



**HSSIB Board Meeting Agenda**  
**Tuesday 9<sup>th</sup> April 2024, 09:30-12:00**  
**Microsoft Teams**

Item	Time	Item	Purpose	Presenter	Delivery
1.	09:30	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 8 <sup>th</sup> February 2024 1.6 Actions from previous meetings	Information Information Assurance Assurance Approval Assurance	Ted Baker	Verbal Verbal Verbal Verbal Paper Paper
2.	09:40	Investigation Update • Mental Health Investigation	Information	Philippa Styles	Presentation
3.	10:10	Chair Update	Information	Ted Baker	Verbal
4.	10:15	CEO Report	Information	Rosie Benneyworth	Paper
5.	10:35	Performance Report	Assurance	Executive Team	Paper
6.	11:00	Subcommittee Updates 6.1 Audit and Risk Assurance Committee 6.2 Remuneration Committee	Assurance	Peter Schild Mary Cunneen	Verbal Verbal
7.	11:15	Policy Review 7.1 Disclosure of Protected Materials Policy 7.2 Social Media Policy 7.3 Board Code of Conduct 7.4 Document and Records Management Policy	Approval Approval Approval Approval	Philippa Styles Minal Patel Maggie McKay Maggie McKay	Paper Paper Paper Paper
8.	11:40	Board Terms of Reference	Approval	Maggie McKay	Paper
9.	11:50	Any Other Business		Ted Baker	Verbal
10.	12:00	Close		Ted Baker	Verbal
11.	12:00	Questions from Public Attendees		Rosie Benneyworth	Verbal
<b>For Information</b>					
12.		12.1 Forward Planner 12.2 Audit and Risk Assurance Committee Minutes • 30 November 2023 • 28 February 2024	Information Information	Maggie McKay Peter Schild	Paper Paper



Health Services Safety  
Investigations Body

**Minutes of the  
Healthcare Services Safety Investigations Body (HSSIB) Public Board Meeting  
Thursday 8 February 2024 10:00hrs-12:00hrs  
Puerto Morazan Room, City Hall, College Green, Bristol, BS1 5TR**

**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  
Interim Chief Executive Officer (CEO)  
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)  
Sarah Graham (SG)  
Minal Patel (MP)  
Jo Charlton (JC)

Business Manager to CEO and Chair (minutes)  
Board, Governance and Records Manager  
Head of Policy, Strategy and Engagement  
Head of Internal Audit, Government Internal Audit  
Agency (Observing)

**WELCOME / ITEM 1.1 – INTRODUCTIONS**

The Chair opened the meeting and welcomed Board members and other attendees. The meeting was joined by two HSSIB members of staff as guests, and there were no members of the public in attendance. Jo Charlton joined the meeting virtually to observe for the internal audit process.

**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**

The minutes from the 7 December 2023 were approved as a true and accurate record.

**ITEM 1.6 ACTIONS FROM PREVIOUS MEETINGS**

Action 13 – PSty updated that the interim criteria was drafted several months ago and has been with the Ministers at the Department of Health and Social Care (DHSC) to review. Minor changes were requested, and the interim criteria was revised and re-submitted to today's meeting for the Board's awareness. PSty received confirmation on 5 February 2024 that the Ministers are now content and happy for the interim criteria to be published, subject to our consultation. PSty requested approval for the interim criteria to be published. TB felt this was a great foundation to build on, the Board were in agreement and approved for publication.

Action 12 – RB informed that following the declarations of interest process, biographies have now been updated on the HSSIB website to reflect this. The Non-Executive Directors have also completed their online forms and these will be published on the website in due course.

## **ITEM 2 – INVESTIGATIONS UPDATE**

### Retained Surgical Swabs

RB provided an update on the investigation that investigated a case where a patient had numerous surgeries to have swabs removed. RB explained this type of safety incident is a 'never event' and considered as wholly preventable. The process for tracking swabs relies heavily on communication between staff in the theatre. The team investigated 31 serious incidents in local providers and trusts and have made a recommendation to NHS England (NHSE) in the interim report, incorporating findings to be considered. These findings included who is responsible for counting swabs, the time and duration of surgical procedures and competing tasks, and the never events policy. The final report has a pre-consultation review and is due to be published on 11 April 2024.

## **ITEM 3 - CHAIR'S UPDATE**

TB provided the following update since the last meeting:

- Today an engagement session will take place with the Health Innovation West England team to discuss improving care in patient safety.
- Welcomed Minal Patel, the new Head of Policy, Strategy and Engagement who joined the organisation on 11 December 2023 and Kay Roberston, Head of HR & OD who joined on 22 January 2024.
- Media coverage
  - TB interviewed for inews
  - RB interviewed on BBC news on 15 December regarding digital safety
- Secretary of State (SoS) announcement on mental health inpatient settings investigation – TB noted that it was important to differentiate between the Secretary of State's powers and HSSIB's powers. The SoS can direct us to do an investigation, but they cannot say how we do the investigation (this is our remit).
- TB and RB met with the Race and Health Observatory on 19 December 2023
- TB and RB met with Care Quality Commissioner safety team this week
- Leavers:

- Helen Jones, Senior Safety Investigator retired on 26 January after six years. The Board thanked Helen for the work she has achieved with HSIB and HSSIB.
- Hannah Eustace, Head of Transitions Programmes fixed term contract ended on 31<sup>st</sup> January after supporting the transition for 11 months. On behalf of the Board, TB gave thanks to Hannah.

#### **ITEM 4 – CHIEF EXECUTIVE OFFICER UPDATE**

##### CEO update

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

Further updates included;

HSSIB have been asked regularly to speak at conferences and RB is due to speak at the ICB Chief Nurse Network on Friday 9 February 2024 and at the Dorset Healthcare Quality Conference on 14 March 2024. RB emphasised the importance of the media coverage and speaking engagements in order to raise our visibility and the information we are learning from investigations to spread to the system.

PSch asked whether there is a communications media plan in place. MP responded this is key area and the team are currently reviewing systems for communications and engagement. Once we have a robust infrastructure in place with a clear narrative, we will then develop a communications media plan.

The directions for the mental health inpatient settings investigation were received and have been circulated to the Board. The team have worked closely with the mental health team at the DHSC to develop the terms of reference which are based on external stakeholder engagement, incorporating representatives from patients and the public. The written ministerial statement was announced last week, and we have received confirmation on the framework agreement which has been published.

TB highlighted the importance of managing the investigation so that we produce a manageable report where we can add new value. RB informed there is a lot of resource for this with half of the investigation team working on the mental health investigations. One aspect mentioned in the terms of reference is sexual safety for patients and staff, this is an area where we can add significant value and where serious improvement is required. Where needed we will combine expertise with subject matter experts. We have been able to refine our terms of reference through extensive conversations with national stakeholders and mental health leaders, patients and MPs (approximately 39 organisations).

RB attended the first working group to look at the implementation of Martha's rule, facilitated by the Patient Safety Commissioner. The working group has convened with key stakeholders



Health Services Safety  
Investigations Body

across the safety landscape looking at how we can roll out recommendations. RB will keep the Board informed of the progress.

### Intelligence and Insights

PSty provided an update on key areas which included that the team have been visiting organisations relating to the mental health investigations. A productive away day was held with the organisation yesterday and the staff discussed how we can analyse and access the investigations. PSty informed the Board that HSSIB have a system in place for contacting the organisation and an escalation route for urgent queries.

The Prison Healthcare investigation team have now concluded their site visits. The investigation team have visited 13 prisons in total, encompassing Cat A to Cat D, including both male and female establishments across four locations. RB and PSty have also joined onsite visits. MC queried whether the investigations included youth custody, PSty confirmed this was for adult prisons only and added we have investigated into how medical information is transferred between police custody, court and prisons.

On-site activity and patient engagement in relation to Workforce and Patient Safety is now complete and the interim report is almost ready for pre-consultation.

### Strategy Update

Following the feedback received at the Board development day (BDD), MP has revised and simplified the strategy. Pre-consultation engagement has commenced with key stakeholders through a short survey and two focus groups are taking place in February 2024 to gain insight and feedback. The final revised strategy and summary report will be submitted for sign off at the March BDD and the aim to launch in March / April..

### Education

AMP updated the Board that general enrolments have now passed 21,000 (an increase of over 3,000 since the last board meeting in December 2023). All of the courses are fully CPD accredited but we will shortly be submitting our systems approach programme for accreditation by the Chartered Institute of Ergonomics and Human Factors (CIEHF). A new programme the team are exploring is 'SEIPS in action'. With NHSE, we are also developing an in-person one day programme to be delivered to senior midwives around PSIRF oversight on 6 March 2024.

Course feedback has been very positive, the main challenges have been; access due to popularity of the programmes and we are increasing capacity gradually. There was a previous issue with no shows but this has now dissipated and the rate is now much lower. Other comments have been the length of the programmes and we are looking at developing to extend them. The team are working closely with NHSE regarding the future direction of PSIRF training to make it more accessible.

ME asked AMP why he thought the offer was so successful. AMP indicated that it was due to two key factors – three of the courses are mandated and free to NHS Trusts so they are very

popular. The other key factor is that HSSIB has a strong reputation in the sector and their tutors are published authors / respected in their field.

Commercial work – there are several contracts in place including with the independent sectors. We have supported an application for a two-year project exploring PSIRF implementation in a care home setting starting in 2025.

International work - representation from Pakistan has now been added to the IPSON network, so we now have 18 member countries plus representation from the WHO. We are looking at becoming a member of the consortium who will manage our international contracts.

Other - Work is ongoing with Loughborough University for delivery of online content for Level 3 of the national patient safety syllabus. HSSIB will be delivering two blocks of the level in online content and multiple in-person days across 2024. Work on investigator standards and competencies is now progressing to e-Delphi stage and we will be hosting an MSc student to assist with the next stage.

### Business Services

The Business Services team continues to establish HSSIB as an arm's length body (ALB) and are focusing on processes and procedures. We have attended various DHSC joint ALB working groups which have covered cyber security, software licences, commercial, risk and fraud.

As a new ALB, HSSIB is directed to align to the 'Cyber Security Strategy for Health and Social Care to 2030' and its core principle of 'Defend as One'. To support this DHSC has awarded HSSIB £96k of 2023/24 funding to support a cyber security risk assessment, board and staff training and develop some core cyber principles, including risk, training and penetration testing to ensure the business has a strong cyber defence. These need to be completed by 31 March 2024.

As part of the establishment of HSSIB and to align the new organisation with the DHSC's ALB shared services agenda, HSSIB are moving towards a joint IT service offer utilising NHS England's Future Services Platform. The implementation of this service was scheduled for October 2023 but has encountered a number of technical and service issues which have created a significant delay. To mitigate this NHSE are managing the original service in a care taking role until the new provision is established. It is envisaged that the implementation will finalise in February 2024.

The governance and risk management internal audits are currently underway, and a working group is progressing the delivery of the annual report and accounts.

## **ITEM 5 – PERFORMANCE UPDATE**

The Executive Team provided an overview of the performance report as at 31 December 2023.

Investigation Recommendations – PSty explained the recommendations process to the Board and that the stakeholders are engaged throughout the investigation cycle to ensure these are

available in the system. The stakeholders have a set timeframe to respond to the recommendations with a timeline and action plan in place.

MD noted that we need to know the impact of our recommendations and HSSIB should be one of the only very few organisations able to make recommendations and need to position ourselves into this key role. PSty responded that the team have been prioritising work to explore how the recommendations can be tracked and measured and will continue to measure the impact with the KPIs.

Communications and engagement – MP updated that RB joined Dr Phil Hammond for a podcast episode, there have been articles in the BMJ, furthermore in social media there was a positive coverage by Mark Sujun about the patient safety landscape.

Governance – MM informed we are now fully established, and a board administrator will start in March 2024. The business planning process will lead into our workforce going forward. RB thanked MM thanked for all the work to get HSSIB to the end position with NHSE. MC noted that KPIs are required to measure the governance performance as it is not clear if the position was good or bad.

PSch commented that we need to consider staff turnover rate, RB responded that there is a very low turnover rate and want to look into secondment opportunities. MLW noted that a healthy turnover rate is positive to bring fresh ideas to the organisation.

MC queried the position with FTSU and grievances, it was noted by MM and SG that there has been none at the moment and that the HR Business Partner will lead on this going forward.

## **ITEM 6 - SUBCOMMITTEE UPDATES**

### **ITEM 6.1 - AUDIT AND RISK ASSURANCE COMMITTEE (ARAC) UPDATE**

PSch informed the Board that the last meeting took place on 30 November 2023 and therefore was unable to provide a formal update. The next meeting will be held on 28 February 2024 which is specifically focused on the annual report and accounts preparation, followed by a standard meeting on 13 March 2024. In the interim PSch has had monthly 1:1's with the Finance and Performance Director and the Director of Investigations, the Director of Investigations is overseeing the risk management function in the interim whilst we are in this busy stage of establishment.

The Annual Report and Accounts project is in progress. There is a project plan and a skeleton Annual Report and Accounts template. The team consists of the Finance and Performance Director, Head of Policy Strategy and Engagement, Communications Manager and Project Manager.

The internal audits for the Governance and Risk Management are underway, with the internal controls and external planning and interim audit in March 2024. Further PSch has had a call



with the NAO on the external audit. There have been delays with the NHSE audit, however the impact on us will be that we have a combined planning and interim audit in the week commencing 4 March 2024, and the final audit will still take place from 29 April 2024 with the intention of laying the accounts pre-recess. The interim audit will include the five months to 29 February 2024, which will mean we only have March to audit in the final audit.

TB noted that we need to consider what we want to say about patient safety in our annual report. MP responded that we want to make it a visual report to highlight our performance elements and make it a marketing tool as well as reporting on what we need to. The annual report will be laid before parliamentary recess in July 2024. PSch confirmed an ARAC meeting will be held in June 2024 which will make a recommendation to approve the annual reporting accounts, allowing two weeks for the minister approval.

## **ITEM 6.2 – REMUMERATION COMMITTEE UPDATE**

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

## **ITEM 7 – POLICY REVIEW**

### **ITEM 7.1 BOARD CODE OF CONDUCT**

The Board was asked to consider the approval / ratification of the Code of Conduct to ensure that it meets the requirements of HSSIB and its Board. The Code of Conduct was first considered at the Board meeting which took place on 9 November 2023 and has been amended following comments and suggestions from the Board. In particular, the Board should consider Section 11 – Personal Liability of Board Members and Section 12 – Raising Concerns.

MC raised concerns over 11.3.1 and 11.3.2 and asked to remove these as she does not feel that the language is correct, alternatively suggesting to keep them in but use a different word from 'exceptional'. SG will make the amendments and the Board agreed to circulate the revised conduct via correspondence for final approval.

**Action: The Board Code of Conduct to be approved via correspondence.**

### **ITEM 7.2 DOCUMENT AND RECORDS MANAGEMENT POLICY**

The Board was asked to approve and ratify the HSSIB Document and Records Management Policy to ensure that it meets the requirements of HSSIB and its Board. In particular, the Board was asked to consider Section 5 which covers the key areas of records management, including naming of records, retention of records and security of records amongst other areas.

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.

MC raised the following comments:



- 5.17.2 regarding not using home computers – this is an issue as laptops are not available yet for HSSIB, but this will be resolved when all staff have new laptops, which will be happening shortly.
- 5.11.2 notes that only certain staff have authority – SG to note which staff have authority.
- 4.3 notes that the Board will have responsibility for monitoring the policy – AMP noted that it was the role of the Board, Governance and Records Manager that was listed, not the Board. It was an issue with the formatting and SG to amend..

Additionally, TB asked whether we could have an option to label documents 'protected material'. It was agreed for MM and SG to work through the specific amendments outside of the meeting and the Board agreed to circulate the revised policy via correspondence for final approval.

**Action: Document and Records Management Policy to be approved via correspondence.**

#### **ITEM 8 – STAFF SURVEY**

Due to overrunning of the meeting, this will be presented at the Board Development Day on 5 March 2024.

#### **ITEM 9 – EQUALITY, DIVERSITY AND INCLUSION (ED&I) ACTION PLAN**

PSty provided an overview of the action plan explaining that having transitioned to HSSIB in October 2023, it is timely to review and reset our objectives in relation to ED&I. There have been early conversations 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, the action plan has been drafted, reflecting priorities from our own experiences and those of our teams, as well as the NHS ED&I Improvement plan.

Furthermore, the NHS Equality Diversity & Inclusion (EDI) plan has also been considered and acknowledged the recommendation for us to have named Board members with responsibility for ED&I. PSty has volunteered to be the Executive lead, and encouraged a Non-Executive member of the Board to take on a lead role to further support.

This was discussed and the Board agreed to approve PSty as the Executive lead and MLW as the ED&I sponsor. A wider discussion on the ED&I approach was agreed to be itemised at the next Board meeting.

**Action: ED&I approach to be an agenda item at the next Board meeting on April 2024.**

#### **ITEM 10 - ANY OTHER BUSINESS**



Health Services Safety  
Investigations Body

TB suggested to extend the Board meetings by an additional 30-minutes, which the Board agreed.

### **ITEM 11 – CLOSE**

TB thanked the Board members and other attendees for joining the meeting. The meeting closed at 12:10hrs.

### **ITEM 12 – PUBLIC QUESTIONS**

One question from the public was received in advance:

“Has the HSSIB got the capability and expertise to conduct a safety case?”

PSty responded that the safety case is a proactive method for assessing a system or method. It is more common in the aviation and rail systems. However there have been recent academic work which explored potential benefits of safety cases in healthcare. HSSIB do have colleagues with experience from these sectors and have knowledge of safety cases, however these are not in the remit of HSSIB. The Board agreed this could be an interesting area to explore in the future and how we can add value.

**Action: RB to send a written response to the public question.**

**HSSIB Board Meeting Action Log**

Last Updated:02/04/24



ID	Date Raised	Owner	Title	Detail	Update	Outcome	Target Date	Private/Public	Status
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 brought to board inline with the new strategy timeline.	Item proposed to close.	09/04/2024		Completed
24	09/11/2023	Rosie Benneyworth	Quality Management Systems	SLT to discuss quality management systems and feed back to Board	Ongoing	Moved to SLT forward planner. Item proposed to close.	09/04/2024		Completed
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.	Moved to SLT forward planner and agenda. Item proposed to close.	09/04/2024		Completed
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.	08/02/24 - FTSU paper being presented at 22 February SLT meeting. This will then be shared to the Board meeting to discuss. 08/03/24 - SG submitting FSTU paper to April Board meeting. 26/03/24 - Sought legal advice, however this has caused some delay. Further discussions taking place and we are revisiting this action to form an overarching speaking up approach for HSSIB, including WB and FTSU. Update paper to be submitted to SLT in April, and presented to Board meeting in August. This will ensure actions continue whilst the final policy is drafted; including identifying alternative support for FTSU including external agencies and internal champions/advocates being trained.	Still in progress.	14/08/2024		In Progress
35	08/02/2024	Maggie McKay	Board Code of Conduct	The Board Code of Conduct to be approved via correspondence.	11/03/24 - MM to submit to April Board meeting. 02/04/24 - Paper submitted to meeting as an agenda item.	To be ratified at April Board Meeting.	09/04/2024		Completed
36	08/02/2024	Maggie McKay	Document and Records Management Policy	Document and Records Management Policy to be approved via correspondence.	11/03/24 - MM to submit to April Board meeting. 02/04/24 - Paper submitted to meeting as an agenda item.	To be ratified at April Board Meeting.	09/04/2024		Completed
37	08/02/2024	Julia Blomquist	ED&I	ED&I approach to be forward planner as an agenda item for 2 May Board meeting.	08/02/24 - Item added to forward planner for May Board.	Item can be closed.	09/04/2024		Completed



Health Services Safety  
Investigations Body

# Mental Health Investigations

March 2024

# Mental Health Inpatient Investigations (SofS)



Health Services Safety  
Investigations Body

## Summary and Focus

Following the Secretary of State direction, HSSIB have launched 4 investigations:

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

## Stakeholder engagement

- 36 mental health organisations including care providers, regulators, professional bodies, voluntary and charitable organisations that represent patient and family groups.
- 31 members of Parliament to seek the views of their constituents.
- Patient groups and charities to seek the views of people with lived experiences.

# Mental Health - Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments



Health Services Safety  
Investigations Body

## Summary

This investigation will look across NHS and independent sector providers to examine the factors which impact on providers' ability to safely staff their mental health inpatient wards, the conditions in which staff work, and the impact conditions have on the delivery of safe and therapeutic care.

## Focus

- Creating the conditions for staff to deliver safe and therapeutic care; workforce, relationships and environments.
- Examine factors which impact on providers' ability to safely staff their mental health inpatient areas to support safe and therapeutic care.
- How conditions contribute to poor patient outcomes such as self-harm and the need to activate restrictive measures.

## Investigation Update

Visits to trusts with both adult and high secure services completed.

Further independent provider visits to be completed.

**Planned Publication:** Oct 2024

# Mental Health - Impact of out of area placements on the safety of MH patients



Health Services Safety  
Investigations Body

Summary	
<p>This investigation will look across NHS and independent sector providers to identify factors which contribute to the use of out of area placements, evaluate how the needs of local MH inpatient service users are identified and how this enables appropriate local provision. It will also consider how providers maintain oversight of patients who are out of area, and support for patients returning to services within their local area.</p>	
Focus	Investigation Update
<ul style="list-style-type: none"><li>• Understand current length of stays in out of area placements.</li><li>• Understand the impact of out of area placements on patients.</li><li>• What the factors lead to people being placed out of area?</li></ul>	<p>Three site visits to NHS MH trusts completed.</p> <p>Engagement with independent providers underway.</p> <p>We are exploring the roles of Local Authorities, community services, crisis management teams and MH in-reach teams to Emergency Dept/prison/acute wards.</p>
	<b>Planned Publication:</b> November 2024



# Mental Health -The provision of safe care during transition from children and young person to adult, inpatient mental health services



Health Services Safety  
Investigations Body

## Summary

This investigation will look across NHS and independent providers to determine and understand age related considerations for CYP and adult inpatient MH services and how transitions between CYP and adult inpatient MH services are evaluated to support the recovery of people that use them.

## Focus

- Understand policy and guidance influencing MH inpatient services and how CYP and adult inpatient MH services are commissioned.
- Identify variations in the provision of inpatient MH services.
- Review how people who transition from CYP to adult MH inpatient services are supported in their recovery.
- Determine how safe outcomes are managed and **guide policy, commissioning and provision.**

## Investigation Update

Visits completed to 8 organisations across local systems, NHS and independent providers.

Excellent staff and patient engagement ongoing.

More than 120 service users or family members have engaged with us through focus groups and visits.

**Planned Publication: December 2024**

# Mental Health - Learning from inpatient MH deaths, and near misses, to improve patient safety.



Health Services Safety  
Investigations Body

## Summary

This investigation will look across NHS and independent sector providers to examine mechanisms that capture data on deaths (and near misses) across the MH provider landscape, including up to 30 days post discharge. It will examine local, regional, and national oversight and accountability frameworks for deaths in MH inpatient services and understand how providers ensure timely and effective investigations.

## Focus

- The effectiveness of current mechanisms for learning from deaths, is the data on mental and physical health analysed to support learning?
- How is the patient MH care pathway considered if someone dies as an inpatient?
- Oversight and accountability mechanisms.
- Investigation resources available within provider organisations.
- Learning from the implementation of recommendations.

## Investigation Update

Visits to NHS providers underway.

Engagement with organisations that have completed or have ongoing improvement programmes to understand learning.

Engaging with patients with lived experience through focus groups.

Serious Incident reports will form part of the evidence base, accompanied by Prevention of Future Death reports.

**Planned Publication:** January 2025

# Some experiences we've heard



Health Services Safety  
Investigations Body

I had been a child in mental health inpatient care .... and now I'm a student nurse and hope I can contribute to your investigations

There were no beds available for me in a local hospital so was sent from the north of England to the south of England and lost my support network

I was a child living in inpatient care and being supported to take my GCSE's, but my 18<sup>th</sup> birthday was just before my exams and I was moved to an adult provider, and they had no arrangements to allow me to take my exams, this impacted the rest of my life

I was taken away in the middle of the night in handcuffs to a private hospital and now have PTSD

Having only one toilet between 12 of us, causes agro

I had attempted to take my life four times before I jumped off the bridge, post a long stay in hospital I got the help I needed

Child "I can't, I don't trust them".  
Parent "I find this heartbreaking when I already feel powerless".  
"Thank you so much again for listening"

# Early Insights and Engagement



Investigation	Early Insights
<p>Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships, environments</p>	<p>We have found some environmental safety risks and therapeutic care plans are not always in place.</p> <p>Staff shortages, training provision and capital investment are all potential issues.</p> <p>Sexual safety is being explored and has highlighted potential concerns regarding mixed sex environments and supporting transgender patients.</p>
<p>Impact of out of area placements on the safety of MH patients</p>	<p>Flow across the system is a key aspect, understanding the impact is vital.</p> <p>Some out of area placements are appropriate but oversight and support for patient return is variable.</p> <p>We know some service users do not want to return to their home area, but the system doesn't support this.</p> <p>Advocacy provision is variable; whilst it is a mandated for some it is not mandated for all.</p>
<p>The provision of safe care during transition from children and young person to adult, inpatient mental health services</p>	<p>Transitions are influenced by issues wider than just healthcare, commissioning by Integrated Care Boards/Local Authorities is a key area of interest.</p> <p>We have identified misalignment between the NHSE Long Term Plan and other national guidance which promote an individualised approach as best practice. However, commissioning/funding is focused on the age of a patient and many providers have limited flexibility.</p>
<p>Learning from inpatient MH deaths, and near misses, to improve patient safety</p>	<p>The investigation is in the early phase and has not yet analysed completed visits.</p> <p>We are reviewing recently published reports from Parliamentary &amp; Health Service Ombudsman and Healthwatch to assess any impact on our investigation.</p>



Health Services Safety  
Investigations Body

## **Chief Executive Officer Report**

April 2024

We were pleased to see that the Health and Social Care Committee considered our evidence in their 'Expert Panel: Evaluation of the Government's progress on meeting patient safety recommendations' report ([NEW REPORT Expert Panel: Evaluation of government progress on meeting patient safety recommendations](#)). We continue to respond to requests for further information from the Covid, Thirlwall and Infected Blood Inquiries.

I attended the Nuffield Trust Summit which was a valuable opportunity to network with many healthcare leaders. There were fascinating discussions on many topics including AI, workforce, inequalities and productivity, as well as an excellent presentation by Chris Whitty (CMO) about the importance of prevention and focusing on healthy years of life.

There have also been several opportunities to highlight the work that HSSIB is doing over the last couple of months. I have had speaking engagements with the Royal Society of Medicine, The NHS Providers Mental Health Network, and the Dorset Healthcare Quality Conference and I was invited to meet with the CEOs/CMOs/CNOs of the Northwest Mental Health trusts. HSSIB has also been invited to present at the annual Ministerial Patient Safety Summit in Chile this month.

We were delighted to be asked to join the Patient Safety Research Collaborative (PSRC) 'Safety Net' Advisory Group chaired by Mike Durkin. The first meeting occurred at the end of March, and we heard about the extensive work that the PSRCs are undertaking. The group is a fantastic opportunity to build stronger links with our academic partners and we have several members of the HSSIB team who sit on the individual PSRCs. I also joined the National Patient Safety Committee recently, and we discussed the implementation of Martha's rule and the proposed refresh of the National Patient Safety Strategy.

I joined the 'rapid review into mental health inpatient data implementation steering group' co-chaired by Minister Maria Caulfield and Prof Louis Appleby. As mentioned below in the report, we are continuing at pace with our mental health investigations and are linking in with the other work across the system in this area where possible.

Thank you to the Patient Safety Commissioner and her team for hosting our board development day on 5<sup>th</sup> March. We all enjoyed meeting the team and the discussion about how we can work together to maximise our impact for patient care.



Health Services Safety  
Investigations Body

We facilitated a workshop to progress the 'recommendations to impact' discussions. We had excellent engagement from a wide range of representatives from all the Arm's Length Bodies, the National Guardians office, PHSO (Parliamentary and Health Service Ombudsman) and the Patient Safety Commissioner. We have now also established an academic panel, chaired by Carl Macrae to support this work, and are having several conversations with other key national stakeholders to progress. The next steps are a further workshop in May, followed by a report to the National Quality Board in June.

We had our Quarterly Accountability Review with DHSC (Department of Health and Social Care) on 29<sup>th</sup> February and presented our performance report and key updates. This went very well and the feedback from DHSC was positive.

After five years at HSIB and HSSIB I am sorry to announce that Maggie McKay, Finance and Performance Director has resigned and will leave the organisation on 30 June. Maggie has played a key role in the transition to HSSIB and will be very much missed by the team.

## STRATEGY

Following feedback from the board at the March development day, the strategy is now being prepared to go out for consultation, we will run a 30-day consultation to engage with the public and stakeholders. We will consult on the criteria at the same time, to avoid consulting twice with the same audience.

We will be working with VSCE umbrella groups, such as Healthwatch to help reach public and patients, through a range of engagement methods. As part of the consultation process, we are conducting an EIA to assess for any equalities impact on protected groups.

## COMMUNICATIONS

Communications that occurred this period –

- [Elective care recovery: taking a systems approach](#)  
Senior Safety Investigator, Neil Alexander, blogs about the challenges facing the NHS in tackling the elective care backlog and how learning from our investigation reports may be able to help the NHS rise to this challenge.
- Workforce report, focused on involving temporary staff in patient safety investigations, gained [media coverage](#), nationally and regionally. There was also public support for the report messaging from NHS Providers [Freedom for staff to 'speak up' essential for patient safety - NHS Providers](#)



Health Services Safety  
Investigations Body

- For Rare Disease Day, a blog was done in collaboration with the MPS Society focused on our advanced airway management report. The blog reiterated the importance of individualised airway management plans for those with rare conditions. A good example of a strong opportunity to promote a report that had already been published on an awareness day. The MPS Society also shared via social media [Shining a light on the importance of individualised airway management plans | MPS Society](#)

## EDUCATION

### Delivery

- General enrolments have now surpassed 24,000 (an increase of a further 3,000 since the last board meeting in February 2024).
- The education programme received a 'highly commended' from the Chartered Institute of Ergonomics and Human Factors (CIEHF) in the category of President's award. This award is for any group, institution or organisation that has made an outstanding contribution to the development of the ergonomics and human factors in a specific industry or field of application. A well-deserved recognition of the hard work of the team in building a well-reputed programme.
- On 6<sup>th</sup> March, a few of the team delivered a training day to senior regional midwives around PSIRF (Patient Safety Incident Response Framework) implementation. We delivered a combination of highlights from our Strategic Decision Makers and Oversight programmes and had a lively and productive debate around the challenges of PSIRF implementation in maternity. The feedback was very positive.
- Our 'A Systems Approach to Investigating and Learning from Patient Safety Incidents Programme' has been submitted to CIEHF for scrutiny to become a programme accredited by them.
- Delivery of the online materials we have been developing for the national patient syllabus will be completed by the end of March. The first pilot in-person day of this programme was delivered on 8<sup>th</sup> March in London and the Patient Safety Specialists (PSS) who attended gave us valuable feedback which has been incorporated into future iterations. Conversations were lively and demonstrated a clear interest in changing safety culture in their organisations.





Health Services Safety  
Investigations Body

## Challenges

- There continues to be challenges around our ability to meet demand for places on our live delivered programmes. We encourage potential learners to sign up to our mailing list to ensure they hear about new dates as soon as possible. We also ensure that those who sign up are eligible for free access.
- No-show rates for our small group teaching have decreased dramatically which means no wasted spaces. We have mitigated this by increasing the number of available places. Completion rates of our on-demand programme will be monitored as we come into the final couple of months of the current cohort.
- We are receiving increased challenges from the charity sector and Community Interest Companies (CICs) that they do not currently 'qualify' for free access to our training. We would like to open the PSIRF training to these colleagues who deliver a large proportion of NHS work and must comply with PSIRF implementation. We will be exploring this in a paper.

## Commercial work

- There continues to be a steady flow of small commercial contracts coming into the organisation. We do not market this in any way to ensure we are able to deliver. We have adopted a risk-averse approach to this work to ensure no risk to the organisation. More detail will be provided confidentially.

## International work

- There has been an interest from community colleges in Maine to use some of our materials as a basis for a patient safety degree. This is being explored.
- Andrew has met with the NHS global consortium with a view to joining their membership to promote work through trade missions and embassy outreach across the world.
- HSSIB continues to be part of the work around medical tourism, particularly in Türkiye. We will be part of an in-bound ministerial visit around this in early Summer

## Other

- HSSIB has been invited to join the reform board at a national level, exploring how statutory mandatory training could be developed across the NHS. Our role on this board is to hopefully bring some evidence around the impact of



Health Services Safety  
Investigations Body

'training' and the value it brings as well as examining different delivery methods. A huge amount of time is spent on this training across the system. This is led by NHSE (NHS England) and has senior representation from NHSE, DHSC, CQC, NHSR and us. The HSSIB representative on this group is Andrew Murphy-Pittock. The first meeting was held online on 19<sup>th</sup> March and will be monthly, in person in the first instance.

- Conversations continue across ALBs regarding commercial revenues and the financial implications
- The education team had an away day in March. One of the main outputs of this was around the development of new programmes. The team have many ideas for new programmes, from listening to our learners. Capacity for this is challenging so prioritisation for these will be established and appropriate business cases for each proposal will be developed
- Conversations continue with NHSE and other training providers around PSIRF training sustainability and development
- Andrew has attended the accelerated certificate in company direction programmes with the Institute of Directors. Modules included: Role of the Director and the Board, Finance for non-finance Directors, Leadership and Strategy. The intense programme will give enhanced support to the work of the board

## **INVESTIGATIONS AND INSIGHTS**

Our team continue to improve our end-to-end operating model to support new and on-going investigations as detailed in the performance report. We are meeting with colleagues from the Patient Safety Commissioner following on from our Board away day, to discuss how we engage with the public and patients to better understand safety concerns and support people to navigate the healthcare safety landscape.

It is vital, as previously discussed, to better understand the impact of our work. SLT (Senior Leadership Team) are delighted to have approved a pilot to review actions taken in response to recommendations made by HSIB and a live monitoring system for recommendations being made by HSSIB. This is a 12-month pilot to test and evaluate ways of monitoring and engaging with stakeholders, and how we can start to measure and understand the impact of actions taken, as well as understanding any barriers to implementation and improvements we can make when making



Health Services Safety  
Investigations Body

recommendations. This pilot is due to commence in April and we will ensure we update board on a quarterly basis.

Our SoS directed investigation into mental health is progressing well and there is an update to Board today on the agenda. I would like to highlight a series of focus groups which the team are delivering exceptionally well. Early feedback indicates these focus groups are of huge value and provide patient centred insights into the experiences of service users. However, the sessions are also very demanding, with difficult and sensitive issues being discussed in detail. We continue to provide our teams with support internally and through our Employee Assist Programme, in addition we have provided Trauma Informed Engagement training to the team which supports them to ensure we build safe, supportive environments for people to share their experiences, ensure our approach doesn't risk re-traumatising people, and gives our team tools to manage the potential impact on their own emotional wellbeing. Feedback from this training has been positive and we are considering rolling this out across our team.

Our Investigations and Insights team are working well in partnership with our education team. Some of the team have been supporting the patient safety training delivered through Loughborough University, and our Head of Insights is working with a colleague from the University of Nottingham on their Impact Leaders Programme for Health Policy and Practice. This is a great opportunity to further enhance our academic partnership whilst embedding impact and knowledge exchange capacity across our organisations. This is in its early stages, and we look forward to updating Board in due course.

Our team also continue to represent HSSIB externally, current plans include presentations at the Royal College of Physicians and to GIRFT at their 'State of the Art' meeting, our Director of Investigations will be a panel member at the Mental Health Network Conference and a member of the team is also delivering a joint session at the IHI/BMJ conference looking at 'Traps in Incident Investigation'.

We are delighted to have launched a live recruitment campaign for Safety Investigators (SI - 8b role). As you are aware one of our Senior Safety Investigators (SSI - 8d role) retired in January, and a second SSI left the organisation in February. This has provided an opportunity to recruit, however by recruiting to the SI role, we can increase our skill mix across the team and support more efficient ways of working. We have had an incredible response to the advertisement and are very confident that we will attract extremely high calibre candidates to our team. The recruitment is due to be concluded by early May and we look forward to updating Board.



Health Services Safety  
Investigations Body

## **BUSINESS SERVICES**

### **Audit Activity**

The collection of evidence has now concluded for the three internal audits covering Governance, Risk Management and Internal Controls – Payroll. We have had meetings with the relevant audit teams to discuss their findings and the Government Internal Audit Agency is currently preparing its final reports.

The external audit is progressing with the mapping of the internal control systems.

### **Finance**

DHSC have indicated that the 2024/25 budget will be confirmed by 31 March. In the meantime, the business planning and budget allocation is underway on the assumption that the budget allocation will be £5.3m plus funding of the employer's additional pension contribution which is the same as 2023/24.

To cover the costs of the transition from HSIB/NHSE to HSSIB a 2023/24 budget transfer was transferred from HSSIB to NHS England via DHSC for £293,083. This was necessary because the budget for the transition was only funded to HSSIB by DHSC however some costs were incurred prior to the transition.

### **Human Resources**

In March, the HSSIB and DHSC Remuneration Committees approved the extension of the Interim Chief Executive Officer (CEO) for three months to 30 June 2024 whilst DHSC sought the necessary approvals for the permanent CEO appointment.

### **Information Technology**

The rollout of new laptops to all HSSIB staff will commence on 25 March after the completion of a productive pilot. The new laptops will enable us to receive the full benefit of being part of NHS England's Future Services Programme (FSP) which includes greater ownership of ICT services, improved cost savings and efficiencies through cloud-based technology adoption, enhanced departmental collaboration and greater alignment to industry best practice and Central Government thinking. The pilot took longer than anticipated due to a now resolved issue with the VPN (virtual private network), however this delay has given us the opportunity to include an update to Windows 11, which will ensure we are using the latest software and have the right level of security.



Health Services Safety  
Investigations Body

The Government Security Centre for Cyber are supporting us with the assessment of our cyber security controls, which is underway. They are also supporting us and NHS England to address the recommendations from the findings.

## **Procurement**

We have implemented Atamis, the strategic end to end commercial solution for organisations across the Health System. Atamis is purpose-build to manage all commercial activity and in enables the ability to collaborate with other organisations within the Health System on procurement projects and contracts. Atamis consists of pipeline management; tendering; and contract and supplier management applications. It integrates in the Cabinet Office 'Find a Tender Contracts Finder,' Dun & Bradstreet commercial database and DocuSign. Atamis is a mitigation of many procurement risks and will support our team to navigate the procurement process.

The contract for our investigation management system expires in January 2025 followed by the contract for our Learning Management System in March, therefore a working group has been set up to scope the requirements and oversee the procurement of replacements for both.

## **Governance**

Work continues on the collation of evidence for the 2023/2024 Data Security and Protection Toolkit. At the present time, 18 out of 108 evidence items have been collated and 4 out of 34 assertions have been completed. HSSIB is working with NHS England to gather information technology / Cyber Security evidence as significant elements of the toolkit are with regards to this area. Discussions with the GIAA audit team have indicated that as HSSIB is such a new organisation, it is not expected to be fully compliant with the toolkit for this year. It is expected that any gaps will have action plans to complete them for the next toolkit submission in 2024/2025. A significant gap is with regards to business continuity, and this will need to be developed in the year 2024/2025.

Policy development at HSSIB continues at pace. There are 57 policies listed for development and some 13 have already been ratified / agreed by the relevant group. Dates have been agreed with the policy owners for completion of the remaining policies.

**Dr Rosie Benneyworth, Interim CEO**



Health Services Safety  
Investigations Body

# Performance Report

February 2024



Health Services Safety  
Investigations Body



Health Services Safety  
Investigations Body

# Contents

- Investigations
- Education
- Communications & Engagement
- Business Services
- Appendix





Health Services Safety  
Investigations Body

# Investigations

# Patient safety intelligence reviewed

1 January 2024 – 29 February 2024



Health Services Safety  
Investigations Body

## National stakeholder engagement

- Health and social care regulators forum
- Healthwatch quarterly meeting and seminar
- HSCRF Thematic Sub-Group
- NHS National Charities Together
- SMS coordination group

## Coroner's Prevention of Future Deaths reports

- Reviewed 48 published PFDs in February which were considered relevant to HSSIB's remit

## Patients, families, carers and staff concerns

- Reviewed 28 direct patient safety concerns
- 16 were from patient/family/carer, 2 from NHS staff, 1 national organisation and 9 other/not yet assessed

## Health and care providers engagement

- Independent Healthcare Provider Network
- NHSE Regional Quality Groups
- Quality Conference at an NHS Foundation Trust

## National publications

- Publications reviewed:
  - Healthwatch – A vision for health and care
  - Healthwatch – Urgent and emergency care
  - Joint Council for Cosmetic Practitioners – Remote prescribing of medicines
  - King's Fund Report – Making care closer to home a reality
  - DHSC call for evidence: Health issues affecting women
  - Independent review of Greater Manchester MH NHS Foundation Trust

# Investigation proposal

1 January 2024 – 29 February 2024



Health Services Safety  
Investigations Body

## Paramedic Interpretation of ECG

- Scheduled to be presented at Investigation Approval on 21 March 2024
- The investigation proposes to explore the systemic risks around the ability of Paramedics / Emergency Medical Technicians (EMTs) to be able to accurately interpret ECGs in cases of serious heart attack (STEMI).
- Stakeholders engaged with include The College of Paramedics, NHS England and the Health and Care Professionals Council

## Medication safety

- Scheduled to be presented at Investigation Proposal on 19 March 2024
- Analysed 67 PFDs and StEIS reports. Majority relate to incidents occurring at home/community/primary care and discharge arrangements.
- Stakeholders engaged with include Royal Pharmaceutical Society and MHRA.

## Patient harm associated with hysteroscopy

- Scheduled to be presented at Investigation Proposal on 19 March 2024
- Analysed 4 direct referrals and 7 StEIS incidents. Concerns include risk of severe pain, absence of informed consent, lack of guidance to support triage.
- Stakeholders engaged with include the Royal College of Obstetricians and Gynaecologists.

# Investigation approval – new investigations launched

1 January 2024 – 29 February 2024



Health Services Safety  
Investigations Body

## Mental health inpatient settings

- Launched on 30 January 2024
- This series of investigations was announced by the Secretary of State for Health and Social Care in June 2023 and will look at inpatient mental health care in both the NHS and the independent sector in England
- Expected publication dates: from Oct 2024 onwards

## Safety management systems

- Launched on 13 February 2024
- We will undertake two investigations that consider how safety management is coordinated and integrated across the healthcare system
- Expected publication date: Oct 2024

## Healthcare provision in prisons

- Launched on 21 February 2024
- The investigation will examine the following topics: emergency care, continuity of care, data sharing and IT
- Our investigation team will visit prisons across the country. We will account for all categories of prison, age of buildings, geographical location and look at both male and female prisons
- Expected publication dates: from Oct 2024 onwards

# Investigation reports pipeline

## at 29 February 2024



Health Services Safety

Thematic investigations	Estimated publication date
<b>THEME - Workforce and patient safety</b>	
Workforce and patient safety - Workforce and patient safety: temporary staff (x2)	March 2024 / August 2024
Workforce and patient safety: the digital environment (x2)	June 2024 / Autumn 2024
Workforce and patient safety: prioritising patient care	TBC
Workforce and patient safety: skill mix and staff integration	July 2024
<b>THEME - Healthcare provision in prisons</b>	
Healthcare provision in prisons: emergency care	July 2024
Healthcare provision in prisons: continuity of care	October 2024
Healthcare provision in prisons: data sharing and IT systems	January 2025
Healthcare provision in prisons: thematic report	April 2025
<b>THEME - Mental health inpatient</b>	
Mental Health Inpatient: Creating the conditions for staff to deliver safe and therapeutic care – workforce, relationships and environments	October 2024
Mental health inpatient: Impact of out of area placements on the safety of mental health patients	November 2024
Mental health inpatient: The provision of safe care during transition from children and young person to adult, inpatient mental health services	December 2024
Mental health inpatient: How providers learn from deaths in their care and use that learning to improve their services, including post-discharge	January 2025
Mental health inpatient: thematic report	TBC March 2025
<b>THEME - Safety management systems</b>	
Safety Management Systems: Accountabilities across organisational boundaries	October 2024
Safety management systems: Involving staff and patients	April 2025

Stand-alone investigations	Estimated publication date
Nutritional assessment and support in the acute medical unit	April 2024
Retained swabs following invasive procedure	April 2024
The clinical observation of patients detained under the Mental Health Act at risk of self-harm in acute hospitals	May 2024
Keeping children and young people with mental health needs safe: the design of the paediatric ward	May 2024
Identifying fatigue in patient safety incidents	TBC Jan 2025

## 1 January 2024 – 29 February 2024



Health Services Safety  
Investigations Body

1

### Advanced airway management in patients with a known complex disease

[Click on the report link to see further information in relation to safety recommendations](#)

<b>Published:</b>	25 January 2024
<b>Safety recs due by:</b>	24 April 2024
<b>Safety recs made to:</b>	1 x NHS England 3 x Royal College of Anaesthetists
<b>Summary of safety recs made:</b>	NHS England to implement a system for sharing clinical information about people with known difficult airways.  The three recommendations to the Royal College of Anaesthetists focus on aligning and agreeing clinical guidance issued by various clinical organisations and enhancing the training which clinical staff receive
<b>Summary of potential impact to patient safety by implementing recs:</b>	The recommendations should see an improvement in sharing of clinical knowledge which should provide an improved awareness of a pre-existing condition that a patient has. The additional training should equip clinicians to deal with the unexpected unknown clinical condition that a patient may have (eg Hunters syndrome) and provide them with knowledge and tools to provide care
<b>Safety observations:</b>	3

2

### Positive patient identification

[Click on the report link to see further information in relation to safety recommendations](#)

<b>Published:</b>	08 February 2024
<b>Safety recs due by:</b>	13 May 2024
<b>Safety recs made to:</b>	2 x NHS England 1 x Care Quality Commission
<b>Summary of safety recs made:</b>	NHS England to assesses future research into the risk of patient misidentification, which would inform initiatives. Also, NHS England to develop system-wide requirements for scanning technology to support positive patient identification.  CQC develops its methodology for assessment to include arrangements for the positive identification of patients at transfer between healthcare organisations
<b>Summary of potential impact to patient safety by implementing recs:</b>	The recommendations should inform and reduce variability across all providers and support future prioritisation of work programmes to improve safety. The diversity in digital technology induces risk, by creating common requirements this should reduce siloed systems approach and improve system interoperability.  Enhancing the assurance across the entire pathway should underpin improvements in care delivery
<b>Safety observations:</b>	6

# Safety recommendations graded/published/overdue/escalated at 29 February 2024



Health Services Safety  
Investigations Body

9	Graded and/or published	Grading	Publication
	<u>Invasive Procedures for people with sickle cell disease</u>	Accepted/Satisfied	31/01/2024
	<u>Management of sickle cell crisis</u>	Accepted/Satisfied	31/01/2024
	<u>Safety management systems: an introduction for healthcare (NLR)</u>	Accepted/Satisfied	02/02/2024
	<u>Safety management systems: an introduction for healthcare (NLR)</u>	Accepted/Satisfied	02/02/2024
	<u>The selection and insertion of vascular grafts in haemodialysis patients</u>	Accepted/Satisfied	06/03/2024
	<u>Caring for adults with a learning disability in acute hospitals (x4)</u>	Accepted/Satisfied	06/03/2024

1	Graded and not accepted in full/follow-up underway	Details	Action planned
	<u>Variations in the delivery of palliative care</u>	3 x NHSE	Follow-up underway

2	Overdue and/or not accepted response escalated	Organisation	Due Date	Stage
	<u>Non-accidental injuries in infants attending the emergency department</u>	1 x NHSE	10/07/2023	Advised actions on-going and sign-off delayed
	<u>Detection of jaundice in newborn babies</u>	2 x RCPATH	24/04/2023	Escalation letter sent 08/11/2023. 2 <sup>nd</sup> letter sent on 22/01/2024



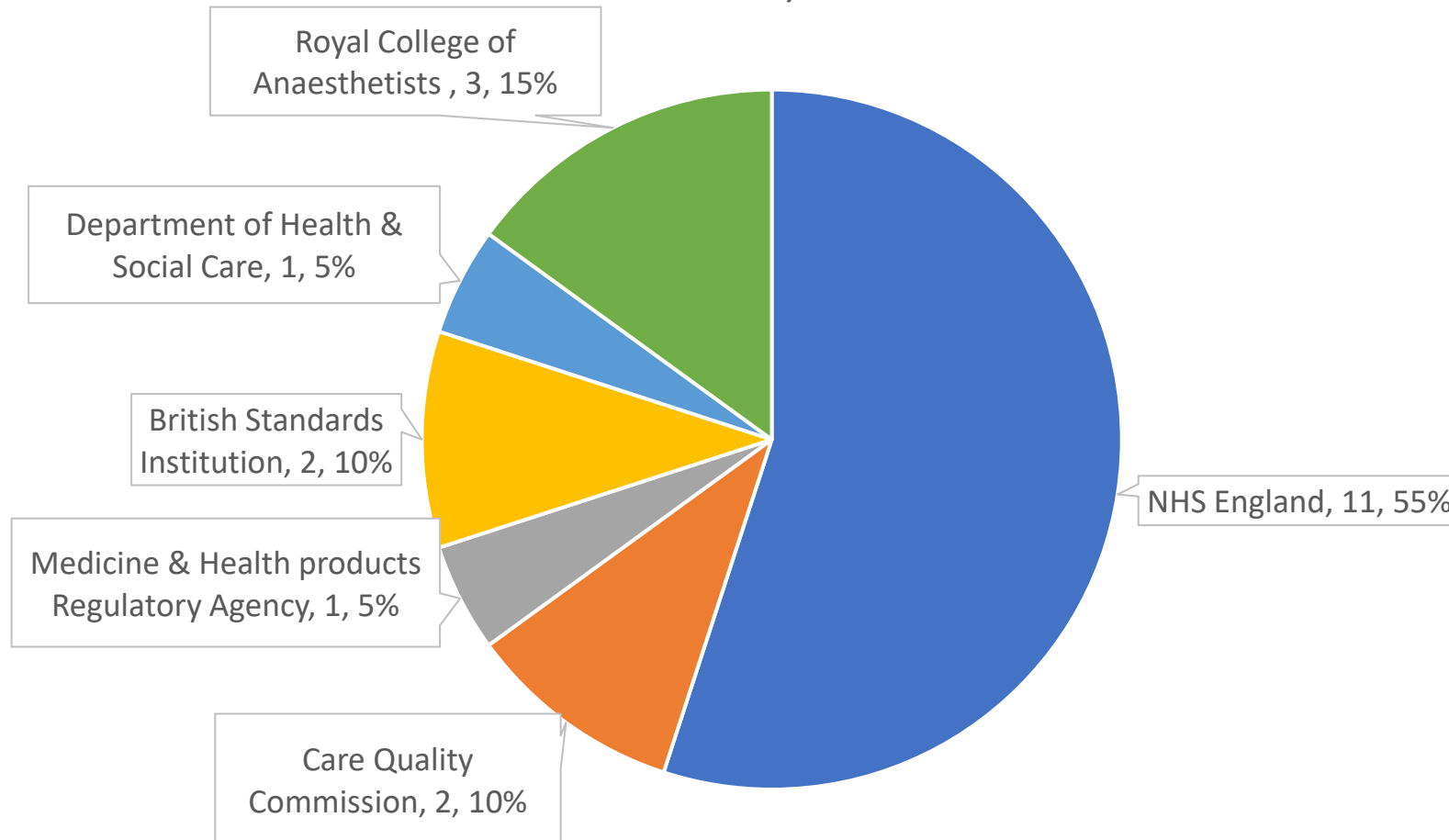
# Safety recommendations by organisation

1 October 2023 – 29 February 2024



Health Services Safety  
Investigations Body

Total of 20 safety recommendations by organisation 1 October 2023 - 29 February 2024



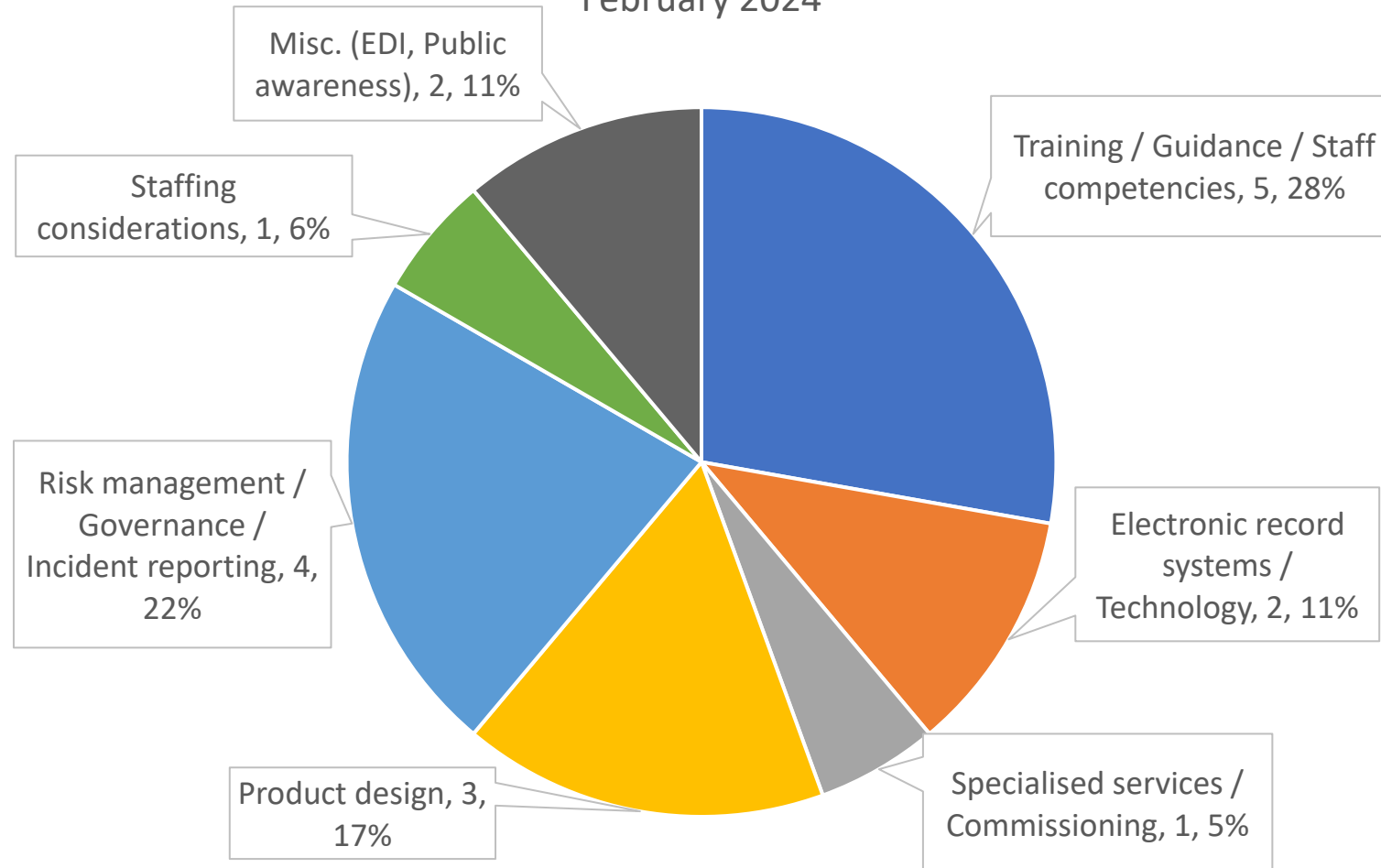
# Safety observations by theme

1 October 2023 – 29 February 2024



Health Services Safety  
Investigations Body

Total of 18 safety observations by theme 1 October 2023 - 29  
February 2024



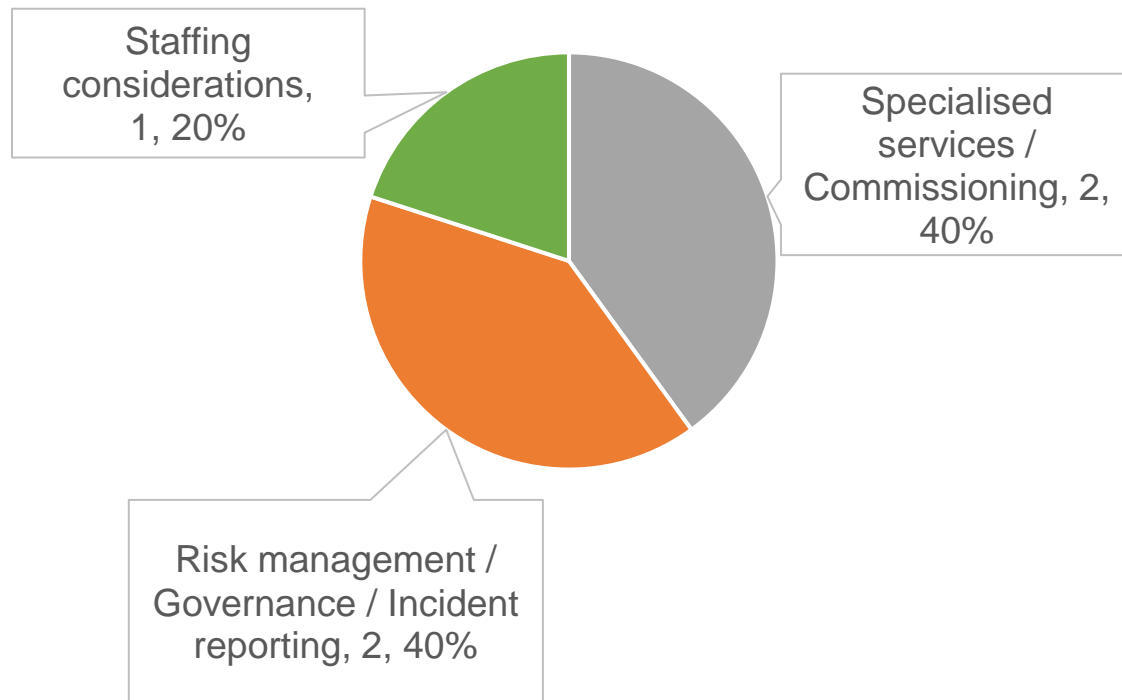
# Suggested safety actions to Integrated Care Boards & Local-level learning by theme

1 October 2023 – 29 February 2024

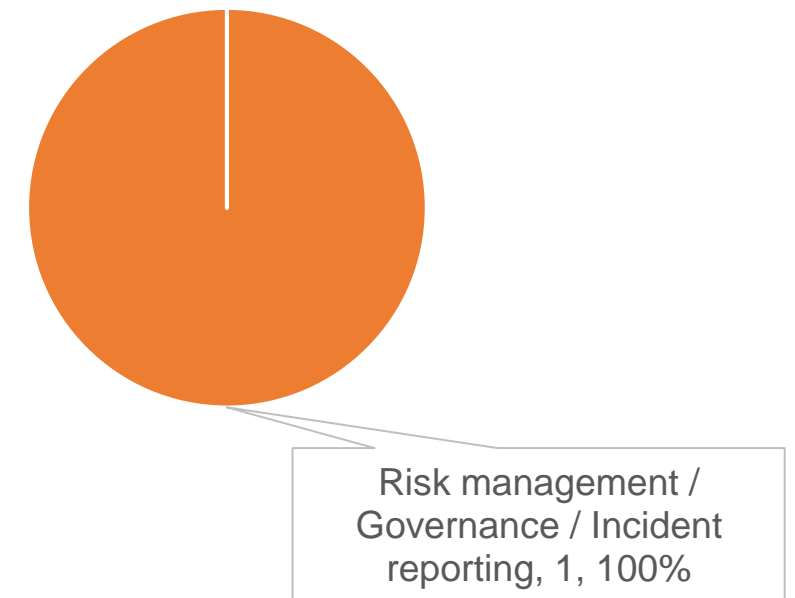


Health Services Safety  
Investigations Body

Total of 5 Integrated Care Board actions by theme  
1 October 2023 - 29 February 2024



Total of 1 Local-level learning by theme  
1 October 2023 - 29 February 2024





Health Services Safety  
Investigations Body

# Education

# HSSIB Education

Current enrolment figures:  
1 October 2023 – 29 February 2024

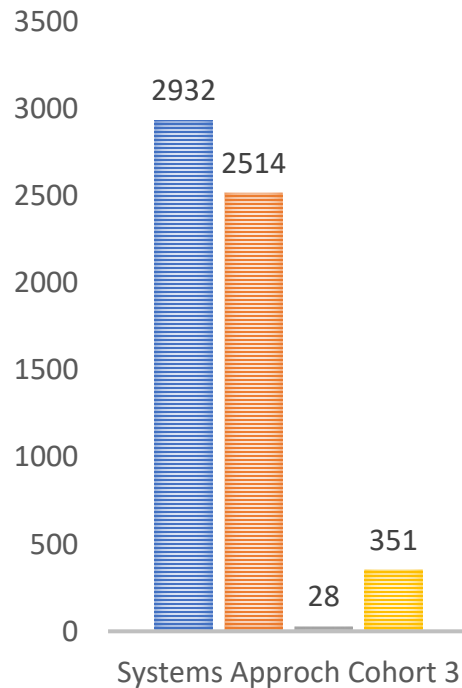
Total current learners: 3,187  
Total enrolment count: 4,462



Health Services Safety  
Investigations Body

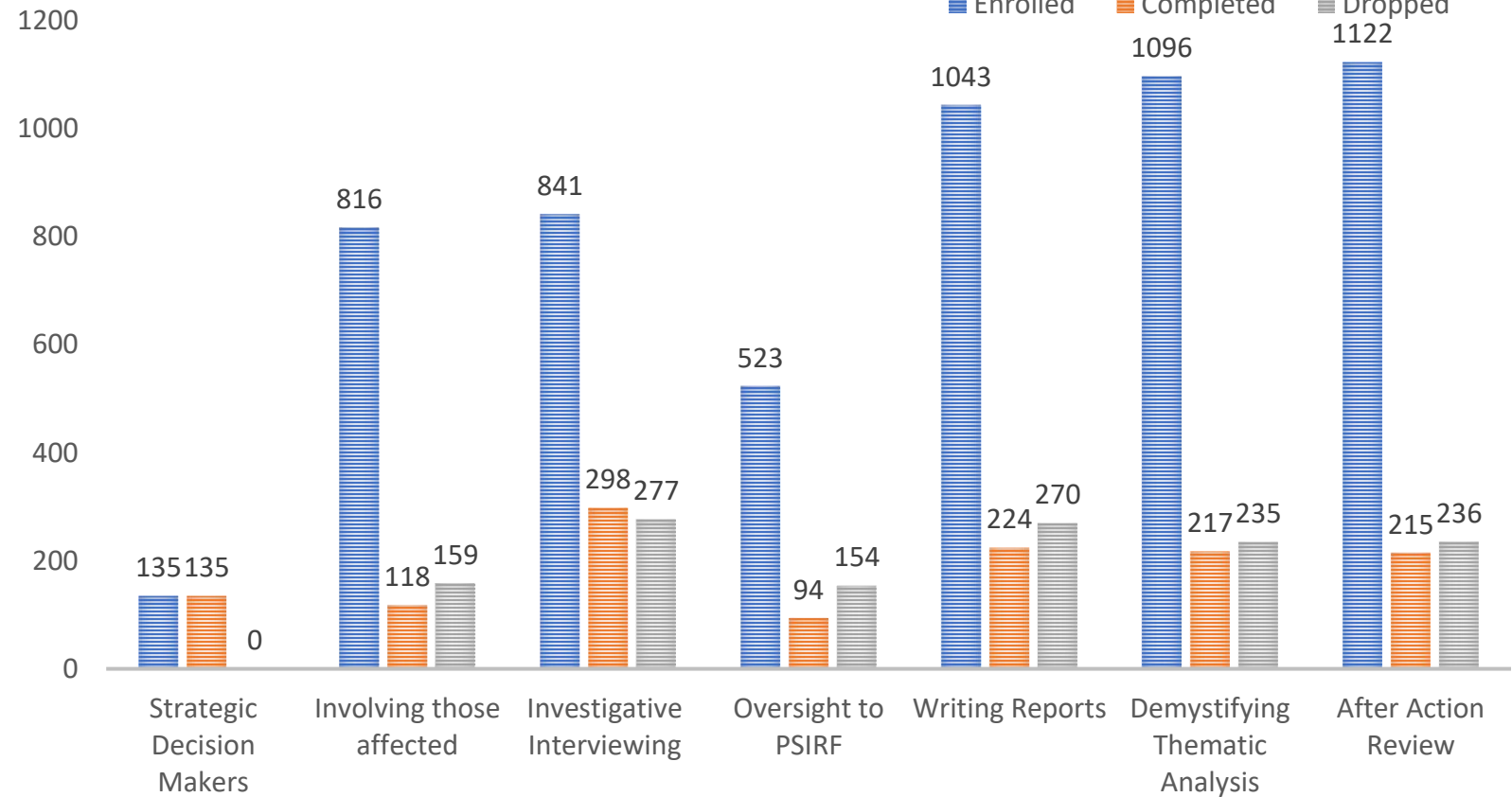
## A SYSTEMS APPROACH: LEARNER FIGURES

Enrolments Active  
Dropped Completed



## STAND ALONE COURSES: LEARNER FIGURES

Enrolled Completed Dropped



N.B Dropped figures reflect non-attendance and those who have withdrawn post registration. Completed figures on our stand alone courses are taken from those who have completed the surveys to gain their certificate, these figures may be lower than those who attended our courses as not everyone goes on to download their certificates, despite our best efforts

# HSSIB Education

1 October 2023 – 29 February 2024

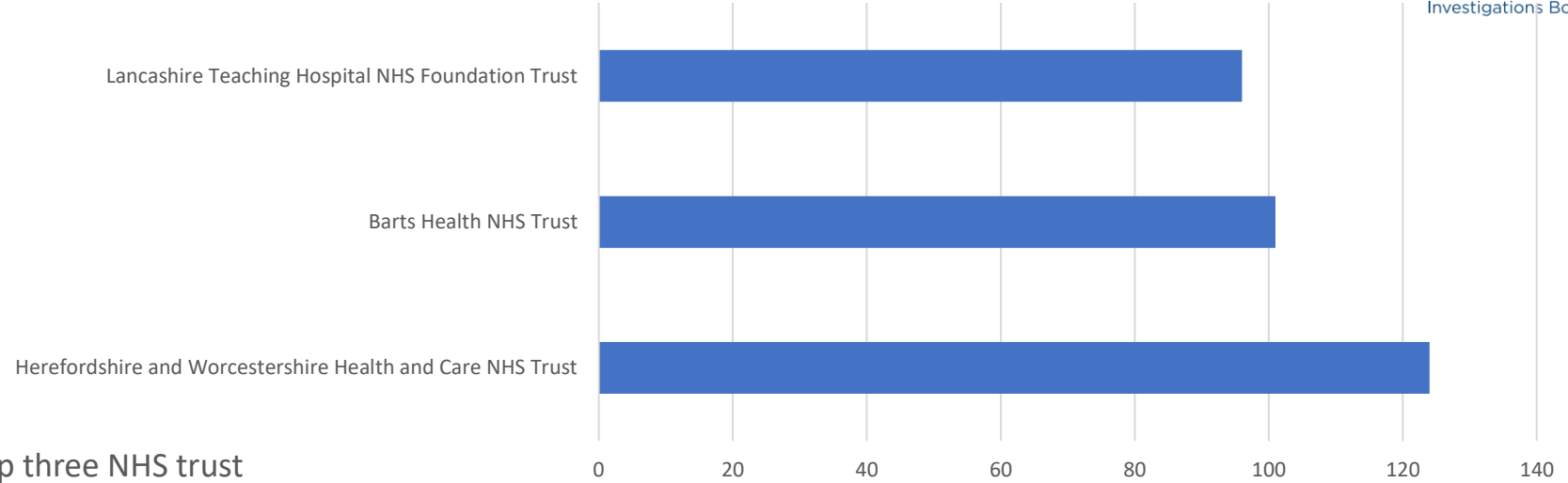


HSSIB Education

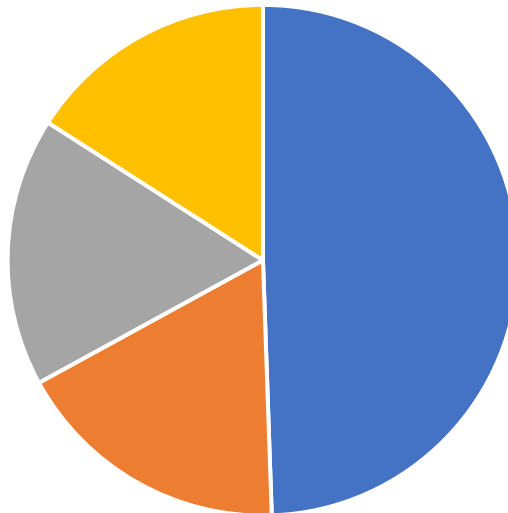


Health Services Safety  
Investigations Body

Top three NHS Trusts



Top four job titles from the top three NHS trust



# HSSIB Education

Commercial figures: 1 October 2023 – 29 February 2024

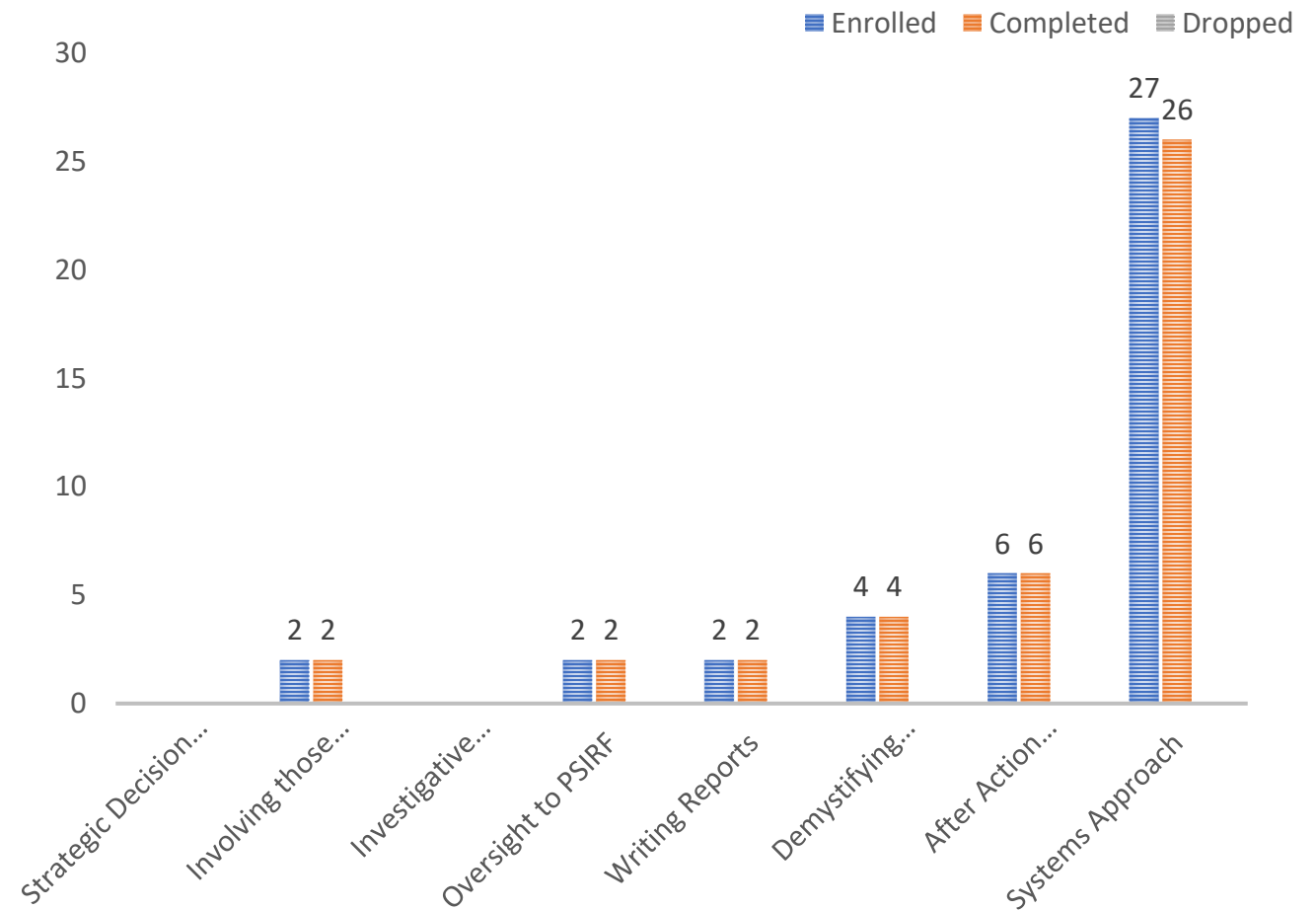


Health Services Safety  
Investigations Body

### Projection of expected monies from commercial courses



## LEARNER FIGURES





Health Services Safety  
Investigations Body

# Communications and Engagement

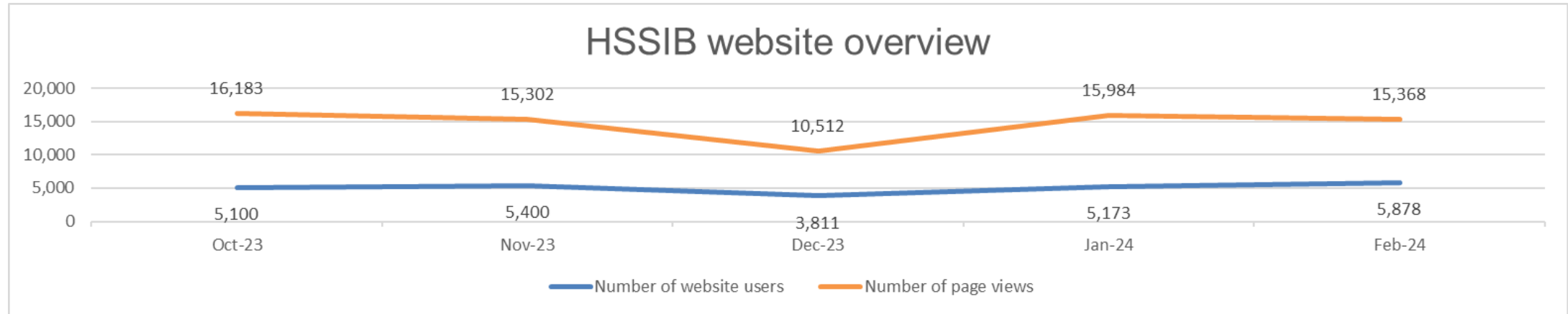


# HSSIB website overview

October 2023 to February 2024



Health Services Safety  
Investigations Body



# HSSIB website: top 10 pages

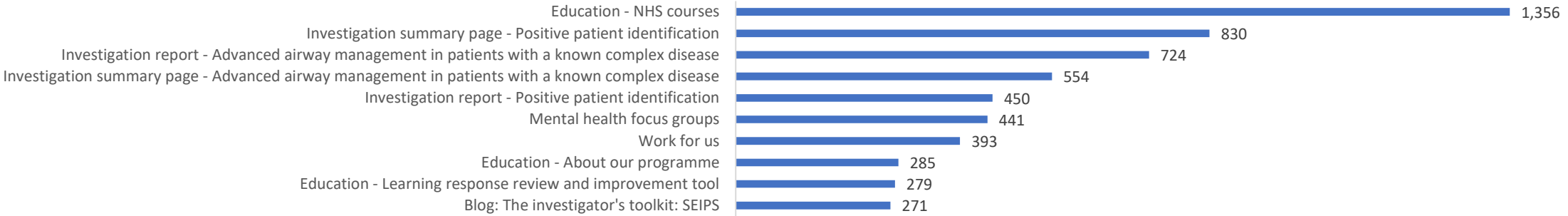
Last 2 months



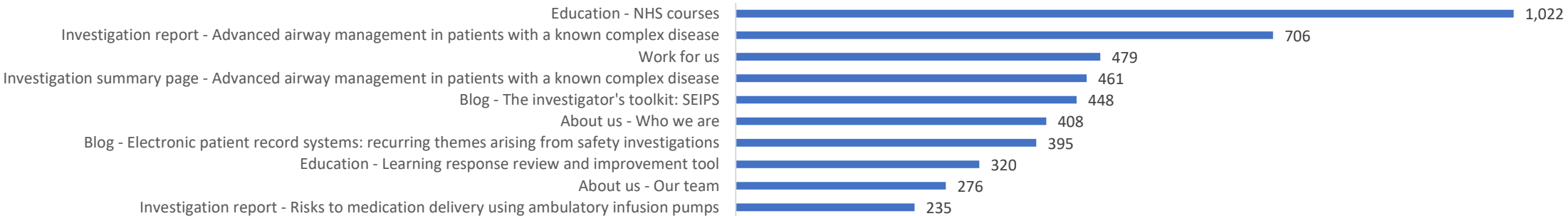
Health Services Safety Investigations Body

Excluding homepage and landing pages.

## Top 10 website pages (number of page views): 1 to 29 February 2024



## Top 10 website pages (number of page views): 1 to 31 January 2024

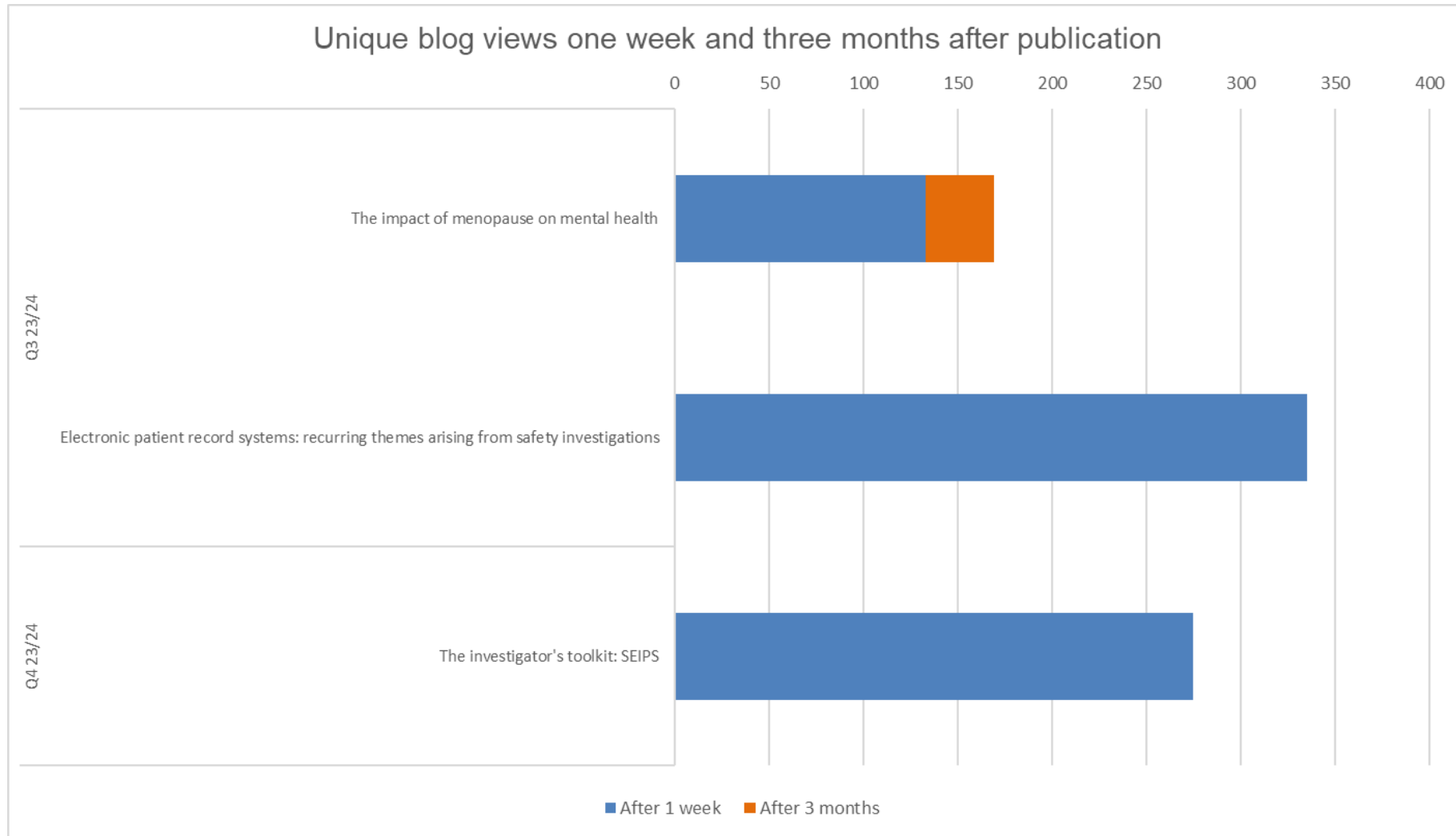


# HSSIB website: quarterly blog performance

October 2023 to February 2024



Health Services Safety  
Investigations Body

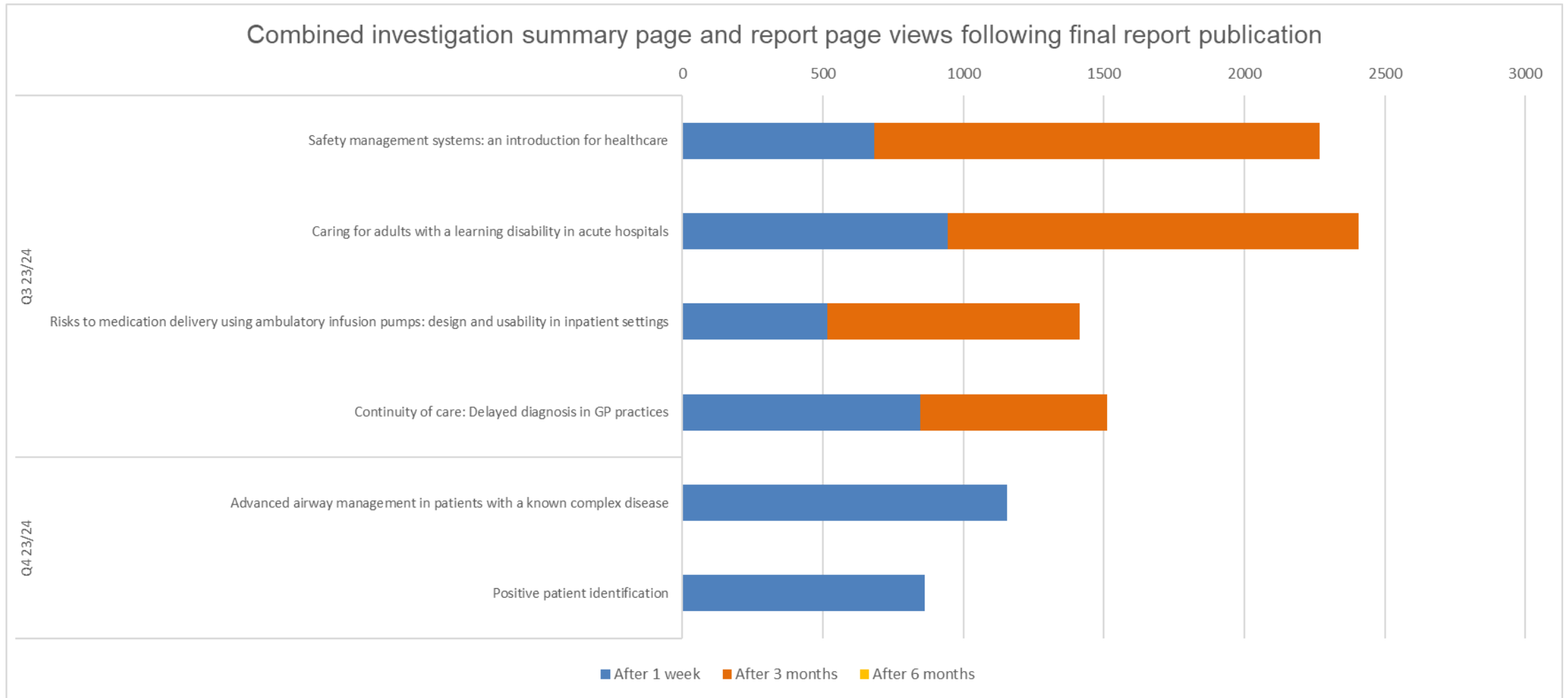


# HSSIB website: investigation performance

October 2023 to February 2024



Health Services Safety  
Investigations Body



# HSSIB social media: overview

## January/February 2024



Health Services Safety  
Investigations Body

### X (formerly Twitter)

9,212 followers on 11/03/2024

New follower data for January/February is not available due to changes in progress to X analytics.

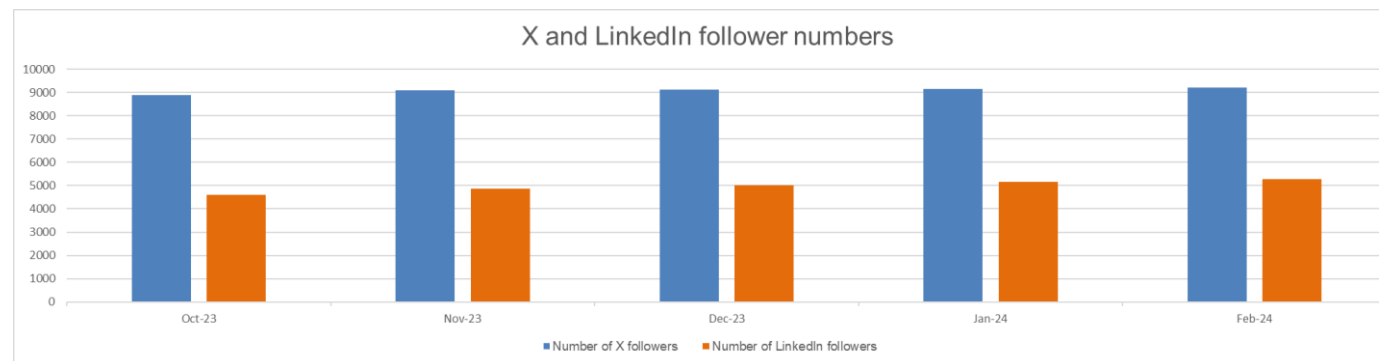
X	Jan 24	Feb 24
Number of posts	6	9
Post impressions	15.3k	13.1k
Link clicks	257	403
Reposts without comments	48	81
Likes	84	107

### LinkedIn

5,288 followers on 11/03/2024

153 new in Jan-24 and 132 new in Feb-24.

LinkedIn	Jan 24	Feb 24
Number of posts	8	8
Post impressions	11.3k	12.7k
Link clicks	416	529
Reposts	17	9
Reactions	220	249



# HSSIB social media: top X and LinkedIn posts

January 2024



Health Services Safety Investigations Body

X

Advanced airway management report



Health Services Safety Investigations Body (HSSIB)

@theHSSIB



**NEW** Report out today. We've made safety recommendations to @NHSEngland & @RCoANews that aim to help healthcare professionals quickly recognise whether someone has a potentially difficult airway and may need advanced management techniques #PatientSafety #NHS



Advanced airway management in patients with a known complex disease

From [hssib.org.uk](https://hssib.org.uk)

• **7,760 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

Article in Journal of Patient Safety and Risk Management



Health Services Safety Investigations Body (HSSIB)

5,288 followers

2mo • Edited •



We're exploring how a safety management system could operate in healthcare to help better equip the system to identify, respond and proactively identify emerging and recurring concerns that may impact on the safety of patients.

Our team members [Jonathan Back PhD](#), [Deinniol Owens CERG.HF](#) and [Rosie Benneyworth](#) share more in the latest issue of the Journal of Patient Safety and Risk Management.

Read the article: <https://lnkd.in/ePaDpbcF>

#HSSIB #PatientSafety #SafetyManagementSystems #Healthcare #NHS



The Health Services Safety Investigations Body (HSSIB) and safety management systems: An integrated approach to managing safety in healthcare - Jonathan Bac...  
[journals.sagepub.com](https://journals.sagepub.com) • 1 min read

• **3,196 impressions** (views when the post is at least 50% on screen, or when it is clicked, whichever comes first).

• **151 clicks** and **68 reactions**.

# HSSIB social media: top X and LinkedIn posts

February 2024



Health Services Safety  
Investigations Body

X

Safety Science article by Mark Sujan



**Health Services Safety Investigations Body (HSSIB)**

@theHSSIB

...

Our senior investigation science educator [@MarkSujan](#) has co-authored this paper reflecting on the use of SHERPA and FRAM in healthcare. It's open access and available to read now.



sciencedirect.com

What kinds of insights do Safety-I and Safety-II approaches provide? A critical reflection on the...

- **2,293 impressions** (times a user is served a post in timeline or search results).
- **143 engagements** (clicks, likes, detail expands, retweets, hashtag clicks, profile clicks, replies).

LinkedIn

Safety management systems investigation launch



Health Services Safety Investigations Body (HSSIB)

5,288 followers  
3w •

...

Our latest investigation has just launched. We're building on the work we've already done around safety management systems (SMSs) in healthcare, with two investigations that consider how safety management is coordinated and integrated across the healthcare system.

An SMS is a proactive approach to managing safety which sets out the necessary organisational structures and accountabilities to manage safety risks. It requires safety management to be integrated into an organisation's day-to-day activities.

Take a look at the investigation page on our website to watch an SMS explainer video, find out more about the investigations and register for email updates:  
<https://lnkd.in/ejm4ZUzc>

#HSSIB #PatientSafety #SafetyManagementSystems #NHS #Healthcare



Safety management systems

hssib.org.uk • 3 min read

- **3,283 impressions** (views when the post is at least 50% on screen, or when it is clicked, whichever comes first).
- **90 clicks** and **49 reactions**.



# Investigations/HSSIB Media coverage

January 2024 – February 2024



Health Services Safety  
Investigations Body

**22 January:** i paper publishes an in-depth interview with Ted Baker titled ‘ My job is to make the NHS safer – here is how I will do it.’

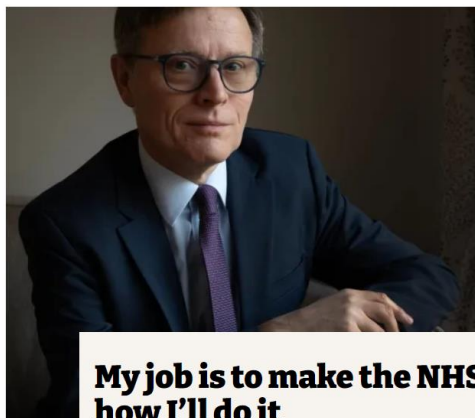
**26 January:** Clinical Services Journal article on Advanced Airway Management Report (published 25 January)

**16 February:** Hospital Healthcare Europe article on Positive Patient Identification National Learning Report (published 8 February)

**29 February:** external blog collaboration with the MPS Society, focused on Advanced Airway Management Report, published on Rare Disease Day 2024



# Investigations/HSSIB Media coverage



## My job is to make the NHS safer – this is how I'll do it

**INTERVIEW**  
As chair of a new patient safety watchdog, Professor Ted Baker is investigating problems dating back years - can tackling bullying and protecting whistleblowers help turn the NHS around?

Professor Ted Baker has long been concerned about patient safety during the annual NHS winter crisis (Photos: Tom Plinston for i/Getty Images)

For anyone seeking to improve patient safety in the NHS, there's an obvious place to start. It's before people

Dan Hoettner

## Patient misidentification interventions outlined in new HSSIB report



Helena Beer 16 February 2024



Current controls are unable to prevent all patient misidentification and a proactive approach should be adopted to support staff in safety management, according to a new report by the Health Services Safety Investigations Body (HSSIB).

## New report charts safety risks associated with managing patients with known 'difficult airways'

JAN 26, 2024



HSSIB's latest report shows improvement is needed at a national level in the communication



0345 389 9901

Get support

Donate now



Health Services Safety Investigations Body

News post published on 27 February 2024

## Shining a light on the importance of individualised airway management plans



Health Services Safety Investigations Body



Health Services Safety  
Investigations Body

# Business Services

# Financial Position



Health Services Safety  
Investigations Body

£k	Actual (Oct - Feb 24)	Forecast outturn (Oct - Mar 24)	HSSIB budget *	Variance under/(over ) spend	Narrative
Income	64	86	} 3,437		
Pay	1,859	2,235			
Non-pay	614	775			
<b>NHSE / HSIB **</b>			(356)		See Note **
<b>Net Expenditure (RDEL)</b>	<b>2,409</b>	<b>2,924</b>	<b>3,081</b>	<b>157</b>	
Amortisation and depreciation (RF RDEL)	36	40	N/a	N/a	
<b>Net expenditure</b>	<b>2,445</b>	<b>2,964</b>			
Capital	-	73	59	(14)	FOT includes IT equipment to enable NHSE to provide IT support, it is unlikely that the cyber security investment will be made prior to year end.

\* 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. £37k was awarded in Jan 24 for cyber security expenditure.

In March 24, as HSSIB was forecasting an overspend, and to ease DHSC pressures, HSSIB will self fund the additional employers pension contributions (originally NHSE would transfer £82k to fund these contributions).

\*\* 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).

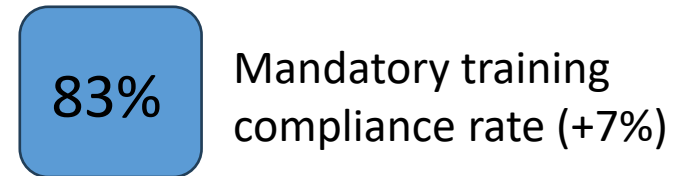
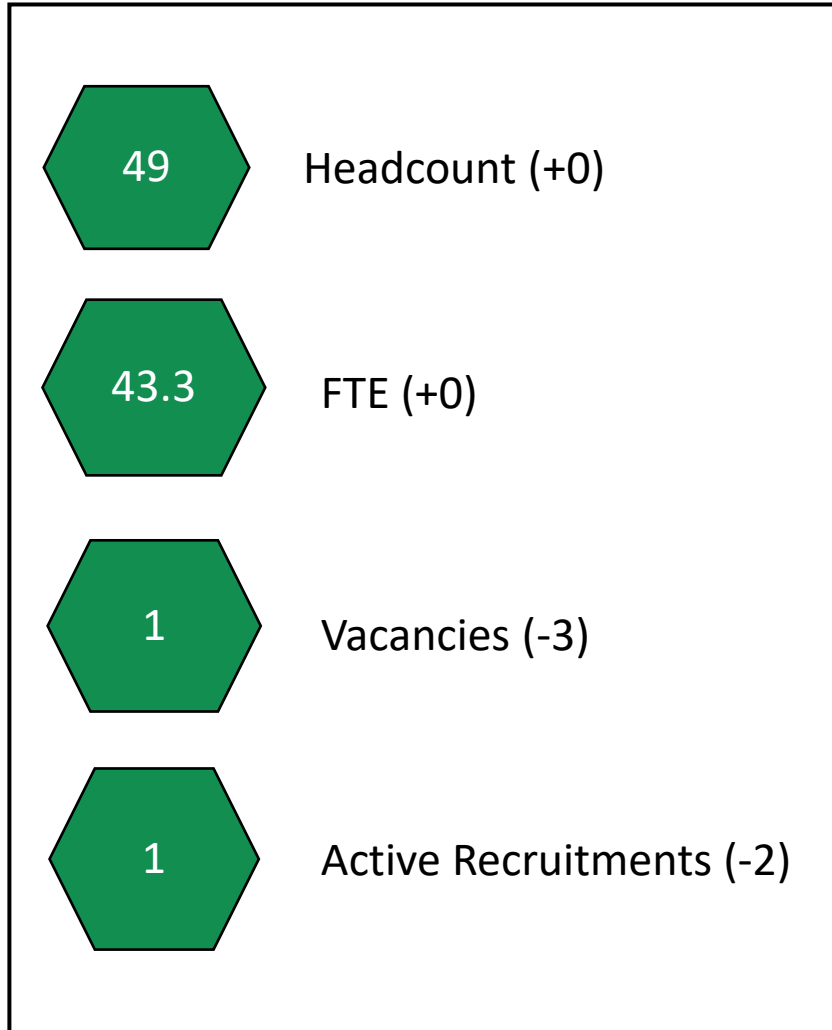
\*\*\* HSSIB has been awarded a £59k capital budget for investment in cyber security, however HSSIB requires budget for Information Technology additions. DHSC have been informed of the capital pressure and will arrange funding.

# Workforce Summary

at 29 February 2024



Health Services Safety  
Investigations Body



\*All figures exclude the Chairs and NEDs and those on external secondment (1).  
\*\* Figure in brackets is change since last reporting date (31 December 2023)

# Information Commissioner Cases / Data Breaches



Health Services Safety  
Investigations Body

There have been no ICO cases reported between 1st of January 2024 and 29th February 2024.



Health Services Safety  
Investigations Body

# Appendix

# HSSIB Education appendix

## Past enrolment figures

1 September 22 – 30 September 23

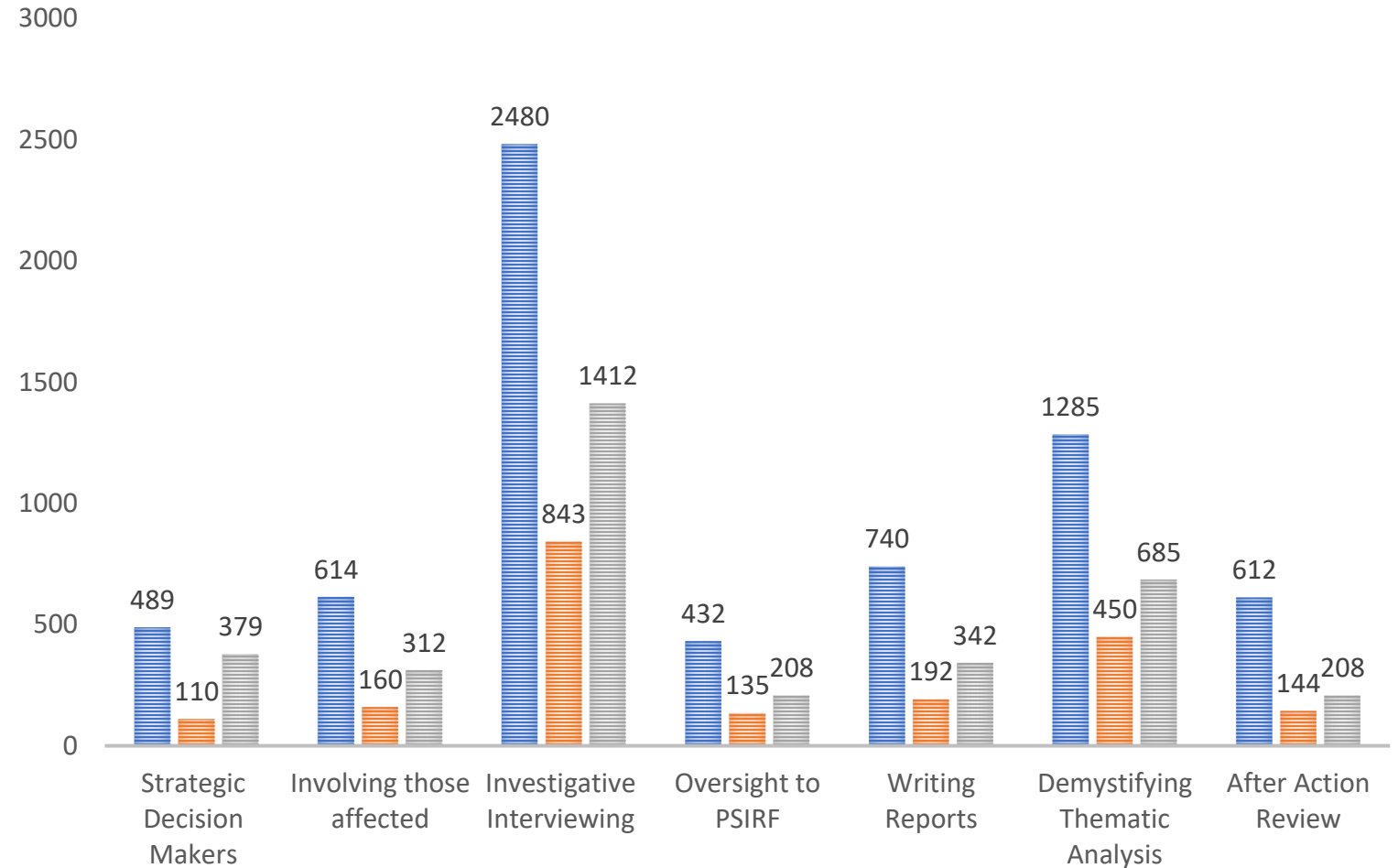
Since March 2022 - now  
 Total current learners: 12,689  
 Total enrolment count: 23,585



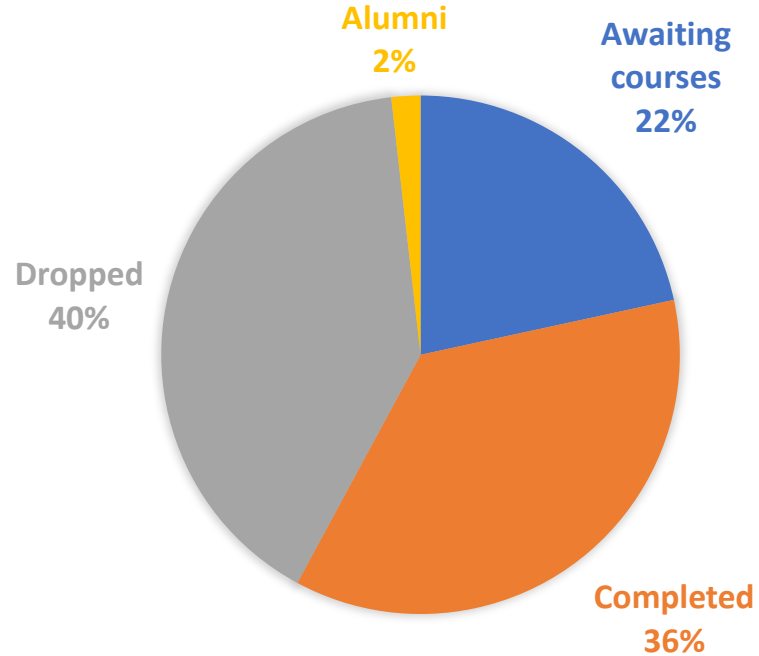
Health Services Safety  
 Investigations Body

### STAND ALONE COURSES: LEARNER FIGURES

Enrolled Completed Dropped



### BREAKDOWN OF 15,119 ENROLMENTS



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



## HSSIB Board Cover Sheet

<b>Title of paper</b>	<b>Disclosure of Prohibited Materials Policy</b>				
<b>Agenda Item</b>	7.1.1	<b>Date of meeting</b>	9 April 2024		
<b>Executive Lead</b>	Rosie Benneyworth				
<b>Action Required</b>	To Approve	<input checked="" type="checkbox"/>	<b>Purpose</b>	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"/>
<b>Link to Strategic Goal</b>	TBC – Strategic Goals being discussed at present time.				

<b>Executive Summary</b>	
<p>The purpose of the paper is to seek assurance from the Board to publish the HSSIB Disclosure of Prohibited Materials Policy. This policy is for all staff at HSSIB as it is important that all staff members understand their information sharing obligations under the Health and Care Act 2022.</p>	
<b>Action required/request/recommendations</b>	To approve the publishing of the HSSIB Disclosure of Prohibited Materials Policy for HSSIB staff.
<p><b>This Policy has been discussed at / date:</b></p> <p>Discussed and approved at HSSIB SLT on 22<sup>nd</sup> February 2024.</p>	<p><b>This report has the following impact:</b></p> <p><input type="checkbox"/> Quality and Safety  <input type="checkbox"/> Financial  <input checked="" type="checkbox"/> Legal  <input type="checkbox"/> Human Resources  <input type="checkbox"/> Equality and Diversity  <input type="checkbox"/> Communications and Engagement  <input checked="" type="checkbox"/> Operational  <input checked="" type="checkbox"/> Performance</p> <p><b>Impact Details:</b></p>
<p><b>Responsible Manager</b>  Name: Sarah Graham</p> <p>Title: Board, Governance and Records Manager</p>	<p><b>Accountable Director</b>  Name: Philippa Styles</p> <p>Title: Director of Investigations</p>





## **Purpose of this Paper**

The purpose of this paper is to seek assurance from the Board to publish the HSSIB Disclosure of Prohibited Materials Policy . This policy is for all staff at HSSIB as it is important that all staff members understand their information sharing obligations under the Health and Care Act 2022 (HCA 2022).

This policy aims to provide guidelines for HSSIB employees with regards to the sharing of information, specifically the prohibited materials identified by the HCA 2022.

## **Points for consideration**

It is important to note that the policy has been through a rigorous development process. This process is detailed in the paragraph below:

The first draft policy was reviewed by HSSIB lawyers, DAC Beachcroft in January 2024. Following this, the policy was then updated / amended by the Director of investigations, the Deputy Director of Investigations and the Board, Governance and Records Manager. The policy was then approved by SLT on the 22<sup>nd</sup> of February 2024.

Once approved by the Board, this policy will be communicated to all employees, and training sessions or informational materials will be provided to ensure understanding and compliance.

This policy applies to all employees, contractors, volunteers, and trainees associated with HSSIB.

## **Recommendations**

Approve the publishing of the Disclosure of Prohibited Materials Policy for staff, through our internal communications channels.



Health Services Safety  
Investigations Body

# Health Services Safety Investigations Body

## Disclosure of Prohibited Materials Policy

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 1



## Contents

1.	Introduction	4
2.	Definitions	4
3.	Statutory Requirements	5
4.	Lawful bases for disclosure	6
5.	Disclosure Requests to the High Court	7
6.	Offences of Unlawful Disclosure	8
7.	Who can an Investigation Report be Shared with?	9
8.	Working with other authorities	9
9.	Disclosure Procedures	10
10.	Other Legal Obligations	10
11.	Contacts	11
12.	Appendix 1 – HCA 2022 (Extract)	12
13.	Appendix 2 - Precedent for sharing protected material with Third Parties	20
14.	Appendix 3 – Protected Materials Disclosure Log	21
15.	Version Control Tracker	22

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 3



- 2.4. *"Individual who Works for the HSSIB"* is defined under Section 122(4) of the HCA 2022 as an individual under a contract of employment with the HSSIB, under a contract of apprenticeship with the HSSIB, under a contract under which the individual undertakes to do or perform personally any work or services for the HSSIB or is an agency worker working for HSSIB under the meaning of the Agency Workers Regulations 2010 (S.I. 2010/93).
- 2.5. *"PCA 1967"* – the Parliamentary Commissioners Act 1967.
- 2.6. *"Protected Material"* – is defined under Section 122(2) of the HCA 2022 as any information, document, equipment, or other item, which is held by the HSSIB, or an Individual Connected with the HSSIB for the purposes of the HSSIB's investigation function which relates to a Qualifying Incident (whether or not investigated by the HSSIB) and has not already been lawfully made available to the public.
- 2.7. *"PHSO"* – the Parliamentary and Health Service Ombudsman.
- 2.8. *"Qualifying Incident"* – is defined under Section 110(1) of the HCA 2022 as an incident which occurs in England during the provision of health care services which has or may have implications for the safety of patients.

### 3. Statutory Requirements

- 3.1. It is unlawful to disclose 'Protected Material' both internally and externally unless there is a lawful exemption.
- 3.2. Protected Material includes any information, documents, equipment, or any other item which is part of an HSSIB investigation that has not already been lawfully made available to the public.
- 3.3. It is a criminal offence for anyone working for, or on behalf of the HSSIB, to knowingly or recklessly disclose Protected Material, where the person knows or suspects the disclosure to be prohibited, unless a lawful exemption applies. This includes anyone who discloses Protected Material following the end of their employment.
- 3.4. It is also an offence for a person, not working for, or on behalf of the HSSIB, who has received Protected Material, to knowingly or recklessly disclose the Protected Material without reasonable excuse when they know it is protected. This includes patients, practitioners, staff members, family members and anyone else who has received Protected Material.
- 3.5. Interim or final reports should not include the name of any individual who has provided information to the HSSIB or anyone who was involved in the incident being investigated unless they have provided their consent.
- 3.6. Reports or any other Protected Material may be shared where a lawful exemption applies.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 5

## 4. Lawful bases for disclosure

- 4.1. Protected Material should not be disclosed unless a lawful exemption can be applied, and the relevant authority has been provided. This section sets out the lawful bases for the disclosure of Protected Material.
- 4.2. The Chief Investigator, or someone appointed by them to act for this purpose, may disclose Protected Material where they reasonably believe that the disclosure is necessary:
  - 4.1.1. for the purpose of carrying out an investigation.
  - 4.1.2. for the prosecution or investigation of an incident into the unlawful disclosure of information or an offence relating to an investigation; or
  - 4.1.3. to address a safety risk to a patient or the public and there is reasonable belief that the disclosure will address the risk. The disclosure must be proportionate and go no further than is necessary.
- 4.2. The Chief Investigator can delegate the decision to disclose Protected Material to an investigator. Where disclosure has been delegated the investigator may make the decisions about disclosure which would otherwise have been made by the Chief Investigator. Decisions on disclosure will be recorded in a central disclosure log, maintained by the Board, Governance and Records Manager (BGRM).
- 4.3. When delegating duties, the Chief Investigator must provide their approval in writing confirming the investigation(s) to which the delegation applies. The Chief Investigator may delegate decisions in relation to a single investigation or multiple investigations to an investigator. Where the Chief Investigator has delegated duties, the investigator cannot sub-delegate those duties.
- 4.4. Protected Material may also be shared where one of the following lawful exemptions apply:
  - 4.2.1. The information has already lawfully been made available to the public by the HSSIB or a third party; or
  - 4.2.2. The High Court has made an order for disclosure (see below); or
  - 4.2.3. An Authorised Person or the person making the disclosure may disclose Protected Material to an Individual Connected with the HSSIB if they reasonably believe the disclosure is necessary for the purposes of the investigation; or
  - 4.2.4. In a final report, Protected Material may be disclosed where the HSSIB determines that the benefits to the safety of patients served by the disclosure outweigh any adverse impact on current investigations, future investigations or the safety of health care services provided to patients in England; or
  - 4.2.5. The Secretary of State makes a regulation providing for disclosure. When a regulation is made, it is limited to particular Protected Material. The Secretary of State cannot authorise the disclosure of all Protected Material by reference to the incident to which it relates.

Document Owner: Business Services Team 67	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 6





ensure there is consistency across requests and to ensure there is documented evidence should it be required following an application to the High Court.

- 5.6. All investigations should be carried out with the potential for disclosure in mind and steps taken to mitigate risks including:
  - 5.6.1. Making decision makers within the HSSIB aware of potential disclosure challenges;
  - 5.6.2. Documenting decisions with the reasons and information available for the purposes of making the decision;
  - 5.6.3. Securing input from people who are familiar with the relevant investigation, so they can give an informed view of what factors are relevant to the application.
  - 5.6.4. Review and learn from each instance to know how to respond better in future.
  - 5.6.5. Instructing solicitors and/or Counsel to support with responding to an application.
- 5.7. This information is provided to ensure potential disclosure risks are considered when investigating and to ensure there is general awareness of how the High Court will consider requests for disclosure. It is not expected that anyone subject to this policy will be required to engage with the High Court or prepare representations to an application. All requests received from the Court or an applicant to the Court will be dealt with by a legal representative and any relevant information will be requested as necessary.
- 5.8. It is possible that an application could be received by an individual or at any premises associated with the HSSIB. Any individual associated with the HSSIB who identifies an application to the High Court or comes to know that such an application is being made should notify the BGRM on [ig@hssib.org.uk](mailto:ig@hssib.org.uk) promptly.

## 6. Offences of Unlawful Disclosure

- 6.1. It is an offence to knowingly or recklessly disclose Protected Material if it is known or suspected that disclosure is prohibited. This includes anyone working for, or on behalf of the HSSIB, and applies following the end of their employment.
- 6.2. It is also an offence for any third parties external to the HSSIB (e.g. witnesses, patients, family members etc) who have been provided with access to Protected Material to knowingly or recklessly disclose the Protected Material when the individual knows or suspects that it is protected. Where Protected Material has been shared with a third party, you must ensure they are aware that the material is protected and ensure they are clear of their disclosure duties. Please see Appendix 2 which provides a paragraph to use when in correspondence with a third party which requires the disclosure of Protected Material.
- 6.3. Anyone found liable of an offence will be subject on summary conviction to a fine.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 8

## 7. Who can an Investigation Report be Shared with?

- 7.1. Reports can be shared internally with anyone within the HSSIB, or connected with the HSSIB, if it is considered necessary for the purposes of carrying out an investigation. However, they should not be shared any further than necessary. This means that a report should only be shared internally where in doing so this is likely to facilitate the investigation to which the report relates or the effective operation of the HSSIB in general. Final Reports must also be shared with the Secretary of State where the investigation is at the direction of the Secretary of State.
- 7.2. Before publication reports must also be shared with anyone who it is reasonable to believe may be adversely affected by the publication of the report. This includes anyone who could be negatively affected, for example, harm to someone's professional reputation or a risk that they may be made subject to fitness to practice proceedings by their professional regulator. The person should be given opportunity to respond and where comments are provided, they should be considered in the published report, or an explanation provided to the individual as to why they have not been included. It may also be necessary to send a report to any other person who may be required to validate the robustness and accuracy of the report prior to its final publication for 'factual accuracy checking.' This may include patients and family members. Final reports should not include the names of any individual without their consent.
- 7.3. Final and interim reports which include recommendations must be sent to the person responsible for making those recommendations providing a deadline for providing a written response setting out the proposed actions. If appropriate this response can be published. This does not apply to investigations in Wales and specific requirements should be considered in consideration of local arrangements.

## 8. Working with other authorities

- 8.1. The HSSIB have a duty to co-operate with other authorities when co-ordinating activities in related activities. Whilst there is a duty to ensure that practical arrangements are taken to co-ordinate activities there is no expectation that any Protected Material is shared as this can potentially impact on the purpose of creating a 'safe space' for investigations.
- 8.2. Similarly, the HSSIB has a duty to provide assistance to NHS bodies and other independent providers. It is not expected that this assistance should encroach on the HSSIB's investigatory functions, and no Protected Material should be shared with other organisations in these circumstances. Where the provision of any advice, guidance, training, or support in an investigation is impractical and likely to cause issues in relation to disclosure of information the HSSIB would not be bound to act.
- 8.3. The HSSIB may be instructed to investigate, or support investigations, within the jurisdiction of the Devolved Authorities in Wales and Northern Ireland. The HCA 2022 has limited application outside of England and therefore requests for disclosure of reports or other Protected Material relating to investigations in Wales or Northern Ireland should be referred to the BGRM on [ig@hssib.org.uk](mailto:ig@hssib.org.uk) for specialist advice.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 9

## 9. Disclosure Procedures

- 9.1. All requests for disclosure of Protected Material, and all disclosures in response to such requests. must be recorded on a central disclosure log maintained by the BGRM. A copy of the log template can be found at Appendix 3. The same approach should be taken to an application to the High Court and any Order issued by the court. This ensures that Protected Material is tracked, and risks managed. It also ensures that where information has previously been disclosed it can be managed as public information.
- 9.2. The disclosure log is managed centrally by the BGRM. Please ensure any disclosure and requests for disclosure are sent to the BGRM on [ig@hssib.org.uk](mailto:ig@hssib.org.uk) as soon as possible. The log can be found [here](#).
- 9.3. The terms of any request for disclosure, application to court or court order should be carefully considered to determine the precise scope of the information requested or required to be disclosed.
- 9.4. No Protected Material should be disclosed without the approval of the Chief Investigator (or Investigator where delegated authority has been provided) and details have been shared for inclusion in the disclosure log.

## 10. Other Legal Obligations

- 10.1. The HSSIB have other legal obligations which at first may appear to compete with the HSSIB's duties under the HCA 2022. For example, the Data Protection Act 2018 and PCA 1967 both require the disclosure of information in certain circumstances. However, the HCA 2022 makes it clear that the duty not to disclose Protected Material, except where a legal exemption applies, takes precedence over any competing obligations on the HSSIB to disclose information.
- 10.2. This includes any requests made under data protection legislation, such as data subject access requests (DSARs), or requests made under the Freedom of Information Act. The HSSIB must still handle any requests in line with statutory requirements (for example, the HSSIB must respond to a DSAR within one calendar month confirming the legal bases on which it is declining to comply with the request).
- 10.3. Whilst the HSSIB are prohibited from sharing personal data under a DSAR which is classified as Protected Material, it may still be possible where a lawful exemption applies. For example, an individual who has requested access to their interview transcript could potentially still be provided if it is considered necessary to the investigation and the disclosure has the approval of the Chief Investigator. This may be considered necessary on the basis that the individual needs to check the factual accuracy of the transcript or to support them in providing further information.
- 10.4. Before disclosing any information under a lawful exemption consideration must be given to data protection legislation which takes precedent over any of the reasons for lawful disclosure in the HCA 2022. When considering whether disclosure would breach data protection legislation the lawful bases for disclosure should be considered. Should you require any assistance on your duties and obligations regarding data protection or freedom of information please contact the BGRM on [ig@hssib.org.uk](mailto:ig@hssib.org.uk).

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 10



## 12. Appendix 1 – HCA 2022 (Extract)

### Health and Care Act 2022

#### 113 Final reports

- (1) When the HSSIB completes an investigation, it must publish a report on the outcome of the investigation (the "final report").
- (2) The final report must—
  - (a) contain a statement of findings of fact made as a result of the investigation and an analysis of those findings,
  - (b) make such recommendations as to the action to be taken by any person as the HSSIB considers appropriate, and
  - (c) set out the HSSIB's conclusions on the matters it considered in accordance with section 110(3) (but only if that provision is applicable to the investigation).
- (3) The final report must focus on ascertaining risks to the safety of patients and any recommendations as to the action to be taken by any person must focus on addressing those risks.  
(rather than on the activities of individuals involved in the incident).
- (4) In particular, the final report may not include an assessment or determination of—
  - (a) blame,
  - (b) civil or criminal liability, or
  - (c) whether action needs to be taken in respect of an individual by a regulatory body.
- (5) Information which is protected material (see section 122(2)) may be disclosed in a final report if the HSSIB determines that the benefits to the safety of patients served by the disclosure outweigh—
  - (a) any adverse impact on current or future investigations by deterring persons from providing information to the HSSIB, and
  - (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.
- (6) The final report may not, without their consent, include the name of any individual—
  - (a) who has provided information to the HSSIB for the purposes of the investigation, or
  - (b) who was involved in the incident being investigated.
- (7) Where an investigation is carried out pursuant to a direction under section 111, the HSSIB must send a copy of the final report to the Secretary of State.

#### 114 Interim reports

- (1) While the HSSIB is carrying out an investigation, it may publish a report on any matter relating to the investigation (an "interim report").
- (2) An interim report may—
  - (a) contain a statement of findings of fact made as a result of the investigation to date and an analysis of those findings,
  - (b) make such recommendations as to the action to be taken by any person as the HSSIB considers appropriate, and
  - (c) set out the HSSIB's conclusions to date on the matters it has considered in accordance with section 110(3).

Document Owner: Business Services Team 73	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 12





- (5) The High Court may make an order under subsection (3) only if it determines that the interests of justice served by admitting the report outweigh—
- (a) any adverse impact on current or future investigations by deterring persons from providing information for the purposes of investigations,
  - (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

#### 122 Prohibition on disclosure of HSSIB material

- (1) The HSSIB, or an individual connected with the HSSIB, must not disclose protected material to any person.
- (2) In this Part "protected material" means any information, document, equipment, or other item which—
- (a) is held by the HSSIB, or an individual connected with the HSSIB, for the purposes of the HSSIB's investigation function,
  - (b) relates to a qualifying incident (whether or not investigated by the HSSIB), and
  - (c) has not already been lawfully made available to the public.
- (3) In this Part "individual connected with the HSSIB" means—
- (a) a member of the HSSIB,
  - (b) a member of a committee or sub-committee of the HSSIB,
  - (c) an investigator, or
  - (d) an individual (other than an investigator) who works for the HSSIB.
- (4) For the purposes of subsection (3)(d) an individual "works for" the HSSIB if the individual works—
- (a) under a contract of employment with the HSSIB,
  - (b) under a contract of apprenticeship with the HSSIB,
  - (c) under a contract under which the individual undertakes to do or perform personally any work or services for the HSSIB, or
  - (d) as an agency worker within the meaning of the Agency Workers Regulations 2010 (S.I.2010/93) in circumstances where the HSSIB is the hirer within the meaning of those Regulations.
- (5) An individual who was, but has ceased to be, connected with the HSSIB must not disclose to any person, other than the HSSIB or an individual connected with the HSSIB, any information, document, equipment, or other item held by that individual—
- (a) which the individual obtained because they were connected with the HSSIB,
  - (b) which, at the time they ceased to be connected with the HSSIB, was protected material, and
  - (c) which has not already been lawfully made available to the public.

#### 123 Exceptions to prohibition on disclosure

- (1) Section 122(1) does not apply to a disclosure which is required or authorised by—
- (a) Schedule 14,
  - (b) any other provision of this Part, or
  - (c) regulations made by the Secretary of State.
- (2) Regulations under subsection (1)(c) may, for example, require or authorise disclosures of protected material by reference to—
- (a) the kind of material that it is (for example, a particular kind of equipment),

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 14

- (b) the matters to which it relates,
  - (c) the person from whom it was obtained,
  - (d) the purpose for which it was produced or is held, or
  - (e) the purpose for which it is disclosed.
- (3) But regulations under subsection (1)(c) may not require or authorise disclosures of protected material by reference to the qualifying incident to which the material relates.
- (4) Regulations under subsection (1)(c) may provide for a person to exercise a discretion in dealing with any matter.
- (5) Subject to subsection (6), regulations under subsection (1)(c) may provide that disclosures which are required or authorised by the regulations do not breach—
- (a) obligations of confidence owed by the person making the disclosure, or
  - (b) any other restrictions on disclosure.
- (6) Nothing in regulations under subsection (1)(c) operates to require or authorise disclosures which would contravene the data protection legislation (but, for the purposes of this subsection, in determining whether any disclosure required or authorised by the regulations would do so, take the requirement or authorisation into account).

#### 124 Offences of unlawful disclosure

- (1) A person commits an offence if the person—
- (a) breaches the prohibition in section 122(1) by knowingly or recklessly disclosing protected material to another person, and
  - (b) knows or suspects that the disclosure is prohibited.
- (2) An individual who was, but has ceased to be, connected with the HSSIB commits an offence if the individual—
- (a) breaches the prohibition in section 122(5) by knowingly or recklessly disclosing any information, document, equipment, or other thing to another person, and
  - (b) knows or suspects that the disclosure is prohibited.
- (3) Subsection (4) applies where protected material is disclosed to a person not connected with the HSSIB—
- (a) in a draft report sent to the person under section 115(1),
  - (b) under paragraph 2, 3 or 4 of Schedule 14 (disclosures for purposes of an investigation, offence, or safety risk), or
  - (c) under regulations under section 123(1)(c).
- (4) The person not connected with the HSSIB to whom protected material is disclosed as specified in subsection (3) commits an offence if the person—
- (a) knowingly or recklessly discloses the protected material to another person without reasonable excuse, and
  - (b) knows or suspects that it is protected material.
- (5) A person who commits an offence under this section is liable on summary conviction to a fine.

#### 126 Co-operation

- (1) This section applies where—
- (a) the HSSIB is carrying out an investigation into a qualifying incident, and
  - (b) a listed person is also carrying out an investigation into the same or a related incident.
- (2) The HSSIB and the listed person must co-operate with each other regarding practical

Document Owner: Business Services Team 76	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 15





(7) The activities which the HSSIB may carry out in, or in connection with, giving assistance under subsection (5) are not restricted to activities carried out in the United Kingdom.

(8) The HSSIB may impose charges for or in connection with giving assistance under subsection (5).

(9) Charges under subsection (8) may be calculated on the basis that the HSSIB considers to be the appropriate commercial basis.

### 128 Investigations relating to Wales and Northern Ireland

(1) The HSSIB may enter into an agreement with any person for the HSSIB to carry out an investigation falling within subsection (2).

(2) An investigation falls within this subsection if—

(a) it is an investigation into one or more incidents that have occurred, or are occurring, in the United Kingdom—

(i) during the provision of any of the services mentioned in subsection (3), or

(ii) at premises at which any of those services are, or were, provided, (b) the incident or incidents have or may have implications for the safety of persons for whom those services are provided,

(c) the investigation is carried out for the purpose of identifying risks to the safety of such persons and addressing those risks by facilitating the improvement of systems and practices in the provision of any of the services mentioned in subsection (3), and

(d) the investigation does not involve the assessment or determination of blame or civil or criminal liability.

(3) The services referred to in subsection (2) are—

(a) services provided for the purposes of the health service continued under section 1(1) of the National Health Service (Wales) Act 2006, and

(b) health care, within the meaning of the Health and Social Care (Reform) Act (Northern Ireland) 2009, provided for the purposes of the system promoted under section 2(1) of that Act.

(4) The HSSIB may impose charges for providing services under an agreement under subsection (1).

(5) Those charges must not exceed the costs incurred by the HSSIB in providing the services.

(6) The HSSIB may enter into an agreement under subsection (1) only if it considers that the

provision of the services under the agreement will not to any significant extent interfere with the exercise by the HSSIB of its investigation function.

### Schedule 14

#### 1

(1) The HSSIB, or an individual connected with the HSSB, may disclose protected material to an individual connected with the HSSIB if—

(a) the person making the disclosure, or

(b) an authorised person, reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function.

(2) In this paragraph "authorised person" means an individual connected with the HSSIB who is authorised by the HSSIB for the purposes of this paragraph.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 17



(1) The Chief Investigator may arrange for the Chief Investigator's functions under any provision of this Schedule to be exercised by an investigator.

(2) An arrangement under this paragraph may relate to a particular case, a particular class of case or all cases.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 19

## 13. Appendix 2 - Precedent for sharing protected material with Third Parties

***Important – please read carefully.***

*It is important you are aware that the HSSIB conducts its investigations into patient safety incidents on a confidential basis. This is to encourage those involved in such incidents to be open with the information they share, to allow us to conduct comprehensive investigations.*

*Please note that under section 124 of the Health and Care Act 2022, it is an offence for individuals in receipt of "Protected Materials" from the HSSIB to disclose or share this with any other individual, or to publish or otherwise make these publicly available.*

*"Protected Materials" includes any information which we provide to you in connection with our investigatory functions, or in relation to any patient safety incident that we are investigating, which is not in the public domain. For the avoidance of doubt, this [draft report/ disclosure/ notification] is Protected Material: disclosing it will mean you may be liable to a fine.*

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 20

## 14. Appendix 3 – Protected Materials Disclosure Log

Protected Materials - Disclosure Log						
Date of Request to Share	Details of Request to Share	Request received by	Summary Response	Signed off by Authorised Person (Rosie Benneyworth)	Date of Response	File of disclosed material SharePoint location

## 15. Version Control Tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
v0.1	16/01/2024	Board, Governance and Records Manager	DRAFT	First draft version for HSSIB. Previous version written in 2022/2023 whilst HSIB and re-developed with new understanding of the HCA 2022.
V0.2	24/01/2024	Board, Governance and Records Manager	DRAFT	Amendments made following comments by Director of Investigations and Deputy Director of Investigations. A) disclosure log noted to be central, not held locally by investigators and b) Appendix 3 added, disclosure log

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB080	Issue/approval date: TBC	Version number: 0.2
Status: DRAFT	Next review date: January 2026	Page 22







## HSSIB Board Cover Sheet

Health Services Safety  
Investigations Body

<b>Title of paper</b>	<b>Social Media Policy</b>				
<b>Agenda Item</b>	7.2.1	<b>Date of meeting</b>	9 April 2024		
<b>Executive Lead</b>	Rosie Benneyworth				
<b>Action Required</b>	To Approve	<input checked="" type="checkbox"/>	<b>Purpose</b>	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"/>
<b>Link to Strategic Goal</b>	TBC – Strategic Goals being discussed at present time.				

<b>Executive Summary</b>	
<p>The purpose of the paper is to seek assurance from the Board to publish the HSSIB Social Media Policy. This policy is for employees that work for HSSIB to understand what is expected when using social media</p>	
<b>Action required/request/recommendations</b>	To approve the publishing of the HSSIB social media policy for HSSIB staff.
<b>This Report has been discussed at / date:</b>	<p><b>This report has the following impact:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality and Safety</li> <li><input type="checkbox"/> Financial</li> <li><input type="checkbox"/> Legal</li> <li><input checked="" type="checkbox"/> Human Resources</li> <li><input type="checkbox"/> Equality and Diversity</li> <li><input checked="" type="checkbox"/> Communications and Engagement</li> <li><input checked="" type="checkbox"/> Operational</li> <li><input checked="" type="checkbox"/> Performance</li> </ul> <p><b>Impact Details:</b></p>
<p><b>Responsible Manager</b> Name: Minal Patel</p> <p>Title: Head of strategy, policy and engagement</p>	<p><b>Accountable Director</b> Name: Rosie Benneyworth</p> <p>Title: Interim CEO</p>



## **Purpose of this Paper**

The purpose of the paper is to seek assurance from the Board to publish the HSSIB Social Media Policy. This policy is for all employees that work for HSSIB to understand what is expected when using social media.

This policy aims to provide guidelines for HSSIB employees regarding the appropriate use of social media platforms to maintain professionalism, patient confidentiality, and uphold the reputation of the organisation. It differentiates between corporate social media accounts managed by the Communications Team and the personal social media accounts of individual employees.

## **Points for consideration**

The communications team require the Board to approve the HSSIB Social Media Policy. This policy has been refreshed from HSIB and NHS England's policy and cross checked against other HR policies and procedures for best practice and consistency.

This policy will be communicated to all employees, and training sessions or informational materials will be provided to ensure understanding and compliance. Regular reviews and updates to the policy will occur to address evolving social media trends and challenges.

This policy applies to all employees, contractors, volunteers, and trainees associated with HSSIB.

## **Background**

It is important that as a new ALB, HSSIB clearly sets out what is expected of employees when using social media, and what can happen if the policy is breached.

The purpose of a social media policy is to highlight the importance of appropriate social media usage and to help employees realise their responsibilities when using social media.

## **Recommendations**

Approve the publishing of the Social Media Policy for staff, through our internal communications channels.

# THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

## HSSIB Social Media Policy

Version number: v1.0

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

Date updated: March 2024

Next review date: March 2026

Policy prepared by: Policy, Strategy and Engagement

Policy Owner: Policy, Strategy and Engagement

Brief summary of changes since previous version: Not applicable – draft version.

Classification: OFFICIAL

Policy Number: TBC [GOVERNANCE TEAM ALLOCATES]

***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](mailto:enquiries@hssib.org.uk)***

# Contents

1. INTRODUCTION.....	3
2. SCOPE.....	3
3. DEFINITIONS.....	4
4. RESPONSIBILITIES.....	4
5. HSSIB PLATFORMS.....	7
6. IMPACT ASSESSMENTS.....	8
7. MONITORING AND COMPLIANCE.....	8
APPENDIX.....	9

DRAFT

# 1. Introduction

1.1 This policy will enable and encourage employees, seconded staff and members of its associated bodies to use social media to enhance their work and raise the profile of our organisation in a positive and appropriate way. It will help protect the interests of the Health Services Safety Investigations Body (HSSIB), its employees, seconded staff and members of its associated bodies, whether they are acting independently or in their capacity as a representative of HSSIB.

1.2 The purpose of this policy is to provide guidance to all HSSIB employees, seconded staff and members of its associated bodies on the use of social media and digital platforms by HSSIB as an organisation and by individuals in both a personal and professional capacity.

1.3 This policy will:

- Encourage employees, seconded staff and members of our associated bodies to positively and appropriately raise the profile of HSSIB and its work through the use of social media.
- Encourage employees, seconded staff and members of our associated bodies to make use of and contribute to HSSIB's official social media accounts.
- Ensure that social media and digital platforms are used in a strategic way.
- Ensure that internet users can distinguish official HSSIB information from the personal opinion of employees, seconded staff and members of our associated bodies.
- Ensure that HSSIB's reputation is not brought into disrepute and that it is not exposed to any legal risk.

# 2. Scope

2.1 This policy applies to members of staff that are directly employed by HSSIB and for whom HSSIB has a legal responsibility.

2.2 For seconded staff, staff covered by a letter of authority/honorary contract, members of our associated bodies or those on work experience, the organisational policies are also applicable whilst undertaking duties on behalf of the organisation.

2.3 This document is not a social media strategy, or guidance on how to use individual social media tools and platforms, and each individual or business area

should assess the value of using these tools in an official capacity and follow this policy if they decide to do so.

## 3. Definitions

3.1 'Social media' or 'social networking' are the terms commonly used to describe websites and online tools which allow users to interact with each other in some way by sharing information, opinions, knowledge and interests. For the purposes of this policy, social media refers to social media networking platforms including, but not limited to, X (formerly known as Twitter), Facebook, Facebook Messenger, YouTube, LinkedIn, Instagram, Pinterest, Google+, Snapchat, TikTok, WhatsApp and Reddit. It also covers blogs, discussion forums, interactive news sites and online activity in general, as well as digital platforms used to send email campaigns and online survey tools e.g., SurveyMonkey and SmartSurvey.

## 4. Responsibilities

4.1 The Communications Team has overall responsibility for HSSIB's social media accounts.

4.2 The Digital Communications Manager is responsible for day-to-day management.

4.3 Individual staff use: our staff are our best ambassadors. Many already use social media, both in a personal and professional capacity. We recognise that there is an increasingly blurred line between personal and professional use of social media. This is to the extent that it may no longer be possible or desirable to make that distinction. For example, users are likely to maintain just one X account, which is used to post a mix of business related and personal content. HSSIB encourages this activity.

4.4 The Communications Team is available to provide guidance and training to empower staff to interact online in a way that is consistent with our values and professional codes of conduct. Even if you do not use your social media accounts in a professional capacity, content posted through personal accounts that are public and can be seen may breach HSSIB policy if they bring the organisation into disrepute. This includes situations when you could be identified as an HSSIB employee, secondee or member of our associated bodies whilst using social media or occasions when you may be commenting on HSSIB related matters in a public forum.

4.5 Please be aware that even if you believe you are using social media sites with enhanced privacy settings applied, this does not exempt you from the guidelines in this policy.

4.6 If you are concerned about the online conduct of any other employee, secondee, or member of an associated body, you should speak to an appropriate manager in line with relevant HSSIB policies.

4.7 If you are asked to blog or participate in a social network for commercial or personal gain, then this could constitute a conflict of interest. You should refrain from entering any online social networking activity for commercial gain. If someone from the media contacts you about a post you have made, you must talk to the Communications Team ([comms@hssib.org.uk](mailto:comms@hssib.org.uk)).

4.8 More generally, staff should use their own discretion and common sense when engaging in personal social media. The following gives some general guidance and best practice which you should abide by at all times:

- **Be honest about who you are**

If the conversation relates to the NHS, patient safety, safety investigations, or HSSIB, you should identify yourself as an employee.

For example, if you mainly tweet in a professional capacity you are encouraged to state in your biography that you work for HSSIB and include our handle (@theHSSIB).

- **Clarify that your opinions are your own**

Make it clear that you are speaking for yourself and not on behalf of HSSIB. Include a sentence in your profile or biography that says views are your own and not those of your employer (whilst a disclaimer like this does not have any legal standing, it helps users distinguish official HSSIB information from the personal opinion of employees).

This includes content published to any website outside of HSSIB that could be perceived to have a connection to the work you do, or subjects associated with HSSIB. You must not use HSSIB's logos on personal webpages or social media accounts. You must not include 'Health Services Safety Investigations Body', 'HSSIB', or any other variations on our name in your account names or handles.

- **Be respectful**

The same principles and guidelines that apply to staff activities in general also apply to social media. Show respect to your colleagues and external users. If you would not say something in a meeting or email, do not say it

online.

Do not use social media in any way to attack or abuse colleagues.

Do not use personal insults, obscenities, or engage in any conduct that would not be acceptable in the workplace.

You should also show proper consideration for others' privacy and for topics that may be considered objectionable or inflammatory, such as politics and religion.

- **Use good judgement in what you share**

Only ever share public information. Respect copyright, fair use, data protection, defamation, libel and financial disclosure laws.

Do not reveal confidential personal information about patients, colleagues, or HSSIB staff members. Never post any information that can be used either alone or with other information that could be used to reveal the identity of another.

Do not reveal sensitive commercial information about HSSIB or its stakeholders. Our confidentiality and other associated governance policies apply to information shared using social media.

- **Be aware that what you say is permanent**

Search engines and other technologies make it virtually impossible to take something back once it has been published.

- **Raising concerns and whistleblowing**

Do not use social media to 'whistleblow'. Concerns should only be raised through the proper HSSIB channels.

- **Other concerns**

If you encounter any of the following situations, you should not engage (or politely disengage) and seek advice from the Communications Team ([comms@hssib.org.uk](mailto:comms@hssib.org.uk)) and your line manager:

- Interactions that are or could become antagonistic.
- Content that impacts you negatively.

4.9 Staff are reminded that 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. For further information on when protected material can be disclosed, please see contact [ig@hssib.org.uk](mailto:ig@hssib.org.uk).

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](mailto:ig@hssib.org.uk) who will be able to provide further guidance.

## 5. HSSIB platforms

5.1 A list of the social media and other digital platforms on which HSSIB maintains corporate accounts can be found in appendix one.

5.2 Whilst we encourage individual members of staff to use their personal social media accounts to reflect positively on the work of HSSIB, it is important that the organisation maintains a coherent online presence through the strategic use of these official social media accounts and digital platforms. Therefore, without having gained approval from the Communications Team and senior leadership team, employees, secondees and members of associated bodies must not engage in setting up X accounts, Facebook pages, YouTube channels, blogs, online survey accounts or a presence on any other social media website or digital platform that seeks to represent the official views of HSSIB or any of its teams or workstreams.

5.3 The official HSSIB social media accounts and digital platforms are managed by the Communications Team. Teams across HSSIB are encouraged to contribute content to these official accounts by contacting the Digital Communications Manager.

5.4 Any team seeking to set up their own social media presence should prepare a business case outlining how this activity will benefit HSSIB and the benefits to be realised, compared to the costs in time and resources of doing so. Given the time and resource involved in effectively building and managing a presence on social media, there must be a clearly evidenced demand from an audience for engagement activity using a particular channel, rather than engagement using existing official social media accounts or other channels of communication.

## 6. Impact assessments

### 6.1 Business Impact Assessment

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

### 6.2 Equality Impact Assessment

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

### 6.3 Training

Staff will receive instruction and direction regarding the policy from a number of sources:

- Policy and supporting guidelines and protocols.
- Advice and guidance from the Communications Team.
- Articles and information on the internet.

## 7. Monitoring and compliance

7.1 Performance against key indicators will be regularly monitored, reviewed and used to inform the development of future policies and guidelines.

7.2 Due to the rapidly evolving nature of social media and digital platforms this policy will be reviewed every two years, and in accordance with the following on an as and when required basis:

- legislative changes
- good practice guidance
- case law
- significant incidents reported
- new vulnerabilities
- changes to organisational infrastructure.

7.3 HSSIB policies apply to all forms of communication whether verbal, printed or online. Staff should remember that they are ultimately responsible for what they publish online. If you are considering publishing something that makes you even slightly uncomfortable, review the policy above and ask yourself why that is. If you're in doubt or in need of further guidance, please contact the Communications Team to discuss. Non-compliance with policies and guidance may lead to disciplinary action in accordance with the HSSIB disciplinary procedure.

7.4 The Communications Team is available to provide help and advice. They should be consulted in the early stages of the planning process around any communications activity. Please contact [comms@hssib.org.uk](mailto:comms@hssib.org.uk).

## Appendix

### Appendix 1: Register of approved corporate HSSIB social media and digital accounts.

Platform name	Type	HSSIB handle/name	Authorised admins/ users
X (formerly Twitter)	Social media	@theHSSIB	Communications Team
LinkedIn	Social media		Communications Team
YouTube	Video	@theHSSIB	Communications Team
SmartSurvey	Online Survey		<ul style="list-style-type: none"> <li>• Digital Communications Manager.</li> <li>• Education Administration Manager.</li> <li>• Safety Insights Engagement Manager.</li> <li>• Business Manager to CEO and Chair.</li> </ul>



## HSSIB Board Cover Sheet

<b>Title of paper</b>	<b>Board Member Code of Conduct</b>		
<b>Agenda Item</b>	7.3	<b>Date of meeting</b>	9 April 2024
<b>Executive Lead</b>	Maggie McKay		
<b>Action Required</b>	To Approve	<input checked="" type="checkbox"/>	<b>Purpose</b>
	To Ratify	<input type="checkbox"/>	Strategy
	To Discuss	<input type="checkbox"/>	Assurance
	To Note	<input type="checkbox"/>	Policy
			Performance
<b>Link to Strategic Goal</b>	TBC – Strategic Goals being discussed at present time.		

<b>Executive Summary</b>	
The purpose of the paper is to seek Board approval for the HSSIB Board Member Code of Conduct.	
<b>Action required/request/recommendations</b>	To approve the Board Member Code of Conduct
<b>This Report has been discussed at / date:</b>  This Code of Conduct was discussed at the Board meeting on the 8 <sup>th</sup> of February 2024.	<b>This report has the following impact:</b> <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 checked="" type="checkbox"/> Operational <input checked="" type="checkbox"/> Performance  <b>Impact Details:</b>
<b>Responsible Manager</b> Name: Sarah Graham  Title: Board, Governance and Records Manager	<b>Accountable Director</b> Name: Maggie McKay  Title: Finance and Performance Director



### **Section One: Purpose of this Paper**

To seek approval from the Board for the Board Code of Conduct.

### **Section Two: Points for consideration**

There has been one change since the last version that the Board viewed on the 8<sup>th</sup> of February 2024.

The original versions of Sections 11.3.1 and 11.3.2 have been removed as it was felt that the language / wording within these sections were not appropriate.

### **Section Three: Options**

The Board is invited to approve the document.

### **Section Four: Recommendation**

The Board is asked to approve the Board Code of Conduct.

# THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

## HSSIB Code of Conduct for Board Members

Version number: v1.0

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 1

First published: N/A

Date updated: April 2024

Next review date: April 2026

Policy prepared by: Board, Governance and Records Manager

Policy Owner: Business Services Team

Brief summary of changes since previous version: Original sections 11.3.1 and 11.3.2 removed.

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](mailto: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: v1.0
Status: FINAL	Next review date: April 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.....	14

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	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 other 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.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 4

This can be found [here](#). Board Members are required to adopt the Seven Principles of Public Life (the Nolan Principles)<sup>1</sup> 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

<sup>1</sup> <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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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](mailto: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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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: v1.0
Status: FINAL	Next review date: April 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.

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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 13

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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 14

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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 15

## 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** 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

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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 16

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.

**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 commis-

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document reference: HSSIB007	Issue/approval date:	Version number: v1.0
Status: FINAL	Next review date: April 2026	Page 17

sion 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: v1.0
Status: FINAL	Next review date: April 2026	Page 18



## HSSIB Board Cover Sheet

<b>Title of paper</b>	<b>Document and Records Management Policy</b>		
<b>Agenda Item</b>	7.4	<b>Date of meeting</b>	9 April 2024
<b>Executive Lead</b>	Maggie McKay		
<b>Action Required</b>	To Approve	<input checked="" type="checkbox"/>	<b>Purpose</b>
	To Ratify	<input type="checkbox"/>	Strategy
	To Discuss	<input type="checkbox"/>	Assurance
	To Note	<input type="checkbox"/>	Policy
			Performance
<b>Link to Strategic Goal</b>	TBC – Strategic Goals being discussed at present time.		

<b>Executive Summary</b>	
<p>The purpose of the paper is to seek assurance from the Board to publish the HSSIB Document and Records Management Policy. This policy is for all staff at HSSIB as it is important that all staff members understand their records management obligations.</p>	
<b>Action required/request/recommendations</b>	To approve the publishing of the HSSIB Document and Records Management Policy for HSSIB staff.
<p><b>This Report has been discussed at / date:</b></p> <p>Discussed at the 8<sup>th</sup> of February Board Meeting.</p>	<p><b>This report has the following impact:</b></p> <p><input type="checkbox"/> Quality and Safety</p> <p><input type="checkbox"/> Financial</p> <p><input checked="" type="checkbox"/> Legal</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Equality and Diversity</p> <p><input type="checkbox"/> Communications and Engagement</p> <p><input checked="" type="checkbox"/> Operational</p> <p><input checked="" type="checkbox"/> Performance</p> <p><b>Impact Details:</b></p>
<p><b>Responsible Manager</b> Name: Sarah Graham</p> <p>Title: Board, Governance and Records Manager</p>	<p><b>Accountable Director</b> Name: Maggie McKay</p> <p>Title: Finance and Performance Director</p>





## **Section One: Purpose of this Paper**

The purpose of this paper is to seek assurance from the Board to publish the HSSIB Document and Records Management Policy . This policy is for all staff at HSSIB as it is important that all staff members understand their records management obligations.

This policy aims to provide guidelines for HSSIB employees with regards to records management, including:

- Creating of records
- Maintenance of records
- Retention of records
- Disposal of records

## **Section Two: Points for consideration**

There have been three changes made to the policy since the last version that the Board viewed on the 8<sup>th</sup> of February 2024.

- 5.11.2 - this paragraph has been amended to show that the Board, Governance and Records Manager is authorised to release records under Freedom Of Information and Data Protection law (with authorisation from Chief Executive Officer (CEO) and Caldicott Guardian (CG)) and that HSSIB Investigators can disclose if necessary for exceptional situations (such as risk to life) but this too must be authorised by the CEO and CG..
- 5.17.2 - a line has been added to this paragraph, indicating that some Board Members / NEDs are using their own personal computers and that this will be mitigated appropriately.
- Appendix B – this has been amended to show that anything labelled ‘official sensitive personal’ should be noted to be protected materials if the information is classed as an investigation record.

## **Section Three: Options**

The Board is invited to approve the HSSIB Document and Records Management Policy.

## **Section Four: Recommendation**



The Board is asked to approve the publishing of the HSSIB Document and Records Management Policy for staff, through our internal communications channels.

Health Services Safety  
Investigations Body



# THE HEALTH SERVICES SAFETY INVESTIGATIONS BODY

## HSSIB Document and Records Management Policy

Version number: v1.0

First published: N/A

Date updated: April 2024

Next review date: April 2026

Policy prepared by: Board, Governance and Records Manager

Policy Owner: Business Services Team

Brief summary of changes since previous version: Section 5.17.2 amended to show that some NEDs may use personal laptops, Section 5.11.2 amended to show staff who have authority to disclose records, Appendix B amended to add protected materials as suggested by HSSIB Chair.

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](mailto: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: 1.0
Status: FINAL	Next review date: April 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: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



## 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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



the users of the communication system.

- 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](mailto: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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





### 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



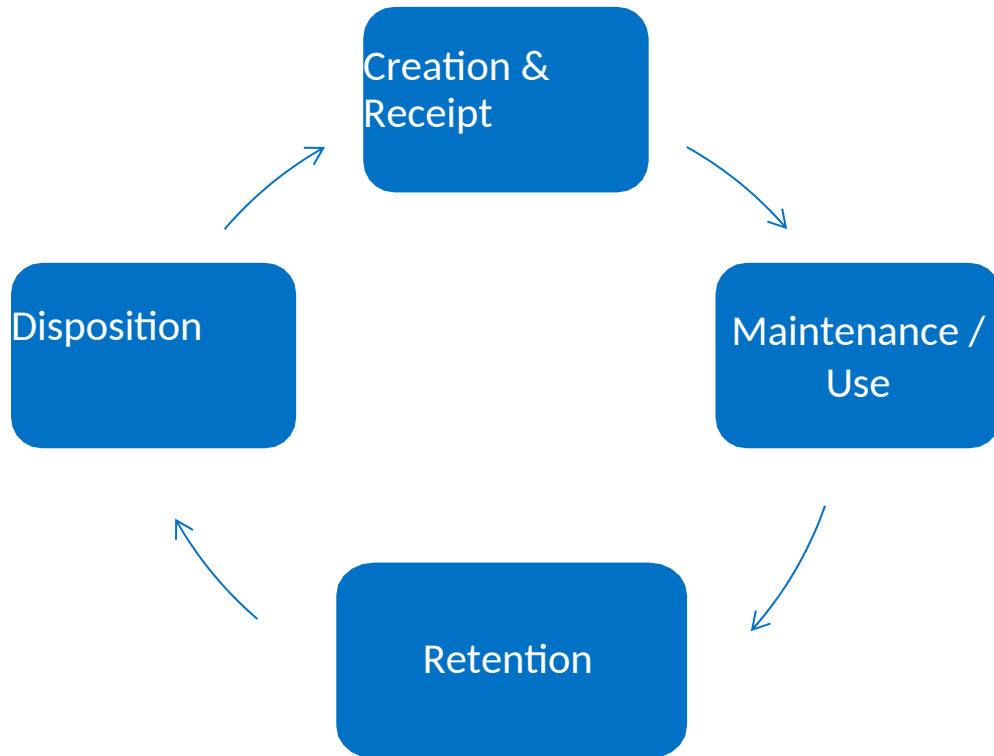
## 5 Business Services Procedures

- 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



## 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



Business Services Directorate, the team is responsible for ensuring the disposal 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.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- 5.8.4 The re-naming of old documents is optional but new documents must follow the 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





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.

- The BGRM has the authority to disclose records in conjunction with HSSIB’s Freedom of Information Policy, Data Protection Policy, and procedure for managing personal data requests. Before doing so, authorisation must be received in writing from the Chief Executive Officer and the Caldicott Guardian.
- HSSIB Investigators have the authority to disclose certain investigation records, when appropriate (for example, if it felt that there is threat or risk to human life). Before doing so, authorisation must be received in writing from the Chief Executive Officer and the Director of Investigations.

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](mailto: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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





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](mailto:ig@hssib.org.uk).

### 5.13 Record Appraisal

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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



### 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 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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. Board members / NEDs may use personal computers if they wish, and mitigations will be put in place to ensure that HSSIB information is held securely.

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.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- 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 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.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- **Coherent** - Refers to data being consistent with other available information, either from other sources or with different frequency.
- **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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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

### 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





## 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’.

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- The date a file was created is recorded in the file metadata on MS SharePoint.
- 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





## 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.

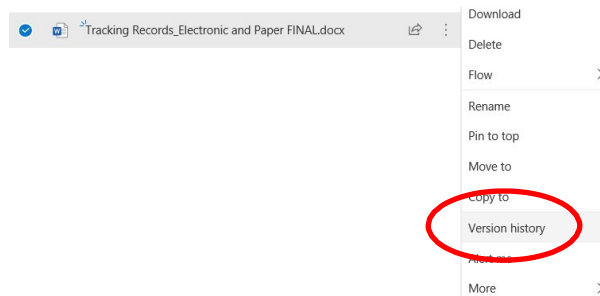
The following rules should be followed when naming folders, just as when naming documents and records:

- 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3

## 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



## 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 \(www.gov.uk\)](http://www.gov.uk)

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 (Protected Materials)

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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 (Protected Materials)

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 – PROTECTED MATERIALS’ 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 – PROTECTED MATERIALS’ 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

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 PROTECTED MATERIALS information:

All OFFICIAL-SENSITIVE PROTECTED MATERIALS 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 PROTECTED MATERIALS 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 Protected Materials 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



- 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 PROTECTED MATERIAL		
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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 PROTECTED MATERIALS
Personal	Concerning matters personal to the sender and/or recipient	OFFICIAL- SENSITIVE: PERSONAL PROTECTED MATERIALS
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 at HSSIB	OFFICIAL- SENSITIVE: PERSONAL

Document Owner: Business Services Team	Prepared by: Board, Governance and Records Manager	First Published: TBC
Document number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3





## 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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



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 number: HSSIB001	Approval date: TBC	Version number: 1.0
Status: FINAL	Next review date: April 2026	Page 3



### Appendix D: HSSIB Disposal of Records Certificate

Disposal of Records Certificate			
<b>Section:</b>	<b>Name:</b>	<b>Date:</b>	
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](mailto:ig@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: 1.0
Status: FINAL	Next review date: April 2026	Page 3

## 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 <sup>st</sup> 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 <sup>nd</sup> Draft	Second draft version for HSSIB Board in February 2024.
V0.3	January 2024	Board, Governance and Records Manager	3 <sup>rd</sup> Draft	Third draft version for HSSIB Board in February 2024, following comments via Finance and Performance Director.



## HSSIB Board Cover Sheet

<b>Title of paper</b>	<b>Board Terms of Reference (ToR)</b>				
<b>Agenda Item</b>	8	<b>Date of meeting</b>	09 April 2024		
<b>Executive Lead</b>	Maggie McKay				
<b>Action Required</b>	To Approve	<input checked="" type="checkbox"/>	<b>Purpose</b>	Strategy	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>		Assurance	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>		Policy	<input checked="" type="checkbox"/>
	To Note	<input type="checkbox"/>		Performance	<input type="checkbox"/>
<b>Link to Strategic Goal</b>	TBC – Strategic Goals being discussed at present time.				

<b>Executive Summary</b>	
<p>The Board is asked to consider the Board Terms of Reference (ToR), which has been shared and reviewed with the HSSIB Chair, Ted Baker and the Senior Leadership Team. The Board ToR aligns with the Board Code of Conduct.</p>	
<b>Action required/ request/ recommendations</b>	To provide feedback and approve the ToR.
<b>This Report has been discussed at / date:</b>	<p><b>This report has the following impact:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality and Safety</li> <li><input type="checkbox"/> Financial</li> <li><input type="checkbox"/> Legal</li> <li><input type="checkbox"/> Human Resources</li> <li><input type="checkbox"/> Equality and Diversity</li> <li><input type="checkbox"/> Communications and Engagement</li> <li><input checked="" type="checkbox"/> Operational</li> <li><input type="checkbox"/> Performance</li> </ul> <p><b>Impact Details:</b></p>
<p><b>Responsible Manager</b> Name: Julia Blomquist</p> <p>Title: Business Manager</p>	<p><b>Accountable Director</b> Name: Maggie McKay</p> <p>Title: Finance and Performance Director</p>



# Health Services Safety Investigations Body

## Health Services Safety Investigations Body Board Terms of Reference (ToR)

### 1. Background

- 1.1 The Healthcare Services Safety Investigation Body (HSSIB) is a fully independent arm's length body of the Department of Health and Social Care (DHSC).
- 1.2 HSSIB's purpose, powers, duties and aims are set out in a [Framework Document](#) agreed between DHSC and HSSIB, which has been approved by HM Treasury.
- 1.3 HSSIB's objectives are set through an annual remit letter from DHSC Ministers, who are responsible for approving HSSIB's business and longer-term strategic plans.
- 1.4 The Chief Executive is responsible for the leadership and management of HSSIB and delivery of its objectives and shall put in place appropriate governance arrangements and regularly review them.
- 1.5 The Chief Executive is supported by a board ("the Board"), composed of a Chair and both Non-Executive and Executive members. The Chief Executive's responsibilities to the Board are to:
  - 1.5.1 advise the Board on the discharge of HSSIB's Board's responsibilities as set out in this document and in any other relevant instructions and guidance that may be issued from time to time;
  - 1.5.2 advise the Board on HSSIB's performance compared with its aims and objectives;
  - 1.5.3 ensure that financial considerations are taken fully into account by the Board at all stages in its provision of advice and scrutiny, and that financial appraisal techniques are followed;
  - 1.5.4 bring to the attention of the Board any matters which give rise to a conflict with the Chief Executive's responsibilities as accounting officer as set out in paragraphs 5.7 to 5.11 of the framework document.

## 2. Role of the Board

2.1 The Board will provide advice, challenge and support to the Chief Executive and Executive team on the development and delivery of HSSIB's priorities. The Chair and Chief Executive will agree in advance agenda topics on any aspect related to this.

2.2 Further, the Board shall provide advice, support and constructive challenge on:

- 2.2.1 establishing and taking forward the strategic aims and objectives of HSSIB consistent with its overall strategic direction, in implementing a clear vision;
- 2.2.2 to support the exercise of the duties and powers of the Board in providing independent and objective assurance;
- 2.2.3 providing effective leadership of HSSIB within a framework of prudent and effective controls which enables risk to be assessed and managed;
- 2.2.4 to ensure accountability by holding the HSSIB to account for the delivery of strategic objectives and by seeking assurance that systems controls are robust and reliable;
- 2.2.5 ensuring the financial and human resources are in place for HSSIB to meet its objectives;
- 2.2.6 reviewing management performance;
- 2.2.7 ensuring that the Board receives and reviews regular financial and management information concerning the management of HSSIB;
- 2.2.8 ensuring that the Board is kept informed of any changes which are likely to impact on the strategic direction or on the attainability of its targets, and determining the steps needed to deal with such changes and where appropriate bringing such matters to the attention of the responsible minister and DHSC sponsorship team directly;
- 2.2.9 ensuring that any delegated authority is agreed with DHSC, and is in accordance with any other conditions relating to the use of public funds; and that, in supporting decision-making, the Board takes into account guidance issued by the department;
- 2.2.10 ensuring that HSSIB have appropriate internal mechanisms for the monitoring, governance and external reporting regarding any conditions arising and support the Chief Executive and HSSIB as a whole to act in accordance with their obligations;
- 2.2.11 to shape a positive culture for the HSSIB and support the development of the workforce;
- 2.2.12 demonstrating high standards of corporate governance at all times, including by using the Audit and Risk Assurance Committee to help the Board to address key financial and other risks;
- 2.2.13 putting in place mechanisms for independent appraisal and annual evaluation



of the performance of the Chair by the Senior Departmental Sponsor, taking into account the views of relevant stakeholders. The outcome of that evaluation should be made available to the responsible minister;

2.2.14 determining all such other things which the board considers ancillary or conducive to the attainment or fulfilment by HSSIB of its objectives;

2.2.15 to promote the success of HSSIB.

2.3 The Board shall ensure that effective arrangements are in place to provide it with assurance on risk management, governance and internal control.

2.4 The Board shall ensure that effective arrangements are in place to provide assurance over the design and operation of risk management, governance and internal control.

2.5 The Board shall set up an Audit and Risk Assurance Committee (ARAC) chaired by an appropriately qualified non-executive member other than the Chair of the Board to provide independent advice to the Chief Executive on risk and ensure that the DHSC Audit and Risk Assurance Committee is provided with routine assurances with escalation of any significant limitations or concerns. The Board is expected to assure themselves of the adequacy and effectiveness of the risk management framework and the operation of internal control.

2.6 The Board shall set up a Remuneration Committee (RemCom) chaired by a non-executive member other than the Chair of the Board to ensure that a policy and process for the performance review, remuneration and succession planning for the Chief Executive and Executive Team are in place.

### **3. Duties of the Board**

3.1 The Board's duties and responsibilities:

#### **3.2 Strategy**

3.2.1.1 approve the strategic vision, aim and objectives and reviews the resources required to meet these;

3.2.1.2 review the performance and achievements against objectives ensuring corrective action is taken where required;

3.2.1.3 approve the Annual Business Plan;

3.2.1.4 approve the Annual Report & Accounts.

#### **3.3 Leadership**

3.3.1 ensuring the vision and strategy are clear and are implemented with effective controls enabling risks to be identified and managed;

3.3.2 supporting the development of the workforce.

#### **3.4 Culture**

- 3.4.1 the Board supports the development of the culture within HSSIB by;
  - 3.4.1.1 ensuring the behaviour of the Board is consistent with the HSSIB values and behaviours.
  - 3.4.1.2 ensuring the above are clearly communicated to the workforce.

### 3.5 Governance & Risk management

- 3.5.1 ensure the HSSIB has integrated governance and risk management arrangements in place and internal controls are maintained to meet accountability arrangements;
- 3.5.2 ensure that sound procedures are in place in respect of the reporting and management of risks;
- 3.5.3 ensure compliance with the principles of corporate governance and relevant codes of conduct;
- 3.5.4 review and approved Standing Orders and Standing Financial Instructions as a means to regulate the conduct and transactions of HSSIB business;
- 3.5.5 ensure the functions of the HSSIB are effectively delivered;
- 3.5.6 ensure submission and publication as required of mandatory returns and the Annual Report & Accounts’;
- 3.5.7 undertake a self-assessment on an annual basis and consider, at the end of each meeting, its effectiveness in discharging its responsibilities as set out in these Terms of Reference;
- 3.5.8 the Board is authorised to take decisions on behalf of the HSSIB and to obtain outside independent professional advice of outsiders with relevant experience and expertise if they consider this to be necessary.

### 3.6 Committees

- 3.6.1 establish and maintain Board Committees as set out in the HSSIB Standing Orders.

## 4. Chair’s roles and responsibilities

4.4 The Chair is responsible for leading the Board in the delivery of its responsibilities. Such responsibility shall be exercised in light of their duties and responsibilities as set out in the Chair’s terms of appointment.

4.5 Communications between HSSIB’s Board and the responsible minister should normally be through the Chair.

4.6 The Chair is bound by the [Code of Conduct for Board Members of Public Bodies](#) , which covers conduct in the role and includes the [Nolan Principles of Public Life](#).

4.7 In addition, the Chair is responsible for:

- 4.7.1 ensuring that HSSIB's affairs are conducted with probity, including by monitoring and engaging with appropriate governance arrangements;
- 4.7.2 ensuring that policies and actions support the responsible minister's wider strategic policies and that, where appropriate, these policies and actions shall be clearly communicated and disseminated throughout HSSIB.

4.8 The Chair has the following leadership responsibilities in support of the Chief Executive who holds formal responsibility for HSSIB:

- 4.8.1 developing and maintaining a diverse and high-performing Non-Executive Board team, helping to foster collaborative relationships at all levels within HSSIB, with the department, across government and devolved administrations, and with other key stakeholders;
- 4.8.2 establishing sound governance including through ensuring effective Non-Executive leadership of HSSIB's ARAC and RemCom and establishing and maintaining other sub-committees as needed;
- 4.8.3 supporting and informing the evolution of HSSIB's organisational and strategic design and development, including through assisting the Chief Executive to develop a leadership model to recruit, build and retain HSSIB's top talent;
- 4.8.4 formulating the Board's strategies and ensuring that the Board, in performing its role, takes proper account of guidance provided by the responsible minister or the department;
- 4.8.5 supporting the Chief Executive's accountability relationship with the department, and providing advice, support and challenge to HSSIB's Executive Team in delivering the priorities set out in HSSIB's annual business plan;
- 4.8.6 supporting the Chief Executive in promoting the efficient and effective use of staff and other resources, and ensuring that the appropriate organisational culture, values, behaviours and capability are in place to enable HSSIB to fulfil its function and deliver its mission;
- 4.8.7 delivering high standards of regularity and propriety, including that HSSIB's adheres to good financial principle as set out in HMT's Managing Public Money and the Cabinet Office's Partnerships between departments and Arm's Length Bodies: Code of Good Practice.

4.9 The Chair also has obligations to ensure that:

- 4.9.1 the work of the Board and its members are reviewed and that they are working

effectively, including ongoing assessment of the performance of individual board members (to include an objective setting meeting on appointment and mid-year review) with a formal annual evaluation and further assessments of the performance of individual board members when being considered for reappointment;

- 4.9.2 in conducting assessments, the views of relevant stakeholders including employees and the sponsor team are sought and considered;
- 4.9.3 the Board has a balance of skills appropriate to directing HSSIB's business, and that all members, including the Chair, continually update their skills, knowledge and familiarity with HSSIB to fulfil their role both on the board and committees. This shall include, but not be limited to, appropriate skills and training in relation to financial management and reporting requirements, risk management, the requirements of Board membership within the public sector and any differences that may exist between private and public sector practice;
- 4.9.4 Board members are fully briefed on their terms of appointment, duties, rights and responsibilities;
- 4.9.5 the responsible minister is advised of HSSIB's needs when Board vacancies arise;
- 4.9.6 there is a Board operating framework in place setting out the role and responsibilities of the Board consistent with the Government Code of Good Practice for Corporate Governance;
- 4.9.7 there is a HSSIB Code of Conduct for Board Members in place, that has at its heart all the requirements set out within this ToR.

## **5. Individual Board members' responsibilities**

### **5.1 Individual Board members shall:**

- 5.1.1 comply at all times with the Code of Conduct for Board Members of Public Bodies, which covers conduct in the role and includes the Nolan Principles of Public Life as well as rules relating to the use of public funds and to conflicts of interest;
- 5.1.2 demonstrate adherence to the 12 Principles of Governance for all Public Body Non-Executive Directors;
- 5.1.3 not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organisations;
- 5.1.4 comply with the organisation's rules on the acceptance of gifts and hospitality, and of business appointments (v) act in good faith and in the best interests of HSSIB;

- 5.1.5 ensure they are familiar with any applicable guidance on the role of public sector non-executive members and boards that may be issued from time to time by the Cabinet Office, HM Treasury or wider government.

## **6. Board Committees**

6.1 The Board may set up such committees as necessary for them to fulfil their functions, each of which will provide advice, support and constructive challenge in its respective areas of responsibility and provide the board with regular reporting. As is detailed below, at a minimum, this is expected to include:

- (i) an Audit and Risk Committee (mandatory requirement) chaired by an appropriately qualified Non-Executive member of the Board;
- (ii) a Remuneration Committee chaired by an Non-Executive member of the Board.

6.2 While the Board may make use of committees to assist their consideration of audit, risk and remuneration, it retains responsibility for, and endorses, advice to the Chief Executive in all of these areas. The Chair should ensure that sufficient time is allowed at board meetings for committees to report on the nature and content of discussion, on recommendations, and on actions to be taken.

6.3 The Chair shall ensure Board committees are properly structured with appropriate terms of reference. The terms of each committee shall set out its responsibilities as set by the Board. The Chair shall ensure that committee membership is periodically refreshed and that individual independent non-executive members are not overburdened when deciding the chairs and membership of committees.

## **7. Membership**

7.1 The Board will comprise:

- (i) Chairperson
- (ii) Five Non-Executive Directors
- (iii) the Chief Executive Officer and other Executive members as agreed by the Board with the date of the Board's decision clearly recorded.

7.2 In addition, a representative from DHSC will be invited to attend the Board.

7.3 Members will have a balance of skills and experience appropriate to directing HSSIB's business, including data, technology, organisational performance management and corporate services. The Board should include a majority of independent Non-Executive members to ensure that executive members are supported and constructively challenged in their role.

7.4 Following consultation with DHSC, the Chair may recommend to the Board that one of the Non-Executives be appointed as Deputy Chair. If there is a vacancy in the office of Chair, then any person so appointed as Deputy Chair shall be Acting Chair until such time that a new Chair has been appointed.

7.5 The Board may require the attendance of members of HSSIB staff, to discuss, contribute and review any area it considers relevant at the invitation of the Chair.

7.6 The Chair of the Board may, in consultation with the Chief Executive, invite individuals other than HSSIB staff with particular expertise or experience to provide input on a specific topic or agenda item. Invitees may provide the Board with information by way of a written submission, oral presentation or participation in discussion.

7.7 The Board Administrator will function as the Board Secretariat. In the absence of the Board Administrator, the Business Manager to CEO and Chair will provide secretarial support to the Board.

## **8. Meetings of the Board**

8.1 The Board shall meet at least quarterly and meetings shall be held in public. The papers for its meetings, including a summary of discussions, shall be published, along with a copy of the Board terms of reference, on the HSSIB website.

8.2 Meetings of the Board shall be summoned by the Board Secretary at the request of the Chair of the Board and/or Chief Executive.

8.3 The quorum shall be four, two of whom shall be Non-Executives in addition to the Chief Executive, or, in their absence, their nominee, and one of the other Executive Team members of the Board.

8.4 In the absence of the Chair of the Board or appointed Deputy, the remaining Non-Executive members present shall elect one of themselves to chair the meeting.

8.5 Where a Board meeting:

8.5.1 is not quorate under paragraph 8.3 within one half hour from the time appointed for the meeting; or

8.5.2 it becomes inquorate during the course of the meeting, the Board members present may determine to adjourn to such time, date and place as may be determined by the members present.

8.6 Participation will usually be in person, but members of the Board may participate by telephone or video-conferencing facility and be deemed to be present and constitute part of the Board for that meeting.

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

- 8.8 Members will declare any conflicts of interest not previously notified prior to each Board meeting;
- 8.9 Any member at any time is entitled to ask the Chair whether an item of business should be discussed outside of a meeting in common, as it conflicts with a power of duty of an individual organisation;
- 8.10 Unless otherwise agreed, notice of each meeting confirming the venue, time, and date together with an agenda and supporting papers shall be circulated to each member of the Committee, any other person required to attend and all other Non-Executive Directors, no later than five working days before the due date of the meeting.
- 8.11 Private Board meetings will be held only when required to consider confidential items such as confidential human resources or commercially sensitive information. Reports to private Board will be by exception only, we will report as much as possible into public Board.

## **9. Administration**

9.1 The Board Secretariat will be responsible for:

- 9.1.1 preparing the agenda in consultation and agreement with the Chair and Chief Executive;
- 9.1.2 commissioning Board papers accordingly;
- 9.1.3 circulating Board papers to members and invitees, normally five working days before each meeting;
- 9.1.4 formally recording the minutes and to submit them to the next meeting for approval;
- 9.1.5 maintaining an action log;
- 9.1.6 maintaining a forward planner showing the annual work programme.
- 9.1.7 Ensuring that Board papers are made available to the public on the day of the meeting via the HSSIB website.

9.2 Draft minutes will be sent to the Chair within five business days of the meeting and submitted for formal agreement at the next meeting.

9.3 Papers shall only be tabled at meetings in exceptional circumstances and with the agreement of the Chair presiding at the meeting.

9.4 The Chair shall draw to the attention of the Board any issues that require disclosure, or that require executive action.

9.5 Non-Executive members are eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on HSSIB business.

9.6 Minutes will be published on the HSSIB website, subject to the redaction of any confidential or otherwise exempt material.

## **10. Voting**

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

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

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

## **11. Annual Review Process**

11.1 These terms of reference will be reviewed annually. The next review date is April 2025.

11.2 These terms of reference, shall be publicly available on HSSIB's website.

11.3 The Board shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the Chair of the Board considers this appropriate or necessary.

11.4 The Chair of the Board shall conduct an annual appraisal of the Non-Executive members, which will be shared with the DHSC appointments team as required.



# Forward Planner



Health Services Safety  
Investigations Body

## Upcoming Meetings & Proposed Agenda Items

<b>2 May '24</b>
<i>Board Meeting</i>
Sessions / Topics
Year End Performance Report Sign Off
Sub-Committee Updates
CEO Report
Retained Swabs Investigation presentation update
ED&I Action Plan

<b>27 June '24</b>
<i>Board Meeting</i>
Sessions / Topics
Annual Report and Accounts Sign Off
Final Strategy
Performance Report
Sub-Committee Updates
FTSU
CEO Report
Education Presentation
Business Plan and Budget Sign Off

<b>14 August '24</b>
<i>Board Meeting</i>
Sessions / Topics
Comms Strategy
Performance Report
Sub-Committee Updates
CEO Report
Chair update
Investigation Presentation



Health Services Safety  
Investigations Body

**Minutes of the  
Inaugural Audit and Risk Assurance Committee (ARAC)  
Thursday 30 November 2023 14:00hrs-15:30hrs  
Virtual Meeting via Microsoft Teams**

**Present**

Peter Schild (PS)	ARAC Chair, HSSIB Non-Executive Director
Dr Ted Baker (TB)	Chair of HSSIB
Marc Esmiley (ME)	HSSIB Non-Executive Director
Marisa Logan-Ward (MLW)	HSSIB Non-Executive Director

**In attendance**

Dr Rosie Benneyworth (RB)	Chief Executive, HSSIB
Maggie McKay (MM)	Finance and Performance Director, HSSIB
Sarah Graham (SG)	Board, Governance and Records Manager, HSSIB
Julia Blomquist (JB)	Business Manager to CEO and Chair (minutes), HSSIB
Rachel Nugent (RN)	External Audit Director, National Audit Office (NAO)
David Hakin (DH)	Engagement Manager, National Audit Office (NAO)
Jo Charlton (JC)	Internal Audit Manager, Government Internal Audit Agency (GIAA)
Karen Holland (KH)	Group Chief Internal Auditor, Government Internal Audit Agency

**WELCOME / ITEM 1.1 – INTRODUCTIONS**

The Chair opened the meeting and welcomed members and other attendees. The meeting was recorded for record keeping purposes only.

**ITEM 1.2 APOLOGIES FOR ABSENCE**

There were no apologies for absence.

**ITEM 1.3 DECLARATION OF QUORUM**

The meeting was quorate with all members in attendance.

**ITEM 1.4 DECLARATION OF INTERESTS**

There were no relevant declarations of interest.

**ITEM 1.5 MINUTES OF LAST MEETING ON 5 OCTOBER 2023**

The minutes from the previous meeting were approved as a true and accurate record.

**ITEM 1.6 ACTIONS FROM LAST MEETING**

The Committee review the action log and updates were provided.

Action 1 – To circulate in correspondence.

Action 2 - This has now been completed and agreed to be closed.



Health Services Safety  
Investigations Body

Action 4 – The meeting has been set up for 11 December 2023.

Action 6 - KH has now added PS ALB ARAC Chairs Group to the invite list and agreed to close the action.

**Action: JC to arrange a meeting with ME and MLW regarding the GIAA role of internal audit.**

## **ITEM 2 - CHAIR'S UPDATE**

PS provided the following update since the last meeting:

- PS met with the Chief Financial Officer at the Department of Health and Social Care (DHSC) who has connected PS with the DHSC ARAC Chair.
- PS attended a meeting with JC where three areas of audit were agreed for this year; risk management, governance and internal controls on payroll which will be completed in quarter four. NAO will commence their final audit on 29 April 2024 and are hoping to lay our annual report and accounts before the summer recess.
- Future ARAC meetings have been arranged up until June 2024. The next meeting will be held on 28 February 2024 to review the draft annual report and accounts.
- TB and PS joined the interview panel along with a DHSC and external representative for the HSSIB Chief Executive Officer role which is now continuing to progress.
- The HSSIB Board meeting is taking place in Derby on 7 December 2023 and PS will provide an ARAC update.

PS informed the DHSC are pleased with our current progress and thanked MM and the team for their continued efforts and hard work.

## **ITEM 3 – FINANCE AND GOVERNANCE REPORT**

MM provided an update as detailed in the paper to inform the Committee of the status of key workstreams within finance and governance. MM informed the Committee that the implementation of the new finance and accounting system by NHS England (Integrated Single Financial Environment (ISFE) 2) has been delayed until June or September 2024.

Regarding the DSPT, JC said that GIAA can include the certification process in the 2024/25 internal audit plan and will also share learnings from other small organisations across the health group that could help with HSSIB's first submission.

MLW queried the rationale for a combined finance and governance reporting into ARAC, MM responded this was due to it being written by the same team but in future will separate these areas.

## **ITEM 4 – RISK MANAGEMENT REPORT**



MM submitted a report providing the Committee with the HSSIB Risk Management Framework and an update on HSSIB's exposure to risk as at end of November 2023.

ME thanked MM for the update, and from a board perspective would like to understand how to challenge or reduce the amber and red risks, MM responded the mitigations can be included. RB added we have done some work looking at risk controls, mitigations and residual risk as a result but is aware more can be done and that we need to develop a forward plan with the Board as there is complexity in our new legislation. RN reflected from her experience with other risk registers, it can be helpful to look at target risk based on target level and residual to focus on what is more important and focus on risk appetite. TB felt this is a useful starting point to identify the major strategy risks, there is more work to develop our strategy which will then help us to understand the risks further. KH agreed with the process and that there are good maturity models that we could look at to develop and prioritise going forward to help shape how we do risk management. RB recognised it would be helpful to understand how to embed the maturity matrix throughout the organisation, KH agreed to share this. JC added the risks presented were only the high scoring inherent risks and at future meetings would like to see the full set of strategic risks presented for visibility and to provide positive assurance. MM responded guidance was taken from the ALB risk group which is why only operational risks were included and not the low-level risks and agreed to present these in future. PS queried whether the movement in risk RAG rating would be recorded, MM confirmed this will be. PS further raised whether Committee members should undertake risk training on ESR, MM responded this is not a mandatory model but will investigate it.

**Action: KH to share maturity matrix with MM and RB.**

**Action: MM to research ESR risk training.**

**Action: MM to circulate management accounts to the Committee.**

## **ITEM 5 – YEAR END PROVISIONAL TIMETABLE**

MM submitted the paper to provide the Committee with assurance on the progression of the timetable for risks associated with the audit and production of the annual report and accounts. The Committee noted the proposed timetable and preparation of the annual report and account and associated risks.

JC informed the GIAA head of internal annual report should be factored in which is expected at the June 2024 Committee meeting, as the overall annual opinion will feature in the governance statement. RN highlighted the key member of staff for the day-to-day management of the NAO planning audit has been delayed starting this work until January, but reassured appropriate plans will be put in place so it does not affect the timetable.

## **ITEM 6 – HSSIB POLICIES FOR APPROVAL**

## **ITEM 6.1 – BOARD ASSURANCE FRAMEWORK**

MM gave an overview of the framework which brings all relevant information together to ensure there is a clear and complete understanding of the risks to the HSSIB's strategic objectives, the level of assurance in place and whether the current control is effective. MM added this can be developed and will feed into the risk register.

KH advised as the framework is developed it is worth reflecting on the risk control framework for government which brings together all the accounting officer roles and responsibilities in terms of various pillars that need assurance.

The framework was approved.

## **ITEM 6.2 BRIBERY AND FRAUD POLICY**

MM presented the policy which applies to all employees of HSSIB and / or any other parties who undertake business on behalf of or representing HSSIB. This also forms part of employees mandatory and statutory training on ESR.

The policy was approved and will be circulated to the organisation.

## **ITEM 7 – GOVERNMENT INTERNAL AUDIT AGENCY UPDATE**

### **ITEM 7.1 – PROPOSED INTERNAL AUDIT POLICY**

JC met with RB and MM to discuss useful audits to be able to deliver opinion and make comment on the adequacy of risk management, governance and internal control, taking into account the early set up stages of the organisation. Three internal audits were agreed by Management; risk management, corporate governance and payroll. JC included the proposed scope to look at both strategic and operational risk management arrangements and how they are being set up and embedded. Corporate governance will look at the adequacy of arrangements, how they have been set up and how well they are working. The internal control audit will review payroll systems. The reviews will be completed by 31 March 2024 and inform the Head of Audit opinion for the part year that HSSIB has been operating for 2023/24.

MLW felt this was a sensible plan but queried how effective the corporate governance review would be given the immaturity of the organisation only a handful of board and committee meetings have taken place during that timeframe. JC responded the current stages of the organisation will be considered and opinion will be given on last the last six months and that some of the recommended improvements will help progress the organisation forward.

The Committee agreed to ratify the 2023/24 proposed internal audit plan.

### **ITEM 7.2 INTERNAL AUDIT CHARTER**



Health Services Safety  
Investigations Body

JC presented the Internal Audit Charter which sets out ways of working and standards between GIAA and HSSIB to make internal audit as effective as possible. The Charter was agreed and will be signed by PS and RB.

### **ITEM 7.3 – MEMORANDUM OF UNDERSTANDING (MoU)**

The MoU set out the agreement between GIAA and HSSIB under which the GIAA provides interval audit services. The MoU was agreed and will be signed by PS and RB.

### **ITEM 8 – COMMENTS, ANNOUNCEMENTS, AND ANY OTHER BUSINESS**

RB reiterated thanks to the finance and governance teams for their ongoing efforts and hard work. The Committee echoed thanks and TB added recognition of the progress the team, PS and the Non-Executive Directors have made to drive this work forward and what we have achieved so far.

KH recognised there is a lot of work to be done and offered any help or support for assistance. SG thanked the Committee for their support and advice.

The Committee will next meet on 28 February 2024 to review the draft annual report on accounts.

### **ITEM 9 - CLOSE**

The meeting closed at 14:56hrs.



Health Services Safety  
Investigations Body

**Minutes of the  
Audit and Risk Assurance Committee (ARAC)  
Wednesday 28 February 2024 10:00hrs-11:00hrs  
Virtual Meeting via Microsoft Teams**

**Present**

Peter Schild (PS) ARAC Chair, HSSIB Non-Executive Director  
Marc Esmiley (ME) HSSIB Non-Executive Director

**In attendance**

Dr Rosie Benneyworth (RB) Chief Executive, HSSIB  
Maggie McKay (MM) Finance and Performance Director, HSSIB  
Sarah Graham (SG) Board, Governance and Records Manager, HSSIB  
Julia Blomquist (JB) Business Manager to CEO and Chair (minutes), HSSIB  
Rachel Nugent (RN) External Audit Director, National Audit Office (NAO)  
David Hakin (DH) Engagement Manager, National Audit Office (NAO)  
Jo Charlton (JC) Internal Audit Manager, Government Internal Audit Agency, GIAA  
Luke Paton (LP) Project Manager, HSSIB  
Minal Patel (MP) Head of Policy, Strategy and Engagement, HSSIB  
Carey Taylor (CT) Communications and Engagement Manager, HSSIB  
Adam McMordie (AM) Deputy Director Quality, Patient Safety & Investigations, DHSC

**WELCOME / ITEM 1.1 – INTRODUCTIONS**

The Chair opened the meeting and welcomed members and other attendees. The meeting was recorded for minute taking purposes only.

**ITEM 1.2 APOLOGIES FOR ABSENCE**

Ted Baker (TB) and Marisa Logan-Ward (MLW).

**ITEM 1.3 DECLARATION OF QUORUM**

The meeting was quorate.

**ITEM 2 PROGRESS OF ANNUAL REPORT AND ACCOUNTS**

PS outlined the purpose of the meeting which was to discuss the progress of the annual report and accounts which included the project plan, skeleton annual report, risk register and high level timeline. The draft annual report and accounts will be shared with the Board, NAO and DHSC for review and comment on by 15 May 2024, ahead of the May board development day and ultimate sign off on 27 June 2024 prior to laying the accounts before Parliament in week commencing 15 July.

MLW reviewed and commented on the papers in absence of the meeting, noting we need to include the history of the organisation; where we came from, what we're aiming to do as we move forward and the challenges we will face. PS confirmed this will be incorporated into the

Chief Executive and Chairman's commentary.

MM provided an update to the Committee on the current progress of the production of the annual report and key risks for their awareness, views and comments.

Weekly meetings are currently taking place to ensure the report is moving forward. A working group has been formed which has focused on setting up the timetable and the skeleton structure of the report to date. HH Global, a design agency, has been contracted to do the concept of the report and create the infographics with two rounds of amendments. MM highlighted if more amendments are required, it will cost more. It is key that this is a quality document that is visually appealing and consistent with our brand identity using colours, fonts, images and graphics that reflect our values and style. In addition, we will include case studies of our investigations and feedback from our education programme.

MM informed the Committee that there were three risks to be aware of:

The first risk is that we do not have the correct timescales for suitable review and sign off for laying prior to recess, parliament stands on the 23rd of July. The DHSC sponsorship team have been helpful and HSSIB has useful meetings since these papers were prepared and are now confident that we've got the correct actions listed. However, MM was conscious that the Minister is likely to want to be able to review the annual report and accounts. It is important that the DHSC have the final draft report prior to the ARAC and Board meetings. A Board Development Day will take place at the end of May to review the report and discuss the comments for Board, NAO and DHSC. The impact of this is that the delivery of the majority of the content has been brought forward to the end of March rather than the end of April, therefore some of that information i.e. financials, will not be available at that point. Consequently, the timetable will need to be reissued and a pack with more detail will be circulated in the next week which will also be sent to the DHSC, SLT and the Board so that they are aware of what is required of them.

The second is around having sufficient resource to provide the necessary content due to the size and maturity of the organisation. The process has been prioritised and well planned, and MM feels that HSSIB is in a strong place, the key will be achieving the timescales.

The final risk is using an external agency for the design and the production of the final document. However mitigating, this risk is the use of HH Global, who have been recommended by DHSC. They are experts in this area and know the intricacies of the process, which does reduce the level of risk.

MM updated the content is currently being developed, for example, the sustainability report and whether we get an exemption of the Greening Commitments due to the size of the organisation meaning we do meet the requirements. Other content includes obtaining approval to use quotes and feedback from families on our investigations and have a series of confirmations of the Board members, so they are aware that their salaries are disclosed and their attendance at meetings.

MM explained that the detailed project plan is a live document, which is continually being



updated. The NAO Annual Report and Accounts Disclosure Guide will be used. In addition, HSSIB is using the NDPB Green template for the staff report and financial accounts.

PS thanked MM for the overview and update and opened the meeting for comments and discussion.

RN informed ARAC that in terms of the Comptroller and Auditor General sign off, NAO have a pre-review process where a briefing will be provided in advance, so that anything that needs addressing can be done so before the report is signed off and therefore does not envisage any potential risks affecting the timeline.

CT confirmed HH Global have a timetable of the process and will have a meeting next week to finalise the plans so they can start their preparations on the infographics and images. CT informed her role will be managing the written content which includes the Chief Executive and Chairman's editorial and copyrighting the contents within the report. The Communications and Engagement Team will also lead managing the style of the report, ensuring there is consistency and a clear narrative and flow. In addition, a proofreader will be engaged to also review the report.

RB highlighted a risk in terms of the election period, AM responded to continue with the timescales as if there is no parliament at the time, this will affect all organisations and will be managed so that they can all be laid as soon as parliament is back. MM added she met with the Parliament team and confirmed the accounts will be laid the week commencing 15 July, a week before Parliament rises on 23 July.

RB asked NAO, DHSC and GIAA whether there were any further risks that we need to consider and be aware of. DH responded it may be worthwhile to share the annual report with the Ministers office at an earlier date, MM noted that the plan will be to present the final draft to the Board, NAO and DHSC on 1 May, which gives the Minister two weeks to review. MM raised a question to AM regarding whether there will be any delays when the report is with the Minister. In response AM felt there will be a fast turnaround, with the initial plan of sharing comments early and the discussions being had, and therefore does not therefore envisage this being an issue.

PS queried whether we can lay the account irrespective of the department, DH confirmed that we can.

### **ITEM 3 ANY OTHER BUSINESS**

Due to an administration error with the papers, NAO will review the disclosure checklist making sure that all the elements are included and will be complete in terms of the annual report itself which will help to mitigate any risk. MM responded as it is a draft skeleton document, the disclosure checklist has not been linked and will cross-reference the disclosure checklist to the annual report and accounts.

RN highlighted the importance of MM receiving support to be able to provide what is needed for the audit in a timely basis which aligns with the agreed timetable to avoid delays pre-recess.



Health Services Safety  
Investigations Body

MM gave her thanks to RB, PS, TB who have been very supportive as well as the rest of the Board and the DHSC. RB thanked the team and external organisations for their ongoing work, help and support.

#### **ITEM 4 CLOSE**

PS thanked MM and the team for their planning work, summarising that the key is to ensure the timescales are met and to continue engaging with the DHSC, NAO and GIAA throughout the process. PS thanked the members and attendees for joining the meeting and informed that the next Committee meeting will take place on 13 March 2024.

The meeting closed at 10:34hrs.