Clinical Safety Case Report – 111 Referral

Professional Standards Records Body

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Document Management

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Version	Date	Summary of Changes
V0.1	8/12/21	First draft
V0.2	28/2/22	Second draft
V0.3	13/5/22	Third revision
V0.4	6/7/22	Further revision after NHSD CSG review
V0.5	8/8/22	Revised for updated hazard log
V1.0	21/9/22	Version 1 following NHSD CSG approval

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
James Ray	Clinical Lead (UEC)	20/5/2022	0.3
Eve Wijayanayagam	Clinical Lead (GP)	20/5/2022	0.3
Lee Montgomery	Clinical Safety Officer	20/5/2022	0.3

Approved by

This document must be approved by the following people:

Name	Title	Date	Version
James Ray	Clinical Lead (UEC)	20/5/2022	0.3
Lee Montgomery	Clinical Safety Officer	16/5/2022	0.3
NHS Digital Clinical Safety Group	Clinical Safety Officers and Engineers		0.3

Related Documents

These documents provide additional information and are specifically referenced within this document.

Ref	Doc Reference Number	Title	Version	Status
1	DCB 0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems - Specification	4.2	Approved
2	DCB 0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems - Specification	3.2	Approved
3	Appendix 2	111 Information Standard	2.0	Approved
4	Appendix 3	Developing an information standard for 111 - Final Report	1.0	Approved
5	Appendix 4	111 Survey Report	1.3	Approved
6	Appendix 5	General implementation guidance for ALL PRSB standards (Detailed guidance, specific to the sections and elements of the standard, are included in the standard)	1.0	Approved
7	Appendix 6	Link to the PRSB 111 Information Standard web page		Live

Contents

1. Executive summary and safety statement

This document provides a clinical safety case for the 111standard project. The project has delivered information models, developed within the Art Décor open source tool suite (Art Decor supports the creation and maintenance of HL7 templates, value sets and data sets) and implementation guidance which will be used by IT suppliers and healthcare organisations to develop technical standards for structuring, coding and sharing 111 information, with a view

to incorporating it into standard clinical IT contracts to facilitate improved access to health and care services via interoperability.

A total of 8 potential hazards were identified and mitigated. Of these 1 was scored at level 4 and 4 at level 3, these required additional controls to reduce risk to an acceptable level on the Risk Matrix (see table 1 below). After additional controls were put in place all hazards 3 and above were reduced to 2. The remaining 3 hazards were reduced to level 1 and 2 which were either acceptable where cost of further reduction outweighs the benefit, or no further action is required. The mitigated hazards include information that should be addressed by implementers.

All hazards were identified through the consultation steps carried out to develop these standards. The consultations consisted of a multidisciplinary workshop, online survey, review of draft information models and implementation guidance (by clinical informaticians and system suppliers) and an expert user group meeting. These workshops, surveys and communications included patient representatives as well as professionals from Royal College of Emergency Medicine, Urgent & Emergency Care, GP's, allied health professions, health informatics professionals NHS E&I and IT vendors.

At each step of the consultation hazards were identified, reviewed and mitigations/actions considered. Nevertheless, some risk is inherent in the standards, but most has been:

(A) mitigated by the development of the standards

(B) or the residual risk has been transferred (with guidance) to the implementers.

Certain hazards were deemed system implementation matters. The hazard log (embedded within this document see section '*Clinical risk management System*') provides guidance for system developers and implementers. It is important that this guidance in relation to these hazards becomes a requirement for implementation.

N.B: This clinical safety report is necessarily limited in its scope because it is neither directly related to software development nor to deployment. Suppliers developing software to implement these standards will therefore still be expected fully to apply DCB0129. Organisations involved in the deployment of such software will still be expected fully to apply DCB0160. This clinical safety case report is, however, a useful reference guide for any such projects.

The report has been overseen by the Clinical Safety Officer (CSO) for the project.

2. Introduction

This Clinical Safety Case Report documents the scope, functionality and clinical risk management activities for a new standard for 111 Referrals and the GP Post Event Message for Information. It is intended to support vendors and developers as well as healthcare organisations implementing the standard in clinical IT systems.

The Standard v0.4 [Ref 3] has been co-produced with a wide range of stakeholders; NHS E&I Transformation directorate, Royal College of General practitioners, Urgent and Emergency Care Clinicians, citizens, healthcare professionals, and suppliers to ensure that the standard meets their needs.

The following approach was taken to develop the project deliverables

- 2 multidisciplinary consultation workshops and 2 GP Focus Groups (Feb 2022) were held with key stakeholders, including front line health and care professionals, health

informaticians. The first workshops in 2018 discussed and reviewed the integrated urgent care information sharing requirements. A further workshop in March 2021 validated the findings of the initial workshop to gather agreement for the continuation of the draft 111 standard. The GP focus groups focused on the GP Post Event Message (PEM).

- Close working with the NHS E&I Booking and Referrals (BaRs) programme to support the 111 to ED pilot for the 111 standard. PRSB attended the BaRs programme board to ensure any hazards were identified and mitigated during the development of the standard.
- A wider consultation on the 111 standard was carried out via an online survey during Nov – Dec 2021. The survey was aimed at frontline care professionals, who either receive or send 111 referrals, people, who work in the 111 services and those who are users of the 111 service. The findings and outcomes of the survey can be found in Appendix 5.
- Outstanding issues were consulted on by the 111 standard project group and the BaRS Programme Board. The outputs from these meetings informed the final drafts of the 111 standard.
- Final drafts of the standard and supporting documentation were disseminated to the 111 project board of their official sign off in March 2022

In scope

1. The scope of the 111 standard applies to:

- All 111 and 999 service referrals to wherever the person goes next.
- The GP Post Event Message
- Referrals through 111 online, call handler or clinical assessment services and 999 services, and is not specific to any triage system.
- To support NHS Digital with the pilot use case 111 to ED
- The standard is UK-wide and developed in consultation with a wide range of professionals from all four nations, including from 111 services, receiving services, IT suppliers and people who use services.
- All age groups including children.

To support the full information journey from 111 receiving the call or online request to referral to an onward service and / or the post event message back to the GP, the standard has been split into 2 sections.

i. The 111 Referral

Below are the high-level data items for the '111 Referral information standard'

- Patient Demographics
- GP Practice detail
- Dental practice detail
- Consent

- Safeguarding
- Individual Requirements (Reasonable Adjustments)
- Referral Details
- Caller details
- Presenting Complaints and issues
- Problem List
- Clinical Summary
- Social Context
- Risk
- Allergies and Adverse reactions
- Medications and medical devices
- Plan and requested actions
- Person and carer concerns expectations & wishes

For a system supplier view and human readable view of a 111 Referral to ED see Appendix 7 and navigate to the Examples section of the PRSB 111 standards webpage.

ii. The Post Event Message (back to registered GP)

Below are the high-level data items for the '111 PEM information standard'

- Patient Demographics
- GP Practice detail
- Safeguarding
- Individual Requirements (Reasonable Adjustments)
- Referral Details
- Presenting Complaints and issues
- Problem List
- Clinical Summary
- Risk
- Allergies and Adverse reactions
- Medications and medical devices
- Plan and requested actions

For system supplier view and human readable view of the 111 ED PEM example see Appendix 7 and navigate to the Examples section of the PRSB 111 standards webpage.

Out of scope

The standard does not apply to transfers between 111 services (e.g. across a country border) or between 111 and 999 services and these are therefore out of scope. As is the actual implementation of the 111 standard in to organisations and IT systems.

3. System Definition / Overview

As this Clinical Safety Case report pertains to an information standard rather than a clinical IT system, the systems definition cannot be provided. Multiple systems suppliers will be asked to implement the 111 Referral Standard and will undertake their own DCB0129 Clinical Safety Case for their individual system.

The Standard will impact all users on the 111 telephone and online service once implemented across the UK.

4. Clinical Risk Management System

The NHS Digital Clinical Safety Group (CSG) operates a full Clinical Safety Management System (CSMS) that encompasses integration with Health Organisations and professional bodies. The CSMS considers the integration with the Information Standards Board and the process in which professional standards are developed in the CSMS framework. The Clinical Safety Management System has been applied throughout all phases of the PRSB 111 standard. This Clinical Safety Case has been developed in accordance with the requirements of DCB0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems – Specification [Ref1] and DCB0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems - Specification [Ref. 2].

The essential structures of a CSMS have been implemented in this project by engagements with the following organisations:

- Royal College of Physicians
- Royal College of General Practitioners
- Royal College of Nursing
- 111 Information Standard project board
- 111 expert user group
- Joint GP IT Committee
- NHS E&I Bookings & Referrals service team
- NHS Digital clinical safety group
- Digital Health & Care Wales
- RCP Patient and Carer Network

The first step to preventing harm to patients through the use of these standards is to ensure a good development process that results in systems which are fit for purpose. Activities that have been carried out to clarify and address this include:

- A Hazard Workshop carried out with input from stakeholders and potential users of any such system facilitated by the Clinical Safety Officer
- Production of a hazard log for the project further revised through consultation with stakeholders

- Review of the hazard log following online consultation on the headings and any safety risks associated with any of the headings
- Review of mitigation of risks as part of the development of the standard headings

This hazard log comprises:

- Hazard name and description
- Potential causes
- Potential patient safety impact
- Initial hazard rating including likelihood and consequence
- Dependencies and assumptions
- Proposed mitigation
- Revised hazard ratings

Risks were scored using the risk matrix and scoring tools shown in Tables 1 - 4 Appendix 2.

A summary of hazards identified, including those deemed implementation issues is included in the following section.

The suggested mitigations aim to address clinical safety in relation to the design of the structure and description of the content of the standard. Further mitigations will be required when the standard is implemented in clinical / IT systems.

We have flagged some risks relating to implementation in this report but expect that further mitigations will be identified as clinical risk assessments and safety cases are developed by vendors and healthcare organisations during implementation.

5. Clinical Risk Analysis

A total of 8 hazards and their mitigations were identified via consultation and the hazard workshops, which are summarised in the table below.

Initial	Residual	Risk rating	Definition
0	0	5	Unacceptable level of risk. Mandatory elimination or control to reduce risk to an acceptable level
1	0	4	
3	1	3	Undesirable level of risk Attempts should be made to eliminate or control to reduce risk to an acceptable level. Shall only be acceptable when further risk reduction is impractical.
4	5	2	Acceptable where cost of further reduction outweighs benefits gained.
0	2	1	Acceptable, no further action required

Table 1 : Summary of 111 standard hazard risk scores

These mitigated hazards should be considered and addressed in local implementations of the 111 Referral Standard.

6. Clinical Risk Evaluation

Hazards were identified using the SWIFT (Structured 'What If' Technique) method of hazard identification during the hazard workshops. This entailed description of potential hazard, patient safety consequences, explanation of hazard causes, identification of existing controls, an estimation/rating of clinical risk and suggested further mitigations.

Potential clinical safety risks and hazards were also explored at regular programme and project team meetings that included NHS England & Improvement, NHS X and NHS Digital Leads.

Hazard Workshop 1		
Date	Attendees	Role
23th Nov 2021	Dr James Ray	111 Referral Clinical Lead & Emergency Medicine Consultant
	Lee Montgomery	Clinical Informatics Manager & Clinical Safety Officer NHS Bookings & Referrals
	Eve Wijayanayagam	Clinical Lead – Integrated Urgent care, Home Visiting and Appt +
	Sharon Hanley	PRSB Business Analyst / IT Consultant

Hazard Workshop 2		
Date	Attendees	Role
3 Dec 2021	Alison Allam	Patient with lived experience
	Sharon Hanley	PRSB Business Analyst / IT Consultant

Hazard Workshop 3		
Date	Attendees	Role
28th Feb 2022	Dr James Ray	111 Referral Clinical Lead & Emergency Medicine Consultant
	Lee Montgomery	Clinical Informatics Manager & Clinical Safety Officer NHS Bookings & Referrals
	Dr Eve Wijayanayagam	Clinical Lead – Integrated Urgent care, Home Visiting and Appt +
	Sharon Hanley	PRSB Business Analyst / IT Consultant

Clinical Risk Control

Of the 8 hazards originally identified, 1 was scored at level 4, 5 at level 3 and 2 at level 2 all of which required additional controls to reduce risk to an acceptable level. After the additional controls and mitigations were evaluated and verified during the hazard workshops the residual hazards are:

- 6 hazards were reduced to level 2 - Acceptable where cost of further reduction outweighs benefits gained.
- The remaining 2 hazards 1 remained at level 2 and the other reduced to level 1 - acceptable, no further action is required.

There are 6 hazards with a residual risk of 2, which is *Undesirable level of risk, attempts should be made to eliminate or control to reduce risk to an acceptable level.*

Below is a summary of each of the hazards that were initially give a risk raking of 3 and above.

Hazard Id:	1
Initial risk ranking	3
Hazard Name	Missing data (blank fields), incorrect, or corrupt data.
Hazard Description:	Data items that are either not completed, completed incorrectly, or corrupted in message transmission which result in blank fields in the sending and /or receiving system.
Hazard Causes:	1) Incorrect data entered in source system unable to be mapped into the receiving system. 2) Information model in source system is misinterpreted/not understood by? 3) Logical data model is wrong leading to incorrect or missing data attributes. 4) Data processing and de-duplication loses important data item. 5) Headings have similar meanings, so users are unsure where to find the information they need e.g. About Me, Individual Requirements and Social Context. 6) Consequence of different professional groups with different roles and emphasis in creating electronic health and care records. 7) Semantics and language difference between the different professions.
Potential patient safety impact description	Healthcare provider delivers inappropriate care based on absent / incorrect information which could lead to an absence or delay to care, which could result in patient harm.
Dependencies & assumptions	1. Suppliers implement the standard in accordance with the PRSB guidance provided. 2. Supplier systems are able to configure their system to support recommended conformance.

Mitigation:	**Existing controls / Mitigation** Assurance/ compliance processes already published for system suppliers / implementers. **Design Mitigations** Providing system suppliers with implementation guidance explaining confirmation on data item conformance - 'Mandatory (& Must haves), Required and optional Data standard has been designed to ensure conformance criteria is clear as described on page 6 of the General implementation guidance for ALL PRSB standards [Ref 7]
Residual risk:	2

Hazard Id:	2
Initial risk ranking	3
Hazard Name	Incorrect mapping / transcription of data items from source systems (including paper /excel) into receiving system.
Hazard Description:	Suppliers map incorrect codes or data. Incorrect transcription of written terminology
Hazard Causes:	1) Recommended coding not available in supplier system.
Potential patient safety impact description	Incorrect treatment or advice given by the HCP which could lead to an absence or delay to care, which could result in patient harm.
Dependencies & assumptions	1. Supplier systems can implement the 111-standard using the recommended coding via HL7 and/or FiHR for input and extract.
Mitigation:	**Existing controls / mitigations** Assurance / compliance processes already in place for system suppliers / implementers. **Design mitigations** The information standard has been developed with specific headings which link to SNOMED codes, NHS Data Dictionary, Reference sets where appropriate, including conformance and compliance requirements
Residual risk:	2

Hazard Id:	4

Initial risk ranking	3
Hazard Name	Known , existing information e.g. medications and allergies may not be available to receiving service
Hazard Description:	The 111 standard captures and passes to receivers 'new' information only. There is a presumption that existing / known information e.g. medications, allergies, risks will be available via Summary Care Record, GP Connect, shared care records etc.
Hazard Causes:	1) Medication, allergies and risk Information captured in the 111 standard is 'New' patient reported information only. 2)Not all services have access to Summary Care Record so are unable to view existing GP information 3) shared care records are not available to all health and care settings,
Potential patient safety impact description	Information already recorded in existing clinical systems is not shared as part of the 111 standard. Not being aware of this information may result in inappropriate advice or care being given to the patient resulting in harm to the patient
Dependencies & assumptions	1. Majority of services have access to existing health and care records 2. The NHS E road map for access to Health & care records includes dentistry, ophthalmology and pharmacy etc.
Mitigation:	**Existing controls / implementers** Many services are able to access a person's core information (medications, allergies and adverse reactions) via the SCR) Most of the time the individual or advocate will be able to provide the information via memory or patient access to GP records.. **Design mitigation** The standard includes a field for the 111 call handler / CAS clinician to include a link to where other information about the patient can be accessed (Local shared care record) Clinical suppliers should consider including a warning that the 'medication, allergies and adverse reactions and risks in the 111 referral are patient reported only'
Residual risk:	2

Hazard Id:	5
Initial risk ranking	3
Hazard Name	Unconfirmed diagnoses recorded into GP record as a problem
Hazard Description:	The 111 standard allows for the recording of presenting complaint, chief complaint, chief clinical concern and diagnoses. Care must be taken when recording diagnoses with a qualifier e.g. suspected as GP systems do not always recognise the qualifier.
Hazard Causes:	1) GP systems cannot easily record a diagnosis with a qualifier and may incorrectly add a diagnosis code to the patient record
Potential patient safety impact description	Patient's records will be incorrectly updated and may cause issues for the patient with regards to contraindicated care/medicines and obtaining a mortgage / life insurance
Dependencies & assumptions	1. Suppliers can disable the recording of diagnoses with a 'suspected' qualifier 2. Suppliers can capture the Chief clinical concern using SNOMED findings data set (suspected diagnosis)
Mitigation:	**Existing controls/mitigations** Systems receiving ITK messaging can manually code information into the care record from the 111 / discharge report and search for suspected diagnoses code. **Design mitigation** Systems should map Chief clinical concern to SNOMED findings (suspected diagnosis) and Diagnoses to diagnoses codes that do not require a qualifier.
Residual risk:	2

Hazard Id:	6
Initial risk ranking	4
Hazard Name	Disclosure of Gender reassignment without the individual's consent/knowledge
Hazard Description:	Sharing both 'sex' and 'gender' where the gender does not match the 'sex' phenotype recorded at birth for example within a referral letter, discharge summary or electronic shared care

	record, (without the individual's consent) could lead to inappropriate sharing of sensitive personal data. (In breach of GDPR Article 9)
Hazard Causes:	The two data items 'Sex' and 'gender' recorded as part of the 111 Standard, where they do not match, could indicated gender reassignment. Disclosure of a person's gender reassignment without the consent of the individual is prohibited under GDPR Article 9
Potential patient safety impact description	Disclosure of a person's gender reassignment without their consent could impact the individual psychologically and may lead to harm of the individual
Dependencies & assumptions	Conversation will be had with individuals about the recording of 'sex' and 'gender' either to gain their consent or to agree not to record specific information System suppliers will be able to configure their system to prevent sex and gender being recorded together without gaining the individuals consent
Mitigation:	**Existing controls/ Mitigations** Not known **Design** Both Sex and gender are 'required' fields NOT 'mandatory'. these fields can be left blank System suppliers to follow business rule to ensure a person's protected characteristics are not disclosed without the individual's consent.
Residual risk:	2

Hazard Id:	8
Initial risk ranking	2
Hazard Name	Incorrect entry of diagnosis code in the persons GP electronic record
Hazard Description:	The SNOMED Ref set is a very large ref set which includes diagnosis codes with qualifiers i.e. . If a clinician was to select UTI with a qualifier of 'Suspected' . The UTI would be recorded in the patient record but the qualifier would not. Resulting in an unconfirmed diagnosis being added to the record
Hazard Causes:	GP systems unable to ingest and display 'qualifiers' linked to diagnosis SNOMED codes in the GP electronic record. Use of the SNOMED ref Set for Chief Clinical Concern may cause incorrect coding of diagnoses

Potential patient safety impact description	The incorrect diagnosis will appear in any reports requiring their diagnosis to be extracted from the clinical record. Patient may not be prescribed a medication due to possible contraindications with a diagnosis in their record.
Dependencies & assumptions	1. Primary care clinical system suppliers are working on a solution for displaying the 'qualifiers' attached to a diagnosis SNOMED code 2. The SNOMED ref set will be available to the clinician to select from in the 111 Standard for referrals and PEM for information
Mitigation:	**Existing controls / mitigations** Pathways does not yet use Snomed CT therefore the Ref set is not yet available to the clinician to select a diagnosis with a qualifier . **Design mitigation** The clinician can enter free text which will be transferred as part of the 111 Standard. The pathways SG and SD codes will be pulled through from Pathways.. **Technical Assurance** To be confirmed as part of supplier testing
Residual risk:	2

The hazard log

The 111 information standard hazard log is embedded below

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Please note: The mitigations we have taken to address clinical safety risks are largely in relation to the transmission of data between software suppliers systems. Further mitigations will be required when the headings are implemented in electronic health record systems. We have flagged some risks relating to implementation in this report, but expect that further mitigations will be identified as clinical risk assessments and safety cases are developed by vendors and sites during the implementation.

7. Test Issues

As this Clinical Safety Case report pertains to an information standard rather than a clinical IT system, live testing was not undertaken.

The 111 to ED pilot First of Type will inform PRSB of any issues / feedback.

8. Summary Safety Statement

The clinical safety statement is based on the safety argument below, based on two of the following criteria: -

1. Demonstration of adherence to a fit for purpose clinical safety process: The Clinical Safety process described in Section 4 has been carried out and is consistent with the NHS Digital's Clinical Safety Management System (CSMS) and DCB 0129 outlined in reference 2.

2. The mitigation is deemed to be appropriate and commensurate with the scale of risk. Risk is deemed to be acceptable in most cases and tolerable in others.

All risks identified within the hazard log have been managed via their associated controls to either an 'Acceptable' or 'Tolerable' level, in line with the identified risk tolerance levels.

As previously stated, this clinical safety report is not directly related to software development or deployment. It has been designed to look at the clinical safety hazards and mitigate the risks in the creation and production of the social prescribing information standard itself. Suppliers developing software to implement these standards, will therefore need to undertake their own DCB0129 Clinical Safety Case and healthcare organisations involved in the deployment of such software will still be expected to apply DCB0160. From this perspective the Clinical Safety Officer considers the 111-information standard v0.4 safe to deploy.

9. Quality Assurance and Document Approval

All PRSB standards and associated documents undergo a formal internal assurance process and full approval by the both the PRSB assurance committee and BaRS product board before any standard is released for public use.

10. Configuration Control / Management

Future governance of the development and maintenance of the 111 Referral Standard is the responsibility of the PRSB.

All reviews and changes are fully documented and recorded via the version control processes within the software hosting the 111 Referral standard.

11. Appendices

1. Expert Group

Organisation	Title/Role
	Project Patient Lead
Royal College of Emergency Medicine	Vice President
NHS England/ Improvement	National Clinical Advisor 111 First, Hospitals Programme and Emergency Medicine Consultant
NHS England/ Improvement	Consultant in Emergency Medicine and Clinical Lead, Emergency Care Data Set
Same Day Emergency Care, NHS England and Improvement	EM Consultant and National Clinical Lead for Same Day Emergency Care
NHS Digital	Clinical Development Lead - Urgent and Emergency Care
Royal College of General Practitioners	National lead GP for urgent and emergency care
Mulberry Surgery	Project GP lead
NHSE / Wake Green Surgery	GP, Acting Chief Officer - Integrated Urgent & Emergency Care West Midlands, National Clinical Lead for Urgent and Emergency Care
PRSB	Clinical Director for health and care
South Central Ambulance Service NHS foundation Trust	Locality Manager (Business Change) - Integrated Urgent Care & NHS 111 Services (Adastra)
Integrated Care 24 Clinical Systems	Head of Systems and development
North West Ambulance Service NHS Trust	Transformation delivery manager
Dorset Healthcare University NHS Trust	Head of applications development and support (TPP)
North West Ambulance Service NHS Trust	Clinical Records & Electronic Care Systems Manager
Yorkshire Ambulance Service NHS Trust	CRM
South Central Ambulance Service NHS foundation Trust	Locality Manager (Business Change) - Integrated Urgent Care & NHS 111 Services
NHSX	Deputy Director, Digital Urgent and Emergency Care
NHS Digital	Senior product Manager

NHS Digital	111 online product lead
NHS Digital	Product and delivery management graduate (111 online)
NHS Digital	Business Analyst Manager/ Lead Business Analyst (Bookings and Referrals)
PRSB	Senior programme manager
PRSB – Hanley Consulting	Project Analyst
PRSB - Hanley Consulting	Analyst

2. Clinical safety hazard log risk matrix & scoring tool

Table 1

Likelihood Category	Interpretation
Very high	Certain or almost certain; highly likely to occur
High	Not certain but very possible; reasonably expected to occur in most cases
Medium	Possible
Low	Could occur but in the great majority of occasions will not
Very low	Negligible or nearly negligible possibility of occurring

Table 2

Severity Classification	Interpretation	No. of Patients Affected
Catastrophic	Death	Multiple
	Permanent life-changing incapacity and any condition for which the prognosis is death or permanent life-changing incapacity; severe injury or severe incapacity from which recovery is not expected in the short term	Multiple
Major	Death	Single
	Permanent life-changing incapacity and any condition for which the prognosis is death or permanent life-changing incapacity; severe injury or severe incapacity from which recovery is not expected in the short term	Single
	Severe injury or severe incapacity from which recovery is expected in the short term	Multiple
	Severe psychological trauma	Multiple
Considerable	Severe injury or severe incapacity from which recovery is expected in the short	Single
	Severe psychological trauma	Single
	Minor injury or injuries from which recovery is not expected in the short term.	Multiple
	Significant psychological trauma	Multiple
Significant	Minor injury or injuries from which recovery is not expected in the short term	Single
	Significant psychological trauma	Single
	Minor injury from which recovery is expected in the short term	Multiple
	Minor psychological upset; inconvenience	Multiple
Minor	Minor injury from which recovery is expected in the short term; minor psychological upset; inconvenience; any negligible severity	Single

Table 3

Likelihood Category	Interpretation
Very high	Certain or almost certain; highly likely to occur
High	Not certain but very possible; reasonably expected to occur in the majority of cases
Medium	Possible
Low	Could occur but in the great majority of occasions will not
Very low	Negligible or nearly negligible possibility of occurring

	Risk Acceptability
5	Unacceptable level of risk
4	Mandatory elimination of hazard or addition of control measure to reduce risk to an acceptable level
3	Undesirable level of risk. Attempts should be made to eliminate the hazard or implement control measures to reduce risk to an acceptable level. Shall only be acceptable when further risk reduction is impractical
2	Acceptable where cost of further reduction outweighs benefits gained or where further risk reduction is impractical
1	Acceptable, no further action required

Table 4

3. 111 Information Standard [Ref 3]

Example screen shot of 111 Standard via PRSB Viewer. To see full interactive standard click on link below:

PRSB 111 standard viewer

111 Referral
Version 0.3

Search By Item | Filter By | Reset all

MRO	Information Type	Name	Description	Value Sets	Implementation Guidance	Cardinality
M	R	Person demographics	The person's details and contact information.	-	The mandatory information in this ... Read more >	1 ... 1
R		GP practice	Details of the person's GP practice.	-	This section contains details of t... Read more >	0 ... 1
R		Dental practice	Details of the persons dental practice	-	This is for use where the person i... Read more >	0 ... 1
R		Individual requirements	The individual requirements of the person.	-	This is not mandatory for providin... Read more >	0 ... 1
R		Safeguarding	The safeguarding details of the person.	-	This section includes any concerns... Read more >	0 ... 1
R		Consent	Legal information captured relating to patient care, such as consent.	-	As 'direct care' is the legal basi... Read more >	0 ... 1
M		Referral details	The details of the referral.	-	Referral details includes the serv... Read more >	1 ... 1
R		Caller Details	The details of the caller	-	This is to record the details of t... Read more >	0 ... 1
M		Presenting complaints or issues	Presenting complaints or issues	-	This section is used in multiple l... Read more >	1 ... 1
R		Problem list	A summary of the problems that require investigation or treatment.	-	This section allows for all the Ch... Read more >	0 ... 1
R		Clinical Summary	Clinical Summary	-	A brief summary of the 111 encount... Read more >	0 ... 1
R		Social context	The social setting in which the person lives, such as their household, occupational history, and lifestyle factors.	-	This section includes information ... Read more >	0 ... 1
R		Risks	Details of any risks related to the person.	-	Risks are likely to fall into the ... Read more >	0 ... 1
R		Allergies and adverse reactions	Allergies and adverse reactions	-	This is for person reported allerg... Read more >	0 ... 1
R		Medications and medical devices	Medications and medical devices	-	This is for person reported medica... Read more >	0 ... 1
R		Plan and requested actions	The details of planned investigations, procedures and treatment, and whether this plan has been agreed with the person or their legitimate representative.	-	This is for recording any plans or... Read more >	0 ... 1
R		Person and carer concerns expectations and wishes	Person and carer concerns, expectations and wishes	-	Description of the concerns, wishe... Read more >	0 ... *

4. **Developing an Information Standard – Final Report [Ref 4]**

   https://theprsb.org/standards/111referralstandard/

   Navigate to ‘Supporting Documentation

5. **111 Survey Report [Ref 5]**

   https://theprsb.org/standards/111referralstandard/

   Navigate to ‘Supporting Documentation

6. **General Implementation guidance for All PRSB standards [Ref 6]**

   https://theprsb.org/standards/111referralstandard/

   Navigate to ‘Supporting Documentation’

7. **Link to the PRSB 111 Standard web page [Ref 7]**

   https://theprsb.org/standards/111referralstandard/

   Navigate to ‘111 referral standard’