

**Manual**

# **Process and Guidance**

**November 2018**

## Document control

This document is our public description of the RCPCH Invited Review service, available on our website and regularly updated to reflect the processes and procedures carried out by RCPCH in responding to enquiries for reviews. Sections may be quoted and used with permission of the College Invited reviews team.

The Invited Review staff team at the College are responsible for updating this manual. Please us know of any amendments, inaccuracies or areas which you feel should be added to improve usability.

For the latest version or to notify amendments contact [invited.reviews@rcpch.ac.uk](mailto:invited.reviews@rcpch.ac.uk).

# Contents

	page
1 Purpose of this document	1
2 Primary audience	1
3 Background	2
4 Introduction to Invited Reviews	3
5 Definitions	4
6 Principles	6
7 The Invited Reviews Process: initial contact	7
8 The Invited Reviews Process: preparation and visits	9
9 The Invited Reviews Process: after the review visit	12
10 Governance, independence and accountability	14
Appendix 1: RCPCH Invited Reviews Process flowchart	21

# 1. Purpose of this document

- 1.1. This process and guidance manual sets out the RCPCH's approach to conducting reviews of child health services, networks and individual paediatric practice, across acute, neonatal and community services in the NHS or independent sector.
- 1.2. It defines the governance, structure and operational process that is followed when an enquiry or request for review is received by staff or members of the College. It sets out the rationale for determining the appropriate response (including where the request may be out of scope) and how this response is followed through from defining the terms of reference, conducting the visit, reporting, quality assurance and follow-up.

## 2. Primary audience

- Those considering or commissioning a review
- Those being interviewed as part of a review or working in an organisation under review
- All current and potential reviewers
- RCPCH Invited Reviews Staff
- RCPCH Invited Reviews Programme Board members
- Children and Young People receiving services and their parents/carers

# 3. Background

## Aim

- 3.1. The Invited Reviews programme aims to promote the highest standards of health care for children and, through visits and analysis, support child health services to achieve them. The RCPCH supports healthcare organisations, commissioners and clinical teams to resolve concerns about paediatric service provision, safety, training, compliance with standards, and proposals for paediatric reconfiguration or service design.
- 3.2. With an in-depth knowledge of standards and service models, and access to expert clinicians, the RCPCH can help healthcare organisations work towards sustainable services with improved outcomes for children and young people and compliant, effective working arrangements for professionals.
- 3.3. Issues of clinical governance, workforce pressures, reconfiguration, job planning, safety, team working and performance, as well as legitimate public concern and awareness of healthcare pressures have resulted in a steady flow of requests to the RCPCH for advice and assistance from Trusts, Health Boards and commissioners. The College has a role to assist in these circumstances to:
  - evaluate a service, case or individual practice where concerns have been raised
  - discover whether problems do exist, and if so, use standards, experience and a good understanding of team and organisational development to make achievable recommendations.
  - provide a source of advice and "signposting" for assistance where the College cannot itself directly respond to the request
  - share learning, including good practice and quality improvement across the wider paediatric community
- 3.4. The RCPCH Invited Review programme was developed in 2012 to formalise these roles, utilising a range of experienced clinical and lay reviewers to provide a robust professional review service to healthcare organisations across the UK.
- 3.5. The service is confidential influential, quality assured and tailored to each organisation's needs.

## 4. Introduction to Invited Reviews

- 4.1. 'Invited Reviews' is an overarching term which includes responding to a request by a healthcare organisation to consider concerns about:
- an individual's clinical practice
  - one or more incidents requiring a clinical investigation
  - patient safety concerns including safeguarding, staffing, workload, skill-mix and job planning issues
  - aspects of delivery of a pathway or whole service, and/or
  - potential service or network redesign/reconfiguration
- 4.2. Requests for paediatric expertise for other services such as medico-legal opinions, expert witness for court reports, and serving on expert panels will be dealt with on an individual basis and may be considered outside the remit of the College at this time.
- 4.3. The Invited Reviews programme and processes align with review and assessment arrangements undertaken by other organisations such as Medical/Royal colleges, the General Medical Council (GMC), NHS Resolution Practitioner Performance Advice service (formerly NCAS), NHS England, NHS Improvement, Care Quality Commission and the regulatory bodies in Wales Scotland and Northern Ireland. It reflects the principles set out in the joint Academy of Medical Royal Colleges (AoMRC) document 'Operating Principles for Managing Invited Reviews Within Healthcare'<sup>1</sup>.

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<sup>1</sup> <http://www.aomrc.org.uk/general-news/operating-principles-for-managing-invited-reviews-within-healthcare.html>

## 5. Definitions

- 5.1. A "Service Review" is an invitation to visit and comment upon a current service. This may be the whole paediatric service or a specific element such as safeguarding, neonates or emergency care. It will include meeting the paediatricians, nurses, managers and others who have links with the service. The Terms of Reference will usually be rooted in the quality, safety and efficiency of that service. The service review model may also be used for investigating incidents where a number of clinicians were involved in a single case or whether the service provides a suitable environment for training, in which case we would work closely with the deanery, Regional Adviser and Head of School.
- 5.2. A "Design Review" is a request for an independent College view over plans for reconfiguration or changes to service provision. Any reconfiguration plans should also be tested against the quality and safety of the current and planned service. It is important that consideration of nursing, therapy and administrative resources should be included in any redesign. A design review request may be for an objective opinion on an existing proposal or a request for expertise to develop a proposal and to fully analyse activity and develop a range of options. The conclusions and proposals arising from the review will be objectively assessed by the College as to whether they deliver appropriate interpretation of College standards.
- 5.3. An "Individual Performance Review" is a request primarily to examine the clinical practice against published standards of an individual doctor or doctors causing concern. This may involve case note analysis but would always be carried out in the context of the service in which the individual is working and will usually include a visit and interviews with the doctor under review and other relevant individuals.
- 5.4. A "case-note review" may be standalone or conducted alongside a service or individual review. It provides an objective, college-backed independent report on the management of a case or cases and would usually involve two reviewers. Discussion of the case or cases with the clinician(s) involved may or may not be included depending upon the purpose of the review.
- 5.5. Collectively each of these processes is termed an "Invited Review" or IR by RCPCH, but the approach taken is individualised to the request so may have elements of more than one model.

- 5.6. The “Clinical Adviser for Invited Reviews” leads the programme on behalf of the RCPCH Executive Committee and reports to the IR Programme Board which is chaired by the Vice President for Health Policy. The Clinical Adviser provides day to day advice and support to the “IR staff team” who manage the programme.
- 5.7. A “Clinical Lead Reviewer” will be appointed for each review from the pool of trained reviewers maintained by the College. They will have previous experience of conducting such reviews.
- 5.8. For the purposes of this document, the referring organisation, such as a Health Board, Education body<sup>2</sup>, NHS Trust, Foundation Trust, independent provider, commissioner or government body will generally be referred to as “the Client” and the focus of review would be the “service” or the “doctor(s)” under review.

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<sup>2</sup> This could include Deaneries and Schools, Health Education England, NHS Education Scotland.

## 6. Principles

- 6.1. RCPCH Invited Reviews reflect the AoMRC Framework of Operating Principles for Managing Invited Reviews within Healthcare<sup>3</sup>. One of the strategic aims of the RCPCH is to ensure UK health services provide high quality safe and sustainable health care services for all children in all settings<sup>4</sup>. Invited Reviews provide an independent and objective perspective on whether this is achieved. This can be in response to concerns or where advice on service design and capacity is required.
- 6.2. A doctor or team/service under review must consent to the review, and understand the nature of the procedure to be followed. The reviewers are objective, independent of other authorities and expect to work in a climate of fairness, openness and trust. All evidence reviewed should be relevant to the issue in hand and the those under review must have the opportunity to present their views.
- 6.3. Responsibility for the ongoing safety of a service remains with the management of the organisation under review at all times and the RCPCH review is advisory only.
- 6.4. Each review will have its own specific Terms of Reference and be uniquely designed within the scope of this guidance to be robust yet fair to all concerned, and to answer the questions and concerns set out in agreed terms of reference.
- 6.5. It is important that any review proceeds and completes as swiftly as possible within the Terms of Reference to minimise any stress and expense to the doctor(s), their colleagues and the client and mitigate any patient risks or reduced quality of service.
- 6.6. Design and service reviews will always consider the impact of current and proposed service arrangements on patients and carers and the quality of care experienced by them. Where appropriate a suitably trained lay reviewer with skills in child and family engagement or governance will be an equal member of the review team and we will listen to views directly through surveys or meeting patients, families and their representatives. We will always examine and comment on the mechanisms for engagement by the client to ensure the voice of children is continuously heard, and advise on resources available from the RCPCH '&Us' team.

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<sup>3</sup> A framework of operating principles for managing invited reviews within healthcare AoMRC January 2016 - [https://www.aomrc.org.uk/wp-content/uploads/2016/05/Invited\\_reviews\\_210116.pdf](https://www.aomrc.org.uk/wp-content/uploads/2016/05/Invited_reviews_210116.pdf)

<sup>4</sup> RCPCH Strategy March 2018 <https://www.rcpch.ac.uk/about-us/aims-college>

## 7. The Invited Reviews Process: initial contact

- 7.1. All initial requests and enquiries would usually come from the Medical Director, Clinical Director or Chief Executive of the client body and be directed via the Invited Reviews staff team ([invited.reviews@rcpch.ac.uk](mailto:invited.reviews@rcpch.ac.uk)). The IR staff member and the Clinical Adviser will work together with the client to determine the nature and extent of assistance required.
- 7.2. In the first instance the College may only be asked for confidential advice to determine whether a problem really exists, through a short telephone conversation or face to face discussion. This relatively informal conversation may result in advice as to whether a proposed approach to managing a team is suitable, advice on implementation of standards, benchmarking data or whether other units have experience of a specific model of service. Where there are concerns about an individual we would discuss what steps have already been taken (MHPS, advice from NCAS) and whether an invited review is the best way to deliver the desired outcome. Such approaches will be fully documented on a standard proforma and retained in line with the RCPCH retention policy whether or not they result in a full review taking place.
- 7.3. The Clinical Adviser and the IR manager determine the nature of the review request and whether it meets the criteria for reviews set out in sections 4 and 5 above. Where the request is unusual or falls outside the criteria the Head of Invited Reviews will consult the Programme Board for a view on whether to proceed, identifying in more detail the potential risks and mitigations for the College, but also the impact for our members and patients if the review request is declined.
- 7.4. The RCPCH will then draft an initial 'Proposal' document for the client to clarify the problem and suggested approach. This is an iterative document which sets out
- Details of the issue requiring the invited review;
  - The context of the service and factors that led to the request;
  - Suggested or provided Terms of Reference and the proposed review methodology. This is an important part of the agreement to proceed and may require an initial visit as described below;

- Any sensitivities around the review, including influence of other organisations or media interest and the extent to which external stakeholders would be involved;
- Proposed review team;
- Estimated timescale and cost.

7.5. The initial proposal document and draft terms of reference, alongside a risk assessment of the review must be signed off by at least one Director (usually two). This proposal document is updated as discussions between RCPCH and the client continue and forms the basis of a contract and deed of indemnity which would be signed before the review visit proceeds.

7.6. It should be noted that whilst an RCPCH Invited Review is a paid-for service to cover costs of staff, expenses, reviewer training, overheads and development of the programme, initial advice and support is free

# 8. The Invited Reviews Process: preparation and visits

## Pre-visit

8.1. Once the Proposal has been drafted, an early pre-review visit may be proposed to familiarise the College representatives with the relevant individuals, issues and arrangement of services onsite. The meeting would usually involve the Clinical Adviser or nominated Clinical Lead Reviewer and a member of the IR staff team. The session would usually cover the following topics:

- guided tour of relevant department(s);
- meeting with relevant directors
- clarification of purpose of the review and any political / contextual factors;
- explanation of the College's terms of engagement (set out in contractual letter);
- finalising of Terms of Reference;
- explanation of process, timescales and expectation with respect to visit support and pre-visit information requirements.

## Reviewer selection

8.2. The review team usually comprises two consultant paediatricians drawn from an established list of suitably trained individuals having the appropriate skills, and experience to undertake the work required. They are supported by a non-medical member of the IR Staff Team. One of the reviewers will act as Lead Reviewer, and will have previous experience of conducting reviews. Where a specialist expertise is required, if this is not available from the list of trained reviewers a suitable paediatric reviewer will be identified through the relevant specialty group or BPSU, using the person specification for reviewers.. Reviewers who have not undertaken the induction training will be thoroughly briefed by the IR Staff Team on the process and approach, and will be supported by experienced members of the review team.

8.3. For Individual Performance Reviews, or reviews of a specialist service, a representative nominated by the relevant College Specialty Advisory Committee (CSAC) or Specialty Group will advise or (ideally) be a member of the review team. Many service and design reviews also cover aspects of nursing care so an RCN

representative is often included and where appropriate there would also be a lay reviewer, suitably trained and supported to conduct such reviews. In certain circumstances there may also be a reviewer representing another specialty such as Emergency Medicine or Obstetrics should the terms of reference indicate this would be helpful.

8.4. Reviewers must be independent of the organization and individual under review. All reviewers should undertake induction and refresher training every three years organized by the IR staff team. Reviewers are trained to:

- be objective and non-judgmental in gathering evidence;
- aim to 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 evidence only that relates to the specific remit of the review;
- base judgements on standards and statutory requirements where applicable;
- be aware of the provisions of the Equality Act 2010
- Maintain confidentiality at all times

8.5. Any potential conflicts of interest or connections with the organisation or individuals being interviewed must be declared by the reviewers as soon as these are known. This is to ensure there is no potential for challenge to the objectivity or independence of the review due to real or perceived bias by any members of the review team. Connections are common, particular in smaller specialities and do not necessarily mean that a reviewer cannot participate – indeed in some circumstances prior knowledge can be helpful but openness is key.

8.6. Throughout the initial phase the Client has the opportunity (in confidence) to propose or reject individual reviewers who meet the College criteria to ensure that the review is objective and independent.

## **Advance information**

8.7. Once the review has been agreed the IR staff team will request a package of brief but relevant information in advance of the visit to familiarise the reviewers with the context and background. This material must be transmitted in compliance with the relevant legal requirements for Data protection and confidentiality. All NHS organisations have a Caldicott Guardian, who has a responsibility to protect confidentiality of healthcare information. They must be made aware by the client of the review and any pertinent information being disclosed. The client is responsible for obtaining any consent to

share personal patient data, if required, and for sending information to the IR team. If the essential information is not provided in good time, the review visit may need to be postponed and the costs of the review may need to increase accordingly.

8.8. Based upon the Terms of Reference and advance information the IR staff team will suggest areas for enquiry for the review team. The reviewers will need to speak with a range of staff involved with the service or doctor under review and the interview programme agreed between the IR staff team and the client would usually include:

- Chief Executive and/or Medical Director or their representative
- Clinical or Service Director for Paediatrics
- Consultant and SAS Paediatricians and trainees
- Doctors nurses, midwives, therapists and other professionals working with the service
- Risk management / clinical governance and safeguarding staff
- Directorate managers
- General Practitioners – as referrers
- Commissioners or service planners
- PALS or customer feedback staff
- Patient /carer representatives

## **During the Visit**

8.9. It is important in most situations for the reviewers to tour the facility in question as part of the visit as this provides context and may triangulate some statements.

8.10. The Review team will usually stay together for the interviews and tour but may split up if there are a diary clashes, a large number of staff seeking to contribute or for more specialist conversations where a large team may appear intimidating to interviewees.

8.11. All interviewees will be given contact details of the review team and invited with colleagues to share any further thoughts with the team where relevant,.

8.12. At the end of the review visit, the team may meet with the senior representatives from the service to:

- check the factual content of the information gleaned
- draw attention to anything that gives concern for patient safety
- where possible, provide preliminary feedback on key issues

## 9. The Invited Reviews Process: after the review visit

- 9.1. All interviewees are handed contact cards in case they wish to add further information to the review after the interview. A brief online survey will usually be circulated seeking comments on the review process which assists future programme design. The reviewers will endeavour to finalise their views and plan the report content by the end of the visit. The Clinical Lead Reviewer will be responsible for finalising the written report in conjunction with the IR staff team and the other reviewers, and this will usually be sent for internal QA within an agreed timeframe.
- 9.2. Reports will usually follow a template approach, adapted to suit the terms of reference and findings of the visit. They should add value, with clear judgements and (where appropriate) challenging recommendations and not simply reflect back what the team were told. Reports will be formally and confidentially reviewed by at least two trained 'QA' reviewers who have expertise in the core area under review and no perceived or actual conflict of interest. A member of the IR Programme Board will usually be involved in every review, either as a full or QA reviewer.
- 9.3. The appointed QA reviewer(s) will provide 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. Following this input, the report is approved by the review team and the Clinical Adviser (if no programme board member has been involved) and sent to the nominated individual in the client organisation.
- 9.4. The draft report will usually reach the client within around six weeks of the visit (depending upon whether all requested information has been received). The client is invited to share the draft with a small number of colleagues in order to provide comments on accuracy or any suggested amendments to improve implementation of the recommendations. These comments would be considered by the review team and the report may (or may not) be amended. The final report would usually be sent to the client within ten working days of receiving comments, together with a response to the comments made.
- 9.5. It is expected that the client representative will share the final report amongst as many of those who contributed as possible, and at Trust Board or in public where

appropriate in the spirit of transparency. The RCPCH will endeavour to structure and phrase the report to reflect this. Occasionally where there are sensitive findings or concerns relating to an individual, the RCPCH's Clinical Adviser will write separately in confidence to the Medical Director or their nominee about those issues, and the IR Programme Board will be updated at each meeting or more frequently as required.

- 9.6. The report will set out findings and contain recommendations based upon the Terms of Reference and compliance with standards. Benchmarking and notable practice elsewhere will be included where this is helpful. Recommendations will be brief and structured to enable an action plan to be developed by the client organisation.

## **Action arising**

- 9.7. The College has no statutory authority to require action following an IR and can only give recommendations and advice to a client. Any action taken following an IR is the responsibility of the client. Where concerns are raised over safety or staffing the College would expect the client to notify the regulatory authorities promptly of the review, recommendations and action plan. If during the review or follow-up period the College deems that action taken in response to concerns or recommendations is insufficient to mitigate safety concerns the IR Programme Board reserves the right in the public interest but still in confidence to authorise further action which may include reporting the findings directly to the appropriate regulatory or commissioning authority. The Chief Executive of the client organisation would always be notified if this was being considered.
- 9.8. Three to six months after the final report has been issued formal contact will be scheduled between the Clinical Lead Reviewer and the client to discuss the impact of the review visit and progress against implementation of the recommendations. Feedback will also be sought in confidence, by online survey, on the conduct of the review to assist in continuous improvement in service. A second approach may be made one year after the review to check completion of actions.

## **Media and public interest**

- 9.9. Some reviews are conducted in the public domain, for others the client commits to publish the final report. The approach to any media enquiries will usually be agreed in advance with the client if press interest is expected, for unexpected approaches the RCPCH media and IR staff teams would usually refer the enquirer back to the client, simply explaining the background to our Invited Reviews service.

# 10. Governance, independence and accountability

- 10.1. The Invited Review process is overseen and quality assured by an Invited Reviews Programme Board comprising senior College Officers, experienced reviewers and staff and chaired by the Vice President for Health Policy. The IR Programme Board reports to the RCPCH Research and Policy Divisional Committee. The Programme is approved by RCPCH Executive team, with clearly defined accountabilities, and Quality Assurance processes. The IR staff team and Clinical Adviser provide day to day support and decision making according to delegated authority.
- 10.2. The RCPCH undertakes reviews on behalf of an authorised individual in the client body. For service providers this is usually the Medical Director as Responsible Officer or Chief Executive as Accountable Officer depending upon the nature of the review. Responsibility for receiving, disseminating and acting on the reports lies with them or their nominated representative. Review reports provide advice only and the College and reviewers will be indemnified by the Client in the case of any litigation resulting from implementing any advice or recommendations within the report.
- 10.3. Reviews and the individuals involved in conducting them must be, and clearly seen to be, wholly objective and independent. There are a number of mechanisms in place to mitigate the risk of allegation of bias or inappropriate influence:
- Reviews are conducted primarily to assess compliance with formal standards;
  - Reviewers are usually selected from a pool of experienced paediatricians who have met specific skills and knowledge criteria and received relevant training;
  - There are always at least two medical reviewers plus staff support on visits;
  - The Lead Reviewer must have experience of successfully completing at least two reviews
  - A trained lay and/or nurse and/or specialist reviewer is included in the review team where appropriate;
  - All reviewers are required to declare any conflict of interest;
  - Organisations or individuals being reviewed agree the review team membership;
  - There is a clear QA process to challenge the report content and conclusions.
  - A member of the Programme Board is usually involved as QA or reviewer

10.4. This guidance applies across all four UK countries. Invited reviews will be carried out in accordance with the latest guidance, standards and recommendations from government, educational and regulatory authorities. Where a reference in this document has been superseded the latest version stands.

## Individual Performance Reviews

10.5. The College acknowledges that for individual clinicians, suspension or exclusion should be avoided wherever possible and that NCAS<sup>5</sup> can support early intervention to achieve this. In England, the Restriction of Practice and Exclusion from Work Directions 2003 direct NHS bodies to comply with “Maintaining High Professional Standards in the Modern NHS<sup>6</sup>” (MHPS) which sets out a framework for management of concerns about the conduct and performance of medical employees. MHPS applies to doctors in England. Northern Ireland, Scotland and Wales have agreed similar versions.

10.6. The College’s involvement in reviews of individuals will usually be limited to a review of clinical practice against published standards and guidelines, and involve at least two reviewers, at least one of whom will have specific expertise in the sub-specialty of the individual under review and one of whom will have relevant training and experience in conducting Individual Performance Reviews. The QA reviewer will also have expertise in the specialty of the individual under review.

10.7. The College will **only** conduct Individual Performance Reviews where:

- the client is or has been operating the review under MHPS procedures or equivalent;
- NCAS is aware and supporting the Responsible Officer (not Scotland);
- there is a clear scope for the review and / or Terms of Reference;
- the core issues for review relate to clinical capability and judgement;
- a site visit is permitted, to include interviews with the individual and colleagues who are familiar with the service and the individual’s clinical work.

10.8. The College will **not** take on cases where:

- the requirement is for a clinical opinion to support a court case (medico-legal);

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<sup>5</sup> NCAS acts in England, Wales and Northern Ireland – in Scotland please refer to equivalent local arrangements.

<sup>6</sup> [HSC 2003/012](#) - Maintaining high professional standards in the modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS. DH England 2003.

- the expected scope includes behavioural, misconduct, bullying, harassment or possible mental health concerns (NCAS should be contacted);
  - the doctor is a trainee (these should be referred to the relevant Deanery);
  - the GMC Fitness to Practise process is underway;
  - there are disputes regarding contracts or terms of service;
  - the Police or Counter Fraud services are directly involved; or
  - individuals approach the College themselves without Medical Director agreement.
- 10.9. If any of the issues listed above come to light during an IR, the review should be temporarily halted whilst advice is sought from the Head of Invited Reviews (who may in turn seek legal or contracts advice). Wherever possible the review visit should be completed in relation to the non-contentious elements of its terms of reference unless advised that this risks prejudicing other investigations by a public authority or regulator.
- 10.10. The process will usually include a casenote review (see next section) ahead of the main review visit, with casenotes selected by the client and advised to the individual doctor under review. The review process does not usually undertake assessments of knowledge or direct observation of clinical practice, nor can it undertake occupational health or behavioural assessments which form part of the methodologies of NCAS or equivalent bodies. However, the review visit would usually include an assessment of the working environment and context of the individual's practice, including interviews with clinical and non-clinical colleagues. This aspect is important for two reasons
- to understand the basis for decision making and the existence/absence of protocols, peer engagement and governance systems
  - enable any recommendations to be achievable and level of support needed to get the individual functioning effectively within the team.
- 10.11. If a review relates to an individual it is particularly important that the process is seen as neutral, transparent yet confidential amongst those necessarily involved. Early contact would be made with the subject of the review, usually by the Head of Invited Reviews, to clarify the approach and process and establish rapport, enabling 'both sides' of a dispute or issue to be understood. The individual will be offered the opportunity to talk to the review team, on or off the visit site, and share any evidence or issues pertinent to the review.

## Casenote reviews

- 10.12. An approach may be made for external review of one or more individual casenotes. This may be within the context of an individual review, or part of a service review where specific concerns have been raised, e.g. safeguarding.
- 10.13. Casenotes would usually be reviewed in detail by one reviewer who is expert in the specialty in question, then their work and conclusions are reviewed and validated by a second 'QA' reviewer with relevant expertise. It is expected that throughout any review the client will meet its obligations for Duty of Candour<sup>7</sup> to patients, advising where appropriate that the review is taking place, but the patient and family would not otherwise be expected to contribute.
- 10.14. Confidentiality and data security is paramount when managing patient related information and we must be assured that viewing and processing patient related information complies with S251 of the Health Act 2006 and other legislation. A decision is required as to whether the casenotes can be reviewed remotely by the reviewers or if attendance at the client site is required. The latter obviously increases the cost of the review and may impose delays due to availability of the reviewer(s). More detail about our approach to data security at the end of this document
- 10.15. In scoping a casenote review a number of factors need to be considered at an early stage in order to agree the duration, logistics and cost of the service. These include:
- Number of cases to be considered
  - Are they single attendances/spells such as ED or child protection or chronic, ongoing care such as gastroenterology?
  - Age of the child(ren) and number of pages to review (or height of paper records!)
  - How the reviewer(s) can access them – must it be onsite or can notes be scanned and shared securely for remote review. This may depend on the extent they are electronic.
  - What level of detail is required, particularly for chronic cases. The scope may range from be specific diagnosis or decision making or more generic concerns about overall care.
  - Does every case proposed need a full review or sufficient to secure evidence to support or dismiss a concern?

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<sup>7</sup> The Health and Social Care Act 2008 (Regulated Activities) regulations 2014

- Is there sufficient time to conduct the casenote element before the review visit (where one is planned)

10.16. Where several notes are being reviewed a template for comments will usually be agreed by the review team to ensure consistency and that all aspects of the terms of reference are considered. These comments would then be contextualised and turned into a report by the IR staff team

### **Where serious concerns are raised**

10.17. If issues of patient safety are raised or identified at any time, the reviewers will advise the client immediately and discuss what urgent action has been or should be taken, if any. This may be additional scrutiny, more detailed review, supervised or temporary restricted practice, additional governance/ senior clinical checks or, potentially, suspension of a service and diversion of referrals. Such situations are extremely rare and any concerns raised and action taken would usually involve the regulatory bodies and commissioner/Health Board action

10.18. Sometimes there are issues arising from a review which need to be notified to the medical director, and/or which need to be communicated confidentially rather than set out in a report that is likely to be widely circulated. In such a situation the letter will be agreed by the Review team and sent by the Head of Invited Reviews on behalf of the review team. The Clinical Adviser will be involved in agreeing the letter content and the Programme Board will be advised at its next meeting.

10.19. The College maintains good working relations with NCAS and the GMC and may discuss anonymously or specifically any issues relating to an individual doctor to establish that it is appropriate for the College conduct a review of practice. Depending upon the issues under review, the College may recommend to a referring client that NCAS or the GMC is a more appropriate body to approach.

### **Confidentiality, Records Handling and Retention**

10.20. The College will not disclose to the public or any individual not directly involved any details of the review, or its involvement, without the permission of the medical director, chief executive or authorised representative of the client, unless there is an overriding reason, e.g. urgent safety concerns where the regulator and/or commissioner must be notified and/or public interest. A decision to disclose information to third parties without consent of the client will only be made by the

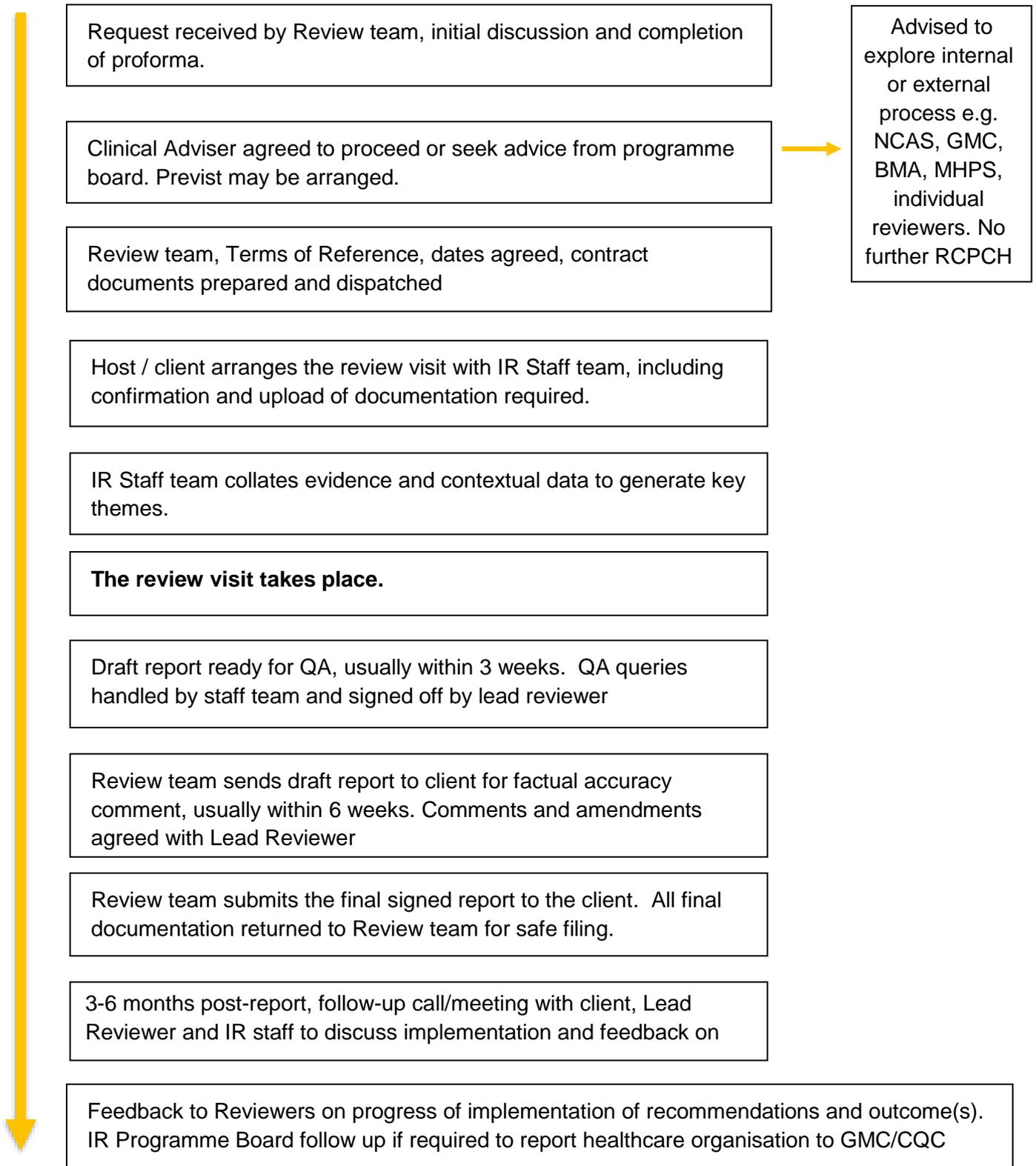
Invited Reviews Programme Board in consultation with the College Chief Executive or Registrar and where there is lawful justification for doing so. It is recognised that the reports may reach the public domain as part of a consultation or disclosed under a Freedom of Information request and will be drafted with due consideration of possible intentional or incidental publication (i.e. where it was not intended that the report be published but the report has to be disclosed as part of wider events).

- 10.21. Reviewers will ensure that all those who are interviewed as part of the review understand the confidential nature of the process but that their evidence will in most circumstances be used within the report, albeit un-attributable, and will be corroborated where possible.
- 10.22. The review process, including any information created, received, stored or exchanged will comply at all times with the UK Data Protection legislation, which is currently the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, information governance principles and the NHS Code of Confidentiality. These apply in particular when dealing with any confidential and personal information.
- 10.23. The RCPCH uses a centralised Collaboration Tool – SharePoint - for transmitting documents related to Invited Reviews. Most NHS bodies can use this system but where there are difficulties then secure email or encrypted stick drives can be used instead. Whilst final reports of reviews will be securely retained by the RCPCH for seven years, reviewers will return or securely dispose of all other information received in relation to the review as soon as the final report is completed and accepted by the client. This includes any copies of the information that have been made and any email correspondence. Where reviewers are storing documents locally for the purpose of the review, they must ensure they have put adequate security measures in place in line with data protection legislation. More guidance is provided in the Invited Reviews Handbook for Reviewers.
- 10.24. Any of the individuals who participate in the Invited Review process are entitled under Data Protection legislation to submit a subject access request to RCPCH requesting any information in relation to the review which is about them. This may include, but is not limited to, recordings of interviews, any correspondence in relation to a review, reviewer's notes and the report. If RCPCH receive a request, the RCPCH Information Governance Manager will be informed and we will follow the RCPCH's Subject Access Procedure. RCPCH may discuss the request with their 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.

- 10.25. We will not disclose any material relating to any review interviews to the client as this would breach our duty of confidentiality to the individuals, unless we have the data subject's consent to do so. We will also not disclose to the client 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.
- 10.26. RCPCH may occasionally receive a request for disclosure from a third party such as the GMC. Each case will be dealt with in line with RCPCH's Information Governance Procedures and UK data protection legislation. We will only ever disclose information to a third party where we have a legal obligation to do so and we will usually inform the data subject, unless there is a legal reason which prevents us from doing so.

# Appendix 1: RCPCH Invited Reviews Process flowchart



# RCPCH Invited Reviews

Supporting improvement in child health

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