

**Confirmed Minutes of the
WHSSC Joint Committee Meeting held **In Public** on
Tuesday 21 November 2023
via MS Teams**

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing Quality
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB
Paul Mears	(PM)	Chief Executive Officer, CTMUHB
Stacey Taylor	(ST)	Director of Finance and Information, WHSSC

Deputies:

Abigail Harris	(AH)	Executive Director of Planning, Cardiff and Vale UHB
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In Attendance:

Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning & Performance, WHSSC
Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, WHSSC
David Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
James Leaves	(JL)	Assistant Director of Finance and Information, WHSSC
Andrew Doughton	(AD)	Audit Manager, Audit Wales

Observing:

Claire Harris	(CH)	Palliative Nurse, Aneurin Bevan UHB
Lizzie Abderrahim	(LA)	Chair WHSSC Individual Patient Funding Request (IPFR) Panel

Apologies:

Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
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Ian Phillips (IP) Independent Chair, Welsh Kidney Network (WKN)
Nick Wood (NW) Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government (via Teams)

Minutes:

Karla Williams (KW) Risk and Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/138	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members in Welsh and English. The Chair reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership, improvement and innovation.</p> <p>Introductions were made and members noted that it was Stacey Taylor's first meeting as WHSSC's new Director of Finance and Information, Andrew Doughton (AD), was in attendance for Audit Wales. Members noted that Lizzie Abderrahim (LA), the new WHSSC IPFR panel Chair, Claire Harris (CH), Palliative Care Nurse from Aneurin Bevan UHB were attending as observers.</p> <p>There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.</p>
JC23/139	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted and listed as above.</p>
JC23/140	<p>1.3 Declarations of Interest</p> <p>The Joint Committee (JC) noted the standing declarations and there were no additional declarations of interest made relating to the items for discussion on the agenda.</p>
JC23/141	<p>1.4 Minutes of the meeting held on 19 September 2023 and Matters Arising</p> <p>The minutes of the Joint Committee (JC) meeting held on 19 September 2023 were received and approved as a true and accurate record of discussions.</p> <p>There were no matters arising.</p>
JC23/142	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress on the actions outlined on the action log and approved action JC23/004 concerning Eating disorder in-patient provision for adults, for closure.</p>

JC23/143	<p>2.1 Financial Savings Update</p> <p>The report and presentation outlining the updated financial savings was received.</p> <p>James Leaves (JL) outlined the reported position against the financial savings targets. Members noted good progress had been made against the core plan savings target of £9.2m which were broadly achieved, and JL advised the additional 1% pathway saving falling back to commissioners through the WHSSC position was just under £2m, with a further £1.3m of savings identified that would fall out of Health Board pathway budgets.</p> <p>An update against the financial improvement options was provided and members noted that an additional £3.1m of paused uncommitted expenditure was confirmed within the year end forecast underspend position of (£9.3m).</p> <p>Nicola Prygodzic (NP) asked if the slides could be shared with members.</p> <p>Action: The presentation slides on the financial savings update to be shared with all members via email.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC23/144	<p>2.2 Draft Integrated Commissioning Plan (ICP)</p> <p>The report presenting the draft 2024-2025 Integrated Commissioning Plan (ICP) was received.</p> <p>Claire Harding (CH) presented the report and members noted that there was a requirement for WHSSC to develop an ICP on behalf of Health Boards (HBs) that must be agreed by the Joint Committee (JC), and align with the WG NHS Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs).</p> <p>Members noted that WHSSC had once again followed its well established annual cycle to develop the ICP, with key governance touchpoints and that the main context was the WHSSC Specialised Services Strategy and other service commissioning strategies. CH advised that in recognition of the austere financial context within which the plan has been developed, there is a heavy emphasis upon value, recommissioning and efficiency. Members noted that a triangulated risk assessment was also being undertaken with the Management Group to prioritise uncommitted schemes from previous plans alongside the results of the Clinical Impact Assessment Group (CIAG) prioritisation process for 2024-2025 to</p>

ensure that informed choices can be made by the JC in the final Plan.

CH advised that the main detail of the plan was outlined in the goals, methods and outcomes sections of the plan for the commissioning services and networks that WHSSC host.

Members noted that a recent internal audit review of the ICP process, had received a substantial assurance assessment rating on the number of processes in place to effectively develop and deliver the ICP.

ST provided the context on the approach to developing the financial plan, highlighting that individual organisation positions were still being worked through following recent WG announcements regarding funding. As a result, members noted there has been significant variation up until Month 7 and 8 in addition to the uncertainty on the NHS England (NHSE) position due to in part recent industrial action. A high-level early sight draft was presented to the Management Group in October 2023 with a view to developing a draft detailed financial plan by January 2024.

Members noted the following next steps:

1. Management Group Workshop MG on 23 November 2023,
2. Joint Committee Workshop on 12 December 2023,
3. Management Group on 14 December 2023 to refine the plan,
4. Joint Committee on 16 January 2024 for approval of the final version.

Nicola Prygodzicz (NP) advised that a 3% uplift was not affordable and that members collectively needed to be clear if commitments on new decisions and policies were needed on a national level.

Carol Shillabeer (CS) acknowledged the preparation for the ICP and recognised how much work had been done. CS suggested additional detail on what the choices were on the financial challenges going into next year and asked if different scenarios could be presented for discussion.

Richard Evans (RE) advised that he recognised the difficulty at looking at best impact and gain, and reiterated the earlier point made by NP and CS.

Abigail Harris (AH) advised the clinical benefit and outcome for patients needed to be clearer as well as the risks and implications.

Steve Moore (SM) advised there was a need to find a different approach and to think about reduction rather than expansion. He

	<p>supported AH on her point confirming it was important to defend the difficult decisions and to know what the impact outcomes were.</p> <p>SL reassured members that there was work ongoing to look at the criteria and ensure the plan was adding value into the system.</p> <p>Carolyn Donoghue (CD) questioned the timescales for implementing some of the difficult decisions because of the time needed for them to be worked through properly. CD queried what the process was to allow this to happen and what would happen if the normal process we follow did not meet the timescales.</p> <p>SL responded and advised it depended on the scenario as different proposals had different run-in times, and gave an assurance that due process would be followed for any changes. SL advised that some work was already underway and the work will come to the JC for consideration before being implemented.</p> <p>Paul Mears (PM) queried what choices were to be made if we could not invest in additional money, and suggested that WHSSC colleagues present two different scenarios, if we invest and if we do not invest, as commissioning Health Boards (HBs) needed to understand the implications if they chose not to invest.</p> <p>Nicola Johnson (NJ) advised that the scenarios were important and that the team would describe the strategic work that was underway. It was agreed the workshop would include scenarios as well as the work from Management Group on investment schemes and triangulated risk assessments.</p> <p>The Chair thanked members for their feedback and the team for all of their hard work and for providing a detailed update on the progress made so far.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Discuss and provide comment on the first draft of the 2024-2025 Integrated Commissioning Plan (ICP).
JC23/145	<p>3.1 Chair's Report</p> <p>The Chair's report was received and members noted:</p> <ul style="list-style-type: none"> • Chairs Action – a Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years, • Key meetings attended. <p>The Joint Committee resolved to:</p>

	<ul style="list-style-type: none"> • Note the report; and • Ratify the Chair’s action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.
JC23/146	<p>3.2 Managing Director’s Report</p> <p>The Managing Director’s Report was received and members noted the following updates.</p> <p>Cochlear Implant and Bone Conduction Hearing Implant – The Designated Provider process had been initiated to implement the single centre model agreed by the JC. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023.</p> <p>WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wish to work in partnership with CVUHB to develop the outreach support. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the JC.</p> <ul style="list-style-type: none"> • Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award - Congratulations went to James Leaves, Assistant Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the ‘Innovation, Data and Digital’ HFMA Wales Branch award in October 2023. James, Sandy and their teams had been working on the financial costs and effects of the new Cystic Fibrosis drug called ‘Kaftrio’. <p>The Chair added her congratulations on the piece of work as it provided an insight on the methodology used when assessing high cost drugs.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/147	<p>3.3 Specialised Paediatric Services Update (Mid and South Wales)</p> <p>The report considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a JC Workshop on 17 November 2023. A recommendation to continue outsourcing paediatric surgery in 2023/24 was received.</p>

NJ presented the report and members noted that there were currently three services commissioned from the Children's Hospital for Wales (CHfW) that were at Level 3 of the WHSSC Escalation Framework (Paediatric Surgery, Paediatric Intensive Care and Neonatal). These will now be brought together under a single Triple Escalation process with enhanced Executive leadership. This will include detailed objectives as well as objectives addressing the overarching themes, including the interlinked workforce issues.

NJ advised that there had been excellent engagement with the provider at Executive and at an operational level.

NJ provided updates as follows:

- **Paediatric Surgery** - Members noted that current contract volumes had not been met. The waiting times were of serious concern to the WHSSC Quality and Patient Safety Committee (QPSC). Following discussion by HBs at the JC workshop there was now a robust trajectory to reach a 52 week waiting list position by the end of March 2024. However, it was noted that in order to achieve this, the current outsourcing contract with Nuffield would need to continue until the end of the financial year at a cost of £135k for 37 cases. The funding to support outsourcing was within the 2023/24 ICP financial framework so there was no additional cost for commissioner HBs in 2023/24. However, the JC were also asked to approve in principle the continuation of the outsourcing to meet the 36-week waiting times during 2024/25. This funding would be included in the 2024/25.

Chantal Patel (CP) asked for clarification on whether additional funding was being sought at this meeting. The Chair confirmed that the ask was to re-affirm the current budget, therefore, no additional funding was required in 2023/24.

- **Paediatrics Intensive Care (PIC)** - A number of transformational actions were discussed in relation to stabilising PIC for 2024/25 and beyond, in addition to the existing commitments to formally commission the High Dependency Unit (HDU) linked with tertiary care that was included in the approved WHSSC Specialised Paediatric Services Strategy for 2023/24. It was proposed that a Service Specification for PICU and HDU was developed taking into account National PIC Standards and the GIRFT (Getting It Right First Time) report. The service had undertaken a gap analysis against the GIRFT recommendations and there were notable gaps at outreach and step-down provision. There was also a recognition at the workshop that a clinically-informed programme of work was required to ensure robust networked

and regional approaches and services were in place. This will include the development of pathways on a case-mix basis and modernising the service model regarding outreach and step-down for respiratory care.

PM advised that he supported this year's decision on outsourcing to reduce waiting times, however he was unable to support next year commitment and this would need to be considered through a prioritisation process. Therefore, he was content to support the ambition but not the decision at present.

RE agreed and advised it would be helpful for outsourcing to be refined by condition, as some were time sensitive. In addition, that a wider consideration of paediatric surgery is needed as there was now less expertise available in the DGHs due to individuals retiring and it was less likely that a surgeon would be available for surgery.

CS confirmed the GIRFT work would be helpful on the paediatric surgery, and the service configuration, but agreed that there were less places available which were able to provide the service.

AH thanked the WHSSC team for interfacing with CVUHB, recognising the comments that had been made and the questions received on the model and pathways. AH advised that there was a need to understand what the demand and capacity was on the pathways, as children will present differently due to their underlying needs. There was a need to do work on the model going forward and a need to update the vision and pathways on how services worked together.

NJ reiterated AH's input and advised that current service models had impacted on service delivery on a HB level and tertiary services. NJ advised that WHSSC would look at all pathways and describe them in the high-level plan for next year based on the discussions at the meeting.

NJ acknowledged the JCs support for the ambition and agreement to formally reaffirm the continued outsourcing of paediatric surgery cases in 2023/24, alongside the team continuing to work on plans in conjunction with CVUHB in the coming months.

The Joint Committee resolved to:

- **Note** the report and the steps taken to date,
- **Approve** the continued outsourcing of paediatric surgery cases in 2023/24.
- **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with the detail to be considered in the agreement of

	<p>the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but did support the ambition to do so; and</p> <ul style="list-style-type: none"> • Supported the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.
JC23/148	<p>3.4 Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)</p> <p>The report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy, and which sought support for the proposed changes to the policy prior to being shared with Health Boards for final approval was received. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.</p> <p>SL presented the report and members noted the issues of the ToR were first raised in November 2020 with the JC of WHSSC and the issues regarding the Policy in January 2022.</p> <p>Members noted that there had been extensive stakeholder engagement to develop new ToR and specific but limited changes to the All Wales Policy as requested by WG. Members noted that discussion had also been held with the NHS Wales Board Secretaries Group, the All Wales IPFR Lead and the Policy Implementation Group (PIG).</p> <p>SL advised that the very long time line associated with the process to address the issues identified in the WHSSC ToR and All Wales IPFR Policy, illustrates the very significant complexities in taking forward this change. This was despite it being highlighted as the highest corporate risk within WHSSC and was symptomatic of the lack of clarity around the governance arrangements within the arena of IPFR Policy.</p> <p>The Chair thanked the IPFR team and the NHS Wales Board secretaries on their continued work. It was agreed that the risk score relating the IPFR risk should be reviewed and be reduced following HB board approval.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the feedback from the WHSSC IPFR engagement process with key stakeholders, • Support the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,

	<ul style="list-style-type: none"> • Note that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), • Note that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, • Note that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and • Approve the proposed changes to the WHSSC IPFR Panel ToR.
JC23/149	<p>3.5 Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks</p> <p>The report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit was received.</p> <p>NJ presented the report and members noted the recommendations to revise arrangements for commissioning, performance management and delivery assurance and the updated ToR's for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) DAGs.</p> <p>Members noted that the arrangements for the Neonatal Transport ODN DAG will be reviewed when a decision is made on whether to operationalise it.</p> <p>Members noted that the proposed annual objectives for the ODNs are set and agreed in the WHSSC ICP, based on the objectives in the WHSSC Service Specification and that these are monitored through the relevant groups.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Approve the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and • Approve the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

JC23/150	<p>3.6 Gender Identity Services for Children and Young People Update</p> <p>The report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People was received.</p> <p>Members noted that regular updates are presented to the JC through the QPSC Chair’s Report, however given the recent media interest, it was deemed beneficial to present a briefing paper to the JC for assurance and to confirm support for the strategic direction for commissioning of the service.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, • Note the mobilisation timescale and the risk of increased waiting times for children and young people as a result, • Support WHSSC’s commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, • Note the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an ‘in year’ risk to WHSSC in 2024-25; and • Support inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).
JC23/151	<p>3.7 Audit Wales – WHSSC Committee Governance Arrangements Update</p> <p>The report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report was received.</p> <p>Members noted that progress against the seven recommendations and the relevant actions outlined within the management responses had been monitored through the Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC).</p> <p>Members noted that the 4 recommendations relating to WHSSC had been completed for WHSSC.</p> <p>Members noted the three recommendations for WG and that progress against the WG management responses was monitored through discussions between the Chair, the WHSSC Managing</p>

	<p>Director and the Director General Health & Social Services/ NHS Wales Chief Executive. Members noted that recommendation 5 had been completed, and recommendations 6 & 7 were categorised as partially completed.</p> <p>Andrew Doughton (AD) advised that there was good ongoing engagement with WHSSC on the progress of the recommendations, and that recommendation 6 relating to sub-regional and regional programme management may potentially take longer due to the new arrangements, and that Audit Wales and WG will continue to engage with WHSSC. In relation to recommendation 7 relating to future governance and accountability arrangements for specialised services this will be likely be categorised as completed soon due to ongoing work on the national commissioning review.</p> <p>The Chair reassured members that if recommendation 6 was not closed, this will be included within the legacy statement that will be prepared in readiness for the transition to a new Joint Commissioning Committee from 1 April 2024.</p> <p>Members noted that an update on progress to HB Audit Committees for assurance in early 2024. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC’s status as a Joint Committee of each HB in Wales.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, • Note the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and • Approve the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.
JC23/152	<p>4.1 WHSSC Integrated Performance Report – August 2023</p> <p>The report providing a summary of the performance of WHSSC’s Commissioned Services was received.</p> <p>Further detail including splits by resident Health Board was provided in an accompanying Power BI Dashboard report.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC23/153	<p>4.2 Financial Performance Report Month 6 2023-2024</p>

	<p>The Financial Performance Report setting out the financial position for WHSSC for month 6 2023-2024 was received.</p> <p>Members noted the financial position reported against the 2023-2024 baselines following approval of the 2023-2026 ICP by the JC in February 2023. The year to date financial position reported at month 6 for WHSSC an underspend against the ICP financial plan of £5.171m, the forecast year-end position was an underspend of £9.076m.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position.
JC23/154	<p>4.3 Corporate Governance Matters Report</p> <p>The report providing an update on Corporate Governance Matters that had arisen since the previous meeting was received.</p> <p>Members noted that the draft Annual Report 2023-2024 had been circulated via email after the JC meeting on 19 September 2023, and that the document had been updated to incorporate the feedback received.</p> <p>Jacqui Maunder-Evans (JME) thanked everyone who had taken the time to provide feedback.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, and • Approve the WHSSC Annual Report 2022-2023.
JC23/155	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>4.4.1 Audit and Risk Committee (ARC) Assurance Report</p> <p>The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 24 October 2023.</p> <p>4.4.2 Management Group Briefings</p> <p>The JC noted the core briefing documents from the meetings held on 28 September 2023 and 26 October 2023.</p> <p>4.4.3 Individual Patient Funding Request (IPFR) Panel</p> <p>The JC noted the Chair's report from the meeting held on 19 October 2023. Members noted that a successful candidate had been appointed to take on the role of the All-Wales IPFR Panel Chair, Mrs Elizabeth Kathleen Abderrahim will take up her role from 1 November 2023 for a period of up to 3 years.</p>

	<p>4.4.4 Integrated Governance Committee (IGC) The JC noted the Chair’s report from the meeting held on 25 October 2023.</p> <p>4.4.5 Quality & Patient Safety Committee (QPSC) The JC noted the Chair’s report from the meeting held on 23 October 2023 and the summary of services in escalation that was attached as an appendix.</p> <p>4.4.6 Welsh Kidney Network The JC noted the Chair’s report from the meeting held on 3 October 2023.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC23/156	<p>5.1 Any Other Business No additional items of business were raised.</p>
JC23/157	<p>5.2 Date of Next Meeting (Scheduled) The Joint Committee noted that the next scheduled meeting would be held on 16 January 2023.</p> <p>The meeting closed at 16:06 hrs.</p>
JC23/158	<p>5.3 In Committee Resolution The Joint Committee is recommended to make the following resolution: “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.</p>

Chair’s Signature:

Date:.....