

North West, North Wales and the Isle of Man Congenital Heart Disease Network Document Management Standard Operating Procedure (SOP)

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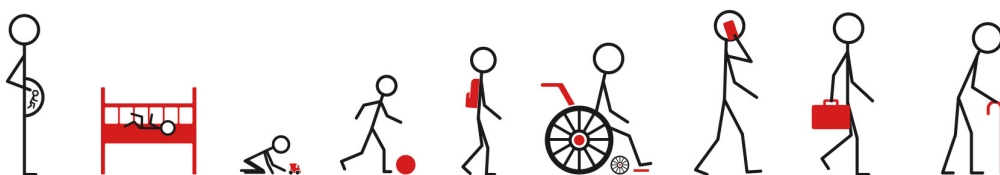


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1. Purpose

This policy explains how we create, review, approve, and manage all official documents used by the North West, North Wales and the Isle of Man Congenital Heart Disease Network (NW CHD Network). It ensures all documents meet high standards and follow a consistent process, helping staff and members use trusted and up-to-date information.

2. Aims

This policy aims to:

- Keep a clear record from writing to final approval
- Involve the appropriate people during consultation
- Ensure all documents follow a standard format
- Keep documents accurate and up to date
- Ensure the approval process is fair and thorough
- Make the whole process easy to follow and accessible to everyone involved

3. Scope

This policy covers any document requiring action by the Network or its members. This includes documents with titles such as:

- Strategy or Action/Work Plans
- Policies
- Clinical Guidelines
- Protocols
- Reports
- Procedures or Standard Operating Procedures (SOPs)
- Referral Pathways/Forms

4. How the Process Works

All documents must follow a standard five-step process:

1. **Written by the right person(s)**
2. **Consultation with relevant experts and stakeholders**
3. **Approval by the Ratification Task & Finish Group (RT&FG)**
4. **Publication and communication**
5. **Regular review and archiving**

5. Document and Version Control

- > All documents must use the official Network template (Appendix 1)
- > Each document gets a unique reference number to track updates

- > Sign-off and review dates are recorded
- > The Network keeps a register of all documents and ensures they are reviewed on time

6. Consultation Requirements

Authors must involve the right people and record this on the document's control page. The consultation should happen *before* the document goes to the RT&FG for approval.

Mandatory consultation includes:

- **Clinical documents with medicines:** Must be reviewed by the specialist pharmacist
- **Nursing policies:** Must involve the Network Lead Nurse and relevant clinical nurse specialists/advanced nurse practitioners/lead nurses
- **Medical specialties:** Must consult relevant clinical experts

RT&FGs are not part of the consultation process—they only approve after consultation is complete.

7. Ratification Task & Finish Groups (RT&FGs)

Once a document is finalised and consulted on, it will be sent to the relevant RT&FG for approval. This group checks that the document:

- Is accurate, legally sound, and based on best clinical practice
- Meets all national standards (e.g., CQC, NICE, NHSE Guidance and/or standards)
- Has been written and formatted correctly
- Reflects proper consultation and current evidence where available

The author cannot approve their own document.

8. Responsibility of the RT&FGs

The RT&FGs are responsible for:

- Making sure documents promote evidence-based improvements in care
- Recommending documents for final approval by the CHD Board
- Ensuring documents are reviewed on time
- Confirming proper consultation and formatting
- Reviewing documents for alignment with national guidance
- Encouraging implementation across the Network after approval

9. RT&FG Membership

Each RT&FG reflects the CHD Board and can change over time. Members must follow the Terms of Reference (NWCHDN_16.1).

10. Ratification Process

Documents are emailed to the RT&FG with a read receipt request. For approval:

- A minimum of the Lead Nurse, Clinical Lead, and one other member must respond
- If no comments are received by the deadline, it's assumed the reviewer approves
- Any issues or changes must be fed back to the author
- If revised, the document is sent back to the RT&FG for final sign-off
- If needed, a meeting (in person or on Teams) can be arranged with the author and experts

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.

11. Reporting and Accountability

- The RT&FG reports to the Network CHD Board
- A quarterly update is sent to the Board
- Approved documents contribute to the Network's annual report
- Authors are informed by email when their document is signed off

12. Responsibilities of the NW CHD Network Board

The Ratification Task and Finish Groups have responsibility for signing off the documents on behalf of the CHD Board. Documents that have been signed off will be reported at the next Board. Some core documents must be signed off directly by the Board itself:

- Risk Management Procedure
- Network Strategy
- Work/Action Plan
- Annual Report
- Operational Policy
- Governance and Clinical Effectiveness Reports
- Operational Framework/Policy

13. Sharing Approved Documents

- No document can be used until the CHD Board has given final sign-off.
- Approved documents are uploaded to the Network website.
- A link is shared via email.
- Documents are made public unless there's a good reason not to. If so, the reason must be recorded clearly.

14. Document Definitions

The title of a document should reflect its purpose:

- > **Policy (Non-Clinical):** Outlines rules and expectations, based on laws or standards.
- > **Standard Operating Procedure (SOP):** Step-by-step instructions for how services should be delivered.
- > **Clinical Protocol:** A detailed plan for specific clinical tasks or treatments.
- > **Clinical Guideline:** General recommendations on how to diagnose and treat conditions, backed by evidence.
- > **Clinical Pathway:** A step-by-step plan for managing a patient's care across different services.
- > **Referral Pathway:** Shows how patients move through services to get the right care.
- > **Report:** A written summary of something observed, heard, done, or investigated

Diagram 1

Network Documentation Ratification

