Tower Hamlets GP Care Group Information Systems Change Management Policy

Date Issued	20th April 2017
Date to be reviewed	Periodically or if statutory changes are required
Title	Information Systems Change Management Policy
Supersedes	All previous Policies
This policy will impact on	All staff
Financial Implications	No change
Policy Area	Information Governance
Version No	2.2
Issued By	Ruth Walters
Author	Ruth Walters
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Approval Record

	Committees / Groups / Individual	Date
Consultation	Quality, Safety & Governance Committee	April 2017
Approved by	Chris Banks, Chief Executive Officer	

Information Systems Change Management Policy

1-Introduction

The purpose of this document is to document the way that we manage changes that occur to information technology or information flows in a way that minimized risk and impact to the THGPCG and patients.

2- Scope of this Policy

For the purposes of this document, a change will be defined as anything that transforms, alters or modifies the operating environment or standard operating procedures of any system or service that has the potential to affect the stability and reliability of the infrastructure or affect information security. Changes may be required for many reasons, including but not limited to,

- Service requirement change
- Updates to existing systems
- Changes in regulations
- Hardware or software failures
- Changes or modifications for the infrastructure
- Environmental changes (changes in estates, electrical failure etc)
- Unforeseen events
- Routine maintenance

3-Risk

By proactively planning and managing changes we should be able to deliver a better and more reliable IT system. If not properly controlled, changes could be made which have a negative impact on the THGPCG services, prevent people from fulfilling their roles and create risk in managing information security. All changes should undergo a risk assessment to determine the probability of it occurring and the impact it would have on the THGPCG services.

4-Policy

No change will be implemented without

- A request for change being made to the Quality, Safety & Governance Committee
- An approved, documented plan of the sequence or steps for implementing the change into the live environment using QI methodology
- Evidence demonstrating that the change has been tested in a safe environment first
- A roll back mitigation plan in case of failure
- Approval by the Quality, Safety & Governance Committee
- A post-change test being documented to check that the change has been successfully applied

5-Incidents

Some incidents may not be related to change, but where a change has caused an incident it will be possible to trace the responsible change and owner. The Quality, Safety & Governance Committee will request an investigation and review the report for learning.

6-Roles and Responsibilities

Everyone has a potential role and responsibility with regards to change management

End Users/teams:

- Submitting requests for change through the appropriate system
- Participating in testing
- Verifying that change requests are valid

Technical Staff:

- Responsibility for following change management processes and procedures

Quality, Safety & Governance Committee:

- Overall responsibility for the change management policy and processes within it and to ensure that all staff follow it