

**MINUTES OF THE PATIENTS FORUM MEETING –**

**MONDAY, December 12th 2016**

**ATTENDANCE: FORUM MEMBERS**

Adrian Dodd – Waltham Forest – Healthwatch

Angela Cross-Durrant – Kingston – Vice Chair

Arthur Muwonge –Croydon

Barry Hills – Kent

Catherine Gustaffe – Southwark

Colin Hill – Berkshire

David Payne – Southwark

Graham Mandelli – Lewisham

Inez Taylor – Southwark

James Guest – Ealing Healthwatch

Janet Marriott – Richmond

John Larkin- Company Secretary

Joseph Healy – Forum President

Kathy West – Southwark

Lynn Strother – City of London Healthwatch

Malcolm Alexander – Chair, Patients’ Forum

Natalie Teich – Healthwatch –Islington

Rashid Ali Laher – Healthwatch Kingston

Sister Josephine Udine – Croydon - Vice Chair

Tom Yelland– Kingston and Red Cross

**SPEAKER**

**HEATHER LAWRENCE – CHAIR OF THE LAS**

**APOLOGIES**

Anthony John – Tower Hamlets

Arif Mehmood – Newham

Audrey Lucas – Enfield – Healthwatch

Barry Silverman – Tower Hamlets

Briony Sloper – Head of Quality

Christine Kenworthy - Kent

Graeme Crawford – Ealing – Healthwatch

Kay Winn-Cannon – Healthwatch Waltham Forest

Louisa Roberts – Tower Hamlets

Margaret Luce – Head of Patient & Public Involvement and Public Education

Mike Roberts – Rushmoor, Hampshire – Healthwatch

Pat Duke – Southwark

Wendy Mead – City of London Corporation

Maria Nash - Barnet

Mary Leung – Harrow

Michael English – Healthwatch Lambeth

Robin Kenworthy – Kent

Val Shaw – Barking

1. **Minutes of November 14th 2016**
	1. Minutes were agreed a correct record.
2. **Heather Lawrence – Chair of the LAS**

**2.1** Heather addressed the meeting on the current state of the LAS and future

 plans. She thanked the Forum for their excellent work in monitoring the LAS

 and provided details of the current pressures on the LAS. Heather said that on

 the evening of Friday, December 9th there were 1883 Cat A calls and 1700 Cat

 C calls over the weekend of December 10/11. The 8 minute target was

 achieved for only 50% of Cat A1 calls.

 Responses to Section 136 mental health calls were extended from 30 minutes

 to an hour. The volume of calls was so great that BT was overwhelmed.

 Heather described the situation with Cat A and Cat C calls as very challenging

 and said the LAS has a Winter Plan to enable decisions to be made in the best

 interests of patients, based on available resources. She said that the

 situation was exacerbated by A&E becomming very busy and informed

 that meeting that the London Mayor had held a meeting on December 12th to

 discuss responses to patient in a mental health crisis who have been detained

 on.s136 of the Mental Health Act.

2.2 Referring to the current state of Strategic Transformation Plans (STPs) Heather

 said that each of the 5 STP areas in London has an allocated LAS Director and

 Non Executive Director attached to them and discussions would take place with

 them on the development of the LAS strategy.

2.3 Heather said that the LAS is reviewing its Estates Strategy with a view to

 rationalizing and closing some of its 72 stations. She said there will be a review

 of what vehicles are needed and where, and how to ensure staff get rest

 breaks.

2.4 The IT strategy for the LAS is being developed as part of London’s resilience

 planning. Eventually, paramedics will have hand held devices and access to

 GP records. At currently front line staff are not provided with mobile phones to

 contact local services for the discharge of patients and the transfer of care to

 appropriate local services.

2.5 Fionna Moore, the Chief Executive of the LAS, has worked for the LAS for 20

 years (formerly as Medical Director) and is now retiring. Andrew Grimshaw will

 act up as CE until a new person is appointed, which is expected to take about

 6 months. Fionna will continue in a clinical role for three months.

2.6 A selection process for 2 new non-executive director is in progress and there

 have been 60 applications. The interviews take place on December 16th and

 there is a focus on appointing NEDS with experience of IT and organizational

 change. Heather acknowledged that the LAS’s lack of progress on equality and

 diversity had been disgraceful and said that in the selection of NEDs that

 diversity was essential (all NEDS are white and most are male). In response to

 the Forum’s request to participate in the selection of NEDS by joining the

 selection panel, Heather said that the panel was selected by NHS

 Improvement, and included Peter Molyneux (Chair of South West London and

 St Georges mental health trust) and Jessica Cecil who is about to retire from

 the LAS Board.

2.7 Equality and diversity: Heather spoke about the excellent work of Melissa Berry

 who is leading on the race equality scheme (WRES) for the LAS. She

 described a meeting she held with 16 BME staff and Melissa Berry to

 understand more about the views of staff on the LAS.

2.8 CQC re-inspection: This will be carried out in February. Amongst the

 improvement areas following the last inspection are medicines management,

 staff appraisals (up to 70%), a well-led review (which the Forum will participate

 in), “appetite for risk” and evidence that improvements required by the CQC will

 be sustained.

2.9 In response to a question from Rashid Ali about LAS’s commitment to

 engagement with the public, patients, carers, the local voluntary sector, Heather

 agreed that engagement with the public was a priority. Rashid also suggested

 that volunteers could be of particular benefit to the LAS when it is under

 pressure, e.g. to support older people waiting for urgent or emergency care.

 Heather also agreed with Rashid that the LAS needed much better skills to deal

 with complaints and to learn from them.

 She supported the proposal made by Lynn Strother that workshops with

 particular client groups, e.g. older people, would be valuable and said that this

 approach was already being used for people with mental health problems,

 dementia and sickle cell disease. Lynn offered collaboration through

 Healthwatch and Age UK. Work with people with learning disabilities was

 discussed as a future priority.

2.10 Angela Cross Durrant emphasized that the term learning disabilities

 represented a “big umbrella” which included autism, ADHD and many other

 conditions

2.10 James Guest from Ealing Healthwatch asked about the position of the LAS on

 the STP plans to close A&E departments and inpatient beds and the likely

 impact on the efficiency of the LAS. He said that was the plan for Ealing

 Hospital. Heather replied that the idea was to provide more day care and day

 surgery to decrease the impact on hospitals of any closures. She said she was

 meeting with Lord Prior, the Health Minister to discuss this issue and would let

 the Forum know what transpires.

1. **Matters Arising and Action Log**

3.1 Ambulance Queues – Monitoring: Agreed that in view of the deteriorating

 situation in some hospitals and the potential impact of STPs, that the Forum

 should monitor ambulance queues at A&E departments. Members were asked to

 participate and 10 agreed to do so. Ambulance crews would be asked how long

 they have waited outside each hospital visited. Data would be shared with the

 LAS and commissioners. Recommendations would then be made on service

 improvements and data published and shared with Health Ministers. It was also

 agreed to review how the LAS is working with the whole NHS system and

 whether more beds were needed to stop ambulance queuing. Members added

 the following additional points:

* Some hospital used ambulance queuing to regulate the number of people in casualty and therefore to meet A&E targets (Tom)
* Recently at Kingston Hospital, there were 24 ambulances queuing. This was partly due to a shortage of beds caused by an outbreak of norovirus (Janet)

|  |  |  |
| --- | --- | --- |
| **3.2 DEFIBRILLATOR CAMPAIGN** |  |  |
| b) Continue campaign for installation of defibs in places of worshipc) Persuade Boots, Waitrose and John Lewis to install defibs.  | a) Poster and media campaign to focus on John Lewis/ Waitrose and Bootsb) Very positive response from Tolworth Church. Next to English Martyrs Catholic churches in Southwark and Cathedral | Extending campaign to Boots the Chemist. Initial response received. Written to 7 directors of Boots. Further contacts to me made in the new year.  |
| **3.3 AMBULANCE QUEUING** |  |  |
| Forum committed to abolition of ambulance queues.  | Current data shows significant improvement at Northwick Park initially but then slipped back to poor handover times.  | Issue to be raised with Mayor of London and London Assembly Health Committee. Suggest public meeting at City Hall.  |
| **3.4 CQC REPORT ON THE LAS –**  | **SPECIAL MEASURES** |  |
| a) Progress report on PF and LAS website for September 2016. Describes delivery of the LAS Quality Improvement Plan and achievements following the CQC inspection and Special Measures. | 1) [www.londonambulance.nhs.uk/about\_us/how\_we\_are\_doing/care\_quality\_commission\_inspec.aspx](http://www.londonambulance.nhs.uk/about_us/how_we_are_doing/care_quality_commission_inspec.aspx)2) Further visit to take place to inspect 111 services. Report back requested for January Forum meeting. | 1) 18 week LAS plan produced to detail progress with CQC requirements. Available on website. 2) LAS has to prove that it is safe, well-led and responsive to patient needs.  |
| **3.5 TDA MONITORING VISITS –**  | **POST CQC SPECIAL MEASURES** |  |
| a) Forum to follow-up progress of LAS following CQC inspection with TDA/CQC/LAS and commissioners. 14 Members participated in TDA visits on June 29th and 30th and July 1st 2016 | 1) 14 members participated in NHS Improvement review of LAS2) Short report on visits attached to Forum papers. 3) Full report requested from Cliff Bean NHSE and Karen Broughton, LAS | Karen Broughton, Director of Strategy, refused to provide full report produced by NHSI because of confidentiality issues despite our members helping to collect the data. Need a formal data sharing agreement with LAS before future visits. Place this information in our briefing for the CQC. |
| **3.6 EQUALITY AND INCLUSION (E&I)****IN THE LAS** |  |  |
| 1) Equality and Inclusion is a priority in the LAS/CQC Quality Improvement Plan. 2) Forum report on Equality and Inclusion submitted to LAS and CQC – 12 year study. On website: www.patientsforumlas.net/race-equality-in-the-las.html | Meeting arranged with Karen Broughton, Head of Strategy, Sandra Adams (Governance) and Briony Sloper, (Quality) and Mark Hirst who has been appointed as interim HR Director to deal with E&I.- but CANCELLED!!! | Meeting with Melissa Berry and Mark Hirst. Good progress being made. Equality and diversity committee to be re-established in January. Kathy West to represent Forum. LAS Chair is fully supportive of major development regarding equality and diversity in the LAS.  |
| **3.7 SICKLE CELL CARE AND TREATMENT** |  |  |
|  | a) CQUIN agreed by LAS and commissioners.Sickle Cell Society involved. b) CARU is carrying out survey of service users. c) People with sickle cell invited to participate in training film to be made by LAS. d) Focus groups to be established in liaison with the Merton Sickle Cell Group | a) Training programme for frontline staff being developed. b) Users of service invited to participate. c) Full report to be produced on progress of CQUIN. d) Natalie Teich reported on important development regarding sickle cell with the LAS research group CARU and the 350 degree review, training and collection of qualitative data on services from patients. Report to be available in the near future.  |
| **3.8 BARIATRIC CARE** |  |  |
| a) Included in CQUIN for 2016/7b) Forum to suggest ways of monitoring bariatric care from patient’s perspective.  | MA to attend Bariatric Working Group on October 5th which is led by Kevin Bate and supported by Anne Muir. Note of meeting attached to papers.  | 1) Patients’ Forum Bariatric Group convened on October 20th at 9am. 2) Four members attended. Report attached. 3) LAS proposals awaited from Chris Benson. |

**3.9 STRATEGIC TRANSFORMATION PARTNERSHIPS – STP.** Noted that the LAS

 is reorganising its workforce and management to match the five STP areas in

 London. Board executives and NEDS are each working with one of the five STP

 zones in London. The impact of STP cuts on London NHS services is likely to

 have major consequences for the LAS, but the full scale of the cuts is not known.

 James highlighted the particularly severe impact of STP cuts in Ealing and the

 potential harm to emergency care.

 **Action: write to each STP zone to gather information on threats and risks**

 **to the LAS as a result of STPs, and the impact on responding to patient**

 **need and ambulance queues. (CE and FOI)**

**3.10 C Category Calls – Target Changes**

 Noted that the targets for Cat C calls have changed and that the Forum had not

 been notified of this change. The Changes are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Cat C Target | **Original Target** | Ave Compliance in August 2016 | **NewTarget** | Ave Compliance in Oct 2016 |
| C1 | 90% response in 20 minutes | 63.3% | >50% response in 45 minutes | 74.16% |
| C2 | 90% response in 30 minutes | 67.21% | >50% response in 60 minutes | 77.47% |
|  |  |  |  |  |
|  |  |  |  |  |

Action: Seek explanation from Margaret Luce and Gary Basset on this revision of targets.

**3.11 Plan to Reduce Need for Emergency and Urgent Care Services**

 Noted that despite the annual 5% increase in need for emergency and urgent

 care services, and the predicted increase in need by 12.5% in 2017/8, it had

 been agreed by the LAS and CCGs to ‘decrease funding for services for

 urgent and emergency care by 5% in 2017/8.

 **Agreed to seek and explanation from the Commissioners.**

**3.12 EMERGENCIES IN TYPE 1 DIABETES**

 Noted that Malcolm would meet with Roz Rosenblatt from Diabetes UK, to draw

 together service improvement issues prioritised by those attending the Type

 1 diabetes meeting in November 2016. A meeting will be arranged with Jaqui

 Lindridge to prioritise these issues for service development.

**4.00 ACHIEVEMENTS IN 2016**

**4.1 DEMENTIA CARE: Our original concern was:** Patients with dementia and

 their carers describe long waits for ambulances, sometimes of several hours,

 because they are not categorised as emergences. Paramedic training and

 practice should include comprehensive tuition about NICE assessment,

 including cognitive assessment that enables paramedics to identify patients who

 may have dementia, and assists them to deal with issues like pain control

 Previously, the LAS did not regard dementia care as a priority and would not use

 the film Barbara’s Story as a training video for staff. The situation has totally

 transformed in the following ways:

1. Dementia care is now a priority and a strategy is being developed by the mental health committee to ensure that the LAS provides the right care.
2. Three videos have been produced by the LAS for staff training.
3. Barbara’s story is now being used by trainers in the LAS and the films are highly valued.
4. Focus Groups were run by the Patient & Public Involvement and Public Education team with people with dementia and their carers to gather user experiences about the LAS.
5. Questions outstanding were as follows and will be discussed with Briony Sloper, Head of Quality and Nursing:
* How do the LAS deal with co-morbidities, i.e. where a patient has dementia and other medical conditions? How good is LAS guidance for these patients?
* What options do the LAS have when a patient with dementia has a fall which does not result in a fracture or other morbidities, but there are concerns about the patient’s frailty or vulnerability?
* Are patients with dementia at greater risk of UTIs or chest infection and if so how are risks mitigated for a patient who is not transferred to hospital?
* What impact might long ambulance queues outside A&E have on patients who have dementia and suffered an injury due to a fall?
* Are NICE guidelines being following with regard pain assessment and control for people with dementia.

**4.2 Cat C Calls - Our original concern was:** Patients who fall may experience long

 waits for care because of low capacity to respond to Cat C calls, causing delayed

 assessment and transfer. This has led to a significant increase in the number of

 complaints to the LAS and possibly clinical and emotional harm to patients who

 wait for long periods.

 **Response to Cat C calls remains poor in many cases**. The response rates to

 Cat C calls pan London were as follows in 2016. The targets have now been

 changed to raise level of performance. See 3.10 above.

|  |  |  |
| --- | --- | --- |
| Month - 2016 | Cat C 1 | Cat C2 |
|  | 20 minutes/90% of calls | 30 minutes/90% of calls |
| March | 51.35 | 58.07 |
| April | 62.70 | 67.80 |
| May | 66.44 | 68.55 |
| June | 62.89 | 68.04 |
| July | 58.61 | 64.18 |
| August | 63.30 | 67.21 |

 The greatest concern is for people who have fallen, those involved in road

 accidents and people who are contemplating suicide. We know that patients can

 wait very long periods for a response when they have suffered road accidents.

 There is some development of falls teams across London to assist people who

 have fallen, but the capacity of these teams is unknown. The LAS is working with

 the Red Cross in Lambeth to develop teams that can support patients once LAS

 crews have left patients at home, where this is considered the most appropriate

 disposition.

**4.3 Safeguarding: Our original concern was:** The committee Safeguarding

 Committee meets every 6 weeks and is well aware of its challenges/goals:

 referrals still faxed, no training database, and greater supervision required

 Significant progress has been made with safeguarding in the LAS. The level of

 training for staff has substantially improved, referrals from front line staff are

 phoned not faxed and there is a focus on mental health referrals – an area of

 considerable uncertainty amongst front line staff in the past. Specialist staff have

 now been employed for the safeguarding of both adults and children.

 Weaknesses in the system include the lack of feedback from local authorities

 when a safeguarding referral is made. This prevents front line staff from learning

 about the effectiveness and outcomes of referrals. There is also a weakness in

 the training provided to private ambulance staff in safeguarding, e.g. St John’s

 Ambulance. The LAS are developing a database that records which staff have

 been trained and which are due for training. Currently 85% of EBS staff are

 trained, 85% of staff have received training through the Core Skills Refresher

 programme and all new staff are trained before becoming operative.

 Lynn suggested that feedback information would be available from local

 Safeguarding Boards and enquired if the LAS attends local safeguarding

 meetings.

 **Action: Obtain figures for staff training from Alan Taylor, LAS.**

**4.4 Stroke - Our original concern was:** There are still incidents of poor care for

 stroke patients because not all paramedics fully understand use of the FAST

 test.

 There have been considerable improvements to the identification of stroke, use

 of the Fast test and conveyance to the appropriate stroke centre. The

 LAS/CARU Annual Stroke Report for 2015/6 was presented to the Forum.

**4.5 Ambulance Queues – Our original concern was:** Patients have

 remained in ambulances for long periods outside A&Es. Some have resulted in

 Serious Incident investigations because this is the requirement for all handover

 waits of an hour or more.

 A great deal of work has gone into resolving this problem through joint work

 between trusts and commissioners. However, the problem remains unresolved,

 serious and may continue to get worse. This is not a problem resulting from the

 organisation of the LAS, but from an inability of NHS Trusts to meet the needs of

 patients. This results in ambulances being unable to attend to the needs of other

 seriously ill patients.

 **Substantial delays in hospital handover resulted in circa 1700 hours lost in**

 **ambulance queuing in the last week of November, including: 125 hours at Barnet**

 **Hospital, 123 hours at the Royal Free, and 99 hours at University College**

 **Hospital.**

**4.6 Shift Patterns - Our original concern was: I**ncreases in call-out activity in the

 evening sometimes coincide with shift changes that occur between 6-7pm. The

 gap in capacity during this shift change can have a particularly harmful impact on

 responses to Cat C calls.

 We have not been able to find evidence of improvement in relation to this

 problem.

**4.7 Complaints – Our original concern was:** Complaints about poor ‘attitude and

 behaviour’ of some LAS staff have recurred annually for many years, suggesting

 that this issue and other recurring issues are not leading to lessons being

 learned. The Forum is concerned that there may be a failure to learn from

 complaints.

 Complaints investigations and outcomes have been highlighted as a priority by

 the Chair of the LAS Heather Lawrence and the Director of Quality Briony Sloper.

 The complaints team led by Gary Bassett do an excellent job in investigating

 Complaints, but there appears to be a lack of resources to ensure that the LAS

 learns from complaints and that people who complained are advised about

 consequent service improvements. In welcoming the much higher rates of

 appraisals for front line staff, members sought information about the impact of

 appraisals on the frequency of complaints regarding attitude and behaviour.

 Complaints leaflets are now placed in every ambulance for the use of patient,

 carers and families if they want to raise issues.

 The Forum is concerned that staff should receive training that tunes them into a

 better understanding of ethnicity and culture. It was suggested that paramedics

 working for the LAS from some parts of Australia may particularly benefit from

 this type of training.

**4.8 Reuse of Blankets -** **Our original concern was:** Despite the Chief Medical

 Officer confirming to the Forum in 2011 that re-use of blankets for patients is

 always unacceptable, our intelligence from front line staff is that multiple blanket

 use continues.

 We have been advised by Briony Sloper that the reuse of blankets has been

 stopped.

4.**9 Bariatric Care - Our original concern was:** Care and transportation of

 bariatric patients from their home to hospital can be complex and hazardous for

 the patient and clinical staff. Appropriate procedures and equipment are not

 always available.

 Problems with the care of bariatric care have been acknowledged by the LAS

 and attempts made to address this problem. The Forum has attended a

 meeting with the Bariatric Care Group, where a schedule was prepared of

 priorities for a better organised, better equipped and more appropriate bariatric

 service. Forum members attended a second meeting with Chris Benson to give

 their views about the development of an effective bariatric care service.

**4.10 Location Alerts Register – Our original concern was:** The LAS operates a

 Location Alerts Register to warn paramedics of possible risks of violence or

 abuse on entering certain premises, based on previousinstances involving

 LAS staff and/or the police at that address. The list is not usually person

 specific – just address specific. As a consequence there may be a delay in

 providing care and treatment for a seriously ill patient.

 The Forum has received no further information on this issue. The matter was

 referred to Liberty for advice.

4.11 **Mental Health Care -** **Our original concern was:** LAS services are variable

 for people in a mental health crisis. Patients sometimes encounter ambulance

 staff (and hospital A&E staff) who do not treat them sensitively or show an

 adequate level of understanding of their needs. Patients with both mental

 health and learning problems sometimes found it difficult to access appropriate

 emergency care.

 The focus on the needs of patients with mental health problems has improved

 significantly over the past year. Training of staff has been prioritised and a

 non-emergency transport service (NETS) has been established for people with

 mental health problems, who are to be assessed under the MHA. NETS runs

 on time and usually arrives at the time specified by a social worker. However,

 the service is not as reliable for patients Sectioned under s136 of the MHA.

 These patients may wait much longer for an ambulance, despite the duties

 and requirements of DH’s ‘parity of esteem’ policy. Although patients are rarely

 transported to hospital by police cars in London, long waits for an ambulance

 can be very distressing for patients who suffer severe mental health episodes.

 The LAS employs 4 mental health nurses in the emergency ops centre, and it

 is expected that in the future, these nurses will do outreach work. The Forum

 recommends that Advanced Paramedics specialising in mental health

 work should be developed to ensure that patients in crisis always get the

 mental health care they need within minutes. This is of particular concern for

 patients who intend to self harm or who have already done so. It was also

 agreed to request the LAS policy on applicants for front line LAS jobs who have

 a history of mental health problems.

**4.12 End of Life Care - Our original concern was:** Use of the Co-ordinate my

 Care system and Advance Care Plans is still under-developed for patients

 requiring ‘end of life’ emergency care. Evidence of compliance with Advance

 Care Plans is not available but needs to be producedby the LAS and other

 health bodies. Continuous training and updating offrontline LAS staff in ‘end of

 life’ care throughout 2015-6 and beyond is essential.

 An ‘end of life’ care committee has been established by the LAS and the

 Forum will be represented. Some London boroughs are not using CmC and are

 therefore not directly connected with the LAS Command Point system. A NETS

 service is being established in liaison with hospices to ensure timely and

 appropriate transport for patients at the end of life.

 **4.13 Equality and Diversity - Our original concern was:** The LAS’s approach to

 equality and diversity is fragmented and there is a great deal to improve - for

 example in relation ‘protected categories’ and important areas of direct service

 delivery. The LAS Board has consistently failed to ensure that its membership

 reflects the diversity of London. It appears that there are no specific plans to

 address the LAS’s equality responsibilities across the full range of protected

 characteristics, i.e. a list of key goals for each protected characteristic, time

 scales, collection of feedback from staff and patients, and the dissemination of

 data which demonstrates compliance with WRES 2 and the Equality Act.

 The Forum produced a detailed analysis of racial equality issues in the LAS

 and this report has considerably influenced the LAS’s approach. Melissa

 Berry has been appointed to lead on racial diversity issues and the DH race

 equality scheme, Ricky Lawrence has been appointed clinical adviser on

 equality and safety. Diversity of some staff groups is changing for example in

 the Emergency Operations Centre and some middle management posts. No

 new evidence of enhanced diversity is available for front line staff. The Chair

 of the LAS is committed to making the LAS a more diverse organisation as is

 Mark Hirst who leads on the HR. Melissa is actively implementing the WRES2

 – race equality plan. Meeting are being held with BME staff to hear about their

 concerns – the Chair and Melissa are leading this process. The commitment to

 change is robust, but a clear strategy is needed to make this happen in a

 systematic way.

**4.14 Other issues raised by members:**

 a) Staff vaccination for TB – this issue was discussed and it was pointed

 out that TB infection requires at least 8 hours contact with an infected

 person and is therefore not relevant for LAS staff. However, tests for latent

 TB might be of value.

 b) Flu vaccination: Noted that only 60% of staff are vaccinated against flu. The

 reasons for this low rate are hard to understand. The LAS however performs

 well against other AS for flu vaccination.

 c) Hepatitis vaccine. Agreed to obtain information about staff vaccination for

 Hepatitis A,B and C.

 d) James asked if there was evidence that unvaccinated staff have higher

 levels of sickness? Agreed to raise with HR.

1. **Document Presented to the Forum**

5.1 The following documents were received by members:

* Meeting with Elizabeth Ogunoye – December 5th
* LAS Board Meeting and questions to the Board

**The meeting ended at 7.30pm.**