

IUC ADC March 2024 - comments from lead data suppliers

Data for the IUC ADC are provided by lead data providers for each integrated urgent care service in England. It is the responsibility of commissioners of an IUC service to identify lead data providers and ensure that data are supplied each month. While lead data suppliers are responsible for collating and coordinating information for IUC ADC, they are not necessarily contracted to deliver all NHS 111 and out of hours services in the contract area. Integrated Urgent Care is provided by a variety of organisations, including ambulance services, private companies, not for profit organisations and NHS Trusts.

The quality of data is therefore dependent upon all parts of the IUC service providing data to the relevant lead data supplier. Where figures reflect activity by more than one IUC service provider, there may be wide variation in the underlying performance of individual parts of the service.

This document sets out comments for each contract area, as provided by lead data suppliers, about the quality of data returns, reasons for changes since previous months and reasons for differences to provisional data items published last month.

North East and Yorkshire region

111AA1 North East

Lead data supplier: North East Ambulance Service NHS Foundation Trust (NEAS)

Figures exclude outcome/call performance for sub-contracted providers (GatDoc, VoCare & Elm) and initial telephony/triage data for DCAS in Cumbria.

Data item	Description	Comments
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B01	Number of calls answered within 60 seconds	We have seen a reduction in demand across 111 and 999, as a result performance has significantly improved.

B02	Number of calls abandoned	Road performance has also improved which has reduced our ETA call demand, and overall 999 call demand. When 999 call demand is high, dual trained health advisors on 111 will be shifted to protect the emergency service. So with both 111 and 999 call demand down, call performance has improved.
B06	Total time to call answer	Although call performance has improved there has been little change to clinical KPIs. The number of calls triaged remains fairly similar to previous months (abandonment low), so clinician demand has remained the same.
B09	Total time of abandoned calls	No system capability to extract this information.
C01	Number of calls where person triaged	Work is ongoing around KPI4, analysis undertaken to highlight where the missed opportunities are.
D01	Calls assessed by a clinician or Clinical Advisor	
D01 to D09	Calls assessed by a clinician or Clinical Advisor	Items are under-reported at system level with clinical assessment not captured for primary care, OOH or UTCs. While the clinical count [D01] includes clinical contacts from system providers who have been sub-contracted either by NEAS or commissioners, due to some of the clinical contacts being performed outside of NEAS we do not have access to the specific role of the clinician who performed the contact. Therefore [D01] includes these instances but the sum of the fields [D02]-[D09] will not equal this total.
E26	Calls given an ETC disposition	NHS 111 Online cases booked in CAD are included in this figure as we are currently unable to separate them. These cases do not receive a re-validation (E27) as they are passed by clinician for a booking.
E27	Calls given an ETC disposition that receive remote clinical intervention	As part of Clinical Safety Plan, the ETC DoS profile is suspended during periods of surge. Escalation, local commissioning agreement & CAS ED bookings reduces the volume our clinicians can validate.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Due to remapping of one team type, some services are having issues which prevent bookings.
G11	Bookings into an SDEC service	Currently not utilised – no bookings recorded.
G12, G13	Bookings into dental services not using DoS	We do not have the system capability to provide this information.
G22, G23	Face to face consultations in an IUC Treatment Centre	Not reported - this information is outside of our service.

H01 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe	These items has been excluded from the submission data due to Data Quality Issues
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111A17 Yorkshire and Humber (NECS)

Lead data supplier: NHS North Of England Commissioning Support Unit (NECS)

This month's submission includes data from the following CAS providers: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD, NL3-CARE PLUS, RFR - Rotherham NHSFT, NLX01 - FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH, NLO – Vocare, i-Heart.

Data item	Description	Comments
B06	Total time to call answer	LCD Dental: The telephony improvements are due to rota filling. YAS: March had 2 more days than February, but it also included 2 bank holidays (Easter), where demand tends to be higher. The average demand per day in March was 5,188 vs. 4,889 in Feb, an increase of 6.1%. On top of the increase in days in the month (31 days against 29 is an extra 6.9%) these figures look pretty much exactly as we'd expect. Alongside increased demand, scheduled staffing in the call centre tends to be higher and on the cautious side for known busy days such as bank holidays. We often find that increases in performance metrics (e.g. D01 – assessment by clinician or Clinical Advisor) are in line with, and sometime higher, than the base increase in demand.
D01	Calls assessed by a clinician or Clinical Advisor	
C01	Number of calls where person triaged	There will be differences between the monthly and weekly comparisons due to YAS having missing data on certain weeks.
D01	Calls assessed by a clinician or Clinical Advisor	
C01	Number of calls where person triaged	C01 does not equal the sum of items C02, C03, C04, C05 & C06 due to staff changes during the month which aren't always updated on the system in time.

		NECS have identified an error in their system causing C01 to be greater than the sum of items C02 to C06 inclusive. NECS working to resolve this.
C02	Number of calls where person triaged by a Service Advisor	We are reducing the use of SA's, in part due to the national resilience offer provided by IC24 which streams away some of the calls that SA's would previously have answered (e.g. repeat prescriptions).
D23	Callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Reporting still being developed at YAS.
E01	Total number of dispositions	Recurring issue with YAS numbers. The item is greater than the totals of E02+E03+E05+E07+E08+E10+E11+E12+E13+E14+E15+E16+E18 - there is a query with YAS as to whether all dispositions have been mapped and if they have the latest DX codes
E14	Number of callers recommended repeat prescription medication	Excludes number of cases requesting a repeat prescription which was then issued by LCD ADC GPOOH (which are included in G15).
E17	Number of callers recommended self-care at the end of clinical input	111 Dental do not complete E17.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Figures provided reflect a problem with the booking system. Volumes recommended to attend an IUC treatment centre are similar to figures to pre Adastra outage but due to the issues with direct booking this figure has dropped considerably.
G10, G11	SDEC selections	These figures will remain at low levels or zero until the next Pathways update when some more options to refer to SDEC are made available.
G15	Repeat prescription medication issued	Includes number of cases requesting a repeat prescription which was then issued by LCD ADC GPOOH (which are not included in E14).
G16, G18	Calls where a community pharmacy service was an option on DoS for repeat prescription medication / minor illness	YAS cannot currently provide these items due to data on DoS options available for each call not being available through Adastra.
H20, H22	NHS 111 Online contacts where person was offered and accepted a call back and	We are currently unable to get the data field needed to report on these data items.

	needed to speak to a clinician or Clinical Advisor within a specified timeframe	
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North West region

111AJ3 North West including Blackpool

Lead data supplier: Midlands and Lancashire Commissioning Support Unit (Blackpool) (ML CSU)

The North West does not have a single integrated contract covering both NHS111 and CAS; NWAS is the NHS 111 provider but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. Given the complex picture of providers in the North West, there is an iterative transition from the submission of NWAS data only in April 2021 to MLCSU submitting data covering all service providers. This month's data submitted by BARDOC (Bolton, Bury, HMR), Blackburn with Darwen, Central Cheshire, East Cheshire, East Lancashire, FCMS (Fylde Coast, Morecambe Bay, West Lancs), GMPUCA (CAS, OOH, TAS), HRCG Care Group (West Lancs OOH) and NWAS.

There are still a number of providers, covering a large geographic area who not submitting monthly returns. Still on-going issues with reconciling numbers and duplication. Discussions on-going between NWAS and NHSE IUC Operational Insights Team on how to rectify this.

Data item	Description	Comments
C01	Number of calls where person triaged	Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWAS only = 145,869).
D01	Calls assessed by a clinician or Clinical Advisor	69,057 includes NWAS (31,208) and CAS (37,849) The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back. The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.
D01	Calls assessed by a clinician or Clinical Advisor	Weekly aggregate and monthly official numbers will never match due to which individual providers submit for both. It's rare that the exact same numbers will ever be provided in both collections.
D02 to D09	Calls assessed by staff type	The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.

D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Data not available to calculate the average and 95th percentile for these from provider submissions.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Total dispositions: 153,192 and is made up from NWAS (145,869) and some CAS providers (7,323 - Central Cheshire, East Cheshire, FCMS - double counted where both CAS and NWAS report).
E17	Number of callers recommended self-care at the end of clinical input	1,741 includes NWAS (1,319) and CAS (422 submitted by FCMS & GMPUCA)
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWAS complete E19 and CAS complete E20 but we are still not receiving submissions from all providers.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	Only two providers regularly submit data for E25.
G01, G03, G05, G07, G09, G11, G13 and G14	IUC Service Integration	Where CAS/OOH providers (GMPUCA and Central Cheshire) have supplied numbers for these items, these have been added in to G01 (which previously reported only 111 activity (NWAS = 17,062, Central Cheshire 896, GMPUCA CAS 3,822 and GMPUCA TAS 657). All other CAS provides are leaving the fields G01-G14 empty.
G08	DoS selections – Type 1 or 2 ED	G08 – NWAS only (4,983), G09 – NWAS (3,804) and GMPUCA CAS provider submitted (1,412) – some double counting. This will therefore affect KPI13's rate as the numerator is larger than the denominator. Unable to identify correct figures. Similarly, for G10 and G11.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	G08 – NWAS only (4,983), G09 – NWAS (3,804) and GMPUCA CAS provider submitted (1,412) – some double counting. This will therefore affect KPI13's rate as the numerator is larger than the denominator.
G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	

G14	Calls where caller given any other appointment	Similarly, for G10 and G11. Figures exclude data from some service providers.
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	Figures exclude data from some service providers.

Midlands region

111AJ8 Derbyshire (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
B02	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also.
B06	Total time to call answer	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric, so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
G11	SDEC service bookings	No activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AK7 Leicestershire and Rutland (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
B02	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also.
B06	Total time to call answer	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Lower than normal KPI outcome was due to staffing levels not meeting demand.
G11	SDEC service bookings	None recorded this month.
G12, G13	Calls received by dental services	Null - not applicable to our service.
G16 to G19	Community pharmacy service	

111AK6 Lincolnshire

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Lincolnshire so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E04-E18, E27-E30, G20-23, H01-H22.

Data item	Description	Comments
A01	Number of calls received	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced actual staffing was the
A03	Number of answered calls	

B01	Number of calls answered within 60 seconds	main cause for the change in performance. As there are 5 weekends in March this will be a factor also.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Demand was higher than forecasted on different days/time periods, which impacted on overall performance.
E17	Callers recommended self-care at the end of clinical input	Performance impacted by staffing.
E27 to E30	ETC dispositions that receive remote clinical intervention	Impacted by clinical staffing and call volumes.
G05	Calls where the caller was booked into an IUC Treatment Centre	DHU do not provide an ED validation services for Lincs and do not have access to this data.
G11	SDEC service bookings	Cases are sent to GP OOH services that are out of area and for which no bookings were made.
G12, G13	Calls received by dental services	CAS colleagues are unable to book patients into SDEC.
G16 to G19	Community pharmacy service	Not applicable to service.
H17, H18	Number of NHS 111 Online contacts initially given an ETC disposition	We are unable to submit data for these items as we do not manage the relevant services and do not currently have access to an external data flow.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a specified timeframe	These are usually zero or very low.

111AC6 Northamptonshire

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
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B02	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also.
B06	Total time to call answer	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures can be explained by the timing of the weekly load. If a case that has yet to be closed as of Sunday 23:59:59 and has subsequent clinical input on the Monday, then this will not be captured within the IUC ADC weekly submission values. However, this would be captured in the monthly submission when data is reloaded.
G11	SDEC service bookings	CAS colleagues are unable to book patients into SDEC.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
H19, H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AL1 Nottinghamshire

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Nottinghamshire so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E02-E18, E27-E31, G20-G23, H01-H22.

Data item	Description	Comments
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B02	Number of calls abandoned	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced Actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also.
B06	Total time to call answer	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Performance impacted by volume of calls received which was higher than forecasted volumes.
D20, D21	Average and 95 th centile times to clinical assessment for callers requiring assessment within 20 minutes (immediately)	These data items were over-reported in previous months (until October 2023) due to an issue in the calculation which meant the monthly average was multiplied by the number of days in the month.
D23	Callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Particularly low performance on some days pulls down the monthly average.
E27 to E31	Calls initially given an ETC disposition that receive remote clinical intervention	DHU do not provide an ED validation service for Nottinghamshire, this is provided by NEMS and we do not have access to data.
G05	Calls where the caller was booked into an IUC Treatment Centre	The low value is because cases are sent to GP OOH services that are out of area for which no bookings were made.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Busy period at ED this month meant less capacity.
G10, G11	SDEC service bookings	Null return as not yet able to collate this information.
G12, G13	Calls received by dental services	
G16 to G19	Community pharmacy service	

H17	NHS 111 Online contacts initially given an ETC disposition which the patient has agreed to clinical contact and provided the necessary information for a callback	These are consistently blank as DHU do not provide that service. Services are handled externally and DHU do not have access to data.
H18	NHS 111 Online contacts initially given an ETC disposition that receive remote clinical intervention	
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AF4 Staffordshire

Lead data supplier: Vocare

Extended access bookings are not recorded in the data for all areas in Staffordshire due to manual work arounds. The CCG are leading on programme of works to move access of these services to DOS/ITK.

Data item	Description	Comments
A03	Number of answered calls	We were nearing the end of the delivery of the Staffs 111 service, so attention had switched to patient journeys across the wider system. This deep dive allowed us to reallocate workforce to support the wider patient journey into OOH (which we deliver for SSOT ICB). A PDSA pilot was identified to follow a typical patient journey as a piece of us and ICB collaboration ready for contract change. This in effect demonstrated the ability to optimise the 111 front end management and linked to the 111 NR patient journey deep dive too. Net effect – we increased junior management availability at the front end for 111 (both front and clinical queue enquires). This enabled a slicker handling time for the 111 components.
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	SSOT ICB still operate a manual approach to some services – such as GP extended access hubs, system level real-time reporting and mental health (*2). We as a process of demob with the ICB, identified the areas of potential unmet demand under the regional 111 service, and were well in exit planning focus to decouple the service for 9 April. This meant in March (as stated above) we were trialling and finding more standard operating routes for patients in the region – this redistributed workforce back to the front end.
B06	Total time to call answer	
D01	Number of calls where person triaged	We also emphasised job security to all staff as part of demob/exit planning so this provided a more stable workforce availability at a time when you traditionally see mass movement of staff because of the TUPE implications. There were no staff identified for TUPE and this undoubtedly contributed to workforce availability for March as staff had job security.
D01	Number of calls where person triaged	Finally – and this is true of both Staffs and National Resilience – we invested heavily in Q4 planning for end of year – this meant we went into the final quarter ahead of leave, training (stat and mand) and Oliver McGowan mandatory aspects of staff requirements. This meant we were not increasing shrinkage in the usual month where everyone has leave to burn and is a pattern we have adopted for the last three years.
D01	Calls assessed by a clinician or Clinical Advisor	We don't have UTC or SDEC services to refer patients to so this low KPI outcome is to be expected.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Performance for KPIs 5a and 5b continues to be investigated and will provide additional information when possible.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	

G06, G07	DoS selections for UTC DoS selections for UTC	Staffordshire ICS still does not have any UTCs operationalised. Any low numbers that appear in submissions may be due to patients on the service's border.
G10, G11	SDEC referrals and bookings	No cases arose to report.

1111AL4 West Midlands ICB (DHU)

Lead data supplier: NHS Black Country and West Birmingham CCG (West Birmingham CCG)

DHU does not run the CAS for West Midlands so there may be incomplete coverage for the following data items: A05, B11, C02-C06, D02-D09, D13-D14, D20-D25, E02-E18, E27-E31, G20-23, H01-H11.

Data item	Description	Comments
A01	Number of calls received	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced Actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also. The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by volume of calls received.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	DHU does not run the CAS for West Midlands so this data item may be incomplete.
E27 to E30	Calls initially given an ETC disposition that receive remote clinical intervention	DHU does not run the CAS for West Midlands so this data item may be incomplete or blank.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Low volumes are due to cases are sent to GP OOH services that are out of area for which no bookings were made.

G11	Callers booked into an SDEC service	We rarely have SDEC cases and, if so, the numbers tend to be very small.
G12, G13	Calls received by Dental services	Data items not applicable.
G16 to G19	Calls where a community pharmacy service was an option	Service is provided externally, and we do not have access to data.
H15 to H18	NHS 111 Online contacts that resulted in patient requiring a face-to-face consultation	

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	A percentage of our daily calls are currently being taken by NHSE National Resilience, but we add them back in arrears when we receive the weekly report. This means the Total Calls Offered Monthly and Weekly will not match, hence the discrepancy, but the end of month figure will show the correct total calls offered for the contract. Provider now advised not to add calls back in as these are counted under the National Support Area.
B06	Total time to call answer	There are a lot of changes in our figures for March 2024 and this is continuing in April 2024. We are revising the IUC Service and have every expectation that we will see improvements in KPIs compared to this report. As part of this, a percentage of our daily calls are currently being taken by NHSE National Resilience, but we add them back in arrears when we receive the weekly report. This means the Total Calls Offered Monthly and Weekly will not match, hence the discrepancy, but the end of month figure will show the correct total calls offered for the contract. Calls

		offered to Call Centre, Abandoned Calls and other telephony figures are unaffected.
G10, G11	SDEC service bookings	SDEC referrals are very low.

111AB2 Hertfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	<p>The mismatch in the A01 between Weekly and Monthly submissions, is because a varying percentage of our calls are currently being taken by VOCARE, as part of the NHSE National Resilience Contract. To keep our overall Total Calls received correct we add back the calls taken by VOCARE when we receive the NHSE Report the following week. We can only answer the Calls Offered to Call Centre, therefore any total figures beyond this are unaffected by the redirected calls.</p> <p>The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct. Provider now advised not to add calls back in as these are counted under the National Support Area.</p>
D01	Calls assessed by a clinician or Clinical Advisor	
B06	Total time to call answer	<p>On the other points, as you noted demand increased month on month as did calls answered and abandoned. Clearly this has had a negative impact on our call handling KPIs with time to call answer, percentage abandoned calls both increasing. We are currently revising the IUC Service and as part of this we are diverting calls to National Resilience, although this did not have much impact in March 2024, we are seeing positive results in April 2024.</p>

		Calls triaged are slowly becoming detached from calls answered, as we get more cases sent in via NHS 111 Online and from other NHS 111 providers. Nevertheless we would expect to see an increase in calls triaged (C01) where the number of calls answered has increased. Calls triaged by a Clinician or Clinical Advisor will be the same factors, especially as they are the ones who receive NHS 111 Online cases to re-triage.
D01	Calls assessed by a clinician or Clinical Advisor	The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
G10, G11	SDEC service bookings	Continues to be work in progress.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	The disparities between the weekly and monthly figures for A01 and D01 will have been due to a result of the reconciliation at the end of the month – the monthly figures remain correct.
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

111AH4 Mid & South Essex

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A01	Number of calls received	

A03	Number of answered calls	Whilst there has been impact on A01 demand concentrated around the Easter Bank Holiday, there was an increase of 8.5% in the numbers of hours worked across the virtual contact centre resulting in performance improvements for Calls Answered % and Calls Answered in 60s %.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Differences between the monthly and weekly figures are a result of an issue when submitting one of the weekly files. A previous week's numbers were accidentally submitted (for Week Ending 17/03/24 numbers for Week Ending 10/03/2024 were used). Monthly are correct.
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Since January-2024 there has been an increased push for clinical productivity within IC24, supported mainly by the Booked appointment pilot. The cases being allocated to clinicians based on their breach time frame has begun to reduce the volume of clinical callbacks that are occurring after the breach time, so we would expect this metric to continue to improve because of the operational changes.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	D23 has experienced a huge surge in volume since Dec-2023, where the code mapping for the new Dx codes was implemented. As with 5a, there is a new organisational focus on the clinical productivity within the service, therefore we expect to see improvement in this metric over the coming month.

E17	Number of callers recommended self-care at the end of clinical input	It is likely that we are under-reporting self-care advice when clinicians have advised home management in the consult notes but have not correctly changed the call to a self-care disposition.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Although this has stabilised over recent months, there are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G10, G11	SDEC service bookings	The booking system is not utilised as often as DoS option is being presented. There is ongoing discussion around hydrating the SG/SD codes to present more often at clinical CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	These items are currently not available, due development or not applicable. These are nulls instead of 0. Unable to monitor whether a call back has been offered via an online assessment.
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within specified timeframe	

111AC7 Milton Keynes

Lead data supplier: DHU HealthCare CIC (DHU)

DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data, for the following data items: E27-E31, G21, G23, H13-H18.

Data item	Description	Comments
A01	Number of calls received	The increase in demand is likely caused by annual trends in service demand. Due to the increase in A01 this will lead to impact on service level and reduced Actual staffing was the main cause for the change in performance. As there are 5 weekends in March this will be a factor also. The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	issues are all down to staffing or whether operational changes had also impacted performance.
B07	95th centile call answer time (seconds)	Current telephony system does not allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data.
G05	Number of calls where the caller was booked into an IUC Treatment Service	The low value is caused by cases that are sent to GP OOH services that are out of area.
G11	SDEC service bookings	Not yet used within service.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A01	Number of calls received	Whilst there has been impact on A01 demand concentrated around the Easter Bank Holiday, there was an increase of 8.5% in the numbers of hours worked across the virtual contact centre resulting in performance improvements for Calls Answered % and Calls Answered in 60s %.
B01	Number of calls answered within 60 seconds	Differences between the monthly and weekly figures are a result of an issue when submitting one of the weekly files. A previous week's numbers were accidentally submitted (for Week Ending 17/03/24 numbers for Week Ending 10/03/2024 were used). Monthly are correct.
B02	Number of calls abandoned	
B06	Total time to call answer	
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.

D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	March saw increased volume but increased response, there has been more focus on responding to patients within the clinical timeframe performance.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical decisions.
G07	Number of calls where the caller was booked into a UTC	Usually, a value of zero or very small numbers each month.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking is done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.

111AH7 North East Essex & Suffolk

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Performance improvements seen in March, action plans are driving this change.
B02	Number of calls abandoned	
B06	Total time to call answer	
E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.

G03	Calls where the caller was booked into a GP Practice or GP access hub	Low numbers due to the lack of availability of appointments.
G05	Calls where the caller was booked into an IUC Treatment Centre	Limited opportunity due to lack of local provision.
G01, G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111A13 West Essex

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	The mismatch in the A01 between Weekly and Monthly submissions, is because a varying percentage of our calls are currently being taken by VOCARE, as part of the NHSE National Resilience Contract. To keep our overall Total Calls received correct we add back the calls taken by VOCARE when we receive the NHSE Report the following week. We can only answer the Calls Offered to Call Centre, therefore any total figures beyond this are unaffected by the redirected calls. Provider now advised not to add calls back in as these are counted under the National Support Area.
A03	Number of answered calls	On the other points, as you noted demand increased month on month as did calls answered and abandoned. Clearly this has had a negative impact on our call handling KPIs with time to call answer, percentage abandoned calls both increasing. We are

B01	Number of calls answered within 60 seconds	currently revising the IUC Service and as part of this we are diverting calls to National Resilience, although this did not have much impact in March 2024, we are seeing positive results in April 2024.
B02	Number of calls abandoned	Calls triaged are slowly becoming detached from calls answered, as we get more cases sent in via NHS 111 Online and from other NHS 111 providers. Nevertheless we would expect to see an increase in calls triaged (C01) where the number of calls answered has increased. Calls triaged by a Clinician or Clinical Advisor will be the same factors, especially as they are the ones who receive NHS 111 Online cases to re-triage.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

London region

111AD5 North Central London

Lead data supplier: London Central and West Unscheduled Care Collaborative (LCW)

Contract changes for NCL from November 2023 has resulted in combined ADC data across two providers using our own SQL procedures.

While reports continue to be validated, previous issues with the Adastra SSRS reporting are now resolved.

Data item	Description	Comments
A02	Calls routed through IVR	Null as we are not using any IVRs.
B01	Number of calls answered within 60 seconds	Activity has increased on previous months this could be due to the amount of national resilience being reduced for the whole of March.

B02	Number of calls abandoned	The increase in demand is in line with forecast, as February is a shorter month and part of the easter bank holiday was in March. New Health advisor rotas were implemented in March which rota patterns fit better with demand therefore resulting In more calls answered in 60s. We continue to have high levels of shrinkage due to absence which results in long call answer time and higher abandonment rates.
B06	Total time to call answer	
C01	Number of calls where person triaged	Figure is higher compared to number of call answered – we are investigating this due to using new data sources in ADC.
D01	Calls assessed by a clinician or Clinical Advisor	Differences between the monthly and weekly figures are a result of the other provider reviewing and adjusting formulas for the ADC in relation to D01 and C01. Not applicable.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	With the combined data across two providers being aligned to the lead providers formularies for KPI 5a and 5b, it has been identified that the interpretation of the ADC definition of these data types were not previously aligned. Currently the end time stamp of the pathways consultation is being used but the definitive disposition can be reached at a later time stamp which is resulting in different clock start times.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures validated and are low due to restrictive criteria for referral into the service.
G12, G13	Calls received by dental services not using DoS	N/A as we are not a dental service.
H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face	The figure is 0 or low due to the type of referrals from 111 Online which do not result in face-to-face home consultations.

	consultation in their home residence within the timeframe agreed	
H17-H18	NHS 111 Online contacts initially given an ETC disposition	Data items are blank or very low. We are investigating this due to using new data sources in ADC.
H19-H22	NHS 111 Online contacts where contact offered a call	

111AH5 North East London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	The increase in B01 this month is perhaps indicative when there is an increase in demand - Calls Offered – increased from 69,650 in February to 81,010 in March (11,360 calls). B06 increase aligns with the increase in demand.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
E14	Number of callers recommended repeat prescription medication	The uplift in this item this month compared with February was caused by including 'Dx801' into calculation for this measure. (An audit found it was missing).
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
G16, G17	Calls where a community pharmacy service was an option on DoS for prescription medication	The increase in these items this month seems to be caused by a change in DOS or working practice.
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a	Most months this item will either be zero or very low.

	clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	
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111AJ1 North West London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A03	Number of answered calls	The decrease in KPI2 this month aligns with the decrease of 4.1% for B06 in the 'Month on Month Daily Average difference' – B06 is the numerator for this KPI.
B06	Total time to call answer	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
E14	Number of callers recommended repeat prescription medication	The uplift in this item this month compared with February was caused by including 'Dx801' into calculation for this measure. (An audit found it was missing).
G05, G04	Calls where the caller was booked into an IUC Treatment Centre	There are appointment bookings in to IUC treatment centres but there are no appointment bookings into home residence (home visit).
G16, G17	Calls where a community pharmacy service was an option on DoS for prescription medication	The increase in these items this month seems to be caused by a change in DOS or working practice.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe	These are usually either nulls or very small numbers each month.

111AD7 South East London

Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments

B02	Number of calls abandoned	The increase in B01 this month is perhaps indicative when there is an increase in demand - Calls Offered – increased from 48,587 in February to 56,998 in March (8,411 calls).
B06	Total time to call answer	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
E14	Number of callers recommended repeat prescription medication	The uplift in this item this month compared with February was caused by including 'Dx801' into calculation for this measure. (An audit found it was missing).
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
G16, G17	Calls where a community pharmacy service was an option on DoS for prescription medication	The increase in these items this month seems to be caused by a change in DOS or working practice.
H20	NHS 111 Online contacts	This item is very low most months.

111AK9 South West London

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	March has seen an increase in demand partially due to the Easter Bank holiday weekend falling at the end of the month. Despite the increase in demand we have seen an improvement in various KPIs including the number of calls answered in 60sec, calls abandoned. This improvement in performance has been down to the continued increase our employed staff numbers which has led to more capacity to
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	answer the phone as joiners has continued to be above leaver numbers. Regarding the disparity between the weekly aggregate and monthly numbers, the weekly submission of 18/03/2024 containing the previous week's data did not include LAS data. The data was available and processed in time for the monthly submission.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B07, B08	95th & 99 th centile call answer time (seconds)	Telephony centile figures exclude LAS data as line data is not available.
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	This KPI has declined slightly as we have not seen the same proportionate increase of Clinical staffing as we have for the Health Advisors. This coupled with the increase in activity has resulted in slightly longer time to manager cases.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Figures are missing 999 validations done by LAS; numbers show the few that were picked up by Practice Plus Group
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.
G01	Number of calls where caller given an appointment	G01 includes a case with service type ID of 157 which has no corresponding service in the mapping document.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	No Smile data was received from HLP.

South East region

111AH9 Hampshire & Surrey Heath

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS)

Fields listed as zero are legitimate zeros, such as those reported for SDEC and ITK, which we do not operate. Fields left blank fall into one of two categories: a) we have been unable to provide the data due to technical limitations, mostly around telephony; b) metrics which we need more time to investigate, including community pharmacy / prescription booking and DOS options (not DoS selected).

Data item	Description	Comments
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A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Volumes split equally between the 2 SCAS Contract Areas.
B02	Number of calls abandoned	March saw a considerable step up in terms of demand compared to previous months, with our overall demand actually marginally higher than we saw in December, up 18.8% on March last year in terms of calls offered to SCAS.
B06	Total time to call answer	To manage this we only had marginally more Call handler logged in hours per average day than we saw in February, 1078 against 1034, unfortunately not enough to manage the unexpected additional call volume.
B07, B08	95 th /99th centile call answer time (seconds)	Telephony data is not provided at a transactional level so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	The breakdown of triage data across the two SCAS contracts has been calculated based on GP practice, but some CCGs are split across the two contracts so cannot be used.
C05	Calls where person triaged by any other Clinician	No known "Other" clinicians operate.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D13, D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
F01 to F03	Directory of Services	No data available for these items due to SSRS feed not been reinstated after the Adastra outage.

G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
G15	Number of calls where repeat prescription medication was issued within your service	Would have to look for Prescribing Reports – passed to 111 Operations to investigate
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had the SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data as we have experienced problems gathering data from providers.
H13 to H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – We continue to work on this.

111AA6 Isle of Wight

Lead data supplier: Isle of Wight NHS Trust

Outcomes of calls forwarded to remote Clinical Assessment Services (DAS, PHL and MHA) are currently not included in the ADC submission.

Data item	Description	Comments
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B02	Number of calls abandoned	Rota is bedding in and being reviewed in relation to performance, we had a high number of calls but very low periods of sickness. We also have changed some messaging which was identified in the telephony asking people to hang up. This may have produced the effect reported.
B06	Total time to call answer	IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
C01	Number of calls where person triaged	The number of 'triges' exceed the number of 'answered' calls (A03+A07) primarily because we are not able to automatically include 'calls from 999' (which was previously reported as A04) in A01 due to co-location of 111/999 services.
D01	Calls assessed by a clinician or Clinical Advisor	Clinical capacity continues to be impacted by maternity and vacancies which are out for recruitment, however back to 24/7 cover throughout January with only one contingency event related to CSD which was extremely short notice.
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	Calls initially given an ETC disposition that receive remote clinical intervention	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ETC dispositions, therefore negating the need for a '111 First (or 'ETC') 'validation'. If we were to record only the calls that would have been referred to an ETC, we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ETC.

G01 to G10	Callers given appointments and booking types	Currently, we do not book appointments into several services. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (e.g. IUC) where we do not currently book appointments. In addition, high volumes of out of area calls reduces the opportunity to book appointments.
G05	Calls where the caller was booked into an IUC Treatment Centre	Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere. Checking back over the last 6 month or more – it appears that less than 1% is not unusual for this KPI.
G07	Number of calls where the caller was booked into a UTC	From 17/01/2024 the 111 service can now book into a local UTC service. This will be reflected in KPI 12 figures for January 2024 onwards.
G10, G11	SDEC service bookings	SDEC for telephony referrals not yet embedded.
G20 to G23	Face to face consultations	This section of reporting is still being developed.
H19 to H22	NHS 111 Online contacts	SSRS reporting not updated to include these new metrics at this time.

111A19 Kent, Medway & Sussex

Lead data supplier: South East Coast Ambulance Service NHS Foundation Trust (SECamb)

Data item	Description	Comments
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Not yet able to report these metrics.
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity between weekly aggregate and monthly official is due to the re-statement of clinical outcomes based on late case closure after the original data submission.

D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Significant increase in activity performance in a difficult operating environment.
E17	Number of callers recommended self-care at the end of clinical input	Self-care outcomes after clinical output are driven predominantly by Pathways.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention within a specified timeframe	Metrics currently unavailable.
E25	Total wait time to category 3 or 4 ambulance validation	
E30	Total wait time to ETC validation (seconds)	
E26	Number of calls initially given an ETC disposition	CAS resource is balanced, when possible, to provide appropriate response to high-acuity cases, in addition to effective ambulance validation.
F02	DoS: no service available other than ED (ED catch-all)	Unable to identify this value in the Cleric platform.
G11	SDEC referrals and bookings	These data items are unavailable.
G20, G21, G22, G23	Face to face consultations	Agreed with our Lead Commissioner that these are out of scope, as not relevant to our operating model.
H19, H20, H21, H22	NHS 111 Online contacts	These are NULL. SECamb does not have granularity of Online activity.

111A12 Surrey Heartlands

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	Performance improvements seen in March, action plans are driving this change.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	

E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.
G01	Number of calls where caller given an appointment	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Lack of opportunities to direct book into these services in this area. Direct booking not available in these services.
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111AG9 Thames Valley

Lead data supplier: South Central Ambulance Service NHS Foundation Trust (SCAS)

Fields listed as zero are legitimate zeros, such as those reported for SDEC and ITK, which we do not operate. Fields left blank fall into one of two categories: a) we have been unable to provide the data due to technical limitations, mostly around telephony; b) metrics which we need more time to investigate, including community pharmacy / prescription booking and DOS options (not DoS selected).

Data item	Description	Comments
A01	Number of calls received	Excludes calls taken by National Resilience (Vocare).
A07	Calls which originated from an external NHS 111 provider	Both the two SCAS areas cover both areas so we have to do an even split for other orgs as they are technically out of area and we operate a virtual call centre so there is no way to split it, other than 50/50.
B02	Number of calls abandoned	March saw a considerable step up in terms of demand compared to previous months, with our overall demand actually

B06	Total time to call answer	marginally higher than we saw in December, up 18.8% on March last year in terms of calls offered to SCAS. To manage this we only had marginally more Call handler logged in hours per average day than we saw in February, 1078 against 1034, unfortunately not enough to manage the unexpected additional call volume.
B07, B08	95 th /99 th centile call answer time (seconds)	Telephony data are not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	The breakdown of triage data across the two SCAS contracts has been calculated based on GP practice, but some CCGs are split across the two contracts so cannot be used.
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D13, D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Aadastra outage from which these were sourced.
G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.

G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Low KPI outcome is driven by two factors, CAS provision issues to the lesser part (clinicians tend to be better in appt booking) but mainly appointment availability issues.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Number of calls where the caller was booked into an SDEC service	No DoS booked appointments or very low numbers listed for SDEC any month.
G12, G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	Most of the booking done by dental is now done via the DOS.
G15	Number of calls where repeat prescription medication was issued within your service	Under investigation
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data – as we have experienced problems gathering data from Providers.
H13 to H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – work continues.

South West region

111AL6 BaNES, Swindon & Wiltshire (Medvivo-PPG)

Lead data supplier: Medvivo group (Medvivo)

Data item	Description	Comments
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A07	Calls which originated from an external NHS 111 provider	Our 111 partners (PPG) have advised they do not externally receive cases directly into the 111 service.
B01	Number of calls answered within 60 seconds	We have seen an improvement in 111 performance month on month which continued in March. As PPG's staffing position has continued to improve and the introduction of the service advisor model as well as introduction of SMS texting has supported with providing better front end call answering capacity. Activity was also expected to rise slightly in March compared with low activity levels in February.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
F02	Directory of Services: no service available other than ED (ED catch-all)	Since Jan 2022, BSW IUC have not been processing the CatchAll DoS item for reporting purposes.
G10, G11	Calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.
H01 to H22	NHS Online	Our partner PPG are not currently supporting digital/online sourced contacts.

111A15 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
A01	Number of calls received	Overall demand in March was 18% higher than February, with 36.2K calls received. We received averages of 900 NHS111 calls per weekday and 1,447 NHS111 calls per weekend/BH, indicating a 10% increase in real terms. Despite an increase in demand (approximately 10% higher per day), 111 call answering performance improved. As a result of
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	this, we saw the busiest month for CAS since December 2022 with 13.2K cases handled.
C01	Number of calls where person triaged	Abandonments were down by 2.4% to 4.4% (the most favourable rate in 2023-24). The average speed to answer was 118 seconds. Calls assessed by a clinician within timeframe was 32.2% for immediate timeframe and 49.4% for >20 minute timeframe.
D01	Calls assessed by a clinician or Clinical Advisor	
B01 to B11	Call handling	
C01	Number of calls where person triaged	CAS data not included as unavailable. The variance here is caused by the issue reported on 11-Mar, due to missing 111 data. Since that submission, we have re-run the calculations with all data present, and that variance is at 0%.
D01	Calls assessed by a clinician or Clinical Advisor	
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Ambulance assessment was on target with 81.0%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 92.4%.
F02	Directory of Services: no service available other than ED (ED catch-all)	ED catch-all triggers only in exceptional circumstances.
G01 to G14	Caller given an appointment	Figures exclude CAS activity as they are unavailable.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The majority of bookings are via CAS, which are not captured.
G07	Number of calls where the caller was booked into a UTC	DoS profile for UTC in BNSSG results in increased UTC selections, but not bookings.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Direct bookings to ED 1&2 are disabled. Values seen are for UTCs and out-of-region ED services only.
G10, G11	DoS selections – SDEC service	SDEC dispositions and services are not currently in use.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	
G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Home visits within timeframe treatment centre visits were on target; 95% and 98% respectively.

G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)

Lead data supplier: HUC

Data item	Description	Comments
B02	Number of calls abandoned	The service continues to face staffing challenges, particularly matching best HA cover to times of peak demand, while demand has increased this month. Work has been underway since New Year to address this, but has not had an impact in time for March.
B06	Total time to call answer	
G07	Number of calls where the caller was booked into a UTC	All cases captured in G07 are from out of area.
G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.

111AL2 Devon (PPG)

Lead data supplier: Practice Plus Group (PPG)

Vocare data omitted from centile and average metrics as data is received by PPG in aggregated format.

Data item	Description	Comments
A01	Number of calls received	Performance has improved as activity has increased
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
E17	Callers recommended self-care at the end of clinical input	Performance affected by acuity of patients within clinical queue higher than expected and lack of access to primary care.

G01, G07	Number of calls where the caller was booked into a UTC	The direct booking system to UTCs in Devon is still disabled, we are working on a reactivation date.
G11	Calls where the caller was booked into an SDEC service	This SDEC service is not currently running in Devon.

111A14 Dorset

Lead data supplier: Dorset Health Care (DHC)

Data item	Description	Comments
C02	Calls where person triaged by a Service Advisor	These items are zero and do not apply to our service.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
G10, G11	Calls where the caller was booked into an SDEC service	These items are usually either very small or zero each month.
G12, G13	Received by dental services not using DoS	These items are zero and do not apply to our service.
H11, H12	NHS 111 Online contacts with SDEC appointment	This is confirmed as a true zero.

111AH2 Gloucestershire

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
A03	Number of answered calls	Despite the additional volume, PPG were in a position with good rota fill to answer more calls in a timely manner, thus lowering the abandonment rate.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
E17	Callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high, resulting in lower self-care dispositions. ADC only looks at 111 data & those closed with advice from 111 Clinicians. When taking into account cases closed with advice only from 111 & OOH the % is much higher.

G01	Number of calls where the caller was given an appointment	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G05	Calls where the caller was booked into an IUC Treatment Centre	Gloucestershire has now re-opened direct booking into IUC Treatment Centres for DX05 & DX06 (2 & 6 hour contact dispositions)
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G11, G10	SDEC selections	The SDEC care service is not currently active.

111AL5 Somerset (HUC)

Lead data supplier: HUC

Data Items	Description	Comments
B01	Number of calls answered within 60 seconds	The service is still bedevilled by staffing challenges and as demand has ticked up this month, so our ability to manage it has been affected. The effect on this month's call answering times and abandonment is the clear evidence of this.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	Disparity with provisional data due to a data clean-up exercise was carried out for the monthly submission, removing some duplication in some data, which has caused the change in C01's & D01's weekly aggregated figure to monthly figure.
D01	Calls assessed by a clinician or Clinical Advisor	
G07	Calls where the caller was booked into a UTC	Continuing trend of low appointments booked vs DoS UTC referrals for this region.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

111 National Support

111NR1 National Resilience

Lead data supplier: Vocare

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	<p>With regards to improvements in performance: We conducted deep dives on calls – a sample selection of National Resilience calls identified through a collaborative piece of work with NHSE and ourselves, where we benchmarked against the prime provider as well as national average. This led to an adoption of new SOPs to triage, navigate and survey the queue at the front end and the clinical queue to improve agent availability (both health and clinical advisor) as well as optimise the patient experience.</p> <p>We looked at management practices across the estate and identified an aim to work towards a more shop-floor focussed management structure, to ensure the closest supervision was available to any agent at point of patient enquiry</p>
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	We implemented a bottom-up review of call arrival patterns mapped to rota – this is ongoing.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	<p>Performance for KPIs 5a and 5b continues to be investigated and will provide additional information when possible.</p>
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	

E26	Number of calls initially given an ETC disposition	We also deliberately paused all recruiting, training and non-essential meetings to ensure all available workforce were prioritised to patient call taking duties
G05	Number of calls where the caller was booked into an IUC Treatment Service	We don't have UTC or SDEC services to refer patients to so this low KPI outcome is to be expected.
G06 & G07	Number of calls where the caller was booked into a UTC	This contract area doesn't not have UTC or SDEC services to send patients to.
G10 & G11	Number of calls where the caller was booked into an SDEC service	