

# Approach to multi-board reviews of Adverse Events

## Approach to multi-board reviews

- This guidance has been designed for adverse events including near misses.
- The principles describe a collaborative NHS approach. However, the principles could be applied to external organisations involved in adverse events, such as social care, local authorities or Police Scotland.
- The NHS board where the adverse event occurred will lead the review and ensure organisational Duty of Candour is applied appropriately.
- Each NHS board assesses the need for a collaborative approach on a case by case basis, based on the circumstances of the adverse event. For example, the patient had contact with more than one NHS board in relation to the adverse event (see page 2 for further guidance).
- Healthcare Improvement Scotland will maintain a list of the primary points of contact at each NHS board for multi-board reviews. This list is available on the adverse events community of practice SharePoint site under this link: [NHS board primary contacts for MBR.docx \(sharepoint.com\)](#) or by emailing [his.adverseevents@nhs.scot](mailto:his.adverseevents@nhs.scot).

## Multi-board approach steps

The following outlines the approach to take for adverse event reviews which involve more than one NHS board:

1. NHS board reports adverse event and follows its local process.
2. NHS board identifies the need for a multi-board approach and considers the scope of joint working required.
3. Lead NHS board follows its adverse events review process and contacts other relevant NHS board(s) and national support services organisations for input by asking them to complete a review contribution proforma through a central point of contact. (Appendix 1)
4. Lead NHS board is the primary information holder and maintains a full record of all correspondence and paperwork associated with review. Contributing NHS board(s) will hold copies of their own documentation.
5. Contributing NHS board(s) acknowledges the request to collaborate in a joint review within 10 working days. NHS boards agree the scope of involvement from all contributors and agree a single point of contact for the patient, family or carer. (Roles and Responsibilities below).
6. Lead NHS board follows local management of Adverse Events Policy and in collaboration with contributing boards provides updates on process and progress to the contributing NHS board(s), before sending them the draft report for comment, followed by the full report, within timescales agreed by the multi-agencies.
7. Lead and all contributing NHS board(s), where appropriate, follows local procedures for ensuring shared learning, debriefing and ensuring agreed recommendations are implemented as an action plan within areas of responsibility.

## Roles and responsibilities

Guidance is provided below on the roles and responsibilities of lead and contributing NHS boards. A draft template is included at Appendix 1 for NHS boards to use when requesting contribution from another NHS board. Please refer to section 6A and B at Appendix 2 of the Scottish Accord on the Sharing of Personal Information (Appendix 2), which all NHS boards should use when conducting multi-board reviews.

### Lead NHS Board

- Manages the adverse event and follows its local adverse events review processes and procedures.
- Agrees with any contributing Board(s) the scale of collaboration and the level of involvement required through the Scottish Accord on the Sharing of Personal Information. Level of involvement will be based on factors such as, contact with the patient. The level of involvement could be any of the following:
  - The lead NHS board may propose a multi-board review team approach to review the complete patient journey across multiple health boards and services. A joint report could be produced. Each NHS board would be responsible for identifying an appropriate person to support this function who has appropriate specialist knowledge and training.
  - The contributing NHS board is part of the lead NHS board's adverse events review. NHS boards would be responsible for identifying an appropriate person to support this function who has appropriate knowledge and training.
  - The contributing NHS board would provide information to the lead board to allow a full and complete review to identify the required learning.
  - The contributing NHS board just provides relevant information to the lead NHS board.
- Agrees with contributing NHS board(s) a single point of contact for the family or carer.
- Agrees with contributing NHS board(s) how the adverse event will be recorded on Datix (or equivalent system), particularly in the instances of suicide to avoid over-reporting at national level.
- Informs its corporate management team of the collaborative approach being taken.
- Manages all documentation relevant to the review and ensures information from contributing NHS boards(s) is anonymised and redacted to protect patient confidentiality and safeguard staff (in line with the data redaction guidance tools as part of the national framework for adverse events).
- Ensures that the contributing board is invited to comment on the draft report, and agreement is reached on the relevant section of the final report.
- To avoid duplication in annual reporting, arrangements for candour should be agreed at the MBR. The suggested process is that the lead board in which the adverse event is

identified has responsibility for applying organisational duty of candour and reporting on this. Exception to this would be the identification of an additional and associated reportable adverse event as a result of the MBR which is attributable to a participating Board. In this case this event should be reviewed and reported as per organisational policy.

- If you are asked to share information with the police/prosecutor fiscal please follow your normal information sharing process and liaise with contributing boards.
- Manage report and action plan through existing governance and operational committees and procedures for sharing the report and learning points.

### Contributing NHS board(s) or agencies

- Nominate a relevant point of contact for the adverse events review (this may differ to original central point of contact for contribution).
- Contributing NHS board(s) acknowledges the request to collaborate in a joint review within 10 working days. NHS boards agree the scope of involvement from all contributors and agree a single point of contact for the patient, family or carer.
- Contribute to the draft report, and receive a copy of the final full report and action plan.
- Manage report and action plan through existing governance and operational committees and procedures for sharing the report and learning points.

### Escalation process

All partner boards have a shared responsibility to ensure the factually accuracy of the final report and content as agreed. If a partner Board does not agree then the matter should be escalated to the medical and nursing director of your healthcare organisation. If the partner organisation is a social care organisation, then the matter should be escalated to the Chief Officer.

## Appendix 1: Request to contribute to multi-board adverse event review

### Section 1: to be completed by lead NHS board

NHS Board		Contact Name	
Date		Telephone Number	
Sponsoring Director /lead NHS board		Email address for returning the form	

Request being sent to:

NHS board(s):

Nominated point of contact on behalf of NHS board(s):

Summary of the adverse event recorded by lead NHS board. This should include details from the original Datix (or equivalent system) record:

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Section 2: to be completed by contributing NHS board

Name:

Date:

Contributing NHS board summary of information relevant to the adverse event:

Notification sent to the lead NHS board on the outcome of the decision to contribute and the relevant contact point? Choose an item.

Record of Nominations or representation (where relevant):

Name	Title	Contact address and phone number

**Acknowledgement of the request within 10 working days to the lead NHS board (by email)**

## Appendix 2: Sections 6A and B of the Scottish Accord on the Sharing of Personal Information

The below section is from section 6A and B of the Scottish Accord on the Sharing of Personal Information, which all NHS boards should use when conducting multi-board reviews.

### Scope and Purpose

6. This Accord has been developed to facilitate the legitimate, justifiable and proportionate sharing of personal data between NHS Scotland organisations as referenced in section 2A of the National Health Service (Scotland) 1978 Act for health care purposes. This Accord should be used:

- a. when there is a need to share or disclose data for the routine facilitation of patient care between NHS organisations for established purposes,
- b. for exchange of data pursuant to the management of the healthcare system in Scotland



July 2025

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