Document Control

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Directorate/ Network: North West, North Wales and Isle of Man Congenital Heart Disease Operational Delivery Network			
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Stakeholders Consulted (list all) > Dr Caroline Jones (Paediatric Cardiologist and Clinical Lead. Alder Hey Children's NHS Foundation Trust) > Dr Damien Cullington (ACHD Consultant Cardiologist. Liverpool Heart and Chest NHS Foundation Trust)			
Approved By: NWCHD Network Board Date: 27/01/2021			
Comments:			

North West CHD Network Document Management Policy

By Linda Griffiths & Helen Sanderson

January 2021

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Purpose

The purpose of this policy is to describe the Network's approach to the development, approval, ratification, publication and archiving of Network documents. To provide a robust process for Network staff & members to follow and ensures that all Network procedural and clinical documents are produced to a high standard. The purpose is to provide a systematic approach to the development and approval of documents and to sustain a corporate image in all documentation used throughout the Network.

Aims

- To ensure that there is a complete audit trail from authorship to Network ratification.
- To ensure there is appropriate consultation to satisfy the requirements of internal and external auditors.
- To ensure that there is a standardised process for authors so that essential components are adhered to irrespective of subject matter.
- To ensure that documents are appropriate, up to date, and reflect best practice.
- To ensure that the approval and ratification process is objective, appropriate and robust.
- To provide a process that is fair, accessible and meets the needs of all individuals.

Scope

This policy applies to all documents that contain an element of required action by the Network or Network members. Furthermore, any document that has any of the following in the title:

- Strategy & Associated action/work plans
- Policies
- Clinical Guidelines
- Protocol
- Reports
- Procedures or Standard Operating Procedures (SOP)
- Referral Pathways/forms

Overview of the process

The Network has to be able to demonstrate that a robust process has been adhered to. This is to give assurance that appropriate procedures have been followed in the production of Network documents.
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- Appropriate authorship
- Appropriate consultation with experts in the subject reflecting professional/technical approval
- Network approval by sign off at Network Ratification Task & finish Group's (RT&FG's)
- Publication and distribution
- Review and archive

Document and Version Control

The Network will provide a standardised process for document and version control that must be used for all documents. The document will be given a Network reference number that will be used to track versions and to ensure a robust process for regular review. The date that the document will be signed off at the CHD Network Board and the agreed review date will be recorded.

The Network will be responsible for keeping a register and tracking all documents and making sure that those due to be reviewed or updated are done so within the agreed review cycle time frame.

All new and revised documents must comply with the requirements for document control and use the standard Network template. (APPENDIX 1)

Consultation

Authors are required to consult with appropriate stakeholders prior to the formal submission of any document and record the details on the document control page.

It is the owner/author's responsibility to identify the appropriate professionals, groups, or committees to be consulted. This is in the knowledge that the Network RT&GF group will take the consultation process into account when making its decision as to whether to ratify the document.

Some consultation however is mandatory:

- Clinical policies and guidelines that contain drug names, prescriptions, dosages, or intervals between dosages must demonstrate consultation with the specialist pharmacist for that condition.
- All nursing policies must record the Network Lead Nurse and relevant Clinical Nurse Specialists.
- Relevant expertise with appropriate related medical specialities must be sought and documented.
- The RT&FG should not be used as a form of consultation. Documents should only go to this group once thorough consultation has been completed.

Network Ratification Task and Finish Group's

Once the document has been written and appropriate consultation has occurred with relevant members of staff and experts on the subject, the document will be sent to the Network RT+FG's for final sign off. The purpose and scope of the RT&FG's is to approve and ratify Network documents on behalf of the Network CHD Board. The owner/author of the document cannot be involved in approving the document. The RT&FG undertake the role of professional approver. By professionally approving a document, the RT&FG's are providing a "statement of assurance" to the Network CHD Board that:

- The document is technically/professionally/legally and clinically correct.
- The document represents best practice and meets all current external drivers such as CQC outcomes, British standards, safety legislation etc.

Duties of the RT&FG's

- To provide oversight to make sure that all policies and documents aim to achieve the best possible evidence-based improvement in health outcomes.
- To be a final consultee in reviewing pathways, policies and Network documents and to make recommendation to the CHD Board that they should be adopted by the Network.
- To ensure that all policies and Network documents are revised prior to expiry and agree time scales for review.
- To check that policies and documents have been through the appropriate process of consultation and document control prior to being approved.
- To check that all relevant up to date evidence/NICE/national guidance has been considered and referenced in the writing of the documents.
- To check that all key stakeholders have been consulted and make recommendations where there are gaps.
- To check that all documents are branded correctly with Network logo and "Open Sans" font has been used throughout the document.
- To check all formatting is correct and appropriate.
- To communicate recommendations and outputs effectively to all relevant members and stakeholders and encourage implementation once documents have been signed off at the next CHD Board

Membership

Membership of the RT&FG's is representative of the CHD Board and therefore may change in line with changes to CHD Board membership over time. The members of the RT&FG's will be expected to abide by the Terms of reference (APPENDIX 2).

ACHD Ratification Task and Finish Group (ACHD RT+FG)
Adult Documents

- Network Lead Nurse
- Clinical lead for ACHD
- 2x ACHD consultants
- Document Author details will be provided in case clarification or communication with them is required

Paediatric Ratification Task and Finish Group (Paed RT+FG)
Paediatric Documents

- Network Lead Nurse
- Clinical Lead for Paediatrics
- Paediatric Nurse Specialist
- 2 x Paediatric Cardiology Consultants or PECSIG's
- Document Author details will be provided in case clarification or communication with them is required

Network Documents

- Lead Nurse
- Network Manager
- Document Author details will be provided in case clarification or communication with them required
- Paediatric and Adult RT+FG's

Process of Ratification:

Documents for ratification will be sent via email. A read receipt will be required from all members. A minimum of The Lead Nurse, Clinical Lead and one other member of the group will be accepted as quorate. The documents will need to be reviewed within a realistic time frame which will be made explicit at the time. The contact details of the author will be provided to the RT&FG in case further clarification or questions need to be asked. If a read receipt has been received and no comments have been returned within that time frame it will be assumed that the person has reviewed the documents and has no further comments to make. It is the responsibility of the individual members to communicate if there are any concerns or queries that need rectifying. These will be communicated back to the original author for further actions if required. If amendments have been requested the document will need to be sent back to the RT&FG for final sign off once those amendments have been made. If concerns cannot be addressed via email the Network will arrange a meeting with the relevant RT+FG and the author of the document and will co-opt any relevant professionals with expertise in the subject to attend in person (or via Microsoft Teams) as necessary.

Frequency

The frequency with which documents need to be checked will vary depending on the progress and number of documents being produced. The request for checking documents via email will be no more than monthly unless there is an urgent requirement for a document to be signed off which will be done on an individual basis.

Reporting structure

RT&FG's are accountable to the Network CHD Board. A quarterly report will be provided to the NW CHD Board for final approval. The outputs from the RT&FG's will contribute to the Networks annual report. The author of the document will be notified by email of the date that their document has been ratified and signed off by the Network CHD Board.

RT+FG Terms of Reference

The terms of reference for the RT&GF will be reviewed every 2 years.

Responsibility of the Network CHD Board

The Network CHD Board has ultimate responsibility for the approval of all Network documents of any type. There are some cornerstone documents that the Board must approve without delegation to RT&FGs which are currently:

- Network risk Management Procedure
- Network Strategy
- Network Work Plan/Action Plan
- Network Annual Report
- Network Operational Policy
- Network Reports (including governance, clinical effectiveness, finance and research reports)
- Network Operational Framework/Policy

Sharing Documents

Documents cannot be considered cleared for use until they have had final sign off by the CHD Board and the author/s has been notified. The Network CHD Board will sign off the RT&FG Report with successful documents embedded within. This process also signs off the Network document. The signed off document will then be uploaded to the Network website. An email will be sent out to the Network with a link to where the document can be found on the website. Documents are to be released promptly to avoid delaying implementation. The author of the document will be informed by email.

All Network approved documents will be posted on the Network website except for documents deemed to be sensitive. The default position is that all documents will be made public unless there is a significant reason why they should not be by the author and/or the RT+FG. The reasons why they should not be made public should be clearly documented on the document control page and the rationale for the decision.

Document Definitions

Documents are primarily defined by their purpose rather than their title. There are three main types of documents:

- Strategic Documents
- Non-Clinical Policies
- Clinical guidelines, SOP, referral pathways.

There is required to be consistency in naming the document. The following definitions need to be used when choosing what to call a document.

Policy (Non-Clinical)

A policy sets out a course of action. It should be informed by legislation, professional regulation, national policy directives and/or codes of practice. It requires staff to operate within defined boundaries.

Standard Operating Procedure (SOP)

An SOP is a document that may describe a small aspect of service delivery or the entire service specification. It contains a detailed set of instructions explaining how, what, when, where and by whom, the service should be delivered.

Clinical Protocol

A protocol is defined as a detailed plan for a medical experiment, treatment, or procedure. The goal of any protocol is to provide detailed structure for how to manage the patient and how to perform the procedure. It should provide precise instructions on what should be done, how, when, to whom, and why. A clinical protocol should answer these types of questions:

- How and when do I undertake this clinical task?
- What do I need to take into account when I undertake this task?
- What is the procedure for undertaking this task?
- How and when shall I administer this medicine?
- How shall I use this equipment?

Clinical Guideline

A clinical guideline makes recommendations on how to diagnose and treat a medical condition. Clinical guidelines are meant to help ensure that patients receive appropriate treatment and care. Guidelines summarise current medical knowledge, weigh the benefits and harms of diagnostic procedures and treatments, and give specific recommendations based on this information. They should also provide information about the scientific evidence supporting those recommendations.

Clinical Pathways

Clinical Pathways are structured, multidisciplinary plans of care designed to support the implementation of clinical guidelines and protocols. Clinical pathways include a flow chart of the decisions to be made and the care to be provided for a given patient or patient group for a given condition in a step-wise sequence.

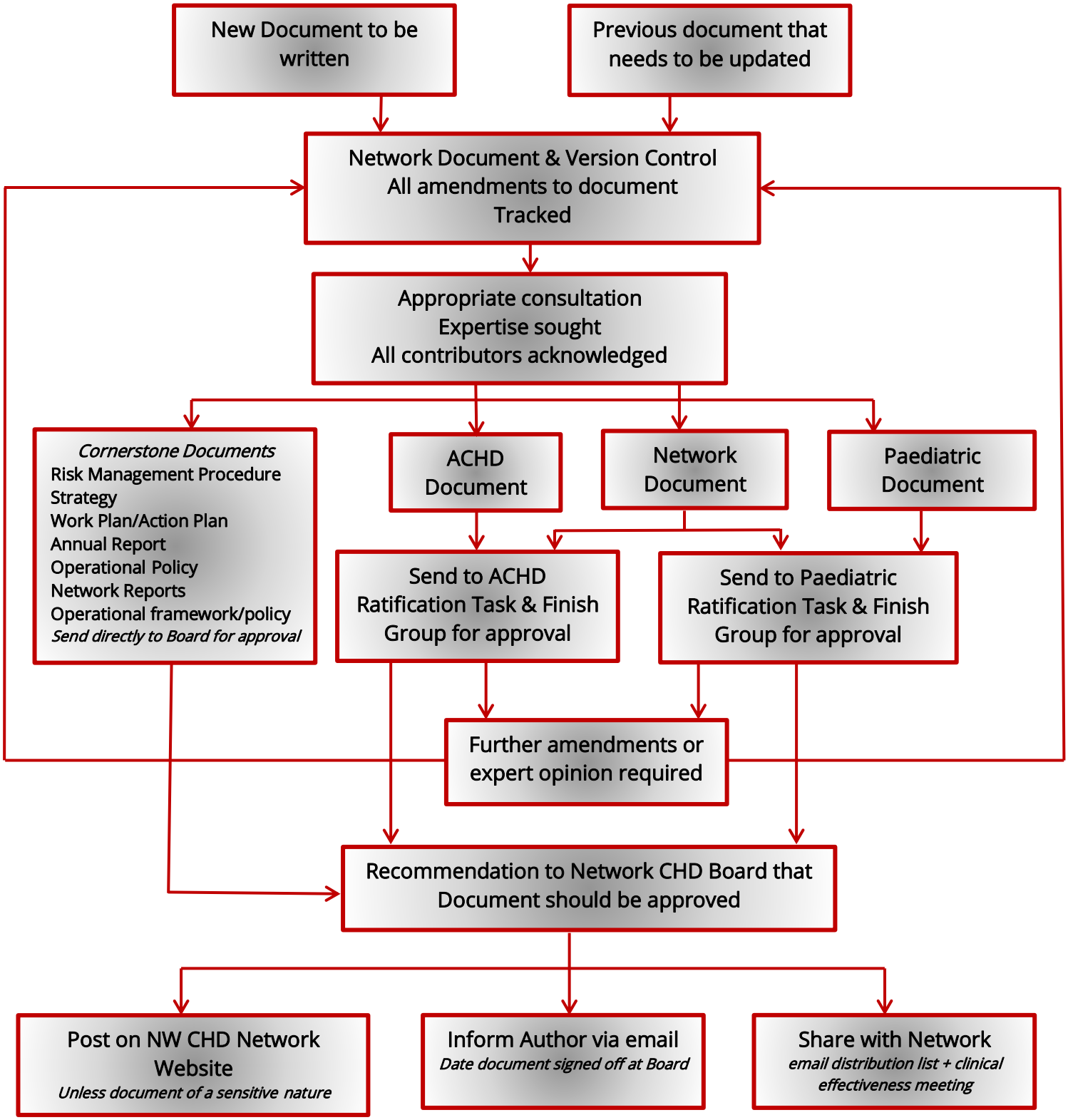
Referral Pathway

Referral pathways include a detailed and clear direction of travel that a patient must make in order to receive the best and appropriate care. Referral pathways include a flow chart detailing each step of the process for the patient.

Report

Is an official document that is a written account of something that has been observed, heard, done or investigated?

Network Documentation Ratification Process



APPENDIX-1

Document Control

Title:			
Authors: > x > x > x			Lead Clinician:
Directorate/ Network:			
Version	Date Issued	Status	Comment/ Change/ approval
Main Contact:			Phone: Email:
Superseded Documents:			
Issue Date:	Review Date:		Review Cycle:
Stakeholders Consulted (list all) > x > x > x > x > x			
Approved By: Date:			
Comments:			

APPENDIX-2

North West, North Wales & Isle of Man CHD Network (NW CHD Network)

Adult and Paediatric Ratification Task & Finish Groups (RT&FG) Terms of Reference (ToR)

Interim Arrangements
During the Covid-19 pandemic documents will be sent to the relevant RT+FG members via email for review and agreement. This is to reduce pressure on staff while still moving forward and providing a high level of professional standards.

1. Purpose

The NW CHD Network RT&FG's are strategic, local decision-making groups, with responsibility for promoting appropriate, safe, rational and effective clinical and non-clinical policies to be used across the North West, North Wales and Isle of Man Congenital Heart Disease Network. They are accountable to the NW CHD Network Board. There is an expectation that recommendations made by the Ratification Groups will should be implemented. The group has no delegated responsibility for resource allocation. If resource allocation is required then the relevant RT+FG will refer the matter on to the Network Board.

The purpose and scope of the group is to approve and ratify Network documents.

All documents will have been through a thorough process of consultation across the Network with relevant stake holders and clinicians with expertise. A thorough document and version control process will have been employed in order for the document to get to the RT&FG stage.

Therefore, it is not the role of RT&FG group members to unpick the previous work that has been done unnecessarily.

2. Duties

> To provide oversight to make sure that all policies and documents aim to achieve the best possible evidence-based improvement in health outcomes.

- To be a final consultee in reviewing pathways, policies and Network documents and to make recommendation to the CHD Board that they should be adopted by the Network.
- To ensure that all policies and Network documents are revised prior to expiry and agree time scales for review.
- To check that policies and documents have been through the appropriate process of consultation and document control prior to being approved.
- To check that all relevant up to date evidence/NICE/national guidance has been considered and referenced in the writing of the documents.
- To check that all key stakeholders have been consulted and make recommendations where there are gaps.
- To check that all documents are branded correctly with Network logo's and the use Open Sans font throughout the document.
- To check all formatting is correct and appropriate.
- To communicate recommendations and outputs effectively to all relevant members and stakeholders and encourage implementation once documents have been signed off at the next CHD Board
- To demonstrate and promote joined-up working with other clinicians, organisations and Network members.

3. Membership

The Ratification Task and Finish groups will be split depending on the document needing ratifying. Paediatric, ACHD or Network document.

ACHD Ratification Task and Finish Group (ACHD RT+FG)
Adult Documents

- Network Lead Nurse
- Clinical lead for ACHD or deputy
- 2x ACHD consultants
- Document Author details will be provided in case clarification or communication with them is required.
- Network Manager

Paediatric Ratification Task and Finish Group (Paed RT+FG)
Paediatric Documents

- Network Lead Nurse
- Clinical Lead for Paediatrics or deputy
- Paediatric Nurse Specialist

- 2 x Paediatric Cardiology Consultants or PECSIG's
- Document Author details will be provided in case clarification or communication with them is required
- Network Manager

Network Documents

- Lead Nurse
- Network Manager
- Document Author details will be provided in case clarification or communication with them required
- Paediatric and Adult RT+FG's

4. Quorum:

All members of the RT&FG's will be included in email correspondence. A read receipt will be required from all members. A minimum of at least the Lead Nurse, Clinical Lead and one other member of the group will be accepted. The documents will need to be reviewed within a realistic time frame. If a read receipt has been received and no comments have been returned it will be assumed that the person has reviewed the documents and has no further comments to make. It is the responsibility of the individual members to communicate if there are any concerns or queries that need rectifying. These will be communicated back to the original author for further actions.

5. Frequency

The frequency with which documents need to be checked will vary depending on the progress and number of documents being produced. The request for checking documents via email will be no more than monthly unless there is an urgent requirement for a document to be signed off which will be done on an individual basis.

6. Reporting structure

RT&FG's are accountable to the Network Board. A quarterly report will be provided to the NW CHD Board for final approval. The outputs from the RT&FG's will contribute to the Networks annual report.

7. ToR Review

The terms of reference will be reviewed every 2 year.