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WORKING GROUP ON ACTION TO CONTROL CHEMICALS	
Minutes of the 18th meeting of the Working Group on Action to Control Chemicals held on 23 rd February, Monk Bar Hotel, York	
<p>Members Present</p> <p>Steve Fairhurst (Chair) Steve Bailey Robin Chapman Rosemarie Hutchinson Steve Binks Ching Aw Alastair Hay Martie van Tongeren Robin Howie (ad hoc member) Tony Fletcher</p> <p>Observers</p> <p>George Kowalczyk (Health Protection Agency, HPA)</p> <p>Apologies</p> <p>Steve Williams David Farrar Len Levy Julian Peto (ad hoc member)</p>	<p>HSE Officials Present</p> <p>Jayne Wilder (Secretariat) Hayley Keating (Secretariat) Garry Burdett Martin Gibson Andy Darnton John Cocker Rob Turner Sarah Mallagh Andrea Wheale Lydia Harrison</p>

1	Introductions and apologies
1.1	The Chairman welcomed everybody to the 18 th meeting of the committee. He welcomed ad hoc members attending for the item on asbestos and officials from HSE and HSL attending for specific items. Apologies were received from Steve Williams, David Farrar, Julian Peto and Len Levy.
2	Administrative issues
2.1	The Chairman introduced Jayne Wilder as the new Secretary to WATCH. He thanked her predecessor Nicola Gregg for her sterling work for the committee.
2.2	The Chairman asked for declarations of any interests in the items on the agenda. Dr Aw noted that he had a possible interest in the item on welding fume as he had in the past provided advice to various parties on chromium compounds, a component of stainless steel welding fume. Dr van Tongeren noted that his institute (the Institute of Occupational Medicine, IOM) provided consultancy advice on both asbestos and welding, but that he had not been personally involved in that work.

3	Asbestos action plan from November 2009 meeting
3.1	The Chairman introduced the discussion by summarising the actions that had been agreed at the previous meeting, and the committee discussed each point in turn.
3.2	The first point was to consider what WATCH could say about the risks arising from exposure to asbestos at exposure levels below those presented in the risk estimate table in the WATCH conclusion from the October 2008 meeting, ie below 0.1 fibres/ml.year. He suggested that there were two approaches that could be considered. One would be to conclude that it was not possible to make reliable statements about the risks from exposures to lower levels. The other would entail extrapolating, using the Hodgson & Darnton (H&D) model (and any other information) to make risk estimates at levels below 0.1 fibres/ml.year.
3.3	One member suggested that the newer data that had appeared after 2000 corroborated the H&D (2000) model, and on that basis he considered the H&D model could be extrapolated to lower doses. He said that it is generally accepted that, for risk assessment purposes, there is no identifiable threshold dose for asbestos-induced tumours. He considered that one approach would be to extrapolate using a linear relationship between dose and risk, but also reminded WATCH that the H&D model uniquely assumes a non-linear relationship at the lower end of the dose axis; in this region, if exposure is reduced by a factor of 10, the risk drops only by a factor of 5. This member considered that extrapolating would enable a judgement to be taken on what is a 'tolerable' level of exposure, based on a tolerable level of risk taken from other HSE publications on this topic.
3.4	The Chairman summarised that members might first want to consider first the validity of performing such extrapolations and, if so, by which approach?. If it was decided that extrapolation could be done, then the Committee could start to consider the 'acceptability' of any risk values so derived.
3.5	Several members commented similarly that there was considerable uncertainty involved in extrapolating to doses below those in the current WATCH position and this was uncomfortable. The reality was that risks from such low-dose exposures to asbestos fibres were unknown. If they were to attempt to extrapolate they considered it was essential to include confidence intervals with any information provided. Using the H&D model, given its non-linearity at low doses, a reduction in exposure of 100 times resulted in reduction in estimated risk of 1/25 th . According to the model, the lower the dose, the greater the difference from a straight line extrapolation. The model assumed the same shaped slope for exposure to all types of asbestos, although the risks were higher for the amphibole forms. Members also noted that there is uncertainty about the data we do have on dose-response in observed historical cohorts. Current exposures were now usually much lower, in the same region as 'environmental' exposures, and concerns were noted about ascribing a greater accuracy to the model than it deserved. Members agreed that the decision on using the model at these low levels of exposure was not a purely scientific one - there was an element that was a policy decision, in that it might be considered better to use the H&D model, but with a clear recognition of the conservatism and enormous uncertainty associated with it, rather than offer no estimates at all.
3.6	The Chairman obtained a view from each member on what seemed to him to be three possible options: to conclude that there is no reliable means of estimating risk at such lower doses; to use the H&D model to do so; or to use

	<p>linear extrapolation to do so. The members were unanimous that, in attempting to consider risk from lower levels of exposure than formerly addressed, of the three options available they would advise using the H&D model. However, WATCH also emphasised that even at the higher doses the risk estimates produced by the H&D model were not reliable as accurate values for absolute risk – this has obvious implications for any risk estimates derived by further extrapolation. The Chairman then asked the committee for its view on what such extrapolated values might best represent.</p>
3.7	<p>In response it was suggested there were a number of uses for such risk estimates. The risk estimates could be used as a means of prioritisation; or to assess the acceptability of potential exposure levels; or as an approximate representation of what might be the true absolute risk level. In the context of the third possibility, WATCH considered that it would be useful to determine whether the confidence intervals associated with any extrapolated estimates were of a similar order to risk estimates that are available and used in regulatory decision-making for other potential impacts on health, such noise or respirable crystalline silica.</p>
3.8	<p>The Chairman noted that as far as estimating risk for regulatory purposes in an occupational context he couldn't think of any other substance for which risk estimates, based on extrapolation of a model derived from observed data, were used. One member suggested that perhaps coal dust was an example – however, others thought that any risk estimates that have been used were obtained from within the observed data range.</p>
3.9	<p>Members considered that it would be inappropriate to use any risk estimates obtained by extrapolation to make definitive statements on the acceptability of risk at any given “low-level” exposure, given the unease expressed about the acknowledged uncertainties involved in extrapolation. They agreed that it might be possible to consider the outputs of extrapolation as representing ‘relative risk’ or ‘approximate risk’ and that such outputs might in turn be suitable as a basis for advice to those potentially confronting such exposures. One perspective expressed was that in practice people need to make decisions on the level and acceptability of risk relating to many features of work that is going on every day; could any asbestos risk estimates derived via extrapolation be considered within such ‘acceptability’ decision-making?</p>
3.10	<p>Members agreed that in terms of numerical values produced by extrapolation of the H&D model it could be seen whether any risk value was higher or lower than another, and this would be useful for comparisons and for ranking/prioritisation. Any risk values so derived were perhaps less a reflection of absolute or relative risk, and more indicative of the approximate level of justifiable concern about an exposure situation? It was commented that if the model cannot be used to reliably determine absolute risk, then neither could it be a means of accurately determining risk acceptability.</p>
3.11	<p>One member observed that in the UK civil courts it had generally been seen that if an exposure situation creates a doubling of risk, then this is sufficient for a case to be made for compensation. It was suggested that the model might potentially be used to determine what level of exposure would result in double the “background” risk of mesothelioma; this might represent the ‘acceptability’ cut off, or a potential threshold for “significant risk” or discrimination between “high” and “low” risk? Alternatively one might try to establish the levels of exposure to different asbestos fibre types for which the estimated risk derived from extrapolating the H&D model was similar to the “background” mesothelioma risk level. In this context it was pointed out that the background</p>

	<p>levels of exposure to asbestos in the general environment that were experienced during the historical period of its widespread use were considerably higher than nowadays. This has implications for what is regarded as the current level of “background” risk experienced by today’s general population.</p>
3.12	<p>WATCH discussed with HSE/HSL the practicalities of running the H&D model for a variety of different scenarios, to assist future discussion. The response was that the model could be run relatively easily, but a note of caution was that the range of exposures consistent with what is regarded as the “background” mesothelioma risk level were likely to span at least two orders of magnitude.</p>
3.13	<p>It was suggested that the H&D model should be run for doses of 0.01 to 0.0001fibres/ml.yr. Members noted that, if the time were available prior to the June WATCH meeting, it would also be interesting to see what are the key variables, changes in which are particularly important in altering the risk estimates. For example, is changing the age of first exposure particularly influential? In this context it was noted that the Doll and Peto model for estimating asbestos-related risk enables extrapolation of age-at-first-exposure to age 5, which is of relevance to exposure at school; in terms of considering residential exposure estimates one would need to assume exposure of babies. There was some discussion as to whether it was appropriate for WATCH, a committee responsible for providing advice about occupational exposures, to be considering exposures to children, but it was noted that local authority rental properties for example were covered by the Health and Safety at Work Act 1974. Other factors mentioned as being of interest to model in addition to age-at-first-exposure were life expectancy (today’s toddlers have a life expectancy of 90+ years), the effect on predicted risk of fibre clearance rates (from the lungs), and the mechanism by which it is assumed that asbestos causes mesothelioma and its timeline (eg if there are 3 stages each occurring over a roughly 10-year period, concern should be focussed primarily on risk some 40 years after first exposure). Members noted that the risk estimate for chrysotile at 0.1 fibres/ml.years was low and that modest further extrapolation of the H&D model would take one to very low risk levels. Whilst it would be appropriate to run the H&D model for all three types of asbestos, it was agreed that any concern about low level exposure was likely to be focussed on the amphibole forms (principally amosite and crocidolite).</p>
3.14	<p>The Chairman drew this part of the discussion to a close. He summed up that WATCH had agreed to further explore what might be said about the risk of cancer at lower doses (than those addressed in the October 2008 conclusion) using the H&D model. At present, WATCH considered that the risk values derived by extrapolating the model in this manner might be considered to represent a number of different things and/or be usable for a variety of purposes. Such considerations would be pursued further when the outputs from running the H&D model were presented to WATCH at its next meeting in June.</p>
3.15	<p>One member was asked to phrase the questions/issues that the committee would need to consider in June and to set these out in a note to be provided to the secretariat by 12 March; these ideas would then be circulated to members for comment by the end of the month. The H&D model would then be run to explore the full range of issues that WATCH agreed it would address. HSE would provide a paper to the June meeting covering the outputs from running the model to explore these issues.</p>
	<p>Action: The WATCH member, the Secretariat and HSE/HSL</p>

3.16	The Chairman also indicated that a short (10 mins) presentation looking at issues relating to asbestos exposure in schools would be given by a WATCH member – this had been deferred from an earlier WATCH meeting in 2009.
	Action: WATCH member
3.17	The meeting then turned to look at the second point. The secretariat had provided an interim report to ACTS and HSE, (provided as Annex 1 WATCH/2010/1). A response from HSE’s Asbestos Policy Unit was included as annex 2 to that paper. This policy perspective includes the position that a control banding tool is not a priority for further work by HSE/HSL at this time.
3.18	Members sought further clarification of this policy position. They asked whether it was HSE’s view that such a tool could not be progressed to give reliable advice, or whether it was considered that the type of approach was too academic/specialist in nature, with workers preferring simply to follow instructions. They noted that even if it were decided that the initiative would not be progressed as a tool for workers, the results of further work on the concept might still be useful in an international context.
3.19	HSE responded that its primary purpose is to ensure that those people undertaking tasks that could result in exposure to asbestos fibres know what to do. The research available to HSE on the characteristics and awareness of these workers indicates that simple procedural advice in line with ‘Asbestos Essentials’ is the most appropriate approach. The control banding tool concept was considered too complex to help the individual to take the appropriate action.
3.20	Members asked whether the control banding tool could have a useful role in enforcement? HSE advised that any enforcement action would be taken against the current guidance.
3.21	Members further discussed the possible uses of a control banding tool. They suggested it might have use in assessing whether current guidance is adequate i.e. does following it deliver consistently the desired control of exposure (and therefore of risk). Members agreed that the need for a validation tool to confirm the effectiveness of following current guidance would be an important issue. WATCH also commented that although the tool had been seen as useful to individual workers, perhaps more importantly it would be a tool for managers of buildings in which work that had the potential to create asbestos exposure was being done. It was also suggested that HSE could use such a tool in assessing whether, in submitted notifications for asbestos work, the proposed controls would be adequate.
3.22	Garry Burdett (HSL) reiterated to WATCH that the tool as it stands is a risk banding tool, rather than a control banding tool. It calculates risk based on the H&D model. The meeting had already heard about the large uncertainty within that model; consequently the tool banded the risk into simple order of magnitude bands of very high, high, medium, low or very low, for ease of understanding and to communicate the large uncertainty associated with any single number. The controls recommended by the tool were designed to be exactly the same as, and link directly to, the guidance and current controls required by HSE. There had been no attempt to link controls <i>directly</i> with the calculated risk band, as the controls recommended by the tool were primarily triggered by the type of asbestos, and the type of asbestos-containing material, on which any work was to be done (i.e. the same as the guidance). He said that the tool does calculate the risk when controls are applied and if the guidance is followed the risks are generally “very low” or “low” except for some

	work with crocidolite.
3.23	The Chairman observed that the current characteristics of the tool were therefore rather different to those that had been envisaged by WATCH in 2008 when it advocated a “control banding tool”. .
3.24	Members agreed that the idea of developing a control banding tool had seemed reasonable at the time (October 2008), but agreed that for the occupational groups of concern, giving advice on evaluating the work and identifying the precautions to take was the key goal. There was also some uncertainty about how much choice there might be in the control options available in any particular work situation.
3.25	Members pointed out that the wider issue of “low-level exposures” might present other issues. For example, in considering bystander exposure there were a large number of different options and individual judgements are involved, probably resulting in inconsistency - the use of a control banding tool might introduce an element of consistency here. A member also referred to the issue of potential long- term low-level exposure, for example in regularly penetrating asbestos insulation boards (pins, nails etc) for a prolonged period was difficult and a control banding tool might help decisions as to whether it was best to leave the potential exposure source in situ or whether it needed removal.
3.26	Various HSE representatives reiterated that ‘Asbestos Essentials’ has control regimes that specify stringent control for what might be relatively low-risk work. This includes a requirement to remove any post-operational dust/debris to reduce any consequential exposure and therefore risk for building occupants. There are already very strict controls specified in the asbestos regulations and HSE considers these to be appropriate. HSE drew a distinction between immediate, short-term exposures arising from work activities and potential longer-term, “low-level” exposure situations. It was commented that one aim of the risk banding approach was that it might show which activities were well covered by existing stipulations and whether or not there were other situations for which further advice on control was needed.
3.27	HSE representatives also stressed that it is important to get the necessary information across to employers, to building managers and then to individual workers to ensure they can recognise asbestos and know which rules to follow and controls to apply. It is very important to refine the messages delivered to specific work groups, clearly identifying duty holders’ and contractors’ responsibilities.
3.28	The Chairman drew this section of the discussion to a close, stating that the HSE policy position regarding the concept of a control banding tool had been set out, and that HSE policy staff had heard the points raised by WATCH, could reflect upon what had been said and consider whether there was any need to adjust the current policy position.
3.29	Moving to the final point for this discussion, the Chairman noted that Annex 3 of WATCH/2010/1, produced by Garry Burdett (HSL), presented the available information he had been able to identify characterising levels of exposure in buildings. It was noted that the ATAC (Asbestos Testing and Consultancy) association had been suggested as a possible source of useful information, and one WATCH member was now in contact with ATAC to see whether there was any additional useful data.
	Action: WATCH member to send information to WATCH Secretariat

3.30	<p>WATCH members asked if there were any temporal trends in sampling/analytical matters to be aware of when considering the pattern of the data over time? It was confirmed that the 1985 UK data average included some instances of maintenance work from situations which were encountered during the sampling visit – and indeed there had been a deliberate attempt to seek to monitor occupied buildings and situations where it was expected that there might be higher levels of airborne asbestos. The transiently high levels that could be created by short-term maintenance work may not have been encountered during air monitoring in some of the later studies and this may partially account for the lower values for background levels. It was recognised that one day of maintenance activity could significantly increase the background levels and was partly the reason for the increased emphasis on the duty to manage asbestos introduced in the Control of Asbestos at Work Regulations (CAWR) 2002.</p> <p>The Chairman concluded this discussion at this point, saying that Annex 3 would be considered in more detail at the June meeting together with any additional information obtained from ATAC. The potential exposure to asbestos that can arise in buildings sets an important context for the levels of exposure at which a position on the risk involved might be sought.</p>
4.	Reducing the risk of ill health from welding fume
4.1	<p>Lydia Harrison (HSE) explained that the team in HSE leading this work wanted to update WATCH on what was being done in relation to welders and the potential threat to them of respiratory disease. There is a large population of welders working in varied workplaces. Exposures do not seem to have been changed in this sector following the advent and publication of 'Welding COSHH Essentials'. The short 'statement of evidence' included as Annex 2 to WATCH/2010/2 attempts to distil the weight and balance of evidence regarding various respiratory health effects that might be associated with exposure to welding fumes. It was not a systematic, detailed review - the main aim of HSE's work in this area is to develop key messages, in an accessible format, that could be delivered to, and have the desired impact on welders</p>
4.2	<p>Opening discussion, the Chairman reminded WATCH that last year the committee had expressed its view on the apparent strength of evidence that exposure to welding fumes could be contributing to Chronic Obstructive Pulmonary Disease (COPD).</p>
4.3	<p>One member noted that welders are in fact subject to a lot of potential health hazards in the workplace, welding fumes being just one aspect. Whilst it might be going beyond the strict WATCH remit, he considered that the message about fumes was important but should be delivered within an overall package of information on all health concerns for welders. HSE confirmed that this would indeed be the case, other parts of HSE being responsible for taking forward some of the other aspects to be covered in a collaborative approach.</p>
4.4	<p>Members asked what HSE's experience had been of targeting any other similar workforces? The WATCH paper suggested that welders would be quite difficult to reach and influence, and would probably require a multi-pronged approach. HSE explained that recent workshops with stakeholders had identified the training of welders (both via apprenticeships and National Vocational Qualification, NVQ schemes) as key. Although this approach is primarily targeting the 'next generation' of workers, information on good</p>

	practice will then need to be transmitted to more experienced colleagues.
4.5	It was also noted that sales representatives for welding materials and equipment had been identified as an important source of advice and information for welders. WATCH members asked whether there was any specific responsibility for suppliers to provide such information. HSE responded that as well as (Material) Safety Data Sheets, there was a 'moral' responsibility to provide information and HSE is working with suppliers to ensure the information provided is factually correct and to draw upon their expertise in getting messages across to welders. A stakeholder meeting was planned for March 2010.
4.6	Members commented that, in general, getting influential message across for long-latency health problems is difficult. They wondered whether there was any potential to involve workers in an approach entailing the measuring of exposures, the implementation of changes in work practice and then the subsequent measurement of reductions in exposure? This might be an effective way of getting welders to see the beneficial impact of using good practice? There was some scepticism expressed by WATCH about the effectiveness of video or leaflet campaigns. HSE responded that the message to welders would be linked to the more general ongoing campaign on Local Exhaust Ventilation (LEV). HSE was considering the possibility of involving workers in biological monitoring – before and after the introduction of better controls. This had been done in other industry sectors (e.g. polyurethane workers exposed to isocyanates). However, HSE was unsure if this approach would be feasible in the welding sector.
4.7	Members noted from the information given in the WATCH package on interviews with welders that "health and safety" in the welding workplace seems to place greater emphasis on safety than on health.
4.8	HSE explained that it was intending to develop some messages aimed at the welder and some for the employer. Messages to the welder would be primarily about controls and the things they needed to ask about. The employer was the more appropriate target for messages regarding measurement to ensure that controls were effective. In the past there have been good outcomes regarding a direct impact on the worker from personal monitoring data, but where this approach is used, it is important that it should relate directly to the particular worker, focusing on personal behaviours such as how PPE is being used or personal hygiene matters. In trying to get a message across about the health issues, HSE is intending to draw together the range of potential ill-health issues associated with welding. HSE considers that it is important to the success of any health campaign that any statements made are scientifically robust and not likely to be contradicted by key stakeholders - otherwise the health message could become obscured by arguments about the science. WATCH was asked whether the paper provided a reasonable summary of the health issues.
4.9	WATCH confirmed that the paper provided a reasonable summary of the current knowledge on respiratory health issues associated with welding. It was noted that in some cases information was presented separately for male and female welders. The extent of employment of females in welding was probed. It was confirmed that there were female welders in the "welding" workforce, eg those working as engineers. The importance of the armed forces in training welders was noted in this context and with more women in the forces it was likely that more women would be entering welding via that route. It was suggested that HSE approach the armed forces to ensure these

	important health and safety messages were included within their welding training.
4.10	Some concern was expressed by WATCH about the apparent focus on worker training. Ensuring appropriate management of health and safety is a management responsibility and the smaller number of managers, compared to welding workers, should make them an easier target audience to hit. HSE clarified that both workers and managers would be targeted. It was also suggested by members that the stipulations of REACH Regulation regarding information generation and transfer might resolve a number of the areas of concern regarding the effective dissemination of accurate information on potential health threats. The Chairman clarified that some issues might fall within the influence of REACH, but not all of the aspects of concern here would be in scope, as welding is a “process-generated material”. HSE reiterated that the research done to date suggests that the appropriate means of control are already in many welding workplaces but they are not being used properly, so a key message was the need to use the controls properly.
4.11	Members turned their consideration to ways in which the important message can best be put across. One member suggested that the Antecedents-Behaviour-Consequences (ABC) model is a proven approach and that a campaign will have a lasting desired effect only if there is strong follow-through to show to all concerned the beneficial consequences of implementing a change. Members also suggested that a video of an older welder with respiratory health problems might help improve awareness that these are real concerns. It was also noted that a number of artists are welders and could be an articulate group in getting the message across. HSE confirmed that it was seeking assistance from the Central Office of Information (COI); members considered that such input should help ensure that any text was accessible. WATCH members also emphasised that it would be important to utilise the ‘oral culture’ evident amongst welders. HSE said that other campaigns had included a visual message and use of pictograms etc and these options would be considered.
4.12	Members asked if there were plans to assess the success of the campaign? HSE confirmed that this was the intention and that plans would need to be developed; ‘lead indicators’ would need to be identified to use as markers to monitor progress and ensure movement in the right direction. Members also discussed the possibility of involving insurers as key influences in behavioural change, the logic being that insurers have a vested interest in ensuring that the premises and people they are insuring are operating properly from a health and safety perspective. HSE agreed to consider insurers as a component of the target audience for campaign messages but commented that there are complex financial considerations that affect the insurers’ perspective.
4.13	Members noted that the discussion had focused on policy and communication issues. They noted that welding is often a ‘function’ with welders working on a variable range of objects of very different size, shape and material. This raised practical ergonomic considerations, for example how to ensure that fume extraction equipment remains in the correct place to be effective as the position of the weld alters. They suggested that some work considering the totality of the welding job itself might be helpful. For example how visible were the fumes? If not readily visible, could something be done to enhance visibility, such as by inclusion of a dye, or by alteration of the lighting angle by inclusion of a horizontal light beam being attached to the welding hood? Could the welding equipment be modified to include extraction at the point of weld? HSE commented that there is a belief in the industry that the operation of fume

	extraction equipment can destroy the weld, particularly for TIG (Tungsten-Inert Gas) welding, but research findings show that this is not the case; WATCH members considered that this should be made more widely known to destroy the myth.
4.14	Finally members noted that it was important that the health message presented was simple and generic. HSE acknowledged the desirability of clear and accessible messages but added that care would be needed to avoid messages that appeared not to be specifically relevant to the welder. As potential health consequences that might manifest themselves some time in the future might not be taken as a serious concern, it was important to also stress the possible immediate effects of welding fume. The Chairman closed the item at this point, thanking WATCH for its views. He hoped that HSE had found this discussion helpful in taking its work forward.
5.	Update on WATCH, ACTS and government advisory committees in general
5.1	The Secretary outlined some of the work that had been taken forward within government to review 'arms length delivery bodies' (ALDB), including advisory committees, following the November budget statement. Both Defra and HSE had been considering their sponsored ALDBs but to date were reviewing them separately. The conclusions were awaited.
5.2	The Chairman explained that a number of options relating to WATCH were being considered. These included a consideration of WATCH both in isolation and in relation to ACTS, and it was becoming clear that WATCH will probably not remain as a subcommittee of ACTS. The potential for links and combinations with other committees was also under consideration.
5.3	Members discussed a number of ideas about possible future roles and modes of operation for WATCH. Some of these suggested bringing the multidisciplinary expertise of WATCH looking at occupational exposures to other cross departmental responsibilities and issues. The value of WATCH was emphasised, but it was also stressed that it should not hold routine meetings if there was insufficient naturally-occurring business for the agenda. Rather, WATCH should meet when there was sufficient important business to be considered.
5.4	The Chairman concluded discussion by noting that ACTS was due to meet in early April to discuss these issues further.
6.	Minutes of 17th meeting held on 10th Nov 2009
6.1	Members agreed the draft minutes subject to minor editorial changes as required ensuring that they were factually correct in the light of late comments received from a member who was unable to attend this meeting.
	Action: WATCH Secretariat
7.	Date of the next meeting
7.1	Members agreed to hold the next meeting in York during the week beginning 7 June. The meeting has subsequently been confirmed to take place on Wednesday 9 June 2010.

8.	AOB
8.1	There were no items of other business.