Document Title	Update Report on Community Data Quality Work
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Document Owner	Mental Health, Learning Disability and Community (MHLDC) Provider Collaborative
Date of issue	12/12/2024
Date due for review	March 2025

VERSION CONTROL:

Version	Report to	Date Reported
1.0	Kerry Dunne	12.12.24
2.0	Emma Danton / Tony Mayer	13.12.24
3.0	Tony Mayer	18.12.24

Introduction

The Community Data Quality group within the MHLDC provider collaborative consists of all Business Intelligence (BI) Leads representatives from the nine community provider organisations in C&M. The community data quality group initiative aims to address longstanding issues with inaccurate data reporting and limited visibility regarding community services.

The purpose of the report is to update on the progress made to date, challenges faced, and the work required moving forward. The improvements achieved so far in data visibility, scale, and accuracy hold significant potential for shaping implementation of the recommendations in the 2024 Lord Darzi Report.

Objectives

The group was formed with two primary aims:

1. Enhancing the quality of community data to ensure accurate reporting and analysis.
2. Fostering stronger relationships among stakeholders to support ongoing improvements in data quality.

"In the long run, this initiative will lead to more dependable data and increased capacity for detailed system-wide analysis. It will also ensure that any analyses conducted by NHS England to monitor performance are conducted fairly, providing a more accurate understanding of our community challenges." - MHLDC Community Data Quality Group Feedback

Key/High Level Tasks
Data Validation *(Review of CHS waiting list data. Is it collected consistently? What actions need to be taken to improve data quality?)*
Dashboard Review *(Monthly review of the MHLDC programme dashboard highlighting any concerns with data quality and developing action plans to resolve)*
Understand Improvement Actions Agreed by Project Teams *(Track the impact of the improvement projects supporting the evaluation where relevant)*
Implement Data Quality Improvement Plans

(implement the agreed data quality improvement actions for CSDS and any other business critical community data feeds)
Review Impact   *(assess the impact of improvement plans to date, agree next phase improvement plans and revisit plan)*

Achievements

Since its inception, the group has made significant progress:

1. **Collaborative Forum**: Established a group that enhances efficiency through joint efforts, knowledge and problem sharing, and streamlined processes. This approach has reduced duplication and ensured system-wide consistency for new data requests from NHS England (NHSE) such as the work on Community OPEL/SHREWD and Faster Data Flows (FDF). It has also enabled identification of a single lead to take issues forward on behalf of all.

2. **Enhanced Monitoring Tools:** Developed a Data Quality (DQ) monitoring report on the Business Intelligence Portal (BIP), enabling real-time tracking of improvements and identifying areas requiring further focus. Regular DQ reports are reviewed monthly, with follow-up actions assigned to providers for implementation. The group facilitate these improvements. The report focusses on the metrics identified via NHS Digital as part of the national Data Quality Maturity Index (DQMI). This ensures all providers are being monitored consistently.

3. **Stocktake of CSDS SitRep Submissions:** Performed an initial review, which found a large amount of data, around 45 million data records are submitted into CSDS from providers as of October 2023, the overall Data Quality (DQ) score was 54%, showing considerable potential for improvement. The implemented focused measures from the group have led to improvement of the Data Quality score. The report on the C&M BIP for June 2024, showed progress with the score rising to 85.5%.

4. **Development of the BIP and Related Enhanced Visibility of Key Data Sets:** We now have a number of reports live in our Cheshire and Merseyside (C&M) BIP such as the Data Quality Report, Community Health Waiting List Report, Virtual Wards Report, Intermediate Care Report and others as shown in Appendix 1, which enables better monitoring and representation of community services. The UCR local report is being re-developed in December 2024 to improve the visualisations.

5. **Higher Data Quality Standards**: Efforts have ensured that current and future outputs are more robust and reliable.

Challenges

At the outset, a notable gap in reliable community data was identified. Providers often reported inaccuracies, limiting the ability to make informed decisions and advocate for support in the future to cope with operational and financial challenges that community services may encounter. This highlighted the need for a focused approach to improving data quality, leading to the establishment of the Community Data Quality Group. The first meeting of this group was held in January 2024, marking the commencement of monthly meetings going forward.

Operational challenges examples associated with poor data quality.

S/N	Challenge	Example	Impact
1	UCR inaccurate discharge data	Patients being allocated a UCR episode on the back of an existing episode of care on EMIS	Inaccurate discharge information for UCR
2	Not recording appointments accurately for when patients are booked and then seen	Community nursing not recording patients as a clinic appointment rather than a phone consultation.	Inaccurate waiting time information
3	Booking centre not dealing with referrals promptly	Letters being sent to podiatry patients in second class post without adequate time before the appointment or even after the appointment	Patients delayed on pathway
4	Data validation issue	Patients marked as having long waits have been seen or had an appointment. Due to system errors or input mistakes by users, they are still on the waiting list.	More people waiting for services. For accurate waiting time records, it relies on correct information entry into electronic patient records, which makes proper user training and validation of data essential.
5	Inconsistent definitions of activity/outcome	Pathway 0, 1, 2, 3 are not used consistently as definitions, e.g. P1, does this include only new/higher levels of domiciliary care, with P0 including existing	Hard to compare outcomes and therefore effectiveness of models across system

		levels. Is everyone using the same approach to data submission.	
6	Lack of end-to-end view by patient	We may know how long someone is in hospital, and how long they in an Intermediate Care bed, but not both together. It is the total length of time away from home that is important, but we cannot tell what this is.	We cannot easily tell what the aggregate impact of the care is we deliver on people's outcomes. Also makes outcomes harder to track, e.g. readmissions within 90 days of discharge would be better than readmissions whilst with home-based IMC service, but harder as requires marrying datasets
7	Inconsistent use of codes, or lack of coded data	A range of codes may be used for the same type of activity, or not be used	Harder to understand activity or correlate activity and outcomes
8	Inconsistent methodology for assessing demand data	A common understanding of demand for a particular service type would support capacity planning and service development	Redoing demand and capacity models locally that may result in different assessments of need and inequitable service models.

Impact and Benefits

To address the challenges outlined above and many others, collaborative efforts and regular reviews have resulted in measurable improvements in data quality scores. By cultivating strong relationships with system leads, the Provider Collaborative, and individual providers, the group has fostered a collective commitment to addressing data related issues.

This initiative has also enabled the Cheshire and Merseyside (C&M) region to effectively deal with new NHS England (NHSE) data requirements, offering a system-wide perspective and eliminating duplication of effort.

Comprehensive system-wide analyses will ensure the accuracy of data, facilitating more thorough performance reviews and supporting NHS England's assessments as required. These enhancements promise fairer and more precise evaluations of community challenges, establishing a reliable basis for informed decision-making.

Future Work

Key areas of focus moving forward include:

- Continue to expand support for Mental Health, Learning Disabilities, and Community (MHLDC) projects.
- Meeting Business Intelligence (BI) and Data Quality requirements across various initiatives and national requirements such as Community OPEL/SHREWD and FDF.
- Strengthening capacity for system-wide analysis.
- Strengthening analytical capacity for identifying pressures and opportunities within the system.
- Supporting providers as they strive to improve digital maturity amongst community services.

Conclusion

Improved community data quality is instrumental in ensuring fairness and accuracy in performance monitoring and decision-making. This initiative is a vital step toward equipping leaders with dependable data to guide resource allocation and inform the strategic direction of community services. With continued focus and collaboration, the group aims to build a sustainable system for robust and reliable data.

By serving as a collaborative forum, the Community Data Quality Group has driven significant progress in enhancing data quality and visibility. These efforts ensure a fairer, more accurate evaluation of community challenges and provide a foundation for robust decision-making. With continued focus, the initiative will further strengthen the data framework needed to support community services effectively.

Recommendations

It is recommended that the group receive this report for assurance and to acknowledge the progress achieved to date. Plans are in place to provide further updates in the future upon request, including details regarding initiatives for 2025/2026.

APPENDIX 1

To access the C&M Business Intelligence Portal (BIP), please follow the instructions below:

1. Click on this link to navigate to the **Business Intelligence Portal (BIP).**
2. Your internet browser will prompt you to sign in.

If you require login access to the C&M BIP, kindly contact:

DataManagement.bi@cheshireandmerseyside.nhs.uk

Community / Urgent Care	Name	About
Community	Care Homes	**About this report** The purpose of this report is to provide a detailed breakdown for Care Home activity across Cheshire and Merseyside. The report contains details about Care Homes (number of beds, CQC rating, location etc.) as well as date from NWAS detailing the number of 999 calls made from Care Homes including category, description and which hospital the patient was conveyed to. **Time Series:** NWAS: 1 April 2020 - 30 September 2024 SUS APC/ECDS: 1 April 2020 - 31 October 2024 **Population:** Cheshire and Merseyside Care Home Residents **Providers:** All Providers. **Caveats:** Detailed explanations of calculations and measures can be found in the definitions tab. Billinge Medical Practice (St Helens) Population excluded from LD and Dementia flags. This report includes all types of care homes for all ages including homes for people with learning disabilities, physical disabilities and mental health conditions. Use the filters provided to narrow down searches. **Data Source:** NWAS Commissioning Portal SUS APC/ECDS CQC Care Homes List
Community	Community Health Waiting Lists	**About this report** The purpose of this report is to provide the latest waiting lists and waiting times for community services within Cheshire and Merseyside ICB and at provider catchment level. Activity is categorised by children's services and adult services and by individual specialties. Total activity by waiting time bands in included along with proportion waiting over 18 and 52 weeks as per referral to treatment standards. There are 2 report options, the first provides numeric detail for all or selected services and the second provides trends over time. **Data Caveat** A data quality issue has been identified where the following providers submitted the same data for several months: • Alder Hey – May & June 2024 • Wirral University – June • Mid Cheshire – April to August 2023, March to June 2024 The provider collaborative are working with NHS England and providers to obtain the correct data. However, NHS England currently have no intention of publishing revised data.
Community	Data Quality Maturity Index Report CSDS	**About this report** The purpose of this report is to provide a breakdown of Data Quality Maturity Index (DQMI) performance by provider and metric. It allows providers to benchmark against each other and view trends over time. This report also supports commissioners to understand data quality challenges and areas to target for improvement. The Community Services Data Set (CSDS) is a patient level, output based, secondary uses data set which will deliver robust, comprehensive, nationally consistent and comparable person centred information for people who are in contact with publicly funded Community Services. The DQMI is a monthly publication about data quality in the NHS, which provides data submitters with timely and transparent information. **Data Source:** NHS Digital **Updated:** Monthly.
Community	UCR 2hr Local	**About this report** The purpose of this report is to provide detailed analysis if activity and performance relating to Urgent Care Community Response referrals using **Community Services Data Set** as the source. The data provides analysis by Place and Provider, referral reason (where coded) and referral source The Place 2 hour standard performance is calculated using the 2-hour response standard criteria (as specified in the UCR technical guidance), with an RTT end date in the reporting month, that achieved the 2-hour response standard, following the national methodology. The national target for referrals to be seen within 2 hours (for those who meet the eligibility criteria) is **70%** There are a number of metrics in the report covering analysis of UCR referrals in scope of the national metric definition along with analysis of all 2 hour UCR referrals to UCR services whether they require a 2 hour response or not As the report uses CSDS data, and these statistics reported in this report at Place level are not officially published, they should be used with caution and an indication of performance and activity levels only and data is unvalidated **Known data quality issues: January 2023 data from Mersey Care is missing/incomplete for Liverpool and Sefton.** Data is source: CSDS (community services data set) Updated Monthly **Latest month available:** October 2024
Community	UCR 2hr National	**About this report** This report details the activity and performance relating to % of 2-hour UCR referrals subject to the 2-hour response standard (as specified in the UCR technical guidance), with an RTT end date in the reporting month, that achieved the 2-hour response standard. There are a number of metrics in the report covering referrals in scope for definition and % within the 2 hour standard along with all 2 hour UCR Contacts associated with the 2 hour UCR Referrals.

Community	Virtual Wards	This report details the activity on Cheshire & Merseyside Virtual Wards. The activity is broken down by the 8 C&M Lead Providers and Specialties. **Notes:** Not all Lead Providers are currently submitting data, only those currently submitting are detailed below. **Submission Schedule:** Providers should submit each working day (some are able to submit over the weekend but not all) with their activity up to the previous day. The submissions then take 1 day to reach the tables this report looks at so on weekdays there should be a 1 day submission lag and a 2 day activity lag. This will increase on a Monday due to weekend submissions.
Urgent Care	Falls Admissions	**Information:** This report is about patients coded with a fall focusing on: • Inpatient non-elective admissions • Average cost • Average length of stay • Emergency admissions • Hip injuries • Frequent fallers • Alcohol admissions • Fracture of neck of femur • Top 10 falls admissions **Data Source:** CLOUD SUS APC **Caveats:** Falls diagnosis can be delayed, therefore the latest data is likely to increase in the next reporting cycle. A&E and UTC are not reported due to the recording of data in these areas. GP population figures correct as of 06/03/2023. When the time between two Non-Elective admissions/attends is within 365 days, the second admission/attend is flagged as and labelled as an additional attendance. Falls activity is identified using the full diagnosis string rather than the primary diagnosis. When filtering on ethnicity the DSR per 100,000 will change but will not be correct due to not having populations per ethnicity.
Urgent Care	Faster Data Flows	**REPORT OVERVIEW** This report aims to provide an analysis of the data quality of both the FDF discharge dataset and the FDF current inpatient dataset. The report consists of the following pages: **FDF Summary** Section 1. Charts to show comparison of data source to determine data quality of FDF: • Discharges: comparison of FDF discharge activity against SUS (Total), discharge SITREP and SUS with SITREP criteria applied. • Current Inpatients: comparison of FDF current inpatient activity against UEC SITREP occupied beds and total beds (for additional information). • Non-Criteria to Reside: comparison of FDF NCTR patient count against discharge SITREP. Section 2. Analysis of non-criteria to reside patients taken from FDF showing activity split by pathway. Section 3. Analysis of non-criteria to reside patients taken from FDF showing activity split by Place. **Reason for Delay** Chart to show trend in proportion of beds occupied by non-criteria to reside patients and table to show reasons for delay for non-criteria to reside patients. **Data Source Comparison** Chart to show comparison of data source to determine data quality of FDF: • Discharges: comparison of FDF discharge activity against SUS (Total), discharge SITREP and SUS with SITREP criteria applied. • Current Inpatients: comparison of FDF current inpatient activity against UEC SITREP occupied beds and total beds (for additional information). • Non-Criteria to Reside: comparison of FDF NCTR patient count against discharge SITREP. **Non-Criteria to Reside Patient Count** **Field % Completion** Table to show the completion rates for fields identified in 2024/25 Acute Provider DQIPs. **Current Inpatients Split by Criteria to Reside and Pathway ***CURRENTLY LUHFT ONLY***** *Latest Available: 03/12/24 (Tuesday)*
Urgent Care	Intermediate care services	**About this report** Intermediate Care is non-means-tested, time-limited, short-term support. It provides care to help people achieve what they want to do. This may involve : • Remaining at home when a person starts to find things more difficult • Avoid going into hospital unnecessarily • Recovering after a fall, an acute illness or an operation • Returning home more quickly after a hospital stay Ideally, Intermediate Care will be provided in a person's home. We call this home-based intermediate care. Sometimes, Intermediate Care will be best provided outside of a person's home, in a separate facility. We call this bed-based intermediate care. ****Please note - Figures from latest four months maybe subject to change.**
Urgent Care	Respiratory Non-Elective Admissions	**About this report** **Respiratory Non-Elective Admissions (NEL) Reporting Suite** The purpose of this report is to provide a current overview of Non-Elective admissions and cost relating to Respiratory Related Primary Diagnoses across C&M ICB Places. The primary diagnoses included in this report are the following: COPD Asthma Status Asthmaticus Bronchiectasis Acute Upper Respiratory Infection, Unspecified Influenza with Other Respiratory Manifestations Respiratory Syncytial Virus Pneumonia Acute Bronchitis Acute Bronchiolitis due to Respiratory Synctial Virus Unspecified Acute Lower Respiratory Infection Other Specified Diseases of Upper Respiratory Tract Adult Respiratory Distress Syndrome Other Postprocedural Respiratory Disorders Acute Respiratory Failure Chronic Respiratory Failure Respiratory Failure, unspecified` Other Specified Respiratory Disorders Respiratory Disorders In Other Diseases Classified Elsewhere NB: Southport & Ormskirk merged with St Helens & Knowsley Trust in July 2023 to form Mersey & West Lancashire Teaching Hospitals NHS Trust (MWL). Data shown for MWL includes S&O activity from July 2023 onwards. S&O data shown separately is up to end of June 2023 pre-merge. **Frequency:** Monthly
Urgent Care	SDEC AEC Admissions	This report provides admissions data for Ambulatory Emergency Care (AEC) conditions that should be seen within an SDEC setting in an Acute hospital. The report benchmarks against selected trusts across Cheshire & Merseyside comparing length of stays (LOS) per AEC diagnosis condition, as well as comparing cancer related patients (proxy) vs non-cancer patients (see definitions tab for criteria). The list of AEC conditions included in this dashboard have been provided by the lead SDEC consultant at Mersey & West Lancashire Teaching Hospitals NHS Trust. Southport & Ormskirk merged with St Helens & Knowsley Trust to become **Mersey & West Lancashire Teaching Hospitals NHS Trust** from July 2023, for the purpose of this report I have combined both trusts together.

Urgent Care	SDEC ECDS Compliance	**About this report** The purpose of this report is to evaluate Trusts submissions to the new ECDS (Emergency Care Data Set), particularly the inclusion of SDEC (Same Day Emergency Care) activity into the ECDS data submission. This would result in a reduction of patients with a 0 to 1 day LOS (Length of Stay) recorded and submitted to SUS (Secondary Uses Service) as part of the CDS (Commissioning Data Sets) for admitted patients. This is because SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. All providers should be submitting their SDEC data as part of ECDS by July 2024.
Urgent Care	UEC Recovery Programme	**UEC Recovery Programme** This report provides an overview of currencies identified as Sentinel Metrics for the Cheshire & Merseyside UEC Recovery Programme. This information can be used to inform aims/targets/trajectories to be specified in each Place or System Project Initiation Document (PID), monitor performance against these plans and wider trend analysis. The report consists of two pages: • Sentinel Metrics - The table on this page show the **average daily** position for both Provider-based metrics and Place-based metrics. • Provider Trend Charts: Activity for Provider-level metrics is available in both run chart format showing show **actual daily** activity and performance alongside a **rolling seven day average** to minimise the "noise" of daily fluctuations and statistical process control (SPC) chart format with NHS iconography. • Place Trend Charts: Activity for Place-level metrics is available in both run chart format showing show **actual daily** activity and performance alongside a **rolling seven day average** to minimise the "noise" of daily fluctuations and statistical process control (SPC) chart format with NHS iconography. This information in this report relates to the Sentinel Metrics identified for the C&M UEC Recovery Programme, any additional information requirements can be specified in each PID and, once allocated to the relevant BI team, will be either incorporated into this report or developed and as a separate, Place-specific report. Updated: 04/12/2024
Urgent Care	UEC Operational Report	**REPORT OVERVIEW** This report aims to provide an up-to-date view of the most recent daily position to inform short-term response to immediate pressures by: • Comparing activity and performance for the most recent daily position to highlight current pressures. • Comparing activity and performance across the whole urgent care system to support identification of potential efficiencies/opportunities. • Using established datasets such as SITREP, SUS Faster Data Flows and a locally defined NWAS collection to ensure a decent standard of completeness and data quality. Indicators and currencies are grouped into the five categories below: **DEMAND MANAGEMENT** **FRONT DOOR** **IN HOSPITAL** **DISCHARGE & FLOW** **OUT OF HOSPITAL** This report aims to provide a current snapshot of the urgent care system as a whole. For analysis over a longer period of time using more robust datasets with additional granularity please refer to the 'UEC Assurance Report'. This report indicates performance against target and latest direction of travel for each indicator, see **KEY** for detail. KEY: ⌄ Indicator showing a **decrease** compared to the latest 6 week average for that weekday. RAG indicates a positive or negative trend. ⌃ Indicator showing an **increase** compared to the latest 6 week average for that weekday. RAG indicates a positive or negative trend. %, 00:00:00, ### Indicator **is achieving** target/trajectory. %, 00:00:00, ### Indicator **is not** achieving target/trajectory. %, 00:00:00, ### No target identified. [Video Link to Report Information] Updated: 05/12/2024
Urgent Care	UEC Metric Summary	**REPORT OVERVIEW** This report aims to provide a weekly view of the selected Tier 1 UEC indicators. The report consists of the following pages: • **Trust Submissions** – Submissions to the three SITREPs that are used to produce to this report. • **UEC Metrics** – performance for the five selected indicators over the latest 8 week period with the following criteria applied: **Indicator Detail:** • NCTR % of ALL beds occupied by patients without criteria to reside not discharged. **Comparison against trajectory (Provider Operational Plans)** • AED 4 Hour Performance: % of all attendances waiting 4 hours. **Comparison against trajectory (Provider Operational Plans)** • AED 12 Hour Performance: % of all type 1 attend... from arrival. **Target <=2%** • NWAS C2 Mean Response Times: **Target <=30mins** • LOS 14+ Days: The number of patients aged 18+ with a LOS of 14+ days as a percentage of all adult and acute G&A beds open. **Target <=25%** • **Provider/Place Split** – latest weekly performance for the five selected indicators shown by Provider or Place.
Urgent Care	Urgent Care Deep Dive Tool	**About this report** The purpose of this report is to support Cheshire & Mersey ICB Urgent Care Commissioning Leads in understanding A&E and non-elective demand at Place. This report is currently set to view A&E and admissions data for all nine Cheshire & Mersey Places at the main Acute Trust Hospital sites (i.e. excludes specialist Trusts and out of area Acute Trusts). See 'Definitions/Support' tab for further information. The dashboard will allow the user to filter the underlying A&E and non-elective datasets via 'slicers', which enables a view of some of the key themes in each area. **NB.** The slicers within the NEL pages will interact with one another i.e. if a single Place or Provider is selected on one NEL page and the user navigates to another NEL page, the same Place/Provider will remain selected within the filter. However, slicers on the AE pages will not interact with the NEL pages and slicers on the NEL pages will not interact with the AE data. The 'AE Summary' page contains multiple tabs that split data into a view of activity by Provider, Place, Conditions, Acuity, Attendance Disposal and so on. There are tables of data for each as well as a trend chart and donut chart to provider further context in each area. The 'AE Trends' presents a monthly trend bar chart and Statistical Process Chart (SPC) for specific A&E measures such as total attendances, 4hr and 12hr waits, proportion of patients admitted etc. **All SPCs make use of NHS Making Data Count icons for assurance/variation/performance. See 'Definitions/Support' tab for further information.** The 'NEL Summary' page contains multiple tabs allowing to split data by presenting conditions (HRG Chapter and ICD Diagnosis Chapter) as well as Provider, Place, Admission Methods, Day/Times and Discharge Destinations. HRG Chapter and ICD Diagnosis Chapter can be further expanded to view single HRGs or Primary Diagnosis of a spell. Right clicking should allow a 'drill through' option to the 'NEL Trends' page. The 'NEL Trends' page contains identical slicers to the 'NEL Summary' tab with charts illustrating trends per month for the latest two years of data. Charts display the admissions and length of stay trends for the data that has been pre-selected via the available slicers. A separate view of the same data is also available in the form of SPC. A 'NEL Costs' page is also available allowing for individual year/month selection and displays average tariffs as well as length of stay and patient ages. The 'NEL Admission Rates' page displays the latest standardised admission rates for Place and condition groups (i.e. HRG Chapter) in the latest 12 months of data. Conditions are grouped by HRG Chapter and admission rates are based on a rate per 1,000 GP registered population.

Urgent Care	Walk-in Centre and UTCs	

This report is designed to show the activity going through Urgent Care & Walk-in centres in Cheshire & Merseyside. Details of the 18 centres and the current status of their submissions to SUS is listed below. NB there are 2 centres St Chads (Kirkby) & Litherland where there are no submissions at all. Once the data starts to flow they will appear below.

For a link to the website click the Site Name, for the location click the Place Located name

Data Quality	Provider Name	Site Name	Comments	Place Located Within	Data up to
🚩	BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	Health Care Resource Centre - Widnes	Consistent Submission since April 19	Halton	31 October 2024
🚩	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	West Cheshire UTC	Consistent Submission since April 19 - possible counting change since Feb 24	Cheshire West	30 November 2024
🚩	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	St. Chads Walk in Centre - Kirkby	Work ongoing to submit data to SUS	Knowsley	31 August 2024
🚩	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Litherland Walk in Centre	Work ongoing to submit data to SUS	Sefton	31 August 2024
🚩	MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	St Helens Urgent Treatment Centre	Consistent Submission since January 20	St Helens	31 October 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	Halewood Walk in Centre	Consistent Submission since August 22	Knowsley	30 November 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	Nutgrove Villa - Huyton	Consistent Submission since August 22	Knowsley	30 November 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	Old Swan Walk in Centre	Consistent Submission since August 22	Liverpool	30 November 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	Smithdown Minor Injury Centre for Children	Consistent Submission since August 22	Liverpool	30 November 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	South Liverpool (Garston) NHS Treatment Centre	Consistent Submission since August 22	Liverpool	30 November 2024
🚩	MERSEY CARE NHS FOUNDATION TRUST	The Linda McCartney Centre	Consistent Submission since August 22	Liverpool	30 November 2024
🚩	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Urgent Care Centre - Crewe	Consistent Submission since April 19	Cheshire East	30 November 2024
🚩	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Victoria Infirmary - Northwich	Consistent Submission since April 19	Cheshire West	29 November 2024
🚩	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Runcorn Urgent Treatment Centre	Consistent Submission since April 19	Halton	30 November 2024
🚩	WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	Victoria Central WiC - Wallasey	No Submission since May 2024 Counting changesince November 21	Wirral	27 April 2024
🚩	WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	Arrowe Park UTC	No Submission since May 2024	Wirral	28 April 2024
🚩	WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	Eastham WiC	No Submission since May 2024 . Submissions are against non-standard site code - site code is RY702	Wirral	27 April 2024

This report is designed to show the activity going through Urgent Care & Walk-in centres in Cheshire & Merseyside. Details of the 18 centres and the current status of their submissions to SUS is listed below. NB there are 2 centres St Chads (Kirkby) & Litherland where there are no submissions at all. Once the data starts to flow they will appear below.

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	COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	West Cheshire UTC	Consistent Submission since April 19 - possible counting change since Feb 24		
	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	St. Chads Walk in Centre - Kirkby	Work ongoing to submit data to SUS		
	MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	St Helens Urgent Treatment Centre	Consistent Submission since January 20		