Guiding principles for sharing information from adverse event reviews

Achieving the correct balance between the duty to protect confidentiality and the duty to share information can be achieved by following the steps below.

1. **Awareness of information sharing**
   a. Inform patients, family, carers, donors and staff of an intention to share adverse event review reports for the purpose of lesson learning, education, training, reflective practice and improvement.
   b. Provide assurance that information will be anonymised as far as possible to minimise the risk to privacy.
   c. Be clear that information may still be potentially identifiable.

2. **Writing a shareable adverse event review report**
   (sharing with those involved in the adverse event and its review)
   a. Avoid using obvious personal identifiers when writing the report. Refer to the checklist for help.
   b. Keep a separate record of the personal details of the individuals involved in the adverse event (for example patients, family, carer, donors, staff, care partners) with a unique identifier for use in the report (see below). This record is confidential and should be kept securely with restricted access.
   c. Use a standard naming convention to refer to individuals in the report. For example, refer to the person by their role plus a sequential capital letter based on the chronological order in which they are referred to in the report. A generic role may be sufficient, for example a doctor or nurse, although a more specific role reflecting the level of seniority may be helpful (such as Patient A, FY1 B, Consultant C, Staff Nurse D, Consultant E, Family member F). Be careful that the selected coding does not equate to people’s initials.

3. **Reviewing the report before wider sharing**
   (sharing beyond those involved in the adverse event and its review)
   a. Review each report on a case by case basis, taking into account the intended audience, to decide the appropriate approach.
      i. Suitable for wider sharing as it is.
      ii. Some data needs to be redacted by a suitably skilled person (provided the report will remain meaningful following this).
      iii. A separate summary report needs to be written for the purpose (for example to highlight key points where the report is lengthy; where a large amount of data would be redacted making the report difficult to read or understand) Note: care has to be taken when responding to a request made under FOISA. Under FOISA, it is a criminal offence to alter a record with the intention of preventing it being disclosed. If you receive a FOISA request for a copy of an adverse event review report, you cannot just prepare a summary report and provide it to the requester – at least without applying exemptions to the source report and explaining to the requester what you are doing. If you are in doubt, seek advice from the Scottish Information Commissioner – contact details can be found at [www.itstopublicknowledge.info](http://www.itstopublicknowledge.info).
   b. Seek relevant expertise from information governance and clinical colleagues to help.
      i. Consider the risk of indirect person identification, for example a rare condition, an uncommon procedure, a highly specialist service, a group or population with small numbers, or an unusual set of circumstances.
      ii. Ensure there is sufficient context and information about the event for the report to meaningfully support openness, learning and improvement.
      iii. Consider what information is already in the public domain, for example, through the media.
      iv. Consider the impact on the patient, family or carer of wider sharing and take their views into account.
   c. Gain sign-off by a suitable person that the report is suitable for wider sharing, for example the review chair person, and obtain Caldicott Guardian approval.