2.3 To scrutinise and provide oversight of financial and revenue consequences of capital investment planning and significant business cases (both short term and in relation to longer term sustainability).
- 2.4 Review financial performance, review any areas of financial concern, and report to the Board.
- 2.5 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue (all those over £1million requiring Board approval), business cases, projects, and proposed investment decisions on behalf of the Board.
- 2.6 Regularly review contractual performance with significant commissioning partners (requiring Board approval as stated in the Scheme of Delegation).
- 2.7 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.8 Recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.
- 2.9 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the

whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The Sustainable Resources Committee shall:

- 3.1 Undertake detailed scrutiny of the organisation's overall:
 - Monthly, quarterly and year-to-date financial performance;
 - Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts.
- 3.2 Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate (see Appendix 1).
- 3.3 Receive assurances in respect of performance against annual budgets, capital plans and the Cost Improvement Programme and innovation and productivity plans.
- 3.4 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards.
- 3.5 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets.
- 3.6 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
- 3.7 Provide assurance to the Board that arrangements for information governance are robust.
- 3.8 Receive reports relating to the Health Board's Digital Programme to ensure benefits realisation from the investment made.
- 3.9 Review any investment/ disinvestment strategy, including Procurement and Contracting Strategy, maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:
 - Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;
 - Ensuring that robust processes are followed; and
 - Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.
- 3.10 Oversee the development and implementation of a financial management improvement agenda across the organisation.

- 3.11 Subject to the Board's direction and approval, develop and regularly review the financial performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 3.12 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
- 3.13 Review and approve financial procedures on behalf of the Health Board.
- 3.14 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Sustainable Resources Committee and oversee delivery.
- 3.15 Approve policies within the scope of the Committee.
- 3.16 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Finance
Director of Operations
Director of Primary Care, Community & Long Term Care
Other Lead Executives to be invited to attend for relevant Planning Objectives aligned to the Committee or relevant agenda items.

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Sustainable Resources Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Sustainable Resources Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Finance), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is the:
- 10.3.1 Information Governance Sub-Committee

Management/task & finish groups feeding into this Committee are the:

- 10.3.2 Agile Digital Business Group
- 10.3.3 Decarbonisation Task Force Group

- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1 Sustainable Resources Committee Planning Objectives 2023/24

Strategic Objective	Domain	Strategic Goal	Planning Objective	Executive Lead
6	Our Future: Building a better health care system for future generations	5: World class infrastructure We are building the infrastructure needed to provide high quality care	5c Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner.	Director of Finance
6		6: Sustainable services Designing and implementing more sustainable services	6b Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care.	Medical Director
6	Our Communities: Our population is healthy, and we have a positive impact on the determinants of health	8: Positive impact beyond health As an organisation we have a positive impact beyond health	8a Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within	Director of Strategy and Planning

			their services in support of this ambition	
6			8b Local Economic and Social Impact - We will: <ul style="list-style-type: none"> • Direct our expenditure to local benefit • Collaborate with partners to maximise our impact • Ensure that we remain focused on the long term impact we can have • Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. 	Director of Finance
6			8c To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will <ul style="list-style-type: none"> • Provide clear trajectories, including actions and delivery requirements for the organisation • Form the basis of a robust three-year financial plan as part of a broader IMTP • Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. 	Director of Finance