

Process and Guidance

Handbook for Healthcare Organisations

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Contents

1.	Purpose, remit and structure of this handbook.....	1
2.	Aims of the Invited Reviews Programme.....	3
3.	Governance and oversight of the Invited Reviews Programme	5
4.	Terms and conditions for invited reviews	5
4.1	Invited review request.....	6
4.2	Responsibilities relating to patient safety matters.....	8
4.3	Procedural matters	9
4.4	Costs of the review and terms.....	12
4.5	Terms of Reference	13
4.6	Participation in the invited review	14
4.7	Coordination of the review	15
4.8	Background and supporting information provided for the invited review	16
4.9	Interviews undertaken as part of the invited review.....	17
4.10	For invited reviews which include case notes (clinical records)	19
4.11	The review visit	19
4.12	Immediate post review process.....	20
4.13	The invited review report.....	21
4.14	Follow-up to the invited review.....	23
4.15	Confidentiality, information handling and retention.....	24
4.16	Termination	27
4.17	Cancellation or Postponement and Force Majeure.....	27
4.18	Liability.....	28
4.19	Indemnity	28
4.20	Intellectual Property Rights (IPRs)	29
4.21	Data Protection.....	29
4.22	Dispute Resolution	30
	Appendix 1: Invited review process flowchart	31
	Appendix 2: RCPCH Invited Reviews escalation policy for the management of concerns identified during an invited review	32
	Appendix 3: Provision of relevant information by healthcare organisation in support of the invited review	37
	Appendix 4: Healthcare organisation participants in invited reviews.....	39
	Appendix 5: Framework for report factual accuracy check by the healthcare organisation commissioning the invited review	40
	Appendix 6: Information on children's rights	42

1. Purpose, remit and structure of this handbook

- 1.1 This document sets out the Royal College of Paediatrics and Child Health' (RCPCH) Invited Reviews Programme and is primarily intended for healthcare organisations considering requesting or commissioning the RCPCH to undertake an invited review. It is also designed to inform and assist a wider audience, including participants in invited reviews, invited reviewers and other stakeholders.
- 1.2 The content of this document applies across all four UK nations and is intended to acknowledge variations in process and structures.
- 1.3 Where a reference in this document has been superseded, the latest version stands.
- 1.4 [Section 2](#) sets out the aims of the invited reviews programme and [section 3](#), the governance of the programme. Both these sections provide context to the terms and conditions for RCPCH invited reviews which is set out in [section 4](#).
- 1.5 Regarding [Section 4](#), the terms and conditions for invited reviews:
 - (i) Where relevant, reasoning, rationale and brief explanations are provided in support of the terms upon which RCPCH invited reviews are undertaken.
 - (ii) Sub-sections [4.1](#) and [4.5-4.14](#) set out the processes which take place when the RCPCH receives a request for an invited review up to and including (for requests which proceed to an invited review), when RCPCH concludes its active involvement in the case. [Appendix 1](#) is a diagram of these processes.
 - (iii) Sub-section 4.2 sets out the [responsibilities relating to patient safety matters](#).
 - (iv) Sub-sections 4.3 and 4.4 set out [procedural matters](#), and [costing information](#) respectively.
 - (v) Sub-section 4.15 sets out [confidentiality, information handling and retention](#).
 - (vi) Sub-section 4.16 sets out terms and conditions for [termination](#).
 - (vii) Sub-section 4.17 sets out the terms and conditions for [Cancellation or postponement and Force Majeure](#).
 - (viii) Sub-sections 4.18 and 4.19 set out the terms and conditions for [Liability](#) and [Indemnity](#) respectively.
 - (ix) Sub-section 4.20 sets out the terms and conditions for [Intellectual Property Rights](#) (IPRs).
 - (x) Sub-section 4.21 sets out the terms and conditions for [Data Protection](#).
 - (xi) Sub-section 4.22 sets out the terms and conditions for [Dispute Resolution](#).
- 1.6 Appendices in this handbook comprise the following:
 - [Appendix 1](#): Invited reviews process flowchart. This is a diagrammatic overview of the processes set out in sections 4.1 and 4.5 – 4.14.

- [Appendix 2](#): The RCPCH escalation policy for the management of concerns identified during an invited review
 - [Appendix 3](#): Background information in support of the review. This includes information about providing background information in support of the invited review and sets out the key elements, processes and expectations.
 - [Appendix 4](#): Healthcare organisation potential participants in invited reviews, including staff working in and with the service being reviewed.
 - [Appendix 5](#): Framework for factual accuracy check of the invited review report by the Healthcare Organisation.
 - [Appendix 6](#): Information on children's rights
- 1.7 Further information about the Invited Reviews Programme can be found on the RCPCH website (www.rcpch.ac.uk/invitedreviews).
- 1.8 For any queries about this document or any aspect of the RCPCH Invited Reviews Programme, please contact: invited.reviews@rcpch.ac.uk. If you have any concerns about the service you have received in the first instance, please contact invited.reviews@rcpch.ac.uk, explaining why you are unhappy and any action you consider is needed. Alternatively, or, if you are still dissatisfied, please refer to the RCPCH complaints procedure, the details for which are found at: www.rcpch.ac.uk/contact-us/complaints.
- 1.9 Privacy Notice - Please refer to the relevant 'Healthcare Organisations' sections of the [RCPCH Privacy Notice](#).
- 1.10 [Glossary of terms and acronyms/abbreviations used in this document](#)

Term in Full	Acronym / abbreviation	Notes
Royal College of Paediatrics and Child Health	RCPCH	Referred to by the Academy of Medical Royal Colleges as 'the reviewing organisation' in its ' Framework of operating principles for managing invited reviews within healthcare ' March 2022.
Healthcare organisation	HCO	The organisation which submits the enquiry or request to RCPCH, and subsequently commissions RCPCH to undertake the invited review. It is also referred to as 'the Client' in certain documentation, such as the Contract and in costings information.

Term in Full	Acronym / abbreviation	Notes
Invited Reviews Programme	RCPCH IRP	The programme offered by RCPCH
Royal College of Paediatrics and Child health Invited Reviews Service	RCPCH IRS	The service provided by RCPCH, which sits in the Research & Quality Improvement Division, and comprises the Head of Invited Reviews and Invited Reviews Project Manager.
Invited Reviews Programme Board	RCPCH IRPB	Provides governance of the IRP and sets its strategic direction. See 3.1
Invited Reviews Programme Oversight Group	RCPCH IRPOG	Provides operational oversight (clinical and non-clinical). Clinical members comprise: RCPCH Registrar and Assistant Registrar, Clinical Lead and Deputy Clinical lead for Invited Reviews. It also includes non-clinical representation from RCPCH Executive Directorate. See 3.2
Royal College of Paediatrics and Child Health Invited Service Review	RCPH Invited Service Review	Considers the quality and safety of service provision and makes recommendations for making and sustaining improvements. See 2.7
Royal College of Paediatrics and Child Health Invited Clinical records review	RCPH Invited Clinical Records Review	Considers an agreed number of documented clinical records to provide an independent expert opinion on the management of these cases. This type of review may be standalone or conducted alongside a service review. See 2.7

2. Aims of the Invited Reviews Programme

- 2.1. To provide HCOs with an opportunity to adopt a proactive approach in seeking assurances on healthcare and services provided, address areas of concern and identify opportunities for quality improvement.
- 2.2. To utilise a peer review model, tailored to the needs of the HCO to provide an expert, independent, external assessment of the safety and quality of the health care

services provided for children and young people, according to agreed Terms of Reference (ToR).

- 2.3. To Identify and consider areas of good practice, areas for improvement and any concerns about child health service provision, including patient safety and staff well-being. This will include where relevant, reference to published standards, guidance and recognised best practice.
- 2.4. To support HCOs to:
 - (i) Achieve and sustain the highest standards of health care and improved outcomes for children and young people and to improve the safety, effectiveness, and patient experience of clinical services. This may include assisting HCOs to resolve concerns about child health service provision.
 - (ii) Ensure compliant, effective working arrangements for clinicians providing healthcare to children and young people.
- 2.5. To facilitate reflection and learning in the service being reviewed through supporting and encouraging those involved in providing patient care to:
 - (i) Share their perspectives and views on strengths and weaknesses in current service provision, and ideas for quality improvement.
 - (ii) Raise any concerns they have regarding patient safety, the quality of the services provided and/or the health, well-being, conduct or probity of the staff.
- 2.6. To consider requests for invited service and/or case note reviews of general and specialist paediatric services, neonatology and community child health services.
- 2.7. RCPCH's work is guided by a rights-based approach¹, seven principles describing the quality of care and provision that each child should experience when using services that are grounded in children's rights. As part of our advocacy, we support services to embed these rights, using a rights-based approach to listening and engaging with children and young people and will look to review evidence of your rights-based approach in practice, and how these rights are being met as duty holders of these rights, particularly in relation to Article 12/General Comment 12. Please see [Appendix 6](#) for further information on children's rights.
- 2.8. To sustain the highest quality invited reviews service, through its commitment to and framework for quality assurance and improvement, including ongoing review of processes and seeking feedback from stakeholders.
- 2.9. Please refer to the [RCPCH Privacy notice](#) for the collection of data for this purpose from feedback surveys.

¹ Unicef: A Child Rights-Based Approach [\[link\]](#)

3. Governance and oversight of the Invited Reviews Programme

- 3.1 The RCPCH IRPB provides governance of the IRP, sets its strategic direction, and reports to the RCPCH Executive Committee. The IRPB, chaired by the RCPCH Assistant Registrar, comprises the Clinical Lead and Deputy Clinical lead for invited reviews, RCPCH Registrar and senior representatives from the RCPCH, expert reviewers, [NHS resolution Practitioner Performance Advice](#) (PPA), Royal College of Nursing and a patient, family, and carer voice representative.
- 3.2 The RCPCH IRPOG oversees the operational aspects of the IRP. Its specific responsibilities include:
- (i) Advising the RCPCH IRS in considering invited review requests received according to its SOP.
 - (ii) Supporting the RCPCH invited review team during a review, helping to ensure consistency of invited review processes and providing clinical oversight.
 - (iii) Overseeing the RCPCH IRP escalation policy for the management of concerns identified during an invited review, which is included at [Appendix 2](#).
 - (iv) Quality assurance of invited review reports before issue to the healthcare organisation which has commissioned the review.
 - (v) Oversight of the follow up processes after the report is provided to the healthcare organisation.
 - (vi) Consideration of reviewer applications and contributing to the reviewer programmes of training, information and discussion opportunities.
- 3.3 The Clinical Lead and Deputy Clinical Lead for Invited Reviews provides support for reviewers in their role and advises and supports the RCPCH IRS on clinical matters.

4. Terms and conditions for invited reviews

Note. This section sets out the terms and conditions upon which upon which the Royal College of Paediatrics and Child Health ("RCPCH") carries out invited reviews which commissioned by healthcare organisations ("HCOs").

The terms and conditions are set out where possible, in the context of the relevant stage of the invited reviews process and includes the responsibilities of the HCO and the RCPCH. Where indicated, reasoning, rationale and brief explanations are provided in support of the terms and conditions.

The HCO Medical Director, Chief Medical Officer or appointed representative, in signing the Contract for the invited review, confirms acceptance of this handbook.

4.1 Invited review request

- 4.1.1 The RCPCH IRS will normally consider requests for an invited review submitted by the Chief Executive, Medical Director, Chief Medical Officer (or equivalent positions) on behalf of the HCO. Where this is not the case, written confirmation will be required of the support for the request from the Chief Executive, Medical Director, Chief Medical Officer (or equivalent positions). Invited review requests can be submitted jointly by the HCO which provides the service and the commissioners of that service or jointly by more than one HCO. The HCO is responsible for ensuring the accuracy of information included in the request proforma and updating the RCPCH IRS with any changes during the planning for the review and the review itself.
- 4.1.2 All requests received by the RCPCH for an invited review are considered according to its internal standard operating procedure (SOP) by the RCPCH IRPOG, which includes key clinical members of the RCPCH IRPB.
- 4.1.3 RCPCH IRPOG in considering the request, takes into account information from several sources including:
- (i) Information submitted by the requesting HCO in the invited review request proforma².
 - (ii) Information gained during a confidential meeting with the Medical Director/ Chief Medical Officer (or equivalent position) or their nominated representative and others invited by them.

Note. The RCPCH treats all information provided by and discussed with the HCO confidentially. It retains a summary in line with the relevant terms of the RCPCH retention policy regardless of whether an invited review takes place.

- (iii) Advice from colleagues with expertise relevant to the issues within the request, which may include RCPCH staff and College Officers.

Note. Information relating to the request is shared with these colleagues confidentially. Advice or Input received is advisory and these colleagues are not party to the RCPCH IRPOG decision making process.

- (iv) Relevant published material and external guidance.

² The invited review request proforma is available on the available on the RCPCH website [\[link\]](#)

4.1.4 If the outcome following RCPCH IRPOG consideration of an invited review request is the decision that it would not be appropriate to proceed at that time, reasons may include:

- (i) An investigation is being undertaken by a healthcare regulatory, inspectorate or other formal oversight body involved in assuring the quality and safety of patient care, including GMC, NMC, CQC, RQIA, HIW, HIS³.
- (ii) Practitioner Performance Advice (PPA) Service (delivered by NHS resolution) is currently working with the HCO/service.
- (iii) Litigation proceedings are in place.
- (iv) Parliamentary and Health Service Ombudsman services are engaged.
- (v) There are unresolved disputes regarding employment contracts or terms and conditions of service.
- (vi) The expected scope includes behavioural, misconduct, bullying, harassment or possible mental health concerns.
- (vii) The Police or Counter Fraud service is involved.

Note. If any of the issues noted in 4.1.4 come to light once a review is underway, the review may be halted to seek advice from RCPCH IRPOG, legal or Contracts representatives. The invited review may, in parallel, be able to be completed in relation to the elements of its ToR which are unrelated to any of the issues which have come to light unless RCPCH is advised that this would present a potential risk of prejudicing other investigations by a public authority or regulator, inspectorate or formal oversight body involved in assuring the quality and safety of patient care.

4.1.5 RCPCH will communicate to the HCO the outcome following IRPOG's consideration, of the request, normally within four weeks of the required information being gathered. If the outcome is that RCPCH is not able to proceed with undertaking the requested invited review at that time, reasons will be provided, and, where possible, information on other potential sources of support.

4.1.6 If the outcome following IRPOG's consideration of the request is for RCPCH to proceed with undertaking the invited review, RCPCH will prepare the Invited Review Proposal. This is sent to the Chief Executive/Medical Director/Chief Medical Officer (or equivalent position), who is required to confirm on behalf of the HCO, its acceptance of the proposal before RCPCH can commence planning for the invited review. Confirmation must be received within six weeks of the invited review

³ General Medical Council (GMC), Nursing and Midwifery Council (NMC), Care Quality Commission (CQC), Regulation and Quality Improvement Authority (RQIA), Healthcare Inspectorate Wales (HIW), Healthcare Improvement Scotland (HIS).

proposal being provided.

Notes.

- a) The outcome is valid for six months from the date on which RCPCH provides the Invited Review Proposal to the HCO, after which the HCO would need to submit a new invited review request proforma via the relevant [link](#) on the RCPCH website if it has not entered into a contract with the RCPCH.
- b) There may be circumstances in which the outcome following IRPOG's consideration of the request is that in principle, RCPCH proceed with undertaking the invited review, pending specific confirmations by the HCO's Chief Executive/Medical Director/Chief Medical Officer (or equivalent position). These may include confirmation of responsibilities and assurance regarding issues relevant to the invited review. This outcome is valid for 6 months from the date on which it is communicated to the HCO.

- 4.1.7 Once RCPCH IRS receives acceptance of the Invited Review Proposal, on behalf of the HCO, it will commence planning and aim to offer dates for the proposed invited review visit within approximately 12 weeks. An adequate lead in time is required for the planning and preparation for the review, both for the RCPCH IRS and the HCO.
- 4.1.8 If the HCO is unable to accept the dates offered for the invited review visit, the RCPCH IRS will work with the HCO to identify mutually convenient dates which are within six months of the date of the invited review proposal. If this is not possible, the HCO may need to submit a new invited review request proforma via the relevant [link](#) on the RCPCH website.
- 4.1.9 The HCO is required to meet the deadlines set by the RCPCH IRS in the planning and preparation for the invited review. These will be recorded in the planning checklist, which the IRS will provide. If circumstances arise which prevent the HCO from meeting a deadline, it is required to discuss with the IRS as soon as possible
- 4.1.10 The HCO is required to advise the RCPCH IRS of any relevant changes to the information submitted in the invited review request proforma and discussed with RCPCH at the time of the request. The HCO is responsible for doing so at the earliest opportunity, including during the planning for the review and the onsite visit. New or amended information received by RCPCH, may impact the RCPCH continuing to undertake the invited review.

4.2 Responsibilities relating to patient safety matters

- 4.2.1 RCPCH invited reviews are carried out on a confidential basis which support, but do not replace:
 - (i) The HCO's own procedures for addressing and managing patient safety, clinical

performance, and service provision.

- (ii) The processes of the various healthcare regulatory, inspectorate and formal oversight bodies involved in assuring the quality and safety of patient care.

4.2.2 The HCO remains responsible for patient safety (and any actions required to protect patient safety) within its organisation for the duration of the invited review processes set out in [Appendix 1](#). The RCPCH does not accept any responsibility for patient safety, including the HCO acting on any of its recommendations to protect patient safety, at any time before, during or after the invited review.

4.2.3 At any point during RCPCH's engagement with the HCO for the purposes of the invited review, RCPCH will escalate any concerns raised or identified which it considers presents serious or immediate risk, in accordance with its escalation policy for managing concerns identified during an invited review. This policy is set out in [Appendix 2](#), which includes the responsibilities of both the RCPCH and HCO.

4.3 Procedural matters

4.3.1 The RCPCH IRP is delivered in accordance with the principles set out in the current version of the '[Framework of operating principles for managing invited reviews within healthcare](#)' published by the Academy of Medical Royal Colleges.

4.3.2 Appointing the invited review team

Reviewers undertaking RCPCH invited reviews will have the relevant expertise in the areas to be considered and appropriate experience in expert peer review.

- (i) Reviewers are normally selected from the RCPCH pool of paediatricians and nurses who have demonstrated meeting specific knowledge, skills and experience requirements and have attended relevant training and update sessions. The review team will routinely include:
 - Two consultant paediatricians (or equivalent, eg Specialty Doctors and Specialists), one of which, as the lead, will have the required experience in undertaking expert, independent review.
 - A paediatric/neonatal nurse with the appropriate clinical expertise, experience and training in relation to the issues and areas for review.
 - Where a sub-specialty area is under review, one of the reviewers (or, if required, both reviewer) will have specific expertise in this area.
 - A reviewer may also be provided to represent the views, interests and advocate for children and young people. The "Advocate Reviewer" will be a professional from a community, youth work or social work background, working closely with children, young people and families from the RCPCH &Us network to support the review in relation to Article 12 of the United Nations Convention on the Rights of the Child.

- (ii) Where specialist expertise is required, which is not available from the RCPCH pool of invited reviewers, a (possibly additional) suitable paediatric reviewer will be identified through other sources, including the relevant RCPCH Specialty Group or Special Interest Group and the Specialty Advisory Committee (CSAC), British Paediatric Surveillance Unit (BPSU).
- (iii) There may be circumstances in which the team includes a reviewer representing another Royal College, should the Terms of Reference ("TOR") indicate that this is required.
- (iv) If circumstances arise which result in one or more members of the appointed reviewer team being unable to undertake the review, RCPCH reserves the right to provide replacement reviewer(s) with appropriate experience and expertise. This may arise because of potential conflict of interest (see section 4.3.4) or other reasons.

Note. A clinical member of the RCPCH IRPOG will normally attend the review visit to ensure consistency and oversight of invited review processes and to provide clinical support for the invited review team.

4.3.3 The following mechanisms are in place to support the principles of invited review team independence and objectivity and to mitigate the risk of allegation to the contrary:

- (i) The invited review team complete and sign a conflict-of-interest declaration. Please see section 4.3.4 for details.
- (ii) Robust quality assurance (QA) as part of the report production process, which is undertaken by assigned individuals who are independent of the review.
- (iii) A clinical member of the RCPCH IRPOG is usually involved as part of the review team and in the QA process.
- (iv) The invited review team will consider all relevant information available to collectively agree findings, draw conclusions and make recommendations designed to assist HCOs in assuring patient safety, build on good practice and improve the quality of services provided. The following principles are followed:
 - Seek confirmation of facts and events from more than one source (triangulation) and record the sources of evidence.
 - Look for evidence to substantiate or refute any criticisms or complaints made.
 - Use information gathered which relates to the TOR for the review.
 - Utilise and base judgements on relevant expert clinician in-depth knowledge of published standards, statutory requirements, guidelines, service models and recognised best practice

- Be aware of the provisions of the [Equality Act 2010](#).
- Maintain confidentiality at all times.

4.3.4 Conflict of interest

- (i) All members of the proposed invited review team are required to declare to the RCPCH IRS (by signing a conflict-of-interest declaration) any perceived actual or potential conflicts of interest or connections with the HCO or individuals known to be participating in the review. This is to minimise the risk of potential for challenge to the objectivity or independence of the review due to real or perceived bias by any members of the review team.
- (ii) RCPCH provides the HCO with the names and relevant details of the review team appointed to undertake the review. The HCO must confirm it has no objections to any members of the review team, and is required to advise RCPCH IRS before the deadline set if it perceives there to be any conflicts of interest associated with any member of the review team proposed to undertake the review. The HCO should ensure that it shares details of the invited review team with staff who are to participate in the invited review to also check if they perceive there to be conflicts of interest associated with any member of the review team.

Notes regarding 4.3.4 (i) and (ii)

Connections between clinicians are common, particularly in smaller specialities and do not necessarily mean that a reviewer cannot participate. Any actual or potential conflicts of interest declared will be considered by the RCPCH IRPOG and discussed with the HCO. If the RCPCH IRPOG and the HCO agree that there is no actual conflict of interest, then the review shall proceed with the planned review team. Any conflicted personnel will be removed from the review team where the conflict cannot be mitigated against. RCPCH will maintain a record of the conflicts of interest process to demonstrate that it is satisfied that no actual conflict of interest exists prior to or during a review.

Note.

Should a member of the invited review team unexpectedly become aware during the review that they know an interviewee, they are expected to declare this and, a decision regarding proceeding with the review will be taken on a case-by-case basis.

4.3.5

4.3.6 Disclosure and Baring Service (DBS)

- (i) The RCPCH requires that all members of the invited review team and the IRS staff managing the invited review hold valid Disclosure and Baring Service (DBS) certificates or the equivalent in the devolved nations (which if needed specify invited review activity). The RCPCH checks these as part of its internal processes.
- (ii) In exceptional circumstances whereby DBS certificates are unable to be provided, and new checks requested have not come back in time, the individual concerned will be accompanied at all times in the hospital during the review. The HCO is also asked to provide a member of staff to accompany the invited review team in all clinical areas.

4.3.7 Acceptance on behalf of the HCO of the Contract Particulars

- (i) The Chief Executive, Medical Director/Chief Medical Officer (or other appropriate member of the executive management) is required, prior to commencement of the invited review, to sign on behalf of their HCO, the Contract Particulars upon which the invited review is to be carried out by the RCPCH.

Note. The HCO is referred to as 'the Client' in the Contract Particulars.

- (ii) The appropriate representative of the HCO, in signing the Contract Particulars on behalf of the HCO, accepts the terms and conditions set out in this handbook, including the RCPCH invited review escalation policy ([Appendix 2](#)).

4.4 Costs of the review and terms

- 4.4.1 Costs for the review, invoicing arrangements and cancellation fees will be set out in the invited review proposal provided to the HCO, which must be formally accepted, and subsequently set out in the Contract Particulars, which must be signed.
- 4.4.2 The HCO will be required to provide a purchase order (PO) number to the RCPCH no later than four weeks after it has formally accepted the RCPCH invited review proposal. The HCO must ensure that the PO number covers two invoices which will be issued according to the schedule of costs set out in the invited review proposal, including the estimated variable costs.
- 4.4.3 The RCPCH will invoice for payment upon completion of the invited review (visit/remote sessions) in two stages as set out under 'invoicing arrangements' in the RCPCH Invited Review Proposal and Contract Particulars. The HCO is expected to arrange payment in full according to the payment terms specified by the RCPCH in its invoicing.
- 4.4.4 The HCO is required to pay each invoice within thirty (30) days of receipt. If the HCO

fails to pay any invoice by the final date of payment, the RCPCH shall charge interest on the overdue amount at the rate of 4% per annum above the Bank of England's base rate. Such interest shall accrue on a daily basis from the final date for payment until actual payment of the overdue amount.

4.5 Terms of Reference

- 4.5.1 The scope and methodology for the review is defined in the ToR, which are drafted by the RCPCH, in consultation with the HCO and the appointed review team. A copy of the agreed, dated TOR is included as Attachment 2 of the Contract Particulars.

Note. RCPCH will escalate any concerns raised or identified which it considers present serious or immediate risk⁴, in accordance with its escalation policy for managing concerns identified during an invited review ([see Appendix 2](#)). Under such circumstances, RCPCH and the invited review team are not bound by the ToR.

- 4.5.2 The ToR will normally include as standard that consideration will be given to:
- (i) The safety and quality of care provided.
 - (ii) The processes and mechanisms in place by which the HCO seeks to engage children, young people, families and carers in providing feedback and informing service delivery.
 - (iii) The local Freedom to Speak up processes in place.
- 4.5.3 The ToR methodology will set out the sources of information to be considered by the RCPCH review team in undertaking the invited review. Please also refer to [section 4.6](#) 'participation in the invited review,' and [section 4.8](#) 'background information.'
- 4.5.4 The HCO should, where possible and appropriate, consult, in the development and agreement of the TOR:
- (i) Staff working in the service to be reviewed.
 - (ii) Representatives of children and young people, families and carers
- 4.5.5 The ToR are collectively agreed by the HCO, the RCPCH and the invited review team. The IRS will provide the final dated version to all parties, and this will be included at Attachment 2 of the Contract Particulars between the HCO (defined in the Contract Particulars as 'the Client') and RCPCH.
- 4.5.6 The final dated version must be shared by the HCO with the staff and others who are participating in the review in advance of the scheduled invited review visit date.
- 4.5.7 The HCO must advise the RCPCH IRS of any changes to the information submitted and discussed as part of the review request, and of any new information that may

⁴ Concerns are defined in the Policy included as [Appendix 2](#).

be relevant to the ToR for the review. If new or changes in information is considered by the review team and RCPCH to impact the scope of the review as defined by the agreed ToR and the review contract is signed, the RCPCH reserves the right to postpone/pause the review to address the new information. The RCPCH also reserves the right to cancel the review in such circumstances, where it considers that the new information significantly changes the scope of the review previously agreed and formalised in the TOR.

4.6 Participation in the invited review

- 4.6.1 Taking part in a RCPCH invited review is voluntary and provides an opportunity for staff working in and with the service being reviewed and others as relevant to participate through interviews with the review team. This setting is underpinned by active listening and supports input from and seeks the perspectives of those involved in delivering health care in the service concerned.
- 4.6.2 Contributions made by interviewees are one of the sources of information considered by the RCPCH invited review team in undertaking the invited review, as referred to at 4.5.3 in the context of review methodology agreed as part of the ToR.
- 4.6.3 It is advised that if a member of staff is involved in a formal internal human resources process, that they do not participate in the review.
- 4.6.4 Consideration will be given to including contributions from children, young people, families and their advocates. RCPCH will discuss this with the HCO in formulating and agreeing the review methodology as part of the ToR, in line with a rights-based approach⁵ and using an Article 12 rights methodology, such as The Lundy Model⁶. Different options to gain the perspectives of and contributions from these groups will be considered and will reflect a trauma informed engagement approach which is supportive of different ages and developmental stages which may include direct participation through interviews, focus groups, and other discussion opportunities. It may also include feedback provided by the HCO as part of the background documentation (see [section 4.8](#) 'background information.').

4.6.5 Responsibilities of the HCO

The HCO will inform those participating in the invited review of the visit dates and fulfil the following obligations in the interests of openness and transparency:

- (i) Provide them with the booklet '*RCPCH Information and Guidance for participants and interviewees involved in an invited review.*'
- (ii) Provide them with the final agreed and dated ToR for the invited review.
- (iii) Inform them of the RCPCH invited review team and the arrangements for and

⁵ Unicef: A Child Rights-Based Approach [\[link\]](#)

⁶ RCPCH: Engaging children and young people in epilepsy services - the Lundy model [\[link\]](#)

timings of the interviews. Regarding the latter, adequate notice should be given to help ensure ability to participate in the invited review through interview.

- (iv) Make them aware of the documentation which has been shared with the RCPCH for the invited review team prior to the review.

Note. It is recommended that the HCO makes the supporting documentation described at 4.6.4 (iv) accessible to the relevant clinical teams, staff and others participating in the invited review should they wish to examine it. The HCO, in providing access for its staff to supporting information and documentation shared with the RCPCH for the review, is reminded of the need to address its legal and statutory responsibilities for the confidentiality of patients and staff. Please refer to [section 4.8](#) for further detail on background and supporting information provided for the invited review.

- (v) Provide opportunity and a mechanism for staff to provide supporting information and documentation, relevant to the ToR, which they wish the review team to see prior to the review. The mechanism for this must ensure that such documentation is received by HCO to provide to the RCPCH IRS.
- (vi) Where direct engagement with children, young people or families is taking place as part of the review, the HCO will engage with their internal patient voice and experience teams (e.g. PALS), their safeguarding lead, Caldicott Guardian and work with the RCPCH to explore safer working practices and to agree a trauma informed engagement approach linked to the seven principles of a rights based approach.

4.6.6 Responsibilities of the RCPCH

- (i) The RCPCH IRS will offer the HCO an information/Q&A session about the invited review processes via MS Teams for staff participating in the invited review.
- (ii) The RCPCH IRS is not able to discuss the ToR for the review with staff participating in the review outside of the agreed interviews.

4.7 Coordination of the review

- 4.7.1 The HCO is asked to provide a named point of contact to work with the RCPCH IRS as a nominated coordinator for the planning and preparation for the review.
- 4.7.2 The RCPCH IRS will provide written information and guidance to the nominated coordinator and offer a meeting to discuss process and practical matters, timelines and responsibilities.
- 4.7.3 If the HCO expects the nominated coordinator to organise and upload the

background information, it is important that appropriate clinical colleague(s) is/are available to oversee this process from a clinical perspective.

4.8 Background and supporting information provided for the invited review

- 4.8.1 The HCO should provide background information which is relevant to the matters under review as outlined in the agreed ToR to the RCPCH IRS. This includes elements of self-assessment of how the service is provided, collation of relevant information and summaries to assist the review team in preparing for the review. The HCO should provide all information and documentation on the SharePoint site dedicated for the invited review (set up by RCPCH IRS which will provide instructions for use).

See [Appendix 3](#) for further details on providing background information in support of the review.

- 4.8.2 Background information is considered by the RCPCH review team in undertaking the invited review as part of the methodology agreed in ToR for the invited review (as referenced in [4.5.3](#)).
- 4.8.3 The HCO should also provide to the RCPCH IRS any additional information and documentation it requests on behalf of the review team which is considered relevant to help address the ToR.
- 4.8.4 As outlined previously in [section 4.6.5](#) (iv) and (v), staff participating in the review should be made aware of the information provided by the HCO in support of the invited review and be given the opportunity to put forward information and documentation relevant to the ToR for the review. The HCO should advise staff how to provide information, which it will then share securely with the RCPCH in accordance with 4.8.5 - 4.8.9. Staff should NOT provide documentation directly to the RCPCH or the invited review team.
- 4.8.5 All information which the HCO provides to the RCPCH IRS for the purposes of the invited review, should:
- (i) Be overseen by the Medical Director/Chief Medical Officer or person(s) nominated by them to be responsible for clinical oversight.
 - (ii) Be anonymised in respect of any patient identifiable information. The HCO will also need to address its legal and statutory responsibilities for the confidentiality of patients and staff and take account of (not limited to) the following: UKGDPR in conjunction with the [Data Protection Act 2018](#), [NHS Code of Confidentiality](#), [The Health and Social care Act 2008 \(Regulated Activities\) regulations 2014](#) and [Section 251 of the Health Act 2006](#).
- 4.8.6 NHS healthcare organisations must make their Caldicott Guardian (who has a responsibility to protect confidentiality of healthcare information) aware of any

pertinent information being disclosed for the purposes of the invited review and is responsible for obtaining any necessary consent to share patient data, if required.

Note. All documentation and information received by the RCPCH IRS, which it will share with the invited review team for the purposes of the invited review, is taken to be compliant with the HCO's obligations outlined in 4.8.5 and 4.8.6.

- 4.8.7 All background information which the HCO wishes to submit to support the review should be made available at least four weeks before the review is due to begin. Information submitted after the deadline will not usually be considered by the review team., excepting information requested by the review team. The HCO and its staff participating in the review are asked to consider the relevance of the information to the ToR for the review prior to providing it, to help manage the volume.
- 4.8.8 All background documentation and information should be provided by the HCO electronically, utilising the dedicated SharePoint site set up by the RCPCH. The RCPCH IRS will grant access for the invited review team to view it via SharePoint before, and during the review and until the report is finalised.

4.9 Interviews undertaken as part of the invited review

- 4.9.1 The RCPCH Invited Review Team will need to speak with a range of staff working in and with the service being reviewed. These roles will have been identified as being relevant to the review and its ToR. Others relevant to the matters being considered may also be considered. The list of interviewees will be agreed between RCPCH and the HCO. See [Appendix 4](#) for staff, staff groups and others whose participation in an invited review through interviews, may be appropriate.
- 4.9.2 The HCO is encouraged to involve the relevant clinical team(s) in considering who would be helpful to include in the list of interviewees in the context of the scope of and agreed ToR for the invited review. The HCO is reminded of its legal and statutory responsibilities regarding confidentiality and take account of (but not limited to) the following: UKGDPR in conjunction with the [Data Protection Act 2018](#), [NHS Code of Confidentiality](#), [The Health and Social care Act 2008 \(Regulated Activities\) regulations 2014](#) and [Section 251 of the Health Act 2006](#).
- 4.9.3 The order of interviews is flexible to facilitate availability and minimise disruption to services. The only exception is the introductory session with the Medical Director/ Chief Medical Office and those invited by them, which should be before the interviews commence.
- 4.9.4 If an interviewee is unavailable during the review visit date(s), the RCPCH IRS will try to accommodate an alternative time slot for interview (normally via MS Teams videocall) depending on the availability of the RCPCH invited review team. This may

incur additional costs to the HCO if additional time is needed.

- 4.9.5 Interviewees can attend singly or in small groups. The HCO should ensure that the those concerned are content with the proposed arrangements, and ensure that if an individual interview is requested, this is facilitated.
- 4.9.6 The length of interviews are typically 30-45 minutes, although there may need to be flexibility in the cases of small groups of interviewees and/or other circumstances or needs.
- 4.9.7 The final timetable agreed between the RCPCH IRS and the HCO, including the names and job titles of interviewees will be retained as a record by RCPCH in line with the relevant section of its retention policy (see [section 4.15](#)). A list of staff groups represented in interviews will also be included as an appendix to the invited review report.
- 4.9.8 Where interviews are onsite, the HCO will need to provide an appropriate private room, and ideally a separate waiting area for interviewees. Where interviews are undertaken remotely, this will normally be by Microsoft Teams video call and a separate link will be required for each interview.
- 4.9.9 The invited review aims to facilitate active listening and supports input from those involved in delivering care in the service concerned. It is recommended that the HCO considers mechanisms for support and de-brief for interviewees. This may include:
 - (i) Ensuring that the contact details for internal sources of support for staff are widely available and accessible, including Human Resources, Occupational Health and employee assistance programme.
 - (ii) Providing appropriate named individual(s) within the organisation as a point of contact regarding matters relating to the review.
- 4.9.10 Interviews are not recorded, whether undertaken onsite or remotely via MS Teams videocall. The review team and RCPCH Invited Review Manager will take notes which will be used alongside the background documentation provided to produce the invited review report.
- 4.9.11 Where direct engagement with children, young people or families is taking place as part of the review, additional protocols will be agreed with the HCO in advance in relation to safer working practices. This includes the informed consent process, risk mitigation and management in relation to the group, place and activity, information governance additional assessment on the approach to documenting and representing engagement data from under 18s, a wellbeing and safeguarding assessment, and an equality, diversity and inclusion assessment to mitigate barriers to engagement.

4.10 For invited reviews which include case notes (clinical records)

- 4.10.1 The number of cases will be agreed, and the time required for review included in the timetable. Case note review may be included as part of a service review or as a standalone review.
- 4.10.2 The RCPCH invited review team will normally review clinical records on site and the HCO will be asked to provide appropriate IT and/or other support to facilitate access to all records relevant to the episodes of care being considered. It may be possible for the HCO to provide set(s) of clinical records electronically for review, which would be discussed between the RCPCH IRS, the HCO and the review team to consider feasibility, data security and confidentiality.
- 4.10.3 In providing access for the review team to the clinical records, as outlined previously in [section 4.8](#), (specifically 4.8.5 and 4.8.6), the HCO should take account of its legal responsibilities towards the confidentiality of patients and staff and consider all relevant legal advice and statutory duties. All NHS healthcare organisations must make their Caldicott Guardian (who has a responsibility to protect confidentiality of healthcare information) aware of any pertinent information being disclosed for the purposes of the invited review and is responsible for obtaining any necessary consent to share patient data, if required.
- 4.10.4 A template and associated guidance are provided for reviewers to support the structured judgement principle to reviewing clinical records and to facilitate addressing the TOR. Reviewer comments, findings, conclusions and recommendations are recorded on the template to help ensure consistency.
- 4.10.5 For invited reviews of a single or agreed number of clinical cases, the need for additional information to be gathered will be discussed with the HCO. If it is agreed to be appropriate for additional information to be gathered from other sources, eg, interviews or other input from the staff involved in the cases and the patient/families concerned, it will be included in the review methodology documented in the ToR.

4.11 The review visit

- 4.11.1 The review visit will take place on the date(s) agreed initially between the HCO and RCPCH and subsequently by all parties to the invited review (HCO, RCPCH and the review team) upon signing the relevant Contracts, which stipulate the date(s).
- 4.11.2 The format of the review is agreed with the HCO at the proposal stage of the invited review processes. This is normally onsite but may include some elements undertaken remotely by MS Team video call and, for clinical case note reviews, may be undertaken fully remotely.
- 4.11.3 The HCO is responsible for providing the RCPCH and the review team access to its premises, facilities and information systems as may be necessary to enable RCPCH

and/or reviewers to carry out the invited review. Where an invited review is carried out on-site, the HCO will provide all reasonable and appropriate workplace assistance which may include administrative or technical support.

- 4.11.4 Depending on the review type and scope, the RCPCH invited review team may request a visit of the facility to provide context and help triangulate other sources of information gathered. The RCPCH IRS has undertaken a Privacy Impact Assessment for undertaking invited reviews on site and remotely. The HCO is asked to provide a member of staff to accompany the review team in all clinical areas.
- 4.11.5 An introductory session scheduled before the interviews commence provides opportunity for the Medical Director/ Chief Medical Officer and/or representatives invited by them to provide contextual information about the service being reviewed relevant to the agreed scope of the invited review. It also provides opportunity for the HCO to advise of any changes to the information it submitted and discussed as part of the review request, and of any new information which may be relevant to the ToR for the review.

Note. If new or updated information is considered by the review team and RCPCH to impact the scope of the review after the Contract Particulars is signed, the RCPCH reserves the right to postpone/pause the review to address the new information. The RCPCH also reserves the right to cancel the review in such circumstances, where it considers that the new information significantly changes the scope of the review previously agreed and formalised in the TOR.

- 4.11.6 The RCPCH IRS staff will check with the interviewee(s) that the HCO has provided them with the ToR and *the 'Booklet for participants and interviewees involved in an invited review'*.
- 4.11.7 The reviewers will conduct all interviews and (where applies) the tour of the facility as a whole review team. If circumstances arise whereby this is not possible, proceeding with the remaining members of the review team will be discussed and agreed with the HCO, ensuring at least two members of the review team are present throughout the review.

4.12 Immediate post review process

- 4.12.1 At the conclusion of the review, initial feedback is provided on behalf of the RCPCH invited review team, verbally to the Medical Director/ Chief Medical Officer, and other agreed representatives. This will include:
 - (i) Highlighting areas of good practice identified.
 - (ii) Reporting any concerns raised or identified considered to present serious or immediate risk, In accordance with its escalation policy (see [Appendix 2](#))
 - (iii) An overview of initial findings in the context of the limited time which the

review team will have had to consider the information gathered.

- (iv) Opportunity for the HCO to provide any initial feedback on its experience of the invited review process

Note. Regarding 4.12.1 (ii) and (iii), this may include actions recommended to the HCO.

- 4.12.2 The feedback (including any escalation of concerns) shared at the conclusion of the review, will be subsequently provided in writing to the Medical Director/ Chief Medical Officer and/or Chief Executive, wherever possible on the next working day. It is recommended that this is shared in an appropriate way with relevant clinical teams and staff who have participated in the review.
- 4.12.3 RCPCH will continue to follow up serious concerns raised or identified according to its escalation policy ([Appendix 2](#)).
- 4.12.4 Documentation may be referred to during the review visit, which was not provided in advance, and which the review team consider to be relevant to the scope of the review. The HCO should provide such documentation to the RCPCH IRS in accordance with [section 4.8](#) (4.8.5 and 4.8.6). The deadline for receipt of any further documentation is five working days after the conclusion of the review visit.
- 4.12.5 The RCPCH IRS welcomes feedback from the HCO on its experience of the review process which will be used to assist future programme design and quality improvement.

4.13 The invited review report

- 4.13.1 This is produced collectively by the RCPCH invited review team, written in an anonymised way such that information reported, and viewpoints heard during interviews is not attributed to individuals. The report will address the ToR and consider compliance with published standards and recognised good practice, referencing benchmarking and notable practice when considered to be helpful. It is designed to assist the HCO in taking action to address any concerns identified, and to make and sustain improvements to the safety and quality of the healthcare services it provides for children and young people and to support compliant, effective working arrangements for its clinical professionals.
- 4.13.2 The report comprises:
 - (i) A record of review team findings and conclusions regarding the safety and quality of care provided in the service being reviewed.
 - (i) Recommendations for consideration by the HCO to address any specific areas of concern identified and to improve the quality of patient care provided.
 - (ii) Appendices including, a record of documentation received, references, a list of

staff groups and others who participated in the review and RCPCH invited review team bios.

- (iii) A summary of clinical reviewers' write ups (only for invited reviews including clinical case notes).

4.13.3 The report undergoes a formal and confidential quality assurance (QA) process by at least two clinical and one non-clinical reviewer with no perceived or actual conflict of interest. Their role is to provide an objective commentary on the report, including confirmation that the opinions and interpretation of compliance with standards are appropriate and represent the views of the RCPCH.

4.13.4 RCPCH aims to issue the invited review report to the HCO for factual accuracy check as soon as possible and within twelve weeks after all interviews have been completed (depending upon whether all requested and other information has been received by the RCPCH IRS).

[Appendix 5](#) sets out the framework for report factual accuracy check by the HCO.

4.13.5 Once the RCPCH IRS issues the final report to the HCO which commissioned the invited review, it becomes the property of that HCO, which is then primarily responsible for sharing information about the invited review. This should include, under the direction of the Medical Director/ Chief Medical Officer or Chief Executive, as soon as is practicable after the report is issued, sharing the invited review findings, conclusions and recommendations with:

- (i) The relevant clinical teams, staff who have participated in the review and those involved in the strategic and operational management of the service. This expectation is designed to support transparency and collaboration in addressing the report's recommendations.
- (ii) According to relevance, the Trust/Health Board, the commissioners of the service being reviewed, and Integrated Care Board (ICB).
- (iii) The appropriate regulator, inspectorate or other relevant formal oversight body involved in assuring the quality and safety of patient care. This supports close working, openness and transparency, and the proactive sharing of information about the review's findings, the report and any other relevant information regarding patient safety risks or other issues related to the quality of patient care.

Note. The RCPCH IRPOG may also write, in confidence to the Medical Director/ Chief Medical Officer in circumstances where:

- a) There are sensitive findings or concerns relating to an individual;
- b) Serious concerns have been raised or identified [Refer to the escalation policy at [Appendix 2](#) (specifically step 4)].

- 4.13.6 The HCO should also consider the need to communicate with patients and/or families, who may have been affected by the findings of the review, in line with the relevant regulations set out in Regulation 20 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#), [Duty of Candour regulations](#), and compliance with [Section 251 of the Health Service Act 2006](#).
- 4.13.7 Depending on the specific circumstances of the invited review, consideration of steps to make a clear summary publicly available. Any public information will need to take account of legal responsibilities towards the confidentiality of patients and staff and consider all relevant legal advice and statutory duties. Particular notice should be taken of the [Duty of Candour regulations](#), the UK GDPR in conjunction with the [Data Protection Act 2018](#) and [NHS Code of Confidentiality](#).

Note. Regarding points (4.13.5, 4.13.6 & 4.13.7, the HCO should consider its responsibilities in respect of confidentiality, data protection and any legal matters. Particular notice should be taken of the UK GDPR in conjunction with the [Data Protection Act 2018](#) and [NHS Code of Confidentiality](#).

- 4.13.8 The HCO has a responsibility to develop an action plan to address the recommendations made in the report, which should be overseen by the Medical Director/Chief Medical Officer or appropriate member of the executive/senior leadership. This will support appropriate planning, prioritising and clarity of responsibilities.

Note. RCPCH has no statutory authority to require the HCO to act following an invited review, including in response to the findings, conclusions and recommendations set out in the report. The report is an advisory document collectively agreed by the RCPCH invited review team from the information made available at the time. Any action taken remains the responsibility of the HCO. However, the HCO is reminded of the terms and conditions set out in [section 4](#) of this handbook and the escalation policy set out in [Appendix 2](#), which in signing the Contract, has confirmed its acceptance.

4.14 Follow-up to the invited review

- 4.14.1 The RCPCH IRS continues engagement with HCOs as an integral part of its invited review processes after the report is issued. These follow up processes will include:
- (i) Where relevant, escalating or continuing to escalate (in accordance with the processes set out in [Appendix 2](#)) serious concerns identified or raised.
 - (ii) Writing to the HCO one month after the invited review report is issued requesting confirmation:
 - Of acceptance of and/or advise of any challenge to the RCPCH invited review report, specifically the recommendations made.

- That the report has been appropriately shared with the relevant clinical teams and Executive/Board/ICB
- (iii) Writing to the HCO approximately three months after the report is issued requesting assurance of an action plan being in place to address the invited review report's recommendations, including clear responsibilities and timeframes and, that this has appropriate Medical Directorate and/or Executive oversight.
- 4.14.2 Subsequent to 4.14.1 (i), (ii) and (iii), on the basis of relevant assurances and conditions (which RCPCH will specify to the HCO), RCPCH will write proposing to conclude its active involvement in the case.
- 4.14.3 RCPCH remains available to the HCO after it has written proposing to conclude its active involvement. This includes for matters relating to the invited review or other matters about which the HCO seeks support.

4.15 Confidentiality, information handling and retention

- 4.15.1 RCPCH will not disclose information about the review to any third party without permission of the HCO which commissioned the invited review except in the following circumstances, and in consultation with the RCPCH Chief Executive, President, Registrar and/or Assistant Registrar:
- (i) Patient safety concerns raised or identified, which RCPCH has reported to the HCO and which the HCO has not confirmed to RCPCH that it has appropriately escalated/referred/reported. This is in accordance with the 'RCPCH invited reviews escalation policy for the management of concerns identified during an invited review ([Appendix 2](#)).
 - (ii) If it has a legal or professional obligation to disclose or is required to do so, for example, by law or a court order
 - (iii) In accordance with RCPCH or the appointed invited reviewers' professional obligations and/or in the public interest, but so far as may be possible on a confidential basis also reserve the right to disclose to the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).
- 4.15.2 A decision to disclose information to third parties without consent of the HCO will only be made by the RCPCH IRPOG in consultation with the RCPCH Chief Executive or Registrar and where there is lawful justification for doing so.
- 4.15.3 The RCPCH IRS will provide information about its IRP to the HCO, which is expected to provide to its staff to support their understanding of the processes, including the confidentiality. In addition, RCPCH IRS offers a remote session via MS Teams videoconferencing to support staff's understanding in this respect and confidentiality matters are explained to interviewees at the start of each interview.
- 4.15.4 It is recognised that RCPCH invited review reports may reach the public domain as

part of a consultation or disclosed under a Freedom of Information request made to the HCO and will be drafted with due consideration of the potential for all or part of it being disclosed.

- 4.15.5 In respect of the review process, including any information created, received, stored or exchanged, the RCPCH will comply at all times with the UK General Data Protection Regulation (UK GDPR) in conjunction with the [Data Protection Act 2018](#), the [Data Access and Use Act 2025](#) information governance principles and the [NHS Code of Confidentiality](#). These apply when dealing with any confidential and personal information. Under UK Data Protection law, children and young people warrant specific protection so extra care must be taken when handling personal data relating to children and young people.
- 4.15.6 The RCPCH uses a centralised Collaboration Tool – SharePoint – for transmitting documents and sharing information about Invited Reviews.
- 4.15.7 The RCPCH will follow its retention schedules, in line with its retention policy; copy is available on request.
- 4.15.8 The RCPCH IRS provides information on confidentiality, data handling and retention to invited reviewers, as part of the '*Information and guidance handbook for Reviewers*' document. It will also instruct the invited review team as soon as the report is issued to the HCO, to delete all electronic documents and emails relating to the review and securely destroy any hard copies and paper notes. The reviewers will be asked to confirm by email to the RCPCH IRS that they have completed this.
- 4.15.9 Any of the individuals who participate in the Invited Review process are entitled under Data Protection legislation to obtain a copy of their personal data (subject access request). This may include but is not limited to any correspondence in relation to a review, reviewer's notes and the report. If the data subject is under 18, parent/guardian approval may be required, but this will be decided on a case-by-case basis and discussed with the requestor.
- 4.15.10 If the RCPCH receive a subject access request (SAR), the RCPCH Head of Information Governance will be informed, and the RCPCH's subject access procedure will be followed. RCPCH may discuss the request with its lawyers, if necessary, before releasing material. If the request relates to the draft or final report, the request will be forwarded to the client who is the data controller of the report. If the request relates to any of the supporting material, RCPCH will respond to the request as data controller of the material. The RCPCH will not disclose to the HCO any details of subject access requests we receive in relation to a review without the data subject's consent as this would be in breach of data protection legislation.
- 4.15.11 The RCPCH will not disclose any material relating to invited review interviews to the HCO which commissioned the review as this would breach our duty of confidentiality to the individuals unless the data subject has formally consented to do so.
- 4.15.12 The RCPCH may occasionally receive a request for disclosure from a third party such

as the General Medical Council (GMC). Each case will be dealt with in line with the RCPCH Information Governance Procedures and UK data protection legislation. We will only ever disclose information to a third party where we have a legal or similar obligation to do so and we will usually inform the data subject, unless there is a legal reason which prevents us from doing so.

- 4.15.13 The RCPCH will respond to any press enquiries by confirming only that an invited review has taken place and providing background information on the RCPCH IRP and its processes. Journalists requesting further information on a specific invited review will be directed to the HCO's press team.
- 4.15.14 The RCPCH will advise the relevant regulator, inspectorate or other relevant formal oversight body involved in assuring the quality and safety of patient care that the invited review commissioned by the HCO has taken place. Further details will only be provided to the relevant regulator, inspectorate or other relevant formal oversight body involved in assuring the quality and safety of patient care in the circumstances outlined in paragraph 4.15.1. These obligations of the RCPCH are in accordance with principles 15 and 13 respectively of the Academy of Medical Royal Colleges 'Framework of operating principles for managing invited reviews within healthcare,' March 2022⁷.
- 4.15.15 RCPCH IRS may publish reports containing anonymised information about invited reviews which it has undertaken as part of its commitment to quality improvement, to facilitate learning and to help demonstrate the effectiveness and impact of the programme.
- 4.15.16 If the HCO discloses information about the review and/or the review report, it should notify the RCPCH IRS of its intentions. In circumstances where the report is disclosed such that it may appear in the public domain; the HCO should redact the names and any personally identifiable information about the RCPCH invited review team.
- 4.15.17 Subject to 4.15.1 – 4.15.16, RCPCH and the HCO agree to use the disclosing party's confidential information only in connection with the receiving party's performance of its obligations under the contract between the parties and not to disclose the disclosing party's confidential information unless:
- (i) in connection with any dispute resolution or litigation between the parties; or
 - (ii) to comply with any applicable laws or a request by a regulatory body; or
 - (iii) where such confidential information is already in the public domain or is received by the receiving party other than in accordance with these terms and conditions.

⁷ A Framework of operating principles for managing invited reviews within healthcare. Academy of Medical Royal Colleges, March 2022 [\[Link\]](#)

4.16 Termination

- 4.16.1 Without affecting any other right or remedy available to it, either party may terminate the contract between them with immediate effect by giving written notice to the other party if the other party:
- (i) commits a material breach of any term of these terms and conditions or the Contract Particulars where such breach is irremediable or, where such breach is remediable, fails to remedy that breach within a period of thirty (30) days of being notified in writing to do so; or
 - (ii) commences, or commences discussions relating to, any potential or actual insolvency proceedings.
- 4.16.2 Termination or expiry of the contract shall not affect any of the rights, remedies, obligations or liabilities of the parties that have accrued up to the date of termination or expiry, including the right to claim damages in respect of any breach of the agreement which existed on or before the date of termination or expiry.
- 4.16.3 The parties acknowledge that the RCPCH will follow up with the HCO after the completion of the requested review (and expiry of the contract) as further described in the Terms of Reference (Attachment 2 of the Contract Particulars) and the Framework. The parties agree that this is good practice as described in the Framework and neither party is contractually obliged to participate in this follow-up.
- 4.16.4 The following sections shall survive termination or expiry: section 4.15 (Confidentiality, information handling and retention), 4.18 (Liability), 4.19 (Indemnity) 4.20 (Intellectual Property Rights) and 4.21 (Data Protection).

4.17 Cancellation or Postponement and Force Majeure

- 4.17.1 Subject to section 4.17.2 (force majeure), RCPCH will be entitled to cancel or postpone the review without cause provided it gives the HCO at least one month's written notice prior to the first day of the scheduled review (regardless of whether on-site, remote or a hybrid of the two).
- 4.17.2 The RCPCH shall not be in breach of the contract or otherwise liable for any failure or delay in the performance of its obligations if such delay or failure results from events, circumstances or causes beyond its reasonable control. This will include where a reviewer has cancelled its involvement in a review and the RCPCH has not been able to find a suitable replacement (despite using all reasonable efforts) in the timeframes.
- 4.17.3 In the circumstances described in 4.17.2, the time for performance of such obligations shall be extended accordingly and the RCPCH shall be entitled to postpone or delay any part of the review on written notice to the HCO and/or to change the delivery method of the review, for example from on-site to remote (where possible).

4.18 Liability

- 4.18.1 Nothing in the contract between the RCPCH and the HCO shall exclude or limit either party's liability for:
- (i) death or personal injury caused by its negligence, or the negligence of its employees, agents or sub-contractors;
 - (ii) fraud or fraudulent misrepresentation; or
 - (iii) any liability which cannot be excluded or limited by any applicable law.
- 4.18.2 The HCO agrees that the decision to implement any recommendations from a requested review is at its sole direction and neither the RCPCH nor any reviewers have any liability to the HCO in respect of the implementation of those recommendations.

4.19 Indemnity

- 4.19.1 The HCO shall hold harmless and indemnify the RCPCH and/or the reviewers from and against any and all claims, losses (whether direct, indirect or consequential), charges, civil liability, damages, fines, financial impositions, compensation or costs (including reasonable legal costs) suffered or incurred by the RCPCH and/or the reviewers as a consequence of any claim made or action taken by any third party claiming to be affected, prejudiced or damaged by any course of action by the HCO as a result of or in reliance on advice or recommendations made to the HCO by the RCPCH and/or the reviewers, save where the RCPCH and/or the reviewers have been found by a court to have acted in breach of criminal law in connection with the subject matter of such claim or action.
- 4.19.2 In the event of any claim involving the HCO, the RCPCH and/or the reviewers, whether as co-defendants or otherwise, the RCPCH and/or the reviewers shall jointly or separately instruct solicitors, and conduct their defence or response, in respect of any such claim made or action taken save that the HCO must approve any settlement, in consideration of the indemnity provided by the HCO, and may require initiation of and/or agreement to settlement of civil claims or action taken (the fact and terms of settlement to be kept confidential by the parties thereto and the HCO). The HCO shall, if so requested, pay reasonable legal costs from time to time to the RCPCH and/or reviewers on an interim basis in accordance with this indemnity.
- 4.19.3 The HCO shall, wherever it feels appropriate, take independent legal advice on the possible consequences for it and the RCPCH and/or reviewers if it acts on any advice or recommendation by the RCPCH and/or reviewers to resolve, ameliorate or otherwise deal with the problem which is the subject of the review. Subject to any contrary obligation of confidentiality, such advice shall be disclosed to reviewers who shall treat the advice in confidence.

4.20 Intellectual Property Rights (IPRs)

4.20.1 For the purpose of this section, the below terms shall be interpreted as follows:

“Background IPR”: means any and all Intellectual Property Rights that are owned by or licensed to either party which are or have been developed independently of the agreement (whether prior to the effective date of the contract between the parties or otherwise).”

“Intellectual Property Rights”: copyright, rights related to or affording protection similar to copyright, rights in databases, patents and rights in inventions, semi-conductor topography rights, trade marks, rights in internet domain names and website addresses and other rights in trade or business names, goodwill, designs, know-how, trade secrets and other rights in confidential information; applications for registration, and the right to apply for registration, for any of the rights listed at that are capable of being registered in any country or jurisdiction; and all other rights having equivalent or similar effect in any country or jurisdiction.”

4.20.2 Each party retains ownership of its own Background IPRs. Neither party has the right to use the other party's Intellectual Property (including Background IPRs) except as expressly granted in these terms and conditions, the Contract Particulars, or otherwise agreed in writing.

4.20.3 All IPRs in the report (excluding any of the RCPCH's Background IPRs) shall vest in the HCO but the RCPCH acknowledges that there may be circumstances in which the RCPCH might share the report and/or any findings/recommendations from the review with third parties as described in more detail at 4.15.

4.20.4 The HCO is entitled to, and is encouraged by the Framework to, share the report with relevant stakeholders both internally and externally (including with its regulators). The HCO agrees that, where it shares redacted or abridged versions of the report, it shall use its best endeavours to ensure that such redaction or contraction does not have the effect of misconstruing the meaning or findings of the overall report.

4.21 Data Protection

4.21.1 RCPCH, the HCO and reviewer(s) are each Controllers in relation to Personal Data exchanged and shall comply with their own data protection obligations. The RCPCH shall procure that the reviewer(s) shall, comply with all applicable requirements of the Data Protection Legislation.

4.21.2 4.21.1The HCO shall redact all Personal Data where possible in the materials shared with the reviewer(s) and the RCPCH. Where the reviewer(s) requires sight of any Personal Data in order to carry out the requested review, including preparation of the report, the HCO will ensure that the reviewer(s) has/have sight of the bare minimum in terms of the Personal Data required.

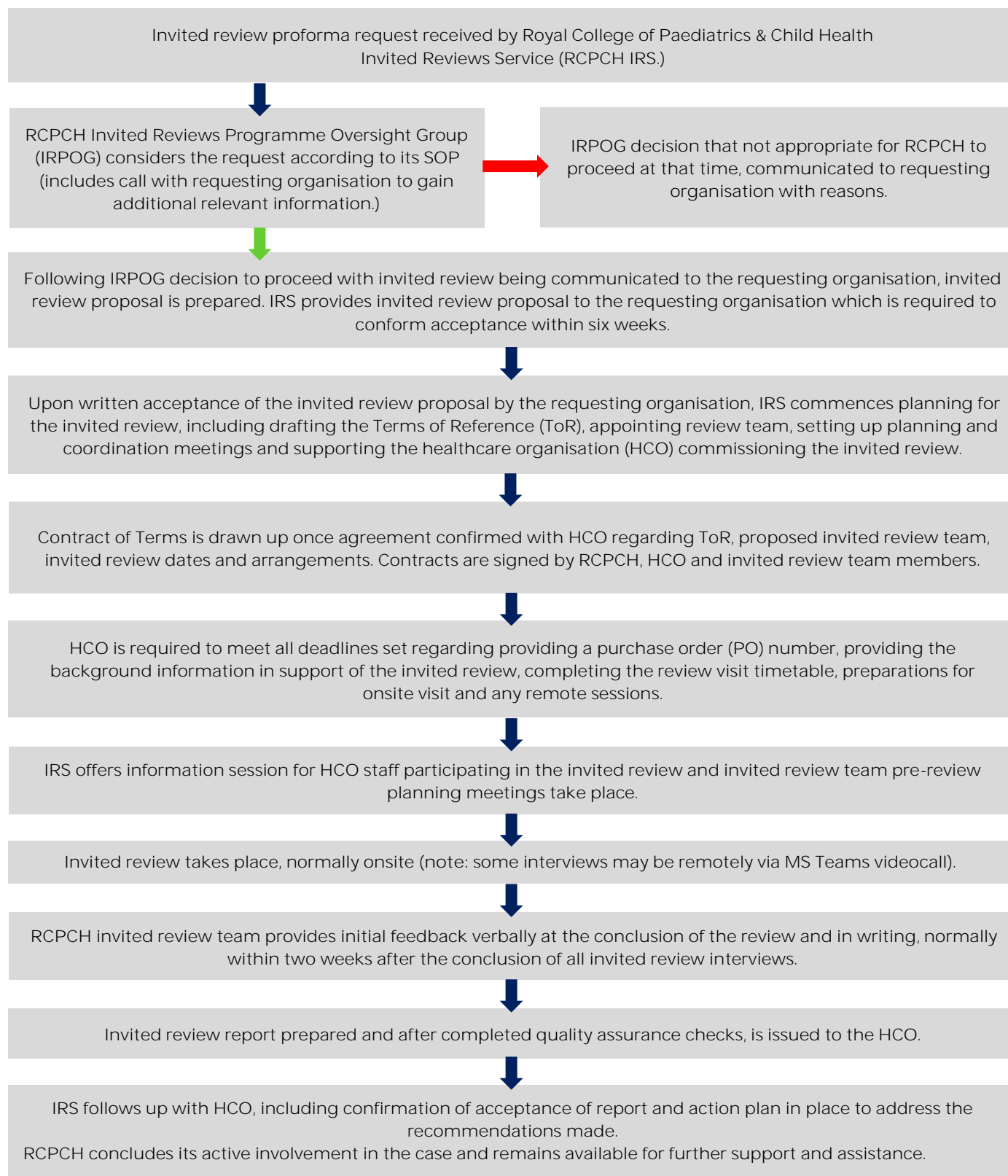
- 4.21.3 The HCO shall ensure that it has all necessary appropriate consents and notices in place to enable lawful transfer of the Personal Data to the RCPCH and/or reviewer(s) for the duration and purposes of the associated contract.

4.22 Dispute Resolution

- 4.22.1 Subject to section 4.22.2, in the case of a dispute arising out of or in connection with the contract, the parties nominated representatives shall make every reasonable effort to communicate and cooperate with each other with a view to resolving the dispute prior to taking action in any court.
- 4.22.2 Nothing in this handbook or the Contract Particulars shall prevent: (i) either party taking action in any court in relation to any death or personal injury arising or allegedly arising in connection with any advice or recommendations within a review; or (ii) either party seeking from any court any interim or provisional relief that may be necessary to protect any confidential information pending resolution of the relevant dispute.

Appendix 1: Invited Reviews Programme processes

Note. RCPCH invited reviews escalation policy for the management of concerns identified during an invited review applies in parallel to these processes - see [Appendix 2](#).



Appendix 2: RCPCH Invited Reviews escalation policy for the management of concerns identified during an invited review

RCPCH Invited review teams during a review may identify issues considered as of serious concern.

This appendix focuses on thresholds of escalation where serious concerns are identified including but not limited to patient safety and/or about the health, wellbeing, capability, performance, or conduct (including probity) of member(s) of the team(s) working in the healthcare organisation which has commissioned the review (referred to hereafter as **“the HCO”**). In this appendix, for brevity, the serious concerns as defined in this paragraph, are **referred to hereafter as “concerns.”**

Note. If concerns are raised by HCO staff with RCPCH and/or identified by RCPCH during the invited review, which it considers of serious risk, the following principles apply:

- RCPCH and the invited review team are not bound by the Terms of Reference (ToR).
- The RCPCH invited review team, on identifying or being made aware of a concern, will discuss with RCPCH Invited Reviews Programme Oversight Group (IRPOG)⁸ at the earliest opportunity.

The RCPCH Invited Reviews escalation processes set out in this appendix are followed.

The diagram below depicts the steps involved in the RCPCH invited reviews escalation processes for the management of concerns identified or raised during an invited review. Details about each step are set out below the diagram.

Step 1: Identifying concern(s). Concern(s) may arise from different sources/origins.

Step 2: Considerations regarding type and level of concern and the need to escalate. A PAUSE in the review may be needed for discussion within RCPCH and with the HCO.

Step 3: Pathways for concerns to be addressed, includes consideration of:

- Whether concerns fall within the Terms of Reference for the invited review.
- Immediate and other actions required.

Step 4: RCPCH follow up of concerns with HCO
Includes standard follow up, follow up of concerns which fall outside of the Terms of Reference and follow up in relation to immediate risks identified.

⁸ The RCPCH Invited Reviews Programme Oversight Group (IRPOG) clinical members comprise: RCPCH Registrar and Assistant Registrar, Clinical Lead and Deputy Clinical lead for Invited Reviews. It also includes non-clinical representation from RCPCH Executive Directorate.

1. Step 1: Identifying concern(s)

- 1.1. Concerns may be identified at any stage of the invited review processes (planning and preparation, during the onsite visit, during interviews undertaken remotely via MS Teams, report production and follow up).
- 1.2. Concerns may arise or be identified from sources including but not limited to:
 - (i) The background information provided by the HCO in support of the review.
 - (ii) Staff member(s) working in or with the service being reviewed, during interview.

Note. Interviewee(s) will be made aware that RCPCH invited review team members as part of their professional duty, cannot guarantee anonymity in respect of concerns raised and may consider it necessary to report what is disclosed.

- (iii) Observation by the RCPCH invited review team during a tour of the facility within which the service under review is provided.
- (iv) Clinical notes provided for a clinical record review or as part of a service review.

2. Step 2: Considerations regarding type and level of concern and the need for escalation

- 2.1. Upon identifying concern(s), the RCPCH Invited Review Team and IRPOG will consider the type, level and need for escalation. This may include, if required, seeking on a confidential basis, information and advice from other RCPCH staff, College Officers, specialty groups and special interest groups.
- 2.2. Concern(s) identified by RCPCH invited review team and IRPOG may be considered to:
 - (i) Present risk(s) to patient safety and/or the health, wellbeing, capability, performance, or conduct (including probity) of member(s) of the team(s) working in the HCO.
 - (ii) Relate to actions, inactions or omissions of individuals, teams and organisations and individual or collective behaviours.
- 2.3. Examples of types of concerns which may have the potential to present the risk(s) set out in 2.2, include but is not limited to:
 - (i) Safeguarding, including child protection concerns.
 - (ii) Concerns regarding failure to follow or to inconsistently follow national or organisational standards/policies/procedures.
 - (iii) Concerns reported or identified relating to individual clinical and/or non-clinical competency, performance, or capability.

- (iv) Service provision and/or resource issues.
 - (v) Suspected criminal activity.
 - (vi) Allegations of compromise of respect or dignity at work¹, including bullying, harassment or discrimination.
 - (vii) Concerns reported during interviews regarding the behaviour/ actions/inactions of member(s) of the HCO's senior management or Executive/Board.
 - (viii) Concerns reported during interviews regarding interpersonal behaviours or communication.
 - (ix) Concerns about health or well-being of staff.
 - (x) Concerns regarding issues of probity.
 - (xi) Reported or observed conduct of staff member(s).
- 2.4. Consideration is also given to the escalation of the concerns identified through levels of RCPCH governance.

3. Step 3: pathways for concerns to be addressed

Note. The pathways below may be followed as a single route, in succession or together.

- 3.1. Pause in the invited review proceedings
- 3.1.1 This will enable RCPCH discussion and agreement regarding next steps, which may include RCPCH:
- (i) Halting or adjourning the review – please refer to 3.1.2 and 3.1.3.
 - (ii) Escalating by reporting to the HCO. Please refer to 3.2.
- 3.1.2 Situations in which RCPCH consider it necessary to adjourn or halt the invited review, include but are not limited to:
- (i) Serious concerns which RCPCH consider poses an immediate risk to patient or staff safety, to safeguarding children or vulnerable adults, or that there might be potential breaches of human rights.
 - (ii) Information is disclosed/arises which RCPCH was not made of aware of since its decision to proceed with the requested invited review.
 - (iii) Suspected or possible criminal activity.
 - (iv) It is made aware that a formal process or investigation is in progress, which would make it inappropriate for the review to proceed, eg, police involvement.
 - (v) Information is disclosed, allegations made, or concerns raised/identified which need to be reported to the appropriate authority such as the Police, Fraud

investigation or a regulator such as the GMC, NMC, GDC, HCPC.²

- (vi) Information comes to light which was not disclosed prior to the review such that expectations of all parties are not matched.
 - (vii) Information in the media makes it impossible for the review to proceed at that time.
- 3.1.3 If the review is halted or adjourned, it may be appropriate to continue at a later stage, or the review team may produce a summary report based on findings gathered up to the point at which the review was suspended. If there is suspected criminal activity the report will only be produced when the police have confirmed that its production will not prejudice a criminal investigation.
- 3.2. Reporting concerns identified by RCPCH as serious or of potential immediate risk to the HCO
- 3.2.1 Appropriate representatives of RCPCH and the invited review team will act in accordance with organisational responsibilities and, on behalf of the clinical members of the review team as part of their responsibilities as regulated healthcare professionals. This includes reporting at the earliest opportunity to the most senior role(s) for healthcare providers with responsibility and accountability relevant to the concerns. If this role/these roles are vacant or do not exist in the HCO concerned, then the report will be made directly to the Chief Executive Officer (or equivalent) as the over-arching accountable officer.
- 3.2.2 The HCO recipient of the concerns reported by RCPCH is responsible for escalating within its HCO, which remains responsible for:
- (i) Immediately addressing and taking timely action to: safeguard children and young people, protect patient safety, protect its staff's health and wellbeing, and address capability, performance, or conduct (including probity) of its staff.
 - (ii) Referral outwith the HCO in accordance with its statutory and recognised obligations.
- 3.2.3 RCPCH will require assurances from the HCO in respect of 3.2.2 (i) and (ii), and, if it is not satisfied regarding the HCO assurances or if the HCO does not provide assurances, RCPCH reserves the right to report its concerns directly to the relevant external body and would notify the HCO's Chief Executive of its intentions.
- 3.3. Individual professional obligations
- 3.3.1. If individual-specific safeguarding, including child protection, concerns are identified during an invited review by a regulated professional, then their own professional obligations to report those concerns will be engaged. The regulated professional concerned should refer to their regulator's professional guidance.

4. Step 4: Following up concerns identified during an invited review

- 4.1 As noted at 3.2.1, RCPCH will report the concerns verbally at the earliest opportunity, and these are documented in a letter subsequently provided to the HCO.
- 4.2 Alongside its routine follow up processes following an invited review (as set out in the body of this handbook in [section 4.14](#), RCPCH may need to follow up with the HCO in respect of concerns reported during the invited review. Where these fall within the ToR for the invited review, they are documented in the invited review report and will be followed up as part of that pathway.
- 4.3 RCPCH may also need to continue follow up with the HCO in parallel to the invited review report any significant or potential immediate risks identified which are outwith of the ToR for the review.

Appendix 3: Provision of relevant information by healthcare organisation in support of the invited review

1. The RCPCH review team will consider background information and documentation in support of the review, according to the agreed terms ToR to help:
 - (i) Provide context to the service being reviewed and the issues to be explored.
 - (ii) Focus issues for discussion during interviews.
 - (iii) Triangulate information gathered from other sources, for example, during interviews.
2. The healthcare organisation commissioning the invited review ('HCO') is requested to use the framework which will be provided. This includes self-assessment elements and opportunity to provide documentation to support these.
3. The framework is divided into thematic tabs for ease of navigation, reference and to help ensure logical organisation of the documents to be provided. It also provides opportunity to share perspectives on service mission, vision and goals, key achievements and areas identified for improvement.
4. It is recommended that the HCO:
 - (i) Uploads all documentation to the SharePoint site dedicated to the review. RCPCH IRS will provide guidance.
 - (ii) Consults with relevant staff in its provision of information and documentation in support of the review.
 - (iii) Ensures that staff participating in the review are made aware of what information and documentation is being provided to facilitate discussion about it and reference to it during interviews.
5. For clinical record reviews to be undertaken as part of a service review, the above guidance 1-4 will be applicable in addition to point 6. For standalone clinical record reviews, some of the above information may be relevant if relate to the ToR and the cases under review. This will be discussed with the HCO.
6. For standalone clinical record reviews:
 - (i) The review team will need to see full notes, including imaging, drug charts and multi-disciplinary team meeting and mortality and morbidity meeting minutes where these patients were discussed. It is preferred that this is undertaken on site. In cases where onsite is not possible, discussions will take place regarding how this information can be shared securely electronically.
 - (ii) Cases to be reviewed from the clinical records are normally selected either as:
 - a) A consecutive set of randomly selected cases*, or

b) Index case(s) where concerns have been raised.

*methodology will be discussed depending on numbers of cases to be reviewed and the invited review ToR.

Appendix 4: Healthcare organisation participants in invited reviews

1. The RCPCH invited review team will need to gather information relevant to the review ToR from speaking with staff working in and with the service being reviewed, which may include both clinical and non-clinical staff.
2. The healthcare organisation commissioning the review (“the HCO”) should consult with the relevant clinical teams regarding staff and staff groups which would be appropriate to include in the list of invited interviewees. This will help ensure that relevant staff have opportunity to share their perspectives. The HCO should consider its confidentiality and data protection responsibilities, if it shares information contained in the review timetable.
3. Before the interviews commence, an introductory session with the Medical Director/ Chief Medical Officer is scheduled to gain their perspective and overview of the service being reviewed. It is also an opportunity for any new or updated information to be shared since the request for the invited review was made. The Chief Executive may also attend, and others invited by the Medical Director/ Chief Medical Officer.
4. The HCO should consider the list below, as potentially relevant to include in the list of interviewees involved with the service being reviewed. The list is not exhaustive and may include others relevant to the service being reviewed and the ToR for the review.
 - (i) Clinical Lead(s), Clinical Director(s).
 - (ii) Service Lead(s), Service Director(s).
 - (iii) Care Group Lead(s), Care Group Director(s).
 - (iv) Consultants or equivalent (specialty and associate specialist grade).
 - (v) Resident doctors .
 - (vi) Nurses, midwives, allied health professions and therapists.
 - (vii) Advanced nurse practitioners
 - (viii) Staff with roles in or leading risk management and clinical governance.
 - (ix) Staff with roles in or leading safeguarding and child protection.
 - (x) Representatives from commissioners or service planners.
 - (xi) Representatives from children, young people, parents, carers, and family groups,
 - (xii) Representatives from patient and family advocacy services or complaints, eg, Patient Advice and Liaison Service (PALS).
 - (xiii) External stakeholders for their insight and perspective on the review.
 - (xiv) Children young people and families.

Appendix 5: Framework for report factual accuracy check by the healthcare organisation commissioning the invited review

Once the RCPCH invited report has completed the quality assurance process, the healthcare organisation commissioning the invited review ('HCO') is given the opportunity to undertake a factual accuracy check.

1. The RCPCH Invited Reviews Service (RCPCH IRS) will normally provide the invited review report for factual accuracy check to the HCO Medical Director/Chief Medical Officer.
2. RCPCH IRS provides a template for the HCO to record:
 - (i) In table A: typographical, numerical or grammatical errors.
 - (ii) In table B: information which the HCO considers to be errors of fact.
3. The findings, conclusions and recommendations set out in the report are based on the information available to the review team at the time of the invited review.⁹ This originates from several sources including documentation provided by the HCO and from what was reported during interviews by and discussions with staff, staff groups and others as relevant. The HCO should note that the following falls outside of the parameters of the factual accuracy check:
 - (i) The review team's findings, conclusions and recommendations.
 - (ii) Information, viewpoints and observations reported by interviewees.
 - (iii) Points of fact documented in the report, which have changed since the information was made available to the invited review team.
 - (iv) New or updated information or additional details which were not submitted by the HCO prior to or during the review.
4. The HCO Medical Director/Chief Medical Officer (or individual to whom the responsibility is formally delegated) should respond to the factual accuracy check no later than 10 working days after the invited review report is issued, by emailing Invited.Reviews@rcpch.ac.uk to advise:
 - (i) That it has completed the template provided (referred to at point 3). OR
 - (ii) That is satisfied that there are no errors of fact in the report.

Note.

- a) A lack of response on behalf of the HCO will be interpreted to indicate that it is

⁹ There may be occasions when documentation is provided for the review team to consider after the review visit has taken place. This will be referenced in the report and will be treated as correct as at the time when it is provided.

satisfied that the report does not contain errors of fact.

- b) If the HCO is unable to respond within 10 working days, it should advise RCPCH by email to Invited.Reviews@rcpch.ac.uk providing the reason(s). RCPCH will consider on a case-by-case basis if it is appropriate to extend the deadline where there are exceptional circumstances.

5. The RCPCH IRS will share the HCO's submission with the team which undertook the invited review and representative(s) the Invited Reviews Programme Oversight Group (IRPOG).¹⁰
6. Typographical, numerical or grammatical errors and accepted errors of fact will be corrected in the report and a record of these corrections will also be included in the report.
7. In circumstances whereby it is agreed by the invited review team that any errors corrected in the report affect the review team's findings, conclusions, or recommendations, appropriate amendments will be made to the report. As in point 7, a record of these amendments will be included in the report.
8. RCPCH will issue the final invited review report to the HCO normally within 10 working days after receipt of the HCO's response. If exceptional circumstances arise which prevent RCPCH from meeting this deadline, it will write to the HCO with reasons.
9. RCPCH may also issue a letter to the HCO alongside the final report to document its response to the factual accuracy check submitted by the HCO. Where required, RCPCH will also issue a record of its responses to points raised by the HCO, which are not accepted as typographical, numerical or grammatical errors or errors of fact, and/or fall outside the of the parameters of the factual accuracy check.

¹⁰ The RCPCH Invited Reviews Programme Oversight Group (IRPOG) clinical members comprise: RCPCH Registrar and Assistant Registrar, Clinical Lead and Deputy Clinical lead for Invited Reviews. It also includes non-clinical representation from RCPCH Executive Directorate.

Appendix 6: Information on children's rights

The United Nations Convention on the Rights of the Child (UNCRC¹¹) is a significant, legally binding agreement signed by 196 countries (as of 12 July 2022 including the UK), which outlines the fundamental rights of every child, regardless of race, religion, or ability.

The Convention has 54 articles¹² and 26 General Comments¹³ that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights. It also explains how adults and governments, alongside public services, must work together to make sure all children can enjoy all their rights. RCPCH programmes have a specific focus on the UNCRC articles that state all children and young people have the right to be involved in decisions that affect them (Article 12) both individually and collectively, the right to the best possible healthcare (Article 24), and the right to have all services and individuals act in their best interests (Article 3).

State parties who have signed up to the UNCRC (shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 12 of the UNCRC¹⁴

State parties should also introduce measures enabling children to contribute their views and experiences to the planning and programming of services for their health and development. Their views should be sought on all aspects of health provision, including what services are needed, how and where they are best provided, discriminatory barriers to accessing services, quality and attitudes of health professionals, and how to promote children's capacities to take increasing levels of responsibility for their own health and development.

General Comment 12 of the UNCRC

¹¹ United Nations: Convention on the Rights of the Child [\[link\]](#)

¹² United Nations: Convention on the Rights of the Child [\[link\]](#)

¹³ UN Treaty Body Database [\[link\]](#)

¹⁴ United Nations: Convention on the Rights of the Child [\[link\]](#)