



East Lancashire Medical Services Ltd.

Annual Report 2013 - 2014

East Lancashire Medical Services Ltd (ELMS) Vision –

To be a quality provider of health services delivering support and care to our local community

Company Number – IP30263R

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Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-458670977
Certificate date: 08/08/2012
Provider ID: 1-189801603

Section 1

Service Provider details

Name of service provider: East Lancashire Medical Services Limited

Address of service provider: St Ives House
Accrington Road
Blackburn
Lancashire
BB1 2EG

Date of Registration: 14/05/2012

Signed

A handwritten signature in black ink that reads 'Amanda Sherlock'.

Amanda Sherlock
Director Operations for the Care Quality Commission

You can email CQC at: enquiries@cqc.org.uk
You can contact CQC on telephone number: 03000 616161
You can write to CQC at: CQC National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

ELMS Leadership Team

Council & Officers ELMS

Chief Executive Officer

Mrs Diane Ridgway

Medical Directors

Dr B Palmowski
Dr P Fourie

Company Secretary

Mrs Glenda Feeney

Clinical Leads

Dr I Khan
Mrs S Shaw
Dr M McCarthy
Dr S Kowariwala (AVHAC)
Dr F Arshid (Federated Practices)

Director of Clinical Services

Mrs Morag White

Director of Corporate Services

Mrs Glenda Feeney

Clinical Governance Members

Audit

Dr K Hewitt
Dr M Ridgway
Dr P Muzaffar
Dr M Onrust
Dr N Rahman

Clinical Governance Committee

Dr M McCarthy
Dr M Dziobon
Dr I Khan
Dr B Palmowski
Dr P Fourie
Dr S Kowariwala
Dr F Arshid
Dr P Muzaffar
Dr K Hewitt
Mrs D Ridgway
Mrs M White
Mrs S Shaw
Mrs S Waddingham
Mrs R Bibi
Mr R McLean

Council Members

GP's

Dr B Palmowski (Chairman)
Dr Z Khan
Dr I Ibbotson
Dr A Bristow
Dr A. Garda
Dr P Mashar
Dr K Hewitt

Patients

Mr R McLean (Vice Chairman)
Mr H Pickles

Staff

Ms L Threlfall
Mrs S Hardy
Mrs A Marsden

ELMS Management Team

Responsible for:

Business & Performance	Mr J Bibby
Human Resources	Mr L Springer
Health, Safety & Estates	Mr A Clarke
Clinical Governance	Mrs S Waddingham
Acute Visiting Service	Mr T Marsden
IT, Media & Systems	Mr C Winters
Accrington Victoria HAC	Ms A Trayford
GPwSI Clinics	Mrs Linda Moulden
Rosendale M I U	Mrs S Shaw
ELMS Federated Practices	Mr Michael O'Connor

Before I take this opportunity to highlight the highs and lows of this past year, I must first of all pay tribute to those GP's we have lost since the production of our last annual report, Dr Venu Nataraj, Dr Davinder Gupta, Dr Anthony Divine, and Dr Mike Barsby. Their personal impact can be tracked throughout local primary healthcare services, their commitment to their patients, and this organisation was not unnoticed and I am not alone in conveying my sincere thanks and humble regards to their family and friends. I, along with many others, will miss them.

ELMS continued to deliver a quality performance during 2013/14, we commenced a number of pilots to improve urgent care access for patients and support our GP colleagues in Primary Care; The Acute Visiting Service for Blackburn with Darwen was established, the Health Access Centre contract has been extended, we commenced working in the Urgent Care Centre's during the day time, and established a clinical advice service which included providing specialized training to those GP's who wanted to take up advice shifts, sadly the majority of those GP's who took up the training failed to implement their learning by taking up advice shifts. The MIU pilot at Rossendale was put out to tender. When the bid documents were published sadly ELMS could not meet the requirements of the specification for the proposed IT solution as Adastra could not meet the requirements set out in the bid. Therefore ELMS did not bid for the contract.

Entering our second decade ELMS remain committed to our social values, and core objective of underpinning and supporting Primary Care and we have been involved in a number of pilots. These pilots don't just happen; the successful implementation and achievements are the result of the relentless commitment of all ELMS staff who focus on ensuring our service delivers what is required to provide a quality service for patients, continually improving the quality of care we deliver throughout the year. This year we have seen many operational challenges including over winter 2013/14 which was a surprisingly mild winter, but the early impact of norovirus, created additional challenges not just for Out of Hours, but across the urgent healthcare system.

The commissioning context within which these achievements have been secured, especially in the urgent care arena continues to create real challenges, and I am certain will continue to do so for the years ahead. The health economy is under increasing pressures, the rise in the numbers of people living longer most with multiple conditions reflects huge impacts on our urgent and unplanned care services. In Primary Care 111 has created its own challenges with the ever increasing number of advice calls whose impact has to be managed carefully. There are greater levels of demand for visits, face to face consultations and advice calls at a time of increasing economic challenges which does present resource pressures.

Whilst we will never be complacent, I continue to believe that despite these challenges, the culture and values of ELMS remain, and especially our work with partners in acute and primary care settings around collaboration and the integration agenda gives some security to this company. I am convinced the development and investment in quality primary care services are the ingredients which will ensure that we achieve success over the coming years. None of this can be achieved without a focused team of staff and clinicians; I am privileged to work with such a team.

Medical Director / Council Chairman's Report – Dr B Palmowski

East Lancashire Medical Services, provider of primary care services is entering its 20th year of existence. The organisation has evolved over the time, having had to face ever growing challenges and continues to adapt to the demands placed on it both by the public, and prevailing political ideology. As an organisation we have been facing an increasing challenge of mis-match between available doctor hours, and the public's demand for our services. At the same time we are facing a palpable government drive to cut costs, creating a mis-match between dwindling financial resources and increasing costs to provide the service.

Neither of the said challenges are made easier by the insecurities created by the 3 yearly threat faced by the organisation of being put out to tender. As you can imagine the aforementioned adds further challenges for our administrative team in their day to day running of the organisation.

We are looking to our Commissioners to work with ELMS to help rationalise the out of hours service provision across our entire patch, ensuring strategic placement of satellite centres. We also hope that our Commissioner Colleagues will address the debacle of the 111 service – the sole cause of the inappropriate and excessive use of unscheduled care. In its present format the 111 service will be the downfall of OOH services as they currently stand. We will continue to face the challenges ahead of us, with a back bone of a strong, dedicated administrative team.

Clinical Services Report – Dr I Khan

The nature of GP Out of hour's Primary care has continued to evolve, both in morphology and dimension. Traditionally the role of a GP has been to see patients face to face, whether at a primary centre, or at home, dependant on the clinical care needs of the patient. This role has now expanded into multiple facets as the practice of primary care itself has evolved, resulting in new challenges for our locality.

With the local pathology services now also working out of traditional surgery hours, grossly abnormal blood test results have now been directed for urgent interpretation at the Out of hours GP, often with little clinical information and often overnight. In addition, the doctor is available at all times to assist other members of the primary care team, such as district nurses, who may request urgent advice or an face to face assessment by a GP. We are also here to assist patients who require an emergency supply of medication, sometimes through no fault of their own, and provide assistance for a vast spectrum of clinical presentation, from mental health crises, including those of the elderly, to acutely unwell children.

Despite initiatives undertaken locally and nationally at educating patients, the demand for patient services continues to increase, both in primary and secondary care, in and out of core hours. There remains a focus to reduce the number of patients presenting to the accident and emergency department who clinically do not need the service. The local acute trust is under pressure to ensure patients are seen within a national timeframe, and be cared for in a safe environment, both aims which are made more challenging by an increase in the number of attendances. In addition, patients can find an attendance at the local hospital frightening and distressing and this is especially true for some our most vulnerable members of society, such as the elderly and disabled.

The doctor's rota now includes a dedicated advice GP, who responds to requests for advice for patients from the 111 service, but also assists the emergency paramedics working for the ambulance service to treat patients in the community wherever clinically safe to do so. We also operate the Acute Visiting Service in the Blackburn with Darwen locality, in which an ELMS doctor, at the request of their own GP, will assess a patient at home as a matter of priority. If this service was not in operation, the patient's own GP may well have not been able to visit them at home until the end of surgery, by which time the patient's condition may have worsened resulting in the paramedics being called resulting in an attendance at the accident and emergency department which could have potentially been avoided. ELMS continue to provide doctors to assist the acute trust in coping with patients presenting with primary care problems at the urgent care centres.

Doctors from ELMS also cover the patients being cared for on the wards at Clitheroe community hospital; traditionally these patients lived in Clitheroe and the surrounding locality, but now include those that have been discharged from wards at the acute trust, but are not medically fit to be sent home. Such patients often have more demanding clinical needs, such as titration of complex medication and can often present with delayed post-operative complications. ELMS doctors conduct a full ward round of the hospital at the weekends to ensure safe and effective continuity of care until a GP in the locality can visit them during surgery hours.

There is a focus in our locality on providing high quality palliative care, and this must continue during the GP Out of hour's period. ELMS doctors are there for patients in their

final moments of life, which can be traumatic for both the patient and family. Our culture and values indicate patients are individuals, who deserve to have their last moments of life without distress and with dignity, respecting the autonomy of the patient to decide where they would prefer to have their care. We also work in partnership with our local practices to ensure end of life decisions are handed over seamlessly between services.

The national government QIPP programme (quality, innovation, productivity and prevention) includes an element of reduction in unsafe and inappropriate prescribing. Audits of doctor's consultations have concluded the vast majority of antimicrobial prescribing is as per locality formulary and appropriate for the patient's condition. The doctor often has to make the choice not to prescribe an antibiotic, which may not be the expectation of the patient, and has to balance this with to the risk to society of future resistance to antibiotics. We have reduced prescribing and initiation of potentially harmful medication such as hypnotics (for example diazepam and zopiclone) and eliminated repeat prescriptions for such medication from the service. Controlled drugs are an essential part of modern medicine, such as to relieve pain in cancer and reduce distress in terminally ill patients; ELMS now has strict requirements on justification of prescribing of such medication and only at the minimum dose and duration effective until handover to the patient's own GP.

In order to assess the quality of doctor's consultations, we have now introduced an evidence based clinical tool named Clinical Guardian. Every doctor who works for the service has a sample of consultations reviewed by a fellow GP who is experienced in GP out of hour's primary care. Further review can be undertaken by a dedicated clinical governance group who will provide further feedback and assist with the professional development of the doctor should this be required. The results of this review indicate that doctors working for ELMS provide a high standard of evidence based care to patients in our locality; ELMS has met all national quality requirement targets relating to GP out of hours care and has had successful accreditation by the Care Quality Commission.

ELMS is an organisation which is clinically led by general practitioners. We undertake a regular review of all patient complaints and incidents at a clinical governance group, which consists of clinicians, both nurses and doctors as well as members of the board. The learning outcomes of such meetings are distributed to all clinicians that work for the service. There is a culture of learning and professional development in the company and this is also reflected by our partnership with the local Deanery to assist with the training and placement of future general practitioners.

Despite all the developments and challenges in primary care over the last few years, ELMS with the partnership of its doctors, has been able to adapt to any scenario, and will continue to provide high quality, evidence based care to the people of East Lancashire.

Patient Voices / Public Involvement – Glenda Feeney

Mr Russ McLean ELMS Patient Voices Group (PVG) Chairman continues to be an ambassador for ELMS and the Patient Voices Group, raising the profile of the organisation by engaging individuals and groups. The PVG membership currently stands at 12 with 2 members leaving the group during the year and 2 replacements Mr Saf Ali and Mrs Janet Harbord joining.

Work has been ongoing to boost the e-membership of the PVG; these members could be contacted in the future to give their views on ELMS and the services the company delivers. A number of the PVG members have attended PLACE (Patient Led Engagement in Care Environments) training during the year which allows them to participate in inspecting care environments operated by the Trust.

Mr McLean continues to meet with both BwD and East Lancs commissioning Groups, attends ELHT Board meetings, NHS EL Critical Friends Meetings, Healthwatch and Public Health Meetings along with engaging numerous other external organisations and community individuals including local Councillors and MPs to raise the profile of ELMS and support patients across Pennine Lancashire.

Mr McLean has been instrumental in setting up the Federated Practices Patient Participation Group, regularly contributes to Health Stories at Lancashire Telegraph : http://www.lancashiretelegraph.co.uk/search/?search=russ%20mclean&sort_by=most_rece nt_first and is a newspaper reviewer on Radio Lancashire.

The Patient Voices Group now play an active role in the monitoring of complaints and regular meetings take place between the PVG Chair and Sandra Waddingham (Governance) to discuss anonymised complaints. The PVG Complaints Sub Committee meets bi-monthly to look at trends and issues arising from complaints and the advocacy service has been well received by patients.

Input has been provided on new Compliments Comments and Complaints leaflet – now in circulation and also the new Company Brochure/Brand which is now in circulation.

In January 2014 Mr McLean was elected to remain in the post of Chairman for a further 3 year term.

Operational Report – Morag White

Resources

The Out of Hours attendances continue to rise, together with the number of advice calls from 111. With this in mind it was decided that a dedicated doctor would be put on the rota in the evenings and on Saturday and Sundays to help meet the demand. This in fact has proved to be beneficial to the service.

On undertaking an analysis of call volumes on week-ends and week-day nights, sessions were re-organised in an effort to meet the changing demand and be more efficient and cost effective. The analysis highlighted that the winter pressure car on Saturday and Sunday was not required and the 2nd on call doctors were removed from the rota Monday to Thursday as these sessions were not viable. These changes will remain in place for the foreseeable future.

Obviously, over the summer months when activity is low this reduction can be justified. However, when we hit winter pressures, some shifts may have to be reintroduced, to ensure that we continue to offer a robust service to our patients.

Over the last 12 months we have continued to recruit new doctors some of whom have previously been involved in the GP Speciality Programme. There has still been considerable difficulty filling sessions, particularly at week-ends.

The annual letter and confirmation of sessions returned from doctors this year, has been very disappointing. We had 40 plus shifts handed back for the year beginning April 2014 with very few doctors asking for extra sessions.

The newly produced and updated handbook was distributed to all working doctors in ELMS and given to new doctors on completion of their induction.

Our staff have continued to work well this year despite a number of changes, mainly with the re-location to hospital sites. In January OOH moved from St Peter's Centre to the new Urgent Care Centre in Burnley General Hospital and then in March from the Primary Care Centre to the GUM Clinic in Royal Blackburn Hospital. Both re-locations went well and staff appear to be settling into their new surroundings.

Urgent Care Centres

The co-location of OOH service alongside the Urgent Care Centre was developed in line with NHS England on recommendations to improve Accident and Emergency standards and performance.

The co-location will enhance the integration of services and ensure patients are seen at the right place by the service most appropriate to meet their needs, resulting in an improved patient journey and experience.

It is envisaged that from time to time during the OOH period, according to commissioner intent, that there will be one or, both a resident GP in the UCC and an OOH GP who will see patients in the UCC itself but will also leave the site when required to make home visits; patients will either be walk-in to the UCC or appointed to a particular slot via the 111 service.

We have been commissioned by both CCG's to provide a doctor in the Urgent care Centres in Blackburn and Burnley from 1400 to 2300 daily Monday to Friday and 11am – 11pm Saturday and Sunday as part of the integrated care pathway.

Medicines Management

The Medicines Management Team continued to work well in Trevor's absence last year, ensuring all sites were well stocked with drugs and ancillary items. Trevor has now returned to work and we wish him continued good health.

On a Final Note

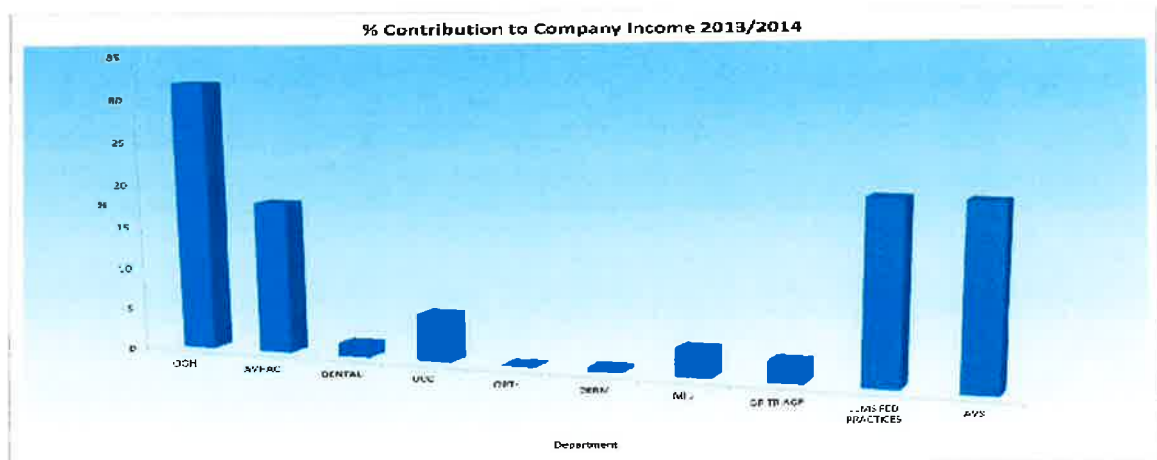
It was with great sadness that we suffered the loss of one of our Doctors in January this year Dr Michael Barsby. Michael had worked in OOH for a considerable number of years, first with Radio Doctor then moving over, in 2007, to ELMS. I regarded Michael not only as a colleague but also a friend.

Another of our doctors Dr Sinha was involved in a very bad car accident last year that resulted in him being hospitalized for a long period of time. I am pleased to say Dr Sinha is now on his way to making a full recovery.

Corporate Services Report – Glenda Feeney

ELMS business has seen an increase in turnover in the 2013 – 2014 year of over £2.5million compared to the previous financial year. The annual turnover figure this year is just over £11million. The ELMS Federated Practices contract for a full 12 month period is included in this figure along with the first year of the GP advice contract.

The individual % contract contributions to Company Turnover are shown below:-



Most areas within the contributory departments have seen an increase in expenditure this financial year. Staff wages and pensions relating to the 60 plus new employee's in the Federated Practices, the purchase of franking machines and the increases in postage have been factors, along with clinical staff mandatory training costs. Significant clinical recruitment has been ongoing throughout the year to address the costly locum fees associated with the Practices.

Controlling staff sickness costs continues to be a challenge for the organisation; the Company Sick Pay cost increasing year on year.

ELMS annual financial Audit & Inspection by Pierce Chartered Accountants was carried out in the Spring of 2013 confirming all accounting processes and financial controls are in order. Adjustments have been made within ELMS payroll process to facilitate streamlining all salaried employees for pay dates and pay periods as processing 2 payroll runs each month proved to be unsustainable in the long term.

Improved internal controls implemented prior to wages BACS processing and a more robust purchase order system and formal policy have been introduced which identifies nominated individuals with authorisation rights. Limits are to be reviewed annually and any changes implemented. The supplier statement reconciliation process has also been formalised and improved this year along with clarification of the sales order processing.

Ongoing reporting to budgets and financial control systems are in place by contract / department. These are updated and monitored throughout the year. Individual

department managers control and monitor expenditure within their nominated areas of responsibility and feedback to the finance department monthly & quarterly.

Administration and clerical workload commenced on the Auto Enrolment process.

Approximately 70 employee letters are to be generated and around 50 staff will be auto enrolled in the coming financial year (1st May 2014). Projected costs have been provided however, these are under review due to the number of staff who have already indicated their intention to opt out.

Preparations are underway to encompass Slaidburn Health Centre staff as ELMS employees on the 1st April 2014.

In view of ELMS Council Elections becoming due, it was agreed to refresh and update the membership of the organisation prior to requesting nominations. All GP's who work sessions for ELMS, GP's practising in the Blackburn with Darwen and East Lancs areas and all staff are to be sent membership application forms. There is no financial commitment to become a member, no financial risk or under any obligation to work sessions for the organisation. The membership criteria is limited to a non-payable £1 share with no entitlement to the Company assets or profits beyond the £1 share. No member can hold more than one share which cannot be transferred or withdrawn and does not carry the right to any dividend interest or bonus. All members are entitled to:-

- Attend and participate at members meetings
- Vote in elections
- Vote on resolutions put to Members
- Stand for election to the Council

We are optimistic that this exercise will expand and strengthen the ELMS membership and organisation as a whole.

Celebrating 20 years of providing Primary Care

As part of ELMS 20th Anniversary celebrations which commenced in 2014, the official opening of the Business & Training Centre took place on the 7th February 2014. Officiated by the Chair of the ELMS Patient Voices Group Mr Russ McLean, the Rt. Hon. Mr Jack Straw MP unveiled a plaque commemorating the opening of the building. Attended by staff, local Councillors, Commissioners and Health Executives, Assistant Medical Director of NHS England, Dr Mike Bewick and GP Dr David Gebbie spoke about how the organisation was established and the future challenges faced by Primary Care.



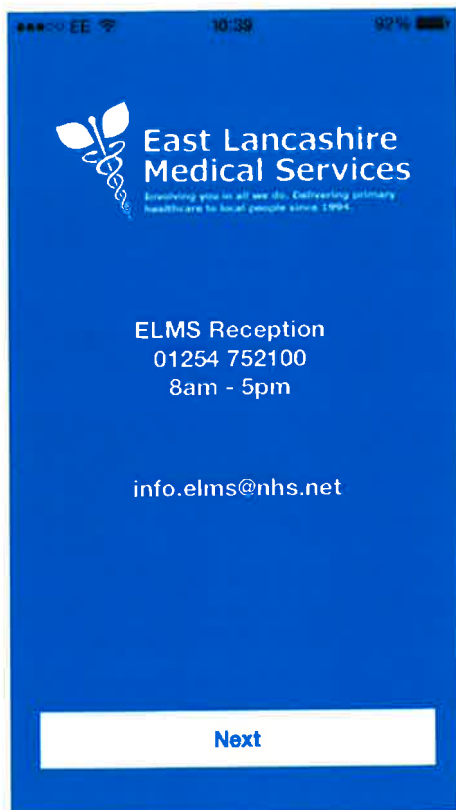
At the same event ELMS officially launched the East Lancashire Medical Services app.

The app reflects a local pathway of urgent care so if patients are unwell and unsure of which service to access, the 'ELMS UK app' © is designed to help them quickly discover the best course of action for their condition and then aid patient's as much as possible in getting to the correct service. The app asks a few questions about your condition and then tells you where best to go for treatment in East Lancashire, with the option to get directions or call the centre straight from the app. ELMS UK app can be found here for Apple devices:

<https://itunes.apple.com/gb/app/east-lancashire-medical-services/id695629607?mt=8>

Or here for Android users:

<https://play.google.com/store/app/details?id=com.elms.app&hl=en>



Governance Report – Morag White

The Governance department continues to grow and develop. Early in 2013 saw the arrival of a Clinical Governance Manager for ELMS and later in the year the Assistant Governance Manager joined the department. The principle responsibilities for the Governance team are the efficient management of complaints and incidents in addition to developing the wider governance agenda.

By considering national and local regulations and guidelines such as, 'The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance', a small team is considering the practical implications for our healthcare services to ensure ELMS complies with the regulations. The team is facilitated by the Governance department and involves staff working in the day to day running of our healthcare services. The aim is to develop leadership in the services and encourage continual reflection and learning creating a greater awareness among staff, so that standards of hygiene are constantly reviewed and our high standards are maintained. This approach will also ensure we satisfy the Care Quality Commission's (CQC) requirements on cleanliness and infection control as stated in outcome 8 of 'Guidance about compliance; Essential standards of quality and safety'.

Monitoring and auditing of record keeping by clinicians in the out of hours service is facilitated by a web based programme Clinical Guardian. This enables peer review, scrutinisation of care and enables us to consider the standards of record keeping. Some records are flagged up for review by the Audit Group; a small team who engage in written dialogue with the relevant clinician, enabling reflection and development to take place. In this way clinicians are encouraged to constantly review and develop their practice and so improve the service to our patients. This will ensure we go some way to satisfying CQC outcomes 4, care and welfare of people who use services, and 21, records, as stated in the Essential Standards document, detailed above.

Concerns, complaints and compliments remain an important part of the governance process and the learning from these areas enable services to consider how the patient experience can be improved. Recognising and acknowledging when things go wrong is often the first step towards better care and treatment and in some cases prompts changes to our processes and the way we do things. In the past year we received 108 complaints, 78 issues or incidents and 118 compliments.

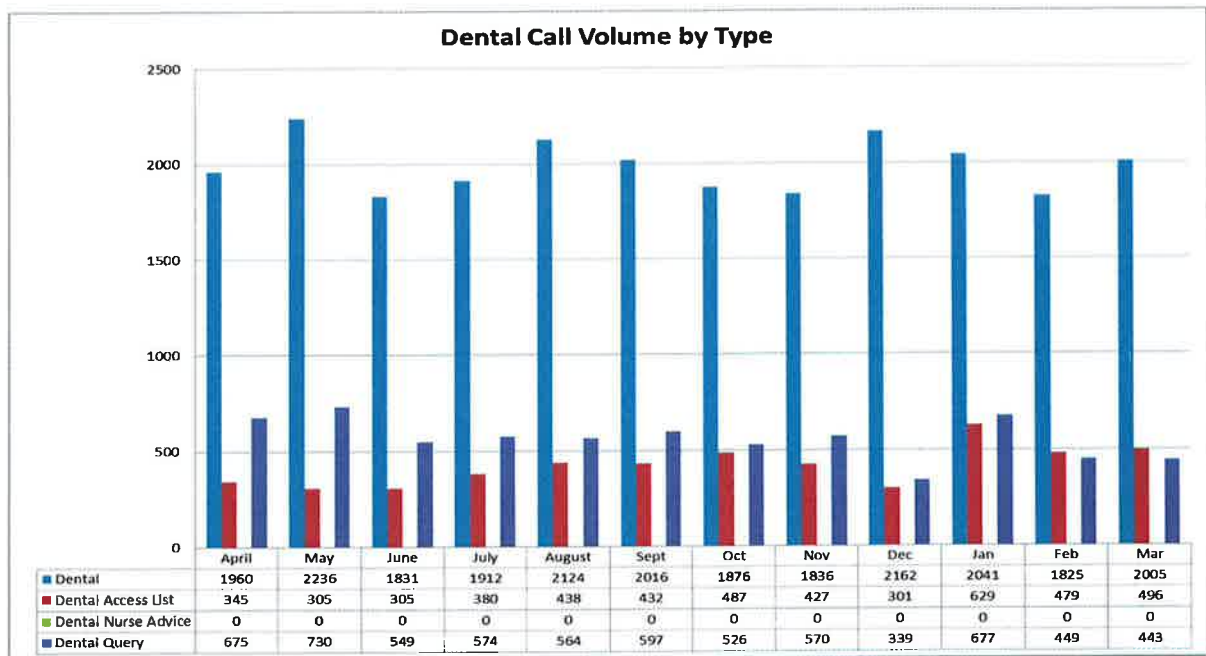
This report is a small snapshot of the continuing work the governance department lead and implement. In the coming year we will continue to develop these and other areas as well as developing an education programme to further involve staff in the governance agenda.

Daytime Services Report – Glenda Feeney

Dental Department

The dental call takers dealt with 35,541 calls between April 2013 & March 2014, a decrease of 14.91% (6228 calls)

Details of the dental call volumes by call type are shown on the graph below.



The number of patients waiting to be assigned to a dental practice by Blackburn & Darwen postcode as at 31.03.14 - **726**
 By East Lancs postcode as at 31.03.14 - **96**

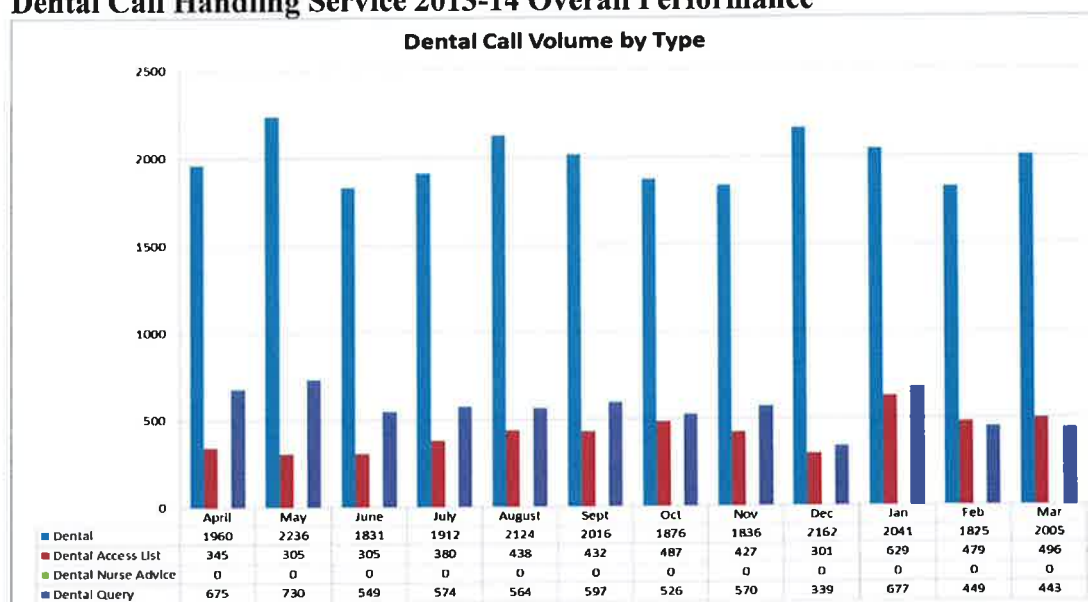
Combined totals for BwD & East Lancs **822**

Total cumulative direct referrals October 2010 - March 2014 **15301**

As a result of the request to change the set up and delivery of the Dental Call Handling Service, by reducing the Service Level Agreement by approx. 130 hours and move to systems outside ELMS control, it was decided that it would no longer be a viable proposition to proceed into the coming financial year with the new configuration. ELMS will therefore no longer provide the Dental call handling service and accommodation from the 30th September 2014. ELMS will continue to support the service and work with LCFT through transition to a new provider in the new financial year.

This decision has been a difficult one to take given the historic relationship however it is felt that this is the best decision for ELMS moving forward in to the future.

Dental Call Handling Service 2013-14 Overall Performance



GPwSI CLINICS

The GP with Special Interest Clinics for Dermatology and Ophthalmology are located at the Barbara Castle Way Health Centre in Blackburn and supported by a dedicated ELMS admin team based on Level 1 in the Health Centre.

The Dermatology Clinics are run from a purpose built suite on Level 1 led by Dr David Andrews who is a local GP with a special interest in Dermatology and he also does a clinic once a month at the Royal Blackburn hospital with one of the Consultant Dermatologists. There has been a significant increase in referrals to Dermatology resulting in more hours being commissioned by the CCG and additional admin support has been agreed.

Dr Andrews works closely with a team of Dermatology Specialist Nurses who run clinics alongside the GPwSI clinics and also nurse led clinics which include Education and Photo Dynamic Therapy. Referrals are received via the choose and book system from Blackburn with Darwen GPs and other health professionals such as health visitors and podiatrists.

The Ophthalmology Clinics are held on Level 3 led by Dr Lelia Harrington and Dr Satish Nagpal who are both local GPs with a special interest in Ophthalmology. The nurses for the clinics are provided by the Ophthalmology Department at the Royal Blackburn Hospital and run alongside the East Lancashire Hospitals Trust Nurse Led Glaucoma Clinics. The clinics are held on a Wednesday afternoon and a Friday morning and once a month on a Friday there is a minor surgery session. Ophthalmology has also seen an increase in referrals which is being closely monitored. Referrals are received via the choose and book system from Blackburn with Darwen GPs.

Both the Dermatology and Ophthalmology Clinics work closely with the Consultants at the hospital and refer in where necessary.

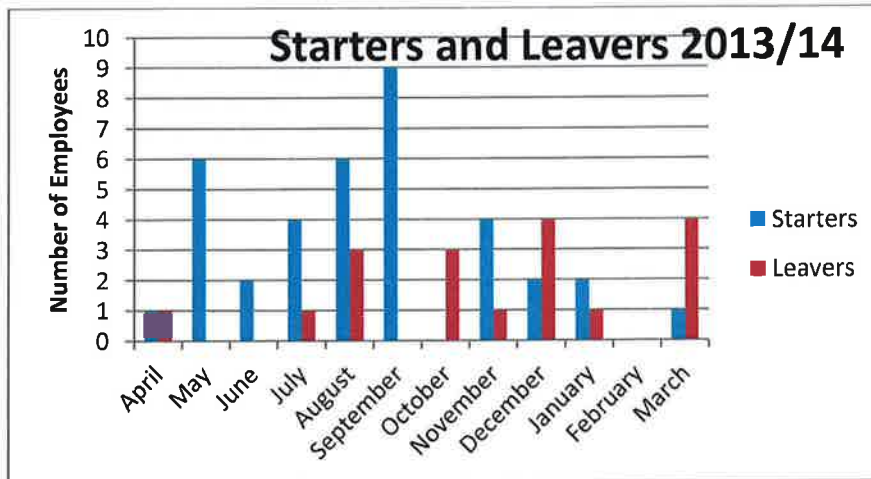
HR & Workforce Development – Levis Springer HR

Human Resources

2013-14 continued to be a challenging period for ELMS, not least because of the hard work undertaken to manage and integrate the Federated practices into the Company. The fluid nature of the OOH service contract and changes to both the location and number of sites from which services have been provided, and the decision not to tender for the Minor Injuries Service at Rossendale have been contributing factors.

Workforce Profile

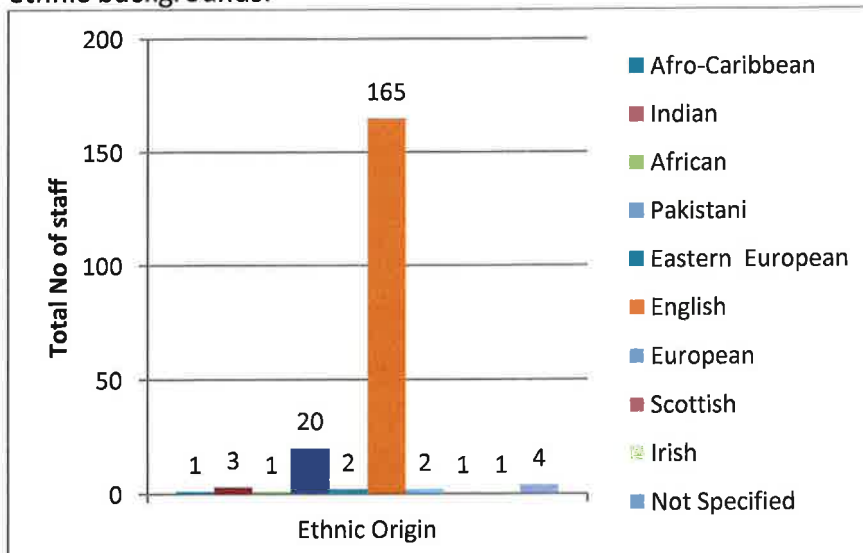
Whilst overall the workforce for 2013-14 remained stable, we saw an increase in the number of clinical & non clinical staff recruited as a reflection of the identified needs across the Federated Practices.



Staff Turnover for 2013/14 was 9%.

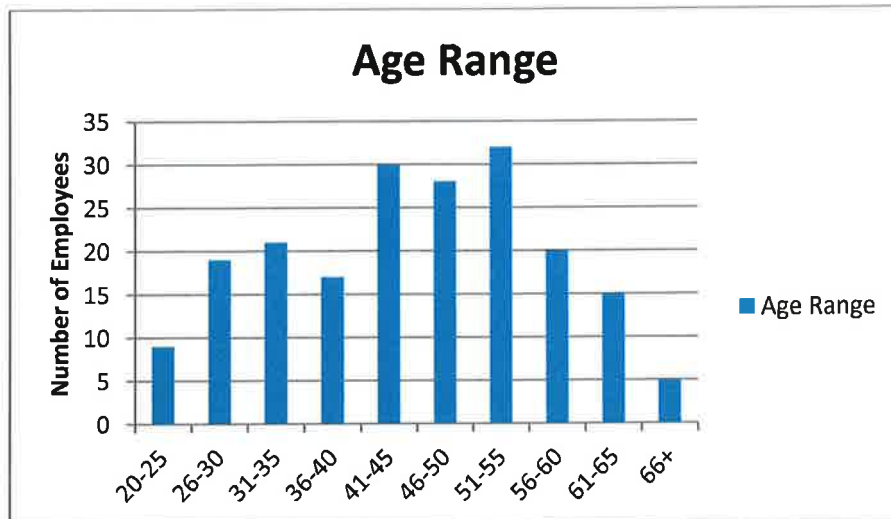
Ethnic Profile

The Ethnic profile of the company is reflective of an increase in employees from a range of ethnic backgrounds.



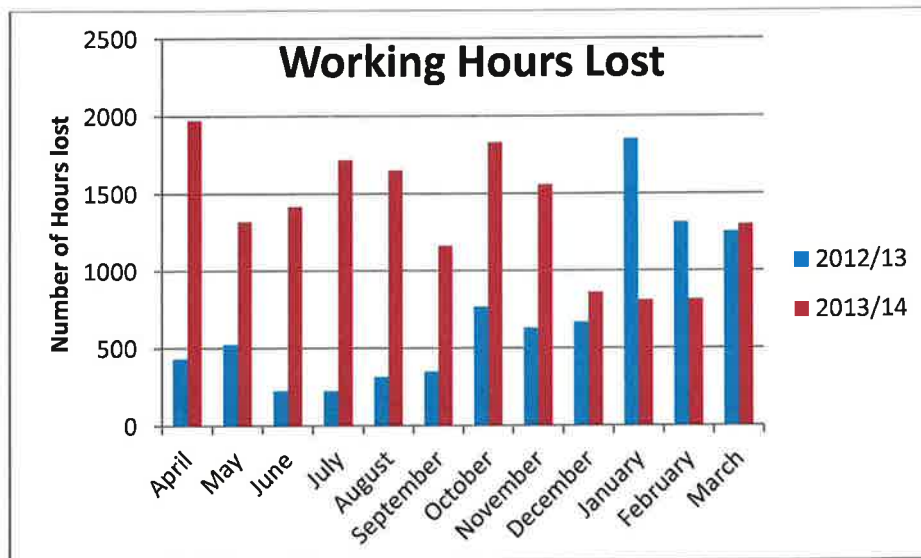
Age Profile

The age profile of the Company reveals a mature workforce and this has some implications for the workforce in terms of succession planning.



Attendance

Managing sickness absence throughout 2013/14 has also given rise to a need to be more proactive. The charts below show the significant increase in lost working hours and days, primarily as a result of absence across the Federated practice and some long term absences which are now coming to an end.



Investors in People 18 month visit

In 2013/14 we also had our 18 month Investors in People visit which acknowledged the challenging year we had, but noted our on-going process to develop to the next stage. The Assessor made some suggestions for areas where progress could be made as follows.

- Further embedding of the Company's core values across all areas of the Company and continuing to improve the ways in which we involve staff.

- Continuing the work started on management/staff development.
- Developing a People strategy linked to the Organisations Values and mission statement.

Relocation of Services.

One of the most significant challenges for the workforce in 2013/14 has been the relocation of services in both Blackburn and Burnley resulting from the construction of the new UCC building in Burnley and subsequent relocation of the delivery of Primary Cares Services in both Blackburn and Burnley .The net effect of these changes was an overall reduction in the number of sites providing services with the potential for staff redundancies. However following a comprehensive staff consultation process, in which the views of all affected staff were taken into account, a positive outcome was achieved. All staff were accommodated and minimum disruption to working hours and locations was achieved.

The dynamic and ever changing environment experienced throughout 2013/14 will inevitably continue as decisions are made regarding the future of a number of our services and the subsequent impact this will have on the work force.

IT & Systems – Craig Winters

This was the start of our first full year as a new team. We had many ideas and plans in place and for us it was a case of implementing everything we had worked so hard on, to improve the IT systems at ELMS.

During 2013/14 we made the transition to use InTechnology's hosted solution. This enabled us to work more independently as an organization and gave us more freedom and scope in all areas of IT. This also brought with it new challenges to the IT team as we now had no immediate IT support and the support team was in fact us. A decision was made to design and implement an IT help desk, which is still being used now to great success. We also decided to update our out of date telephony solution. We installed a brand new IP Telephony system and installed new handsets throughout St Ives House. The new system enables us to have much more control over call queues and times and the reporting facility is a real bonus.

The new team has worked hard to improve their knowledge and understanding of ELMS IT systems during the year and the new 2014/15 year is looking to be eventful with many improvements still to come.

Estates

Completing the refurbishment of the call centre building rumbled on this year. There were problems with the roofing contractor who could not be enticed to reappear for remedial works until the latter part of the year. I am glad to report that this work now appears to be complete.

We also had to spend a significant sum on remedial work to St Ives roof in response to leaks in some of the offices. The roof itself viewed from outside appeared to be in good condition and the cause of the problems was not clear. We chose to repair a patch of the roof to ensure we could effect a cure; since the work was done the repaired area has been dry. We now have a decision about whether to repair the rest of the roof in the same way in order to cure the remaining problem areas. This work is quite expensive as we have to replace the old, asbestos containing, tiles.

The largest single new capital project of the year was the installation of protection to the electrical supply with two UPS battery backup systems and a generator. Together these mean that St Ives key systems – computers and phones - will not fail in the event of a power cut and that we can keep the site running for as long as necessary on generator power alone. This forms a major improvement in resilience to the site and to the services we provide to the public. Prior to the installation we appeared to be having power cuts at the rate of about one annually, causing difficulty and disruption to the services; since the system was installed there has been no such disruption.

There were several site relocations during the year – the largest being the move out of St Peters up to Burnley General Hospital UCC. There is a great deal of planning behind these moves but it sometimes seems that where the OOH service is concerned we only become involved late in the day with the result that there appears to be more last minute issues and problems than necessary. The move of one branch of the Federated Practices was not completed before year end for a number of reasons but the bulk of the preparatory work was carried out during 2013/14. Initial involvement commenced at the end of 2012. This looks like being a much better facility to deliver services from.

Health and Safety

We continued with low numbers of incidents and again none were sufficiently serious to be reported under RIDDOR.

All new starters have a health and safety briefing as part of their induction, including clinical staff. Manual handling training is mandatory and all staff complete annual fire training. We trained a number of staff as fire marshals in October 2013.

The main topic for consideration is the risk of violence from a member of the public. I am happy to say that there have been no reported incidents of actual violence towards our staff though there are sadly incidents of threat or verbal harassment which almost seem to be accepted as par for the course by members of the public. We continue to try to reduce the risk from these issues whilst continuing to provide a welcoming environment for patients.

ELMS is up to date with the self-certification required for continued use of the NHS secure networks on which most of our services rely. This is an annual submission to be completed by end March.

We have created a secure store for confidential records. The move from St Peters prompted a review of older records; many were destroyed and those that were kept are under lock and key with a forward date of destruction clearly identified.

Accrington Victoria Health Access Centre – Amanda Trayford

The Walk in Centre continues to be busy with 35,217 patients seen from 1st April 2013 to 31st March 2014. The accommodation suite for the walk in centre was completed in August and became operational in September. This has greatly improved the patient flow and facilities for the patients. Facilities include public rest rooms, baby changing facilities and extra waiting room with a designated reception and appointing desk to reduce queues. The increase in number of consulting rooms available to us has enabled us to increase staffing to cope better with the demand of the number of walk in patients.

The general practice reopened the list at the beginning of October, and at 31st March 2014 held a list size of 1,823 patients. The surgery went live with Emis Web in August which proved successful with a smooth transition. The surgery accomplished another excellent result of 95% achievement on QoF, despite the transition to Emis Web and the huge influx of patients from October.

The CCG and Local Area Team public consultations on the contract took place on both the Walk in Centre and the Surgery. The consultations obtained a huge response from patients and excellent feedback of patient experiences for both services was received. The CCG and Local Area Team made the decision to extend the contracts for another 12 months. For the CCG this will tie in with the redesign exercise for Out of Hours and Urgent Care and enable them to incorporate the Walk in Centre with these plans.

Health Access Centre Key Performance Indicators 01/11/12 to 31/10/2013

Indicator	Target @ Month 12	Current Performance Against Target	As at:	Trend	%	Comments	
Unregistered Patients	33888	36270	Compliant	31/10/2013	↑	7.03	2824 Per Month was Level Set at End of Year 3
Registered Patients	2000	1401	Non Compliant	31/10/2013	↑	-29.95	List Size @ 1401 on 31st October
Average Length of Appointment time with GP	12	11.85	Compliant	31/10/2013	↓	1.09	
Average Length of Appointment time with NP	20	15.00	Compliant	31/10/2013	↑	25.00	
Average Length of Response Time	30	34.65	Non Compliant	31/10/2013	↑	-15.50	Avg Response for Walk In Only - Measured from Booked Appointment Time
No of Admissions	0	1193	Compliant	31/10/2013	↑	3.29	Target is +/- 5% of Volume - No target set by PCT
No of Breaches >30 Mins	0	1124	Compliant	31/10/2013	↑	3.10	Target is +/- 10% of Volume - No target set by PCT

Health Access Centre Key Performance Indicators 01/11/13 to 31/3/2014

Indicator	Target @ Month 5	Current Performance Against Target	As at:	Trend	%	Comments	
Unregistered Patients	15115	14860	Non Compliant	31/03/2014	↓	-1.69	3023 Per Month was Level Set at End of Year 4
Registered Patients	2000	1839	Non Compliant	31/03/2014	↑	-8.05	List Size @ 1839 on 31st March 2014
Average Length of Appointment time with GP	12	12	Compliant	31/03/2014	↓	0.08	
Average Length of Appointment time with NP	20	15.62	Compliant	31/03/2014	↑	21.90	
Average Length of Response Time	30	55.74	Non Compliant	31/03/2014	↑	-85.80	Avg Response for Walk In Only - Measured from Booked Appointment Time
No of Admissions	0	127	Compliant	31/03/2014	↑	0.85	Target is +/- 5% of Volume - No target set by PCT
No of Breaches >30 Mins	0	119	Compliant	31/03/2014	↑	0.80	Target is +/- 10% of Volume - No target set by PCT

ELMS Federated Practices – Michael O'Connor

Patients are at the centre of the ELMS Federated Practice service - the management and staff aspire to providing a safe, high quality service which looks to improve incrementally whilst being aware of the need to be cost effective on the basis that quality and value for money are not mutually exclusive, but interdependent.

The previous year has been a period of consolidation. The Practice is operating and is being proactively developed after a history of neglect by the PCT and a former culture where cost-effectiveness and under-reporting was not questioned. Reporting systems have been put in place and plans are being developed to deliver appointments and clinics more effectively.

The key to developing the service long-term is to promote a service quality ethos with robust clinical governance at its core, while increasing revenue and managing costs (investing to save when there is a justifiable business case and reducing costs where feasible). The Practice was underperforming against QOF and enhanced service targets but there has been progress in the reporting of activity and subsequent claims to commissioners and to the PPA and that this indicates a positive direction of travel.

Given the year of transformation the Practice has had its QOF result for 2013/14 and was a great achievement in the first baseline year of the contract and better than the PCTMS achieved. A QOF Implementation Plan for 2014/15 has been drafted to share with Practice colleagues to help develop engagement. This will build on the principle of having QOF responsibilities being invested in each Practice branch site with identified clinical leads.

Further work is required in the development of the services appropriate to patient needs and recording that activity correctly.

Some patients have expressed concern about the lack of available appointments and difficulties in booking appointments, but consultation rates in the Practice are above local and national averages. The Operations team has met with the GPs and clinical leads and staff to review rotas and appointment arrangements and the Practice has worked with the CCG and Primary Care Foundation to support a review of the appointment system.

Developing a properly resourced and motivated Practice team to deliver the contract, with the right people in place at the right time, is central to the Practice's aspirations. This staffing resource, with clinical leadership and engagement in delivering QOF and enhanced services, is brought to the fore when the Practice is under financial pressure. ELMS have looked to establish a permanent salaried GP workforce to provide greater continuity but its advertising for additional GPs has had limited success in recruiting in a tight job market. The Operations Team has been proactively addressing this requirement but has been mindful of budget constraints. ELMS had to deal with unreliable TUPE information but the staff have been inducted into the ELMS organisation and staff records have been confirmed. Any proposed staff changes are based on long-term operational need as the basis for discussions about future recruitment plans.

Formal policies and procedures have been drafted in accordance with best practice and are available on ELMS workbench system. It is anticipated that these policies will be accessible to Practice teams via web-based cloud facility to help protect version control.

The Federated Practice needs to ensure that it is a learning organization that ensures its staff – clinical and non-clinical - maintains their professional competency to meet patient and organizational needs, while ensuring the training is relevant to individual roles and offers value for money. The training practice status for Horsfield is based on support from the Federated Practice structure and was a significant achievement for the Horsfield surgery and the organisation, at a time when the Federated Practice model is still being established, taking into account the service needs of patients and operational viability.

The proposed development of an appointments hub was deferred pending further engagement with the PPG and review of the appointments system.

A Patient Information leaflet has been drafted setting out the ELMS Federated Practice service offer and governance arrangements. The practice leaflet has been supplemented by the setting up of branch specific noticeboards including a list of the GPs and other clinicians and a leaflet/poster explaining the role of Nurse Practitioners. A Patient Participation Group (PPG) has been established and meets monthly. The Operations team support and facilitates this meeting, supported by attendance at the meetings by the clinical leads and representatives of the branches as and when required. Further work is to be undertaken to develop the practice website which needs to be maintained with staff information, practice news and other patient information. This includes the online ordering of repeat prescriptions; it is hoped to trial this in April/May 2014 with members of the PPG.

For 2014/15 the plans include:

- Horsfield branch surgery will relocate to the new Colne Health Centre in the Spring 2014.
- There is a need to boost reported activity to improve revenue streams. Work is ongoing to improve data capture and this may take time as progress previously had been slow.
- Further work on consolidating patient services and revenue streams, formalising procedures and reporting systems as well as enhancements to patient appointments and clinics systems.
- Reviews of staffing and work on staff engagement will be further developed through regular branch and clinical meetings and bulletins.

Company Performance Information – James Bibby

Contracts / Developments

GP Out of Hours contract was extended until September 2015 however East Lancashire CCG indicated they would be considering tendering and would begin holding workshops in July 2014.

GP Advice Service was extended until October 2014 after a successful pilot and this improved service outcomes and delivery as the number of requests for a varying degree of advice types introduced as a result of the new 111 interface significantly began to impact on the service.

Acute Visiting Scheme for Blackburn with Darwen Practices began in late March 2013 and activity remained steady and productive over the course of the year. The introduction of the paramedic pathfinder scheme and urgent care desk referrals schemes that enabled crews to consider referral in to the service rather than convey was introduced in October 2013, impact was marginal in hours with very few calls made to the service however this created a significant impact on GP Out of Hours once the scheme was rolled out 24/7.

Continued activity monitoring is in place for this scheme and proposals and negotiations are underway to continue and extend the current service across East Lancashire Practices for 2014/15

Rossendale MIU was competitively tendered and after ELMS carried out its own due diligence on the pilot it was decided by ELMS board that it would not tender for the service continuation. ELMS agreed an extension to the existing contract until 30th June 2014 whilst a new provider was sought.

Urgent Care Centres once again underwent an overhaul this time in December 2013 with additional GP cover being placed at both sites from 2pm seven days a week across both centres. This has proved to be a success and has contributed to the improvement in the four hour target within ELHT. This scheme was extended until March 2014 and negotiations are underway to continue until March 2015.

Overall Activity

Overall activity across all ELMS services decreased by 3% (-5203) although much of this decrease was the significant reduction in Dental Calls, which was down by 14.9% (-6228). The Health Access Centre continued its usual activity hike with an increase of 2.72% (1210) however this was in the main due to the number of registered appointments increasing (2368).

GP Out of Hours again showed increases of 2.23% (1138) on the previous year and Rossendale MIU continued to show high tolerance levels of activity with an increase of 6.91% (701) on the previous year.

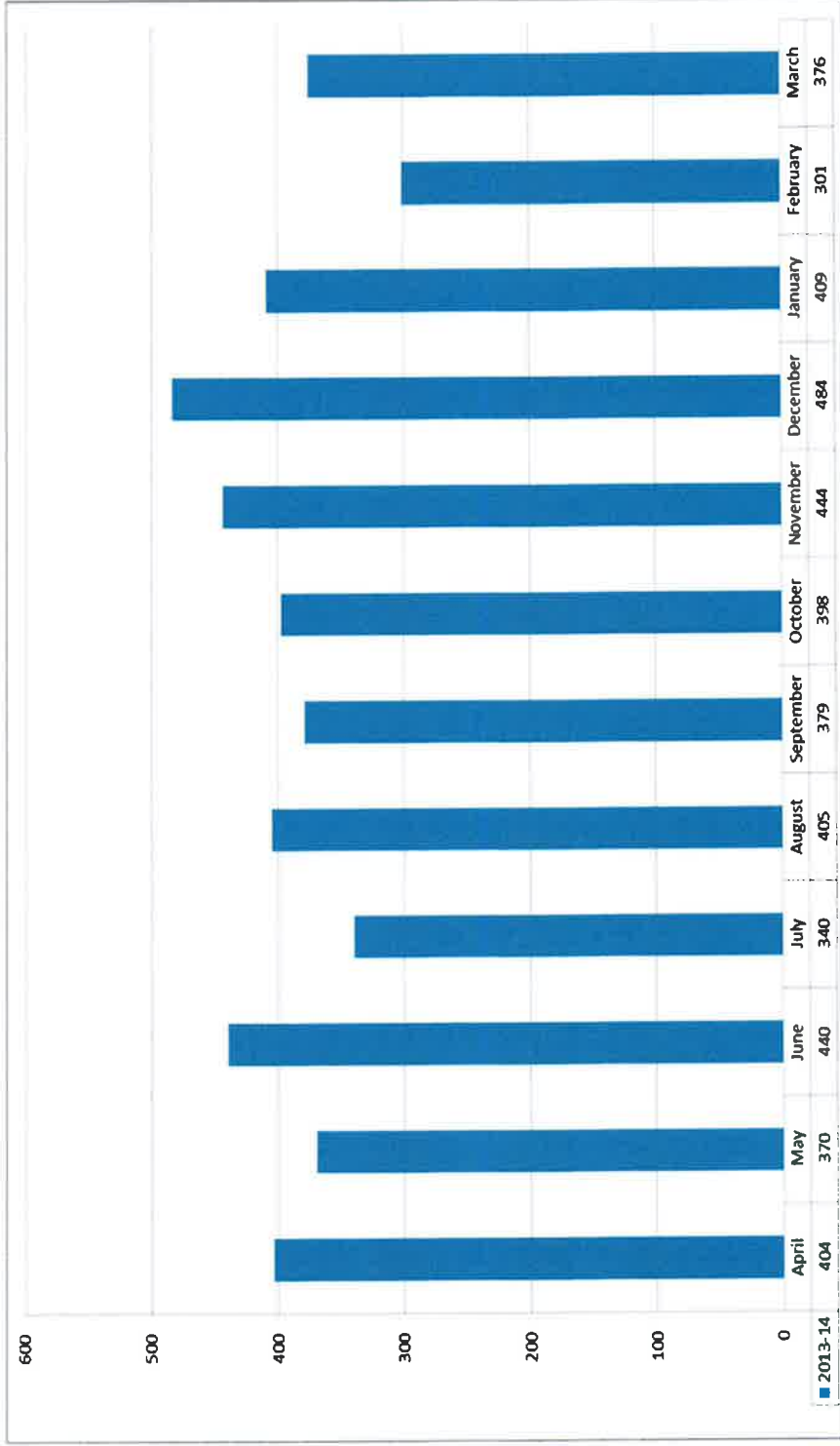
2013/14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Grouped
PCC	2828	2958	2605	2478	2409	2320	2420	2707	3639	2809	2686	3216	33075	52105
Dr Advice	781	717	678	703	633	571	624	666	824	772	731	752	8452	
Home Visit	734	773	702	647	693	578	642	700	823	781	693	731	8497	
Pharmacy Advice	117	148	117	123	139	91	84	104	160	104	108	129	1424	
HCP Advice	0	0	0	0	0	26	39	40	89	141	141	181	657	
Acute Visit	163	110	96	155	142	137	211	162	190	32	180		1578	1642
Acute Advice	2	0	0	0	0	0	1	5	11	17	28		64	
District Nurse Calls	404	370	440	340	405	379	398	444	484	409	301	376	4750	4750
UCC - RBH	509	485	487	446	398	419	431	492	732	981	849	691	6920	13397
UCC - BGH	533	548	438	513	493	459	439	480	538	522	672	842	6477	
HAC - Walk in	3139	3012	2831	2978	2685	2784	2928	2909	3078	3016	2715	3142	35217	45652
HAC - Registered	602	574	629	722	753	758	987	1022	1128	1126	1001	1133	10435	
Dental	1960	2236	1831	1912	2124	2016	1876	1836	2162	2041	1825	2005	23824	35541
Dental Access List	345	305	305	380	438	432	487	427	301	629	479	496	5024	
Dental Nurse Advice	0	0	0	0	0	0	0	0	0	0	0	0	0	
Dental Query	675	730	549	574	564	597	526	570	339	677	449	443	6693	
Rossendale MIU	1054	1040	1071	1121	933	932	815	837	621	768	729	919	10840	10840
Total Volume	13846	14006	12779	13092	12809	12499	12908	13401	15119	14825	13587	15056	163927	

Increase / Decrease

- Out of Hours Service – Increased by 2.23% (1138)
- District Nurse Calls – Decreased by 18.13% (1052)
- Urgent Care – Decreased by 16.31% (2611)
- Health Access Centre Walk in – Decreased by 3.18% (1158)
- Health Access Centre Registered – Increased 29.35% (2368)
- Dental Call Handling – Decreased by 14.91% (6228)
- Rossendale MIU – Increased by 6.91% (701)

Details	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average	Performance Against Predicted Target	Trend
PCC	2828	2958	2605	2478	2409	2320	2420	2707	3639	2809	2686	3216	2756.25	N/A	
%	63.41%	64.36%	63.51%	62.72%	62.18%	64.37%	63.53%	64.19%	65.75%	60.97%	61.62%	64.20%	63.40%	N/A	
Dr Advice	781	717	678	703	633	571	624	666	824	772	731	752	704.33	N/A	
%	17.51%	15.60%	16.53%	17.79%	15.84%	15.84%	16.38%	15.79%	14.89%	16.76%	16.77%	15.01%	16.27%	N/A	
Home Visit	734	773	702	647	693	596	642	700	823	781	693	731	709.58	N/A	
%	16.46%	16.82%	17.11%	16.38%	17.89%	16.54%	16.85%	16.60%	14.87%	16.95%	15.90%	14.59%	16.41%	N/A	
Pharmacy Advice	117	148	117	123	139	91	84	104	160	104	108	129	118.67	N/A	
%	2.62%	3.22%	2.85%	3.11%	3.59%	2.52%	2.21%	2.47%	2.89%	2.26%	2.48%	2.58%	2.73%	N/A	
HCP Advice						26	39	40	89	141	141	181	91.86	N/A	
%						0.72%	1.02%	0.95%	1.61%	3.06%	3.23%	3.61%	2.03%	N/A	
Total	4460	4596	4102	3951	3874	3604	3809	4217	5535	4607	4359	5009	4343.58	N/A	
QR2 - Information to Practice by Ram														N/A	
No Before	4447	4492	3979	3818	3694	3479	2877	4088	5535	4456	4246	4893	4167.83	N/A	
No After	0	0	0	0	0	0	937	0	0	0	0	0	77.67	N/A	
Target %	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	75.53%	100.00%	100.00%	100.00%	100.00%	100.00%	96.94%	Compliant	
QR4 - Sample Clinical Audit of Patient Contacts - 1% Per Quarter	131.58				114.29			135.61			139.75		131.58	Compliant	
QR5 - Patient Satisfaction Questionnaires Sent	537	594	461	440	346	414	544	406	582	699	591	469	506.92	N/A	
% of Call Volume	12.04%	12.92%	11.24%	11.14%	8.93%	11.49%	14.28%	9.63%	10.51%	15.17%	13.56%	9.36%	11.69%	Compliant	
QR 10 - Walk In Patients Prioritised and seen within 20 mins "Urgent", 60 minutes "Routine"														N/A	
Total Seen	101	134	128	105	128	109	118	91	91	69	55	27	96.33	N/A	
Total Consulted within Target	99	132	128	105	128	108	118	91	89	69	55	27	95.75	N/A	
Percentage Seen within Target	98.02%	98.51%	100.00%	100.00%	100.00%	99.08%	100.00%	100.00%	97.80%	100.00%	100.00%	100.00%	99.45%	Compliant	
QR 12 - Face to Face consultations commenced within priority time scale total seen														N/A	
Total Consulted	3552	3728	3305	3122	3097	2913	3057	3398	4456	3587	3367	3942	3460.33	N/A	
Total Consulted within Target	2828	2958	2605	2478	2409	2320	2420	2707	3639	2809	2686	3216	2756.25	N/A	
No where target missed	2	2	2	1	1	0	1	1	4	5	0	2	1.75	N/A	
% within target	96.39%	99.93%	99.92%	99.96%	99.96%	100.00%	99.96%	99.96%	99.89%	99.82%	100.00%	99.94%	99.64%	Compliant	
Total Emergencies consulted within 60 minutes														N/A	
No where target missed	0	0	0	0	1	0	0	1	0	1	0	0	0.25	N/A	
% within target	100.00%	100.00%	100.00%	100.00%	75.00%	100.00%	100.00%	80.00%	100.00%	66.67%	100.00%	100.00%	91.39%	Compliant	
Total Urgent consulted within 120 minutes														N/A	
No where target missed	42	65	34	44	42	46	44	32	50	63	39	28	44.08	N/A	
% within target	97.67%	98.46%	97.14%	97.78%	100.00%	100.00%	100.00%	100.00%	99.89%	95.45%	100.00%	96.55%	98.58%	Compliant	
Total Routine consulted within 360 minutes														N/A	
No where target missed	2782	2889	2565	2426	2363	2269	2373	2670	3578	2739	2644	3184	2706.83	N/A	
% within target	99.96%	99.97%	99.96%	100.00%	100.00%	100.00%	99.96%	100.00%	99.92%	99.96%	100.00%	99.97%	99.98%	Compliant	
Home Visit Total	734	773	702	647	693	593	642	700	823	781	693	731	709.33	N/A	
Total Consulted within Target	726	772	702	645	689	591	638	692	821	775	680	728	704.92	N/A	
No where target missed	8	1	0	2	4	3	4	8	2	6	13	3	4.50	N/A	
% within target	98.91%	99.87%	100.00%	99.69%	99.47%	99.66%	99.38%	98.86%	99.76%	99.23%	98.12%	99.59%	99.37%	Compliant	
Total Emergencies consulted within 60 minutes														N/A	
No where target missed	11	6	12	6	5	2	3	5	3	2	9	2	5.50	N/A	
% within target	91.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	77.78%	100.00%	97.45%	Compliant	
Total Urgent consulted within 120 minutes														N/A	
No where target missed	43	34	22	22	18	24	33	20	22	28	38	18	26.83	N/A	
% within target	93.48%	97.06%	100.00%	91.67%	81.82%	81.82%	91.67%	83.33%	91.67%	87.50%	89.47%	90.00%	89.96%	Partial Compliance	
Total Routine consulted within 360 minutes														N/A	
No where target missed	672	733	668	617	666	567	602	667	796	745	646	708	673.92	N/A	
% within target	98.91%	100.00%	100.00%	100.00%	100.00%	100.00%	99.83%	99.40%	100.00%	99.73%	98.92%	99.86%	99.72%	Compliant	

District Nurse Call Handling Activity Report 2013-14



Rossendale MIU – Contact Activity Report

Rossendale Minor Injury Unit : Contact Activity Monitoring

Annual Plan 'per day activity	Low	Medium	High
2927	4879	6830	
8.0	13.4	18.7	

Year	Month	Days	PLAN			Actual					CUMULATIVE						
			Low	Medium	High	Contacts	in 15	% in 15	in 4hr	% in 4hr	Patients	Avg. Contacts per patient	Low	Medium	High	Contacts	Tolerance
2012-13	April	30	241	401	561	299	189	63.2%	299	100.0%	241	1.24	241	401	561	299	OK
	May	31	249	414	580	631	358	56.7%	629	99.7%	538	1.17	538	815	1141	930	OK
	June	30	241	401	561	771	375	48.6%	771	100.0%	653	1.18	653	1216	1703	1701	OK
	July	31	249	414	580	904	452	50.0%	902	99.8%	784	1.15	784	1631	2283	2665	HIGH
	August	31	249	414	580	937	403	43.0%	937	100.0%	802	1.17	802	2045	2863	3542	HIGH
	September	30	241	401	561	857	476	55.5%	856	99.9%	750	1.14	750	2446	3424	4399	HIGH
	October	31	249	414	580	977	502	51.4%	977	100.0%	875	1.12	875	2861	4004	5376	HIGH
	November	30	241	401	561	861	391	45.4%	861	100.0%	769	1.12	769	3262	4566	6237	HIGH
	December	31	249	414	580	959	477	49.7%	955	99.6%	834	1.15	834	3676	5146	7196	HIGH
	January	31	249	414	580	917	581	63.4%	917	100.0%	808	1.13	808	4090	5726	8113	HIGH
	February	28	225	374	524	915	517	56.5%	900	98.4%	804	1.14	804	4465	6250	9028	HIGH
	March	31	249	414	580	1111	482	43.4%	1109	99.8%	985	1.13	985	4879	6830	10139	HIGH
2013-14	April	30	241	401	561	1055	368	34.9%	1053	99.8%	920	1.15	920	401	561	1055	HIGH
	May	31	249	414	580	1040	406	39.0%	1035	99.5%	929	1.12	929	815	1141	2095	HIGH
	June	30	241	401	561	1071	338	31.6%	1068	99.7%				1216	1703	3166	HIGH
	July	31	249	414	580	1121	309	27.6%	1121	100.0%				1631	2283	4287	HIGH
	August	31	249	414	580	933	292	31.3%	923	98.9%				2045	2863	5220	HIGH
	September	30	241	401	561	932	314	33.7%	930	99.8%				2446	3424	6152	HIGH
	October	31	249	414	580	815	266	32.6%	813	99.8%				2861	4004	6967	HIGH
	November	30	241	401	561	837	371	44.3%	837	100.0%				3262	4566	7804	HIGH
	December	31	249	414	580	621	284	45.7%	621	100.0%				3676	5146	8425	HIGH
	January	31	249	414	580	771	288	37.4%	771	100.0%				4090	5726	9196	HIGH
	February	28	225	374	524	729	274	37.6%	729	100.0%				4465	6250	9925	HIGH
	March	31	249	414	580	919	298	32.4%	917	99.8%				4879	6830	10844	HIGH