

IUC ADC February 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
B01	Number of calls answered within 60 seconds	Average daily demand in February 2024 was slightly up from January 2024, but much higher against February 2023 with an additional 10,000 calls offered. This does not include the 5% of calls offered that VOCARE handle as part of the national contingency which was not in place for 2023. Increased February demand led to poorer performance.
B02	Number of calls abandoned	



B06	Total time to call answer	Some analysis on what is driving this demand has been done looking at individual disposition volumes. Multiple Pathway updates over the year have made this more difficult with changes to dx codes, but there is no single disposition increase responsible.
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B09	Total time of abandoned calls	No system capability to extract this information.
C01	Number of calls where person triaged	Work is ongoing around KPI4, analysis undertaken to highlight where the missed opportunities are.
D01	Calls assessed by a clinician or Clinical Advisor	
D01 to D09	Calls assessed by a clinician or Clinical Advisor	Items are under-reported at system level with clinical assessment not captured for primary care, OOH or UTCs. While the clinical count [D01] includes clinical contacts from system providers who have been sub-contracted either by NEAS or commissioners, due to some of the clinical contacts being performed outside of NEAS we do not have access to the specific role of the clinician who performed the contact. Therefore [D01] includes these instances but the sum of the fields [D02]-[D09] will not equal this total.
E26	Calls given an ETC disposition	NHS 111 Online cases booked in CAD are included in this figure as we are currently unable to separate them. These cases do not receive a re-validation (E27) as they are passed by clinician for a booking.
E27	Calls given an ETC disposition that receive remote clinical intervention	As part of Clinical Safety Plan, the ETC DoS profile is suspended during periods of surge. Escalation, local commissioning agreement & CAS ED bookings reduces the volume our clinicians can validate.
G05	Number of calls where the caller was booked into an IUC Treatment Service	Due to remapping of one team type, some services are having issues which prevent bookings.
G11	Bookings into an SDEC service	Currently not utilised – no bookings recorded.
G12, G13	Bookings into dental services not using DoS	We do not have the system capability to provide this information.
G22, G23	Face to face consultations in an IUC Treatment Centre	Not reported - this information is outside of our service.

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

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

This month's submission includes data from the following CAS providers: 8GY92 (L8O7C) - LCD, NNF - City Healthcare Partnership CIC, Y01173-Sheffield GP Collaborative, RCD, 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
A01	Number of calls received.	LCD Dental response: There was a decrease in days in February by 6.25%, so while the total demand (A01) appears to have fallen month on month, in fact the daily demand increased from an average of 729.6 in January to 741.93 in February. Answered calls and triaged calls also increased on a daily average basis.
A03	Number of answered calls	
B02	Number of calls abandoned	We have had recruitments, and the increase in booking agents has contributed to the average daily increase in triaged calls. NECS expect that dental nurses being unable to pick up empty booking agent shifts has slightly reduced the clinically assessed percentage – to 50.04% in February.
B06	Total time to call answer	The rota fill increase will have contributed to the reduction in time to call answer and in abandoned calls.
C01	Number of calls where person triaged	YAS response: The average calls per day for Jan was around 4,970 and for February it was 4890, a difference of only 1.7%. Abandonment was 9.1% and 9.3% respectively, calls answered in 60s were 68.4% and 67.5% etc. – everything follows the same pattern.

D01	Calls assessed by a clinician or Clinical Advisor	Disparity between weekly numbers and monthly numbers is because YAS have made weekly submissions with issues with Vocare data (missing). YAS had missing data for Sat 10 th Feb and Friday 23 rd Feb.
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.
D01	Calls assessed by a clinician or Clinical Advisor	D01 has thrown up a validation error, but as this is only '1' difference, this is likely to be caused by a rounding error.
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.

Data item	Description	Comments
A01	Number of calls received	January's call volume was higher than February (calls offered, Jan = 203101 v Feb = 191548). Abandonment rate as a percentage was comparable Jan = 16.4% v Feb = 16.1%.
A03	Number of answered calls	There was a decrease in calls answered in Feb compared to Jan (Jan = 148211 v Feb 138959).
B01	Number of calls answered within 60 seconds	Call pick up as a percentage again was comparable Jan = 45.9% or 68009 v Feb = 46.5% or 64564.

B02	Number of calls abandoned	Overall demand was down in Feb compared to Jan which is not unusual but there were some slight performance improvements in both the call pick percentage and abandonment rate as a percentage.
B06	Total time to call answer	Sickness was slightly higher in January (+2%) compared with Feb which again is not unusual for the time of year.
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.
D01	Calls assessed by a clinician or Clinical Advisor	62,790 includes NWS (29,624) and CAS (33,166) 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.
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 number of dispositions (E01) includes figures provided by NWS and some CAS providers leading to double counting. Not all CAS providers have provided data.
E17	Number of callers recommended self-care at the end of clinical input	1,747 includes NWS (1,355) and CAS (392 submitted by FCMS & GMPUCA)
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.
E27, E26	Number of calls initially given an ETC disposition	Known issues with the data.
G01 & G03	IUC Service Integration	(GMPUCA and Central Cheshire) have supplied numbers in G03.
G08	DoS selections – Type 1 or 2 ED	G08 is only completed by NWS (111).
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	This item has been requested from 111&CAS, of which only NWS and GMPUCA are completing. Similarly, for G10 and G11.

G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	
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	
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	The informatics team investigated the query around item H20 reporting as 0 since September. This has now been rectified.

Midlands region

111AJ8 Derbyshire (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
B02	Number of calls abandoned	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric, so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
G11	SDEC service bookings	No activity.
G12, G13	Calls received by dental services	Not applicable to service.

G16 to G19	Community pharmacy service	
H20	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes	These are usually zero or very low.

111AK7 Leicestershire and Rutland (DHU)

Lead data supplier: DHU HealthCare CIC (DHU)

Data item	Description	Comments
B02	Number of calls abandoned	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	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	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
B02	Number of calls abandoned	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	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.
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111AC6 Northamptonshire

Lead data supplier: DHU HealthCare CIC (DHU)

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

111AF4 Staffordshire

Lead data supplier: Vocare

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

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	No specific commentary for the general performance. There is a slight improvement in key front-end performance which is likely due to improved individual performance. We have had an increase in new starters recently who will be becoming more productive as their experience increases.
B02	Number of calls abandoned	
D01	Calls assessed by a clinician or Clinical Advisor	We don't have UTC or SDEC services to refer patients to so this low KPI outcome is to be expected.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Performance for KPIs 5a and 5b continues to be investigated and will provide additional information when possible.

D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	
G06, G07	DoS selections for UTC DoS selections for UTC	Staffordshire ICS still does not have any UTCs operationalised. Any low numbers that appear in submissions may be due to patients on the service's border.
G10, G11	SDEC referrals and bookings	No cases arose to report.

1111AL4 West Midlands ICB (DHU)

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

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

Data item	Description	Comments
B02	Number of calls abandoned	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B06	Total time to call answer	
B07	95th centile call answer time (seconds)	Current telephony system doesn't allow accurate recording of this metric so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	Performance affected by volume of calls received.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	DHU does not run the CAS for West Midlands so this data item may be incomplete.
E27 to E30	Calls initially given an ETC disposition that receive remote clinical intervention	DHU does not run the CAS for West Midlands so this data item may be incomplete or blank.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Low volumes are due to cases are sent to GP OOH services that are out of area for which no bookings were made.
G11	Callers booked into an SDEC service	We rarely have SDEC cases and, if so, the numbers tend to be very small.

G12, G13	Calls received by Dental services	Data items not applicable.
G16 to G19	Calls where a community pharmacy service was an option	Service is provided externally, and we do not have access to data.
H15 to H18	NHS 111 Online contacts that resulted in patient requiring a face-to-face consultation	

East of England region

111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments	
A01	Number of calls received	Recent investigations into elevated abandonment rates have now ended. While a number of issues were identified, these issues were not contributing a significant number of abandoned calls. The final conclusion of the NHSE IUC Telephony team therefore is that there is no system fault which has been driving elevated abandonment.	
A02	Calls routed through IVR		
B02	Number of calls abandoned		
B03	Calls abandoned in 30 seconds or less		
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds		
B05	Calls abandoned after 60 seconds		
B09	Total time of abandoned calls (seconds)		
A01	Number of calls received		Call volumes increases month on month in February despite having fewer days to the previous month. Number of calls offered to call centre fell month on month in February, but fewer days in February meant that average calls increased to 47 calls per day compared to the previous month.
B01	Number of calls answered within 60 seconds		

B02	Number of calls abandoned	Operations teams are continually working to ensure high abandonment rates are addressed. Any discrepancies (A01) between weekly and monthly submissions are as a result of the end of month reconciliation and the monthly figures are correct.
B06	Total time to call answer	
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	The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
D01	Calls assessed by a clinician or Clinical Advisor	
A01	Number of calls received	Recent investigations into elevated abandonment rates have now ended. While a number of issues were identified, these issues were not contributing a significant number of abandoned calls. The final conclusion of the NHSE IUC Telephony team therefore is that there is no system fault which has been driving elevated abandonment.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	

B09	Total time of abandoned calls (seconds)	
B01	Number of calls answered within 60 seconds	The call volumes for Herts in February was lower than the previous month but February had fewer days and the average calls Offered to call centre per day in January 2024 were 1188 whereas it was 1177 in February 2024. Though there was slight drop in call volume on an average but the abandonment rate and average time to answer were still higher compared to Jan 2024. The operations team is constantly trying to place the call handlers at the right time of the day when the peaks in the call volumes are evident.
B02	Number of calls abandoned	
B06	Total time to call answer	
G10, G11	SDEC service bookings	The difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
		Continues to be work in progress.

111AG7 Luton & Bedfordshire

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Recent investigations into elevated abandonment rates have now ended. While a number of issues were identified, these issues were not contributing a significant number of abandoned calls. The final conclusion of the NHSE IUC Telephony team therefore is that there is no system fault which has been driving elevated abandonment.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	
B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	

B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	
A01	Number of calls received	The disparities between the weekly and monthly figures for A01 and D01 will have been due to a result of the reconciliation at the end of the month – the monthly figures remain correct.
D01	Calls assessed by a clinician or Clinical Advisor	
B01	Number of calls answered within 60 seconds	Calls volumes lower in February compared to previous months due to fewer amount of days in February, as well as there being no bank holidays in February (compared to the New Year period in January which would result in higher call volumes in January). Whilst the level of demand decreased; the proportion of calls answered decreased and the call abandoned and total call time increased. The Operations team are continually adapting to ensure call handlers are operating at the time of day when calls received are at their highest.
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	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
B02	Number of calls abandoned	Drop in A01 demand is within normal variation from Jan – Feb due to the holiday period at the start of January. There was also around a 20% drop in number of hours worked from across the

B06	Total time to call answer	virtual contact centre for Norfolk & Essex 111 calls, however there was still a small improvement in KPI 1 Abandoned proportion, in addition to improved answering times.
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	There's been an improvement in this metric over the past few months.
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	The improvement in this metric is resulting from the reduced call volume requiring clinical callback, as there was a drop in volume and % of answered calls resulting in a callback from a clinical advisor.
E17	Number of callers recommended self-care at the end of clinical input	It is likely that we are under-reporting self-care advice when clinicians have advised home management in the consult notes but have not correctly changed the call to a self-care disposition.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Although this has stabilised over recent months, there are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G10, G11	SDEC service bookings	The booking system is not utilised as often as DoS option is being presented. There is ongoing discussion around hydrating the SG/SD codes to present more often at clinical CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	

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	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.
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111AC7 Milton Keynes

Lead data supplier: DHU HealthCare CIC (DHU)

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

Data item	Description	Comments
B02	Number of calls abandoned	The staffing reports indicate that staffing levels are lower than expected. BI Team leasing with Operations Team to understand if issues are all down to staffing or whether operational changes had also impacted performance.
B06	Total time to call answer	
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)	
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.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data.
G05	Number of calls where the caller was booked into an IUC Treatment Service	The low value is caused by cases that are sent to GP OOH services that are out of area.
G11	SDEC service bookings	Not yet used within service.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	

111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A01	Number of calls received	Daily average has increased, but there has been overall small decrease in A01 – due to fewer days in Feb receiving similar volume of calls. The decrease in Jan – Feb has been lower than experienced in previous years. There were less staffed hours in Feb compared to Jan across the virtual contact centre for Essex and Norfolk (around 20%) but the distribution of call handlers resulted in significant improvements in performance data.
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)	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	The improvement in this metric is resulting from the reduced call volume requiring clinical callback, as there was a drop in volume and % of answered calls resulting in a callback from a 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	The improvement in this metric is resulting from the reduced call volume requiring clinical callback, as there was a drop in volume and % of answered calls resulting in a callback from a clinical advisor
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical decisions.
G07	Number of calls where the caller was booked into a UTC	Usually, a value of zero or very small numbers each month.

G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking is done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.

111AH7 North East Essex & Suffolk

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	We are pleased with the continued performance improvements seen in Feb which also extend into March, action plans are driving this change.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	During our continuous work on our data import and export processes, the booking data for February 2024 was affected. This
G05	Number of calls where the caller was booked into an IUC Treatment Service	

G07	Number of calls where the caller was booked into a UTC	has now been corrected and the data is ready for resubmission when the revisions window opens.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G11	Number of calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
G14	Number of calls where caller given any other appointment	
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 difference in monthly and weekly figures is due to end of month reconciliations and the monthly figures stand correct.
D01	Calls assessed by a clinician or Clinical Advisor	
A01	Number of calls received	Recent investigations into elevated abandonment rates have now ended. While a number of issues were identified, these issues were not contributing a significant number of abandoned calls. The final conclusion of the NHSE IUC Telephony team therefore is that there is no system fault which has been driving elevated abandonment.
A02	Calls routed through IVR	
B02	Number of calls abandoned	
B03	Calls abandoned in 30 seconds or less	

B04	Calls abandoned in over 30 seconds and up to and including 60 seconds	
B05	Calls abandoned after 60 seconds	
B09	Total time of abandoned calls (seconds)	
A03	Number of answered calls	Call volumes for West Essex in February was lower than the previous month but February had fewer days and the average calls Offered to call centre per day in January 2024 were 294 whereas it was 287 in February 2024. Though there was slight drop in call volume, the abandonment rate and average time to answer were still high. The operations team is constantly trying to place the call handlers at the right time of the day when the peaks in the call volumes are evident.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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
A01	Number of calls received	
A03	Number of answered calls	

B02	Number of calls abandoned	The increase in level of demand is due to the National resilience support being lowered to 25%, therefore more calls were answered.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The drop in national resilience was unplanned, even though we were able to answer more calls the call handling and clinical capacity was not in line to hit target time frames.
A02	Calls routed through IVR	Null as we are not using any IVRs.
C01	Number of calls where person triaged	Figure is higher compared to number of call answered – we are investigating this due to using new data sources in ADC.
D01	Calls assessed by a clinician or Clinical Advisor	Differences between the monthly and weekly figures are a result of the other provider reviewing and adjusting formulas for the ADC in relation to D01 and C01.
D04	Calls assessed by a mental health nurse	Not applicable.
D07	Calls assessed by a dental nurse	
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
B02	Number of calls abandoned	The number of Calls Offered fell this month by ~3,400 compared with the previous month but at the same time there was an increase in abandoned calls by 10.6% compared with the previous month.
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.

111AJ1 North West London

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

Data item	Description	Comments
C01	Number of calls where person triaged	For the disparity between weekly and monthly figures, we have noticed that if the 'ADC Weekly' data for the previous week is re-run on Tuesday, the C01 and D01 figures increases for the Sunday. We have re-run the script and the figures submitted or these items in the monthly submission for NWL are accurate.
D01	Calls assessed by a clinician or Clinical Advisor	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
G05, G04	Calls where the caller was booked into an IUC Treatment Centre	There are appointment bookings in to IUC treatment centres but there are no appointment bookings into home residence (home visit).

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.
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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 number of Calls Offered fell this month by ~5,000 compared with the previous month but at the same time there was an decrease in calls answered within 60 secs by 11.8% compared with the previous month.
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
A01	Number of calls received	Overall 111 volume of activity handled in February is lower than January, however with February being a shorter month having 29 days instead of January's 31, per day the activity was higher. We have had better staffing growth within Health Advisors coupled with reduction of shrinkage which has seen a drop in calls abandoned as well as decrease in total call time leading to
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	increase in calls being triaged. Increased clinical advisor agency usage has had a slight negative impact on productivity as seen through KPI5a; however, the overall improvement of clinical advisor staffing has translated to an increase in the calls answered by a clinician / clinical advisor by over 10%.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
B07, B08	95th & 99th centile call answer time (seconds)	Data variation between weekly aggregate and monthly: LAS data excluded from centile metrics as aggregated data is received by PPG. Telephony centile figures exclude LAS data as line data is not available.
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	The proportion of calls assessed by a clinician in agreed timeframe-20mins (KPI5a) increased by nearly 3 % largely due to the support we have via Agency CAs to increase the clinical cohort.
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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	During our continuous work on our data import and export processes, the booking data for February 2024 was affected. This has now been corrected and the data is ready for resubmission when the revisions window opens.
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G07	Number of calls where the caller was booked into a UTC	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G11	Number of calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	

G14	Number of calls where caller given any other appointment	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	No Smile data was received from HLP.

South East region

111AH9 Hampshire & Surrey Heath

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

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

Data item	Description	Comments
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.
B01	Number of calls answered within 60 seconds	February was a 29 day month, therefore performance is expected to be lower than January. There was a 5% decline in demand and a 3.5% decline in logged in hours in February. The average number of calls per day in February was 5468 calls per day, whereas in January the average was 5383 calls per day. Demand continues to remain high between Saturday – Monday, making up 48.2% of total demand for the month. Performance on Mondays' is poorer compared to the rest of the week, as

B02	Number of calls abandoned	<p>demand is higher (similar to Sundays' demand) and there are less call handlers available. On average, there are 47 less logged in hours per day, compared to January, which is equivalent to 4.7%.</p> <p>In terms of SCAS level growth, the number of calls triaged in February, has remained steady and increased by 0.4%. (<i>based on 4 complete weeks for January and February</i>). Majority of the calls are from the 17-65 age groups, particularly from the 17-40 age group (31.2% of calls triaged). Demand increased amongst the toddler age group (2-5) by 15.8% month on month (1309 more calls).</p>
B06	Total time to call answer	<p>There has been a significant shift in demand between COVID-19 and Breathing Problem symptoms. Breathing problems demand more than doubled in February, where volumes increased from 1132 calls in January to 2625 calls in February. COVID-19 demand declined by 25.2%, where volumes dropped from 9595 calls in January to 7176 calls in February.</p>
B07, B08	95 th /99th centile call answer time (seconds)	<p>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.</p>
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	<p>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.</p>
C05	Calls where person triaged by any other Clinician	<p>No known "Other" clinicians operate.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>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</p>

		long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D01	Calls assessed by a clinician or Clinical Advisor	The gap between the weekly and monthly figures is due to providing estimate of data w/c 26 th February because of 111 data issues
D13, D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
F01 to F03	Directory of Services	No data available for these items due to SSRS feed not been reinstated after the Adastra outage.
G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe
G15	Number of calls where repeat prescription medication was issued within your service	Would have to look for Prescribing Reports – passed to 111 Operations to investigate
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had the SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data as we have experienced problems gathering data from providers.
H13 to H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	

H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – We continue to work on this.
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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
B01	Number of calls answered within 60 seconds	February Performance showed a significant variance from January because of a particularly good January and an increase in demand in February. New rotas now in place and are being bedded in.
B02	Number of calls abandoned	A really good month for call handling performance driven by lower levels of sickness and a reduction in calls coming into the system. Also additional emphasis on call pick up by the new Senior Health Advisor Group.
B06	Total time to call answer	IOW are not able to include 'calls transferred from the 999 Ambulance Service into NHS 111' in A01. IOW 111 and 999 call answering services are co located and served by the same call handlers/clinicians - so calls are not physically received and answered for reporting as per the ADC specification.
C01	Number of calls where person triaged	The number of 'triges' exceed the number of 'answered' calls (A03+A07) primarily because we are not able to automatically include 'calls from 999' (which was previously reported as A04) in A01 due to co-location of 111/999 services.
D01	Calls assessed by a clinician or Clinical Advisor	Clinical capacity continues to be impacted by maternity and vacancies which are out for recruitment, however back to

		24/7 cover throughout January with only one contingency event related to CSD which was extremely short notice.
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	Calls initially given an ETC disposition that receive remote clinical intervention	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ETC dispositions, therefore negating the need for a '111 First (or 'ETC') 'validation'. If we were to record only the calls that would have been referred to an ETC, we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ETC.
G01 to G10	Callers given appointments and booking types	Currently, we do not book appointments into several services. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (e.g. IUC) where we do not currently book appointments. In addition, high volumes of out of area calls reduces the opportunity to book appointments.
G05	Calls where the caller was booked into an IUC Treatment Centre	Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere.
G07	Number of calls where the caller was booked into a UTC	From 17/01/2024 the 111 service can now book into a local UTC service. This will be reflected in KPI 12 figures for January 2024 onwards.
G10, G11	SDEC service bookings	SDEC for telephony referrals not yet embedded.
G20 to G23	Face to face consultations	This section of reporting is still being developed.
H19 to H22	NHS 111 Online contacts	SSRS reporting not updated to include these new metrics at this time.

111A19 Kent, Medway & Sussex

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

Data item	Description	Comments
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Not yet able to report these metrics.
D25	95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Significant increase in activity performance in a difficult operating environment.
E17	Number of callers recommended self-care at the end of clinical input	Self-care outcomes after clinical output are driven predominantly by Pathways.
E21, E22	Calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention within a specified timeframe	Metrics currently unavailable.
E25	Total wait time to category 3 or 4 ambulance validation	
E30	Total wait time to ETC validation (seconds)	
E26	Number of calls initially given an ETC disposition	CAS resource is balanced, when possible, to provide appropriate response to high-acuity cases, in addition to effective ambulance validation.
F02	DoS: no service available other than ED (ED catch-all)	Unable to identify this value in the Cleric platform.
G11	SDEC referrals and bookings	These data items are unavailable.
G20, G21, G22, G23	Face to face consultations	Agreed with our Lead Commissioner that these are out of scope, as not relevant to our operating model.
H19, H20, H21, H22	NHS 111 Online contacts	These are NULL. SECAmb does not have granularity of Online activity.

111A12 Surrey Heartlands

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	

A03	Number of answered calls	We are pleased with the continued performance improvements seen in Feb which also extend into March, action plans are driving this change.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.
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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	During our continuous work on our data import and export processes, the booking data for February 2024 was affected. This has now been corrected and the data is ready for resubmission when the revisions window opens.
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G07	Number of calls where the caller was booked into a UTC	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G11	Number of calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
G14	Number of calls where caller given any other appointment	
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111AG9 Thames Valley

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

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

Data item	Description	Comments
A01	Number of calls received	Excludes calls taken by National Resilience (Vocare).
B02	Number of calls abandoned	<p>February was a 29 day month, therefore performance is expected to be lower than January. There was a 5% decline in demand and a 3.5% decline in logged in hours in February. The average number of calls per day in February was 5468 calls per day, whereas in January the average was 5383 calls per day.</p> <p>Demand continues to remain high between Saturday – Monday, making up 48.2% of total demand for the month. Performance on Mondays' is poorer compared to the rest of the week, as demand is higher (similar to Sundays' demand) and there are less call handlers available. On average, there are 47 less logged in hours per day, compared to January, which is equivalent to 4.7%.</p> <p>In terms of SCAS level growth, the number of calls triaged in February, has remained steady and increased by 0.4%. <i>(based</i></p>

B06	Total time to call answer	<p>on 4 complete weeks for January and February). Majority of the calls are from the 17-65 age groups, particularly from the 17-40 age group (31.2% of calls triaged). Demand increased amongst the toddler age group (2-5) by 15.8% month on month (1309 more calls).</p> <p>There has been a significant shift in demand between COVID-19 and Breathing Problem symptoms. Breathing problems demand more than doubled in February, where volumes increased from 1132 calls in January to 2625 calls in February. COVID-19 demand declined by 25.2%, where volumes dropped from 9595 calls in January to 7176 calls in February.</p>
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 th /99 th centile call answer time (seconds)	Telephony data are not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C01	Number of calls where person triaged	The breakdown of triage data across the two SCAS contracts has been calculated based on GP practice, but some CCGs are split across the two contracts so cannot be used.
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
D03	Calls assessed by an advanced nurse practitioner	Do not operate this staff type any more.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For

		some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D13, D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Step change in November is because figures include dispositions added to the Dx code mapping file since October 2022 (i.e. Dx 3316 to Dx 3320).
F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Adatastra 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 Adatastra 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 partner (PPG) have advised they do not externally receive cases directly into the 111 service.
B02	Number of calls abandoned	Performance would be expected to improve in line with the decrease in demand for the month. February, as well as being a shorter month, had no bank holidays in, whereas the previous month did. PPG health advisor staffing is also improving and so front end call answering performance has too.
B06	Total time to call answer	
F02	Directory of Services: no service available other than ED (ED catch-all)	Since Jan 2022, BSW IUC have not been processing the CatchAll DoS item for reporting purposes.
G10, G11	Calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.
H01 to H22	NHS Online	Our partner PPG are not currently supporting digital/online sourced contacts.

111AI5 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
A01	Number of calls received	Overall demand in February was 6% lower than January, with 30.7K calls received. We received 868 NHS111 calls per weekday and 1327 NHS111 calls per weekend/bh, indicating a 1% increase in real terms.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	

B02	Number of calls abandoned	Call answering performance was on a par with January; abandonments were down by 0.2% to 6.8%. The average speed to answer was 197 seconds. Calls assessed by a clinician within timeframe was 32.3% for immediate timeframe and 27.0% for >20 minute timeframe.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Updates have been made to the calculations for C01 and D01 during February in response to previous feedback. These calculations previously worked slightly differently for weekly and monthly data due to the necessity to break weekly down per day. During February, the weekly and monthly calculations were updated to give consistent values. (Though the variance for February is lower than for previous months.) Given all other influencing factors being equal, I would expect this variance to be at or near 0% in March and going forward.
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 79.9%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 89.4%.
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 and treatment centre visits were on target; 99% and 98% respectively.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)

Lead data supplier: HUC

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Even though demand reduced in February in-line with expectations. The service continues to face staffing challenges, which impact all aspects of performance. Work relating recruitment and retention is underway to address these.
B02	Number of calls abandoned	
B06	Total time to call answer	
G07	Number of calls where the caller was booked into a UTC	All cases captured in G07 are from out of area.
G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.

111AL2 Devon (PPG)

Lead data supplier: Practice Plus Group (PPG)

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

Data item	Description	Comments
A01	Number of calls received	
A03	Number of answered calls	

B01	Calls answered within 60 seconds	Vocare support reduced in February and performance improvement continued through works highlighted previously.
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	
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	During our continuous work on our data import and export processes, the booking data for February 2024 was affected. This has now been corrected and the data is ready for resubmission when the revisions window opens.
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G07	Number of calls where the caller was booked into a UTC	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G11	Number of calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
G14	Number of calls where caller given any other appointment	
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.

111AI4 Dorset

Lead data supplier: Dorset Health Care (DHC)

Data item	Description	Comments
B06	Total time to call answer	Following an influx of newly trained HAs this has led to an increase in call time.

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	
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	With a renewed focus on this KPI outcome and a more confidence from the newer Clinicians this process is returning to the normal outcome.
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.
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
B06	Total time to call answer	With a short month in February, it is natural for volume to be lower than that of the previous month. Gloucestershire continues to see higher volume than contracted however, with an additional 23.7% being offered over contracted volume throughout February. This additional volume will impact A03, B01 & B06.
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.
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.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	During our continuous work on our data import and export processes, the booking data for February 2024 was affected. This
G05	Number of calls where the caller was booked into an IUC Treatment Service	

G07	Number of calls where the caller was booked into a UTC	has now been corrected and the data is ready for resubmission when the revisions window opens.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	
G11	Number of calls where the caller was booked into an SDEC service	
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	
G14	Number of calls where caller given any other appointment	
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 OOHs for Gloucester) was switched off to aid and 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.
G07	Number of calls where the caller was booked into a UTC	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G11, G10	SDEC selections	The SDEC care service is not currently active.

111AL5 Somerset (HUC)

Lead data supplier: HUC

Data Items	Description	Comments
B01	Number of calls answered within 60 seconds	General performance is in-line with expectations as the Somerset service continues to be under pressure from staffing challenges, and this is especially so with the ending of attendance-based incentives for the HA team, which impact all aspects of performance. Work relating recruitment and retention is underway to address these.
B02	Number of calls abandoned	
B06	Total time to call answer	

C01	Number of calls where person triaged	Disparity with provisional data due to a data clean-up exercise was carried out for the monthly submission, removing some duplication in some data, which has caused the change in C01's & D01's weekly aggregated figure to monthly figure.
D01	Calls assessed by a clinician or Clinical Advisor	
G07	Calls where the caller was booked into a UTC	Continuing trend of low appointments booked vs DoS UTC referrals for this region.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

111 National Support

111NR1 National Resilience

Lead data supplier: Vocare

Data item	Description	Comments
B06	Total time to call answer	Slight improvement in time to answer due to improved individual performance and staffing levels
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	Performance for KPIs 5a and 5b continues to be investigated and will provide additional information when possible.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	
G05	Number of calls where the caller was booked into an IUC Treatment Service	We don't have UTC or SDEC services to refer patients to so this low KPI outcome is to be expected.
G06 & G07	Number of calls where the caller was booked into a UTC	This contract area doesn't not have UTC or SDEC services to send patients to.
G10 & G11	Number of calls where the caller was booked into an SDEC service	

111SA1 Service Advisor Modules (IC24)

Lead data supplier: Integrated Care 24 Ltd (IC24)

As service is becoming more operational, it is 'switched on' for greater periods leading to increased demand. As this service is heavily geared towards supporting patients with repeat prescription requests, many data items are not relevant.

Data item	Description	Comments
A01	Number of calls received	As noted, there has been a significant decrease in staffing availability due to the wind down of the service, and thus call control to limit the volume of calls to the service. This has resulted in considerable changes in the productivity of the overall contract. Due to contract end in Feb, there have been large volume of staff leaving the NSA contract. This has had an overall impact on the performance, and the Operations manager confirmed that the MCL has been reduced to 30 to reduce volumes at peak times and stop calls from queuing at an earlier point in line with reduced staffing.
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	95 th & 99 th centile call answer time	Due to cisco aggregated percentiles, we cannot give an exact figure on this.
D01	Calls assessed by a clinician or Clinical Advisor	We do expect to see this metric lower than the other 111 services, however repeat prescriptions with controlled medications does result on clinical advisors having to act on call.
D21	95 th 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	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 to E25	Calls initially given a category 3 or 4 ambulance disposition	Null as these are not achievable NSA outcomes.
E26 to E31	Calls initially given an ETC disposition	
G03	Calls where the caller was booked into a GP Practice or GP access hub	Figures are dependent on the number of appointments we have available when the caller has reached this point – DAB appointments are always given when available.
G05	Calls where the caller was booked into an IUC Treatment Centre	Null as these are not achievable NSA outcomes.
G07	Number of calls where the caller was booked into a UTC	Very small increase, due to increase demand and nature of calls, however the overall numbers are usually very low.
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.
G10, G11	SDEC service	It is very rare that NSA calls will be passed to SDEC – the service primarily deals with much lower acuity calls.
G12 to G14	Dental service	Null as these are not achievable NSA outcomes.
G20 to G23	Patients requiring a face to face consultation	
H01 to H16	NHS 111 Online	
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	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.