

Document Control Page

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GLOSSARY

NWCCODN – North West Childrens Cancer Operational Delivery Network
 ODN - Operational Delivery Network
 PTC – Principal Treatment Centre
 POSCU – Paediatric Oncology Shared Care Unit
 AHCH – Alder Hey Children’s Hospital
 RMCH – Royal Manchester Children's Hospital
 L&SC – Lancaster and South Cumbria
 GM – Greater Manchester
 C&M – Cheshire and Merseyside

Documentation Management & Ratification - Standard Operational Procedure (SOP)

1.0 Introduction

The following document sets out the process for developing and reviewing the NWCCODN procedural documents (including Regional (network wide) pathways guidelines, , strategies and processes as well as guidelines relevant for an individual PTC and their shared care centre networks (C&M, GM/L&SC)

There are 3 categories of clinically relevant documents which will be hosted and version controlled on the ODN website for ease of access by relevant clinical teams

1. Regional (network wide) Pathways
2. Agreed network relevant shared guidelines (specific network region made clear)
3. PTC guidelines for reference (authors permission sought prior to hosting where appropriate)

2.0 Purpose

To provide an agreed process and regional document template to facilitate a structured, systematic, consistent approach when developing and reviewing NWCCODN documents. Trust specific documents will remain in line with trust templates.

The aim of this document is to ensure there is a process whereby procedural documents are consistent in format, compilation, ratification and dissemination. It will eliminate duplication and establish if there is an actual need to develop new documents.

It holds accountability to the network to ensure timely reviewing and promoting of up-to-date versions for any documentation (guidelines or pathways) which are held on the public facing website:

<https://www.nwchildrenscancerodn.nhs.uk/professionals/guidelines/>

This guidance will ensure that the network meets its governance responsibilities and conforms to risk management standards, therefore ensuring a high level of safety and effectiveness in line with national standards including but not limited to:

- NHSE Specialised Services specifications
- NICE Guidelines
- National Service Specification for Operational Delivery Networks
- Operational Delivery Network Governance Framework

3.0 Scope

All documents developed from a regional (network wide) or PTC/POSCU network perspective within the NW Children's Cancer Operational Delivery Network.

3.1 NWCCODN Clinical Guidelines

The Service Specifications recommends there are network agreed clinical guidelines in place. Within the Workforce & Education Working Group there is an opportunistic Guidelines Task & Finish Group, which can be set up on an ad-hoc basis when there is an identified gap or need for development of a regional or joint PTC document. Colleagues bring their knowledge and expertise to develop the specific regional document.

3.1 Provider Specific Documentation

Each PTC (Alder Hey Children's Hospital (AHCH) & Royal Manchester Children's Hospital, (RMCH)) have specific guidelines, policies and pathways documents which are developed and ratified via their internal governance processes. A process should be in place whereby guidelines/SOPs relevant for shared or specific network use are identified during their creation/update and required network agreement obtained prior to sharing via the ODN website. Some PTC specific guidelines are judged to be of use for reference only for the network POSCUs and will also be identified. There may be referenced in the network guidance.

3.2 PTC to POSCU Documentation

The 2 Principal Treatment Centre (PTCs) within the NW (Alder Hey Children's Hospital & Royal Manchester Children's Hospital) agree specific clinical guidelines with their Paediatric Oncology Shared Care Units networks to ensure consistent and safe care delivery.

- AHCH agree relevant guidance with the following POSCUs;
 - Countess of Chester,
 - Leighton,
 - Noble's Hospital,
 - Ysbyty Glan Clwyd,
 - Ysbyty Wrexham Maelor,
 - Ysbyty Gwynedd.

- RMCH agree relevant guidance with the following POSCUs;
 - Royal Blackburn,
 - Royal Lancaster Infirmary,
 - Royal Preston,
 - Victoria Blackpool Hospital.

4.0 Responsibilities

4.1 ODN Responsibilities

- To identify the need and appropriateness of regional network wide guidelines, policies or pathways.
- To support development of regional network wide documents

- To provide oversight and management of NWCCODN process documents, to ensure new documents are created & existing documents reviewed in-line with the agreed process for ratification.
- To inform the SLT of new network documents proposed for hosting
- To ensure that documentation is appropriately stored and published on the professional or public facing sections of the ODN website as agreed by the SLT
- To host network relevant and agreed pathways, guidelines and SOPs on the ODN website at request of individual PTC and network leads
- To notify relevant network leads of new publication
- To ensure all guidelines have review dates apparent and are only hosted until their expiry date, working with PTC leads to encourage timely update

4.2 Provider Responsibilities

- To contribute to generation of required regional (network wide) pathways, guidelines or SOPs
 - Ensure Management & Ratification of document in line with internal processes for creation, agreement, review and version control
 - To identify PTC documents relevant for network agreement or access during creation or update
 - To ensure contribution/agreement by POSCU leads for relevant guidance via local PTC/POSCU network meeting
 - Once agreed submit to ODN QIP for notification and upload to website
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- To ensure implementation of the guideline within their relevant departments.

5.0 Development of regional guidelines, policies, pathways and procedures

For the development of effective regional (network wide) guidelines, policies, or pathways, the network offers a combination of coordination and co-design practicality. The below outlines the process which should be followed.

1. Document Identification

- **Trigger:** A need for a new policy, procedure, or update is identified.
- **Actions:**
 - Define the purpose and scope of the document.
 - Assign an owner or responsible team.
 - Log the document with ODN SLT.

2. Drafting & Co-Creation

- **Actions:**
 - Owner drafts the initial version.
 - Share draft with relevant stakeholders for input (subject matter experts, compliance, legal).
 - Use collaborative tools (e.g., Teams, Google Docs) for real-time edits.
 - Track changes and maintain version control.
 - Collect feedback and incorporate revisions.

- Prepare a “final draft” for leadership review.

3. ODN SLT (Senior Leadership Team) Review & Ratification

- **Actions:**

- Submit the final draft to SLT for approval.
- Provide supporting documentation (impact analysis, compliance checks).
- SLT reviews, requests changes if needed, and formally ratifies.
- Capture approval in meeting minutes
- Follow up action to present at internal committees.

4. Internal Sign-Off & Publication

- **Actions:**

- Document owner confirms SLT approval.
- Apply internal process for sign-off (e.g., digital signature, workflow in DMS).
- Assign document number.
- Publish in the official repository (intranet, ODN website).
- Communicate availability to relevant teams.

5. Post-Publication Governance

- **Actions:**

- Schedule periodic reviews for updates.
- Monitor compliance and usage.
- Archive superseded versions.

New or updated documents that require corporate approval will go through the relevant committee following initial ratification. For Alder Hey; OncologyQuality Group , oncology/haematology Risk and Governance meeting and/or chemotherapy committee meeting. For RMCH; Quality & Safety and/or chemotherapy committee meeting.

6.0 Monitoring & Auditing

It is the responsibility of the Quality Improvement Lead Nurse and Management Support Officer of the NWCCODN to ensure that documents are reviewed in a timely manner, prior to reaching the review date. A document has been created, using the below template.

Document	Version	Ratification Date	Frequency of Review	Date of review	Author(s)	Status
Title	1.0	Jan 2024	Annually	Jan 2025	Lead Nurse, AHCH	Up to date

Where relevant for individual PTC or PTC network, the ODN Management Support Officer will liaise with the relevant cancer leads of each PTC (AHCH and RMCH) to co-ordinate the reviews. Once governance control has been completed as per the usual PTC processes, the ODN will receive the updated version, for uploading to the

NWCCODN Website. Notification will be generated via network email distribution lists.

7.0 Escalation

For any queries or questions regarding the process for Document Management & Ratification with the NWCCODN please contact the below:

Info.nwccodn@mft.nhs.uk

Appendices

Appendix 1: Working Group members for the development of the *Document Management & Ratification SOP* (via SLT meetings and circulation list for both SLT and NOG)

Appendix 2: Membership of Guidelines Task & Finish Group

Core Group

- Identify a lead author-dependent on guideline being reviewed or developed
- ODN member to facilitate development
- Clinical Input
- SLT oversight

Dependent on guideline in development (or interest of colleagues):

- Consultant relevant to the speciality
- Allied Health Professionals including Dietitian, Physiotherapists, Occupational Therapists, Speech and Language Therapist, Psychologists
- Patient/carer representative
- Nurse Lead
- Clinical Educator
- Representatives POSCUs
- Representatives from community services
- Representatives from social care
- Representatives from education
- Representatives from the integrated care boards
- Representatives from NW NHSE PoC W&C
- Others as indicated (ODN member can review wider network stakeholder list)

Appendix 3: ODN Website Link for accessing documents across PTCs and POSCUs

[Clinical Pathways & Guidance - North West Children's Cancer Operational Delivery Network](#)