

## IUC ADC March 2023 - 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 supplying data to the relevant lead data provider. 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 lead data suppliers' comments where they have been provided about the quality of data returns, reasons for changes since previous months and reasons for differences to provisional data items published last month.

### BRISDOC

Comments for 111A15 Bristol, North Somerset & South Gloucestershire

Data item	Description	Comments
A03	Number of answered calls	PPG implemented some prioritisation which resulted in improvements in call answering this month.
B01	Calls answered within 60 seconds	
B07	95th centile call answer time	
B01 to B11	Call handling	CAS data not included as unavailable.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	Data currently unavailable.
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	The fall in the proportion of calls assessed by a clinician in agreed timeframe (within 20 minutes) is a result of an increase in call answering adding volume and pressure to the clinical queue, especially higher acuity cases following failed access to in-hours primary care. In addition, all refused dispositions enter the CQ as a P1, (for example HA reaches a "contact own GP within 3 working days" and patient refuses)

		- the acuity, following risk assessment, is not a true critical or emergency case, and whilst it remains as a P1 it is not clinically necessary to call back within 20 minutes.
E19-E30	Number of calls initially given a category 3 or 4 ambulance disposition & Number of calls initially given an ETC disposition	PPG as NHS111 provider run bespoke processes for ED and 999 validations data, which typically result in higher validation rates than can be captured via ADC; for March, KPI7 is 72.3%; KPI8 is 75.7%
F02	Directory of Services: no service available other than ED (ED catch-all)	Zero cases - ED catch-all only triggers 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	Very few bookings for IUC treatment centres are made directly from 111 (ie not CAS); the vast majority of bookings are via CAS, which are not captured. This will occasionally be zero.
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. Bookings made by CAS are not available to our data capturing process.
G10, G11	DoS selections – SDEC service	SDEC is not being used at all within the contract area.
G16 to G19	Community pharmacy service	Figures exclude CAS activity as they are unavailable.
H01 to H09	NHS 111 Online contacts	CAS data not included as not available.

## DEVON DOCS

Comments for 111AH8 Somerset

Data Items	Description	Comments
A01	Number of calls received	Disparity with provisional figures is due to correction of discrepancies in the weekly data capture.
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	
D01	Calls assessed by a clinician or Clinical Advisor	

F02	Directory of Services: no service available other than ED (ED catch-all)	There is almost always at least <i>something</i> on the DOS that can be selected by the call handler – a service other than ED or transfer to a service clinician.
G01	IUC recommendations and callers given appointment	G01 does not aggregate to the sum of G03, G05, G07, G09, G11, G13 and G14 because the 2022/23 ADC specification changes to those items have not yet been implemented.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

## DHU

### Comments for 111AJ8 Derbyshire (DHU)

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
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. The clinical input aspect will not have been loaded into our database at the start of the week. However, this would be captured in the monthly submission when data is reloaded.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	The low KPI outcome is because cases are sent to GP OOH services that are out of area for which no bookings were made.
G11	SDEC service bookings	No activity.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

### Comments for 111AK7 Leicestershire and Rutland (DHU)

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Null - not applicable to our service.

B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null – not applicable to our service.
G10, 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	

Comments for 111AK6 Lincolnshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Null - not applicable to our service.
B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null – not applicable to our service.
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	Number of callers recommended self-care at the end of clinical input	There were instances where the clinical staff were understaffed and volumes increased.
E27	Calls initially given an ETC disposition that are validated	Figures are under-reported. DHU do not provide an ED validation services for Lincs and do not have access to this data.
G05	Number of 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.
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	

Comments for 111AC7 Milton Keynes

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable to service.
E27	Calls initially given an ETC disposition that are validated	Figures are under-reported as they do not include dispositions sent to an external provider for validation.
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	

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Not applicable to service.
B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
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. The clinical input aspect will not have been loaded into our database at the start of the week. However, this would be captured in the monthly submission when data is reloaded.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null – not applicable to our service.
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	

#### Comments for 111AL1 Nottinghamshire

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service	Null return as not yet able to collate this information.
B01	Calls answered within 60 seconds	Month on month differences relating to call performance metrics are related to issues of volumes vs forecast and staffing.
B02	Number of calls abandoned	
B06	Total time to call answer	
B07	95th centile call answer time	
D01	Calls assessed by a clinician or Clinical Advisor	Decrease in performance is due to the volume of calls received which was higher than forecasted volumes.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Null return as not yet able to collate this information.
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 during the winter period.
E27	Number of calls initially given an ETC disposition that are validated	DHU do not provide an ED validation service for Nottinghamshire, this is provided by NEMS.
G05	Number of 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	It's likely that the month on month drop is a result of a busy period at ED which 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	

#### DORSET HC

#### Comments for 111AI4 Dorset

Data item	Description	Comments
-----------	-------------	----------

A03	Number of answered calls	Call answering performance continues to improve as we continue to manage performance and ensure we have the right staff on at the right time.
A04	Calls transferred from the 999 Ambulance Service	No data available. Unable to identify individuals calls from 999 service
B02	Number of calls abandoned	Call answering performance continues to improve as we continue to manage performance and ensure we have the right staff on at the right time.
B06	Total time to call answer	Figures are estimated due to timing issues on our telephony server throughout March. Calculation based on the average handle time for February applied to the number of calls answered in March as performance was comparable throughout both months.
C02	Calls where person triaged by a Service Advisor	This item is zero and does not apply to our service at this time.
D04	Calls assessed by a mental health nurse	These items are zero and do not apply to our service at this time.
D07	Calls assessed by a dental nurse	
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	
G10, G11	Calls where the caller was booked into an SDEC service	Discussions to finalise and agree the SDEC referral process with the acute hospitals in Dorset are continuing.
G12, G13	Received by dental services not using DoS	These items are zero and do not apply to our service at this time.
H11, H12	NHS 111 Online contacts with SDEC appointment	These are confirmed as true zeroes
H18	NHS 111 Online contacts initially given an ED disposition	

## HUC

Comments for 111AC5 Cambridgeshire & Peterborough

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is because of late running of weekly reports and reconciliations.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	

G10, G11	SDEC service bookings	Continues to be work in progress.
----------	-----------------------	-----------------------------------

Comments for 111AL3 Cornwall (HUC)

Data item	Description	Comments
G10, G11	SDEC referrals and bookings	No cases arose to report.

Comments for 111AB2 Hertfordshire

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is because of late running of weekly reports and reconciliations.
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	
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	Continues to be work in progress.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC but numbers will be small. Functionality isn't yet available for SDEC appointments to be booked.

Comments for 111AL5 Somerset (HUC)

The Somerset contract was taken over by HUC on the morning of the 30th March 2023. This has affected some figures or made them unreportable for March.

Data item	Description	Comments
-----------	-------------	----------



Comments for 111AI3 West Essex

Data item	Description	Comments
A01	Number of calls received	Disparity with provisional figures is because of late running of weekly reports and reconciliations.
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	
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 isn't yet available for SDEC appointments to be booked.

IC24

Comments for 111AH4 Mid & South Essex

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B02	Number of calls abandoned	Performance affected by an increase in weekend demand (peak) and by an increase in hours lost to staff sickness (increase of 2 percent compared to the previous month).
B06	Total time to call answer	
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate. We have not yet been able to provide a more granular measurement for centile call time.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	These items are currently not available, due development or not applicable.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.

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.
G23	Patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Rota fill affecting performance.
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 items are currently not available, due development or not applicable.
H18	NHS 111 Online contacts initially given an ETC disposition that are validated	

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	These items are currently not available, due development or not applicable.
A05	External clinician calls to Clinical Assessment Service (CAS)	
B01	Number of calls answered within 60 seconds	Compared to last month, Wednesday and Thursday saw slight improvements for answered in 60s, as did Saturday and Sunday, despite average wait times going up for these days.

B02	Number of calls abandoned	Fall in performance since last month because fewer people available to take incoming calls due to a small increase in contact centre sickness.
B06	Total time to call answer	Feb – March 23 saw an increase across all average wait times except Wednesday. This was the biggest number change seen looking at weekdays, yet the only one with performance improvement in average wait times.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
D11	Calls with clinician or Clinical Advisor input into the assessment but where the clinician hasn't spoken to the caller	These items are currently not available, due development or not applicable.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	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	Although still below target, Sunday is now one of the highest performing days following the implementation of Sunday cover. Weekdays of low demand now have a greater impact on this metric than weekends.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	There are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G11, G10	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	Number of calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17	Number of NHS 111 Online contacts initially given an ETC disposition which the patient has agreed to clinical contact and provided the necessary information for a call back	
H18	Number of NHS 111 Online contacts initially given an ETC disposition that are validated	

Comments for 111SA1 Service Advisor Modules (IC24)

As this service is heavily geared towards supporting patients with repeat prescription requests, many data items are not relevant to NSA.

Data item	Description	Comments
A06	Unscheduled IUC attendances	Null. NSA does not have a physical base for a patient to attend.
B06	Total time to call answer (seconds)	Performance affected by a high number of dedicated NSA staff to deal with a relatively low volume of calls.
B07 & B07	95 <sup>th</sup> & 99 <sup>th</sup> centile call answer time	Due to cisco aggregated percentiles, we cannot give an exact figure on this.
E17	Number of callers recommended self-care at the end of clinical input	A very high proportion of NSA calls are about repeat prescriptions; a lower percentage of calls then move on for a symptomatic assessment but still require clinical input from a GP.
E19-E25	Calls initially given a category 3 or 4 ambulance disposition	Null as these are not achievable NSA outcomes.
E26-E31	Calls initially given an ETC disposition	
F02	Directory of Services: no service available other than ED (ED catch-all)	
G05	Number of calls where the caller was booked into an IUC Treatment Centre	
G10, G11	SDEC service	
G20-G23	Patients requiring a face to face consultation	
H01-H16	NHS 111 Online	
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Based on the number of appointments we have available when the caller has reached this point – DAB appointments are always given when available.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Patients can only be booked in with a timeslot to ED if speaking to a clinician. NSA is limiting the volume of calls to a clinician for ED validation as is designed for primarily accommodating repeat prescription requests.

## IOW

Comments for 111AA6 Isle of Wight

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
A01	Number of calls received	Includes around 20-30 calls a month which are received/answered from other NHS 111 providers.

A07	Calls which originated from an external NHS 111 provider	A07 is excluded from our submission as this total (around 20-30 calls a month) is already included in A01.
C01	Number of calls where person triaged	C01 exceeds the sum of A03+A04+A07 due to some paramedics have been calling through on the wrong line so not counting in the correct (telephony) figures, i.e. the calls from external clinicians are not coming through the correct 111 lines - but are still being added as a 111 case entry.
D01	Calls assessed by a clinician or Clinical Advisor	Clinical capacity impacted by sickness, maternity and vacancies within a small team.
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 are validated	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ED dispositions, therefore negating the need for a '111 First (or 'ED') 'validation'. If we were to record only the calls that would have been referred to an ED, 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 ED.
F01 to F03	Directory of Services	Figures provided have been extracted from the Pathways Intelligent Data Toolkit this month as SSRS reporting is not available following the Adastra outage. This data includes a small number of '111 Online' cases which cannot be excluded within the portal or automatically from the downloaded dataset.
G01 to G10	Callers given appointments and booking types	At this time, we do not book appointments into several services. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (UTC / IUC etc) 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	At this time our 111 service is not able to book directly into our own IUC or any other IUC services elsewhere, although in some months one or two bookings may come through.
G07	Number of calls where the caller was booked into a UTC	IOW111 does not book directly into IOW UTC. For March, of the 25 booked appointments, 23 originated from the local GP ED Validation service process (part of CAS). The other two were booking into UTC services on the mainland. Therefore, G07 is majorly influenced by the IOW GP validation service. The drop in the number of 'validations' over the last few months appears to be related to the volume of calls answered. The conversion to UTC bookings has dropped too – the service is not aware of any apparent reason for this.

G10, G11	SDEC service bookings	SDEC opened in January for telephony referrals and we only have a draft SOP so still not embedded. It was a PACCs clinician only Dx code when it was first introduced and we rarely have a SP on the desk.
G16-G19	Prescription & pharmacy services	IOW are now using DoS service data downloaded from the 'Pathways Intelligent Data Tool' to calculate G16, G17, G18 and G19 (independently of SSRs). We are now able to exclude '111 Online cases' by cross reference to our IUC ADC case lists.
G20 to G23	Face to face consultations	This section of reporting is still being developed.

## LAS

### Comments for 111AH5 North East London

Data item	Description	Comments
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.
G13	Calls received by dental services not using DoS that resulted in a booked appointment	This is appointment data from SMILE.

### Comments for 111AJ1 North West London

Data item	Description	Comments
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually.
G20, G21	Number of patients receiving a face to face consultation in their home residence within the timeframe agreed	LCW unable to provide this figure.
G22, G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	Not applicable to the service.

### Comments for 111AD7 South East London

Data item	Description	Comments
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded.
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	This is appointment data from SMILE.

**LCW**

Comments for 11AD5 North Central London

The IUC ADC Reporting Suite in Adastral has not been updated to match the 2022/23 IUC ADC specification, therefore some data items are based on 2021/22 definitions.

<b>Data item</b>	<b>Description</b>	<b>Comments</b>
A01	Number of calls received	National resilience went live on the 20 <sup>th</sup> February and continued to be on for the period of March, with 15% of offered/intended calls routed to the national provider. This diverted activity is not reported in the monthly figures as it is not possible to reconcile. SVCC continued to be switched off in March.
A02	Calls routed through IVR	We do not use any IVRs.
A07	Calls which originated from an external NHS 111 provider	Not provided in the current suite of reports we run from Adastral. We have estimated this figure.
B01	Number of calls answered within 60 seconds	Improvement in performance is due to the support from National Resilience allowing our sustained levels of staff to answer more calls within target times. Disparity with provisional figures for B01 is due to data transfer and extraction issues.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	The logic for C01 has not been updated to meet the updated definitions.
D04	Calls assessed by a mental health nurse	Not applicable.
D07	Calls assessed by a dental nurse	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	Figure is lower than expected.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Not applicable for our service.
D20 to D26	Clinical assessment	Not available in the current suite of reports we run from Adastral.
E01	Total number of dispositions	The logic for C01 has not been updated to meet the updated definitions and therefore is lower than E01.

E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures are low due to restrictive criteria for referral into the service.
E20 to E25	Calls initially given a category 3 or 4 ambulance disposition	Items missing aggregated data due to loss of data feed.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	All London region ambulance validation is carried out by LAS. We are trying to re-establish the data feed to submit the complete data set.
E27 to E31	Calls initially given an ETC disposition	The validation figures are lower than actual due to the cases being transferred via the DoS for validation, using final Dx codes and not the interim validation codes for ED validations.
G10, G11	Calls where the caller was booked into an SDEC service	Figures are low due to restrictive criteria for referral into the service. G11 is blank because there are no booked appointments available for those services via the DoS.
G12 to G13	Calls received by dental services not using DoS	N/A as we are not a dental service.
G18-G19	Number of calls where a community pharmacy service was an option on DoS for minor illness	Missing data.
H11 to H12	NHS 111 Online contacts that resulted in DoS selections for SDEC	SDEC services in the area do not offer appointments via the DoS.
H17 to H18	NHS 111 Online contacts initially given an ETC disposition	This data item is lower than expected due to a case type mapping issue. This has been raised with Advanced to get rectified.

## MEDVIVO

Comments for 111AJ2 BaNES, Swindon & Wiltshire

Data item	Description	Comments
A01	Number of calls received	There was a marked increase in activity during March with a spike in average number of cases per day. Adverse weather contributed to an increase in activity and affected productivity, staff getting into work, and patients attending face to face appointments.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06, B07	Time to call answer	
C01	Number of calls where person triaged	Disparity with provisional figures is due to our partner having an [Astra] data reporting outage one weekend which impacted weekly reporting. This had been fixed for the monthly report.
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.
G11	Calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.

### ML CSU (North West including Blackpool)

Comments for 111AJ3 North West including Blackpool

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, data includes submissions from BARDOC (Bolton, Bury, HMR), Pennine Lancashire (Blackburn with Darwen, East Lancashire), East Cheshire, Central Cheshire, FCMS (Fylde Coast, Morecambe Bay, West Lancashire), GMPUCA (CAS, OOH), HCRG Care Group (West Lancashire) and NWAS. Even when CAS providers supply some figures, not all data items can be reported at the granularity required.

Data item	Description	Comments
B02	Number of calls abandoned	Performance affected by recruitment, staff retention and sickness absence with an increase in staff attrition in March (mainly in the HA skillset).
B06, B07	Time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because different providers submit monthly and weekly returns. Performance affected by clinical recruitment which continues to be very challenging, and a rise in sickness/absence in the Clinical team.
D02 to D09	Calls assessed by staff type	Not all CAS/OOH providers can accurately split out 'Calls assessed by a clinician or Clinical Advisor ' into the sublines.
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	Figures exclude data from some service providers.
E01	Total number of dispositions	Exceeds number of calls where person triaged (C01) due to double-counting calls reported by NWAS and the other providers. C01 = NWAS only. E01 = NWAS plus CAS providers.

E19, E21	Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	There is a discrepancy in the figures used to create KPI 7. E20 is reported by NWAS; E21 is reported by CAS providers and not all CAS providers are completing E21.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	CAS providers are unable to provide data for E25.
G01	Number of calls where caller given an appointment	Numbers do not match the sum of parts due to G01 only being collected for 111 service (NWAS) and the others being collected from 111 and CAS services.
G03, G05, G07, G09	IUC Service Integration	Figures exclude data from some service providers.
G10, G11	SDEC Service	Only NWAS report G10, ALL providers are asked to complete G11 (where relevant).
G14	Calls where caller given any other appointment	Figures exclude data from some service providers.
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	
G22, G23	Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed	March includes FCMS (West Lancashire) not previously reported. Pennine Lancashire (Blackburn with Darwen and East Lancashire) and GUMPCA (OOH) only complete G22 and cannot provide data for G23.

## NEAS

Comments for 111AA1 North East

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
A01	Number of calls received	SVCC Test calls have impacted our Avaya data minimally – this data will again be re-submitted, once the 6 month window re-opens.
A04	Calls transferred from the 999 Ambulance Service	We operate a combined system of both 111 and 999; calls will not be transferred from 999 into 111.
A06	Unscheduled IUC Attendances	This information is outside of our service.
A07	Calls which originated from an external NHS 111 provider	We are unable to separately identify calls that are transferred from another 111 provider in SystemOne.

B01	Calls answered within 60 seconds	SVCC Test calls have impacted our Avaya data minimally – this data will again be re-submitted, once the 6 month window re-opens. Increased demand on performance was exacerbated by increases in demand on 999 and reductions in capacity due to increased A/L and attrition.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
B09	Total time of abandoned calls	We do not have the system capability to extract this information.
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.
D11	Calls with clinician or clinical advisor input into the assessment but where the clinician has not spoken to the caller	We do not presently have the system capability to extract instances where this has occurred.
D12	Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	
D13 to D21	Callers speaking to a clinician	These items are currently being under reported due to the PW 36.2 Dx mapping - from 07 Feb 2023 onwards new Dx codes appear in data that are not yet mapped to outcomes as we are a pilot site.
D26	Number of calls assessed by a clinician or Clinical Advisor by video consultation	We cannot currently provide this information.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that are validated	This item is currently being under reported due to the PW 36.2 Dx mapping and due to a few Dx codes recording the wrong clock start time for the validation. From 07 Feb 2023 onwards new Dx codes appear in data that are not yet mapped to outcomes as we are a pilot site.
G11	Bookings into an SDEC service	Currently not utilised – no bookings or selections 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.

**NECS**

Comments for 111A17 Yorkshire and Humber (NECS)

LCD were unable to provide their GPOOH data.

<b>Data item</b>	<b>Description</b>	<b>Comments</b>
B01	Number of calls answered within 60 seconds	Disparity with provisional figures is mostly due to a week of missing data from LCD.
B06, B07	Time to call answer	Performance impacted by increased staff sickness and time in training compared to February.
C01	Number of calls where person triaged	Disparity with provisional figures is mostly due to a week of missing data from LCD. 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.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is mostly due to a week of missing data from LCD.
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.
E14	Number of callers recommended repeat prescription medication	Excludes number of cases requesting a repeat script which was then issued by LCD ADC GPOOH (which are included in E14).
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 script 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.
----------	--	--

### NHS Black Country and West Birmingham CCG

Comments for 1111AL4 West Midlands ICB (DHU)

Data item	Description	Comments
A06	Unscheduled IUC attendances	Data items not applicable at this time.
D12	NLP calls that resulted in the caller speaking to a clinician or Clinical Advisor	Data item not applicable at this time.
G11, G10	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 at this time.

### PRACTICE PLUS GROUP (PPG)

Comments for 111AL2 Devon (PPG)

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

Data item	Description	Comments
A03	Number of answered calls	Performance impacted by growth in Health Advisor and Clinical Advisor capacity. Disparity with provisional figures for C01 & D01 due to a system failure which resulted in double counting in the weekly submission of figures relating to 30 <sup>th</sup> March. The data was subsequently corrected in the monthly submission.
B01	Calls answered within 60 seconds	
B07	95th centile call answer time	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
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	All cases that enter our clinical queue are risk assessed by a clinician within 10 minutes & upgraded to a higher priority if required. Safety calls are also made whilst waiting for clinical call backs to check for any worsening or change of symptoms in our patients.
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.

E27	Number of calls initially given an ETC disposition that are validated	ED DoS validation is live. This means that a number of ED cases are validated at the DoS stage and referred to another appropriate service such as an MIU and not to an ED. These cases are not included in E27. When we incorporate ED DoS validated cases, our ED validation rate (E27/E26) for March is 81.55%.
G01	Number of calls where caller given an appointment	We can only give patients an appointment or booked timeslot with any service if they are made available to us. Looking at total slot utilisation (both ED, UTC, MIS & PC) of the slots made available to 111 to book. In March, 1,488 appointments were unavailable. Of 1,819 appointments available, 1,794 (99%) were booked.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	For the three IUC Treatment Centres in Devon, 181 appointments were not available, with 6 available, none booked. 4 at Tiverton and 2 at Plymouth
G07	Number of calls where the caller was booked into a UTC	Incorrect unique descriptor has meant that reporting is incorrect (services not mapping correctly).
G11	Number of calls where the caller was booked into an SDEC service	This SDEC service is not running currently in Devon.

#### Comments for 111AH2 Gloucestershire

Data item	Description	Comments
B01	Calls answered within 60 seconds	Ongoing focussed work to improve efficiency in call handling times resulted in a positive improvement again this month & has enabled us to answer more calls within 60 seconds.
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.
E27	Number of calls initially given an ETC disposition that are validated	Since February 2022, a number of ED cases are validated at the DoS stage and referred to another appropriate service such as an MIU and not to an ED. These cases are not included in E27. When we incorporate ED DoS validated cases, our ED validation rate (E27/E26) for the month of March is 75.47%.
G01	Calls where caller given an appointment	We can only give patients an appointment or booked timeslot with any service if they are made available to us. Looking at total slot utilisation (ED, MIU, GHAC & PC) of the slots made available to 111 to book (1053), only 20 slots were not booked throughout March meaning 98.1% of the slots available to us were utilised and booked. In 46% of total cases there were no appointments available for 111 to book into.

G05	Calls where the caller was booked into an IUC Treatment Centre	During the Covid pandemic the appointment function for bookable appointments into IUC Treatment Centres (PPG OOH's for Gloucester) was switched off to aid & reduce face to face contact. Since then, all contact cases are sent via ITK for telephone triage in the first instance & OOH's will then book into bases as necessary. In a handful of cases, other area TC's still profile on the DoS with bookable functions.
G09	Calls where caller given a booked time slot with an ED	As with previous months, patients are booked time slots into ED if appointment slots are made available to book. During March there were no slots available for 111 to book directly into in 79% of total appropriate cases. Of the slots made available to 111 (95 slots), only 4.2% (4 slots) of those slots were not booked by our staff. Meaning 95.8% of the slots available to us were utilised and booked.
G11, G10	SDEC selections	The SDEC care service isn't currently active.

Comments for 111AH7 North East Essex & Suffolk

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Ongoing focussed work to improve efficiency in call handling times saw a positive improvement again this month which enabled more calls to be answered within 60 seconds.
E27	Calls initially given an ETC disposition that are validated	Now validated through ED DOS validation.
G01	Calls where caller given an appointment	Still limited opportunities as triaging for COVID symptoms rather than direct booking.
G05	Calls where the caller was booked into an IUC Treatment Centre	
G10, G11	SDEC selections	The SDEC care service isn't currently active.

Comments for 111AK9 South West London

Data item	Description	Comments
A01	Number of calls received	SWL continued to be over contract activity for calls offered and calls answered from February to March.
A03	Number of answered calls	
B07, B08	95 <sup>th</sup> & 99 <sup>th</sup> centile call answer time (seconds)	SWL Telephony centile figures exclude LAS data as line data is not available.
C01	Number of calls where person triaged	

D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional data is because the LAS files for the first 3 weeks of March were in an incorrect format which meant that data were unable to be imported by our automatic processes for the weekly submissions. The monthly submission contains all the data.
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by a CA shortfall due to increased sickness absence. Additionally, we have started to see loss of hours from agency CAs in the form of last minute cancellation of shifts, leaving no time to recoup the loss and backfill the hours.
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	
E17	Number of callers recommended self-care at the end of clinical input	Increase in self-care following a dip over winter due to Strep A and high winter symptoms.
E21	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	Figures are missing 999 validations done by LAS; numbers show the few that were picked up by Practice Plus Group.
E27	Number of calls initially given an ETC disposition that are validated	We run ED DoS validation which shows proportion of calls initially given an ED that are validated at 79.5% for March. This means that a number of ED cases are validated at the DoS stage and referred to another appropriate service such as an MIU and not to an ED.
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.

#### Comments for 111A12 Surrey Heartlands

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Ongoing focussed work to improve efficiency in call handling times saw a positive improvement again this month which enabled more calls to be answered within 60 seconds.
E27	Calls initially given an ETC disposition that are validated	Now validated through ED DOS validation.
G10, G11	SDEC selections	The SDEC care service isn't currently active.

#### SCAS

##### Comments for 111AH9 Hampshire & Surrey Heath

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 three 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); c) we have unfortunately been unable to clarify with a number of external IUC providers what metrics they would report against based on their services and been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us.

<b>Data item</b>	<b>Description</b>	<b>Comments</b>
A02	Calls routed through IVR	Zero due to no IVR at call start when passed to service
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A06	Unscheduled IUC attendances	SCAS does not hold this data – we have experienced problems gathering data from providers.
B07, B08	95 <sup>th</sup> /99 <sup>th</sup> 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	Disparity with provisional figures is down to how DHU data has been apportioned and because the monthly calculation includes a manual workaround to count calls passed via the DoS. We do not have time to add this data into the weekly ADC submission. 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	Number of calls where person triaged by any other Clinician	Zero. No known “Other” clinicians operate.
C06	Calls where person triaged by another staff type not within the other 4 categories	Contains cases where staff role was unable to be found in system.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because the monthly calculation includes a manual workaround to count calls passed via the DoS. We do not have time to add this data into the weekly ADC submission.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Do not operate Natural Language Processing (NLP)

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	Figures impacted by the change in given callback time up to an hour suggested for Cat 3 & 4, as calls are being picked up further down the queue rather than < 30 minutes which would previously have been the case.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes / in over 30 minutes and less than 60 minutes	
F01 to F03	Directory of Services	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Adastra outage.
G02 to G09	Callers booked into a service following a DoS selection	Figures this month have been refined to include details combining DoS service types and appointments from external records. 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.
G11	Number of calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
G14	Number of calls where caller given any other appointment	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.
G15 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, 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, H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	

#### Comments for 111AG9 Thames Valley

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 three 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); c) we have unfortunately been unable to clarify with a number of external IUC providers what metrics they would report against based on their services and been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us.

Data item	Description	Comments
A02	Calls routed through IVR	Zero due to no IVR at call start when passed to service
A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A06	Unscheduled IUC attendances	SCAS does not hold this data – we have experienced problems gathering data from providers.
B07, B08	95 <sup>th</sup> /99 <sup>th</sup> 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. Disparity with provisional figures is down to how DHU data has been apportioned.
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. Disparity with provisional figures is because the monthly calculation includes a manual workaround to count calls passed via the DoS. We do not have time to add this data into the weekly ADC submission.
C05	Number of calls where person triaged by any other Clinician	Zero. No known “Other” clinicians operate.
C06	Calls where person triaged by another staff type not within the other 4 categories	Contains cases where staff role was unable to be found in system.
D01	Calls assessed by a clinician or Clinical Advisor	Disparity with provisional figures is because the monthly calculation includes a manual workaround to count calls passed via the DoS. We do not have time to add this data into the weekly ADC submission.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
D12	Number of Natural Language Processing (NLP) calls that resulted in the caller speaking to a clinician or Clinical Advisor	Do not operate Natural Language Processing (NLP)

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	Figures impacted by the change in given callback time up to an hour suggested for Cat 3 & 4, as calls are being picked up further down the queue rather than < 30 minutes which would previously have been the case.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes / in over 30 minutes and less than 60 minutes	
F01 to F03	Directory of Services	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Adastra outage.
G02 to G09	Callers booked into a service following a DoS selection	Figures this month have been refined to include details combining DoS service types and appointments from external records. 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.
G14	Number of calls where caller given any other appointment	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.
G15 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, 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, H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	

### SECamb

Comments for 111AI9 Kent, Medway & Sussex

Data item	Description	Comments
A04	Calls transferred from the 999 Ambulance Service into NHS 111	SECamb does not transfer low-acuity 999 calls across to 111. Figures for previous months incorrectly included calls handled by dual trained agents.

B01	Number of calls answered within 60 seconds	Performance partially affected by Health Advisor staff taking leave at the end of the annual leave year.
B02	Number of calls abandoned	
B06, B07	Time to call answer	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Metrics currently in development as agreed with local commissioners.
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D26	Calls assessed by a clinician or Clinical Advisor by video consultation	Metric out of scope for our operating model.
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 are validated 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)	
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	Commissioners are currently working on optimising the DoS profiling and eligibility of SDEC services but for now 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.

## VOCARE

111NR1 National Resilience – no comments received

Comments for 111AF4 Staffordshire

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
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.
----------	-----------------------------	---------------------------