IUC ADC June 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	111 call performance continued to improve. The following factors contributed to the improved performance of the items. The increase in our EOC capacity (HA's) over the course of the last few years has helped move the dial on our call handling performance. Also note that the Pharmacy First contract ended in June, where emergency medication would no longer be supplied to walk-in
B06	Total time to call answer	

			patients at pharmacies. Our initial analysis is showing that the impact on 111 has been lower than initially forecast.
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		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.

111AI7 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 – Barnsley Healthcare Federation, NL3-CARE PLUS,RFR - Rotherham NHSFT, NXL01 – FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH, NLO - Vocare - not submitted as no longer providing GPOOH service - Replacement provider will be Nimbuscare - we are supporting them to submit their data which hopefully will commence in August 2024.

Data item	Description	Comments
B02	Number of calls abandoned	LCD Dental: We have seen a decrease in overall demand last month and, along with an increase in staffing, we have seen an improvement overall.
B06	Total time to call answer	YAS: Lower demand last month has helped with call answer performance.
C01	Number of calls where person triaged	The disparity between monthly and weekly figures is being investigated by NECS
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.
E01	Total number of dispositions	With regard to the validation for E01/C01, we are in the process of updating scripts for the YAS data as this looks like an error or miscounting. This have been raised to our dev team to look into.
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	NECS will investigate further when checking scripts – this figure has been below 7% since October 2023 (with exception of May 2024).

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.
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; 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), NWAS and Wirral (new submission). No submission from Central Cheshire this month. There are still a number of providers, covering a large geographic area, who are not submitting monthly returns. Still on-going issues with reconciling numbers and duplication. Discussions on-going between NWAS and NHSE IUC Operational Insights Team on how to rectify this.

Data item	Description	Comments
B02	Number of calls abandoned	Demand was down in June compared to May, however, the two public holiday weekends in May will be a contributing factor to this. We have seen strong call pick up performance in June. Some of the main contributing factors are as below: • Sickness/absence June 2024 – We have continued to see sickness absence levels at 10-12% for call handlers. For context sickness/absence levels in June 2023 were 20-25%.

B06	Total time to call answer	•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. • Recruitment- We are continuing to recruit heavily and as a result we are starting to see staffing numbers closer to our budgeted position. • 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 &Welfare.
C01	Number of calls where person triaged	Double counting of disposition identified. This is related to CAS data been added up to 111 core provider figures. Number of calls where person triaged (NWAS only = 131,454). Going forward, we have asked for this to be checked and any activity other than NWAS to be excluded.
D01	Calls assessed by a clinician or Clinical Advisor	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. We have also had some providers not submitting weekly due to leave and no cover.
D01	Calls assessed by a clinician or Clinical Advisor	60,847 includes NWAS (26,938) and CAS (33,909) The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.
D02 to D09	Calls assessed by staff type	The majority of submitting CAS providers are unable to split out D01 into the clinician type - therefore these have been recorded under D09 to balance back.

D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	GPUCA reported numbers: This is an artificial (undercounted) return based on a fixed 20min target however CAS operates to locally defined targets agreed with commissioners.
D24, D25	Time to clinical assessment for callers requiring assessment within a timeframe over 20 minutes	Data not available to calculate the average and 95th percentile for these from provider submissions.
E01 to E30	Calls with Clinical Input, IUC Recommendations (Dispositions) and Validation of Dispositions	Total dispositions: 135,604 and is made up from NWAS (131,454) and some CAS providers (5,049 - Central Cheshire, East Cheshire, FCMS and Wirral - double counted where both CAS and NWAS report).
E17	Number of callers recommended self-care at the end of clinical input	1,609 includes NWAS (1,223) and CAS (386 submitted by FCMS & GMPUCA).
E19, E20	Number of calls initially given a category 3 or 4 ambulance disposition	NWAS complete E19 and CAS complete E20 but we are still not receiving submissions from all providers.
E25	Total wait time to category 3 or 4 ambulance validation (seconds)	Only two providers regularly submit data for E25.
G01, G03, G05, G07, G09, G11, G13 and G14	IUC Service Integration	Where CAS/OOH providers (GMPUCA and Central Cheshire) have supplied numbers in G03, G05, G07, G09, G11, G13 and G14, these have been added in to G01 (which previously reported only 111 activity (NWAS = 15,165, GMPUCA CAS 3,482, GMPUCA TAS 705 and Wirral 172)). All other CAS provides are leaving the fields G01-G14 empty.
G08	DoS selections – Type 1 or 2 ED	
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	G08 is only completed by NWAS (111), G09 has been requested from 111&CAS, similarly for G10 and G11.
G10	DoS selections – SDEC service	
G11	Calls where the caller was booked into an SDEC service	

Data item	Description	Comments
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.

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
B01	Number of calls answered within 60 seconds	Variation to previous month and the implication to improved performance as a consequence are attributable to improvements made during service recovery actions following provider implementation of a new telephony system during April.
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	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.

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. |
| D01 | Calls assessed by a clinician or Clinical Advisor | |

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	The noted fall in Total Time to Call Answer is undoubtedly a product of improved performance month on month. Firstly, it should be noted that out call volumes are being mitigated by a percentage being taken by the NHSE National Contingency Service. However, you will see that call volumes for Calls Offered to Call Centre (A03+B02) have fallen as well by over 1700 calls and is probably a seasonal effect, which will be reversed in the Autumn. The fall in calls combined with the ongoing service remodel help explain the fall Call Answer Time KPI 2 to 84 seconds from 92 seconds and the 5 second fall in KPI 3 also reflects this. The faster call answer time in conjunction with the fall in calls received and answered should help explain the fall in B06 Total Time to Call Answer.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
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	Hertfordshire did see call demand dropping in June compared to the previous month in May 2024 which is one of the factors responsible for improved performance compared to previous months, the average calls offered to call centre per day in June for Hertfordshire were 961 whereas it was 975 calls offered per day in May 2024. Also, the calls offered to call centre have reduced as a percentage of our calls are being taken by NHSE National Resilience which has reduced some pressure on the services, hence leading to improvement in Abandonment rate and Average time to answer in the month of June 2024.

It is noticed that the drop in call volumes is continuing into the months of July and August. There is ongoing work to improve the performance by allocating staff at the right times of the day to catch the peak hours which seem to have impact on the performance and the organisation is also working on the service model which should help in improving the performance.

The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct. |
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	
G10, G11	SDEC service bookings	Continues to be work in progress.

111AG7 Luton & Bedfordshire
Lead data supplier: HUC

Data item	Description	Comments
B06	Total time to call answer	The decrease in Total Time to Call Answer can definitely be attributed to improved performance month on month, however, it must also be noted that a percentage of call volumes are still being taken on by the NHSE National Contingency and thus, some of the improved performance can be related to this support. Additionally, call volumes for Calls Offered to Call Centre have also fallen and is likely due to seasonal effects, which could well be reversed in the Autumn.

As demand has decreased for the reasoning mentioned above and we're seeing improvements in data items B01, B02 and B06 – we can also expect performance for Calls Assessed by a Clinician or Clinical Advisor to increase as less demand and a decreased workload would allow clinicians to assess more calls and improve performance. |
| D01 | Calls assessed by a clinician or Clinical Advisor | The difference with the weekly and any Monthly numbers is because at the end of every month we rerun the months data again and this then updates our data. |
| 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
B06	Total time to call answer	Decrease in the demand can be connected to fewer weekend days/Public holiday days in the month of June. Also, there was a 70% increase in worked hours as IC24 are focused on improving quality of service rendered.
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.
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.
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.

Data item	Description	Comments
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
B01	Number of calls answered within 60 seconds	The rise/increase in demand is likely due to external factors, such as only 5 weekends in the month, no public holidays, and it being a summer month. This would then lead to a decrease in demand which in turn would lead to an increase in performance.
B02	Number of calls abandoned	
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The disparity between monthly and weekly figures is due to overnight issue relating to data for weekly upload. Some end of week activity will not be counted as clinical as the clinical touchpoint would not occur until Monday morning missing our overnight data load.
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.
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.

Data item	Description	Comments
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	A decline in demand may be attributed to June's fewer public holidays and weekend days. Additionally, there was a 20% rise in working hours which contributed to the decrease in abandoned calls
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.
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.

Data item	Description	Comments
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
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, 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.
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
A01	Number of calls received	West Essex did see call demand dropping in June compared to previous month in May 2024 which is one of the factors responsible

A03	Number of answered calls	for improved performance compared to previous months, the average calls offered to call centre per day in June for West Essex were 237 whereas it was 244 calls offered per day in May 2024. Also, the calls offered to call centre have reduced as a percentage of our calls are being taken by NHSE National Resilience which has reduced some pressure on the services, hence leading to improvement in Abandonment rate and Average time to answer in the month of June 2024.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	It is noticed that the drop in call volumes is continuing into the months of July and August. There is ongoing work to improve the performance by allocating staff at the right times of the day to catch the peak hours which seem to have impact on the performance and the organisation is also working on the service model which should also help in improving the performance.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	The difference in weekly and monthly figures is due to end of month reconciliations and the monthly figures stand correct.
G10, G11	SDEC service bookings	Occasionally patients are referred to an SDEC, but numbers will be small. Functionality is not yet available for SDEC appointments to be booked.

London region

111AD5 North Central London
Lead data supplier: London Central and West Unscheduled Care Collaborative (LCW)
Contract changes for NCL from November 2023 has resulted in combined ADC data across two providers using our own SQL procedures.
While reports continue to be validated, previous issues with the Adastra SSRS reporting are now resolved.

Data item	Description	Comments
A02	Calls routed through IVR	Null as we are not using any IVRs.

B06	Total time to call answer	Activity has decreased on previous months, this is in line with seasonal variation. Therefore, each data item decreases based on this seasonal decline through the summer period. Performance targets not met due to unplanned sickness in Health Advisor Staff and continuing shortfall in recruitment to meet required FTE for Health Advisors.
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.
D14	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	With the combined data across two providers being aligned to the lead provider's formularies for KPI 5a and 5b, it has been identified that the interpretation of the IUCADC definition of these data types were not previously aligned. Currently the end time stamp of the pathways consultation is being used but the definitive disposition can be reached at a later time stamp which is resulting in different clock start times.
E05	Number of callers recommended to attend Same Day Emergency Care (SDEC)	Figures validated and are low due to restrictive criteria for referral into the service.
G12, G13	Calls received by dental services not using DoS	N/A as we are not a dental service.
H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face 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
H19-H22	NHS 111 Online contacts where contact offered a call	using new data sources in ADC.

111AH5 North East London
Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A01	Number of calls received	We have had improvements in the performance of the service this month. We fixed some issues with 'Abandoned Calls' and 'Calls Answered in 60 seconds. The disparity between the weekly and monthly figures is due to instances of duplication in the call log.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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	Most months this item will either be zero or very low.

	clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	

111AJ1 North West London
Lead data supplier: London Ambulance Service NHS Trust (LAS)

Data item	Description	Comments
A01	Number of calls received	We have had improvements in the performance of the service this month. We fixed some issues with 'Abandoned Calls' and 'Calls Answered in 60 seconds. The disparity between the weekly and monthly figures is due to instances of duplication in the call log.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
D02	Calls assessed by a general practitioner	We have changed how these items are reported to be consistent with 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).
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
A01	Number of calls received	We have had improvements in the performance of the service this month. We fixed some issues with 'Abandoned Calls' and 'Calls Answered in 60 seconds. The disparity between the weekly and monthly figures is due to instances of duplication in the call log.
A03	Number of answered calls	
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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	June has seen a decrease in demand, as is expected heading into the summer months. We have seen a continued month on month improvement in various KPIs including the number of calls answered in 60sec and calls abandoned. This improvement in performance has been down to the continued increase of our employed staff numbers which has led to more capacity to answer the phone as joiners has continued to be higher than leaver numbers. We have also seen the weekend gap in performance continue to improve with capacity increasing as we recruit more people with a willingness to work a higher proportion of unsocial hours. The calls assessed by clinicians within 20 min has been on a positive trajectory over the last few months, including this month again as we maintained an ongoing focus on clinical recruitment since the beginning of 2024.
B06	Total time to call answer (seconds)	
B07, B08	95th & 99th 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	The discrepancy between the weekly aggregate and the monthly count is present across all our contracts. 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. 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.

This amendment was made after the weekly data for June had been submitted. The monthly data includes the new clinician type names.

In short: new clinician types omitted from weekly submission but included in monthly submission. |
|---|---|---|
| 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 alongside a drop in calls assessed by a clinical advisor which, can be attributed to the focus on clinical recruitment since the beginning of 2024 where a number of clinicians are currently within training and consolidation period. Current push in clinical recruitment is a long-term measure to ensure more resilient and stable cohort of clinical advisors as we move into the summer. |
| E20 | Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention | Figures are missing 999 validations done by LAS; numbers show the few that were picked up by Practice Plus Group. |
| F02 | Directory of Services: no service available other than ED (ED catch-all) | This is usually very low or zero. |
| G01 | Number of calls where caller given an appointment | G01 includes a case with service type ID of 156 which has no corresponding service in the mapping document. |
| G13 | Number of calls received by dental services not using DoS that resulted in a booked appointment | No Smile data was received from Healthy London Partnership. |

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	Demand has declined in June, as it was a 30-day month, with no public holidays. There was an 8.4% decline in demand and a 7.1% decline in logged in hours. The average number of calls per day in June has declined to 4437 calls per day, compared to 4688 calls per day in May. The average number of logged in hours per day has also declined from 1112 hours per day to 1068 hours per day. Despite this decline as the demand has fallen in June, the ratio of calls

B06	Total time to call answer	offered to call handlers logged in hours available has remained steady at 4.2. As a result, performance has improved in June, with 89.5% of calls answered in 120 seconds (the highest percentage since April 2022) and 1.7% of calls abandoned after 30 seconds (the second lowest percentage since April 2022). In June, the average number of calls between Saturday – Monday was 5841 calls per day, compared to 6350 calls per day in May (8% decline). The average demand between Tuesday – Friday has remained steady and declined by 0.4% - June: an average of 4589 calls per day, May: an average of 4609 calls per day.
B07, B08	95th/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	The disparity between weekly and monthly figures for C01 and D01 is because we submitted estimated figures on w/e 23rd June. This was due to the issues we were experiencing with 111 Data entering the DWH.
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.
F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Adastra outage from which these were sourced.
G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.
G07	Number of calls where the caller was booked into a UTC	With regards to Thames Valley's much higher rates compared to Hampshire & Surrey Heath, TV has limited UTC resource – appointments volumes are known and not over-recommended/subscribed resulting in better performance. HSH issue if in comparison is not one of appointments but DOS Selections creating larger divisible figure that cannot be met with available UTC resource.
G11	Calls where the caller was booked into an SDEC service	No DoS booked appointments listed for SDEC in timeframe.
G15	Number of calls where repeat prescription medication was issued within your service	Would have to look for Prescribing Reports – passed to 111 Operations to investigate.
G16 to G19	Community pharmacy service	We do not have data for these items as we have not yet had the SSRS feed reinstated after the Adastra outage.
G20 to G23	Number of patients requiring a face to face consultation in their home residence	SCAS does not hold this data as we have experienced problems gathering data from providers.
H13 to H16	NHS 111 Online contacts that resulted in patient requiring a face to face consultation in an IUC Treatment Centre	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back	We are having issues matching inbound Dx from 111 online data necessary to identify callback times – We continue to work on this.

111AA6 Isle of Wight
Lead data supplier: Isle of Wight NHS Trust
Outcomes of calls forwarded to remote Clinical Assessment Services (DAS, PHL and MHA) are currently not included in the ADC submission.

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	Constant recruitment cycle continues and there are a number of gaps in the rota, we are unable to support additional staff as overtime due to financial restraints within the Trust. New staff coming through the system elevate the average handling time. Also, staff are in mentoring periods affecting AHT and reduction in staff available due to mentoring new staff.
B02	Number of calls abandoned	
B06	Total time to call answer	Staff sickness remains an issue although we have managed some staff out during month but will need to backfill.\n\nIOW 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 'triages' 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	New CSDs in mentoring process, 2 further CSDs to start in September due to existing roles notice periods.
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.

111AI9 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.

Data item	Description	Comments
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
E17	Number of callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high. This ultimately impacts the appropriateness of self-care recommendations.
G01	Number of calls where caller given an appointment	Cases with appointments booked into 'Urgent Treatment Centre (UTC) Co-Located with ED' (Service Type ID is 150) not included in G07 but included in G01.
G07	Number of calls where the caller was booked into a UTC	
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	Demand has declined in June, as it was a 30-day month, with no public holidays. There was an 8.4% decline in demand and a 7.1% decline in logged in hours.

The average number of calls per day in June has declined to 4437 calls per day, compared to 4688 calls per day in May. The average number of logged in hours per day has also declined from 1112 hours per day to 1068 hours per day. Despite this decline as the demand has fallen in June, the ratio of calls |

B06	Total time to call answer	offered to call handlers logged in hours available has remained steady at 4.2. As a result, performance has improved in June, with 89.5% of calls answered in 120 seconds (the highest percentage since April 2022) and 1.7% of calls abandoned after 30 seconds (the second lowest percentage since April 2022). In June, the average number of calls between Saturday – Monday was 5841 calls per day, compared to 6350 calls per day in May (8% decline). The average demand between Tuesday – Friday has remained steady and declined by 0.4% - June: an average of 4589 calls per day, May: an average of 4609 calls per day.
B07, B08	95th/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)	
C01	Number of calls where person triaged	The disparity between weekly and monthly figures for C01 and D01 is because we submitted estimated figures on w/e 23rd June. This was due to the issues we were experiencing with 111 Data entering the DWH.
D01	Calls assessed by a clinician or Clinical Advisor	
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).
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.
F01 to F03	Directory of Services	We do not have data for these items as SSRS feed has not been restored after the Adastra outage from which these were sourced.
G02 to G09, G14	Callers booked into a service following a DoS selection	Disparity with provisional figures is due to not being able to manually update weekly DoS figures with up to date service types – this is only feasible monthly.
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	Low KPI outcome is driven by two factors, CAS provision issues to the lesser part (clinicians tend to be better in 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	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 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.

Data item	Description	Comments
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.
A01	Number of calls received	Activity was lower in June than May. One reason for this was the additional public holidays in May where we know activity rises considerably. As a result, performance improved accordingly. We are seeing consistent rota fill now from a HA perspective and good CA cover resulting in improved call performance levels.
A03	Number of answered calls	The disparity between monthly and weekly figures for B02 is because the call data from our 3rd party relating to Sun 16/06 came through a day later than expected. Hence when the weekly submission was made the complete data set was unavailable this had been rectified once the monthly submission was collated.
B02	Number of calls abandoned	Disparity in C01 monthly and weekly figures is due to technical processing issue resulting from a very rare (seen once in the last year) server error. We process our data daily, each time

Data item	Description	Comments
B06	Total time to call answer	processing the last 2-3 days (as often 'additional' data arrives supplementing or superseding previous data). The first time the data relating to Sat 22/06 was processed it was correctly processed – this 'correct data' was then sent as part of the weekly submission – when the Sat 22/06 data was again re-processed on Tue 25/06 a server error occurred which erroneously impacted *some* of the results – these errors remained in the data until the monthly submission (when 'incorrect data' was submitted).
C01	Number of calls where person triaged	
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 June was 13% lower than May, with 30.1K calls received.
A03	Number of answered calls	We received averages of 788 NHS111 calls per weekday and 1124 NHS111 calls per weekend/public holiday; demand on weekends was considerably decreased, with weekday demand level.
B01	Number of calls answered within 60 seconds	
B02	Number of calls abandoned	
B06	Total time to call answer	Call answering performance improved; abandonments down by 3.1% to 3.9%. The average speed to answer was 80 seconds.
C01	Number of calls where person triaged	
D01	Calls assessed by a clinician or Clinical Advisor	Calls assessed by a clinician within timeframe was 32.1% for immediate timeframe and 50.7% for >20 minute timeframe.
B01 to B11	Call handling	CAS data not included as unavailable.

Data item	Description	Comments
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	Ambulance assessment was on target with 81.6%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessment was on target at 91.5%.
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 just below target at 93%, with treatment centre visits on target at 98.6%.
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
B06	Total time to call answer	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.
		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.
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
B01	Calls answered within 60 seconds	Performance is in line with expectations, June was slightly quieter and performance was slightly better.
B02	Number of calls abandoned	
B06	Total time to call answer	
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.
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.
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
C02	Calls where person triaged by a Service Advisor	
D04	Calls assessed by a mental health nurse	These items are zero and do not apply to our service.
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
B01	Number of calls answered within 60 seconds	Gloucestershire's volume remains above contracted levels and for June offered calls were 43% above the contract baseline. Resourcing is planned on the contractual demand and funding. PPG answered >33% over the contractual volume.
B02	Number of calls abandoned	Due to the lower volume than that of the previous month we were able to answer calls a lot quicker, resulting in a lower abandonment rate and more calls triaged. The actual amount answered was similar to that of May, showing our staffing remains positive. We anticipated volume to reduce during June.
B06	Total time to call answer	
D01	Calls assessed by a clinician or Clinical Advisor	The discrepancy between the weekly aggregate and the monthly count is present across all our contracts. The BI team became aware that new names for clinician types had been introduced. We have amended our ADC process to include

		the new clinician type names in the mapping to the ADC clinician categories.
		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.
		This amendment was made after the weekly data for June had been submitted. The monthly data includes the new clinician type names.
		In short: new clinician types omitted from weekly submission but included in monthly submission.
E17	Callers recommended self-care at the end of clinical input	With consistent failed access to primary care during in hours, the acuity of our clinical queue remains high, resulting in lower self-care dispositions. ADC only looks at 111 data & those closed with advice from 111 Clinicians. When taking into account cases closed with advice only from 111 & OOH the % is much higher.
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. During June there were only 117 appointments available to book. 106 of these appointments were successfully booked, giving a utilisation rate of 90.6%.
G11, G10	SDEC selections	The SDEC care service is not currently active.

111AL5 Somerset (HUC)
Lead data supplier: HUC

Data item	Description	Comments
B06	Total time to call answer	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. 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.
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.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

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 National Resilience service operates on a week-by-week activity plan, and our call volumes have been deliberately decreasing to (I suspect) leave sufficient fuel in the back for a winter ramp up on another expectedly busy flu season. Our KPI 1-3 responsiveness has improved as we have retained those trained staff, so have excellent workforce availability (with zero agency usage), this is permitting workforce leave/recuperation, training and development, ready for winter.
A03	Number of answered calls	
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	
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.