IUC ADC January 2025 - 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
A01	Number of calls received	Call performance returned to usual levels, achieving the KPIs for January. This was anticipated coming out of December/Christmas.
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	
A07	Calls which originated from an external NHS 111 provider	Unable to separately identify calls that are transferred from another 111 provider in SystemOne.
B09	Total time of abandoned calls	No system capability to extract this information.
D01	Calls assessed by a clinician or Clinical Advisor	Calls assessed by a clinician has increased due to a change in counting. Analysis had been ongoing for some time which concluded that we were undercounting for this measure and therefore usually see an increase when we submit monthly in comparison to the aggregate weekly numbers. We have amended logic to correct this, and we are seeing a more accurate reflection for this metric and KPI 4.
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.
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, NL3-CARE PLUS, RFR - Rotherham NHSFT, NXL01 – FCMS, RJL-Northern Lincolnshire and Goole NHS Foundation Trust, NNJ-DHU Bassetlaw OOH, DTP – Nimbuscare.

Data item	Description	Comments
A01	Number of calls received	Demand was down and YAS have informed us the reduction in calls in January resulted in better call times.
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	The reason for a disparity between weekly and monthly values for this item is due to the Clinical Adjustment Urgent care figures are in the Monthly submission D01 – D09 – but not the Weekly.
G05	Number of calls where the caller was booked into an IUC Treatment Centre	Volumes provided reflect an issue with the direct booking system which occurred following the Adastra outage in August 2022.
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. |

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. 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, GotoDoc (Lancashire) and Wirral. Note: Blackburn with Darwen and East Lancashire's return is now completed by the provider (East Lancashire Medical Services). There are still a number of providers, covering a large geographic area who not submitting monthly returns, and for those that do submit, there are gaps in the data where they are unable to provide the figures. Still on-going issues with reconciling numbers and duplication.
It has been agreed with NHSE that the Vocare support will remain in place at 10% until Feb 2025.

Data item	Description	Comments
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 = 152,214). 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	67,874 includes NWAS (32,196) and CAS (35,678) 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.
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	D24 - 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: 164,925 and is made up from NWAS 152,214, BwD 1,760, Central Cheshire 1,583, East Cheshire 3,379, East Lancashire 3,771, FCMS Fylde Coast 848, FCMS Morecambe Bay 557, FCMS West Lancashire 577, Wirral 236) Other CAS providers have left E01 blank.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	E20 provided by the following CAS: ELMS (Blackburn with Darwen, East Lancashire), GMPUCA (CAS) HRCG Care Group.
E25	Total wait time to category 3 or 4 ambulance remote clinical intervention (seconds)	E25 from the above only HRCG Care Group has provided a value for E25.
G01, G03, G05, G07, G08, G09, G10, G11, G13 and G14	IUC Service Integration	Manual adjustments have been necessary when resubmitting the January numbers: G01 (26,307) - where CAS/OOH providers (Central Cheshire, Blackburn with Darwen, East Lancashire, 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 (NWAS (17,305), CAS (9,002) All other CAS provides are leaving the fields G01-G14 empty. Where CAS/OOH providers (Blackburn with Darwen, Central Cheshire, East Lancashire, GMPUCA and Wirral) have supplied numbers in G03, G05, G07, G09, G11 and G13, these have been added in to G02, G04, G06, G08, G10 and G12 (previously NWAS only reporting lines).
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	A01, A03, C01, and D01 are all attributable to the decrease in calls seen during the period and the % changes are all in line with the % decrease shown in A01.
A03	Number of answered calls	B02, B06 and the proportion of B01 to A03 have shown improvements and we are currently reviewing the reasons behind these improvements and will update when we can.
B02	Number of calls abandoned	
B06	Total time to call answer	Generally, there were lower calls than expected and staffing levels were higher. A combination of these factors meant that calls were answered quicker, had a better staff to calls ratio, and had considerably fewer calls abandoned. Also note that this trend has a national undertone as national abandonment rates also crashed perhaps due to similar situations for other providers.
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	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.

G11	Number of calls where the caller was booked into an SDEC service	This item is either very low or zero each month currently.
H19 & 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)	These items consistently show very low or zero values, which is typical and not out of the ordinary. This aligns with our knowledge of the online endpoints that feed into H19 and the acuity of those patients involved being more likely to decline a callback and opt to visit the emergency department directly.

111AC5 Cambridgeshire & Peterborough
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	The main driver in the improved performance is the fall in Calls Offered to Call Centre, which were significantly lower than December 2024 by over 6000 calls. The volume on this metric was even a few hundred calls lower than November 2024. This led to an improved time to call answer of 51 seconds, compared to 137 seconds in December and 87 seconds in November. I am pleased to see that Abandoned Calls were only just over the 3% KPI for January as well and we were within the 95th Percentile Time for call answering. Clearly, this is at least partly down to the fall in inbound call volumes, however, we are actively tweaking our staffing rotas to improve performance as well, so this does help. In terms of external pressures, I am unaware of any new changes, we are susceptible to "Winter Pressures" the same as the rest of the NHS.

Calls triaged by a Clinical Advisor increasing will probably be down to the type of cases and internal rota changes. We cannot influence the symptoms patients call with, but we can try to improve clinician availability to meet demand. |
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	On differences between weekly and monthly submissions, we reconcile after month end and this introduces changes to data, compared to weekly submissions.
G10, G11	SDEC service bookings	SDEC referrals are very low.

111AG7 Luton & Bedfordshire
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	A01 Number of calls received decreased in January, which is as expected, going into the new year without the usual holiday periods in December now behind us as well as the lessening of winter pressures faced towards the end of 2024. With the decrease in A01, we can expect B01 performance to increase due to the lower call volume. Furthermore, the rotas continually being refined and the work behind the scenes to ensure resource meets demand, we also expect to see the performance improvements. With the improvement in B01, we would then also expected fewer calls to be abandoned and hence, the improvement in B02 also. With more calls being answered within 60 seconds and fewer calls being abandoned, it can then also be expected that the total time to call answer, B06, would reduce.

Once again, as previously mentioned, with the call volume decrease and improvement in performance at the front end, we'd then expect the downstream to also feel the effects and thus, more calls will also be assessed by clinicians and Clinical Advisors. |
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	Once again, as previously mentioned, with the call volume decrease and improvement in performance at the front end, we'd then expect the downstream to also feel the effects and thus, more calls will also be assessed by clinicians and Clinical Advisors.

Data item		Comments
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.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.
C01	Number of calls where person triaged	The reason for the disparity between weekly and monthly figures for C01 & D01 was due to the fact that we were in national contingency on 08/01/25 and 29/01/25 due to essential maintenance for an upgrade to our telephony systems which required switchovers.
D01	Calls assessed by a clinician or Clinical Advisor	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
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.

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	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
A01	Number of calls received	The changes for January can be explained by an increase in staffing leading to a better staff to calls ratio.
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	
B07	95th centile call answer time (seconds)	Current telephony system does not allow accurate recording of this metric, so a proxy is provided instead.
B08	99th centile call answer time (seconds)	
D01	Calls assessed by a clinician or Clinical Advisor	With regard to disparity between weekly and monthly numbers, overnight issue relating to data for weekly upload - some end of week activity will not be counted as clinical as the clinical

Data item	Description	Comments
		touchpoint would not occur until Monday morning missing our overnight data load.
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 or very low.
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.
G07	Number of calls where the caller was booked into a UTC	For Milton Keynes we are unable to see total referrals for BLMK ICB from IDT, not knowing if the issue is appointment utilisation or lack of thereof, which can only be used if available, the service has full control of that element.
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 or very low.
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.
B07, B08	Call answer centiles	Due to the way that our calls are currently aggregated, centile figures may be inaccurate.

C01	Number of calls where person triaged	The reason for the disparity between weekly and monthly figures for C01 & D01 was due to the fact that we were in national contingency on 08/01/25 and 29/01/25 due to essential maintenance for an upgrade to our telephony systems which required switchovers.
D01	Calls assessed by a clinician or Clinical Advisor	
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	Figure might be inaccurate due to the way the calls are aggregated.
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.
G10, G11	SDEC service bookings	SDEC is not used on the DoS much; SDEC booking is done by phone not booking system. Numbers will remain low until SDEC services pick up and are profiled on the DoS.
G12, G13	Calls received by dental services not using DoS	These items are currently not available, due development or not applicable.
H17, H18	NHS 111 Online contacts initially given an ETC disposition	
H19 to H22	NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor	These are nulls instead of 0, we are currently not able to monitor whether a call back has been offered via an online assessment.

111AH7 North East Essex & Suffolk
Lead data supplier: Practise Plus Group (PPG)

Data item	Description	Comments
A01	Number of calls received	We are delighted with this performance improvement after a period of internal focus and service delivery model adjustments.
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	We will investigate the disparity between the weekly aggregate and Monthly numbers for this item but it could relate to higher acuity.
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 and particularly low in January due to lack of direct booking.
G10, G11	SDEC selections	The SDEC care service is not currently active.

111AM1 West Essex & Hertfordshire
Lead data supplier: HUC.

Data item	Description	Comments
A01	Number of calls received	January call volumes returned to being more in line with November 2024.
A03	Number of answered calls	The Average speed to answer and percentage abandoned saw a significant improvement in the month of January with 3% abandonment rate with in the KPI though the average speed to answer the calls saw a reduction from 90 seconds in November to 55 seconds in January, it was still above the KPI threshold of 20 seconds. The improvement in performance can be attributed to improved Rota-fill in January which helped manging calls at the peak time as efficiently as possible. Also, it is noteworthy that the average handling time which was seeing an increase in months previous to December is steadily coming down and is consistently improving which in turn helps in improving the performance.
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	The call answered within 60 seconds B01 also saw an improvement compared to November as the Average speed to

		answer, Average handling time and abandonment rate saw a reduction in January.
D01	Calls assessed by a clinician or Clinical Advisor	Again, the difference in the monthly and weekly figures for C01 and D01 would be due to end of month reconciliations.
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.

111AL9 North Central London (LAS)
Lead data supplier: London Ambulance Service NHS Trust (LAS) (as of August 2024)
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
B02	Number of calls abandoned	The change in B02 and B06 is consistent with the improvement in call taking performance.
C01	Number of calls where person triaged	Having rerun the database queries and the figures reported for B02 and B06 in January are accurate.
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.
H16	Number of NHS 111 Online contacts that resulted in patient requiring a face to face consultation within their home residence, who received a face to face consultation in their home residence within the timeframe agreed	The figure is 0 or low due to the type of referrals from 111 Online which do not result in face-to-face home consultations.
H17-H18	NHS 111 Online contacts initially given an ETC disposition	Data items are blank or very low. We are investigating this due to using new data sources in ADC.
H19-H22	NHS 111 Online contacts where contact offered a call	

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

Data item	Description	Comments
B01	Number of calls answered within 60 seconds	The changes in B02 and B06 are consistent with an improvement in call taking performance compared with the previous month. The change in B01 is less than 4%
B02	Number of calls abandoned	
B06	Total time to call answer	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.
G11	Calls where the caller was booked into an SDEC service	No bookable appointments recorded usually or if there are it is usually very small numbers of cases.
H20	Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes	Most months this item will either be zero or very low.

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

Data item	Description	Comments
B02	Number of calls abandoned	The change in B02 and B06 is consistent with the improvement in call taking performance.
B06	Total time to call answer	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We use a local quality metric of 1 hour for cat 3 and 4 validation, including Dx333 Speak to a Clinician from our service immediately - Ambulance Validation.

| 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
B02	Number of calls abandoned	The change in B02 and B06 is consistent with the improvement in call taking performance.
B06	Total time to call answer	
D14	Callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes	We work to our own localised mapping for 20min response in the CAS so these codes may sit within our lower priorities which mean we would not be meeting a 20min response on them.
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)
The number of LAS Adastra cases received by PPG greater than telephony aggregates.

Data item	Description	Comments
A01	Number of calls received	Our performance improvement seen in January is a result of our continued focus on service delivery both from a non-clinical and

A03	Number of answered calls	clinical perspective with the following areas remaining key to our service delivery: • Managing in real time the teams on the floor ensuring our response to fluctuations in service demands are met quickly and efficiently. • Although our clinical recruitment target has now been met, we continue with the focus on clinical productivity, seeing an upward trajectory over the last two months. Staffing and rota alignment to deliver our KPIs are largely ongoing.
B02	Number of calls abandoned	
B06	Total time to call answer	
A03	Number of answered calls	LAS number Adastra cases received by PPG greater than telephony aggregates. With all our submissions, the SWL data we receive from LAS are excluded from our centile metrics so for these metrics only, PPG data alone is used. This can lead to the centile metric values looking out of sync with other values. We also have an issue in that we often receive more Adastra cases from LAS than the count of telephone calls. We have raised this issue with LAS but have been told that they are unable to do anything about it. It would seem that the logic they use for establishing the region they cover for telephony cases is different from that one that is used for establishing which contract an Adastra case belongs to. This leads to the data showing a high proportion of calls being converted into triaged cases and sometimes, such as happened in January, showing more triaged cases than telephone calls answered.
A07	Calls which originated from an external NHS 111 provider	
C01	Number of calls where person triaged	
B07, B08	95th & 99th centile call answer time (seconds)	LAS data excluded from centile metrics as aggregated data is received by PPG.

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	Work continues around clinical productivity, with a positive increase seen in KPI5a.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	LAS data excluded from centile metrics as aggregated data is received by PPG.
F02	Directory of Services: no service available other than ED (ED catch-all)	This is usually very low or zero.
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. Improvements to the calculation of the G05 metric has resulted in a higher figure being recorded to include all bookings into IUC Treatment Centres.

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.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data. Please note, for the month February 2025, Vocare will no longer be handling 10% of calls offered from 5pm on Friday 14th February 2025, as such for half of the month there will be a differential in both demand and performance that will impact the figures. As far as we know, there are no expectations that staffing hours will be increased, to bridge the gap of staff shortages.

Data item	Description	Comments
A01	Number of calls received	Performance has improved in January, due to a decline in demand. January's demand at a SCAS level has declined by 12%, whilst staffing hours have remained steady at SCAS level thus calls per hour ratio has declined to 4.6 calls per hour, from 5.2 in December 2024. This had a knock-on effect on performance, ending the month with call answer 76.9% of offered calls within 120 seconds and abandon 3.6% of calls offered after 30 seconds, in comparison to December, 65.9% of calls offered were answered in 120 seconds and 5.8% of calls offered were abandoned after 30 seconds.
B02	Number of calls abandoned	
B06	Total time to call answer	

A05	External clinician calls to Clinical Assessment Service (CAS)	Blank as uncertainty whether there is a direct line in this way.
A07	Calls which originated from an external NHS 111 provider	Volumes split equally between the two SCAS Contract Areas. This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls.
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	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. This equates to around 0.5% of Calls Answered.
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. The issue in Hampshire & Surrey Heath is not one of appointments but DOS Selections creating a 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	N/A and still 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.

Data item	Description	Comments
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
A01	Number of calls received	Performance looks much improved when compared to December, but this is mainly because December was a very difficult month.
B01	Number of calls answered within 60 seconds	Demand dropped back to normal levels and sickness was lower than December. We are seeing the demand trend continuing into February and March which is positive.
B02	Number of calls abandoned	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.
B06	Total time to call answer	
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.
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	There are several services where appointments cannot be booked. 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
D01	Calls assessed by a clinician or Clinical Advisor	The monthly total for D01 frequently exceeds the weekly aggregate, due to the inclusion of cases closed after weekly upload.
D21	95th centile time to clinical assessment for callers requiring assessment within 20 minutes (immediately)	We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements.
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	We do not envisage reporting on these metrics due to the intensive server processing required to do so, which would have a detrimental effect on wider Trust reporting requirements.
E25	Total wait time to category 3 or 4 ambulance validation	
E30	Total wait time to ETC validation (seconds)	
F02	DoS: no service available other than ED (ED catch-all)	Unable to identify this value in the Cleric platform.
G11	SDEC referrals and bookings	This data item is 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 are delighted with this performance improvement after a period of internal focus and service delivery model adjustments
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	We will investigate the disparity between the weekly aggregate and Monthly numbers for this item but it could relate to higher acuity.
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.
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.

Please note, between 13th September 2024 and 15th February 2025, 10% of all calls offered will be handled by Vocare. Unfortunately, we will not be able to incorporate any of these calls into our data. Please note, for the month February 2025, Vocare will no longer be handling 10% of calls offered from 5pm on Friday 14th February 2025, as such for half of the month there will be a differential in both demand and performance that will impact the figures. As far as we know, there are no expectations that staffing hours will be increased, to bridge the gap of staff shortages.

Data item	Description	Comments
A01	Number of calls received	Performance has improved in January, due to a decline in demand. January's demand at a SCAS level has declined by 12%, whilst staffing hours have remained steady at SCAS level thus calls per hour ratio has declined to 4.6 calls per hour, from 5.2 in December 2024. This had a knock-on effect on performance, ending the month with call answer 76.9% of offered calls within 120 seconds and abandon 3.6% of calls
A03	Number of answered calls	
B02	Number of calls abandoned	

B06	Total time to call answer	offered after 30 seconds, in comparison to December, 65.9% of calls offered were answered in 120 seconds and 5.8% of calls offered were abandoned after 30 seconds.
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	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. This item has increased substantially due to calls passed back into SCAS by Vocare (assumed), as all other areas remain the same and Vocare are currently handling 10% of all calls.
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)	
C05	Calls where person triaged by any other Clinician	Zero. No known "Other" clinicians operate.
D01	Calls assessed by a clinician or Clinical Advisor	KPI4 remains steady month on month and has increased by 1.7% in January. The average benchmark for KPI4 in Thames Valley is 35%, which are in line with, despite the 8% decline for C01 and 8% decline for D01, in comparison to December's data. Since April 2024, KPI4 has remained between 34% - 37%.
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.

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	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	N/A and still under investigation.
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.
H12 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.

111AL6 BaNES, Swindon & Wiltshire (Medvivo-PPG)
Lead data supplier: Medvivo group (Medvivo)

Data item	Description	Comments
A01	Number of calls received	In terms of performance improvement there are several actions which has seen improvement: • Activity reduced in January • PPG (111) front end HA (Health Advisor) staffing improved KPI 1 and KPI 2 and improvement in CA (Clinical Advisor) shift fill • ETC Enhanced validation end of December • Changes to DOS profiles improved KPI 9 On going improvements: Joint workshops to work through KPI's to improve • KPI 5 a and b
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	
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.
G01	Number of calls where caller given an appointment	Medvivo revised their submission for Dec 2024 due to their previous submissions over the last few months have had erroneously high booking figures (G01, G05 and G14). The high booking figures came about due to an operational change where OOH CAS consultations are now sometimes booked into Medvivo's internal appointment ledger. These were 'internal' bookings and not meant to be taken as clinical patient bookings. The resubmission is a correction with revised/lower figures for G01, G05 and G14.
G05	Number of calls where the caller was booked into an IUC Treatment Service	
G14	Number of calls where caller given any other appointment	

Data item	Description	Comments
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 January was almost 17% lower than December, with 31.5K calls received.
A03	Number of answered calls	We received averages of 772 NHS111 calls per weekday and 1,284 NHS111 calls per weekend/bh day.
B02	Number of calls abandoned	Call answering performance improved to the best values seen in several years; abandonments fell by 0.8% to 0.6%. The average speed to answer was 13 seconds.
B06	Total time to call answer	Calls assessed by a clinician within timeframe also improved, at 43.2% for immediate timeframe and 46.7% for >20 minute timeframe.
B01 to B11	Call handling	CAS data unavailable.
E20	Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	999 showed some improvement at 86.7%.
E27	Number of calls initially given an ETC disposition that receive remote clinical intervention	ED remote assessments percentage on target to 85.5%.
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 93.0%, with treatment centre visits on target at 99.0%.
G23	Number of patients receiving a face to face consultation in an IUC Treatment Service within the timeframe agreed	
H19, H20, H21, H22	Number of NHS 111 Online contacts where person was offered and accepted a call back	These items are usually either zero or very small.

111AL3 Cornwall (HUC)
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	HUC's work over the last few months to realign HA rota patterns has borne fruit in January, with staff generally much better cover at key times on key days now. January also saw a slight drop in rates of HA absence, and it's these two factors that had the significant impact on performance.
A03	Number of answered calls	
B02	Number of calls abandoned	
B06	Total time to call answer	
C01	Number of calls where person triaged	The disparity between weekly aggregate and monthly official for item D01 is due to data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for these items, picking up previously uncounted items.
D01	Calls assessed by a clinician or Clinical Advisor	
G10, G11	SDEC referrals and bookings	Since January 2023, SDEC has only ever appeared on the DoS a handful of times per day.

111AL2 Devon (PPG)

Lead data supplier: Practice Plus Group (PPG)
Vocare data omitted from centile and average metrics as data is received by PPG in aggregated format.

Data item	Description	Comments
A01	Number of calls received	As mentioned in December's review – "Mid-month (December) implementation of a short term NHS111 service recovery plan including review of FSSD (Fluid Sterile Service Delivery). Results have raised Practice Plus Group to top quartile performer nationally in relation to KPIs 1 & 2 during a period that is traditionally one of the most pressured. Further improvements in performance expected in January."

This has improved performance and provided consistency. Our focus will now revolve improvements to clinical performance (2 year plan). |
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	When the ADC calculations are carried out for the weekly submission, any open cases are excluded from the calculations as the data needed is not yet available.

When we make the monthly submission, we run a recalculation of the figures, the timing of which ensures that all cases for the previous month have been closed. This invariably leads to the monthly figures being greater than the weekly aggregate. This is especially noticeable for cases that go on to be assessed by a clinician or clinical advisor as these take longer to complete. |
| 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. |
| 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
A01	Number of calls received	Dorset Healthcare believe they have been under-counting calls answered and are currently investigating this. They intend correcting any issue during the next revisions window.
A03	Number of answered calls	
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	
D13	Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately)	Note that D13 and D14 has been updated to better capture timings where patient contact has taken place. This will be reflecting in the D20-25 and the relevant H's from February moving forwards.
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	
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.

111AL8 Gloucestershire (ICB/IC24)
Lead data supplier: Gloucestershire (ICB/IC24)

Data item	Description	Comments
A01	Number of calls received	January 111 activity was above forecasted figures, which is being largely attributed to the increased number of respiratory related cases on the back of flu outbreaks.
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	

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	For KPI 5a the data is currently being validated with IC24. A meeting is scheduled within IC24 for Monday to discuss internal changes which may impact this KPI. We will update you when we know more on this one and are able to report accurate figures.
G01-G14	Number of calls where caller given an appointment / appointment types	Providers at Gloucestershire have been looking into a few items with erroneous numbers, these have now been corrected but did not make it in time to be included in the report extract so these corrections will be captured in the next revisions period. For information though, here are the corrected numbers by item: G01: 1711 G03: 705 G05: 492 G07: 2 G09: 4 G11: 0 G13: 0 G14: 508
G03	Number of calls where the caller was booked into a GP Practice or GP access hub	For KPI 10 a task and finish group has been set up for booking 111 slots to local primary care with the aim to improve performance.
G06	DoS selections – UTC	G06 and G07 now contains MIIU's and are listed locally as G06a and G07a. MIIU activity was previously provided in G08 and G09. This change is due to our MIIU activity otherwise not fitting the definition of any of the other metrics,

G07	Number of calls where the caller was booked into a UTC	as Gloucestershire's MIIU's have been categorised as not fitting the definition of a UTC. This why they were previously in G08 and G09, otherwise their activity would have not been surfaced. Discussions are ongoing with Gloucestershire ICB regarding the definition of the MIIU's
G09	Number of calls where caller given a booked time slot with a Type 1 or 2 ED	For KPI 13 as mentioned above this previously included MIIU's. This KPI is currently not applicable for Gloucestershire as the system does not book ED slots. The few coming through for this KPI will be out of county calls.
G10/G11	Number of calls where the caller was booked into an SDEC service	SDEC are not available in the DOS in Gloucestershire and these will therefore not appear except in instances of out of area patients.

111AL5 Somerset (HUC)
Lead data supplier: HUC

Data item	Description	Comments
A01	Number of calls received	HUC's work over the last few months to realign HA rota patterns has borne fruit in January, with staff generally much better cover at key times on key days now. January also saw a slight drop in rates of HA absence, and it's these two factors that had the significant impact on performance. The disparity between monthly and weekly for C01 & D01 is due to data clean-up exercises have led to the variation in weekly-aggregate and monthly numbers for these items, removing duplications.
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	
G07	Calls where the caller was booked into a UTC	Continuing trend of low appointments booked vs DoS UTC referrals for this region.
G10, G11	SDEC service bookings	We currently do not have or book into a SDEC service.

111 National Support
111NR1 National Resilience
Lead data supplier: Vocare
It is worth observing that we are closely working with the National team as we only have the NR111 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 has been demobilised, it was only created as part of the UEC recovery plan for two years and ended 17:00 Friday 14 February. The data presented shows the decrease in call demand that we were asked to deliver. This is a pattern that continues until mid-February as the supported providers were asked to 'slowly' come off the support of this service. The positive commentary we received from the National UEC team, and the contract governance team through NWL ICB, shows we were delivering care at the time we were required to, above the standard, and crucially without any serious incident for over 12 months.
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	Next month you will see a tapering of call volumes as this contract works towards its inevitable conclusion.
D01	Calls assessed by a clinician or Clinical Advisor	Regarding the disparity between weekly aggregate and monthly numbers for items A01, A03, B01, B02, B06 - there were some data interruptions so some weeks were incomplete.
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	
G06 & G07	Number of calls where the caller was booked into a UTC	This contract area doesn't have UTC or SDEC services to send patients to.
G10 & G11	Number of calls where the caller was booked into an SDEC service	
H01-H22	NHS 111 Online	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.