



HSSIB Board Meeting Agenda
Thursday 8th February 2024, 10:00-12:00
Puerto Morzan Room, City Hall, College Green, Bristol, BS1 5TR

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 7 th December 2023 1.6 Actions from previous meetings	Information Information Assurance Assurance Approval Assurance	Ted Baker	Verbal Verbal Verbal Verbal Paper Paper
2.	10:10	Investigation Update	Information	Saskia Fursland	Presentation
3.	10:20	Chair Update	Information	Ted Baker	Verbal
4.	10:30	CEO Update	Information	Rosie Benneyworth	Paper
5.	10:50	Performance Report	Assurance	Executive Team	Paper
6.	11:10	Subcommittee Updates 6.1 Audit and Risk Assurance Committee 6.2 Remuneration Committee	Assurance	Peter Schild Mary Cunneen	Verbal Verbal
7.	11:20	Policy Review 7.1 Board Code of Conduct 7.2 Document and Records Management Policy	Approval	Maggie McKay	Paper Paper
8.	11:30	Staff Survey	Assurance	Maggie McKay	Paper
9.	11:40	Equality, Diversity and Inclusion Action Plan	Approval	Philippa Styles	Paper
10.	11:50	Any Other Business		Ted Baker	Verbal
11.	12:00	Close		Ted Baker	Verbal
12.	12:00	Questions from Public Attendees		Rosie Benneyworth	Verbal

File Name: 01.5 HSSIB Board Minutes.pdf

Agenda Item: Item 1 - Welcome



Health Services Safety
Investigations Body

**Minutes of the
Healthcare Services Safety Investigations Body (HSSIB) Public Board Meeting
Thursday 7 December 2023 10:00hrs-12:00hrs
Boardroom A, Trust Headquarters, Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE**

Present

Ted Baker (TB)
Rosie Benneyworth (RB)
Marc Esmiley (ME)
Marisa Logan-Ward (MLW)
Mary Cunneen (MC)
Mike Durkin (MD)
Peter Schild (PSch)
Maggie McKay (MM)
Philippa Styles (PSty)
Andrew Murphy-Pittock (AMP)

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
Finance and Performance Director
Director of Investigations
Education Director

In attendance

Julia Blomquist (JB) Business Manager to CEO and Chair (minutes)
Sarah Graham (SG) Board Governance Manager

WELCOME / ITEM 1.1 – INTRODUCTIONS

The Chair opened the meeting and welcomed Board members and other attendees. TB thanked the University Hospitals of Derby and Burton (UHDB) for hosting the meeting.

ITEM 1.2 APOLOGIES FOR ABSENCE

There were no apologies for absence.

ITEM 1.3 DECLARATION OF QUORUM

The meeting was quorate with all Board members present.

ITEM 1.4 DECLARATION OF INTERESTS

There were no relevant declarations of interest.

ITEM 1.5 TO APPROVE MINUTES FROM PREVIOUS BOARD MEETING, 5 OCTOBER 2023 & 9 NOVEMBER 2023

The minutes from the 5 October 2023 were approved as a true and accurate record.

The minutes from 9 November 2023 – MC had not read the Code of Conduct, and therefore did not agree to it which needs to be reflected in the minutes. To update, MC has now reviewed and suggested amendments to SG. The Board agreed for the Code of Conduct be submitted to the next Board meeting for approval.



Health Services Safety
Investigations Body

Following the agreed amendments to be made, the minutes were approved.

Action: Code of Conduct to be submitted for approval at next board meeting.

Action: JB to remove the action for MC to review IG regulations and replace with Code of Conduct.

Action: JB to amend 9 November 2023 to reflect the changes agreed.

ITEM 1.6 ACTIONS FROM PREVIOUS MEETINGS

Action 2 – The declarations of interest are being collated and will be submitted to the Senior Leadership Team (SLT) for reviewal, once approved they will be published on the HSSIB website for all members of staff and will be reviewed annually.

Action 11 – The Board agreed to move the action to SLT.

Action 13 – The Interim Investigations Criteria is still in progress and will be submitted to the next Board meeting.

Action 17 – To be amended to Code of Conduct and include update MC provided today on the Code of Conduct.

Action 23 – No feedback was received on the policy approval route; it was agreed to close the action and approve the policy.

ITEM 2 - CHAIR'S UPDATE

TB provided the following update since the last meeting:

- Welcomed Philippa Styles, the new Director of Investigations and new Executive Directors, who were formally appointed at the last meeting on 9 November 2023. Minal Patel will join the organisation on 11 December 2023 as the Head of Policy, Strategy and Engagement.
- The HSSIB launch event took place on 18 October 2023 which went well with the Minister and other stakeholders attending.
- TB and RB 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.
- A letter was sent to Wes Streeting MP requesting a meeting and will take place with his deputy Karin Smyth MP.
- RB and TB met with Steve Brine MP and agreed to send regular updates of HSSIB work to their committee.
- RB and TB had a productive meeting with Sir Bernard Jenkins at the House of Commons.
- RB and TB attended a constructive meeting with Daisy Cooper MP.



Health Services Safety
Investigations Body

ITEM 3 – CHIEF EXECUTIVE OFFICER UPDATE

RB and the Senior Leadership Team submitted the paper to provide the Board with an update on the organisation and gave an overview of each of their areas of responsibility.

CEO update

The HSSIB launch event on the 18th of October was 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 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.

Since the last board meeting, RB has been interviewed by the BBC and BBC Radio 4 podcast as well as undertaking a variety of speaking engagements which included chairing a session at the NHS Providers conference in Liverpool with a panel discussing environments for safe care. RB also spoke to the NICE clinical network about the work of HSSIB. RB has been pleased to receive these invites and has spoken at several network meetings with mental health leaders to discuss HSSIB's work and the mental health inpatient investigations that are soon launching. RB also visited Protect, a charity that supports whistleblowers and discussed the role of HSSIB and the concerns they were hearing from their work.

For the last few months, RB has been invited to join a regular ALB Chief Executive Officers (CEO) meeting 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). Furthermore, HSSIB has been formally approved as a member of the National Quality Board (NQB).

Education

AMP provided an update on the Education team and informed the Board that permanent contracts for the education faculty are now in place. To allow for expansion and potential commercial activity, bank contracts are being explored. 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.

AMP updated the second cohort of our largest programme concluded on 27 October 2023. 4,597 learners enrolled on to this cohort which ran for six months and had a 49% completion rate, with 2,242 learners completing the full programme. Since the first cohort there has been 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 24 November 2023. In November, the other 'live' programmes were launched and within 48 hours, most places were filled, with over 3,000 new enrolments. In total, there have now been 18,700 enrolments across the portfolio. The new e-prospectus has now also been launched.

We are exploring a live delivery of the Strategic Decision Makers programme to the board at an upcoming Board development day. Canvas is the current Learning Management System, and



the contract is due for renewal in 2024. The team are exploring options for this moving forward to reduce cost as each unique user who registers on our platform attracts a licence fee.

The latest meeting of the International Patient Safety Organisations Network (IPSON) was held on 26 October 2023 and represented by 17 countries. It was discussed and agreed for each country member to suggest one idea for improving patient safety that could be implemented at a global level. The network is also keen to explore and coordinate a global event.

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

MD queried how do we know we are having an impact on the system, PSch added with the expansion of the Education offer, will the team be able to cope with this. AMP informed the team are looking at the Canvas system to see if they can manage this. There have been issues regarding no shows for the courses resulting in HSSIB having to pay the license costs. MC suggested to look at the attendance figures in geographic locations, AMP responded that usually we wait for organisations to come to us. AMP suggested that staff attending the education courses could be built into recommendations. TB felt we need to further explore the commercial model.

Investigations and Insights

PSty updated we continue to receive concerns and promote our purpose and provide a response. Next year the insight teams will use a new process to inform.

The mental health Terms of Reference are awaiting approval from the Secretary of State (SoS). In the meantime, the team are currently in the planning stages; site visits arranged, working with stakeholders and gathering evidence. Once approval is received, we will be able to formally launch the investigations and aim to conclude these by the end of 2024.

The healthcare in prisons investigation is well underway, we have engaged with 13 prisons (4 localities). The interim report will be published next year.

Since HSSIB transitioned, the team have published five reports and contacted several stakeholders which include NHS England, MHRA and DHSC regarding safety recommendations through a robust review process.

PSty concluded team members have attended a variety of events and conferences to share learning and listen to patient safety concerns from a wide range of stakeholders.

MLW queried how the recommendations have been received with Integrated Care Boards (ICBs) and whether they are equipped to receive them. PSty responded that the majority of recommendations go to national bodies and reflected that further engagement could be done at a local level to ensure recommendations are meaningful. We are linked in with a variety of groups and forums to support this including quality groups. MD has a contact he will share with PSty for deaths in custody and recommended to work with them.



MC asked for the rationale of choosing four mental health investigations. RB informed the investigation areas were directed and given by the SoS. The themes were broad so the team worked with an extensive range of stakeholders (in excess of 50 organisations) to understand their concerns and where we could add value. That engagement was used to narrow the themes, inform the terms of references (ToR) and avoid duplication of other ongoing work. Once the terms of referenced have been approved, they will be published. TB raised a concern regarding our independence and why are the SoS needs to sign off our ToR. RB apologised for the confusion in language and explained the ToR are being consulting with the SoS rather than being approved and added we can choose what we want to investigate but felt it was important to consult with the Department of Health and Social Care. TB agreed with this but emphasised we need to ensure they will not write our ToR. The Board were happy with this approach.

Finance and Performance

MM informed systems and processes have been established and the payroll implementation is completed and worked well. We have received support and training from the CSU and from January can bring this inhouse and are working on business intelligence.

IT restrictions 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) approved expenditure of £63,025 excluding VAT to NHSE for the supply of 65 laptops and monitors for staff and new starters. The cost will be spread over three years. We are working with NHSE and DHSC around budgets and consolidations set out for next year.

MM gave a HR date which included Philippa Styles joining as Director of Investigations in November with Minal Patel joining on 11 December as Head of Policy, Strategy and Engagement and Kay Robertson joining us on 22 January as HR and OD Business Partner. The three remaining vacancies; Operations Manager, Investigation Support Administrator and Board Administrator are in shortlisting/interview stages. A debrief was held with the NICE following a three-month secondment, the feedback was very positive and agreed to a reciprocal arrangement to help enhance our knowledge of how this key stakeholder operates.

Noreen Tehrani Associates (NTA) have been contracted to provide a range of proactive and reactive support to manage the emotional and psychological welfare of staff. Questionnaires were sent out and where necessary NTA are holding interviews with staff. RB added that the SLT recognised the type of work for investigators is difficult; listening to distressing stories from families and staff involved in incidents and proactively wanted to support staff and look at the trauma associated. Having learnt best practice from other investigation bodies, RB explained the aim is to help reduce sickness and burnout and is positive it will be beneficial for staff.



Health Services Safety
Investigations Body

ITEM 4 – PERFORMANCE UPDATE

ITEM 4.1 FINANCE AND PERFORMANCE UPDATE

MM explained due to IT, we have been unable to provide input into the performance report. MM informed the team have finished determining year end forecast and are developing business intelligence for HR reporting. Octobers position had a £440k net expenditure and reported a £65k underspend. There has been a lot of work done on the forecast outturn and have been given a £5.3m full year budget from DHSC and forecast to break even with small underspend which we can really determine in the next few months.

MM gave an update on staff vacancies; the education team is fully established, investigations have one vacancy and the private office two vacancies which are all in the recruitment stages.

PSch queried the financial risk schedule for underspends and overspends, MM responded we need to go to teams and see if we can resource in the finance outturn and can include this.

ITEM 4.2 PERFORMANCE REPORT REVIEW

Investigations and Insights

PSty presented the report and gave an overview explaining the review is work in progress. MC queried in relation to investigations whether there was a projected timeline for how long each should take and suggested it would be useful to include various key points with a red, amber and green status. PSty responded that the timeline will vary on a case-by-case basis but that we can evolve the reporting to include what resources are required to undertake the investigations and key milestones.

MD raised a query into how HSSIB will bring data that is demonstrating harm which we haven't addressed to the investigation process to reduce the level of harm. PSty responded that the new review process will key themes together and that the team are working on a taxonomy to code these and have an audit trail which can be included in the performance report review. RB added the database continues to develop and grow and we are encouraging people to tell us about their experience and stories. RB reflected that more work around inequalities is needed so that these experiences are picked up. The new operating model will prioritise where the biggest patient safety risks are, and more work is being done to refine this. Furthermore, we want to be able to reflect back on previous investigations to understand what impact they have had, whether we need to revisit them to further investigate, and the safety recommendations impact and whether they have been implemented. RB informed to interrogate data using our current reporting system, we are limited to acute trusts so have joined regional quality groups and other stakeholder meetings to hear wider concerns and hoping with the board engagement meetings that we will hear about the major challenges and with the new legislation, can understand what is happening in the independent sector.



PSch asked whether we can audit safety recommendations, TB highlighted that our role is not to regulate therefore must find assurance that the safety recommendations are having an impact. RB is keen to develop a system to track recommendations but was aware it does take time for change to happen. Those organisations who provide an adequate response, we can be strong and to continue to explore the recommendation until we are happy with the response. TB emphasised we need to explore why the recommendation is not being implemented and avoid criticism.

Education

AMP provided a summary of the review and informed in terms of reporting, in future will move away from focusing on the numbers enrolled on courses and instead focus on the impact. Surveys are being undertaken to understand confidence levels pre and post course. Alumni groups have been formed and are actively involved in community practice and share learning with new learners. There have been 15k free text comments and the team want to analyse these with a thematic approach to understand the challenges.

PSch raised a query relating to the license costs for enrolment, AMP responded we cannot charge the NHS with no show fees and have explored gaining manager approval and part of the re-evaluation is looking at exploring this to reduce costs.

MC queried whether we could identify areas that need the training based on geographical placement of learners relating to population, AMP responded due to resource challenges, we wait for organisations to approach us and do not actively explore seeking out new learners. AMP suggested this could form part of safety recommendations work in the future to complete courses.

Finance and Performance

MM gave a brief which included informing that the report will be submitted to the DHSC at the Quarterly Assurance Review meeting. MM has completed a costing exercise, PSIRF would charge £60k privately and by providing for free, this is saving the NHS costs.

The risk register was presented at the Audit and Risk Committee on Thursday 30 November which received comment and feedback.

Action: Investigations and insights team to include a RAG rating for their investigations

ITEM 5 - AUDIT AND RISK ASSURANCE COMMITTEE (ARAC) UPDATE

PSch updated that the committee held a meeting on 30 November 2023 which was fully attended by all members and discussed the risk management, board framework and the year-end provisional timetable. Five policies were approved; board framework, bribery and fraud, internal audit policy, internal audit chapter and the memorandum of understanding with our internal auditors, GIAA, which have now been signed off.



Health Services Safety
Investigations Body

PSch informed the five areas of the strategic risk register within the performance report were reviewed which include strategy, legal, financial, informational technology and investigations. The committee discussed how the Board can help support these risks and PSch will write to the Non-Executive Directors as sponsors.

PSch reported the timetable key messages; from an accounting perspective, it is a busy time of the year as the external auditors, NAO, will start on their audit planning in December 2023 and produce an interim audit report at the beginning of the year, alongside the internal audit from GIAA. The finance team will be exceptionally busy and also have to deal with system issues and budgets. On 28 February 2023 the ARAC will meet to review the draft annual review accounts which will require board support.

PSch attended a meeting with Andy Brittain, the Director General for Finance at the DHSC who was pleased with our progress and shared useful contacts.

NAO and GIAA relationships have been collaborative and supportive and are pleased with our current progress and recognised for an organisation that is only two months old, have made significant developments. JB has sent out the ARAC meeting dates until March 2025 and welcomed the board members to attend.

PSch thanked MM and the team for their ongoing hard work. TB thanked PSch and the team for the progress they have made in such a short period of time and added the annual report will be an opportunity to showcase what we have achieved.

ITEM 6 – REMUMERATION COMMITTEE UPDATE

There were no further updates since MC reported at the last Board meeting.

ITEM 7 – SCHEME OF DELEGATION

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

MLW queried the number of budget holders, MM confirmed this is the directorate leads who can delegate to budget managers and that RB will hold the oversight and authorisation.

The Board approved the proposal.

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



ITEM 8 – TERMS OF REFERENCE

MM presented three terms of references to be approved; Senior Leadership Team, Audit and Risk Committee and Remuneration Committee which have been worked through the governance arrangements.

MC informed the Remuneration Committee terms of reference have had minor formatting changes made to them and requested for TB in approve these in correspondence on behalf of the Board. TB and the Board were in agreement of this.

The terms of references were approved.

Action: TB to approve in correspondence the final Remuneration Committee terms of reference.

ITEM 9 – PROTECTED DISCLOSURE

PSty provided an overview of the paper which informed 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 outlined 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.

PSty updated significant legal advice has been taken. In terms of training and upskilling staff, training will be rolled out to the investigation and insights team which will be completed by the end of this year and will also form part of the onboarding for new starters.

There are still investigations under the directions of HSIB which are being consulted on and therefore the power does not apply to those. The teams meet on a regular basis to discuss the progress of investigations and any disclosure will be escalated to RB. A number of key points raised mitigation to be embedded in practice to provide assurance to the board. The progress will be tracked and brought to the board next year.

TB raised concerns regarding when information is covered by prohibited disclosure and that we need to define this from the moment we are contacted and felt this was not clear in the paper. The legal advice given was for the protected disclosure to be from the start of an investigation. This needs further discussion as we feel it should be from when the information is first disclosed. Following the legal advice, mitigations are in place and will be reviewed at the next board meeting in February. RB emphasised that we need to protect all information from the beginning and added further work is needed on how this aligns with the whistleblowing policy.

MC felt we need to be clear and publish the clarification on the guidance on interpretation. in the published guidance. MD queried HSSIB's role in relation with other ALBs and if there was



Health Services Safety
Investigations Body

an issue with them opposed to hospital/general practice and that we need to look at how this will work, particularly with Integrated Care Boards. RB commented there are a range of areas we still need to work out in more details, PSty added we need clear specific guidance and that a case study example would be useful. RB informed the next board development day will take place in January 2024 with the Air Accidents Investigation Branch who have had this legislation, and it will be useful to learn from them. TB agreed we need to develop clear guidance and publish this on the website as when we would disclose. Furthermore, this needs to be managed internally and externally.

Action: PSty to submit an action plan on protected disclosure to the February board meeting.

ITEM 10 – EMERGING CONCERNS PROTOCOL (ECP)

The proposal was discussed at the SLT meeting 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 the next steps. SLT supported 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 approved HSSIB joining the ECP.

ITEM 11 – STRATEGY UPDATE

RB explained as a New Arm's Length Body, HSSIB requires a strategy to help define the business, give it a set of supporting values and a sense of purpose. The paper presented outlined the proposed roadmap and timetable for the development and implementation of a 3-year strategy. The strategy will ensure the organisation is on a strong performance footing, it will support business and budget planning and will ensure HSSIB's work is structured to give the greatest impact. Feedback is being gathered to refine the strategy and will look to sign this off in early 2024.

MC felt the strategy was ambitious, RB commented this is a draft strategy to be shared with DHSC and the SoS for comments as well as national stakeholders we work with and more local feedback. The final investigation criteria need to align with the strategy. MLW queried whether the consultation timeframe was realistic, RB responded it is a good challenge and lot of work has already been done to develop the strategy since the last board meeting. The strategy will next be presented at the board development in January 2024 and can then make a judgement if more work is required and can add more sessions if need to discuss the detail further. RB felt the timetable is realistic and keen to have this in place by April 2024 to form the cycle of business planning and what we are trying to achieve.

PSch felt it would be useful to get comments from the DHSC to understand their views. RB informed the Director of Quality and Patient Safety will be attending the January board development day and we can discuss how we can work together and understand their priorities.



TB agreed with the timetable but emphasised the need to get the strategy right and not to rush it and therefore suggested that the timescales should be flexible if necessary

ITEM 12 - ANY OTHER BUSINESS

12.1 Freedom to Speak Up (FTSU)

RB raised this item of importance as we want to create a culture where staff can feel they can talk openly and honestly, and it is essential for team members to have routes where they can raise concerns. Options are currently being explored and a paper has been submitted to the SLT. Due to the size of the organisation, we do not think it is appropriate to have an internal guardian and that a variety of organisations/ALBs could provide a guardian and are also exploring the potential of conflicts of interest and independence.

RB explained further that we want to find a route staff can feel safe and comfortable to use and felt it was important to have a Non-Executive Director as a champion where staff can raise their concerns. MLW agreed that it is important to have NED oversight but that they need to understand the expectations of this role.

PSch agreed to be the FTSU Champion in the interim. The next steps will be to share the timescales and SLT paper in correspondence and to bring this back for discussion at the next board meeting.

Action: RB to share in correspondence the Freedom to Speak Up SLT paper and submit to the February Board meeting.

Action: MC to share policy with RB on whistleblowing routes.

Action: RB to inform staff to approach PSch as the interim FTSU Champion.

ITEM 13 – CLOSE

TB thanked the Board members and other attendees for joining the meeting and thanked the Trust again, UHDB, for hosting the meeting. The meeting closed at 11:50hrs.

ITEM 14 – PUBLIC QUESTIONS

*Q1. Q: How does the use of agency care staff impact outcomes in maternity services and what is offered to ensure they stay safe when in new trusts and work areas on a regular basis?
Submitted by: Natalie Jennings, Altrix*

RB informed this feeds into investigations being undertaken into workforce and challenges with agency workers with acute and mental health providers. We are looking at a variety of aspects and expecting an interim report in Spring 2024.

Q2. The NHS Long Term Workforce Plan (June 2023) describes ambitious stretch targets for



Health Services Safety
Investigations Body

productivity, expansion of many existing roles through increases in training placements, and further deployment of new and emerging roles alongside the existing operational provision of care. How do we best identify and manage the risks these changes pose to safety in the healthcare workplace? Submitted by: Darren Kilroy, Medical Director, RLDatix
RB informed we are looking at areas in workforce investigations and exploring a variety of areas to ensure people are deployed with different skill mixes to deliver safe care.

Action: RB to send written responses to the public questions.

File Name: 1.6 Board Action Log.pdf

Agenda Item: Item 1 - Welcome

HSSIB Board Meeting Action Log

Last Updated: 16/01/24



ID	Date Raised	Owner	Title	Detail	Update	Outcome	Target Date	Private/Public	Status
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 need to work with Comms Team to get these on the HSSIB website. 05/12/23 - The conflicts of interest are being collated and will be submitted to SLT for reviewal, once approved they will be published on the HSSIB website for all members of staff and will be reviewed annually. 15/01/24 Email sent out to all staff closing process. Staff asked to check their biographies and send any amendments to the Comms team.	Item can be closed.	08/02/2024		Completed
13	09/11/2023	Philippa Styles	Investigations Criteria	Investigations Criteria to be brought back to the December Board meeting for a formal decision	07/12/23 - The Investigations Criteria is still in progress and will be submitted to the next Board meeting. January update 16/01/24 - Work continues and interim criteria due to be agreed by SoS in January. Final criteria due to be bought to board inline with the new strategy timeline.		09/04/2024		Not Due
24	09/11/2023	Rosie Benneyworth	Quality Management System	SLT to discuss quality management systems and feed back to Board	Ongoing		09/04/2024		Not Due
26	07/12/2023	Julia Blomquist	Code of Conduct	Code of Conduct to be submitted for approval at next board meeting.	Agenda item.	Item can be closed.	08/02/2024		Completed
27	07/12/2023	Julia Blomquist	Action Log	JB to remove the action for MC to review IG regulations and replace with Code of Conduct.	Action log and minutes amended.	Item can be closed.	08/02/2024		Completed
28	07/12/2023	Julia Blomquist	Minutes of previous meeting	JB to amend 9 November 2023 to reflect the changes agreed.	Minutes amended.	Item can be closed.	08/02/2024		Completed
29	07/12/2023	Philippa Styles	Investigations	Investigations and insights team to include a RAG rating for their investigations	The performance report has been improved for February Board meeting for feedback, at this time it doesn't include RAG rating as we need to consider all options for how we present our tracker. 30/01/24 - to discuss at Board but intention from the next performance report to report by exception any delays to investigations or reports with rationale for discussion as needed.	Item can be closed.	08/02/2024		Completed
30	07/12/2023	Ted Baker	Remuneration Committee terms of reference.	TB to approve in correspondence the final Remuneration Committee terms of reference.			08/02/2024		
31	07/12/2023	Philippa Styles	Protected Disclosure	PSty to submit an action plan on protected disclosure to the February board meeting.	16/01/24 - SG due to bring an updated paper to SLT.		09/04/2024		Not Due
32	07/12/2023	Rosie Benneyworth	Freedom to Speak Up	RB to share in correspondence the Freedom to Speak Up SLT paper and submit to the February Board meeting.	FTSU SLT paper being presented on 22 February. This will then be shared to the Board meeting to discuss.		09/04/2024		Delayed
34	07/12/2023	Rosie Benneyworth	Freedom to Speak Up	RB to inform staff to approach PSch as the interim FTSU Champion.	This has been communicated to staff.	Item can be closed.	08/02/2024		Completed

File Name: 05 HSSIB Performance Report_at 31

Agenda Item: Item 5 - Performance Report



Health Services Safety
Investigations Body

Performance Report

December 2023



Health Services Safety
Investigations Body



Health Services Safety
Investigations Body

Contents

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



Health Services Safety
Investigations Body

Investigations

Investigation selection – engagement activities

1 November 2023 – 31 December 2023



Health Services Safety
Investigations Body

National stakeholder engagement

- NMC
- National Quality Board
- NHS Providers Annual Conference
- GMC Symposium on Good Medical Practice
- NICE Clinical Network Meeting
- *A national stakeholder map is in development*

Health and care providers engagement

- NHSE Regional Quality Groups
- Derby hospital – PSIRF implementation
- Senior managers at ICBs, county council and mental health trusts
- *A health and care providers stakeholder map is in development*

Patients, families, carers and staff concerns

- 38 direct patient safety concerns received
- 23 were from patients/families/carers, 10 from NHS workers, 4 from HM Coroner and 1 from police

Investigation selection – intelligence review

1 November 2023 – 31 December 2023



Health Services Safety
Investigations Body

- Review of safety insights that HSSIB have categorised and analysed in the last quarter. This will facilitate HSSIB in identifying safety themes or discrete safety concerns that could be explored in the future.
- Safety themes and concerns identified:
 - Health inequalities in inclusion groups
 - Patient harm from medication
 - Delays to diagnosis and subsequent treatment of cancer leading to patient harm
 - Patient harm associated with hysteroscopy
 - Paramedic interpretation of ECGs
 - Access to community defibrillators.

Investigation proposal – potential investigations

- HSSIB will evaluate any identified safety themes or discrete safety concerns using our investigation selection criteria.
- Meeting scheduled on 17 January 2024 where a prioritisation decision will be made.

Investigation Approval – new investigations launched

1 November 2023 – 31 December 2023



Health Services Safety
Investigations Body

Safety Management Systems (SMS) for healthcare

- Approval to deliver two distinct investigation reports to follow on from the [introductory report](#) published in October 2023. HSSIB propose to explore the extent that safety management principles are used or could be used to inform safety management activities across the healthcare system.
 - Report 2 approved: Accountability beyond organisational boundaries.
 - Report 3 approved: Involving staff and patients.

Fatigue risk in healthcare and its impact on patient safety

- Approval to deliver one investigation report:
 - Identifying fatigue in patient safety incidents.

Investigation reports pipeline at 31 December 2023



Thematic investigations	Investigation mid-point review (IMPR)	Investigation report and safety recs review (IRRR)	Estimated publication date
THEME - Workforce and patient safety: temporary staff	01/11/2023	TBC	01/08/2024
Interim report - Workforce and patient safety: temporary staff		14/12/2023	14/03/2024
Workforce and patient safety: the digital environment	01/11/2023	TBC	23/05/2024
Workforce and patient safety: prioritising patient care	06/12/2023	TBC	06/06/2024
Workforce and patient safety: skill mix and staff integration	01/11/2023	TBC	04/07/2024
THEME - Healthcare provision in prisons			Mar-25
Interim report - Healthcare provision in prisons: emergency care		TBC	20/06/2024
Interim report - Healthcare provision in prisons: continuity of care			Sep-24
Interim report - Healthcare provision in prisons: data sharing and IT systems			Dec-24
THEME - Mental health inpatient: Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships and environments			Nov-24
Mental health inpatient: How providers learn from deaths in their care and use that learning to improve their services, including post-discharge			Sep-24
Mental health inpatient: The provision of safe care during transition from children and young person to adult, inpatient mental health services			Oct-24
Mental health inpatient: Impact of out of area placements on the safety of mental health patients			Nov-24
THEME - Safety management systems 2: accountability beyond organisational boundaries			Oct-24
Safety management systems 3: involving staff and patients			Apr-25
Stand-alone investigations	Investigation mid-point review (IMPR)	Investigation report and safety recs review (IRRR)	Estimated publication date
Advanced airway management in patients with a known complex disease	22/11/2022	25/10/2023	25/01/2024
Positive patient identification	25/10/2022	17/01/2023	08/02/2024
Nutritional assessment and support in the acute medical unit	24/01/2023	11/01/2024	28/03/2024
Retained swabs following invasive procedure	25/10/2022	18/01/2024	11/04/2024
The clinical observation of patients detained under the Mental Health Act at risk of self-harm in acute hospitals	21/02/2023	15/01/2024	25/04/2024
Keeping children and young people with mental health needs safe: the design of the paediatric ward	20/09/2022	13/02/2024	09/05/2024
Identifying fatigue in patient safety incidents			Oct-24

Investigations published summary page 1 of 2

1 November 2023 – 31 December 2023



Health Services Safety
Investigations Body

1

[Caring for adults with a learning disability in acute hospitals](#)

Click on the report link to see further information in relation to safety recommendations

Published:	2 November 2023
Safety recs due by:	31 January 2024
Safety recs made to:	4 x NHS England
Summary of safety recs made:	There was no national guidance on workforce, standardised content of a care passport, practically assessing mental capacity and a decision had yet to be made on whether the annual standards audit would continue.
Summary of potential impact to patient safety by implementing recs:	Patient care and experience is improved as staff to support their specialist needs are in post, national standard are met, staff are confident with assessing mental capacity and have access to information required to meet the patient's needs when and where it is needed.
Safety observations:	3
Integrated care boards:	3

2

[Risks to medication delivery using ambulatory infusion pumps – design and usability in inpatient settings](#)

Click on the report link to see further information in relation to safety recommendations

Published:	15 November 2023
Safety recs due by:	13 February 2024
Safety recs made to:	2 x British Standards Institution (BSI) 1 x NHS England (NHSE) 1 x Medicines and Healthcare products Regulatory Agency (MHRA)
Summary of safety recs made:	BSI - Current international standards for medical devices do not fully consider Human Factors implications regarding use in varying environments and how alarms reliably notify clinical staff of a hazardous situation. NHSE + MHRA – The MHRA, outside of Yellow Card reporting, can only access medical device related incident data that is shared by NHS England.
Summary of potential impact to patient safety by implementing recs:	BSI – The BSI would develop national human factors guidance relating to medical devices and their use in varying environments, whilst also influencing international standards. Manufacturers would need to fully consider this during development of future products for implications to patient safety. NHSE + MHRA - The MHRA will have access to, and be able to fully interrogate, the NHS patient safety reporting systems for medical device related incident data. This would enable greater oversight for medical device issues by the regulator.
Safety observations:	3

Investigations published summary page 2 of 2

1 November 2023 – 31 December 2023



Health Services Safety
Investigations Body

3

[Continuity of care: delayed diagnosis in GP practices](#)

Click on the report link to see further information in relation to safety recommendations

Published:	30 November 2023
Safety recs due by:	28 February 2024
Safety recs made to:	1 x NHS England (NHSE) 1 x Department of Health and Social Care (DHSC)
Summary of safety recs made:	<p>1) Continuity of care is widely accepted to be an important part of delivering safe and efficient care, particularly in primary care. The investigation found that despite this, the adoption of systems of continuity of care was voluntary and made a recommendation that the GP contract was amended to include the need for continuity of care for all GP practices.</p> <p>2) Patients' electronic notes in primary care can be extensive and searching through them to gather a patient's medical history quickly and safely can be challenging. The GP IT standards relating to how information is displayed to GPs was last updated in 2011. HSSIB made a recommendation to NHS England that the GP IT standards are updated to ensure that patient continuity of care is maintained, and that information is displayed to GPs in a way which makes it easy to determine a ongoing medical concern.</p>
Summary of potential impact to patient safety by implementing recs:	<p>1) The prime aim of this recommendation is to improve patient safety by building clinician–patient relationships as well as ensuring information is shared in a way that clinicians can easily see a patients medical history.</p> <p>2) The aim of this recommendation is to help GPs identify when a patient returns with unresolving symptoms and may need a different management plan put in place, such as onward referral to another service or additional tests needed.</p>

Safety observations: 0045137: page 27

1

4

[Interim report - Retained surgical swabs: themes identified from a review of NHS serious incident reports](#)

Click on the report link to see further information in relation to safety

Published:	7 December 2023
Safety recs due by:	6 March 2024
Safety recs made to:	1 x NHS England (NHSE)
Summary of safety recs made:	The safety recommendation we made in the interim report was to consider removing retained surgical swabs from the Never Events list as there are no strong systemic barriers to prevent it. It should be noted that the interim report is the first step, and the main report will go a step further by bringing in risk management principles and use of technology.
Summary of potential impact to patient safety by implementing recs:	<p>The potential impact of the safety recommendation being implemented is:</p> <ul style="list-style-type: none"> - Change in perception and safety culture that this type of event should 'never' occur. - Embrace just culture and reduce blame culture surrounding this type of Never Event.
Safety observations:	1
Local-level learning:	1

Safety recommendations graded/published/overdue/escalated

at 31 December 2023 (no update since previous report – next meeting 09/01/2024)



Health Services Safety
Investigations Body

1	Graded and/or published	Grading	Publication
		The selection and insertion of vascular grafts in haemodialysis patients (2 x MHRA)	Accepted/Satisfied

2	Graded and not accepted in full/follow-up underway	Details	Action planned
	Variations in the delivery of palliative care	3 x NHSE	Follow-up underway
	The selection and insertion of vascular grafts in haemodialysis patients	1 x NHSE	Follow-up underway

2	Overdue and/or not accepted response escalated	Organisation	Due Date	Stage
	Non-accidental injuries in infants attending the emergency department	1 x NHSE	10/07/2023	Advised actions on-going and sign-off delayed
	Detection of jaundice in newborn babies	2 x RCPATH	24/04/2023	Escalation letter sent 08/11/2023

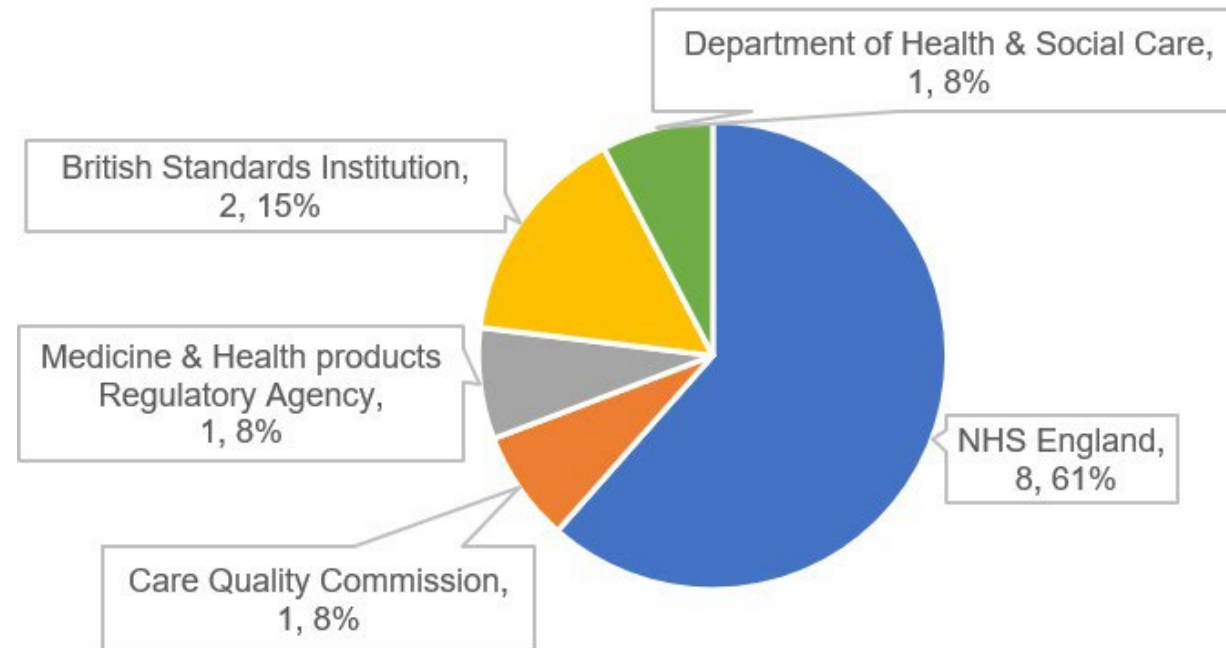
Safety recommendations by organisation

1 October 2023 – 31 December 2023



Health Services Safety
Investigations Body

Total of 13 safety recommendations by organisation
1 October 2023 - 31 December 2023



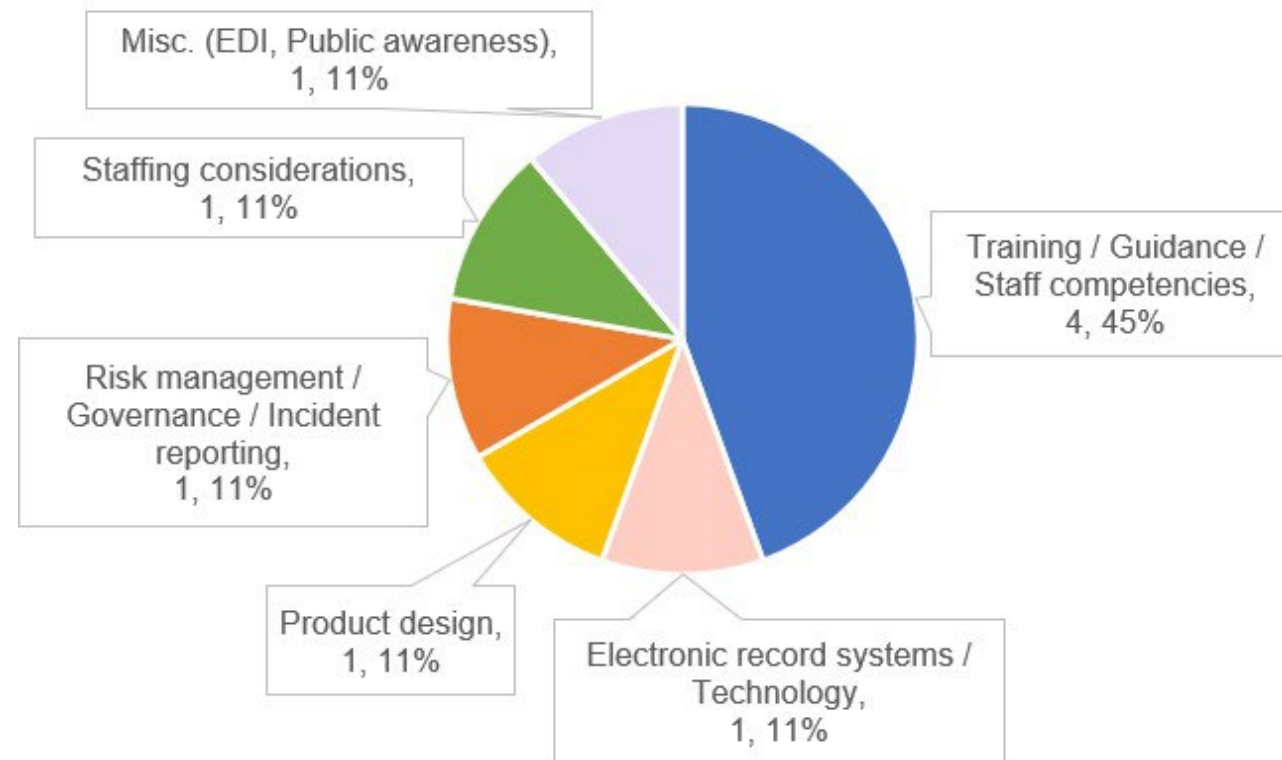
Safety observations by theme

1 October 2023 – 31 December 2023



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Total of 9 safety observations by theme
1 October 2023 - 31 December 2023



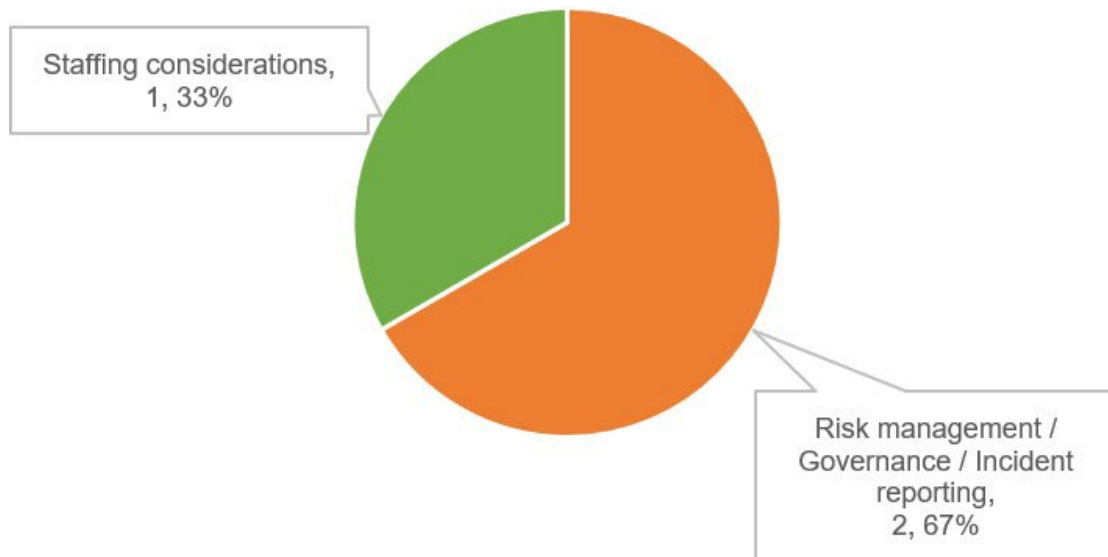
Suggested safety actions to Integrated Care Boards & Local-level learning by theme

1 October 2023 – 31 December 2023



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Investigations Body

Total of 3 Integrated Care Board actions by theme
1 October 2023 - 31 December 2023



Total of 1 Local-level learning by theme
1 October 2023 - 31 December 2023





Health Services Safety
Investigations Body



HSSIB Education

Education

HSSIB Education

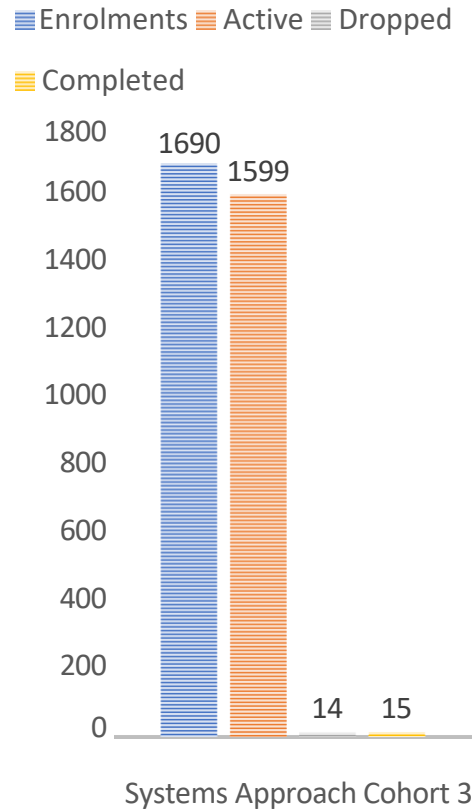
Current enrolment figures

1 October 2023 – 31 December 2023

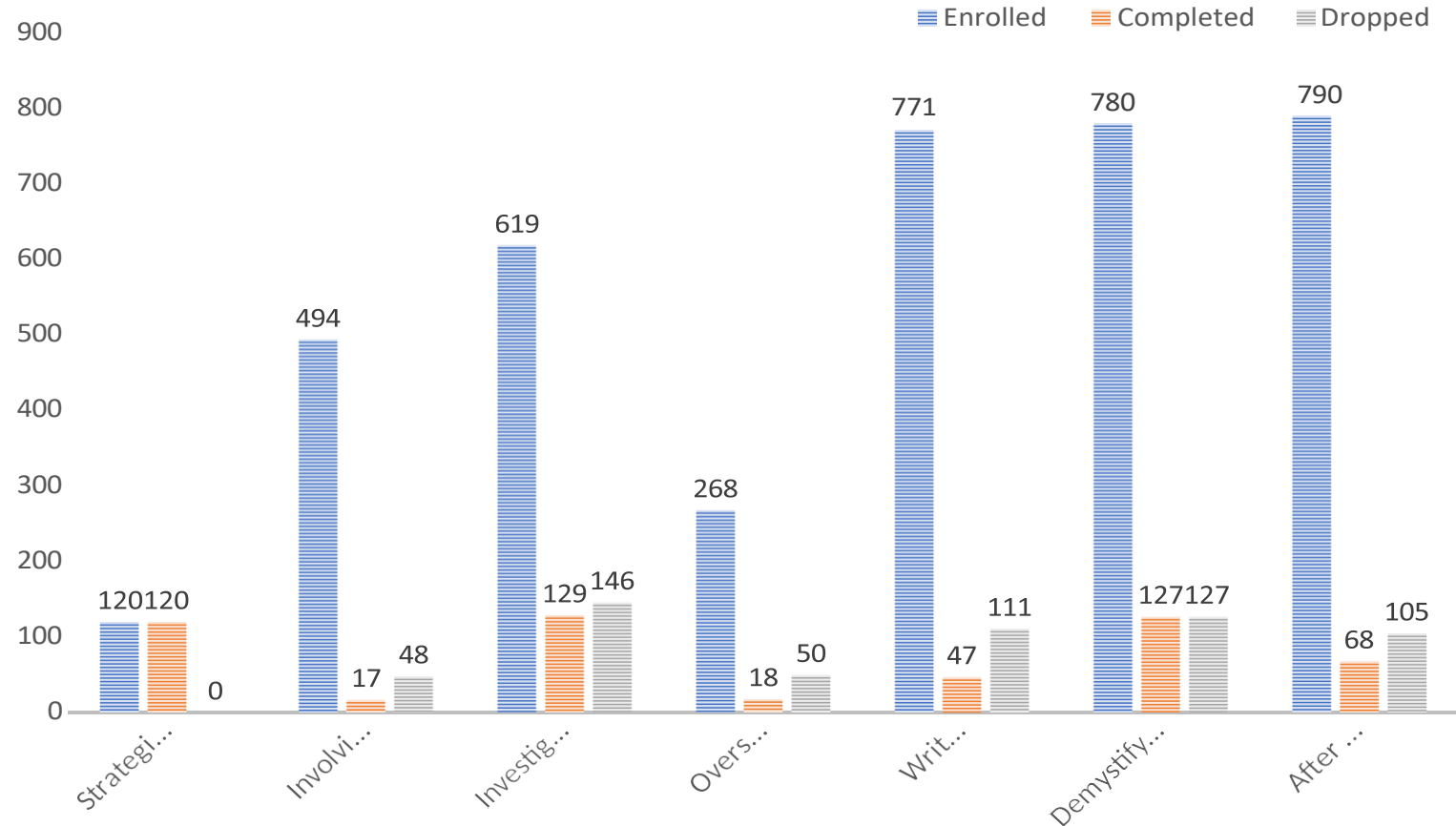


Total current learners: 11,433

A Systems Approach:
Learner figures



Stand alone courses: learner figures



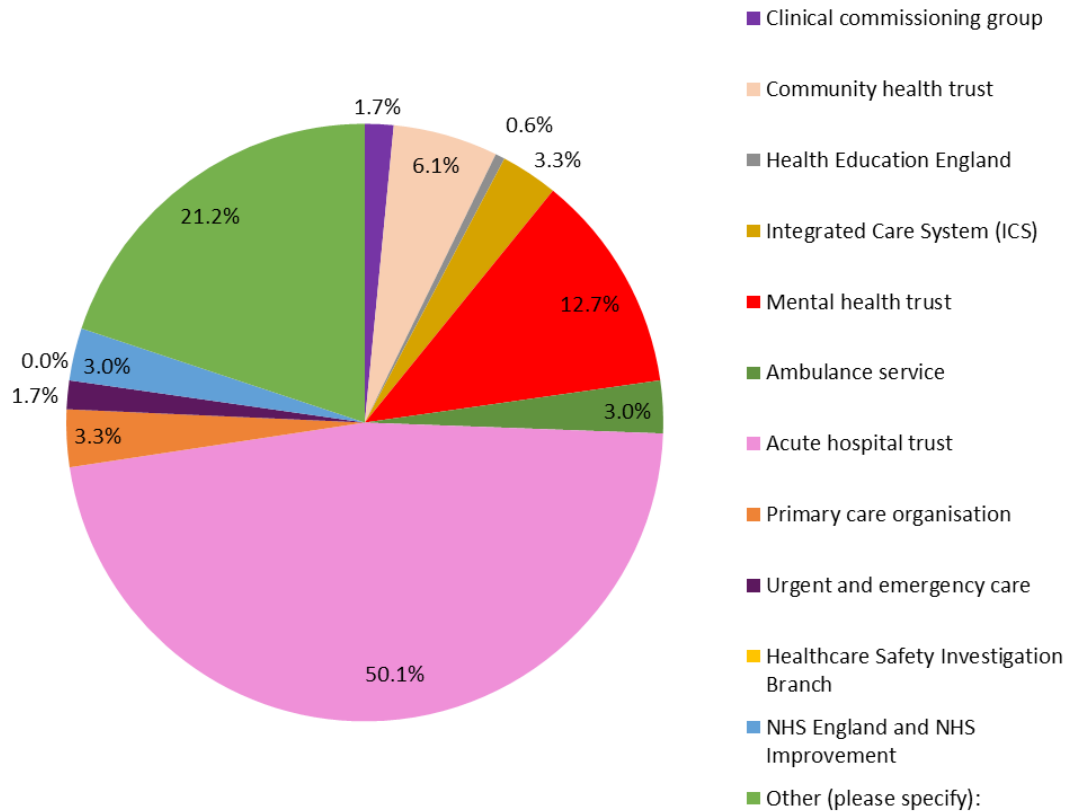
surveys to gain their certificate, these figures may be lower than those who attended our courses as not everyone goes on to download their certificates

HSSIB Education

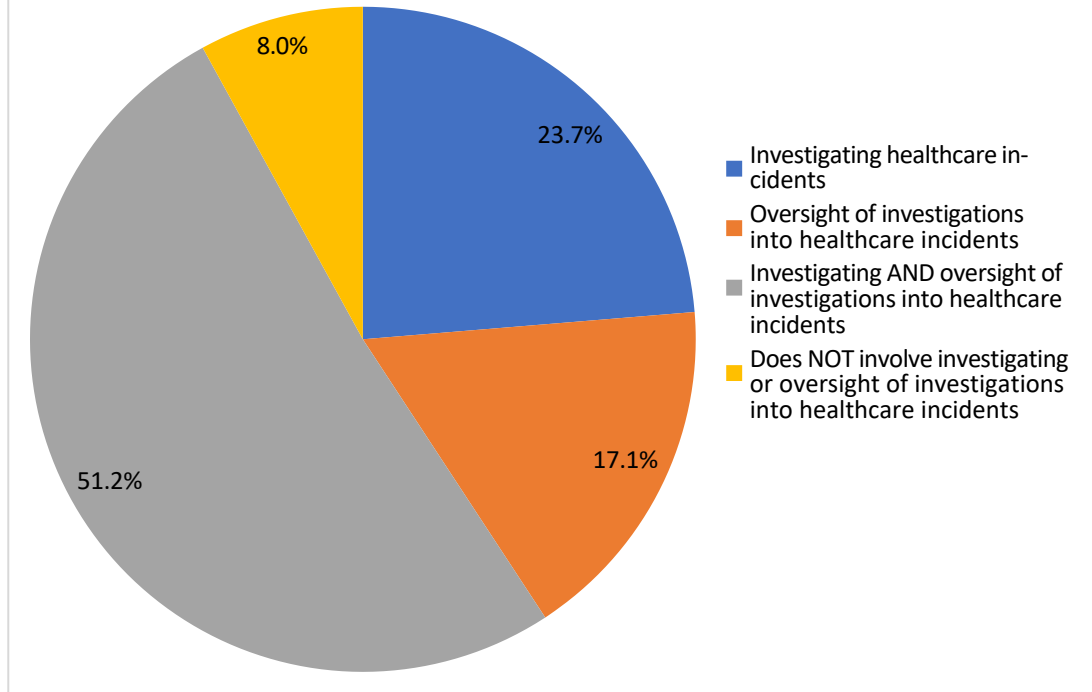
Current enrolment figures



What type of NHS organisation(s) do you work in?



Which of the following is part of your role(s)?



Bandings range between B5 – B9
and majority of them are B7 & B8



HSSIB Education

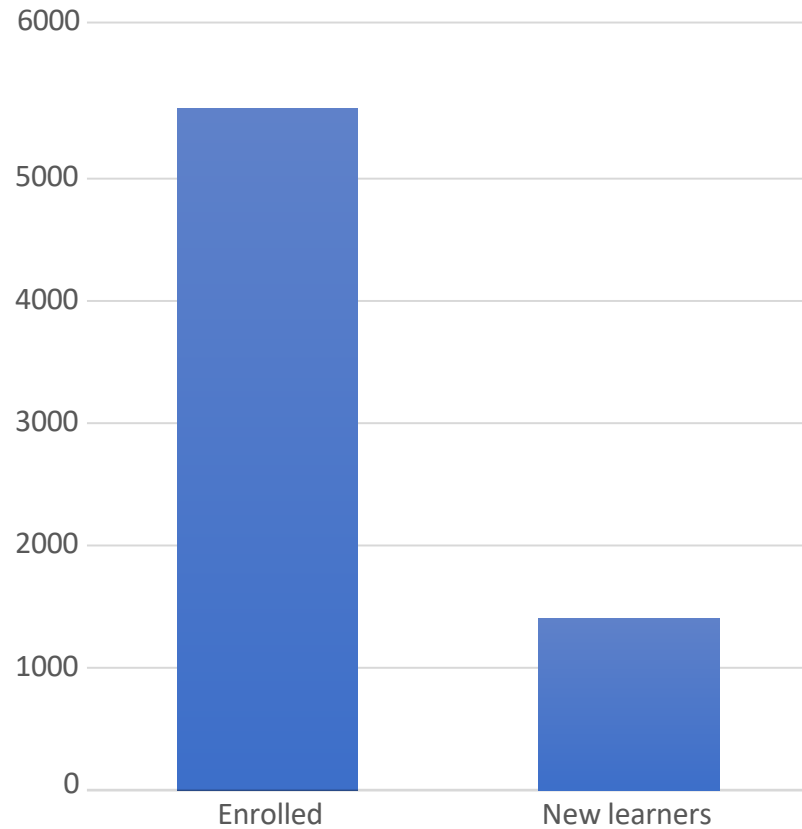
Breakdown of figures

1 October 2023 – 31 December 2023

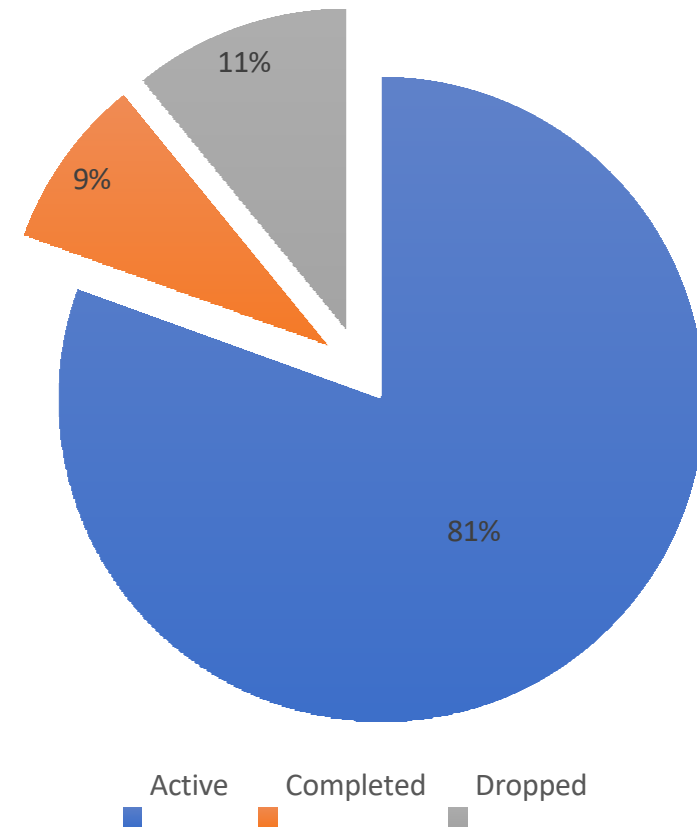


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Learner count



Breakdown of 5,577 enrolments



HSSIB Education ■ Learner count

Breakdown of figures

1 October 2023 – 31 December 2023



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Geographical placement of learners within United Kingdom



HSSIB Education appendix

Past enrolment figures

1 September 22 – 30 September 23

Total student count: 9,502

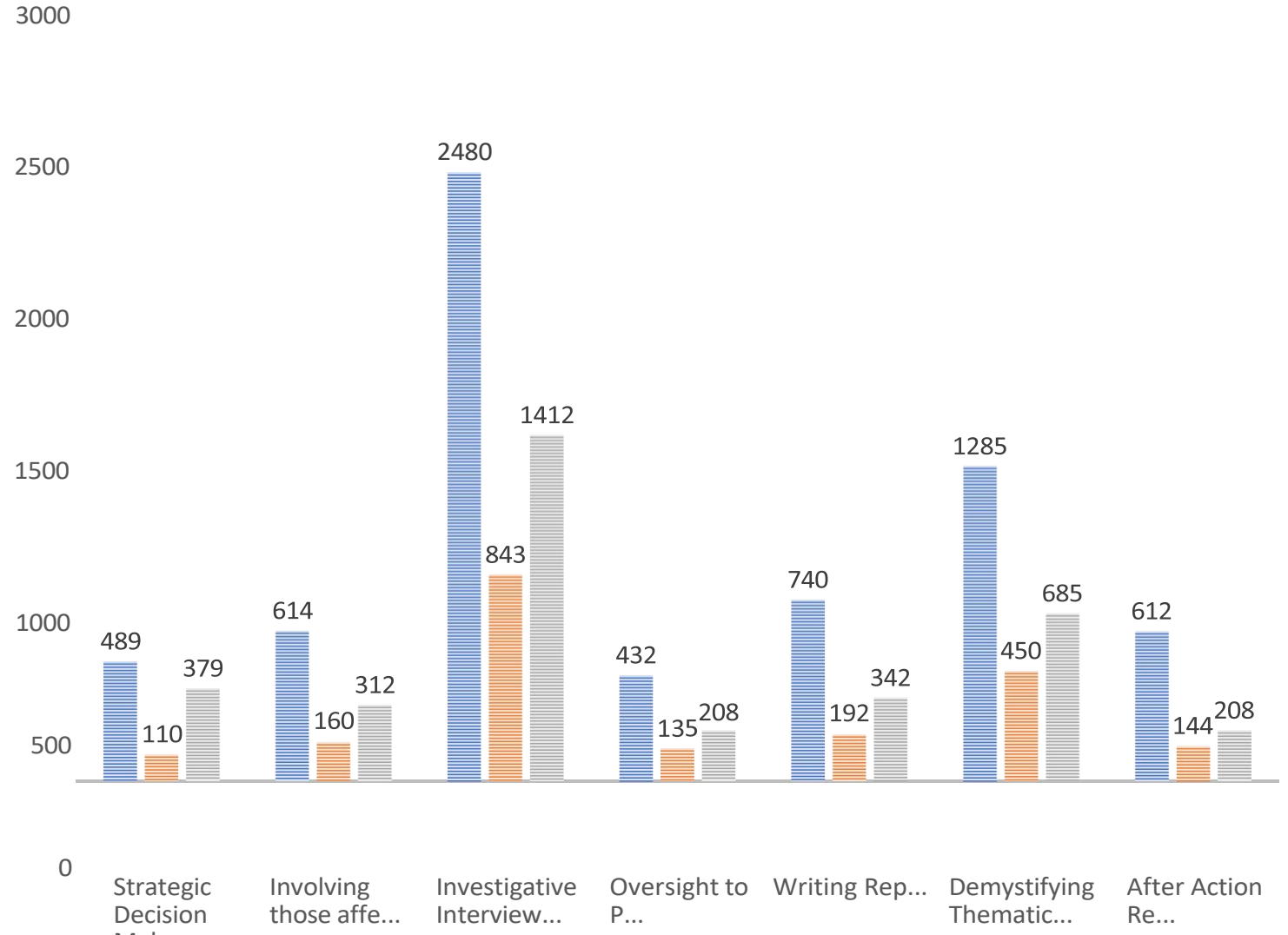
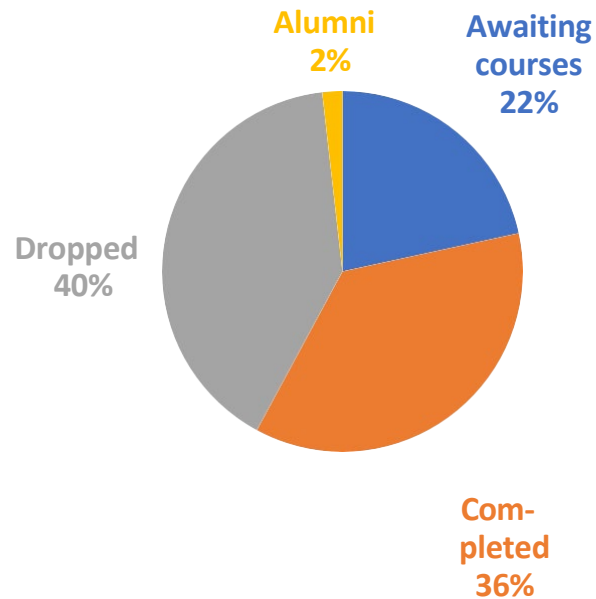


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Stand alone courses: learner figures

Enrolled Completed Dropped

Breakdown of 15,119 enrolments



N.B Drop p e d figures re fl e c t n on-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



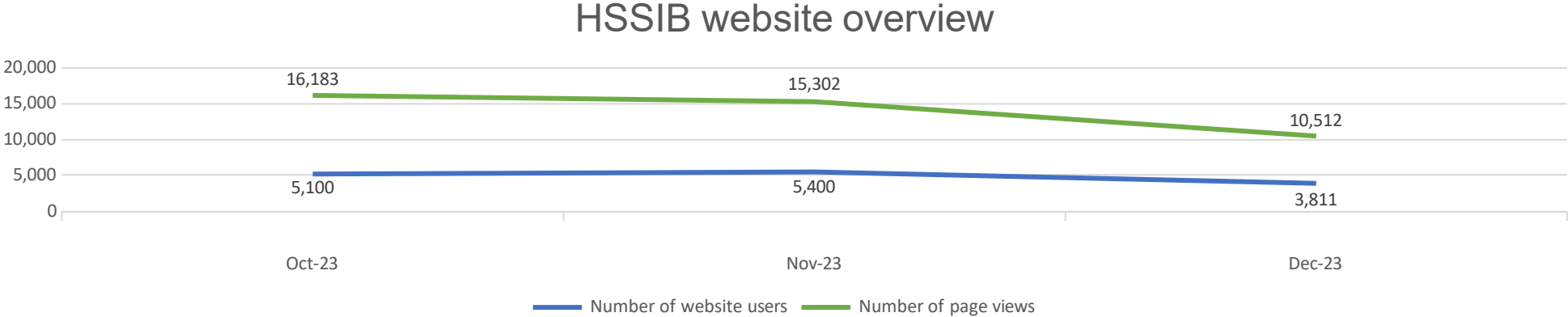
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Communications and Engagement

HSSIB website overview



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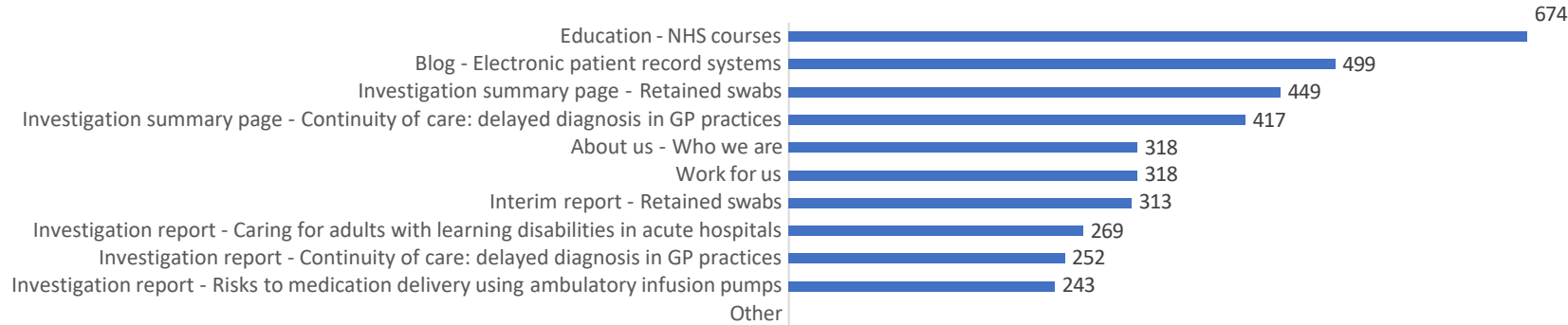
HSSIB website: top 10 pages



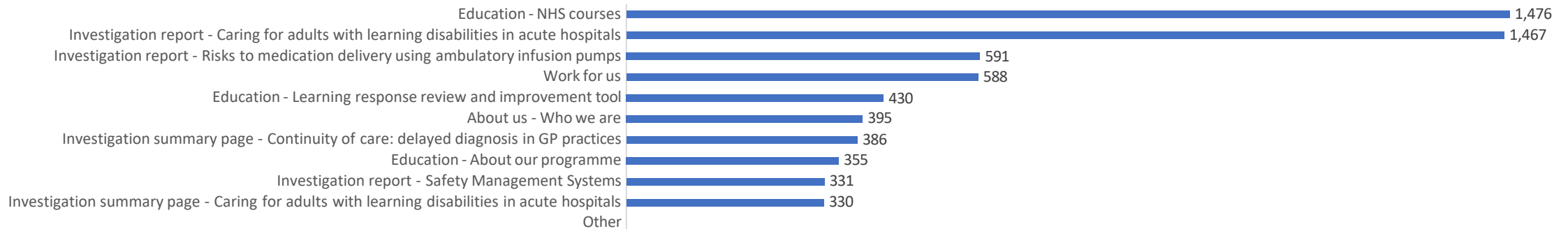
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Excluding homepage and landing pages.

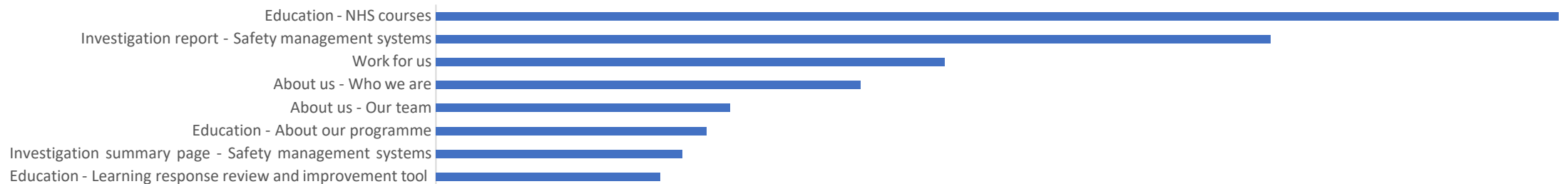
Top 10 website pages (number of page views): 1 to 31 December 2023



Top 10 website pages (number of page views): 1 to 30 November 2023



Top 10 website pages (number of page views): 1 to 31 October 2023

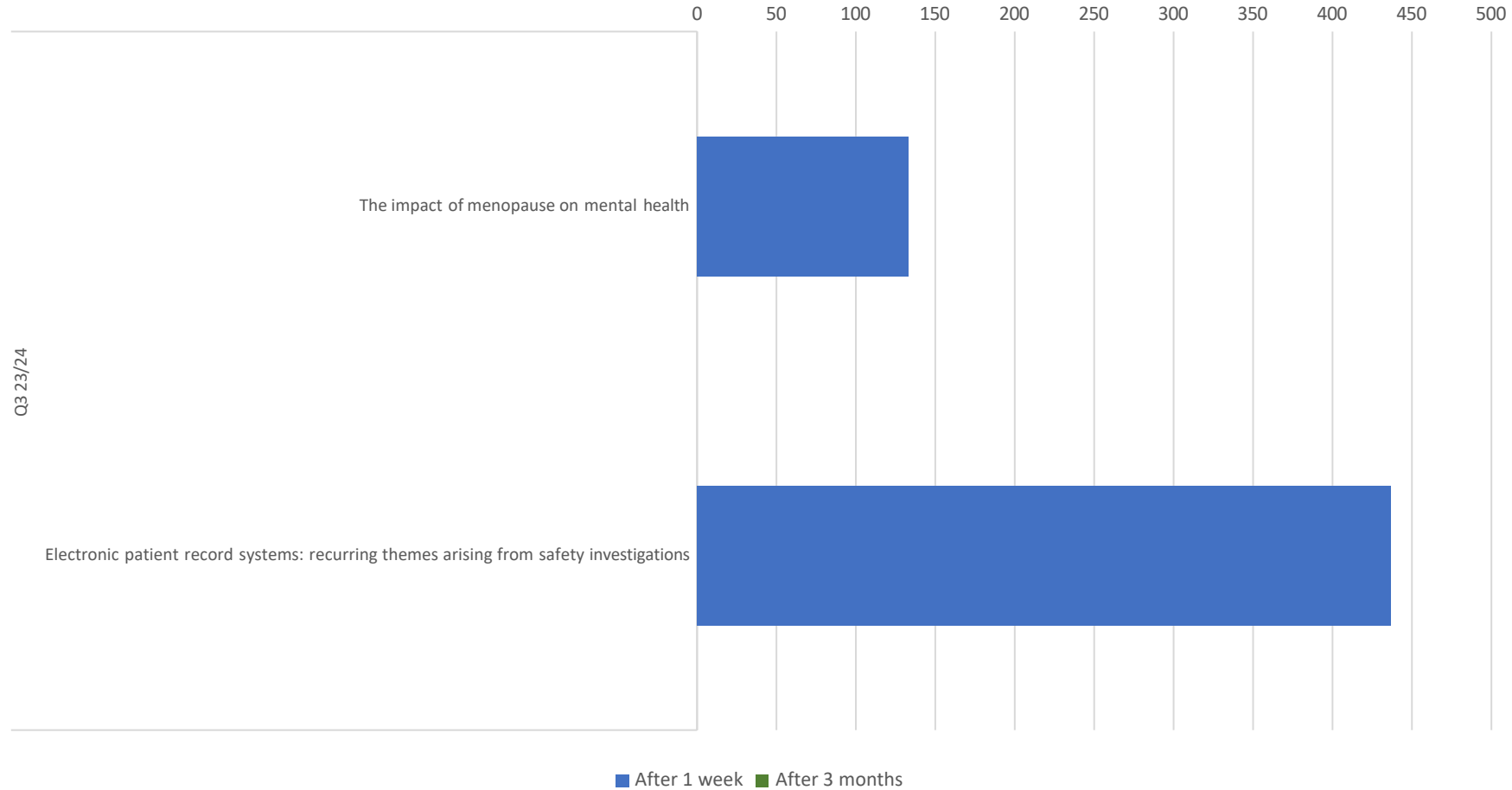


HSSIB website: quarterly blog performance



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Unique blog views one week and three months after publication



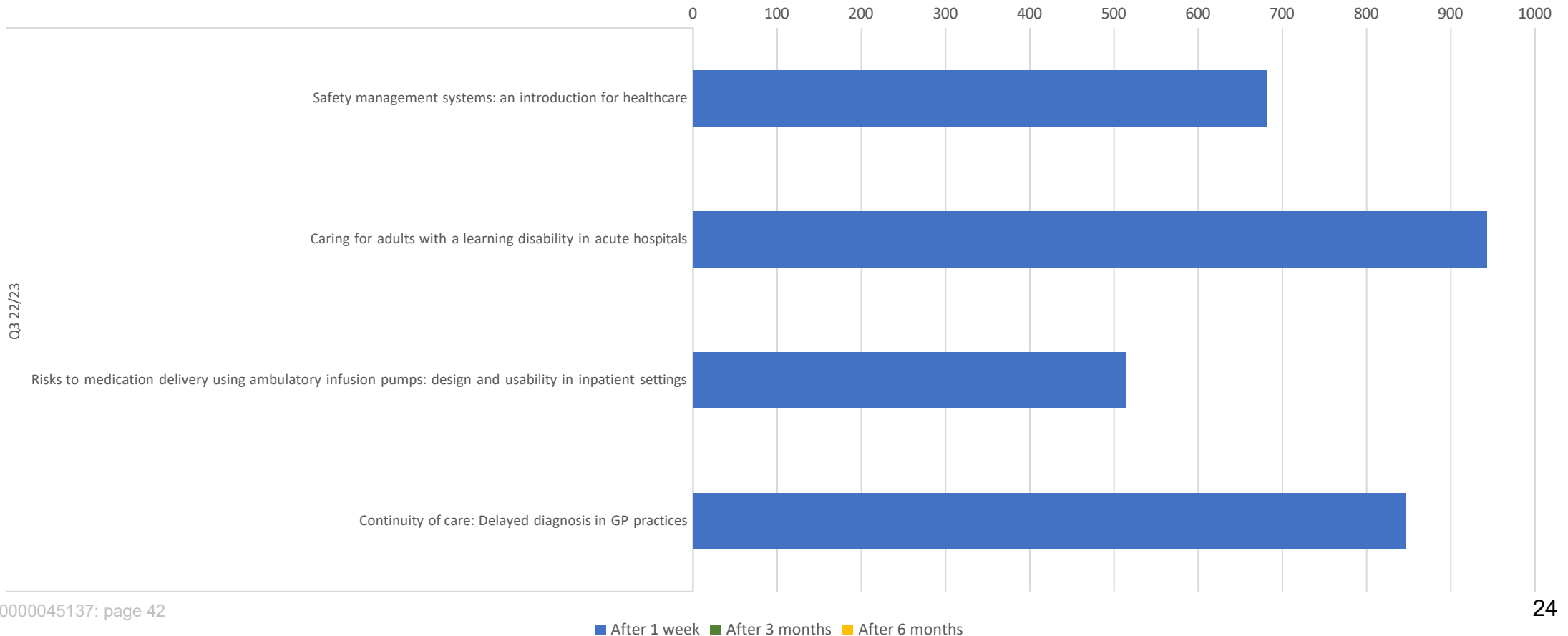
HSSIB website: investigation performance



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No change since last month.

Combined investigation summary page and report page views following report publication



HSSIB social media: overview



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X (formerly Twitter)

9,120 followers on 08/01/2024

New follower data for December is not available due to changes in progress to X analytics.

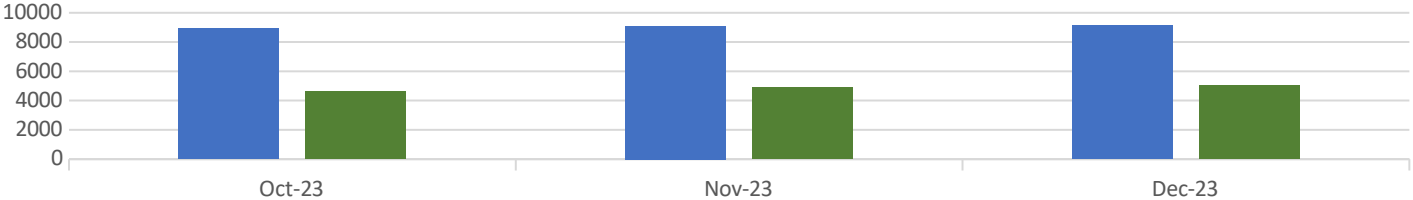
LinkedIn

5,007 LinkedIn followers (139 new in Dec-23)

X	
Number of posts	8
Post impressions	22.6k
Link clicks	354
Reposts without comments	57
Likes	96

LinkedIn	
Number of posts	7
Post impressions	9,102
Link clicks	501
Reposts	10
Reactions	297

X and LinkedIn follower numbers



■ Number of Followers

■ Number of Liked Posts

HSSIB social media: top X and LinkedIn posts



Health Services Safety
Investigations Body

X

BMJ editorial by Mark Sujan

Health Services Safety Investigations Body (HSSIB) (@theHSSIB) · Dec 4, 2023 ...

Our senior educator @MarkSujan has co-authored this @BMJ_Qual_Saf editorial on the evolving patient safety landscape. It explores how safety cases contribute to collaboration and communication, in particular as organisations transition to the new #PSIRF



From qualitysafety.bmj.com

- **2,940 impressions** (times a user is served a post in timeline or search results).
- **188 engagements** (clicks, likes, detail expands, retweets, hashtag clicks, profile clicks, replies).

LinkedIn

BMJ editorial by Mark Sujan



Health Services Safety Investigations Body (HSSIB)

5,007 followers

1mo • 🔒



Our senior investigation science educator [Mark Sujan](#) has co-authored this [BMJ Quality & Safety](#) editorial on the evolving patient safety landscape.

Amidst concepts like systems thinking and resilience engineering, safety cases emerge as a powerful tool to change the patient safety mindset. The editorial explores how safety cases can contribute to collaboration and communication, in particular as organisations transition to the new Patient Safety Incident Response Framework (PSIRF).

Mark is part of the HSSIB education team faculty, who deliver our comprehensive training to support PSIRF transition and a systems-based mindset. Our courses are currently available free of charge to NHS staff in England.

Read the article: <https://lnkd.in/e87fBxb8> #HSSIB #PatientSafety #NHS #PSIRF #Healthcare

- **2,530 impressions** (views when the post is at least 50% on screen, or when it is clicked, whichever comes first.)
- **158 clicks** and **124 reactions**.

Investigations/HSSIB Media coverage



Health Services Safety
Investigations Body

- Media coverage this month focuses on high profile interviews undertaken by Rosie Benneyworth.
- On Tuesday 5 December, Rosie's recorded podcast interview with Dr Phil Hammond was released – it is still available via BBC Sounds. [Doctor, Doctor - Dr Rosie Benneyworth - BBC Sounds](#)
- On Friday 15 December, an interview with Rosie was broadcast on the 6pm and 10pm BBC News. It focused on IT failures in the NHS and the impact on patient safety. An article online accompanied the piece. [IT failures causing patient deaths, says NHS safety body - BBC News](#)
- There were two mentions of reports from November that were picked up via the media monitoring system on 1 December – learning disabilities report in a specialist publication [Care Appointments](#) and the GP continuity of care report (pub. 30 of November in the [British Medical Journal \(BMJ\)](#))
- No legacy HSIB maternity reports picked up via the media monitoring system in December.
- All positive and neutral sentiment and any negative sentiment refers to words relating to detail of cases.

Investigations/HSSIB Media coverage



Health Services Safety Investigations Body

Doctor, Doctor
Dr Rosie Benneyworth

News Continuity of care should be “essential requirement” in GP contract, says watchdog

BMJ 2023 ; 383 doi: <https://doi.org/10.1136/bmj.p2839> (Published 30 November 2023)
Cite this as: BMJ 2023;383:p2839

NEWS

Home | Israel-Gaza war | Cost of Living | War in Ukraine | Climate | UK | World | Business | Politics | Culture

Health

IT failures causing patient deaths, says NHS safety body

© 19 December 2023



Dr Rosie Benneyworth, interim head of the Health Services Safety Investigations Body (HSSIB), said computer failings were found in nearly every investigation they carried out



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Governance

Financial position



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Investigations Body

£k	Actual (Oct - Dec 23)	Forecast outturn (Oct - Mar 24)	HSSIB budget *	Variance under/(over) spend
Whole Time Equivalent	43.3	46.3	47.3	1.0
Income	38	86	3,519	
Pay	1,094	2,257		
Non-pay	270	716		
NHSE / HSIB **			(356)	
Net Expenditure (RDEL)	1,326	2,887	3,163	276
Amortisation and depreciation (RF RDEL)	24	53	N/a	N/a
Net expenditure	1,350	2,940		
Capital	-	149	59	(90)
Net revenue and capital budget ***		3,036	3,222	186

Narrative

Investigator vacancy

Increase in pay for new starters in Q4

Q4 increase in non-pay for cyber funding; increase in legal fees; additional travel; support services; annual report and accounts, strategy consultation facilitation and VAT true up.

See Note **

Cyber security investment and IT equipment to enable NHSE to provide IT support.

* The functions of HSSIB were allocated a revenue expenditure (RDEL) budget by DHSC of £1.9m for Apr to Sep 23 when hosted by NHS England (NHSE), and £3.4m for Oct to Mar 24. In addition, NHSE will transfer £82k for additional employers pension contributions and £37k was awarded in Jan 24 for cyber security expenditure.

** To accommodate the timing of business as usual and transition expenditure it was agreed that any budget adjustment would transfer between NHSE and HSSIB via DHSC in February. This figure is draft and will be agreed with HSSIB, NHSE and Care Quality Commission (for the transfer of the MNSI programme).

*** HSSIB has been awarded a £59k capital budget for investment in cyber security, however HSSIB requires budget for Information Technology additions. A revenue to capital budget transfer is being discussed with DHSC, hence measuring the position against the net revenue and capital budget position.

Workforce summary

October - December 2023



Health Services Safety
Investigations Body

Headcount
FTE
Vacancies
Active Recruitments

76%

Mandatory training
compliance rate

4.0%

Sickness absence
rate

BPK-000045137: page 49 *All figures exclude the Chairs and NEDs and those on external secondment (1) but include those on secondment in to HSSIB (1). The degree of change will also be included in all table in future reports.



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Strategic risk register

Work is ongoing to compile and review the strategic risks.

Information Commissioner cases / data breaches

There have been no ICO cases or data breaches reported between 1st October and 31st December 2023.



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Appendix

Investigations published

1 April 2023 – 31 December 2023



Health Services Safety
Investigations Body

No Investigation name	Report published	Safety recs due (90 days)	Safety recs published
1 Non-accidental injuries in infants attending the emergency department	13/04/2023	10/07/2023	-
2 Clinical investigation booking systems failures: written communications in community languages*	27/04/2023	24/07/2023	01/11/2023
3 Interim report - Keeping children and young people with mental health needs safe: the design of the paediatric ward	25/05/2023	N/A	N/A
4 Invasive procedures for people with sickle cell disease*	22/06/2023	18/09/2023	25/10/2023
5 Management of sickle cell crisis*	22/06/2023	18/09/2023	-
6 Variations in the delivery of palliative care services to adults	13/07/2023	09/10/2023	-
7 The selection and insertion of vascular grafts in haemodialysis patients	27/07/2023	23/10/2023	-
8 HSIB Annual Review 2022/23	01/08/2023	-	-
9 HSIB maternity programme year in review 2022/23	03/08/2023	-	-
10 Harm caused by delays in transferring patients to the right place of care	24/08/2023	22/11/2023	-
NO REPORTS PUBLISHED IN SEPTEMBER DUE TO WEBSITE CONTENTS FREEZE (TRANSITION TO HSSIB)			
11 Safety management systems: an introduction for healthcare	18/10/2023	16/01/2024	-
12 Caring for adults with a learning disability in acute hospitals	02/11/2023	31/01/2024	-
13 Risks to medication delivery using ambulatory infusion pumps – design and usability in inpatient settings	15/11/2023	13/02/2024	-
14 Continuity of care: delayed diagnosis in GP practices	30/11/2023	28/02/2024	-
15 Interim report - Retained surgical swabs: themes identified from a review of NHS serious incident reports	07/12/2023	06/03/2024	-

*EDI aspect

Operations Manager

HR Business Partner

Board Administrator

File Name: 07.1.2 Board Member Code of Conduct

Agenda Item: Item 7 - Policy Review

THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

HSSIB Code of Conduct for Board Members

Version number: v0.4

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2024	Page 1

First published: N/A – fourth draft version following comments at Board Development Day in November 2023 and subsequently in December 2023 / January 2024.

Date updated: January 2024

Next review date: January 2026

Policy prepared by: Board, Governance and Records Manager

Policy Owner: Business Services Team

Brief summary of changes since previous version: Wording with regards to personal emails, Section 2.2 re Exec and Non-Exec Board Members added, and 6.1.4 added re protected materials. Section 11 amended re escalation responsibilities.

Classification: OFFICIAL

Policy Number: HSSIB007

If you would like this policy in another format that would better suit your needs, or in another language, please contact us on enquiries@hssib.org.uk

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 2

Table of contents

		Page number
1.	INTRODUCTION	3
2.	APPLICATION OF THIS CODE	3
3.	VALUES AND PRINCIPLES	3
4.	INTEGRITY	4
5.	ROLES AND RESPONSIBILITIES	4
6.	CORPORATE RESPONSIBILITIES OF BOARD MEMBERS	5
7.	RESPONSIBILITIES OF INDIVIDUAL BOARD MEMBERS	7
8.	CONFLICTS OF INTERESTS AND GIFTS AND HOSPITALITY	9
9.	EQUALITY AND NON-DISCRIMINATION	10
10.	MEDIA, PUBLIC SPEAKING ENGAGEMENTS AND USE OF SOCIAL MEDIA	10
11.	PERSONAL LIABILITY OF BOARD MEMBERS	13
12.	RAISING CONCERNS	13
13.	FAILURE TO COMPLY WITH THE CODE OF CONDUCT	14
14.	REVIEW OF THE CODE OF CONDUCT	15

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2024	Page 3

1. INTRODUCTION

- 1.1** This document is the Code of Conduct for Board Members (“**Code**”) of the Health Services Safety Investigations Body (“**HSSIB**”). This Code forms part of the framework designed to promote the highest possible standards of conduct and behaviour at HSSIB, and is intended to operate with HSSIB’s governance documents, including the Board Governance Framework, the Standing Orders, the Standing Financial Instruments, the Scheme of Delegation and Reserved Matters and the Standards of Business Conduct Policy.
- 1.2** The Government expects all holders of public office to work to the highest personal and professional standards. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Board Members.

2. APPLICATION OF THIS CODE

- 2.1** This Code applies to Board Members when they are acting in that capacity.
- 2.2** This Code applies to all Board Members, whether they are a member of the Executive of a Non-Executive Board Member.
- 2.3** This Code applies to Board Members when acting in any another capacity only in the event that there are concerns about a Board Member’s conduct when they are acting in such other capacity and those concerns are relevant to the person's role as a Board Member. HSSIB will act proportionately and reasonably when applying this Code in any such circumstances.
- 2.4** The HSSIB Standards of Business Conduct Policy sets out the standards of conduct expected from HSSIB’s employees who are not Board Members.

3. VALUES AND PRINCIPLES

- 3.1** The principles and standards related to holding public office are set out in the Code of Conduct for Board Members of Public Bodies. This can be found [here](#). Board Members are required to adopt the

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2024	Page 4

Seven Principles of Public Life (the Nolan Principles)¹ which are as follows:

3.1.1 Selflessness

Holders of public office should act solely in terms of the public interest.

4. INTEGRITY

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

4.1.1 Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4.1.2 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

4.1.3 Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

4.1.4 Honesty

Holders of public office should be truthful.

4.1.5 Leadership

¹ <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 5

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

5. ROLES AND RESPONSIBILITIES

The role and responsibilities of each Board Member are more particularly defined in their terms of appointment. Board Members are required to comply with their terms of appointment and any relevant policies and procedures addressed to them. Any Board Member who is non-compliant with any of these requirements, or is aware of non-compliance by others, must notify the Board, Governance and Records Manager immediately.

5.1 The Chair

5.1.1 The Chair is responsible for providing effective leadership, strategic direction, and challenge to HSSIB to ensure that it focusses on being an organisation which is credible with patients, clinicians, NHS and independent healthcare providers, and NHS England.

5.1.2 The Chair has particular responsibilities in relation to the oversight of this Code, including:

- (a) encouraging high standards of propriety and prompting the efficient and effective use of staff and other resources throughout HSSIB.
- (b) ensuring that in reaching decisions, the Board takes proper account of any guidance and professional advice provided to it and the Board's Committees; and
- (c) representing the views of HSSIB to the general public.

5.1.3 The Chair must participate in and have oversight of Board decision making, including, ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 6

and, where appropriate, the views of individual Board Members, as well as the Board as a whole. The Chair has an important role in enabling all Board Members to make a contribution to the Board's discussions.

5.1.4 The Chair must ensure that all Board Members, on taking up office, participate in a suitable induction programme so that they are fully briefed on the terms of their appointment and on their duties, rights, and responsibilities.

6. CORPORATE RESPONSIBILITIES OF BOARD MEMBERS

6.1 The Board provides strategic direction and leadership to HSSIB. Together with the Chair, all Board Members, whether Non-Executive or Executive, share corporate responsibility for the decisions of the Board and for the performance of HSSIB. Once the Board has taken a decision, it is the responsibility of all Board Members to support that decision. All Board Members have collective and corporate responsibility for ensuring that HSSIB complies with statutory and administrative requirements for the use of public funds.

6.2 Board Members play an important role in leading HSSIB. All Board Members are expected to set an example to HSSIB and support staff by modelling the HSSIB values through their conduct and behaviour.

6.3 In order to discharge their roles effectively and with integrity, Board Members are expected to adopt good standards of conduct. Therefore, in addition to adopting the values and principles set out in this Code, Board Members are expected to act in accordance with the following provisions whilst carrying out their duties:

6.3.1 act in accordance with the highest standards of public office as described by the values and principles set out in this Code;

6.3.2 demonstrate commitment to HSSIB as a whole and act in its best interests at all times, including in relation to any other interests which Members may have;

6.3.3 conduct themselves in a manner that reflects positively on

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 7

HSSIB and not in any way that would reasonably be regarded as bringing HSSIB into disrepute;

6.3.4 respect the position that HSSIB is an apolitical organisation;

6.3.5 participate in training and development provided by, or through, HSSIB; and

6.3.6 commit the necessary time to the role, including attendance at meetings of relevant committees, training events and seminars on a regular basis (non-attendance at three consecutive general meetings and persistent non-attendance without good reason and/or tendering of apologies could lead to further action being taken).

6.4 Board Members have a collective duty to ensure that their decision-making processes are transparent. If the decision is made in private, there needs to be public transparency of the underlying considerations which resulted in a decision being made.

6.5 Each Board Member has a personal responsibility to ensure that they have sufficient understanding and information to participate in the decisions that are made by the Board.

6.6 The following guidance for Board Members is intended to ensure that Board meetings are well conducted and that informed and well considered decisions are taken. Board Members should:

6.6.1 take account of the views of others, but should reach their own conclusions on the issues before them and act in accordance with those conclusions;

6.6.2 be as open as possible about their actions and decisions, being prepared to give reasons for their actions and willing for their decisions and actions to be scrutinised and challenged in a constructive way;

6.6.3 respectfully check and challenge information before them and seek clarification and advice where matters are not sufficiently understood;

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 8

- 6.6.4** allow everyone to take part without interruption or intimidation, respecting and listening to the contribution of other Members and not interrupting when someone is speaking;
- 6.6.5** respect the impartiality and integrity of HSSIB's other Board Members, never being derogatory in their speech or manner. Members should not use language which could be construed as discriminatory or offensive to others;
- 6.6.6** not attempt to dominate meetings for their own purpose;
- 6.6.7** ensure that their attention is on the meeting, if the Board Member needs to keep a mobile telephone on during a meeting due to a potentially urgent call or leave the meeting early they should inform the Chair at the start of the meeting.
- 6.6.8** The HSSIB Board has agreed that meetings in public should be recorded for the purposes of minute taking. Minutes of the meeting will then be made available on the HSSIB website. This will make the Board's proceedings more accessible and will promote the transparency and openness of HSSIB.

7. RESPONSIBILITIES OF INDIVIDUAL BOARD MEMBERS

Information Security

7.1 Confidentiality

- 7.1.1** Board Members must work openly and transparently. The majority of HSSIB's business is conducted in public, including through the publication of meeting papers, but in specific circumstances it may be necessary for briefings to be provided in confidence or for confidential matters to be considered. Where briefings are to be provided in confidence or in circumstances where the public and media are required to withdraw from meetings, such situations will comply with the Standing Orders.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 9

- 7.1.2** Board Members must comply with HSSIB's policies and procedures in respect of confidentiality, as provided to them. Therefore, Members must not disclose information which is stated as being confidential, other than when it is lawful to do so. If in doubt about the confidential nature of any document, Members must seek advice from the Board, Governance and Records Manager before sharing or disclosing any information.
- 7.1.3** No provision of this Code shall preclude any Board Member from making a protected disclosure within the meaning of the Public Interest Disclosure Act 1998, but where a Member is considering making any such disclosure, they are encouraged to seek advice from the Board, Governance and Records Manager.
- 7.1.4** The [Health and Care Act 2022](#) (the "HCA 2022") establishes a prohibition on the disclosure of "protected material" which is held as part of an investigation. Protected materials are defined under [Section 122](#) of the HCA 2022 as any information, document, equipment, or other item which is held by HSSIB for the purpose of its investigation function and which relate to an incident occurring in England during the provision of health services which has, or may have implications for the safety of patients. It is an offence for a person to disclose protected material except when limited exemptions apply. Board members should not disclose protected material unless they have the appropriate authority to make a disclosure. Where it is considered necessary to disclose protected materials, or Board members need further guidance on protected materials or the relevant exemptions, they should contact the Board, Governance and Records Manager on ig@hssib.org.uk who will be able to provide further guidance. The Protected Materials Disclosure Policy also provides further information in this regard.

7.2 Data Protection

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 10

7.2.1 Board Members are required to understand that any disclosure of confidential information (unless required by law) puts at risk HSSIB’s compliance with its duties of confidentiality and, where such data is personal data or special category data, the UK General Data Protection Regulation and the Data Protection Act 2018 (or any future data protection legislation) and other relevant law (the **Data Protection Legislation**). Such a disclosure may also undermine HSSIB’s ability to function effectively and/or its reputation and/or may leave it liable to significant financial penalties and may therefore be contrary to the requirements of this Code.

7.2.2 Board Members must comply, at all times, with the Data Protection Legislation and HSSIB’s policies on data protection.

7.2.3 If Board Members have concerns about the use of data, they should refer to HSSIB’s Data Protection Officer.

7.3 Freedom of Information

7.3.1 Board Members acknowledge that HSSIB is subject to the Freedom of Information Act 2000 (“**FOIA**”) and shall comply with HSSIB’s policy relating to freedom of information requests at all times.

7.4 Information Technology

7.4.1 Board Members must comply with HSSIB’s Information Technology policies at all times.

7.4.2 Personal emails should not be used for substantive HSSIB business except in exceptional circumstances. They may be used for administrative purposes; for example, to arrange meetings or highlight that there are matters to be considered on either the Board management platform or HSSIB email. Members are reminded of the risks of use of personal emails and their obligations of confidentiality, data protection and non-disclosure.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 11

NB: in such extraordinary circumstances, all attachments MUST be password protected.

8. CONFLICTS OF INTERESTS AND GIFTS AND HOSPITALITY

- 8.1** Board Members must declare any interests which may or may be perceived (by a reasonable member of the public) to influence their judgement or conflict in any other way with the discharge of their duties and responsibilities.
- 8.2** These interests may include, (without limitation), any outside personal or business interests, any direct and indirect financial interests (such as shareholdings or share options in individual companies), or any positions of employment, other appointments, or other positions of authority. Board members should also declare any such interests of a spouse/partner, of close family members or friends, a business partner, or of people closely connected to them in some other way, for example, they live in the same household as the Board member, that they ought to be aware of.
- 8.3** Board members are expected to ensure that any acceptance of gifts and hospitality can stand up to public scrutiny. In order to avoid any suggestion of partiality, it is normal for those in public office to refuse personal gifts or hospitality offered in connection with their duties, and Board members should similarly do so. Sensible judgement should be exercised and there is normally no reason to refuse isolated gifts of a trivial nature such as calendars and occasional, minor hospitality such as working lunches. However, it is important that Board members also fully comply with any additional HSSIB policy on gifts and hospitality.

9. EQUALITY AND NON-DISCRIMINATION

- 9.1** Board Members are expected to understand and promote the policies of HSSIB which relate to equality and diversity.
- 9.2** HSSIB has a duty under the Equality Act 2010 (**Equality Act**) to:
- 9.2.1** eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act;

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 12

9.2.2 advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and

9.2.3 foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

9.3 Board Members should refrain from promoting personal or political views which undermine HSSIB’s duties under the Equality Act, such behaviour would undermine the interests of HSSIB and is therefore unacceptable.

9.4 On matters affecting the work of HSSIB, you should not normally make political speeches or engage in other significant political activities. In cases of doubt, the guidance of DHSC should be sought. DHSC may in turn consult the Cabinet Office.

10. MEDIA, PUBLIC SPEAKING ENGAGEMENTS AND USE OF SOCIAL MEDIA

10.1 This section 9 shall be read in conjunction with HSSIB’s Social Media Policy.

10.2 Board Member’s engagement with the media and public is dealt with as follows:

Official Spokespeople for HSSIB

10.3 The Chair and the Chief Executive of HSSIB will account for HSSIB’s business to Parliament when required. They are also the official spokespeople for HSSIB and are supported in their roles by the HSSIB Communications Team.

Communications with third parties

10.4 Communications between Board Members and any third party including any government departments will normally be through the Chair, except where the Board has agreed that an individual Member will act on its behalf in advance.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 13

- 10.5** The main point of contact between HSSIB and third parties on day-to-day matters will normally be the Chief Executive.

Speaking to the Media

- 10.6** The HSSIB Chair has specific responsibility for explaining the Board’s views to the media.

- 10.7** From time to time, Board Members may be asked by the Chair to speak to the media on behalf of HSSIB. Before doing so, Board Members should discuss with the HSSIB Communications Team what the agreed response should be and confine their comments to the matters discussed with the HSSIB Communications Team.

- 10.8** When engaging with the media, Board Members should:

- 10.8.1** communicate a clear message which has been agreed by the Chair and the HSSIB Communications Team;

- 10.8.2** speak only on matters that fall within the remit of the Board;

- 10.8.3** take account of the Board’s responsibility for leading and setting an example to HSSIB;

- 10.8.4** acknowledge that, once taken, decisions of the Board are corporate decisions, and it is the responsibility of all Board Members to support those decisions; and

- 10.8.5** consider their obligations for ensuring confidentiality including of personal information.

- 10.9** Board Members may be approached directly by the media by phone, email or in person. Board Members must not commit to media interviews as representatives of HSSIB without first consulting and gaining the approval of the Chair to speak on behalf of HSSIB. If a Board Member receives a request for an interview or comment from the media, they should simply confirm that they or an appropriate person will respond within an agreed timescale. The HSSIB Communications Team will give advice on who is best placed to respond to the query.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 14

10.10 As a general rule, Board Members are expected to inform the HSSIB Communications Team:

10.10.1 if they are approached by a member of the press, giving details of the journalist, media outlet concerned, nature of the enquiry and their response; and

10.10.2 if they are involved in any activity which might generate media activity relating to HSSIB.

10.11 Equally the HSSIB Communications Team will ensure that Board Members are:

10.11.1 when possible alerted about negative or controversial media coverage prior to the event;

10.11.2 regularly updated about proactive and reactive media activity; and

10.11.3 briefed if they are asked to become involved in media activity.

Public Speaking Engagements

10.12 Board Members are required to inform the Chair of any engagements at which they have to speak in public on any subject which relates to the work of HSSIB. If appropriate, the HSSIB Communications Team will arrange for briefing the Board Member. Board Members must always make explicit those occasions when they are speaking as an official representative of HSSIB and when they are expressing their own personal views.

Use of Social Media

10.13 HSSIB's Social Media Policy provides principles and guidance on using and engaging with social media.

10.14 Board Members must also take care when expressing views on social media or other platforms which may compromise their position at HSSIB or the interests of HSSIB. Where Board Members use social media (or other platforms) they should ensure that there is a

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 15

statement which confirms that all views are the views of the account owner (i.e. the Board Member) only.

11. PERSONAL LIABILITY OF BOARD MEMBERS

11.1 The Board takes decisions as a governing body of HSSIB. In most instances, even if a decision of the Board is open to criticism, an individual Board Member, although potentially liable, will be indemnified for any action against their actions. This indemnification is removed if the Board Member can be shown to have acted recklessly or negligently.

11.2 Although any legal proceedings initiated by a third party are likely to be brought against DHSC (for non-executive members) and HSSIB (for executive members), in exceptional cases proceedings (civil or, in certain cases criminal) could be brought against individual Board Members.

11.3 If a Board Member behaves recklessly or commits a criminal offence in fulfilling their legal duties, they may hold a personal liability.

11.3.1 A liability in 'contract' will arise if the Board Member enters into a contract in their personal name, or if the Board Member is found to be acting *ultra vires*, whilst being presumed to act with power and authority on behalf of HSSIB. This might also apply if the Board Member is found to have accidentally or deliberately misrepresented their authority.

11.3.2 A liability in 'tort' could arise for a Board Member for wrongs such as negligence, defamation, or harassment, although it would be normal for such a claim to initially be made against HSSIB.

11.4 Board Members can seek legal advice in confidence from HSSIB's legal advisers as to whether any course of action they are considering is likely to be indemnified.

12. RAISING CONCERNS

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 16

A personal concern or grievance

- 12.1** A Board Member who wishes to express a concern about the behaviour of another Board Member should in the first instance raise the issue with the Chair of the Board. If the concern involves the Chair of the Board, the Board Member should raise the matter with the sponsor at DHSC.
- 12.2** The following process should be followed where possible unless the matter in question should be dealt with pursuant to HSSIB's grievance policy:
- 12.2.1** an initial informal discussion to be held with the Chair to scope the nature of the concern and gain agreement to the next steps. For example, it might be appropriate to have an informal discussion with all Board Members at a specially convened workshop; or to proceed to a more formal meeting between the aggrieved Board Member and the person causing the concern;
 - 12.2.2** a more formal meeting attended by both sides to the grievance and facilitated by the Chair. Both parties can be accompanied by a colleague or a friend but not by a legal adviser. If legal advice is needed, it will be provided by HSSIB's legal advisers. A note of the meeting should be taken including any agreed resolution.

Serious wrongdoing

- 12.3** In the situation where a Board Member has reason to believe that a serious incident of wrongdoing has taken or is taking place, they should raise this immediately with the Chair to seek a resolution of their concern. The Chair will agree with the Board Member how the matter should be investigated and make appropriate arrangements to do so. The matter should be explored using internal processes wherever possible.
- 12.4** In certain circumstances, a Board Member may decide to make a protected disclosure to a body outside HSSIB in accordance with the Freedom to Speak Up Policy.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 17

13. **FAILURE TO COMPLY WITH THE CODE OF CONDUCT**

- 13.1** If any Board Member fails to perform the duties required of them or display the standards of conduct expected of them, they may be judged as failing to carry out the duties of their office. This could lead to them being removed from the Board.
- 13.2** Failure to observe the requirements as set out in this Code would be a breach of the Board Standing Orders and could in the event of allegations of fraud and/or corruption, as set out in the Standards of Business Conduct Policy leave the Board Member involved open to criminal proceedings as well as other civil penalties.
- 13.3** In cases where it appears that a Board Member has acted or omitted to act in such a way as to constitute a breach of the Board Standing Orders or a breach of this Code, the Chair may commission an investigation and depending on the findings of the investigation, may refer the case to the Secretary of State for consideration of further action. In the case when the Board Member concerned is the Chair of the Board the investigation will be undertaken by the Chair of the Audit and Risk Assurance Committee.
- 13.4** Any queries about this Code should be directed to Board, Governance and Records Manager in the first instance.

14. **REVIEW OF THE CODE OF CONDUCT**

- 14.1** This Code of Conduct will be reviewed periodically by the Board.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v0.4
Status: Draft	Next review date: January 2026	Page 18

File Name: 07.1 HSSIB Board Cover Sheet Board

Agenda Item: Item 7 - Policy Review

HSSIB Board Meeting

Title of Paper	Code of Conduct for Board Members				
Agenda Item Reference	7.1	Date of meeting	8 February 2024		
Executive Lead	Maggie McKay, Finance and Performance Director				
Action Required	To Approve	<input type="checkbox"/>	Purpose	Strategy	<input 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

The Board is asked to consider the approval / ratification of the Code of Conduct for Board Members.

This Code of Conduct was first considered at the Board meeting which took place on the 9th of November 2023 and has been amended following comments and suggestions from the Board.

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

Discussed at Board on 9th November 2023.

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

Name: Sarah Graham

Title: Board, Governance and Records Manager

Accountable Director

Name: Maggie McKay

Title: Finance and Performance Director

Section One: Purpose of this Paper

This paper presents the Code of Conduct for Board Members for approval / ratification by the Board.

Section Two: Points for consideration

The Board is asked to consider the whole of the document to ensure that it meets the requirements of HSSIB and its Board.

In particular, the Board should consider:

- Section 11 – Personal Liability of Board Members
- Section 12 – Raising Concerns

Section Three: Options

The Board have three options with regards to the Code of Conduct.

- Approve in full.
- Approve with minor corrections to be made post Board meeting.
- Not Approved and be brought back to the next Board meeting.

Section Four: Recommendations

It is recommended that the Board approve the Conduct in full.

File Name: 07.2 HSSIB Board Cover Sheet Document

Agenda Item: Item 7 - Policy Review

HSSIB Board Meeting

Title of Paper	Document and Records Management Policy				
Agenda Item Reference	7.2	Date of meeting	8 February 2024		
Executive Lead	Maggie McKay, Finance and Performance Director				
Action Required	To Approve	<input type="checkbox"/>	Purpose	Strategy	<input 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

The Board is asked to consider the approval / ratification of the HSSIB Document and Records Management Policy.

It is vital that HSSIB creates, manages, retains, and disposes of its records a legal, organised, and methodical manner. Records are needed in order to provide evidence of HSSIB's business transactions, including financial, legal, human resources, investigation, and education records.

To this end, a Document and Records Management Policy has been developed.

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

This policy first came to Board on the 5th of October 2023. Several changes and amendments have been made and this paper presents version 0.3 of the Policy.

This report has the following impact:

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

Impact Details:

<p>Responsible Manager Name: Sarah Graham</p> <p>Title: Board, Governance and Records Manager</p>	<p>Accountable Director Name: Maggie McKay</p> <p>Title: Finance and Performance Director</p>
--	--

Section One: Purpose of this Paper

This paper presents the Document and Records Management Policy for Board Members for approval / ratification by the Board.

Section Two: Points for consideration

The Board is asked to consider the whole of the Policy to ensure that it meets the requirements of HSSIB and its Board.

In particular, the Board is asked to consider Section 5, which runs from page 8 to 19. This covers the key areas of records management, including naming of records, retention of records and security of records amongst other areas.

Section Three: Options

The Board have three options with regards to the Policy.

- Approve in full.
- Approve with minor corrections to be made post Board meeting.
- Not Approved and be brought back to the next Board meeting.

Section Four: Recommendations

It is recommended that the Board approve the Policy in full.

File Name: 07.2.1 Document and Records

Agenda Item: Item 7 - Policy Review



THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

HSSIB Document and Records Management Policy

Version number: v0.3

First published: N/A – third draft version, not published yet

Date updated: January 2024

Next review date: January 2026

Policy prepared by: Board, Governance and Records Manager

Policy Owner: Business Services Team

Brief summary of changes since previous version: Checked for track changes following Board in October 2023, comments from Finance and Performance Director incorporated.

Classification: OFFICIAL

Policy Number: HSSIB001

If you would like this policy in another format that would better suit your needs, or in another language, please contact us on enquiries@hssib.org.uk

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 0.3
Status: DRAFT	Next review date: January 2026	Page 3



Contents

Contents.....	3
1 Introduction	4
2 Background.....	5
3 Scope.....	7
4 Roles and Responsibilities.....	7
5 Business Services Procedures	8
5.6 Records and Information Life Cycle Management	10
5.7 Record Retention Schedule	11
5.8 Records involved in Investigations, Litigation and Legal Holds.....	11
5.9 Record Naming	12
5.10 Record Maintenance	13
5.11 Record Access	14
5.12 Record Disclosure.....	14
5.13 Record Closure	14
5.14 Record Appraisal.....	15
5.15 Records Held and/or Transferred for Archiving Purposes.....	15
5.16 Record Disposal	16
5.17 Scanning.....	16
5.18 Records Security: Home Working	17
5.19 Missing Records	17
5.20 Data Quality	
6 Distribution and Implementation	19
7 Impact Assessments	19
8 Monitoring Compliance with the Policy.....	20
9 Associated Documentation.....	20
Appendix A: Naming Document and Records	21
Appendix B: Protective Marking Scheme	25
Appendix C: Glossary of Terms	30
Appendix D: Disposal of Records Certificate.....	33
Appendix E: Metadata Standard for digitised records.....	34
Version Control Tracker	34

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSE001	Approval date: TBC	Version number: 0.3
Status: DRAFT	Next review date: January 2026	Page 3



1 Introduction

- 1.1 All Health Services Safety Investigations Body (HSSIB) staff members must ensure they are familiar with the contents of this policy, which describes the standards of practice we require in the management of our business / corporate and investigation records. It is based on current legal requirements and professional best practice.
- 1.2 All organisations must keep records of their activities; patients and the public would rightly expect that HSSIB maintains records on its activities and decisions in an exemplary way.
- 1.3 It is important to note that Records and Documents are different. Documents consist of information or data that can be structured or unstructured and accessed by people in HSSIB. Records provide evidence of the activities of functions and policies. Records have strict compliance requirements regarding their retention, access, and destruction, and generally must be kept unchanged. Conversely, all records are documents.
- 1.4 This policy relates to all documents and records held by HSSIB, regardless of format, including, but not limited to, email, paper, digital, instant messages, social media, videos, and telephone messages.
- 1.5 Records are created to provide information about what happened, what was decided, and how to do things. Individuals cannot be expected or relied upon to remember or report on past policies, discussions, actions, and decisions accurately all of the time. So, as part of their daily work they keep a record – by updating a register or database, writing a note of a meeting or telephone call, audio recordings of an investigation interview or filing a letter or email – which ensures that they and their successors have something to refer to in the future.
- 1.6 Records are a valuable resource because of the information they contain. High-quality information underpins the delivery of high-quality evidence-based healthcare. Information has the most value when it is accurate, up-to-date, and accessible when it is needed. An effective records management function ensures that information is properly managed and is available whenever and wherever there is a justified need for that information, and in whatever media it is required.
- 1.7 Records management is about controlling records within a framework made up of policies, standard operating procedures, systems, processes, and behaviours. Together they ensure that reliable evidence of actions and decisions is kept and remains available for reference and use when needed, and that the organisation benefits from effective management of one of its key assets, its records.
- 1.8 A records retention and disposal schedule is a control document. It sets out the classes of records which HSSIB retains and the length of time these are retained before a final disposition action is taken (i.e. destruction or transfer to a permanent place of deposit, such as The National Archives. It applies to information regardless of its format or the media in which it is created or might be held. All staff members should be familiar with the HSSIB Records Retention and Disposal Schedule and apply retention periods to records.
- 1.9 A records management policy is a cornerstone of effective management of records in

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 4



an organisation. It will help to ensure that HSSIB keeps the records it needs for business, regulatory, legal and accountability purposes. A glossary of terms with regards to records management can be found at Appendix C of this policy.

- 1.10 The purpose of this policy is to establish a framework in which HSSIB records can be managed, and to provide staff members with a high-level overview of the legal obligations that apply to records.
- 1.11 Documents will need to be declared as a record before records management procedures and policies are applied to them. Investigation records for HSSIB must be uploaded to the secure HSSIB Investigation Management System (HIMS). Business / corporate records must be saved into the relevant area on SharePoint. Records must not be kept in private OneDrive accounts, private email accounts or on Teams.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 5



2 Background

2.1 HSSIB will act as necessary to comply with the legal and professional obligations set out for records, and in particular:

- Public Records Act 1958
 - Data Protection Act 2018
 - Freedom of Information Act 2000
 - The Inquiries Act 2005
 - Access to Health Records Act 1990
 - Regulation of Investigatory Powers Act 2000
 - NHS England Records Management Code of Practice 2021 (updated Aug 2023)
 - NHS Information Governance: Guidance on Legal and Professional Obligations
 - UK General Data Protection Regulation 2021 (GDPR)
 - Health and Care Act 2022
- a. The Public Records Act 1958 makes provision with respect to public records and the Public Record Office, and for connected purposes. It includes duties about selection and preservation of public records, places of deposit, access, and destruction.
 - b. The Data Protection Act 2018 (DPA) regulates the processing of personal data relating to living individuals, including the obtaining, holding, use or disclosure of such information. Access to the health records of living patients is governed by this Act.
 - c. The Freedom of Information Act 2000 (FOIA) makes provision for the disclosure of information held by public authorities or by persons providing services for them. The Lord Chancellor’s Code of Practice on the management of records is issued under section 46 of this Act.
 - d. The Inquiries Act 2005 establishes the legal framework for public inquiries, which investigates issues of serious public concern, scrutinize past decisions and events and can request disclosure of documents and records as evidence. Public inquiries are conducted on behalf of the Crown, which therefore means that records created or given to the inquiry are public records as defined by the Public Records Act 1958.
 - e. The Access to Health Records Act 1990 regulates access to the health records of a deceased person.
 - f. The Regulation of Investigatory Powers Act 2000 provides a framework for lawful surveillance activities, including the 'interception' of communications. Such interception must be proportionate to the needs of the organisation, society, and the users of the communication system.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 6



- g. The NHS England Records Management Code of Practice 2021 (update August 2023) is a best practice guide for the management of records for those who work within or under contract to NHS organisations in England. They are based on legal requirements and professional best practice. Whilst HSSIB is an independent body, our work is in relation to Health Services and therefore, NHS records management guidance applies. The guidance is available [here](#).
- h. NHS Information Governance: Guidance on Legal and Professional Obligations provides guidance on the range of legal and professional obligations that affect the management, use and disclosure of information.
- i. The UK General Data Protection Regulation (GDPR) sets out the key principles, rights, and obligations for most processing of personal data in the UK, except for law enforcement and intelligence agencies.
- j. The Health and Care Act 2022 established the HSSIB as an arm’s length body of the Department of Health and Social Care. It also conferred unique records management stipulations on the organisation which are detailed in Section 2.3.

2.2 Failure to comply with the GDPR or DPA could result in reputational damage to HSSIB and carries financial penalties of up to £17.5 million, or 4% of turnover imposed by the Information Commissioner. Furthermore, individuals can be prosecuted for knowingly or recklessly disclosing, procuring, or obtaining personal data. This policy applies to all employees and must be strictly observed. Failure to do so could result in disciplinary action.

2.3 The [Health and Care Act 2022](#) (the "HCA 2022") establishes a prohibition on the disclosure of "protected material" which is held as part of an investigation. Protected materials are defined under [Section 122](#) of the HCA 2022 as any information, document, equipment or other item which is held by HSSIB for the purpose of its investigation function and which relate to an incident occurring in England during the provision of health services which has, or may have implications for the safety of patients. It is an offence for a person to disclose protected material except when limited exemptions apply. You should not disclose protected material unless you have the appropriate authority to make a disclosure. Where you consider it necessary to disclose protected materials, or you need further guidance on protected materials or the relevant exemptions, you should contact the Board, Governance and Records Manager on ig@hssib.org.uk who will be able to provide further guidance.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 7



3 Scope

3.1 All our staff, and any contracted organisations or individuals, without exception, are within the scope of this policy. This includes Board members.

4 Roles and Responsibilities

4.1 The Chief Executive Officer is accountable for records management at HSSIB.

4.2 The Senior Information Risk Owner (SIRO) has the lead responsibility for records management and for ensuring this policy is implemented and becomes an active document within HSSIB.

4.3 The Board, Governance and Records Manager (BGRM) has responsibility for informing, advising, and monitoring compliance with data protection principles in relation to this policy.

4.4 The BGRM has operational responsibility for the Document and Records Management Policy and is responsible for the overall development and maintenance of the Records Management Framework and for ensuring this policy complies with legal and regulatory edicts. They are also responsible for providing learning and development with key learning points from this policy and for monitoring compliance with the policy to assess its overall effectiveness.

4.5 The BGRM is responsible for developing and supporting a culture of high-quality records management practice across HSSIB to deliver associated organisational benefits. They are also responsible for knowing what records HSSIB holds and where they are, by conducting regular audits of records.

4.6 The BGRM is responsible for ensuring that records created by HSSIB are stored securely and that access to them is controlled.

4.7 The Human Resources Business Partner is responsible for the application of this policy in respect of ensuring effective HSSIB employee records management.

4.8 Investigators are responsible for ensuring that an accurate and complete record is maintained of investigations undertaken by HSSIB. They are responsible for ensuring that any investigation records they hold are uploaded to HIMS and not held within private email accounts or private OneDrive accounts.

4.9 Information Asset Owners are responsible for ensuring the asset they ‘own’ is managed in accordance with this policy, and for maintaining adequate records within the context, both legal and regulatory, of the business area where the asset operates. For example, the finance team must be able to demonstrate how they comply with current financial legislation.

4.10 All staff are responsible for keeping a record of any significant business transaction conducted as part of their duties for HSSIB. The record should be saved appropriately, a retention period assigned, and access controls applied if necessary

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 8

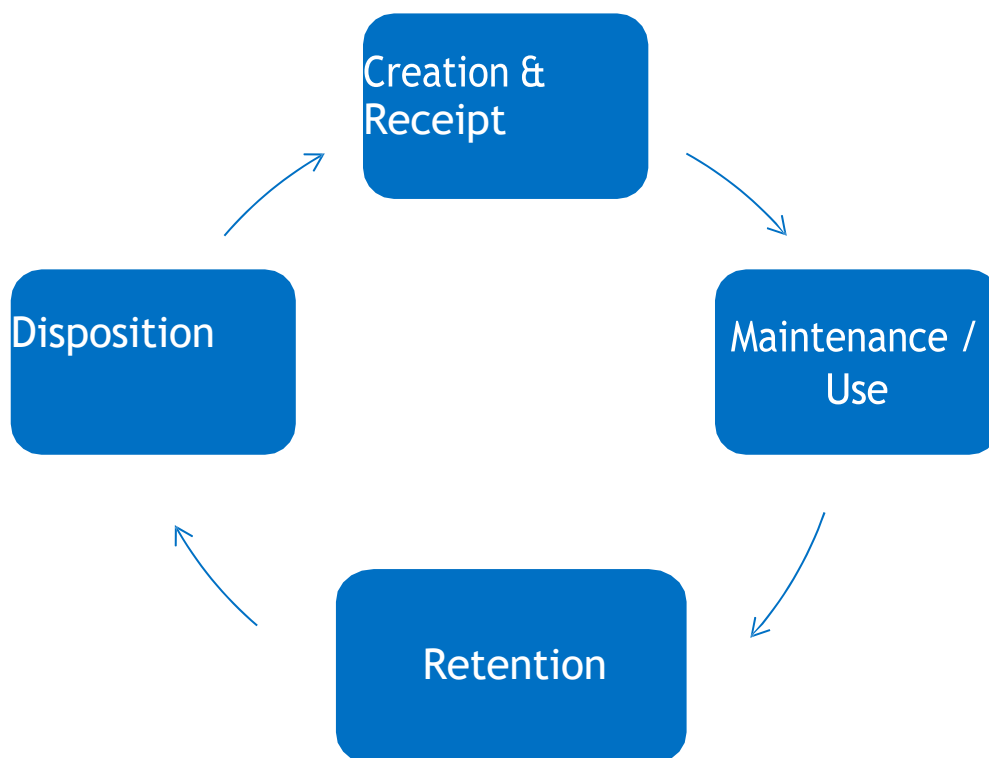


5 Business Services Procedures

- 5.1 This policy covers the management of both documents and records at HSSIB. The policy sets in place the strategic governance arrangements for all documents and records produced and received by HSSIB in accordance with agreed best practice as well as the principles established in ISO 15489 (the International British Standard for Records Management).
- 5.2 This policy is mandatory and applies to all information in all formats. It covers all stages within the information lifecycle, including creation/receipt, maintenance /use, document appraisal, record appraisal, retention, and disposition.
- 5.3 Staff members must not alter, deface, block, erase, destroy or conceal records with the intention of preventing disclosure under a request relating to the FOIA or DPA.
- 5.4 Staff members are expected to manage records about individuals in accordance with this policy irrespective of that individual’s race, disability, gender, age, sexual orientation, religion or belief, or socio-economic status.
- 5.5 Records and information management plays a vital role at HSSIB as it underpins effective information sharing both within our organisation and externally. The law requires certain records to be kept for a defined retention period; however, records are used daily for internal purposes to help make decisions, provide evidence, etc. The diagram below shows the four stages of records management:

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 9

Records and Information Life Cycle Management



Stage 1: Creation and Receipt

This part of the life cycle is when we start a new electronic document, add a document to a database or put pen to paper. It is known as the first phase. Documents and records can be created by internal employees or received from an external source.

Stage 2: Maintenance / Use

This stage takes place after information is distributed. This is when records are used on a day-to-day basis to help generate organisational decisions, document further action, evidence the work that has been undertaken on a particular investigation or support business services activities. It is also considered the Active Phase. Maintenance is when records are not used on a day-to-day basis and are stored in a records management system (e.g. closed cases on HIMS). Even though they are not used on a day-to-day basis, they will be kept for legal or financial reasons until they have met their retention period. The maintenance phase includes filing, transfers, and retrievals. The information may be retrieved during this period to be used as a resource for reference or to aid in a business decision.

Stage 3: Retention

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 10



This area of records management concerns how long the records should be retained for. Use the HSSIB Records Retention and Disposal Schedule to find out how long you need to keep records in your area of work.

Stage 4: Disposition

Disposition is when a record is less frequently accessed, has no more value to HSSIB or has met its assigned retention period. It is then reviewed and if necessary, destroyed under confidential destruction conditions. Not all records will be destroyed once the retention period has been met. Any records that have historical value to HSSIB should be retained for 20 years and sent to The National Archives, where they will be kept for the future of both organisations and may never be destroyed. This is the final phase of a records lifecycle. If you are unsure whether your records have historical value, please get in touch with the BGRM.

5.6 Record Retention Schedule

- 5.6.1 Keeping unnecessary records wastes staff time, uses up valuable space and incurs unnecessary costs. It also imposes a risk liability when it comes to servicing requests for information made under the DPA and/or FOIA. Moreover, compliance with these acts means that, for example, personal data must not be kept longer than is necessary for the purposes for which it was collected (Principle 5 of the DPA).
- 5.6.2 Business services, education and investigation records should only be destroyed in accordance with the HSSIB Records Retention and Disposal Schedule. It can be a personal criminal offence to destroy requested information under either the DPA, GDPR Article 5 (1e), or FOIA (Section 77). Therefore, HSSIB needs to be able to demonstrate clearly that records destruction has taken place in accordance with proper retention procedures.
- 5.6.3 The Code of Practice on Records Management, issued under Section 46 FOIA, requires that records disposal 'is undertaken in accordance with clearly established policies that have been formally adopted'. HSSIB's Records Retention and Disposal Schedule is a key component of both organisation's information compliance and allows it to standardise its approach to retention and disposal.
- 5.6.4 The recommended retention periods shown on the HSSIB Records Retention and Disposal Schedule apply to the official or master copy of the records. Any duplicates or local copies made for working purposes should be kept for as short a period as possible. Duplication should be avoided unless necessary for business purposes. It should be clear who is responsible for retaining the master version of a record and copies should be clearly marked as such to avoid confusion. Some types of records which may be created and kept locally are the responsibility of the local department but may be found under a different function on the retention schedule. For example, where recruitment is carried out by teams outside of the Business Services Directorate, the team is responsible for ensuring the disposal

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 11



of the records relating to unsuccessful candidate; however, this type of record is listed under Human Resources in the retention schedule.

5.7 Records involved in inquiries, incidents, litigation and legal holds

- 5.7.1 A legal hold, also known as a litigation hold, document hold, hold order or preservation order is an instruction directing employees to preserve (and refrain from destroying or modifying) certain records and information (both paper and electronic) that may be relevant to the subject matter of a pending or anticipated lawsuit, investigation, incident, or inquiry. Organisations have a duty to preserve relevant information when a lawsuit, investigation, incident, or inquiry is reasonably anticipated. Staff must immediately notify the BGRM if they have been notified of a litigation, incident or inquiry or have reasonable foresight of a future litigation, investigation, incident, or inquiry as this could result in records being held beyond their identified retention period.
- 5.7.2 Following an incident, many internal investigations or legal challenges may be made. These may include Coroners' inquests, public inquiries, criminal investigations, and civil action. When planning for and responding to an incident it is essential that any decisions made, or actions taken are recorded and stored in a way that can be retrieved later to provide evidence.
- 5.7.3 The BGRM will use this information and log details of the records which have been placed on hold.
- 5.7.4 The legal hold decision will be determined by the Finance and Performance Director.
- 5.7.5 When a legal hold is terminated, records previously covered by the legal hold should be retained in accordance with the applicable retention period under this policy without regard to the legal hold and retained. Non-records or records not previously subject to retention may be destroyed.
- 5.7.6 The BGRM will work with relevant parties to ensure disclosure of records and information to Public Inquiries.

5.8 Record Naming

- 5.8.1 Record naming is an important process in records management, and it is essential that a unified approach is undertaken within all areas of HSSIB to aid in the management and retrieval of records.
- 5.8.2 Staff members should refrain from naming folders or files with their own name unless the folder or file contains records that are biographical in nature about that individual (for example, personnel records).
- 5.8.3 The HSSIB naming convention (Appendix A) must be used for the filename of all electronic documents created by staff members from the implementation date of this policy.
- 5.8.4 The re-naming of old documents is optional but new documents must follow the

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 12



standard naming convention.

5.8.5 Version control is the management of multiple revisions to the same document. Version control enables us to tell one version of a document from another. More information on version control is available at Appendix A.

5.8.6 HSSIB uses Microsoft Office 365 applications to store data, records, and information.

Teams, OneDrive, and SharePoint are all used at HSSIB. It is important to note that:

- a) SharePoint should be used to store business records (such as HR and finance records).
- b) Teams should be used as a collaborative space for projects and pieces of work. Any records created during this process should be saved to SharePoint after the project / piece of work is completed. Ensure that the records are saved in the correct area in SharePoint.
- c) OneDrive should be used to store personal information, such as personal meeting notes. It must not be used to store business records – such records should be saved in the relevant area on SharePoint.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 13



- 5.8.7 Where records contain personal identifiable data or business sensitive information it is a legal requirement that such data is stored securely.
 - a) For business records stored in SharePoint, site owners must ensure that the security permissions are up to date and appropriate. For further advice contact IT Services at NHS England via the Portal.
 - b) Investigation records must be uploaded to the HIMS system, which is a secure system that was built specifically for this purpose.
- 5.8.8 Good record keeping should prevent record duplication. Staff members should ensure team members have not previously created a record prior to initiating a new document.
- 5.8.9 Good record keeping requires information to be recorded at the same time an event has occurred, or as soon as possible afterwards.
- 5.8.10 Staff members should ensure their handwriting is legible when making entries on paper records.
- 5.8.11 Staff members should ensure records are relevant, including their opinions about individuals, as individuals have the right to gain access to their records via a Subject Access Request under GDPR.
- 5.8.12 Always use the professional redaction software, available in ADOBE, to redact information. If you are unsure, contact the BGRM.
- 5.8.13 Important and / or business critical information must not be cascaded via instant messaging (e.g. MS Teams Chat, text messages, WhatsApp messages). If such information is distributed via instant message, it is the responsibility of those in possession of the information to ensure the information is extracted and saved as a record. This extract must be saved to the relevant SharePoint area, or if in relation to an investigation, must be uploaded to HIMS.

5.9 Record Maintenance

- 5.9.1 Electronic documents and records must be maintained in accordance with this policy.
- 5.9.2 HSSIB does not use an external data storage organisation for paper records. To keep costs low, and reduce paper holdings, HSSIB staff are encouraged to save in electronic format wherever possible. Records which need to remain in paper format are often Incident Logbook or ‘Sealed’ contract records which can be identified by an embossed stamp and are usually executive level. For business records which you feel cannot be digitised and require off-site storage, contact the BGRM for support and advice.
- 5.9.3 The movement and location of paper records should be controlled and tracked to ensure that a record can be easily retrieved at any time. This will enable the original record to be traced and located if required and must be held in a shared location.
- 5.9.4 Paper file storage must be secured from unauthorised access and meet fire regulations.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 14



5.9.5 Information Asset Owners should ensure they have a contingency or business continuity plan to provide protection for records which are vital to the continued functioning of HSSIB.

5.10 Record Access

5.10.1 There are a range of statutory provisions that give individuals the right of access to information created or held by HSSIB, such as a Subject Access request or a Freedom of Information request. GDPR allows individuals to access personal data which is held about them. FOIA gives the public the right of access to information held by public authorities. The Inquiries Act provides the power to compel an organisation to disclose evidence within the scope of an Inquiry.

5.10.2 HSSIB staff should bear in mind the specific provisions of HCA 2022, with regards to protected materials (detailed in section 2.3 of this policy). If in any doubt, contact the BGRM.

5.11 Record Disclosure

5.11.1 There are a range of statutory provisions that limit, prohibit, or set conditions in respect of the disclosure of records to third parties, and similarly a range of provisions that require or permit disclosure. The key statute for HSSIB staff to bear in mind is HCA 2022. There is a separate policy for staff with regards to protected materials – the Protected Materials Disclosure Policy.

5.11.2 Only certain staff members have the authority, which is dictated by their role, to disclose records. Staff members with this authority should make a record of any copies of records they have disclosed, and to whom, in conjunction with HSSIB’s Freedom of Information Policy, Data Protection Policy and procedure for managing personal data requests.

5.11.3 The release of any protected materials should be logged on to the HSSIB Protected Disclosure Log, maintained by the BGRM. You must contact the BGRM on ig@hssib.org.uk before sharing any protected materials.

5.12 Record Closure

5.12.1 In the case of paper-based business records, they should be closed, and a retention period applied, as soon as they have ceased to be in active use other than for reference.

5.13.2 In the case of closed electronic business records, these records should be stored in the relevant team’s SharePoint area, in a folder marked ‘Archive’. The HSSIB will be looking into ways of collating all ‘Archive’ folders into one overarching archive for HSSIB.

5.12.2 If a record is deleted / destroyed once its retention period has been reached, then a Disposal of Records Certificate (see Appendix D) must be completed and saved to prove that the record existed, met its retention, and was then disposed of. Copies of Disposal Certificates must be emailed to the BGRM at ig@hssib.org.uk.

5.13 Record Appraisal

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 15



5.13.1 Appraisal refers to the process of determining whether records are worthy of permanent archival preservation, as certain records created by HSSIB may be of historical interest to The National Archives.

5.13.2 The purpose of the appraisal process is to ensure the records are examined at the appropriate time to determine whether they are worthy of archival preservation, whether they need to be retained for a longer period as they are still in use, or whether they should be destroyed.

5.13.3 Appraisal should be undertaken in consultation with the BGRM.

5.13.4 It is the responsibility of a staff member who is leaving their current post or the organisation to identify (as part of the exit procedure) specific records that should be retained in line with HSSIB’s Record Retention and Disposal Schedule. These records should then be transferred securely to the relevant area of SharePoint (or HIMS if the record is in relation to an investigation), and any non-work-related records disposed of.

5.14 Records Held and/or Transferred for Archiving Purposes

5.14.1 Records selected for archival preservation and no longer in regular use by HSSIB should be transferred to an archival institution, for example a ‘Place of Deposit’. This must be approved by The National Archives and have adequate storage and public access facilities.

5.14.2 Following implementation of the Constitutional Reform and Governance Act 2010, in particular Part 6: Public Records and Freedom of Information, non-active records are required to be transferred no later than 20 years from the creation date of the record, as required by the Public Records Act 1958. This means that the earliest HSSIB records will be due for transfer in 2043.

5.15 The BGRM will identify HSSIB’s Place of Deposit and assist in the transfer of those records identified. Record Disposal

5.15.1 Disposal is the implementation of appraisal and review decisions, and the term should not be confused with destruction. A review decision may result in the destruction of records but may also result in the transfer of custody of records, or movement of records from one system to another.

5.15.2 Records should not be kept longer than is necessary and should be disposed of at the right time. Unnecessary retention of records consumes time, space and equipment use; therefore, disposal will aid efficiency. Staff members must regularly refer to the HSSIB Records Retention and Disposal Schedule.

5.15.3 Unnecessary retention may also incur liabilities in respect of the FOIA and the GDPR. If HSSIB continues to hold information which we do not have a need to keep, we would be liable to disclose it upon request. GDPR also advises that we should not retain personal data longer than is necessary.

5.15.4 The accounts (both mailbox and personal folder) of staff members who have left employment with HSSIB will be deleted 30 days after the date of leaving is reached unless there are extenuating circumstances. For example, an

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 16



Employment Tribunal claim, or litigation case may require the information to be kept for a longer period. This will ensure the best utilisation of our server space, as well as ensure that records are not held in excess of their retention period. It is a line manager’s responsibility to notify NHS England’s IT Services of any accounts that should not be deleted in the usual manner.

5.15.5 Staff members must seek specialist advice from the BGRM when considering destruction of the organisation’s records through a commercial third party.

5.15.6 Staff members must seek specialist advice from the BGRM when considering off-site storage of the organisation’s records with a commercial third party.

5.15.7 Short-lived, ephemeral documents such as telephone messages, notes on pads, post-its etc. do not need to be kept as records. If they are business critical, they should be transferred to a more formal document which should be saved as a record and placed within HIMS (if in relation to an investigation), or on a relevant team area of SharePoint (if it is a business record).

5.16 Scanning

5.16.1 For reasons such as business efficiency and/or to address problems with storage space, staff may consider the option of scanning paper records into electronic format. Large-scale scanning can be a very expensive option and should only be undertaken after approval of a business case via the Business Services Directorate.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 17



- 5.16.2 Staff members involved in a process to scan paper records into electronic format with the purpose of discarding the original paper file, should ensure records are scanned in compliance with the British Standard BS 10008 Evidential Weight and Legal Admissibility of Electronic Information to conform to the provisions of the NHS England Records Management Code of Practice and/or seek advice from the BGRM.
- 5.16.3 By virtue of the Freedom of Information Act 2000, HSSIB are required to conform with the British Standard BS 10008:2014 Evidential weight and legal admissibility of information stored electronically.

5.17 Records Security

- 5.17.1 All person identifiable data or commercially sensitive data must be saved with appropriate security measures.
- 5.17.2 Staff must not use home email accounts or private computers to hold or store any sensitive records or information which relates to the business activities of HSSIB.
- 5.17.3 Removable Media must be HSSIB owned and encrypted by NHS England IT Services Ideally, personal sensitive data should not be stored on any removable media, however if there is no other option ensure this data is stored on an encrypted device and deleted once transferred to identified secure area folder.
- 5.17.4 Emails containing personal identifiable information or commercially sensitive information must be encrypted.
- 5.17.5 When printing paper records, especially sensitive documents, ensure appropriate measures have been taken in collecting all documents immediately after printing. Printed documents should be secured in a lockable pedestal or lock box.
- 5.17.6 When transferring data, ensure security measures and precautions have been taken by the sender and receiver. A robust contract, Data Sharing Agreement or Memorandum of Understanding should be in place detailing responsibilities if the information is being transferred to a third party. Please contact the BGRM for more advice.
- 5.17.7 Never leave your computer screen open when unattended. Always lock it using the keys Control + Alt + Delete and then click on 'Lock'.
- 5.17.8 Ensure that documents / records use the protective marking scheme detailed at Appendix B of this policy.

5.18 Missing and Lost Records

- 5.18.1 A 'missing record' is when a record cannot be found or is not available when required.
- 5.18.2 In the event of a missing record, a thorough search must be undertaken.
- 5.18.3 If after 5 working days, the record has not been found, the missing record must be reported to the BGRM. The severity of the incident will determine the level of investigation required, and the BGRM will add the missing record to the HSSIB Incident Log.
- 5.18.4 The missing record should be marked as missing in any electronic / manual tracking systems in use, and the record must be reconstituted, populated as far as possible with

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 18



all the relevant information, and clearly marked as a 'reconstituted record'. If applicable, the electronic / manual tracking system must be updated to note that the record has been reconstituted and on what date this occurred.

5.18.5 If / when the original record is located the temporary and original set of records should be merged. If applicable, the electronic / manual tracking system must be updated to state that the original records were located and merged with the reconstituted record, and with the location of the merged records. Update the BGRM with details of when and how the record was found.

5.18.6 If after 3 months, the record is still missing, it is reasonable to assume that the original set of records has been lost. Inform the BGRM, using the IG Incident Reporting Form, available [here](#).

5.18.7 If the missing record is an interview from an investigation, it is a requirement of GDPR that the person whose data is affected must be informed. It is imperative that the BGRM is informed so that the data subject can be made aware via a Disclosure Letter.

5.19 Data Quality

HSSIB recognises the importance of having good quality data.

- Information needs to be fit for purpose.
- Awareness of data quality should be fully embedded within all services at HSSIB.
- Good data is essential for HSSIB’s operational business and performance management. It informs good decision making and effective service planning.
- Good data management is essential when conducting our investigations, ensuring the accuracy of our reports and the robustness of our conclusions.

5.19.1 Characteristics of good data quality

When designing and reviewing data collection processes, the following characteristics of data quality should be considered:

- **Relevant** - Data should be defined, selected, collected, recorded, and analysed with the intended use and audience in mind.
- **Accurate** - Data should provide a true account of what it is intended to represent to enable informed decisions to be made.
- **Timely** - Data should be available frequently and promptly enough for it to be valuable for managing service delivery and decision making, providing the opportunity to take corrective action where needed.
- **Accessible** - Data should be easily available to those who need access to it. This also refers to the format used to present the data and accompanying notes of explanation to ease interpretation.
- **Coherent** - Refers to data being consistent with other available information, either from other sources or with different frequency.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 19



- **Comparable** - Data should be comparable across time, which requires consistency of method in preparation of the information. Where changes in methodology have occurred, this should be clearly stated in a commentary alongside the data.

The dimensions or characteristics of good data quality outlined above align closely to those used by organisations such as the Office of National Statistics.

6 Distribution, Implementation and Change Control

Distribution Plan

This document will be made available to all staff via the HSSIB intranet site. A notice will be issued in the regular staff email bulletin, notifying staff about the release of this document.

Training Plan

A training needs analysis will be undertaken with staff affected by this document. Based on the findings of this analysis, appropriate training will be provided to staff, as necessary.

Guidance on all matters relating to records management will be available on the HSSIB intranet.

Change Control

Revision and update of the document is the responsibility of the BGRM, and this will be done on a two-yearly basis, or sooner if the need arises (e.g. legislation affecting the policy changes).

7 Impact Assessments

7.1 Policy Impact Assessment

As part of the development of this policy, its impact on the business has been assessed; no detrimental issues were identified.

7.2 Equality and Health Inequality Analysis

This document forms part of HSSIB’s commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

As part of the development of this policy, its impact on equality has been analysed and no detrimental issues were identified.

8 Monitoring Compliance with the Policy

The BGRM will undertake a records management audit on a yearly basis to assess compliance with the policy.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 20



9 Associated Documentation

The following HSSIB documents will provide further helpful information:

- Bring Your Own Device Policy
- Confidentiality Policy
- Data Access Policy
- Data Protection Impact Assessment (DPIA) Policy, Process and Guidance
- Document and Records Retention Schedule
- Data Protection Policy
- Encryption and Pseudonymisation Policy
- Fair and Acceptable Use Policy
- Freedom of Information Policy
- Information Governance and Data Compliance Policy
- Protected Materials Disclosure Policy
- Redaction Policy

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 21



Appendix A: Naming Convention and Version Control

Record naming is an important process in records management. If a record is named correctly then it is easily retrievable by those who need to access it. It is essential that we take a unified approach when naming documents and records that we hold, as this will aid in the successful management of our records.

It is also fundamental that appropriate version control is implemented – this applies regardless of the system you are using to store your documents and records (e.g. SharePoint, Teams, OneDrive or HIMS).

Naming records in HIMS

HIMS will automatically allocate a date and version number. Therefore, staff need to ensure the following when naming their records:

- Give your document / records a good title / description. A good file title / description assists both yourself and other members of staff in managing and retrieving files. Always make the name of the document or record descriptive of its content or purpose.
- Do not use any ambiguous terms such as ‘consent form 4’ or ‘family interview’. This does not help the reader to understand the content of the record. Keep the title as brief as possible.
- Staff should use individual names in a file title where the file is biographical in nature about that individual: for example, consent forms or recorded interviews.

Naming records in SharePoint / Teams / OneDrive

Element One: Date

Whilst SharePoint / Teams / OneDrives provide a date of upload / creation, be mindful that some records will need a date on them so that it is clear when the event took place (as this will probably be different from the date of creation / upload).

The date should be in the format YYYYMMDD. If all records are dated in this manner, your records will be placed in date order on SharePoint. The date element is essential for good records management as this will allow retention to be applied to the record. If we do not have a date, we cannot apply retention...it is as simple as that!

Element Two: File Title / Description

- The file title should be clear, succinct, and descriptive.
- Always make the name of the document or record descriptive of its content or purpose.
- For some file types, it is important to record the date in the file title / description, in particular when saving emails or letters, as the ‘sent’ date is important to the context of the record, e.g. ‘20240123 Interview with Sarah Graham’.
- The date a file was created is recorded in the file metadata on MS SharePoint.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 22



- Do not use any ambiguous terms such as ‘miscellaneous notes’ or ‘general information’.
- Do not name the file after the author / creator / owner.
- Staff should not use individual names in a file title unless the file is biographical in nature about that individual; for example - personnel records, interview recordings.
- SharePoint restricts the file path lengths (including the path to folders / subfolders) and therefore it is sensible to use acronyms for commonly used words or phrases, e.g.: RM for Records Management, IG for Information Governance.

Element Three: Version Number / Document Status

Version control is very important, and it enables us to tell one version of a document / record from another. Use whole numbers (e.g. v1.0, v2.0, v3.0 etc...) to indicate finalised versions; use decimal numbers v0.1, v1.1, v1.2 etc...to indicate that the version is a draft and not finalised yet.

To effectively control the status of a document, and to enable us to tell whether a document is a draft or final document, it is important to ensure this is indicated in the document name:

- Use DRAFT after the title to indicate draft versions.
- Use FINAL after the title to indicate final versions.

MS SharePoint manages the version control of documents for you and this change will be recorded as a minor change, retaining the history of the document. For more information on managing the version history in SharePoint see Version Control on page 24.

Examples of well named documents

- 20240123 Interview with Sarah Graham FINAL v1.0
- 20240117 Funding Notification to Dr Singh FINAL v2.0

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 23



Naming conventions for emails

All the advice and guidance that applies to naming documents and records applies equally to naming emails. However, there are specific elements that staff should be aware of:

- When saving an email, you must change the title of the email if it does not accurately reflect the content.
- Do not include 'email' as part of the title, as electronic document type extension will show what type of file it is.
- Save all emails with their attachments.
- Save all emails as Outlook Email Format (.msg).
- Do include the date (YYYYMMDD) the email was sent / received in the title, for example: *20190331 Confirmation of monthly expenditure.msg*

Naming conventions for folders in SharePoint, Teams, and OneDrive

It is important to use clear, logical, and accurate titles for folders. The benefits of providing meaningful titles within the filing structure include:

- The hierarchy of the structure is clearly identifiable by the titles of the folders.
- Peer relationships between folders are clearly identifiable indicating a range of preferred locations for different types of record on a related activity.
- At the lowest level of folders, it is clear what is expected to be captured in each folder.

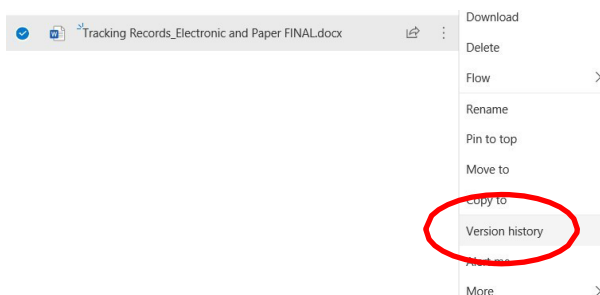
The following rules should be followed when naming folders, just as when naming documents and records:

- The folder title should be clear, succinct, and descriptive.
- Always make the name of the folder descriptive of its content or purpose.
- Do not use any ambiguous terms such as 'miscellaneous notes' or 'general information'.
- Do not name the folder after the author / creator / owner.
- Do not use individual names in a folder title unless the folder is biographical in nature about that individual, for example, a personnel record folder.
- Do not have a top-level folder structure of more than 20. Anything more than this number and viewing all folders requires scrolling and folders can be forgotten about when they are not easily in view.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 24

Version Control

When working in Office365, SharePoint manages the version control of the document saved within it. To view the version history of a particular document, hover your mouse over the specific document – the ellipses should appear, select it – then select version history:



This will show you the version history of the document and allow you to open any of the previous versions.

However, the version history of a document will only be tracked within the original document. If a document is downloaded and worked on locally, then reuploaded as a 'new' document, the version history will become detached and any hyperlinks to the original document will be broken.

Therefore, it is imperative when collaborating or sharing documents that a hyperlink is used, **do not** circulate documents as attachments on emails. This will reduce the risk of duplication, and will manage version control effectively, enabling efficient collaboration between teams.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 25



Appendix B: Protective Marking Scheme – Government Security Markings

HSSIB holds a wide range of information and has a responsibility to manage all information in its care such that risk is minimised; to ensure business continuity and to protect the rights of individuals. All information that HSSIB collects, stores, processes, generates, or shares to deliver services and conduct business has intrinsic value and requires an appropriate degree of protection.

The HSSIB is an arm’s length body of the Department of Health and Social Care, and we report to the Secretary of State in terms of our investigative work. It is therefore appropriate that HSSIB adopts the Government Security Classifications which were published in May 2018 and updated in June 2023. They are available here:

[Government Security Classifications - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/security-classifications)

Everyone who works within HSSIB (including staff, contractors, and service providers) has a duty of confidentiality and a responsibility to safeguard any NHS information or data that they access, irrespective of whether it is marked or not.

Government Security Classifications have been implemented to assist you in deciding how to share and protect information. Three levels of security classifications for information assets are identified in the Classification guidance. They are as follows:

Official

This is the default classification for all HSSIB documentation. Most organisations operate almost exclusively at this level. It is expected that normal security measures will be enforced through local processes and therefore provide sufficient levels of protection to information i.e. staff should be sufficiently aware and understand that they have a responsibility for securely handling any information that is entrusted to them.

Official-Sensitive: Personal

Information marked with this classification will be sensitive information relating to an identifiable individual (or group), where inappropriate access could have damaging consequences. Much of our investigation material will fall into this category.

Official-Sensitive: Commercial

Information marked with this classification will be commercial or market sensitive information that could have damaging consequences (for individuals or HSSIB) including reputational damage if it were lost, stolen, or inappropriately published.

This simplified procedure will make it easier and more efficient for information to be handled and protected and places greater emphasis on individuals taking personal responsibility for data they handle.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 26



All information used by HSSIB is by definition ‘OFFICIAL.’ It is unlikely HSSIB will work with ‘SECRET’ or ‘TOP SECRET’ information.

Things to remember about OFFICIAL information:

1. Ordinarily OFFICIAL information does not need to be marked for non-confidential information.
2. A limited subset of OFFICIAL information could have more damaging consequences if it were accessed by individuals by accident or on purpose, lost, stolen, or published in the media. This subset of information should still be managed within the OFFICIAL classification tier but should have additional measures applied in the form of OFFICIAL-SENSITIVE.
3. This marking is necessary for person-identifiable information and commercially sensitive information and is applicable to paper and electronic documents/records.
4. In addition to the marking of OFFICIAL-SENSITIVE further detail is required regarding the content of the document or record, i.e.

OFFICIAL – SENSITIVE: COMMERCIAL

Definition - Commercial information, including that subject to statutory or regulatory obligations, which may be damaging to HSSIB or a commercial partner if improperly accessed.

Or

OFFICIAL – SENSITIVE: PERSONAL

Definition - Personal information relating to an identifiable individual where inappropriate access could have damaging consequences.

Such documents/records should be marked with the caveat ‘OFFICIAL-SENSITIVE: COMMERCIAL or SENSITIVE’ in capitals at the top and bottom of the page.

In unusual circumstances OFFICIAL – SENSITIVE information may contain both Personal and Commercial data, in such cases the descriptor OFFICIAL – SENSITIVE will suffice.

A Note on Secret / Top Secret Information

On the rare occasion HSSIB may receive Secret/Top Secret information, a higher classification level and marking such as ‘Secret’ or ‘Top Secret’ must be applied. The information must be password protected if electronic or locked away if paper based. It is important to note that only staff who have a current security clearance through the National Security Vetting process should be allowed to access information that is marked as Secret or Top Secret.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 27



How to handle and store OFFICIAL information;

EVERYONE is responsible to handle OFFICIAL information with care by:

- Information sharing with the right people. **(remember the protected materials category conferred by the HCA 2022 and detailed at Section 2.3 of this policy)**
- Taking extra care when sharing information with external partners i.e. send information to named recipients at known addresses.
- Locking your screen before leaving the computer.
- Using discretion when discussing information.

How to handle and store OFFICIAL – SENSITIVE information;

All OFFICIAL-SENSITIVE material including documents, media and other material should be physically secured to prevent unauthorised access. As a minimum, when not in use, OFFICIAL-SENSITIVE: PERSONAL or OFFICIAL-SENSITIVE: COMMERCIAL material should be stored in a secure encrypted device such as a secure area of SharePoint, HIMS or encrypted data stick, lockable room, cabinets, or drawers.

Investigation records must be held in HIMS which is a secure database system.

- Always apply appropriate protection and comply with the handling rules.
- Official-Sensitive Personal and Official-Sensitive Commercial information should be marked prominently with the relevant classification – using the header or footer of a document / record is good practice.
- The originator / creator is responsible for classifying the information.
- It is good practice to place the classification of the information within the subject line of an email if it includes official-sensitive information.
- Remember that applying too high a classification can lead to unnecessary and potentially prohibitive protection costs.
- Remember that applying too low a classification may result in inappropriate controls and potentially put sensitive information at greater risk of compromise.
- Classification can change over time – information can be sensitive but when agreed can be officially published and become ‘official’ instead.
- You do not need to retrospectively classify information – only from the implementation of this guidance.
- Make sure documents are not overlooked when working remotely or in public areas, work digitally to minimise the risk of leaving papers on trains, etc.
- Only print sensitive information when necessary
- Send sensitive information by the secure email route or use encrypted data transfers.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 28



- Encrypt all sensitive information stored on removable media particularly where it is outside the organisation’s physical control.
- Store information securely when not in use and use a locked cabinet/drawer if paper is used.
- Faxes are not commonly used in offices anymore – but if faxing information is required, make sure the recipient is expecting your fax and double check their fax number.
- Take extra care to be discreet when discussing sensitive issues by telephone, especially when in public areas and minimise sensitive details.
- Do not send to internet email addresses e.g. Gmail, Hotmail, etc.
- When using email to send OFFICIAL-SENSITIVE material, use the Egress encryption capability to ensure that the message is encrypted.
- The use of pin code or individual printing passes for secure printing is both widely available and a preferable way to manage the printing process.

Table 1 – Descriptors that may be used with OFFICIAL-SENSITIVE: COMMERCIAL OR OFFICIAL-SENSITIVE: PERSONAL		
Category	Definition	Marking
Appointments	Concerning actual or potential appointments not yet announced	OFFICIAL-SENSITIVE: COMMERCIAL
Board	Documents for consideration by HSSIB’s Board, initially, in private	OFFICIAL-SENSITIVE: COMMERCIAL
Commercial	Where disclosure would be likely to damage a (third party) commercial undertaking's processes or affairs	OFFICIAL-SENSITIVE: COMMERCIAL

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 29



Contracts	Concerning tenders under consideration and the terms of tenders accepted	OFFICIAL- SENSITIVE: COMMERCIAL
For Publication	Where it is planned that the information in the completed document will be published at a future (even if not yet determined) date	OFFICIAL- SENSITIVE: COMMERCIAL
Management	Concerning policy and planning affecting the interests of groups of staff	OFFICIAL- SENSITIVE: COMMERCIAL
Patient Information	Concerning identifiable information about patients	OFFICIAL- SENSITIVE: PERSONAL
Personal	Concerning matters personal to the sender and/or recipient	OFFICIAL- SENSITIVE: PERSONAL
Policy	Issues of approach or direction on which the organisation needs to take a decision (often information that will later be published)	OFFICIAL- SENSITIVE: COMMERCIAL
Proceedings	The information is (or may become) the subject of or concerned in a legal action or investigation.	OFFICIAL- SENSITIVE: COMMERCIAL
Staff	Concerning identifiable information about staff	OFFICIAL- SENSITIVE: PERSONAL

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 30



Appendix C: Glossary of Terms

Term of Abbreviation	What it stands for
Assembly	A collection of records. May be a hybrid assembly meaning where electronic and paper records are contained in one folder.
Class	Class is a subdivision of an electronic classification scheme by which the electronic file plan is organized e.g. subject area. A class may either be sub-divided into one or more lower-level classes. A class does not contain records. See folder.
Classification	A systematic identification of business activities (and thereby records) into categories according to logically structured conventions, methods and procedural rules represented in a classification scheme.
Data Quality	Data Quality refers to the procedures and processes in place to ensure that data is accurate, up-to-date, free from duplication (for example, where two or more different records exist for the same individual), and free from confusion (where different parts of an individual's records are held in different places, and possibly in different formats).
Declaration	Declaration is the point at which the document (i.e. record content) and specified metadata elements are frozen so that they cannot be edited by any user, thereby ensuring the integrity of the original data as a complete, reliable, and authentic record. The declaration process formally passes the data into corporate control.
Disposition	The way in which a record is disposed of after a period of time. It is the final stage of record management in which a record is either destroyed or permanently retained.
Document	The International Standards Organisation (ISO) standard 5127/1 states "Recorded information which can be treated as a unit in a documentation process regardless of its physical form and characteristics."

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 31



Electronic Document	Information recorded in a manner that requires a computer or other electronic device to display, interpret, and process it. This includes documents (whether text, graphics, or spreadsheets) generated by a software system and stored on magnetic media (disks) or optical media (CDs, DVDs), as well as electronic mail and documents transmitted in electronic data interchange (EDI). An electronic document can contain information as hypertext connected by hyperlinks.
Electronic record	An electronic record is an electronic document which has been formally declared as a corporate record. A typical electronic record consists of both electronic content (one or more components) and metadata. While electronic documents can be edited and deleted, electronic records are held in a fixed state, with appropriate access and functional permissions applied.
Electronic Records Management System	A system which is designed for the storage and retrieval of business-related records.
End Users	This group comprises those, at all levels of the organisation who. generate and use records in their daily activities. The end user group is the source of much of the material which constitutes the record. Since records systems tend to devolve control to end users at the time of record capture, sound advice and guidance to this group is critical for the maintenance of quality and accountability.
File plan	The full set of classes, folders and records together make up a file plan. It is a full representation of an organisation, designed to support the conduct of the business, and meet records management needs.
Folder	A folder is a container for related records. Folders (segmented into parts) are the primary unit of management and may contain one or more records (or markers where applicable). Folders are allocated to a class.
Information Asset Owner (IAO)	Is a senior member of staff who is the nominated owner for one or more identified information assets of the organisation. It is a core information governance requirement that all Information Assets are identified, and that the business importance of those assets is established.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 32



Information Lifecycle Management	Information Lifecycle Management is the policies, processes, practices, services, and tools used by an organisation to manage its information through every phase of its existence, from creation through to destruction. Record management policies and procedures form part of the Information Lifecycle Management,
Metadata	Metadata can be defined as data about data. Metadata is structured, encoded data that describes characteristics of a document or record to aid in the identification, discovery, assessment and management of documents and records. Examples of metadata: title, dates created, author, format, etc.
Naming Convention	A naming convention is a collection of rules which are used to specify the name of a document, record, or folder.
Place of Deposit	A Place of Deposit is a record office which has been approved by the National Archives for the deposit of public records in accordance with the Public Records Act 1958.
Protective marking	Protective marking is a metadata field applied to an object to show the level of security assigned to the object. A protective marking is selected from a predefined set of possible values which indicate the level of access controls applicable to a folder, record etc. within the file plan hierarchy.
Record	A record in the records management terminology may not be the same as a record in database terminology. A record for the purposes of this document is used to denote a “record of activity” just as a health record is the record of activity of a patient’s NHS contact. A record may be any document, email, web page, database extract or collection of these which form a record of activity. A record of activity for a database extract may therefore include a collection of health records. A formal definition is “information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations, or in the transaction of business.” (BS ISO 15489.1 Information and Documentation. Records Management
Safe Haven	Safe Haven is the term used to explain an agreed set of arrangements that are in place in an organisation to ensure person identifiable, confidential and/or sensitive information can be received, stored, and communicated safely and securely.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 33



Appendix D: HSSIB Disposal of Records Certificate

Disposal of Records Certificate				
Section:	Name:		Date:	
Title of Record:				
Format:				
Reason for disposal:				
Legal hold not placed upon these records:				
Method of disposal: (tick relevant box)	Destruction		Transferred to archive	
If destroyed, method of destruction:				
Date of disposal:				
Authority:				
Not subject to current information request: (tick once checked)				

Please complete the form and send it to ig@hssib.org.uk.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB001	Issue/approval date:	Version number: v0.3
Status: Draft	Next review date: January 2026	Page 34

Appendix E: Metadata Standard for Digitised Records

Mandatory Metadata Fields (must be applied to all documents / records)

- Creator
- Date
- Subject
- Title
- Version Number
- Security Classification (Official, Official Sensitive Personal or Official Sensitive Commercial)

Based on best practice guidance available in the e-Government Metadata Standard which was produced by the Cabinet Office. This standard defines how UK public sector bodies should label documents to make information more easily managed, found, and shared.

For HSSIB, the BGRM and NHS England IT Services teams are considering which of these metadata fields could be attached to documents and records automatically. There are some that would still need to be attached manually. Further guidance on metadata will be forthcoming in the coming months.

Version Control Tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
v0.1	October 2023	Board, Governance and Records Manager	1 st Draft	First draft version for HSSIB Board in October 2023 (ratified by HSIB SLT in 2023).
v0.2	January 2024	Board, Governance and Records Manager	2 nd Draft	Second draft version for HSSIB Board in February 2024.
V0.3	January 2024	Board, Governance and Records Manager	3 rd Draft	Third draft version for HSSIB Board in February 2024, following comments via Finance and Performance Director.

File Name: 08 Pulse Survey Report_Board.docx

Agenda Item: Item 8 - Staff Survey



HSSIB Board Meeting

Title of Paper	Pulse Survey Responses – November 2023				
Agenda Item Reference	8	Date of meeting	08/02/2024		
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 checked="" 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	
<p>This paper sets out a proposal for consideration to provide assurance to the Board that robust mechanisms will be put in place to seek regular feedback from employees to monitor their engagement and satisfaction with HSSIB as an employer. It also discusses the findings from the pulse survey undertaken in November 2023.</p>	
<p>This report has been discussed at the Senior Leadership Team (SLT) meeting on:</p> <p>17 January 2024 (results of the survey)</p>	<p>This report has the following impact:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Human Resources <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Communications and Engagement <input type="checkbox"/> Operational <input type="checkbox"/> Performance <p>Impact Details:</p>
<p>Responsible Manager Name: Kay Robertson Title: Human Resources & OD Business Partner</p>	<p>Accountable Director Name: Maggie McKay Title: Finance and Performance Director</p>



Purpose of this Paper

This paper sets out a proposal for consideration to provide assurance to the Board that robust mechanisms will be put in place to seek regular feedback from employees to monitor their engagement and satisfaction with HSSIB as an employer.

Employee engagement is critical to an organisation's performance. As a new organisation, the leadership team at HSSIB will need assurance that its employees feel valued and supported, committed to the values and work of HSSIB, that they enjoy their work and find it challenging and fulfilling.

All HSSIB employees were invited to participate in a short pulse survey in November 2023, six weeks after HSSIB came into being on 1 October.

At the time of the survey there were 49 employees in HSSIB at the time, of these, 30 individuals, 61% of the staff, responded to the survey which consisted of 10 questions requiring a ranked response from strongly agree to strongly disagree, one question requiring a yes/no response, and two free text boxes for employees to write what was on their mind and what was the best thing that had happened to them at work in the previous month.

Unsurprisingly, the results from this survey were mixed, with some really positive responses and some more negative. It should be remembered that this survey was undertaken during a period of significant organisational transition.

It is also apparent in hindsight that some questions, and therefore the responses, were ambiguous and could be interpreted in different ways. Whilst the decision to run a staff engagement exercise so soon after HSSIB formed was important in order to establish a baseline, it is also recognised that future surveys will need to be tighter, and questions will be less ambiguously worded.

Discussion

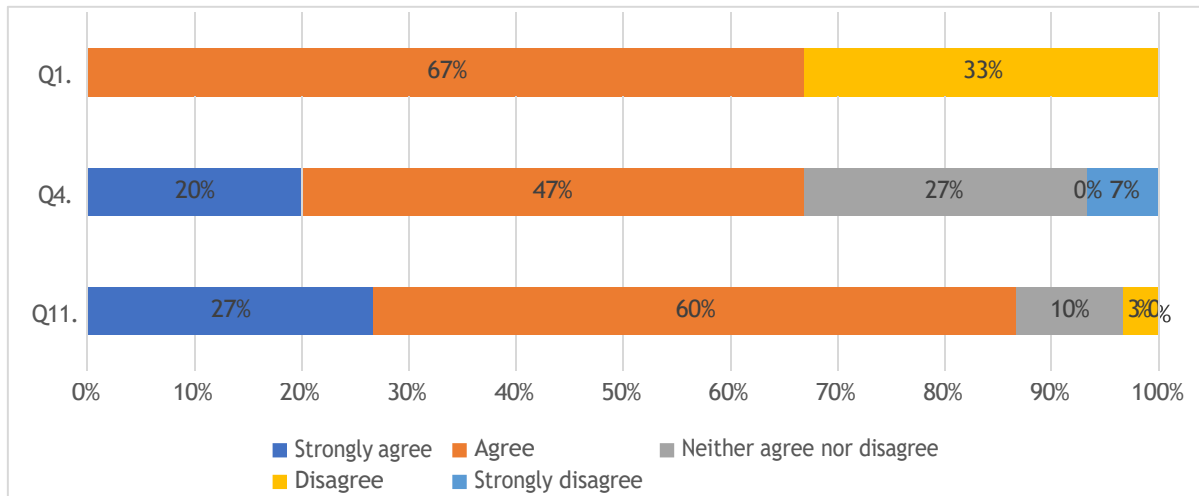
The questions have been grouped into themed areas to aid discussion.

Management communication

Q1. My manager shared the results of the last survey with our team.

The last survey had been undertaken before HSSIB was formed and had a very low response rate of only 25% of eligible staff. This may account for some managers not sharing the previous survey results. There would also have been little opportunity to share the results before the next pulse survey was undertaken, eight weeks later whilst transitioning from HSIB to HSSIB.

It is recommended that this question is reviewed prior to the next survey to ensure the purpose and value of this question.



Q4. My manager makes consistently effective decisions.

The organisation had just come through an extended period of transition and two formal consultation processes which impacted on organisational structure, governance and lines of authority and delegation. This is perhaps reflected in the 27% of respondents who neither agreed nor disagreed. Some comments from the free text also indicate that employees feel some confusion about new processes.

This question will be reviewed in advance of future staff surveys as it might be reworded.

Q11. My manager seeks to share important information with me in a timely manner.

This is a very broad question as information could be in relation to a number of topics and a description of important information may be subjective. There was only 1 negative response. The importance of open and two-way communication will be emphasised as regular communications mechanisms are embedded.

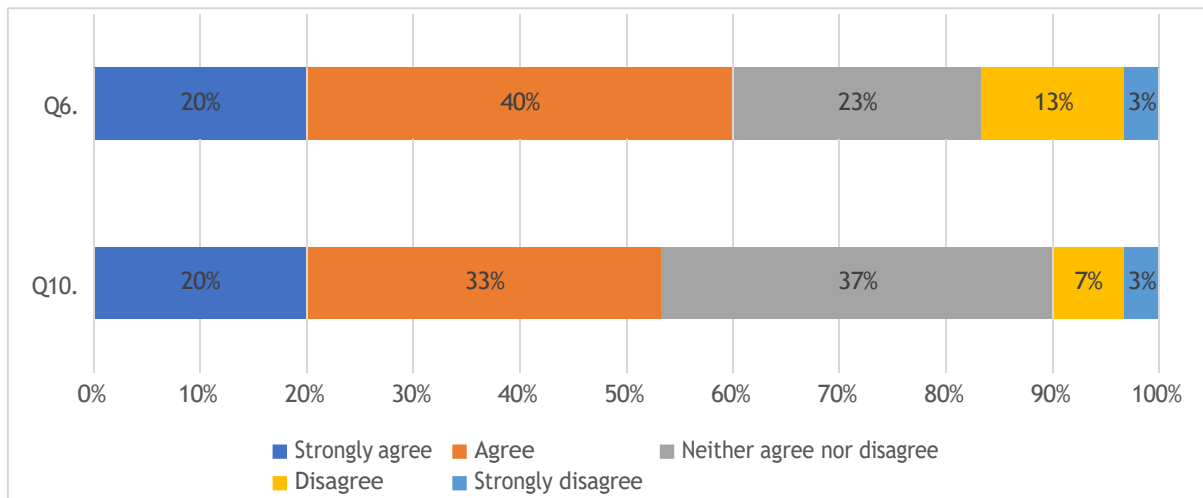
Development

Q6. My manager encourages and supports my development.

Q10. The feedback I receive helps me to improve my performance.

It is suggested that Q6 and Q10 relate more to development opportunities within HSIB because the pulse survey was only undertaken six weeks after HSSIB came into being. Over one third of respondents neither agreed nor disagreed that feedback helped their performance.

One of the strategic priorities for workforce over the next 12 months will be to develop a robust learning and development framework to ensure consistency and connectivity between PDRs, professional and personal development, regular feedback, and annual progression.



Culture and environment

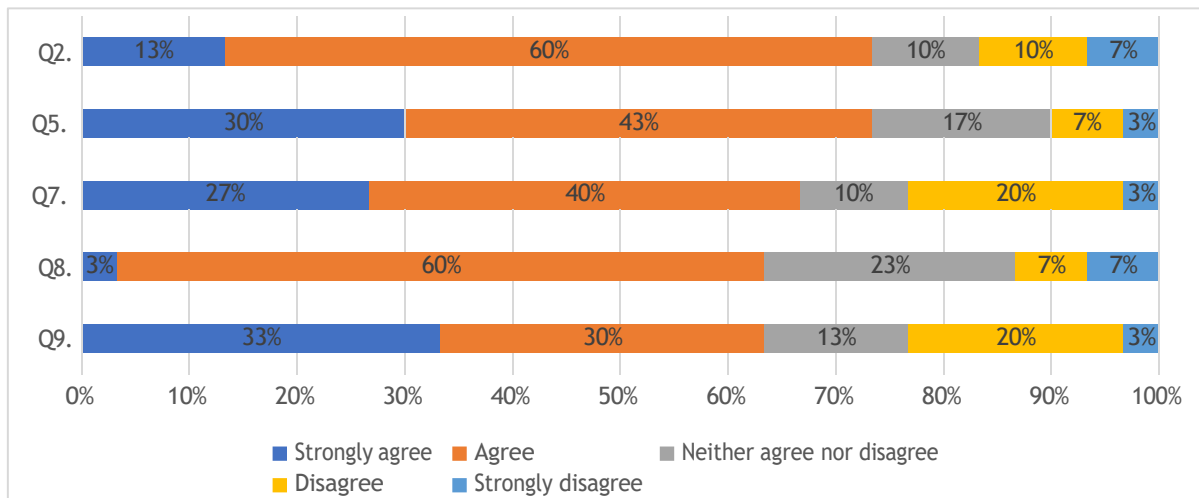
Q2. There is a culture of positive teamwork and cooperation within the organisation.

That 20% of individuals disagreed or strongly disagreed with this statement is a matter of concern to HSSIB SLT and will be an area for focus. Whilst some employees may have responded negatively because of legacy issues within the much bigger HSIB organisation, it is recognised that time will be needed to embed HSSIB ways of team working and continuing to work towards a more positive environment.

Within this 20% of respondents, further insight can be gained from the responses to the free-text boxes which included comments such as feeling undervalued, sexism still existing, a long way to go to change things, and work needing to be done on the culture.

Q5. My manager creates a trusting and open environment.

This question and the staff responses are similar to Q3 (I would recommend my organization to my friends and colleagues.), with 10% of respondents stating that they disagree or strongly disagree. This is a cause for concern with wider comments in the free text boxes reflecting the experience of some staff of a toxic culture and an environment where they do not feel psychologically safe. Other comments include a lack of consistency and a lack of belief in senior managers being prepared to tackle the issues.



Q7. My opinion is valued.

23% of respondents did not feel their opinion was valued which is a concern as we want to create an environment where all employees have a voice and have the opportunity to be heard. Over two-thirds of respondents stated that they felt their opinion was valued which is a positive and we will work on increasing the proportion of staff who feel their opinion is valued.

Q8. I feel that diversity and inclusion are valued and promoted within our organisation.

A number of respondents neither agreed nor disagreed (23%) and 13% responded negatively to this question. The underlying issues and responses to this question are similar to Q3 and Q5 and reflect the concerns raised by employees which SLT are very keen to address, albeit 13% of respondents represents only 4 employees. As a new organisation with a difficult legacy of some inappropriate behaviours seen at HSIB it would seem that some employees are still feeling a degree of uncertainty around the new culture. The organisation has some work to do over the next 12-18 months to build a supportive inclusive environment where all staff feel they belong, feel valued and are proud to work for HSSIB.

Q9. I often work beyond my normal working hours.

This question could be interpreted in a number of ways and the purpose of the question is not clear, which is perhaps indicated by the spread of responses which was the widest across all questions. Employees working beyond their hours can be seen as a sign that employees are committed and engaged and is an indication of the senior banding of a significant number of employees where a definition of 'normal working hours' is perhaps less clear. It may though also be an indication that some employees are feeling burdened and under pressure to complete their work outside of hours. Some of the free-text comments indicate that some employees are feeling

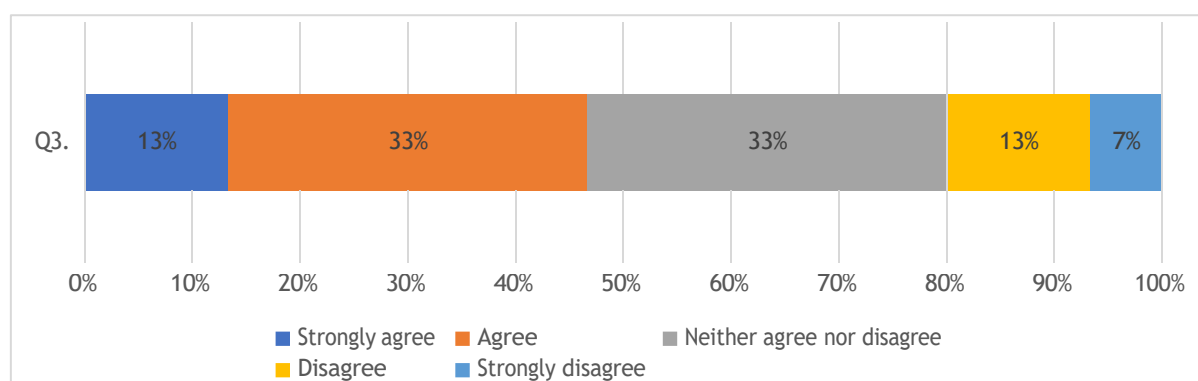


burned out with a heavy workload and time pressures so this will need to be addressed as part of a wellbeing strategy.

Other key themes from the free text comments

Positive comments made by respondents included feeling supported, feeling valued, making a difference, team-working, and receiving positive external feedback from the delivery of courses, report publications and the positive progression of investigations. These comments are uplifting, and it is important to recognise these: they are why we are here to make a difference to patients and patient safety.

Advocacy



Q3. I would recommend my organization to my friends and colleagues.

This is a slightly ambiguous question, although it is intended to ask if colleagues would recommend HSSIB as a place to work. Of the respondents 33% neither agreed nor disagreed, and 20% disagreed. It is expected that the number of employees recommending HSSIB as a place to work will rise in future surveys, as some of the legacy negativity is addressed.

Proposal

It is proposed that:

1. The responses from the November pulse survey are used as baseline evidence against which future levels of employee engagement and satisfaction can be compared.



2. An action plan is drawn up to address the issues raised in the November survey, and other previous feedback, so that staff know their voice is heard and feel their concerns are being addressed.
3. A further paper is brought to SLT in the summer with a more detailed proposal of mechanisms by which to measure employee engagement at HSSIB with a staff survey being rolled out in September/October. This will allow time to address the issues already raised by staff and allow for a more comprehensive survey to be developed.

The risks of undertaking a further staff survey too soon are that:

1. Future response rates will fall as employees feel their previous input has not been acknowledged.
2. There has been an insufficient time lapse for any changes to be affected.
3. Employees may develop survey fatigue and/or an expectation of a pattern of frequent surveys.

Running another pulse survey too soon may not allow sufficient time to review the questions being asked and so may not elicit the data SLT require to improve the culture and working environment.

File Name: 09.1 HSSIB Board Cover Sheet EDI.docx

Agenda Item: Item 9 - Equality, Diversity and Inclusion Action Plan



HSSIB Board Meeting

Title of Paper	Equality, Diversity and Inclusion Action Plan				
Agenda Item	9	Date of meeting	8 February 2024		
Executive Lead	Philippa Styles, Director of Investigations				
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 checked="" 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

Since transitioning to HSSIB, our team have commenced discussions in relation to the ED&I agenda within HSSIB and how we ensure we promote and embed an inclusive culture in our organisation.

Attached is a draft action plan for discussion at Board.

This action plan has been discussed by SLT who support this work and agree the priorities within the action plan. This plan will be reviewed at each SLT meeting.

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

17 January 2024

This report has the following impact:

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

Impact Details: This paper directly supports our ED&I agenda and aims to have a positive impact across our teams and organisation to promote and embed an inclusive culture.

Responsible Manager

Name: Minal Patel
Title: Head of Strategy, Policy and Engagement

Accountable Director

Name: Philippa Styles
Title: Director of Investigations



Purpose of this Paper

Having transitioned to HSSIB in October 2023, it is timely to review and reset our objectives in relation to ED&I. Early conversations have happened with colleagues across teams and an initial working group with representatives from strategy, policy & engagement, and our investigations & Insights team has been established.

From these early discussions, we have drafted an action plan (attached) reflecting priorities from our own experiences and those of our teams, as well as the NHS ED&I Improvement plan.

We have also considered the NHS Equality Diversity & Inclusion (EDI) plan and acknowledge the recommendation for us to have named Board members with responsibility for ED&I. Philippa Styles, Director of Investigations has volunteered to be the Executive lead, we would like to take this opportunity to encourage a Non-Executive member of the Board to take on a lead role to support Philippa.

This action plan has been discussed by SLT who support this work and agree the priorities within the action plan. This plan will be reviewed at each SLT meeting.

Recommendations and Approvals

We recommend that the board approve the attached action plan and progress to be reported through to SLT.

We ask Board to approve Philippa Styles as the Executive lead for ED&I.

We ask Board to nominate a NED board member to be the ED&I sponsor to support Philippa.

File Name: 09.2 EDI Action Plan.docx

Agenda Item: Item 9 - Equality, Diversity and Inclusion Action Plan



Priority	Action 1	Deadline	Action 2	Deadline	Action 3	Deadline
Demonstrate ED&I is an HSSIB Priority	Identify Board member/s with responsibility for ED&I	February	Ensure ED&I is integral to our strategy and vision	March	Deliver a powerful message about inclusivity in our values and behavioural charter	April
ED&I Training Plan	Identify Providers of ED&I/Unconscious Bias Training Confirm mandatory training requirement	End of January	Options paper for training to SLT	End of February	Roll out and completion of training by all staff	End of May
ED&I Board Development Session	Design of Board development session	End of February	Proposal to SLT	End of February	Plan and run Board development session	? April or June Board development days
HSSIB ED&I session at away day	Design session based on feedback from Board development work	March	Plan HSSIB Away day session for June/July Proposal to SLT	April	Run HSSIB Away day ED&I Session	June/July
ED&I support mechanisms	Coordinate ED&I resources on sharepoint/intranet Develop cultural awareness calendar	February	Single HSSIB inclusivity network?	End of February	Joint individual network opportunities with other organisations	April
ED&I Promotion	HSSIB ED&I newsletter or monthly message in Rosie's email?	February	Update HSSIB website re ED&I to provide confidence to potential applicants	April	tbc	tbc
ED&I in our work	Build in ED&I assessments throughout investigation process	tbc	Introduce meaningful equality statement in all reports	tbc	tbc	tbc

