LEGACY STATEMENT

NHS 111 Wales

Call Handling & Nurse Clinical Assessment Services

delivered by Welsh Ambulance Services (NHS) Trust

Legacy Statement

Prepared by:	Nicola Bowen – National Head of Governance & Integration, Six Goals UEC
Date:	14 March 2024

1. Introduction

This legacy statement summarises the transfer of the National Commissioning Arrangements of Welsh Ambulance Service (NHS)Trust, (WAST) who deliver NHS 111 Wales core operational services (front-end), specifically Call Handling & Nurse Clinical Assessment, on behalf of NHS Wales Health Boards.

Commissioning responsibilities for NHS 111 Wales core operational service, delivered by WAST, will transfer from the NHS 111 Wales National Programme Board to the new NHS Wales Joint-Commissioning Committee (JCC) as of 1st April 2024.

This includes the transfer of the NHS 111 Wales budget paid to WAST for delivery of NHS 111 Wales core operational services along with governance and accountabilities for delivery assurance, including performance and achievement of key clinical standards as set out in the NHS 111 Wales Quality & Delivery Assurance Framework.

2. Background

In 2015/16, NHS Wales Chief Executives, supported by Welsh Government, confirmed their intention to work together to fully implement the NHS 111 Service across Wales. The 111 National Programme was developed to implement a new service model which aligned NHS Direct Wales (a core function of WAST) with the Urgent Primary Care (Out Of Hours) Services provided by Health Boards (which is a core function of LHBs).

The Senior Responsible Officer (SRO) for the NHS 111 Wales National Programme and lead Chief Executive is ABUHB CEO. The governance and accountabilities for NHS 111 Wales have been managed through the 111 National Programme Implementation Board, chaired by the SRO.

The National rollout of NHS 111 Wales concluded in March 2022 when the service was fully implemented and operational in every health board area in Wales.

A Quality & Delivery Assurance (Commissioning) Framework (QDF) was approved by the 111 National Implementation Board and endorsed by WAST Trust Board in May 2023. The QDF was implemented on 1st June 2023 and set out the Model of Care, Care Standards, Service Requirements, Performance Metrics and Commissioning Intentions (service improvements) for the 111 service delivered by WAST.

3. Changes

In 2023, an independent review of National Commissioning in Wales was conducted as part of '*A Healthier Wales*'. In scope for the review was Welsh Health Specialised Service Committee (WHSSC), the National Collaborative Commissioning Unit (NCCU) and the Emergency Services Ambulance Committee (EASC). The purpose of the review was to simplify and consolidate commissioning arrangements & capacity across Wales. The commissioning of NHS 111 Wales, while not included in the original scope of the independent review, was identified for potential inclusion as part of the horizon scanning activities.

4. Legacy Statement

This legacy statement provides an overarching summary of key information:

a. Asset Register

i. There are no assets to transfer to the JCC

b. Staffing Information

i. There is a resource identified for transfer to the JCC to support finance.

c. Programme/Functions Information

i. The in-scope functions transferring to the new NWJCC and will continue under the NWJCC as of 1st April 2024, are:

- NHS 111 Wales Call handling service – delivered by WAST.
- NHS 111 Wales Nurse Clinical Assessment service – delivered by WAST.
- 111 Digital Platform - To remain the remit and responsibility for operational delivery and assurance with WAST. Future strategic

development and transformation will be a joint endeavour between 6G Board, Commissioners and WAST

d. Financial Information

i. The annual budget available for delivery of NHS 111 Wales core operational functions delivered by WAST and set to transfer to the JCC, is **£10.3 million**. Detailed financial information (budget) is set out in the appendices.

ii. The budget of £10.3million will benefit from 3.67% uplift that will be passed on to WAST via JCC from Health Boards in 2024/25.

iii. Over the last several years, the WAST budget allocation has been managed using a *cost-and-recover* methodology which was agreed with Welsh Government and partners on the 111 National Programme Board.

iv. Note: The £10.3million budget is in addition to the existing baseline NHS Direct budget that is allocated to WAST directly via EASC. The NHS Direct allocation will need to be defined in 2024 /25 to establish the <u>total</u> cost of 111 services delivered by WAST.

v. WAST have some additional management costs for posts that may have been funded via Contact First, allocated via EASC in 2020/21. These posts have not been funded from the 111 National Programme.

e. Governance

i. Governance and accountabilities for commissioning WAST as provider of the services outlined in (4c) have been delegated by the National 111 Implementation Board through a governance sub-structure. Specifically, a Commissioning Board which is attended by WAST Executives and is supported by a Delivery Assurance Group (DAG) attended by WAST Senior Operational Leads.

ii. To support the transition arrangements, and manage the risks associated with the implementation of the 111 Patient Management System, the 111 Board will continue to operate throughout Quarter 1 2024/25

iii. The Commissioning Board & Delivery Assurance Group are both Chaired by senior members of the National Programme /Six Goals team.

iv. It has been agreed via the governance workstream that both the Commissioning Board & Delivery Assurance Group will remain in place and transfer as sub-groups under the JCC.

v. A Quality & Delivery Assurance (Commissioning) Framework (QDF) is in place setting out the agreed Service Standards.

vi. Commissioning Intentions for 2024/25 (service improvements) have been endorsed by the WAST Trust Board & 111 Board.

vii. The QDF will transfer to the JCC along with agreed Commissioning Intentions for the service for 2024/25.

f. Out of Scope key programme activities/functions

i. All National transformational workstreams linked to 111 and Urgent Primary Care remain the responsibility of the Six Goals National Programme for Urgent & Emergency Care and the Strategic Programme for Primary Care and remain out of scope.

5. Conclusion

The NHS Wales 111 National Programme has achieved its key strategic objective to deliver a National NHS 111 Wales service, which is fully functional, clinically safe and stable and has good inter-operability with other urgent and emergency care services across every health board area.

The service now has an agreed Quality & Delivery Assurance Framework in place, setting out Care Standards and measures across the Model of Care, to ensure quality and safety of the service.

The Six Goals National Programme for Urgent & Emergency Care will continue to lead national transformational workstreams linked to 111 to deliver the key objectives set out in the National Urgent & Emergency Care Policy Framework.

6. Appendices:

Section 2: Financial Information

Appendix 1: 111 Programme Board Financial Update

Appendix 2: 26/10/23 111 Funding from WG Letter

Section 3: Governance and Corporate Issues information

Terms of Reference 111 Board, Commissioning Board & DAG

Appendix 3: Interim 11 Board ToR

Appendix 4: 111 Commissioning Board ToR

Appendix 5: 111 Delivery Assurance Group ToR

Section 4: Programme information

NHS 111 Wales Quality & Delivery Assurance Framework 2023/24

Appendix 6: 111 Quality and Delivery Framework

NHS 111 Wales Commissioning Intentions for 2024/25

Appendix 7: 111 Commissioning Intentions

111 Service Performance Pack

Appendix 8: 111 Performance April 23 – Feb 24

WAST 111 Provider Report

Appendix 9: 111 Provider Report March 2024

Workforce Planning

There is currently £10.3m funding available for core 111 staffing which excludes the separate resource allocation that is already in the WAST baseline from the historic NHS Direct allocation. As at 31st March the current total establishment for 111 is **178.44wte** call handlers and **94.74wte** clinicians. In order to meet peaks in demand, bank and overtime is utilised and on average this represents an additional 11wte call handlers and 11wte clinicians per month.

We have been jointly working to increase the overall call handler numbers in ratio to clinical staff (circa 2:1). Commissioners may want to review to benchmark this in future with similar models across the UK.

The monthly Finance and Delivery Assurance groups monitor staffing levels to ensure that the workforce profiles remain within the £10.3m resource envelope.

Section 5: Programme Risk Register

Appendix 10: 111 Risk Register March 2024

Appendix 11: 111 CAS Replacement

Y gofal iawn, yn y lle iawn, y tro cyntaf:
Chwe Nod ar gyfer Gofal Brys
a Gofal mewn Argyfwng

Right care, right place, first time:
Six Goals for Urgent and
Emergency Care

Title:	**111 Programme Board Financial Update**			
Author:	Elaine Brown, Division Finance Senior Analyst Richard Bowen, National Programme Director			
Date:	13 March 2024			
Purpose of report:	To provide the National Board with a forecasted revenue out-turn position for the 111-programme for 2023 /24 hosted by Aneurin Bevan LHB. The paper also confirms the transfer of budget allocations across to the JCC and the National 6 Goals Programme as detailed in the financial paper to the 111 Board in Jan 2024			
Specific action required: *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☒	☒	☐
Recommendations:	Members are requested to note the contents of the report.			

1. INTRODUCTION

Welsh Government have historically agreed a 3-year cycle of revenue funding for the 111 National Programme which commenced in 2021-22 and was based on full year effect of the 111 service across out across all seven Local Health Boards. Current funding of £15.5m has been agreed which covered the core 111 service delivered by WAST, the three regional Clinical Support Hubs and programme costs incorporating some IT support costs for OOHs. This allocation has not been uplifted to cover any inflationary pressures and /or pay awards for 23-24 financial year.

This core 111 resource is separate to the existing baseline funding for previously resourced NHS Direct services provided by WAST over many years. This resource is already within the WAST baseline allocation and has been managed /allocated as part of the commissioning mechanisms under EASC.

For future years, the core 111 service funding is now underpinned by a recurrent top-slice from Welsh Government via the NHS MEG with commitment to resource this service recurrently. From 2024 /25 onwards this has been agreed at £10.3m which will be now include a 3.67% uplift excluding pay awards. Given the recent announcements of the financial pressures across the system, all budgets will continue to be reviewed and the 111 allocation will be no exception.

Table 1 (below) highlights the overall workforce numbers that have been costed by WAST and invoiced to January 2024 along with the latest position as at February this year. Current projections for the remainder of the year are based on the trajectories noted at DAG and are indicative however have been jointly agreed between the 111 National Programme and the WAST teams.

Y gofal iawn, yn y lle iawn, y tro cyntaf:
Chwe Nod ar gyfer Gofal Brys
a Gofal mewn Argyfwng

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Table 1: total workforce numbers for the 111 service
(jointly funded from 111 core and historic NHSD baseline resources)

	Call Handlers	Clinicians
April	159.09	105.36
May	182.42	103.18
June	161.54	113.96
July	183.50	110.59
August	174.86	108.41
September	170.93	109.02
October	161.21	107.62
November	175.74	103.77
December	172.76	102.21
January	190.24	105.20
February	184.25	104.11
March*	194.00	101.29
Average for 23 /24 Period	**175.88**	**106.23**

*forecasted

Table 2 (below) illustrates the forecast position of WAST based on the latest position February 2024:

WAST	Current Budget (£000)	WTE Current (£000)	Actual YTD (£000) April-February	Estimated forecast (£000) March	Total for Year
Corporate Costs		16	679.41	61.88	741.29
Operational Costs					
Call Handlers (Band 3)		184.25	4,315.16	443.12	4,758.28
Nurse Advisors (Band 6)		104.11	1,901.98	149.63	2,051.61
Senior Nurse Advisors		17.74	446.64	42.46	489.10
Call Take Coordinators		15.51	407.24	28.81	436.05
Non-Pay inc licences etc.					1,217.25
Total	**10300**				**9,693.58**
Slippage					**606.42**

The table above presents an assessment of current and forecast WTE for the period and cost including an assessment on the overall spend position at year end including both pay and non-pay.

Please note: Year-end slippage in month 11-12 now includes a non-recurrent savings allocation from the termination of contract with CAPITA. In Quarter 4 this has resulted in a savings of circa £325k against licences fees and is subject to a separate Board paper which will be presented by WAST. Future Commissioners (JCC) should not be planning or assuming a similar position /underspend in Quarter 4, 2025. The figures do not include the additional one-off funding for improvements to the 111 website £89K allocated, with a forecasted spend £86K and a training allocation for the new IT CAS

System which was estimated at £219K with a forecasted actual spend in Quarter 4 of £32.5K. The year-end position has been collectively reviewed with trajectories regularly assessed jointly and we expected a year end spend of **£9,693m.**

- **Corporate costs** have remained steady throughout the year and there is an expectation that these will not change. Interpreter costs are included in the position above.
- **Call handler costs** there has been a recruitment drive to replace vacancies and to try and reduce the need for the additional higher costs linked to agency.
- **Nurse Advisors** There have been some bank and agency costs which are being incurred every month, but these should be kept to a minimum, due to the establishment levels. Additional costs have been incurred for paediatric/palliative care from the clinical hub pilot and are included within the February's costs.
- **Non-Pay costs:** Telephony costs are slightly less than expected and as noted, the IT licence costs have been reduced for January – March.

National Programme Costs

Clinical Support HUB costs and programme management combined reported as underspent of circa £0.73m however these are again indicative at this time and may change depending on the final Quarter 4 out-turn position across the three hubs in the remaining few weeks (and could change depending on additional requirements from Industrial Action and rise higher given the very close proximity to Easter and the final week of Industrial Action).

PROJECTED OUTTURN POSITION for 2023-24

	Budget	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Projected Mar-24	Projected March -24 Position	Variance
Pay as Per Ledger	864	60	65	85	74	59	88	20	61	68	64	65	75	784	863
														0	0
Non Pay Ledger	109	13	12	4	8	2	7	9	28	0	12	1	11	107	2
Programme Team Costs	973	72	77	89	82	61	95	29	90	68	76	67	86	892	81
														0	0
														0	0
Health Board Project costs	1,246	(3)	0	8	0	(4)	0	0	2	0	17	175	119	315	931
											0	0	56	56	-56
Programme Costs Total	2,219	70	77	97	82	57	95	29	92	68	94	242	261	1,263	956
														0	0
Income						(5)	(6)						(2)	(13)	13
Clinical Hubs														0	0
ABHB	909	18	73	19	102	21	55	49	16	79	48	51	71	603	306
Swansea Bay	1,150	0	158	88	137	98	111	51	99	59	155	43	95	1,094	56
Annual Leave for Pharmacists													14	14	(14)
Betsi-Pharmacy & GP	925	(42)	132	66	66	66	(54)	35	65	70	178	(74)	29	538	387
														0	0
WAST	10,300	780	831	809	882	837	842	799	819	809	779	749	758	9,694	606
Estimated Slippage															
Swansea Bay													317	317	-317
ABUHB													443	443	-443
Betsi Cadwaladr													492	492	-492
Cardiff & Vale													196	196	-196
Cwm Taff													386	386	-386
Hywel Dda													373	373	-373
Powys													56	56	-56
Contingency to be split after M12													47	47	-47
TOTAL	15,503	825	1,271	1,080	1,269	1,074	1,043	963	1,091	1,085	1,254	1,011	3,535	15,503	0

Noting the anticipated year end position for the core 111 Service and the three Clinical hubs and project spend, the figures noted about include both the projected and actual spends to date.

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a Gofal mewn Argyfwng

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FUNDING PROJECTED TO BE RETURNED TO HEALTH BOARDS 2023-24

As in previous years, the 111 Programme continues to use the following allocation formula for the return of any revenue allocations to Local Health Board. This is a split agreed by Directors of Finance /Welsh Government over many years and noted to be the fairest and most equitable way to split any underspend namely:

	Top Slice %
Swansea Bay	12.90%
Aneurin Bevan	19.13%
Betsi Cadwaladr	21.26%
Cardiff & Vale	14.39%
Cwm Taf	16.12%
Hywel Dda	12.12%
Powys	4.08%
	100.00%

Note: Adastra Costs (£0.9m) for the period will be covered by the national programme for Year 1 only. Year 2 costs onwards are being met by each LHB and if there are any other IT systems being used for wider community-based services then the associated costs will need to be met locally. The projected slippage split for each of the LHBs based on the current underspend and the indicative year end forecasts are as follows:

Table 2:

	SB	AB	BC	CAV	CMT	HD	PT	Total
	£m							
Slippage	0.18	0.26	0.29	0.20	0.22	0.17	0.06	1.36
Adastra Allocation	0.14	0.18	0.20	0.00	0.17	0.21	0.00	0.90
Total	**0.32**	**0.44**	**0.49**	**0.20**	**0.39**	**0.37**	**0.06**	**2.26**

Based on the table above these allocations have been agreed with each LHBs and the resources are being distributed in the final Q4 positions /out-turns. This exercise will be fully concluded before year end.

LOOK AHEAD FOR 2024 /2025

In regards the recurrent funding requirements for the 111 core services, we have received written confirmation from Welsh Government which has been backed up by recent allocation letters to each of the Local Health Board for 2024 /25. In the summary the following has been agreed:

- **£10.3m** will transfer across into the new Joint Commissioning Committee (JCC) hosted by Cwm Taf Morgannwg UHB for the operational delivery of core 111 services within WAST. This will provide non-clinical and clinical advice for urgent care plus it also covers the resources required for the local management,

support costs and non-pay expenditure including costs linked to the new CAS replacement system. For governance and audit purposes please be aware that this is not the total cost for operationally delivering the 111 Service as there is a separate historic allocation for NHS Direct which still sits within the 999 allocation managed by EASC.

We will ensure that as part of the transition arrangements, the JCC is fully aware of revenue spend and commitments to date along with any legacy agreements.

Noting the recent budget allocation letters which were issues to LHBs just before Christmas, we received further clarity from Welsh Government colleagues that both the (historic) NHSD and core 111 resource allocation will be subject to an additional **3.67% uplift for 2024/25** and that subsequent pay awards and other inflationary costs will also be funded on top of this allocation. No CIP target have been assumed at this time for 111.

- A further **£2.98m** will be allocated to the Six Goals Programme, via the NHS Wales Executive, to fund the **111 Clinical Support Hubs** for 2024/25 onwards and separate governance and accountability arrangements are already being worked through as noted in a separate Board paper. All three Clinical Hubs will continue to be delivered on a regional footprint however there is an opportunity to look at an integrated urgent primary care model for consistent delivery 24/7 of which the CSHs will be part of and therefore subject to further discussions in Q2/3. All future transformation work linked to 111 and urgent primary care will continue to be through the 6 Goals National Programme and the Strategic Programme for Primary Care.

- From the 1st April 2024, **£0.973m** of the budget will be allocated to the Six Goals PMO via the NHS Wales Executive hosted by Public Health Wales for pay / non-pay for staff associated with some elements of the former NHS 111 Wales Programme team. Individuals working for the Team have been part of a formal TUPE /OCP process as part of this transition plan which will be concluded and colleagues in place from April onwards.

- The remaining **£1.243m**, will also transfer across the Six Goals Programme from the 1st April and will be used to support a range of service improvement projects to support pre-hospital and digital infrastructure as part of Goal 2. Our preference in 2024 /25 would be to ensure that any legacy issues linked to Adastra /CAS are resolved and we have robust data reporting arrangements in place (which would include log shipping). Other priorities would include any Adastra upgrades to support improved patient flow (costs TBC), e-prescribing rollout for urgent primary care (circa £0.5m), DOS (circa 0.5m) and a shift in consistent delivery of the NHS 111 Wales online platform (costs to be determined). Some of this could equally be supported by new commissioner intentions as part of the service uplift costs from 24/25 onwards.

RECOMMENDATION

The Programme Board are asked to:

- Note the Revenue projected out-turn position for 2023/24 linked to core 111 service delivery within WAST.
- Note the slippage allocation being provided to each LHB based on the underspend to date.
- Note the agreed budget allocation for 24/25 as agreed with Welsh Government and the transfer of resources across to the JCC and the NHS Executive (Six Goals Programme) on the 1st April 2024.

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Nicola Prygodzicz
Chief Executive
Aneurin Bevan University Health Board

Richard Bowen
National Programme Director
Six Goals for Urgent and Emergency Care / NHS 111 Wales

26 October 2023

Dear both

Funding of the NHS 111 Wales Service

I am writing to confirm the future funding arrangements for the NHS 111 Wales Service.

As you are aware, our current arrangement must be amended given the change in landscape with the to-be-established joint commissioning committee and the transition of the Six Goals Programme Management Office (PMO) into the NHS Executive from 1 April 2024.

I can confirm **£15.496m** will be top sliced from Health Board budgets from 2024/2025 on a recurrent basis. This is a combination of recurrent funding and annual inflation uplift with the amended breakdown, in light of the changing circumstances, as follows: -

- **£10.3m** to be allocated to the new joint Commissioning Committee hosted by Cwm Taf Morgannwg UHB (the splits of which will be discussed further with Richard in due course);

- **£0.973m** of the budget will be allocated to the Six Goals PMO via the NHS Wales Executive hosted by Public Health Wales for pay / non-pay for staff and expenses associated with the former NHS 111 Wales Programme team;

- **£2.98m** will be allocated to the Six Goals PMO, via the NHS Wales Executive hosted by Public Health Wales, to fund the Clinical Support Hubs for 2024/25 only, with a paper setting out recommendations for the future of these services and commissioning mechanism – if relevant - to be considered by Welsh Government EDT and NHS Leadership Board by the end ofQ22024/2025; and

I propose a further discussion is held on the remaining **£1.243m**, historically managed by the NHS 111 Wales programme team for health board service improvement projects to enable a clear understanding of ongoing or legacy commitments. Our preference is that this funding is utilised to support digital infrastructure products and strengthening of the NHS 111 Wales online platform, in line with Ministerial commitments for a robust digital ‘front door’ for patients with urgent care needs.

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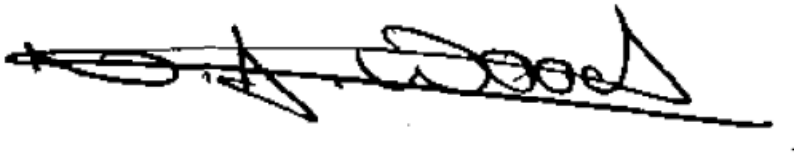
Gwefan • website: www.wales.gov.uk

I hope this provides you with the details that you need, but should you wish to discuss anything in more detail, please contact Hayley Floyd (Hayley.floyd@gov.wales)

Yours sincerely,



Nick Wood
Deputy Chief Executive NHS Wales
Welsh Government

INTERIM NHS 111 Wales

and Urgent Primary Care (Out of Hours) BOARD

TERMS OF REFERENCE

PURPOSE

Until such time that there is clarity on wider national governance structures, the Interim NHS 111 Wales Board will continue to provide the strategic direction and leadership for NHS 111 Wales service. The Board will, on an interim basis, lead the overarching planning and commissioning of NHS 111 Wales services, including service delivery, performance monitoring, finance, benchmarking and quality standards, on behalf of NHS Wales.

The INTERIM Board has been set up to support this phase of the NHS 111 Wales National Programme and the interface with Urgent Primary Care (UPC) especially during the out of hours services, and will remain in place until full commissioning functions are established.

Core delivery priorities include:

- Implement the NHS 111 Wales strategic and operational delivery plan to improve and simplify patient access /flow into an integrated urgent care service.

- Ensure an 'NHS 111 Wales National Collaboration Agreement' for NHS 111 Wales is agreed by all stakeholders.

- Oversee the delivery of NHS 111 Wales service across NHS Wales supported by a number of groups and work-streams to ensure the long-term stability of the National NHS 111 Wales service. This includes the monitoring and delivery against key clinical and operational standards, as detailed in the Six Goals policy framework and the NHS 111 Wales strategic plan

- In partnership with WAST, NHS Wales and Capita Healthcare Decisions, implement the national roll-out of the Integrated Clinical System (SALUS) for 111 and urgent primary care including the digital platform and infrastructure, clinical content, national service and workforce model, data and reporting architecture, governance frameworks and operational transition as detailed within the approved full business case (FBC).

- Support the on-going development of Clinical Support Hubs (CSH) noting the strategic intent for these to be part of a National model, 'Once for Wales' solution which combines the clinical expertise of multiple clinical specialities. Finalising the governance and accountabilities for the full end-to-end service will be part of the INTERIM NHS 111 Wales Board' role and taking the learning from the recent Business Continuity Incident with the Adastra outage.

In addition to delivery of the NHS 111 Wales service, the INTERIM NHS 111 Wales Board will support the delivery of transformational workstreams & legacy workstreams from the 111 National Programme Implementation Board to deliver the Six Goals for Urgent & Emergency Care National Programme. This will constitute a part A and part B of the meeting to ensure a seamless transition between the multiple functions.

This includes supporting national priorities which simplify or standardise clinical pathways and access into services and as a priority this will include:

- Urgent Primary Care (24/7), Crisis Mental Health (Press 2), Urgent Dental pathway improvement, Improved Digital Access for Patients, Support to Care Homes, Scoping wider work to support Palliative Care patients accessing urgent primary care services (particularly at weekends).

- To support delivery, engage, facilitate and /or lead the above programmes to ensure that the expertise from local clinicians and operational staff and the public shape a sustainable service based on prudent healthcare principles.

AIMS OF THE INTERIM NHS 111 Wales NATIONAL Board:

The Board will aim to;

1. Ensure sustainability of the National NHS 111 Wales service with a specific focus on appropriate advice, information or signposting, including digital access, web-guides, a free phone support line and access to a range of local services and clinical expertise (via a National All Wales Directory of Service).

2. Ensure that the agreed clinical, workforce and service models are robustly tested to ensure maximum benefit and value for money (VFM) and that the clinical decision support tools and algorithms do not result in the de-stabilisation of the existing urgent and emergency care system

3. Work with partner organisations to ensure that NHS Wales procures and implements an appropriate digital platform and infrastructure and utilises the wider opportunities that digital solutions can provide.

4. Continue to work with Welsh Ambulance Service NHS Trust (WAST) and health boards to develop, adopt and embed effective corporate, clinical and information governance mechanisms to enable the service to operate safely and legally and ensure appropriate monitoring mechanisms and service standards.

5. Ensure that an appropriate commissioning framework is established for the long-term delivery of NHS 111 Wales services.

6. Ensure the 111 and urgent primary care (OOH) services have an appropriate and dedicated revenue stream which embeds the principles already agreed with Welsh Government (WG) and NHS Wales to ensure long term sustainability.

7. Ensure that the service has a sustainable workforce, with the right skills, behaviours and training to support the delivery of excellent healthcare, which includes capitalising on the wider use of clinicians and specialised professionals to embrace multi-disciplinary team working.

Key principles to drive national delivery will include:

- Improvements in patient safety to include the prioritisation of care for those with greatest need first.
- Make more effective use of skills and resources by streamlining call-handling and clinical assessment, reducing duplication in data entry and maximizing the use of digital solutions and integrated technology wherever possible.
- Support the delivery of services closer to people's homes and improve the rates for self-care and community-based care wherever appropriate.
- Support the delivery of urgent primary care services 24/7 by standardising clinical pathways for key conditions, supporting the progression of the clinical support hub and MDT model on a regional, pan regional and national basis and by reducing the over-reliance on face to face and home visiting, where appropriate.
- Reduce duplication and service inefficiency and therefore contribute to overall financial sustainability by reducing inappropriate demand and pressures on emergency and urgent primary care services.

ACCOUNTABILITY AND GOVERNANCE

The NHS 111 Wales, service is a key strategic priority for both the National Primary Care and Six Goals for Urgent & Emergency Care National Boards and underpins many key policy drivers for the Welsh Government. It also had the direct support and mandate from the Director General and Minister for Health and Social Care and remains under review by the Public Accounts Committee.

- SRO and Chair responsibilities for NHS 111 Wales Board will continue to sit with the CEO for Aneurin Bevan, reporting directly to the Director General, Welsh Government & the Chief Executive Management Team (CEMT), on behalf of NHS Wales. This reporting line will continue until such time that this is agreed between all parties concerned.

- The above function will be supported by the NHS 111 Wales National Director and his /her wider team.

- WAST are operationally accountable as the 'national' provider for the front-end call handling and nurse triage function for 111. WAST has also taken on the Contracting Authority responsibility for 'SALUS' and will work jointly with the National NHS 111 Wales team to implement this new system as per the FBC approval process agreed with Welsh Government.

- LHBs will remain accountable for clinicians operating within the 111 Clinical Support Hubs until such time as the hosting arrangements for a National Hub Model have been finalised. LHBs will also remain accountable for the statutory delivery of urgent primary care services and 24/7 urgent primary care linked to GMS.

- The interface between these key areas and the agreed governance and accountability framework and monitoring processes to ensure successful delivery between all parties will reside with the INTERIM NHS 111 Wales National Board on behalf of NHS Wales. To facilitate during this transition period, updates will be provided to the NHS Executive Board and CEO Management Group every 3-6 months (or more frequently as required and directed by the SRO).

- The INTERIM NHS111 Wales Board will jointly oversee the implementation of the national rollout of the Integrated Information Solution (which replaces CAS /Adastra) with WAST as contracting authority as per the requirements of the FBC

The INTERIM NHS 111 Wales Board will meet bi-monthly and /or as necessary according to timing of decisions within the work programme. Board meetings will be minuted and actions recorded /followed up accordingly along with risk and mitigation for delivery.

The collection and analysis of data, standards and patient feedback will be used as and when appropriate to inform delivery.

EXPECTATIONS OF BOARD MEMBERS

- Members should be a designated senior level lead within their organisation, delegated with the authority to make decisions on behalf of the organisation /network they are representing

- Members will be responsible for ensuring that their own organisation /network is fully briefed on decisions of the INTERIM Board

- Members may be expected to lead on key work streams and be accountable for feeding the outcome/findings to the INTERIM Board

- The membership of the INTERIM Board will be accountable for decisions, and further actions arising from additional work streams

- Members are expected to make every effort to attend all meetings. One nominated deputy, with delegated authority can be identified as required

METHOD OF WORKING

- The Chair reserves the right to schedule ad hoc meetings should it be deemed necessary

- The INTERIM Board may establish working/task and finish groups to take forward certain actions or groups of actions determined by the Board

- Sub groups will be required to plan, deliver, quality assure and sign off all deliverables prior to submission to the Implementation Board for approval

- The INTERIM Board will invite input and co-opt advice from specialist sources as appropriate

- Key documents relating to this work will be published and made publically available and support any wider scrutiny processes as deemed appropriate

BOARD MEMBERSHIP

Name	Role	Organisation
Nicola Prygodzicz	Chief Executive, Chair and SRO 111	Aneurin Bevan UHB
Jason Killens	Chief Executive	WAST
Richard Bowen	National Programme Director	111 NHS Wales
Dr Chris Jones	Chair	HEIW
Dr. Stephen Bassett	National Clinical Lead	111 NHS Wales
Dr Pete Thomas	National Clinical Lead (Technical)	111 NHS Wales
Elen Jones	Director for Wales	Royal Pharmaceutical Society
Nicola Davis-Job	Acute Care & Leadership Adviser	Royal College of Nursing
Rachel Marsh	Director of Planning	WAST
Neil Frow	Managing Director	NHS Wales Shared Services Partnership
Roger Perks Hayley Floyd	WG Policy Leads	Welsh Government
Gareth Oelmann	Representative	GPC Wales
Chris Turley	Director of Finance	WAST
Jemma Morgan	Chief Officer	CHC Wales
Dr Dave Millar	Associate Medical Director representative	Cwm Taf Morgannwg LHB
Dr Sherard Lemaitre	Clinical Director rep	C&V
Sue Morgan	National Director and Strategic Programme Lead for Primary and Community Care	NHS
Dr Peter Saul	Representative	Royal College of GPs Wales
Leanne Smith	Director of Digital	WAST
Liam Williams	Director of Nursing	WAST
Rebecca Pearce	Operational Lead for UPC	Aneurin Bevan LHB
Shane Mills	Mental Health Lead	NHS Wales
Steve James Alex Gibbons Alex Vaughan Morris Gareth &/or Owain	111 National Team	NHS 111 Wales
Ed Roberts Joseph Moss Julie Williams	Finance Leads (revenue) Finance Lead (capital)	WAST Aneurin Bevan
Lee Brooks	Director of Operations	WAST
Dr Andrew Havers	National Policy Lead of UEC	6 Goals UEC
Nicola Bowen	National Head of Planning & Integration	6 Goals UEC

NHS 111 Wales
Commissioning Board

TERMS OF REFERENCE

1. Introduction/ Purpose

The Commissioning Board will oversee the development of a commissioning approach for NHS 111 Wales and the implementation of a Strategic Commissioning Framework.

The Strategic Commissioning Framework will determine, 'what good looks like' for NHS 111 Wales. This will ensure NHS 111 Wales can provide assurance on the 'quality' of service provided, through the achievement of evidence-based, national delivery 'standards'.

2. Background

NHS 111 Wales is a key strategic priority for both the Six Goals for Urgent & Emergency Care National Programme and the Strategic Programme for Primary Care and underpins many key policy drivers for the Welsh Government.

NHS 111 Wales

In 2015/16, NHS Wales Chief Executives, supported by Welsh Government confirmed their intention to work together to fully implement the NHS 111 Service across Wales. The 111 National Programme was developed to implement a new service model which aligned NHS Direct Wales (a core function of WAST) with the wider Urgent Primary Care (Out Of Hours) Services provided by Health Boards (a statutory function of LHBs).

The National rollout of the 111 programme, concluded in March 2022 when the service was fully implemented and operational in every health board area in Wales which also includes the delivery of three 111 Clinical Support Hubs and close links with Urgent Primary Care Centres in each LHB.

*The aims of NHS 111 Wales are contained in **Annex 1** of this document.*

Six Goals for Urgent & Emergency Care National Programme

NHS 111 Wales is a key National service contributing to the achievement of the Six Goals for Urgent & Emergency Care, National programme, specifically Goal 2 which states:

'When people need to access urgent care, they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time. This will be achieved through an integrated 24/7 urgent care service'.

3. Key Objectives

The Commissioning Board will:

- Implement the NHS 111 Wales Strategic and Operational Delivery plan, to improve and simplify patient access /flow into an integrated urgent care service.
- Ensure that an appropriate commissioning framework is established for the long-term sustainability and financial viability of NHS 111 Wales along with a robust workforce model to meet demand requirements.
- Monitor quality and delivery against the NHS 111 Wales commissioning framework and provide assurance of adherence to the Care Standards and commissioning intentions agreed within the commissioning framework.
- As part of the commissioning framework, monitor delivery against key clinical and operational standards, as detailed in Six Goals Handbook and the NHS 111 Wales strategic plan.
- Effectively engage, facilitate and /or lead groups as appropriate, to ensure that the expertise from clinicians and operational staff and the public shape a sustainable service based on prudent healthcare principles.
- Ensure effective corporate, clinical and information governance mechanisms are embedded to enable the service to operate safely and legally and ensure appropriate monitoring mechanisms and service standards.
- Ensure the service is operating on a financial sustainable model which embeds the revenue stream the principles already agreed with WG and NHS Wales.

In addition to delivery of the NHS 111 Wales service, the Commissioning Board will support the delivery of wider transformational workstreams & legacy workstreams to deliver priorities as agreed via the 111 interim National Programme Board or the wider Six Goals for Urgent & Emergency Care National Programme.

4. Delegated Powers and Authority

The Group is authorised to:

- Obtain outside legal or other independent professional advice if it considers this necessary, subject to budgetary and other requirements.
- Make recommendations and submit business cases to the Six Goals Board (via Goal 2) for investment for service transformation, and to the 111 INTERIM Board for revenue allocation for core delivery of NHS 111 Wales.
- Wider resource allocations would need to be via CEMT and /or Welsh Government directly.

5. Sub groups

The Board may establish sub-groups or enabling work streams to carry out on its behalf specific aspects of the business within its remit. As a priority the two key delivery workstreams will be Delivery Assurance and Finance.

6. Membership

Members should be a designated senior level lead, delegated with the authority to make decisions on behalf of the organisation /service they are representing.

Name	Role	Organisation
Richard Bowen	National Director	NHS 111 Wales
Dr Stephen Bassett (Dr Alice Groves)	National Clinical Advisor	NHS 111 Wales
Stephen James	National Workforce Lead	NHS 111 Wales
Alexandra Gibbons	National Pharmacy Lead	NHS 111 Wales
Nicola Bowen	National Head of Planning and Integration	Six Goals
Rachel Marsh	Director of Strategy, Performance & Planning	WAST
Liam Williams	Director of Quality & Nursing	WAST
Chris Turley **Deputies:** - Anthony Imm - Jason Collins	Director of Finance Finance Leads	WAST
Lee Brooks **Deputy:** - Stephen Clinton	Director of Operations AD Operations	WAST
Julie Williams Joseph Moss	Finance Lead	ABUHB
Janine Billen	Finance Lead	FDU

The Commissioning Board will be chaired by Richard Bowen. Other officers may be invited to attend as and when the agenda requires.

7. Meetings

Meetings will be conducted in accordance with the following:

Quorum

- The meeting will be quorate with the Chair or nominated deputy and at least one representative from each of WAST and the National 111 Team.

Frequency of Meetings

- The Commissioning Board will meet bi-monthly and /or as necessary according to timing of decisions within the work programme.
- The Chair reserves the right to schedule ad hoc meetings should it be deemed necessary.

- Meetings will be minuted and actions recorded /followed up accordingly along with risk and mitigation for delivery.

Circulation of Papers
The Board Secretariat will ensure all papers are distributed at least 5 days prior to the meeting. The Group secretariat will ensure draft action notes are circulated to Members following the meeting so this can be used as part of the briefing mechanisms.

8. Reporting and Assurance Arrangements

The Commissioning Board reports directly to 111 INTERIM Board.

9. Roles & Responsibilities

- Members will be responsible for ensuring that their own organisation /network is fully briefed on decisions of the Commissioning Board
- Members may be expected to lead on key work streams and be accountable for feeding the outcome/findings to the Commissioning Board
- The membership of the Commissioning Board will be accountable for decisions, and further actions arising from additional work streams
- Members are expected to make every effort to attend all meetings. One nominated deputy, with delegated authority can be identified as required.

10. Review

These Terms of Reference shall be adopted by the NHS 111 Wales Commissioning Board at the next scheduled meeting and subject to review, at least on an annual basis thereafter.

FOR ANNUAL REVIEW
Date of approval: January 2023 Next review due: January 2024

Annex 1 – NHS 111 Wales Aims & Objectives

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NHS 111 Wales
Delivery Assurance Group

TERMS OF REFERENCE

1. Introduction/ Purpose

The Delivery Assurance Group (DAG) will work collaboratively to provide assurance to the INTERIM 111 Board (via the Commissioning Board) on the quality and delivery of the core 111 service delivered by Welsh Ambulance Service NHS Trust (WAST).

The DAG will monitor operational performance and progress towards achieving NHS 111 Wales Aims & objectives and Commissioning Intentions set out in the 111 Quality & Delivery Assurance (commissioning) Framework.

2. Background

NHS 111 Wales is a key strategic priority for both the Six Goals for Urgent & Emergency Care National Programme and the Strategic Programme for Primary Care and underpins many key policy drivers for the Welsh Government.

NHS 111 Wales

In 2015/16, NHS Wales Chief Executives, supported by Welsh Government confirmed their intention to work together to fully implement the NHS 111 Service across Wales. The 111 National Programme was developed to implement a new service model which aligned NHS Direct Wales (a core function of WAST) with the wider Urgent Primary Care (Out Of Hours) Services provided by Health Boards (a statutory function of LHBs).

The National rollout of the 111 programme, concluded in March 2022 when the service was fully implemented and operational in every health board area in Wales which also includes the delivery of three 111 Clinical Support Hubs and close links with Urgent Primary Care Centres in each LHB.

*The aims of NHS 111 Wales are contained in **Annex 1** of this document.*

Six Goals for Urgent & Emergency Care National Programme

NHS 111 Wales is a key National service contributing to the achievement of the Six Goals for Urgent & Emergency Care, National programme, specifically Goal 2 which states:

'When people need to access urgent care, they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time. This will be achieved through an integrated 24/7 urgent care service'.

3. Key Objectives

The Delivery Assurance Group will work collaboratively to ensure successful operational delivery of the NHS 111 Wales service and monitor performance against key clinical and operational standards as set out in the Quality & Delivery (Commissioning) Framework.

Key objectives include:

Working in collaboration to monitor performance of the 'front end' 111 call handling and clinical triage components of NHS 111 Wales against the operating framework, considering measures and actions to improve service delivery and overall performance in areas such as:

- Service Modelling
- Workforce
- Business planning functions, e.g. business continuity, escalation planning etc.
- Risk Management through the development of a complaints log & risk management log to provide assurance to the Board on outcomes, learning, best practice, trends & mitigations.

The Commissioning Intentions agreed by the Commissioning Board will form the work programme for the Delivery Assurance Group.

To enable the Delivery Assurance Group to fulfil its key objectives:
An overview of any audit activity, performance reports and review of clinical and non-clinical processes within the service is requested to be shared with members.

All parties will be expected to provide 12 months rolling data, 5 days in advance of the meeting:

- Demand volume
- Abandonment rates,
- P1, P2 and P3 indicators
- Sickness and attrition rates
- Vacancy rates
- Patient journeys i.e. time calls were presented at call handling stage (incl. outcomes) time calls were put onto FAQ (incl. outcomes – self-care, sent to GPOOH etc.), time calls sent to GPOOH.
- Times calls are presented to assist with rota planning for back end
- Common symptoms to assist with workforce planning.
- Monthly roster to include no of agents on shift at any given time

4. Delegated Powers and Authority

The Group is authorised to:

- Make recommendations and proposals to the 111 Commissioning Board, as appropriate.

5. Sub groups

The DAG may establish sub-groups or enabling work streams to carry out on its behalf specific aspects of the business within its remit.

6. Membership

Members should be a designated senior level lead, delegated with the authority to make decisions on behalf of the organisation /service they are representing.

Name	Role	Organisation
Stephen James	National Workforce Lead	111/ 6 Goals UEC
Alexandra Gibbins	National Pharmacy Lead	111/ 6 Goals UEC
Nicola Bowen	National Head of Planning & Integration	6 Goals UEC
Gareth Batcup	Data Analyst	111/6 Goals UEC
Bertie Bassett	National Clinical Lead	111/ 6 Goals UEC
Rhiannon Reed	National Programme Support (secretariat)	111/ 6 Goals UEC
Owain Leach	Assistant Programme Manager - Informatics	111/6 Goals UEC
Hugh Bennett	Assistant Director Commissioning & Performance	WAST
Peter Brown	Head of Service 111	WAST
Mike Brady	Consultant Clinician 111 Quality, Safety & Patient Experience	WAST
Deborah Armstrong	Professional & Clinical Practice Educator (nursing)	WAST
Kelsey Rees-Dykes	Planning & Performance Business Partner	WAST
Jan Cross	Senior HR Business Partner	WAST
Julie Stokes	Head of People Services	WAST
Mark Thomas	Commissioning & Performance Manager	WAST
Anthony Imm	Finance Lead	WAST

The Delivery Assurance Group will be chaired by Stephen James. In the absence of the Chair, the Vice Chair, Alexandra Gibbons will chair the group. Other officers may be invited to attend as and when the agenda requires.

7. Meetings

Meetings will be conducted in accordance with the following:

Quorum

- The meeting will be quorate with the Chair or nominated deputy and at least two representatives from each of WAST and the National NHS 111 Wales, 6 Goals Teams.

Frequency of Meetings

- The Delivery Assurance Group will meet monthly and /or as necessary according to timing of decisions within the work programme.
- The Chair reserves the right to schedule ad hoc meetings should it be deemed necessary.
- Meetings will be minuted and actions recorded /followed up accordingly along with risk and mitigation for delivery.

Circulation of Papers

The Secretariat will ensure all papers are distributed 5 days prior to the meeting. The Group secretariat will ensure draft action notes are circulated to Members following the meeting so this can be used as part of the briefing mechanisms.

8. Reporting and Assurance Arrangements

The Delivery Assurance Group reports directly to the 111 Commissioning Board.

9. Roles & Responsibilities

- Members will be responsible for ensuring that their own organisation /network is fully briefed on decisions of the Delivery Assurance Group
- Members may be expected to lead on key work streams and be accountable for feeding the outcome/findings to the Delivery Assurance Group
- The membership of the Delivery Assurance Group will be accountable for decisions, and further actions arising from additional work streams
- Members are expected to make every effort to attend all meetings. One nominated deputy, with delegated authority can be identified as required.

10. Review

These Terms of Reference shall be adopted by the NHS 111 Wales Delivery Assurance Group at the next scheduled meeting and subject to review, at least on an annual basis thereafter.

FOR ANNUAL REVIEW

Date of approval: January 2023 Next review due: January 2024

Annex 1 – NHS 111 Wales Aims & Objectives

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GIG 111 Cymru
NHS 111 Wales

NHS 111 Wales

Quality & Delivery Assurance (Commissioning) Framework

June 2023

Details	
Title	Quality & Delivery Assurance (Commissioning) Framework
Version	1.0
Date	01 / June / 2023
Author(s)	Nicola Bowen, National Head of Planning & Integration (Six Goals)
Contributors	NHS 111 Wales National Team, Welsh Ambulance Service Trust Strategy, Planning, Performance & Finance Teams
Distribution	NHS 111 Wales, Welsh Ambulance Service Trust
Reference	111QDF23/24

Governance

Board	Date	Lead	Role
Commissioning Board	18 April 2023	Nicola Bowen	National Head of Planning & Integration (Six Goals)
NHS 111 Wales (Interim) Board	22 May 2023	Nicola Bowen	National Head of Planning & Integration (Six Goals)

QUALITY & DELIVERY ASSURANCE (COMMISSIONING) FRAMEWORK

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12.2 Service Requirements

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The Quality & Delivery Assurance (Commissioning) Framework agreement is entered on this day of **01 June 2023** by and between:

1) **NHS 111 Wales National Programme** ("Commissioner"); and

2) **Welsh Ambulance Services (NHS) Trust** ("Provider")

This Quality & Delivery Assurance (Commissioning) Framework will be operational from **01 June 2023** and will be subject to **annual review.**

Signed by and on behalf of **NHS 111 Wales National Programme** (The Commissioner)

.....

Richard Bowen
National Director
NHS 111 Wales

Date: 01 / June / 2023

Signed by and on behalf of the **Welsh Ambulance Services (NHS) Trust** (The Provider)

.....

Jason Killens
Chief Executive
Welsh Ambulance Services (NHS) Trust

Date: 21 / June / 2023

QUALITY & DELIVERY ASSURANCE (COMMISSIONING) FRAMEWORK

1.0 Introduction

In 2015/16, NHS Wales Chief Executives, supported by Welsh Government, confirmed their intention to work together to fully implement a NHS 111 Service across Wales. The 111 National Programme was developed to implement a new service model which aligned NHS Direct Wales (a core function of WAST) with the Urgent Primary Care (Out Of Hours) Services provided by Health Boards (which is a core function of LHBs).

The National rollout of the NHS 111 Wales programme was achieved in March 2022 when the service was fully implemented and operational in every health board area in Wales.

To enable the transition from a National Programme to a National operational service, a more formal commissioning approach has been developed that focuses on quality and delivery standards.

This document sets out what good looks like for NHS 111 Wales and contains the Quality & Delivery (Commissioning) arrangements for Welsh Ambulance Service (NHS) Trust.

2.0 Scope

The scope of services covered by this Quality & Delivery (Commissioning) Framework is the commissioning of NHS 111 Wales services from Welsh Ambulance Services (NHS) Trust (WAST), including:

1) WAST, as a provider organisation, in relation to the delivery of the NHS 111 Wales services, specifically the initial call handling and clinical (nurse) assessment functions.

2) WAST as provider of 111 telephony, NHS 111 Wales website and the associated symptom checkers.

Wider digital work will be linked to SALUS implementation in the first instance, other digital enablers are out of scope at this time.

3.0 Purpose

The Quality & Delivery (Commissioning) Framework details the areas of service agreed between the Commissioners of NHS 111 Wales and the providers of the commissioned services. The framework details:

- ☑ What service is required and 'commissioned' to be delivered;
- ☑ How 'quality' assurance is given for the service delivered; and
- ☑ How 'delivery' of the required service is achieved.

4.0 Strategic Intent

Our key aim for NHS 111 Wales is to ensure that patients with an urgent care need get to the right service, or professional, in a timely and prudent manner. NHS 111 Wales ultimately aims to stabilise and wherever possible, reduce demand on other parts of the urgent & emergency care system.

Our objectives and principles of the NHS 111 Wales Service continue to:

- ☑ Improve patient safety and experience and clinical outcomes;
- ☑ Reduce pressure on emergency and urgent primary care services;
- ☑ Support the delivery of services closer to people's homes and improve rates for self-care;
- ☑ Assist to sustain urgent primary care services by reducing the over-reliance on face to face and home visiting; and
- ☑ Reduce duplication and service inefficiency.

The 111 service in Wales provides improved access and signposting to both urgent and non-urgent services, clinical advice and treatment 24 hours a day, 7 days a week based on prudent healthcare principles.

The NHS 111 Wales service prioritises care for those with the greatest need first and aims to reduce duplication and patient touchpoints (hand-offs) to ensure that patients get to the right part of the NHS system, first time. These principles underpinned the national rollout of 111 and will continue to be part of the All-Wales National Service

5.0 National Policy: Six Goals for Urgent & Emergency Care (UEC)

The **Programme for Government 2021-2026** aims to provide effective, high quality and sustainable healthcare as close to home as possible and to improve service access and integration.

The **Six Goals for Urgent & Emergency Care (2022)** is a key National Programme to deliver the ambition set out in the Programme for Government.

Six Goals sets out Welsh Government expectations for health, social care, independent & third sector partners for the delivery of the right care, in the right place, first time, for physical and mental health. This will be achieved through consistent and integrated delivery of the Six Goals for Urgent and Emergency Care to help achieve the best possible outcomes, value and experience for patients and staff involved in the delivery of care.

NHS 111 Wales is a key service that delivers **Goal 2** of the Six Goals for UEC National Programme. The Six Goals Policy Framework, set out in the **Six Goals Policy Handbook (2022)** describes Goal 2 as:

> *"When people need to access urgent care they can access a 24/7 urgent care service, accessible via NHS 111 Wales, providing advice online or over the telephone and where necessary are signposted or referred to the right community or hospital-based service, first time"*

The Model of Care for NHS 111 Wales, published in the Six Goals Policy Handbook, illustrates the 5 step patient journey through the service:

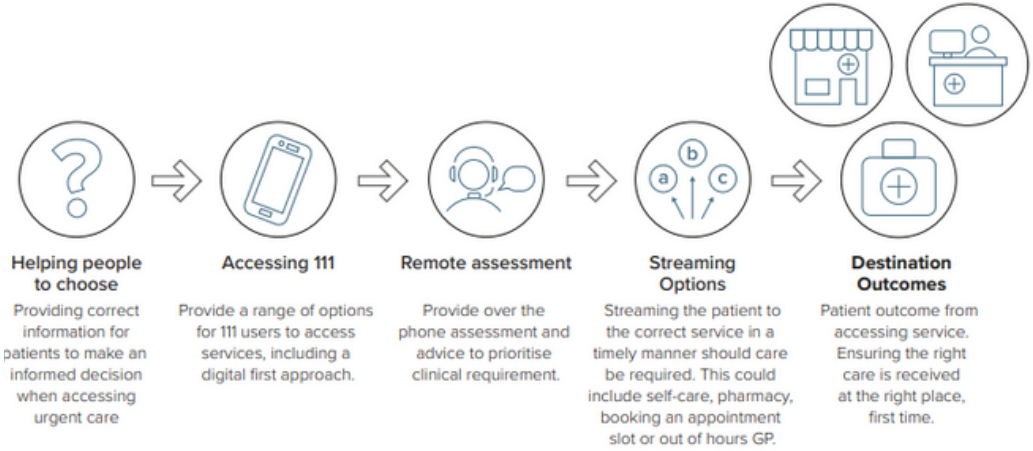
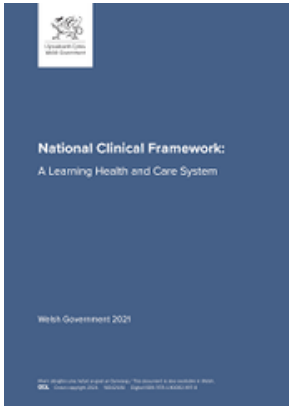


Figure 1: NHS 111 Wales Model, Six Goals Policy Handbook (2022)

6.0 Strategic Context

The principles of this Quality and Delivery Assurance (Commissioning) Framework (QDF) are aligned to the long-term vision of **A Healthier Wales: Our Plan for Health & Social Care (2018)** which sets out a 'whole system approach to health and social care'. A Healthier Wales places emphasis on Prevention, Technological, Innovation & Integration of health and social care delivered closer to home.

A Healthier Wales sets out clear expectations and design principles, establishing new models of care across Wales. These expectations have been embraced in the model of care, care standards and collaborative arrangements for the range of services that come together to form NHS 111 Wales.



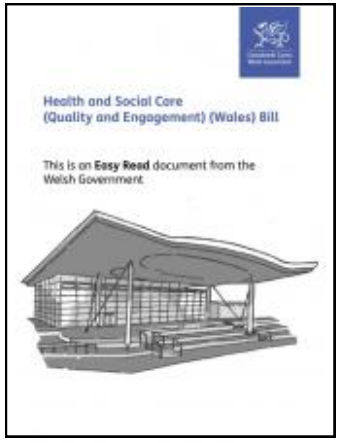
The National Clinical Framework, 2021 (NCF) sets out how Wales can realise the ambitions of 'A Healthier Wales'. The NCF describes a health system that is coordinated nationally and delivered locally, managed through collaborations and partnerships, to deliver integrated and seamless pathways.

Clinical services should be developed on prudent healthcare principles, shifting left away from hospital care to person centred, community-based care. Care that can support people to stay well, self-manage their condition and provide appropriate specialist support.

This Quality & Delivery (Commissioning) Framework supports the principles set out in the National Clinical Framework (2021).

The Health & Social Care (Quality & Engagement Act) 2020 strengthened duty of quality and candour for the NHS in Wales.

To support the legislation, 'The Quality & Safety Framework, 2021' (QSF) sets out a requirement for organisations to function as a quality management system, with robust quality assurance service frameworks, ensuring care meets six domains of quality: safe, effective, patient-centred, timely, efficient and equitable.



QUALITY & DELIVERY ASSURANCE (COMMISSIONING) FRAMEWORK

This QDF aligns to the principles set out in the Quality & Safety Framework (2021) through the creation of a Quality Management system, embedded into the Care Standards, Core Requirements, quality and performance monitoring arrangements for NHS 111 Wales.

The final part of the **Quality & Engagement Act 2020**, phase 4, became duty on 01 April 2023 and requires statutory implementation of Candour Procedure regulations which compliments the existing professional Duty of Candour within regulatory bodies.

For the purposes of commissioning, where **Duty of Candour** is triggered (*as illustrated in Fig.2*), The NHS body who 'discovers' an incident should inform the NHS body where the incident occurred (the provider). In the case of commissioned services from one NHS body to another, all parties are expected to fully cooperate in an open manner, sharing learning and preventing reoccurrence in the future.

This Quality & Delivery Assurance (Commissioning) Framework, along with the National Collaboration Agreement for NHS 111 Wales, embeds the principles of the Duty of Candour (2023).

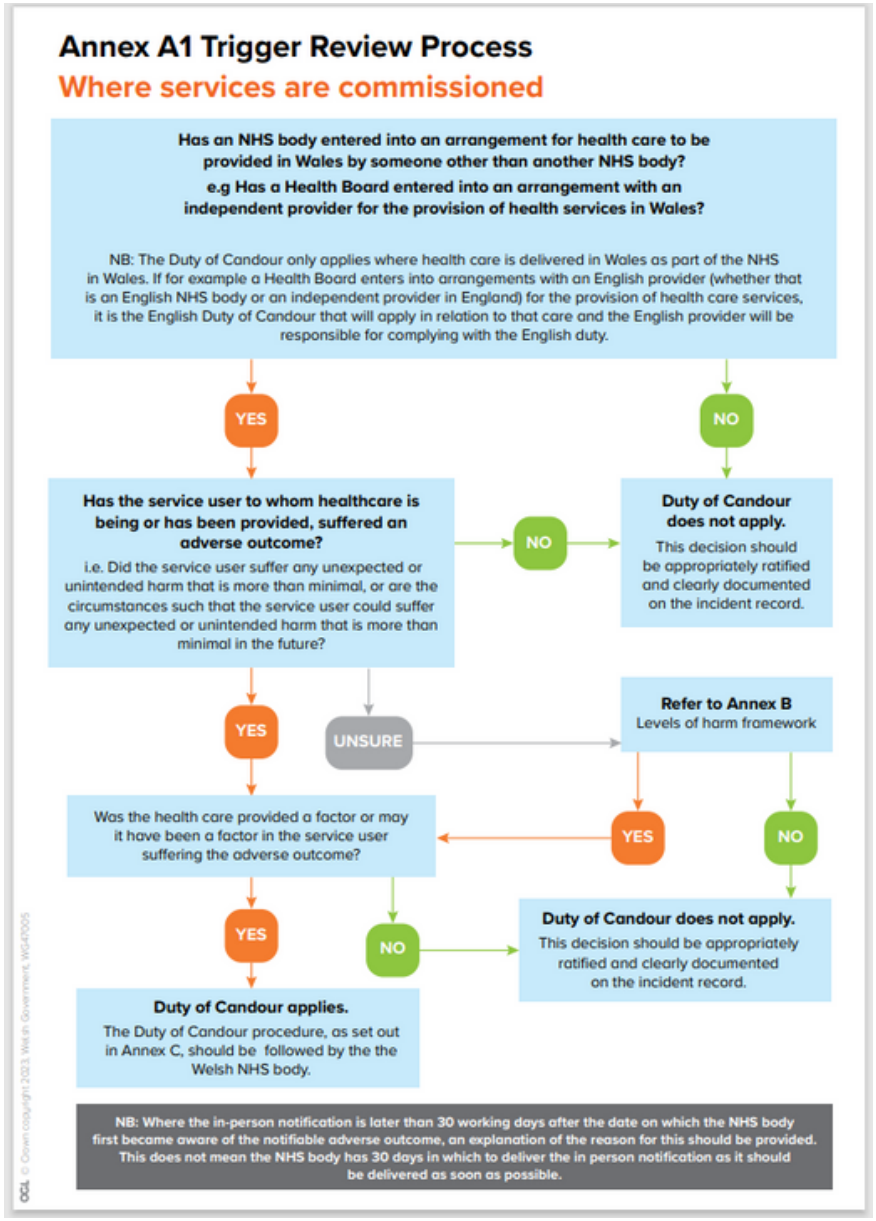


Figure 2: Duty of Candour Trigger Review Process

7.0 National Collaboration Arrangements

A National Collaboration Agreement was developed to support the rollout of the NHS 111 Wales National Programme. The Agreement was refreshed and updated as 111 became fully operational in each health board area. The Agreement sets out principles of collaboration, roles and responsibilities for NHS Wales organisations who deliver elements of NHS 111 Wales, this includes health boards out of hours urgent primary care and WAST as a provider of 111 telephony and nurse clinical triage services.

Developed with support from Shared Service legal advisors, the original document set out a shared commitment where, *'all Parties acknowledged and agreed there would be an opportunity to reassess the existing collaboration arrangements once the programme rollout had concluded, however, there was an expectation that the majority of the existing agreement would remain extant and apply to a nationally recognised model.'*

To support the transition into a National NHS 111 Wales service, the extant National Collaboration Agreement has been updated to support the on-going collaboration arrangements and the development of this Quality and Delivery Framework (QDF). This QDF will sit underneath the National Collaboration Agreement.

The Collaboration arrangements are made under the powers outlined below:

Article 3 (e) of the Welsh Ambulance Services National Health Service Trust (Establishment) Order 1998, as amended – pursuant to which WAST has a statutory duty to provide (i) information about health conditions and availability of health services, and (ii) remote access health advisory, triage and referral services.

Sections 41(1) and 41(2) of the 2006 Act – pursuant to which Health Boards have a duty to provide primary medical service or secure their provision within its area, and may provide the same themselves (whether within or outside of their areas) or make arrangements with others to provide the same.

Sections 41(4) of the 2006 Act – which places a requirement upon each Local Health Board and Primary Care Trust to co-operate with each other in discharging their respective primary medical services functions.

In addition to its general powers under **Schedule 3 paragraphs 14 (2)(b) and 15(1) of the 2006 Act, paragraph 18 of Schedule 3** permits WAST to enter into any arrangements for carrying out any of its functions jointly with, amongst other bodies, Local Health Boards:

(a) **Section 7 of the 2006 Act** – relating to NHS contracts;

(b) **Section 72 of the National Health Services Act 2006** which places a general duty on all NHS bodies to co-operate with each other in exercising their functions.

7.1 Principles of Collaboration

The underpinning principles for the Quality & Delivery (Commissioning) Framework are set out fully in the NHS 111 Wales National Collaboration Agreement, which requires all parties to promote effective and efficient collaboration by acting in accordance with the principles of:

- ☑ Collaboration
- ☑ Co-operation
- ☑ Accountability
- ☑ Open communication
- ☑ Commitment to deliver

8.0 Quality & Delivery Assurance 'Commissioning' Approach for NHS 111 Wales

The Quality and Delivery (Commissioning) Framework has been developed to determine, 'what good looks like' for NHS 111 Wales. This will ensure NHS 111 Wales can provide assurance on the 'quality' of service provided, through the achievement of evidence-based, national delivery 'standards'.

The Quality & Delivery (Commissioning) Framework (QDF) provides a strategic commissioning approach for all aspects of NHS 111 Wales service delivery. The Framework can be applied to existing NHS 111 Wales services and functions. The Framework can also be used to assess any future service developments to ensure consistency and quality across the NHS 111 Wales delivery model.

The QDF will enable the principles of prudent healthcare to be applied to the NHS 111 Wales service. The underpinning principles for the framework promote a collaborative approach, acting in accordance with a commitment to deliver through shared approaches ensuring efficiency and effectiveness of the service.

The emerging principles and values in the developing NHS Wales National Commissioning Standards will be further adopted and embedded within the NHS 111 Wales commissioning approach as appropriate.

9.0 NHS 111 Wales Quality & Delivery Assurance (Commissioning) Framework

The Quality & Delivery (Commissioning) Framework consists of a range of component parts that have been brought together in a consistent and integrated way. The framework includes an analysis of the following:

Strategic Commissioning Approach NHS 111 Wales: Quality & Delivery Framework	
1. Governance Arrangements	Clear and robust governance arrangements providing assurance with clear lines of accountability and responsibility
2. Model of Care	A high-level model of care showing the steps a patient takes on their journey through the service
3. Care Standards: (a) Service Requirements (b) Core Requirements (c) Commissioning Intentions	A set of evidence-based care standards setting out quality & safety standards: (a) For each individual step in the Model of Care (b) Consistent across all steps in the Model of Care (c) Together, these Care standards form the Commissioning Intentions for the service
4. Measurement for Improvement	An identified suite of metrics to measure level of activity and performance
5. Demand & Capacity	A description of the activities within the model of care: • Ensuring the right capacity is available to meet demand • An understanding of available resources and assets • Workforce requirements to deliver the above
6. Financial	An identified budget sufficent to provide the right capacity to meet demand
7. Benefit Realisation	An agreed set of benefits expected to be achieved A criteria to judge achievement of expected outcomes

Applying this Quality & Delivery Framework to the NHS 111 Wales Service will continue to demonstrate a focus on both clinical and non-clinical standards, outcomes and prudent healthcare. Equally it will also highlight any risk areas linked to delivery and areas where future investment may be required.

The Quality & Delivery Framework (QDF) remains 'live' throughout the year. This enables adaptability and flexibility to include any new or emerging priorities, service changes and updates to quality indicators following outcomes from the 111 National Measures group and SALUS implementation.

The remainder of this document follows the structure and sequence of the sections set out in the Quality & Delivery Assurance (Commissioning) Framework in Section 9.

10.0 Governance Arrangements

The NHS 111 Wales, service is a key strategic priority for both the National Primary Care Board and Six Goals for Urgent & Emergency Care National Programme Board (under Goal 2) and underpins many key policy drivers for the Welsh Government. It has also had the direct support and mandate from the Director General and Minister for Health and Social Care and remains under review by the Public Accounts Committee.

SRO and Chair responsibilities for NHS 111 Wales Board continue to sit with the CEO for Aneurin Bevan UHB, reporting directly to the Director General, Welsh Government & the Chief Executive Management Team (CEMT), on behalf of NHS Wales. The Chair & SRO is supported by the NHS 111 Wales National Director.

The governance and accountability arrangements for the 111 Board were reviewed and refreshed in 2022 to support the transition from a national programme into a national operational service and to ensure alignment with the Six Goals National Programme.

Goal 2 will be responsible for overseeing transformational work-streams linked to 111.

The NHS 111 Wales Board Terms of Reference were updated, in addition to the creation of a new sub-structure to support the Board with the future commissioning arrangements for 111:

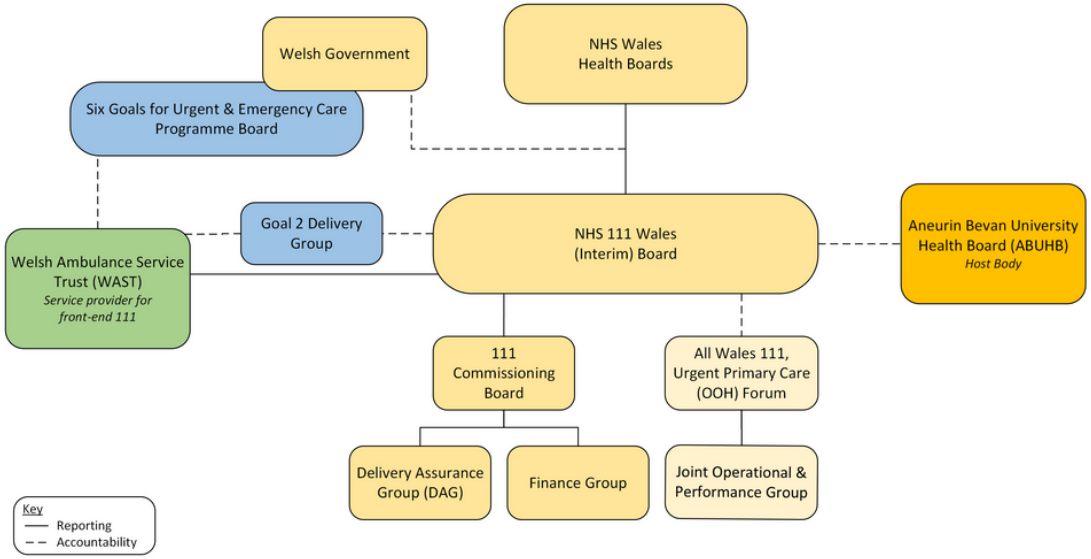


Figure 3: NHS 111 Wales Governance Arrangements

Once the NHS Executive is established, the NHS 111 Wales governance will be reviewed and aligned to any new National arrangements.

10.1 NHS 111 Wales (Interim) Board

The NHS 111 Wales Board provides the strategic direction and leadership for NHS 111 Wales service. The Board will, on an interim basis, lead the overarching planning and commissioning of NHS 111 Wales services, including service delivery, performance monitoring, finance, benchmarking and quality standards, on behalf of NHS Wales. Core delivery priorities include:

- Implementing the NHS 111 Wales strategic and operational delivery plan
- Ensuring an 'NHS 111 Wales National Collaboration Agreement' is in place for NHS 111 Wales.
- **Overseeing a 'Strategic Commissioning Approach' and associated Commissioning Framework for NHS 111 Wales'**
- Overseeing the delivery of NHS 111 Wales service across NHS Wales... to ensure the long-term stability of the National NHS 111 Wales service. This includes the monitoring and delivery against key clinical and operational standards.
- In partnership with WAST, NHS Wales and Capita Healthcare Decisions, implement the national roll-out of the Integrated Clinical System (SALUS) for 111.

In addition to delivery of the NHS 111 Wales service, the NHS 111 Wales (Interim) Board will support the delivery of transformational workstreams & legacy workstreams from the 111 National Programme Implementation Board to deliver the Six Goals for Urgent & Emergency Care National Programme.

This includes supporting national priorities which simplify or standardise clinical pathways and access into services and as a priority this will include:

- Urgent Primary Care (24/7), Crisis Mental Health (Press 2), Urgent Dental pathway improvement… & wider work to support Palliative Care patients accessing urgent primary care services (particularly at weekends).

NHS 111 Wales Board meets on a Bi-monthly basis.

Membership includes senior leadership from WAST, Health Boards, Royal Colleges, National Organisations and Welsh Government.

10.2 Commissioning Board

The Commissioning Board is accountable to the 111 Board and oversees, on behalf of the 111 Board, the development of a commissioning approach for NHS 111 Wales and the implementation of a Quality and Delivery Assurance (Commissioning) Framework.

The Quality and Delivery (Commissioning) Framework will determine, 'what good looks like' for NHS 111 Wales. This will ensure NHS 111 Wales can provide assurance on the 'quality' of service provided, through the achievement of evidence-based, national delivery 'standards'. Key objectives for the Commissioning Board include:

- Implementing the NHS 111 Wales Strategic and Operational Delivery plan, to improve and simplify patient access /flow into an integrated urgent care service;
- Ensuring that an **appropriate commissioning framework is established and implemented** for the long-term quality and delivery of NHS 111 Wales services;
- **Monitoring quality and delivery against the NHS 111 Wales commissioning framework and provide assurance of adherence to the Care Standards and commissioning intentions agreed within the commissioning framework**; and
- The Commissioning Board is chaired by the National Director for NHS 111 Wales and membership includes senior leaders from WAST, NHS 111 Wales National team. The Board meets Bi-monthly.

10.3 Delivery Assurance Group

The Delivery Assurance Group (DAG) will underpin the commissioning responsibilities of the Commissioning Board & provide assurance on the agreed Care Standards for 111. The Commissioning Intentions will form part of the DAG work programme.

10.4 Finance Group

The Finance Group will ensure the budget is being managed efficiently, review spend in-line with forecasting and projections. The finance group will also seek to consolidate any other budget allocation for the delivery of NHS 111 Wales.

Other groups supporting the NHS 111 Wales Board include:

- **National Urgent Primary Care (Out of Hours) Forum**: An Urgent Primary Care Clinical leadership group, provides advice and assurance to the 111 Board.
- **Joint-Operational & Performance Group:** A Joint-Operational delivery group attended by all health boards and WAST focussed on operational performance of 111 and urgent primary care services.

11.0 NHS 111 Wales Model of Care:

The Model of Care shows, at a high level, the steps a patient takes on their journey through the 111 service.

12.0 Care Standards

To support the Model of Care, each step in the patient journey has a high-level descriptor, supported by Care Standards which are underpinned by a suite of measures to set out 'what good looks like' for a patient on each step of the pathway.

Care Standards give assurance on the quality and safety of service delivery and are consistent with prudent healthcare principles. Care standards are balanced in terms of outcomes and they set out qualitative standards expected for the service.

Step 1 - Helping People to Choose		
	Providing correct information for patients to make an informed decision when accessing urgent and emergency care	• Community Engagement • Communication • Information
Step 2 - Accessing 111		
	Provide a range of options for users of 111 to access services (including digital first approach)	• Accessibility • Telephony • Availablity
Step 3 - Remote Assessment		
	Provide over the phone assessment and advice to prioritise clinical requirements	• Assessment • Prioritisation • Decision Making
Step 4 - Streaming Options		
	Streaming the patient to the correct service in a timely manner, should care be required.	• Pathways • Directory of Services • Clinical Pathways
Step 5 - Patient Outcome		
	Patient outcomes from accessing service. Ensuring the right care is received, right place, first time. *This could include self-care, pharmacy, GP etc.*	• Signposting • Routing • Patient Destination

Figure 4: NHS 111 Wales - 5 Step Model Infographic

12.2 Care Standards: Service Requirements

Care Standards Service Requirements: Setting out Quality & Safety Standards consistent across all steps in the Model of Care WAST will use the Care Standards as a self-assessment tool and confirm the outcomes of their self-assessment with the Commissioning Board and develop action plans where they identify any areas for development.	
Step 1: Helping people to choose Providing correct information for patients to make an informed decision when accessing Urgent & Emergency Care	
CS1	WAST will develop a **community engagement** plan and participate in citizen and community engagement activities to maximise appropriate use of NHS 111 Wales.
CS2	WAST will develop a **communication** plan, utilising national assets and materials, with information for local communities on when and how to use 111 and alternatives to provide self-care or direct access to care services, in and out of hours
CS3	WAST will promote the 111 digital first option to increase the use of web or app access, utilising national campaign assets and materials.
CS4	WAST will ensure the website provides up-to-date **information** to enable patients to make an informed decision without the need to use the telephone service
Step 2: Accessing 111 Provide a range of options for users of 111 to access services (including digital first approach)	
CS5	Enhance **accessibility** to a range of symptom checkers via the NHS Wales 111 website
CS6	WAST will answer all 111 calls in a timely manner **telephony**
CS7	WAST will ensure the telephony and digital service is **available** 24 hours a day, seven days a week to provide 'health information and advice' to manage an illness or condition

Care Standards Service Requirements: Setting out Quality & Safety Standards consistent across all steps in the Model of Care

WAST will use the Care Standards as a self-assessment tool and confirm the outcomes of their self-assessment with the Commissioning Board and develop action plans where they identify any areas for development.

Step 3: Remote Assessment Provide over the phone assessment and advice to prioritise clinical requirements	
CS8	WAST will ensure that decision support software is evidenced based, up to date and available 24/7 to support the non-clinical staff with caller/patient **prioritisation** and outcome decision making.
CS9	WAST will ensure that decision support software is evidenced based, up to date and available 24/7 to support the clinical staff with caller/patient **assessment**, education and outcome **decision making**.
CS10	WAST will ensure staff members are appropriately educated, trained and have achieved competence in the use of the decision support software as established by the organisation.
CS11	WAST will ensure that all remote non-clinical and clinical assessment and advice adheres to the WAST expectations for achieving national standards *(as identified in the non-clinical and clinical call review tool)*
CS12	WAST will ensure regular audits are undertaken in-line with the annual audit plan to assure the quality of the service being provided. (*Call and clinical audits)*
Step 4: Streaming Options Streaming the patient to the correct service in a timely manner, should care by required	
CS13	WAST will ensure systems are in place to identify appropriate **pathways** for urgent health care needs.
CS14	WAST will ensure decision support software includes dispositions to stream patients to the correct service in a timely manner
CS15	WAST will ensure the **Directory of Services** is maintained and utilised within WAST *(Recognising there is a dependency on Health Boards to provide information)*
CS16	WAST will ensure existing **clinical pathways** continue to be utilised until a 'Once for Wales' model is implemented

Care Standards Service Requirements: Setting out Quality & Safety Standards consistent across all steps in the Model of Care

WAST will use the Care Standards as a self-assessment tool and confirm the outcomes of their self-assessment with the Commissioning Board and develop action plans where they identify any areas for development.

Step 5: Patient Outcome
Patient outcomes from accessing service. Ensuring the right care is received, right place, first time

CS17	WAST will ensure appropriate **signposting** to alternative services for non urgent health care needs
CS18	WAST will ensure where there is no ability to route patients into services for an urgent care need, patients will be signposted
CS19	WAST will ensure **routing** into services for urgent health care needs where appropriate *(Routing is physically connecting the patient call through to the next service)*
CS20	WAST will ensure systems are in place to record **patient destination** *(This is a record of patient final disposition, what were they advised to do*

13.0 Core Requirements

Core requirements: Setting out Quality & Safety Standards consistent across all steps in the Model of Care WAST will use the Core Requirements as a self-assessment tool and confirm the outcomes of their self-assessment with the Commissioning Board and develop action plans where they identify any areas for development.	
Governance (CR1)	
CR1	*WAST will ensure*: 1. Effective systems and processes in place to assure patients, commissioners, and other stakeholders, that they are providing high quality evidence-based care through services that are patient focussed 2. External validation of governance arrangements
Patient Experience and Staff Engagement (CR2)	
CR2	WAST will ensure: 1. Patient and staff satisfaction surveys are undertaken regularly 2. Systems are in place to collect feedback from patients (including their families or carers) on their experience of care 3. Systems are in place to collect feedback from staff experience (that supports staff wellbeing and engagement principles) of delivering NHS 111 Wales services 4. A record of complaints of whatever nature regarding any aspect of the NHS 111 Wales service is maintained 5. The views and comments are gathered through i) ii) and iii) using effective engagement mechanisms which are then actively used to inform service improvements and developments 6. A system is in place to record, investigate & learn from incidents. 7. A system is in place to encourage staff to raise concerns and issues in a safe environment that supports a no blame culture.
Patient Safety - Clinical Governance (CR3)	
CR3	WAST will ensure: 1. An appropriate clinical governance framework is in place to support all service-related activities 2. All activities and programmes are developed from evidence-based practice 3. Any services it provides to the public & any patient interventions protect the public and patients from avoidable harm and clinical risk 4. Policies and procedures are in place to support staff in the carrying out their duties 5. An annual audit plan, with timelines for completion, is in place to provide assurance regarding the quality of the service being provided, which encompass' all aspects of the service, both clinical and non-clinical.

QUALITY & DELIVERY ASSURANCE (COMMISSIONING) FRAMEWORK

Core requirements: Setting out Quality & Safety Standards consistent across all steps in the Model of Care WAST will use the Core requirements as a self-assessment tool and confirm the outcomes of their self-assessment with the Commissioning Board and develop action plans where they identify any areas for development.	
Software Infrastructure (CR4)	
CR4	WAST will ensure: 1. An efficient software & systems infrastructure is in place that adheres to GDPR, information governance standards and cyber security encryptions.
Demand & Capacity (CR5)	
CR5	WAST will use appropriate and effective demand & capacity modelling tools to ensure: 1. A robust methodology is in place to undertake demand & capacity modelling which meets industry standards. 2. Effective demand & capacity planning to anticipate expected trends, increases & decreases in demand. 3. Ensuring sufficient staffing levels to meet demand and capacity requirements.
Workforce (CR6)	
CF6	WAST will ensure a robust workforce plan is in place that considers: 1. Workforce planning arrangements in place that identify staffing requirements with systems to manage absenteeism and vacancies. 2. Effective rostering practices are implemented 3.The appropriate level of staffing with the correct skill-mix to meet patient need 4. Staff have the appropriate levels of education, training and qualifications to deliver the services provided
Finance (CR7)	
CR7	WAST will ensure a robust financial plan for the service is in place, that considers: 1. Financial forecasts for the year ahead must be based on predicted actual spend 2. A balanced budget in year based on cost and recover model

14.0 Commissioning Intentions (CI) 2023/24

Commissioning intentions focus on delivering service improvements which will improve staff and patient experience and overall service performance - supported by a suite of actions.

WAST will work collaboratively with the National NHS 111 Wales team, through the Delivery Assurance Group (DAG), to deliver its Commissioning Intentions. WAST will be required to develop action plans with key activities and timelines to deliver the following Commissioning Intentions:

Ci.1 - Optimise performance, improve outcomes & ensure value for money by further developing the WAST service model.	
Ci.1A	Undertake a review of the current model using evidence of effectiveness to establish 'what good looks like' for NHS 111 Wales
Ci.1B	Develop the model to reduce the number of hand-offs, consider the concept of 'one & done'
Ci.1C	Review the current workforce skill mix and ratios of non-clinical vs clinical staff based on future service models and UK benchmarking
Ci.1D	Evaluate roles that have been created as pilots and report on the impact & outcomes achieved
Ci.1E	Consider the opportunities for creating enhanced roles – enhanced call handler, autonomous nurse practitioner, in the future delivery model
Ci.1F	Support the National Programme for Urgent & Emergency Care (Goal 2) transformational workstreams, specifically the development of 'Enhanced Clinical Pathways': • Urgent Dental - Map out the existing pathways for HBs (4) and review in the context of developing a National Urgent Dental Pathway to support all HBs • Palliative Care pathway development

QUALITY & DELIVERY ASSURANCE (COMMISSIONING) FRAMEWORK

Commissioning intentions focus on delivering service improvements which will improve staff and patient experience and overall service performance -supported by a suite of actions.

WAST will work collaboratively with the National NHS 111 Wales team, through the Delivery Assurance Group (DAG), to deliver its Commissioning Intentions. WAST will be required to develop action plans with key activities and timelines to deliver the following Commissioning Intentions:

Ci.2 - Enhance performance through the improvement of call abandonment rates (Step 2)	
Ci.2A	Undertake a review of calls to understand disposition/outcomes including self-care rates, number of touchpoints and flows into OOH
Ci.2B	Undertake a review of abandonment after 60 secs to understand at what point in the call, abandonments are occurring
Ci.2C	Review IVR messaging to determine which messages have greatest impact in diverting calls to website /other services
Ci.2D	Review the correlation of days/ times to peaks in demand and levels of staffing rostered during those times and undertake the necessary action to ensure staffing meets demand patterns

Ci.3 - Staff experience a great place to work, where they are engaged and their wellbeing is promoted (Core Requirement 6)			
Ci.3A	Develop a strategic workforce plan to ensure effective workforce planning arrangements are in place with the capacity to meet service demand. Ensure the plan links to wider National workforce plans	**Ci.3E**	Develop a staff education & training matrix to ensure staff are appropriately trained, educated & qualified to undertake their role and deliver the services provided
Ci.3B	Ensure workforce planning arrangements are in place to identify staffing requirements and action plans such as recruitment & training plans to meet those requirements	**Ci.3F**	Ensure the requirement to work predominantly out of hours, is a key feature in contractual agreements
Ci.3C	Undertake a workforce & training review to establish where training can be more efficient and effective	**Ci.3G**	Review sickness absence rates and undertake the necessary action to ensure sickness absence is in line with National targets
Ci.3D	Undertake a rostering review and ensure effective rostering practices are implemented to ensure shift fills, rota management and rostering to levels of demand	**Ci.3H**	Monitor turnover rates and undertake exit surveys to identify the reasons why staff leave the service

15.0 Measurement for Improvement

The existing '111 Standards' (measures) have been matched to steps across the pathway.

The extant measures currently being reported by WAST to Welsh Government, will remain in place and continue to be the National 111 Standards as set out in the Data Standards Notice (DSCN) 2019 / 02.

A National Measures Group has been established and is currently being led by Digital Health Care Wales (DHCW). In collaboration with WAST, Welsh Government & the NHS 111 Wales National team, the Measures Group will progress its work programme through a Task & Finish group established under the Commissioning Board. The National work programme includes:

- Phase 1 - Telephony
- Phase 2 - Symptom Checker Measures

Once agreed by the Welsh Information Standards Board (WISB), the new National Standards will be published through a Data Standards Change Notice (DSCN) and associated Data Dictionary publication. The new standards will be added, by way of update, to the Quality & Delivery (Commissioning) Framework.

In addition to the national measures, the Task & Finish group will work with WAST available data to establish a range of operational performance measures and datasets that will be used by the Delivery Assurance Group to monitor operational performance.

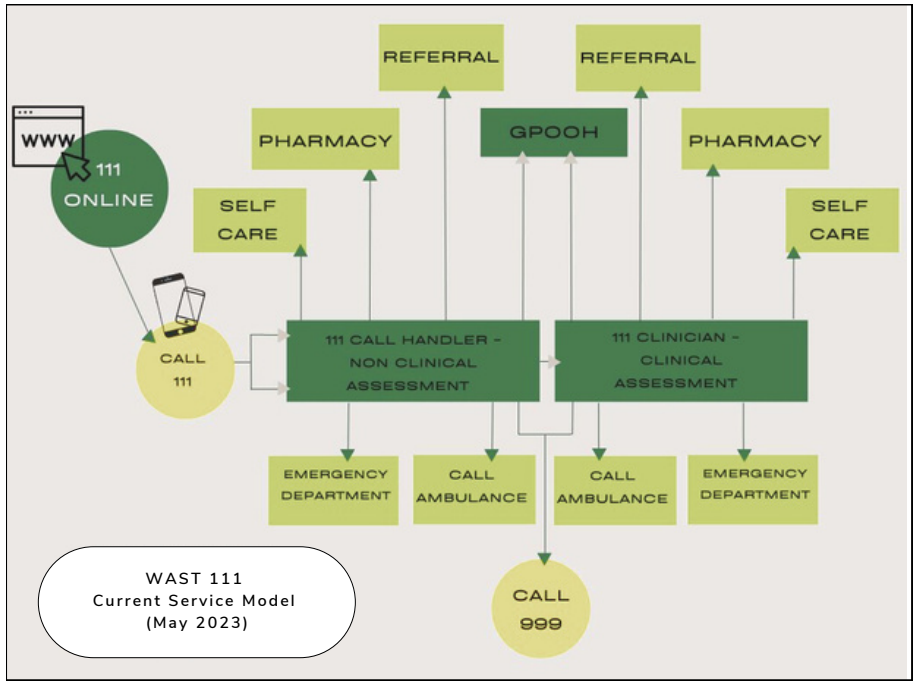
Standards and Quality Indicators for 111 (and Out of Hours Services) in Wales - National Measures (2020)		
Indicators		Description
1	Total number of calls offered to the 111 service	This is the total number of calls made to the 111 service during the month. A call is classed as 'offered' as soon as the call connects to the service's telephony system. This is automatically calculated in the pro-forma and will be the sum of the number of: • terminated calls (1a) • abandoned calls (1b) • answered calls (1c).
1a	Terminated Calls	This is the total number of calls made to the 111 service during the month which were terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call will be classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system.
1b	Abandoned Calls	This is the total number of calls made to the 111 service during the month which were abandoned by the caller i.e. the caller hung up before the call was answered by a 111 call handler after the pre-recorded message (or after the initial 30 seconds if there is no pre-recorded message). The number of abandoned calls should be split as follows: • those abandoned in 60 seconds or less; and • those abandoned after 60 seconds after the pre-recorded message / initial 30 seconds if no pre-recorded message.
1c	Answered Calls	This is the total number of calls made to the 111 service during the month which were answered by a 111 call handler. The number of calls answered should be split as follows: • those answered in 60 seconds or less; and • those answered after 60 seconds after the pre-recorded message or after the call has been recorded on the service's telephony system if there is no pre-recorded message.
2	Of the number of calls answered by the 111 service during the month, how many were where the caller indicated that they wished to conduct the call in Welsh	This is the number of calls made to the 111 services during the month where the caller indicated that they wished to conduct the call in Welsh.
3a	Of the total number of calls answered by the 111 call handler, how many patient contacts were prioritised as P1CT and started their definitive clinical assessment	This is the number of patient contacts that were prioritised by the 111 call handler as P1CT and then started their definitive clinical assessment within the following time bands: • in 60 minutes (1 hour) or less of the initial call being completed, • over 60 minutes (1 hour) and up to and including 360 minutes (6 hours) of the initial call being completed; and • over 360 minutes (6 hours) of the initial call being completed. A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for an clinical assessment. *(Only patients who have spoken to the 111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.)*
3b	Of the total number of calls answered by the 111 call handler, how many patient contacts were prioritised as P2CT and started their definitive clinical assessment	This is the number of patient contacts that were prioritised by the 111 call handler as P2CT and then started their definitive clinical assessment within the following time bands: • in 120 minutes (2 hours) or less of the initial call being completed, • over 120 minutes (2 hours) and up to and including 360 minutes (6 hours) of the initial call being completed; and • over 360 minutes (6 hours) of the initial call being completed. A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for an clinical assessment. *(Only patients who have spoken to the 111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.)*
3c	Of the total number of calls answered by the 111 call handler, how many patient contacts were prioritised as P3CT and started their definitive clinical assessment	This is the number of patient contacts that were prioritised by the 111 call handler as P3CT and then started their definitive clinical assessment within the following time bands: • in 240 minutes (4 hours) or less of the initial call being completed, • over 240 minutes (4 hours) and up to and including 360 minutes (6 hours) of the initial call being completed; and • over 360 minutes (6 hours) of the initial call being completed. A definitive clinical assessment is when a patient is transferred or called back by a clinical advisor for an clinical assessment. *(Only patients who have spoken to the 111 call handler on the telephone should be included in these counts. Therefore patients such as walk-ins and patients who have been referred by an A&E department or MIU should be excluded from the counts.)*

16.0 Demand & Capacity

16.1 Service Model

The current WAST 111 Service Model is being mapped across the 5 step Model of Care to show operational activity undertaken at each step. This will create a baseline model which will enable any service model changes to be developed from.

Future service model development will become part of the work programme for the Delivery Assurance Group under the Commissioning Board, as part of the development work for Commissioning Intention (Ci.1)



16.2 Workforce Requirements

The current WAST 111 workforce model to support the current service model is also in development. This will create a baseline which will enable any changes to the service model and subsequent resource requirements to be developed from.

This will also form part of the work programme for the Delivery Assurance Group under the Commissioning Board as part of the development work for:

Commissioning Intention (Ci.1)
'Optimise performance, improve outcomes & ensure value for money by further developing the WAST service model'.

BASELINE SERVICE MODEL DESCRIPTORS TO BE ADDED TO THE FRAMEWORK ONCE COMPLETE

16.3 Modelling & Forecasting

The 111 Quality & Delivery Framework will ensure that there are clear and collaboratively agreed forecasting and modelling arrangements.

These arrangements will seek to operate across a five step process that connects forecasting & modelling with workforce planning, recruitment & training and rostering. The arrangements will be developed at three levels: strategic, tactical and operational.

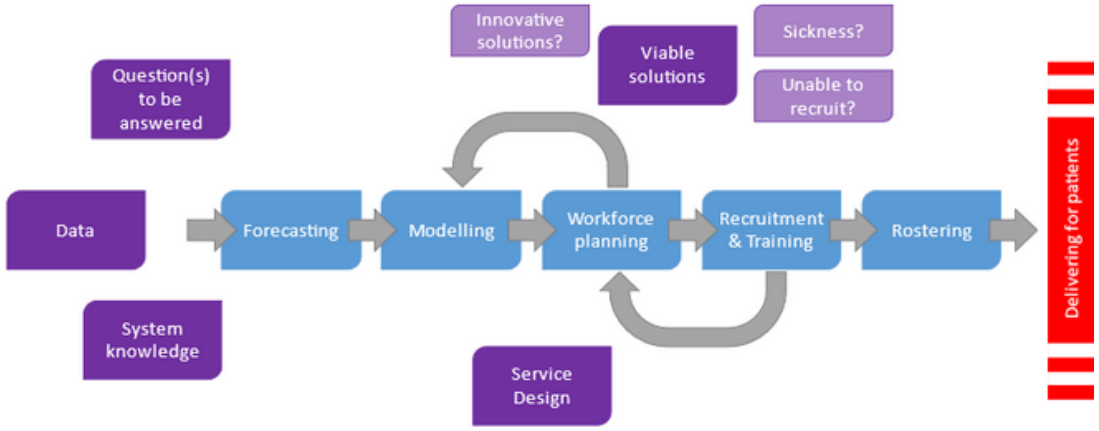


Figure 5: Forecasting & Modelling Business Critical Process

WAST operates a collaborative Forecasting & Modelling Group, which includes, 111 Commissioners & WAST. This group will seek to utilise support available in Wales, for example, the Welsh Modelling Collaborative, NHS Executive (formerly Delivery Unit) and the University sector. The group will seek to use known modelling techniques for example, erlang-C and third party support, where appropriate. This will be the mechanism for discharging this work.

The collaboratively agreed forecasting and modelling arrangements for 111 will be formally recorded in a Forecasting & Modelling Framework, the building blocks of which are set out as follows:

Figure 6: Proposed WAST Forecasting & Modelling Framework

17.0 Financial Arrangements

A *cost and recovery finance methodology* remains in place for 2023/24 and until such time that a consistent future service model has been jointly agreed. Any changes to the service model will be agreed as part of the Commissioning Intentions along with the additional financial requirements for delivery.

18.0 Benefits Realisation

NHS 111 Wales original benefits realisation plan is set out below and are still relevant for the current NHS 111 Wales service.

PATIENT BENEFITS

- Simple, free, number to help 24/7
- Service based on where you live, not where you are registered
- Lack of duplication in assessment processes
- Seamless transfer of information across service
- Consistent service delivery across Wales
- Help to choose right service

SERVICE BENEFITS

- Standardisation of service delivery & pathways
- Improved resource alignment across 999/111
- Efficient service delivery
- Appropriate use of services by patients
- Maximises use of scarce workforce
- Improved clinical outcomes
- Improved direction to alternative service & from unscheduled care
- Enhanced staff experience

A Commissioning Benefits Map will be collaboratively produced to underpin the service. The map will be iterative and change to reflect the development of the Commissioning Intentions and service. Changes will be subject to a change control process and signed off at the appropriate level in the NHS 111 Wales, commissioning governance structure.

Commissioning and service development will involve the creation of new services, testing proof of concepts and innovation. These will need to be appropriately evaluated, including lessons learnt and formal closure.

Rather than a one size fits all evaluation methodology, a set of themes will be used and the specific report format collaboratively agreed for each closure, lessons learned and/or evaluation scenario.

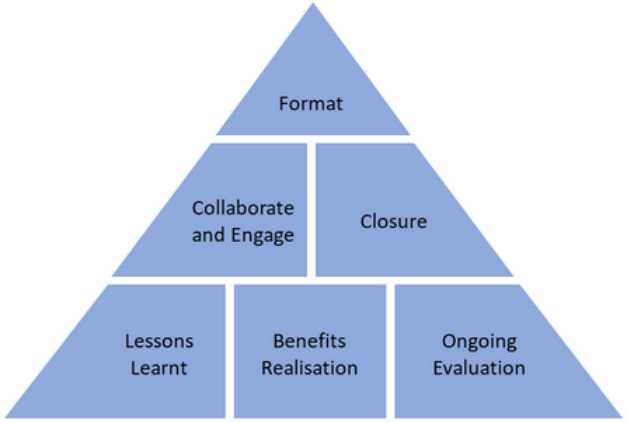


Figure 7: Collaborative Evaluation Themes

19.0 Quality & Performance Management

The Quality & Delivery Commissioning arrangements for 111, specifically the Care Standards and Core Requirements, must be consistent with the six domains of quality within the Quality & Engagement (Wales) Act. A key requirement of the Duty of Quality is a quality management system.

The NHS 111 Wales Quality and Delivery Framework will discharge this duty through the following governance mechanisms:

- A quality and performance provider report to each 111 Board (bi-monthly).
- A set of quality and performance metrics reported to the DAG (monthly, live & iterative).
- The development of a set of National 111 Quality Indicators (to be determined & linked to the national measures workstream with DHCW, by end of Q4)
- An assessment against the Core Requirements, which reflect the Duty of Quality (end of Q2).
- Where appropriate and collaboratively agreed, further specific work may be undertaken on quality and performance, for example, a deep dive, plan, do, study, act (PDSA) or similar.

20.0 Planning & Commissioning Cycle

A planning cycle has been developed and will be implemented to support the ongoing development of the Quality & Delivery (Commissioning) Framework. Aligned to the NHS 111 Wales Planning Framework, the Commissioning Intentions will be reviewed and refreshed on an annual basis in September/October of each year and agreed for the year ahead. This will ensure Commissioner & Provider have an agreed timeline for the commissioning process, clear understanding of expectations for on-going service improvements and an opportunity to build commissioning priorities into early IMTP development plans. Overseeing the refresh of Commissioning Intentions will be the responsibility of the Commissioning Board on behalf of the 111 Board.

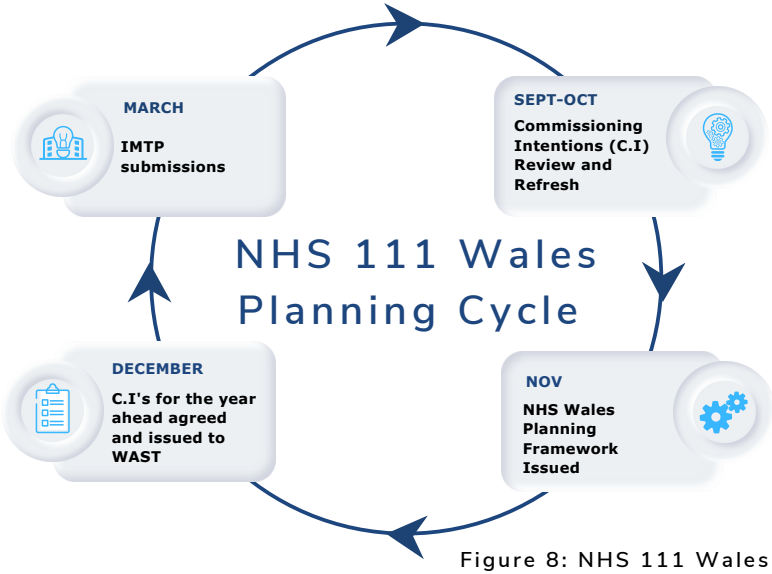


Figure 8: NHS 111 Wales Planning Cycle

Supporting Documentation

1. Aims of NHS 111 Wales

2. 111 Priorities for 23/24

3. 111/OOH Standards document

4. Stats Wales

5. Literature Review

6. Methodology and Development timeline

7. Six Goals Policy Handbook 2022

NHS 111 Wales

WAST 111 DRAFT Commissioning Intentions 2024/25

Ci.1	**Optimise performance, improve outcomes & ensure value for money by further developing the WAST service model.**
Ci.1a	Continue to review the current model using evidence of effectiveness to establish 'what good looks like' for NHS 111 Wales. (The model will need to reduce the number of handoffs & focus on outcomes, self-care & improvements in closure rates)
Ci.1c	Continue to review the current workforce skill mix and ratios of non-clinical (call handlers) vs clinical staff (clinical nurse advisers) based on future service models and UK benchmarking
Ci.1e	Consider and identify the opportunities and benefits for enhanced practice in existing and future roles. Eg: enhanced call handler, autonomous nurse practitioner, consistent with future delivery models
Ci.1f	Support the Six Goals National Programme for Urgent & Emergency Care (Goal 2) transformational workstreams, specifically the development of 'Enhanced Clinical Pathways': * Urgent Dental – Map out the existing pathways for HBs (4) and review in the context of developing a National Urgent Dental Pathway to support all HBs. * Palliative Care pathway development * Medicines Management Model * Consultant Connect & support to Care Homes * Directory of Services * Direct Booking
Ci.1g	Collaborate on relevant national reviews and their outcomes e.g. "rapprochement".
Ci.1h	Complete the delivery of the new 111 Patient Management System , CAS replacement (inline with the financial and clinical assurances set out in the approved business case) and realise the benefits of the new system, ensuring engagement with stakeholders and subject matter experts to develop a mechanism for ongoing review of clinical content
Ci.1i	Undertake a review of the 111 digital platform to ensure it meets the requirements for accessibility, functionality, value & effectiveness, as set out in the 111 Model of Care. Where technically possible seek to align with the all Wales approach to standardised web design and architecture.
Ci.2	**Enhance performance through the improvement of call abandonment rates & timely call answering (Step 2)**

DRAFT

Ci.2a	Undertake a review of calls to understand and report disposition/outcomes including self-care rates, number of touchpoints and flows into OOH
Ci.2c	Keep under review IVR messaging to determine which messages have greatest impact in diverting calls to website /other services
Ci.2d	Keep under review, as part of BAU/continuous improvement, the correlation of days/ times to peaks in demand and levels of staffing rostered during those times and undertake the necessary action to ensure staffing meets demand patterns
Ci.2e	Continue to review of calls to understand and report disposition/outcomes including self-care rates, number of touchpoints and flows into urgent primary care, ED, 999 and other community based services (e.g. UPCC, GMS etc)
Ci.3	**Staff experience a great place to work, where they are engaged and their wellbeing is promoted (Core Requirement 6)**
Ci.3a	Develop a strategic workforce plan, which is reviewed as part of the Trust planning cycle, to ensure effective workforce planning arrangements are in place with the capacity to meet service demand. Ensure the plan links to wider National workforce plans
Ci.3c	Undertake a workforce & training review to establish where training can be more efficient and effective.
Ci.3d	Undertake a rostering review and ensure effective rostering practices are implemented to ensure shift fills, rota management and rostering to levels of demand.
Ci.3e	Develop staff education & training matrix to ensure staff are appropriately trained, educated & qualified to undertake their role and deliver the services provided
Ci.3g	Reduce sickness absence rates and undertake the necessary action to ensure sickness absence is in line with National targets
Ci.3i	As part of the WAST strategic workforce plan: finalise the 111 strategic workforce plan, ensure effective workforce planning arrangements are in place; ensure the workforce planning is dynamic and responsive to agreed service changes and the plan links to wider National workforce plans.
Ci.3j	Continue to review workforce & training arrangements to ensure they are efficient and effective to deliver the agreed service model.
Ci.3k	Continue to develop the staff education & training matrix to ensure staff are appropriately trained, educated & qualified to undertake their role and deliver the services provided, with a particular focus on 111 CAS

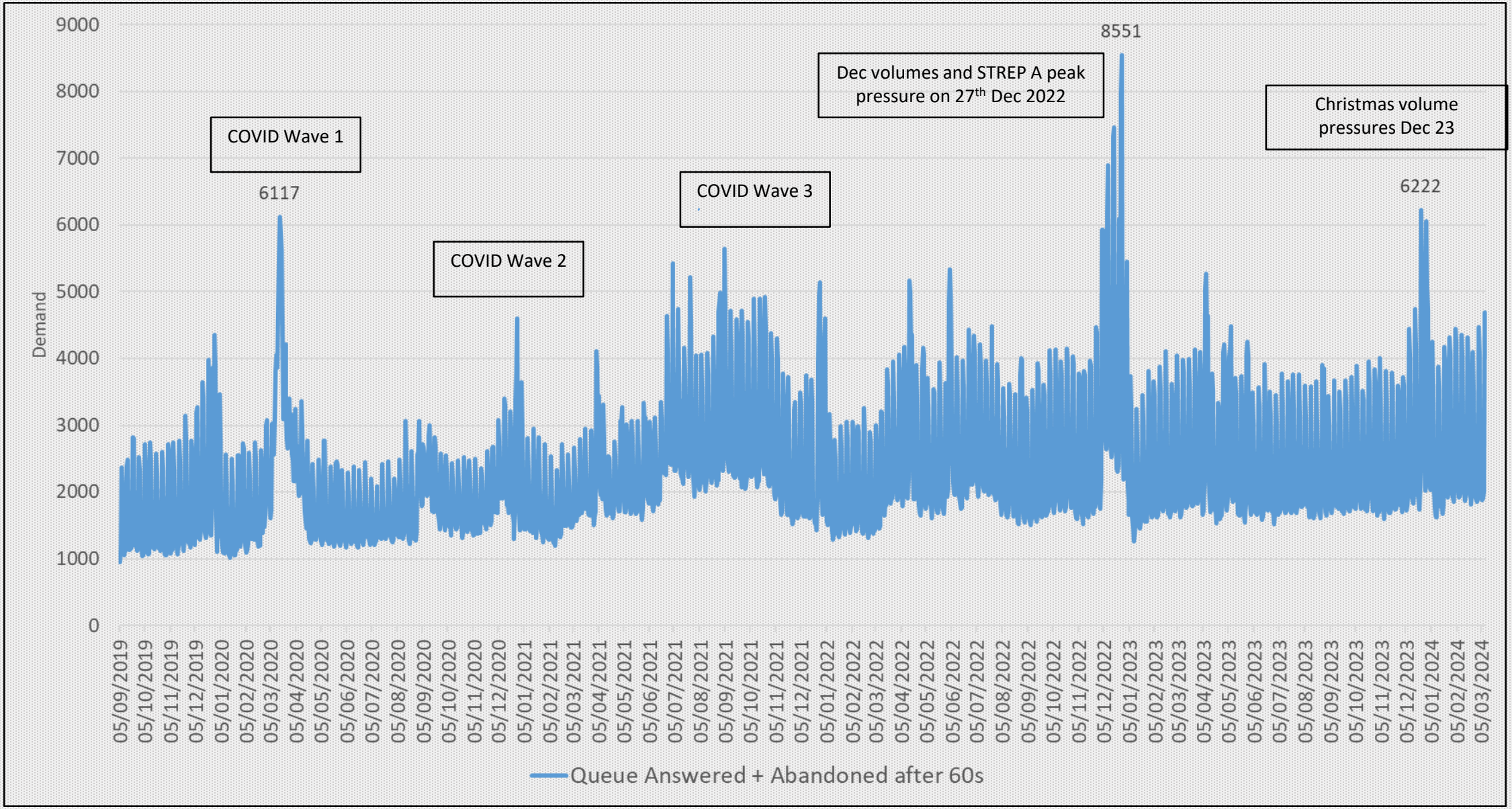
Key: Green – expected to complete by 31 03 2024

DRAFT

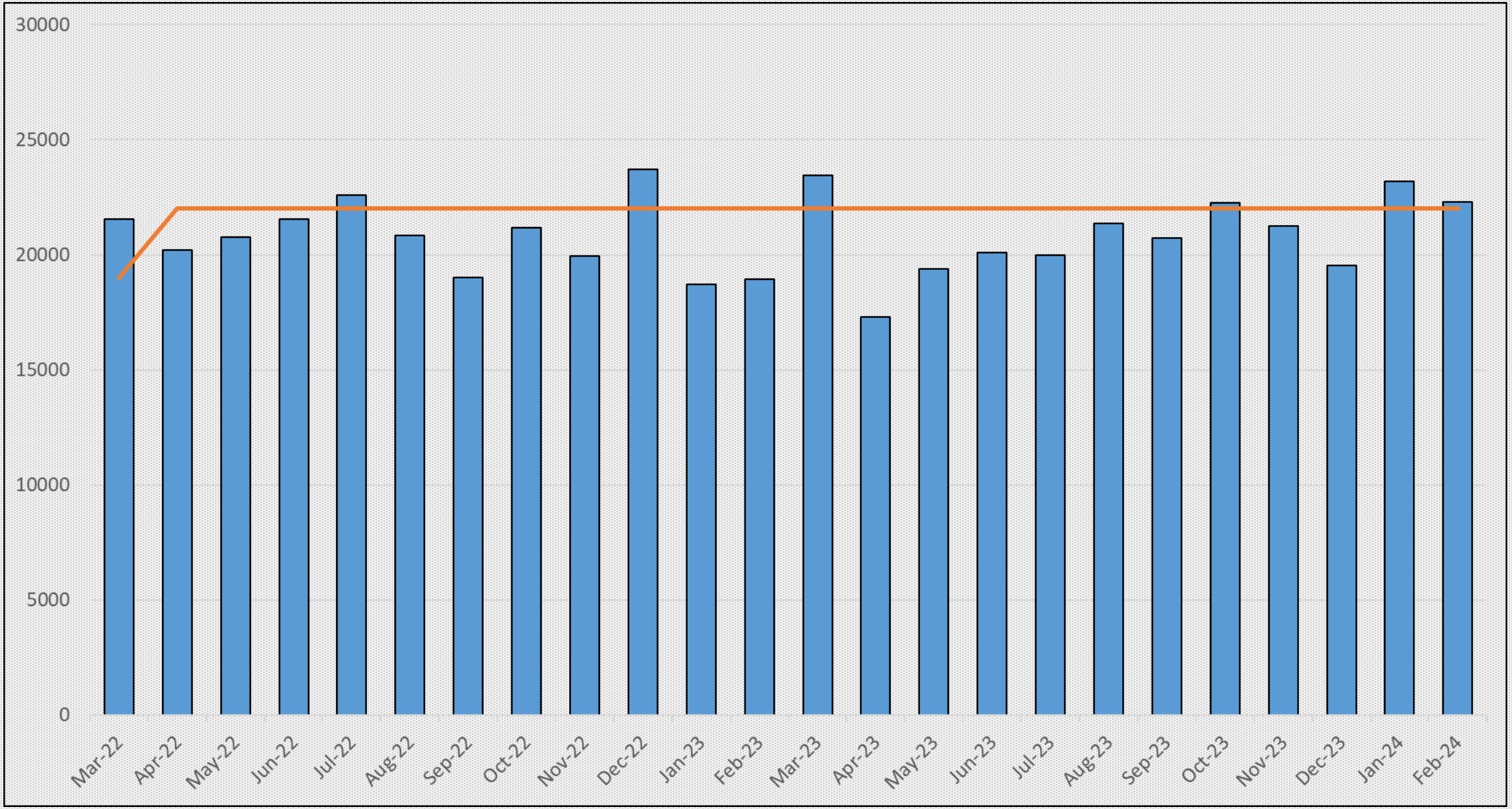
Performance Overview for Feb 24

- **TOTAL In-hours demand** for February 24 is up **5%** on underlying baseline demand from pre-pandemic levels noting subsequent rollouts in Betsi and Cardiff
- **TOTAL OOH demand** for February 24 is up **11%** on underlying baseline demand from pre-pandemic levels noting subsequent rollouts in Betsi and Cardiff.
- **Abandonment rate** for February 2024 is **6%,** with weekdays being **4.1%** and weekends averaging **8.3%**
- **Patient experience:** our time to answer a call has been **270 seconds** (February 2024) noting this has in part increased due to training of staff ahead of the new CAS system.
- **Clinical triage standards** (90% standard) are as follows:
  - WAST reported position P1 (P1 /D1) was 95.4% (Feb)
  - P2 and P3 response times down for lower acuity calls but again in part caused by training requirements for CAS
- **Outcomes** to ED /MIU /999 has a combined outcome of 16% (compared very favourably on a UK benchmark. England outcome rates are between 20-25%. NHS Scotland is circa 15%.
- **Cat C calls downgraded** from 999 to 111 (Feb) is circa 1500 calls or 65 calls per day.

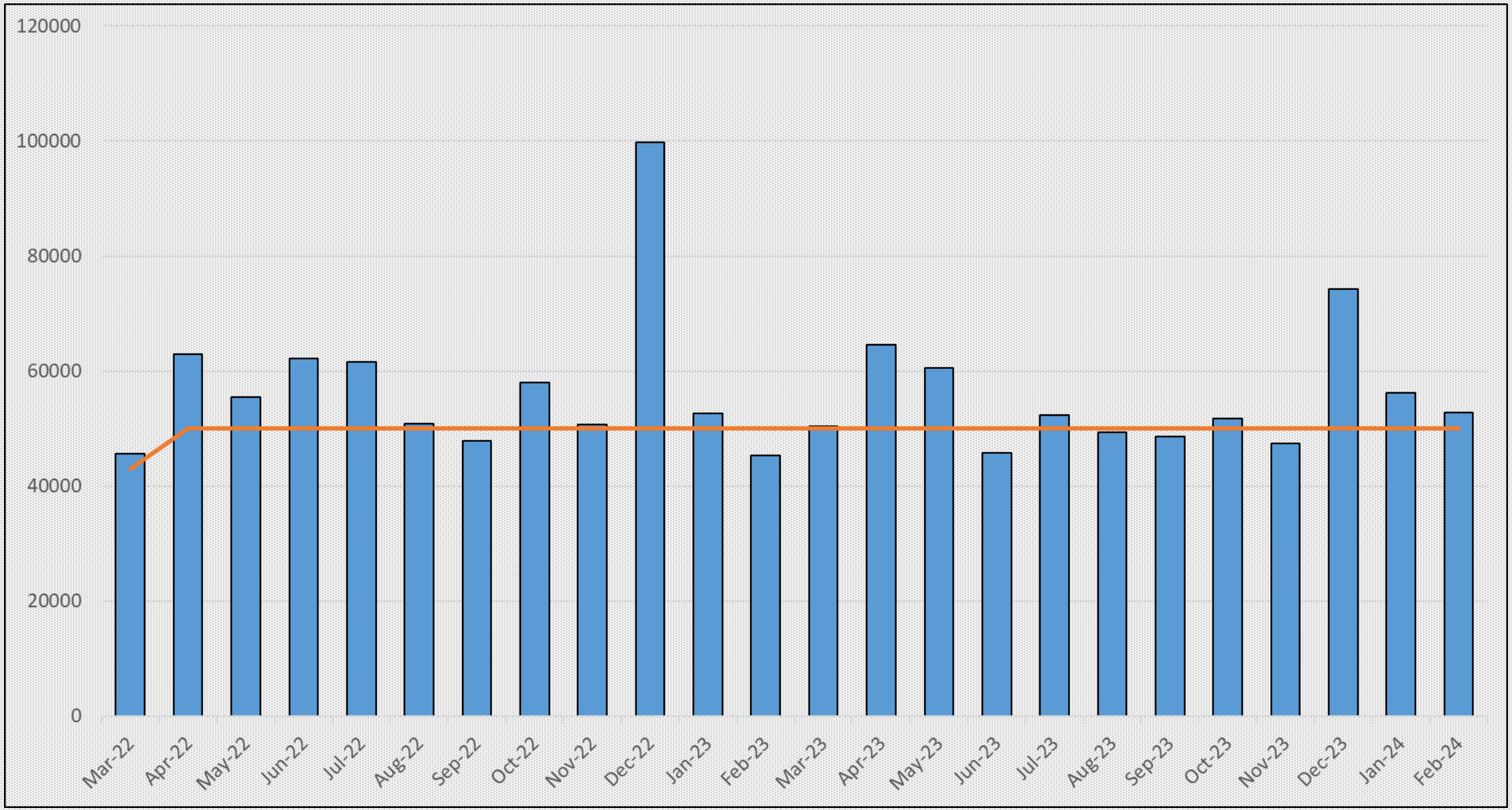
111 Call Volume since Sept-19



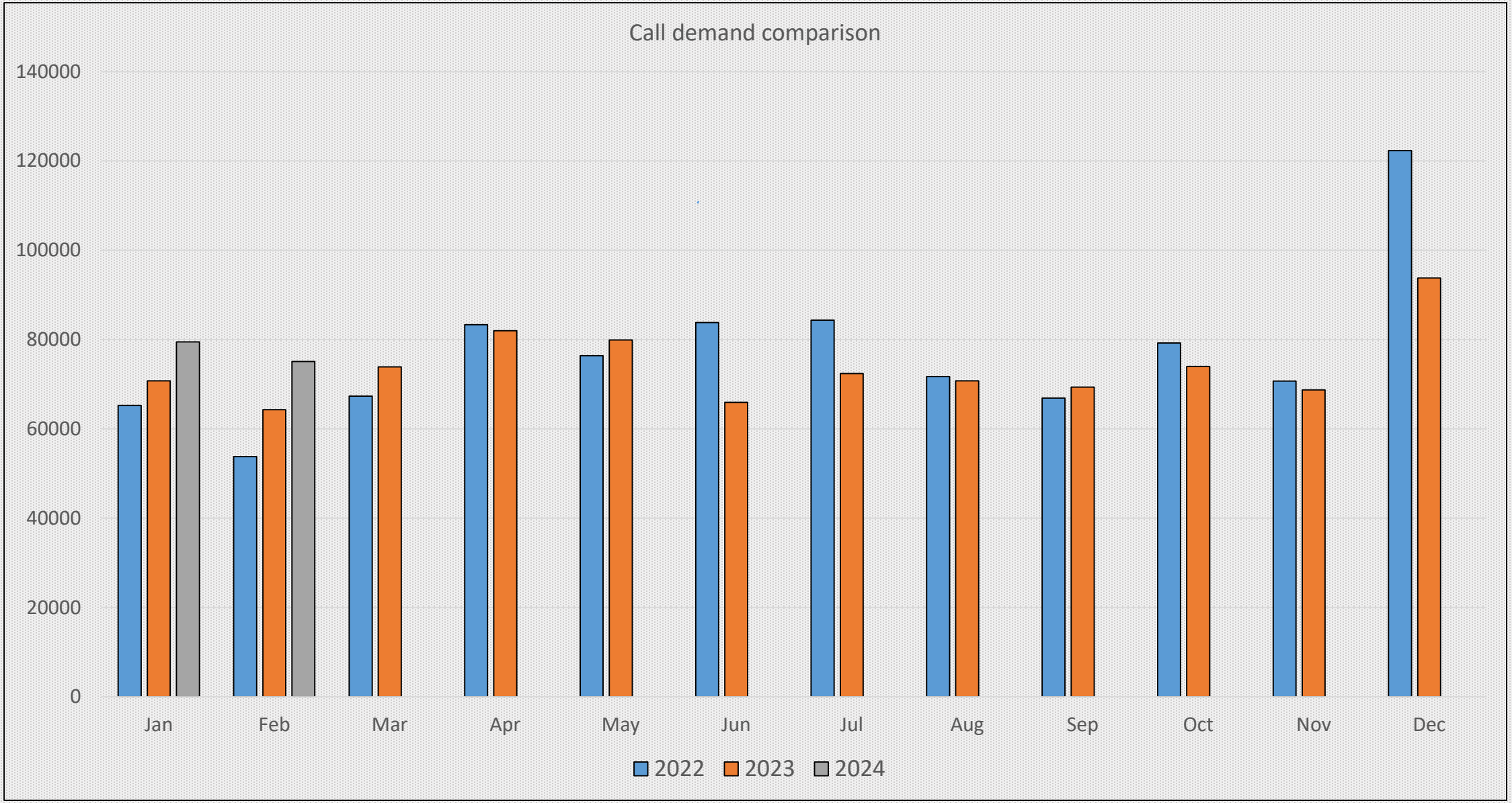
111 demand "*In-Hours*" *(Mon-Fri 08:00 to 18:00)*



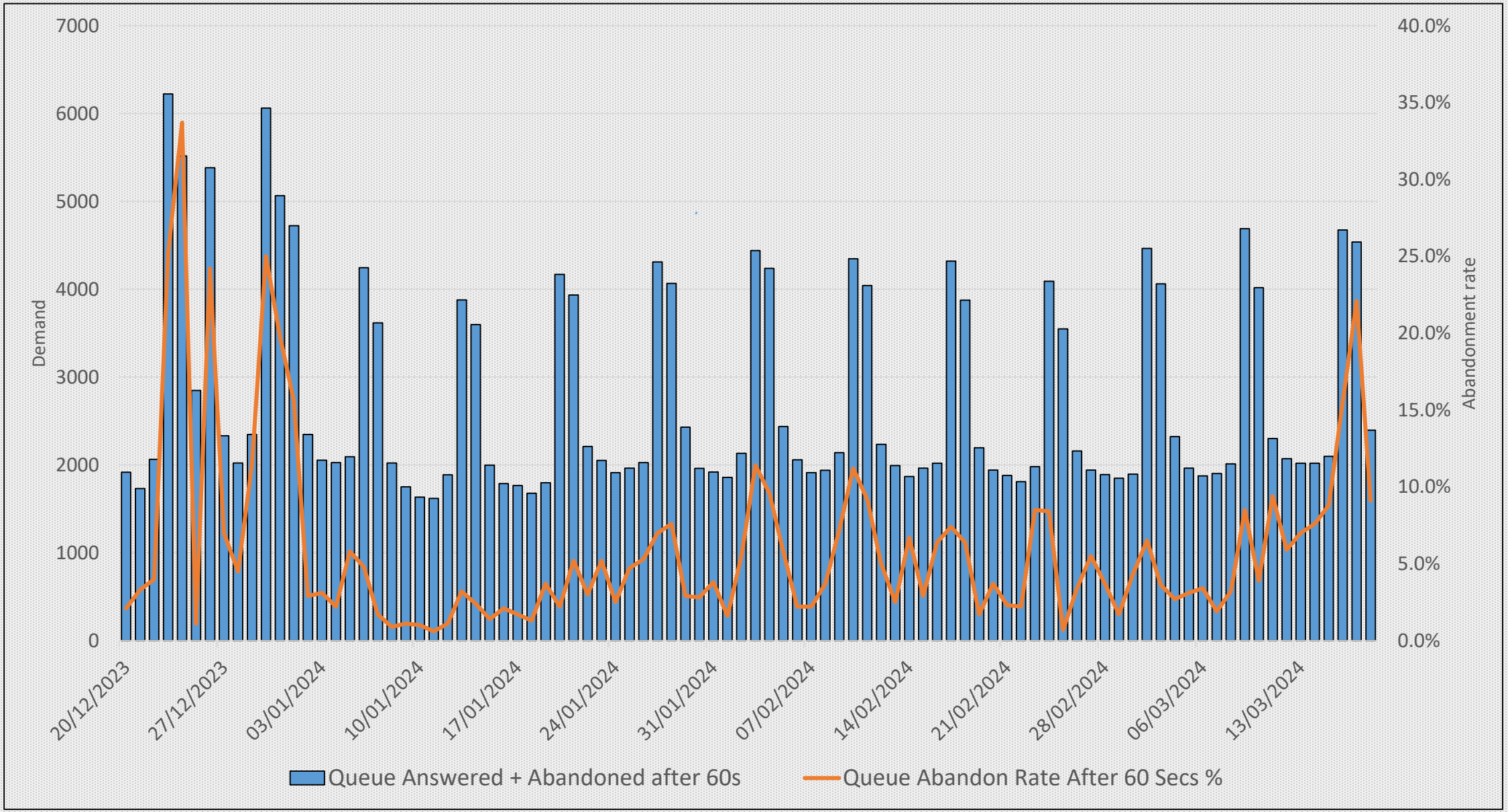
111 demand by month – *OOH period*



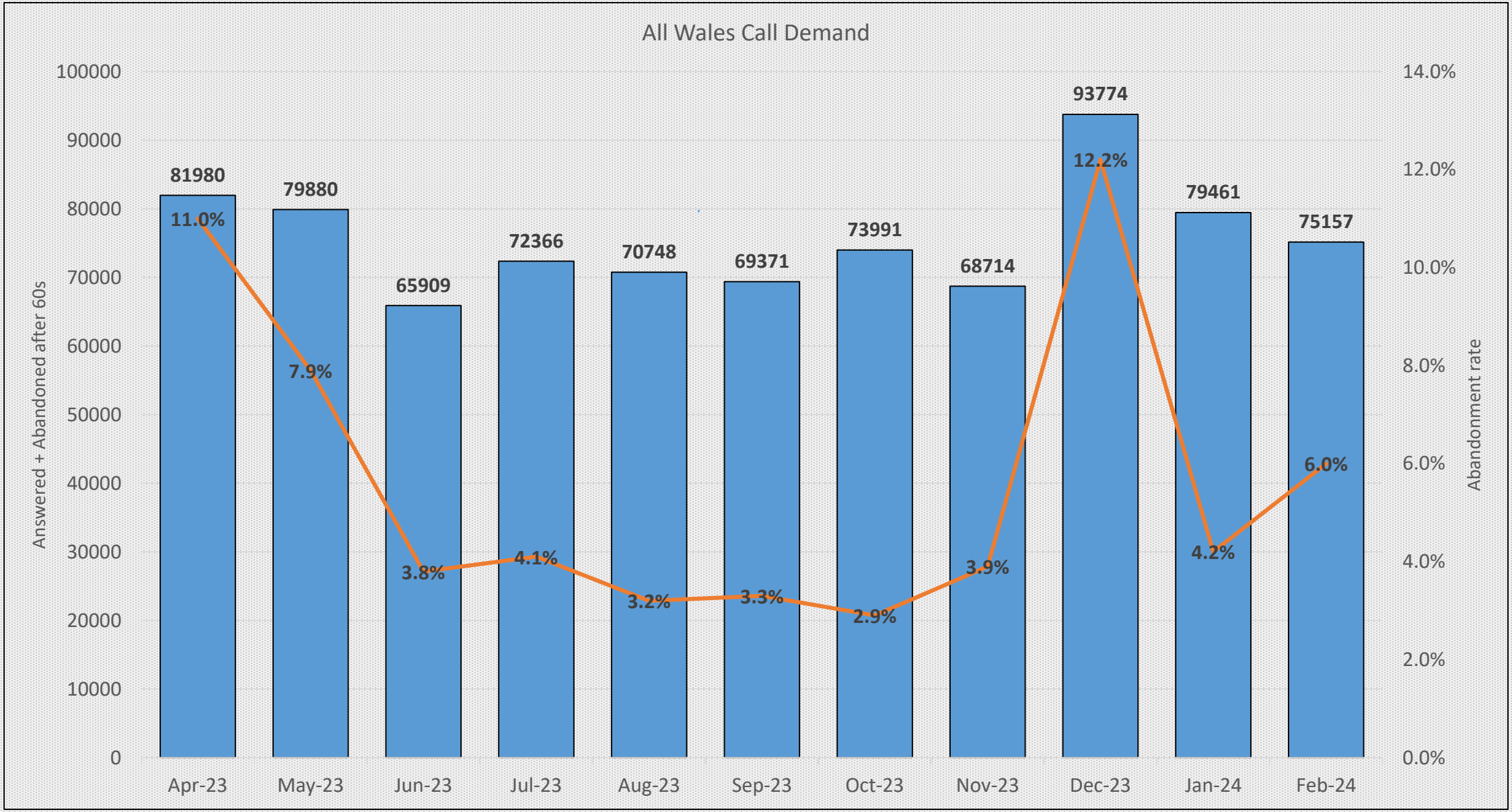
Call demand comparison



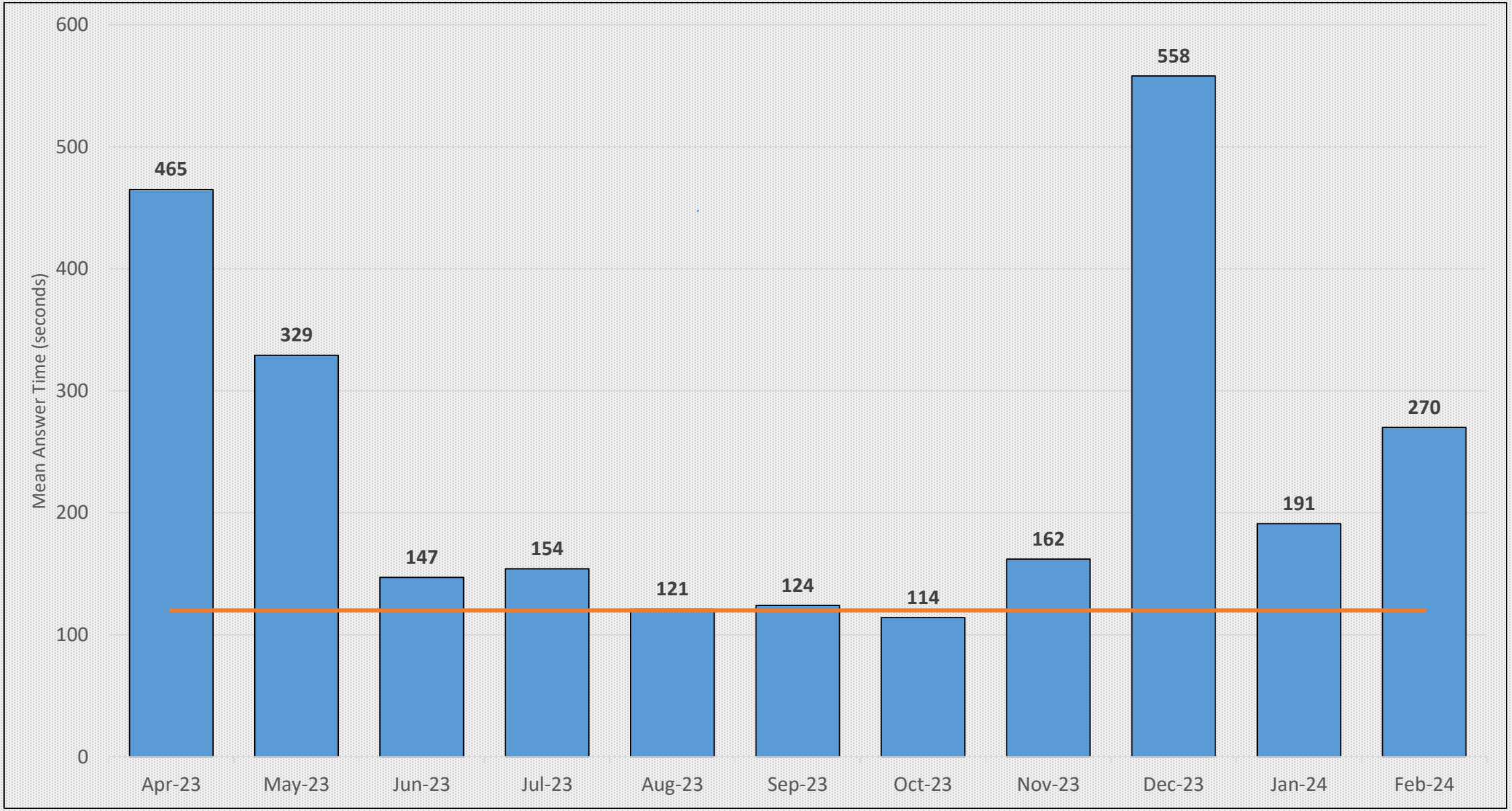
111 Call Volume & Abandonment rate (90 days)



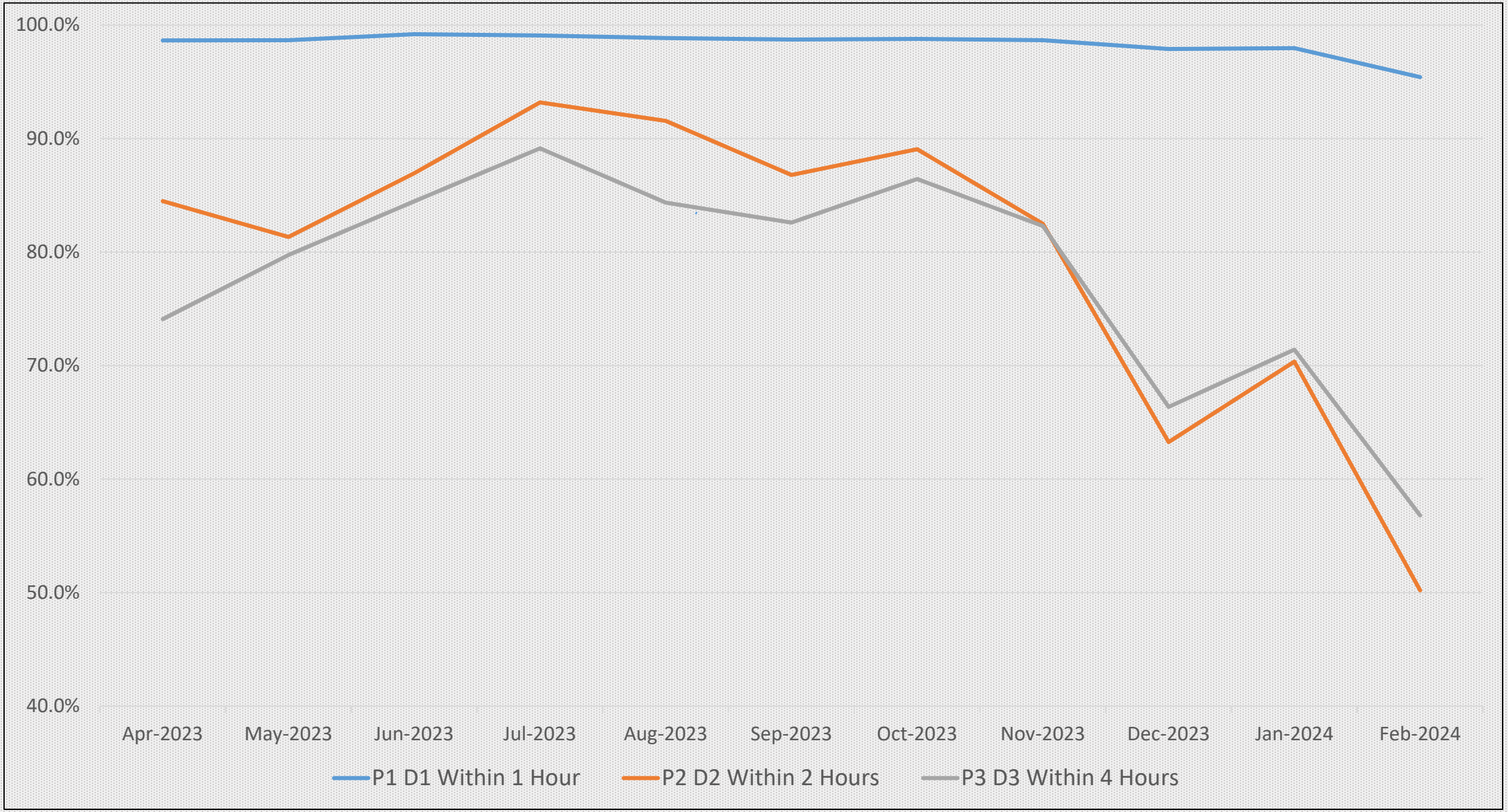
111 Call Volume & Abandonment rate by month



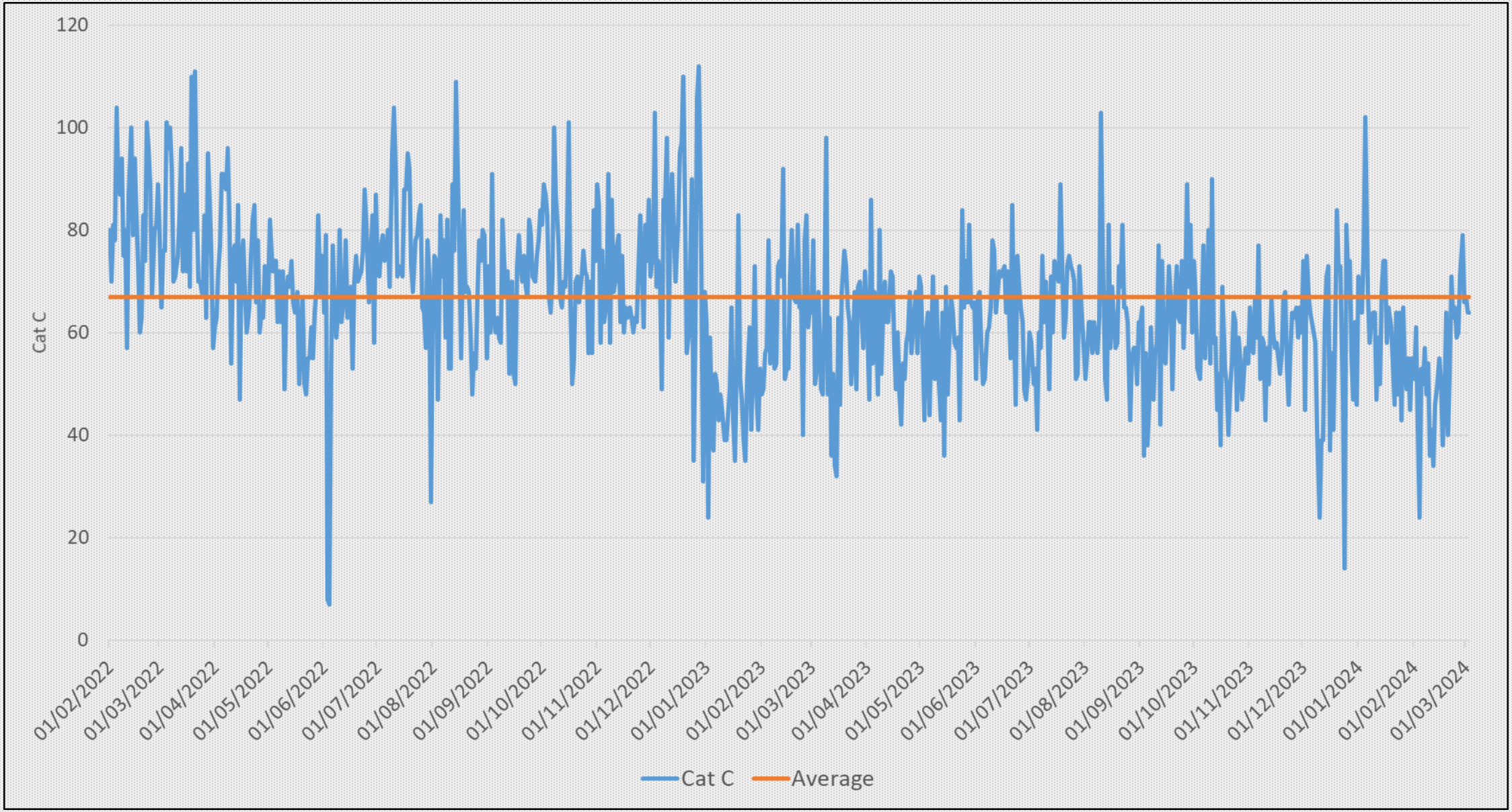
111 Call Wait Time by month (seconds)



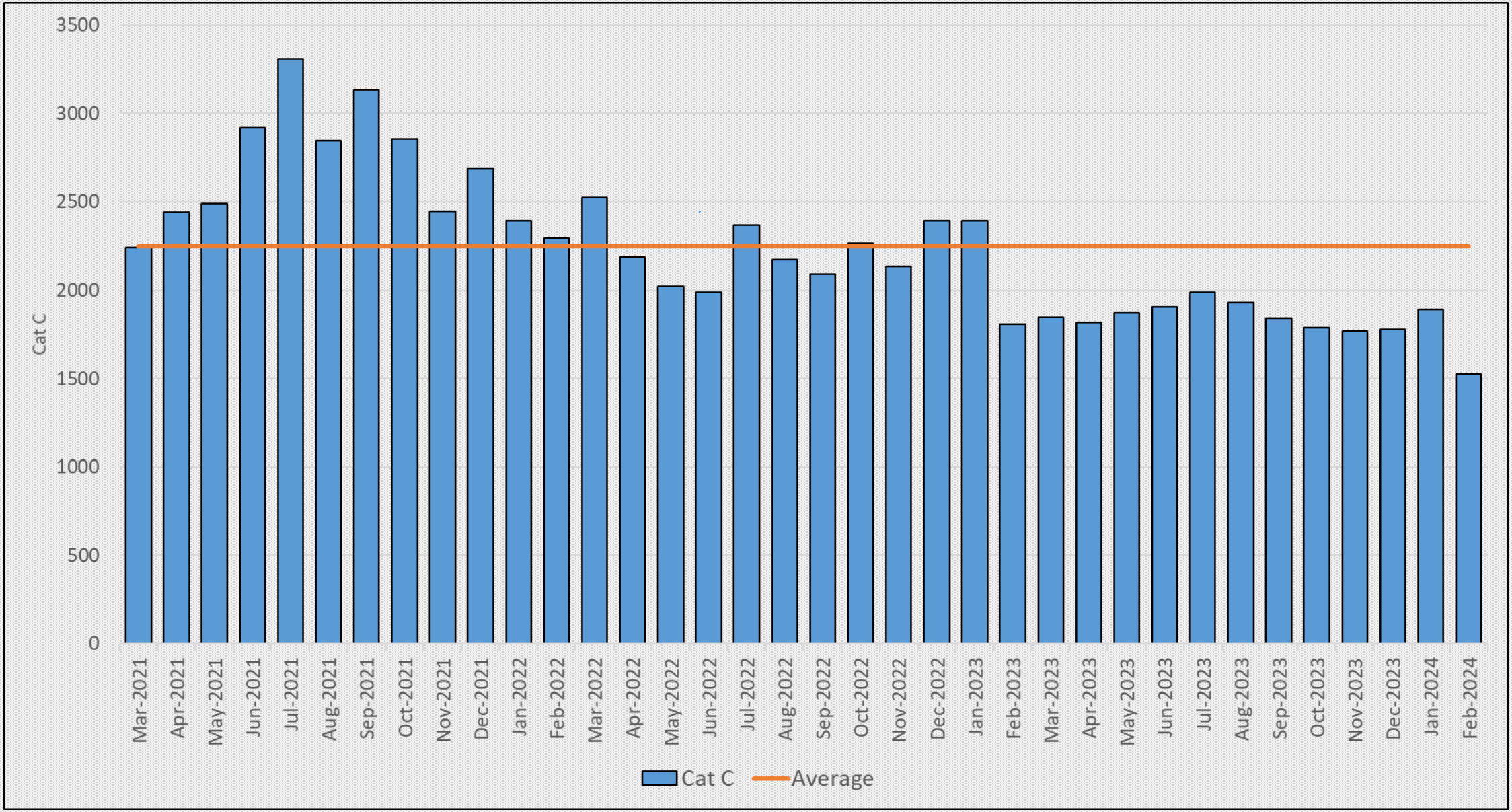
P1 - P3 (Apr 23 – Feb 24)



Cat C volumes transferred to 111 by day



Cat C downgrades to 111 (not the total data set)



All Wales CAS Outcomes (Apr 23 – Feb 24)

Disposition Outcomes	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Referred to a GP (handover of care - OOH)	32307	31421	26722	29698	28651	28722	31547	28320	37279	33205	30213
Administration	11327	12671	11958	12367	12108	12863	13153	12258	14467	14580	14391
Advised to attend ED/MIU *Cat C	7976	7728	7604	8150	7569	7295	7749	7376	7312	8172	7280
Dental	6723	6865	6515	7573	7603	6749	7107	6996	6971	7495	6995
Health information / quick call	1756	1826	1803	1736	2015	2330	2164	1604	1655	1763	1585
Referred to 999	4708	4920	4595	5316	5257	5103	5294	4763	5282	5176	4490
Advised to contact General Practice (GMS)	3201	3132	2983	3410	3196	2908	3230	3258	3300	3747	3314
Assessment and advice	2162	2200	2109	2192	2095	1983	2159	2015	2596	2223	2008
Referred to another Health Professional	1312	1157	1322	1204	1304	1259	1299	1207	1587	1576	1635
Other	1789	1511	550	604	845	589	610	570	1332	666	702

Disposition Outcomes	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Referred to a GP (handover of care - OOH)	44%	43%	40%	41%	41%	41%	42%	41%	46%	42%	42%
Administration	15%	17%	18%	17%	17%	18%	18%	18%	18%	19%	20%
Advised to attend ED/MIU *Cat C	11%	11%	11%	11%	11%	10%	10%	11%	9%	10%	10%
Dental	9%	9%	10%	10%	11%	10%	10%	10%	9%	10%	10%
Health information / quick call	2%	2%	3%	2%	3%	3%	3%	2%	2%	2%	2%
Referred to 999	6%	7%	7%	7%	7%	7%	7%	7%	6%	7%	6%
Advised to contact General Practice (GMS)	4%	4%	5%	5%	5%	4%	4%	5%	4%	5%	5%
Assessment and advice	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Referred to another Health Professional	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Other	2%	2%	1%	1%	1%	1%	1%	1%	2%	1%	1%

111 Call Volume by age range

Age	Baseline Sept-Nov 2022	Date range Mar 2023	Date range Apr 2023	Date range May 2023	Date range June 2023	Date range July 2023	Date range Aug 2023	Date range Sep 2023	Date range Oct 2023	Date range Nov 2023	Date range Dec 2023	Date range Jan 2024	Date range Feb 2024
<15yrs	33%	27%	25%	26%	24%	23%	21%	23%	27%	27%	27%	25%	27%
0-5	22%	18%	17%	17%	15%	15%	14%	16%	19%	19%	18%	16%	17%
5-10	8%	6%	6%	6%	5%	5%	4%	4%	5%	5%	6%	6%	6%
10-15	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
15-20	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	4%	5%	5%
20-25	7%	8%	7%	8%	8%	8%	8%	7%	8%	8%	7%	7%	8%
25-30	7%	7%	7%	7%	8%	8%	8%	8%	8%	7%	7%	7%	7%
30-35	7%	7%	7%	7%	8%	8%	8%	7%	7%	7%	7%	7%	7%
35-40	5%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
40-45	4%	4%	4%	5%	5%	5%	5%	5%	4%	4%	4%	5%	5%
45-50	3%	4%	4%	4%	4%	4%	4%	4%	4%	3%	4%	3%	4%
50-55	4%	4%	4%	4%	4%	4%	5%	4%	4%	4%	4%	4%	4%
55-60	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
60-65	3%	4%	4%	4%	4%	4%	4%	4%	4%	3%	4%	4%	4%
65-70	3%	3%	3%	3%	3%	3%	4%	4%	3%	3%	4%	3%	3%
70-75	2%	4%	4%	3%	3%	3%	4%	4%	3%	3%	3%	3%	3%
75-80	3%	3%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	3%
80-85	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%	3%	3%
85-90	2%	3%	3%	3%	3%	3%	3%	3%	2%	3%	3%	3%	2%
90-95	1%	1%	2%	1%	1%	2%	2%	1%	1%	1%	2%	1%	1%
95-100	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Age field blank	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	4%

AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

111 Wales WAST PROVIDER REPORT

MEETING	111Wales Interim Board
DATE	18th March 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Steve Clinton – Assistant Director of Operations, Integrated Care
CONTACT	Hugh.bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide the 111 Wales Board with an overview of current quality and performance within the 111 Wales service and related service improvement, planning and transformation activities.

111Wales call answering performance has been on a steady improvement trajectory, with progress particularly evident in the call abandonment rate. The demand spike in Dec-23 meant that the call abandonment rate moved outside the <5% target for the first time in seven months, however, it returned to being inside the target for Jan-24 with Feb-24 at 6.2% (demand +17% compared to Feb-23). WAST has delivered a range of efficiency improvements in 2023/24, in support of the improved performance, with 111 Board also supporting by commissioning higher call handler numbers. The roster review (including a demand & capacity element) remains a commissioning intention for 2024/25. The one particular area of concern which WAST can seek to address is clinician sickness absence levels.

The WAST 111Wales leadership team is currently very focussed on the tight timebound replacement of the 111Wales CAS by 30 Apr-24 (on-target).

Commissioners have provided in year monies to support the development of the 111Wales digital platform. A third party has been procured with two priorities: the development of dental assets (videos, pictures and social media); and a review of the platform to support the development of a longer-term business case. The 111 Board approved 2024/25 commissioning intentions include reviewing the 111Wales digital platform, which will also need to connect into the wider digital ambitions of NHSWales.

WAST continues to support the 111 Commissioners/Six Goals Programme with work on clinical pathways.

RECOMMENDATIONS

111Wales Board is asked to **Note** the report.

SITUATION

1. The purpose of this report is to provide the 111Wales Board with an overview of current quality and performance within the 111Wales service and related service improvement, planning and transformation activities.

BACKGROUND

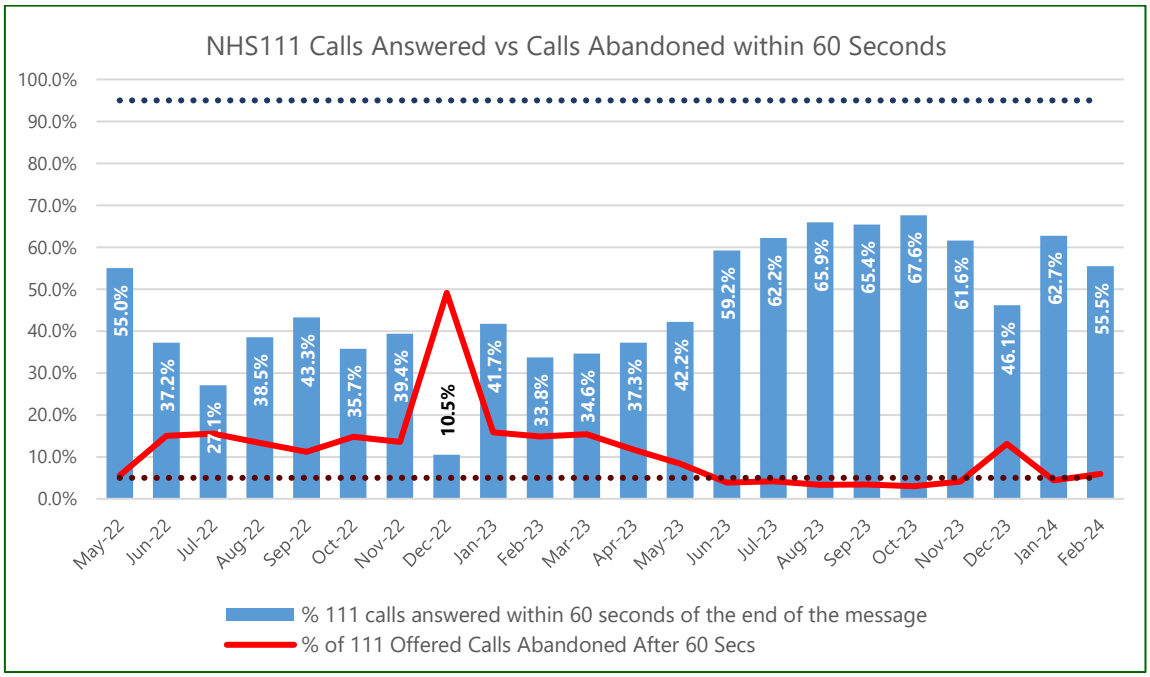
2. Currently the 111Wales front end service is provided by WAST and has now moved from a national programme to a commissioned service. In addition, WAST provides and manages the 111Wales digital platform.

ASSESSMENT

Quality & Performance

Call Answering

3. The speed at which WAST is able to answer a 111Wales call is a key patient safety and experience measure for the 111Wales service. The service aims to answer 90% of calls within 60 seconds with only 5% abandoning the call after 60 seconds. The graph below provides performance against these key metrics and demonstrates that call answering performance has improved since June 2023, with excellent performance against the 5% abandonment target in particular, achieving this target in 7 of the last 9 months.



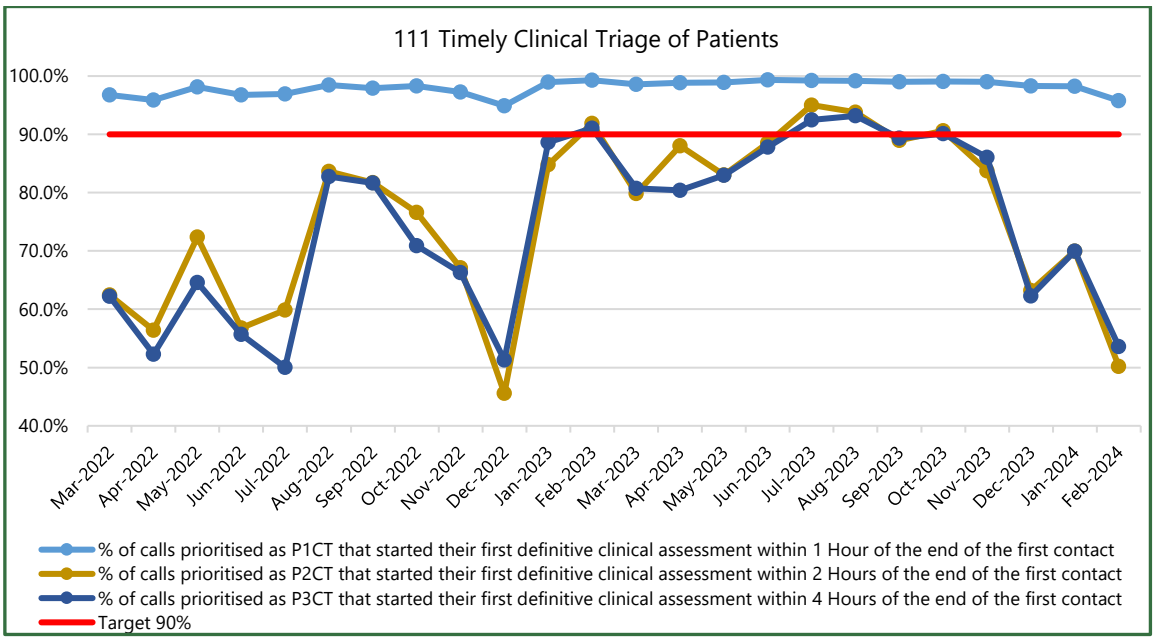
4. Performance varies by time of day. The heatmap below (Feb-24) shows that 111Wales struggled to meet demand in the evenings and on weekends. WAST is commissioned on a monthly performance basis, so there will be some variation within the month. The average weekend shift fill in Feb-24 was 101%.

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Monday	6.0%	9.2%	7.7%	7.0%	1.8%	0.0%	0.0%	0.2%	0.5%	0.1%	0.1%	0.4%	0.0%	0.4%	0.7%	0.5%	1.4%	0.3%	8.1%	13.1%	11.6%	2.2%	0.3%	0.0%
Tuesday	2.6%	0.8%	1.8%	0.6%	0.0%	0.0%	0.6%	0.6%	4.5%	3.3%	1.1%	0.8%	0.4%	0.2%	0.6%	1.6%	1.9%	0.9%	8.5%	8.5%	2.9%	1.2%	0.4%	0.0%
Wednesday	1.9%	1.1%	0.5%	0.6%	0.7%	0.0%	0.6%	1.0%	0.6%	0.6%	0.9%	2.4%	1.6%	1.3%	0.0%	0.7%	1.0%	0.3%	9.3%	11.2%	4.8%	1.0%	4.3%	0.8%
Thursday	0.0%	1.8%	0.8%	0.5%	0.0%	0.0%	0.8%	1.2%	1.1%	0.3%	0.3%	1.0%	0.1%	0.3%	0.0%	0.5%	0.7%	0.5%	6.9%	10.0%	1.8%	0.3%	0.7%	2.3%
Friday	0.4%	0.9%	3.9%	1.3%	0.0%	1.3%	1.0%	1.9%	1.0%	0.3%	0.6%	0.3%	1.6%	0.5%	0.6%	1.0%	1.0%	2.2%	12.7%	17.8%	13.1%	9.3%	2.7%	0.2%
Saturday	0.0%	0.7%	2.3%	1.0%	0.6%	0.0%	0.5%	1.0%	3.0%	11.4%	12.0%	11.7%	11.7%	9.5%	6.2%	5.0%	5.9%	5.1%	7.4%	12.4%	9.6%	0.9%	1.2%	2.7%
Sunday	5.2%	1.6%	1.9%	1.8%	0.0%	1.3%	0.5%	0.9%	4.4%	9.3%	11.6%	10.1%	8.5%	7.4%	3.0%	4.7%	3.2%	2.9%	3.4%	2.3%	0.9%	0.2%	0.6%	0.0%

5. The 111Wales Head of Service has previously provided a presentation to 111Wales Board, which was well received, on the work the service has undertaken this year on improving productivity which has impacted positively on performance.

Clinical Assessment Times

6. Clinical assessment times are also a key performance metric in terms of patient safety and experience. Performance has been consistently above target for the highest priority patients P1, P2 and P3 (to Oct-23), however, since that time performance has dipped, falling to 50.2% and 53.6% respectively in Feb-24. The primary cause of this deterioration was the uplift in demand: demand was 17% higher in Feb-24, compared to Feb-23. This was also compounded by staff abstractions for new systems training.

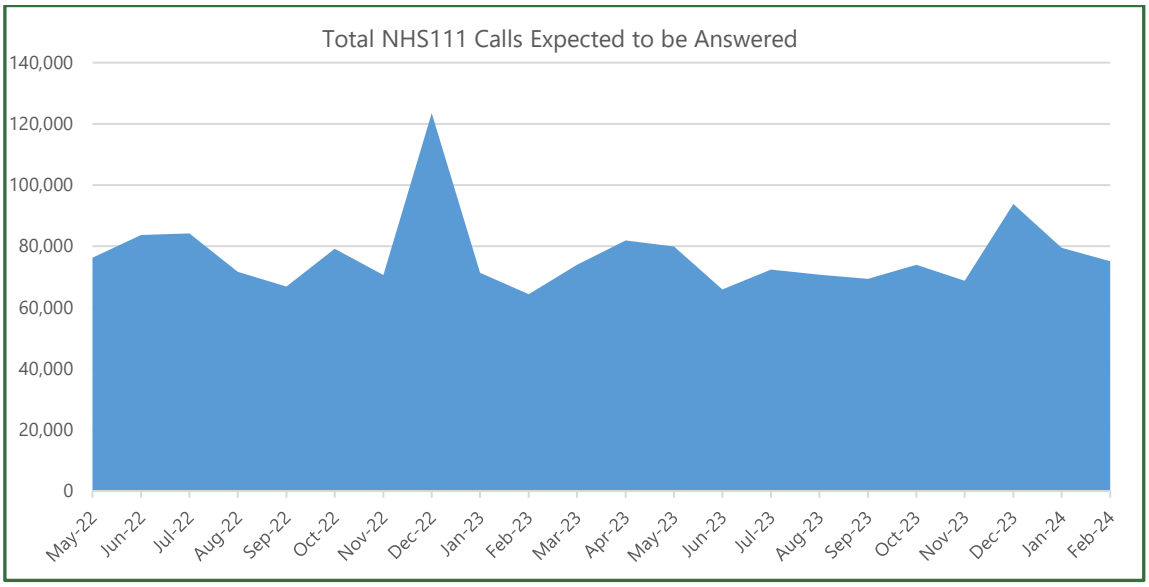


Actions to Improve Quality & Performance

Demand

7. The large demand spike in Dec-22 was not repeated in Dec-23 and WAST was undoubtedly better placed than last winter to deal with a demand spike; however,

demand in Jan-24 and Feb-24 has remained significantly above the same months in 2023.



8. The strategic response to the 111Wales demand remains a formal re-roster review, linked to forecasting of demand and capacity modelling. This is supported by both WAST and 111Wales Commissioners, with ongoing discusions in terms of how this might be funded in 2024/25.

9. The percentage of calls answered in Welsh, where this was the patient's choice, reduced to 52% in Feb-24. Whilst this is a reduction on Jan-24 it is an improvement on the same month in 2023, when the rate was 17.5%. Additional technical changes are planned for Q4 which will further improve this performance.

Capacity – Workforce Establishment

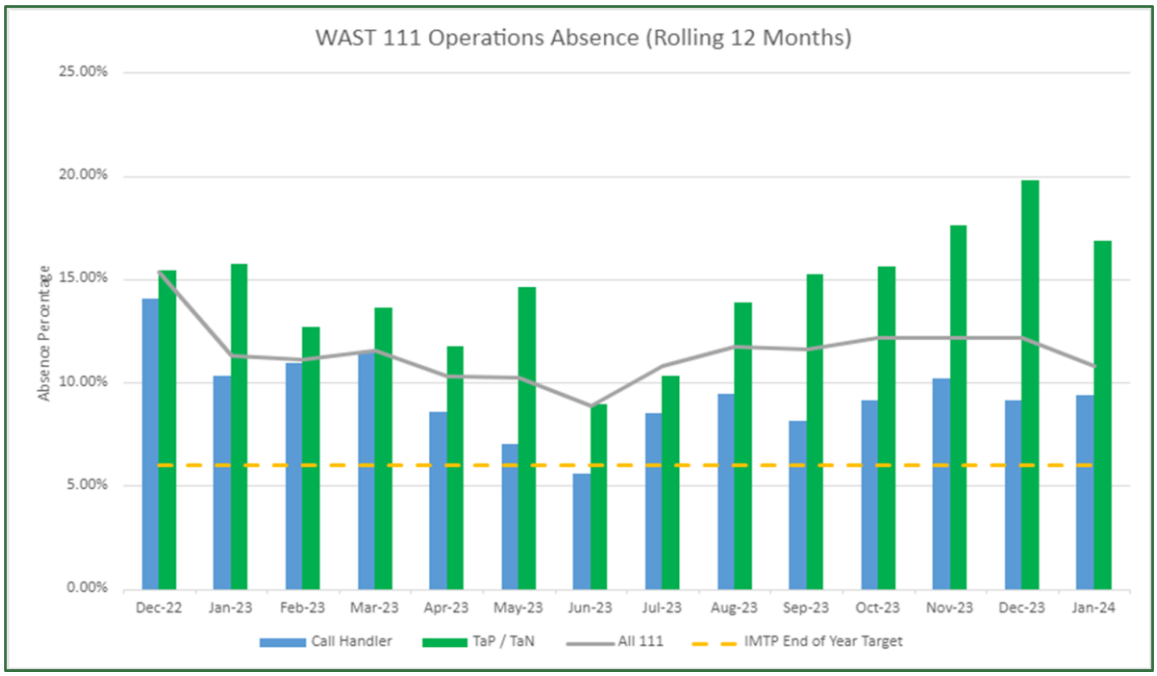
10. For 2023/24, 111 Commissioners indicated that 198 WTE call handlers and 102 WTE clinicians could be funded. In Feb-24, 192 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime. Call handler numbers are projected to decrease to 189 WTEs in Mar-24. There were 99 WTE clinicians in post in Feb-24, decreasing to a projected 97 WTEs in Mar-24.

11. WAST and 111 Commissioners are currently in discussion on the core resource envelope for 2024/25. At present, commissioners have indicated that they will fund 190 WTE call handlers and 101 WTE clinicians. It is accepted that there will be further work required to assess what performance can be achieved with this level of resource.

12. A 111 strategic workforce plan is an identified commissioning intention. WAST is currently developing a strategic workforce plan for the whole organisation. The aim is to formally sign this off at WAST's May-24 Trust Board, with dialogue with 111 commissioners before then.

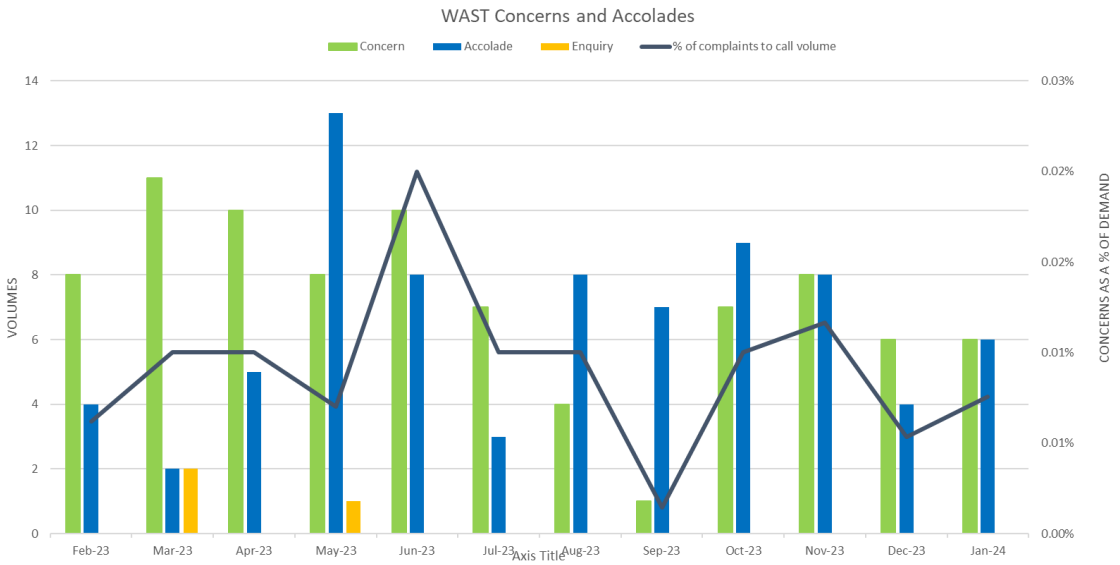
Capacity - Efficiency

13. Sickness absence management is another core component of capacity and workforce. There is a detailed managing attendance programme ongoing within WAST, with a target of achieving a 6% sickness level organisationally by the end of 23/24. Current levels within the 111 service, shown in the graph below, indicate that WAST reduced sickness absence in Jan-24 for call handlers, compared to Jan-23, but clinician absence remains high with further work ongoing.



Quality, Safety & Patient Experience

14. WAST supplies a quality report to each monthly 111 DAG, including activity levels, themes and trends. The level of concerns is very low relative to the volume of calls.



15. There was no National Reportable Incident (NRI) in Jan-23.

Commissioning, Planning & Service Redesign

Commissioning Framework

16. The 111 Quality & Delivery Framework, the commissioning framework, is now live and has been formally signed by both parties. WAST is actively attending and supporting the various governance mechanisms associated with the framework e.g. 111Wales DAG, Finance Group, Commissioning Board and 111Wales Board. 111Wales DAG has settled into a good routine of reporting and engagement.

17. WAST recently underwent an advisory internal audit on 111Wales commissioning, which was reported to its Mar-24 Audit Committee. WAST has shared the findings with 111 Commissioners and acknowledges the support of 111 Commissioners in the provision of information for this audit. There were a number of recommendations around internal governance for WAST and two that require collaboration with 111 Commissioners: -

- That a formal record of the Finance Group is maintained; and
- The escalation arrangements between WAST and 111 Commissioners are formally captured and signed off by both parties.

18. Because of the timing of the new Joint Commissioing Committee, the actions will be rolled forward into 2024/25.

Commissioning Intentions

2023/24

19. As above the 111 commissioning intentions for 2023/24 are in place and WAST reported its quarter three progress to the Feb-24 DAG. There are 18 commissioning intentions with only two off track:-

- Understanding dispositions and outcomes, with the new 111CAS expected to give a much stronger capability to undertake this work; and
- Clinician sickness, as identifed above.

20. Whilst not in the original commissioning intentions for the year, there are two in year additions: There are two main areas of focus for WAST moving into Q4:-

- In year improvements (from in year monies provided by 111 Commissioners - £83,000) for the digital platform; and

- 111Wales CAS implementation.

21. For the 111Wales digital platform the following table sets out the work being undertaken:-

Use the money to inform the **long-term business case** for change.	Instruct the expertise of a Service Designer, Product Manager and UX researcher company for a service specification, user-led design project sprint, exploring: • Front-end redesign of 111.Wales • Clinical and comms content improvements • Platform improvements • Reporting & Insights • Product strategy and service flow • National Clinical Digital Strategy Alignment • New CSM specification requirements
Use the money to focus on six goal **dental workstream** for high-impact changes.	Implement HEIW dental review to 111 website. Work with a communication agency (**Cowshed**) to develop a small set of dental assets (videos, pictures, social media), including: 1. Dental pain 2. Relieve toothache

22. The 111Wales CAS business case has been approved by Welsh Government with the project proceeding at high pace with a hard back stop of needing to have moved to the new system by 30 April 2024. A separate paper on the agenda will detail out the current progress.

2024/25

23. Jan-24 111Wales Board approved the 111 commisisoning intentions for WAST.

24. WAST views future plans for 111 at three levels: -

- Transition: a continued focus on service stabilisation, with the paused roster review considered key.
- Transformation: benefits realisation from the new 111 CAS, a fit for purpose 111 digital platform and continued collaboration with the Six Goals Programme on areas like dental, palliative care etc.
- Longer term strategic: the future service model for 111 (as a system), with WAST collaborating with stakeholders in this space, on the interface between 111, out of hours, GMS and clinical hubs.

25. A separate presentation on WAST's 2024-27 Integrated Medium Term Plan (IMTP) is on the agenda.

26. Discussions continue with current commissioners in terms of the resource envelope for 2024/25, acknowledging that new commissioning arrangements will also be coming into effect from the 1st April 2024.

Core Requirements

26. The 111 Quality & Delivery Framework, the commissioning framework, looks at quality and performance across the five step 111 patient care pathway,

but is also underpinned by the Core Requirements, which in turn are underpinned the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Core Requirements are: -

i. Governance (CR1)
ii. Patient Experience and Staff Engagement (CR2)
iii. Patient Safety - Clinical Governance (CR3)
iv. Software Infrastructure (CR4)
v. Demand & Capacity (CR5)
vi. Workforce (CR6)
vii. Finance (CR7)

27. WAST and 111 Commissioners have agreed that WAST will complete a self-assessment against the requirements, for review by 111 Commissioners, in the second half of 2023/24. This work has been started, but internal capacity has meant it is delayed. This will need to be completed in Q1 2024/25 and fed into the JCC.

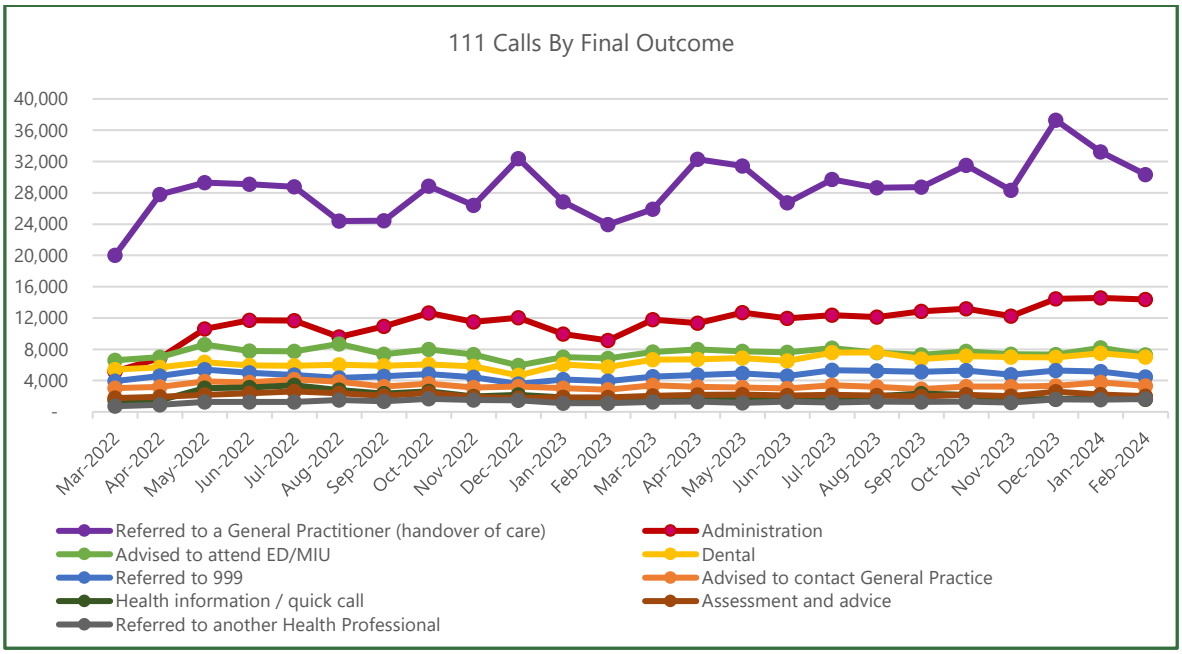
111Wales Measures Task & Finish Group

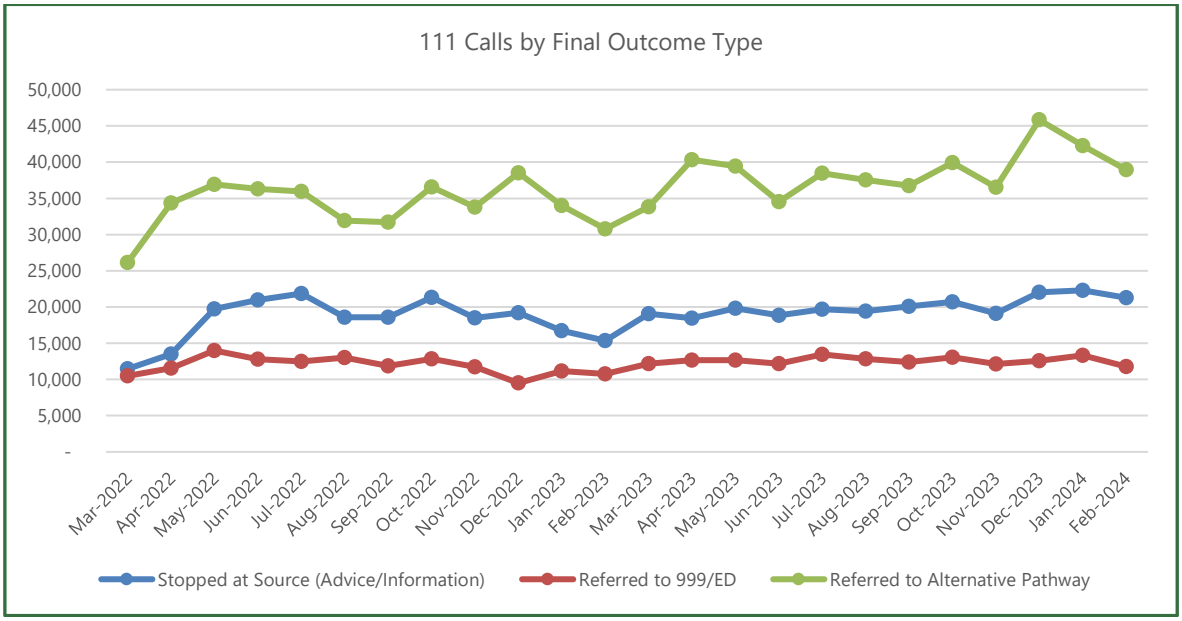
28. A 111Wales Measures Task & Finish Group has been established, with representation from the Six Goals Programme, WAST and DHCW. The focus of the Group is on reviewing the measures required by Welsh Government, an equivalent of the EMS five step Ambulance Service Indicators and key management information metrics. WAST has supplied an initial trawl of all available metrics, which will now be reviewed and divided into three levels; a) publicly reportable b) key management indicators c) other indicators. A workshop was arranged as planned in Nov-23, facilitated by DHCW, to work through this area in more detail.

29. The task & finish group is planning to recommend this proposed indicator set for steps one and two to the Feb-24 Commissioning Board. This is also delayed and needs to be re-programmed. The next meeting of the task & finish group is on the 15 Mar-24.

30. A key commissioning intention is to undertake a review of calls to understand disposition/outcomes: the current outcomes information is limited for 111. The ambition of WAST is for increased numbers of callers' needs to be met without need for onward referral (see second graph below). Part of this will include the

development of the skill mix within the service and the development of more autonomous practitioners.





Integrated Medium-Term Plan 2023-26 / Service Developments

31. There is positive progress on the various Six Goals pathways that WAST is contributing to and also service specific developments: -

- Agreement to extend the palliative care press 0 pilot. There has been an agreement on purpose and clinical model via workshops led by Six Goals, with the next step being a workshop on implementation.
- Agreement between WAST, 111 commissioners and NCCU on mental health press 2 pathway, in particular, ability to transfer patients from the main service into this pathway. Go live will be enabled by the replacement CAS solution in April 24.

- Dental pathway work programme. A new dental model is planned for HBs where WAST already provide the 111 front end for dental services. Again, the change is enabled by the new CAS solution so go live will take place in April 24.
- Medicines management: This will be deployed again across March and April including the Easter period.
- Direct Booking Urgent Primary Care Centres: A trial commenced in Feb 24 in BCU and C&V, with evaluation to be provided in due course.
- Virtual Queueing: This has been deployed into all health boards in Feb 24 for all patients with an expected wait >10mins.

Conclusions

32. 111Wales call answering performance has been on a steady improvement trajectory, with progress particularly evident in the call abandonment rate; however, the high levels of demand in Dec-23 (higher than forecast) outstripped the additional planned capacity and productivity gains that WAST has achieved, with high demand continuing into Jan-24 and Feb-24.

33. WAST will continue to focus on efficiencies, but large gains to call answering performance are unlikely, due to the range of efficiencies already delivered and the high levels of production being achieved. Work will be ongoing with commissioners on the level of capacity required to deliver expected performance. The level of demand will need to be kept under review. The paused roster review (with a demand & capacity element) offers one mechanism for a scientific way of reviewing demand, efficiencies, performance parameters and capacity. The one particular area of concern which WAST can seek to address is clinician sickness absence levels.

34. The main focus for the 111Wales leadership in Q4 and into Q1 has to be the delivery of the tight and very timebound replacement of the 111Wales CAS by 30 Apr-24 and 111Wales digital platform (in year mitigations). There will be a temporary dip in call handling performance as recruitment training has had to be re-programmed to free training capacity for the 111CAS.

35. WAST continues to support the 111 Commissioners/Six Goals Programme with work on clinical pathways and would want to explore further the extent to which these pathways can be hosted by WAST in order to maximise the impact to the whole country across the week.

36. Planning for 2024/25 (commissioning intentions, budget and IMTP) is well advanced, with increased clarity on the required resource envelope for 111Wales, recognising that discussions around the total resource enveloped will need to be taken forward by the new JCC.

RECOMMENDATIONS

111Wales Board is asked to **note** the report.

REPORT APPROVAL ROUTE

Date	Meeting
07 Mar-24	**AD Operations Integrated Care & 111**
10 Mar-24	**WAST Executive Director Strategy, Planning & Performance**
18 Mar-24	**111Wales Board**

REPORT APPENDICES

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

Interim 111 Programme Risk Register **March 2024**

Ref	Risk Category	Description	Outcome / Impact Description of the Risk	Consequence (Initial / Prev.)	Likelihood (Initial / Prev.)	Risk Score (Previous)	Controls Currently in Place	Consequence (Current)	Likelihood (Current)	Risk Score (Current)	Risk Trend	Additional Risk Action/ Treatment Required	Risk owner	Review frequency	Anticipated timescale for mitigation
168	Finance;#Service	That the WAST 111 solution (CAS) is end of life at contract expiry in May 2024 and requires replacement prior to this date. This presents a constrained timeframe in which to procure and safely implement a fit for purpose replacement solution	Owing to the constrained timeframe there is a potential risk that the WAST 111 service could be without a fully implemented and integrated solution after May 2024 leading to significant operational and patient safety issues.	5 - Catastrophic	3 - Possible	15	CAS solution expiry confirmed for end of May 2024 with supplier (Capita) to provide full support and exit plan up until this date. WAST Business Case approved by Interim 111 Board in Dec 2023 and implementation at Advanced stage. WAST report delivery on track for 30th April 2024 launch Discussion with funding of OOH Integration (Adastra) now resolved.	5 - Catastrophic	3 - Possible	15	Static	Mar 2024 - WAST reporting that delivery is on track for 30th April. OOH Forum members queried Test Plan for the system integration and what Business Continuity measures in place if there is slippage to delivery. WAST addressing both queries by way of plan and engagement with LHBs. Ongoing discussion around funding that is now resolved. WAST to update regularly on progress and risk	WAST	Monthly	Apr-24
127	Service	That increased transfer of calls from 999 service into 111 causes a decrease in 111 service performance	Inability to meet 111 Service standards and patient demand for high volumes of patients Potential patient safety issues due to a potential delay in care or identification of issue. Service does not operate efficiently and patients default to ED directly as they can't get through to 111.	4 - Major	3 - Possible	12	Established a wider Primary and Community escalation framework to align with this work Being actively monitored and will link back to WASTs internal escalation status. Will link to wider workforce review. To be discussed at Joint Ops Group as part of the future demand /capacity modelling as call length is longer for downgraded calls. EDs to be informed that increased volumes coming from 111 may well be linked to downgraded 9s call in times of escalation	4 - Major	3 - Possible	12	Static	Mar 2024 - continue to monitor and review data reporting Disposition outcomes to 999 /ED remain consistently below 20% As part of the implementation of the new CAS replacement our expectations are that the outcomes will remain static and /or improve. We are awaiting the actions following the audit in the to 999 clinical desk and impact to 111	Operational Lead 111	Monthly	Ongoing
166	Finance	The running costs of the now retired NHS Direct Wales service and wider corporate infrastructure remains unknown.	Unable to sufficiently quantify funding requirement	4 - Major	3 - Possible	12	Progressing the extraction of the NHSDW running costs from EASC	4 - Major	3 - Possible	12	Static	Mar 2024 - Part of legacy transfer and will be picked up by colleagues in the new JCC. Raised in JCC Finance workstream and to be addressed post 1 April by the JCC DoF work programme.	111 Board	Monthly	Apr-24
35	Workforce	There is a risk that the 111 service capacity requirements are insufficient to meet peaks in demand.	Inability to meet 111 Service standards Service does not operate efficiently. Shrinkage levels higher than expected.	4 - Major	3 - Possible	12	Delivery Assurance Group (DAG) assessing options to improve position. Ongoing active management of operational performance, including shrinkage, efficiency and absence levels. Monitoring and escalation processes in place.	4 - Major	3 - Possible	12	Static	Mar 2024 - Active monitoring remains in place but performance has been fairly static with no major concerns. Recruitment plan in place to bring call handlers to agreed level.	Workforce Lead Operational Lead 111	Monthly	Ongoing
92	Operation;#Service	There is a risk that fragility of urgent primary care (OOH) services, GMS and /or community pharmacy provision could unexpectedly affect performance on the 111 service front end of the service.	This will result in 111 service performance dropping below expected standards, including call-back times. Demand not effectively managed. Lack of confidence from professionals in service. Lack of confidence from service users. Clinical incidents result from excessive waits. Increase in pressure on wider unscheduled care system	4 - Major	3 - Possible	12	Additional call handling and nurse capacity being bought on line plus internal efficiencies within the service resulting in good abandonment rate and clinical standards being delivered. Follow up with Peer Review action plan with specific focus on high risk items identified. Monitoring and escalation processes remain in place across the service to assess GPOOH resilience	4 - Major	2 - Unlikely	8	Decrease	Mar 2024 - shift fill rate is exceptionally well filled. Most LHBs consistently reporting 90%+ fill rate.	Workforce Lead Health Board Operational Managers	Monthly	Ongoing

68	Workforce	There is a risk that the inability to recruit and retain sufficient clinical advisors will hamper the delivery of the 111 service.	Limited opportunity to close calls via clinical advisor triage leading to high number of calls requiring GP intervention. Call back times for high acuity patients for GPs is increased leading to potential for patient deterioration and possible referral to 999. Patient Safety issue due to a potential delay in care. Increased recruitment competition of similar professional groups/skill set in other health settings means the availability of a pool of staff is limited throughout NHS Wales.	4 - Major	2 - Unlikely	**8**	Monitored as part of Commissioning Framework and DAG. Nursing carer framework developed. Workforce group scoping out further opportunities for collaborative working with Health Boards, i.e. joint roles, rotational roles. This approach supported by Assistant Directors of nursing. Spokes developed in Withybush and Ty Elwy which will provide a wider base to recruit clinicians from.	4 - Major	2 - Unlikely	**8**	Static	Mar 2024 - Flight controller role established for increased no. of policy direct transfers going to straight to OOH / CSH, thereby reducing need for clinical advisor assessment.	Workforce Lead Operational Lead 111 JIGG	Weekly	Nov-23
20	Strategic	Communication and marketing activities are insufficient to reach intended public audiences.	Public are confused by messaging, leading to poor service uptake and negative impact on reputation.	3 - Moderate	2 - Unlikely	**6**	Service usage rates are equitable with demand for previous period across 111 and GPOOH services Engagement plan with a wide range of stakeholders in place to coordinate public facing communication.	3 - Moderate	2 - Unlikely	**6**	Static	Mar 2024 - linking in with other 6 Goals projects and other WG comms programmes e.g. Help us to Help you. Dedicated comms lead in place for 6 Goals	Programme Board	Monthly	Nov-23
143	Service	Introduction of NAV service has had higher than expected demand increase with no associated resource. Also unfunded resource capacity in MIU in CTM	Negative impact on ability to delivery service Potential financial and reputational risk	4 - Major	2 - Unlikely	**8**	Continue to monitor call /referral volume but remains low around 2 daily since start of 2023	4 - Major	1 - Rare	**4**	Decrease	Mar 2024 - Total calls and referrals being monitored. Still quite low volumes but now reported to DAG for mitigation.	WAST	Monthly	Jun-24

Liam Williams
Executive Director of Quality & Nursing
Welsh Ambulance Services NHS Trust (WAST)

20th December 2023

Dear Liam

New Patient Management System for 111 (replacement for CAS)

Further to our extra-ordinary 111 Board meeting on 18th December, we have agreed to proceed with WASTs preferred option of a combined MIS patient management system linked to the existing CSPT content. The Board as commissioners of the 111 Service agreed to approve the revenue funding based on the following principles:

1. Capital funding for the new system is approved by Welsh Government and is within the limits noted in the business case. We are assuming that the capital allocation includes elements from the jointly negotiated *CAPITA* exit agreement from SALUS so we need to be explicit as to the exact capital ask and the split of funds for complete transparency, noting that elements of this are a shared resource.

2. All revenue implications for the new system are met within the existing resource allocations already provided for the current 111 CAS system. For the 111 Programme Board, this equates to circa £1.1m although we noted that for year 2 and year 3, the costs are likely to rise in line with inflation. Any increase in year 2 and 3 costs will be proportionately split.

3. Additional non-recurrent revenue funding for training WAST staff in years 0 and 1, will also be supported on the understanding that the costs noted in the business case were 'worst-case' scenario of circa £219k in each of the years noted. Further work will be undertaken to clarify these costs but this was the agreed upper limits.

4. As noted in a previous Board meeting, the National Programme will also support the updating of the 111 website at a further cost of £89k. Noting the considerable investment in the website to date we will need to work with Mike Emery and DHCW on a longer term VFM solution going into 2024 /25.

5. All additional workforce requirements linked to the development, implementation and running of the new MIS solution was noted to be contained within the business case and that no further resource allocations will be required. Updating and revisions to the clinical and non-clinical content of the combined systems will either be met directly by the supplier and /or within the resources identified within the business case. There can be no assumption of additional revenue requirements from other budgets.

6. The disposition /outcomes of the current CAS system will be mapped against the MIS solution so that overall workflow into other parts of the NHS Wales system will remain unchanged. This will provide assurance to LHB colleagues in urgent primary care /OOH who have expressed concerns that they do not want to see an

increase in volume into their services and /or rises in the immediate P0 or P1 priorities calls into their local services. Dr Pete Thomas has agreed to work with your team to ensure that these are carefully mapped and assurance given ahead of go live in May 2024 and it would be helpful if a wider Task & Finish Group was established by WAST to ensure all stakeholders are involved.

7. Medical device compliance remained an outstanding action but would be fully addressed ahead of go live and resources covered within the business case.

8. Assurance was sought from clinical colleagues that there remained a clear distinction between the 111 (urgent) and 999 (emergency care) functions within WAST noting the importance of inter-operability between them and the wider Adastra system. Assurance was given by WAST that the MIS system will interface with Adastra and that all costs associated with this integration are also enclosed within the business case. Interface costs linked to existing NHS Wales systems are also assumed to be included within the business case.

9. Noting the criticality of this work over the coming months, it was agreed that the 111 Board would continue to receive monthly update reports and risk logs associated with the implementation of this CAS replacement. The Programme Board would continue to offer the wider governance and assurance for NHS Wales and Welsh Government until delivery in May 2024.

10. Noting this is an 'off-the-shelf' solution to replace CAS and the tight timescales involved, WAST have made it clear that we need to collectively manage external expectations on the product itself and functionality for go live. We noted there were no direct interfaces with the 111 website /web-guides so if there were any planned development work this would have to be carefully considered noting this was a 3 year contract with the option of extending for a further 1+1 years.

The Board noted the significant work undertaken by WAST colleagues to get the business case produced within the timescales and were supportive of the proposal to proceed and the revenue implications identified above.

Yours sincerely

RICHARD BOWEN
NATIONAL DIRECTOR
NHS 111 WALES & SIX GOALS FOR UEC PROGRAMME

Cc: Nick Wood**,** Deputy Chief Executive, NHS Wales
Nicola Prygodzicz, SRO NHS 111 Wales/Chief Executive, Aneurin Bevan UHB
Ian Gunney, Deputy Director, NHS Capital, Estates & Facilities, WG
Hayley Floyd, Interim Head of Urgent Care, WG
Dr Chris Jones, Chair, HEIW
Jason Killens, Chief Executive, WAST
Chris Turley, Director of Finance, WAST
Rachel Marsh, Director of Strategy, Planning & Performance, WAST