



A Guide to  
British Paediatric Neurology Association  
Invited Reviews

Appendix A – Terms of Reference template  
Appendix B – Terms and Conditions  
Appendix C – Quality Assurance Panel Terms of Reference

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## 1. Introduction

The British Paediatric Neurology Association (BPNA) is the professional organisation for doctors who specialise in the care of children with neurological conditions. The BPNA is a charity registered in England (number 1159115). BPNA is the leading authority in the UK and Ireland in the field of paediatric neurology. BPNA is responsible for setting standards of training, along with the Royal College of Paediatrics and Child Health, and in recommending the award of Certificate of Completion of Training (CCT) in the sub-specialty of Paediatric Neurology.

The BPNA's charitable aim is to promote the health and well-being of children with neurological disorders. It does this through training, education, research, provision of professional support to members and working with health service planners and providers. BPNA works to ensure high quality care by setting and monitoring standards of care and by providing expert guidance and advice on policy to relevant bodies on matters relating to paediatric neurology.

In support of these aims, BPNA Invited Reviews offer assistance to healthcare organisations in addressing concerns and challenges relating to care for children with neurological conditions.

BPNA Invited Reviews are conducted in accordance with the principles set out in the Academy of Medical Royal Colleges (AoMRC) 'A framework of operating principles for managing invited reviews within healthcare' (March 2022). BPNA Invited Reviews follow a structured, clear and consistent process that is set out in this 'Guide to BPNA Invited Reviews'.

## 2. The purpose of invited reviews

As stated in the AoMRC framework (2022):

- 2.1.1. “The primary purpose of an invited review is to provide expert opinion and external assurance around quality of care that may lead to improvements to patient safety and service provision. Invited reviews are designed to facilitate reflection and learning.” (AoMRC Principle 1).
- 2.1.2. “Invited reviews use an independent, objective and expert review process to assure patient safety and improve patient care and/or services. They are an advisory service undertaken on a voluntary basis.” (AoMRC Principle 2).
- 2.1.3. “Invited reviews are carried out in partnership with Public Patient Involvement (PPI)”. (AoMRC Principle 3).

## 3. Types of invited review

BPNA conducts three types of review, in line with AoMRC Principle 1:

- i. Service Reviews
- ii. Review of an individual’s clinical practice
- iii. Clinical record review

All BPNA reviews follow a structured, clear and consistent process, as described in this Guide (AoMRC Principle 7).

### 3.1.1. Service review

A service review involves appraising a specific team, department or clinical service, such as the epilepsy service in a district general hospital or tertiary paediatric neurology service.

Service reviews usually involve two components:

- A review carried out against clear specifications which will be based on the review team’s understanding of the service. This information is provided either by the healthcare organisation or is based on other available performance data.
- Interviews with key personnel working within the service.

### 3.1.2. Review of an individual’s clinical practice

Where an individual review is being undertaken, this will only be completed where the individual concerned has agreed to participate and is aware of the documentation being reviewed and the interviews being held. The BPNA expects that the healthcare organisation will circulate the final report within 3-months to the individual concerned, amongst others (see Section 0).

The Review Team understand that the delivery of healthcare can be complex, and problems can occur for many reasons and in many ways. Sometimes problems relate to an individual's practice and/or clinical skills, but most will require an understanding of both individuals and the organisational systems in which they work. The review team will offer solutions that take account of healthcare systems and represent patient/public interest.

The review of an individual's clinical practice will include meeting with key stakeholders and the individual concerned to evaluate and comment on agreed aspects of the paediatric neurology management, as stated in the pre agreed Terms of Reference.

Both the BPNA and healthcare organisation must be sensitive to the potential impact of an invited review on individuals with the healthcare organisation (as stated in AoMRC Principle 10). The BPNA Professional Support Officer will offer to provide a BPNA mentor to the individual under review; a completely confidential service, independent from the review.

### **3.1.3. Clinical record review**

A clinical record review may form part of either a service review or review of an individual's clinical practice. A clinical record review will also follow a structured process including the chronology of the key events that have taken place, as recorded in the clinical record, and the conclusions of the clinical reviewer on the standard of care provided.

The BPNA does not undertake external second opinions of individual cases. Please see the guidance from the Royal College of Paediatrics & Child Health, "Building the foundations – external second opinions in paediatrics", published 26 May 2022<sup>1</sup>.

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<sup>1</sup> <https://www.rcpch.ac.uk/resources/external-second-opinions/foundations>

## 4. Commissioning an invited review

### 4.1. Initial request

Organisations should contact the BPNA Professional Support Officer initially:

Dr Ailsa McLellan  
Professional Support Officer & Consultant Paediatric Neurologist & BPNA Trustee  
[profsupport@bpna.org.uk](mailto:profsupport@bpna.org.uk)

The initial request should include:

- The name of the organisation requesting the review and location of the services to be reviewed
- A brief description of why a review is being requested
- A named contact for initial discussions

Reviews are only undertaken at the request of an organisation's Chief Executive or Medical Director. Any Paediatric Neurologist requesting a review can only do so by approaching their employer to request one.

All review requests are confidential and handled in accordance with the Data Protection Act 2018.

### 4.2. Initial discussions

Upon receipt of a request, the BPNA Professional Support Officer will contact the healthcare organisation's named contact to discuss the following:

- The reasons for the review and the desired outcomes
- Background and contextual factors
- The type of review being requested
- Whether a review or direction to a relevant authority is appropriate
- What the review process involves, likely timescales and expectations

"The commissioning organisation should be open and transparent about the circumstances of the review in order to gain the most benefit from the process." (AoMRC Principle 5).

The initial discussions will establish the scope of the review, which will form the basis of the 'Terms of Reference' (TOR), in accordance with AoMRC Principle 7, "The scope of the review will be formally agreed in advance by the commissioning healthcare organisation and BPNA."

Following initial discussions, the BPNA Professional Support Officer will make a recommendation on what type of review should take place or whether the organisation should be directed to another relevant authority. As necessary, the BPNA Professional Support Officer will consult confidentially with relevant BPNA personnel before making a recommendation.

### 4.3. Commissioning documents

“Invited reviews only takes place when formally commissioned by a healthcare organisation.” (AoMRC Principle 4).

If the BPNA Professional Support Officer recommends a BPNA review, the BPNA will provide the following commissioning documents for signature by the Trust CEO or Medical Director. Both the Terms of Reference (TOR) and Terms & Conditions (T&C) will need to be signed and returned to the BPNA before any further progress is made regarding the invited review.

- **Terms of reference (TOR)** (see Appendix A) – Both the BPNA and CEO or Medical Director of the healthcare organisation sign the TOR.
- **Terms and conditions (T&C)** (see Appendix B), which includes:
  - Agreeing to BPNA’s fees and providing a purchase order number
  - Being responsible for the review (AoMRC Principle 4).
  - Formally indemnifying BPNA for their work undertaking the review (AoMRC Principle 4).

### 4.4. Agreement to proceed

On receipt of the signed commissioning documents, a meeting will be arranged between the healthcare organisation contact for the review and the BPNA Professional Support Officer and the Invited Review Manager. The purpose of this meeting is to go through ‘next steps and the anticipated timeline’.

## 5. The Review

### 5.1. Review team

For all types of review, the BPNA Professional Support Officer will identify a Review Team. The Professional Support Officer is not a member of the Review Team. The Review Team will meet with key stakeholders, identified by the healthcare organisation in liaison with the BPNA, to evaluate and comment on the service, within the agreed terms of reference.

The clinicians on the Review Team will be experienced, with expertise relevant to the situation under review. They will be selected on the basis of their expertise and experience. They will not have trained or worked in the healthcare organisation being reviewed or have any other conflicts of interest to ensure independence and objectivity of the review, in line with AoMRC Principle 8.

In line with AoMRC Principle 3, there will, wherever possible, be a lay member on the Review Team. The lay member will have been selected from the BPNA pool of lay people who have been recruited on the basis of their experience as a patient or carer of paediatric neurology patient, as per BPNA Public Patient Involvement Policy. They will not have been a patient (or carer) in the care of the healthcare organisation being reviewed or any related healthcare organisation or have any other conflicts of interest to ensure the objectivity of the review, in line with AoMRC Principle 8.

Members of the Review Team will have clear role descriptions and be briefed fully on what is expected of them as part of the review, in line with AoMRC Principle 11. All members of the team will have signed a BPNA confidentiality agreement.

The invited review team will usually comprise three or four members, possibly more if additional relevant specialities are represented:

- i. Consultant Paediatric Neurologist (Lead)
- ii. Consultant Paediatric Neurologist or Consultant Paediatrician with special interest (as appropriate)
- iii. Allied health professional (for example, an Epilepsy Nurse Specialist)
- iv. Lay member

The invited review team will produce a report following the review (see Section 6.1).

## 5.2. Interview list and case notes

Following consultation with the BPNA Professional Support Officer, the Invited Review Lead will discuss with the organisation's named contact who should be interviewed, and will request a written list. Depending on the circumstances and scope of the review, this interviewee list will often include doctors, allied health professionals, management and administrative staff.

Depending on the type of review, a list of case notes may be requested for review. The BPNA Professional Support Officer will specify how these case notes should be identified. Additionally, other information and data may be requested regarding the service.

The documentation requested should be returned to the BPNA as soon as possible and no later than 4 weeks before the visit takes place. BPNA reserves the right to postpone a review if it is not in receipt of requested documentation 4-weeks prior to the visit. All documentation received will be treated confidentially and only shared with the Review Team and BPNA Invited Review staff.

## 5.3. Review dates and timetable

The duration of the visit to conduct interviews is usually 2-days in total. The visit may be virtually (Teams) or face-to-face.

BPNA will arrange dates for the review to suit the healthcare organisation. A minimum of 6-weeks' notice is required to arrange the date of the visit. Organisations will be asked to provide a detailed timetable for the day describing who the team will meet with and details of meeting location.

## 5.4. Interviews

- 5.4.1. It is advisable for the healthcare organisation to fully brief all those who will be interviewed by the Review Team. Our feedback shows that interviewees can feel threatened if they are not briefed fully in advance by their local team regarding the purpose of the review. At the start of the interview, the BPNA Review Team will reassure all interviewees and advise that individual comments will be anonymised in the final report.
- 5.4.2. The Review Team will meet review participants in accordance with the agreed timetable. Discussions will be conducted in an objective and non-judgemental manner and will seek to obtain evidence relating to the TOR. Reviews are carried out on a confidential basis to support those involved in providing patient care to speak up where they consider that improvements to patient care could be made (AoMRC Principle 9).
- 5.4.3. Virtual visits: virtual Interviews will be held on Microsoft Teams. Interviews will be recorded and stored by the BPNA for 3-months after the report is published to allow for fact checking.
- 5.4.4. Physical visits: the healthcare organisation should provide appropriate meeting rooms for the visiting team to hold interviews in private. Physical interviews will be recorded and stored by the BPNA for 3-months after the report is published to allow for fact checking.
- 5.4.5. The Review Team will take notes of all meetings and discussions held throughout the day. All notes will be retained for a limited period to allow for fact checking.
- 5.4.6. The Review team may not provide preliminary feedback on the day of the visit, as time is required to reflect on the findings. However, if the Review Team identifies circumstances where patient safety may be at risk, they will provide verbal feedback at the end of the visit, which will be followed up by a formal letter, in line with AoMRC Principle 13.

## 6. Following the review

### 6.1. Preparation of the report

6.1.1. BPNA aims to complete invited review reports within 6-weeks of the review visit.

6.1.2. The visiting team will draft a report following a clear structure (in line with AoMRC Principle 12). This will include:

- Reasons for the review and objectives for the review, identified in the terms of reference
- Information gathered by the reviewers
- Patient safety risks identified
- Conclusions
- Recommendations that are specific, measurable, achievable, realistic and have a timescale. The terms Must (essential), Should (desirable) and Could (Beneficial) are used to aid prioritisation.

6.1.3. A redacted, anonymised version of the draft report will be shared with members of the BPNA Invited Review Quality Assurance Panel (QAP). Terms of reference for the QAP is available at Appendix C. The purpose of the QAP review is to:

- Ensure that the AoMRC framework has been followed.
- Provide peer review of the findings and recommendations.
- Provide public, patient involvement in the process (in line with AoMRC Principle 3).
- Identify major overarching themes from BPNA reviews to aid learning and inform improvements to clinical practice (in line with AoMRC Principle 19).

The QAP panel may make recommendations to the Review Team for amendments.

### 6.2. Sharing the report with the healthcare organisation

6.2.1. The report will be emailed to the individuals in the healthcare organisation who were stated in the Terms of Reference, usually the CEO, Medical Director and Clinical Director. An acknowledgement of receipt will be requested. The healthcare organisation should raise any queries regarding factual statements as soon as possible, so that verification can be completed before the 'Report Delivery Meeting'. Any queries should be addressed to the Invited Review Manager.

6.2.2. A 'Report Delivery Meeting' will be held approximately 2-4-weeks after sending the report. Attendees at this meeting are the healthcare organisation individuals identified in the TOR, the BPNA Professional Support Officer and Invited Review Manager. (See Section 0).

- 6.2.3. The Terms of Reference state that the healthcare organisation agree to share the report within 3-months with the following parties:
- In the case of a Review of an individual’s clinical practice, the individual concerned (essential)
  - Trust Board Assurance Committee (essential)
  - Department leadership, including Clinical Lead (essential)
  - Appropriate members of staff, including all those who participated in the review (AoMRC Principle 14) (essential)
  - Proactively sharing the summary and findings of the report with the regulators such as Care Quality Commission /Care Inspectorate/Regulation and Quality Improvement Authority and NHS England/Improvement (AoMRC Principle 15)
- 6.2.4. Within 6-months, the BPNA will inform the same regulators that the invited review has taken place.

### 6.3. Serious and urgent concerns

“The healthcare organisation is responsible for immediately addressing any urgent patient safety risks identified by the review team, including contacting regulator(s) as appropriate/ if required. If this does not occur, the Review Team has the responsibility and duty to refer these concerns to the appropriate regulator(s) as soon as possible to support resolution of the problems identified.” (AoMRC Principle 13).

If the Review Team identifies circumstances where patient safety may be at risk, appropriate recommendations will be made in the report for consideration and action, in line with AoMRC Principle 13.

Where any urgent issues are highlighted, the review team’s concerns will be escalated to the Medical Director of the healthcare organisation immediately, asking for an explanation and [if needed] any proposed action required. Healthcare organisations will be asked to confirm to the Review Team what actions have been taken within defined timescales. This will be followed up by the BPNA, in line with AoMRC Principle 13.

It is the responsibility of the responsible officer(s) within the healthcare organisation to share serious issues regarding patient safety with the relevant regulator. The responsible officer should confirm to the BPNA Professional Support Officer when they have done this. If the BPNA is concerned that the healthcare organisation has not taken action to address serious issues regarding patient safety or shared the information with the relevant regulator, the reviewing organisation will refer their concerns to the regulator director and inform the Medical Director that this has been done, in line with AoMRC Principle 13.

## 6.4. Follow-up

Depending on the type of review, BPNA will follow-up after the review as follows:

<i>Timescale</i>	<i>Follow-up</i>
Report will be issued approximately 6-weeks after the review	
2-4 weeks after report issue	<p><b>Report Delivery Meeting</b> held on virtually. Attendees: healthcare organisation individuals identified in the TOR &amp; BPNA Professional Support Officer and Invited Review Manager. Purpose:</p> <ul style="list-style-type: none"> <li>• Review the key findings of the report and answer any questions</li> <li>• Review any patient safety risks identified</li> <li>• Review the recommendations and timelines and answer any questions</li> <li>• Gather verbal feedback on the invited review process</li> <li>• Establish attendees and dates for follow-up meetings</li> </ul>
4-6 weeks after Report Delivery Meeting	<p><b>Action Plan Review Meeting</b> held virtually. Attendees: As agreed at Report Delivery Meeting &amp; BPNA Professional Support Officer and Invited Review Manager. Purpose:</p> <ul style="list-style-type: none"> <li>• Follow-up on urgent patient safety risks (Principle 13)</li> <li>• Review outline action plan devised by healthcare organisation to address the recommendations in the report</li> <li>• Opportunity to provide support and feedback on proposed actions</li> </ul>
12-months post review	<p><b>Action Plan Follow-up Meeting</b> held virtually. Attendees: healthcare organisation individuals identified in the TOR &amp; BPNA Professional Support Officer and Invited Review Manager. Purpose:</p> <ul style="list-style-type: none"> <li>• to follow-up on actions being taken by the healthcare organisation to address the recommendations made in the report (in line with Principle 16).</li> </ul>

## 6.5. Feedback

Feedback will be gathered via an online questionnaire, from the following people, in order to inform continuous improvements of BPNA invited reviews (in line with AoMRC Principle 17):

- Review Team members. Results will be shared with the healthcare organisation at the Report Delivery Meeting and with the Quality Assurance Panel.
- Healthcare organisation individuals identified in the TOR. Results will be shared with the Review Team members and with the Quality Assurance Panel.

## 7. Complaints process

There is a clear formal method of handling concerns arising from invited reviews, in line with AoMRC Principle 18.

Anybody who has participated in, or been affected by, an invited review is welcome to submit comments or concerns. BPNA will investigate and respond formally.

### 7.1.1. Concerns about the process or conduct of the review will addressed by:

Mrs Philippa Rodie  
Invited Review Manager  
[philippa.rodie@bpna.org.uk](mailto:philippa.rodie@bpna.org.uk)

### 7.1.2. If the person making a complaint is not satisfied, their concern will be escalated to:

Dr Ailsa McLellan  
Professional Support Officer & Consultant Paediatric Neurologist & BPNA Trustee  
[profsupport@bpna.org.uk](mailto:profsupport@bpna.org.uk)

### 7.1.3. If the complaint is remains unresolved, it will be escalated to the Chair of the Invited Review Quality Assurance Panel, who is also usually the BPNA President and a Consultant Paediatric Neurologist.

## 8. Fees

- 8.1.1. Fees are payable to the BPNA for conducting an invited review of any type. The BPNA pays members of the Review Team for their time. Fees also support the BPNA invited review infrastructure, including administration of the Quality Assurance Panel. QAP members receive reimbursement for expenses only.

A fee quotation will be provided to the healthcare organisation together with the BPNA Terms and Conditions, following initial discussions (see Section 4.2) regarding the type of review required and terms of reference.

Fees include:

- Pre visit preparation (agreeing the Terms of Reference, Identifying the Review Team, Engaging a lay reviewer, Engaging other external bodies if required).
- Review Team preparation time prior to the visit
- Case note review time (if required)
- Review Team visit time
- Report preparation, amends to report following QAP review, any factual corrections following submission of report
- Quality Assurance Panel review
- Follow-up meetings and advice
- Administrative support for the review process
- Feedback collection and analysis

If the visit is face-to-face, the following costs will also be charged:

- Accommodation for the visit
- Travel
- Subsistence

- 8.1.2. A purchase order number should be provided at the time of signing the BPNA Terms & Conditions. The BPNA must be in receipt of a purchase order before the invited review takes place.
- 8.1.3. The BPNA will raise the invoice following the visit. The invoice must be paid within 30 days. Reports will be withheld until payment is received, if necessary.

## 9. Governance

Paediatric Neurology reviews are conducted by a team of selected reviewers and governed by BPNA Quality Assurance Panel.

## 10. Confidentiality

- 10.1.1. Invited reviews are carried out on a confidential basis to support those involved in providing patient care to speak up where they consider that improvements to patient care could be made (AoMRC Principle 9).
- 10.1.2. Documents and information created, received, stored or exchanged will be restricted to authorised BPNA personnel. All records will be retained for a minimum of 5-years following a review.
- 10.1.3. Recordings of interviews will be retained for 3-months after the Report has been issued to the commissioning healthcare organisation. This is to allow for fact checking should any statements within the report be challenged.
- 10.1.4. A redacted draft report will be made available to the BPNA Invited Review Quality Assurance Panel (QAP). The healthcare organisation will not be identifiable from the report and will not be identified during discussions. Additionally, all QAP members have signed a BPNA confidentiality agreement.
- 10.1.5. The BPNA expects that the healthcare organisation will circulate the report within 3-months within the healthcare organisation (see Section 0).

## 11. Media enquiries

Should at any point BPNA be contacted by media organisations or other parties regarding a review, BPNA will only provide confirmation that a review has taken or is taking place, but would not normally disclose any details regarding details of the review without written approval from the organisation's Chief Executive, Medical Director or contacts authorised on their behalf.



Confidential

A Guide to BPNA Invited Reviews

Appendix A

Terms of Reference

Updated 10 May 2022

1. Type of review to be conducted (see Section 2 of A Guide to British Paediatric Neurology Association Invited Reviews)

<b>Yes / No</b>	<b>Review Type</b>
	Service review
	Review of an individual's clinical practice
	Clinical record review

2. BPNA contact details:

<p>Main contact:</p> <p>Dr Ailsa McLellan Consultant Paediatric Neurologist Professional Support Officer, BPNA Email: <a href="mailto:profsupport@bpna.org.uk">profsupport@bpna.org.uk</a> Tel: 0208 037 4747</p> <p>Administrative arrangements will be dealt with by:</p> <p>Mrs Philippa Rodie Email: <a href="mailto:Philippa.rodie@bpna.org.uk">Philippa.rodie@bpna.org.uk</a> Telephone: 0208 037 4747</p>
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3. Healthcare Organisation's lead contact for this review:

Name:	
Position:	
Organisation:	
Postal address:	
Email:	
Telephone:	

4. Please enter the contact details for additional people within the Organisation who should also receive a copy of the final report:

Chief Executive Officer Name:	
Email address:	

Medical Director Name:	
Email address:	

Additionally:

Email address:	

5. Please outline the reasons for requesting this review

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6. Please outline the remit for this review:

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7. Please enter your specific objectives for the review:

i.	
ii.	
iii.	
iv.	
v.	

8. Please read the terms below carefully.

- a) These Terms of Reference are a formal agreement between the healthcare organisation and BPNA and will be shared with all those participating in the review.
- b) If an issue arises that is outside the agreed Terms of Reference and involves patient safety and/or the health, wellbeing, conduct or probity of staff participating in the review, this will be highlighted to the Medical Director or Chief Executive of the healthcare organisation commissioning the review for further investigation and action.
- c) In some circumstances a clinical record review might also form part of the invited review visit. This will also follow a structured process with a clear chronology of the key events that have taken place as recorded in the clinical record being reviewed, as well as the judgements of the clinical reviewer as to their view of the standard of care provided.
- d) Where an individual review is being undertaken, this will only be completed where the individual concerned has agreed to participate and is aware of the documentation being reviewed and the interviews being held.
- e) The Trust (and/or hospital) Executive as well as all relevant clinical and other staff to be involved in the review have been informed about the review's purpose and remit and are content that the external review should take place.
- f) The Trust (and/or hospital) agrees to the British Paediatric Neurology Association's terms and conditions of business.
- g) Any action taken by the host on behalf of advice offered by the reviewers will be the responsibility of the hospital(s) or Trust(s).
- h) The report produced from the review will be owned by the Trust or hospital. A copy of the report will be retained in confidence by the BPNA for reference.
- i) The BPNA expects that the healthcare organisation will share the report within 3-months with the following parties:
  - Trust Board Assurance Committee (essential)
  - Department leadership, including Clinical Lead (essential)
  - Appropriate members of staff, including all those who participated in the review (AoMRC Principle 14) (essential)
  - Proactively sharing the summary and findings of the report with the regulators such as Care Quality Commission /Care

Inspectorate/Regulation and Quality Improvement Authority and NHS  
England/Improvement (AoMRC Principle 15)

- j) The same regulators will be informed by the BPNA within 6-months that a review has taken place allowing this to be taken into consideration as part of regularly work (AoMRC Principle 15).
  - k) The healthcare organisation agrees to provide an update on the actions taken to address recommendations made in the invited review report, 12-months after the report is issued (AoMRC Principle 16).
  - l) The BPNA reserves the right to refer the matter and their concerns director to a regulator if the recommendations have not been addressed without a reasonable explanation, and the safety of patients is compromised.
9. The Trust agrees to provide any pre-visit information that is requested, at least 14-days prior to the visit for the benefit of the reviewers.

10. Please sign below to confirm that you agree to the terms of reference and return to [Philippa.rodie@bpna.org.uk](mailto:Philippa.rodie@bpna.org.uk). Upon receipt, BPNA will sign and return a copy to the named organisation contact.

Name of Trust:	
Signature: <i>Executive Officer of the Trust (or hospital)</i>	
Print name:	
Position:	
Date:	

On behalf of British Paediatric Neurology Association	
Signature: <i>BPNA Trustee with responsibility for invited reviews</i>	
Name:	Dr Ailsa McLellan
Position:	Professional Support Officer
Date:	

## A Guide to BPNA Invited Reviews

### Appendix B

#### Terms & Conditions

Updated 10 May 2022

## BPNA Terms & Conditions of business for invited review

Please read the Terms & conditions of business carefully. Please sign and return a copy to the Invited Review Manager ([philippa.rodie@bpna.org.uk](mailto:philippa.rodie@bpna.org.uk)).

### TERMS:

#### 1. Invited Review fees:

The fee is based on the scope of work required and agreed between the BPNA Professional Support Officer and the health organisation representative as set out in the terms of reference. It includes:

- Pre visit preparation (agreeing the Terms of Reference, Identifying the Review Team, Engaging a lay reviewer, Engaging other external bodies if required).
- Review Team preparation time prior to the visit
- Case note review time (if required)
- Review Team visit time
- Report preparation, amends to report following QAP review, any factual corrections following submission of report
- Quality Assurance Panel review
- Follow-up meetings and advice
- Administrative support for the review process
- Feedback collection and analysis

If the visit is face-to-face, the following costs will also be charged:

- Accommodation for the visit
- Travel
- Subsistence

Any additional review work arising from the report, beyond clarification of points within the report, will require a further scoping of work and terms of reference agreement.

2. **Purchase Order:** Before commencing the review of case notes BPNA requires a purchase order for the relevant sum. This must be submitted two weeks prior to the review commencing.
3. **Payment:** BPNA will invoice the reviewed Trust/Hospital for payment at the time of the review and requires payment within 30 days.
4. **Indemnity:** Nominated reviewers and the BPNA will be fully indemnified by the hospital(s) or Trust(s) involved, providing appropriate cover for the visitors and BPNA against any subsequent actions arising from professional activities during the review or comments included in the resulting report.

Please sign below to confirm that you agree to the terms of business and return to [philippa.rodie@bpna.org.uk](mailto:philippa.rodie@bpna.org.uk).

Name of Trust:	
Signature: <i>Executive Officer of the Trust (or hospital)</i>	
Print name:	

Position:	
Date:	

## **Invited Review Quality Assurance Panel Terms of Reference**

Updated 11 September 2020

These terms of reference refer directly to The Academy of Medical Royal Colleges (AoRC) document 'A framework of operating principles for managing invited reviews within healthcare' (2016). <https://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/invited-reviews-210116/>

### **Function**

The purpose of this panel is to ensure BPNA Invited Reviews meet the AoRC framework principles. The panel will review draft reports (AoRC Principle 14) before they are sent to the commissioning healthcare organisation to ensure that:

- a. The report meets the primary purpose to ensure patient safety and improve patient care (AoRC Principle 1 Purpose)
- b. A formal request to undertake the review was received (usually from the Chief Executive, Medical or Nursing Director) responsible for the healthcare organisation (AoRC Principle 2 Responsibility)
- c. Terms of reference for the visit have been signed by the hospital/Trust & BPNA (AoRC Principle 3 Scope)
- d. The healthcare organisation commissioning the review has confirmed that it will provide an indemnity to the BPNA (usually contained in the terms of reference). (AoRC Principle 4 Indemnity)
- e. The report offers independent advice on the circumstances under review (AoRC Principle 7 Independent)
- f. The report offers expert advice on the circumstances under review (AoRC Principle 8 Expert)
- g. The review is carried out in partnership with patients and the public (AoRC Principle 9 Patients and the public). The Panel includes lay representation, which one of the options to meet this principle.
- h. The report does not identify individuals but instead highlights the themes from the invited review against the terms of reference agreed. This confidentiality is subject to limits (AoRC Principle 10 Supporting speaking up)
- i. The report seeks to understand individuals and the systems in which they work, understanding that delivery of healthcare can be complex and problems with this can occur for a number of reasons and in a variety of ways (AoRC Principle 11 Understanding individuals and the systems in which they work)
- j. The invited reviewers had clear role descriptions and had been fully briefed on the work they would be undertaking (AoRC Principle 12)



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- k. A structured process was followed (AoRC Principle 13 Review format)
- l. The report conforms to a clear structure setting out the reasons for the review, its terms of reference, the information gathered by the reviewers, and their conclusions and recommendations (AoRC 14 Review Reports)
- m. Identifying any patient safety risks identified to the reviewers have been addressed by the healthcare organisation in a timely manner. Supporting the review team in referring these concerns to the appropriate regulator(s) (AoRC Principle 15 Patient Safety)
- n. Ensuring that a plan is in place to follow-up the outcome of the report's recommendations (AoRC Principle 16 Follow up)
- o. Ensuring that BPNA co-operates constructively and in a timely manner with regulators and other external bodies involved in assuring the quality and safety of patient care (AoRC Principle 18)
- p. Ensuring there is a clear process for receiving feedback from healthcare organisations and using this to inform service development (AoRC 19 Feedback)
- q. Ensuring there is a clear process for receiving feedback from reviewers and using this to inform service development (AoRC Principle 20 Feedback)
- r. Ensuring there is a clear formal complaints process for those involved in external reviews and using this to inform service development. The word 'Complaints' in this context refers only to concerns regarding the process/conduct of the review. It does not refer to an appeal against the recommendations of the review (AoRC Principle 21 Complaints)
- s. The Panel will report to Executive on the themes arising from invited reviews, annually (AoRC Principle 22 Thematic learning and trend analysis)

## Important relationships

The Panel reports to the BPNA Executive (Trustee Board).

## Constitution

The Panel comprises the following members:

1. **President of the BPNA, Chair** (BPNA Trustee and member of Executive, elected according to the BPNA Constitution) *ex officio*. If the timing of a review and issuing the report falls as the Presidency is changing, the President Elect will also attend.
2. **Professional Support Officer** (BPNA Trustee and member of Executive, elected according to the BPNA Constitution) *ex officio*
3. **Consultant Paediatric Neurologist** to be appointed from the BPNA Ordinary membership. Open to Consultant Paediatric Neurologists working in the UK, with at least 5-years' experience as a Consultant. This position to be advertised to the BPNA membership. Applications to include a 200-word personal statement, CV and be supported by a proposer and seconder who are members of the BPNA. Appointment

will be made by vote of the BPNA Executive. The term of office will be 3-years with an option to seek re-election for a second term of office on one occasion only (ie a maximum term of 6-years without a break in service).

4. **Consultant Paediatrician (general, community or neurodisability)** to be appointed from the BPNA Ordinary membership. Open to Consultant Paediatricians working in the UK, with at least 5-years' experience as a Consultant. This positions to be advertised to the BPNA membership. Applications to include a 200-word personal statement, CV and be supported by a proposer and seconder who are members of the BPNA. Appointment will be made by vote of the BPNA Executive. The term of office will be 3-years with an option to seek re-election for a second term of office on one occasion only (ie a maximum term of 6-years without a break in service).
5. **Allied Health Professional** to be appointed from the BPNA Allied Health Professional membership. Open to Allied Health Professionals in the UK, with at least 5-years' experience. This position to be advertised to the BPNA membership. Applications to include a 200-word personal statement and cv and be supported by a proposer and seconder who are members of the BPNA. Appointment will be made by vote of the BPNA Executive. The term of office will be 3-years with an option to seek re-election for a second term of office on one occasion only (ie a maximum term of 6-years without a break in service).
6. **Lay member(s) maximum two.** This position to be advertised publicly. Applications to include a personal statement and cv. Appointment will be made by vote of the BPNA Executive. The term of office will be 3-years with an option to re-apply for a second term of office on one occasion only (ie a maximum term of 6-years without a break in service).
7. **BPNA Executive Director** *ex officio*
8. **Author of the draft report** being considered. This is usually the Chair of the review team

All members of this panel are bound by confidentiality and are required to sign a confidentiality statement prior to joining the panel.

#### **Quorum for meetings**

President (Chair), Professional Support Officer, Lay member, Executive Director. At meetings reviewing a draft report, the author of the draft is also required to attend.

**Meetings**

The committee will meet as often as required to review draft reports before submission to the commissioning healthcare provider. These meetings need to be convened in a timely manner to meet the report submission deadline agreed in the terms of reference.

The committee will hold one meeting per annum to review the feedback, invited review process and in preparation to report themes/trends to Executive annually.