

# CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

## MONITORING RETURNS – May 2021

### FINANCIAL COMMENTARY

## Introduction

These returns outline the financial position for Cwm Taf Morgannwg (CTM) UHB for the period ended 31 May 2021.

The tables attached to this commentary **do not** include the income, expenditure and balances of the Welsh Health Specialised Services Committee (WHSSC) or the Emergency Ambulance Services Committee (EASC) which is being financially managed via WHSSC. They do however include the Cwm Taf element of transactions between the parties.

## 1. Financial Plan, Year to Date and Forecast position

### 1.1 Financial Plan for 2021/22

The draft financial plan submitted at the end of March 2021 has been updated to reflect the guidance on 'Final Annual Plans – Financial Principles & Expectations' issued by the Finance delivery Unit on 20 May 2021 and the comments in the M1 Monitoring Return reply letter. The latest draft financial plan has been submitted to WG on 11 June and the M2 Monitoring Return is consistent with the updated financial plan.

We acknowledge that further work is still needed to close the £3.2m gap for 21/22 and this will continue to be updated during Q1 and will be 'fixed' at M3.

The draft financial plan for 2021/22 can be broken down into three separate elements:

- The core plan
- Covid response
- Planned care recovery

The three key elements of the financial plan are summarised below:

Summary of Core Plan, Covid, & Planned Care Recovery	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
Core plan	5.1	5.1	5.1	5.1	20.5
Covid plan	-5.1	-5.1	-5.1	-5.1	-20.5
Planned care recovery plan	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Cumulative total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	

The table below shows our updated assessment of our Covid response costs and income assumptions for 21/22.

<b>Covid costs and funding 2021/22</b>	Q1	Q2	Q3	Q4	Total
	£m	£m	£m	£m	£m
<b>Programme costs:</b>					
TTP	3.0	2.7	2.7	2.7	11.2
Mass Vaccination	3.4	2.3	2.2	2.2	10.1
Cleaning Standards	0.4	0.6	0.6	0.6	2.1
CHC/FNC Support	0.9	0.9	0.9	0.9	3.6
PPE	0.6	0.5	0.3	0.3	1.7
<b>Sub total</b>	<b>8.3</b>	<b>6.9</b>	<b>6.7</b>	<b>6.6</b>	<b>28.6</b>
Assumed funding- programme element	-8.3	-6.9	-6.7	-6.6	-28.6
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Other Covid costs:</b>					
Long COVID	0.1	0.1	0.1	0.1	0.5
Field Hospital	1.2	0.9	0.6	0.3	3.0
Dental -income loss/reduced contract payments	0.4	0.3	0.6	0.5	1.9
Planned care exp're reductions	-0.8	-0.5	0.0	0.0	-1.3
Covid response in ILGs	5.3	4.7	4.1	3.8	17.9
Covid response outside ILGs	1.4	1.1	0.8	0.8	4.1
<b>Sub total</b>	<b>7.7</b>	<b>6.6</b>	<b>6.3</b>	<b>5.5</b>	<b>26.1</b>
Confirmed funding- formula element	-7.7	-6.6	-6.3	-5.5	-26.1
Requested funding for Covid overspends from 2020/21	-5.1	-5.1	-5.1	-5.1	-20.5
<b>Total</b>	<b>-5.1</b>	<b>-5.1</b>	<b>-5.1</b>	<b>-5.1</b>	<b>-20.5</b>
Increase in Covid response costs to reflect revised assessment of bed demand			2.0	2.0	4.0
Requested additional funding			-2.0	-2.0	-4.0
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## 1.2 Actual YTD and Forecast 21-22 ( Table A)

	M2 Actual	M2 YTD	M2 Forecast
	£m	£m	£m
Core plan	2.0	3.7	20.5
Covid 19	(1.7)	(3.4)	(20.5)
Planned care recovery	0	0	0
<b>Total</b>	<b>0.3</b>	<b>0.3</b>	<b>0</b>

The M2 YTD position is £0.3m above plan. This is due to a number of timing issues which are expected to recover in M3 and future months.

### 1.3 Material income and expenditure category movements between the current period actual and the previous month forecast ( Table B).

The forecast has been profiled using latest plans and information. The following items are currently profiled in M12:

- A4C Payaward £4.0m- pending confirmation of the 21/22 payaward. The living wage element has been profiled from M1.
- M&D Payaward £1.4m- pending confirmation of the 21/22 Payaward.
- Welsh Risk Pool £2.0m- anticipated cost in relation to the All Wales risk sharing arrangement.
- NHS 111 £0.4m- anticipated additional contribution to NHS 111.

The profile for Month 6 includes anticipated accountancy gains included in our original IMTP against Non Pay and CHC.

### 1.4 Pay Expenditure (Table B2- Sections A,B&C)

The M2 Pay expenditure was £49.9m and the monthly trend is summarised below.

	<b>M2</b>	<b>M1</b>	<b>M12</b>	<b>M11</b>	<b>M10</b>
	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>	<b>£'m</b>
A&C	6.6	6.4	15.3	6.3	6.7
Medical	11.9	12.1	23.3	11.5	8.7
Nursing	15.8	15.6	30.4	15.6	17.9
ACS	6.9	6.4	14.6	6.2	7.4
Other	8.7	8.8	19.6	8.54	9.4
<b>Total</b>	<b>49.9</b>	<b>49.3</b>	<b>103.2</b>	<b>48.1</b>	<b>50.1</b>

The Key issues to highlight are as follows:

- The M1 position was broadly consistent with the previous 3 months, after taking account of the following comments .
  - The M12 position includes additional accruals for NHS Pensions, NHS Staff bonus, Annual Leave not taken & study leave, which total £52m.
  - Medical costs include £3.6m of accountancy gains in M10 and £0.4m in M11, which would increase the gross position to £12.3m and £11.9m respectively.
  - The increase in Nursing & ACS costs in M10 is due to the introduction of a new accruals methodology (Nursing £1.9m and ACS £1.2m).

- The M2 position remained consistent with M1, the only movement was within Additional Clinical Services, where bank costs caused an increase of £0.5m on M1.
- During M2, the NHS COVID bonus was processed for NHS employed Staff, the total payment made in M2 was £11.9m. The accrual that was recognised in 2020/21 for this payment was £13.4m. There may be further payments to be recognised and the position will be continually monitored. The financial plan and forecast does not include any potential benefit from a release from the accrual.

The M2 agency expenditure was £3.2m and the monthly trend (excluding accountancy gains) is summarised below.

	<b>M2</b>	<b>M1</b>	<b>Q4 Ave</b>	<b>Q3 Ave</b>
	<b>£'m</b>	<b>£'m</b>	<b>£m</b>	<b>£m</b>
Medical	1.0	1.3	1.3	1.3
Nursing	1.5	1.4	2.0	1.8
Other	0.7	0.8	0.9	0.7
<b>Total</b>	<b>3.2</b>	<b>3.5</b>	<b>4.2</b>	<b>3.8</b>

Agency expenditure is anticipated to remain relatively static over the current quarter, with savings being achieved from M4 onwards offset slightly by investment from planned care recovery anticipated to require agency support.

### 1.5 Covid analysis (Table B3)

A summary of the additional revenue costs being classified as Covid is provided below.

	<b>M2 Actual</b>	<b>M2 YTD = M2 Plan</b>	<b>Updated Plan/ Forecast</b>
<b>Programme costs</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
TTP	0.98	1.73	11.2
Mass Vaccination	1.27	2.3	10.1
Extended Flu	0	0	0
Cleaning standards	0	0.19	2.1
CHC/FNC support	0.3	0.6	3.6
PPE	0.26	0.4	1.7
<b>Sub total</b>	<b>2.81</b>	<b>5.22</b>	<b>28.6</b>
Assumed funding – programme element	(2.81)	(5.22)	(28.6)

<b>Total Programme costs</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Covid costs:</b>			
Field hospital	0.34	0.95	3.0
Dental income loss	0.3	0.33	2.7
Operational expenditure cost reduction	(0.2)	(0.7)	(1.3)
Slippage on Planned investments and re-purposing of development initiatives	0	0	0
Other covid costs	2.2	3.9	25.7
Planned Care Recovery	0.7	0.7	16.8
<b>Sub total</b>	<b>3.34</b>	<b>5.18</b>	<b>46.9</b>
Confirmed funding	(3.34)	(5.18)	(46.9)
Requested funding for Covid overspends from 2020/21	(1.7)	(3.4)	(20.5)
<b>Total Other Covid costs</b>	<b>(1.7)</b>	<b>(3.4)</b>	<b>(20.5)</b>

The key points to note are as follows:

1. The forecast for Mass vaccination has increased by £0.5m from the Opening plan and the forecast for Cleaning standards has reduced by £0.3m.
2. The forecast for TTP includes £0.3m for the Community testing across CTM. No costs have been reported to M2 pending confirmation of actual costs incurred from the LAs.
3. We are awaiting updated forecasts from the LAs for their Mass vaccination and TTP costs.
4. The draft profile for the Planned care recovery plan is as follows:

	Plan	Actual/Forecast
	£m	£m
Q1	2.4	2.4
Q2	6.2	6.2
Q3	5.3	5.3
Q4	2.9	2.9
Total	16.8	16.8

## 1.6 Month 2 - Forecast recurrent position (Table A)

As at Month 2 we are reporting a forecast recurrent deficit of £31.4m (M1-£32.2m) at the end of 21/22. This is consistent with the latest draft financial plan submitted to WG on 11 June.

## 2. Risk Management (Table A2)

The key financial risks and opportunities for 21/22 are noted in Table A2 are consistent with the latest draft financial plan submitted to WG on 11 June and are summarised below:

	M2	M1	Comment
<b>Key risks:</b>	£m	£m	
Unavoidable costs associated with TI status exceeding funding	0	0.5	Risk removed as funding now confirmed
Shortfall against savings plan	2.5	5.4	Risk assessment based on current plans
Underlying deficit cannot be brought back in line with plan assumption	3.0	3.0	ILG plans are showing underlying deficits above the plan assumption
Unavoidable recurring service/cost pressures exceeding plan	1.0	1.0	The main risk areas are CHC growth and prescribing growth exceeding the planned growth assumptions
Potential LTA differences	0	0.2	Risk removed in M2
COVID reactive costs exceeding plan	0	2.0	Risk removed in M2 following a full reassessment of Costs.
Unavoidable costs of the Transformation programmes exceeding the confirmed WG funding for 2020/21	2.0		The M2 position is showing an overspend of £0.5m against the confirmed funding WG.
<b>Total</b>	<b>8.5</b>	<b>12.1</b>	

	M2	M1	Comment
<b>Key opportunities:</b>	£m	£m	
Delay / Stop new investments	(0.3)	(0.5)	Risk reduced in M2 as slippage target in updated plan increased from £1m to £2m.
Further balance sheet review	(1.2)	(1.2)	Initial assessment only. Continuous review as year progresses
Potential for annual leave reduction being greater than costs incurred	(1.0)	(1.0)	Initial assessment only. Will be updated on a quarterly basis but will need M6 data to form a more robust assessment.
<b>Total</b>	<b>(2.5)</b>	<b>(2.7)</b>	

### 3. Ring Fenced Allocations (Tables N&O)

The Health Board can confirm that there are no concerns at M1 on any ring-fenced budgets.

### 4. Saving ( inc Accountancy gains) Plans (Tables C, C1, C2, C3)

The financial plan for 2020/21 includes a £14.5m In Year savings target which has been phased from M3 onwards. The recurring savings target is £16.1m.

	Month 2		
	M2 YTD	20/21	Rec
	£m	£m	£m
Savings targets	0	14.5	16.1
Actual and Forecast Savings	0	(11.3)	(7.4)
<b>Total</b>	<b>0</b>	<b>3.2</b>	<b>8.7</b>

We acknowledge that further work is needed to close the £3.2m gap for 21/22 and this will continue to be updated during Q1 and will be 'fixed' at M3.

The financial plan for 2020/21 also includes planned accountancy gains of £6.2m. These will be released into the YTD position by Month 6 at the latest.

### 5. Income Assumptions 2021/22 (Tables D & E)

Table D has been completed and agreed with other organisations.  
Table E shows the anticipated allocations assumed within our M2 position.

### 6. Health Care agreements

The Health Board is working with other Welsh NHS bodies to ensure all contracts are agreed and signed by 11 June 2021. Final documentation has been shared. Whilst we are awaiting formal sign off, the HB is not anticipating any disputes on either provider nor commissioner LTAs.

### 7. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F, M)

#### 7.1 Significant month on month balance sheet movements

Required from M3 onwards.

#### 7.2 Details of any aged receivables/payables (over 11 weeks old) and disputed invoice information

There were no invoices greater than 11 weeks old outstanding at the 31<sup>st</sup> May 2021.

## **8. Cash Flow Forecast (Table G)**

The cash flow forecast is currently showing a forecast surplus of £0.7m in M12. Included within the figures, and shown in the 'Other' income line, is the assumption that £13.5m cash will be received during the year to fund the payment of the bonus payment accrued for in 2020-21.

£13m cash was returned to WG during the month. This was due to a large receipt from RCTCBC, which was not expected until early June.

## **9. Public Sector Payment Compliance (Table H)**

Required quarterly from M3.

## **10. Capital Schemes and Other Developments (Tables I &K)**

The Month 2 CRL value is £84.5m received on the 30<sup>th</sup> April 2021. As at Month 2 £5.8M has been charged against the CRL.

The risk ratings of all schemes have been reviewed and there are 7 schemes which are considered to be medium or high risk as per the table below. The risks described below cover the risk of slippage or cost overrun on these schemes with delays caused by Brexit and shortages in soft metal and steel supplies and in complying with revised Government guidelines having an impact in a number of areas.

<b>Scheme</b>	<b>Risk Rating</b>	<b>Potential Risk Value £'000</b>	<b>Description</b>
Bridgend Health and Wellbeing Centre (Sunnyside)	Medium	-£1,400K slippage	A delay of up to 3 months has recently been forecast as a result of issues with steel supply and manufacturer delays as a result. Further investigation work is ongoing and this will be discussed at the July Capital Review Meeting.
PCH G&FF Floor Phase 1B	Medium	£2,348K	Actual inflation of £1,214K and forecast £1,133K to the end of the scheme was not included in initial approval letter. Offset by gain share and additional VAT reclaim to leave a balanced or expected slight underspend outturn position. This is under detailed



			review for discussion at the next CRM.
PCH G&FF Floor Phase 2	High	-£4-6M	Potential slippage on latest programme. Contractor delay on commencing pathology works causing slippage. Currently under review with a view to mitigate the position and bring expenditure forward. A full discussion will take place at the July Capital Review Meeting.
Anti Ligature	Medium	-£500K	Slippage being confirmed as programme under review. Issues around supply line for doors and windows affected by shortages in supplies.
Electrical Infrastructure Modernisation	Medium	£150K	Soft metal supplies caused cost increase from business case position. Current cost risk covered by contingency but levels low at early stage of project.
National Programme Fire	Medium	-£150K	Slight programme risk in delivery of the programme. Contractor in place and looking to mitigate any risk and keep programme in line with planned completion of 1 <sup>st</sup> April.
National Programme Infrastructure	Medium	£200K slippage	Ongoing review – sample window under test but programme tight to deliver full replacement especially if any further covid peaks impacting on contractor access to ward areas. Reporting via infrastructure dashboard and via CRM mechanism

There are currently a number of risks around projects which are under detailed review and will be discussed with the WG capital estates team at the July CRM when it is clearer which risks are likely to materialise. As in previous years, detailed profiles remain under development and will not be set until Month 3 and hence the plan to date has been matched spend.

The Health Board is reporting a forecast break – even position. There have been no material disposals so far during 2020-21.

## **11. Other Issues**

The financial position reported within this monitoring return aligns to the financial details included within the internal Board papers.

The M1 Financial Monitoring Return (consisting of the Narrative, Table A, Table B3, Tables C,C1,C2,C3 and Table F) will be reported to the next meeting of the Planning, Performance and Finance Committee in July.

## **14. Authorisation**



**P Mears**  
**Chief Executive**



**S Webster**  
**Director of Finance**

**Date: 11 June 2021**

### **Action Points arising from Month 1 Response**

<b>Action Point</b>	<b>WG Comment</b>	<b>CTM Response</b>
<b>1.1</b>	A particular area of review for your Health Board is the current phasing approach of the Covid-19 Stability funding, this will need a complete revision taking into consideration the principles set out in the FDU presentation, the assumption of separate n/r Covid funding for the recurrent impact of Covid on your U/L position b/f from 20/21, and the clarity that the combined value of confirmed and anticipated 21/22 Stability funding must correlate to in-year Covid costs only (i.e. no variance).	Actioned.
<b>1.2</b>	I note your Planned Savings of £16.1m of which, c£7.8m have been finalised but with c. 90% of forecast delivery being classified as Amber. You are reporting no delivery until August and are already forecasting to underachieve by £1.4m which you are currently assuming can be mitigating with Covid Funding. A 'Risk' of non delivery of Amber status schemes is also reported of £2.9m (45%). Planning assumptions still to be finalised are c £8.3m, of which you have included a value of £4.6m representing an aspiration as part of your forecast outturn, yet £2.5m is also recorded as a 'Risk'. The balance again appears to have been mitigated by assuming Covid Funding. This level of delivery, combined with the delayed delivery of August, the Amber status of your schemes, the level of 'Risk' described, the value of assumptions still to be finalised and the extent of mitigation using Covid funding, is not acceptable. I trust this will be urgently reviewed before Month 2 and for the final Plan submission.	Noted. Please see section 4 above.
<b>1.3</b>	<b>Movement of Opening Financial Plan to Forecast Outturn (Table A)</b> As reported within Table A (Lines 34 and 35), the forecast deficit is currently supported by a £4.622m savings gap 'aspiration'. A lower value of £3.400m is referenced within your narrative as a consequence of reporting a higher	Noted.

	identified forecast savings amount than is shown in the Tables. Such key matters should be consistently reported between your Tables and Commentary. Please be reminded that any savings/planning assumptions must be finalised by June, if they are to be included in your position.	
<b>1.4</b>	<p>The narrative confirms that your 2021/22 Plan includes Accountancy Gains of £6.200m within the Non Pay and CHC categories; these however, do not appear to be reflected in your Tables (acknowledging the guidance prohibits Accountancy Gains from the Plans, this would have to be reported as in-year issues only).</p> <p>Following concerns raised by Auditors on this issue in 20/21, please provide an assurance that there is no risk in terms of a PYA adjustment requirement.</p> <p>Please also confirm that you are compliant with the guidance referenced above and ensure, when appropriate, to record identified Accountancy Gains in Table C3.</p>	<p>Noted.</p> <p>A PYA was not required in the 20/21 Annual account which have now been signed off.</p> <p>Noted.</p>
<b>1.5</b>	The Operational deficit for April is c. £0.550m higher than planned as a consequence of a number of timing issues which are expected to be recovered in Month 2 and future months. Please provide a breakdown of the corresponding pressure areas and review the recovery profile (which currently exceeds the pressure by £0.113m) within your Tables as it is currently fully phased into March. Please take this opportunity to amend these issues, if required, before the data becomes fixed at Month 3.	Noted and amended.
<b>1.6</b>	I note that you are still projecting that the identified savings plan will deliver a FYE of £10.848m, even though £1.365m of 'in-year' savings will not be	Please see section 4 above.

	achieved due to Covid-19. Please provide further assurance in your narrative that this is a feasible outcome of your plans.	
<b>1.7</b>	<b>Table A2 Risk / Opportunities (Table A2)</b> The narrative includes a table that replicates the risk/ opportunities reported via Table A2 and therefore does not provide any supportive additional information. Please ensure your narrative clarifies why each item is deemed a risk or opportunity and also explains the methodology used for quantifying the risks and opportunities, in Table A2.	Please see section 2 above.
<b>1.8</b>	<b>Monthly Positions (Table B)</b> As the 'Provider' bonus payment to applicable staff has been made by the NHS in May; all organisations are required to confirm the financial impact (actual payment versus accrual) within your Month 2 narrative and if applicable, confirm how any variance has been reflected within your financial tables.	Please see section 1.4 above.
<b>1.9</b>	<b>Covid-19 Analysis (Table B3)</b> As referenced in AP 1.1, I wish to clarify that both confirmed and anticipated Stability Funding should be used to manage any forecast Field Hospital / Surge, Extended Flu and 'Other' costs that are not funded separately through specific WG funding initiatives. There should be no variance at this stage, as the combined confirmed and anticipated (at risk) Stability Funding, should match forecast costs.	Noted and amended.
<b>1.10</b>	Please provide supporting explanations for the following Covid-19 expenditure assumptions: 1) Line 21 – Testing - 'Joint Financing and other spend' will only be incurred in April. 2) Line 68 – Mass Vaccination - Material step up in pay expenditure from M3. 3) Line 124 –Field Hospital/Surge - Material reduction in pay costs after month 1 (it is assumed this reflects the current lower requirement for staffing surge capacity due to the lower numbers of Covid Patients). 4) Line 187 – Other - Negative Primary Care Contractor expenditure amounts reported between months 1 – 6.	1) Profile has been revised, the expenditure relates to LA expenditure for mobile testing support. 2) Pay costs reflect increased

		<p>recruitment of vaccinators from M2 onwards.</p> <p>3) The field hospital costs reflect the reduced utilisation of the site.</p> <p>4) The negative primary care costs reflect the Dental Contract abatement for M1 to M6.</p>
<b>1.11</b>	<b>Savings Tables (Table C, C1, C2 &amp; C3)</b> Please remove the reported 'Red' schemes from Table C3.	Actioned.
<b>1.12</b>	<b>Movement of Opening Financial Plan to Forecast Outturn (Table A)</b> As referenced is AP 1.1, please update the Covid-19 planned spend and corresponding funding now these have reduced (currently reported on Lines 24 and 26) within Lines 3 and 5, as the Plan is not fixed until Month 3. These will need to be adjusted via Table B3.	Actioned.
<b>1.13</b>	Please report the recently issued Covid-19 Recovery Plan funding on Line 5 of Table A (via Lines 241 of Table B3) with the corresponding planned spend reported within Section A7 'Other' in Table B3, from Month 2. A separate supplementary template for the funding is currently being considered by the FDU in conjunction with the Policy lead.  In the meantime, please provide a monthly profile (actual/forecast) by spend category in the supporting narrative.	Actioned.          Please see Section 1.5.
<b>1.14</b>	<b>Underlying Position (Table A1)</b>	

	<p>You are reporting that the b/f underlying deficit position will improve by £1.735m as a result of the FYE of recurring savings. This has been show in the 'Recurring Savings' column of Table A1 as a mixture of negative and positive movements between the various spend areas in Section A, and is solely within the Executive and Corporate Area within Section B. Please provide further supporting detail in your Month 2 submission, for both methodologies, if this remains unchanged at Month 2</p>	<p>The updated plan is showing a £2.5m improvement in the underlying deficit position. Further analysis will be provided in the IMTP submission at the end of June and the M3 MR.</p>
<b>1.15</b>	<p><b>Resource Limits (Table E)</b> Please split anticipated Covid-19 TTP funding between the applicable Testing and Tracing categories within Table E.</p>	Actioned.
<b>1.16</b>	<p>I note that you are including the WRP risk sharing pressure of £2.035m (note the split provided by NWSSP based on 20/21 RSA% has a lower value of £1.957m for CTM) as a charge within non healthcare services of the SoCNE. As per the below extract from the Monitoring Return Guidance, please treat this item as a Revenue Resource Limit reduction via Table E within future returns, rather than as expenditure.</p> <p><i>The WRP risk sharing values, as reported by NWSSP, must be included consistently by both parties on Table E/E1. The only exception being when the forecast has altered during the year but is minor and the organisation has chosen instead to temporarily report the change as a risks (table A2) – this must be explained in the narrative. Consistent with last year's adjustment, the HBs are to record an RRL adjustment (Table E) representing the funding transfer back to the WG, and NWSSP will anticipate the funding from WG (Table E1).</i></p>	Actioned.
<b>1.17</b>	<b>Other</b>	

	As we are in a new financial year, please confirm who will sign off the Monitoring Return Submission in the absence of either yourself or the Chief Executive.	
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