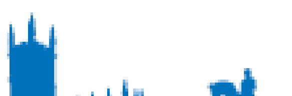
WOLVERHAMPTON CCG

Primary Care Commissioning Committee
4th December 2018

TITLE OF REPORT:	Unprocessed Files associated with Docman 7
AUTHOR(s) OF REPORT:	Ramsey Singh
MANAGEMENT LEAD:	Stephen Cook
PURPOSE OF REPORT:	The purpose of this report is to provide information on the deviation of an existing system in Primary Care, and to define key areas of improvement and highlight the core reasons why this problem occurred.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This report is intended for the public domain
KEY POINTS:	• A large number of clinical documents are failing to transfer into the document management system Docman 7 • Failed documents are automatically moving to an unknown location on the network. • The issue has been present for a number of years however have only been brought to our attention by NHS England August 2018. • The CCG has responded rapidly with a plan to process the outstanding documents by identifying/eradicating any risk to patients
RECOMMENDATION:	To consider the content of this report and comment on the proposed actions in particular the prioritisation of Docman 10 rollout to all practices in Wolverhampton.
BOARD ASSURANCE FRAMEWORK	
1. Improving the quality and safety of the services we commission	This report will detail the methods which can be used to improve quality and safety of services we commission



N.B. Please divide the rest of the report into Paragraphs, using numbering for easier referencing.

1. BACKGROUND AND CURRENT SITUATION

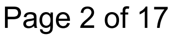
1.1 Wolverhampton PCT procured the services of PCTI Docman 7 in 2009; all practices were using Docman 7 by 2010. The system is used to receive electronic clinical correspondence, it also has the ability to annotate and circulate documents between staff members electronically allowing practices to become paperlight. The system is very versatile and met all the business requirements of an electronic document management system required for primary care.

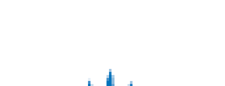
1.2 NHS England sent out formal communication on Friday 10th August 2018 advising all CCG's of a recent concern around clinical correspondence that has been unprocessed in large quantities. A large number of clinical correspondence received within practice mailboxes via NHSmail was moved into an 'Unprocessed State' to an unknown folder on the practice network drive. Without checking each patient record it was unclear if the unprocessed documents have been transferred to the patient's record, therefore creating potential risk to patient care. This issue is known to affect all GP practices using Docman 7 software with Electronic Document Transfer (EDT).

1.3 The Service Management team at NHS Digital manage the GPSoC contract nationally with Docman, they have concluded that the software is working as designed; therefore each CCG was required to take ownership of the issue and work with practices to clear the backlog of documents, to eradicate any risk to patients as quickly as possible and to continue monitoring moving forward until the upgrade to Docman 10.

2. CCG RESPONSE

2.1 Once the software concern was apparent the CCG's Information Management and Technology (IM&T) Team took proactive steps to understand the extent of the issue locally by analysing the number of outstanding 'Unprocessed Files' across Member Practices. This enabled the CCG to estimate the time required to process these documents within Primary Care, which involved reviewing any actions required and analysing any risk to patient care. At that point it was





agreed the CCG would financially support practices to assist with resource costs associated to processing the backlog. Practice staff were also required to follow NHSE guidance and evaluate the risk associated to each patient, if the record was not previously filed.

2.2 This support had financial implications for the CCG through agreed investment through commissioning committee. Further details of the cost to the CCG of this intervention are provided below. There was also an impact for practices as the back-log impacted on the day-to-day provisions of clinical services provided within Primary Care.

2.3 Practices have allocated resource and great progress was made to process the outstanding documents. To date there has been no significant impact to patient care and a very large number of documents were already on the patients electronic record.

3. FACTORS CONTRIBUTING TO THE UNPROCESSED FILES ISSUE

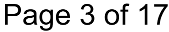
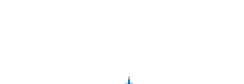
3.1. The CCG has conducted an investigation into the causes for this issue. This 'Unprocessed Files' issue is basically a failed attempt to collect documents from the practice mailbox. Post investigation it was noted that there were many contributing factors associated to this issue that added to the large quantity of documents. These are split into five categories below.

3.1.1 Docman Implementation

- Wolverhampton PCT was an early adopter of the document management system, due to practice staff turnover knowledge has become inadequate due to lack of training and staff are unable to utilise the system to its full potential.
- A complex path with no relevant connection to the Unprocessed Documents allowed for the files to go unnoticed for many years.
- Lack of communication from software provider PCTI to acknowledge CCG concerns around unprocessed clinical correspondence.

3.1.2 Clinical Services

- A large number of services producing electronic clinical correspondence and distributing in an incompatible format. All clinical

correspondence MUST be sent in a format that is compatible to the EDT system.

- Since deployment other services have come on board and now send correspondence electronically.
- All information MUST be sent within an attachment/file and no information should be included in the body of the email.

3.1.3 User Errors

- The system has been developed with a series of Alerts and is designed to produce Errors if the system is failing to collect documents. A lack of knowledge on the software will result in alerts being overseen.

- It's clear that knowledge and skills have on the use of the system have not been transferred to staff that are operating the software on a regular or consistent basis.

3.1.4 Software

- The EDT system is dependent on additional software (PDF Creator) which is required to convert clinical correspondence into an Image format so it is accepted within the document management system Docman 7.

- The EDT scheduler is also required to be configured to accept multiple file types, without this configuration documents will be rejected without an attempt to collect.

3.1.5 Hardware

- The CCG has a hardware refresh program, with $\frac{1}{5}$ of equipment being replaced each year on a rolling 5 year program to prevent equipment falling out of warranty. One of the consequences of this refresh program is that equipment will lose any settings relating to systems, including Docman that are saved within a user's profile per PC. One of the settings lost affects PDF creator and if not configured correctly

straight away will result in documents being sent to the Unprocessed Folder.

4. ACTION PLAN MOVING FORWARD

4.1 The CCG was required to urgently put a plan of action together to swiftly recover from this national crisis. Until the outstanding documents have been reviewed it would not be clear how this issue has affected patients in Wolverhampton.

4.2 Service Providers

The CCG is required to carry out a review of clinical correspondence in the view to contact and change incompatible formats to the desired specification for a standard approach.

4.3 Docman 10 Rollout

A recommendation has been put forward to prioritise rollout of Docman 10. The new hosted solution has improved security measures including active monitoring and realigns responsibility to the Docman Service Teams. Docman 10 has eradicated the need to have a localised EDT scheduler therefore all alerts and risks associated with unprocessed files are managed directly by the Docman Service Team.

This will also allow all staff members to be retrained on Docman 10, allowing staff members to brush up on skillsets and become more confident on the document management system moving forward.

5. COSTS ASSOCIATED TO THE CCG

The CCG has offered to pay practices to undertake this outstanding work as an incentive to prioritise. See cost details below:

Stage 1 - consists of a filtering exercise, to see if the letters are already on the patient's record. Completed by Admin Staff

5.1 Stage 1 Payments

Mon – Fri - £8.50 per hour plus on costs for administration staff to undertake a 'sifting' process of all documents within the Unprocessed Folder.

Saturday – will be paid time and half plus on costs.

Sunday – will be paid double time plus on costs.

The claim should be reasonable and in line with other practices.

A detailed breakdown of the number of documents processed and the hours worked/claimed for will be required to cross reference against the CCG's figures of unprocessed documents.

5.2 Stage 2 Payments - Documents remaining that will require clinical intervention by a qualified staff member.

£90.89 per hour plus on costs for GP's to process any final outstanding documents that required clinical intervention

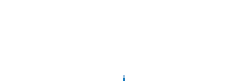
Payment will be made on completion of the whole process.

6 CLINICAL VIEW

6.1 Clinical safety risk has been identified due to the possibility that correspondence received at the practice may have been overlooked; therefore patients have not received the correct treatment, follow-up appointments, further investigation, change of medication or other clinical intervention.

7 KEY RISKS AND MITIGATIONS

7.1 See appendix for Risk Assessment



8 IMPACT ASSESSMENT

Financial and Resource Implications

a. The CCG is providing financial support to practices to assist with resource expense which will cover the costs for practice staff and GP's to review and process the outstanding documents.

b. The CCG has picked up the additional workload Business As Usual.

Quality and Safety Implications

c. The CCG has tasked the practices to review the documents as quickly as possible to ensure that any unprocessed documents are reviewed and all the risks are eradicated.

d. All practices were monitored against National Timescales set by NHS England.

e. All practices were required to report back to the CCG and NHS England if there were patients that suffered as a direct result of this incident.

Name: **Ramsey Singh**

Job Title: **Infrastructure Project Manager**

Date: **26th November 2018**

ATTACHED:

1. Ishikawa diagram, used to identify specific factors causing an overall effect.

2. See appendix for Risk Assessment

Ishikawa Diagram used to identify specific factors causing an overall effect

Hardware
- Hardware refresh program
- New user profiles require configuration for PDF creator

User
- Lack of knowledge of the EDT system
- Staff not monitoring EDT errors
- Staff not aware of 'Alerts'
- Transferring skills when staff leave

CCG
- Lack of IM&T involvement when rolling out projects example: NHS111 sending correspondence in a non-supported format

Software
- Input of file types within EDT scheduler for the collection process
- EDT's dependency on PDF creator
- Incorrect version of PDF creator

PCTI/Docman7
- Hidden folder
- Complex path on network to access files
- Lack of training during deployment
- Lack of communication regarding national 'issue'
- Champion PCT for Docman 7/early adopters/ poor training by PCTI/Docman

Clinical Services
- Services sending unsupported file types example: MS Word

Unprocessed Files associated with Docman 7
- Cost associated to CCG
- Risk to Patients
- Added pressure for Primary Care

Action Plan:
- Immediately identify any risk to patients
- Process outstanding documentation as quick as possible
- Carry out review of clinical correspondence in the view to change incompatible correspondence
- Source suitable training for GP practices
- Provide financial assist to 'sift' documents
- Provide further financial assistance at correct rate for clinical intervention

GENERAL RISK ASSESSMENT FORM

Department	Primary Care	Assessor Name	Gill Shelley
Date of Assessment	22/08/2018	Contact email	Gillian.shelley@nhs.net

<table>
<tr><td>Risk Title</td><td colspan="2">Docman Issue: Unprocessed Documents not in Patient Records</td></tr>
<tr><td>Persons Affected (i.e. Staff, Customers, General Public, Contractors, CCG)</td><td colspan="2">Practices, Patients, CCG</td></tr>
<tr><td>Risk Description
Accurate description of risk.
Please note if the Risk is Confidential</td><td colspan="2"><u>If</u> GP practices do not identify the number of unprocessed documents that are not included within patients electronic records <u>then</u> there is a potential clinical risk to patients as clinical actions may not have been followed up.

<u>Background</u>
NHS England has been made aware of an issue where some GP practices have records, received by NHS mail, which have not been able to be processed and have not transferred into the patient’s electronic records. This issue affects GP practices using Docman version 7 software with Electronic Document Transfer (EDT) enabled. This configuration is dependent on the practice having systems and processes in place to manage any unprocessed records which do not transfer automatically.

NHS Digital manages the GPSoC contract with Docman nationally. As soon as concerns were raised, NHS Digital’s Service Management teams investigated and concluded that the software is working as designed.

There is a potential safety concern that some letters/documents received at a practice may have been missed and IF there had been clinical actions required in the correspondence, these too could have been missed.</td></tr>
<tr><td rowspan="4">Connected to Strategic Objective No(s)
Please tick those that apply</td><td>Improving the quality and safety of the services we commission</td><td>x</td></tr>
<tr><td>Reducing health inequalities in Wolverhampton</td><td></td></tr>
<tr><td>Achieving system effectiveness delivered within our financial envelope</td><td></td></tr>
<tr><td>Other (Please Define):</td><td></td></tr>
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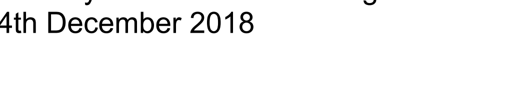
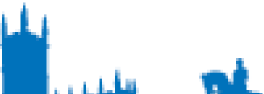
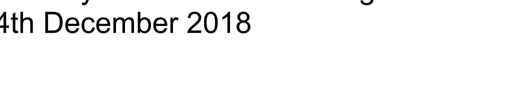




Initial risk rating *Rating at the time of the assessment Risk* ***NB: Please use in conjunction with the NPSA Risk Matrix guide found below.***	Likelihood score:3	Consequence score:5	Current Risk Rating:15
Controls in place at time of risk assessment *Measures in place which are reducing the impact of the risk or are preventing the risk being realized*	• CCG assisting the practices with unprocessed cases. • Communications have been distributed to the practices detailing the issues and the support that is being offered to rectify the issue.		
Gaps/weaknesses in controls *Any area where controls have not been completely implemented or are failing to mitigate the risk*	• It is currently unknown how many cases that are unprocessed that may carry a Clinical Risk.		
Current risk rating *Rating taking into account the current controls in place. Rating=Likelihood X Consequence*	Likelihood score:3	Consequence score:5	Current Risk Rating:15
Target Risk Rating *Predicted rating once all planned actions have been taken*	Likelihood score:3	Consequence score:3	Target Risk Rating:9
Action Plan *List the actions which need to be taken to mitigate or control the risk to its target level*	• Run a software tool to successfully identify the number of unprocessed documents at each GP practice. • RCA to be completed for each patient record with a potential clinical risk. • A briefing paper is to be prepared for Execs • Further Comms to be distributed to reiterate the required actions		
Target completion date of actions	20th September 2018		
Resource Requirement for mitigation	TBC		
Responsible Person *Person who is responsible for ensuring that the planned actions are taken*	Name: Gill Shelley Job Title: Primary Care Contracts Manager Contact Tel No: x 8334		
Risk Owner (Senior Manager)	Sarah Southall – Head of Primary Care		
Executive Lead (i.e. Chief Finance Officer etc.)	Steven Marshall – Director of Strategy & Transformation		

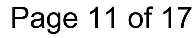
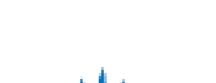


Assurance *Team/Committee who will monitor that the risk is being managed effectively*	PC/MMO Board Primary Care Operational Management Group Primary Care Commissioning Committee
Review Date	20th September 2018
Review Guide	• Red Risks (Very High) < 1 months • Amber Risks (High) 1-3 months • Yellow Risks (Moderate) 3-6 months • Green Risks (Low) 6-12 months

Please return completed Risk Assessment Form to: wolccg.riskqueries@nhs.net

For completion by Risk Coordinator					
Date Risk Assessment Received and log number:	22/08/2018 **2018_025**	Agreed for TR/PR?	Yes	Date Input	23/08/2018
		Agreed for CRR?	Yes		
Risk Register Reference Number:	PC09 – PCCC PCOMG07 - PCOMG	Date next update is required	20/09/18		

For any assistance in the completion of this form please contact Philip Strickland - Governance & Risk Coordinator WCCG on extension x4753, philip.strickland@nhs.net

ASSESSMENT REVIEW

1st Review

<table>
<tr><td>Assessment Review Date</td><td>06/09/2018</td><td>Carried out by</td><td colspan="3">Vijay Patel</td></tr>
<tr><td>Initial Risk Score</td><td>15</td><td>New Risk Score</td><td>12</td><td>Review Date</td><td>06/10/2018</td></tr>
<tr><td>Review Summary
Is the initial assessment still relevant?
What circumstances are new since the initial assessment?
Does the risk require escalation or de-escalation e.g. to team/committee etc?</td><td colspan="5">Practices continue to worth through issues identified in the original assessment with regard to unprocessed documents on Docman.

It has been identified through work conducted at a couple of initial practices that the majority of unprocessed documents are:

• Rejections that have just been processed
• Patients that are not related to the practice
• Patients who are deceased
• Documents the practice already have
• Repeated duplicates appearing

A proposal is to be put forward to assist all GP Practices to clear unprocessed documentation. There are 2 options:

<u>Option 1</u>
Utilize private company ‘Insight Solutions’ to undertake all of the work.

<u>Option 2</u>
To fund GP practice staff to undertake part of the work then insight solutions to complete the remainder of the documents.</td></tr>
<tr><td>Actions and Completion Date</td><td colspan="5">The insight Solution proposal has been sent to the LMC chair for discussion with the LMC. Primary Care Operational Management Group to consider the options presented.

Further update following the next review.</td></tr>
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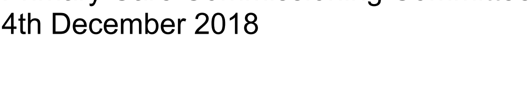

2nd Review

<table>
<tr><td>Assessment Review Date</td><td>25/09/18</td><td>Carried out by</td><td colspan="3">Vijay Patel</td></tr>
<tr><td>Initial Risk Score</td><td>15</td><td>New Risk Score</td><td>12</td><td>Review Date</td><td>28/10/18</td></tr>
<tr><td>Review Summary
Is the initial assessment still relevant?
What circumstances are new since the initial assessment?
Does the risk require escalation or de-escalation e.g. to team/committee etc?</td><td colspan="5">All practices are now aware of the level of unprocessed files to be worked on and Practices are continuing to work through these.
The Operational Management Group decided not to pursue the quote provided by Insight Solutions to support practices with the work due to the high costs quoted.
The CCG have decided to reimburse practices instead to undertake the processing of unprocessed files in Docman in two stages;

Stage 1

Mon – Fri - £8.50 per hour (plus on costs) for administration staff to undertake a 'sifting' process of all document within the unprocessed file.
Saturday – to be paid in time and half (plus on costs).
Sunday – to be paid in double time (plus on costs).

Stage 2

Once the documents have been sifted, then a re-assessment of the amount of clinical input required to be undertaken and assessments of any risks.</td></tr>
<tr><td>Actions and Completion Date</td><td colspan="5">Communication has been sent out to GP practices outlining the reimbursement structure.
A Route Cause Analysis (RCA) is also being prepared for the CCG Senior Management Team.
The CCG is in constant communication with NHSE, a GP Practice status template is to be completed by the CCG Primary Care Team and returned to NHSE by Friday 28th September 2018.</td></tr>
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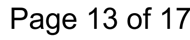
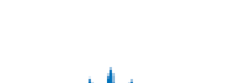


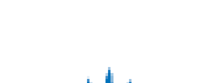


Risk Matrix Guide

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards



Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.

Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

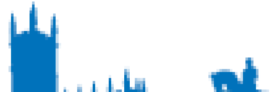
Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Very High risk



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**Yes**	**26th Nov 18**
Public/ Patient View	**N/A**	**26th Nov 18**
Finance Implications discussed with Finance Team	**Yes**	**26th Nov 18**
Quality Implications discussed with Quality and Risk Team	**Yes**	**26th Nov 18**
Equality Implications discussed with CSU Equality and Inclusion Service	**N/A**	**26th Nov 18**
Information Governance implications discussed with IG Support Officer	**N/A**	**26th Nov 18**
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	**26th Nov 18**
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	**26th Nov 18**
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	**26th Nov 18**
Signed off by Report Owner (Must be completed)	**Ramsey Singh**	**26th Nov 18**