

**Head & Neck Tumour Site Specific Group meeting  
Tuesday 29<sup>th</sup> March 2022  
Microsoft Teams  
13:30-16:30**

**Final Meeting Notes**

<b>Present</b>	<b>Initials</b>	<b>Title</b>	<b>Organisation</b>
David Tighe (Deputy Chair)	<b>DT</b>	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Vikram Dhar	<b>VD</b>	Consultant ENT and Head & Neck Surgeon	EKHUFT
Chris Theokli	<b>CT</b>	Consultant ENT/Head & Neck Surgeon	EKHUFT
Sarah Stevens	<b>SS</b>	Macmillan Speech & Language Therapist	EKHUFT
Lakshmi Rasaratnam	<b>LRa</b>	Consultant in Restorative Dentistry	EKHUFT
Sue Honour	<b>SHo</b>	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Claire Forsyth	<b>CFo</b>	Macmillan Speech & Language Therapy Support Worker	EKHUFT
Nicola Chaston	<b>NC</b>	Consultant Cellular Pathologist	EKHUFT
Jeremy McKenzie	<b>JM</b>	Consultant Head & Neck and Maxillofacial Surgeon	EKHUFT
Sarah Haslam	<b>SHa</b>	Registered Dental Nurse and Oral Health Practitioner/Mouth Care Specialist Nurse	DVH
Samantha Briggs	<b>SB</b>	Acute Speech & Language Therapist	DVH
Jessica Zubek	<b>JZ</b>	Head & Neck Oncology Dietician	Kent Community Health NHS Foundation Trust
David Osborne	<b>DOs</b>	Data Analyst	KMCA
Serena Gilbert	<b>SGi</b>	Cancer Performance Manager	KMCA
Colin Chamberlain (Notes)	<b>CC</b>	Administration & Support Officer	KMCC
Karen Glass	<b>KG</b>	Administration & Support Officer	KMCC
Annette Wiltshire	<b>AW</b>	Service Improvement Facilitator	KMCC
Tracey Ryan	<b>TR</b>	Macmillan User Involvement Manager	KMCC
Yin Kiu-Lam	<b>YKL</b>	Specialist Speech and Language Therapist	Medway Community Healthcare
Coimbatore Praveena	<b>CP</b>	Consultant	MFT
Jennifer Priaulx	<b>JP</b>	Macmillan Cancer Transformation Project Manager	MFT
Debbie Hannant	<b>DH</b>	Macmillan Head & Neck CNS (Medway & Dartford)	MFT
Anne-Marie Acheson	<b>AMA</b>	MDT Coordinator	MFT
Rachael Hopson	<b>RHop</b>	Macmillan Head & Neck Specialist Radiographer	MTW
Evelyn Bateta	<b>EB</b>	Macmillan Head & Neck CNS	MTW
Dennis Baker	<b>DB</b>	Consultant Radiologist	MTW
Ruth Casey	<b>RC</b>	Macmillan Head & Neck CNS	MTW

Anthi Zeniou	<b>AZ</b>	Consultant Clinical Oncologist	MTW
Hayley Tillett	<b>HT</b>	Macmillan Head & Neck Radiographer	MTW
Jennifer Turner	<b>JT</b>	Consultant Clinical Oncologist	MTW
Daniel Miller	<b>DM</b>	Head & Neck Specialist Radiographer	MTW
Naomi Butcher	<b>NB</b>	General Manager – Cancer Services	MTW
Lucy Reed	<b>LRe</b>	Macmillan Oncology Dietitian	MTW
Andriana Michaelidou	<b>AM</b>	Consultant Clinical Oncologist	MTW
Chris Singleton	<b>CS</b>	Senior Programme Manager – KMCA	NHS Kent & Medway CCG
Rakesh Korla	<b>RK</b>	Macmillan GP Associate Advisor for Kent & Medway / NHSE GP Appraiser	NHS Kent & Medway CCG
Brian Bisase	<b>BBi</b>	Consultant Maxillofacial Surgeon	QVH
Aakash Gulati	<b>AG</b>	Consultant Oral & Maxillofacial Surgeon	QVH
Nav Upile	<b>NU</b>	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Adiola Katandika	<b>AK</b>	Macmillan Head & Neck CNS	QVH
Bill Barrett	<b>BBa</b>	Consultant Oral Pathologist	QVH
Victoria Worrell	<b>VW</b>	Access & Performance Manager	QVH
Claire Rodd	<b>CR</b>	Advanced Specialist Speech & Language Therapist	QVH
Laurence Newman	<b>LN</b>	Consultant Maxillofacial and Head & Neck Surgeon	QVH
Elizabeth Moore	<b>EM</b>	Senior Clinical Dietitian	QVH
Bincey Joseph	<b>BJ</b>	Head & Neck CNS	QVH
Prakash Patel	<b>RP</b>	Senior Head & Neck Fellow	QVH
Cameron Davies-Husband	<b>CDH</b>	Consultant ENT and Head & Neck Surgeon	University Hospitals Sussex NHS Foundation Trust
<b>Apologies</b>			
Eranga Nissanka-Jayasuriya	<b>ENJ</b>	Consultant Head & Neck Histopathologist	EKHUFT
Nic Goodger (Chair)	<b>NG</b>	Consultant Maxillofacial Surgeon	EKHUFT
Sara Lawson	<b>SL</b>	Operations Manager	EKHUFT
Gordon Ellul	<b>GE</b>	Consultant Nuclear Physician	EKHUFT
Ali Al-lami	<b>AAL</b>	Consultant ENT/Head & Neck Surgeon	EKHUFT
Rob Hone	<b>RHon</b>	Head & Neck Otolaryngology Consultant	EKHUFT
Sue Drakeley	<b>SD</b>	Oncology (Solid Tumour) Research Team Leader	EKHUFT
Pippa Enticknap	<b>PE</b>	Senior Service Manager – CCHH Care Group	EKHUFT
Cathy Finnis	<b>CFi</b>	Programme Lead - Early Diagnosis	KMCA
Debbie Owen	<b>Dow</b>	Macmillan Head & Neck CNS	MFT
Anwer Abdullakutty	<b>AA</b>	Consultant – OMFS	MFT
Elizabet Sanchez	<b>ES</b>	Service Manager for Oncology & Haematology	MFT
Cynthia Matarutse	<b>CM</b>	Macmillan Lead Cancer Nurse/Head of Nursing	MFT
Jeremy Davis	<b>JD</b>	Consultant ENT Surgeon	MFT
Carole Drabble	<b>CD</b>	Oncology Dietitian	MTW

Kannon Nathan	<b>KN</b>	Consultant Clinical Oncologist	MTW
Sona Gupta	<b>SGu</b>	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG
Liz Shannon	<b>LS</b>	Macmillan Primary Care Workforce Support	NHS Kent & Medway CCG
Ann Courtness	<b>AC</b>	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway CCG
Su Woollard	<b>SW</b>	Transformation Delivery Manager (Specialised Commissioning)	NHSE/I

Item		Discussion	Action
1	<b>TSSG Meeting</b>	<p><b><u>Apologies</u></b></p> <ul style="list-style-type: none"> <li>The apologies are listed above.</li> </ul> <p><b><u>Introductions</u></b></p> <ul style="list-style-type: none"> <li>DT, who chaired today's meeting in NG's absence, welcomed the members to the meeting and asked them to introduce themselves.</li> </ul> <p><b><u>Review Action log</u></b></p> <ul style="list-style-type: none"> <li>The action log was reviewed, updated and will be circulated to the members along with the final minutes from today's meeting.</li> </ul> <p><b><u>Review previous Minutes</u></b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting which took place on 20.09.2021 was reviewed and agreed as a true and accurate record.</li> </ul>	
2	<b>Research</b>	<p><b><u>Presentation provided by Claire Rodd</u></b></p> <ul style="list-style-type: none"> <li>PATHOS is open at EKHUFT but has yet to open at QVH and MTW due to ongoing issues.</li> <li>SAVER opened in November 2021 with a recruitment target of 110 patients over 32 months (and 1 per month for QVH).</li> <li>With regard to the national position, KSS currently has the worst-performing research profile.</li> <li>A tongue cancer research project is currently in the pipeline at QVH as is one in ORN which should open later this year.</li> <li>CR's presentation was circulated to the group on 01.04.2022.</li> </ul> <p><b><u>Update provided by David Tighe</u></b></p> <p><b><u>Hyperspectral imaging RCT</u></b></p> <ul style="list-style-type: none"> <li>The European Horizon bid for €120,000.00 was unsuccessful. EKHUFT's contribution to it was submitted in September 2021 but they were informed in February 2022 that they were ranked 12<sup>th</sup> of 30 applicants and only the first 10 were chosen. This trial looks at the role of hyperspectral imaging in immediate resections and analysis of margins.</li> <li>EKHUFT may re-approach this trial again at some point in the future but will inform the TSSG if they do.</li> </ul>	

		<p><b><u>PETNECK2</u></b></p> <ul style="list-style-type: none"> <li>DT stated EKHUFT had enrolled in the PETNECK2 study with DT as Principal Investigator. The study has yet to start.</li> </ul> <p><b><u>Pathos</u></b></p> <ul style="list-style-type: none"> <li>Covered above as part of CR's research update.</li> </ul> <p><b><u>Enrolled in PENTOCLO</u></b></p> <ul style="list-style-type: none"> <li>EKHUFT have expressed an interest in joining Richard Shaw's group using triple therapy PENToxifylline + Tocopherol + CLOdronate for osteoradionecrosis. The study has yet to start but the group has received the submission documents.</li> </ul> <p><b><u>QOMS</u></b></p> <ul style="list-style-type: none"> <li>This is progressing well and there are over 1000 entries in the national audit now.</li> <li>8 UK units have paid Data Coordinators directly from BAOMS grant funding.</li> <li>The role of Data Coordinators has improved data quality.</li> <li>DT stated there are approximately 500 head and neck and reconstruction cases on QOMS and he hopes the first presentation of annual results will be available in June 2022 with a disseminated report in September 2022.</li> </ul>	
3	<p><b>Skull Base referral criteria</b></p>	<p><b><u>Presentation provided by Cameron Davies-Husband</u></b></p> <ul style="list-style-type: none"> <li>CHD's slides on craniofacial resections provided the group with an overview of: <ul style="list-style-type: none"> <li>The aim of the presentation, a background to craniofacial resections (and the evidence for it) and case studies.</li> <li>Sinonasal malignancies.</li> <li>Sinonasal malignancy staging (including Kadish staging).</li> <li>The indications for an open approach.</li> <li>The pre-operative work-up process.</li> <li>Craniofacial resection surgical approaches.</li> <li>A case presentation on the open technique and its associated post-operative measures.</li> <li>A case presentation on post-operative management and its associated measures.</li> <li>A case presentation on post-operative surveillance and its associated measures.</li> <li>A case presentation on the choice of approach and the proposed treatment.</li> </ul> </li> <li>In summary, CDH stated: <ul style="list-style-type: none"> <li>Anterior skull base tumours are anatomically complex and histologically diverse.</li> <li>There are unique challenges in resection and reconstruction.</li> <li>Craniofacial resection provides excellent exposure for en bloc resection.</li> <li>Advances in endoscopic surgery continue to challenge convention.</li> <li>Open resection still remains invaluable for highly advanced tumours.</li> </ul> </li> <li>DT believes the craniofacial resection cases at EKHUFT should be redirected to CDH following discussion at the MDT. VD agreed this would be a sensible approach.</li> </ul>	

<p>4</p>	<p>Performance</p>	<p><b><u>Head &amp; Neck 6 months data – presentation provided by David Osborne</u></b></p> <ul style="list-style-type: none"> <li>• DO’s slides (which were circulated on 01.04.2022) provided the group with an overview of the following data:</li> <li>- Two Week Wait (Referral to First Seen) Standard from April 2019 to January 2022 for East and West Kent.</li> <li>- Faster Diagnosis (28 Day Referral to Diagnosis) Standard from August 2019 to January 2022 for East and West Kent.</li> <li>- Conversion rate (% of referrals resulting in diagnosis of cancer) from August 2019 to January 2022 for East and West Kent.</li> <li>- 31 Day (Decision to Treat to First Treatment) Standard from April 2019 to January 2022 for East and West Kent.</li> <li>- 62 Day (Referral to First Treatment) Standard (GP referral) from April 2019 to January 2022 for East and West Kent.</li> <li>- Inter-Provider Transfers (GP referral) from February 2021 to January 2022 between the Trusts and London hospitals.</li> </ul> <p><b><u>6 months data</u></b></p> <p><b><u>EKHUFT – update provided by David Tighe</u></b></p> <ul style="list-style-type: none"> <li>• Please refer to the performance slide pack circulated on 01.04.2022 detailing the data for the Trust.</li> </ul> <p><b><u>MFT &amp; DVH – update provided by Jennifer Priaulx</u></b></p> <ul style="list-style-type: none"> <li>• Please refer to the performance slide pack circulated on 01.04.2022 detailing the data for the Trust.</li> </ul> <p><b><u>MTW – update provided by Naomi Butcher</u></b></p> <ul style="list-style-type: none"> <li>• Please refer to the performance slide pack circulated on 01.04.2022 detailing the data for the Trust.</li> </ul> <p><b><u>QVH – update provided by Victoria Worrell</u></b></p> <ul style="list-style-type: none"> <li>• Please refer to the performance slide pack circulated on 01.04.2022 detailing the data for the Trust.</li> <li>• It was noted that some of the data presented may be incomplete/inaccurate. AW stated the data pulled is only as good as what is inputted in to the system from which it is sourced.</li> <li>• DO stated he would be happy to be contacted in order to discuss the slides presented and encouraged the members to contact him if they have any queries.</li> </ul>	
<p>5</p>	<p>Clinical Audits</p>	<p><b><u>Neck Lump audit “Time to investigate-current state of play” – presentation provided by Vikram Dhar</u></b></p> <ul style="list-style-type: none"> <li>• VD’s neck lump audit slides (which were circulated on 01.04.2022) provided an overview of:</li> <li>- The aim of the audit.</li> <li>- The initial preliminary audit which was conducted from 14.01.2019 to 18.08.2019.</li> <li>- The mean, mode, median and range of days from: referral to clinic, request to scan and referral to scan.</li> <li>- The method of the audit.</li> <li>- The number of patients referred on a cancer pathway.</li> <li>- The number of days from referral to 1<sup>st</sup> outpatient appointment.</li> <li>- The number of days from outpatient appointment to ultrasound/biopsy.</li> <li>- The number of days from ultrasound (including cytology) to the results being available.</li> </ul>	

		<ul style="list-style-type: none"> <li>- The number of days from referral to the histology results being available/follow-up outpatient appointment.</li> <li>- The outcome of the audit.</li> </ul>	
6	CNS Updates	<p><b><u>EKHUFT – update provided by Sue Honour</u></b></p> <ul style="list-style-type: none"> <li>• The Trust took part in the National Cancer Patient Experience Survey (NCPES) last year and are in the process of looking at the outcomes. The recruitment of an additional CNS (Abbi Brissenden) and Cancer Support Workers has had a positive impact, particularly with regard to the improvement in patient support. The 7 day Acute Oncology service has also helped with the cancer careline being available 7 days a week.</li> <li>• HNAs are now being completed regularly.</li> <li>• Robot surgery has commenced and a telephone follow-up takes place 1-2 days post-discharge.</li> <li>• The team have been invited to contribute to a digital innovation information project in order to look at how to offer information to patients in different formats.</li> </ul> <p><b><u>MFT &amp; DVH – update provided by Debbie Hannant</u></b></p> <ul style="list-style-type: none"> <li>• The team are working with the thyroid stratified pathways group. To help support this workstream, they have employed a Cancer Support Worker for 1 year.</li> <li>• Headstart, the patient support group, is currently on hold.</li> </ul> <p><b><u>MTW – update provided by Ruth Casey</u></b></p> <ul style="list-style-type: none"> <li>• The team comprise of 2 CNS', with RC covering oncology work and EB covering surgical work.</li> <li>• RC has been working with the oncology dietetics team on tube care and is setting up a clinic in outpatients for patients with feeding tubes in order to help resolve some problems they have identified relating to quality and the amount of clinical time it is taking to look after the feeding tubes.</li> </ul> <p><b><u>QVH – update provided by Adiola Katandika</u></b></p> <ul style="list-style-type: none"> <li>• AK stated Pauline Mortimer had retired since the last meeting. The team has, however, grown with the joining of Claire Lancaster and BJ as CNS'.</li> <li>• The team are looking to get an FDC colleague on board in order to support them with moving forward with the FDS pathway.</li> </ul>	
7	Transfers of Care  National Timed Pathways	<p><b><u>Update provided by Serena Gilbert</u></b></p> <ul style="list-style-type: none"> <li>• SGI asked the Trust representatives to consider the following 3 key questions (in bold), as well as the accompanying questions, in relation to the FDS piece:             <ol style="list-style-type: none"> <li><b>1. Do you have the FDS pathway in place?</b></li> <li><b>2. If not, how might you put this in place and what do you need in order to get there?</b> How can you improve the FDS pathway, be it through support with staffing, equipment and/or someone visiting the Trust to review the process? If the Trusts review their pathways and identify any gaps, SGI stated the Alliance may be able to provide them with funding as part of the transformational funding piece.</li> <li><b>3. How can we evaluate success along the various stages of the pathway?</b> What can be put in place to monitor where problems may occur or where delays might appear in the pathway so we can help to smooth it?</li> </ol> </li> <li>• SGI specified she is happy for the <i>Head and Neck Faster Diagnosis Pathway Guidance v3.0 FINAL</i> document to be</li> </ul>	

		circulated to the members for them to peruse should they wish. This document was circulated on 01.04.2022.	
8	<p><b>Cancer Alliance/CCG update</b></p> <p><b>Suction units</b></p>	<p><b><u>Cancer Alliance/CCG update – presentation provided by Chris Singleton</u></b></p> <ul style="list-style-type: none"> <li>• CS provided the group with an overview of the various projects relating to the following workstreams (please refer to the presentation circulated on 01.04.2022 for a detailed breakdown of what these are): <ul style="list-style-type: none"> <li>- Faster diagnosis and operational improvement.</li> <li>- Early Cancer Diagnosis.</li> <li>- Treatments &amp; Personalised Care.</li> <li>- Cross Cutting Themes.</li> </ul> </li> <li>• A discussion was raised in relation to Kent &amp; Medway having been selected as one of eight areas in the country to take part in the world's largest trial of a revolutionary new blood test which can detect more than 50 types of cancer before symptoms appear. The potentially lifesaving Galleri test checks for the earliest signs of cancer in the blood and the NHS-Galleri trial, the first of its kind, aims to recruit 140,000 volunteers nationally, including thousands in Kent &amp; Medway, to see how well the test works in the NHS.</li> </ul> <p><b><u>Suction units – update provided by Chris Singleton</u></b></p> <ul style="list-style-type: none"> <li>• CS provided an update to the group on the issue of availability of suction units and consumables for the DVH and MFT Head and Neck services. CS thanked DH for raising this issue and apologised it had taken longer than he had originally anticipated to resolve the situation.</li> <li>• CS is continuing to liaise closely with the CCG leads for the Community Equipment services. There are two suction units available within the community equipment service catalogue, but at present no budget for ordering equipment is allocated to Head &amp; Neck CNS' at MFT/DVH. CS is working with leads to determine how a budget can be allocated at the appropriate level.</li> <li>• Following discussion during the meeting the issue of consumables was also raised as being problematic. Following discussions with the leads, CS has ascertained that the responsibility for ordering consumables sits with the patient's GP practice, and the CCG reimburses practices for these costs. DH mentioned she had been in contact with many practices who were unaware of this and unwilling to order the consumables, meaning significant time had to be spent making the necessary arrangements. As part of the work CS was doing with the relevant leads, he was aiming to clarify this process and ensure information regarding the process was sent to GP practices.</li> <li>• It became clear during the subsequent discussion that whilst it had been thought this was purely an issue in the North Kent part of the patch, there were also issues with obtaining consumables in East Kent.</li> <li>• DT asked for an estimation from CNS' of the annual numbers of patients issued with suction units, and asked if RK could support in resolving this from a primary care perspective. RK stated he was sure this could be resolved as it is a system issue. It was thought around 15-20 patients per year required suction units at each Trust. It was agreed that RK would be notified of any issues obtaining consumables to support resolution, and CS confirmed he was committed to continuing to resolve the situation working with relevant leads to put in place a clear process for ordering and consumables.</li> </ul>	
9	<b>Listening and Learning</b>	<p><b><u>Presentation provided by Tracey Ryan</u></b></p> <ul style="list-style-type: none"> <li>• TR presented research on barriers to patients attending endoscopy appointments. Her presentation was circulated on 01.04.2022.</li> </ul>	

		<ul style="list-style-type: none"> <li>• TR stated feedback had been received from providers that there was a reluctance by some patients to attend endoscopy appointments. To explore reasons behind the reluctance with a view to improving attendance, TR made a successful application for research funding for system-wide co-production.</li> <li>• A cohort of 76 male patients included those: living in areas with high indices of deprivation, in BAME communities, living with a disability, and identifying as part of the LGBTQIA+ community. Of these 76 patients:             <ul style="list-style-type: none"> <li>- 92% stated they would attend if the need was greater than the fear.</li> <li>- 62% felt information about the details of the procedure could help them overcome their concerns about attending an endoscopy appointment.</li> </ul> </li> <li>• The research highlighted the importance of providing patients with a detailed understanding of the procedure, and the reasons for needing it. TR proposed having a video or videos in place to provide easily accessible information which could support patient understanding.</li> <li>• The research identified three main issues/areas for further exploration:             <ul style="list-style-type: none"> <li>- Information and communication considerations (for example not knowing approximate timescales for when patients should receive the results following their procedure and what support may be available for them).</li> <li>- Patient anxieties (for example with regard to the nature of the procedure and feelings of embarrassment).</li> <li>- Hidden factors (for example people with mental health issues).</li> </ul> </li> <li>• TR believes it would be helpful to involve patients in letter writing so they can advise the professionals on what content they believe would be helpful for patients to know and to use non-medicalized terms where possible in order to support patient understanding.</li> <li>• TR is working with endoscopy managers and screening teams to look at how to use the information collected in order to improve patient experience and hopefully increase hospital attendance/reduce cancellation and DNA rates.</li> <li>• TR stated it may be helpful to include a flag on referral forms for additional needs.</li> <li>• TR believes FAQs would be helpful to include either on appointment letters or as an accompanying document. There is a plan to trial this in one Trust for a period of 3 months as suggested by the focus group and the outcomes of this can then be reviewed. TR added that before the FAQs are sent out, the focus group can work on obtaining figures for cancellation/DNA rates at the trial Trust and then after 3 months review whether any improvements were made.</li> <li>• TR is working with a colleague named Becky from EKHUFT around the potential for filming a patient having an endoscopy in order to educate others (including those who require an endoscopy) of the procedure.</li> <li>• TR highlighted the importance of taking in to account that patients may prefer to be contacted in a format of their choosing, for example in the form of an easy read document.</li> <li>• TR highlighted the benefits of providing admin staff with training as they are normally the first port of call for patients. She believes it would be helpful if they had a script/prompts to assist them and then pass on information to clinical teams who can call patients back to answer any clinical questions they may have.</li> <li>• One Trust is putting on admin training so TR will link in with them, review the process and then share the findings with the other Trusts.</li> <li>• <b>Action:</b> DT believes it would be useful to have TR work with the East and West Kent CNS' on helping to identify why patients cancel cancer investigations/miss appointments (and include VW in any correspondence pertaining to this). TR confirmed she would be happy to do this and is keen to support other</li> </ul>	<p>TR/East &amp; West Kent</p>
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		<p><b>tumour sites.</b></p> <ul style="list-style-type: none"> <li>• SHo is currently working with Claire Bingham on a digital innovation information project and she believes it would be helpful if TR joined this. They are looking to put patient videos in place and SHo highlighted the importance of working collaboratively to improve patient experience.</li> <li>• TR emphasised the importance of staff being aware of patient anxieties and to provide reassurance.</li> </ul>	<b>CNS'</b>
<b>10</b>	<b>AOB</b>	<ul style="list-style-type: none"> <li>• RK stated he is keen to see whether there are any recurrent emerging themes from primary care (be it patient, professional or process-related) which can be impacted on together - for example with identifying NG12 themes. He added that if there is any feedback primary care colleagues can focus on (be it either a recurrent issue or in isolation), they would be happy to see what they can do to take them forward and resolve.</li> <li>• It was agreed future meetings should be rotated between Tuesdays, Wednesdays, Thursdays and Fridays.</li> <li>• The next meeting will take place face-to-face.</li> </ul>	
	<b>Next Meeting Date</b>	<ul style="list-style-type: none"> <li>• To be confirmed.</li> </ul>	