

## IUC ADC July 2024 - comments from lead data suppliers

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

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

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

### North East and Yorkshire region

#### 111AA1 North East

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

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

Data item	Description	Comments
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B02	Number of calls abandoned	Performance on 111 remains positive with call performance still achieving target, despite being slightly worse than June in comparison. There were a few days throughout July where 999 demand was significantly higher than average, and as a result 111 performance was impacted due to resource
B06	Total time to call answer	



		management. This was a stretch of 3 days where the call KPIs were not met impacting the overall monthly figure.
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. This item the denominator for KPI 8 has increased, pushing the KPI down a few %.
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. This item has seen a shift recently, the number of ETC validations have remained the same
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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	This item was impacted by the EDDI change. Sunderland Royal Hospital have their own local process which still allows NEAS to book appointments into the ED, so this has continued and is why the KPI is not completely 0%.
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	Not provided as subcontracting data not available. Some calls are going via subcontracted providers and some come through to NEAS.  We are working with the providers to get their data through but there are gaps in their data currently which we are trying to resolve.
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### 111A17 Yorkshire and Humber (NECS)

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

This month's submission includes data from the following CAS providers: 8GY92-LCD, NNF - City Healthcare Partnership CIC, Y01173 - Sheffield GP Collaborative, RCD Harrogate & District, i-Heart, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH & DTP – Nimbuscare - new provider (replaced Vocare).

Data item	Description	Comments
B02	Number of calls abandoned	The difference will be due to the updates/changes in the scripts which were in place for the monthly July submission and has therefore improved the figures.  The difference in the weekly and monthly numbers will be due to the updates/changes in the scripts which were in place for the monthly July submission (but not the weeklys).
B06	Total time to call answer	
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	We have updated the scripts for D23 and D24 with YAS to improve the reporting and this month's figures are a more accurate description of the KPI. However, YAS cannot get figures for H21 and H22 due to the online data that is provided to them.
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).  Having queried KPI6, there were no obvious reasons from YAS why the KPI6 is lower – there were changes in YAS's distribution of advisors triaging, which may have affected the C Figures.

		Going forward, LCD Dental are hoping to be able to submit figures into E17, so this should have a positive effect on the KPI 6 in the future.
E17	Number of callers recommended self-care at the end of clinical input	YAS figure alone is 7.33%, LCD Dental do not supply E17 & C04, so the difference must be down to LCD Dental C05 figure, we can check with the provider for any queries with their and C05.
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 prior to the Adastra outage but due to the issues with direct booking this figure has dropped considerably.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The booking system for this was turned off on the 28/06/2024 and therefore there is no way we can really book any patients into and ED slot that's why this has fallen a lot. There isn't any information on when a booking system is going to be implemented so for the foreseeable this will likely be very low or 0. This has also affected KPI12 which looks like it has halved in July and August compared to previous months.
G10, G11	SDEC selections	These figures will remain at low levels or zero until the next Pathways update when more options to refer to SDEC are due to be 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 as data on the DoS options available for each call are not 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; NWS 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 NWS data only in April 2021 to MLCSU submitting data covering all service providers. 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), NWS, GotoDoc (new) and Wirral (new). There are still a number of providers, covering a large geographic area who not submitting monthly returns. Still on-going issues with reconciling numbers and duplication. Discussions on-going between NWS and NHSE IUC Operational Insights Team on how to rectify this.

Data item	Description	Comments
B02	Number of calls abandoned	<p>Whilst metric B02 has increased in July from June, this is not inherently a worsening in performance on its own. Given that A01 and A03 also increased, the analysis required is for the percentage of abandoned calls which for June 2024 was 2.5% and for July 2024 was 2.9%. The increase here is within normal statistical variation, and also within the IUC KPI standard of &lt; 3%.</p> <p>B06 simply shows the total number of seconds taken to answer calls, given that more calls were answered, it is expected that the total number of seconds taken would also go up. The average speed to answer for June 2024 was 41s and July 2024 was 53s. Once again, the variation here is within normal statistical range, and there is every confidence that this metric will continue to improve throughout late summer and into autumn. For additional context, a rolling 12-month value for average speed to answer is 250s, demonstrating the improvement made in the last 12 months in this area. We have seen</p>

B06	Total time to call answer	<p>strong call pick up performance in July. Some of the main contributing factors are as below:</p> <ul style="list-style-type: none"> <li>• Sickness/absence – We have continued to see sickness absence levels at 10-12% for call handlers. For context sickness/absence levels this time last year were 20-25%.</li> <li>• Vocare support - As mentioned in previous updates we have currently got 15% call volume support from Vocare- This is due to reduce to 10% from August 2024.</li> <li>• Recruitment - We are continuing to recruit heavily and as a result we are starting to see staffing numbers closer to our budgeted position.</li> <li>• Retention – Performance improvements have resulted in a less-pressured workforce which has improved overall staff retention. We are continuing to put a lot of focus on staff Health &amp; Welfare.</li> </ul>
C01	Number of calls where person triaged	<p>Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWS only = 132,923). Going forward, we have asked for this to be checked and any activity other than NWS to be excluded.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>Disparity between weekly and monthly figures is because weekly and monthly submissions do not contain the same provider submissions. For example, East Lancashire and Blackburn with Darwen (ELMS) submissions only appear in the monthly submission.</p> <p>We have also had some providers not submitting weekly due to leave and no cover.</p>
D01	Calls assessed by a clinician or Clinical Advisor	<p>61,962 includes NWS (27,771) and CAS (34,191). 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.</p>

D02 to D09	Calls assessed by staff type	The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	GMPUCA reported numbers- This is an artificial (undercounted) return based on a fixed 20min target. In reality, the CAS operates to locally defined targets agreed with commissioners. Please contact if further detail required.
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Average time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes and D25 - 95th centile time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes, cannot be completed from the data provided.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Total dispositions: 141,179 and is made up from NWS (132,923) and some CAS providers (8,256 - Central Cheshire, East Cheshire, FCMS and Wirral - double counted where both CAS and NWS report).
E17	Number of callers recommended self-care at the end of clinical input	1,449 includes NWS (1,302) and CAS (138 submitted by FCMS & GMPUCA 9 ).
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWS complete E19 and CAS complete E20 but we are still not receiving submissions from all providers.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	Only two providers regularly submit data for E25.
G01, G03, G05, G07, G09, G11, G13 and G14	IUC Service Integration	Where CAS/OOH providers (Central Cheshire, GMPUCA and Wirral) have supplied numbers in G03, G05, G07, G09, G11, G13 and G14, these have been added in to G01 (which previously reported only 111 activity (NWS (14,557), Central Cheshire (681), GMPUCA CAS (4,378), GMPUCA TAS (639) and Wirral (214)).  All other CAS provides are leaving the fields G01-G14 empty.
G08	DoS selections – Type 1 or 2 ED	G08 is only completed by NWS (111), G09 has been requested from 111&CAS, similarly for G10 and G11. Not all providers are completing G09 and G11.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	

G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	
G14	Calls where caller given any other appointment	
H01, H02, H04, H13 to H18	NHS 111 Online Contacts	Figures exclude data from some service providers.

### Midlands region

#### 111AL7 Midlands

Lead data supplier: ML CSU (Stoke)

IUCADC submissions currently cover 111 provider and arrangements will be considered for inclusion of any relevant CAS providers at a future date.

Data item	Description	Comments
A01	Number of calls received	<p>The disparities between monthly and weekly is due to the known issue with WE 21/07/24 submission whereby full data was not available to us ahead of the deadline extension requested and hence the weekly figures were low in that return.</p> <p>The improving trend from previous month attributable to continued service recovery actions following provider implementation of a new telephony system earlier in 2024.</p>
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	



D01	Calls assessed by a clinician or Clinical Advisor	<p>The disparity between weekly and monthly figures is due to the 24hr nature of the 111 service. The weekly submissions often show cases allocated based on the interim disposition logged on the Sunday, while the monthly submission allocates cases based on the callback that occurred on the Monday, leading to a variation in the distribution.</p> <p>The monthly position presents a more complete picture of activity across the month. The 111 provider remains in a period of validation around telephony-based data.</p>
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	There is no narrative currently to support the drop in this item, monthly submission is in line with detailed data received – we will look to provide retrospective commentary in a future submission if clarity is received on the drivers of this movement in July.
G11	Number of calls where the caller was booked into an SDEC service	This item is either very low or zero each month currently.

#### East of England region

#### 111AC5 Cambridgeshire & Peterborough

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Based on our IUC ADC submissions, which has been double checked, there is an increase in July of 2.93% increase compared to June (26,625 for June and 27,430 for July). Although it is more complex than this shows, a percentage of our calls are still currently being diverted to

A03	Number of answered calls	<p>the NHSE National Contingency Service. This reduces with time, so comparing calls in June with calls in July needs to take into account the fact that changes in calls diverted are probably not like for like. The other obvious difference is that June had one fewer day in the month, therefore the overall volume will be down by 900 calls based on the overall average for June. As I have stated before A01 is a bit misleading anyway, since we cannot answer all of those calls, some are diverted to other non-HUC Services using the IVR. We can only answer Calls Offered to Call Centre, which is all calls answered plus all calls abandoned. The latter shows a 780 call difference, which looks to be about one day's calls for June and may help explain the change.</p> <p>Calls answered and calls answered within KPI are good news and reflect the changes in the service model, although lower call volumes compared to previous months generally are having some affect by alleviating pressure. Overall, Calls Abandoned were only just over KPI1 at 5% and Average Speed to Answer KPI2 is the lowest it has been this year at 75 seconds, although still over the KPI. We are currently seeing further changes to the way the Service is delivered and expect to see further improvements in the final Metrics for August 2024.</p>
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	<p>The disparity between weekly and monthly reporting is almost certainly caused by the end of month reconciliation processes, which allows us to re-run the background data before final submission to yourselves.</p>
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC service bookings	SDEC referrals are very low.

**111AB2 Hertfordshire**

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	Herts did see an increase in the level of demand over July but the average calls offered to call centre per day in July were 943 whereas it was 962 in June. There was an improvement in call answering within 60 seconds in the month of July compared to June by 3%, though the abandonment rate did see a drop from 5% in June to 4.9% in July. The average time to answer also saw an improvement over the month of July. We are still being supported by National resilience and that too has helped in improving the performance and reducing the workload.
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	The difference in C01 and D01 is due to end of month reconciliations and the monthly figures stand correct.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The drop for KPI13 is due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
G10, G11	SDEC service bookings	Continues to be work in progress.

**111AG7 Luton & Bedfordshire**

Lead data supplier: HUC

Data item	Description	Comments
B02	Number of calls abandoned	B02 Number of Abandoned Calls has once again improved this month and whilst some of this will be down to improved performance, it can once again also be seen that Number of Calls Received and Number of Calls Answered have continued to decrease due to the support being received from National

B06	Total time to call answer	Resilience and some effects of seasonality and the time of year. The decrease in the call volumes will result in less of a workload and thus, allowing the improvement in B02 as fewer calls will be abandoned. B06 Total Time to Call Answer will also improve due to the above reasoning as less workload will mean calls can be answered quicker, thus, the reason for the decrease in B06.
C01	Number of calls where person triaged	C01 Number of Calls where person triaged can also be seen to improve as an effect of a reduction in call volumes. Fewer calls being received would mean the effects will also be felt downstream and thus, more calls can be triaged and also be assessed by a Clinician or Clinical Advisor, hence the improvement also seen in D01.
D01	Calls assessed by a clinician or Clinical Advisor	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The difference with the weekly and any monthly numbers for items C01 & D01 is because at the end of every month we rerun the months data again and this then updates our data.  KPI13 has dropped significantly and is almost zero due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
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
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.

B02	Number of calls abandoned	Decrease in the demand can be connected to lesser weekend days in the month of July when compared to that of June with June having 5 weekends (Sat and Sun) while July had 4. The decrease in demand also contributed to performance improvement as there were enough manpower to deal with calls within the specified timeframes.
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.
D01	Calls assessed by a clinician or Clinical Advisor	In regard to the disparity between weekly aggregate and monthly official numbers, we had technical problems with our data warehouse during the month of July hence some number which were not captured during the week was updated by month end
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
D23	Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe	Though there is a slow-paced improvement in the proportion of call backs by clinicians within timeframe (20 – 60 minutes), the businesses system has continued to prioritise urgent calls as they present a higher proportion of the total needing a ‘speak to by clinicians or a clinical advisor’.
E17	Number of callers recommended self-care at the end of clinical input	This metric is dependent on patient behaviour and clinical judgment.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Although this has stabilised over recent months, there are not enough bookable appointments across GP and GP hub for patients with the relevant disposition code.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Following the decommissioning of EDDI by the NHS at the end of June 2023, systems development are working on Booking and Referral standards.
G10, G11	SDEC service bookings	The booking system is not utilised as often as the DoS option is being presented. There is ongoing discussion around hydrating

		the SG/SD codes to present more often at clinical CAS endpoints via PaCCs to enable the clinicians to select the EDDI DAB slots.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	These items are currently not available, due development or not applicable. These are nulls instead of 0. Unable to monitor whether a call back has been offered via an online assessment.
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within specified timeframe	

### 111AC7 Milton Keynes

Lead data supplier: DHU HealthCare CIC (DHU)

DHU does not run the CAS for Milton Keynes so there may be incomplete coverage for the following data items: D01, D13-D14, E02-E04, E06, E09, E12-E16, E18, G03, G05, G07, G09, G14.

Data item	Description	Comments
B02	Number of calls abandoned	The decrease in demand is likely due to external factors, such as only 4 weekends in the month, no bank holidays, and it being a summer month. This would then lead to an increase in 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)	
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	There are no commissioned services that fall in the SDEC category in the Milton Keynes region so this data item may show zero.
E27-E31	Number of calls initially given an ETC disposition that receive remote clinical intervention	DHU operates a partial ED Validation Service in Milton Keynes, with no access to the remaining data.
G05	Number of calls where the caller was booked into an IUC Treatment Service	The low value is caused by cases that are sent to GP OOH services that are out of area.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The system used for the bookings has been decommissioned during this time and only a few EDs replaced their booking and referral system. We did not have the appointments available to use in many areas.

G11	SDEC service bookings	There are no commissioned services that fall in the SDEC category in the Milton Keynes region so this data item may show zero.
G12, G13	Calls received by dental services	Not applicable to service.
G16 to G19	Community pharmacy service	
G21	Number of patients receiving a face-to-face consultation in their home residence within the timeframe agreed	Milton Keynes do not provide us details for these data items.
H14-H16	NHS111 Online Face to Face	

### 111AG8 Norfolk including Great Yarmouth and Waveney

Lead data supplier: Integrated Care 24 Ltd (IC24)

Data item	Description	Comments
A05	External clinician calls to Clinical Assessment Service (CAS)	This item currently not available, due development or not applicable.
B02	Number of calls abandoned	The fact that July had lower weekend days than June—June had five weekends (Sat and Sun) whereas July had four—could be responsible for the decline in demand. Also, performance improved because of the decline in demand as there was sufficient staff to answer calls within the time limits established.
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.
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	Clinicians are prioritising urgent calls and as well as call back within the shortest possible time as this is the focus of the business.
G07	Number of calls where the caller was booked into a UTC	Usually, a value of zero or very small numbers each month.

G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Following the decommissioning of EDDI by the NHS at the end of June 2023, systems development are working on Booking and Referral standards.
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
C01	Number of calls where person triaged	The disparity in the C01 and D01 figures are caused by the weekly submission not containing any values for the metrics involving Adastra cases which are basically metrics B10 – H22 for 30 <sup>th</sup> and 31 <sup>st</sup> July.
D01	Calls assessed by a clinician or Clinical Advisor	
B06	Total time to call answer	We continue to be pleased with the improved performance position in 111, this follows the implementation and embedding of a number of actions previously shared. Staff retention and recruitment is positive as well as technical changes such as IVR messaging.  Validation/Clinical metrics are also improved directly reflecting our significant uplift in CA recruitment and rota planning.
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.
G10, G11	SDEC selections	The SDEC care service is not currently active.

### 111AI3 West Essex

Lead data supplier: HUC.

Data item	Description	Comments
B06	Total time to call answer	West Essex did see an increase in the level of demand over July but the average calls offered to call centre per day in July were 237 whereas it was 238 in June. There was an improvement in call answering within 60 seconds in the month of July compared to June by 3.4%, though the abandonment rate did increase from 4.7% in June to 5% in July. The average time to answer also saw a little improvement over the month of July. We are still being supported by National resilience and that too has helped in improving the performance and reducing the workload.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The drop in KPI13 is due to the ending of EDDI bookings into EDs which has led to the drop in G09-qualifying cases.
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 Adastral SSRS reporting are now resolved.

Data item	Description	Comments
A02	Calls routed through IVR	Null as we are not using any IVRs.
B06	Total time to call answer	<p>Activity has increased on previous months, this is in line with forecast.</p> <p>Slight decrease in performance overall due to Global IT Outage. This led to unexpected increase in the level of call demand resulting in a higher abandonment rate and calls answered. Manual processing and reduced referral options due to outage added to the productivity and handling time of call handlers.</p> <p>This also had a knock on effect on the relevant KPIs that saw a drop off in performance.</p> <p>Performance targets not met due to unplanned sickness in Health Advisor Staff and continuing shortfall in recruitment to meet required FTE for Health Advisors.</p>
C01	Number of calls where person triaged	Figure is higher compared to number of calls answered – we are investigating this due to using new data sources in ADC.
D04	Calls assessed by a mental health nurse	These items are blank because our provider had changed the reporting type.
D07	Calls assessed by a dental nurse	Not applicable.

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	There was an uplift in the numbers reported for B02 and B06 this month, from the very low levels – historically - of these measures reported in the previous month of June.
B06	Total time to call answer	The figures reported for B02 and B06 in July are accurate.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We are currently investigating this item and the changes in numbers reported each 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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into ED/UTC's have fallen now the EDDI booking system has been decommissioned so there's no ability to book into EDs now, just referral via DoS.

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
B02	Number of calls abandoned	Performance quite similar to previous month. The figure reported for B02 is accurate.
D02	Calls assessed by a general practitioner	We have changed how these items are reported to be consistent with North East London and South East London. (We are now receiving 'Final Assessment Provider Type' from LCW/PPG).
D09	Calls assessed by another type of clinician	
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We are currently investigating this item and the changes in numbers reported each 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.
G05, G04	Calls where the caller was booked into an IUC Treatment Centre	There are appointment bookings into IUC treatment centres but there are no appointment bookings into home residence (home visit).
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into ED/UTC's have fallen now the EDDI booking system has been decommissioned so there's no ability to book into EDs now, just referral via DoS.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor, who received a call back within the specified timeframe	These are usually either nulls or very small numbers each month.

**111AD7 South East London**

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

Data item	Description	Comments
B06	Total time to call answer	There was an uplift in the numbers reported for B06 this month, from the low levels – historically - of this measure reported in the previous month of June.  The figures reported for B06 in July are accurate.
D10	Number of calls assessed by a clinician or Clinical Advisor that were warm transferred	We are currently investigating this item and the changes in numbers reported each 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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Bookings into ED/UTC's have fallen now the EDDI booking system has been decommissioned so there's no ability to book into EDs now, just referral via DoS.
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
B02	Number of calls abandoned	July has seen a decrease in demand, as is expected heading into the summer months. We have seen a slight dip in calls answered in 60 secs as well as increase in calls abandoned, this can be attributed to higher annual leave within the summer months which has affected shrinkage. Total call time increased which is to be expected with new cohorts of staff moving from

		training to live system and in turn affects the total numbers of calls triaged.
B07, B08	95th & 99 <sup>th</sup> centile call answer time (seconds)	LAS data excluded from centile metrics as aggregated data is received by PPG.
D01	Calls assessed by a clinician or Clinical Advisor	<p>The discrepancy between the weekly aggregate and the monthly is due to new clinician types being omitted from weekly submission but included in monthly submission.</p> <p>The BI team became aware that new names for clinician types had been introduced. We have amended our IUCADC process to include the new clinician type names in the mapping to the IUCADC clinician categories.</p> <p>We had previously used the provider type from the Adastra Case record but have recently moved to using the User Group information for the provider as this allows us to be more granular in our reporting.</p> <p>This amendment was made after the weekly data for July had been submitted. The monthly data includes the new clinician type names.</p> <p>In short: new clinician types omitted from weekly submission but included in monthly submission.</p>
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	There has been an improvement in this KPI which can be attributed to the focus on focus on CAS clinician productivity and 111 clinical recruitments since the beginning of 2024 and where a number of clinicians are currently within training and consolidation period. Current push in clinical recruitment is a long term measure to ensure more resilient and stable cohort of clinical advisors as we move through the summer

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.
G02, G06, G08, G10	DoS Selections	Referrals into PPG services reinstated where no G02, G06, G08, G10 or G12 metric exists.
G04/G05	DoS selections – IUC Treatment Service	We continue to drive top of the DOS selection within our 111 team which has tended upwards month on month, however availability on the DOS directly affects this KPI
G13	Number of calls received by dental services not using DoS that resulted in a booked appointment	No Smile data was received from Healthy London Partnership.

### South East region

#### 111AH9 Hampshire & Surrey Heath

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

We have been unable to provide a number of metrics and as such, these are listed as blank. Please note that the fields we have listed as zero are legitimate zeros. These blanks 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 a solution to, a number of these are ones added later in the lifespan of the Specification. These come under two groups of data – community pharmacy/prescription booking and DOS options (not DOS selected).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also been unable to finalise setup of our SFTP site to allow those who have completed the process to submit data to us. We were unable to receive PID data securely to allow us to link Provider data back to ours to avoid double counting and would only be able to receive aggregated data for a partial submission for A06, we made the difficult decision not to request data from the 5 providers we were able to complete the process around services and metrics for.

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 two SCAS Contract Areas.

B02	Number of calls abandoned	Performance is lower than June 2024, due to a drop in staffing hours and an additional day in the month. Although demand has declined by 2%, the average logged in time per day for call handlers has declined by 4.2%. As a result, the ratio of calls offered per logged in hour dropped slightly from 4.2 in June 2024 to 4.1 in July 2024. This had an obvious knock-on effect on performance, allowing us to answer 87.6% of offered calls within 120 seconds and abandon 2.7% of calls offered after 30 seconds. In June, 89.6% of calls offered were answered in 120 seconds and 1.8% of calls offered were abandoned after 30 seconds.
B06	Total time to call answer	
B07, B08	95 <sup>th</sup> /99th centile call answer time (seconds)	Telephony data is not provided at a transactional level, so we are unable to split telephony figures by contract area. Figures are calculated by applying a % based on numbers triaged.
B09	Total time of abandoned calls (seconds)	
C05	Calls where person triaged by any other Clinician	No known "Other" clinicians operate.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls when transferred to teams (previous to June, this was mostly Mental Health and Dental) become listed as external creating a new call with no triage listing for the Clinicians involvement. For January 21 this worked out as around 0.5% of Calls Answered. This has increased significantly from June 2021 due to operational changes in how two CAS organisations have calls passed to them in which the call is passed via the DOS.
E01	Total number of dispositions	E01 does not match the sum of its parts as some of the Dx codes do not map to items E02-E18 inclusive. However, this disparity equates to less than 0.1% of E01 cases per month.
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	Under investigation
G18 to G19	Community pharmacy service	We do not have data for these items as we have not yet had the SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data as we have experienced problems gathering data from providers.
H13 to H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – We continue to work on this.

### 111AA6 Isle of Wight

Lead data supplier: Isle of Wight NHS Trust

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

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Rota is bedded in and there has been significant improvement in sickness absence which drives performance improvements. 2 new CSD clinicians started in month plus one return to work from long term absence to support Clinical input.
B02	Number of calls abandoned	

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 'trages' 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	2 new CSD clinicians started in month plus one return to work from long term absence to support Clinical input.
E17	Callers recommended self-care at the end of clinical input	Calls forwarded to our remote Clinical Assessment Services (CAS) not included.
E26, E27	Calls initially given an ETC disposition that receive remote clinical intervention	We are only validating a small number of SG / SD's as our UTC is profiled to take a vast proportion (approx. 60%) of ETC dispositions, therefore negating the need for a '111 First (or 'ETC') 'validation'. If we were to record only the calls that would have been referred to an ETC, we would be reporting a far higher performance figure, but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ETC.
G01 to G10	Callers given appointments and booking types	Currently, we do not book appointments into several services. For example, almost 2/3 of our ETC dispositions are referred to services other than ETC (e.g. IUC) where we do not currently book appointments. In addition, high volumes of out of area calls reduces the opportunity to book appointments.
G05	Calls where the caller was booked into an IUC Treatment Centre	Our 111 service is currently unable to book directly into our own IUC and very few IUC services elsewhere. All reported bookings are for IUC TC's elsewhere. Checking back over the

		last 6 months or more it appears that less than 1% is not unusual for this KPI.
G10, G11	SDEC service bookings	SDEC for telephony referrals not yet embedded.
G20 to G23	Face to face consultations	This section of reporting is still being developed.
H19 to H22	NHS 111 Online contacts	SSRS reporting not updated to include these new metrics at this time.

### 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	
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.

**111AI2 Surrey Heartlands**

Lead data supplier: Practice Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	We continue to be pleased with the improved performance position in 111, this follows the implementation and embedding of a number of actions previously shared. Staff retention and recruitment is positive as well as technical changes such as IVR messaging.
A03	Number of answered calls	
B06	Total time to call answer	
C01	Number of calls where person triaged	Validation/Clinical metrics are also improved directly reflecting our significant uplift in CA recruitment and rota planning. The disparity in the C01 and D01 figures are caused by the weekly submission not containing any values for the metrics involving Adastra cases which are basically metrics B10 – H22 for 30 <sup>th</sup> and 31 <sup>st</sup> July.
D01	Calls assessed by a clinician or Clinical Advisor	
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.
G02, G06, G08, G10	DoS Selections	Referrals into PPG services reinstated where no G02, G06, G08, G10 or G12 metric exists.
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).

We have unfortunately been unable to clarify with a number of External IUC providers what metrics they would report against based on their services. Unfortunately, we have also 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
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	We were unable to receive PID data securely to allow us to link Provider data back to ours to avoid double counting and would only be able to receive aggregated data for a partial submission for A06, we made the difficult decision not to request data from the five providers we were able to complete the process around services and metrics for.
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 organisations as they are technically out of area and we operate a virtual call centre so there is no way to split it, other than 50/50.
B02	Number of calls abandoned	Performance is lower than June 2024, due to a drop in staffing hours and an additional day in the month. Although demand has declined by 2%, the average logged in time per day for call handlers has declined by 4.2%. As a result, the ratio of calls offered per logged in hour dropped slightly from 4.2 in June 2024 to 4.1 in July 2024. This had an obvious knock-on effect on performance, allowing us to answer 87.6% of offered calls within 120 seconds and abandon 2.7% of calls offered after 30 seconds. In June, 89.6% of calls offered were answered in 120 seconds and 1.8% of calls offered were abandoned after 30 seconds.
B06	Total time to call answer	

B07, B08	95 <sup>th</sup> /99th 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)	
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
D01	Calls assessed by a clinician or Clinical Advisor	Some 111 calls are transferred via DoS referral which generates a separate case number when the Clinicians do their assessment. Work done to match up original Health Advisor case number to second one generated by the Clinician. For some cases this was not possible. Work in progress to achieve a long-term solution. Process can only be done for Monthly submissions. G02 to G11 items also impacted.
D03	Calls assessed by an advanced nurse practitioner	We do not operate this staff type any more.
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).
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 appointment 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
G18 to G19	Community pharmacy service	We do not have data for these items as we have not yet had our SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data – as we have experienced problems gathering data from Providers.
H13 to H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – work continues.

### South West region

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

Lead data supplier: Medvivo group (Medvivo)

Data item	Description	Comments
A07	Calls which originated from an external NHS 111 provider	Our 111 partners (PPG) have advised they do not externally receive cases directly into the 111 service.
B06	Total time to call answer	<p>Overall, there was a small drop in performance in July despite activity being slightly lower than the previous month. This is likely to be due to some more challenging days in terms of activity resulting in poorer performance. 111 is also seeing high numbers of absence through leave at this point in the year, much of which is new stuff with pre agreed arrangements.</p> <p>Staffing overall continues to be positive and we are seeing a positive improvement in CA fill week on week.</p>

G07	Number of calls where the caller was booked into a UTC	<p>As EDDI has been decommissioned and none of our providers have confirmed that there is a solution in place and they are all moving to one joint ESR system over the next year.</p> <p>We were hoping one provider had an interim solution but that does not appear to be the case. That doesn't mean referrals are not being sent to them but the KPI is specific to booking.</p>
G10, G11	Calls where the caller was booked into an SDEC service	BSW IUC do not yet book appointments into the SDEC service.
H01 to H22	NHS Online	Our partner PPG are not currently supporting digital/online sourced contacts.

### 111A15 Bristol, North Somerset & South Gloucestershire

Lead data supplier: BRISDOC Healthcare Services Ltd (BRISDOC)

Data item	Description	Comments
B02	Number of calls abandoned	<p>Overall demand in July was 3% lower than June, with 29.3K calls received.</p> <p>We received averages of 774 NHS111 calls per weekday and 1079 NHS111 calls per weekend.</p> <p>Call answering performance improved; changes in call answering performance are a result of seasonal variation. July is historically the third lowest month in terms of demand (cases per day).</p>
B06	Total time to call answer	<p>Abandonments down by 1.0% to 2.9%. The average speed to answer was 57 seconds (under 1 minute for the first time in 11 months).</p> <p>Calls assessed by a clinician within timeframe was 35.8% for immediate timeframe and 55.1% for &gt;20 minute timeframe.</p>



D01	Calls assessed by a clinician or Clinical Advisor	<p>We saw a 5.2% drop in NHS111 calls received per day since June, which is significant. The biggest improvement was seen at weekends, which is reflective of the bigger % fall in demand on weekends rather than weekdays.</p> <p>Variance between weekly and monthly submission values for D01 is due to our exceptions process, which provides more accurate data; whereas weekly data are submitted prior to exceptions, monthly data are not. Historically this can cause variance up to 3%.</p>
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 84.5%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 92.2%.
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 were on target at 97.3%, with treatment centre visits on target at 98.9%.
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.
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### 111AL3 Cornwall (HUC)

Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	The continuing reduction in demand, combined with improving rota fill has led to improved call answering performance. Also, recently-recruited HAs becoming more established (and so more effective), has led to the service's improved call handling times.
B06	Total time to call answer	<p>The proportion of calls being diverted to National resilience has reduced this month, creating the apparent increase in demand. The diversion of calls is aiding performance, but also the service is seeing much improved staffing levels (with recent months' recruitment now taking effect) and less sickness absence. Calls are now networked across the HUC estate, providing a much wider pool of call handlers and the significant reduction in abandonment rate.</p> <p>Efforts to improve overall staffing, and the pattern of staffing over the day/week, have helped to put people in the right place at the right time. This has helped call answering metrics even as demand has ticked up. Simultaneously, HAs recruited in recent months are now established and have become more effective call handlers. This leads to the improving call handling times.</p>
D01	Calls assessed by a clinician or Clinical Advisor	Data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for D01, correctly assigning the D01 tag to more cases.
G07	Number of calls where the caller was booked into a UTC	All cases captured in G07 are from out of area.

G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The ending of EDDI bookings into EDs has led to the drop in G09-qualifying cases (3 for July 2024) and so the drop in KPI 13 to near-zero.
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
C01	Number of calls where person triaged	The disparity in the C01 and D01 figures are caused by the weekly submission not containing any values for the metrics involving Adastra cases which are basically metrics B10 – H22 for 30 <sup>th</sup> and 31 <sup>st</sup> July.
D01	Calls assessed by a clinician or Clinical Advisor	
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 available to Tiverton and Newton Abbot UTCs.
G02, G06, G08, G10	DoS Selections	Referrals into PPG services reinstated where no G02, G06, G08, G10 or G12 metric exists.
G05	Number of calls where the caller was booked into an IUC Treatment Service	This KPI outcome has dipped lower than normal as we limit our capacity for 111 to direct book into OOH. This is due to the need for capacity for urgent appointments.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	Devon EDs have been changing their booking systems which directly affects this. Internal reports show 80% of available appointments booked, 16% not able to book (blocked) and 4% unutilised.
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
B02	Number of calls abandoned	Overall, our performance was better in July which has been driven by both a drop in demand in the month as well as operational changes.  The discrepancy between the weekly and monthly figures for C01 and D01 are where we had to estimate figures on a Monday submission due to only receiving data from our supplier up to 5pm the previous day.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	
C02	Calls where person triaged by a Service Advisor	These items are zero and do not apply to our service.
D04	Calls assessed by a mental health nurse	
D07	Calls assessed by a dental nurse	
G10, G11	Calls where the caller was booked into an SDEC service	These items are usually either very small or zero each month.
G12, G13	Received by dental services not using DoS	These items are zero and do not apply to our service.
H11, H12	NHS 111 Online contacts with SDEC appointment	This is confirmed as a true zero.

**111AH2 Gloucestershire**

Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
B02	Number of calls abandoned	July saw demand drop in Gloucestershire quite considerably in comparison to June, most notably across the weekends. This meant that all data items would have seen a decrease and better service performance.
B06	Total time to call answer	

C01	Number of calls where person triaged	The disparity in the C01 and D01 figures are caused by the weekly submission not containing any values for the metrics involving Adastra cases which are basically metrics B10 – H22 for 30 <sup>th</sup> and 31 <sup>st</sup> July.
D01	Calls assessed by a clinician or Clinical Advisor	
G02, G06, G08, G10	DoS Selections	Referrals into PPG services reinstated where no G02, G06, G08, G10 or G12 metric exists.
E17	Callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high, resulting in lower self-care dispositions. ADC for E17 looks at data with certain dispositions (DX09/16/25/39/391/45/46/82/96). When taking into account cases closed with advice utilising other dispositions the % is much higher.
G05	Number of calls where the caller was booked into an IUC Treatment Service	We have closed some of the direct booking appointments for 111 into some of Gloucestershire's IUC Treatment Centres due to the skillsets of our staffed ANP's. These appointments are now controlled by a coordinator within the TC to ensure patients are seen by the correct skillset.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	NHS111 can only book into Emergency Departments if appointments are made available. According to our data only 6 appointment slots were made available to book across all Gloucester ED's and no data to report on during the hours of 18:00-08:00. We are currently unsure if this is a reporting anomaly or whether appointment bookings had been reduced/switched off during these timeframes.
G11, G10	SDEC selections	The SDEC care service is not currently active.

**111AL5 Somerset (HUC)**

Lead data supplier: HUC

Data item	Description	Comments
B01	Calls answered within 60 seconds	Improvements in rota fill and further consolidation of recently recruited HAs are both aiding the service's overall call-handling ability. AHT has marginally improved and with more people available to answer, there is a positive effect on time to answer, and abandonment.
B02	Number of calls abandoned	
B06	Total time to call answer	<p>The proportion of calls being diverted to National resilience has reduced this month, creating the apparent increase in demand. The diversion of calls is aiding performance, but also the service is seeing much improved staffing levels (with recent months' recruitment now taking effect) and slightly less sickness absence. Calls are now networked across the HUC estate, providing a much wider pool of call handlers and the significant reductions in abandonment rate and speeds to answer.</p> <p>The drop in demand, combined with improving rota fill has led to improved call answering performance. Also, recently recruited HAs becoming more established (and so more effective), has led to the service's improved call handling times.</p>
C01	Number of calls where person triaged	The disparity between monthly and weekly is due to data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for these items, removing duplications.
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.
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	The ending of EDDI bookings into EDs has led to the drop in G09-qualifying cases (3 for July 2024) and so the drop in KPI 13 to near-zero.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

## 111 National Support

### 111NR1 National Resilience

Lead data supplier: Vocare

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

Data item	Description	Comments
A01	Number of calls received	The difference in call volumes is deliberate and is driven by NHSE UEC team and provider requested demand/assistance. We are not only the highest performing for immediate clinical call-backs, we are also delivering 99.95% VfM against contract.
A03	Number of answered calls	
B01	Calls answered within 60 seconds	Call volumes have decreased in line with direction and we will not perform the same against the other clinical KPIs as we do not validate ED, but we do validate Ambulance. Also, we are not an entire IUC pathway so we cannot accurately reflect performance against these metrics as we are directed to answer calls swiftly, call back promptly, and use the top DoS choice to get that patient back into their prime provider for onward care management.
B06	Total time to call answer	
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	We are on track for Q2, Q3 and 4 volumes are currently being decided and will be communicated from the UEC team on or around 6 Sep.
D01	Calls assessed by a clinician or Clinical Advisor	Our clinical KPIs especially 4-6 will be HA triaged and then for ED/ETC etc go into the prime provider's queue for validation, this should be the top DoS choice. We validate ambulance but are not contracted to validate ED's that rests with the primary provider we are supporting.
E17	Number of callers recommended self-care at the end of clinical input	
E26	Number of calls initially given an ETC disposition	
F03	Calls where the caller is allocated the first service type offered by DoS	

G05	Number of calls where the caller was booked into an IUC Treatment Service	
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	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	We do not validate ED Dx, that is the commissioned role of the prime provider, so we will seek the top DoS choice which should be an ED CAS and hope they get validated.
H19, H20, H21, H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	The National resilience contract was never intended to manage digital cases, these still move through to the prime provider for that region. Specifically, the contract states only ever speaks to telephony.