

## IUC ADC April 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	111 performance has benefited from improved AHT, reduced sickness absence and better 999 performance enabling dual trained health advisors to remain on 111.
B02	Number of calls abandoned	



B06	Total time to call answer	Our ETC validation profile was switched for a number of periods during April/May due to demand, which has impacted the KPI.
D01	Calls assessed by a clinician or Clinical Advisor	
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 have been excluded from the submission data due to data quality issues.

### 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 – Harrogate & District, i-Heart, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH, NLO – Vocare.

Data item	Description	Comments
B06	Total time to call answer	<p>YAS: YAS saw a drop in demand (despite the overall numbers for Yorkshire &amp; Humber increasing in April) which had a knock on effect to other telephony items. Demand in March was just particularly high and the drop in April was a return to normal levels.</p> <p>LCD Dental: Telephony demand increased by 3,529 incoming calls (A01) despite the month being a day shorter. (An increase from an average of 708 calls a day in March to 850 a day in April).</p> <p>Staffing levels improved, so 475 more calls were answered (A03), which resulted in 451 more triages (C01), of which 282 were carried out by a clinician (D01).</p> <p>The increased demand resulted in longer queue times (B06), which led to less calls being answered in 60 seconds (B01), and more abandoned calls (B02).</p>
C01	Number of calls where person triaged	The discrepancy between C01 and D01 was caused by missing weekly data for 14/04/2024
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 needed to speak to a clinician or Clinical Advisor within a specified timeframe	We are currently unable to get the data field needed to report on these data items.

## 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
B02	Number of calls abandoned	The discrepancies seen between the weekly and monthly numbers are a result of the issues with the NWAS telephony system part way through April following the introduction of new VDNs, which caused several problems with reporting and an increase of abandoned calls. The monthly data is more updated.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
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 = 135,743).
D01	Calls assessed by a clinician or Clinical Advisor	64,305 includes NWAS (30,247) and CAS (34,058) 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.
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.

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	GPUCA reported numbers- This is an artificial (undercounted) return based on a fixed 20min target however CAS operates to locally defined targets agreed with commissioners.
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: 142,055 and is made up from NWS (135,743) and some CAS providers (6,312 - Central Cheshire, East Cheshire, FCMS - double counted where both CAS and NWS report).
E17	Number of callers recommended self-care at the end of clinical input	1,705 includes NWS (1,345) and CAS (360 submitted by FCMS & GPUCA)
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWS 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 (GPUCA and Central Cheshire) have supplied numbers in G03.  All other CAS provides are leaving the fields G01-G14 empty.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	G08 – NWS only (5,399), G09 – NWS (4,083) and GPUCA CAS provider submitted (1,294) – 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.  Figures exclude data from some service providers.
G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	
G14	Calls where caller given any other appointment	
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
A01	Number of calls received	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
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	
D01	Calls assessed by a clinician or Clinical Advisor	
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
A01	Number of calls received	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	

B06	Total time to call answer	called back on Monday will have a different outcome in the weekly vs the monthly.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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 disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
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	
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	Demand was higher than forecasted on different days/time periods, which impacted on overall performance.



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	Performance impacted by staffing.
E17	Callers recommended self-care at the end of clinical input	Impacted by clinical staffing and call volumes.
E27 to E30	ETC dispositions that receive remote clinical intervention	DHU do not provide an ED validation services for Lincs and do not have access to this data.
G05	Calls where the caller was booked into an IUC Treatment Centre	Cases are sent to GP OOH services that are out of area and for which no bookings were made.
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	
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
A01	Number of calls received	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
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	
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
A01	Number of calls received	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
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	
D01	Calls assessed by a clinician or Clinical Advisor	
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 <sup>th</sup> 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	Not yet used within service.
G12, G13	Calls received by dental services	Null return as not yet able to collate this information.
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.

**111AL7 Midlands**

Lead data supplier: ML CSU (Stoke)

Data item	Description	Comments
C01	Number of calls where person triaged	<p>Due to DHU's recent move to a new telephony platform they are still in a period of validation around all telephony based data. As such the currently reported numbers may be subject to change. Outcome figures are currently representative of main 111 Provider only.</p> <p>Due to the 24hr nature of the 111 service, the weekly submissions often show cases allocated based on the interim disposition logged on the Sunday, while the monthly submission allocates cases based on the callback that occurred on the Monday, leading to a variation in the distribution.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>The monthly position presents a more complete picture of activity across the month. DHU remain in a period of validation around telephony-based data.</p>

### 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. The part month submission is linked to the decommissioning of the contract and move to a new provider from 9<sup>th</sup> April 2024.

Data item	Description	Comments
A01	Number of calls received	We received a small number of calls on the Staffordshire line after 9 <sup>th</sup> April until 18 <sup>th</sup> April, which were counted in our monthly aggregation. These totalled 511 calls which was ~4.5% of the total number submitted. However, none of these calls were triaged.
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-H22.

Data item	Description	Comments
A01	Number of calls received	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
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	
B07	95th centile call answer time (seconds)	

B08	99th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
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.
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	The overall calls received reduction is largely due to HUC IUC Contracts using the National Resilience Service and therefore the National IVR Platform is diverting a percentage of our calls to the Service daily. The improvement in weather and time of year are also a

B01	Number of calls answered within 60 seconds	contributing factor to the reduction in calls. This reduction is also reflected in our call answering and abandoned call figures, which have significantly improved month on month. The Total time to call answer has also fallen as improvements have fed in. We are currently working on revising the service model to sustain these improvements when National Resilience ends.
B02	Number of calls abandoned	If we are taking fewer calls there will be a downstream effect, in that fewer calls will need triaging in C01. There is also remodelling in the Clinical Triage to reduce the workload on our clinicians and improve performance.
B06	Total time to call answer	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.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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>Calls received are down by 8% on last year and the difference between the weekly and monthly is due to the National Resilience Service, where a percent of our calls get diverted, This has reduced the number of calls answered by HUC and also improved the Answered within 60 and in turn with calls not having to wait so long the calls abandoned has also improved. The Calls assessed by a clinician will also drop due to the reduced calls HUC have taken.</p> <p>There is also work within HUC to improve our service by moving staff and the why calls get triaged.</p> <p>The difference in monthly and weekly figures is due to the National Resilience Service, where a percent of our calls gets diverted.</p>
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
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 decrease in level of demand can be largely explained due to the current support all HUC IUC contracts are receiving from the National Resilience Service. The National IVR platform is diverting a percentage of our calls to the service daily, resulting in the approximate 11.7% decrease as seen from the previous month. Additionally, the improvement in weather and time of year is also a contributing factor to the 11.7% decrease in calls received.
B01	Number of calls answered within 60 seconds	A decrease in call volumes affects the number of calls answered within 60 seconds and the number of calls abandoned performance of the service. Fewer calls received would mean patients do not have to wait as long for their call to be answered, directly resulting in fewer calls being abandoned and hence, the subsequent improvement in performance. The Total Time to Call Answer has also directly been positively impacted due to these reasons.
B02	Number of calls abandoned	As fewer calls are being taken, there is also an effect downstream, particularly affecting C01 and D01 and resulting in the subsequent decrease in both of these data items. Clinical

B06	Total time to call answer	<p>triage is also in the process of being remodelled and thus, reducing the workload on clinicians and improving performance.</p> <p>The disparities in A01 and D01 weekly and monthly figures will be due to that fact that we run all out reports at the end of the month again and can result in some adjustments in figures. The monthly figures are more updated.</p>
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	<p>The bank holidays that fell in March were a contributing factor when comparing to April. This drop in April then led to more opportunity for calls to be handled, reducing the rate of abandoned calls as well as total call time.</p>
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	
D01	Calls assessed by a clinician or Clinical Advisor	
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	Though there is a slow-paced improvement in the proportion of call backs by clinicians within timeframe (20 – 60 minutes). The businesses system has continued to prioritise urgent call as they present a higher proportion of the total needing a speak to by clinicians or a clinical advisor.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical judgment.
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)

Data item	Description	Comments
A01	Number of calls received	The decrease in the level of demand is likely caused by annual trends in service demand. Due to the decrease in A01 this will lead to impact on service level and increased Actual staffing was the main cause for the change in performance.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	The disparity between the weekly and the monthly data is due to when the weekly data is saved. As the weekly data needs to be submitted on a Monday morning, and is warehoused on a 24-hour cycle, this means anything where the patient called 111 before midnight on Sunday and is called back on Monday will have a different outcome in the weekly vs the monthly.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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-E31	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	

G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	Milton Keynes do not provide us details for these data items.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H13-H18	NHS111 Online Face to Face	

### 111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
B02	Number of calls abandoned	The bank holidays that fell in March were a contributing factor when comparing to April. This drop in April then led to more opportunity for calls to be handled, reducing the rate of abandoned calls as well as total call time.
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	Following on from March, April has also seen 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 judgment.
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
A01	Number of calls received	Sustained improved performance driven by action plans, though noting activity was lower due to less weekends in April vs March.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>This amendment was made after the weekly data for April had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>

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 changes reported are largely because this Contract, like the other HUC IUC Contracts, is being supported by a percentage of daily calls going to the NHSE National Resilience Service. The percentage varies over time and therefore is not consistent over the course of a month. This means that A01 volumes will have fallen as calls are diverted, but it also likely that call volumes to some extent will have fall because of seasonal trends. This in turn means that we can answer calls more quickly and patients are less likely to abandon their calls, as wating times fall. All of this can be seen in the significant improvement in metric performance during April
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	2024. We are working to re-model our call handling to sustain this performance once National Resilience support ends.  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	The difference between monthly and weekly figures for item D01 is most likely because at the end of the month we re-run all our reports and this usually leads to adjustments in figures, whereas the weekly figures are based on data as it has often just come off the systems.
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.

## 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.



B02	Number of calls abandoned	<p>National resilience has been in place since 20/02/2023 therefore activity figures will be lower. 25% of activity is being diverted away.</p> <p>Activity has decreased on previous months; this is in line with seasonal variation and with activity with a 4-weekend month.</p>
B06	Total time to call answer	<p>Unplanned sickness in Health Advisor Staff and continuing shortfall in recruitment to meet required FTE for Health Advisors cause pressures on performance targets.</p>
C01	Number of calls where person triaged	<p>Figure is higher compared to number of call answered – we are investigating this due to using new data sources in ADC.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>Differences between the monthly and weekly figures are a result of chasing the other provider reviewing and adjusting formulas for the ADC in relation to D01 and C01.</p>
D04	Calls assessed by a mental health nurse	<p>Not applicable.</p>
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	<p>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.</p>
E01	Total number of dispositions	<p>The reason for E01 and the sum of its constituent parts flagged as a validation warning was down to a manual input error for E18, this figure should have been 4493.</p>

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 consultation in their home residence within the timeframe agreed	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.
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 in line with expectations given a decrease in demand. This is also explained in the decrease in B02 and B06.  There was an issue with telephony data from our sub-contractor HUC in April, this has been fixed. However, there is a slight difference in the Telephony submitted in the ADC Weekly and Monthly.
B02	Number of calls abandoned	
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.
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.

H20	Number of 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 (immediately), who received a call back within 20 minutes	Most months this item will either be zero or very low.
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### 111AJ1 North West London

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

Data item	Description	Comments
B02	Number of calls abandoned	The decrease in B02 and B06 this month is driven by the decrease in demand.
B06	Total time to call answer	
D02	Calls assessed by a general practitioner	We have changed how these items are reported to be consistent with NEL and SEL. (We are now receiving 'Final Assessment Provider Type' from LCW/PPG).
D09	Calls assessed by another type of clinician	
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.
G05, G04	Calls where the caller was booked into an IUC Treatment Centre	There are appointment bookings into IUC treatment centres but there are no appointment bookings into home residence (home visit).
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
B01	Number of calls answered within 60 seconds	The decrease in B01 this month is perhaps explained by the decrease in demand. B06 decrease aligns with the decrease in demand.
B02	Number of calls abandoned	
B06	Total time to call answer	There was an issue with telephony data from our sub-contractor HUC in April, this has been fixed. However, there is a slight difference in the Telephony submitted in the ADC Weekly and Monthly
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.
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.
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
B01	Number of calls answered within 60 seconds	April has seen a decrease in demand, post the bank holiday weekend which fell in March this year. We have seen a continued month on month 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 answer the phone as joiners has continued to be above leaver numbers.
B07, B08	95th & 99 <sup>th</sup> centile call answer time (seconds)	Telephony centile figures exclude LAS data as line data is not available.
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>This amendment was made after the weekly data for April had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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	<p>There has been an improvement in this KPI alongside a drop in calls assessed by a clinical advisor which, can be attributed to the focus on clinical recruitment since the beginning of 2024 where a number of clinicians are currently within training and consolidation period.</p> <p>Current push in clinical recruitment is a long term measure to ensure more resilient and stable cohort of clinical advisors as we move into the summer</p>
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).

In 2 weeks of April from 4th – 17th April, we unfortunately experienced a problem with the inclusion of 'Not Specified' symptom group not pulling into the Data Warehouse from Aadastra. Other dates in the month seem to correct and we expect this to be resolved within the next month or so. As a result, we have applied an uplift to the data to represent the missing volume. Not specified generally presents relatively evenly across the data, as such a 7.093% uplift has been applied to metrics B10 onwards as these are sourced from Aadastra and would be impacted by the data shortage. This would be representative of the demand we would expect from that symptom group in line with previous month, but specifically March 2024.

Data item	Description	Comments
A01	Number of calls received	Performance is considerably higher than was achieved in March 2024. Average logged in time per day for call handlers was increased marginally (3%), however the demand dropped by 11.8%. As a result, the ratio of calls offered per logged in hour dropped from 4.7 in March 2024 to 4 in April 2024. This had a knock-on effect on performance, allowing us to answer 97.9% of offered calls, leading to the highest monthly answered in 120 seconds and one of the lowest rates of abandonment that has been achieved at a monthly level on this telephony system and post Covid.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	

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.
B07, B08	95 <sup>th</sup> /99 <sup>th</sup> 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	C01 does not match the sum of its parts, this is due the Data Warehouse/Adastra issue. We've applied an uplift of 7.093% to these metrics, so the overall sum may not be an exact match to the sum of the individual elements.
C01	Number of calls where person triaged	The disparities between the Weekly and Monthly figures is due to the Data Warehouse/Adastra issues. For a couple of weeks in April, we had to provide estimated figures for some of the metrics as we were missing data. We've had to do the same for metrics B10 onwards for the monthly too.
D01	Calls assessed by a clinician or Clinical Advisor	
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).
E01	Total number of dispositions	E01 does not match the sum of its parts, this is due the Data Warehouse/Adastra issue. We've applied an uplift of 7.093% to these metrics, so the overall sum may not be an exact match to the sum of the individual elements.
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
B02	Number of calls abandoned	<p>Fluctuations in demand and on the day operational issues such as sickness continue to cause issues with consistency, although we do appear to be seeing improvements in relation to abandonment. We have also identified a message in the telephony which was left over from Covid asking callers to hang up which would cause us to have a higher time to answer but better abandonment.</p> <p>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.</p> <p>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.</p>
C01	Number of calls where person triaged	<p>The number of 'trriages' 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.</p>

D01	Calls assessed by a clinician or Clinical Advisor	<p>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.</p> <p>Vacancies have now been filled and 3 new CSDs start this week and 2 scheduled to start in 3 months. Should see month on month improvements as we go.</p>
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.
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.
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### 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	
E01	Total number of dispositions	With regards to the validation warning that has flagged where E01 does not sum correctly to its constituent parts; this is due to the E01 total being mis-calculated by 9. The correct E01 value is 75947.
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
B02	Number of calls abandoned	Sustained improved performance, noting activity was lower due to less weekends in April vs March.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>This amendment was made after the weekly data for April had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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.
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).

In 2 weeks of April from 4th – 17th April, we unfortunately experienced a problem with the inclusion of 'Not Specified' symptom group not pulling into the Data Warehouse from Adastra. Other dates in the month, seem to correct and we expect this to be resolved within the next month or so, however, it isn't at this time. As a result, we have applied an uplift to the data to represent the missing volume. Not specified generally presents relatively evenly across the data, as such a 7.093% uplift has been applied to metrics B10 onwards as these are sourced from Adastra and would be impacted by the data shortage. This would be representative of the demand we would expect from that symptom group in line with previous month, but specifically March 2024.

Data item	Description	Comments
A01	Number of calls received	Performance is considerable higher than was achieved in March 2024. Average logged in time per day for call handlers was increased marginally (3%), however the demand dropped by 11.8%. As a result, the ratio of calls offered per logged in hour dropped from 4.7 in March 2024 to 4 in April 2024. This had an obvious knock-on effect on performance, allowing us to answer 97.9% of offered calls, leading to the highest monthly answered in 120 seconds and one of the lowest rates of abandonment that has been achieved at a monthly level on this telephony system and post Covid.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
B07, B08	95 <sup>th</sup> /99 <sup>th</sup> centile call answer time (seconds)	

B09	Total time of abandoned calls (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.
C01	Number of calls where person triaged	The disparities between the Weekly and Monthly figures is due to the Data Warehouse/Adastra issues. For a couple of weeks in April, we had to provide estimated figures for some of the metrics as we were missing data. We've had to do the same for metrics B10 onwards for the monthly too.
D01	Calls assessed by a clinician or Clinical Advisor	
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
C06	Number of calls where person triaged by another staff type not within the other 4 categories	C06 volume is down significantly month on month, we've been working in with the call centre management team to identify more members of staff and their roles, which has largely moved staff from C06 to C04.
D01	Calls assessed by a clinician or Clinical Advisor	D01 does not match the sum of its parts, this is due the Data Warehouse/Adastra issue. We've applied an uplift of 7.093% to these metrics, so the overall sum may not be an exact match to the sum of the individual elements.
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).
E01	Total number of dispositions	E01 does not match the sum of its parts, this is due the Data Warehouse/Adastra issue. We've applied an uplift of 7.093% to these metrics, so the overall sum may not be an exact match to the sum of the individual elements.

F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Adastra 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
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.
B02	Number of calls abandoned	Demand was lower in April from the previous month and as a result we saw an overall increase in call performance as expected. PPG's HA position continues to improve with often >100% fill resulting in good front end performance. We continue to work with them around the clinical queue to ensure that patients are responded to as quickly as possible by whichever service has best capacity.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
F02	Directory of Services: no service available other than ED (ED catch-all)	After many months of zero cases, since March 2024 PPG have started to report to us use of ED Catch-All, albeit in very small numbers, eg. In March: 7 instances in >28,200 cases.
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.

### 111AI5 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
A01	Number of calls received	The improved call answering performance is a product of reduced demand, which is a normal seasonal trend for this time of year.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	Overall demand in April was 12% higher than March, with 32.0K calls received.
B02	Number of calls abandoned	



B06	Total time to call answer	We received averages of 792 NHS111 calls per weekday and 1424 NHS111 calls per weekend/bh.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	<p>Call answering performance improved on March; abandonments were down by 1.2% to 3.6%. The average speed to answer was 87 seconds.</p> <p>Calls assessed by a clinician within timeframe was 30.8% for immediate timeframe and 48.2% for &gt;20-minute timeframe.</p> <p>D01 is down but measured as a percentage (KPI 4), by 4%. It is not often that KPI 4 is below 50%: We will monitor this.</p>
A01	Number of calls received	Please note that calculations for 111 case data were updated to ensure Service Advisor cases are included; this may cause a variance between weekly and monthly data, for April only.
A03	Number of answered calls	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B01 to B11	Call handling	CAS data not included as unavailable.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Ambulance assessment was on target with 82.6%.
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 99% 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
A01	Number of calls received	The diversion of calls to National Resilience from 8 <sup>th</sup> April has relieved pressure on the service, and this is the defining factor in the improved performance.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
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.

<b>Data item</b>	<b>Description</b>	<b>Comments</b>
B01	Calls answered within 60 seconds	Performance has improved as activity has increased.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>This amendment was made after the weekly data for April had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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
B02	Number of calls abandoned	Performance improved in April due to a combination of fewer calls in the month as well as improved staffing availability compared to March.
B06	Total time to call answer	
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
B02	Number of calls abandoned	March saw a significant increase in volume and although still over contractual volume in April, the lower volume meant we could answer more calls in a timely manner & abandon fewer. HA Staffing profile is also more closely matching demand, helped by the net growth in staffing rostered at the right times and a lower reliance on overtime which has led to a significant improvement in performance.  PPG were in a position with good rota fill to answer more calls in a timely manner, thus lowering the abandonment rate.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The discrepancy between the weekly aggregate and the monthly count is present across all our contracts.

		<p>The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include the new clinician type names in the mapping to the ADC clinician categories.</p> <p>This amendment was made after the weekly data for April had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
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 item	Description	Comments
A01	Number of calls received	The diversion of calls to National Resilience from 8 <sup>th</sup> April has relieved pressure on the service, and this is the defining factor in the improved performance. In addition, calls that route through the Mental Health (Option 2) IVR are now diverted to Mind in Somerset, taking another 100 or so calls per week away from the service.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	
C01	Number of calls where person triaged	Disparity with provisional data due to the routine tidying up of the data for the monthly submission
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

The National Resilience Service was naturally tracking with Staffs 111 up to 9 Apr (as we were networked and demobilising from Midlands (Staffs) NHS 111 delivery). It is worth observing that we are closely working with the National team as we only have the NR 111 component to report on so we are trying to unpick why the National Resilience service tracks to national aggregate performance data but does not entirely behave the same way.

Data item	Description	Comments
A01	Number of calls received	Due to changes in service delivery we have seen a positive change in resource availability which can be attributed to the improved performance. We have retained staff following the demobilisation of the Staffordshire 111 service.  Levels of demand are monitored and managed between ourselves and NHSE so the drop in calls offered will be aligned to planning for that period as we move in to Year 2 of service delivery.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	From 9 April onwards staff were retained from contract demob and this meant a better proportion of clinical availability for the NR service and has markedly improved on a day interval basis.
E17	Number of callers recommended self-care at the end of clinical input	The self-care % are increasing from the previous month and track to the performance of the prime providers we support on this contract.

E26	Number of calls initially given an ETC disposition	The ETC behaviour (KPI 8) is subject to a deep dive with the NHSE IUC team as this cohort is tracking with the national average but thus far case level data shows that the Dx end points for these patients are appropriate however it does not always end up at an ETC for genuine geographical reasons e.g. on an instance the patient informs that the ETC is 20 miles away but the ED is closer. This is being investigated with the support of the national team
G05	Number of calls where the caller was booked into an IUC Treatment Service	Performance for G05 is under investigation and will provide additional information once there are findings
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	
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	The National resilience contract was never intended to manage digital cases, these still move through to the prime provider for that region. Specifically, the contract states only ever speaks to telephony.