



HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE (INFORMAL MEETING) AGENDA

7.00 pm	Wednesday 16 March 2022	Remote Meeting
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Members 6: Quorum 3

COUNCILLORS:

Conservative Group (3)

Nisha Patel (Chairman)
Philippa Crowder
Ciaran White

Residents' Group (1)

Nic Dodin

Independents Residents' Group (1)

David Durant

North Havering Residents' Group (1)

Vacancy

**For information about the meeting please contact:
Anthony Clements 01708 433065
anthony.clements@oneSource.co.uk**

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

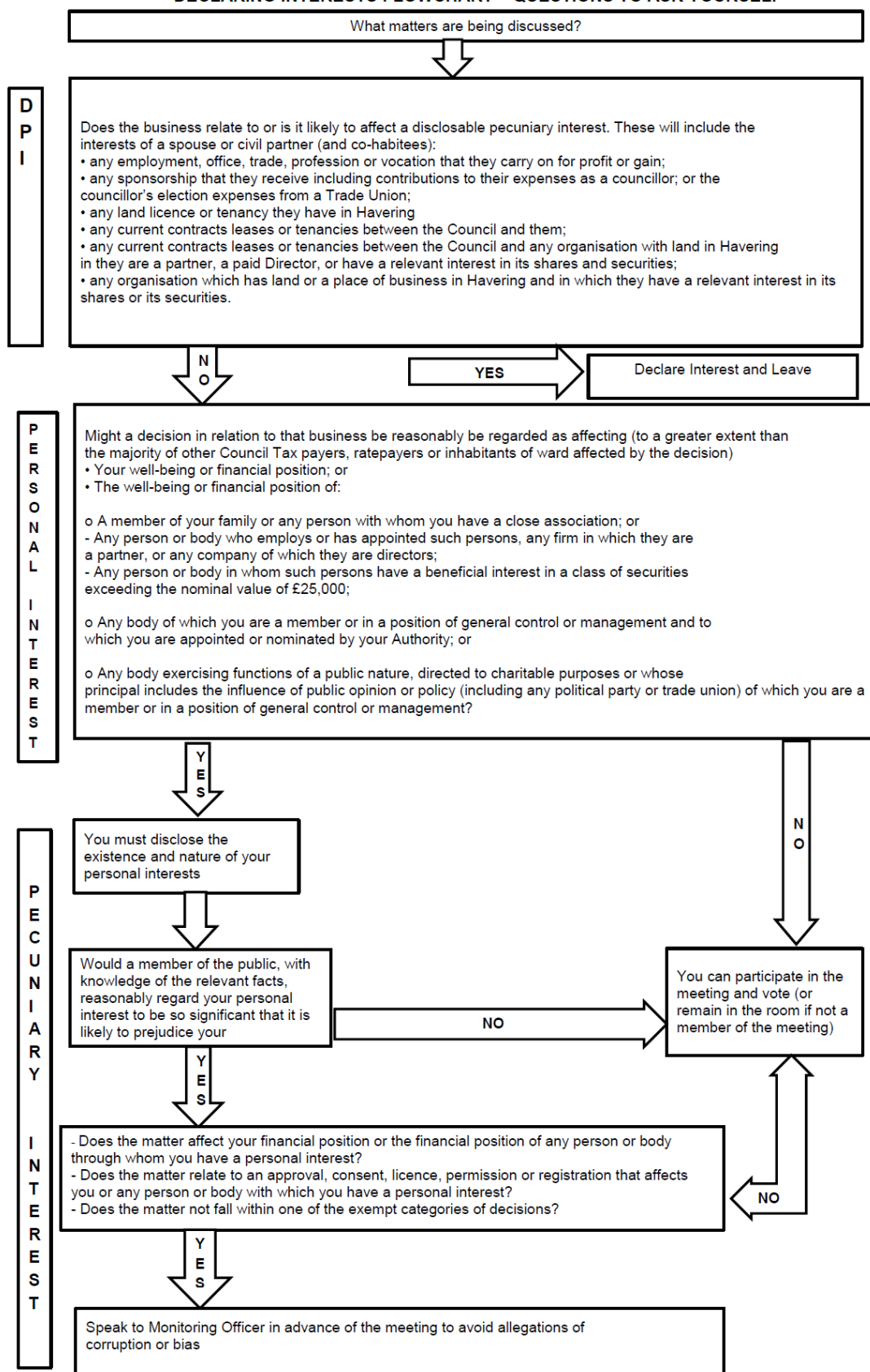
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for

anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference:

Scrutiny of NHS Bodies under the Council's Health Scrutiny function

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

2 DISCLOSURES OF INTEREST

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any time prior to the consideration of the matter.

3 TRANSFORMATION BOARDS (Pages 1 - 18)

Report attached.

4 BLOOD TEST TURNAROUND TIMES (Pages 19 - 32)

Report attached.

5 ST GEORGE'S HOSPITAL UPDATE (Pages 33 - 36)

Report attached.

Zena Smith
Democratic and Election Services Manager

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 MARCH 2022

Subject Heading:

BHR Transformation Boards 21/22 Key Progress and Achievements to Date

Report Author and contact details:

Hanh Xuan-Tang, Deputy Director of Transformation - PMO, NHS North East London CCG, BHR and Integrated Care Partnership

Hanh.Xuan-Tang1@nhs.net

Policy context:

NHS officers will present an update of the progress of the 21/22

Transformation Programmes across BHR

Financial summary:

No impact of presenting information itself.

SUMMARY

The Barking & Dagenham, Havering and Redbridge (BHR) Transformation Boards 21/22 Key Progress and Achievements to Date report was presented to the Integrated Care Partnership Board (ICPB) in November 2021. The ICPB had requested that the report is presented and shared at local Borough Overview and Scrutiny Committees for information.

RECOMMENDATIONS

That the Sub-Committee notes the contents of the report and the progress and achievements of the BHR Transformation Boards so far.

REPORT DETAIL

Due to the Covid Pandemic in 2020/21, the BHR System Transformation Boards (Older People and Frailty, Long Term Conditions, Planned Care, Urgent and Emergency Care, Children and Young People, Cancer) had paused some of the Transformational development work as resources were re-deployed and re-prioritised to support the Covid response and Covid vaccination Programmes.

The BHR Transformation Boards had restarted from Q1 2021/22 as the system gradually returned to 'Business as Usual'. As part of the 're-start' process, at the beginning of 2021/22, each Transformation Board had set out their priorities for the year which incorporated National and Local requirements to support Covid recovery, and also to develop and implement Transformational initiatives and services to support the longer-term Sustainability of the BHR system, as detailed in the BHR Integrated Sustainability Plan (ISP).

The attached report provides an update on the progress made during 21/22 so far by each of the Transformation Boards against their priorities, and the impact of the Transformational changes made to date.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

BHR Transformation Board

21/22 Key Progress and Achievements to Date

Meeting name: London Borough of Havering (LBH) Overview and Scrutiny Committee (OSC)

Presenter: Tracy Rubery – Director of Transformation (NEL CCG)/ Hanh Xuan-Tang – Deputy Director of Recovery and Planning

Date: 14th March 2022

The NHS services covering the London Boroughs of Barking and Dagenham, Havering and Redbridge (BHR) System have seen declining financial performance since at least 2012 and possibly even earlier. These financial challenges are linked closely to negative changes in the outcomes for our population. The drivers of the challenges are related to a historic and chronic under-investment in Out of Hospital Support for patients with a lack of focus on prevention and early intervention. This has driven a significant increase in Non-Elective Admissions particularly for Older People and those with one or more Long Term Conditions.

In 2018/19 the NHS partners in BHR agreed London's first integrated Financial Recovery Plan (FRP) and in the first year of operation saw a significant improvement both in system finances and the start of changes and improvements in outcomes for our population.

Due to the Covid Pandemic, the changes in national contracting arrangements and the positive impacts of accelerated integration of our system Partners, the original FRP has been reviewed and has resulted in the development of the Integrated Sustainability Plan (ISP). The ISP resets the previous FRP and expands the scope to include redressing historic under-investment in Out of Hospital services. The aim of the ISP is to reduce secondary care activity by Transforming Health and Care services and delivering care differently, closer to home, improving outcomes and investing in prevention.



The BHR System Transformation Boards are a key part of the system architecture which will deliver the transformation required to support the assumptions set out in the ISP. Transformation Boards are responsible for the development of care models for their particular care group within the overall strategic framework set by the Integrated Care Partnership Board (ICPB). They are made up of all partners across health, care and voluntary sector in BHR and have strong clinical representation. They will continue to develop plans through co-production with residents, patients and their families.

There are currently eight Transformation Boards in BHR comprising:

1. Cancer
2. Children and Young People (CYP)
3. Learning Disabilities (LD) and Autism (North East London System wide Board)
4. Long Term Conditions (LTC)
5. Mental Health (NELFT/North East London System wide Board)
6. Planned Care
7. Older People/ Frailty
8. Urgent and Emergency Care (UEC)

This pack provides an update on the current progress of each of the BHR system Transformation Boards so far.

The role of the Transformation Boards is to develop and deliver service transformation to improve the outcomes of our population, tackling inequalities and in turn, deliver efficiencies and savings by reducing the burden on the Acute Hospitals and shifting care closer to home. Some of the key aims and objective of the ISP include:

Integrated and Collaborative working across system partners to:

- Increase Prevention services
- Improve Early Detection and Early Intervention
- Promote Self-Care and Self-Management
- Bringing Care Closer to Home by increasing investment into Community and Primary Care based services and therefore avoid patients attending Hospital when they don't need to and allowing patients to be discharged as soon as clinically and medically possible with the appropriate support in the Community.
- Support our population to start well, live well and age well
- Tackle inequalities



BHR 2020/21 Transformation Board Progress



OLDER PEOPLE

- The expansion of the **NELFT Community Treatment Team (CTT)** went live in August 2021 with 10 of the 11 additional posts recruited. The CTT supports the delivery of the National 2 Hour Community Crisis Response Standard. Based on latest 2021 data, the service is forecast to provide a reduction in emergency admissions of 2,112, providing the BHR System with savings of £4m.
- The new **Single Point of Access (SPA) Discharge** team, hosted by NELFT launched in October 21, , building on the enhanced Hospital Discharge Service (HDS) that was developed during 2020 in response to the Covid pandemic. The service supports patients who require health and/or social care support to be discharged into their own home, or an appropriate community setting, as soon as they are medically fit. The service is expected to support c9 patients to be discharged each day, with at least 3,442 reductions in acute bed days per year.
- The **Acute Frailty Service** continues to support c250 patients a month with at least c80% avoiding an admission. Based on April to August data, the services are forecast to deliver 382 less emergency admissions, saving the BHR system £1.8m. The Queen's Frailty Unit which was launched in May 2021 and alongside the King George Frailty Unit will continue to focus on seeing more elderly frail patients to help increase the speed at which they are discharged from ED and being managed in the community or their own homes and therefore avoiding an admission.

PLANNED CARE

- The **Musculoskeletal (MSK) Single Point of Access (SPA)** went fully operational in April 2021, following a delay due to Covid, and the **MSK Exercise on Referral (EoR)** went live in late November 21. The EoR service provides patients with chronic pain with an alternative treatment to clinical intervention. Between April to August, the SPA has reduced 1,106 unnecessary Outpatient appointments and is expected to deliver a reduction of 2,444 unnecessary outpatient attendances in 21/22. With the procurement of the new e-referral system, the reductions are expected to increase next year. provide patients with chronic pain an alternative treatment to clinical intervention.
- A **uro-gynae pathway**, to help reduce inappropriate referrals to the Gynaecology department and aid the long term aim of reducing GP referral volumes through targeted education, has been developed and launched in September 21. The pathway is expected to reduce the number of referrals to BHRUT gynaecology department by 20% in 6 months post-launch.
- The **Community Minor Surgery** service has been finalised and is ready to go-live. The service is due to be launched in April-22 following the NHS England guidance that all enhanced GP services should be paused in Quarter 4 of 21/22 to allow resources to focus on the Covid Vaccination Booster programme.. The service aims to undertake over 2,000 additional minor surgery procedures each year in a Primary Care setting, and therefore reduce the burden on Acute services and support the clearance of the current Elective backlog post Covid. The service will also reduce waiting time for patients.

BHR TRANSFORMATION BOARDS – 21/22 KEY PROGRESS TO DATE

URGENT AND EMERGENCY CARE

- A **Same Day Emergency Care (SDEC)** unit was successfully launched on Wednesday 28 July 2021. The service has 10 patient spaces and is located in the Majors A&E facility within Queen's Hospital. The service is currently seeing 6,720 patients a month, of which, the unit estimates 510 p/m (7.5%) are an avoided admission.
- The **Hospital Ambulance Liaison Officer (HALO)** service, at both the KGH & Queens sites, went live in November-2021. The service will operate from 10am to 10pm, to help redirect crews to utilise alternative care pathways instead of the acute based services. This will aid with ambulance crews awareness and utilisation of alternatives services, and therefore, contribute to improved patient care by transferring patients to the most appropriate setting and ensuring that more patients are treated at the right place, at the right time, first time.
- A business case for a **Duty Doctor** Pilot went live in January 2022. The pilot service aims to have a dedicated doctor, based in primary care, who will provide a dedicated call-in service which can be accessed by ambulance crews and community health care professionals when they need to seek advice from a GP about a patient's condition. The expectation is that the advice and guidance provided by the service will help prevent the patient being automatically conveyed or sent to A&E when this could have been avoided.
- A winter business case covering the following schemes: additional community rehab beds, additional intensive rehab service staff, additional care home rehab beds, increased PELC capacity, a Therapy Assessment at RAFTing pilot, additional 30 bed unit at Queen's and a weekend discharge nursing home pilot has been taken through the Urgent & Emergency Care Transformation Board and governance processes and many of the services are now live. All elements support the hospital with discharging patients to release bed capacity during the winter months, or provide additional capacity at the front door or within the hospital.

CHILDREN AND YOUNG PEOPLE (CYP)

- The **Paediatric Assessment Unit (PAU)** has been successfully implemented at the KGH site following the implementation at the Queen's site last year. The service supports children attending ED to be appropriately assessed and monitored with the aim of reducing unnecessary emergency admissions.
- The integrated **Paediatric Hospital at Home** pathway is currently at the final stages of approval. The service will support the PAU service through integrating the pathways between secondary care (from PAU), to care in community and home settings. The expectation is that 1,396 admissions will be avoided each year.
- A collaboration between the CYP Transformation Board and BHR Workforce academy has resulted in the successful delivery of a workforce workshop in September-21. The workshop identified short and long term solutions to address the shortage in the workforce affecting children across BHR, enabling further development of initiatives which were previously constrained by workforce capacity.

LONG TERM CONDITIONS

- An **Atrial Fibrillation (AF) Case Finding** pilot in Havering has been approved and recently went live in November 2021. The pilot utilises a specialised algorithm developed by Pfizer, and approved by the MHRA, to detect patients with high risk of AF related stroke. Patients are then admitted to a Rapid Access pathway for diagnosis and treatment, resulting in a reduced risk of imminent strokes. The pilot is expected to prevent 18 strokes between December 2021 and March 22.
- The **Urine Albumin to Creatinine Ratio (ACR) Testing from Home/ACR Diabetes** initiative is a 'post Covid catch-up plan' which is expected to be implemented in Quarter 4 21/22. Due to the Covid pandemic, and the reduction in face to face contacts with GPs/Nurses, Diabetic patients were not receiving the full 8 care processes required to detect any risks or issues with their condition that could result in complications associated with Diabetes. This initiative provides the ability to deliver a 'catch-up' plan at scale prior to returning to BAU levels and annual check-ups going forward.

CANCER

- **ATC the Signs'** digital tool was rolled out across BHR in Quarter 1. The tool helps to identify patients at risk of cancer; which cancer or cancers a patient is at risk of and identifies the most appropriate next steps. There are currently 358 users, helping to improve early detection, referral and diagnosis rates and therefore improving the outcomes for the residents of BHR.
- The **Rapid Diagnostic Centre (RDC)** is now fully live and receiving referrals from B&D. Work is ongoing to roll out the RDC across Havering and Redbridge. The RDC is a single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer, but do not "fit" into the Pan-London 2ww tumour specific pathways. The service provides personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally. This supports improvements in the Faster Diagnosis Standards (FDS) which is currently at pre-Covid levels.
- The **Lung screening project (The SUMMIT study)** delivered by UCLH and GRAIL has to date delivered a service to over 13,000 participants. The aim of the project is to develop and evaluate a new blood test for detecting multiple types of cancer early including lung cancer amongst at-risk residents and contribute to the examination of the feasibility of a large-scale lung screening programme in England. Participants were invited via their GP practice to attend a lung health check, offered a blood test and a low-dose CT scan of lungs. If signs for concern were seen in first scan, these were followed up, either immediately or twice annually depending on severity. The screening project will run until July 22 but has already impacted patients through early lung cancer detection & patients successfully treated.



BHR Transformation Board 21/22 Scheme Overview (January-21)

Evidence Based Interventions (EBI) Wave 2
Electrocardiogram (ECG) LIS
Autism Spectrum Disorder (ASD) Attention Deficit Hyperactivity Disorder (ADHD) Service
LTC Diabetes – out of hospital management
Ageing Well - Community catheter clinics
Winter - Ambulatory BHR Nurse-led Catheter Clinic
Marie Curie - Night Sitting Service
Domicillary Care Pilot

Red schemes – denotes progress to next stage of process from previous month

Blue Schemes – New schemes added in since previous reporting month

Musculoskeletal (MSK) e-Referral Tool
Albumin to Creatinine ratio (ACR) Testing from Home/ACR Diabetes
Ageing Well - Urgent Care 2-hour response (UCR)
Winter schemes x10
Weekend Nursing Home Discharges Service

**Concept
Schemes**

**Business
Case**

Mobilisation

**Live
Schemes**

Page 11

Hospital Discharge Service
Duty Doctor
Community Minor Surgery
Simple Wound Care
Diabetes Assisted Discharge
Tier 3 Weight Mgt
Local Non Invasive Ventilation (NIV) Service
Stroke Rehab- Service Review
Ageing Well - Out Of Hours (OOH) - End of life rapid response team
Ageing Well - Hospice End of Life Service (RRT 24hr helpline and Nurse)
Ageing Well - Hospice End of Life Service (Care Home End Of Life (EOL) Nurse Specialist)
Ageing Well - Community Falls Care Home Service
Expansion of Community Falls Service
Alternative Care Pathway (ACP) Pharmacist in the Community Treatment Team (CTT)
Community Complex Dementia - Havering
Point of Care Testing (POCT)
LIPIDS Management

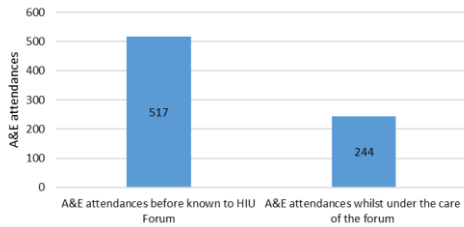
Queens Frailty Hub Service (AFS)
Falls Programme Line - Strength & Balance Service
Local Area Coordination - Havering
Local Area Coordination - Redbridge
Reduce attendances for High Intensity Users (HIU)
Develop Same Day Emergency Care (SDEC) Pathways
Advice & Guidance (A&G)
Consultant 2 Consultant (C2C) referral reduction - Triage/Rapid Access Service (RAS)
Musculoskeletal (MSK) New Model of Care:
Musculoskeletal- (MSK) New Model Of Care-EOR
Musculoskeletal (MSK) New Model Of Care-Primary Care MSK Team
Musculoskeletal (MSK) New Model Of Care-Rheumatology Hub
Patient Initiated Follow Up (PIFU)
Urology-gynae pathway
Children Asthma Local Incentive Scheme (LIS)
Long Term Condition (LTC) LIS - Atrial Fibrillation
Long Term Condition (LTC) LIS - Diabetes Injectables
LTC LIS Group 2 (COPD/Asthma)
Diabetes 8 Care Processes
v Chronic Kidney Disease (CKD) Pilot
Pilot HALO (Hospital Ambulance Liaison Officer)
Atrial Fibrillation (AF) Case Finding-Havering
Complex Wound care Programme/Dressings and Lymphedema
Ageing Well - Discharge to assess pilot

Impact of Transformation

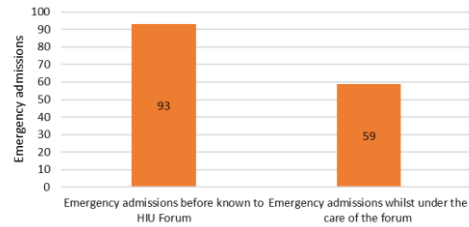


Urgent & Emergency Care Transformation Board Impact Achievements

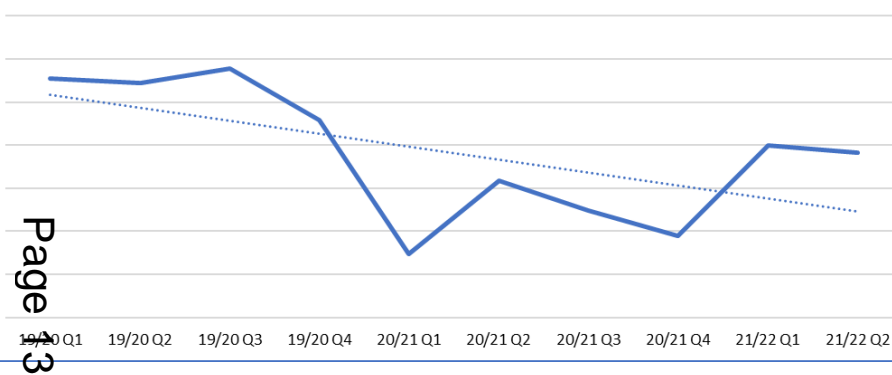
A&E Attendances HIU Forum patients as of August 2021



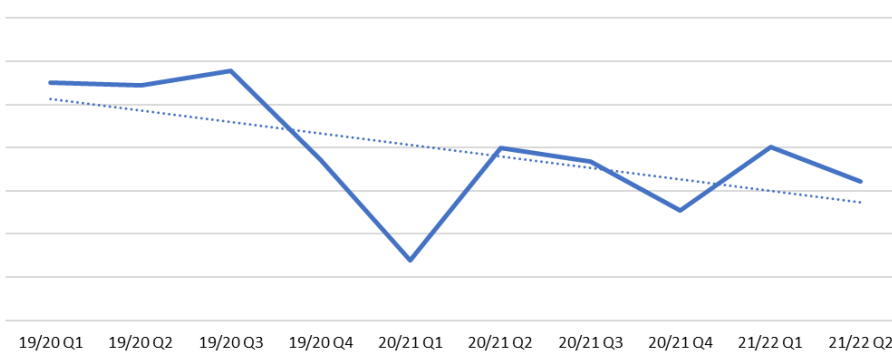
Emergency Admissions HIU Forum patients as of August 2021



All Ages type 1 a&e attendances



BHRUT & Barts Total - Ambulance Arrivals for BHR ICP patients



High Intensity User Forum & Open Dialogue service

The High Intensity User Forum is a multi-disciplinary team, consisting of London Ambulance Service, BHRUT, NELFT, Police, Social Care, patient GPs and others who provide direct care for the patients. They devise care plans and support options for patients who are identified as 'complex high intensity users' to prevent them from utilising urgent and emergency care services when not required, and directing them to more appropriate services to support the needs of the patient.

In 21/22 (as of August 2021), the service has delivered a reduction in emergency admissions of 37% (34 less admissions) and a reduction in A&E attendances by 53% (273 less attendances).

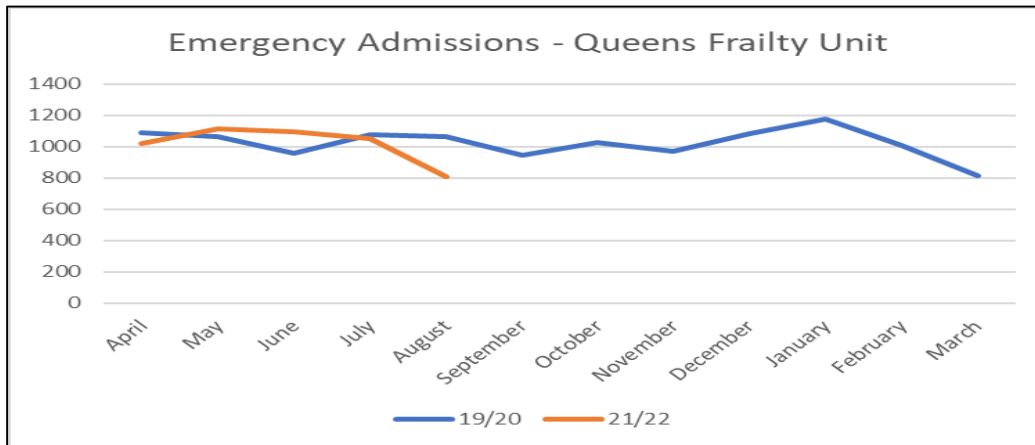
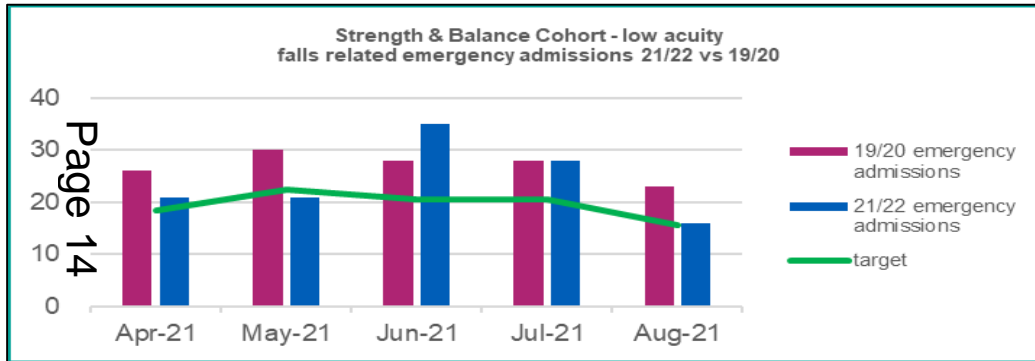
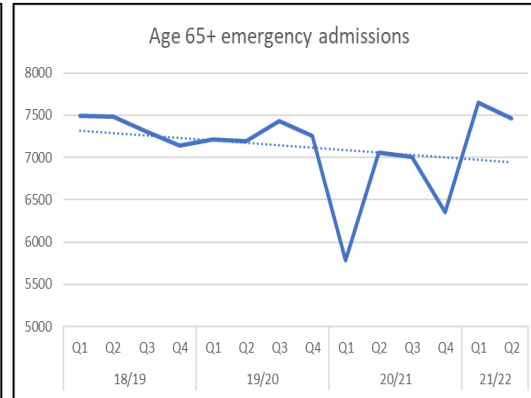
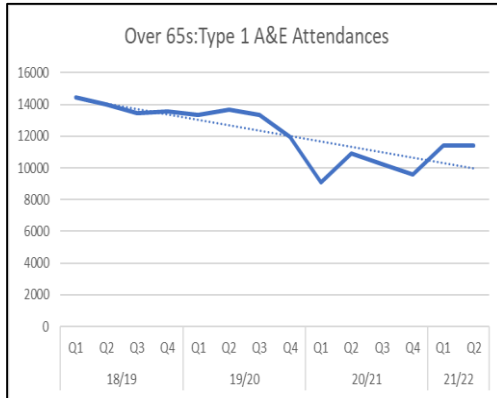
Alternative Care Pathways (ACPs)/Hospital Ambulance Liaison Officer Pilot (HALO)

Type 1 A&E Attendances, relating to BHR patients of all ages at BHRUT, continue to show an overall downward trend with a 16% reduction (15,895 less) in A&E attendances in Q1 & Q2 FOT 21/22 when compared to Q1 & Q2 2019/20. Whilst some of the reduction is due to the Covid pandemic, especially in April and May, a significant contributor to this shift has been the successful implementation of 4 UTCs across BHR and the ongoing work to increase utilisation of alternative care pathways so that the emergency department is not the first port of call for patients when clinically safe to utilise alternative services..

A significant amount of work has been undertaken to ensure alternative care pathways are increasingly available, such as CTT, Urgent Treatment Centre's (UTCs), Crisis Centres and Frailty Units. As a result, ambulance crews are now able to take an increasing number of patients to these alternative services. The impact of this can be seen in the reduction of ambulance arrivals, when comparing Q1 & Q2 FOT 2021/22 with Q1 & Q2 2019/20, which shows a 11% reduction (3,699 less conveyances.).

To enhance the usage of ACPs further and to support with winter, LAS has recruited paramedics (HALO) who will review ambulance arrivals, 7 days a week throughout winter and guide/educate their colleagues around the alternatives available. Through doing this, it is forecast to prevent 1,820 A&E attendances throughout winter.

Older People Transformation Board Impact Achievements

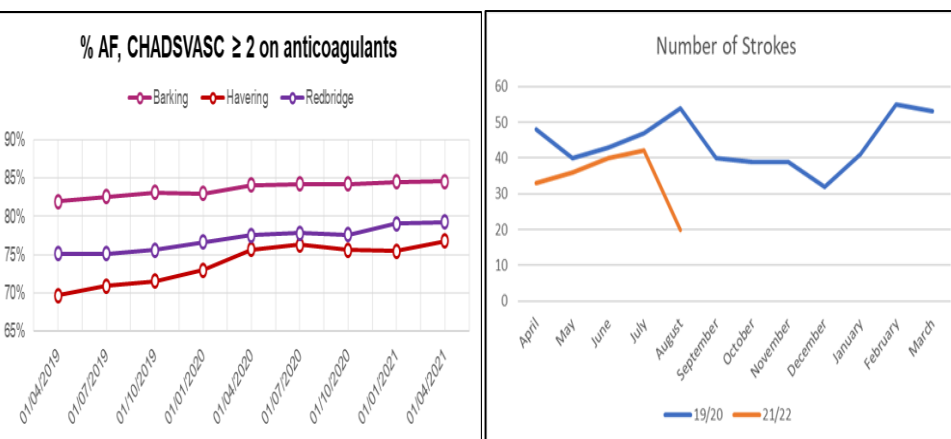
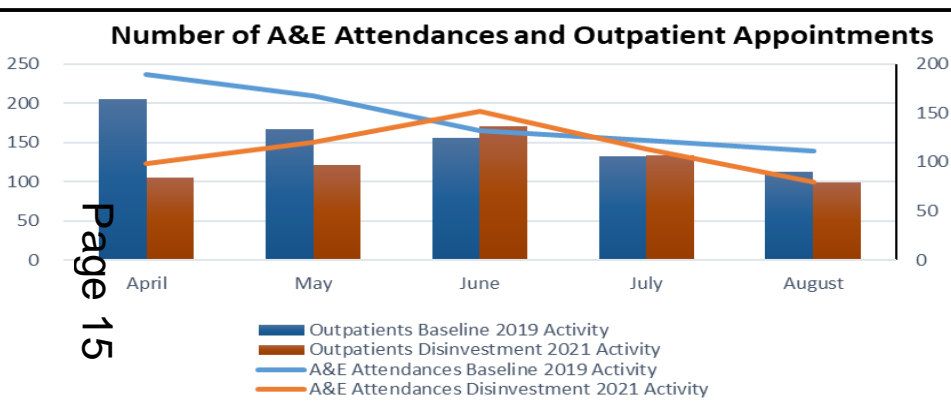
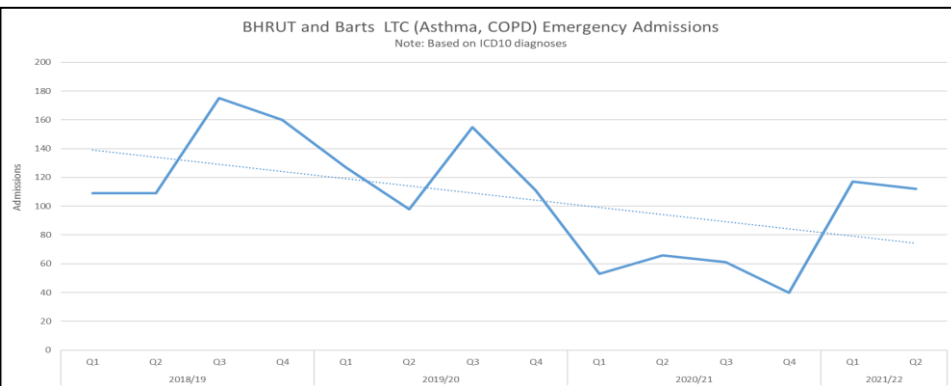


Key Notes

- Due to the impact of Covid, the 20/21 position have been skewed and therefore, the 21/22 position have been compared to the 19/20 pre-Covid levels.
- The Year To Date (YTD) (Q2) level of A&E attendances, for patients aged 65+, is currently 15% (4,167 attendances) lower than the comparable period in 19/20.
- However, the spike in the level of over 65+ admissions in recent months indicates that older patients presenting to Hospital are more complex and with a higher acuity of their condition, in part driven by Covid.
- The Queen's Frailty Unit, which was launched in May 2021, incorporating the previous 'ED Front Door' and 'Home is Best' services, is starting to impact on the admission rates through a more dedicated and integrated Frailty service aimed at assessing and supporting patients to be cared for in an appropriate setting where an admission is not required. In August 2021, there were 24% (258) less admissions than in August 19.
- The Falls Strength and Balance service was impacted during Covid due to social distancing measures and the move to virtual sessions. However, despite a spike in June 2021, the 21/22 position shows a 10% reduction in falls equating to 14 less falls by August 2021 compared to the same period in 19/20.
- As the Strength and Balance classes resume face to face sessions, it is expected that the number of falls will decrease further in future months.



Long Term Conditions Transformation Board Impact Achievements



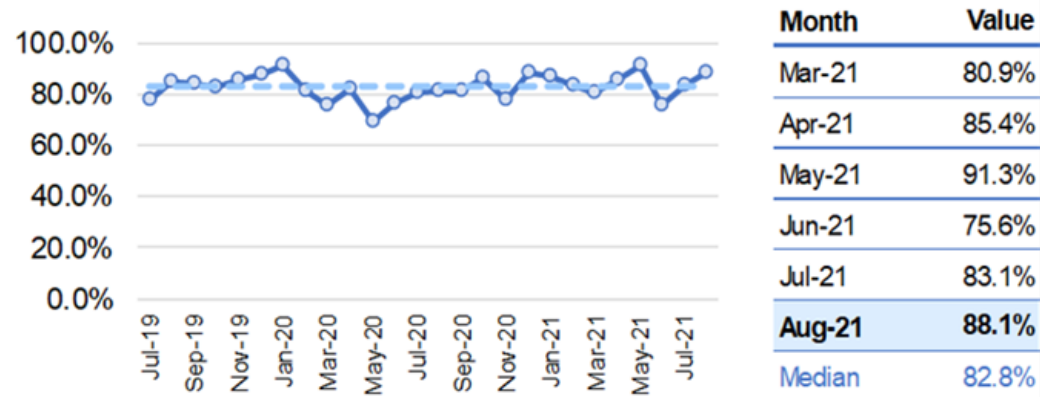
Key Notes

- The LTC Asthma and COPD LIS was implemented prior to Covid, with the purpose of shifting routine spirometry tests, for diagnosis of COPD/asthma, from an Acute setting into Primary Care, and to support patients through the development of care plans to better manage their condition and reduce presentations to Secondary Care.
- Since April 2021, there have been 159 less respiratory related A&E admissions compared to the same period in 19/20.
- COPD and asthma related admissions remain on a downward trajectory, and despite a post-Covid surge in admissions in June 21, at Quarter 2, admission remain below the 19/20 position.
- The shift in setting for the delivery of routine Spirometry testing, has resulted in 77% less spirometry activity (reduction of 610 tests between April to August 2021) taking place in secondary care. As the Tests are performed in an Outpatient setting, this has resulted in the freeing up of 610 outpatient appointments at BHRUT.
- Since the implementation of the Atrial Fibrillation LIS in 19/20, 93 out of 116 GP practices have had their AF registers reviewed for high-risk patients (CHADVASC >2) who are not on anticoagulation treatment. This review of 769 patients has led to over 200 patients being anticoagulated.
- Due to early detection and intervention, this has contributed to 27% (61) less strokes in 21/22 (to August 21), compared to the same period in 19/20.

Planned Care Transformation Board Impact Achievements

6. Responded within 48Hrs All Specialties (Top 18)

Barking, Havering And Redbridge University Hospitals NHS Trust

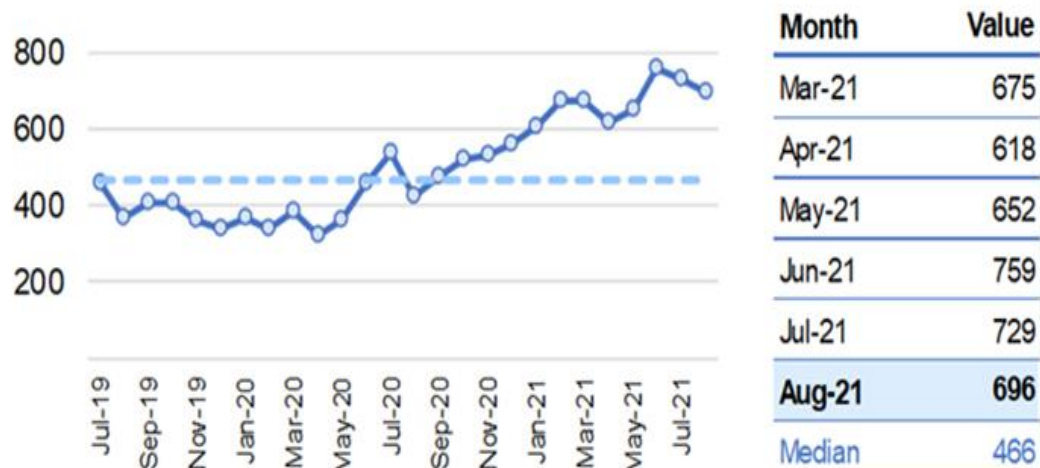


Key notes

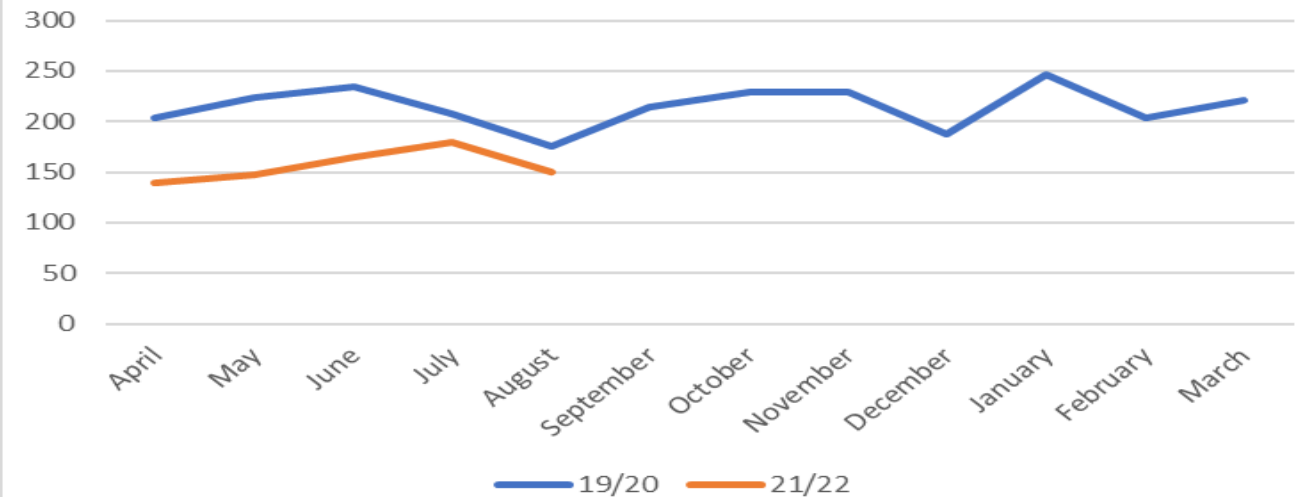
- The Advice & Guidance service has continued to improve with an increase in the number of requests for Advice & Guidance on e-RS, whilst maintaining a 83% response rate within 48 hours.
- The improvements in the Trust Directory of Services and combined with the roll out of the Triage/RAS systems, has contributed to a 25% reduction (265 attendances) in the level of Consultant to Consultant (C2C) referrals.
- The C2C policy, following system agreement, is currently suspended and further communication and engagement is ongoing within the Trust to ensure that the legacy processes are reversed to support the reduction in demand on Primary Care.
- The Patient Initiated Follow Up (PIFU) pathways have been piloted in Neurology and the pathway will be rolled out to 4 further Specialties (Trauma & Orthopaedics, ophthalmology, gastroenterology and Prostate Stratified Pathways) in the next few months. The PIFU is aimed at empowering patients, with clinical oversight, to manage their own follow-up pathways based on their condition and requirements. This in turn is expected to reduce the number of unnecessary follow-up attendances going forward.

eRS Requests All Specialties (Top 18)

Barking, Havering And Redbridge University Hospitals NHS Trust

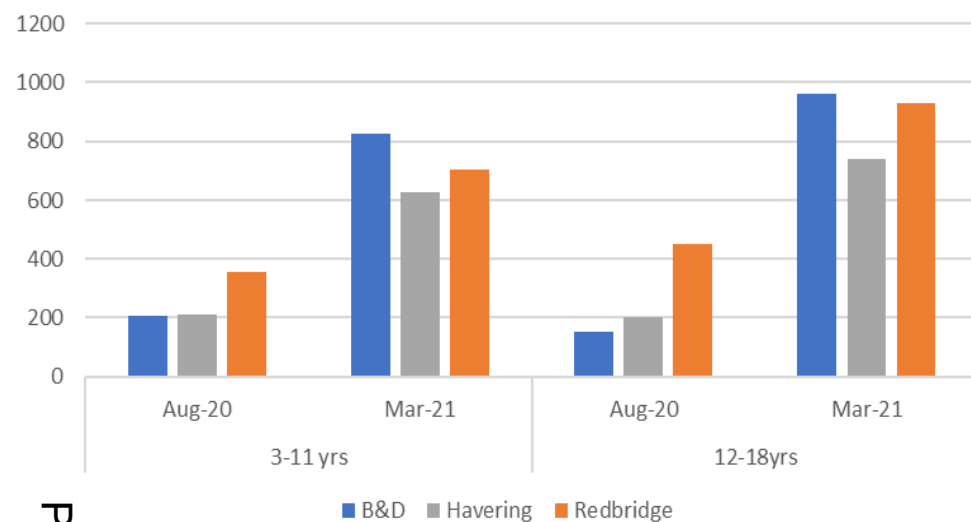


C2C referrals



Children and Young People Transformation Board Impact Achievements

CYP Asthma Care Plans

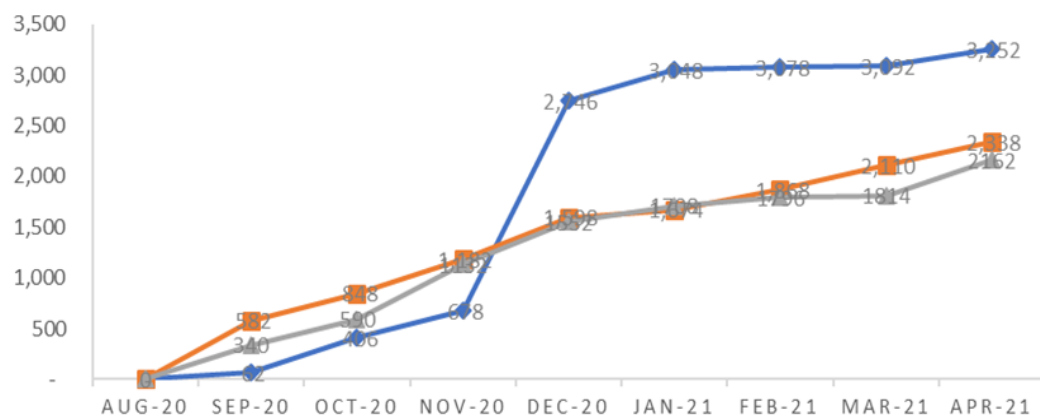


Key notes

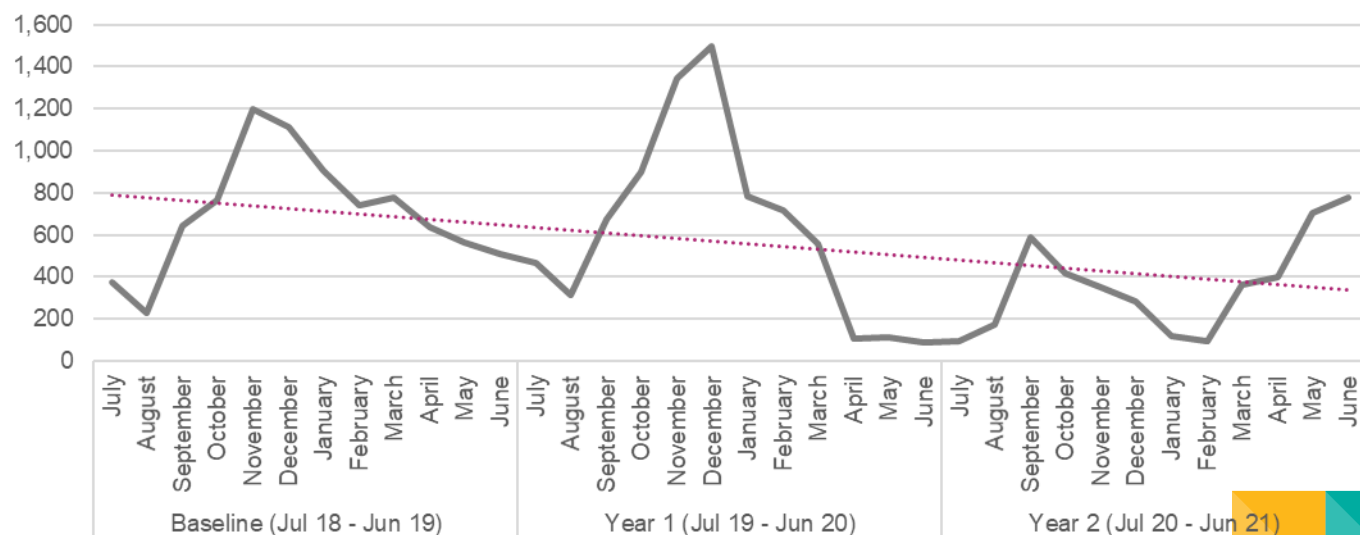
- The Sustainable Asthmas LIS, which was implemented in 19/20 in response to the Regulation 28, focuses on providing education and support to children and their families to help manage the Asthma condition through the implementation of Care Plans. The service is an integrated service between Primary Care and Community services.
- The Sustainable Asthmas LIS, has resulted in a 200% increase in the number of care plans issued since its implementation (from 1,574 in August 20 to 4,790 at the end of March 21), with the impact of the care plans seen in the following months and years.
- The implementation of the LIS has contributed to a 48% reduction in Children's Respiratory related A&E/UCC attendances across BHR, (from 8,462 attendances (pre-LIS) to 4,360 over the past year)
- Paediatric Emergency admissions, which are directly attributable to minor Asthma conditions, has also reduced by 48% across BHR, from 405 admissions pre LIS (Baseline Year), to 208 admissions in year 2 of the scheme. Whilst some of the reduction can be attributed to the impact of Covid, admissions have not reached pre-Covid levels, in part, driven by the increase community base care provided by the LIS.

ASTHMA REVIEW COMPLETED AGE 3-18

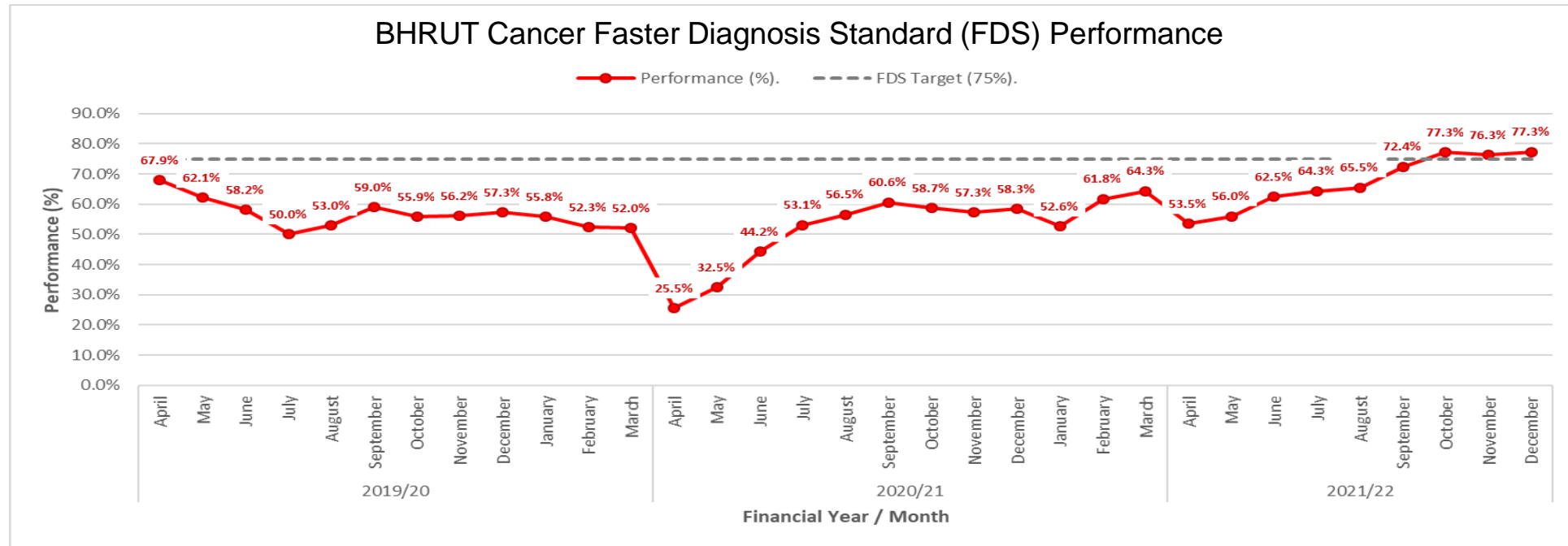
Legend: B&D (Blue line with diamonds), Redbridge (Orange line with squares), Havering (Grey line with triangles)



Trend in Asthma Related A&E (incl UCT) Activity-BHR CCGs/BHRUT



Cancer Transformation Board Impact Achievements



Key notes

- Significant work has been undertaken by the Trust to improve the Faster Diagnosis times including:
 - Dedicated clinical review clinics established with consultant time to sign patient off pathway
 - Local process agreed with Primary Care on endoscopy sign off process to support FDS compliance
 - Clinic capacity increased to reduce median waits
 - Clinical triage team booking directly onto Endoscopy list
 - Increased Radiology scanning capacity to support delivery of FDS and resource has been allocated to support Gynae and Urology specifically.
- This work has resulted in the current performance being back at pre-Covid levels. The FDS December 2021 Published information indicates a performance of 77.30%, 2.30% above the 75.0% Target.
- There has also been an improved position for the 28 Day FDS in Gynaecology and Upper GI seen in September 2021.



HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 MARCH 2022

Subject Heading:

Update on the community phlebotomy
(blood testing) pilot programme

Report Author and contact details:

**Jeremy Kidd, Deputy Director of
Planned Care (BHR), NHS North East
London CCG, BHR and Integrated Care
Partnership**

Jeremy.kidd1@nhs.net

Policy context:

**Community phlebotomy is a key
service for local people and has
therefore been as a subject for scrutiny
by the Sub-Committee**

Financial summary:

**No impact of presenting information
itself.**

SUMMARY

Following a detailed update to the November meeting of the Havering Health Overview and Scrutiny Sub-Committee, the Clinical Commissioning Group agreed to provide further updates on the progress of the community phlebotomy service pilot in Barking and Dagenham, Havering and Redbridge.

RECOMMENDATIONS

That the Sub-Committee notes the contents of the report and the progress of community phlebotomy pilot to date.

REPORT DETAIL

As we move toward the end of the BHR phlebotomy pilot (June 2022), the Executive Phlebotomy Steering Group will meet in March for a detailed phlebotomy pilot review session to look at successes and learning to date.

Sites and capacity

In our continued bid to make booking an appointment as convenient as possible for our patients, a number of our sites are offering Saturday and Sunday services. A full list of community and GP phlebotomy services (23 in total) can be found on the CCG website at <https://northeastlondonccg.nhs.uk/your-health/blood-tests/>. Information available includes booking details and opening hours, and our published list is attached to this report.

In Havering, blood tests are available at Cranham Health, Elm Park Clinic, Harold Hill Health Centre and Raphael House in Romford.

Current data

22,687 blood tests were carried out across community and GP sites across BHR in January 2021.

- 91.33% of appointments were carried out within 1 week from the date of booking.
- 7.2% of appointments were carried out within 2 weeks from the date of booking.
- 1.47% of appointments were carried out between 2 and 4 weeks from date of booking (patient choice).
- We are pleased to report that we continue to see a decrease in numbers of those not attending their appointments (from around 15% one year ago to around 6% in recent months).
- There continues to be same day availability for a blood test at the majority of NELFT sites.

Patient survey results

Patients continue to pass on their feedback via our survey, with over 95% patients feeding back a good experience in January 2022.

We continue to learn from these responses in order to shape the service into one that best meets the needs of the local communities we serve.

Engagement

- As explained, we have developed a patient survey which can be completed online via a text and email link once the appointment has finished.
- GP sites have now been added to this survey.
- The survey is now fully compatible with those who are accessing it via a mobile phone.
- This link can also be shared via email for those who do not have a mobile phone.
- We continue to look at ways to reach those who do not have web/mobile phone access to ensure that feedback is representative.

- We continue to share updates and the link to our dedicated email address nelondon.bhrphlebotomy@nhs.net in our local and NEL wide stakeholder updates to invite local feedback.
- A frequently updated list of all sites and provision is available on the CCG website at <https://northeastlondonccg.nhs.uk/your-health/blood-tests/> as well as on the [NELFT website](#) and is linked to from the [BHRUT website](#).
- This list of sites is also shared regularly with practice colleagues for patients.

Next steps

- Dedicated phlebotomy sessions that will accommodate people with learning disabilities will begin in April 2022.
- Work is underway with our Learning Disabilities networks to gather feedback on the proposed design of these sessions.
- We are also looking at home visiting for those with severe learning disabilities.

Previous public updates can be found on our website along with a full list of phlebotomy services across BHR.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

Published list of community phlebotomy services (updated as of 8 March 2022).

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Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

A pilot community blood testing service began w/c 28 June 2021 in Barking and Dagenham, Havering and Redbridge. It aims to continue to improve access to phlebotomy services across BHR, reduce waiting times and ensure urgent tests can be booked for the same or next day. Blood tests will also be available at weekends at some sites. The target is for all patients to be able to have their blood test within seven days. All bookings and cancellations can be made online or by phone.

The pilot service is being developed by NEL CCG, North East London Foundation Trust (NELFT), Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and primary care providers, who have worked together to ensure that phlebotomy services meet the needs of local people throughout the pandemic.

If you have any comments or queries about this pilot, please email nelondon.bhrphlebotomy@nhs.net

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- There are currently **no walk-in services** available for Barking and Dagenham, Havering or Redbridge patients – all blood tests must be booked in advance.
- Blood tests for **children under 12 (under 16s with LD)** are carried out by appointment only by the BHRUT Children's Outpatient department.
- **Always take your paper blood test form to your appointment** as this is needed to process your blood test. If you have a blood test form from BHRUT, this can also be used at community sites.

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Barking and Dagenham

Barking Community Hospital	Monday - Sunday 8AM – 4PM	Upney Lane, Barking, Essex, IG11 9LX Appointment Only Book online at https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM – 4PM) Lines are very busy and it is recommended that patients book online.
Chadwell Heath Health Clinic	Monday - Friday 8AM - 4PM By appointment only	Ashton Gardens, Dagenham, Essex, RM6 6RT Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM – 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Porters Avenue Clinic	Monday - Friday 8AM – 4PM By appointment only	234 Porters Avenue, Dagenham, Essex, RM8 2EQ Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

<p>Thames View Health Centre</p>	<p>Monday – Friday 8AM – 4PM By appointment only</p>	<p>Bastable Avenue, Barking, IG11 0LG Appointment only. Book online at https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.</p>
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Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Havering

Cranham Health Centre	Monday – Friday 8AM - 4PM By appointment only	108 Avon Road, Cranham, RM14 1RG Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Elm Park Clinic	Monday – Friday 8AM - 4PM By appointment only Saturday – Sunday 8AM - 4PM (the Saturday and Sunday chairs will run from 10 July to 15 August)	252 Abbs Cross Lane, Hornchurch, Essex RM12 4YG Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Harold Hill Health Centre	Monday – Friday 8AM to 4PM By appointment only	Gooshays Drive, Romford, RM3 9SU Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Raphael House	Monday - Sunday 8AM – 4PM By appointment only	Raphael House, Pettits Lane, Romford, RM1 4HP Appointment only. Book via: https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Queen's Hospital	Blood testing services are available for patients under the care of the hospital. This includes oncology(cancer), maternity and haematology patients. If you are one of these patients, you will already have been informed how to have your blood test.	Ground floor in the Main Entrance, Rom Valley Way, Romford, RM7 0AG Appointment only for patients over 12 yrs old Book via: https://www.swiftqueue.co.uk/bhr.php If you do not have internet access, phone Queen's Hospital 01708 435498 Booking for children under 12 years old (0-16 if they have LD): <ul style="list-style-type: none"> • Book via: https://www.swiftqueue.co.uk/bhrpaeds.php • Parents without internet access should call 01708 435289 (Children's OPD) to book a blood test for their child. • If your child has special needs, please book on a Monday ONLY. If you are booking for genetic testing, this should be booked before 11AM Mon-Thurs. (Your paper form will state at the top whether you are booking for genetic/gene testing.)

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Redbridge

Barley Court Clinic (Goodmayes Hospital)	Monday - Friday 8AM - 4PM By appointment only	Barley Court Clinic, Goodmayes Hospital, 157 Barley Lane, Ilford, IG3 8XJ Appointment only Book via https://10to8.com/book/nelftbookabloodtest/ No children under 12. Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Eastern Avenue Medical Centre	Thursdays 8AM – 12PM Appointments available to patients across BHR and registered outside of this practice.	737 Cranbrook Rd, Ilford IG2 6RJ Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Fencepiece Road Medical Centre	Tuesdays 8AM – 12PM Appointments available to patients across BHR and registered outside of this practice.	83 Fencepiece Rd, Ilford IG6 2NB Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Fullwell Cross Medical Centre	Monday - Friday 8AM – 4PM <i>Appointments available to patients across BHR and registered outside of this practice.</i>	1 Tomswood Hill, Ilford IG6 2HG Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Forest Medical Centre	Monday – Friday 8:30AM – 12:30PM <i>By appointment only</i>	Old Station Road, Loughton, Essex, IG10 4PE Appointment only Book via: https://www.swiftqueue.co.uk/bartshealth.php Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard) Please note: only patients who would usually use Heronwood and Galleon or / Whipps Cross site should use the facilities at Forest Medical Centre.
Gants Hill Medical Centre	Monday – Friday 9:30AM -11:30AM Exc. Bank Holidays <i>Appointments available to patients across BHR and registered outside of this practice.</i>	63-65 Ethelbert Gardens, Ilford, IG2 6UW Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Hainault Health Centre	Monday – Friday 8AM – 4PM <i>By appointment only</i> <i>Appointments available to patients across BHR and registered outside of this practice.</i>	Manford Way, Ilford, Chigwell IG7 4DF Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online

Please note that this information is updated regularly and subject to change.
Updated 17.11.21

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

<p>Heronwood and Galleon Unit</p>	<p>Monday - Friday 8AM - 1PM Redbridge patients only By appointment only</p>	<p>Heronwood and Galleon Unit, Wanstead Hospital, Makepeace Rd, Wanstead, London E11 1UU</p> <p>Book via: https://www.swiftqueue.co.uk/bartshealth.php Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard)</p> <p>Please be aware that a one-way entry and exit system is in operation at this site. Face coverings must be worn at all times whilst on the premises. To comply with social distancing rules, you may be given additional instructions by staff on your arrival.</p>
<p>Kenwood Medical Centre</p>	<p>Monday/Tuesday/Friday 9AM – 1PM Wednesday and Thursday 9AM- 11AM</p> <p>Appointments available to patients across BHR and registered outside of this practice.</p>	<p>737 Cranbrook Rd, Ilford IG2 6RJ Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.</p>
<p>King George Hospital</p>	<p>Blood testing services are available for patients under the hospitals' care. This includes oncology (cancer), maternity and haematology patients. If you are one of these patients, you will already have been informed how to have your blood test.</p>	<p>Barley Lane, Goodmayes, IG3 8YB Appointment only. Ground floor, Outpatients Dept. Book via: https://www.swiftqueue.co.uk/bhr.php For those with no internet access, phone King George Hospital: 020 8970 8383</p>

Please note that this information is updated regularly and subject to change.
Updated 17.11.21

Where to go to have a blood test

Updated to reflect new pilot scheme w/c 28 June 2021

Loxford Polyclinic	Monday - Friday 8AM - 4PM By appointment only	Ilford Lane, Ilford, IG1 2SN Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Newbury Group Practice	Monday - Friday 8AM – 4PM Appointments available to patients across BHR and registered outside of this practice.	Newbury Park Health Centre, 40 Perrymans Farm Rd, Ilford IG2 7LE Appointment only Book via: https://10to8.com/book/nelftbookabloodtest/ Telephone number: 0300 300 1704 / 0300 555 1045 (Lines open 8AM - 4PM) Telephone lines can get very busy and it is recommended that patients book online.
Whipps Cross Hospital	Barts Health patients only Blood test appointments for children between 1-years-old and 9-years-old are available at Whipps Cross Hospital. Please select the children's blood test option when booking your appointment online.	Leytonstone E11, Area 1 Outpatients Please note: the majority of the appointments at Whipps Cross are for hospital patients attending hospital clinics, if you are a GP patient please select the adult GP option when booking. Book via: https://www.swiftqueue.co.uk/bartshealth.php Telephone number: 020 8539 5522 (Barts Health hospitals main switchboard) Blood test appointments for children under 12 months old: 07546 655 797 (paediatric team on the Medical Day Unit, Acorn ward)

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HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 16 MARCH 2022

Subject Heading:

Update on St George's Health and Wellbeing Hub

Report Author and contact details:

**Keith Flaxman, Programme Director –
St George's Redevelopment
Programme, NEL CCG**

Policy context:

The Health and Wellbeing Hub is a key service development and has therefore been a subject of scrutiny for the sub-committee

Financial summary:

**No impact of presenting information
itself.**

SUMMARY

This report provides the committee with an update on the work to deliver the redevelopment of the former St George's Hospital site to create an integrated Health and Wellbeing Hub.

RECOMMENDATIONS

That the Sub-Committee notes the contents of the report and the progress of St George's Health and Wellbeing Hub redevelopment.

REPORT DETAIL

Update on the engagement with public and stakeholders

Creating a health and wellbeing hub at the St George's Hospital site is at the heart of integrated health and care services in North East London (NEL). Since the early days of planning for new healthcare services on the site, NHS partners have kept a commitment to ensure local stakeholders and residents are kept informed about our proposals and progress.

Significant engagement has already taken place with key local stakeholders and with local residents and patients over the last ten years, which has helped to shape our plans and ensure our stakeholders understand how the new centre will benefit them and the communities they represent.

North East London CCG conducted a 12-week engagement on proposals for the integrated Health and Wellbeing Hub on the former St George's Hospital site in Hornchurch in the London Borough of Havering. This engagement started on 22 November 2021 and closed on 13 February 2022.

Methodology

The CCG wrote to a range of stakeholders with an explanation of the proposal and information on how local people in all three boroughs in BHR (Barking and Dagenham, Havering and Redbridge) could respond. Six online engagement sessions were held during the 12-week period.

A questionnaire was available on the NEL CCG website and printed copies were also distributed to GP practices in Havering. The CCG also gave presentations to the Outer North East London Health Overview and Scrutiny Committee (ONEL JHOSC) and at a special meeting of the Havering Health Overview and Scrutiny Committee (HOSC). The CCG received one request for a printed copy of the questionnaire (via a Havering councillor) and this was mailed to the councillor on 31 January 2022.

Overall, 451 responses to the engagement were received via the online survey and one letter. In addition, individual residents and representatives of community organisations attended the online engagement sessions.

The Havering HOSC also provided a written response to the engagement which has been included in the engagement feedback analysis.

Key findings

Residents and stakeholders who responded via the online questionnaire were overwhelmingly supportive of the proposals:

- **87.28%** (391) of respondents **strongly supported** proposals for GP services at the Hub, with only 11 people (2.46%) mildly or strongly opposing the proposal

- **82.41% strongly supported** Frailty services at the hub, with only two people (0.44%) opposing the proposal
- **90.20% strongly supported** Outpatients services at the hub, with only five people (1.12%) opposing the proposal
- **91.54% strongly supported** Early Diagnostics at the hub, with three people (0.67%) opposing the proposal
- **75.06% strongly support** kidney dialysis services at the hub, with a further 12.92% mildly supporting. Eight people (1.78%) opposed the proposal.
- **68.82% strongly supported** and 16.70% mildly supported the provision of mental health services at the hub – a total of 384 people. 24 people (5.35%) objected.
- **60.27% strongly supported** the provision of Local Authority Adult and Children services at the hub, with a further 20.31% (91 people) said they mildly supported. 23 people (5.13% of respondents) opposing the proposal.
- **68.68% strongly supported** the provision of Wellbeing services, with eight people (1.79%) opposing the proposal
- **55.03% strongly supported** provision of Voluntary sector services, with a further 22.6% mildly supporting. 23 people (5.15%) opposed the proposal.

Participants were also able to share feedback and comments on the overall proposals. Most respondents expressed satisfaction with the proposal and wanted the development to be built urgently.

Around a quarter of respondents had some concerns about aspects of the proposals. These were mainly focused on the capacity to deliver services at the hub (including staffing resources), travel issues and accessibility of the site, and a number of other specific concerns. Participants suggested a number of services as additional priorities to be included in the hub.

These comments have all be themed as part of the analysis, and are now being considered carefully by the Project Board. A final report will set out how all the feedback from local people and stakeholders have been or will be addressed by the project.

Formal approval of the Outline Business Case (OBC)

The OBC sets out our plans to build a new, state of the art health and wellbeing hub in Havering designed to deliver fully integrated health and care services.

The OBC has now been approved by regulators NHS England and NHS Improvement (NHSE/I) and the Department of Health and Social Care (DHSC). We also have sign-off of our proposed procurement process by NHSE/I so that work can begin ahead of Full Business Case (FBC) submission and approval.

The OBC approval demonstrates that our proposals are affordable and represent value for money. The OBC provides the detailed architectural design of the new health hub and adds detail to how the facility will be delivered, e.g. procurement and commercial approaches.

A 12-week period of public engagement on our detailed proposals for the new health hub has just concluded. A comprehensive report is currently being prepared, but early indications show we have received overwhelming public support for our plans and proposed integrated services. Planning approval was granted by Havering Council in November 2021.

This is fantastic news as we continue to work hard to deliver the new health hub in South Havering, allowing us to achieve excellence in integrated health and care for local people.

Next steps

A report outlining how feedback will be addressed in the more detailed proposals for the Health and Wellbeing Hub will be submitted to the March meeting of the St George's Redevelopment Project Board and then will be published on the NEL CCG website. We will share this report with the Havering Health Scrutiny Sub-Committee and other stakeholders.

Procurement of the construction contractor has started and the project remains on track for opening the new hub by March 2024.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

Environmental and Climate Change implications and risks: None of this covering report.

BACKGROUND PAPERS

None