Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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Guidance for the approval of changes or developments to the CareNotes system

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Author and contact number	Informatics Project Manager – 01244 852336

Type of document	Guidance
Target audience	All CWP staff
Document purpose	This guidance formalises the process of introducing amendments or developments to the system, ensuring that appropriate consultation has taken place.

Document consultation	To ISC, PCSC, PSESC, BDSC, for comment	
Approving meeting	Informatics Sub Committee	1-Apr-11
Ratification	Document Quality Group (DQG)	8-Sep-11
Original issue date	Sep-11	
Implementation date	Sep-11	
Review date	Spe-16	

CWP documents to be read in conjunction with	HR6	Trust-wide learning and development requirements including the training needs analysis (TNA)

Training requirements	There **are no** specific training requirements for this document.

Financial resource implications	No

Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	

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Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Monitoring compliance with the processes outlined within this document

Is this document linked to the NHS litigation authority (NHSLA) risk management standards assessment?	No NB - The standards in bold above are those standards which are assessed at the level 2 and 3 NHSLA accreditation.

Who is responsible for undertaking the monitoring?	Document author or successor
How are they going to monitor the document?	An annual audit will be conducted
What are they going to monitor within the document?	Adherence to the procedure
Where will the results be reviewed?	The Clinical Informatics Group will approve the audit
When will this be monitored and how often?	The audit will be conducted in March each year, reviewing a sample of the amendments/developments approved in the previous year.
If deficiencies are identified how will these be dealt with?	An action plan will be devised to address the deficiencies.
Who and where will the findings be communicated to?	Findings will be communicated to the Informatics Sub Committee
How does learning occur?	Learning occurs through the implementation of the action plan
How are the board of directors assured?	The Clinical Informatics Group reports to the ISC which escalates issues through the committee structure.

Document change history

Changes made with rationale and impact on practice
1. None. This is the first issue of the document

External references

References
I. Information Governance Toolkit - Mental Health Trust Version 8 (2010-2011)

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1. Introduction

The upgrade of the CareNotes system from version 3 to version 4 in December 2010 also prompted a review of the way changes and developments to the system were identified, authorised and implemented.

Whilst developments to the system were focused on service requirements there was a tendency for each service to adopt individual and particular forms to meet their specific needs. This process led towards a proliferation of forms being implemented which contained some common core information and some service specific. Because of the architecture of the version 3 system this resulted in some duplication of data items which in turn produced discrepancies in the database and in reporting.

This guidance builds on the report presented to the Informatics Sub Committee (ISC) by the Head of Informatics in October 2010 entitled Informatics Support Structure. It is intended to clarify roles and responsibilities for all significant changes and developments of the system, whether a change to the contents of a pick list or a complex development of a suite of new forms.

2. Definitions

2.1 Reasons for change or development

Changes and developments to the CareNotes system are based on the changing needs of the services the system supports and may arise from, for example:

- A statutory change in information for central returns;
- A change in contractual information requirements;
- A change in clinical practice;
- An operational change for reasons of efficiency;
- A change to support a research or development requirement;
- A change to support a governance requirement.

2.2 Types of change or development

Examples of the changes or developments arising would include:

- Change / addition to / rationalisation of an existing form;
- Adjustment to the contents of a pick list (but see appendix 4 for an exception list where this guidance does not apply);
- Addition of a completely new form;
- Development of a new suite of forms;
- Exploitation of already available operational functionality;
- A corporate submission for consideration by the CareNotes National User Group.

2.3 Sources of change or development

It is envisaged that the majority of proposals for change will originate from governance structures established by the service lines or from clinical networks including:

- Clinical Network Group;
- Acute Care Forum;
- Liaison Network Group;
- LD CareNotes Forum;
- CAMHS CareNotes Forum;
- D&A CareNotes Forum;
- CareNotes Clinical Documentation Group;

2.4 Sponsorship

This procedure requires that all proposals for change are sponsored by a clinical director or general manager from the originating service or clinical network and it is their responsibility to assemble the proposal from discussions at their local group and facilitate its consideration by the Clinical Informatics Group. The Associate Director of Informatics will perform this function for any centrally led or corporate initiatives.

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2.5 Sub Committees

In considering a proposal, the Clinical Informatics Group may refer it to the appropriate Trust Sub Committee for advice and comment. Sub Committees of particular relevance are:

- ISC Informatics Sub Committee;
- PCSC Performance & Compliance Sub Committee;
- PSESC Patient Safety & Effectiveness Sub Committee;
- BDSC Business Development Sub Committee;
- RG Records Group;
- MMG Medicines Management Group.

The list is not exhaustive however and any of the Trust sub committees could be consulted individually or in combination.

Additionally, any proposal for change or development which involves changes to clinical documentation must be referred to the PSESC chairman for comment under chairman's action or referral to the sub committee prior to consideration by the clinical informatics group.

3. Procedure

A proposal for development or change will originate from one of the service line led CareNotes groups, from a clinical network group, or from Informatics for central/corporate initiatives. Once a development or change has been identified the following procedure should be adopted.

The proposer should identify an appropriate sponsor to support the proposal through the approval process.

The proposer and sponsor establish the business case for consideration by the Clinical Informatics Group (and for prequalification by PSESC if involving changes to clinical documentation).

At this stage Informatics will make available advice and expertise in constructing draft versions of the forms required. They will also assess the impact on support services, reporting and data management and will assist in estimating the resources required, including the establishment of any third party development costs.

The proposal for change or development template should be completed (see appendix 2) which includes:

- Proposer and sponsor contact details;
- Description of change / development;
- Rationale;
- Proposed timing;
- Expected benefits;
- Estimated costs;
- Risks (in implementing or not implementing).

Dependant on complexity the proposal for change or development may require supporting documentation.

The sponsor submits the proposal for consideration by the Clinical Informatics Group who will incorporate the change/development in the draft Development Schedule and consider the proposal in a trust wide context at the next convenient opportunity. They may also seek the opinion of the appropriate Trust Sub Committee.

Assuming the Clinical Informatics Group wish to take the proposal forward, Informatics will supply any remaining information relating to implementation including:

1. Final quotations / costs;
2. Agreed timescale (after discussion with supplier if required);
3. Required resources;
4. Reporting impacts;

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The CIG will confirm their decision to adopt the proposal and agree funding and timescale as necessary.

On approval by the Clinical Informatics Group, the Informatics team will prepare for and manage the implementation following the CWP CareNotes 'Request for Change' procedure which includes:

- Notifying interested parties;
- Planning the implementation (including any testing required);
- Implementing the change / development to agreed timescale;
- Ensuring regression / business continuity plans are in place;
- Compiling closure documentation including:
    - Lessons learned
    - Benefits achieved
- Reporting achievement to Clinical Informatics Group.

In parallel with step iv the CWP informatics release management policy will be followed to ensure that the changes are rolled out to the live system in a controlled manner and with appropriate support in place.

4. Duties and responsibilities

4.1 Proposer

The member of staff wishing to introduce a change or development to the system. This person takes responsibility for documenting the proposal and enlisting sponsorship.

4.2 Sponsor

The senior member of staff who takes responsibility for navigating the proposal through the approval process. This could be a general manager or clinical director or someone of similar seniority in the organisation. For corporate initiatives this function will be performed by the Associate Director of Informatics.

4.3 Trust Sub Committee

The appropriate Sub Committee of the Operational Board or the Quality Committee to be aware of and support the proposal.

4.4 Clinical Informatics Group

The group to sanction the proposal for change or development, ensuring appropriate resources are made available for implementation.

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Appendix 1 – Process for approval of changes / developments to CareNotes system

Step 1 - Identify and Document Proposal
The proposer / sponsor identifies and documents the change or development, establishes the business case and completes the first part of the Proposal for Change or Development template – Appendix 2

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Step 2a –Submit Proposal for Consideration of PSESC
If the proposal involves changes or developments to a clinical form, it is submitted to the Patient Safety & Effectiveness Sub Committee (PSESC) for prequalification.

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Step 2b –Submit Proposal for Consideration of CIG
In all cases the proposal is submitted to the Clinical Informatics Group for consideration and, if approved, included in the planned development schedule whereupon a full impact assessment will be prepared.

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Step 3 – Final Approval of CIG
The CIG will consider the proposal in the context of the development schedule and agree relative priorities. They will approve proposals for change or development and commit resources as appropriate.

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Step 4 – Develop, Implement & Review
The Informatics department will plan and implement the proposal including training and communication activities following CWP Informatics processes. A review of the implementation will be prepared and reported back to the CIG.

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Appendix 2 – CareNotes proposal for change or development template

Proposal ref		Date	
Linked proposals			

Contact details	**Proposer**	**Sponsor**
Name		
Title		
Service		
Location		
Tel No		
Email		

Pre-qualifying sub committee or group	
Name of sub committee or group	**Date approved**
PSESC (essential for clinical documentation)	
Description of change or development	
Rationale	
Timing	
Expected benefits	
Estimated costs	
Risks	
Additional information	
Impact assessment	

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Appendix 3 – CareNotes - Development Schedule

Version XXXX – Dated DD/MM/YY

Ref	Document name	Proposer	New dev or change	Description	Benefits / reason for change	Sponsor	Planned implementation date

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Appendix 4 – Exceptions to this guidance

It is recognised that some changes e.g. to the contents of pick lists which are necessary for day to day operation of the system do not need to follow the process defined in this guidance and should be directed to the Informatics Service Desk.

These are known as ‘standard’ changes by the Service Desk and include additions to databases e.g. Agencies, Locations, Clinical Note Types, Clinics, GPs, Locations, Schools and Staff Changes. Similarly, changes resulting from Data Set Change Notifications and changes to pick lists required for local reporting do not need to be referred to the Clinical Informatics Group (CIG).

Examples of changes that must be referred to CIG are the development of new forms, changes to existing forms and changes to pick lists which supply information for contracting or nationally defined definitions.

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