> ⓘ **Public – To be published on the Trust external website**

Title: Digital and Data Services Change Advisory Group Procedure

Ref: IT-0032-004-v1.1

Status: Approved
Document type: Procedure

Contents

1 Introduction

The Trust's information systems and technical infrastructure play a critical part in supporting staff to provide safe, and effective patient care. Any changes to Trust information systems and infrastructure require careful management and planning.

Such changes are managed through a Request for Change (RFC) process, which is managed, monitored by the Change Advisory Group (CAG). This process also provides an audit trail of changes requested, implemented, and rejected. The CAG provides assurance to other Trust governing bodies such as the Digital Performance and Assurance Group.

This procedure covers the Request for Change (RFC) process for all changes to Trust information systems and infrastructure. Changes are categorised into the following:

- **Minor changes**: A change where SOPs and TOIs are in place and followed in order to implement the change. These changes are impact assessed outside of the CAG meeting.

- **Significant changes**: A more complex bespoke change which has no associated standard/repetitive tasks or is a new piece of work.

- **Emergency changes**: A change which must be implemented as soon as possible due to urgent business need or due to effects on system or infrastructure stability or security.

This procedure applies to RFC's that have been raised through the Change Advisory Group process. They include changes that arise from projects, incidents, requests from System Owners, and business as usual (BAU).

This procedure supports the delivery of Our Journey to Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

Goal 1: To co-create a great experience for patients, carers, and families: The Change Advisory Group procedure supports the Trust to deliver outstanding care by ensuring that any changes to information systems and infrastructure have been impact assessed by key stakeholders prior to being made in the live environment. This contributes to the safe and effective management and delivery of information systems and architecture utilised to support patient care.

Goal 2: To co-create a great experience for our colleagues: The Clinical Safety team are key stakeholders within the Change Advisory Group. This assesses and ensures the clinical safety of any changes to information systems and infrastructure prior to these changes being

deployed into the live environment. This supports TEWV staff in effectively and safely providing the service delivered.

Goal 3: To be a great Partner: The Change Advisory Group provides governance for changes to information systems and infrastructure. This ensures safety and supports the Trust in working with partners by providing assurance when sharing data or when providing joint care for patients.

2 Purpose

This procedure describes the process for governing and managing changes to systems and infrastructure in the live environment.

Following this procedure will help the Trust to:-

- Trust staff understand the process for making changes to Trust systems and infrastructure.
- Ensure that changes to systems and infrastructure are effectively planned, managed, and governed.
- Ensure that risks to data (such as loss) is minimised.
- Only authorised changes are made where there is an impact on Trust infrastructure.
- Ensure that an audit trail is in place for any changes to systems and infrastructure.
- Changes to Trust hosted systems are controlled
- Align with DSP Toolkit requirements (DSP Toolkit) around the management of RFC's.
- Ensure that changes to systems and infrastructure are technically and clinically safe.
- Effectively communicate planned changes (and any associated outages) with end users.
- Agree and communicate any 'change freeze' dates to the Organisation.
- Investigate, undertake RCA's (Root Cause Analysis) and document lessons learned for all changes, with a particular focus on any P1 incidents initiated by RFC's.
- Align with ITIL (Information Technology Infrastructure Library) best practice.

3 Who this procedure applies to

This procedure applies to all members of staff involved in the Change Advisory Group and RFC process, including staff external to Digital and Data Services (for example clinical members of staff, or System Owners from the Service requesting system changes)

4 Related documents

This procedure describes what you need to do to implement the Information Systems Change Control section of the Maintenance of IT Systems Policy.

> ⓘ The Maintenance of IT Systems Policy defines the roles and responsibilities for change control which you must read and understand before carrying out the procedures described within this document.

This procedure also refers to:

- Change Advisory Group TOR (Terms of Reference)
- Alemba SSP (System Specific Policy)
- Introduction or Upgrade of Information Systems Procedure

5 Request for Change Procedure for Significant and Minor Changes

Step	Who	Task	Details
1	Requestor (Systems or Technical team (Technical Owner) implementing the change)	Submits an RFC through the Service Desk Portal by the Friday prior to the CAG meeting taking place to ensure enough time is given for impact assessment by all teams.	Appendix 3
2	CAG Meeting Attendees (outlined in the CAG TOR)	Impact assess the RFC.	Appendix 3
3	CAG Meeting Attendees/System	If the RFC is impact assessed by all stakeholders as 'Minor' (a routine, very low risk change), the RFC is automatically approved, the Requestor notified, and the change calendar updated automatically by the Alemba system. If the RFC is impact assessed as 'Significant', the change will be presented by the Requestor at the next CAG meeting where the proposed implementation date will also be discussed.	Appendix 3
4	CAG Meeting Attendees (including Requestors)	Review all changes presented by Requestor including attached implementation, and rollback/cutover plans, and approve/decline changes accordingly.	Appendix 3

| 5 | Requestors | Complete implementation tasks for approved RFC's.

Re-present any RFC's previously declined once remedial work is undertaken. | Appendix 3 |
|---|---|---|---|
| 6 | Requestors/System | Close RFC once all implementation tasks are complete. | Appendix 3 |

6 Emergency Request for Change Procedure

Step	Who	Task	Details
1	Requestor (Systems or Technical team – (Technical Owner) implementing the change)	Submits an RFC through the Service Desk Portal and indicates as Emergency Change on the RFC form. Approvers are alerted by the Alemba system.	Appendix 3
2	Approver (System Delivery Manager/IT Operations Manager or Head of IT/Deputy CIO)	Review, and discuss the RFC in light of the nature of the 'emergency', status, for example in the event of a major IT incident.	Appendix 3
3	System Delivery Manager/IT Operations Manager or Head of IT/Deputy CIO	Approve or decline the Emergency RFC and will advise the Requestor of the outcome. The Requestor will also receive an alert from the Alemba system.	Appendix 3
5	Requestor	Once approval received (as above) completes implementation tasks for approved Emergency RFC's.

Re-submits any Emergency RFC's previously declined once remedial work is undertaken. | Appendix 3 |
| 6 | Requestors/System | Close Emergency RFC once all implementation tasks are complete. | Appendix 3 |

7 Definitions

Terminology	Full Name (if acronym)	Details
CAG	Change Advisory Group	Group that meets weekly to review and manage submitted RFC's for Trust systems and Infrastructure.
System Owner		Subject matter expert from the Service (for example Clinical) who guides the direction of the system from a Service perspective (e.g. requests system amendments)
Technical Owner		Digital and Data Services staff with specific technical responsibility for administering and managing information systems or infrastructure.
RFC	Request for Change	A form completed on Alemba detailing a request for a change to a system or technical infrastructure within the live environment.
Alemba		Digital and Data Service Desk system that manages Requests for Change.
SOP	Standard Operating Procedure	Used to provide step by step instructions describing technical procedures.
TOI	Technical Operating Instruction	Used to describe the technical actions for how to complete steps described in a Standard Operating Procedure.
'Minor' change		A change where SOPs and TOIs are in place and followed in order to implement the change. These changes are impact assessed outside of the CAG meeting.
ITIL	Information Technology Infrastructure Library	A set of best practices for IT activities describing processes and tasks which enable an organisation to deliver value and provide assurance.
'Significant' change		A more complex bespoke change which has no associated standard/repetitive tasks or is a new piece of work.

'Emergency' change		A change which must be implemented as soon as possible due to urgent business need or due to effects on system or infrastructure stability or security.
Change Freeze		Agreed dates during which no changes can be made to the live environment. This ensures stability at times (such as the Christmas period) where reduced technical staffing may be in place, unless in response to an emergency (Requested via the 'emergency change' process).

8   How this procedure will be implemented

- This procedure will be published on the Trust intranet.
- The Systems Delivery Manager will inform the Change Advisory Group members of the procedure via e-mail.

9   Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Change Advisory Group (CAG) Members	None required, although a basic ITIL understanding/ITIL Foundation course would be advantageous.	Course dependant	N/A

10 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/ Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	N/A		

11 References

N/A

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	24 January 2023
Next review date	24 January 2026
This document replaces	IT-0030-004-v1 Information Technical Change Board Change Control Procedure
This document was approved by	Change Advisory Group (CAG)
This document was approved	06 January 2023
This document was approved by	Digital Performance and Assurance Group (DPAG) Review Meeting
This document was approved	24 January 2023
An equality analysis was completed on this policy on	December 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1.1	24 Jan 2023	Full review with minor changes, including:- • update to current procedure template; • updated to reflect CAG process; • title change at this version;	published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	Digital and Data Services Change Advisory Group Procedure
Type	Procedure
Geographical area covered	Trust
Aims and objectives	To document the Request for Change procedure for changes to Trust systems and infrastructure.
Start date of Equality Analysis Screening	December 2022
End date of Equality Analysis Screening	December 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All Trust staff. The procedure ensures that systems and infrastructure is changed appropriately with technical and clinical assurance.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men, women and gender neutral etc.) **NO** • **Gender reassignment** (Transgender and gender identity) **NO**

	• **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO**
Describe any negative impacts	N/A
Describe any positive impacts	The procedure applies equally to all staff and has no specific positive outcomes that relate to the protected characteristics.

Section 3	**Research and involvement**
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	ITIL (Information Technology Infrastructure Library)
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	

If you answered No above, describe future plans that you may have to engage and involve people from different groups	The procedure will be shared with CAG members once approved.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	N/A	
	Is there evidence of consultation with stakeholders and users?	N/A	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

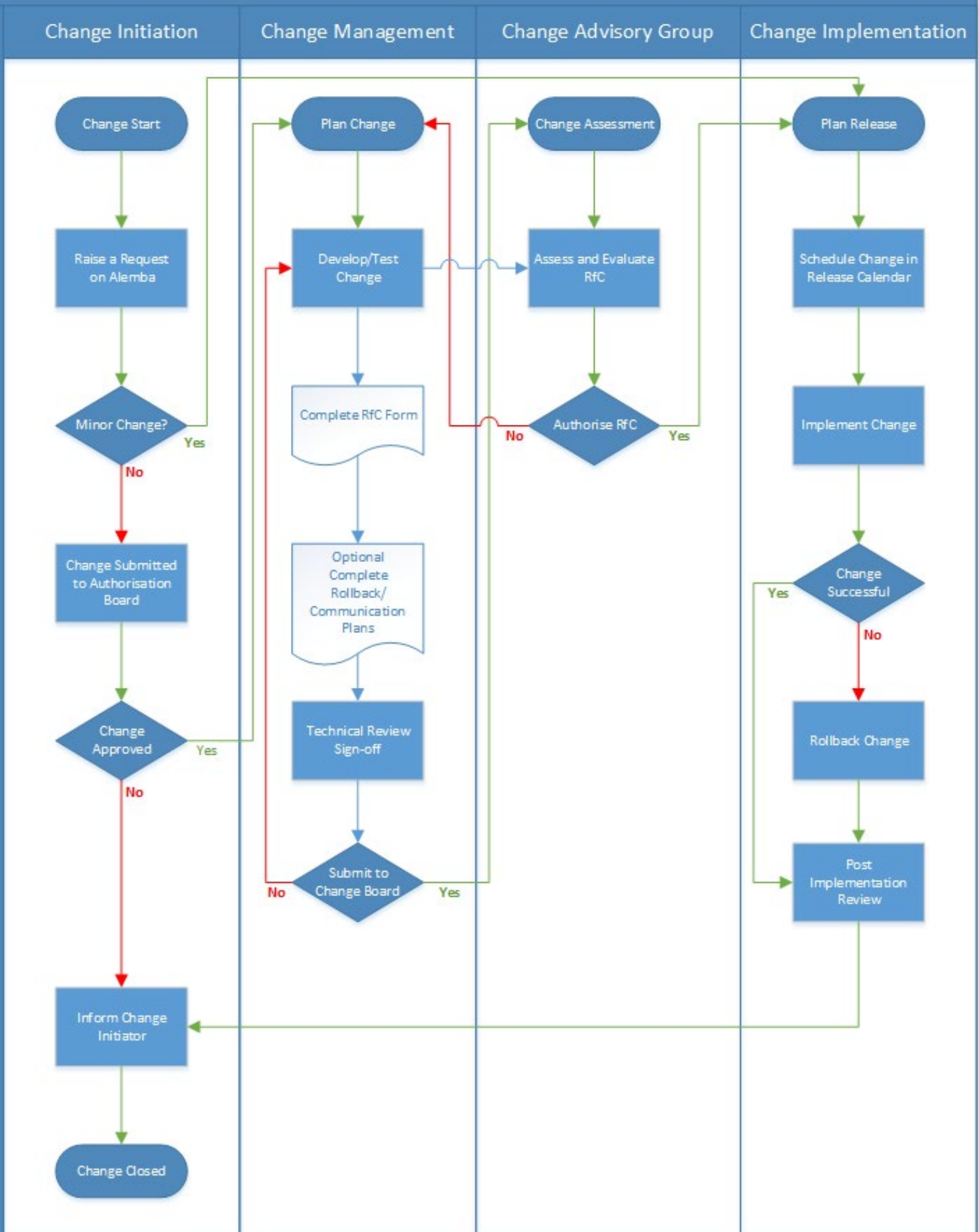|	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Approved by E&D 08 Feb 2023
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – Process Flow charts

List of Process Flow charts:

1. **Request for Change Process for Significant and Minor RFC's:** see next page
2. **Process for Emergency Requests for Change:** see last page

Note – more accessible versions are available on request.

1. Request for Change Process for Significant and Minor RFC's:

Change Process

Change Initiation	Change Management	Change Advisory Group	Change Implementation

2. Process for Emergency Requests for Change:

Emergency Request for Change Procedure

Requestor	Raise Emergency RFC → ... ← Undertake remedial work on RFC ... Complete implementation tasks
Approver	Review → Approve? — No / Yes
System	Alemba ... Approval notification ... Alemba — Close RFC