



Item	Time	Item	Purpose	Presenter	Delivery
1	10:00	Welcome 1.1 Introductions 1.2 Apologies for absence 1.3 Declaration of Quorum 1.4 Declaration of Interests 1.5 To approve minutes from previous board meeting, 5 October 2023 & 9 November 2023 1.6 Actions from previous meetings	Information Information Information Assurance Assurance Approval Assurance	Chair, Ted Baker	Verbal (1.1-1.4) Paper (2) Paper
2	10:10	Chair's Update	Information	Chair, Ted Baker	Verbal
3	10:15	CEO Update	Information	Rosie Benneyworth	Paper
4	10:30	Performance Update 4.1 Finance & Performance Update 4.2 Performance Report Review	Assurance	Maggie McKay	Verbal Paper
5	10:50	Audit and Risk Assurance Committee Update	Assurance	Peter Schild	Verbal
6	10:55	Remuneration Committee Update	Assurance	Mary Cunneen	Verbal
7	11:00	Interim Scheme of Delegation	Approval	Maggie McKay	Paper
8	11:10	Terms of Reference 8.1 Senior Leadership Team 8.2 Audit and Risk Assurance 8.3 Remuneration Committee	Approval	Maggie McKay	Papers (3)
9	11.20	Protected Disclosure under the Health and Care Act 2022	Approval	Philippa Styles	Paper
10	11:30	Emerging Concerns Protocol	Approval	Philippa Styles	Papers (2)
11	11:40	Strategy Update	Discussion	Rosie Benneyworth	Paper
12	11:55	Any Other Business 12.1 Freedom to Speak Up	Approval	Rosie Benneyworth	Verbal
13	12:00	Close	Information	Chair, Ted Baker	Verbal
14	12:00	Questions from Public Attendees	Assurance	Rosie Benneyworth	Verbal
For Information (read only)					
15		Forward Planner	Information	Chair, Ted Baker	Paper
16		Approved minutes from Audit and Risk Assurance Committee 5 October 2023 meeting	Information	Peter Schild	Paper
Next Meeting: Thursday 8 February 2024 10:00-12:00 Bristol (venue to be confirmed)					



Health Services Safety
Investigations Body

**Minutes of the
Inaugural Healthcare Services Safety Investigations Body (HSSIB) Public Board Meeting
Thursday 5 October 2023 10:00hrs-12:30hrs
Virtual Meeting via Microsoft Teams**

Present

Ted Baker (TB)

Rosie Benneyworth (RB)

Marc Esmiley (ME)

Marisa Logan-Ward

Mary Cunneen (MC)

Mike Durkin (MD)

Peter Schild (PS)

Chair

Chief Executive

Non-Executive Director / Board Member

Non-Executive Director / Board Member

Non-Executive Director / Board Member

Non-Executive Director / Board Member

Non-Executive Director / Board Member

In attendance

Maggie Mckay, Finance and Performance Director (MM)

Sarah Graham, Board, Governance and Records Manager (SG)

Julia Blomquist, Business Manager to CEO and Chair (minutes) (JB)

WELCOME / ITEM 1.1 – INTRODUCTIONS

The Chair opened the meeting and welcomed Board members and other attendees. Due to industrial action on the railway system, this meeting of the Board was held in a virtual format via video conferencing. The meeting was recorded for record keeping purposes only and will not be published on the HSSIB website.

ITEM 1.2 APOLOGIES FOR ABSENCE

Andrew Murphy-Pittock (AMP), Head of Investigation Education

Deinniol Owens (DO), Associate Director of Investigations – RB covered item 4

ITEM 1.3 DECLARATION OF QUORUM

The meeting was quorate with all Board members in attendance.

ITEM 1.4 DECLARATION OF INTERESTS

There were no relevant declarations of interest.

RB informed Board members a conflicts of interest policy and individual forms will be circulated via correspondence. Once completed, TB advised the declarations will be published on the HSSIB website.

Action: MM to circulate Conflicts of Interest policy and forms to Non-Executive Directors (NEDs)

Action: Declarations of Conflicts of Interest to be published on HSSIB website

ITEM 2 - CHAIR'S UPDATE

On behalf of the Board, TB paid tribute and thanked all staff for their work involved in the transition which was successful on 1 October 2023. TB thanked colleagues at the Department of Health and Social Care (DHSC) for their continued help and support which has been invaluable. TB acknowledged and thanked those who were involved and began the work on the legislation to create HSSIB.

TB informed the legal framework is in place and a communications protocol with DHSC has been completed and signed off. Following a question from MLW, TB explained the protocol is to ensure the DHSC are informed of any external communications regarding independence. TB agreed to share copies of the protocol with the NEDs. Furthermore, HSSIB has been added to the NHS Providers annex which ensures staff still receive their NHS terms and pension. The HSSIB Launch event is taking place on 18 October 2023 in London. The Minister, Maria Caulfield will be attending and speaking, and a significant number of stakeholders have registered to attend.

BoardLogic is the new platform for board papers and a training session is being held which TB requested all Board members attend. MC thanked the staff involved for the quality of the Board papers which were clear to read.

TB confirmed the following Board Sub Committee positions have been agreed; PS Chair of Audit and Risk Assurance Committee (ARAC) and Deputy Chair for HSSIB Board, ME and MLW voting members of ARAC (membership now completed) and MC Chair of Remuneration Committee (to be established in the near future).

Action: TB to circulate communications protocol to NEDs

ITEM 3 - CEO UPDATE & EXECUTIVE REPORT

RB confirmed the transition has gone smoothly, there have been minor glitches with IT which are being worked through and we are receiving a lot of support from the NHSE IT team. RB thanked the NHSE legal and HR teams who have supported the transfer of staff.

There was a successful recruitment for the Director of Investigations position. 77 applicants applied and six were shortlisted and invited to interview, four accepted. MM chaired a stakeholder engagement panel joined by HSSIB colleagues on 3 October 2023, who provided feedback to the interview panel which consisted of RB, TB and Adam McMordie, Deputy Director, Quality Patient Safety and Maternity at DHSC. The interviews took place on 4 October 2023 and have identified a candidate and offered the position. RB will announce and share once the recruitment process is completed. MC raised the Remuneration Committee usually would agree such posts, RB responded the banding and post was formally agreed through the DHSC Remuneration Committee and advertised as an ESM1. The Board agreed that MC should lead on approval in the absence of an established committee and for RB to circulate a paper to the NEDs to comment on prior to sending the offer letter.

AMP has had discussions with the Department of Trade and Industry on how they commercialise NHS activities internationally. Now that we are able to look into commercialisation, this is an opportunity to look into how we can support their work and AMP is meeting with a delegation from Brazil next week and will feedback following the meeting.

There has been significant media coverage of the tragic case of Martha Mills who died of sepsis following falling off her bike and her mother has been campaigning for Martha's Rule which has highlighted many challenges we are trying to address. The Secretary of State for Health and Social Care has asked the Patient Safety Commissioner to convene a series of development sessions to understand how we can make Martha's Rule a reality in the NHS in England. RB

has been invited to be part of this work and will attend the first meeting which takes place next week. MD reinforced the comments and encouraged the NEDs to listen to the parents powerful testimony describing their experience.

MM provided an update on finances. The payroll and finance systems are being finalised, and it is built so there is segregation of duties. A scheme of delegation paper will be circulated for the next board meeting. The budgets are not complete as transition costs are being worked on, we are now in a position with IT to have a better understanding of the cost, and once demerged from NHSE we can forecast the year end outturn. Following a question relating to the £80k VAT cost, MM explained that HSSIB is waiting to be added to the VAT legislation by HMRC and in the meantime HSSIB cannot reclaim VAT which will result in a cost pressure of circa £80k. MM is working with DHSC and HSSIB is expected to be added to the legislation from April 2024 when we will not need to absorb these costs for the provision of services such as IT from NHSE and NHS HR support. PS queried the organisation budget and if we have any other roles to recruit, MM confirmed we have a £5.3m baseline budget which will not rise with inflation and will need to absorb any additional costs in that budget. There are vacancies, the HR & OD Business Partner and Head of Policy, Strategy and Engagement are both being recruited. The Board Secretary role, Investigations Administrator and Project Manager for IT and Procurement will be ready for advert shortly. PS requested clarification why there are costs for nine months for NHS CSW, MM confirmed NHS HR have been providing support whilst a HR Business Partner is being recruited.

Action: RB to circulate paper to NEDs to approve recruitment of Director of Investigations

ITEM 4 - KEY PERFORMANCE INDICATORS (KPIs)

In DO's absence, RB presented the paper for discussion and Board approval and provided an overview. HSIB was previously measured on the number of investigations and we are keen to move away from this. Following discussions with the team and the DHSC, the proposal gives us time to develop our strategy and consider the strategic objectives.

MC supported the paper but felt the KPIs were too ambitious for a new organisation and should focus on getting the policies, procedures and governance in place first between now and the end of the financial year to set us up to deliver more from April 2024. MD felt the next piece of work is to slim down the investigation process elements and develop the impact, balance between overly developed process measures and sparse outcome measures. The delivery of outcomes is the most impressive work HSSIB will do and is a difficult area to work on and is not ambitious in terms of what we will be learning. We need to be pragmatic and look to the future to develop it. ME suggested to set our core values and stretch goals which will give options for flexibility and not restraints, it is key to align with the strategy and see how we are learning. RB assured the next phase is to use the strategy to drive the KPIs and focus on people metrics, culture and workforce.

RB thanked the Board for their helpful comments and suggestions and will revisit the paper with the team to revise and reframe that as a new organisation, we need to ensure the fundamentals are in place and emphasise the evolution from HSIB. Once completed, this will be shared via correspondence to the Board to approve. The next steps following approval will be for the DHSC to finalise.

Action: RB to share revised KPI paper with Board via correspondence within the next two weeks

ITEM 5 - PERFORMANCE REPORT

RB shared the HSIB Corporate Performance Report and requested the Board to discuss what information is useful in the report and whether there were any specific questions. To note, information included in the report was part of HSIB and not relevant to HSSIB as the teams have changed following the transition. PS raised whether DHSC have stated any certain measures that HSSIB need to oblige to, RB responded that as we are an independent organisation now, we need reporting that works for us and ideally want one report that serves a purpose for the Board and provides assurance to the DHSC. For staff absence, MC felt a useful measure would be to include the data as people days instead of budget. RB reassured the Board in HSSIB the levels of long term sickness are very low and can share this in people days and confirmed the percentage is far less. TB emphasised we need consider how we present this to ensure that we do not infringe confidentiality due to the small numbers of workforce. It was highlighted that NHSR was not listed as a stakeholder, RB confirmed they are a key stakeholder she meets regularly with the CEO and is working with the deputy Director on ALB safety recommendations. MD felt we have a responsibility to ensure appropriate techniques used within the team at CQC are not lost and we continue to have a relationship and share expertise and learning. RB will continue to work closely with Maternity and Newborn Safety Investigations, there is still a crossover and the CQC team will be creating thematic reports and HSSIB will need to consider what is our role and how we can add value to this space.

RB has been chairing a group sponsored by the Chairs and CEOs group, focused on ALB safety recommendations into the system. The group have been working together to understand the recommendations from all the different bodies as feedback from providers has been they find this conflicting and overwhelming. This is related to all aspects of care and other parts of the system including mental health, emergency care and maternity. The next steps are to meet with the DHSC. TB added as an organisation we need to prioritise what we choose to do and focus our energy on where we can make the biggest difference.

Action: Board to discuss performance report at November development day

ITEM 6 - AUDIT AND RISK ASSURANCE COMMITTEE (ARAC) UPDATE

PS informed the inaugural ARAC meeting was taking place today 14:00-15:00hrs and the NEDs were welcome to join the meeting to observe. PE, ME and MLW have been identified as the voting members. Two engagement sessions have taken place with the National Audit Office (NAO) and Government Internal Audit Agency (GIAA) which went well and have set a goal to lay annual reports before recess in June 2024. The fees have not been agreed yet, but anticipate £50-55k. Risk management, governance and key financial controls are three areas prioritised to progress. GIAA will work with us to develop a three year audit plan.

ITEM 7 - HSSIB APPOINTMENTS TO STATUTORY POSITIONS

MM summarised the paper that it is a legal obligation for HSSIB to appoint a Senior Information Risk owner (SIRO), Caldicott Guardian and Data Protection Officer (DPO).

The Board agreed as an interim measure for MM to be SIRO, RB to be Caldicott Guardian (until the Director of Investigations is fully trained and can take over the role) and for SG to be the DPO, with MM undertaking training to support. TB felt it would be useful for the individuals identified to meet with the legal team in November to ensure the legal framework is not conflicted. TB emphasised we need a legal and governance framework in place first. MD agreed and felt it was high risk for RB's role which needs to be protected and not seen as Caldicott Guardian as this opens challenge if information is not appropriately handled and needs to be a whole system approach for HSSIB.

Action: MM to invite legal team to Board Development day in November to discuss and consider HSSIB legal powers and duties

ITEM 8 - HSSIB POLICY SIGN-OFF PROCEDURE

MM introduced the paper to agree the process for the ratification of HSSIB corporate policies to determine whether all policies should be escalated to Board level or whether some can be approved by Executive or Departmental leads. MC welcomed the paper and suggested the policies to be sub-grouped by what the Board would like to see and delegate the others to the senior team. MC added she did not support the voting approach via BoardLogic. TB agreed that first we need to agree which policies we will delegate and need a firm proposal before approving. MM will group the policies and bring back a paper to the next Board meeting to formally sign off. It was agreed for other policies that require Board sign off to be circulated in advance of the December meeting papers so there is time for members to review them. TB requested a forward planner to be created which includes policy sign off, MC added to include timescales for policies and prioritisation. RB informed a HSSIB Board Forward Planner is being developed by the team which includes policies and procedures and is keen to consider wording and language within the policies which generate, support and implement good culture.

Action: MM to subgroup policies and submit a paper to sign off at December board meeting

Action: Board to sign off priority policies via correspondence

Action: LP to add HSSIB Forward Planner as a standing Board agenda item

ITEM 9 - SBS SIGNING MANDATE (APPROVED IN CORRESPONDENCE)

This item was approved via correspondence and there were no further comments or questions.

ITEM 10 – PUBLIC QUESTIONS

TB asked the Board to consider how we fulfil transparency with the public. The meetings dates are announced on the HSSIB website and we have requested for the public to register their interest in advance to attend meetings so they have the opportunity to raise questions and challenge us. RB felt this was important to discuss with the host organisations in the engagement sessions to understand how they invite members and suggested a future aspiration could be to work with the host's local media and press. Having patients attend and hearing their stories would be powerful and to emphasise what we do. TB supported this and hoped the host organisations can help present a patient story and engagement with the public attending. TB added the minutes will be published on the HSSIB website, MC suggested to also publish a 'Chair's blog' summarising the Board meeting and their priorities. The Board were happy with this approach.

ITEM 11 - ANY OTHER BUSINESS

- HSSIB website – the website is up and running (www.hssib.org.uk) and are now waiting for it to be updated on Google.
- HSSIB email signatures – the new template will be circulated to the NEDs.
- HSSIB email accounts – From 1 November 2023, all NEDs to officially start using only their new accounts.
- HSSIB equipment – The laptops are still being built and due to be completed this month and will then be sent to the NEDs.
- HSSIB ID badges – badges and lanyards have been designed and the template finalised.

RB would like a photographer to attend the next development day to get official photos for the badges and website.

Action: Provision for a photographer to attend November development day

Action: LP to send NEDs HSSIB signature template

CLOSE

The meeting closed at 11:46hrs.



Health Services Safety
Investigations Body

**Minutes of the
Healthcare Services Safety Investigations Body (HSSIB) Extraordinary Board Meeting
Thursday 9 November 2023 10:00hrs-11:00hrs
Boardroom, The Clermont Charing Cross, Strand, WC2N 5HX**

Present

Ted Baker (TB)

Rosie Benneyworth (RB)

Marc Esmiley (ME)

Marisa Logan-Ward

(MLW) Mary Cunneen

(MC)

Mike Durkin (MD)

Peter Schild (PS)

HSSIB Chair

Chief Executive

Non-Executive Director Board

Member Non-Executive Director

Board Member Non-Executive

Director Board Member Non-

Executive Director Board Member

Non-Executive Director Board Member (Meeting
Chair)

In attendance

Maggie McKay

Sarah Graham

Julia Blomquist

Luke Paton

Deinniol Owens

Andrew Murphy-Pittock

Hannah Eustace

Finance and Performance Director

Board, Governance and Records Manager

Business Manager to CEO and Chair (minutes)

Project Manager

Deputy Director of Investigations

Education Director

Head of Transition

WELCOME / ITEM 1.1 – INTRODUCTIONS

TB joined the meeting via video conferencing, therefore PS chaired the meeting. The Chair opened the meeting and welcomed Board members and other attendees.

ITEM 1.2 APOLOGIES FOR ABSENCE

There were no apologies of absence.

ITEM 1.3 DECLARATION OF QUORUM

The meeting was quorate with all Board members in attendance.

ITEM 1.4 DECLARATION OF INTERESTS

There were no relevant declarations of interest.

ITEM 1.5 – BOARD APPOINTMENTS

The Board agreed the following Executive Team appointments, Philippa Styles (ESM1) – Director of Investigations, Andrew Murphy-Pittock (Band 9) – Education Director and Maggie McKay (Band 9) – Finance and Performance Director.

ITEM 1.6 - CHAIR'S UPDATE

On behalf of the Board, TB paid tribute and thanked all staff for their work involved in the successful HSSIB Launch Event on 18 October 2023 which received positive feedback on the safety management systems report. RB added there are a number of reports being published for the remainder of this year. The terms of reference for the mental health investigations are with the Secretary of State for consultation.

RB provided an update which included HSSIB being increasingly recognised as a new body and has been formally asked to be a member of the National Quality Board. Regarding recruitment, Philippa Styles will join HSSIB on 13 November 2023 as the Director of Investigations and Minal Patel has been recruited as the Head of Policy, Strategy and Engagement (HoPSE) and will join the organisation in December 2023 as a member of the Senior Leadership Team (SLT).

The Board thanked RB and TB for the updates and felt they have been very well informed.

ITEM 2 – STRATEGIC PERFORMANCE REPORTING

DO presented the paper, following feedback on HSSIB's ambition and establishment, the interim KPIs have been simplified and the next steps are to have a discussion with the sponsorship team at the Department of Health and Social Care (DHSC). Now that the baseline has been set, we can build on this and engage widely with the strategy. The proposed interim measures were agreed.

ITEM 3 – INVESTIGATIONS CRITERIA

DO circulated the paper via correspondence to the Board which sets out the options for the interim HSSIB measures for its investigation criteria, principles and processes. There was a detailed discussion where MC noted that she was keen that the criteria was made clear to the DHSC. RB noted that the criteria have been sent to DHSC for consultation with the SoS. We will also be consulting with the public and stakeholders when we consult on the HSSIB strategy.

TB felt that the criteria is a good starting point and queried whether we would need legal input

to avoid challenge. RB responded the processes included are as required from the DHSC to outline. MC raised the importance of engaging with external stakeholders external stakeholders, TB responded that the criteria are for what HSSIB may wish to investigate.

The Board provided comments and general agreement but will not give final approval until we have consulted with the Secretary of State.

Action: Investigations Criteria to be brought back to the December Board meeting for a formal decision

ITEM 4 – URGENT POLICIES FOR APPROVAL / POLICY APPROVAL ROUTE

The following policies were presented to the Board for sign off.

ITEM 4.1 - BOARD CODE OF CONDUCT

TB commented the policies do not refer to the prohibition of disclosure and has implications including confidentiality, and that the Board do not want to lose sight of their duties in the policies. MD suggested to include this in section six, MC felt this coincided with the terms of appointment and whether the language was the same. All policies should be checked for any issues with protect materials. PS noted that the Board had to use personal emails whilst HSSIB accounts / Boardlogic were being set up, therefore the section regarding the use of personal emails needs to be adjusted to reflect this.

The conduct was agreed to be signed off for the time being, but needs to be sent on to DAC Beachcroft for protected material / disclosure items to be added in.

Action: SG to send the document to DAC Beachcroft to have a standard protected materials clause added in.

Action: SG to amend the personal email usage section to reflect the need to have this in extenuating circumstances.

Action: SG to check with HR that the language in the Board Code of Conduct reflects what was in the terms of appointment for board members.

ITEM 4.2 INFORMATION GOVERNANCE (IG) AND DATA COMPLIANCE POLICY

The Board fed back to remove references to IG teams and the use of acronyms and to remove references to a Director of Corporate Services. It was agreed names are not required to be included for the roles of Caldicott Guardian, SIRO and DPO. RB proposed for Philippa Styles to receive the appropriate training in order for her to undertake the role of Caldicott Guardian.

The policy was approved subject to the actions agreed being completed.

Action: MC to provide feedback on IG regulations.

Actions: SG to remove references to Director of Corporate Services and acronyms.

Action: SG to send the document to DAC Beachcroft to have a standard protected materials clause added in.

Action: SG to remove references to IG Teams (acronyms in general).

ITEM 4.3 STANDARD OF BUSINESS CONDUCT POLICY

The Policy was approved subject to the following changes; amend Section 10.3 to 'contract termination' and amend section 6.3 on use of HSSIB premises.

ITEM 4.4 POLICY APPROVAL ROUTE

The Board agreed for the Audit and Risk Assurance Committee to hold the whistleblowing policy and for the Board to approve the health and safety policy. SG will amend the delegated approval route and circulate to the Board for final approval.

MLW queried whether HSSIB have a quality management system, RB responded that HSSIB did not have one formally but had quality assurance. HSSIB has not formally discussed this but RB is aspiring to have a quality management system in place.

The Policy was approved subject to the agreed actions being completed.

Action: Board to feedback in writing if they agree that the delegated approval route is correct.

Action: SLT to discuss quality management systems and feed back to Board

ITEM 4.5 DECLARATION OF INTERESTS POLICY

RB noted that this is an important policy to get right MD agreed that ongoing process for recording this is important.

The policy was approved.

ITEM 4.6 MODERN SLAVERY POLICY

AMP requested for section 2.3 on supply chain to include a clause for international customers on a commercial basis, SG will add a clause for commercial partners.

The policy was approved.

ITEM 4.7 DOCUMENT AND RECORDS MANAGEMENT POLICY

The policy was presented in draft format, SG will finalise and re-circulate for final approval at the December Board meeting.

The Board requested an annex to include policy review dates.

ITEM 5 – FORWARD PLANNER

LP has mapped out the forward planner for the next three years to enable the Board and HSSIB staff to see what was coming up at the various committees. RB thanked LP for the amount of work that has gone in to developing the planner.

ITEM 6 – ANY OTHER BUSINESS

MM updated she is working on mandatory training for the Non-Executive Directors (NEDs). RB would like to provide the NEDs with regular updates and agreed to write a CEO report for Board meetings and development days including investigations and staff updates.

Action: RB to write a Chief Executive report on a monthly basis

CLOSE

TB thanked PS for chairing the meeting on his behalf. The meeting closed at 11:11hrs.

HSSIB Board Meeting Action Log

Last Updated: 27/11/23



ID	Date Raised	Owner	Title	Detail	Update	Outcome	Target Date	Private/Public	Status
1	05/10/2023	Maggie McKay	Conflicts of Interest	MM to circulate Conflicts of Interest policy and forms to Non-Executive Directors	DoI policy and guidance shared with all staff with responses required by Friday 17th November.	Policy and forms circulated to all staff.	07/12/2023		Completed
2	05/10/2023	Maggie McKay	Conflicts of Interest	Declarations of Conflicts of Interest to be published on HSSIB website	Ongoing - information is collated and with line managers for discussions with affected staff.		08/02/2024		In Progress
3	05/10/2023	Ted Baker	Communications Protocol	TB to circulate communications protocol to NEDs	Luke Paton circulated the protocol to NEDs on 5 October 2023.	Item completed and can be closed.	07/12/2023		Completed
4	05/10/2023	Rosie Benneyworth	Recruitment	Rosie to circulate paper to NEDs to approve recruitment of Director of Investigations	RB circulated paper to NEDs.	Approved at RemCom on 2 November 2023.	07/12/2023		Completed
5	05/10/2023	Rosie Benneyworth	HSSIB KPIs	Rosie to share revised interim KPI paper with Board via correspondence within the next two weeks	DO shared paper with Board and discussed and approved at 9 November 2023 Board meeting.	Item completed and can be closed.	07/12/2023		Completed
6	05/10/2023	All	Performance Report	Board to discuss performance report at November development day	Agenda item for November.	Item completed and can be closed.	07/12/2023		Completed
7	05/10/2023	Rosie Benneyworth	HSSIB Legal Powers	Maggie to invite legal team to Board Development day in November to discuss and consider HSSIB legal powers and duties	Legal team attended Board Development day.	SG met with DACB after the Board Development Day and they are updating the legal powers and duties documentation.	07/12/2023		Completed
8	05/10/2023	Maggie McKay		MM to subgroup policies and submit a paper to sign off at December board meeting	Policies paper taken to Board Extraordinary Meeting.	Signed off on 9th November.	07/12/2023		Completed
9	05/10/2023	Maggie McKay	Policies	Board to sign off priority policies via correspondence	Policies paper taken to Board Extraordinary Meeting.	Signed off on 9th November.	07/12/2023		Completed
10	05/10/2023	Maggie McKay	Forward Planner	Luke Paton to add HSSIB Forward Planner as a standing Board agenda item	Item has been added to the 'For Information' section of agenda.	Item completed and can be closed.	07/12/2023		Completed
11	05/10/2023	Maggie McKay	Photographer	Provision for a photographer to attend November development day	Paper has been submitted to SLT for approval.	Proposal to move action to SLT log.	07/12/2023		In Progress
12	05/10/2023	Maggie McKay	HSSIB Signatures	Luke Paton to send NEDs HSSIB signature template	HSSIB signature templates sent to NEDs via email.	Item completed and can be closed.	07/12/2023		Completed
13	09/11/2023	Philippa Styles	Investigations Criteria	Investigations Criteria to be brought back to the December Board meeting for a formal decision	Still awaiting for SoS sign off whilst we await public consultation. Rosie and Philippa met with Adam McMordie (DHSC) this week who is hopeful we will hear imminently.		07/12/2023		In Progress
14	09/11/2023	Maggie McKay	Board Code of Conduct Policy	Sarah Graham to send the document to DAC Beachcroft to have a standard protected materials clause added in.	Document currently with DAC Beachcroft (DACB). DACB asked to produce a standard protected materials clause for inclusion.		08/02/2024		Not Due
15	09/11/2023	Maggie McKay	Board Code of Conduct Policy	Sarah Graham to amend the personal email usage section to reflect the need to have this in extenuating circumstances.	Amended to note that personal emails can be used only in extraordinary circumstances - and attachments must be password protected.	Policy DRAFT v0.2 now in place with the amended section.	07/12/2023		Completed
16	09/11/2023	Maggie McKay	Board Code of Conduct Policy	Sarah Graham to check with HR that the language in the Board Code of Conduct reflects what was in the terms of	Terms of Appointment compared with Board Code of Conduct Policy and some tweaks made.	Policy DRAFT v0.2 now in place with the amended section.	07/12/2023		Completed

				appointment for board members.					
17	09/11/2023	Mary Cunneen	Information Governance and Data Compliance Policy	Mary to provide feedback on IG regulations.	No further comments received.	Close action?	07/12/2023		In Progress
18	09/11/2023	Maggie McKay	Information Governance and Data Compliance Policy	Sarah Graham to remove references to Director of Corporate Services and acronyms.	All references to IG Team and Director of Corporate Services removed.	Policy DRAFT v0.2 now in place with the amended sections.	07/12/2023		Completed
19	09/11/2023	Maggie McKay	Information Governance and Data Compliance Policy	Sarah Graham to send the document to DAC Beachcroft to have a standard protected materials clause added in.	Document currently with DAC Beachcroft (DACB). DACB asked to produce a standard protected materials clause for inclusion.		08/02/2024		Not Due
20	11/09/2-23	Maggie McKay	Standards of Business Conduct	Section 10.3 to have word 'termination' amended to 'termination of contract'. Section 7 on business premises to be amended to reflect that HSSIB is a virtual organisation.	Section 10.3 amended accordingly. Section 7 on Business Premises amended to reflect that HSSIB is a virtual organisation.	Policy DRAFT v0.2 now in place with the amended sections.	07/12/2023		Completed
21	09/11/2023	Maggie McKay	Modern Slavery Policy	Section 2.3 to be amended to show commercial partners.	Section 2.3 amended to include commercial partners.	Policy DRAFT v0.2 now in place with amended sections.	07/12/2023		Completed
22	09/11/2023	Maggie McKay	Document and Records Management Policy	Document to be brought back to next Board as this version appears to be a draft.	Policy in process of being amended. Will be brought back to Board when the protected materials paragraph has been added in (as per Item 14 and 19). Anticipate that this will be 8th February Board meeting.		08/02/2024		Not Due
23	09/11/2023	All	Policy Approval Route	Board to feedback in writing if they agree that the delegated approval route is correct.	No further feedback on the policy route received.	Close action?	07/12/2023		In Progress
24	09/11/2023	Rosie Benneyworth	Quality Management Systems	SLT to discuss quality management systems and feed back to Board			08/02/2024		Not Due
25	09/11/2023	Rosie Benneyworth	Chief Executive Report	RB to write a Chief Executive report on a monthly basis	RB will submit a monthly report to the Board.	Item completed and can be closed.	07/12/2023		Completed



Health Services Safety
Investigations Body

Chief Executive Officer Report

DR ROSIE BENNEYWORTH, INTERIM CEO UPDATE

The Health Services Safety Investigations Body (HSSIB) held its launch event on the 18th of October, and we were delighted to be joined by colleagues from health and care organisations and patient groups to mark the start of our new organisation. Maria Caulfield, Parliamentary Under-Secretary of State for Mental Health and Women's Health Strategy, Aidan Fowler, National Director for Patient Safety and Henrietta Hughes, Patient Safety Commissioner joined us to speak at the event. We also launched a report to encourage the system to consider a new approach to patient safety by exploring the potential of safety management systems in healthcare.

Ted Baker and I have written to Victoria Atkins, Secretary of State for Health, and Social Care, to highlight the work that HSSIB undertakes and to request a meeting to discuss our strategy. We have also met with Bernard Jenkins. MP and Daisy Cooper MP and Liberal Democrat spokesperson for Health, Wellbeing and Social Care.

Since the last board meeting, I have undertaken a variety of speaking engagements. I chaired a session at the NHS Providers conference in Liverpool with a panel discussing environments for safe care. I also spoke to the NICE clinical network about the work of HSSIB. We have been pleased to receive invites and spoken at several network meetings with mental health leaders to discuss HSSIB's work and the mental health inpatient investigations we are soon launching.

I visited Protect, a charity that supports whistleblowers ([Protect - Speak up stop harm - Protect - Speak up stop harm \(protect-advice.org.uk\)](https://protect-advice.org.uk)). Approximately 1/3 of their work is from healthcare. We discussed the role of HSSIB and the concerns they were hearing from their work.

I have been interviewed by the BBC for an item they are running about digital safety. We have undertaken several investigations that covers this area, particularly relating to interoperability of IT systems both within organisations and between organisations and the impact a lack of good interoperability can have on patient safety. I have also been interviewed for a BBC Radio 4 podcast by Phil Hammond for a series called 'Doctor Doctor'.

For the last few months, I have been invited to join a regular ALB Chief Executive Officers (CEO) meeting. This is chaired by Ian Trenholm, CEO of the Care Quality Commission (CQC), and we cover a variety of areas including organisations priorities, key publications, and updates from Department of Health and Social Care (DHSC).

We are delighted that HSSIB has been formally approved as a member of the National Quality Board (NQB) at their meeting in November. At this meeting, I presented the work that I have been leading on behalf of the ALB Chairs and CEOs looking at how we can work together on safety and risk, with a focus on recommendations. I am delighted to report that the NQB have agreed to sponsor this work going forward. The initial priority with this work is to develop a set of principles for organisations to use when they are making recommendations to support implementation within the system.

EDUCATION TEAM

Permanent contracts for the education faculty are now in place. The Education Director, Education Administration Manager and Education Team Administrator roles are permanent full-time posts. There has been a standardisation to 0.4 FTE per educator with a total FTE of 3.6. Year on year, this represents a reduction of 1.7 FTE across the faculty. To allow for expansion and potential commercial activity, bank contracts are being explored in addition to the permanent contracts. It is also the intention for expressions of interest to be raised amongst the team for an additional 0.2 FTE from amongst the team to act as deputy for the Education Director.

The second cohort of our largest programme, 'A systems approach to investigating and learning from patient safety incidents' concluded on 27th October 2023. 4,597 learners enrolled on to this cohort which ran for 6 months. We had a 49% completion rate, with 2,242 learners completing the full programme. The first cohort had 3,377 enrolments and 1,241 completions – a 37% completion rate. We are pleased to see an increase in the completion rate but will be exploring further with those who were not able to complete.

The third cohort of this programme is set to launch on 24th November 2023 and will run for 6 months. For this cohort we have now removed reference to 'Level 2' as this was causing confusion in the community, particularly as the patient safety syllabus also has level 2 and is about to launch levels 3 & 4.

In November, we released the latest tranche of spaces on our other 'live' programmes to April 2024. Within 48 hours, most places on these programmes were filled, with over 3,000 new enrolments. We have now had 18,700 enrolments across our portfolio

Our new e-prospectus has now been launched and can be explored here:

<https://hssib-education.turtl.co/story/education-prospectus/>

We are exploring a live delivery of the Strategic Decision Makers programme to the board at an upcoming Board development day

Our current Learning Management System (LMS) is Canvas. The contract is due for renewal in 2024 and we are exploring options for this moving forward. Each unique user who registers on our platform attracts a licence fee and with the number of users continuing to increase, we are looking at ways to reduce this cost

The latest meeting of the International Patient Safety Organisations Network (IPSON) was held on 26th October 2023 where we had an interesting debate around 'recommendations into action'. One of the discussions we had around impact was for each country member to suggest one idea for improving patient safety that could be implemented at a global level. We are also keen to explore a global event coordinated by this group. Expanded membership of this group is welcome, we currently have 17 countries represented. The next meeting will be in late January 2024.

Several commercial project discussions are ongoing with potential clients nationally and internationally and partnership discussions ongoing with other government departments for global reach.

INVESTIGATIONS AND INSIGHTS TEAM

New emerging themes or insights being assessed

The impact of staff fatigue on patient safety and next stage work to explore safety management systems in the context of healthcare are being prepared for presentation at an investigation approval meeting on 18 December 2023. The impact of healthcare inequalities on patient safety is being explored for presentation at the patient safety insights group on 17 January 2024.

New Investigations commenced

As the board is aware, the Secretary of State has directed HSSIB to undertake investigations in Mental Health inpatient services. Four investigations are proposed:

- Learning from inpatient MH deaths, and near misses, to improve patient safety.
- The provision of safe care during transition from children and young person to adult, inpatient MH services.
- Impact of out of area placements on the safety of MH patients.
- Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments.

We are consulting with DHSC regarding the Terms of Reference (ToR) before formal launch of the investigations. In the meantime, site visits are being arranged, we are

continuing working with stakeholders and gathering evidence to support each investigation.

Work has also started on the healthcare in prisons investigation. We have engaged with 13 prisons (4 localities) covering security classification A – D (for male estates) and Closed (for female estates). The date of build of estates ranges from 1801 to 2020. We are also working with four ambulance Trusts that deliver care in the localities of the prisons. The investigation has identified three primary aspects [these will form individual reports]:

- Emergency care being received by patients. Focussing on ambulance access and egress to / from prisons; communication between the prison officers and emergency services; and access to patients once emergency crews are on site.
- Continuity of care focussing on patient access to health services; transfer of patients between geographical locations and prisons; and the provision of healthcare services through a patients transition from incarceration to release into the probation service and community.
- Data sharing and IT. Specifically focussing on communication between healthcare departments and the operational side of prisons; healthcare departments and the probation service; healthcare departments and NHS trusts; and the operational side of prisons and the probation service.

There will be an overarching report that captures additional learning identified during the investigation.

Investigation Reports Published

On 18 October 2023 we published 'Safety management systems: an introduction for healthcare'. This included safety recommendations to:

1. NHS England (NHSE): to explore and support the development and implementation of safety management systems (SMSs) through an SMS co-ordination group, in collaboration with regulators, relevant arm's length bodies and national organisations, academics, patient representatives and safety leaders from other safety-critical industries.
2. CQC: to ensure that its regulatory assessment approach effectively assesses safety management activities.

On 2 November 2023 we published 'Caring for adults with a learning disability in acute hospitals. This included four safety recommendations to MJDR to:

1. Develop and issue learning disability liaison nursing service best practice and workforce guidance to all acute hospitals.
2. Ensure that the national learning disability improvement standards annual benchmarking survey for the care of people with a learning disability is continued.
3. Commission the development and dissemination of guidance on the practical assessment of the mental capacity of people with a learning disability in acute hospitals.
4. Work collaboratively to develop and publish a set of guidelines on information to be included in a health and care passport (which could be paper based, digital, or both) for people with a learning disability.

On 15 November 2023 we published 'Risks to medication delivery using ambulatory infusion pumps: design and usability in inpatient settings. This included safety recommendations to:

1. The British Standards Institute (x2): to develop national human factors guidance, including consideration of usability and environment of use, for medical devices AND engages with international standards committees to influence the inclusion of human factors, including usability and environment of use requirements, in medical device and medical electrical equipment standards.
2. NHSE and the Medicines and Healthcare products Regulatory Agency (MHRA): to work together to develop an effective mechanism for sharing medical device related incident data, including where devices function as designed.

On 30 November 2023 we published 'Continuity of care: delayed diagnosis in GP practices. This includes safety recommendations to:

1. The DHSC: to ensure that the GP contract explicitly includes and supports the need for GP practices to deliver continuity of care.
2. NHSE: to update the GP IT standards to ensure that patient continuity of care is maintained.

Investigation Reports due for publication

On 7 December 2023 we will publish 'Interim report - Retained surgical swabs: themes identified from a review of NHS serious incident reports. This includes local level learning via prompts for healthcare providers when investigating these incidents and a safety recommendation to NHSE to incorporate this report into its review of the Never Events policy, with specific focus on considering removing retained surgical swabs as a sub-set of retained foreign object Never Events.

Events attended

We attended an Artificial Intelligence (AI) roundtable hosted by Professor Carl Macrae as part of a research project on how AI incidents in healthcare may be investigated. This included stakeholders from national agencies and academic institutions. We have submitted comments to a research piece that will be worked up for publication. This has enhanced working across key stakeholders in this area.

A National Investigator attended the Community language translation and interpretation services stakeholder workshop in November. This related to the recommendation made in the “Clinical investigation booking systems failures: written communications in community languages” report. It was a really interesting discussion and was attended by academics, providers, Integrated Care Boards, stakeholders, including Healthwatch, as well as representatives from various parts of NHSE. In the introduction to the workshop Professor Bola Owolabi, Director – National Healthcare Inequalities Improvement Programme, NHSE talked about the ‘Healthcare Safety Investigation Branch (HSIB) report which premised this work.’

FINANCE AND PERFORMANCE TEAM

Finance update

The payroll system implementation has been completed and moved to business as usual. We are receiving support and training on managing the Electronic Staff Record (ESR) system until the end of January.

IT restrictions on macros and access to the Health and Social Care Network (HSCN) are impacting the successful completion of the finance system implementation. NHSE are looking to resolve them as our IT provider however it will not be in time for the November month end process.

As part of the move to the NHSE Future Services Programme the Senior Leadership Team (SLT) have approved expenditure of £63,025 excluding VAT to NHSE for the supply of 65 laptops and monitors for new staff. The cost will be spread over three years. The current laptops are out of date and not suitable to be bought into the FSP Programme, however NHSE will manage the collection and disposal. We are working with NHSE to determine the most VAT advantageous procurement route with HSSIB not being part of the NHS divisional VAT registration.

HR update

We are delighted that Philippa Styles has joined us as Director of Investigations. We are also looking forward to Minal Patel joining us on 11th December as Head of Policy, Strategy and Engagement and Kay Robertson joining us on 22 January as

HR and OD Business Partner. The Operations Manager, Investigation Support Administrator and Board Administrator vacancies have application closing dates in early December.

We held a debrief with the NICE following a three-month secondment from its patient safety team into the Investigation and Insights team. The feedback was very positive in relation to how HSSIB operates, culture within the team, and reciprocal opportunities for HSSIB staff to undertake a similar placement at NICE to help enhance our knowledge of how this key stakeholder operates.

Psychological screening and support

We have contracted Noreen Tehrani Associates (NTA) to provide a range of proactive and reactive support to manage the emotional and psychological welfare of its staff.

The accumulative effect of HSSIB work and associated subject matter together with the duration of time staff have been fulfilling their role, increases the likelihood of psychological harm. To reduce, as far as is reasonably practicable, the level of vicarious trauma to staff; people appointed to or working within roles identified as 'high-risk' are supported by a psychological screening and monitoring service. The questionnaires used by NTA for the psychological screening are evidence based and have been selected for their reliability in assessing psychological disorders, resilience factors and wellbeing hazards. The intention of such a provision is to ensure that staff remain psychologically healthy and able to undertake their roles effectively.

As of 21 November, 75% of psychological screening questionnaires sent to staff in 'high-risk' roles have been returned and a reminder has been sent to those outstanding. The high-risk roles are the investigation and insights team. However, all HSSIB staff were offered the opportunity to complete the screening programme if they considered their role put them at risk, no other staff identified themselves as high-risk. An individual conversation with each person that has completed a questionnaire is planned with either a NTA psychologist or trauma therapist to inform next steps. The service by NTA includes the ability to provide the required specialist support if this is deemed necessary.

In addition to this targeted and proactive psychological support; health and wellbeing provision (for example, access to an employee assistance programme), occupational health and other signposting for all staff will be planned early in 2024.



Health Services Safety
Investigations Body

Performance Report

October 2023



Health Services Safety
Investigations Body

Contents

- Investigations
- Investigation Education
- Communications & Engagement
- Finance
- HR
- Governance
- Appendix



Health Services Safety
Investigations Body

Investigations

Patient safety insights 1 October – 31 October 2023

Stakeholder Organisations

Engagement meetings

- Regional quality groups
 - Safer Anesthetic Liaison Group
 - ALB Round Table Event
- A Shared Commitment to Tackling Health Inequalities

WHO – medication safety for look-alike, sound-alike (LASA) medicines technical report launch

Horizon Scanning

Key publications reviewed

- 40 PFDs (published in the month)
- NHS National Patient Safety Team Update
- PHSO Spotlight on Sepsis: Your Stories, Your Rights
- CQC State of Care Report 2023

Patients, Families, and Carers

- direct patient safety concerns received
- **3** were from patients/ families/carers, **2** from NHS workers
- Topics included:
- death on mental health ward
- general quality of care and recognition of deterioration of an inpatient
- medication error
- ongoing safety concerns at a named maternity unit
- patient accusations of abuse and bullying by staff

Thematic Stakeholder Engagement

SoS Referral – MH inpatient care

- Meet with some interested MPs



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Inequalities in Inclusion Health Groups

- UKHSA
- Friends, Families and Travelers
- Office for Health Improvements and Disparities
- NHSE



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Developing patient safety themes

1 October – 31 October 2023

1. Themes of investigation in workup for Patient Safety Intelligence Group (PSIG)

- Inclusion health groups and healthcare inequalities
- Initial work presented at PSIB on 21st September, work ongoing

2. Themes of investigation in workup post Patient Safety Intelligence Group (PSIG)

- The effects of staff fatigue on patient safety
- Safety management systems

-



Health Services Safety
Investigations Body

Investigations summary

1 October – 31 October 2023

1. Report published

Safety management systems: an introduction for healthcare

Safety recommendations – 2 – one for NHSE, one for CQC

Safety observations – 1

Safety actions – none

Local level / ICB – none

2. Investigations discontinued

Perimortem caesarean section during the management of cardiac arrest (NLR) - report transitioned to MNSI

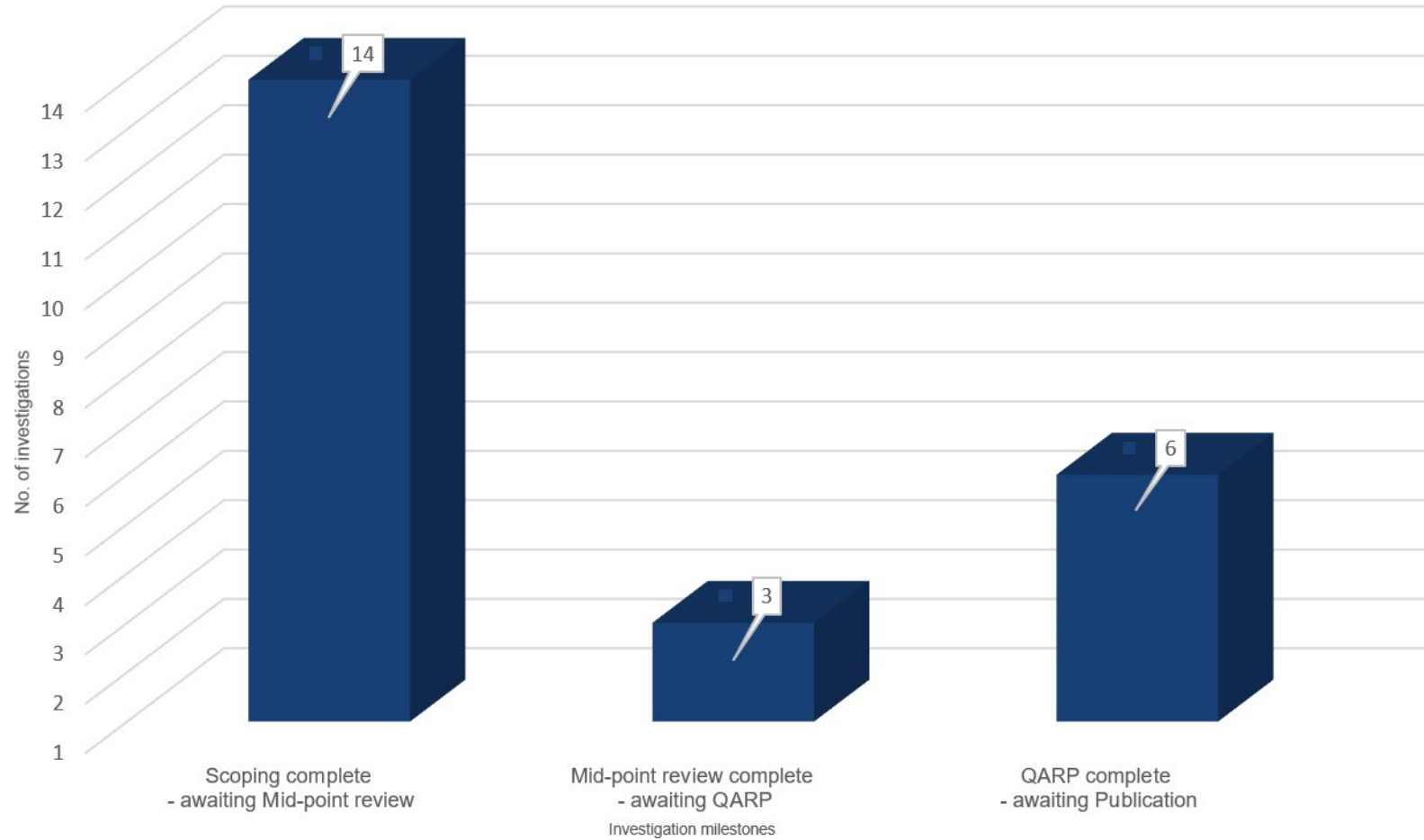
Factors affecting the delivery of safe care in midwifery units (NLR) – report transitioned to MNSI



Investigation reports progress

As at 31 October 2023

Investigation reports progress in pipeline (23) at 31 October 2023



at 31 October 2023



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Investigations Body

1. Graded and / or published in month

a) Medicine omissions in learning disability secure units

Grading – accepted / exactly as written

Publication – To Be Confirmed

b) The selection and insertion of vascular grafts in haemodialysis patients

Grading - accepted / satisfied

Publication – To Be Confirmed

c) Care delivery within community mental health teams

Grading – accepted / exactly as written

Publication – To Be Confirmed

2. Graded and / or follow up in month

a) Variations in the delivery of palliative care

Details – three recommendations for NHS England

Action Planned – to be followed up for clarity

b) The selection and insertion of vascular grafts in haemodialysis patients

Details – one recommendation for NHS England

Action Planned – to be followed up for clarity

3. Overdue and / or not accepted response escalated

a) Non-accidental injuries in infants attending the emergency department

Organisation – one recommendation for NHS England

Due Date: 10th July 2023

Stage: Advised action on-going and sign-off delayed

b) Invasive procedures for people with sickle cell disease

Organisation – one recommendation for NHS England

Due Date: 18th September 2023

Stage: Escalation letter sent / Advised response underway

c) Management of sickle cell crisis

Organisation – one recommendation for NHS England

Due Date: 18th September 2023

Stage: Escalation letter sent / Advised response underway

d) Detection of jaundice in newborn babies

Organisation – two recommendations for RCPATH

Due Date: 24th April 2023

Stage: Escalation letter to be drafted



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Investigations Body

Investigation reports pipeline

at 31 October 2023

1. Caring for adults with a learning disability in acute hospitals
2. Risks to medication delivery using ambulatory infusion pumps: design and usability in inpatient settings
3. Continuity of care – delayed diagnosis in GP practices
4. Interim report – Retained surgical swabs: themes identified from a review of NHS serious incident reports
5. Advanced airway management in patients with a known complex disease
6. Positive patient identification (NLR)
7. Interim report – workforce and patient safety: temporary staff
8. Nutritional assessment and support in the acute medical unit
9. Retained swabs following invasive procedure
10. The clinical observation of patients detained under the Mental Health Act at risk of self-harm in acute hospitals
11. Keeping children and young people with mental health needs safe: the design of the pediatric ward
12. Workforce and patient safety: the digital environment
13. Workforce and patient safety: prioritizing patient care
14. Interim report – Healthcare provision in prisons: emergency care
15. Workforce and patient safety: skill mix and staff integration
16. Workforce and patient safety: temporary staff
17. Mental health inpatient settings: Learning from inpatient mental health deaths and near misses, to improve patient safety
18. Interim report – Healthcare provision in prisons: continuity of care
19. Mental health inpatient settings: How young people with mental health needs are cared for in inpatient services and how their care could be improved
20. Mental health inpatient settings: Impact of out of area placements on the safety of mental health patients
21. Mental health inpatient setting: Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships and environments
22. Interim report – Healthcare provision in prisons: data sharing and IT systems



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Investigations Body

Safety recommendations,

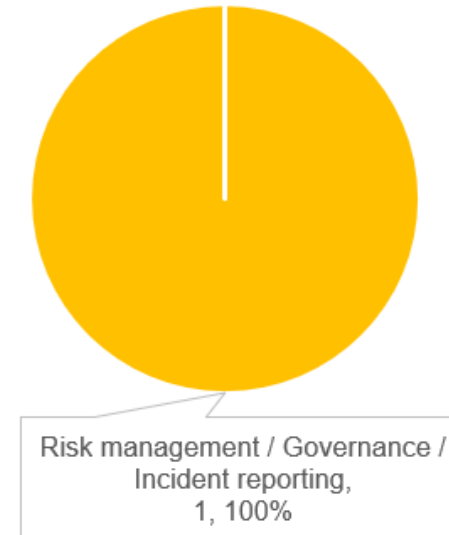
safety observations and safety actions

1 October 2023 – 31 October 2023

Total of 2 safety recommendations by organisation
1 October 2023 - 31 October 2023



Total of 1 safety observation by theme
1 October 2023 - 31 October 2023



No safety actions made

Safety actions to Integrated Care Boards & Local-level learning

1 October 2023 – 31 October 2023



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No safety actions made in month



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Education



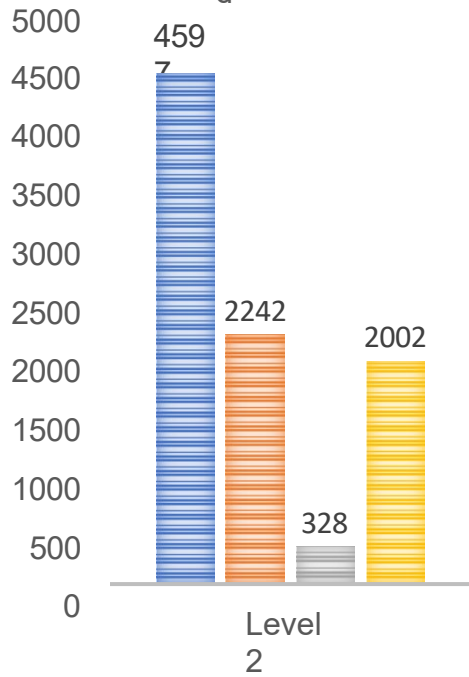
HSSIB Education



**A SYSTEMS
 APPROACH**
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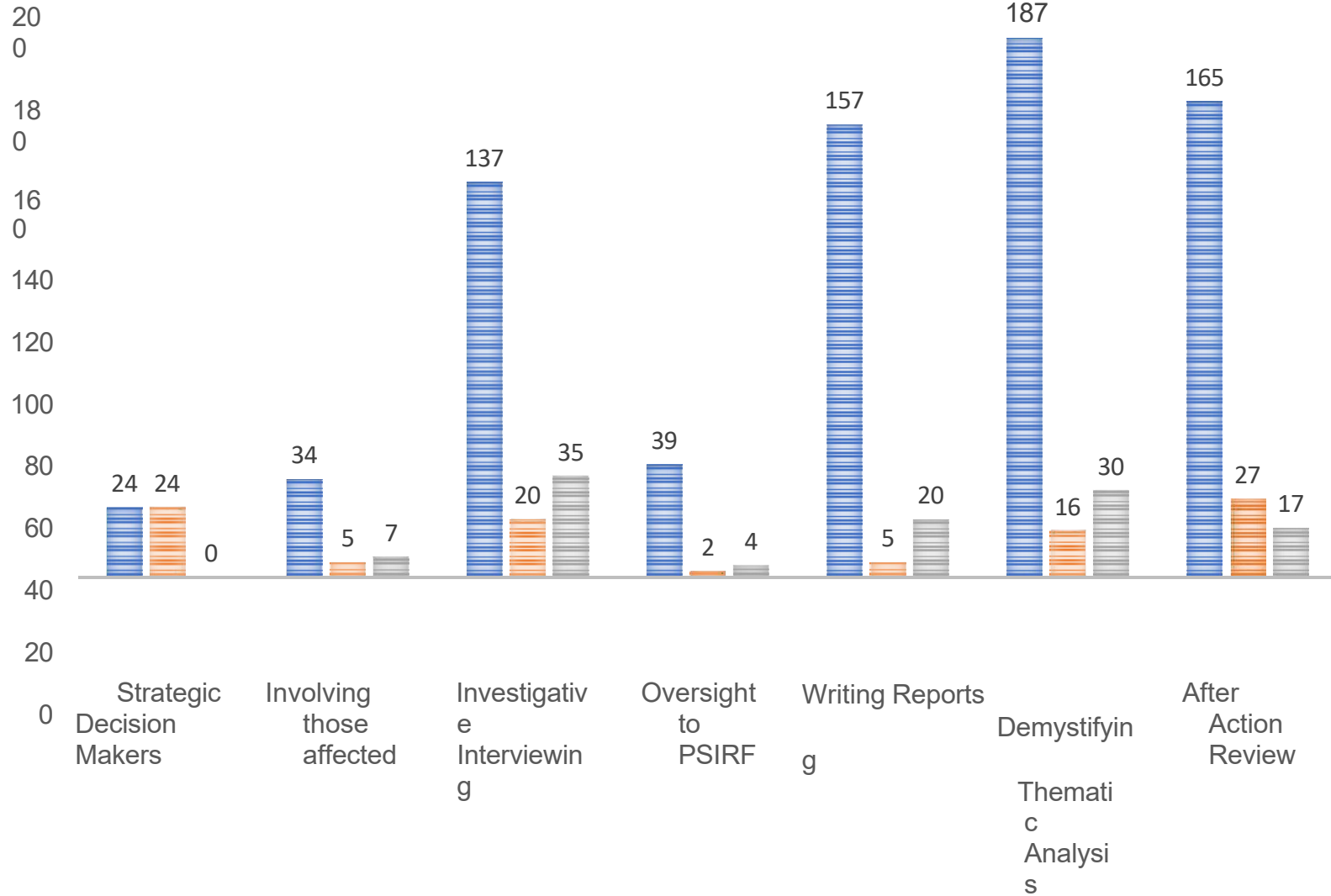
**LEARNER
 FIGURES**

- Enrolled
- Completed
- Dropped
- Uncompleted



STAND ALONE COURSES: LEARNER FIGURES

- Enrolled
- Completed
- Dropped

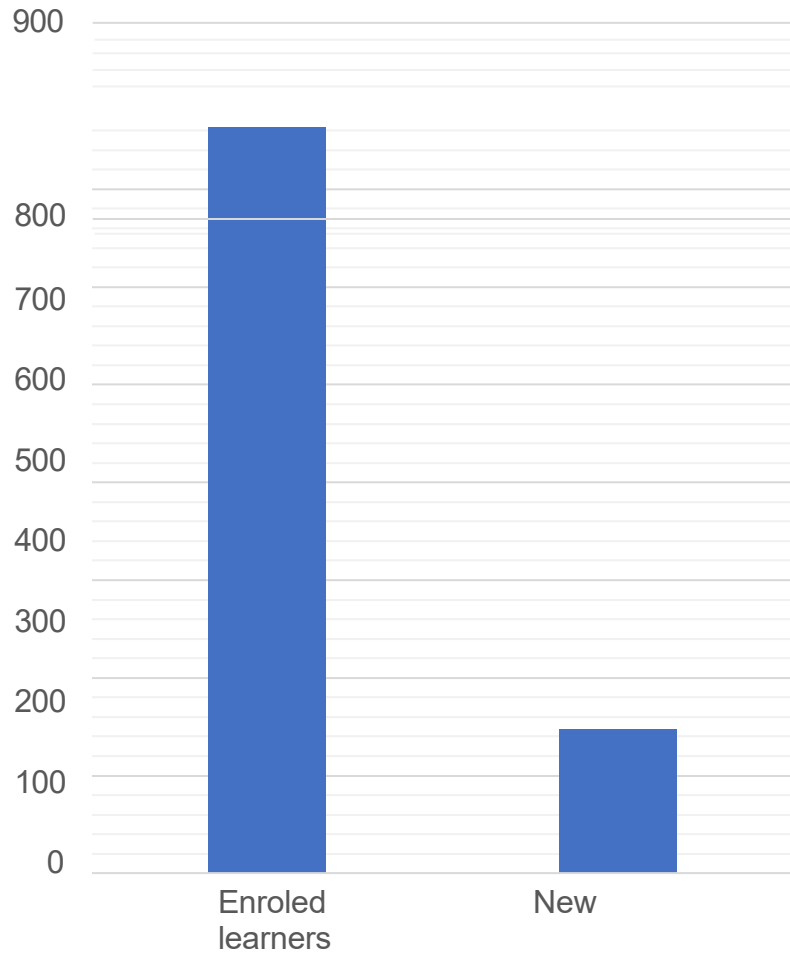


N.B. Dropped figures reflect non-attendance and those who have withdrawn post registration. Completed figures on our stand alone courses are taken from those who have completed the surveys to gain their certificate, these figures may be lower than those who attended our courses. A System approach reflects our last cohort which completed 27.10.2023

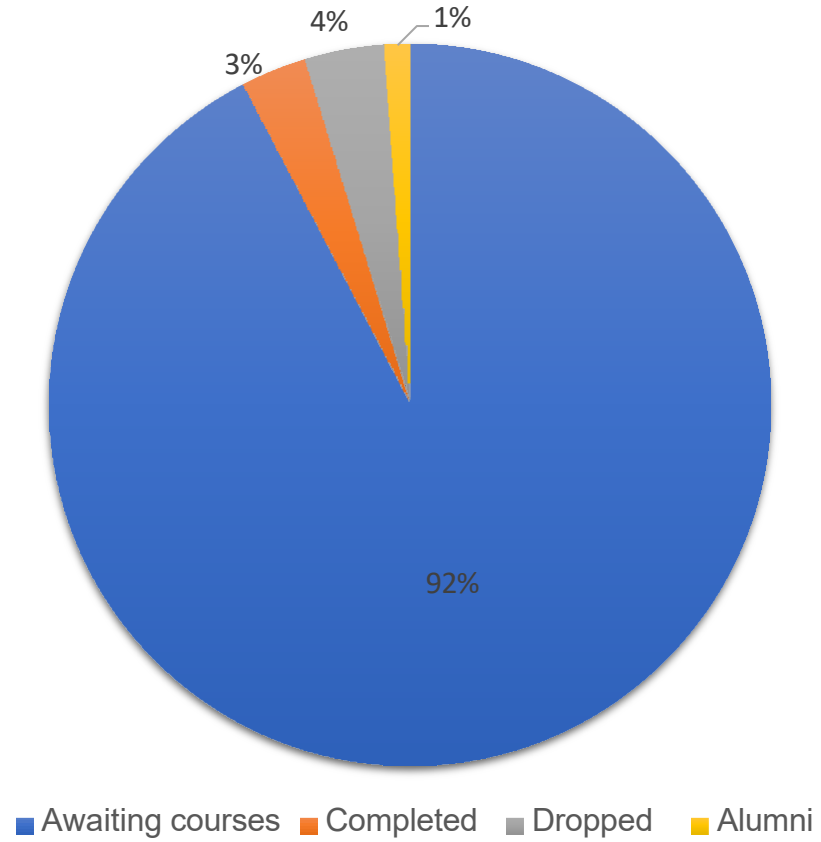


Learner count

■ Learner count



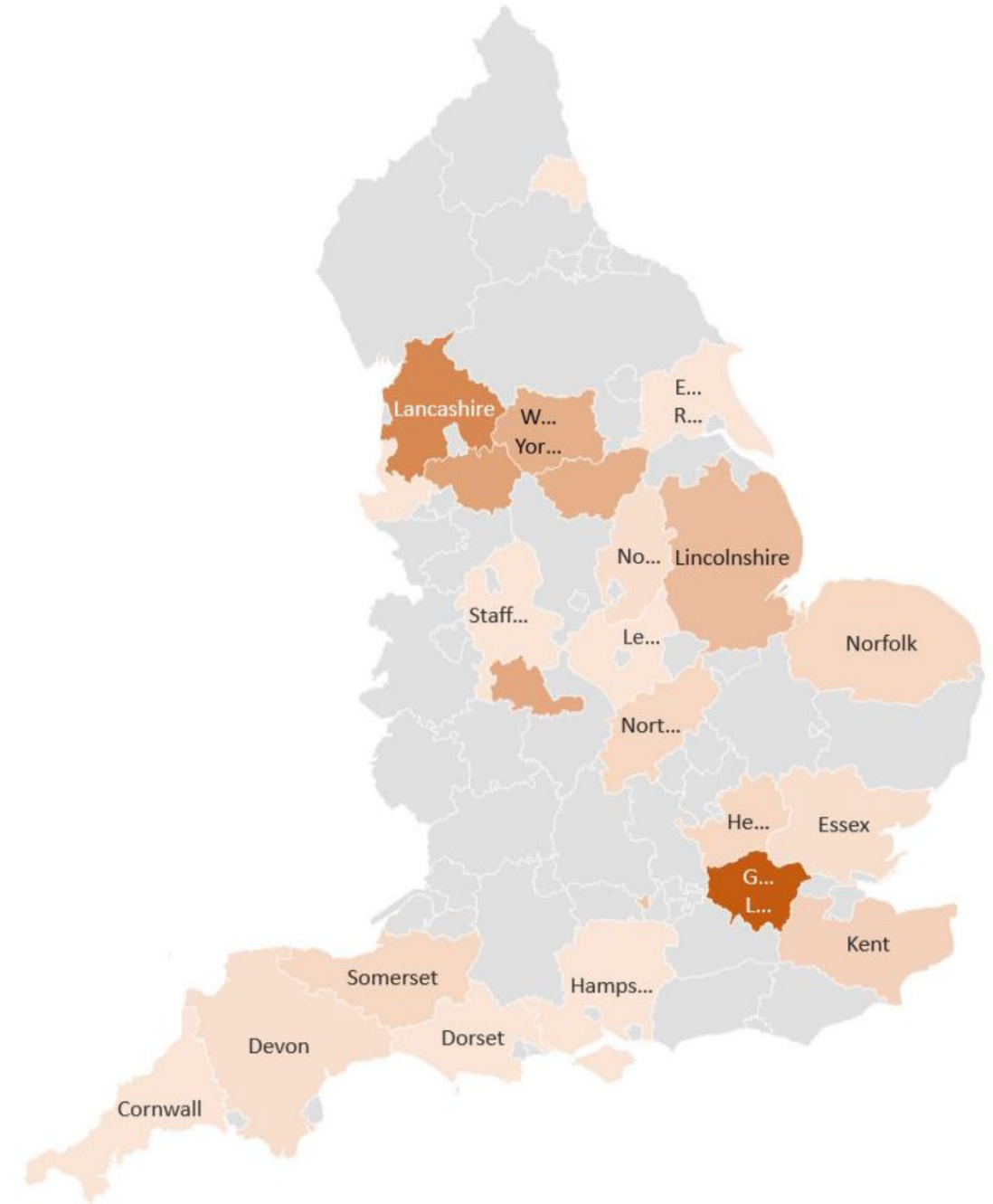
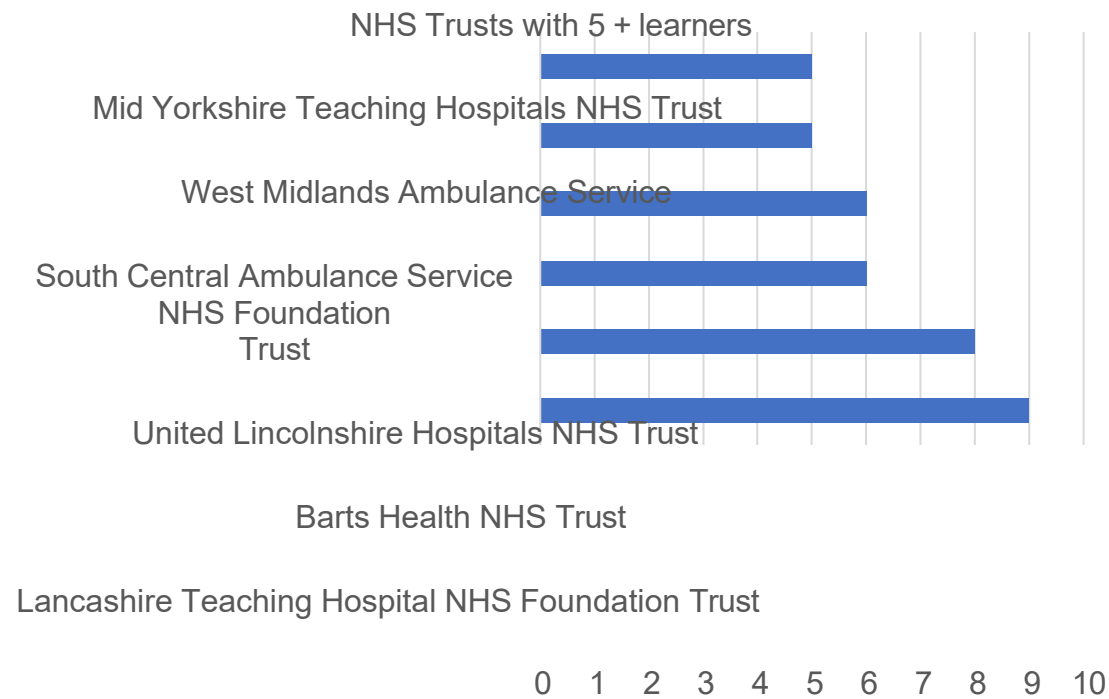
Breakdown of 764 enrolments



Geographical placement of learners for HSSIB

HSSIB Education

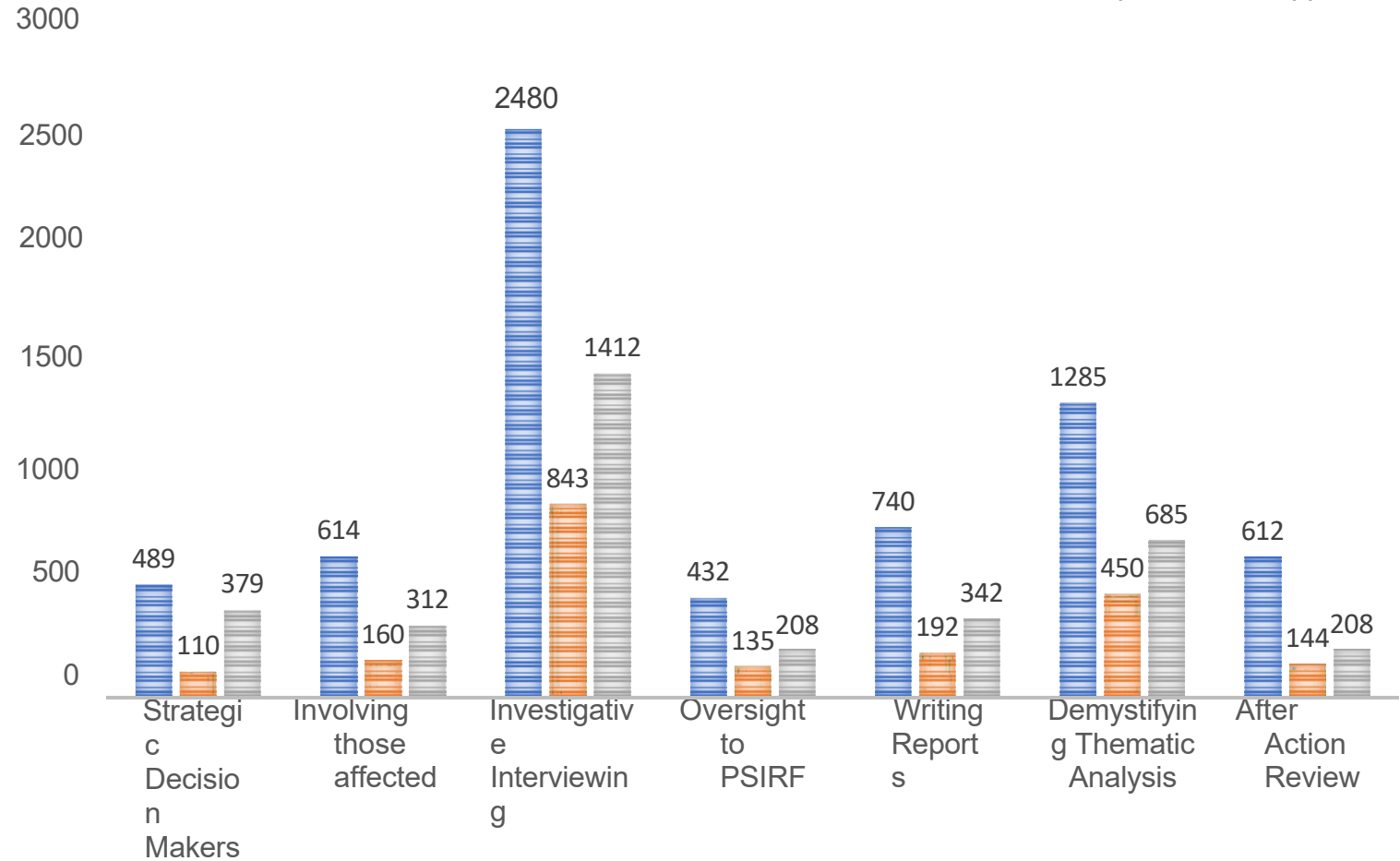
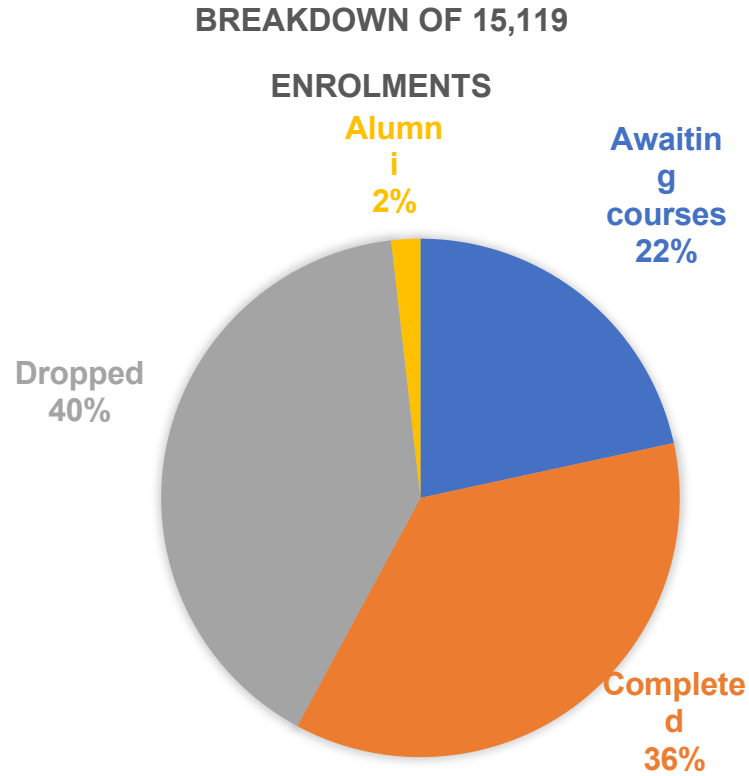
1 October 2023 – 31 October 2023



Total student count: 9,502

STAND ALONE COURSES: LEARNER FIGURES

Enrolled Completed Dropped



N.B Dropped figures reflect non-attendance and those who have withdrawn post registration. Completed figures on our stand alone courses are taken from those who have completed the surveys to gain their certificate, these figures may be lower than those who attended our courses. Data pulled from now on will be accurate as no shows are completed after each course



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Communications & Engagement

HSSIB website overview



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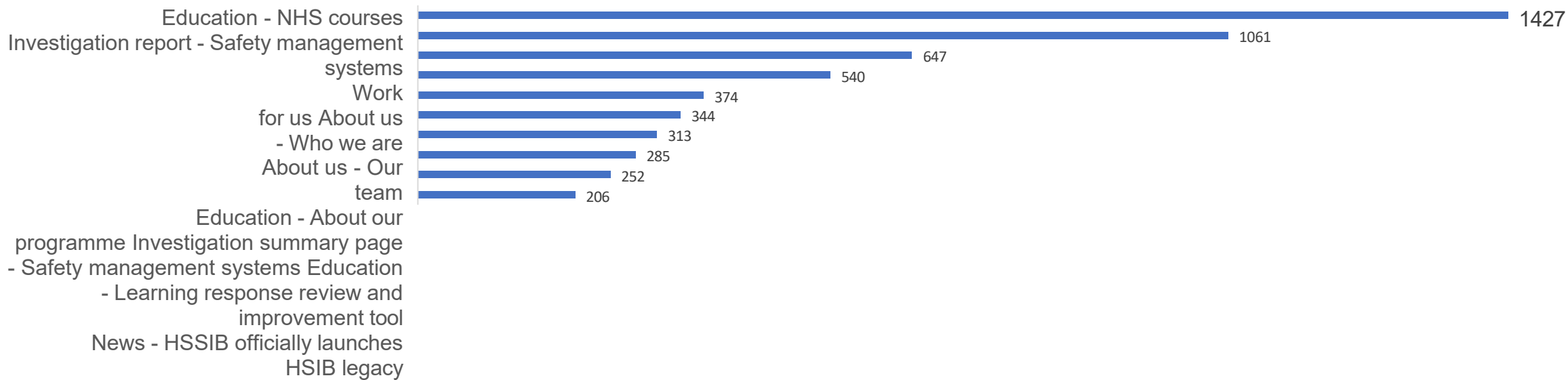
Website users

October 2023: 5,100

Top 10 pages

Excluding homepage and landing pages. Total number of page views.

Top 10 website pages: 1 to 31 October 2023

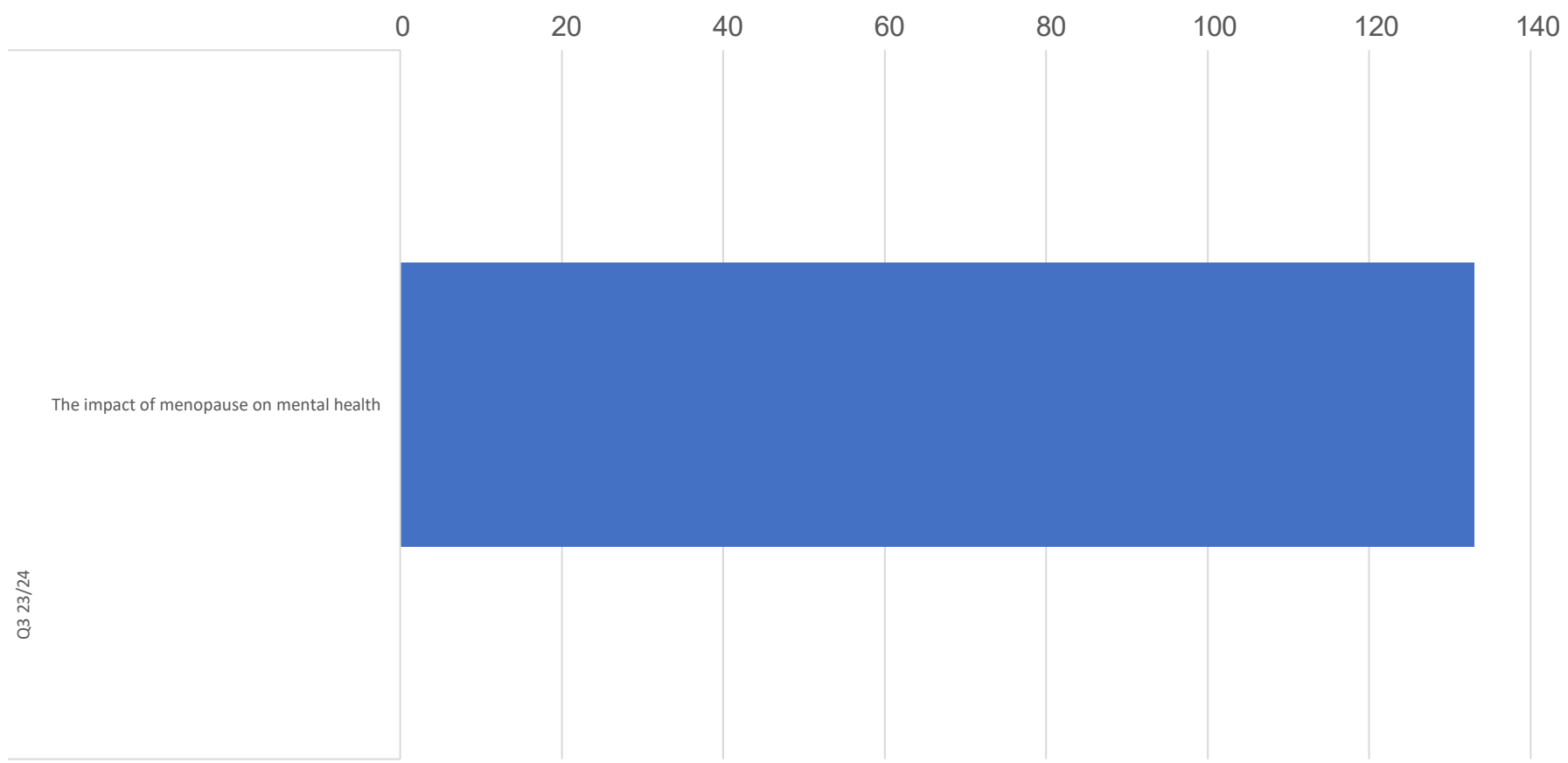


HSSIB website: quarterly blog performance



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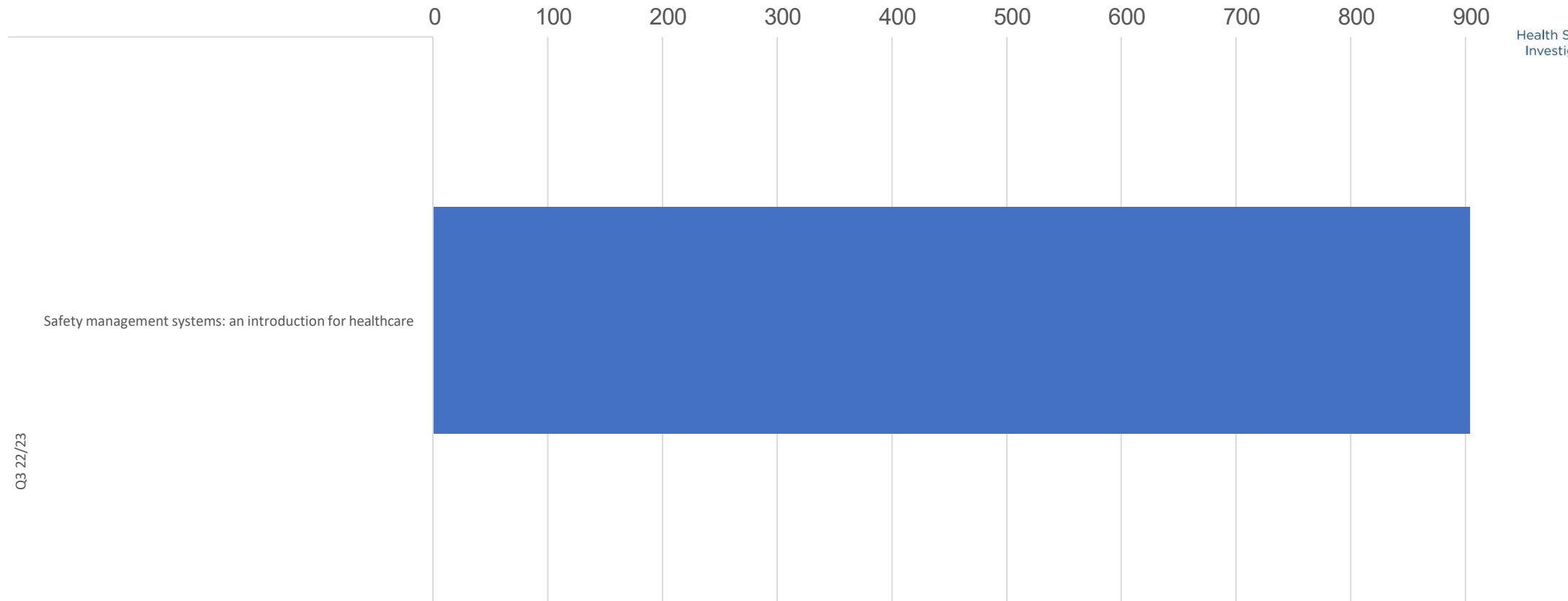
Unique blog views one week and three months after publication



After 1 week After 3 months



Investigation summary page views following report publication



After 1 week After 3 months After 6 months

HSSIB Social media: overview

at 31 October 2023

Twitter

8,903 followers (100 new in Oct-23)

Number of tweets – 17

Tweet impressions – 38.7k

Link clicks – 370

Retweets without comments – 199

Likes - 199

LinkedIn

4,872 followers (268 new in Oct-23)

Number of posts - 7

Reactions – 486

Comments – 89

Reposts – 23

Page views 1,086

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Health Services Safety Investigations Body

Top Tweet in October: Safety management systems report

Health Services Safety Investigations Body (HSSI @theHSSII · Oct 18 ... Today we publish our first report as #HSSIB. We've made safety recommendations to @NHSEngland and @CareQualityComm geared towards the adoption of safety management systems in healthcare. Read the report: hssib.org.uk/patient-safety... #PatientSafety #NHS #Healthcare



- **14,398 impressions** (times a user is served a Tweet in timeline or search results).
- **525 engagements** (clicks, likes, detail expands, retweets, hashtag clicks, profile clicks, replies).

Top LinkedIn post in October: Director of Investigations appointment

Health Services Safety Investigations Body (HSSIB) 4,846 followers 1mo •

We're pleased to announce that Philippa Styles will join our team as Director of Investigations. This is a critical role within the leadership team, overseeing all investigations undertaken by us at the Health Services Safety Investigations Body. Read more: https://lnkd.in/eriP_edG #HSSIB #PatientSafety #NHS #Healthcare

- **11,982 impressions** (views when the post is at least 50% on screen, or when it is clicked, whichever comes first.)
- **656 clicks** and **207 reactions**.



- Media coverage for HSSIB in October related to key messages coming from the 18 October launch event.
- As HSSIB had just been established, there was some legacy HSIB media coverage.
- There were journalists in attendance at the launch from the Sunday Times (Health Editor) the Daily Mail (Health Editor) the BBC (Health Editor) the Independent, (Health Reporter), the HSJ (Health Reporter).
- There were 9 articles relating to HSSIB’s launch – example of Sunday Times article below.
- A further 237 articles were related to HSIB legacy - maternity cases (reports shared by families with media). The articles were from national news wires (Press Association and so the volume refers to the same story appearing in regional publications across UK).
- Two articles were referring to HSIB legacy – national reports. These were; the selection and insertion of vascular grafts in haemodialysis patients - print article in Health Business Magazine and [Clinical decision making - diagnosis and treatment of pulmonary embolism in emergency departments](#)
- HSSIB - 8 articles had a positive sentiment. There was 1 negative sentiment article (HSJ) –this followed up with HSJ by the Communications Team and Interim Chief Executive. HSIB legacy – all positive/neutral and any negative sentiment refers to words relating to distressing detail of cases rather than anything detrimental about HSIB.

‘Safe space’ unit to protect NHS staff reporting medical errors

A new body backed by the High Court will allow whistleblowers to report issues of patient safety without fear of reprisal

Shaun Lintern Health Editor
NHS staff will be able to speak out about mistakes without fear of reprisal for the first time, thanks to a new investigation unit with “safe space” powers.
The Health Services Safety Investigations Body (HSSIB), which was launched last week, has been granted a remit that in effect means any testimony or evidence given to it by doctors, nurses and other medical staff will not be handed over to another agency – such as the

nurse Lucy Letby at the Countess of Chester hospital. “We know that results get lost frequently across the NHS, and at the Countess of Chester we understand there may have been some lost insulin results. That’s a prime example of a theme we could look at.”

As well as hospitals, the HSSIB will investigate incidents in GP surgeries, dentists and private healthcare. The body will have the power to enter and inspect hospitals and seize docu-

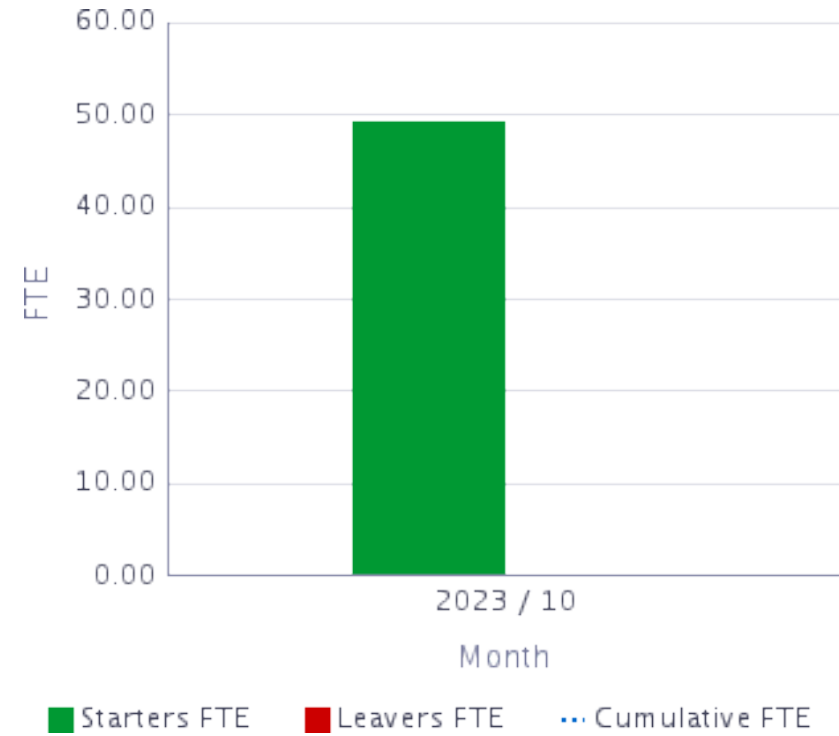
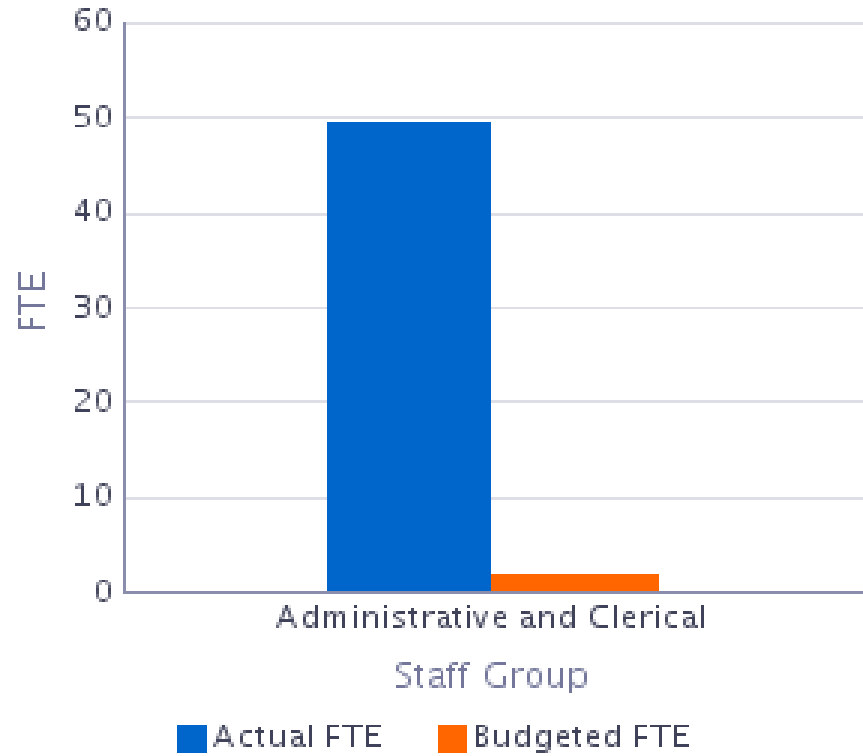
real catalyst for breaking the hold of the traditional blame culture in healthcare. People make mistakes that are part of a failing safety system, but rarely because of deliberate negligence or carelessness. “Too many clinicians and staff fear being open and candid about mistakes because they then get the blame, and the HSSIB can protect them from that.”

The chairman of the body, Dr Ted Baker, said: “Sometimes we blame individuals because that means we can feel



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Human Resources



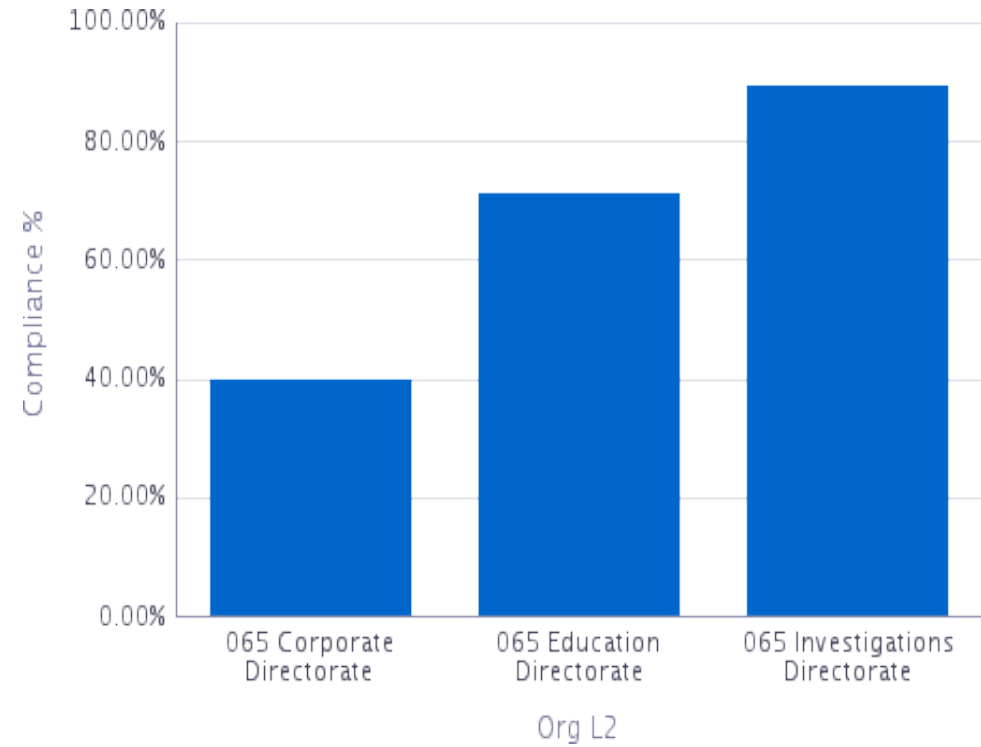
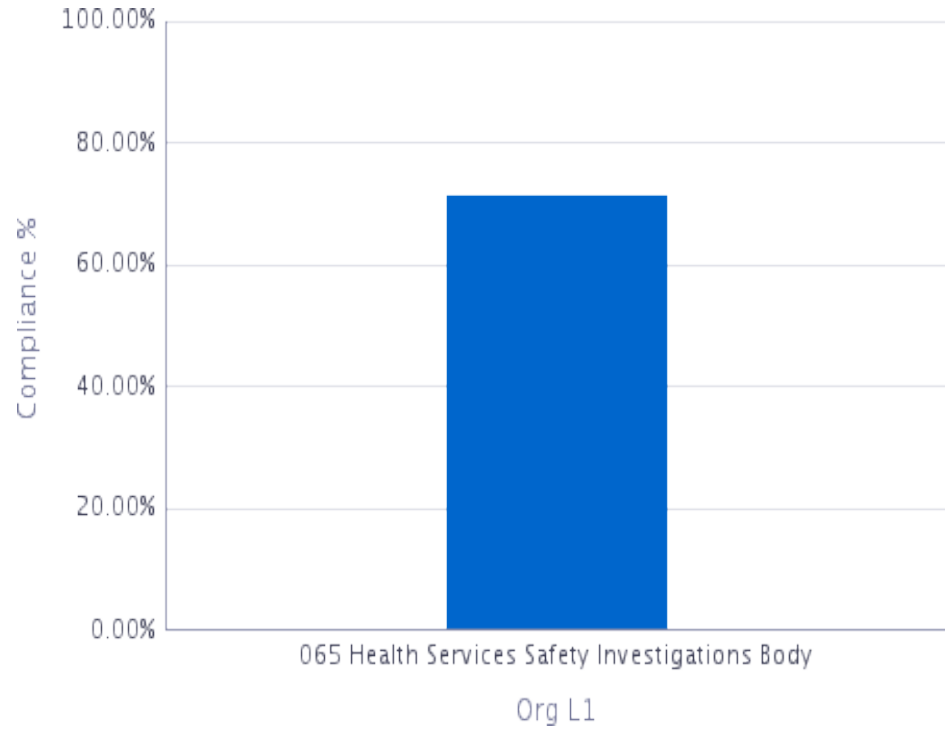
HSSIB MaST compliance by directorate

October 2023



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Assignment count – 56
Required courses to complete – 448
Courses achieved – 319
Percentage compliance – 71.21%



HSSIB Sickness reasons – episodes of absence

Top 10 absences reasons by absence days

Absence Reason

- a) Benign and malignant tumors, cancers – absence days 31
- b) Cold, cough, flu / influenza – absences days 13
- c) Asthma – absence days 4
- d) Anxiety / stress / depression / other psychiatric illnesses – absence days 2

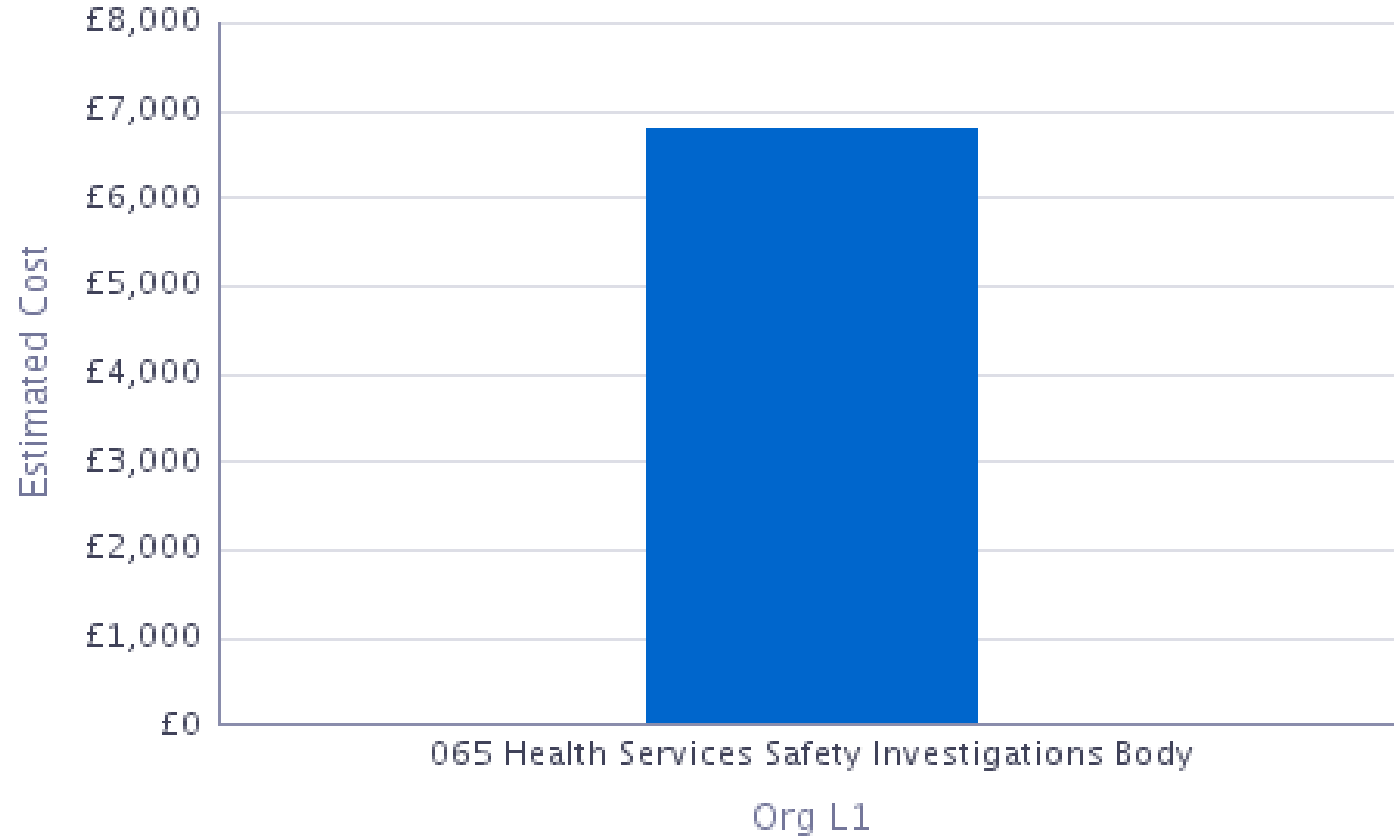


Health Services Safety
Investigations Body

HSSIB Sickness cost absence per month



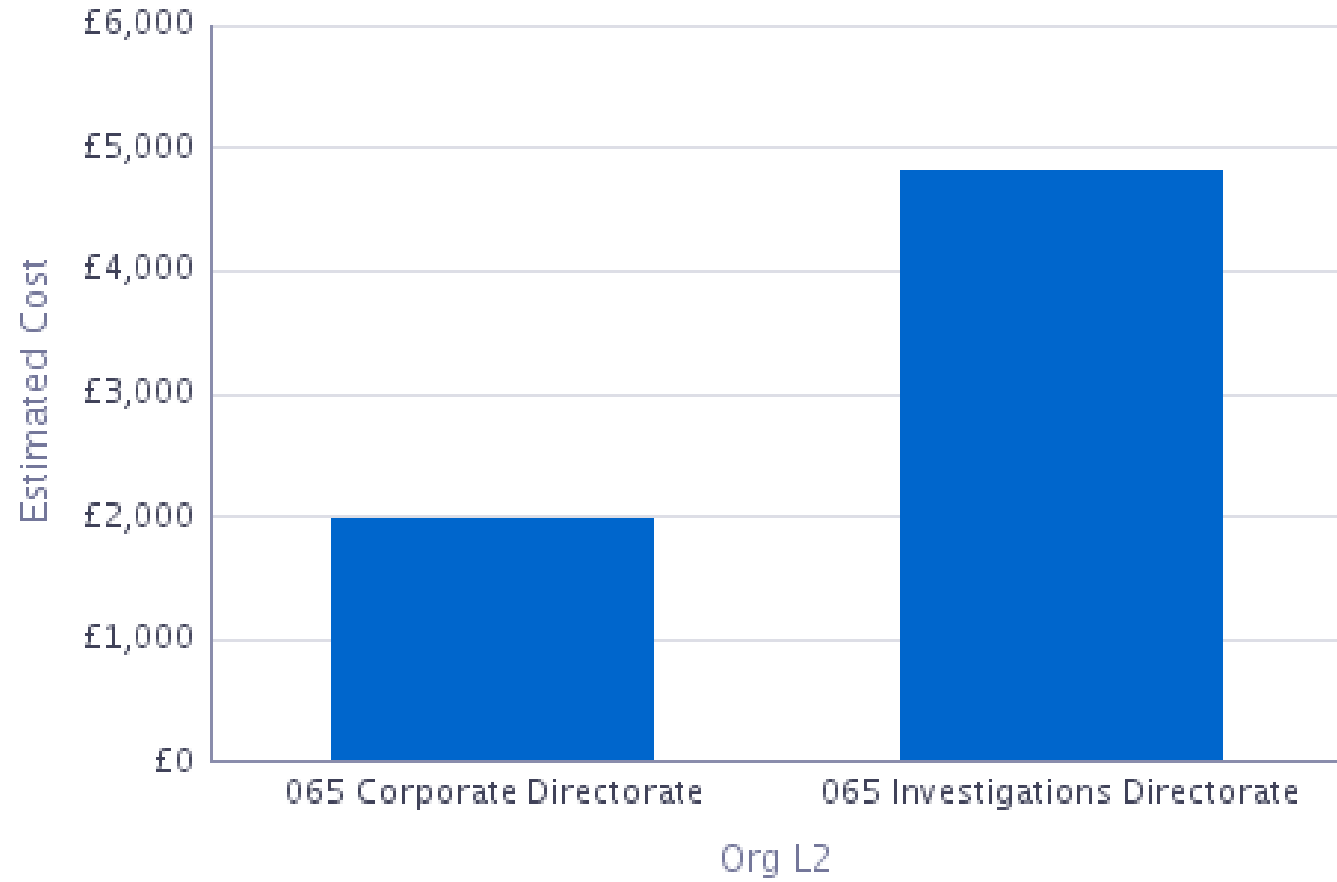
Health Services Safety
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HSSIB Sickness cost absence per department

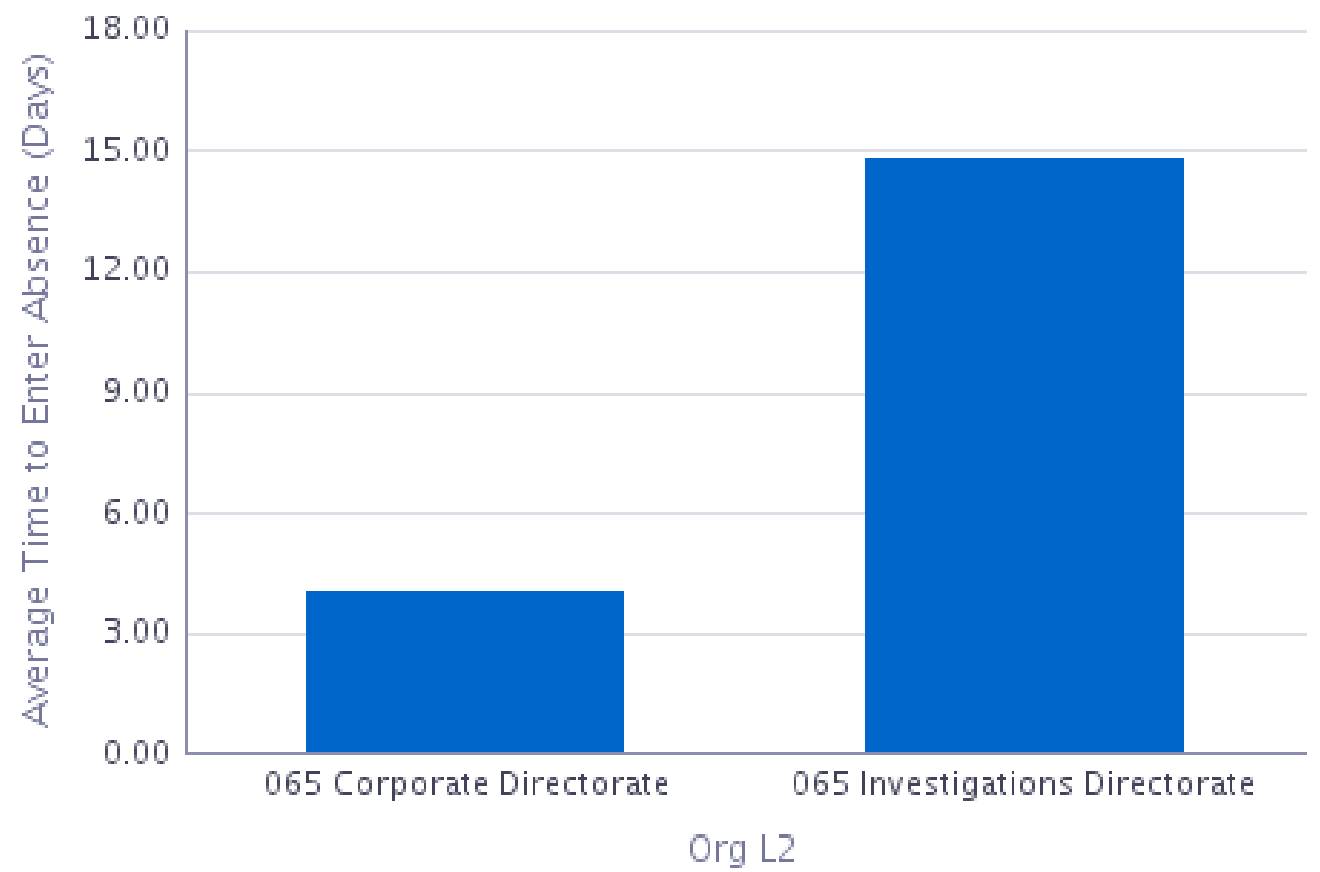


Health Services Safety
Investigations Body





Average Time to Enter Absence



HSSIB short and long-term sickness



Health Services Safety
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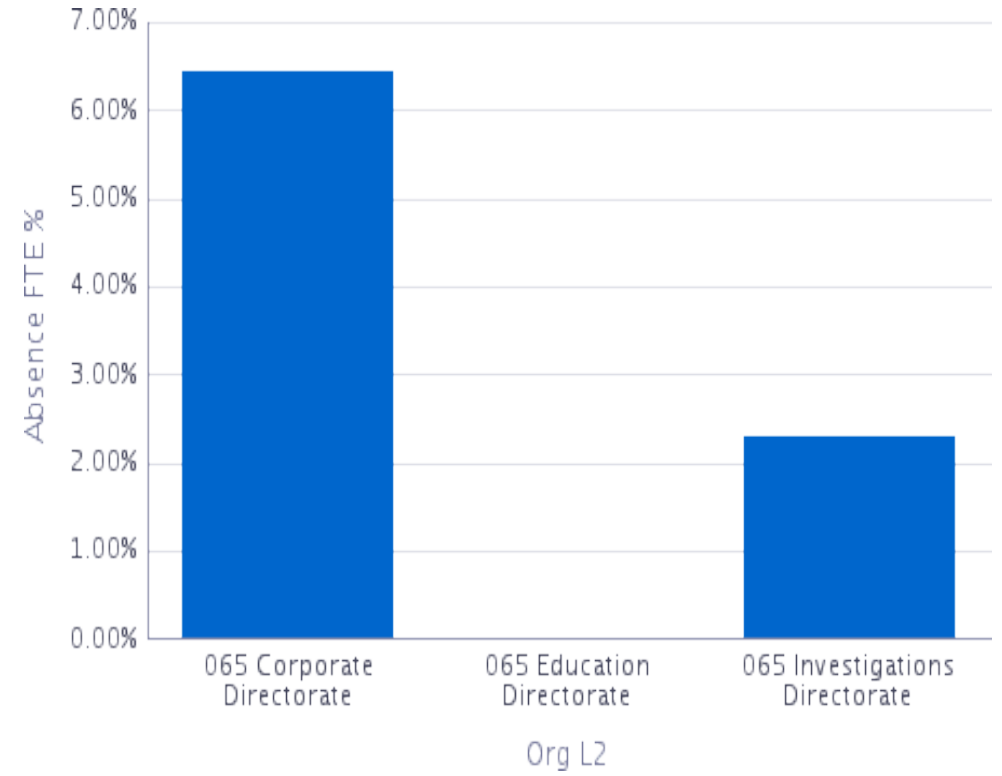
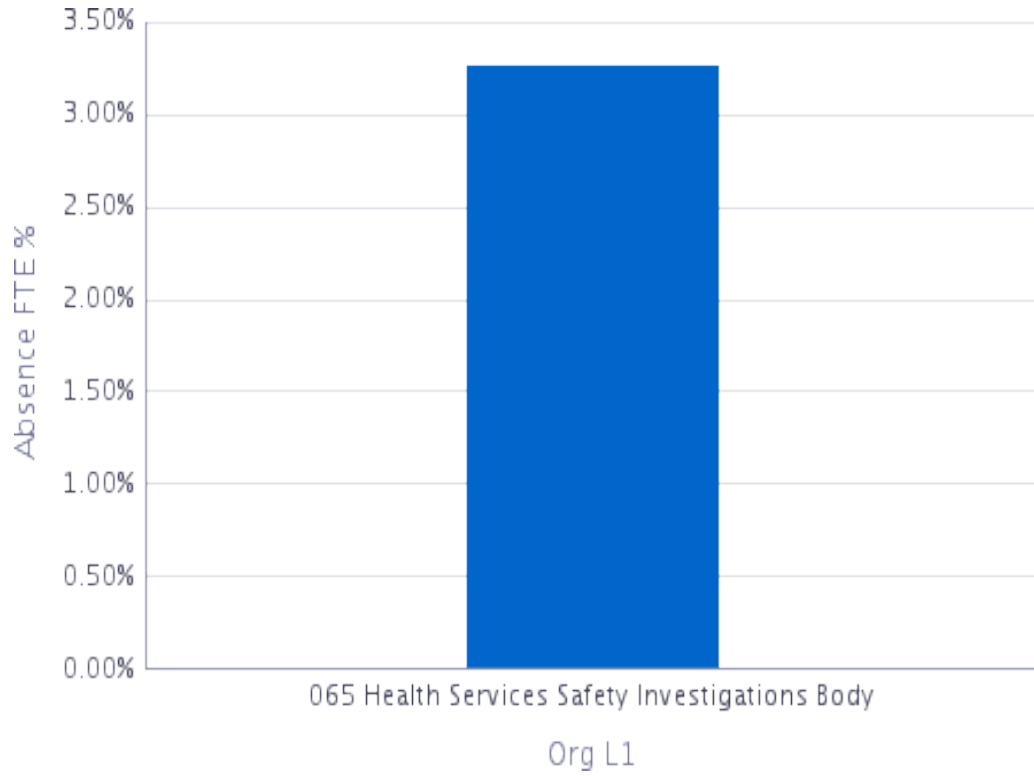
	Short Term	Long Term			
Grand Total	1.21	2.04			
Org L2				Short Term	Long Term
065 Corporate Directorate				0.00	6.41
065 Education Directorate				0.00	0.00
065 Investigations Directorate				2.27	0.00
	2023 / 10				
	Short Term	Long Term			
Monthly Total	1.21	2.04			

HSSIB Sickness absence rate

October 2023



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Investigations Body



HSSIB ER case update

We do not have any current ER cases.



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Investigations Body



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Investigations Body

Governance

Freedom to Speak Up

We do not have any current Freedom to Speak Up (FTSU) cases.



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Investigations Body

HSSIB Complaints (reported quarterly)

Note: Reported quarterly so first update due: January 2024 to cover October – December 2023 reporting period



Health Services Safety
Investigations Body

Freedom of Information Requests (FOIs)

We do not have any current Freedom of Information Requests.



Health Services Safety
Investigations Body



Health Services Safety
Investigations Body

Subject Access Requests (SARs)

- We have one ongoing Subject Access Request (SAR) which was received on the 23rd October 2023.
- Due to the volume of data, the deadline for this SAR has been extended to December 23rd 2023.
- The Board, Governance and Records Manager wishes to thank the Investigations team who have been most helpful and supportive in providing data for this request.

Strategic risk register

at 31 October 2023

Work in progress to compile and review strategic risks



Health Services Safety
Investigations Body



Health Services Safety
Investigations Body

Appendix



Health Services Safety
Investigations Body

Investigations published

1 April 2023 – 31 October 2023

1. Non-accidental injuries in infants attending the emergency department
Report published: 13th April 2023
2. Clinical investigation booking systems failures: written communications in community languages
Report published: 27th April 2023
3. Interim report – Keeping children and young people with mental health needs safe: the design of the pediatric ward
Report published: 25th May 2023
4. Invasive procedures for people with sickle cell disease
Report published: 22nd June 2023
5. Management of sickle cell crisis
Report published – 22nd June 2023
6. Variations in the delivery of palliative care services to adults
Report published – 13th July 2023
7. The selection and insertion of vascular grafts in haemodialysis patients
Report published: 27th July 2023
8. HSSIB annual Review 2022/2023
Report published: 1st August 2023
9. HSIB maternity programme year in review 2022/2023
Report published: 3rd August 2023
10. Harm caused by delays in transferring patients to the right place of care
Report published: 24th August 2023

NB: No reports published in September due to website contents freeze (Transition to HSSIB).

11. Safety management systems: an introduction for healthcare
Report published: 18th October 2023

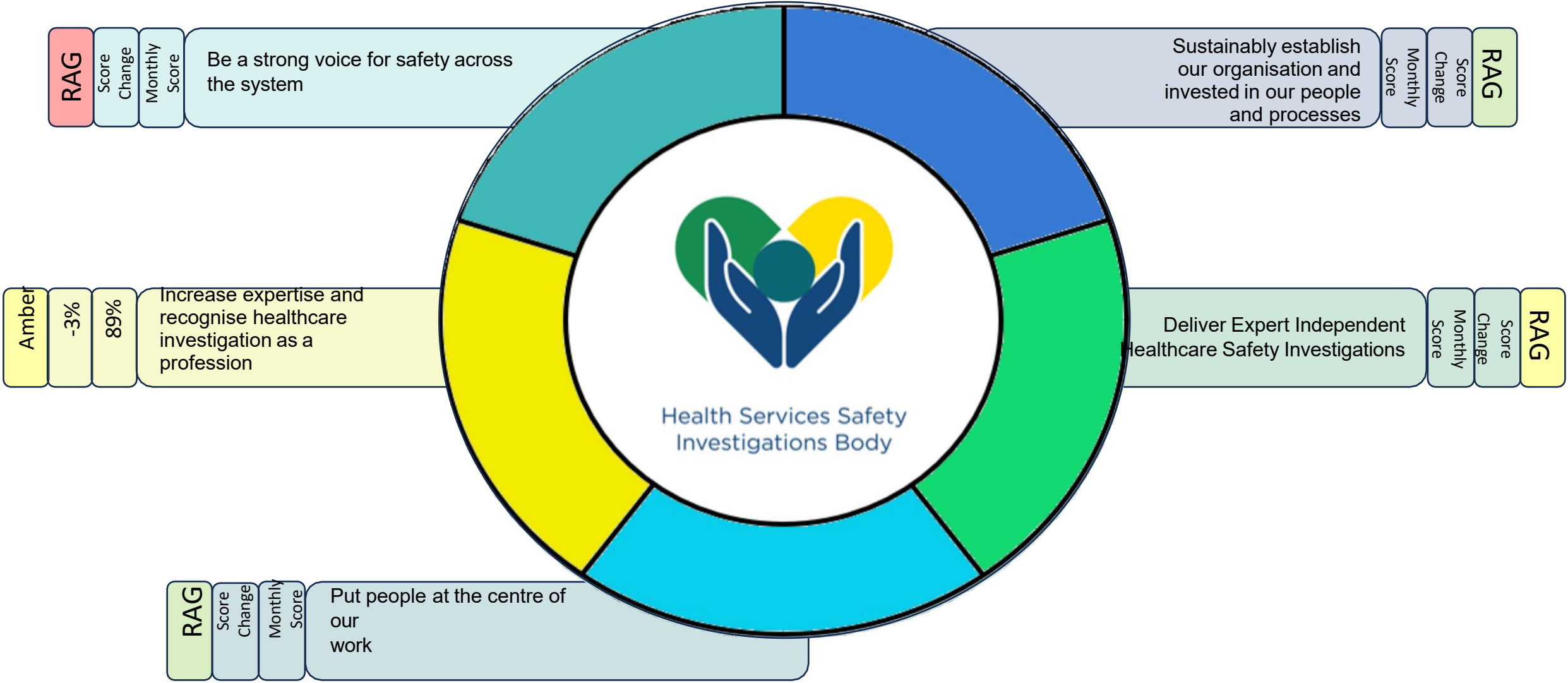
BPK-0000039923:
page 72

*EDI aspect



Please note; the following slides are a draft version of the balanced scorecard dashboard, proposed to be included at the start of the performance report once KPIs and impact metrics are determined and agreed.

Content and graphics are not final.



Balanced Scorecard Overview



Health Services Safety Investigations Body

BPK-000

Strategic Goal	Success Factor	KPIs/Initiatives	Measure(s)	Target	Actual/Achieved	Difference (%)	Status
Be a strong voice for safety across the system	Use our power to influence peoples views around safety to ensure recommendations have impact.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Work collaboratively with key strategic partners to disseminate learnings which champion patient safety improvements.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Use the latest developments in safety science to influence research priorities	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Apply world leading new models of investigation.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
	Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
Increase expertise and recognise healthcare investigation as a profession	Equip local healthcare with the skills to carry out timely, credible and insightful healthcare safety investigations.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Lead the professionalisation of healthcare safety investigators by identifying and defining the competences of a professional healthcare safety investigator.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Design and deliver agile education programmes to equip healthcare safety investigators with the necessary knowledge and skills.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Create a community to educate the system, from Board to Ward, on the importance of patient safety investigations.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
	Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
Put people at the centre of our work	Ensure the voice and experience of people affected by patient safety events is embedded in all we do.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Recognise that the well-being of the whole healthcare workforce is critical to safe care.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Create a safe and secure environment which listens and acts on concerns.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Champion restorative culture for all those involved in the investigation process.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
	Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG		
Deliver Expert Independent Healthcare Safety Investigations	Be experts in healthcare safety investigations and ensure recommendations influence the system to change.	Success Factor 1	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Develop new and innovative ways of investigating to address urgent and emerging risks.	By focusing on investigating those that gives the greatest, system wide impact.	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		To drive positive change in equality	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
	Collaborate with subject matter advisors and safety leaders to ensure our recommendations effectively address risk.	Inspire confidence in patient safety	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Create opportunities to improve sustainability in our investigation outcomes	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Sustainably establish our organisation and invested in our people and processes	Be effectively led, with clear, robust governance and policies which project and re-enforce our aims aligned to our strategy.	Success Factor 1	No. of policies in date?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Be sustainable, environmentally and operationally.	Create a exemplar workplace culture which is inclusive and connected	Success Factor 1	Pulse Survey results?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Support our people's wellbeing, though active listening, addressing issues in a professional manner and provide professional development and peer support.	Be sustainable, environmentally and operationally.	Success Factor 1	Financial metric?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	KPI 1	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Support our people's wellbeing, though active listening, addressing issues in a professional manner and provide professional development and peer support.	Support our people's wellbeing, though active listening, addressing issues in a professional manner and provide professional development and peer support.	Success Factor 1	MaST compliance?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
		Success Factor 2	CPD point accrual?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Measure 1	# or Y/N	# or Y/N	% or Description RAG	
Support our people's wellbeing, though active listening, addressing issues in a professional manner and provide professional development and peer support.	Support our people's wellbeing, though active listening, addressing issues in a professional manner and provide professional development and peer support.	Success Factor 1	Alignment with competency framework?	Measure 1	# or Y/N	# or Y/N	% or Description RAG
		KPI 2	Sickness Factor? Vacancy Factor?	Measure 1	# or Y/N	# or Y/N	% or Description RAG

HSSIB Board Meeting

Title of Paper	Interim Scheme of Delegation for Income and Expenditure				
Agenda Item Reference	7	Date of meeting	7 December 2023		
Executive Lead	Finance and Performance Director				
Action Required	To Approve	<input checked="" type="checkbox"/>	Purpose	Strategy	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>		Assurance	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>		Policy	<input checked="" type="checkbox"/>
	To Note	<input type="checkbox"/>		Performance	<input type="checkbox"/>
Link to Strategic Goal	[TBC – strategic goals under discussion]				

Executive Summary

This paper seeks approval from the Board to agree the level at which it delegates the approval of expenditure and the approval of entering an income generating contract. It is proposed that a commitment over £150,000 remains a matter for the Board, and £10,000 to £150,000 are delegated to the Senior Leadership Team. Under £10,000 is delegated to the Budget Holder.

This report has been discussed at the Senior Leadership Team (SLT) meeting on:

This report has the following impact:

- Quality and Safety
- Financial
- Legal
- Human Resources
- Equality and Diversity
- Communications and Engagement
- Operational
- Performance

Impact Details:

Responsible Manager

Finance and Performance Director

Accountable Director

Finance and Performance Director

Introduction

This paper seeks approval from the Board to agree the level at which it delegates the approval of expenditure and the approval of entering an income generating contract.

An interim arrangement is required whilst HSSIB prepares and cross-references the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Procurement Policy.

Proposal

It is proposed that the same value is given for the income and expenditure, and that a commitment over £150,000 remains a matter for the Board, and £10,000 to £150,000 are delegated to the Senior Leadership Team. Under £10,000 is delegated to the Budget Holder.

The value of £150,000 is 2.8% of budget and would be a reasonable level of materiality.

Whilst establishing HSSIB and determining its requirements it is prudent to have a low budget holder delegation. This enables the Senior Leadership Team to have collective sight of proposed financial activities.

The values are all excluding VAT and relate to the full value of the contract.

The delegation does not include matters that would be considered high risk, novel or contentious. They would remain matters for the Board.

Next steps

The Board to approve the proposal or an alternative.

HSSIB to complete the suite of policies that include the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Procurement Policy.



Health Services Safety Investigations Body

Senior Leadership Team Terms of Reference (ToR)

1. Purpose

The purpose of the Senior Leadership Team (SLT) is to provide collective and unified leadership across the Health Services Safety Investigations Body (HSSIB).

The SLT will provide a focus on key priority areas: culture, strategy, performance, delivery, governance, and risk management.

2. Main Duties

Strategy

- Function as the overall senior leadership forum of HSSIB.
- Lead the development of the strategy with the HSSIB board.
- Function as positive role-models for HSSIB values
- Provide visible leadership of the cultural transformation and organisational development programme.
- Ensure effective communication and engagement with key external and internal stakeholders, including public and patient involvement.

Delivery

- Ensure key performance indicators (KPIs) are met.
- Optimise operational efficiency and effectiveness and provide oversight of delivery of improvements to address any areas of poor performance.
- Develop and approve reports and proposals to oversee operational delivery and enhance business performance.
- Ensure where delivery of KPIs cannot be achieved key risks are captured and reviewed through strategic and operational risk registers.

Governance

- Function as the ultimate decision-making forum to approve and direct appropriate action from any subcommittees established.

- Support the evolving HSSIB governance frameworks and ensure they are implemented effectively.
- Ensure HSSIB meets its statutory, regulatory, and legal obligations.
- Ensure efficient and effective use of financial and human resources.
- Ensure operational policies and processes are effectively implemented where relevant and practicable.
- Ensure effective strategic, reputational, and operational risk management across HSSIB.
- Delegate governance and management responsibilities to SLT sub-forums and working groups as appropriate.

Accountability

- The Chief Executive Officer (CEO) is accountable to the HSSIB Board.
- The SLT reports to the CEO.
- The CEO and SLT are responsible for setting the culture and climate of HSSIB and ensuring that HSSIB's core values are fully reflected in all HSSIB activity.
- The CEO and SLT are responsible for development and management of budgets, and for endorsement of procurement and expenditure.
- The CEO and SLT are responsible for recruitment, management and development, and scrutiny of these functions. These are reported to the Board, and DHSC QAR meetings via the Performance Report and/or other relevant reports submitted.

Membership

Chair: Chief Executive Officer

Members: Director of Investigations
 Education Director
 Finance & Performance Director
 Head of Strategy, Policy, and Engagement

3. Attendees

Meetings will be chaired by the CEO. Any other SLT member authorised by the CEO will Chair in the absence of the CEO and may provide for an appropriate deputy to attend meetings in their absence.

The invitation of other colleagues to attend for the discussion of items relevant to their responsibilities is at the discretion of individual SLT members.

The Business Manager to CEO and Chair must be notified of apologies or additional attendees in advance of the meeting to enable the smooth running of the meeting.

4. Administration

Secretariat support is provided by the Business Manager to the CEO and Chair and in their absence by the Board Administrator.

Reports to SLT must be signed off by the appropriate SLT member prior to submission to the secretariat.

Late papers will not be accepted and will be deferred to the next available meeting.

Papers must be uploaded to a specific folder in SharePoint - the link will be sent out to the SLT by the Business Manager for the CEO and Chair. Papers must be submitted five working days before the date of the meeting.

5. Virtual Decisions and Chair's Action

Some decisions (or recommendations) may need to be made 'in correspondence,' where there is a need to progress work before the next face-to-face meeting. The same rules of quorum will be applied to any decisions made 'in correspondence.'

The process for such decisions will be via email, with a formal record of the decision(s) or agreed recommendation(s) presented at the next scheduled meeting.

The meeting's powers for decision-making may, in emergency or urgent situations, be exercised by the Chair after having consulted with the CEO, where applicable. The exercise of such powers will be reported at the next scheduled meeting, for formal ratification.

6. Planning and recording

Agendas, minutes, and papers will be distributed five working days prior to published meeting dates.

Minutes will be available in a shared folder on SharePoint a maximum of seven working days following the meeting.

Meeting minutes include an Action Log, specifying individual(s) responsible and deadline for completion. The Action Log will be presented and updated at each meeting.

7. Reporting and Accountability

Minutes are submitted monthly to HSSIB's Senior Leadership Team, and a summary provided to the Board at the next Board meeting.

Recommendations will be made in writing to the SLT for approval.

8. Frequency of meetings

The SLT will meet once a month. Additional meetings may be called by the CEO as required. SLT may review and alter the frequency of its meetings.

9. Quorum

The quorum for a meeting is at least three members, which must include either the CEO or nominated Chair.

SLT members are expected to attend all SLT meetings. On all occasions when SLT members are unable to attend a meeting, they will be required to nominate, and ensure that, a deputy is available and fully briefed to deputise for them. Deputies will have the same rights and responsibilities as SLT members.

10. Next Review of Terms of Reference

These terms of reference will be reviewed annually. The next review date is November 2024.

Document Owner: Finance and Performance	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB019	Approval date: TBC	version number: 0.1
Status: DRAFT	Next review date: November 2024	Page 3



Health Services Safety Investigations Body

Audit and Risk Assurance Committee

Terms of Reference (ToR) and Standing Orders (SOs)

Terms of Reference

1. The Board of HSSIB (the Board) has established an Audit and Risk Assurance Committee (the Committee) as a committee of the Board. The purpose of the Committee is to support the exercise of the duties and powers of the Board in providing independent and objective assurance on how HSSIB manages its system of internal control, governance, and risk management.
2. The committee's duties and responsibilities are to:
 - Review the adequacy and effectiveness of HSSIB's governance arrangements, in particular those relating to:
 - risk management
 - information governance and cyber security
 - the use of resources and internal financial controls
 - the safeguards against fraud, corruption, and bribery
 - the raising and investigation of concerns (whistleblowing)
 - the declaration and management of interests by those working for HSSIB as an employee or through contributing to the advisory committees.
 - Review the annual report and accounts, together with any accompanying internal audit opinion and external audit opinion, with particular focus on the annual governance statement, consideration of key accounting policies and practices, estimates and judgements and the quality of the year-end financial statements, unadjusted misstatements, major judgemental areas, and significant adjustments arising from the audit.
 - Ensure there is an effective internal audit and external audit function in place which meets mandatory standards and provides independent assurance to the Committee, Chief Executive, and the Board.
 - Review the findings of internal and external audit, and review management's responses to recommendations made.

- Periodically review its own effectiveness and report the results to the board.

3. To meet these responsibilities, the committee will:

- Review the strategic processes for risk, control and governance and the Governance Statement.
- Review the accounting policies, the accounts, the Annual Report and Accounts of HSSIB, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors.
- Review the planned activity and results of both internal and external audit.
- Review adequacy of management response to issues identified by audit activity, including external audit's management letter.
- Review assurances relating to the management of the risk and governance requirements of HSSIB, including reviewing the Strategic Risk Register for HSSIB.
- Review HSSIB's information governance compliance and cyber security arrangements.
- Receive an annual report on breaches of HSSIB's policies on declaring and managing interests.
- Review proposed material amendments to the standing financial instructions, SOs, and reservation of powers to the Board and scheme of delegation.
- Review proposals for tendering for Internal Audit services or for purchase of non-audit services from contractors who provide audit services; and
- Review anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

4. The Committee will recommend to the Board approval of HSSIB's annual report and accounts.

5. The Committee will formally report annually to the Board on the outcome of its work on the effectiveness of HSSIB's governance, risk management and internal control arrangements.

6. To meet its duties and responsibilities the Committee is authorised by the board to:

- seek any information it requires from any employee.
- obtain outside legal or other independent professional advice.
- invite any non-HSSIB staff members with relevant experience and expertise to its meetings if it considers this necessary.

Standing Orders

General

7. These SOs describe the procedural rules for managing the Committee's work as agreed by the Board. Nothing in these SOs shall limit compliance with HSSIB's SOs so far as they are applicable to this Committee. Committee members shall comply with the Committee's Terms of Reference, which set out the scope of the Committee's work and its authority.

Membership

8. The Committee will comprise of a minimum of three non-executive directors (NEDs) of HSSIB, one of whom will be appointed as Chair of the Committee.
9. The following will be regular attendees of the committee:
 - a) Chief Executive
 - b) Finance and Performance Director
 - c) Board, Governance and Records Manager
 - d) Department of Health and Social Care representative
 - e) Government Internal Audit Agency representative
 - f) National Audit Office representative

The Committee is authorised to co-opt additional members to provide specialist skills.

At least one Committee member should have recent and relevant financial experience.

The composition of the Committee will be given in HSSIB's Annual Review and Annual Accounts.

10. The Chair of HSSIB shall not be a member of the committee.
11. The Committee will be chaired by one of the Non-Executive Directors. In the absence of a nominate Chair, another Non-Executive Director will chair the meeting.
12. The Board Administrator will function as Secretary of the Committee. In the absence of the Board Administrator, the Business Manager to CEO and Chair will provide secretarial support to the Committee.

Attendance

13. Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

Other attendees

14. Only members of the Committee have the right to attend Committee meetings. However, the regular attendees have standing invitations to attend the committee. Other Directors and staff shall be invited at the discretion of the Committee when matters relating to their area of responsibility are being discussed.
15. The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

16. Meetings will alternate between being in person and remotely via Microsoft Teams.
17. The quorum is set at two members. A duly convened meeting of the Committee, at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. No business shall be transacted unless the meeting is quorate.
18. Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with an agenda and supporting papers shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than five working days before the due date of the meeting.
19. The Secretary of the Committee shall minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
20. Draft minutes will be sent to the Committee Chair within four business days of the meeting and submitted for formal agreement at the next meeting.

Voting

21. The decisions of the Committee will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.
22. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting.
23. The Chair of the meeting will be included in the vote and in the event of a tie, the chair will have a second, casting vote.

Arrangements for meetings

24. All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary, or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that each member and / or attendee will be required not to participate in a discussion.

25. Any member at any time is entitled to ask the Chair whether an item of business should be discussed outside of a meeting in common, as it conflicts with a power of duty of an individual organisation.
26. The Committee shall meet quarterly. There will be an additional meeting in February to consider the Annual Report and Annual Accounts prior to approval by the Board.
27. The Committee shall meet in private session with the internal and external auditors respectively, and together, as the Chair requests, to consider matters of internal control or any other matter within its terms of reference.
28. No other business shall be discussed at the meeting except at the discretion of the Chair.

Minutes

29. The minutes of the Committee meetings shall be formally recorded by the Board Administrator and submitted to the next meeting for approval.
30. The minutes of the Committee meetings shall be submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or that require executive action.
31. Minutes will be published on the HSSIB website, subject to the redaction of any confidential or otherwise exempt material.

Other matters

32. The Finance and Performance team will provide support to the meetings.
33. The internal and external auditors shall have direct access to the Chair.

Interpretation or suspension of SOs

34. During a meeting, the Chair of the Committee shall be the final authority on the interpretation of the SOs.
35. Except where this would contravene any statutory provision, any one or more of the SOs may be suspended at any meeting provided that a simple majority of those present and eligible to participate vote in favour of the suspension.
36. Any decision to suspend SOs will be recorded in the minutes of the meeting and no formal business may be transacted while SOs are suspended.

Review of terms of reference and SOs

37. These terms of reference and SOs will be reviewed annually. The next review date is November 2024.

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Health Services Safety Investigations Body

Remuneration Committee

Terms of Reference (ToR) and Standing Orders (SOs)

Terms of Reference

1. The Remuneration Committee is responsible for ensuring that a policy and process for the performance review, remuneration and succession planning for the Chief Executive and Executive Team are in place.
2. The Committee's duties and responsibilities are to:
 - agree the remuneration and terms of service, including:
 - salary
 - performance related pay
 - provisions for other benefits including pensions
 - arrangements for termination of employment and other contractual terms

for the Chief Executive, members of the Executive Team, and any other staff on the Executive and Senior Manager (ESM) pay framework, submitting these to the Department of Health and Social Care (DHSC) Remuneration Committee for approval when acting outside of its delegated authority.

- agree the remuneration for any appointments on medical and dental (M&D) and agenda for change (AfC) terms on a salary of over £100k (pro rata), submitting these to the DHSC Remuneration Committee for approval when acting outside of its delegated authority.
- review and approve any other submissions to the DHSC Remuneration Committee as required by the pay delegations set by DHSC.
- ensure there is a system of performance review, talent management and succession planning in place for the Chief Executive and Executive Team.
- review the succession planning process and talent management pipeline.
- Agree the procedure for authorising claims for expenses from the Chief Executive (and for the Chair of the Board if necessary).

3. To meet these duties and responsibilities, the Committee will:
 - ensure that pay and benefits for the senior staff within its remit are determined in accordance with the principles of openness, integrity and fairness, and that senior staff are fairly rewarded for their individual contribution to HSSIB within affordability constraints.
 - take proper regard of HSSIB's circumstances and performance.
 - comply with any relevant frameworks or instructions issued by the DHSC or HM Treasury.
4. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external advisers if it considers this necessary.
5. The Committee will periodically review its performance, constitution and Terms of Reference and recommend any changes to the Board for approval.

Standing orders

General

6. These standing orders describe the procedural rules for managing the Committee's work as agreed by the Board. Nothing in these standing orders shall limit compliance with HSSIB's standing orders so far as they are applicable to this Committee. Committee members shall comply with the Committee's terms of reference, which set out the scope of the Committee's work and its authority.

Membership

7. The Committee will comprise of:
 - i. a minimum of three non-executive directors (NEDs) of HSSIB, one of whom will be appointed as Chair of the Committee

Other Attendees

8. Only members of the Committee have the right to attend committee meetings. However, the Chief Executive and Finance and Performance Director have standing invitations to attend, except when their remuneration or performance is to be discussed.
9. The Committee is authorised to co-opt additional attendees to provide specialist skills.
10. At least one Committee member should have recent and relevant financial experience.
11. The composition of the Committee will be given in HSSIB's Annual Report and Accounts.

12. The Committee will be chaired by one of the Non-Executive Directors. In the absence of a nominate Chair, another Non-Executive Director will chair the meeting.
13. The Board Administrator will function as Secretary of the Committee. In the absence of the Board Administrator, the Business Manager to the CEO and Chair will provide secretarial support to the Committee, including minute taking.
14. Only members of the Committee have the right to attend committee meetings. Other senior staff may be invited to attend for specific issues that do not involve their own remuneration and performance.
15. Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

Quorum

16. The quorum for a meeting is a minimum of two members. No business shall be transacted unless the meeting is quorate.

Meetings

17. Meetings will be held remotely via the Microsoft Teams meeting platform.
18. All members must make a declaration of any potential conflicts of interest that may require their withdrawal in advance of each meeting.
19. The Committee will meet twice a year.
20. The Chair may call additional meetings as required.
21. Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with an agenda and supporting papers shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than five working days before the due date of the meeting.
22. The Board Administrator shall minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
23. Draft minutes will be sent to the Committee Chair within four business days of the meeting and submitted for formal agreement at the next meeting.
24. No other business shall be discussed at the meeting except at the discretion of the Chair.
25. Those present at the meetings should respect the confidentiality of any information discussed at the Committee.
26. The Committee may agree urgent and non-contentious matters via email. Any such decisions must be taken unanimously and will be formally noted at the next committee meeting.

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27.

Voting

28. The decisions of the Committee will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

29. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting.

30. The Chair of the meeting will be included in the vote and in the event of a tie, the Chair will have a second, casting vote.

Interpretation or suspension of standing orders

31. During a meeting, the Chair of the Committee shall be the final authority on the interpretation of the standing orders.

32. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting provided that a simple majority of those present and eligible to participate vote in favour of the suspension.

33. Any decision to suspend standing orders will be recorded in the minutes of the meeting and no formal business may be transacted while standing orders are suspended.

Review of terms of reference and standing orders

34. These terms of reference will be reviewed annually. The next review date is November 2024.

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HSSIB Board Meeting

Title of Paper	Protected Disclosure under the Health and Care Act 2022				
Agenda Item Reference	9	Date of meeting	7 December 2023		
Executive Lead	Director of Investigations				
Action Required	To Approve	<input checked="" type="checkbox"/>	Purpose	Strategy	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>		Assurance	<input checked="" type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>		Policy	<input checked="" type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>		Performance	<input type="checkbox"/>
Link to Strategic Goal	TBC – Strategic goals not yet developed.				

Executive Summary

The Health and Social Care Act 2022 (the Act) provides HSSIB with powers to protect the disclosure of information. This is a first in global healthcare and has been developed from the approaches provided to other accident investigation bodies in the UK. It is necessary for HSSIB to develop its understanding of how this will work in practice for HSSIB investigations in order to provide assurance that HSSIB is complying with the requirements of the Act.

This is a comprehensive paper that aims to provide an overview for the Board of:

- the legal context
- current practice and assurance activities
- further requirements for clarification and additional assurance

This report has been discussed at the Senior Leadership Team (SLT) meeting on:

This report has the following impact:

- Quality and Safety
- Financial
- Legal
- Human Resources
- Equality and Diversity
- Communications and Engagement
- Operational
- Performance



	Impact Details: Will determine the remit and operational approach to 'safe space' and set a precedent for its use in healthcare.
Responsible Manager Deputy Director of Investigations	Accountable Director Director of Investigations



Section One: Purpose of this Paper

The paper presents a comprehensive overview of the current HSSIB understanding of how protected disclosure would function in an operational context and draws on legal advice and practical experience and guidance provided by other accident investigation bodies.

The paper also outlines current and planned assurance processes to ensure that HSSIB remains compliant with protected disclosure and requests further direction from the Board on additional assurance that may be sought.

Section Two: Points for consideration

The Legal Context

HSSIBs requirement to protect information

The starting point for HSSIB is that we **must not** disclose protected material to any person¹.

Protected material is defined as²:

- anything held by the HSSIB or an individual connected with the HSSIB,
- collected for the purposes of the HSSIB's investigation function,
- that relates to a qualifying incident (whether or not investigated by the HSSIB), and
- has not already been lawfully made available to the public.

This obligation extends to HSSIB as a corporate entity and any individual connected with HSSIB. This includes³:

- A member of HSSIB
- A member of a committee or sub-committee of the HSSIB
- An investigator
- An individual (other than an investigator) who works for the HSSIB; this includes anyone under contract (for example, a subject matter advisor or a secondee) or an agency worker.

¹ S122(1) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/2022/12/1/1)

² S122(2) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/2022/12/1/2)

³ S122(3)(4)(5) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/2022/12/1/3)



- An individual who ceases to be connected to HSSIB but who had access to protected materials.

It is a criminal offence, punishable by a fine on summary conviction, if:⁴

- HSSIB or an individual connected with the HSSIB knowingly or recklessly discloses protected material and knows or suspects that the disclosure is prohibited. We can be confident this part is limited to disclosure by HSSIB or someone connected as the legislation cross refers to S122(1) in this part, which is the prohibition on HSSIB staff or those connected releasing information
- A person who was and has ceased to be connected with HSSIB knowingly or recklessly discloses protected material and knows or suspects that the disclosure is prohibited.
- A person not connected with HSSIB receives protected materials (for example, a draft report or we release materials under an exemption⁵) and knowingly or recklessly discloses the protected material without reasonable excuse, and knows or suspects that it is protected material.

Exemptions allowing HSSIB to disclose information

HSSIB can choose to, or be compelled, to disclose protected material where:

- Additional regulations are made by the Secretary of State⁶. or there is a requirement to do so under the HSSIB part of the Act (for example, the requirement for HSSIB to share information in interim and final reports⁷).
- HSSIB, or an individual connected with the HSSIB discloses information to a person connected with HSSIB and reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function⁸.
- HSSIB, or an individual connected with the HSSIB discloses information to a person not connected with HSSIB and the Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function⁹.

⁴ S124(1)-(4) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁵ S124(3) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁶ S123(1) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁷ S113-115 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁸ Schedule 14 Para 1 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

⁹ Schedule 14 Para 2 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)



- The Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the prosecution or investigation of an offence in relation to people failing to comply with HSSIB requests for information or unlawful disclosure¹⁰.
- The Chief Investigator:
 - reasonably believes that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public,
 - reasonably believes that the person is in a position to address the risk, and
 - the disclosure is only to the extent necessary to enable the person to take steps to address the risk¹¹.
- The High Court makes an order to disclose protected materials¹².

HSSIBs powers of protected disclosure have primacy over any other legislation or requirements that would require HSSIB to disclose information in England¹³ and this is supported by legal advice from DAC Beachcroft:

*“the Prohibition is framed in deliberately broad terms, and in such a way that makes clear it is intended to take precedence over **any** competing obligations the HSSIB has to disclose information. We do not consider the Act leaves room for the HSSIB to apply the Prohibition in a flexible way, or exercise its discretion as to the circumstances in which it ought to be applied, subject only to prescribed exceptions”.*

This primacy can be legislated against in Wales, Northern Ireland, and Scotland by devolved governments¹⁴ (and be legislated against by future UK governments). In practice, this means that HSSIB cannot be compelled to disclose any information covered by protected disclosure outside of the High Court exemption.

Current practice and assurance activities

Current assurance about HSSIB’s application of the protected disclosure process includes:

Legal Advice

We have taken a range of legal advice from DAC Beachcroft to confirm our position and understanding of the protected disclosure legislation. This has included clear



advice around the basis on which HSSIB can disclose information and the primacy of HSSIB legislation in protecting evidence when requests that HSSIB disclose information are received from other sources (for example, from data protection or freedom of information requests, from the Parliamentary and Health Service Ombudsman (PHSO), or from Coroner's or Inquiries).

¹⁰ Schedule 14 Para 3 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2022/25/schedule/14/para/3)

¹¹ Schedule 14 Part 4 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2022/25/schedule/14/part/4)

¹² Schedule 14 Part 5 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2022/25/schedule/14/part/5)

¹³ S125 of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2022/25/schedule/14/para/3)

¹⁴ S125(2)(3)(4) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2022/25/schedule/14/para/3)

Training

HSSIB investigation and insights team members have received training on protected materials in line with the advice provided by DAC Beachcroft. This was delivered alongside wider investigation training and updates at a team event in Bristol between 11-13 September 2023. This training was developed and delivered by a HSSIB Deputy Director of Investigations with a legal qualification and previous professional role as a solicitor (where they retain as a non-practising registration with the Solicitors Regulation Authority). Additional support and expertise are sought via DAC Beachcroft when required.

Training is planned for the rest of our HSSIB staff by the end of 2024, protected materials training will also be added to the new starter induction. Regular update training is planned on a quarterly basis. We will maintain records of such training.

The majority of the team received this training face to face with the remainder of the team receiving the same training in a virtual session on 31 October 2023. Slides from the training and a recording of the virtual session are available to investigation and insights team members via Sharepoint. The team have developed a log to indicate who is compliant with this element of training, with 100% compliance at this time.

Documentation and guidance

Documentation that is provided to staff or patients/families during our investigation process has been amended to include reference to protected disclosure, circumstances in which disclosure may be required, and the put people on notice that they may commit an offence if they disclose protected materials to another person.

HSSIB is currently completing legacy HSIB investigations under the old directions whilst also launching new investigation work under the Act. This means that only new investigation work is legally protected from disclosure, whilst legacy work is not. The investigations this applies to are easily distinguished within our case management system, with protected disclosure only applying to investigations that

have been approved after 1 October 2023.

Draft guidance is available to the Investigations and Insights team via Sharepoint setting out an overview of the protected disclosure provisions (in addition to the training they received). An overview of protected disclosure for the public is available on our website.

Investigation governance

Investigation teams meet every two weeks to complete investigation progress reviews. In turn, these feed into a two weekly HSSIB investigation progress review overseen by the senior Investigations and Insights team. This provides a process in which any requests for protected information can be easily identified, escalated, and discussed for potential further escalation to the Chief Investigator if a disclosure is required.

Existing practice

The previous Healthcare Safety Investigation Branch (HSIB) had 'safe space' powers written into its legal directions. Although not with the same weight in law as the Act, HSIB investigations have always proceeded with this in mind and in accordance with an understanding of safe space.

As HSIB, there was no unauthorised disclosure of what may be considered 'protected materials' under the Act. However, HSIB was required to provide information to a Coroner's inquest, PHSO, and a data protection request which would now fall within protected disclosure under the Act.

Existing Investigation and Insights staff are accustomed to protecting evidence and we have a case management system and operational processes to ensure evidence is collected, stored, and retained in a secure manner. The new protected disclosure provisions in the Act represent an evolution of the current process that staff are being supported to develop with, and not a new concept that could require more significant support or education within the Investigation and Insights team.

Current challenges and further assurance requirements

Discussion at the Board Development day on 9 November 2023 identified some additional challenges and a need for further clarity on the next steps required to further assure the process. Some key considerations for further discussion included:

When does an investigation start?

The Act sets out that protected disclosure applies to information gathered 'for the purposes of the HSSIB's investigation function'. This wording is also used to determine when HSSIB may use its powers of entry, inspection, and seizure¹⁵, and compulsion¹⁶.

The Act does not give further clarity on what this may mean, and DAC Beachcroft advised in the room that this may be a question for HSSIB to address itself. In the

¹⁵ S118(1) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

¹⁶ S119(2) of the Health and Care Act 2022: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)



current investigation and insights operating model there are essentially three core phases:

- 1. Insights:** This stage is to establish the information available across the healthcare system in relation to a specific safety risk. This includes speaking with a number of organisations, staff, and patient groups to help us understand where risks exist in the patient safety landscape.

Suggestions for areas for investigation are then presented to the Patient Safety Insights Group and begin to be assessed against the HSSIB investigation criteria. If approved, a further enhanced period of work-up is entered into to determine the potential scope and focus of a HSSIB investigation. This work is then presented to an investigation approval meeting and assessed against the HSSIB investigation criteria.

- 2. Investigation:** A decision to launch an investigation is made at the investigation approval meeting. Once we have decided to go forward with the investigation, we may proceed to make contact with healthcare providers, patients and patient groups, and national organisations to look at the systemic factors that are contributing to the patient safety risks that we have identified. We identify areas for improvement through analysis of our findings, as well as working with subject matter advisors to provide insight and specialist knowledge.
- 3. Recommendations:** We identify areas for improvement through analysis of our findings, as well as working with subject matter advisors to provide insight and specialist knowledge. We work with national organisations to discuss how care can be improved in these areas and which organisations can take the lead in this work.

Our investigation report then sets out the recommendations at a national level, and any other safety learning that we think can help address the risk we have seen. We then receive responses to these recommendations, escalate if required, and internally grade them. Further work is ongoing in this area around how we further enhance our ability to monitor the implementation and impact of our work.

Within this model it may be possible for HSSIB to determine that an investigation starts and concludes at a range of possible points. DAC Beachcroft has advised that the prohibition on disclosure, and associated powers, flow from the point that HSSIB begin to investigate a qualifying event¹⁷. In the current operating model, any specific event(s) would only be subject to more detailed scrutiny after the point of investigation approval.



In the current model, investigation is considered to begin at the point of investigation approval and end at the point of publication. The benefits of this were considered to include:

- Familiarity for staff and stakeholders as this echoes previous HSIB practice; an investigation began after a ‘scoping investigation’ of the reference event.
- Provides a limit on the volume of protected information held by HSSIB.
- Does not limit sharing information that may be received outside of an investigation process (e.g. a contact form via our website) where this may be of benefit to the wider healthcare system.
- Allows HSSIB to publish responses to recommendations.

However, this limits the period in which HSSIB could use its powers and which may provide HSSIB with more information to help determine patient safety risks in the healthcare system.

Mitigations while any further work in this area is completed include:

- Messaging to the Investigation and Insights team that an investigation starts at the point of investigation approval.
- Messaging and updated guidance to the Investigation and Insights team in relation to when to begin investigating a ‘qualifying event’.
- Records of our decision making and rationale in reaching this decision.
- HSSIB investigation materials being amended to reflect the start date of an investigation as investigation approval.

What is covered as protected material?

During the course of discussion at the Board development day DAC Beachcroft suggested that the interpretation of what was protected materials could be very broad. This included a hypothetical scenario in which a patient shares a story with HSSIB but would then be unable to share this with any other person without potentially breaching the provisions around protected disclosure.

The Board was uncomfortable with this potential interpretation and additional practical guidance has been sought from colleagues at the Air Accident Investigation Branch (AAIB). HSSIBs prohibition of disclosure provisions were intended as a mirror to those adopted in transport accident investigation and so it would follow that these would be intended to operate in a similar way.

The AAIB directed us towards resources prepared in memorandums of understanding between transport accident investigation branches (AAIB, the Rail Accident Investigation Branch (RAIB), and the Marine Accident Investigation Branch (MAIB)) and the Chief Coroner, Crown Prosecution Service, and the National Police Chiefs Council. On review, the MoU with the Chief Coroner contains a helpful description of the materials the AAIB, RAIB, and MAIB consider protected under their legislation.



On review, this confirms that other branches do not consider their protection to operate in this manner. Instead, protection is focused on materials and information generated or recorded by the investigation, as opposed to extending beyond this to limit others. For example, if a patient shares a story with HSSIB during an investigation they would be entitled to share their story with anyone else. However, any record we make of that patient and their story is protected material and would not be disclosed. A breakdown of how protected disclosure is considered to operate in the other branches is included at Appendix 1.

Only one obvious point of previous HSIB practice may be impacted by this interpretation. HSIB had offered interviewees the chance to obtain a copy of their interview for their records. Legal advice has suggested that HSSIB could use an exemption to provide an individual it interviewed with a copy of their interview transcript to invite them to confirm its accuracy, or to elaborate on any particular answers they gave. However, this person would need to be advised that this was protected material and should not be disclosed to others.

Mitigations while any further work in this area is completed include:

- Training completed and further training planned with HSSIB team members.
- Messaging to the Investigation and Insights team about the materials that would be incorporated in protected disclosure.
- Records of our decision making and rationale in reaching a decision on what materials may be protected.

Employment contracts, including subject matter advisors (SMAs) and other workers

Under the provisions of the Act any contracted worker for HSSIB (including SMAs or experts by lived experience) would be required to comply with the requirement of protected disclosure or may be liable to criminal conviction.

Documentation for SMAs was previously provided and controlled by the commercial team in HSSIB. It is unclear where this responsibility now sits in the new organisational structure. [We are currently unable to access this information as the investigation and insights team administrator is away from work due to illness and appears to be the only staff member left who can locate and access this documentation].

There will be a requirement to update any engagement documentation to ensure that this requirement is clear to any contractor so that they are aware of these provisions and we can enforce against any unauthorised breach. This should also be considered for any HSSIB permanent job description to ensure that the requirements are clearly set out.

Mitigations while this work is completed include:



- the above-mentioned training for HSSIB staff so that they are aware of their obligations.
- communications to the Investigations and Insights and Finance and Performance team about appointing new SMAs (or other workers) and the requirement to notify them about protected disclosure.

Further guidance and organisational training

Initial training for wider HSSIB staff groups is intended to take place at the HSSIB away day on 13 December 2023. This session will be delivered jointly by HSSIB's Board, Governance and Records Manager and a Deputy Director of Investigations and provide an overview of protected disclosure and its application for HSSIB staff.

Following this session, the intention is for a short video to be recorded that can be shared internally and with any external staff to explain the prohibition on disclosure and how this interacts with other obligations. A log would be kept of people receiving the training. Refresher training on protected disclosure would then be required at regular intervals as part of ongoing staff training and be recorded centrally.

Additional guidance has also now been sought from DAC Beachcroft to confirm the position in relation to the release of information by HSSIB to address safeguarding concerns. The legislation, as interpreted, would mean that HSSIB could not disclose protected information as a safeguarding concern under the safeguarding process. However, we believe that the same information would be able to be disclosed under a HSSIB exemption; in essence providing the same information, to the same people, but under a different technical process.

On receipt of further legal guidance and clarification from the Board, a further guidance document does need to be developed to set out HSSIBs position on protected disclosure, in line with any decisions or further advice provided by the Board as a result of this paper.

Mitigations while this work is completed include:

- the above-mentioned training for HSSIB staff so that they are aware of their obligations.
- communications to the Investigations and Insights and Finance and Performance team about appointing new SMAs (or other workers) and the requirement to notify them about protected disclosure.
- Reviewing the HSSIB safeguarding process in consultation with NHS England completing and safeguarding process (via the HSSIB safeguarding lead) in discussion with the Chief Investigator and in line with the Act.

Section Three: Proposal and Next Steps

Our Operational lead for Protected Disclosures and our Board Governance and Records Manager are working to compile an action plan to address the remaining



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issues and risks in relation to this topic. We will be able to report back to Board with this update in February 2024.

The Board is asked to provide a decision on further steps required to assure itself on the current process for HSSIB its staff, and contractors, in understanding and adhering to protected disclosure.

This may include, but would not be limited to:

- Further legal advice from DAC Beachcroft.
- Further legal advice from a Barrister.
- Further operational advice from accident investigation bodies.
- Requirements for additional guidance, processes, or procedures to be put in place for HSSIB and its staff.



Appendix 1 - Accident Investigation Branches (AIBs) limitations on disclosure

Taken from [CPS MoU - Annex B AIB limitations on disclosure - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441212/CPS_MoU_-_Annex_B_AIB_limitations_on_disclosure_-_GOV.UK.pdf)
(www.gov.uk)

Statements

AAIB: Records revealing the identity of persons who have given evidence in the context of the safety investigation including third party experts.

RAIB: The names, addresses or other details of anyone who has given evidence to an inspector.

MAIB: The name, address or other information of anyone who has provided a statement or declaration or other note or record relating to the statement or declaration unless the person consents to disclosure.

Identities of Witnesses:

AAIB: Cockpit video and image recordings and transcripts, air traffic control recordings, flight data recorders.

RAIB: Correspondence between Chief Inspector and parties involved in investigation.

MAIB: Working documents of the Branch.

Medical Records:

AAIB: All communications between persons having been involved in the operation of the aircraft.

RAIB: Communications between those involved in operation of ship.

MAIB: Opinions of and notes made by inspectors or persons appointed to conduct investigation which are unsubstantiated by evidence.

Draft reports:

AAIB: Information collected by the AAIB which is of a particularly sensitive or personal nature. Notes, drafts and opinions written by investigators. Opinions expressed in the analysis of information, including flight recorder information.

RAIB: Photographs and recordings made by inspectors. Inspectors' opinions expressed in the analysis of information. Notes made by an inspector, whether written or held electronically.



HSSIB Board Meeting

Title of Paper	HSSIB joining the Emerging Concerns Protocol				
Agenda Item Reference	10	Date of meeting	7 December 2023		
Executive Lead	Director of Investigations				
Action Required	To Approve	<input checked="" type="checkbox"/>	Purpose	Strategy	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>		Assurance	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>		Policy	<input type="checkbox"/>
	To Note	<input type="checkbox"/>		Performance	<input type="checkbox"/>
Link to Strategic Goal	[TBC – strategic goals under discussion]				

Executive Summary

Executive Summary	
<p>This report has been discussed at the Senior Leadership Team (SLT) meeting on:</p> <p>22 September and 19 October 2023</p>	<p>This report has the following impact:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Human Resources <input type="checkbox"/> Equality and Diversity <input checked="" type="checkbox"/> Communications and Engagement <input type="checkbox"/> Operational <input type="checkbox"/> Performance <p>Impact Details: Increase HSSIBs collaboration on safety concerns while maintaining independence and prohibition on disclosure.</p>
<p>Responsible Manager</p> <p>Deputy Director of Investigations</p>	<p>Accountable Director</p> <p>Director of Investigations</p>



Section One: Purpose of this Paper

As an independent arm's length body, HSSIB will have the opportunity to become a signatory of the Emerging Concerns Protocol (ECP). The ECP was developed under the governance of the Health and Social Care Regulators Forum (the Forum) to help organisations share information about emerging concerns with each other and system partners in a timely fashion. It is managed by the Care Quality Commission (CQC).

The proposal was discussed at SLT on 22 September 2023 and approved in principle. Colleagues from the CQC and General Medical Council (GMC) then presented at SLT on 19 October 2023 to provide more context and set out next steps. SLT supports HSSIB joining the ECP and HSSIB has been told it would be accepted onto the ECP should it wish to become a signatory.

The Board is asked to approve HSSIB joining the ECP.

Section Two: Points for consideration

The ECP was developed by the Forum in 2016 and has been regularly updated since this time. The purpose of the protocol is to provide a clearly defined mechanism for organisations which have a role in the quality and safety of care provision, to share information that may indicate risks to people who use services, their carer's, families, or professionals.

It is specifically aimed at helping staff across the signatory organisations to make decisions about when to escalate information of concern with one or more organisations. It does not replace existing responsibilities and arrangements for taking emergency action, including arrangements for whistleblowing or safeguarding.

Current signatories to the ECP include the following regulators:

- Care Quality Commission
- General Dental Council
- General Medical Council
- General Osteopathic Council
- General Pharmaceutical Council
- General Chiropractic Council
- General Optical Council
- Health and Care Professions Council
- Nursing and Midwifery Council
- Social Work England

Signatories also include national bodies that do not have regulatory roles:

- Parliamentary and Health Service Ombudsman
- Local Government and Social Care Ombudsman
- Health Education England
- Freedom to Speak Up Guardian (TBC)



Organisations signing the ECP are expected to adhere to the following principles:

- The organisations involved should work to model an open culture in which staff can speak up about concerns.
- The organisations involved should be transparent about how the protocol is used, while maintaining confidentiality of content (in all directions, including the National Quality Board, providers, public, registrants).
- The organisations are explicit about confidentiality agreements and parameters (including working with information shared by third parties).
- The organisations involved shall maintain and respect each individual organisation's executive autonomy.
- The protocol must work within the law, ***including any restrictions on information sharing that are included in each signatory's statutory role.***
- The protocol should be short and simple, with a focus on feasibility.
- The protocol will be developed through a collaborative, partnership approach between organisations.
- No issue will be too small for an organisation to consider using the protocol.
- The model developed should be linked to other tools in the system, such as the Quality Risk Profiling Tool and existing Memoranda of Understanding.

Becoming a signatory to the ECP would allow HSSIB to:

- Demonstrate our commitment to work collaboratively with the healthcare system around patient safety concerns.
- Continue to access forums where emerging concerns about the healthcare system are discussed which may inform our investigation and education work.
- Share concerns we may see or hear via our own work with system partners.
- Maintain our independence and respect our statutory obligations around disclosure.

Considerations for HSSIB include:

- The HSSIB Chief Executive is now a member of the Forum and HSSIB has joined a sub-forum to discuss 'thematic issues' to help build our collaboration within the system.
- There is no financial cost in HSSIB becoming a signatory to the ECP.
- There are six-weekly meetings (with the intention of these becoming eight-weekly meetings) of members to discuss how the ECP operates and to enhance ways of working.
- The ECP has been 'activated' approximately two times per year since its introduction, at such times HSSIB would be expected to provide a representative to these meetings.



- The ECP cannot compel HSSIB to release or share any information covered by protected disclosure under the Health and Care Act 2022, and accounts for restrictions on sharing information that organisations may be subject to.

More information about the ECP is available at: [Emerging concerns protocol - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/emerging-concerns-protocol)

Section Three: Recommendation

SLT recommends that HSSIB becomes a signatory to the ECP. If approved by the Board, the Board is also asked to approve the following text which will appear on the ECP website. This has been written with guidance from the CQC to mirror the structure of current entries from other organisations and remain within a word limit of 150-250 words.

Health Services Safety Investigations Body (HSSIB)

Key interests

The HSSIB is an independent arm's length body of the Department of Health and Social Care. We investigate patient safety concerns across England to improve healthcare at a national level.

HSSIB gathers patient safety intelligence from across the healthcare system from direct contact from the public, engaging with other system partners to understand their insights into patient safety concerns, and investigation work. HSSIB may identify themes or patterns in the information being provided to us that could help to explore emerging patient safety concerns from a national perspective.

The HSSIB is bound by laws prohibiting when we may disclose protected materials we have gathered during our investigations. However, the HSSIB recognises the importance of working in collaboration with partners across the system, whenever possible, to help address risks to patient safety whilst maintaining our role as an independent organisation.

Key activities and responsibilities

The HSSIB investigates patient safety incidents that occur in England during the provision of health care services that have or may have implications for the safety of patients. Our investigations do not find blame or liability with individuals and do not replace any existing investigation or legal process that is available to patients, families, carers, or healthcare staff.

A HSSIB investigation contains findings of fact based on our analysis of the patient safety concern under investigation. We can make recommendations to any person the HSSIB considers appropriate to help address any concerns about patient safety

The Emerging Concern Protocol

Aims

- What is the Emerging Concerns Protocol (ECP)?
- What's the background?
- How does it work in practice?
- How could it work for us?
- Q&A

Why do we need the Emerging Concern Protocol?

- The protocol enables any concern, however small, to be considered proactively by the right people at the right time to decide whether a problem is emerging (whether or not a Regulatory Review Panel is held)
- Not all regulators are routinely part of the existing formal quality and risk conversations that take place
- Working together more effectively can reduce duplication by encouraging our organisations to come up with joint plans when we share similar concerns
- The protocol will help ensure regulators are transparent with the public, providers and professionals about the way that we work together



- Mid Staffordshire
- Winterbourne
- Morecambe Bay
- Liverpool Community Trust
- Gosport
-

Regulators and oversight organisations should review how they work together jointly....and implement mechanisms to improve the use of information and soft intelligence more effectively'

Dr Bill Kirkup 2017

Sharing of intelligence between regulators needs to go further'
Sir Robert Francis

The need for ECP continues....

- **In May 2019**, 'evidence of abusive treatment of people with learning disabilities and autism at **Whorlton Hall**, a specialist hospital in County Durham. The hospital was run by private health care provider Cygnet and was NHS funded'
- **September 2022** ' **Greater Manchester Mental Health Trust** 'apparent humiliation, verbal abuse, mocking and assault of patients - plus alleged falsification of medical paperwork'
- Edenfield became its own world' investigators said...over a period of years, the centre become 'closed to external influence', breeding an 'Edenfield management style' that was 'combative' with other parts of the trust.

Inclusion North response to Panorama Whorlton Hall - Inclusion North



Where it all began - North Middlesex

Concerns were raised:

- Poor quality of care and outcomes in some areas
- Low patient satisfaction with services
- Poor trainee doctor experience in related areas



The regulatory response.....

June
2014

August
2016



A report from Deloitte identified that regulators should have worked better together to respond to concerns, which led to the introduction of the Emerging Concern Protocol.

Where the ECP has made a difference

A senior doctor working in the NHS approached a GMC Regional Liaison Adviser (RLA) at a conference and **disclosed that they had experienced issues for several months with the quality of surgical equipment** used by their organisation.

They stated that the surgical packs were not complete and frequently contained instruments that were poorly assembled and prone to coming apart during surgery. The same supplier provides theatre equipment to **other healthcare providers, both public and private.**

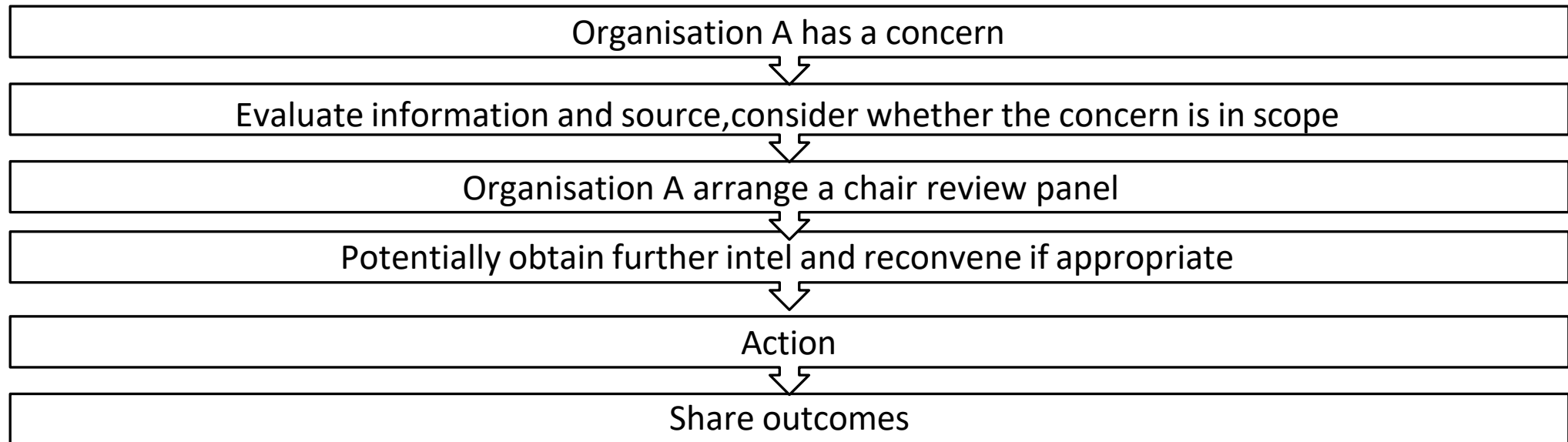


Action Taken

- A call between the GMC and CQC took place and agreed that a Regulatory Review Panel (RRP) would be triggered in line with the 'Emerging Concerns Protocol'.
- A redacted intelligence summary was shared with CQC and NMC
- All of the potential signatories were contacted by CQC
- Representatives attended a virtual meeting chaired by CQC
- Delegates were provided with a verbal synopsis of the GMC intelligence
- Information that CQC had ascertained between the initial call with
- The NMC updated the call with what they had ascertained from their own data and intelligence
- CQC confirmed that they were in the process of inspecting the organisation concerned and would seek additional information
- It was agreed that the Health and Safety Executive (HSE) and Medicines and Healthcare Products Regulatory Agency (MHRA) should be informed

the GMC and the RRP was shared

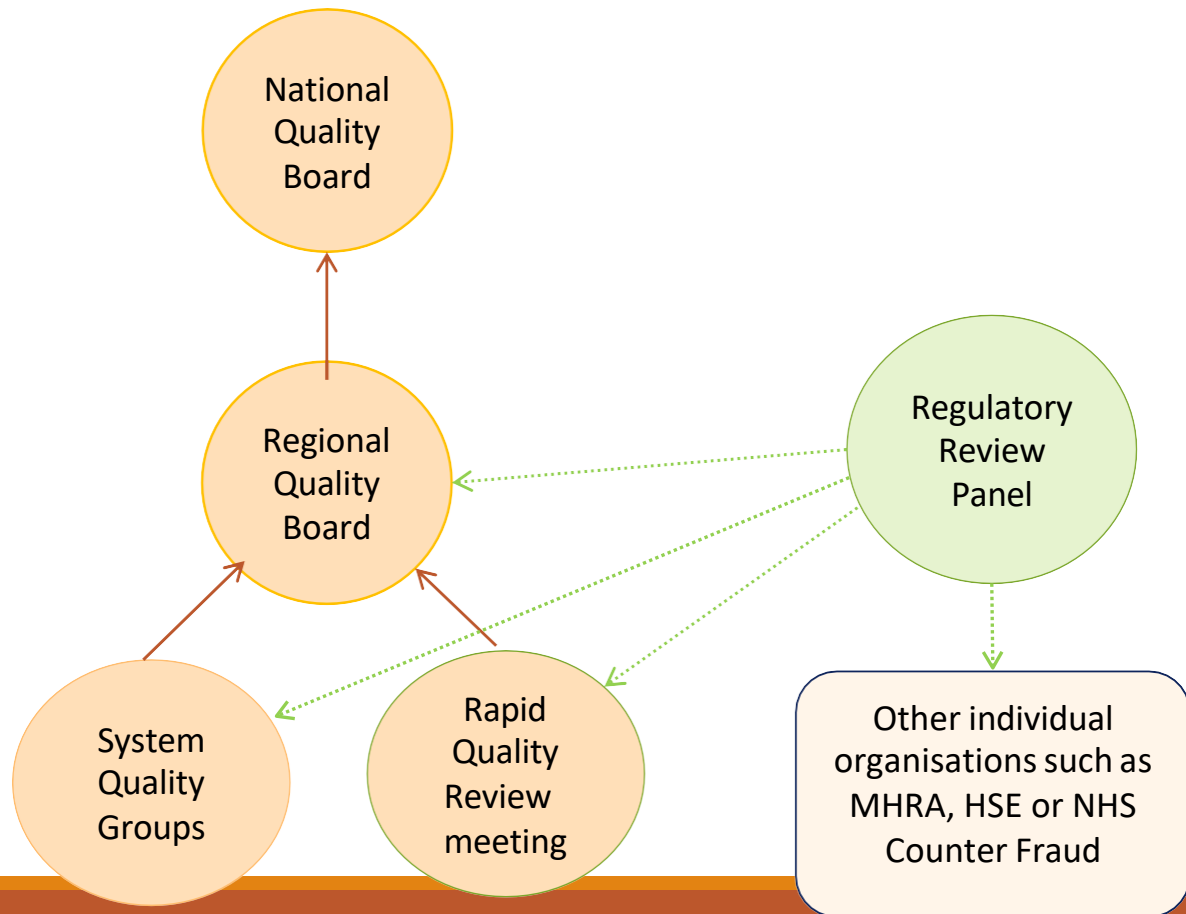
What are the main steps in the process?



Changes to the ECP in 2023

- Improving the accessibility of content
- Streamlining to reduce unnecessary detail/duplication
- Providing further information on the type of issues which are within the scope of the framework
- Changes to the regular ECP meetings to include the opportunity to share intelligence which may lead to Regulatory Review Panels in the future.
- Ensuring alignment to the NHS England refreshed quality oversight and governance arrangements
- Membership changes

Where the ECP fits into the wider landscape



- In orange are some of the structures that form the national quality governance arrangements.
- Rapid Quality Review Meetings are ICB led multi-stakeholder meetings set up to facilitate rapid diagnosis of quality concerns
- System Quality Groups are a forum at ICS level that brings together system partners to engage, share intelligence on learning, opportunities for improvement and concerns/risks, and develop system responses to deliver and mitigate them. They report into the ICB.
- Regulatory Review Panels provide regulators the chance to come together at pace to test and triangulate intelligence/information that suggest a risk to regulators or to the public. They do not typically invite the ICB, but they can do.
- Regulatory Review Panels can refer cases onto the Quality Groups or individual organisations that might be best placed to pursue the concerns.

Casestudyquestions

The task is to review the scenarios and work through how you would use the protocol.

- Who would/should contact whom?
- Are you aware of any existing MoUs, protocols or forums covering this situation?
- What would be the key information to share?
- Would you arrange an RRP and who would Chair?
- Would any action be taken after the RRP? By whom?
- What would be the benefits? What difference would this make to people receiving care, professionals, or the organisations?

Discussion-embedding the ECP

- Are there any cases where we've shared intelligence with other system partners to good effect?
- Are we missing opportunities to share intelligence with other system partners?



- What else can we do internally to promote the use of the ECP?
- Are there any internal barriers that prevent us from making the best use of the ECP?

2024 February TBC Consultation on HSSIB Strategy

2024 February 15 Investigation Report: Positive patient identification (NLR)

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