Health Services Safety Investigations Body

Public Board Meeting

Thursday 28 May 2026, 10:00hrs-13:00hrs
King's College, Strand, London, WC2R 2LS

AGENDA

Time	Item	Title	Purpose	Presenter	Delivery
1. OPENING ADMINISTRATION					
10:00	1.1 1.2 1.3 1.4 1.5	Welcome and apologies for absence Declaration of quorum Declaration of interests Minutes of the previous meeting Actions from previous meetings	Information Assurance Assurance Approval Assurance	Ted Baker	Verbal Verbal Verbal Paper Paper
2. PATIENT SAFETY / OPERATIONAL PRESENTATION					
10:05	2.1	Electronic Prescribing and Medicine Administration	Information	Clare Crowley	Presentation
3. REPORTING ITEMS					
10:35	3.1	Chair Report	Assurance	Ted Baker	Paper
10:40	3.2	Senior Leadership Team (SLT) Report	Assurance	SLT	Paper
11:00	3.3	Performance Report	Assurance	SLT	Paper
11:15	3.4	Department of Health and Social Care (DHSC) Sponsor Team Report	Information	DHSC	Verbal
11:20	3.5	Audit and Risk Assurance Committee Report	Assurance	Peter Schild	Paper
11:30 BREAK (10 minutes)					
4. DECISION / APPROVING ITEMS					
11:40	4.1	Key Performance Indicators	Approval	Philippa Styles	Paper
11:50	4.2	26/27 Budget Setting Approval	Approval	Stephen Carruthers	Paper
12:00	4.3	Standing Financial Instructions, Procurement Policy and Standing Orders	Approval	Stephen Carruthers	Paper
12:10	4.4	Revised Governance Arrangements	Approval	Stephen Carruthers	Paper
5. ASSURANCE/ INFORMATION ITEMS					
12:20	5.1	Use of HSSIB powers annual report	Assurance	Philippa Styles	Paper
12:25	5.2	Safeguarding Annual Report	Assurance	Minal Patel	Paper
12:30	5.3	Risk & Governance update	Assurance	Stephen Carruthers	Paper
12:40	5.4	Implementation of the Building Investigation Excellence Strategy	Assurance	Philippa Styles	Paper
6. CLOSING ADMINISTRATION					
12:55	6.1 6.2	Board Forward Planner Any Other Business (no pre-notified items)	Assurance Declaration	Ted Baker Ted Baker	Paper Verbal
13:00	6.3	Formal meeting closes	Declaration	Ted Baker	Verbal
	-	Public Questions			
Next meeting: 27 August 2026, London, 10:00-13:00hrs					

Minutes of the
Healthcare Services Safety Investigations Body (HSSIB)
Public Board Meeting
Thursday 26 February 2026 10:00hrs-13:15hrs
Hyatt House, London Stratford

Present	
Ted Baker (TB)	HSSIB Chair
Dr Rosie Benneyworth (RB)	Interim Chief Executive, HSSIB (virtual)
Marisa Logan Ward (MLW)	Non-Executive Director, HSSIB
Mary Cunneen (MC)	Non-Executive Director, HSSIB
Marc Esmiley (ME)	Non-Executive Director, HSSIB
Peter Schild (PSch)	Non-Executive Director, HSSIB
Philippa Styles (PSty)	Director of Investigations, HSSIB
Stephen Carruthers (SC)	Finance and Resources Director, HSSIB
Andrew Murphy Pittock (AMP)	Education Director, HSSIB

In attendance	
Deinniol Owens (DO)	Deputy Director of Investigations, HSSIB (virtual)
Kay Robertson (KR)	HR and OD Lead, HSSIB (virtual)
Julia Blomquist (JB)	Business Manager to CEO and Chair, HSSIB (minutes)
Luke Paton (LP)	Project Manager, HSSIB
Saskia Fursland (SF)	Senior Safety Investigator, HSSIB
Ben Widdicombe (BW)	Deputy Director of Quality, Patient Safety and Investigations DHSC
Carmel Brown	Member of the public (virtual)

ITEM 1 OPENING ADMINISTRATION

WELCOME / ITEM 1.1 INTRODUCTIONS

The Chair opened the meeting and welcomed the Board members and other attendees in particular to AMP and BW. TB informed SF would be joining in-person for her presentation and DO and KR online for their items.

ITEM 1.1.1 APOLOGIES FOR ABSENCE

Mike Durkin (MD), Non-Executive Director, HSSIB
Minal Patel (MP), Head of Policy, Strategy and Engagement, HSSIB

ITEM 1.2 DECLARATION OF QUORUM

The meeting was quorate.

ITEM 1.3 DECLARATION OF INTERESTS

There were no new declarations of interest.

ITEM 1.4 MINUTES OF THE PREVIOUS BOARD MEETING

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The minutes of the meeting held on 26 November 2025 were approved as a true and accurate record and will be published on the HSSIB website.

ITEM 1.5 ACTIONS FROM PREVIOUS MEETINGS

There were no outstanding actions to discuss.

ITEM 2 REPORTING ITEMS

ITEM 2.1 CHAIR REPORT

The Chair opened by noting that the period since the last Board meeting in November. RB and TB were invited to a meeting with our minister Dr Zubir Ahmed. A constructive and supportive meeting was held discussing the work of HSSIB. Our concerns were raised regarding the independence of the HSSIB and safe space with the move to CQC. Several MPs from all three main parties have asked to meet to discuss this issue as well and have been asked to discuss the issue with the APPG on patient safety on 10 February 2026.

TB and RB also attended the launch of the Imperial report on global patient safety at Parliament on 29 January 2026. This was attended by the Secretary of State who publicly expressed strong support for our work.

TB attended national meetings on patient safety at the Royal Society of Medicine, an APPG symposium on patient safety in Parliament and yesterday a Patient Safety Forum meeting. At all these events TB received very positive feedback in the HSSIB's work.

Earlier in the week TB attended a community event in Newham and talked to community representatives about our work, listening to their concerns about inequalities in access to healthcare.

ITEM 2.2 SENIOR LEADERSHIP TEAM (SLT) REPORT

An Executive summary of the report was provided, highlighting the following:

<u>CEO</u>
RB highlighted the importance of system-wide integration and the opportunities available to identify gaps in patient safety across the health and care landscape. She noted recent media coverage of Baroness Amos's interim report on maternity services and confirmed that a response would be prepared early next week. RB emphasised that the issues raised in the report are national, systemic and complex, and she expressed interest in reviewing the final report when it is published in April.

RB has been invited to the Health and Social Care Select Committee to discuss the temporary care environment, which would provide a valuable opportunity to explore the findings of the relevant report in more depth. She confirmed that work is continuing with the Department of Health and Social Care (DHSC) regarding the HSSIB transition to the Care Quality Commission (CQC).

MLW reflected on the roundtable held with the Race and Health Observatory (RHO) in November 2025 and asked whether there were any further plans, noting that the previous session had been highly insightful and helpful in shaping thinking for the future. RB responded that productive discussions had taken place and that a joint publication with RHO was currently in development. She explained that a communications plan was already in place and that the intention was to publish the work in March. RB added that this would mark the beginning of a wider conversation on addressing bias within investigations.

Investigations
PSty welcomed two new Safety Investigators, Cherry Lumley and Gemma Johns.

It was noted that we have utilised several approaches to identify strategic patient safety priorities across healthcare, and an update was provided on a new pilot underway. Correspondence has been sent to fifteen strategic stakeholders across the system, and early engagement has been positive, including constructive discussions with the sponsorship team. Responses are expected by the end of March, after which the team will move into an analysis phase to determine which topics should be taken forward for investigation.

MC requested for a light-touch analysis to the Board outlining the approach being taken to prioritising investigations. PS advised that further detail would be included in the performance report, noting that the pilot work would also support this. The Board was reminded that both the patient safety strategy and associated frameworks are required to be reviewed every three years.

Education
The Board received an update on ongoing work relating to the GIAA audit and expressed thanks to Neill Thompson for his substantial contribution to this programme. The team continues to work closely with the Audit and Risk Assurance Committee to ensure appropriate oversight and alignment on decisions regarding the associated action plan.

It was noted that the investigator competencies developed by Rosemary Lim and Sophie Hide have been published this week. The Board also welcomed AMP on his return to support the education team.

TB highlighted the continued collaboration with the Patient Safety Managers Network, noting that this connection has been particularly valuable.

Communications
TB acknowledged the significant level of recent publicity and thanked the communications team for their efforts in strengthening engagement with patients, stakeholders and the wider system. RB echoed these comments, observing that the recently signed off- communications strategy was beginning to have a visible impact.

She highlighted the increasing benefits of proactive and targeted communications, including the organisation's work being referenced by external bodies such as Royal Colleges and other stakeholders. The Board congratulated the communications team on the positive influence they are achieving.

TB queried the organisation's move away from Twitter and the Board discussed current social media channels and whether they were achieving the right level of coverage.

Business Services

The Board received an update on the HIMS replacement programme. It was noted that the process remains with the DHSC Commercial Team and has been subject to significant delays, however an update on progress is expected by 6 March. Capital funding for the next financial year has not yet been confirmed and should be available in March. If funding is approved, the organisation will have a twelve -month period to implement the new system. TB asked whether the delays were likely to cause operational difficulties. It was confirmed that the current provider's contract has been extended for a further year, which provides some mitigation; however, PS emphasised that the existing system is not fit for purpose and that a new solution is urgently required to ensure safe and reliable storage of evidence.

SC informed that the transfer to the new finance system has been completed and is now operating on a business-as---usual basis. Several lessons learned have been identified through this process.

PSch asked whether there was any further support BW could provide to help progress the HIMS process, given his successful involvement in a previous escalation. SC responded that the immediate priority was the capital bidding process and the bidder's response due on 6 March. He confirmed that if no substantive progress is made, he would consider reaching out to BW.

A question was raised regarding feedback mechanisms to NHSE following implementation of new accounting systems. SC confirmed that he had worked closely with the project team and provided feedback throughout the process. He has also been invited to participate in DHSC's internal audit of the system implementation. He noted that the issues encountered have been largely local to the organisation. There are no concerns for the NAO, and the principal risk had been ensuring the correct opening and closing balances.

MC queried whether there was a risk of losing other bidders due to the ongoing delays with HIMS. SC advised that he understood bidders were being kept informed. . MC asked whether a cutoff date had been established-, expressing concern about the nature of the process. SC confirmed that a deadline of mi-d March had been set. MC stressed that the current situation was not a sustainable way for the organisation to operate-. It was suggested that BW could speak to the finance team to seek greater clarity on capital funding.

Action: BW to engage with DHSC finance colleagues to seek clarity on capital funding timelines

People
SC informed that the public sector pay award is confirmed at 3.3 percent ahead of the new financial year.

A substantial assurance audit opinion was received on the organisation's wellbeing audit, and the Board congratulated KR on this achievement.

SC updated on the staff survey, explaining a task and- finish group has now been established- with representation from all directorates. An action plan will be presented at the March away day and is scheduled for formal consideration by the Board in April.

The Board noted that the organisation's values were officially launched on Monday and have now been rolled out across the organisation. Thanks were extended to KR and the EDI group for their work. The next stage of the programme will focus on developing behavioural statements.

ITEM 2.3 PERFORMANCE REPORT

An Executive summary of the performance report was provided, highlighting the following:

Investigations and Insights
The Board was advised that work remains on track. The report contains substantial insight, with findings clearly broken down to support review and decision making. During Quarter 3, an intelligence review meeting was held to consider the themes emerging across the system. Analysts, supported by investigators, have undertaken preliminary scoping of these topics. Given the volume and breadth of issues identified-, there is a need to prioritise work to ensure focus on areas of greatest impact.

PSty updated on several topics considered for scoping and outline the rationale for any topics not progressed.

The Board noted that several areas had been selected for progression. The next milestone meeting will involve developing an investigation proposal, supported by data analysis and engagement with stakeholders. The topics identified for further exploration include information sharing between NHS and Independent healthcare, community services waiting lists, and the experiences of people with learning disabilities.

MC reflected on the difficulty of interpreting the current position and questioned whether the organisation was achieving an appropriate spread of focus across its areas of work. PSty responded that the team was deliberately avoiding reacting solely

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to system "noise" and was instead introducing a new pilot to support the identification of patient safety strategic priorities. The pilot is intended to strengthen the evidence base for decision making and to inform how the organisation can best support the National Quality Board (NQB) in establishing and aligning shared priorities. Learning from this activity will be fed back to the patient safety leaders network- to support the continuous development of the organisation's approach.

TB asked whether the Board could be provided, in narrative form, with an overview of how an investigations are developed from the initial identification of an issue through to the decision making processes involved. This would support greater Board understanding of how topics emerge, how decisions are taken, and how the overall process operates. MC added that such insight would help ensure the organisation is not missing underlying trends or work emerging- in "hidden pockets."

RB emphasised that the organisation does not simply follow trends but instead aims to push boundaries and challenge established thinking. She highlighted the importance of embedding Equality Impact Assessments (EIAs) within the investigative process, citing the insulin-focused work as a key example where the EIA had enabled the organisation to identify vulnerabilities and widen the scope of its analysis. RB stressed the importance of preserving the organisation's integrity and independence in determining what it chooses to investigate.

PSty provided an update on the management of community waiting lists for young people, noting that this had been the subject of a particularly insightful investigation proposal meeting. A further update will be brought to the Board at its next meeting.

Action: PSty to develop and present to the Board a narrative explaining the end-to-end process of an investigation, including topic identification, decision-making and prioritisation to a Board Development Day.

<u>Education</u>
Delivery has continued as planned, with course completion rates showing recent improvement and enrolment levels remaining consistently high.

<u>Finance</u>
The Board noted that there had been no capital spend year-to-date. SC confirmed that an IT refresh had been completed, amounting to c. -£50k out of an available £1m allocation for the year. The main anticipated capital expenditure had related to the HIMS replacement.

<u>Business Services</u>
The Board noted a significant underspend in-year. SC explained that the organisation had been allocated £1m of capital despite requesting £0.5m, which accounted for the scale of the underspend. The Board noted that only £50k had been committed to the IT refresh, with the majority of planned capital investment originally intended for the HIMS replacement.

Regarding governance updates, Freedom of Information (FOI) requests remain on track.

The HR dashboard showed an improvement in appraisal completion rates, rising from 58 per cent to 64 per cent in Quarter 4. January also recorded the lowest sickness absence rate seen in the past 18 months.

Strategic Risk Register - SC provided an overview of the high-level- risks, reporting that £133k had been secured through NHSE for cyber funding, and significant work was underway in this area. A cyber strategy is being developed alongside a training programme to strengthen staff awareness. PSch welcomed this approach.

RB raised in relation to the culture risk, that whilst the organisation was working hard to maintain the best possible internal culture, ongoing external uncertainty continued to affect teams. MC asked for an update on the transition related risk, commenting that this remained- a significant concern. PSch advised that the risk had not yet been added to the register pending formation of the Transition Board. RB confirmed that the Transition Board could not yet be established until the relevant legislation was laid, and that recent leadership changes—including the CQC Chair’s resignation and the Interim CEO had created further movement. Although the two organisations' Boards had been expected to convene in February, CQC had stood this down. MC emphasised that the risk was already material and should be formally recognised. PSch agreed, highlighting that alongside the risk of transfer to CQC, the organisation must also clearly define the nature of the risks faced—whether related to leadership, IT infrastructure, or other transition dependencies. Funding for transition activities also remained uncertain. It was noted that ARAC on 12 March would begin initial discussions on the transition related risks. SC reiterated that the organisation currently lacked dedicated resources to support the transition and that without clarity on this, progress would be significantly constrained. TB agreed that lack of resource constituted- a key risk.

ME raised concerns regarding cyber resilience, noting that annual training was insufficient given the rapid pace of technological change and evolving threats. He highlighted the need for more frequent training, stronger control frameworks and clearer standards during the transition period. SC responded that substantial cyber work was already underway, with LP and AMP providing significant support and close working taking place with NHSE. Procurement of the new system would also provide a key mitigation.

TB asked how the organisation intended to take forward cyber risk management. SC noted recent penetration testing, cyber-security training and business continuity activities, acknowledging that cyber risk is ever-present and requires continual attention. TB asked SC to revisit and review the cyber risk.

Action: PSch to provide an update at the next meeting on the transition related risk.

Action: SC to review the cyber risk.

ITEM 2.4 DEPARTMENT OF HEALTH AND SOCIAL CARE SPONSOR TEAM REPORT

BW provided the Board with an update on the progress of the forthcoming Bill. He noted that although the Bill was originally to be introduced in February, its progression had been delayed, with introduction now expected in April. The reasons for the delay were unclear but appeared to relate to its movement into the second parliamentary session. While a confirmed date for introduction had not yet been provided, BW emphasised that extensive work continued between his team, the Bill team and legal advisers to refine the detail, instructions and clauses. He confirmed that the draft legislation had recently been shared with RB and TB, with a further meeting scheduled for Monday, and that work was also being undertaken in collaboration with the CQC.

BW highlighted that significant and intensive progress was expected over the coming one to two weeks. He outlined four key elements that were central to the legislation:

1. The primacy of ‘Safe Space’ provisions;
2. The protection and retention of the organisation’s investigative powers;
3. Ensuring that HSSIB and its investigation arm retain autonomy to identify their own investigation topics and make recommendations to Government; and
4. The distinctiveness of the investigative arm within CQC, with the policy intent fully understood by both CQC and DHSC.

BW also noted the current leadership instability within CQC, which is in the process of appointing a new CEO and Chair. DHSC is placing significant emphasis on filling these posts, and it is hoped that the organisation will be in a more stable position by the summer. CQC’s wider transformation plan continues to be closely monitored, with the expectation that the organisation will be in a materially improved position by early 2027.

BW reported that political interest has increased, with a noticeable rise in ministerial and parliamentary questions relating to the legislative changes. The Board discussed the establishment of the Transition Board. BW confirmed that this could not yet be set up due to parliamentary privilege, explaining that it is not customary for Government to begin establishing arrangements that Parliament has not yet indicated support for. Royal Assent would be too late in the process, so the Transition Board cannot be convened until the Bill is formally introduced to Parliament. BW emphasised that this constraint explains the absence of progress on establishing the Board to date.

RB expressed her appreciation for the update and welcomed the reassurance regarding the preservation of autonomy within the proposed legislation. She noted, however, that this autonomy was not clearly reflected in the most recent draft of the Quality Strategy circulated to the National Quality Board (NQB). The Strategy framed investigations as being prioritised by the NQB, and RB emphasised the need to understand which position—autonomy or NQB-driven prioritisation—would ultimately apply.

BW clarified that under the intended model, the NQB would set broad system priorities, while the investigation arm would retain autonomy to initiate investigations it considered necessary. He stressed that the organisation should not be inhibited in identifying and pursuing the topics it believes warrant investigation, though activity would need to align with overall NQB priorities and strategy. BW agreed that this distinction may need to be made more explicit in the documentation.

RB reiterated her concerns regarding the wording within the current NQB strategy, describing it as overly direct and inconsistent with the autonomy described. She noted that she had already made significant comments during the drafting process, but felt that engagement had not reflected principles of co-production. She expressed disappointment at the process to date and emphasised that the Quality Strategy, in its current form, does not sufficiently reflect the recurrent safety issues identified by HSSIB or the organisation's evolving approach to patient safety.

TB shared concerns that patient safety might not receive the necessary level of attention in the finalised strategy. RB proposed drafting a formal response outlining the organisation's views for circulation to the Board prior to submission. BW acknowledged that, although he was not closely involved in the NQB process, it would be entirely reasonable and appropriate for the organisation to set out its position formally. RB reiterated that she felt the organisation's voice was not being fully heard within the development of the Quality Strategy and emphasised the need to ensure that patient safety remains central to the final document.

MC raised a question regarding the fourth element of the proposed legislation, which concerns the distinctiveness of the investigative arm within CQC, and noted that this principle does not currently appear on the face of the Bill, and asked how it could be guaranteed if not preserved in legislation. BW explained that legal advice had been clear: structural arrangements should not be set out in primary legislation, as this becomes legally complex and restrictive. He confirmed that, on this basis, it could be guaranteed that such structures would not be included in the Bill.

MC expressed concern at this position and urged that further challenge be applied. MC emphasised that, when considering the independence of the organisation's powers, the absence of a defined governance structure risked leaving autonomy dependent on policy preference rather than statutory assurance. MC encouraged BW to return to the lawyers and explore alternative approaches to safeguarding the policy intent, noting that the organisation required clarity on how independence would be protected in practice. BW responded that the four legislative elements—including distinct identity—are central to the policy and remain a clear intent, though the Government will not legislate the fourth point.

TB then asked whether the draft legislation could be shared with Board members. BW confirmed that this would not be possible, explaining that he had already had to advocate strongly with the Bill team to permit any sharing outside DHSC. Access is currently restricted on a strictly minimal basis and applies consistently across all organisations.

Action: RB to write a formal response to the NQB and to share with the Board for comment.

ITEM 2.5 AUDIT & RISK ASSURANCE COMMITTEE UPDATE

PSch provided highlights from the ARAC meeting held on 16 September 2025 and gave an update on the more recent meeting held on 7 January, which was well attended. The Board noted that only one complaint had been received, relating to the education training system, and three FOIs had been responded to.

An update was given on the Cyber Assurance Framework, confirming that the submission deadline of 30 June remained on track and that an associated action plan was in place.

Regarding the corporate risk register, PSch reported that good progress continued to be made following a comprehensive review. The transition-related risk would be incorporated once the Transition Board was formally established. The Board noted that SR001 had been reduced from a score of 12 to 8 as it was no longer assessed to be as high. SR002 and SR008 remained unchanged.

On audit recommendations, only one action remained outstanding, which was expected to be completed within the month. The Board was informed that 80 per cent of GIAA audits had been completed, with the expenses audit being the final one outstanding.

PSch confirmed that a meeting had been held the previous day with the NAO annual reporting team, who were working towards laying the Annual Report and Accounts on 25 June, significantly earlier than in previous years.

The ARAC effectiveness review had identified the need for additional deep-dive discussions on key risks, improved representation from DHSC, and welcomed BW's participation. Further clarity regarding roles had also been addressed. Updated Terms of Reference were included on the agenda for approval.

PSch concluded that ARAC continued to operate effectively and in the right direction, and both GIAA and the NAO remained content with progress.

MLW noted discussions at ARAC regarding the reappointment of GIAA and asked whether conversations were taking place outside the committee to provide assurance around the appointment process. PSch explained that GIAA had written to RB indicating that they intended to change their audit approach, proposing a condensed, single annual audit on the basis that this would provide sufficient assurance. At present the organisation undergoes five audits each year. RB, TB, SC and PSch initially felt that the proposed approach could be beneficial; however, GIAA subsequently confirmed that this could not proceed due to the organisation's transition to CQC and other related factors. As a result, the organisation must continue with the full suite of five audits. PSch noted that ARAC members needed to be fully sighted on this position.

SC added that, once the organisation transitions to CQC, it will adopt CQC's audit and assurance policies. MLW emphasised the need for shared understanding across all parties. PSch clarified that the cost of a single large audit would have been equivalent to the cost of the five separate audits currently delivered.

RB expressed concern that the current audit burden was disproportionate to the organisation's size and highlighted that the forthcoming transition period would involve a substantial amount of work. It would therefore be important to consider the capacity of teams and how audit requirements could be managed effectively alongside transition pressures. RB informed JB is heavily involved in audit processes and the governance team, and that any opportunity to adopt a more proportionate approach should be explored.

ITEM 3 INFORMATION ITEMS

ITEM 3.1 FINAL HSSIB INVESTIGATOR COMPETENCIES

DO joined the meeting and provided background on the development of the investigator competencies.

TB thanked DO and the project team for their work, noting that the analysis underpinning the competency framework was both comprehensive and insightful. He highlighted that HSSIB had launched its organisational values earlier in the week and that work was now progressing on behavioural statements. In that context, TB asked whether the organisation should consider assessing professional competencies in parallel. DO explained that the competency framework was not intended to prescribe a list of prohibitions but rather to support staff development, embed good practice into everyday work and ensure the approach remained inclusive.

MC noted that "culture" featured as a competency for Deputy Directors of Investigations (DDIs) but not for Senior Safety Investigators and queried how cultural responsibility would be embedded across all roles. DO explained that the ladder framework supported continual professional development and positioned culture as a shared responsibility across the organisation. DDIs were expected to take this further by actively promoting and shaping culture, reflecting their leadership role.

PSch asked how the framework would support progression, particularly for DDIs aspiring to become Directors. DO acknowledged this and noted that the framework was designed to be further developed and embedded as the organisation matured, ensuring clear pathways for staff progression.

TB asked how the framework aligned with national work underway. DO confirmed that the education work underpinning the framework aligned closely with national developments and had drawn heavily on external best practice.

TB concluded by noting that he looked forward to seeing how the framework would be rolled out across the organisation.

ITEM 3.2 INVESTIGATION PRESENTATION: TEMPORARY CARE ENVIRONMENT

SF joined the meeting to present the findings of the investigation into the management of patient safety risks associated with the use of temporary care environments. She explained that the investigation aimed to provide practical insights into how such risks can be effectively managed. The team observed multiple care environments across England and gathered insights through site visits.

BW observed the emerging normalisation of measures such as installing call buzzers in corridors, effectively enabling patients to be accommodated there on a more permanent basis. He found this striking and noted that his immediate reaction had been one of concern, reflecting how common these practices have become. SF acknowledged this, noting that while the system is operating in a period of sustained crisis, there remains a responsibility to question whether such environments should be required at all. Trusts were attempting to avoid their use wherever possible, but where they are needed for emergency pressures, work is also underway on how to de-escalate from their continued use.

MLW congratulated SF and the team, noting that demand is rising while financial resources remain severely constrained. Temporary care environments are unlikely to disappear in the near future, and many trusts are responding by formalising and strengthening the arrangements around them. MLW asked what aspects of patient flow might be examined in future work. SF explained that the process for gathering insights had captured the scale of patients now residing within hospitals due to system backlog, but it was unclear to what extent this fell within HSSIB's remit, given the links to social care. RB noted that the organisation had undertaken work on system flow previously and highlighted how this investigation aligns with broader work on system risk management and the Safety Management System (SMS). She emphasised that temporary care environments are a direct consequence of system risk and the absence of coherent system-wide risk management. RB added that one trust had reported accommodating up to 170 patients per day in temporary environments, illustrating the scale of the issue nationally and the lack of systematic data collection. One of the recommendations in the report focuses on improving national data collection on the use of temporary care environments.

TB reflected that the emergency care pathway is extremely long and that risk is not managed as a single, coordinated entity across it. Instead, individual parts of the system attempt to manage risks in isolation, resulting in fragmented and sometimes inconsistent approaches. He emphasised the need for a more systemic and integrated approach to risk management.

PSty noted that the investigation had been launched in August and published in January—much faster than the standard investigation timeline. PSty reflected how the organisation could best support local providers to take forward improvement activity, particularly in relation to patient flow.

TB concluded by thanking SF and the team and welcoming the investigation as offering a new perspective on how the system can better manage the backlog while addressing patient safety risks within temporary care environments.

ITEM 3.3 ANNUAL REPORT AND ACCOUNTS

LP informed on preparations for the Annual Report and Accounts. A working group has been established and an initial skeleton was presented to ARAC yesterday who are content development is underway. As in the previous year, the report will be structured around the five strategic themes and associated KPIs, supported by case studies and contributions from staff and stakeholders to bring the narrative to life. Work is being undertaken in parallel on a communications plan, which will include engagement with ministers and key stakeholders to support publication and maximise visibility. The Board noted that the most significant change this year is the accelerated timetable, reflecting the NAO's request for earlier laying. The organisation is now working towards a target date of 25 June, three weeks earlier than in previous years. This has resulted in a materially condensed timeline, with some elements of the review cycle necessarily shortened. Despite this, the team is confident that the proposed date can be met.

The main risks relate to potential late-stage changes. Last year, for example, the timeframe was compressed due to the need to incorporate the Ten-Year Plan and account for legislative developments. A similar scenario may arise again this year.

The Board thanked LP and the team for the progress made to date. PSch highlighted the importance of ensuring that the Chair and CEO's foreword is positive, celebrates successes and reinforces the organisation's independence. She emphasised the need for all relevant stakeholders to be fully involved during the two review phases. The Board was informed that the NAO is highly engaged and has already commenced audit activity. Further discussion will take place at ARAC on 12 March.

ITEM 3.4 BUDGET SETTING AND FINANCIAL PERFORMANCE

The Board was informed that the organisation is currently forecasting a breakeven position which comprises of c. £150k. This has been driven by factors including long-term sickness, staff secondments and the moratorium on expenditure introduced by DHSC. Additional cost pressures have arisen in relation to legal work and the education strategy development.

SC reported that the indicative budget includes a 2 per cent reduction for the forthcoming year. In addition to this, the organisation is required to fund the 3.3 per cent public sector pay award and has also been affected by the recent, unfunded, increase in National Insurance contributions. In 2025/26 the organisation invested 2 per cent of its budget non-recurrently, noting a concern that budgets would not be uplifted, in the hope this would provide flexibility in setting 26/27 budgets. The 26/27 budget outlines a £208k shortfall, which is an improvement from an initial £450k shortfall.

Discussions continue with the DHSC finance team, who are aware of the financial challenges. SC highlighted the need for further work on budgetary assumptions and noted that meetings with budget managers were planned. He added that contingencies had not yet been built into the financial planning model, and this would require additional consideration. A clearer picture is expected in March when DHSC provides a final position on allocations.

ITEM 4 DECISION/ APPROVING ITEMS

ITEM 4.1 EDUCATION STRATEGY

RB provided a recap of the extensive co-production process underpinning the development of the Education Strategy henceforth the 'building investigation excellence' strategy noting that more than 250 people and organisations had contributed through workshops, roundtables and one-to-one engagement. The feedback had produced clear messages, including a strong desire for more targeted and hands on practical -support.

RB outlined the bold and ambitious direction set out in the strategy, emphasising HSSIB's role as a centre of excellence. . She noted that the strategy is built around four core components (as outlined in the paper). Work is now underway on a detailed implementation plan and operating model to ensure successful delivery.

TB thanked the team for their extensive work on the project. MLW congratulated the team, noting that the approach to development and Board engagement had been excellent. MLW fully supported the direction of travel but stressed the importance of communicating the strategy in clear, plain English when engaging externally. MC welcomed the ambition of the strategy but observed that an Equality Impact Assessment (EIA) had not been included in the Board papers and confirmed she would have liked to see this.

AMP expressed strong support for the strategy, noting that it had been developed through a robust and independent process facilitated by Kaleidoscope. He emphasised the importance of not losing the significant work of the team to date and highlighted the importance of managing any associated reputational risk.

MC sought assurance that the strategy would not fall into an implementation gap and asked how the organisation would ensure rapid progress with clear outcomes and measures of success. RB confirmed that substantial work had taken place in parallel on the operating model and implementation planning. PSty added that significant work had already been undertaken to identify and address potential gaps. RB further acknowledged the omission of the EIA as an error and clarified that the EIA work had been ongoing.

RB and AMP reflected that they had met on a few occasions over recent months to discuss the strategy in depth, ensuring AMP's views had been incorporated. RB thanked the education team for their work over the past three years, which had significantly raised the profile of the organisation's education offer. She emphasised the importance of maintaining this foundation while looking ahead to future opportunities.

Decision: The Board approved the 'Building Investigation Excellence' Strategy

ITEM 4.2 BOARD AND SUB-COMMITTEE TERMS OF REFERENCES (TORS)

SC presented the annual review of the Board and Sub-Committee ToRs, providing assurance on the committee's effectiveness, oversight, and contribution to HSSIB's statutory objectives.

The Senior Leadership Team (SLT) and the Governance Team had not identified any areas to amend the ToRs for Board following their internal review and the Board Effectiveness Review (BER) process. The Board were invited to review the ToRs and feedback any amendments they feel are appropriate.

The Board considered the Terms of Reference for the Board and its sub-committees. It was noted that, within ARAC's Terms of Reference, a clarification was required to state explicitly that the committee must have two Non-Executive Directors present to be quorate.
It was agreed that a revised wording would be prepared and circulated for the Board to approve in correspondence.

Decision: The Board and Committees Terms of References were approved (subject to ARAC requiring further amendments).

Action: Revised ARAC ToRs to be circulated for Board approval by correspondence.

ITEM 4.3 BOARD EFFECTIVENESS REVIEW

JB provided an overview of the paper, summarising the discussions at the Board Development Day in January 2026 had been developed into a proposed action plan. JB raised whether the skills audit action should be closed. RB raised the timing of the Board skills audit, noting that it may be particularly timely given the potential recruitment of further NonExecutive Directors. MC added that the audit could also help identify- any training needs among current Board members. The Board agreed that the skills audit should be progressed.

The Board noted that several NED terms are due to end in September, which represents a significant risk. BW confirmed that this risk has been captured on the register and that work is underway to determine the appropriate arrangements to manage the upcoming vacancies.

Decision: The Board approved the Board Effectiveness Action Plan.

ITEM 5 CLOSING ADMINISTRATION

ITEM 5.1 BOARD FORWARD PLANNER

The forward planner was shared with the Board. It was noted that signing off the ARA was not included.

Action: Governance team to update the Board forward planner to include an extraordinary meeting to sign off the ARA and set up a meeting invite.

ITEM 5.2 ANY OTHER BUSINESS

There were no items to discuss.

ITEM 5.3 CLOSE OF FORMAL MEETING

TB thanked all attendees for their contributions.

The next Board meeting is scheduled to take place on 28 May 2026 in London, the venue is to be confirmed.

The meeting was formally closed at 13:15 hrs.

QUESTIONS FROM PUBLIC ATTENDEES

Carmel Brown (CB) raised dental care and the Board noted concerns raised regarding inequalities. Colleagues agreed to take this issue away for further consideration, and RB thanked CB for raising it.

In relation to the forthcoming merger with CQC, the Board emphasised the importance of communicating effectively with the service to maintain confidence in HSSIB's independence and the protection of Safe Space.

The Board discussed report accessibility. It was noted that HSSIB already produces video summaries of investigations and presents reports in accessible formats. RB stressed the importance of ensuring that messaging continues to be delivered in a clear and accessible way, and confirmed that the team is trialling several approaches as part of ongoing communication and dissemination work. She agreed to take forward further consideration of how best to strengthen national and local reach in support of this aim.

HSSIB Board Meeting Action Log

ID	Date Raised	Owner	Title	Detail	Update	Outcome	Target Date	Private/Pu	Status
77	26/02/2026	Stephen Carruthers	Capital funding	BW to engage with DHSC finance colleagues to seek clarity on capital funding timelines.	£500k capital funding confirmed on 30 March 2026.	Item completed and propose to close.	28/05/2026	Public	Completed
78	26/02/2026	Philippa Styles	Investigation Process	Develop and present to the Board a narrative explaining the end-to-end process of an investigation, including topic identification, decision-making and prioritisation to a Board Development Day	13/05/2026 - DO to present on the 30 July at the Board Development Day.	Item completed and propose to close.	28/05/2026	Public	Completed
79	26/02/2026	Peter Schild	Transition Risk	Provide an update at the next meeting on the transition related risk.	A paper was taken to ARAC (and approved) proposing a new strategic risk which covered Transition Risk(s). A new risk has now been added the Strategic Risk register and will included in the Risk and Governance update at Board.	An update will also be provided as part of the ARAC highlight report. Item completed and propose to close.	28/05/2026	Public	Completed
80	26/02/2026	Stephen Carruthers	Cyber Risk	Cyber Risk to be reviewed.	Risk reviewed and work ongoing to further mitigate risks. DSPT internal audit currently underway and External Cyber security funding of £133k has been invested prior to 31 March 2026. Business continuity plans updated and exercises undertaken to test response.	This is an on-going action which will be reviewed on a monthly basis. Item completed and propose to close.	28/05/2026	Public	Completed
81	26/02/2026	Rosie Benneyworth	DHSC Report	Write a formal response to the NQB and to share with the Board for comment.		Item completed and propose to close.	28/05/2026	Public	Completed
82	26/02/2026	Stephen Carruthers	Terms of Reference	Revised ARAC ToRs to be circulated for Board approval by correspondence	Revised ToRs circulated via correspondence.	Item completed and propose to close.	28/05/2026	Public	Completed

Health Services Safety Investigations Body

<u>Senior Leadership Team (SLT) Report</u>

May 2026

Executive Team update

As the board will be aware, we have a new Secretary of State for Health and Social Care. We have written to the Rt Hon James Murray MP to welcome him to his new role and offer to meet with him.

There have been important developments over the last couple of weeks relating to the proposed future move of HSSIB to the CQC. On the 13th May, the King's speech introduced the Health Bill and the legislation was published the following day. This was accompanied by an impact assessment and equality impact assessment. At the time of writing we have been in contact with DHSC due to a number of inaccuracies in the impact assessment and are requesting that these are corrected as soon as possible. In particular, the impact assessment says that '*providers will receiver fewer and more streamlined recommendations, reducing the burden on them to respond and implement recommendations'* but as the board is aware, HSSIB does not make recommendations to providers. We make recommendations to national bodies and in investigations launched since we were established in October 2023 and March 2026 we have only made 37 recommendations to national organisations. There are further inaccuracies that we have highlighted in the document.

I am attending the Health and Social Care committee on 20th May to give evidence about the move to the CQC. At this session I will be talking about the importance of independence and protected disclosure 'safe space' legislation. We will share the link when available.

I was also invited to the Health and Social Care committee on 11th March at their 'corridor care' session to give evidence about the report we published regarding 'Temporary Care Environments'. I was giving evidence with the President of the Royal College of Emergency Medicine and the President of the Royal College of Nursing, and was asked about the impacts of corridor care on patients and staff.

I was delighted to meet the CEO and other representatives from Safer Care Victoria, Australia in March. They were very interested in our work and learning from investigations, and are experiencing many similar challenges. We will remain in touch to share learning between the organisations.

Ted and I met with Penny Dash and Meghana Pandit to discuss the quality strategy that the NQB is developing. In particular, we have shared information about integrated quality and safety management systems to support the strategy. We do not at this stage know when the strategy will be published.

In May, we published the output of the roundtable that we jointly hosted in November with the Race Health Observatory. I am hoping this will be the start of an important discussion relating to bias in investigations that needs to be recognised and considered across the system.

Finally, I am delighted to have been invited to join the Maternity Taskforce regulators and investigatory bodies expert reference group. The first meeting was held on 14th May and we are looking forward to contributing to this important work.

Dr Rosie Benneyworth, Interim Chief Executive

Our investigations, publications and external engagement

In February we published our Insulin: supporting safe self-administration for patients in the community with a mental health problem report, which was shared widely with media and stakeholders. There were several supportive statements and posts including the Diabetes UK, Breakthrough T1D, and the Centre for Mental Health. It was also covered by trade press including the Nursing Times, National Health Executive, Healthcare Management and Nick Woodier was interviewed by Radio News Hub.

In March, we published the Insulin: supporting safe administration in inpatient settings report, and was covered by the trade press including Clinical Services Journal, National Health Executive, Healthcare Management UK, The Nursing Times, the BMJ and also The Sun. The article includes a quote from the Senior Clinical Advisor at Diabetes UK, supporting the findings in our report.

Just prior to Board we bought forward the publication of a third report, Insulin: supporting safe self-administration for patients in the community with a disability. We have a further 2 reports planned in this series

In March, Sophie Hide and Rosemary Lim led a newly published study focused on investigator competencies. The research, carried out in partnership with the University of Reading, was published in the journal, Safety Science.

Also in March, Nick Woodier was interviewed by a freelance journalist working for Computer Weekly, focusing on Electronic Patient Records (EPRs), with Nick speaking about patient safety and interoperability. Our work to explore safety concerns linked to electronic patient record systems and onward referrals is continuing, and in response to specific concerns identified through the course of our investigation, an interim report to consider Advice and Guidance is planned for August this year.

In April we published, the interim report: Mental health crisis care: legislative challenges in emergency departments which generated substantial media interest and widespread coverage. It was featured extensively online across national, regional, and trade print and online press, alongside broadcast coverage on BBC Breakfast news and major radio networks including LBC, Sky News Radio, Radio News Hub, and BBC national and regional stations. Nikki Crust was interviewed across these outlets, supporting the report's wide reach and visibility. Coverage extended into the legal sector, with a prominent feature in the Law Gazette. The Royal College of Emergency Medicine (RCEM) publicly supported the report through a statement shared on their website and social media channels.

Delivering our strategic objectives

Following board approval of the Building Investigation Excellence strategy and the operating model, the new model is now being implemented. We have been able to confirm Melanie Ottewill and Neill Thompson in post as our first Senior Safety Investigator (Trainer) and Safety Investigator (Trainer) respectively.

We would like to recognise the valuable work undertaken by the education team members over the last 4 years and wish them luck in their future careers as they move on from HSSIB.

We are now supporting the new operating model by recruiting to new roles and commencing the design phase to deliver the new methodologies:

- Targeted Support
- Accessible Resources
- Professional Leadership
- System Convening

In relation to our investigation selection process, we are just concluding a pilot commenced earlier this year, to analyse insights provided by national patient safety organisations, alongside patient referrals to HSSIB and a review of strategic patient safety related publications. This analysis will be used to identify key areas to prioritise HSSIB investigation activity. The learning and outputs from this pilot will be shared with the HSSIB Board, and with the National Quality Board in July.

Our team continue to undertake a programme of learning and development to support our competency framework which was presented to Board earlier this year. In this quarter, the team have received training in relation to presentation and media skills, we delivered bespoke Level 3 Safeguarding training to enhance our teams knowledge and in addition to the team receiving trauma informed engagement training, 3 of our Senior Safety Investigators, Nikki Crust, Sian Blanchard and Neil Alexander all successfully completed training to become Trauma Enhanced Practitioners.

Business Services Update

Health Services Safety Investigations Body

HIMS Replacement Procurement

The procurement of HSSIB's replacement Investigations Management System (IMS) is nearing conclusion following completion of the DHSC-led "abnormally low bid" investigation. Board approval by correspondence is currently ongoing and the paper is also included on this agenda for formal ratification.

Subject to final approval, work will commence with the preferred supplier to finalise contractual documentation, implementation planning and governance arrangements. The programme is intended to deliver a modern, secure and scalable investigations management platform aligned to HSSIB's operational and strategic requirements.

2025/26 Year End and External Audit

Draft Annual Report and Accounts were submitted to DHSC on 24 April 2026, reporting an underspend of approximately £104k against budget. This position remains subject to external audit review and any final adjustments ahead of formal laying and publication in June.

The underspend primarily reflects staffing vacancies during the year and the secondment of staff to DHSC in support of the national maternity review programme.

The National Audit Office commenced its year-end audit in early May. The Finance team continues to work closely with auditors to provide supporting documentation and respond to audit testing requests. Audit activity is progressing well, with no significant issues identified to date. Audit work will continue through to publication of the Annual Report and Accounts.

IT Provision

NHS England has formally confirmed that HSSIB's current IT support arrangements will cease on 30 September 2026 as part of wider NHS England decommissioning activity.

Business Services and IT colleagues are actively exploring future provision options to ensure continuity of service and minimise operational disruption. Initial discussions have recommenced with CQC regarding the potential provision of IT services on a commercial basis from October 2026 onwards. Early discussions have been constructive and indicate that transition should be achievable within the required timeframe, although further work is required around contractual arrangements and device management processes.

Alongside engagement with CQC, discussions continue with DHSC sponsorship colleagues regarding transition risks, and future operating arrangements. At present, there is no identified risk to delivery of the HIMS replacement programme arising from the IT transition.

Risk and Governance

The Business Services team continues to strengthen organisational risk and governance arrangements. Work is ongoing to further develop HSSIB's risk appetite framework and support consistent understanding and application of risk appetite across the organisation.

In addition, a new strategic risk has been added to the Strategic Risk Register relating to the proposed transition of HSSIB functions to CQC. This risk captures the potential operational, workforce, financial and governance implications associated with transition planning and implementation and will continue to be monitored and developed as national arrangements become clearer.

Business Services Team Away Day

The Business Services team held an away day in London on 6 May 2026, providing an opportunity to reflect on operational priorities, governance and forward planning. Sessions included review of the operational risk register and risk appetite, HR and EDI updates, governance policies, business continuity planning and finance updates. The session provided valuable time for cross-team collaboration, reflection and alignment on priorities as the organisation prepares for a significant period of operational and organisational transition

HR/Workforce Update

We have recruited an HR Policy and Project Manager to help support the team on a fixed term contract, working 0.6 fte. Bukola Appau joined the team in early April and has been making a start on prioritising the HR policies and procedures which are due for review.

We invited the Antisemitism Policy Trust (APT) to run a training session at the in-person HSSIB team away-day in Bristol in March. Feedback was very positive, and HR have maintained contact with the APT so that further online resources can be shared once available.

The HSSIB appraisal form was updated for the 2026 appraisal round to make it easier to complete and is now in use across the team. A new appraisal guidance document has also been written to support managers and employees in holding an effective and meaningful appraisal, following some feedback from the staff survey.

A staff survey task and finish group was set up with representation across HSSIB to develop an action plan in a 'You said, We will do /We will continue to do' format to address the key issues raised in the September 2025 staff survey. There has been good engagement and a number of outcomes have already been put in place, including a schedule of learning/sharing sessions throughout the next 12 months.

Work is continuing to embed the HSSIB values through a set of expected behaviours which were shared at the HSSIB team away-day in March. The values are included in all job descriptions as and when the documents are revised, and recruitment interviews include questions based on our values.

Health Services Safety Investigations Body

Board Meeting Cover Sheet
28th May 2026

Title of paper	**2025/26 Q4 Performance Report**
Agenda Item	3.3
Action Required (i.e approve, discuss)	Approve
Recommendation	Approve 2025/26 Q4 Performance Report for publication
Purpose / Summary	Each quarter, HSSIB publishes an organisational performance report. The HSSIB 2025/26 Q4 Performance Report is enclosed. Prior to presentation to the Board, the performance report was approved by SOT on 12th May and SLT on the 20th May 2026. There have been no significant changes in content or the design of the Performance Report since Q3. This will be the last report to showcase the Education data is the current format. The report is being developed iteratively and should you have any comments or suggestions please note them.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which operational/ strategic risks are relevant?	OR023 - Failure to accurately report performance data
Responsible Officer	Luke Paton, Project Manager
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

Performance Report
01 January – 31 March 2026 (Q4 2025/26)

Health Services Safety Investigations Body

- Exception Notes
- Key Performance Indicators
- Investigations
- Engagement
- Education
- HR and People
- Finance
- Governance

Please select a focus above or page from the menu on the left

Exception notes - 2025/26 Q4

The following updates should be noted when reading the 2025/26 Q4 Performance Report;

- The number of investigations published this financial year was 16, this is two below the annual target of 18 (KPI 1). The reduction in the number of investigations published was in light of the request to support the DHSC maternity programme; our investigation pipeline was reviewed and the timeline of some publications extended to effectively manage demand and capacity. These changes have been discussed and agreed with the DHSC Sponsorship Team.

- 82% of learners enrolled on our education programme completed their courses in Q4. This is above the target of 80% (KPI 4) but the annual average sits just below target at 79%.

- Capital spend (KPI 6) is showing a significant underspend, this is due to a large proportion of the expected spend being moved in to 2026/27 due to a delay in the associated projects.

KPI 1. Number of investigations published

Achieved this Quarter	Achieved YTD	Expected remainder of FY	Expected Annual Total	Annual Target
3 (+0)	16 (+3)	0	16 (+0)	18

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Did not meet annual target (as agreed)	↔	Q4 Notes: The reduction in the number of investigations published was in light of the request to support the DHSC maternity programme, our investigation pipeline was reviewed, and the timeline of some publications were extended to effectively manage demand and capacity. These were discussed and agreed with the DHSC Sponsorship Team.

KPI 2. Investigations delivered on plan

Achieved this Quarter	Achieved YTD	Quarterly Target	Annual Target
33% (-67%)	88% (-12%)	80%	80%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Met annual target	↔	Q4 Notes: Where the investigation was launched prior to tracking of the intended publication date, the publication given in the 2024/25 end of year Performance Report is used.

KPI 3. Percentage of safety recommendations followed up within agreed timeframe

Achieved this Quarter	Achieved YTD	Quarterly Target	Annual Target
100% (+0%)	100% (+0%)	90%	90%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Met annual target	↔	

Health Services Safety Investigations Body

KPI 4. Completion rate of courses delivered

Achieved this Quarter	Achieved YTD	Quarterly Target	Annual Target
82% (+0%)	79% (+1%)	80%	80%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Did not meet annual target (within 5%)	↓	Q4 Notes: Annual target in not met but each quarter of the year showed improvement in completion rate.

KPI 5. Revenue (RDEL) expenditure

RDEL expenditure this Quarter	RDEL expenditure YTD	Quarterly Target	Annual Budget
£1,806k (+324k)	£6,339k	£1,578k	£6,444k

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Met annual target	↔	

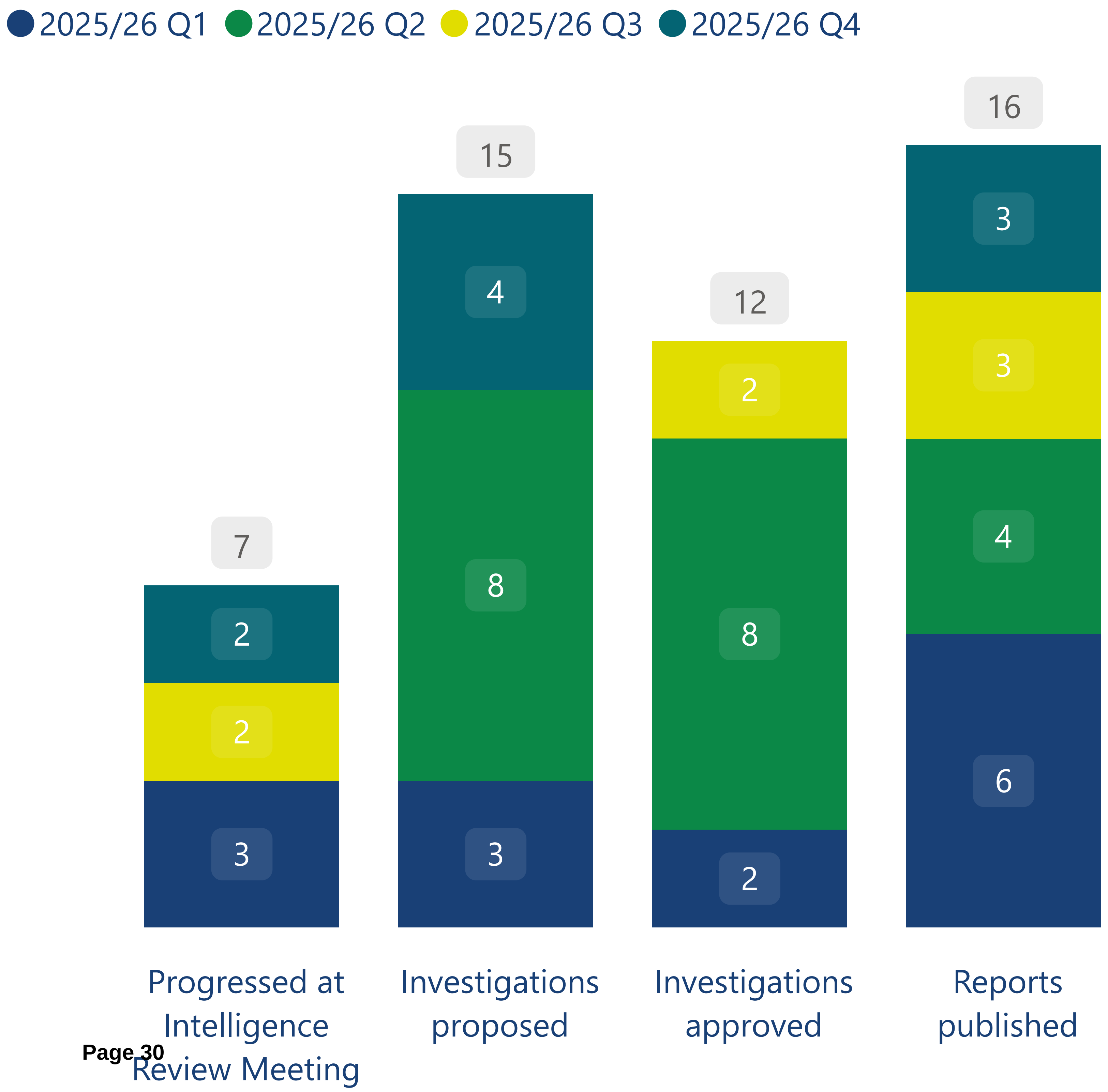
KPI 6. Capital (CDEL) expenditure

Annual CDEL spend	Annual Budget
£43k (-7k)	£1,000k

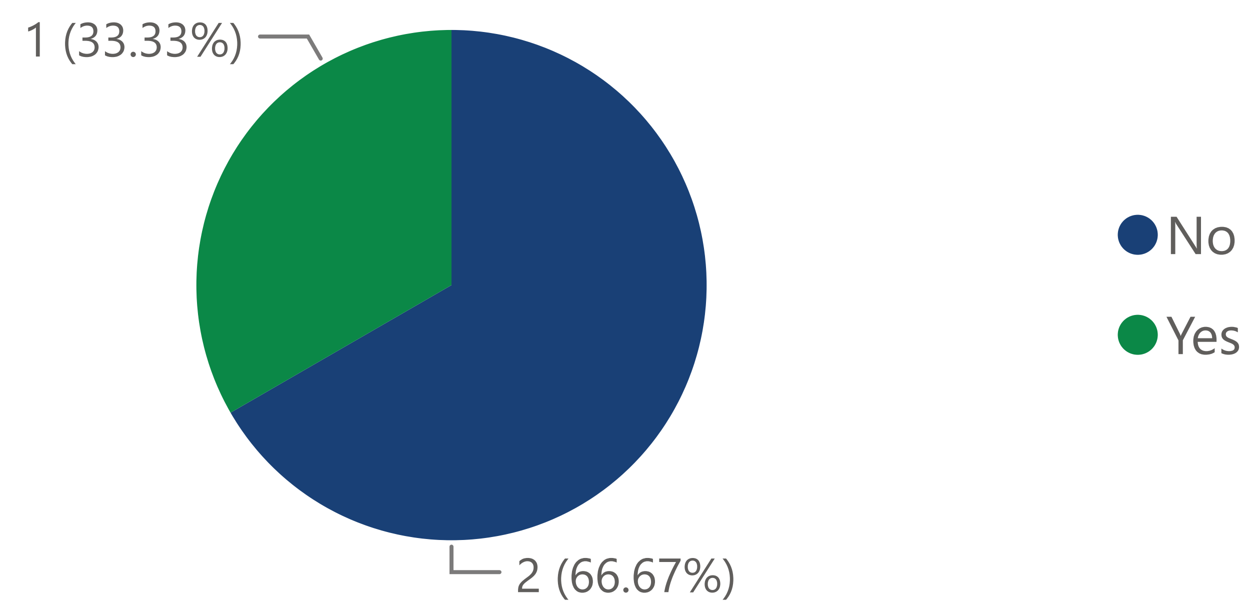
Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
Met annual target	↔	Q4 Notes: Capital is showing a significant underspend; this is due to a large proportion of the expected spend being moved into 2026/27 due to a delay in the associated project.

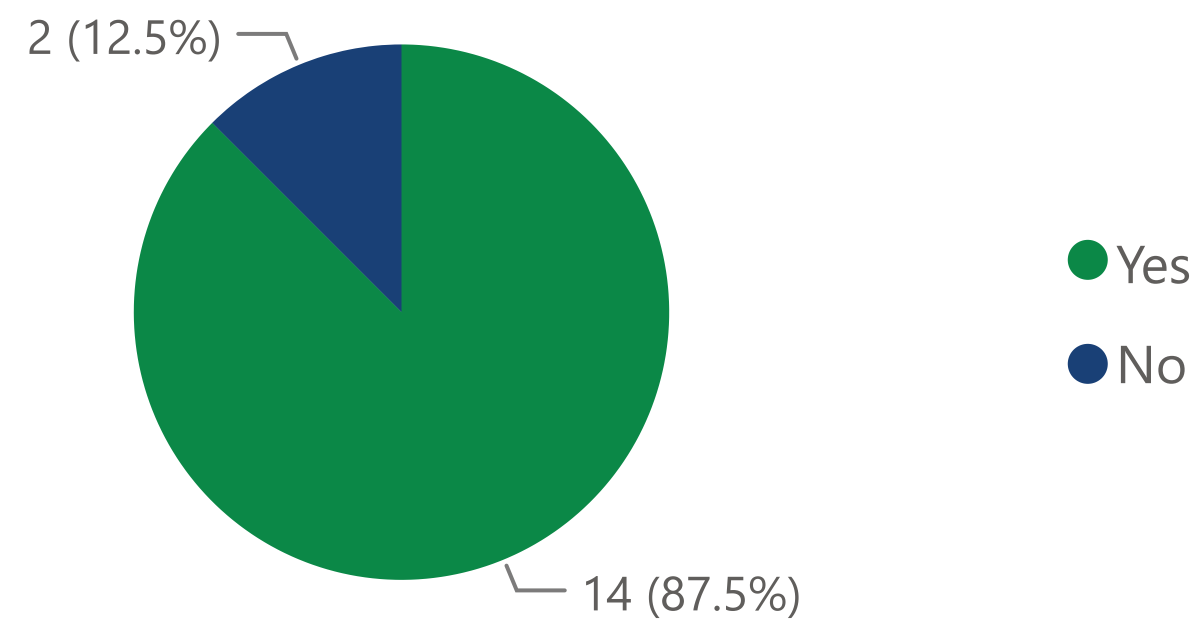
Investigations dashboard - 2025/26 Q4



Reports that met publication date this quarter



Reports that met publication date YTD



80

Insights received this quarter within HSSIB remit

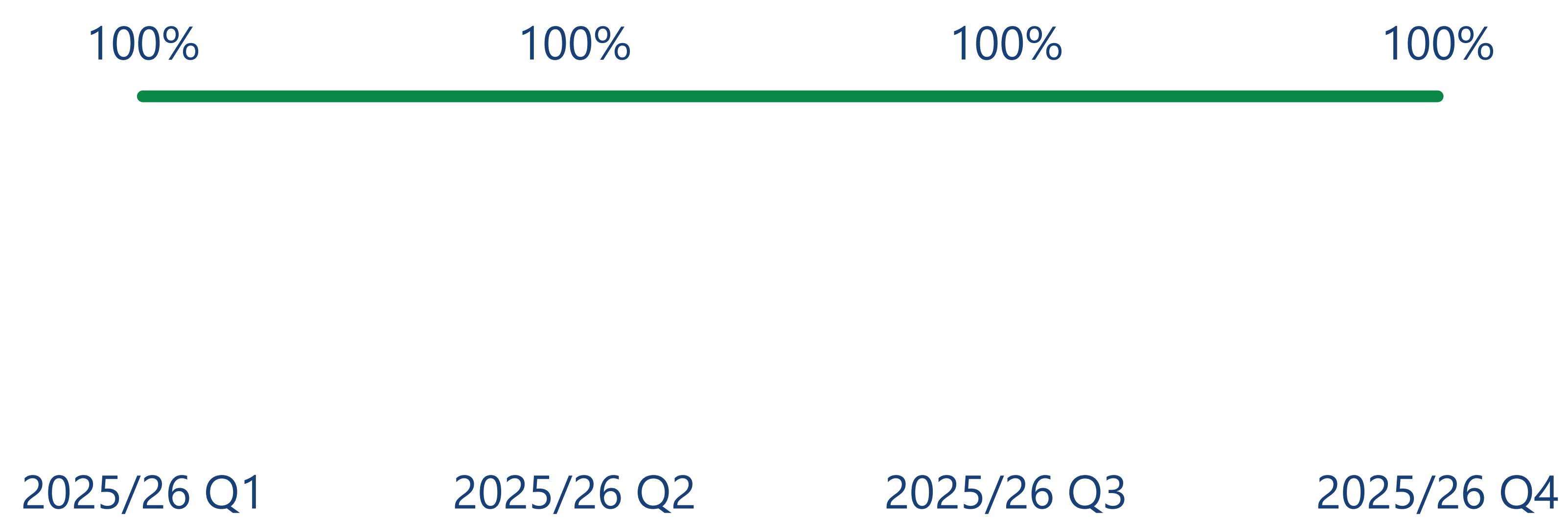
294

Insights received YTD with HSSIB remit

15

active investigations

Recommendations followed up with agreed timeframe YTD



Insights - 2025/26 Q4

Health Services Safety Investigations Body

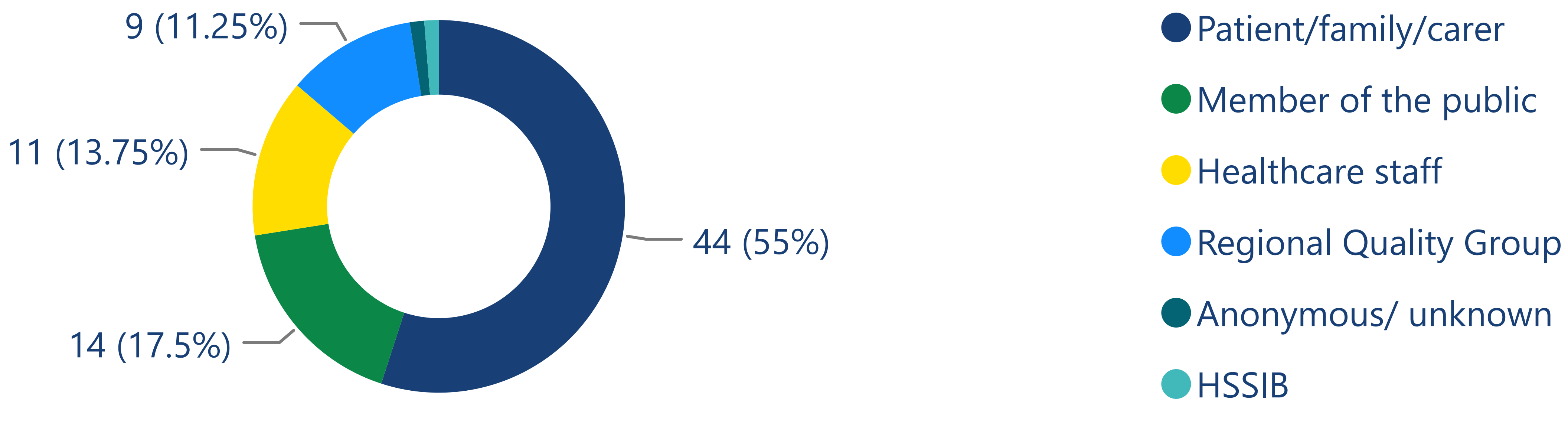
80
Insights received this quarter within HSSIB remit

294
Insights received YTD within HSSIB remit

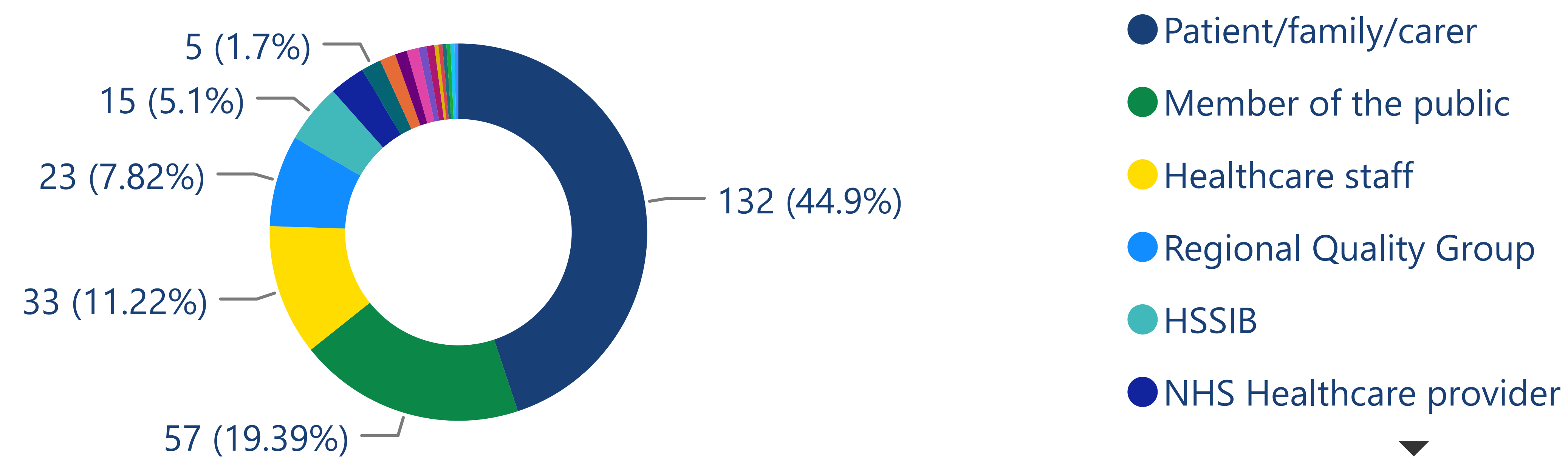
8
Insights received this quarter outside of HSSIB remit

36
Insights received YTD outside of HSSIB remit

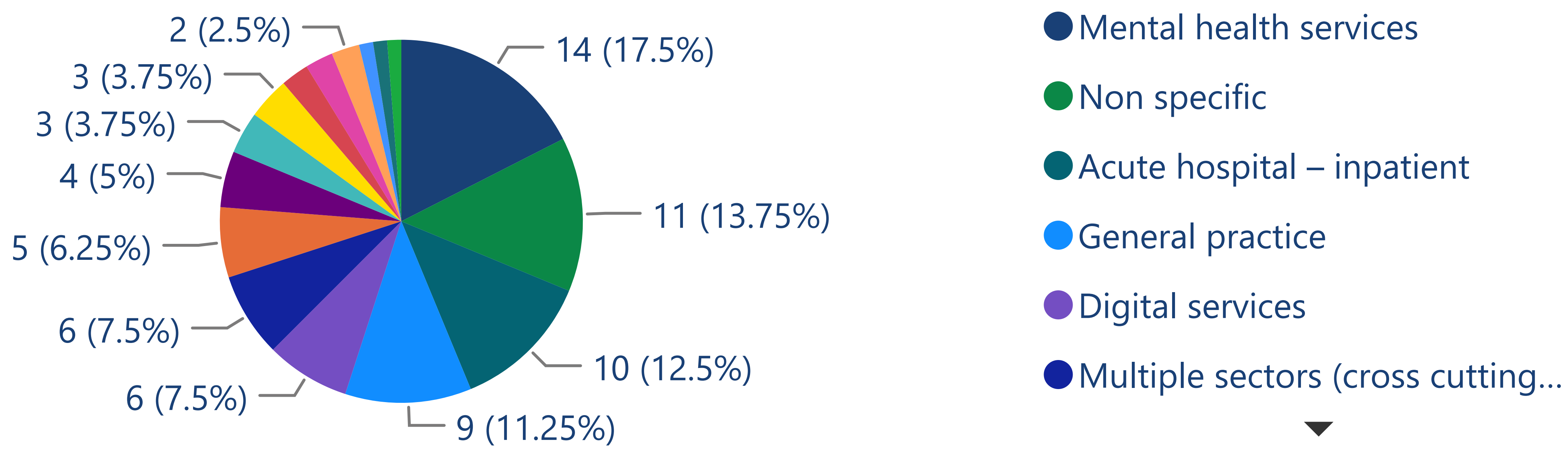
Insights by source this quarter



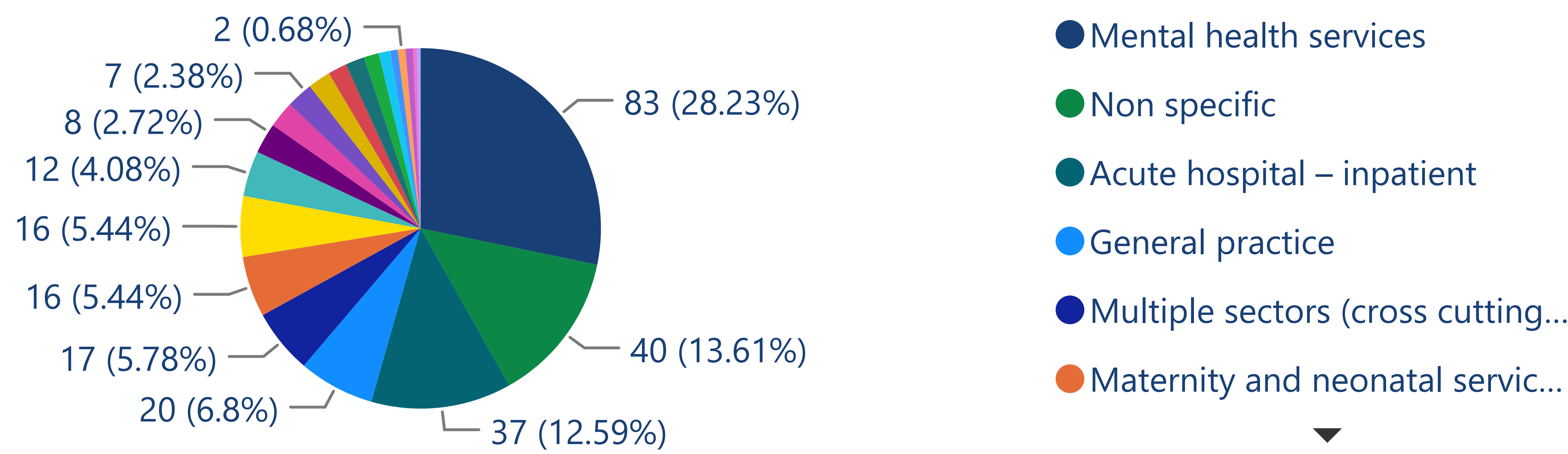
Insights by source YTD



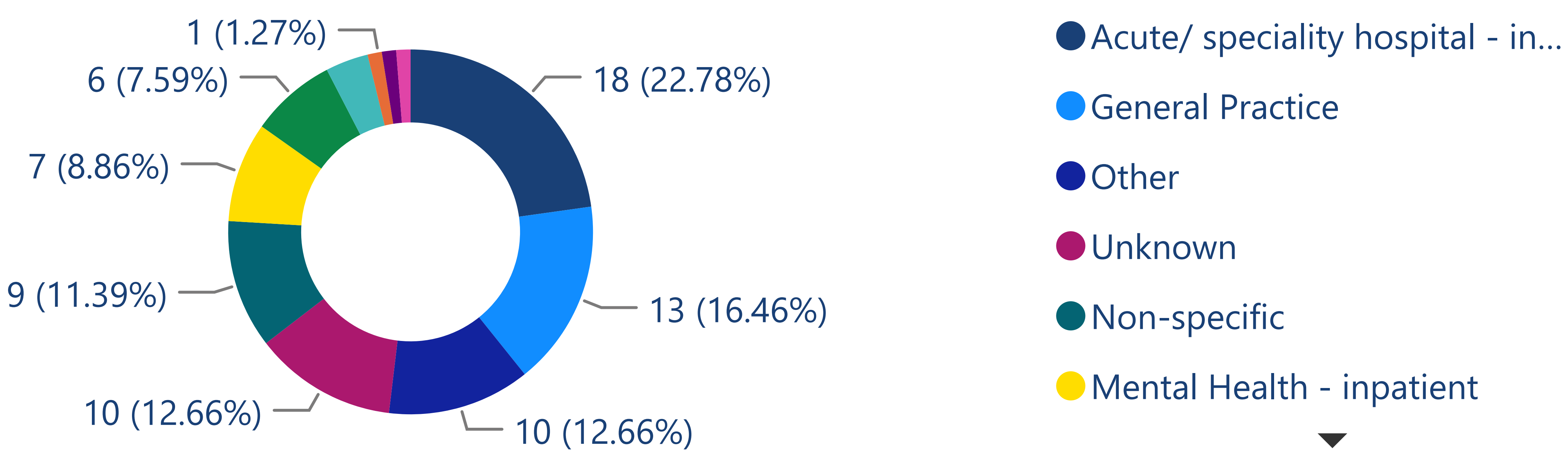
Insights by patient safety narrative this quarter



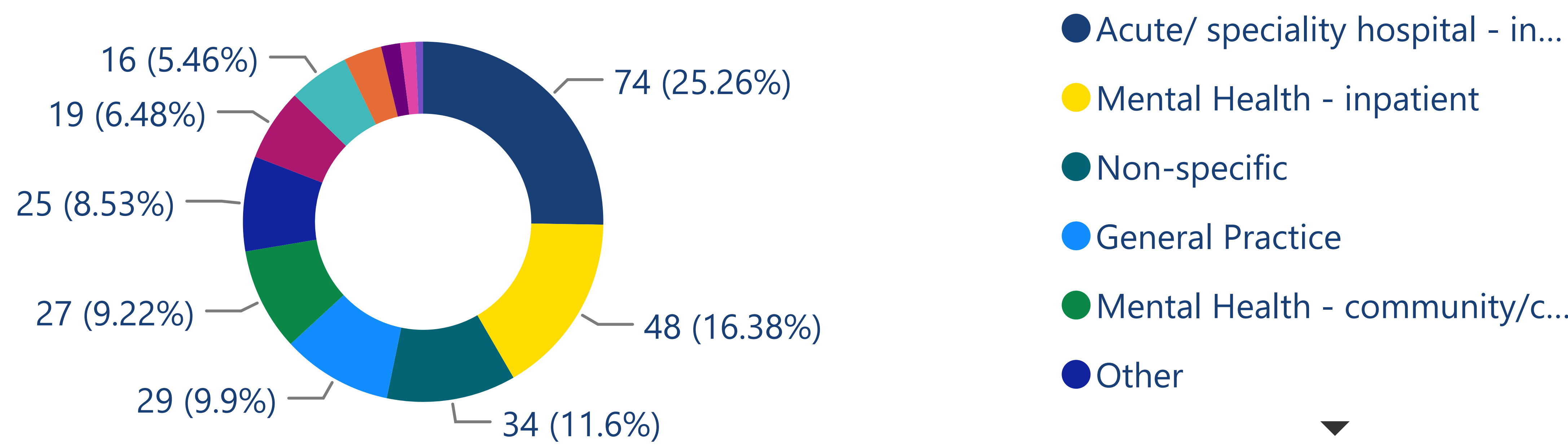
Insights by patient safety narrative YTD



Insights by service provider type this quarter



Insights by service provider type YTD



Investigation Approval Process - 2025/26 Q4

Insight received → Intelligence Review (IRM) → Investigation Proposal (IP) → Investigation Approval (IA) → Investigation launched

9
Patient safety concerns reviewed at IRM YTD

7
Patient safety concerns progressed to IP YTD

Patient Safety Narratives progressed at IRM YTD

16
Potential investigations reviewed at IP YTD

15
Potential investigations progress to IA YTD

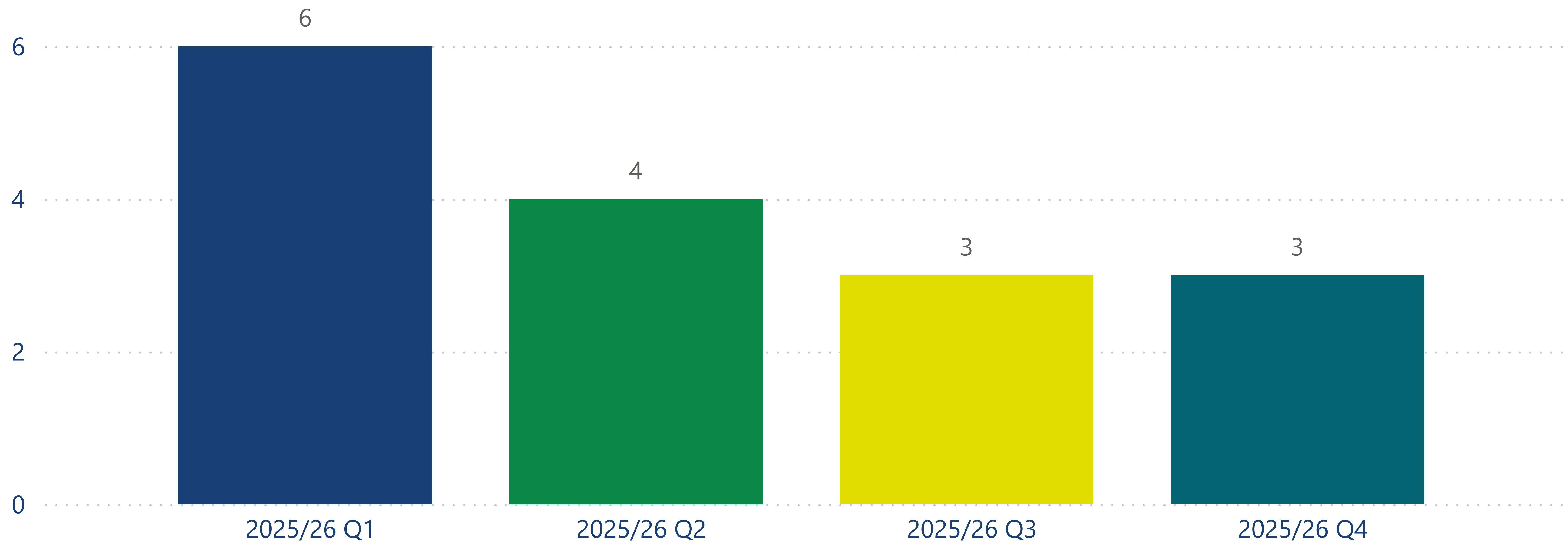
Patient Safety Narratives progressed at IP YTD

13
Potential investigations reviewed at IA YTD

12
Potential investigations progressed to launch YTD

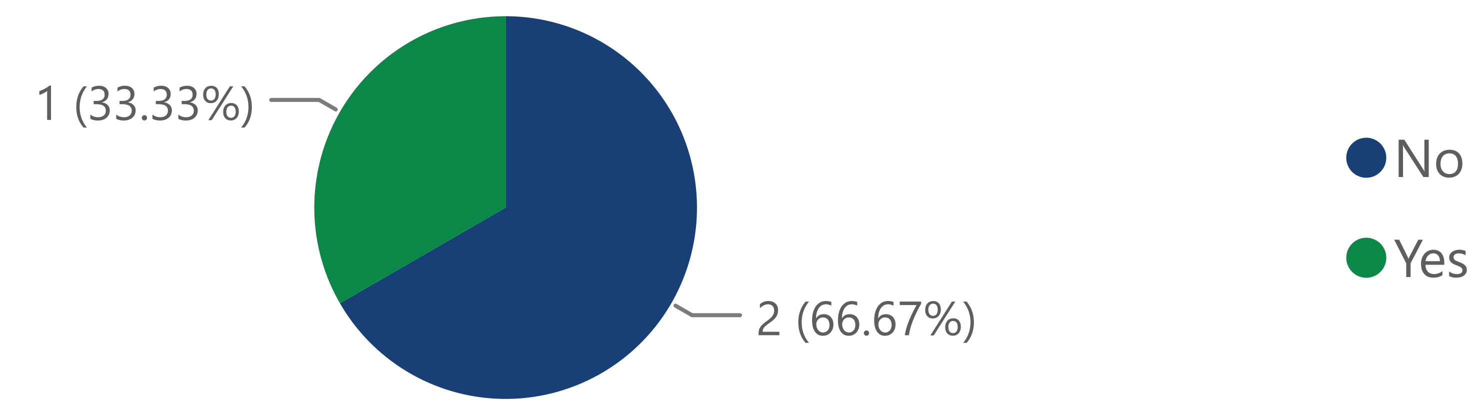
Patient Safety Narratives progressed at IA YTD

Investigation reports - 2025/26 Q4

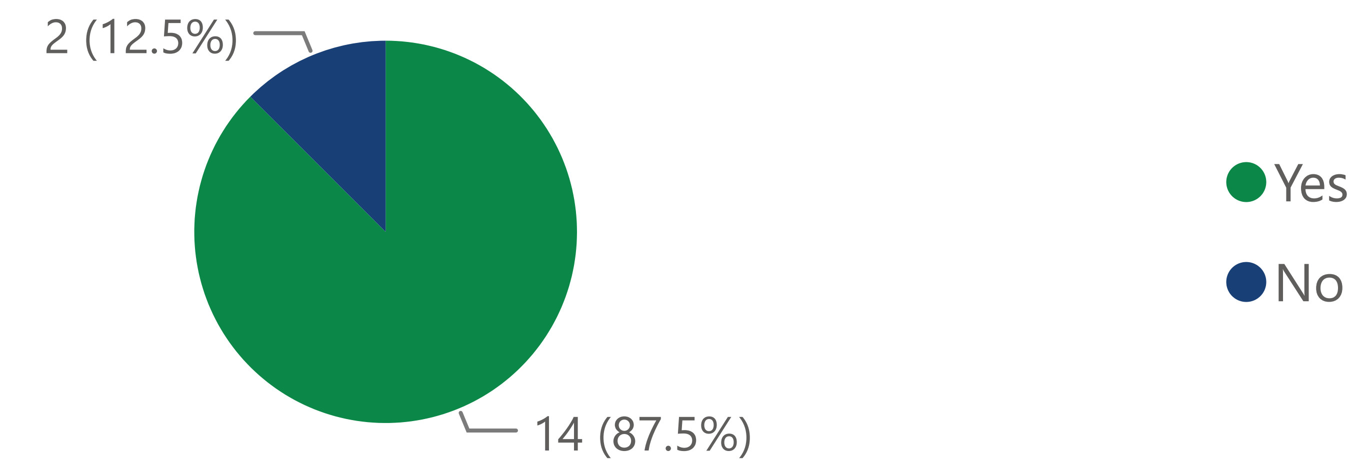


Reports published YTD

Reports that met intended publication date this quarter



Reports that met intended publication date YTD



Publication FY quarter: All

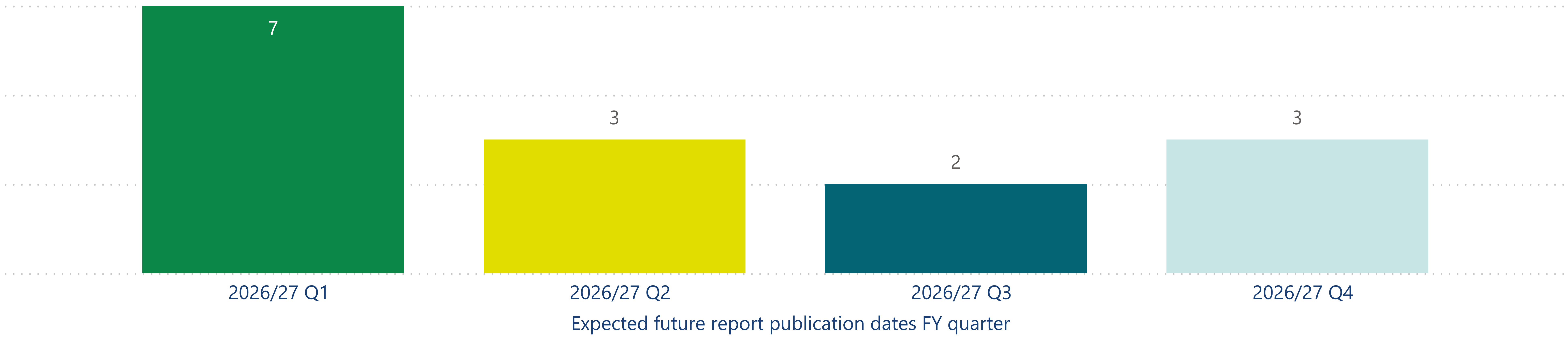
Investigation type: All

Met target date?: All

Publication FY quarter	Report publication date	Investigation type	Report title	Met target date?	Rationale for movement
2025/26 Q1	13 May 2025		Mental health inpatient settings: overarching report of investigations directed by the Secretary of State for Health and Social Care	Yes	N/A
2025/26 Q1	26 June 2025		Sepsis: a patient with a urine infection	Yes	N/A
2025/26 Q1	26 June 2025		Sepsis: a patient with abdominal pain	Yes	N/A
2025/26 Q1	26 June 2025		Sepsis: a patient with diabetes and a foot infection	Yes	N/A
2025/26 Q1	24 April 2025		The impact of staff fatigue on patient safety	Yes	N/A
2025/26 Q1	10 April 2025		Workforce and patient safety: primary and community care co-ordination for people with long-term conditions	Yes	N/A
2025/26 Q2	24 July 2025		Healthcare provision in prisons: data sharing and IT systems	Yes	N/A
2025/26 Q2	14 August 2025		Medication not given: discharge from an acute hospital to the community	Yes	
2025/26 Q2	19 August 2025		Summary report : An exploratory review of maternity and neonatal services	Yes	N/A

Investigation report pipeline - 2025/26 Q4

15
Active investigations



Expected publication FY quarter: All

Investigation type: All

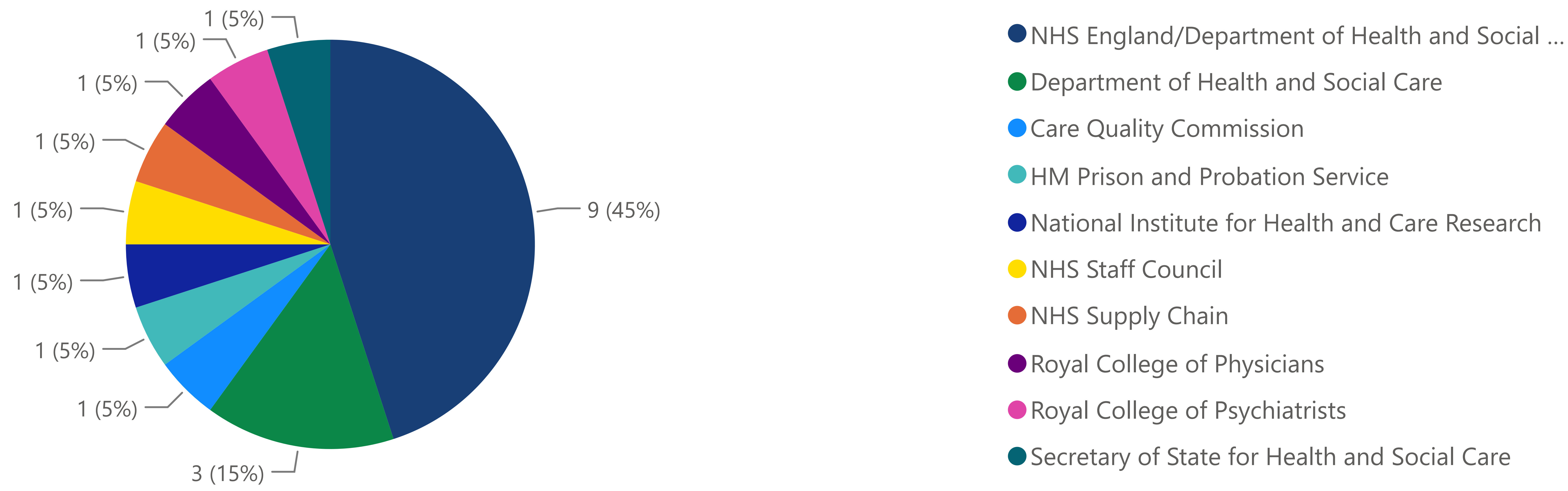
Expected to meet publication date: All

Publication FY quarter	Publication date (month agreed at IA)	Investigation type	Report title	Expected to meet publication date?	Rationale for movement
2026/27 Q1	April 2026		Healthcare provision in prisons: needs assessments and physical disability access	Yes	Not included as prior to KPI - Moved from Nove due to impact on team members being seconde
2026/27 Q1	April 2026		Mental health crisis care: legislative challenges in emergency departments	Yes	
2026/27 Q1	April 2026		Mental health investigating under the Patient Safety Incident Response Framework (PSIRF) - attempted suicide while under the care of community services	Yes	
2026/27 Q1	June 2026		Online prescribing: challenges and opportunities to improve patient safety	Yes	
2026/27 Q1	May 2026		Electronic prescribing and medicines administration: procurement and safety learning in acute hospitals	Yes	
2026/27 Q1	May 2026		Insulin: supporting safe self-administration for patients in the community with a disability	Yes	
2026/27 Q1	N/A		Recommendations Principles	N/A	Not included KPI - Joint publication with NQB a work required prior to publication
2026/27 Q2	August 2026		Insulin: supporting safe self-administration in vulnerable patient groups in the community - people with a learning disability	Yes	
2026/27 Q2	August 2026		Mental health crisis: care of patients in emergency departments	No	Moved from July to August due to an interim re publication in April
2026/27 Q2	July 2026		Mental health: investigating under the Patient Safety Incident Response Framework (PSIRF) - an incident	Yes	

Safety recommendations - 2025/26 Q4

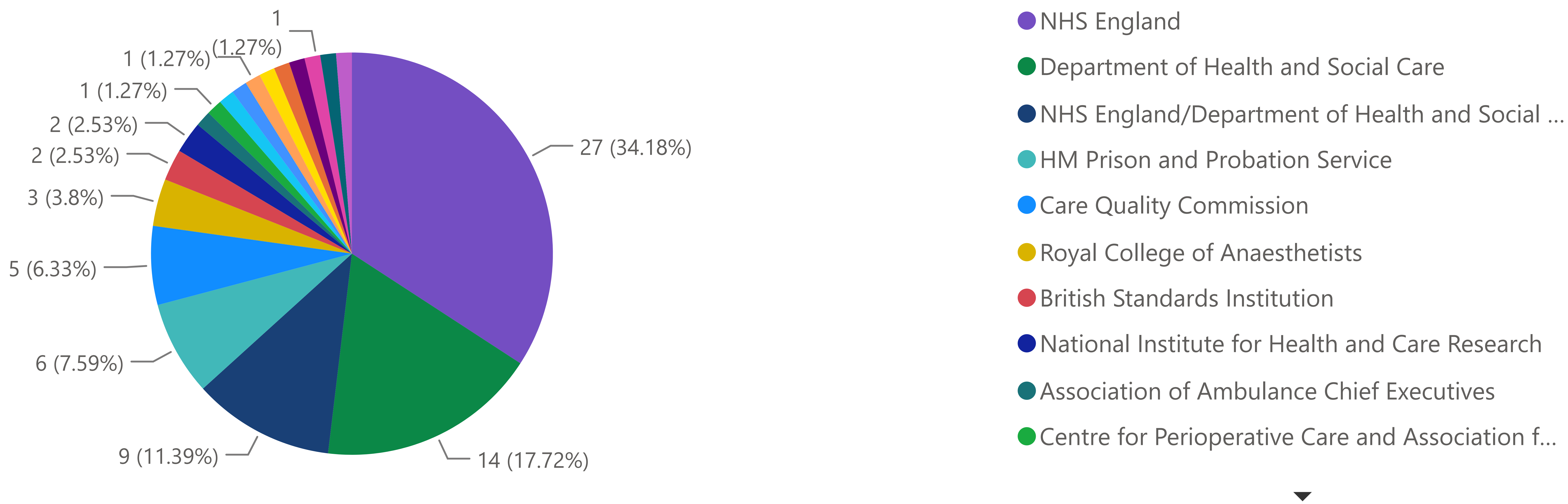
20

Safety recommendations made YTD



79

Safety recommendations made since launch of HSSIB (1st October 2023)



Safety recommendations follow-up - 2025/26 Q4

Recommendations followed up YTD

100%
of recommendations followed-up within target YTD

33
recommendations followed up within target YTD

Safety observations - 2025/26 Q4

5

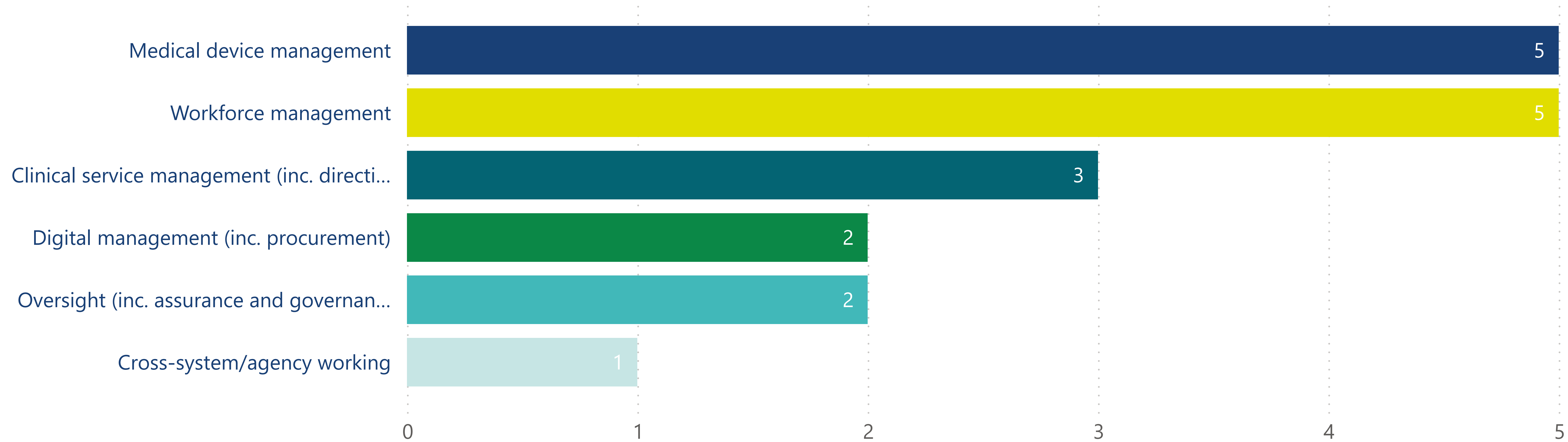
Safety observation made this quarter

Safety observations made this quarter by category

18

Safety observations made YTD

Safety observations made YTD by category

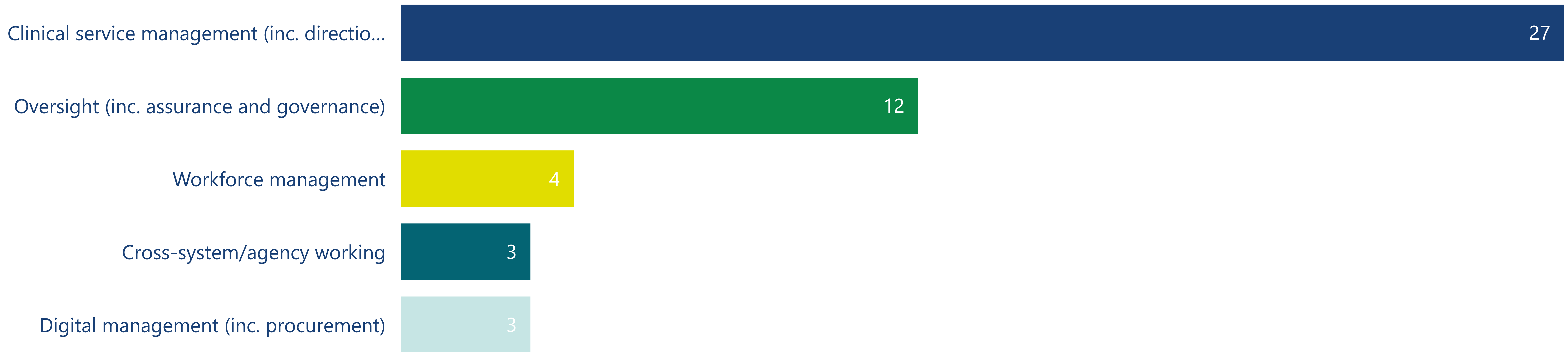


Local-level learning - 2025/26 Q4

49

Local-level learnings identified this quarter

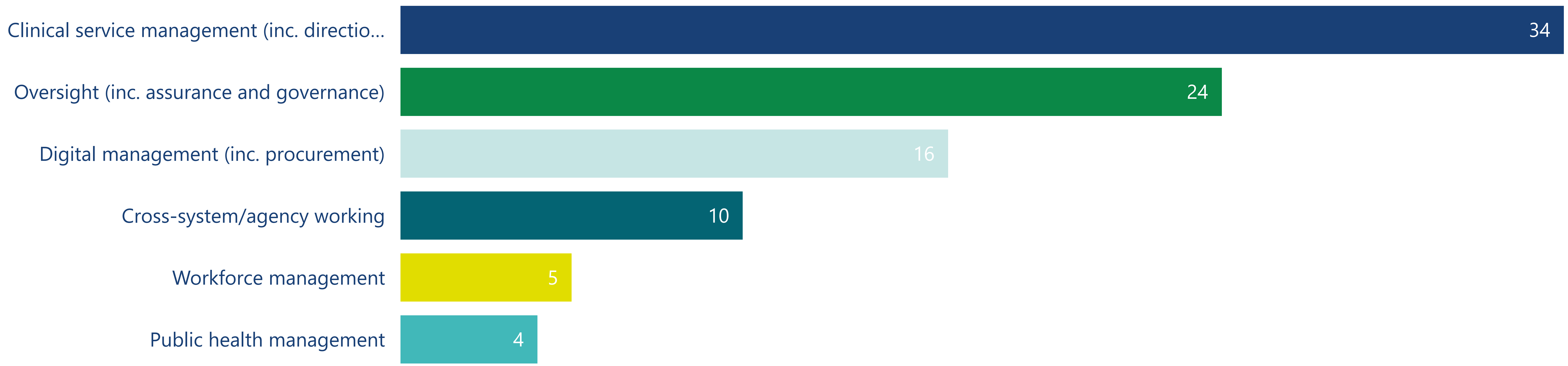
Local-level learnings identified this quarter by category



93

Local-level learnings identified YTD

Local-level learnings identified YTD by category



ICB suggested safety learning - 2025/26 Q4

3

ICB suggested safety learnings this quarter

ICB suggested safety learning this quarter

4

ICB suggested safety learnings YTD

ICB suggested safety learning YTD

Safety actions - 2025/26 Q4

No Safety Actions have been noted YTD

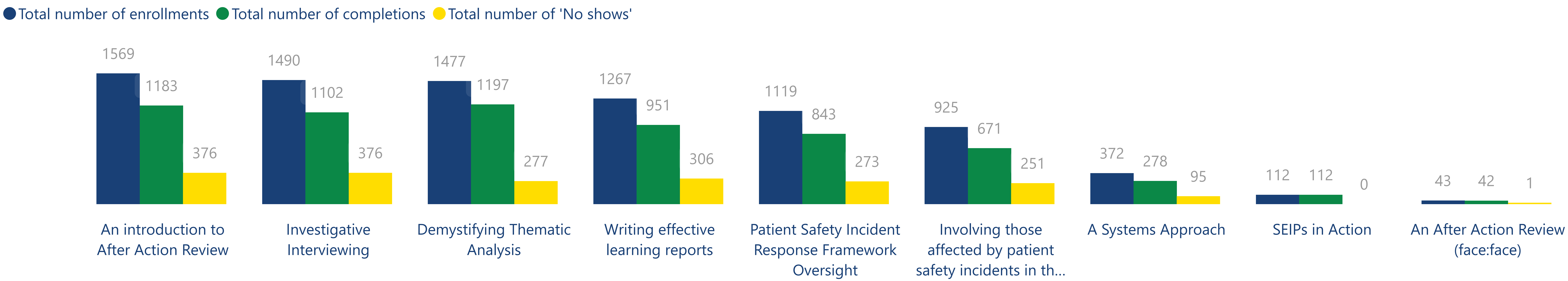
Education dashboard - 2025/26 Q4

Number of 'standalone' courses delivered YTD by quarter

51

'standalone' courses delivered this quarter

Number of enrollments, completions and 'no-shows' for courses YTD



79%
Course completion this quarter

79%
Course completion YTD

18%
'No show' % this quarter

20%
'No show' % YTD

96%
% of learners that would recommend our courses YTD*

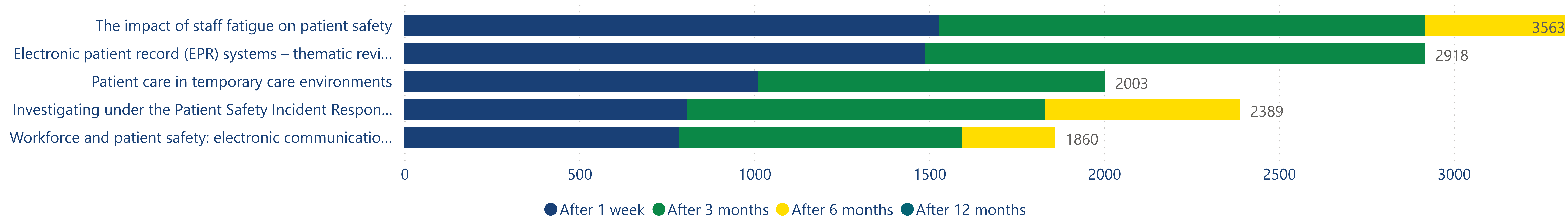
99%
% of learners that agreed course was applicable to their practice YTD*

*No course feedback data for 2025/26 Q4

Engagement dashboard - 2025/26 Q4

Health Services Safety Investigations Body

Top 5 reports published YTD by total website views



Top 5 reports (all time) by total website views

No. of website views and users YTD

Finance dashboard - 2025/26 Q4

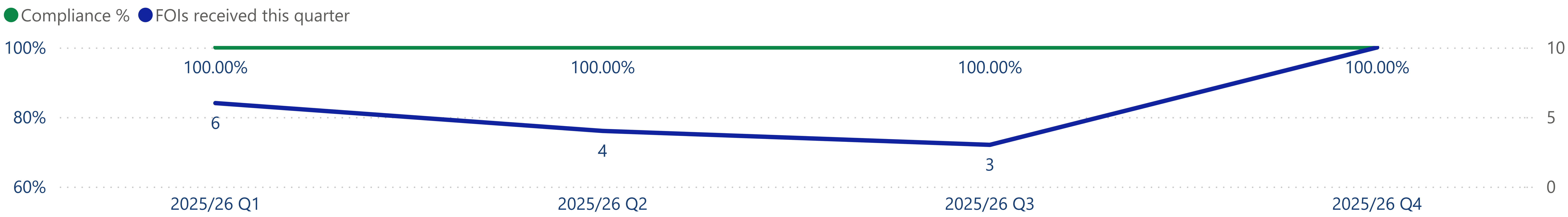
	Year to Date				
Spend	**Budget (£,k)**	**Total (£,k)**	**Variance (£,k)**	**%**	**Comments**
Pay	5,140	4,965	-175	-3.40%	Pay forecast underspend due to long term sickness, vacancies and secondments out
Non-Pay	1,350	1,554	204	0.15	Non Pay forecast to overspend due to legal costs
Income	-100	-211	-111	1.11	Income generation is below target. Fees funded courses; in year unplanned secondment recharges increased
Net Expenditure RDEL	**6,391**	**6,308**	**-82**	**-1.29%**	
Amortisation and Depreciation	53	31	-22	-41.51%	Various projects did not proceed in year as planned.
Net Expenditure	**6,444**	**6,339**	**-104**	**-1.62%**	
Capital	1,000	43	-957	-95.69%	Various projects did not proceed in year as planned.

% of spend that passed Better Payment Practice Code (BPPC) YTD

Governance dashboard - 2025/26 Q4

23
FOIs received YTD

FOI Response Compliance by Quarter



3
GIAA audit actions completed this quarter

GIAA audit actions completed that met target date this quarter

0
Subject access requests this quarter

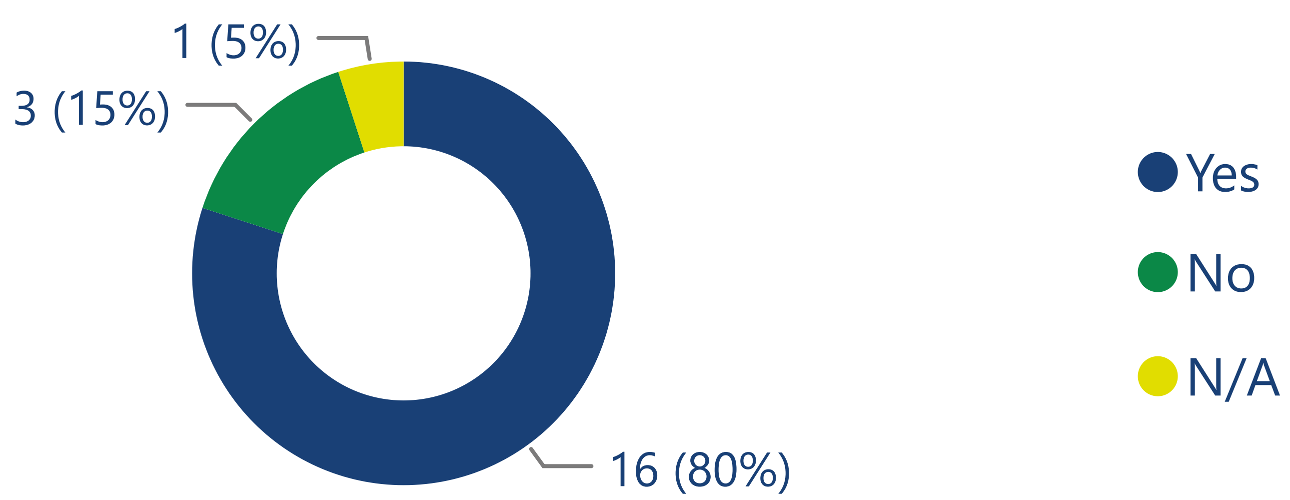
0
Incidents referred to ICO this quarter

0
Data breaches this quarter

3
Risks over strategic risk tolerance this quarter

23
GIAA audit actions completed YTD

GIAA audit actions completed that met target date YTD



0
Subject access requests YTD

0
Incidents referred to ICO YTD

0
Data breaches YTD

Yes
a board effectiveness review has taken place in last 12 months.

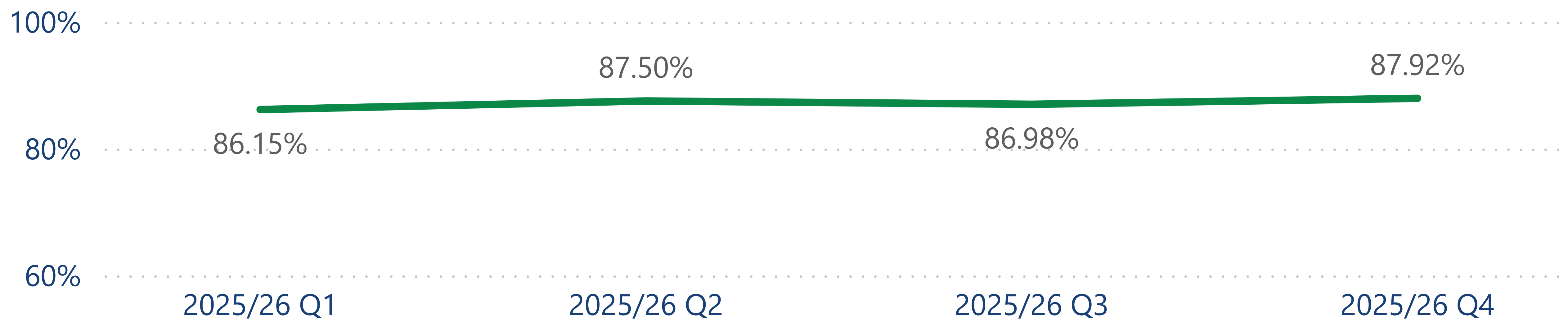
Risk tolerance detail - 2025/26 Q4

Risk ID	Risk Description	Risk Controls	Risk Actions	Progress / Review	Inherent Risk Rating	Residual Risk Rating
SR002	There is a risk that we cannot maintain a positive, compassionate, values based culture. There is a risk that we cannot address the health, safety and well-being needs of our staff.	1. Occupational health, EAP and trauma support in place. 2. Webinars for all staff on mental health took place between January and March (4 sessions). 3. Several key HR policies in place (e.g. Health and Safey, Raising a Matter of Concern, Managing Sickness Absence). 4. Board Development Programme in place during 2025: 8 sessions timetabled, covering multiple topics (e.g. January Inclusive Leadership, March EDI Training, August Risk Appetite training). 5. HSSIB Values agreed and in place: Inclusivity / Integrity / Collaboration	1. HSSIB People Plan to be developed. 2. HR Policy development on-going. 3. Internal audit of our wellbeing offer has begun in Q3. 4. Support plan around Dash publication. 5. Staff Survey complete - analysis went to Board on 26th November 2025. Results discussed in team away day in December. 6. Further Health Assured staff assistance session took place in November 2025.	1. Four webinars took place in January / February 2025, covering various topics related to mental health and wellbeing. 2. Further Board Development Days to take place in June and between August - December 2025. 3. 20250716 SLT decided to raise the risk to 12 due to the 10 year plan and Dash review.	12	12
SR003	There is a risk that HSSIB has insufficient resources to deliver our strategy.	1. Effective operational discussions and planning at SLT to support prioritisation. 2. Business partnership relationship at DHSC established. 3. Partnership working with other ALBs to share knowledge, good practice and resources where appropriate. 4. Scheme of Delegation signed off by Board in May 2025 5. Recruitment for analysts, HR support, Finance and Resources Director and Engagement Lead complete.	1. Business Planning ongoing. 2. Recruitment to an Operations Manager role (fixed term contract) - this has been paused due to the transition until further notice. 3. Analysis / plan for recruitment / succession management. 4. Risk owner to feedback following meeting with DHSC. Also transition budgets to be explored with DHSC and CQC.	1. 20260108 Discussion with Risk Owner, some uncertainty around 2026/27 around capital and revenue funding, discussions ongoing with DHSC. Risk score to remain the same. 2. 20260210 Discussion with Risk Owner - happy for risk score to stay the same. 3. 20260306 Discussion with Risk Owner and residual risk to remain the same. 4. 20260317 SLT decision to raise risk from a 6 to a 12 in light of all the organisational changes happening at HSSIB. 5. 20260407 Disucssion with Risk Owner and risk to remain at 12.	12	12
SR008	There is risk that HSSIB is subject to a cyber-attack, resulting in data or sensitive information being compromised, or IT services being unavailable.	1. Strategic Risk Register is reviewed / discussed on a monthly basis by SLT. 2. All HSSIB staff undertake a mandatory ESR module called Information Governance and Data Security on an annual basis. 3. HSSIB is consulting with Government Security Centre for Cyber at DHSC for advice and guidance. 4. HSSIB is a member of DHSC Joint Cyber Unit ALB Forum.	1. Penetration testing for 2026/2027 to be arranged - post IMS implementation in 2026. 2. Implementing Secure By Design in Q4. 3. :Use of Cyber Security funding for training of staff, development of Cyber Strategy, implementation of E5 licenses.	1. HSSIB has secured substantial funding in order to provide training / guidance on cyber security for HSSIB staff, and undertake the development of a Cyber Security Strategy. 2. 20251015 Revised Information	16	12

Human Resources dashboard - 2025/26 Q4

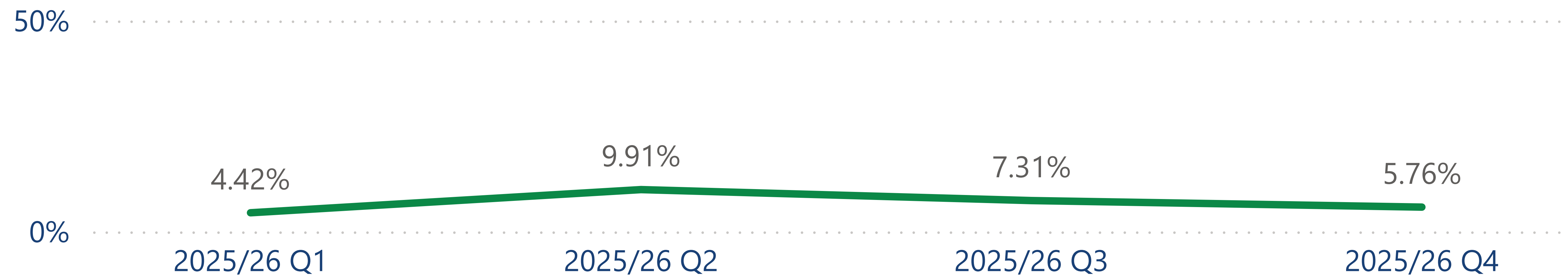
Health Services Safety Investigations Body

Mandatory and Statutory Training compliance YTD



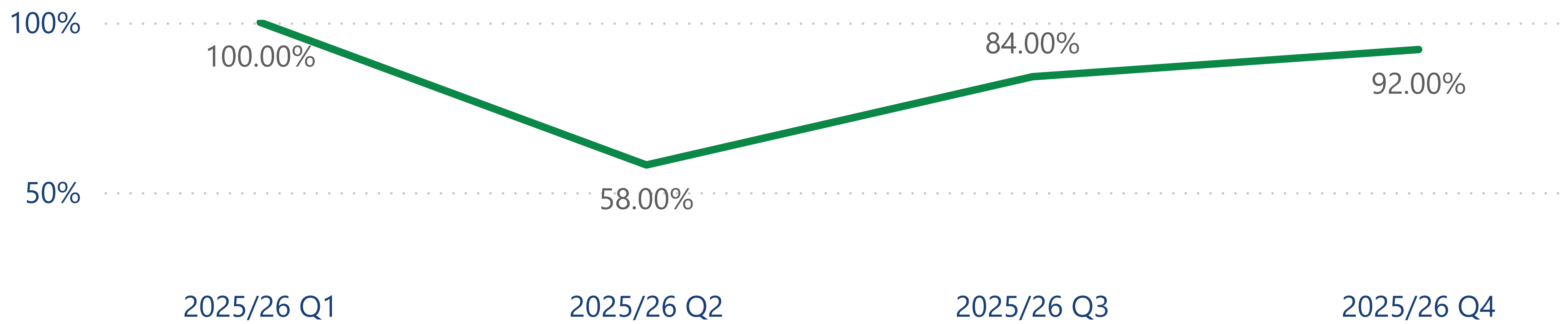
Compliance figure includes those on long term absence.

Sickness absence YTD

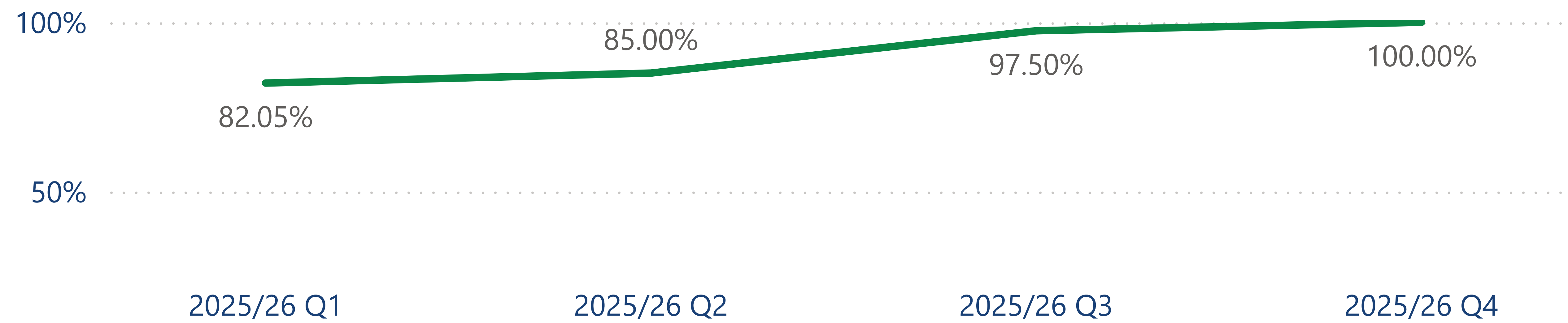


95% of sickness absence in Q4 was 'long-term' (over 28 days).

Appraisal compliance YTD

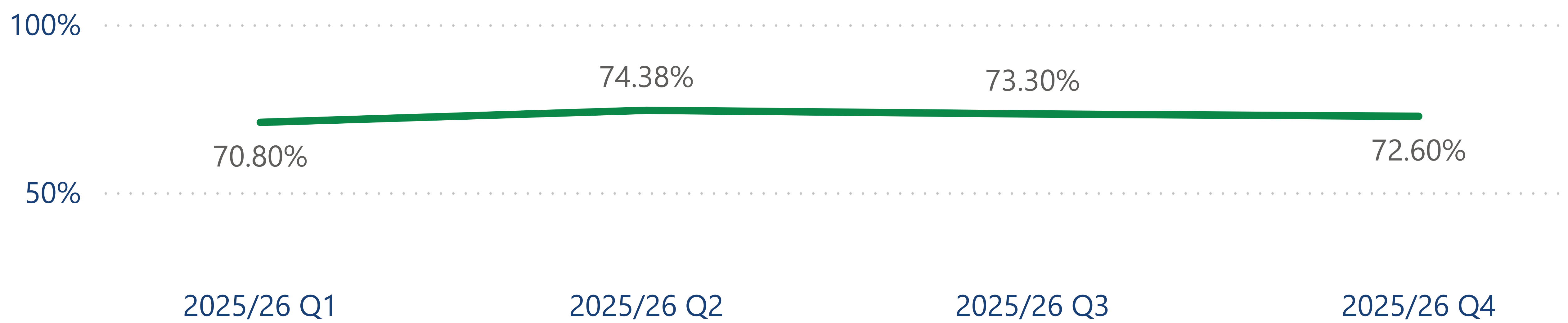


DBS compliance YTD



Q4 41 individuals in roles identified as requiring DBS check.

% of e'ees with updated personal data (EDI) on ESR



Average taken over 6 protected characteristics reported in ESR

53	1	0
Staff Headcount at end of quarter	New starter this quarter	Leavers this quarter

0	0
Formal complaints (grievance, H&B) received	Other complaints or speaking up concerns raised this quarter

Health Services Safety Investigations Body

Board Meeting Cover Sheet
28 May 2026

Title of paper	**Audit and Risk Assurance Committee (ARAC) Report to Board**
Agenda Item	3.5
Action Required (i.e approve, discuss)	To note and approve.
Recommendation	The Board is asked to note this report.
Purpose / Summary	The Audit and Risk Committee (ARAC) met on 12 March 2026. The purpose of this document is to provide assurance and to report to the Board on: • Any key discussions that have taken place • Any particular issues that have been highlighted • Any decisions that have made.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which operational/ strategic risks are relevant?	All risks are relevant.
Responsible Officer	Stephen Carruthers Finance and Resources Director
Accountable Manager/Director	Peter Shild ARAC Chair, Non-Executive Director.

- The committee was well attended by HSSIB operational colleagues and members of the Senior Leadership Team (SLT), Non-Executive members of the Board, and colleagues from the Department of Health and Social Care (DHSC), Government Internal Audit Agency (GIAA) and National Audit Office (NAO).
- An update from DHSC confirming that work on the legislation and draft Bill for the proposed CQC/HSSIB merger is ongoing, with draft clauses under active review, although no introduction date has been confirmed.
- Since the last ARAC meeting in January, there have been no incidents reported or protected disclosure for the period. There were nine Freedom of Information (FOI) requests and one complaint to HSSIB, with regards to a referral which did not go to full investigation.
- In relation to the risk register, monthly meetings are convened with risk owners and the governance team to ensure that both the strategic and operational risk registers are accurately maintained. All actions and identified gaps are recorded within the risk register. The register has recently undergone a comprehensive review to ensure that all actions include clear closure dates and that operational and strategic risk registers are appropriately aligned. This process provides assurance for subsequent reviews by the SOT and the SLT.
- The committee were informed that all strategic risk scores have remained static. Work is being undertaken to correlate the operation risk register with risk appetite.
- The committee were made aware that the Non-Executive Directors (NED) appointments are due for renewal at the end of the year. The potential impact of this position was highlighted due to the transition to CQC. Members were advised that the DHSC is aware of the current position regarding NED appointments. It was agreed to add this matter to the risk register for ongoing monitoring.
- The Internal Controls Report provided assurance to the committee of the financial position of HSSIB and updates on procurement.
    - Year to date position: £4,823k spend to 31 December 2025, £95k underspend vs budget
    - Forecast outturn 2025/26: Expected to break even, reflecting recruitment, ending secondments, and additional legal/transition costs.
    - 2026/27 funding: Indicative allocation £6.184m (-2% reduction vs 2025/26 baseline).
    - Cost pressures: Planned spend £6.392m, creating an estimated £208k pressure.
    - Driven by funding reduction, NI increases, pay award costs, and no education income assumption.
    - Finance system (ISFE2): Implementation complete; business as usual with no risks identified.
    - Pay award: 3.3% increase for Agenda for Change staff effective April 2026.
    - IT services: Stable, no concerns; NHS England contract extended to 30 Sept 2026.
    - HIMS system: Contract extended for continuity, but system not fit for purpose; replacement remains a priority.
    - Cyber programme: £133k funding secured; delivery on track for completion by 31 March 2026.
    - Overall: Programmes and operations on track with low risk to delivery.

Health Services Safety Investigations Body

- Government Internal Audit Agency (GIAA) reported that 80% of the plan has been delivered to final report stage, with the final outstanding audit relating to expenses. The wellbeing audit has received substantial assurance. At the time the papers were prepared, 11 audit recommendations were noted as overdue.
- The National Audit Office (NAO) shared the proposed approach for the audit of the 2025-26 financial statements, members confirmed they were content with the error reporting threshold set out in the paper.
- The committee agreed the Standing Financial Instructions, Procurement Policy and Standing Orders.
- The committee approved a minor amendment to the ARAC Terms of Reference was amended to allow the Committee Chair, where the Committee would otherwise be inquorate, to invite another independent Non-Executive Director of the Board to act as a temporary member for that meeting only.
- The committee noted the Audit and Review Action Plan which tracks progress against agreed management actions in response to the recommendations of external audit reviews.
- Following the Government's response to the Penny Dash Review, it is anticipated that legislation may be brought forward to transfer the functions of the Health Services Safety Investigations Body to the Care Quality Commission, in view of this the committee agreed for a specific risk on transition be added to the risk register.
- An extraordinary meeting was held on the 25 February 2026 to review the Annual Report and Accounts. The Committee noted a compressed timetable for the 2025/26 Annual Report and Accounts, with laying scheduled for 25 June 2026, approximately three and a half weeks earlier than in previous years. Despite increased pressure on external providers, revised timelines have been agreed and the team remains confident in delivery, supported by early content development and an interim NAO audit to streamline year-end processes. Key milestones include ARAC recommendation on 10 June and a short Board approval window, followed by ministerial consideration and certification. While risks remain around late changes (e.g. the 10-year plan), mitigations are in place through close stakeholder coordination, and Non-Executive Directors expressed confidence in the overall process.
- The Committee considered management's proposal regarding GIAA's "proportionate approach" to internal audit for 2026/27. Following discussion, the Committee agreed that the approach was not appropriate for HSSIB given the organisation's anticipated transition into CQC, the limited flexibility within the model, duplication with recent audit coverage, and the absence of any material financial saving once DSPT requirements were included.
- The Committee therefore agreed to proceed with the standard internal audit approach for 2026/27. Approval was given for the DSPT audit to be scheduled, with the remaining four internal audit reviews to be further discussed by SLT and brought back to the next ARAC meeting for approval.

Health Services Safety Investigations Body

Board Cover Sheet
28 May 2026

Title of paper	**Key Performance Indicators (KPIs)**
Agenda Item	4.1
Action Required (i.e approve, discuss)	Approval
Recommendation	Approve revised KPIs for submission to DHSC via QAR
Purpose / Summary	A set of KPIs was approved in 2025 by Board and the DHSC Sponsor Team. As our operating model has evolved, it is important we review the KPIs and revise as appropriate. This paper sets out any proposed changes and the operational rational for reporting. This paper seeks Board approval to take a set of KPIs to the next DHSC QAR for agreement.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which operational/ strategic risks are relevant?	.
Responsible Officer	Philippa Styles
Accountable Manager/Director	Rosie Benneyworth

Section One: Points for consideration

In 2025 the following KPIs were approved by Board and DHSC.

1. Number of Investigations per year reported by healthcare sector and by approach (rapid, local, discreet, thematic)
    - Target 18 Investigations per year.
    - There is not target applied to approach or sectors to ensure we take the right approach based on the safety concern in question
2. Percentage of Investigations delivered to plan established at Investigation Approval
    - Target >80%
    - Any investigation not delivered to plan set out at IA will be reported in the PR and a clear rationale for any delays will be provided.
3. Percentage of Recommendations followed up within the timeframe established at the safety recommendation grading meeting.
    - Target >90%.
    - Any recommendation not followed up within the timeframe will be reported in the PR and a clear rationale for any delays will be provided.
4. Completion rates for education courses
    - Target >80% for overall completion rate
5. YTD and FOT Financial Position – RDEL and CDEL

2025/26 Performance against KPIs

1. Number of Investigations per year reported by healthcare sector and by approach (rapid, local, discreet, thematic)
    - Target 18 Investigations per year.

In 2025/26 we agreed with DHSC to reduce the expectation against KPI to 16 investigations due to 3 team members being seconded for up to 8 months of the financial year to the national maternity programme.

In 2025/26 we published 16 reports.

2. Percentage of Investigations delivered to plan established at Investigation Approval
    - Target >80%

In 2025/26 we delivered 87.5% of investigations to plan.

3. Percentage of Recommendations followed up within the timeframe established at the safety recommendation grading meeting.
    - Target >90%.

In 2025/26 we followed up 100% of recommendations within the timeframe established.

4. Completion rates for education courses
    - Target >80% for overall completion rate

In 2025/26 our overall completion rate was 78%

5. YTD and FOT Financial Position – RDEL and CDEL

In 2025/26 our draft financial position is £104k underspent. This is subject to external audit and any final changes prior to finalising the accounts in June 2026.

Operational updates

In February 2026 Board approved the Building Investigation Excellence Strategy, this is now supported by a new operating model. This fundamentally changes our approach to providing training and moves away from 'education courses'. Throughout 2026/27 we will be designing, testing and evaluating the methodologies which underpin the new strategy. This development work will be undertaken by colleagues within the new integrated function; this will be resourced with no more than the original resource allocation to the 'education function'.

The secondments to the national maternity programme are on-going and currently due to end on 17 July, therefore impacting on 25% of the financial year.

Due to a directive from DHSC, we are constrained in our ability to recruit. Due to leavers, long-term absence and maternity leave we currently have 3 full time investigation roles unfilled; this is in addition to the maternity secondments.

In 25/26 we tested a rapid response to investigation and delivered an investigation at accelerated pace following our standard methodology. This was for strategic reasons due to the topic, but both approaches supported learning in relation to our operational processes and identified potential efficiencies and system improvements we will aim to make this year. This will be further supported with the new case management system.

Services Safety
Investigations Body

Section Two: Proposal

It is proposed that the following KPIs remain in place:

1. Number of Investigations per year reported by healthcare sector and by approach (rapid, local, discreet, thematic)
    - Target 18 Investigations per year.
    - There is not target applied to approach or sectors to ensure we take the right approach based on the safety concern in question

*****Whilst we will be impacted by the maternity secondments, we will aim to achieve this KPI in full in 26/27*****

2. Percentage of Investigations delivered to plan established at Investigation Approval
    - Target >80%
    - Any investigation not delivered to plan set out at IA will be reported in the PR and a clear rationale for any delays will be provided.
3. Percentage of Recommendations followed up within the timeframe established at the safety recommendation grading meeting.
    - Target >90%.
    - Any recommendation not followed up within the timeframe will be reported in the PR and a clear rationale for any delays will be provided.
4. YTD and FOT Financial Position – RDEL and CDEL

It is proposed the KPI in relation to completion rates for education courses is removed.

It is proposed that the following KPIs are introduced

1. Investigations will be published in no more than 12 months from the date of investigation approval.
   Target 70% - 56% of investigations published in 25/26 were published no more than 12 months from the date of investigation approval

2. Investigations should align with the Ten-Year Health Plan
   Target 90% - acknowledging we may want/need to do some unique/discreet investigations which fall outside the plan and 3 key shifts

3. By year end our investigations will have covered primary, community, urgent and emergency care, acute, mental health and independent services
   KPI report against progress out of 6 sectors

We will also assure Board of progress against the implementation plan for the new strategy via a quarterly report for the year of 2026/27 commencing in May 2026. As we implement the plan, we will proactively identify potential KPIs for the programme as methodologies go live, including uptake of accessible resources and the impact of building system wide capability in safety investigation.

We recognise there is more potential for us to develop metrics of impact across the whole organisation. We have planned further dedicated work to develop these in 26/27.

Recommendation

Pending and subject to Board discussion, this paper seeks agreement on the following points:

- The existing 'Education' KPI is removed
- The remaining existing KPIs remain in place
- Additional KPIs are discussed and agreed or amended and agreed

If additional KPIs are not agreed, it recommended a Board development session takes place to explore potential KPIs in more detail.

Board Meeting Cover Sheet
28 May 2026

Title of paper	**Budget Setting and Financial Plan 2026/27**
Agenda Item	4.2
Action Required (i.e approve, discuss)	To Approve
Recommendation	The Board is asked to: 1. **Approve** the proposed 2026/27 revenue budget of £6.311m; 2. **Note** the confirmed capital allocation of £500k for the HIMS replacement programme; 3. **Note** the assumptions underpinning the balanced financial position for 2026/27; and 4. **Note** the ongoing financial risks and monitoring arrangements for 2026/27.
Purpose / Summary	This paper presents the final proposed budget for 2026/27 for Board approval, following earlier budget updates provided to the Board in February and April 2026. DHSC has now confirmed HSSIB's 2026/27 revenue allocation of £6.311m and capital allocation of £500k for the HIMS replacement programme. Following further refinement of the cost base, extension of DHSC-funded secondments, and modelling of the financial implications associated with implementation of the Building Investigation Excellence Strategy (BIES), the organisation is now planning on a balanced financial position for 2026/27. The paper also outlines the remaining financial risks, assumptions, and monitoring arrangements underpinning the financial plan.
Strategic Theme	5. Embed a compassionate, inclusive culture across our organisation.
Which operational/ strategic risks are relevant?	SR001 There is a risk we cannot demonstrate we are delivering on our organisational strategy and have a positive impact on patient safety.
Responsible Officer	Stephen Carruthers, Finance and Resources Director
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

Budget Setting and Financial Plan 2026/27

1. Purpose

This paper presents the final proposed budget for 2026/27 for Board approval, following previous budget updates provided to the Board in February and April 2026.

The paper reflects confirmed Department of Health and Social Care (DHSC) revenue and capital allocations, updated planning assumptions, refinement of the cost base, and modelling of the financial implications associated with implementation of the Building Investigation Excellence Strategy (BIES).

2. Final Funding Position

DHSC has confirmed HSSIB's 2026/27 programme revenue allocation at £6.311m.

In addition, DHSC has confirmed £500k capital funding for 2026/27 to support the HIMS replacement programme.

The capital allocation provides sufficient funding to proceed with procurement and implementation of the replacement system during 2026/27.

Following conclusion of the DHSC Commercial Team's due diligence process relating to the procurement, a preferred bidder has now been identified and mobilisation activity has commenced.

3. Final Budget Position

The proposed 2026/27 budget has been refined following:

- confirmation of final DHSC allocations;
- extension of DHSC-funded secondments until 17 July 2026;
- detailed review of pay and non-pay budgets;
- refinement of assumptions with budget holders.

The proposed revenue budget is now planned on a balanced basis, while retaining limited flexibility to manage emerging pressures during the year.

The budget continues to assume:

- funding of the full 3.3% Agenda for Change pay award from within existing allocations;
- no reliance on education income;

- continuation of existing contractual commitments;
- no additional funding for employer National Insurance pressures.

The budget position also reflects modelling of the proposed operating model changes associated with the Building Investigation Excellence Strategy (BIES), including estimated redundancy-related costs, pay in lieu of notice, and outstanding annual leave liabilities.

These costs are expected to be managed through a combination of:

- vacancies already held within the establishment;
- anticipated turnover;
- planned delays in recruitment arising from normal recruitment lead times; and
- continued active management of vacancy controls during the year.

On the basis of current assumptions, the organisation is forecasting a balanced financial position for 2026/27.

4. Building Investigation Excellence Strategy (BIES)

The proposed budget reflects the current understanding of the organisational changes associated with the Building Investigation Excellence Strategy (BIES).

At this stage, the operating model changes are expected to be broadly cost neutral in steady state. Estimated implementation costs, including potential redundancy-related liabilities, have been modelled within the current financial plan and are expected to be manageable within the approved revenue allocation.

As implementation progresses, the financial implications and associated risks will continue to be monitored through normal in-year financial reporting arrangements.

5. Financial Risks and Flexibility

While the overall financial position has improved significantly since the initial budget assumptions earlier in the year, a number of risks remain, including:

- inflationary pressures;
- workforce and pay-related pressures;
- implementation costs associated with organisational change;
- transition-related activity associated with future integration into CQC.

HSSIB’s financial flexibility remains limited due to the high proportion of staffing and committed contractual expenditure within the organisation’s cost base.

These risks will continue to be monitored through routine financial reporting to SLT and the Board during 2026/27.

6. Next Steps

- Finalise budget allocations with budget holders;
- Continue implementation of the BIES operating model;
- Progress implementation of the HIMS replacement programme;
- Monitor financial risks, vacancy management, and organisational change costs through routine reporting arrangements.

7. Recommendation

The Board is asked to:

- **Approve** the proposed 2026/27 revenue budget of £6.311m;
- **Note** the confirmed capital allocation of £500k for the HIMS replacement programme;
- **Note** the assumptions underpinning the balanced financial position for 2026/27; and
- **Note** the ongoing financial risks and monitoring arrangements for 2026/27.

Board Meeting Cover Sheet
Thursday 28 May 2026

Title of paper	**Standing Financial Instructions, Procurement Policy and Standing Orders**
Agenda Item	4.3
Action Required	Approve and Note
Recommendation	Board is asked to: • **approve** the Standing Financial Instructions (SFIs) • **approve** the Procurement Policy • **approve** the Standing Orders • **note** that the documents have been reviewed by the Senior Leadership Team (SLT) and the Audit and Risk Assurance Committee (ARAC) • **note** that implementation briefings and staff awareness activity have commenced across the organisation.
Purpose / Summary	This paper presents three core governance documents forming part of HSSIB's financial and governance framework: • Standing Financial Instructions (SFIs) • Procurement Policy • Standing Orders Collectively, these documents strengthen HSSIB's governance framework and support proportionate delegation, accountability, stewardship of public funds and organisational decision-making. The revised **Standing Financial Instructions** and **Procurement Policy** modernise financial and procurement arrangements and align them with Managing Public Money, DHSC delegated authorities and Cabinet Office spending controls. The **Standing Orders** clarify how decisions are taken in practice within the organisation, including the respective roles of the Board, Senior Leadership Team and operational management, and reinforce the principle of delegation by default with escalation by exception. The documents have been reviewed by the Senior Leadership Team and the Audit and Risk Assurance Committee (ARAC) as part of HSSIB's governance and internal control framework, and are now presented to the Board for final approval.

	Implementation briefings and staff awareness activity have commenced across the organisation to support consistent understanding and application of the revised governance arrangements.
Strategic Theme	5. Embed a compassionate, inclusive culture across our organisation.
Which strategic risks are relevant?	This paper supports the management of risks relating to financial control, governance, procurement compliance and organisational decision-making.
Responsible Officer	Stephen Carruthers, Finance and Resources Director
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

Standing Financial Instructions, Procurement Policy and Standing Orders

Purpose

This paper presents three core governance documents to the Board for approval:

- Standing Financial Instructions (SFIs)
- Procurement Policy
- Standing Orders

Together, these documents form a coherent framework for financial control, procurement and decision-making within HSSIB.

Background and context

The Standing Financial Instructions, Procurement Policy and Standing Orders have been reviewed by the Senior Leadership Team (SLT) and the Audit and Risk Assurance Committee (ARAC) as part of the development of HSSIB's governance and internal control framework.

These documents collectively establish clear arrangements for financial management, procurement activity and organisational decision-making, supporting effective stewardship of public funds and alignment with relevant government requirements.

The documents support HSSIB's approach to proportionate governance and reinforce clear accountability, delegation and escalation arrangements across the organisation.

Standing Financial Instructions and Procurement Policy

The revised SFIs and Procurement Policy are largely standard governance documents and are intended to:

- modernise inherited arrangements and reflect HSSIB's status as a small arm's-length body
- clarify roles, responsibilities and approval routes
- align explicitly with Managing Public Money, DHSC delegated authorities and Cabinet Office spending controls
- avoid duplication between documents by clearly distinguishing between financial authority (SFIs) and procurement process (Procurement Policy).

The Procurement Policy has been reviewed by the Project Manager with lead responsibility for procurement, and the Standing Financial Instructions have been reviewed by the Head of Operational Finance, providing assurance that both documents are operationally sound and proportionate.

Standing Orders
The Standing Orders are a new governance document for HSSIB.

They formalise and clarify how decisions are taken in practice across the organisation, rather than introducing new controls or thresholds. In particular, the Standing Orders:

- clarify the respective roles of the Board, SLT, SOT and delegated managers
- reinforce the principle of delegation by default, with escalation by exception
- distinguish clearly between visibility, discussion and approval
- support the agreed objective of reducing routine escalation to SLT, while maintaining appropriate oversight, assurance and accountability.

While examples within the Standing Orders often relate to expenditure, this reflects where delegation and escalation are most visible and audited, rather than an intention to frame SLT primarily as a financial decision-making forum.

Recommendation
Board is asked to:

- **approve** the Standing Financial Instructions (SFIs)
- **approve** the Procurement Policy
- **approve** the Standing Orders
- **note** that the documents have been reviewed by the Senior Leadership Team (SLT) and the Audit and Risk Assurance Committee (ARAC)
- **note** that implementation briefings and staff awareness activity have commenced across the organisation.

HSSIB - Standing Financial Instructions (SFIs)

Version number: 1.0

First published: TBC

Date updated: TBC

Next review date: TBC

Policy prepared by: Finance and Resources Director

Policy Owner: Business Services

Classification: OFFICIAL

Policy Number: HSSIB072

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

Version	Date	Update

Table of Contents

1. Purpose and Statutory Framework

1.1 These Standing Financial Instructions (SFIs) form part of the governance framework of the Health Services Safety Investigations Body (HSSIB). Their purpose is to ensure the regularity, propriety and effective stewardship of public money entrusted to HSSIB.

1.2 HSSIB is an Arm's Length Body (ALB) of the Department of Health and Social Care (DHSC), established under the Health and Care Act 2022. HSSIB is required to comply with:

- Managing Public Money
- The HSSIB Framework Agreement
- HM Treasury and Cabinet Office spending controls
- DHSC delegations and instructions
- The Government Functional Standard for Finance
- All applicable legislation and accounting standards

1.3 SFIs must be read together with:

- Standing Orders (SOs)
- Scheme of Delegation (SoD)
- Procurement Policy (currently in draft)
- Counter Fraud Strategy
- Standards of Business Conduct & Conflicts of Interest Policy
- Budget Holder Guidance

1.4 All HSSIB Board Members, officers, employees, secondees, contractors and anyone acting on behalf of HSSIB must comply with these SFIs. Failure to do so may result in disciplinary action.

1.5 Where interpretation is unclear, the Finance and Resources Director (FRD) must be consulted before action is taken.

1.6 Where these Standing Financial Instructions permit approval of expenditure internally, this authority is always subject to the limits and conditions of DHSC delegated authorities and any applicable HM Treasury or Cabinet Office spending controls.

2. Scope

2.1 These SFIs apply to all HSSIB expenditure, income, commitments, procurement activities, use of resources, and financial decisions.

2.2 All staff must ensure that:

- expenditure is lawful and aligns with the principles of regularity, propriety, value for money and feasibility
- commitments are only entered into within delegated authority
- financial systems and processes are followed
- conflicts of interest are declared and managed appropriately

2.3 Words in the singular include the plural and vice versa. References to legislation include amendments or replacements.

3. Roles and Responsibilities

3.1 All Staff

- All staff are collectively and individually responsible for:
- adhering to these SFIs and the Scheme of Delegation
- ensuring the safeguarding of HSSIB's assets
- securing value for money in all decisions
- preventing fraud, irregularity, waste and error
- notifying finance of any suspected breach

3.2 Accounting Officer

3.2.1 The Chief Executive is HSSIB's Accounting Officer (AO) and is personally accountable to Parliament for:

- ensuring HSSIB does not exceed its revenue and capital resource limits
- maintaining sound systems of internal control, governance and audit
- ensuring compliance with Managing Public Money
- signing the Annual Report, Accounts and Governance Statement
- ensuring that expenditure is regular, proper and supports HSSIB objectives

3.2.2 The AO delegates operational financial responsibilities to the FRD but retains accountability.

3.3 Finance and Resources Director (FRD)

The FRD is responsible for:

- financial strategy, planning, reporting and advice
- budget setting and monitoring
- ensuring financial systems are maintained and secure
- authorising banking arrangements

- ensuring procurement complies with legislation, Cabinet Office controls and internal policy
- maintaining the register of delegations and authorised signatories
- oversight of fraud prevention

3.4 Budget Holders

Budget Holders are responsible for:

- managing expenditure within approved budgets
- ensuring all commitments follow the Procurement Policy
- ensuring adequate internal control within their areas
- reviewing forecasts and reporting variances
- authorising expenditure within their delegated limit
- ensuring no retrospective commitments occur

3.5 Audit and Risk Assurance Committee (ARAC)

ARAC advises the Board and AO on:

- the risk, control and governance framework
- internal and external audit findings
- the integrity of the Annual Report and Accounts
- losses, special payments and write-offs
- counter-fraud arrangements

4. Financial Planning, Budgets and Budgetary Control

4.1 Financial Planning

4.1.1 The Board approves the annual financial plan.
4.1.2 The FRD prepares the plan, ensuring it aligns with HSSIB’s mandate, strategic priorities and DHSC limits.

4.2 Budget Setting

Budgets are approved annually by the Board and allocated to Budget Holders with formal delegated sign off confirming responsibilities.

4.3 Budgetary Control

Budget Holders must:

- operate within delegated authority
- not incur expenditure without approved budget

- monitor expenditure monthly with finance
- take corrective action where required
- notify Finance immediately if a forecast overspend emerges

4.4 Virements

Within-year budget movements must comply with:

- Scheme of Delegation
- DHSC rules (e.g., no switching into ring-fenced budgets)
- FRD approval thresholds

4.5 Breaches

Any spend without proper authority or outside delegated limits is irregular. Irregular, novel, contentious or repercussive expenditure must be referred to the AO and ARAC.

5. Income, Banking & Treasury Management

5.1 Income

Budget Holders must ensure:

- contracts or agreements exist before services are delivered
- income is invoiced promptly
- debts are managed under the debt recovery process

Finance is responsible for maintaining systems for billing, income recognition and recovery.

5.2 Banking Arrangements

The FRD is responsible for:

- all banking arrangements and compliance with Government Banking Service (GBS) requirements
- maintaining bank mandates
- ensuring two authorised signatories approve payments
- ensuring cashflows are monitored and controlled

5.3 Debt Management

- Outstanding debts must be chased promptly.
- Irrecoverable debts must be approved for write-off in accordance with the SoD.
- Use of external debt collection agencies requires FRD approval.

6. Expenditure, Procurement and Commitments

6.1 Requirement to Follow Procurement Policy

All procurement must comply with:

- Procurement Policy (2023, or as updated)
- Public Contracts Regulations 2015
- Cabinet Office spending controls
- Managing Public Money

6.2 Approval to Commit Expenditure

Staff must obtain both delegation approval and meet procurement process requirements before any commitment is made.

Delegation Limits (per Interim Scheme of Delegation)

- Up to £10,000 – Budget Holder
- £10,000 to £150,000 – Senior Leadership Team (SLT)
- Over £150,000 – Board

Approval thresholds apply to the total contract or commitment value over the full term. Novel, contentious or repercussive items **must always** go to the Board regardless of value.

Internal delegation limits do not override requirements for external approvals. Certain categories of expenditure (including but not limited to consultancy, digital and technology, contingent labour, advertising, and novel or contentious expenditure) may require DHSC, Cabinet Office or HM Treasury approval regardless of value.

6.3 Commitments and Purchase Orders

- No commitment may be made without approved funding.
- Retrospective expenditure is prohibited. vv
- All goods and services must be ordered via approved systems and with valid purchase orders. Nb,km

6.4 Contract Management

Contract management must comply with the Procurement Policy and any HSSIB Contract Management Guidance.

7. Staff Costs

7.1 All staffing decisions must comply with HSSIB HR policies and Remuneration Committee arrangements, including requirements relating to senior pay, restructuring, severance or changes to terms and conditions..

7.2 Budget Holders must ensure:

- posts are affordable within budget
- recruitment or regrading follows approved workforce controls
- savings targets are achieved where applicable

8. Losses, Special Payments & Write-Offs

8.1 Losses and special payments must be controlled and reported in line with:

- Managing Public Money
- HSSIB's Scheme of Delegation
- Audit and Risk Assurance Committee requirements

8.2 Categories include:

- fruitless payments
- abandoned projects
- bad debts written off
- ex-gratia payments
- Compensation payments
- Special severance
- Extra-contractual payments
- Write-down / impairment of assets

8.3 All write-offs must be approved per the SoD and reported to ARAC.

9. Fraud, Bribery and Corruption

9.1 HSSIB has a zero-tolerance approach to fraud, bribery and corruption. All staff must comply with the **Bribery and Fraud Policy** and the **Counter Fraud Strategy**, as approved by the Audit and Risk Assurance Committee (ARAC).

9.2 All staff, contractors, secondees and Board Members must act with integrity and in accordance with the Seven Principles of Public Life. Any behaviour that could give rise to suspicion of fraud or corruption must be reported immediately.

9.3 Suspected fraud, bribery or corruption must be reported **without delay** through one of the approved routes:

- Finance and Resources Director
- Freedom to Speak Up process
- NHS Fraud and Corruption Reporting Line (0800 028 40 60)
- NHSCFA online reporting tool

Anonymous reports are accepted and will be treated confidentially.

9.4 The FRD must inform the AO and ARAC Chair of all material suspected frauds.

9.5 Staff must not attempt to investigate allegations themselves, confront suspects or interfere with evidence. Investigations will be coordinated by the Finance and Resources Director, with support from internal audit or the DHSC Anti-Fraud Unit as required.

9.6 The Board and ARAC provide oversight of counter-fraud arrangements. The Chief Executive is responsible for ensuring appropriate systems are in place, and the Finance and Resources Director is responsible for implementing the Counter Fraud Strategy and ensuring appropriate controls and responses.

9.7 Proven cases may result in disciplinary, civil or criminal action. Losses arising from fraud must be recorded and managed in line with the Losses and Special Payments procedures and Scheme of Delegation.

10. Capital and Asset Management

10.1 Capital expenditure must:

- comply with DHSC capital controls
- be approved per the SoD
- follow the business case process

10.2 Finance will maintain the fixed asset register.

10.3 Disposals must be approved in compliance with DHSC rules.

11. Information Governance, Systems & Security

11.1 Financial systems must be operated securely and in accordance with:

- Data Protection Act 2018
- HSSIB Information Governance policies

11.2 The FRD ensures adequate controls for system access, delegated authority and audit trails.

11.3 All financial systems must have appropriate segregation of duties, user access controls, and regular reviews of delegated authorities.

12. Audit and Assurance

12.1 Internal Audit and External Audit must have full access to all records, assets, personnel and premises necessary for conducting their work.

12.2 All staff must cooperate fully with audits.

12.3 ARAC oversees all audit matters, including monitoring implementation of audit recommendations.

13. Legal, Risk and Insurance

13.1 Finance must ensure appropriate insurance arrangements are in place where permitted by law.

13.2 Legal advice must be sought before entering into significant contractual obligations or settlements.

14. Review, Variation and Publication of SFIs

14.1 SFIs are approved by the Board.

14.2 Amendments may only be made by the Board on the advice of the AO and FRD.

14.3 SFIs will be reviewed at least every two years, or earlier if required by legislative or policy change.

Annex A – Financial Delegation Limits

Activity	Budget Holder	SLT	Board
Approve financial commitments	Up to £10,000	£10,000–£150,000	>£150,000
Approve income-generating contracts	Up to £10,000	£10,000–£150,000	>£150,000
Write-off irrecoverable debt	£0	Up to £10,000	>£10,000
Losses & special payments	As per SoD	As per SoD	As per SoD

Novel, contentious, high-risk or unusual items → **Board only**.

HSSIB058 PROCUREMENT POLICY

Version number: 1.0

First published: TBC

Date updated: TBC

Next review date: TBC

Policy prepared by: Finance and Resources Director

Policy Owner: Business Services

Classification: OFFICIAL

Policy Number: HSSIB058

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

Version	Date	Update

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1. Purpose

1.1 The purpose of this Policy is to ensure that all procurement activity within the Health Services Safety Investigations Body (HSSIB) is lawful, transparent, ethical and delivers value for money.

1.2 As an Arm's Length Body (ALB) of the Department of Health and Social Care (DHSC), HSSIB must comply with:

- Managing Public Money
- The Procurement Act 2023
- Cabinet Office Spending Controls
- Government Commercial Function standards
- HSSIB Standing Financial Instructions (SFIs)
- HSSIB Scheme of Delegation (SoD)
- HSSIB Bribery & Fraud Policy and Counter Fraud Strategy
- Secure By Design Principles, where criteria met.
- DHSC delegated spending authorities and any associated HM Treasury or Cabinet Office approval requirements.

1.3 This Policy sets out:

- how procurement must be conducted in HSSIB
- the levels of competition required
- when external advertising is required
- when exemptions may be applied
- how contracts must be awarded and managed

1.4 The detailed approval limits for committing expenditure sit within the Standing Financial Instructions, not in this Policy. This Policy focuses on the method of procurement, whereas the SFIs define authority.

2. Scope

2.1 This Policy applies to all HSSIB staff, contractors, secondees, consultants, Board Members and any individual undertaking procurement or entering into commitments on behalf of HSSIB.

2.2 It covers procurement of:
- goods
- services
- consultancy and professional services
- ICT and software

- facilities and operational support services
- leases, hire and rentals

2.3 Exclusions (not procurement under this Policy):

- employment contracts
- secondments
- statutory payments (e.g., taxes, utilities where mandated suppliers are used)
- emergency procurement (significant risk of harm or business continuity risk), subject to Finance and Resources Director (FDR) notification and audit trail
- contracts explicitly exempt under The Procurement Act 2023

3. Principles of Procurement

All procurement must follow these principles:

3.1 Deliver Value for Money
Procurement must demonstrate economy, efficiency and effectiveness — selecting the option that best meets requirements, not simply the lowest price.

3.2 Non-Discrimination & Fairness
Decisions must be objective, impartial and free from personal interest.

3.3 Transparency
Opportunities, evaluation decisions, and award notices must be published where required.

3.4 Proportionality
Processes must be tailored to the value and risk of the procurement.

3.5 Integrity & Ethical Standards
Staff must:

- comply with the Bribery & Fraud Policy
- declare conflicts of interest
- not accept gifts, hospitality or inducements

3.6 No Retrospective Procurement
Goods or services must not be ordered without a valid purchase order and approval under SFIs.

Retrospective approvals are prohibited and treated as a breach.

4. Interaction with Standing Financial Instructions (SFIs)

4.1 Procurement method vs. approval level

This Policy defines:

how procurement must be carried out

The SFIs define:

who may approve expenditure and up to what limit.

Both must be complied with.

4.2 Approval limits
Procurement may only begin once:

- a budget is in place, and
- approval has been given in line with the SFIs, including:
  - Budget Holder: up to £10,000 ex. VAT
  - SLT: £10,000–£150,000 ex. VAT
  - Board: >£150,000 ex. VAT

4.3 External approvals
Approval of expenditure under the Standing Financial Instructions confirms HSSIB's internal authority to proceed but does not remove the requirement to obtain any additional approvals required under DHSC delegated authorities, HM Treasury rules, or Cabinet Office spending controls.

Where such external approvals apply, they must be obtained before any commitment is entered into or any procurement is commenced.

4.4 Business cases
Where business cases are required under the SFIs, they must be approved before procurement commences.

5. Procurement Thresholds

The following processes apply to all non-pay expenditure **exclusive of VAT** and separate from spending approval limits.

5.1 Under £10,000
- A minimum of one written quote is required.

- Staff must demonstrate value for money (e.g., comparison of alternatives).
- Use of frameworks encouraged but not mandatory.

5.2 £10,000 to £25,000
- Minimum of three written quotes required, unless a framework is used.
- Where quotes cannot be obtained, an Exemption Form must be submitted to the FRD for approval.

5.3 £25,000 to £135,018 (UK sub-central threshold)

- Requirement must be advertised on Contracts Finder, unless:
    - procured through a compliant framework, or
    - an approved exemption applies.
- A proportionate competitive tender must be undertaken.

5.4 Over £135,018

- Procurement must comply with The Procurement Act 2023procedures, including:
    - Find a Tender Service (FTS) notice
    - appropriate competitive procurement process
    - transparency and standstill obligations where applicable

5.5 Splitting requirements
Artificially splitting a procurement to avoid these thresholds is prohibited.

6. Framework Agreements

6.1 Where appropriate, HSSIB should use Crown Commercial Service (CCS) or other compliant frameworks.

6.2 Call-off procedures must follow the rules of that specific framework.

6.3 Direct award is permitted only where explicitly allowed within the framework terms and represents value for money.

7. Procurement Exemptions

7.1 Exemptions must be rare and only used where:
- there is only one capable supplier;
- extreme urgency (not arising from internal delay) applies;
- compatibility with existing systems is necessary;
- a mandated government supplier must be used.

7.2 Exemptions must:

- be documented using the Procurement Exemption Form (Annex 1);
- be approved by the Finance and Resources Director (FRD);
- be reported to the Audit & Risk Assurance Committee (ARAC) quarterly.

No exemption may override approval limits in the SFIs. Exemptions may not be used to bypass DHSC delegated authority limits or any requirement for HM Treasury or Cabinet Office approval.

8. Contract Award and Management

8.1 Award

Contracts must be awarded:

- following fair and transparent evaluation
- based on published criteria
- only after the required financial approval is in place (per SFIs)
- on the basis of the 'Most Advantageous Tender (MAT)', where applicable, including consideration of social value and sustainability

8.2 Contract Variations
Variations, renewals or extensions:

- must follow the same approval requirements as new contracts
- must not extend beyond five years (including extensions) without FRD approval
- require confirmation that value for money is maintained
- must conform to the specific framework regulations on extensions

8.3 Contract Management
Budget Holders are responsible for:

- monitoring supplier performance
- ensuring invoices match contract terms
- managing risks, KPIs and deliverables
- escalating concerns to the FRD

The Commercial Team are responsible for:

- Registering and publishing all required notices (planning, tender, award, performance, termination)on the central government platform
- Ensuring supplier information is managed and verified, via the central government platform, where appropriate
-

A central contract register will be maintained by Finance.

9. Records, Transparency and Publication

HSSIB must:

- publish contract award notices on central government platform, where required
- publish details of expenditure >£10,000 on the HSSIB website
- Publish a Transparency Notice for contracts of over £30,000 ex. VAT but below £135,018 threshold.
- retain full audit trails for all procurements

Records must comply with:

- HSSIB retention schedule
- Information Governance requirements
- Data Protection Act 2018

10. Fraud, Bribery and Conflicts of Interest

10.1 Staff must comply with:

- HSSIB Bribery & Fraud Policy
- HSSIB Counter Fraud Strategy
- Conflicts of Interest Policy
- Gifts and Hospitality Policy

10.2 Procurement processes must be designed to prevent and detect fraud, including:

- segregation of duties
- transparent evaluation scoring
- proper record-keeping
- reporting suspicious activity to the FRD or via approved fraud reporting routes
- declaring and managing conflicts throughout the procurement lifecycle

11. Roles and Responsibilities

11.1 Budget Holders
Responsible for:

- ensuring expenditure is approved under the SFIs
- initiating procurement
- ensuring compliance with this Policy
- monitoring contract performance

11.2 Finance and Resources Director (FRD)
Responsible for:

- overall oversight of procurement compliance
- approval of exemptions
- ensuring staff training and guidance

- maintaining policies and registers
- ensuring compliance with government commercial controls

11.3 All Staff
Must:

- comply with this Policy
- seek advice when unsure
- not commit HSSIB to any expenditure without approval
- report suspected fraud or improper conduct

12. Review of Policy

This policy will be reviewed at least every two years, or sooner if:

- procurement regulations change
- DHSC guidance changes
- internal audit or ARAC recommends improvements

Annex 1 - HSSIB Procurement Exemption Request Form

Request Details
Requester Name: **[Name]**
Directorate / Team: **[Team]**
Date of Request: **[dd/mm/yyyy]**
Contact Email: **[Email]**

Description of Requirement
Summary of goods/services required: **[Response]**
Business need and intended outcomes: **[Response]**
Estimated contract start and end dates: **[Response]**

Procurement Route and Justification for Exemption
Reason for exemption (tick one):

- ☐Only one capable supplier
- ☐Urgency (not caused by internal delay)
- ☐Compatibility with existing systems/services
- ☐Mandated government supplier
- ☐Other (specify): **[Response]**

Full justification for exemption (explain why competition is not appropriate):
[Response]

Supplier Information
Proposed supplier name: **[Response]**
Supplier address/contact details: **[Response]**
Has HSSIB used this supplier before? (Yes/No/Unsure): **[Response]**

Value and Budget
Total estimated contract value (ex VAT): £
Budget code: **[Response]**
Budget Holder confirmation that funding is available (Yes/No): **[Response]**

Risk Assessment
Key risks associated with granting this exemption:

- ☐Financial: **[Response]**
- ☐Reputational: **[Response]**
- ☐Legal/Compliance: **[Response]**

Mitigations: **[Response]**

Approvals
Budget Holder Approval
Name:

Signature:

Date:

Finance and Resources Director Approval (required for all exemptions)
Name:

Signature:

Date:

Notes: This exemption must be reported to ARAC quarterly.

HSSIB073 Standing Orders of the Health Services Safety Investigations Body (HSSIB)

Version number: 1.0

First published: TBC

Date updated: TBC

Next review date: TBC

Policy prepared by: Finance and Resources Director

Policy Owner: Business Services

Classification: OFFICIAL

Policy Number: HSSIB073

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

Version	Date	Update

Table of Contents

1. Purpose and Status

1.1 These Standing Orders set out how the Health Services Safety Investigations Body (HSSIB) governs itself and how decisions are taken in practice.

1.2 Standing Orders complement, and must be read alongside:

- the Scheme of Delegation (SoD)
- the Standing Financial Instructions (SFIs)
- Board and Committee Terms of Reference
- HSSIB policies and procedures

1.3 These Standing Orders do not duplicate detailed delegations or financial thresholds, which are set out in the Scheme of Delegation and Standing Financial Instructions.

1.4 In the event of any conflict, the hierarchy of authority is: HM Treasury and legislation → DHSC delegations and directions → Board decisions → Standing Orders → Scheme of Delegation and Standing Financial Instructions → policies and procedures.

2. Principles of Governance

2.1 Delegation by default
Authority is delegated to the lowest appropriate level, including Budget Holders, Directors, the Senior Operational Team (SOT) and the Senior Leadership Team (SLT), consistent with risk, accountability and capability.

2.2 Accountability follows authority
Where authority is delegated, accountability for outcomes rests with the individual or group exercising that authority.

2.3 Proportionality and judgement
Decisions should be taken at a level proportionate to value, risk, complexity and organisational impact. Professional judgement is expected.

2.4 Separation of governance and management
The Board governs HSSIB. The Executive manages the organisation.

2.5 Escalation by exception
Escalation to SOT, SLT or the Board is required only where defined escalation criteria are met.

2.6 Visibility does not equal approval
Items may be brought to SOT or SLT for visibility, discussion, advice or assurance without that visibility converting into a requirement for approval.

3. The Board

3.1 The Board is collectively responsible for the strategic direction, performance and governance of HSSIB.

3.2 The Board's role includes:

- setting strategy and risk appetite
- approving the annual business plan and budget
- approving matters reserved to the Board
- holding the Accounting Officer to account
- receiving assurance on performance, risk and control

3.3 The Board does not involve itself in routine operational decision-making.

3.4 The Board delegates authority for the day-to-day management of HSSIB to the Chief Executive, subject to these Standing Orders, the Scheme of Delegation and the Standing Financial Instructions.

4. Matters Reserved to the Board

4.1 Matters reserved to the Board are set out in the Scheme of Delegation.

4.2 Matters reserved typically include:

- approval of strategy, business plan and budget
- approval of major investments and commitments above delegated authority
- novel, contentious or repercussive matters
- approval of governance frameworks (Standing Orders, SFIs, Scheme of Delegation)
- appointments and removals as required by legislation or DHSC direction
- approval of the annual report and accounts

5. Board Committees

5.1 The Board may establish Committees and approve their Terms of Reference.

5.2 Committees operate within the authority delegated to them by the Board and do not duplicate the role of the Senior Leadership Team or the Senior Operational Team.

5.3 Committees may:

- provide assurance to the Board
- make recommendations to the Board
- take decisions where explicitly delegated

5.4 The Audit and Risk Assurance Committee (ARAC) and Remuneration Committee (RemCo) operate in accordance with their approved Terms of Reference.

5.5 The Senior Leadership Team is a committee of the Board, operating as an executive sub-committee, and reports to the Board at each ordinary Board meeting.

6. Accounting Officer and Executive

6.1 The Chief Executive is the Accounting Officer for HSSIB and is personally accountable to Parliament and DHSC for the stewardship of public funds.

6.2 The Accounting Officer is responsible for:

- ensuring compliance with Managing Public Money
- ensuring effective governance, risk management and internal control
- delegating authority appropriately

6.3 Executive Directors and members of the Senior Leadership Team are accountable to the Chief Executive for the management of their portfolios and for decisions taken within their delegated authority.

7. Senior Operational Team (SOT)

7.1 The Senior Operational Team supports the coordination and delivery of HSSIB's operational activities.

7.2 SOT provides a forum for:

- cross-functional operational decision-making
- coordination of delivery across directorates
- managing delivery risks and dependencies

7.3 SOT may take decisions within delegated authority and approved budgets.

7.4 Matters should be escalated from SOT to SLT only where escalation criteria are met.

8. Senior Leadership Team (SLT)

8.1 The Senior Leadership Team provides collective leadership of HSSIB.

8.2 SLT's role includes:

- oversight of organisational performance
- consideration of strategic and cross-cutting risks
- coordination of senior leadership activity
- appropriate decision-making - decisions that properly sit at the SLT level

8.3 SLT does not approve routine expenditure or re-approve decisions properly taken within delegated authority.

8.4 SLT may consider items for visibility, discussion or advice without assuming decision-making responsibility.

9. Delegation and Escalation

9.1 Authority is delegated through the Scheme of Delegation, Standing Financial Instructions and budget allocations.

9.2 A decision should not be escalated where it:

- is within an approved budget
- is within delegated authority
- complies with HSSIB policies
- is not novel, contentious or repercussive
- does not materially impact organisational strategy or risk appetite

9.3 Escalation is required where a decision:

- exceeds delegated authority
- is novel, contentious or repercussive
- introduces a material organisational risk
- has significant reputational implications
- requires external approval (DHSC, Cabinet Office or HM Treasury)
-

10. Urgent Decisions

10.1 In urgent or emergency situations, the Chief Executive and Chair may take decisions outside the normal cycle in accordance with the Scheme of Delegation.

10.2 Such decisions will be reported to the next appropriate meeting of the Board or relevant Committee for information or ratification.

11. Review and Amendment

11.1 These Standing Orders are approved by the Board.

11.2 They will be reviewed at least every two years or earlier if required by changes in legislation, DHSC guidance or organisational structure.

Annex A - How Delegation Works in Practice at HSSIB

1. Core principle

Where a decision is within budget, within policy and within delegated authority, it should normally be taken at that level.

Escalation is appropriate where risk, impact or delegated limits justify it, but is not required by default.

2. Decision sense-check (useful before deciding)

Ask yourself:

- Is it within an approved budget?
- Is it within delegated authority (SoD / SFIs)?
- Is it consistent with HSSIB policies (including Procurement Policy)?
- Is it non-novel, non-contentious and non-repercussive (non-NCR)?

If yes to all → decide, record and proceed
If no or unsure → seek advice or escalate as appropriate

How decisions typically sit in practice

Decision characteristic	Where the decision would normally sit
Within approved budget, policy and delegated authority	Manager / Budget Holder
Routine non-pay spend or call-offs from frameworks	Manager / Budget Holder
Contract variations within scope and delegation	Manager / Director
Cross-team operational impacts or delivery sequencing	Senior Operational Team
Operational risk trade-offs requiring alignment	Senior Operational Team
Exceeds delegated authority	Senior Leadership Team
Strategic, reputational or organisation-wide risk	Senior Leadership Team
Requires DHSC, Cabinet Office or HM Treasury approval	Senior Leadership Team
Novel, contentious or repercussive matters	Board
Matters reserved to the Board	Board

3. What each group typically does

Managers / Budget Holders

- Take decisions within budget and delegation
- Maintain an appropriate audit trail
- Seek advice where helpful

Senior Operational Team (SOT)

- Supports operational coordination and alignment
- Considers cross-team impacts and delivery trade-offs
- Decisions taken by SOT stand on their own merits

Senior Leadership Team (SLT)

- Provides collective leadership and oversight
- Sees items for performance, risk or visibility
- Takes decisions by exception

4. Role of Finance

Finance supports effective delegation by acting as:

- Adviser before decisions
- Checker at commitment stage
- Escalator where risks or rules are triggered

Finance does not replace line management judgement or delegated authority.

5. What this approach enables

- Fewer unnecessary approval papers
- Clearer accountability at the right level
- Timely and proportionate decision-making
- More capacity for leadership discussion on performance, risk and transition activity.

Board Cover Sheet
Thursday 28 May 2026

Title of paper	**Governance arrangements following Operating Model changes**
Agenda Item	4.4
Action Required (i.e approve, discuss)	Approve and Note
Recommendation	Board is asked to: • **approve** the proposed changes to Board attendance arrangements • **approve** the appointment of the Finance and Resources Director as Senior Information Risk Owner (SIRO) • **approve** consequential amendments to the Board Terms of Reference and Scheme of Delegation where required • **note** the proposed revised SLT membership arrangements • **note** the draft revised Board and SLT Terms of Reference attached at Appendices B and C • **note** that SOT membership and arrangements will be reviewed by SLT
Purpose / Summary	This paper sets out proposed changes to governance arrangements following implementation of the new operating model approved by Board as part of the Building Investigation Excellence strategy. The proposals are intended to ensure governance arrangements remain aligned to the revised organisational structure and executive accountabilities introduced from 1 May 2026. The paper includes proposed changes relating to: • Board membership and attendance arrangements • Senior Information Risk Owner (SIRO) responsibilities • Senior Leadership Team (SLT) membership arrangements • Strategic Operations Team (SOT) arrangements • associated governance documentation, including draft revised Terms of Reference and the Scheme of Delegation. The paper also outlines proposed implementation arrangements, including a phased approach to embedding the revised governance structure and associated staff communications.
Strategic Theme	5. Embed a compassionate, inclusive culture across our organisation.

Which operational/ strategic risks are relevant?	All risks are impacted
Responsible Officer	Stephen Carruthers – Finance and Resources Director
Accountable Manager/Director	Stephen Carruthers – Finance and Resources Director

Governance arrangements following Operating Model changes

Purpose

This paper sets out proposed changes to governance arrangements following implementation of the new operating model approved by Board as part of the Building Investigation Excellence strategy.

The paper seeks Board approval for:

- changes to Board membership and attendance arrangements
- appointment of the Finance and Resources Director as Senior Information Risk Owner (SIRO)
- consequential amendments to the Board Terms of Reference and Scheme of Delegation where required.

The paper also asks Board to:

- note the proposed revisions to Senior Leadership Team (SLT) membership
- note that Strategic Operations Team (SOT) membership and arrangements will be reviewed by SLT
- note that associated governance documentation will be updated to reflect the revised operating model.

Background

As part of the approved operating model, the standalone Education Directorate has been removed and education functions integrated within the investigations function.

The revised organisational structure is included at **Appendix A**.

As a result of these structural changes:

- the Education Director role no longer exists
- the Head of Strategy, Policy and Engagement now reports to the Director of Investigations, with the associated team integrated within the investigations function
- governance arrangements require updating to reflect the revised organisational structure and executive responsibilities.

The proposed changes are intended to:

- align governance arrangements to the approved operating model
- ensure governance forums remain proportionate and effective
- strengthen operational oversight and organisational leadership capacity
- ensure continued compliance with information governance requirements.

1. Board Membership and Attendance

Current Position
The Education Director is currently a full member of Board.

The Head of Strategy, Policy and Engagement currently attends Board meetings as an observer but is not a voting member.

Proposed Change
It is proposed that:

- the Education Director post is removed from the Board TOR
- there will be no change to the status of the Head of Strategy, Policy and Engagement, who will remain an observer at public Board meetings, but will no longer routinely attend Board development sessions or Private Board meetings unless required.

Rationale
The revised arrangements reflect:

- the removal of the standalone Education Directorate
- the formation of an integrated Investigations function
- the revised organisational structure shown at Appendix A.

The proposed arrangements maintain appropriate operational and strategic input to Board discussions while ensuring Board membership reflects the revised executive structure.

2. Senior Information Risk Owner (SIRO)

Current Position
The current SIRO arrangements are held by the former Education Director.

Under government and NHS information governance expectations, the SIRO should be an Executive Director and a member of the Board.

Following implementation of the revised operating model, and the removal of the Education director post from the board a permanent change to SIRO arrangements is now required.

Proposed Change
It is proposed that the Finance and Resources Director be formally appointed as the organisation’s Senior Information Risk Owner (SIRO).

The existing Deputy SIRO arrangements will remain unchanged.

Rationale
The SIRO role is required to be held by an Executive Director and Board member with appropriate corporate oversight responsibilities.

The Finance and Resources Director is considered the most appropriate Executive Director to undertake SIRO responsibilities given:

- existing executive accountability for corporate governance, risk and assurance
- oversight of information governance, digital, cyber security and organisational controls
- alignment with standard practice across NHS bodies and Arm's Length Bodies.

The proposed arrangements will ensure continuity of information governance leadership and compliance following the organisational changes introduced through the revised operating model.

Appropriate transition arrangements will be implemented to ensure continuity of oversight and assurance.

The Audit and Risk Assurance Committee will be notified of the change to SIRO arrangements.

3. Senior Leadership Team (SLT)

Current Membership
Current SLT membership comprises:

- Chief Executive Officer
- Director of Investigations
- Finance and Resources Director
- Head of Strategy, Policy and Engagement
- Education Director
- one rotating Deputy Director of Investigations attendee/member.

Proposed Membership

It is proposed that SLT membership becomes:

- Chief Executive Officer
- Director of Investigations
- Finance and Resources Director
- Head of Strategy, Policy and Engagement
- all Deputy Directors
- HR and OD Lead.

Rationale
The revised SLT structure is intended to:

- support greater operational integration across the investigations function
- improve visibility and consistency of leadership decision-making
- strengthen cross-organisational operational oversight
- ensure all Deputy Directors contribute collectively to organisational leadership
- strengthen consideration of workforce, organisational development and transition planning matters, particularly in the context of the anticipated transition to CQC.

Including the HR and OD Lead within SLT will ensure workforce implications, organisational culture, staff wellbeing and people-related risks are considered routinely at strategic leadership level.

4. Strategic Operations Team (SOT)

SOT membership and arrangements will be reviewed by SLT following implementation of the revised operating model.

The intention is to ensure:

- operational matters are overseen at the appropriate level
- relevant operational leaders and subject matter experts are involved in decision-making
- governance arrangements remain proportionate and effective within the revised structure
- delegated operational decision-making is strengthened.

Any proposed amendments to SOT membership or Terms of Reference will be approved through normal governance routes.

5. Terms of Reference and Scheme of Delegation

The proposed changes will require amendments to:

- Board Terms of Reference
- SLT Terms of Reference
- SOT Terms of Reference
- the Scheme of Delegation where required.

Draft amended Board and SLT Terms of Reference are attached at **Appendices B and C** for reference. Further consequential updates to governance documentation will be progressed through the appropriate governance route as required..

6. Implementation Arrangements

As the revised operating model came into effect on 1 May 2026, the governance changes outlined within this paper are intended to be implemented with immediate effect following Board consideration.

To support orderly transition and staff understanding of the revised arrangements, implementation will follow a phased approach:

- Board governance changes and SIRO transfer - immediate effect following Board approval
- revised SLT membership arrangements - from June 2026
- revised SOT arrangements - from July 2026 following review by SLT.

Internal communications will also be developed to ensure staff understand the revised governance arrangements, reporting structures and decision-making responsibilities.

7. Risks and Mitigations

Risk	Mitigation
Reduced visibility of our new strategic objectives at Board level	Operational attendance at Board retained where required; the Building Investigation Excellence strategic objectives are integrated within the investigations function and will continue to be reported through existing governance arrangements
Information governance transition risk during SIRO transition	Formal transition arrangements and continuation of Deputy SIRO arrangements
Governance arrangements not aligned to organisational structure	Terms of Reference to be updated following approval

Benefits

The proposed arrangements are expected to provide:

- enhanced visibility of workforce and organisational development matters through HR representation at SLT
- improved operational, tactical and strategic oversight through broader SLT membership
- strengthened delegated operational decision-making through wider SOT engagement

- increased leadership development opportunities across HSSIB
- governance arrangements aligned to the revised organisational structure and operating model.

Financial and Resource Implications

There are no direct additional financial implications arising from the governance changes outlined in this paper.

The proposals support implementation of the approved operating model and associated leadership arrangements.

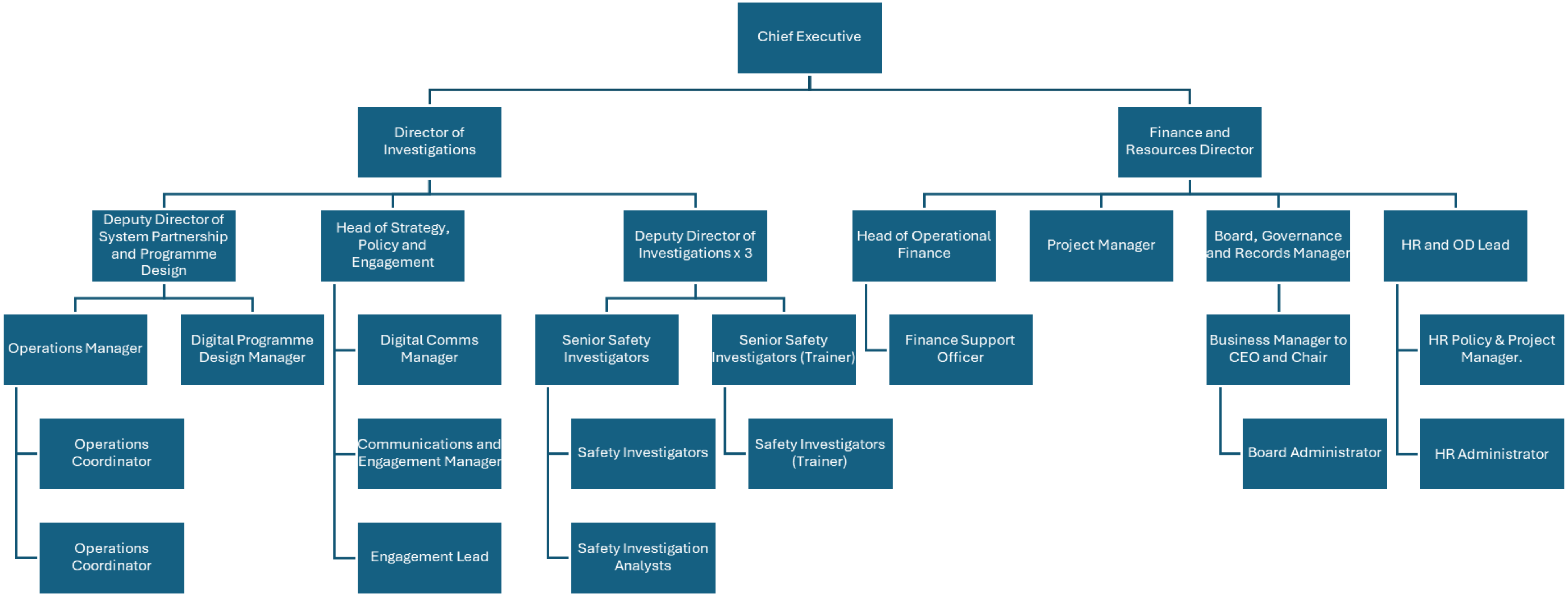
Recommendation

Board is asked to:

- **approve** the proposed changes to Board attendance arrangements
- **approve** the appointment of the Finance and Resources Director as Senior Information Risk Owner (SIRO)
- **approve** consequential amendments to the Board Terms of Reference and Scheme of Delegation where required
- **note** the proposed revised SLT membership arrangements
- **note** the draft revised Board and SLT Terms of Reference attached at Appendices B and C
- **note** that SOT membership and arrangements will be reviewed by SLT

Appendix A – Organisational Chart

Health Services Safety Investigations Body



Health Services Safety Investigations Body

Board Meeting

Terms of Reference (ToR)

Version number: V4.1

First published: April 2024

Date updated: 26 February 2026

Next review date: April 2026

Policy prepared by: Business Manager

Policy Owner: Business Services

Classification: OFFICIAL

Policy Number: HSSIB084

Brief summary of changes since previous version:

Version	Date	Update
V1.1	16/08/24	Section 8 – additions included to reflect private meetings and public attendance.
V2.0	16/10/24	Approved at October 2024 Board meeting.
V2.1	09/02/25	Point 6.4 added to reflect the Committee board assurance report.
V3	27/02/25	Revised terms of reference approved at Board Meeting.
V4	26/02/25	Revised terms of reference approved at Board Meeting.
V4.1	19/05/26	Section 7 amended to reflect updated membership.

1. Background

1.1 The Healthcare Services Safety Investigations 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 ARAC (mandatory requirement) chaired by an appropriately qualified Non-Executive member of the Board;

(ii) a RemCom 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.

6.3 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.

6.4 Following each Committee meeting, the ARAC will provide a high-level assurance report to the Board and the RemCom will provide a high-level assurance report to the Closed Non-Executive Meeting.

6.5 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 of the following voting members:

(i) Chairperson
(ii) Five Non-Executive Directors
(iii) Chief Executive Officer
(iv) Director of Investigations
(v) Finance and Resources Director

7.2 In addition, representatives will be invited to attend the Board:

(i) Department of Health and Social Care

(ii) Head of Strategy, Policy and Engagement

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 and be accessible virtually on request via Microsoft Teams. 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 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, workforce structural discussions, ongoing procurement tenders or commercially sensitive information. Reports to private Board will be by exception only, we will report as much as possible into public Board.

8.11.1 Only Board members, the Board Secretary and a representative from the sponsorship team are invited to attend the Private Board meetings.

8.11.2 Where a private Board meeting is required, this will take place directly after the public Board meeting. Any private Board meeting minutes and actions will be discussed/approved at the relevant private Board meeting.

8.11.3 In exceptional circumstances the public Board may be converted to become a private Board such as general election embargo.

9. Administration

9.1 The Board Administrator 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 submitting 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.

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.

Senior Leadership Team
Terms of Reference (ToR)

Version number: v3.1
First published: November 2023
Date updated: 22 February 2026
Next review date: February 2027
Policy prepared by: Board, Governance and Records Manager
Policy Owner: Business Services
Classification: OFFICIAL
Policy Number: HSSIB019
Brief summary of changes since previous version:

V1.1	16/08/24	Paragraph 3 in Section 7 added to reflect annual review process.
V1.2	05/09/24	Membership updated to reflect new Head of Finance
V1.2	05/09/24	Paragraphs 3 and 4 in section 4 and paragraph 1 in section 6 amended to reflect the new agreed process for papers.
V1.2	05/09/24	Section 10 updated to reflect the next review of the terms of reference.
V1.3	25/09/24	Section 3 and 9 amended relating to deputies not being required to attend meetings.
V2.0	10/10/24	SLT approved the revised Terms of Reference.
V2.1	28/10/25	The new Finance and Resources Director title was amended and the annual review date updated.
V2.2	18/12/25	Added ‘Business Planning’ to main duties.
V3.0	26/02/26	Revised Terms of Reference approved by the Board.
V3.1	19/05/2026	Section 2 amended to reflect updated membership.

1. Purpose

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

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

2. Main Duties

Strategy

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

Delivery

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

Governance

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

Accountability

- The Chief Executive Officer (CEO) is accountable to the HSSIB Board.
- The SLT reports to the CEO.
- The CEO and SLT are responsible for setting the culture and climate of HSSIB and ensuring that HSSIB's core values are fully reflected in all HSSIB activity.

- The CEO and SLT are responsible for development and management of budgets, and for endorsement of procurement and expenditure.
- The CEO and SLT are responsible for recruitment, management and development, and scrutiny of these functions. These are reported to the Board, and DHSC QAR meetings via the Performance Report and/or other relevant reports submitted.

Membership

Chair:	Chief Executive Officer
Members:	Director of Investigations Finance and Resources Director Head of Strategy, Policy, and Engagement all Deputy Directors of Investigations Deputy Director of System Partnership and Programme Design HR Lead

3. Attendees

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

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

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

4. Administration

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

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

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

Late papers will be deferred to the next available meeting unless accepted by exception with the Chair's agreement.

5. Virtual Decisions and Chair's Action

Some decisions (or recommendations) may need to be made 'in correspondence,' where there is a need to progress work before the next meeting. The same rules of quorum will be applied to any decisions made ‘in correspondence.’ The process for such decisions will be via email, with a formal record of the decision(s) or agreed recommendation(s) presented at the next scheduled meeting.

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

6. Planning and recording

Agendas, minutes, and papers will be distributed at midday, two working days prior to the published meeting dates.

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

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

7. Reporting and Accountability

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

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

The SLT will 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. In addition, we will commission an independent review every three years and an internal review on all other years. To be undertaken in Q3 annually.

8. Frequency of meetings

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

9. Quorum

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

SLT members are expected to attend all SLT meetings. In absence, a member may provide for an appropriate deputy to attend the meeting in their absence. Deputies will have the same rights and responsibilities as SLT members.

10. Next Review of Terms of Reference

These terms of reference will be reviewed annually. The next review date is September 2026.

Health Services Safety Investigations Body

Board Meeting Cover Sheet
20 May 2026

Title of paper	**Governance and reporting for Building Investigation Excellence strategy**
Agenda Item	4.5
Action Required (i.e approve, discuss)	For discussion / approval to progress to board
Recommendation	The Board is asked to discuss and agree this proposed governance and reporting structure for strategy implementation
Purpose / Summary	To establish a clear governance and reporting model for the implementation progress of the Building Investigation Excellence Strategy.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which operational/ strategic risks are relevant?	SR001 – Strategic Delivery SR002 – Organisational Culture & People SR003 – Organisational Infrastructure and Resources
Responsible Officer	Andrew Murphy-Pittock, Deputy Director of System Partnership & Programme Design
Accountable Manager/Director	Philippa Styles, Director of Investigations

Section One: Points for consideration

Context

The 'Building Investigation Excellence' strategy, approved in February 2026, sets out a fundamental shift in how HSSIB strengthens investigation capability across the healthcare system, moving from demand-led training to a more targeted, integrated capability-building model

Implementation of the strategy is being delivered through a phased approach, with initial activity focused on establishing the operating model, governance arrangements, and internal capability required to support delivery.

The current implementation plan can be found in appendix i.

Governance Approach

Delivery will be overseen through a clear governance structure, ensuring:

- Accountability for each of the four delivery methods (targeted capability building, accessible resources, professional leadership, and system convening
- Alignment with wider organisational priorities and operating model development
- Regular monitoring of delivery milestones and emerging system impact

Governance arrangements will support both:

- **Organisational delivery oversight** (programme progress, milestones, resourcing)
- **System impact oversight** (evidence of improved investigation capability and learning across the NHS)

Monitoring & Reporting schedule:

- 2 weekly updates between the Director of Investigations and the Deputy Director of System Partnership & Programme Design.
- Quarterly updates to SLT & Board
- Any emerging risks / issues would be escalated by DoI to SLT / Board
- EQIA and risk reporting for each workstream

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Reporting Framework

The framework proposes a RAG dashboard for ease of tracking and reporting. The BIE Dashboard is attached. It is proposed that SLT and Board reporting is structured around these two domains:

1. Implementation Plan (RAG) Slide 1

- Tracks progress against implementation milestones, governance set-up, and operating model delivery

- **Green**: Implementation Milestones on track (see appendix i)
- **Amber**: Minor Issues / Delays
- **Red**: Significant Issues / Delays

2. Capability Building Activity Slides 2-5

- Monitors delivery across the four methods, including accessible resources, targeted pilots, partnerships and convening

- **Green**: Delivery across each domain to plan
- **Amber**: Minor Issues / Delays
- **Red**: Significant Issues / Delays

Section Two: Action Required

SLT are asked to consider, discuss and agree reporting requirements to SLT and Board as outlined in this paper. In addition, SLT are asked to review the accompanying dashboard provided for assurance, and request any additional information required for future reporting.

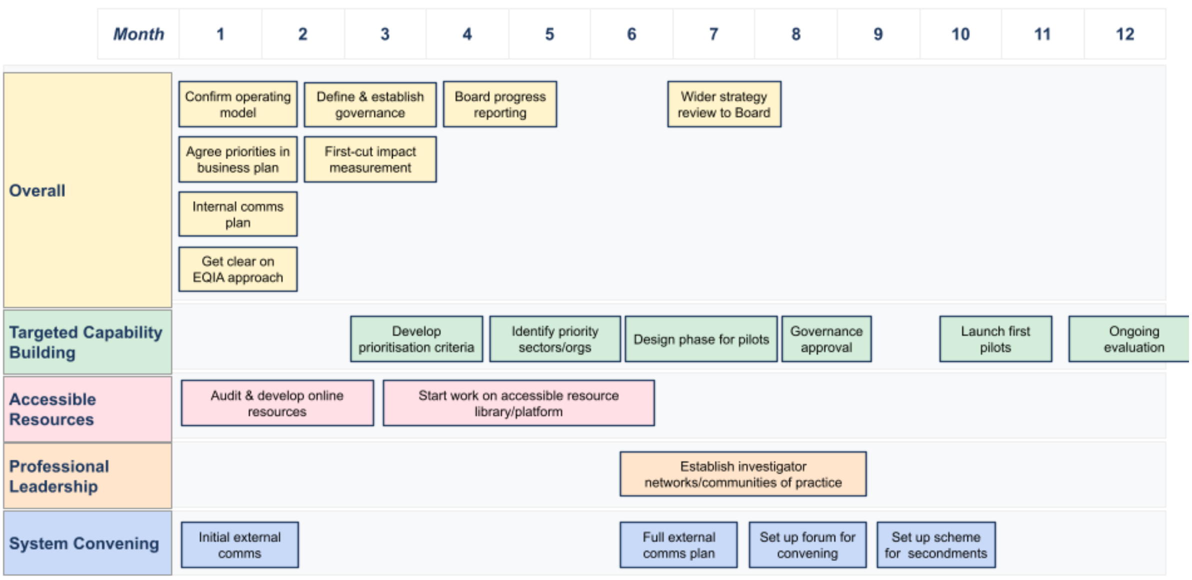
Implementation (High-level)

Key principles for implementation:

- **Work with others, not alone.** We will get further by partnering, sharing, and building on what others are already doing than by trying to do it all ourselves.
- **Act, don't wait.** If we see an opportunity to make progress on a strategic aim, we'll experiment and test ideas in one area first, learn from it, then decide whether to expand.
- **Be honest about limits, and stop things too.** We'll be upfront about what we can't do and what we're choosing not to do. Strategy isn't just about starting new work - it's also about stopping things that don't help, so we have space for what does.
- **Focus on real change, not activity.** We care about whether things actually get better, not how many workshops we ran or documents we produced.
- **Learn as we go.** Strategy implementation is a living dialogue, not a fixed plan - we'll adapt based on what we learn and continuously refine our approach.

The strategy will be delivered through three phases over the coming period. This approach requires changes to how we work internally, with greater opportunities for staff to have multidisciplinary roles working across investigation and capability building activities.

Figure 2: Implementation Timeline



Health Services Safety Investigations Body

Board Meeting Cover Sheet
28 May 2026

Title of paper	**Use of Statutory Powers Annual Report**
Agenda Item	5.1
Action Required	For assurance.
Recommendation	The Board is asked to note the Use of Statutory Powers Annual Report.
Purpose / Summary	This paper provides an annual update in relation to HSSIB's use of statutory powers in the period 1 April 2025 to 31 March 2026.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which strategic risks are relevant?	This paper is relevant to all 7 strategic risks.
Responsible Officer	Sarah Graham, Board, Governance and Records Manager
Accountable Manager/Director	Philippa Styles, Director of Investigations

Purpose of this Paper

This paper is intended to provide assurance via an annual update in relation to HSSIB's use of statutory powers. This update covers the period 1 April 2025 to 31 March 2026.

Part 1: HSSIB's Statutory Powers

The Health and Care Act 2022 provides statutory powers which enable HSSIB to conduct investigations with powers to protect information shared with us by investigation participants (protected disclosure). Protected disclosure allows patients, families, carers, healthcare staff, and other participants to be candid and open in the information they provide to HSSIB and build a new culture of safety improvement across healthcare.

The legal powers set out in the HCA 2022 are:

a) Investigators have power of entry and inspection in order to access premises and material relevant to an investigation. (Section 118)

b) HSSIB are able to require any organisation which provides NHS-commissioned care in England to provide information, documents, equipment, or other items relevant to an investigation. (Section 119).

c) HSSIB are prevented from disclosing key information gathered during its investigations – this information is classed as 'protected materials.' (Section 122)

   It is only in the exceptional circumstances, as listed below, that HSSIB may release 'protected materials.'

   i) disclosure is necessary for the purposes of the conducting of the HSSIB's investigation function
   ii) the uncovering of evidence of a serious risk to patient safety
   iii) the uncovering of evidence of serious misconduct (and potentially criminal charges / criminal liability)
   iv) the High Court orders it should be disclosed.

In the limited circumstances listed above, subject to the agreement of the Chief Investigator (CEO), such materials may be released.

Part 2: Requirement to Co-Operate with Investigations and Powers of Entry / Inspection

HSSIB's standard introduction to organisations and individuals engaging in an investigation outline HSSIB's powers in this regard. This information being provided in advance enables organisations and individuals to understand our role and the legislation that underpins our work.

In addition, our team take a compassionate and collaborative approach to engaging with organisations involved with our work. Where our teams have encountered challenges, they are able to escalate internally to ensure our work can progress.

As a result, during the period 1 April 2025 to 31 March 2026, HSSIB have not been required to enact its powers under Section 118 and Section 119 of the HCA 2022. To date, investigators have worked positively with organisations to ensure they co-operate with HSSIB investigations and have provided appropriate access or information in a timely manner. There have been no circumstances where we have used our powers to gain entry or obtain information, documents or equipment; however internal escalation processes have been used to ensure our senior leadership team can help Investigators to overcome any challenges.

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Part 3: Disclosure of Protected Materials

There have been three occasions whereby HSSIB has enacted Schedule 14 of the HCA 2022 (i.e. have disclosed protected information due to exceptional circumstances). All three cases received approval from the Chief Investigator (CEO).

One of those disclosures was made under the provisions of Schedule 14 paragraph 2:
'the HSSIB can also disclose protected material to a person not connected with the HSSIB if the Chief Investigator reasonably believes that the disclosure is necessary for the purposes of the carrying out of the HSSIB's investigation function.'

Reference Number	Situation where Disclosure arose
DPM008	A family related to a case being investigated by HSSIB also had a complaint / incident raised with an NHS Trust. The family were informed that their complaint would be managed after the HSSIB investigation was completed. This situation was having an impact on the family; the harm they suffered as a result of the incident was being compounded by the management of the complaint. This situation was impacting on our ability to investigate the systemic safety concerns in relation to the incident. Therefore, it was felt necessary to escalate to the Trust. Subsequently, a letter was sent to the Trust.

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Two of the disclosures were made under the provisions of Schedule 14 paragraph 4:

- the Chief Investigator reasonably believes that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public,
- the Chief Investigator reasonably believes that the person is in a position to address the risk, and
- the disclosure is only to the extent necessary to enable the person to take steps to address the risk.

Reference Number	Situation where Disclosure arose
DPM009	A request for help was received with regards to an inpatient who was feeling unsafe. The Care Quality Commission were contacted to enable them to assess this information further and to take action as required as HSSIB.
DPM010	An email was received in relation to a patient who had died and ongoing concerns about the safety of patients being cared for. The Care Quality Commission were contacted to enable them to assess this information further and to take action as required.

There was one occasion where protected materials were requested, but were not released.

Reference Number	Situation where Non-Disclosure arose
DPM011	An internal review for a freedom of information request was received on 7th March 2026. The requester requested details of organisations involved in our investigation into a specific health condition. This information is classed as protected materials and therefore we refused to disclose it. Correspondence was sent to explain our decision.

Part 4: Training and Support for Staff

HSSIB have in place a Disclosure of Prohibited Materials Policy which was ratified by the Board in May 2024. This policy was recently updated (April 2026) with some minor, mainly cosmetic changes and was made available to all staff here.

In August 2025, two guidance documents were approved for use by staff:

HSSIB096 Use of Statutory Powers Guidance FINAL v1.0.pdf
HSSIB098 Protected Disclosure Guidance FINAL v1.0.pdf

Training / awareness raising for staff has taken place at various times over the last 12 months, including:

- October 2025 – training for the Investigations and Insights Directorate with regards to the two new guidance documents on the Use of Statutory Powers and Protected Disclosure, delivered by a Deputy Director of Investigations.
- January 2026 – training for the Business Services Directorate with regards to the two new guidance documents on the Use of Statutory Powers and Protected Disclosure, delivered by the Board, Governance and Records Manager.
- February 2026 – training for the Education Directorate with regards to the two new guidance documents on the Use of Statutory Powers and Protected Disclosure, delivered by the Board, Governance and Records Manager.
- Monthly drop-in sessions throughout 2025 / 2026 with regards to protected materials / use of legal powers, facilitated by the Investigations and Insights team.
- Regular Staff Bulletins with regards to HSSIB's powers, information governance and records management.
- Induction of new staff includes a session on protected materials and HSSIB's statutory powers.

Part 5: Developments for 2026 / 2027

Legislation which will have a direct impact on HSSIB's statutory powers is being laid in Parliament in May 2026. Depending on any agreed changes to the legislation, policies and guidance documents will need to be reviewed and updated.

Training / guidance on protected materials and the use of statutory powers will continue to be disseminated to staff throughout the year, including via Staff Bulletins.

Board Meeting Cover Sheet
28 May 2026

Title of paper	**Annual safeguarding, protected disclosure and whistleblowing report**
Agenda Item	5.2
Action Required	Provide assurance for the annual safeguarding, protected disclosure and whistleblowing report
Recommendation	Assurance
Purpose / Summary	This paper is intended to provide an annual update in relation to safeguarding, protected disclosure and whistleblowing related activities within HSSIB covering the period outlined.
Strategic Theme	2. Place people at the core of our work.
Which strategic risks are relevant?	OR025: Identification and escalation of safeguarding concerns
Responsible Officer	Minal Patel, Head of Strategy, Policy and Engagement
Accountable Manager/Director	Philippa Styles, Director of Investigations

Annual safeguarding, protected disclosure and whistleblowing report

Purpose of this Paper

This paper is intended to provide an annual overview of safeguarding, protected disclosures and whistleblowing activities within HSSIB. This update covers the period from 1 March 2025 to 31 March 2026. For transparency, next year's annual report will align with the financial year. This year's report covers a different timeframe to ensure there is no gap in reporting and that all activity since the end of the previous reporting period is included.

PART 1: Safeguarding

Safeguarding leadership and policy

HSSIB has a memorandum of understanding (MoU) with NHS England to provide safeguarding support for our organisation. This is enhanced by our internal Safeguarding Lead (SL) and Deputy Safeguarding Lead (DSL) roles. Individuals in both roles are provided with level 5 safeguarding training as recommended by NHS England. An Executive Lead for safeguarding was also appointed and trained to level 5 in 2024. Additionally, safeguarding leads are able to attend system level peer support with colleagues from the healthcare sector.

HSSIB developed and approved a safeguarding procedure in 2025. Due to national changes in the delivery of safeguarding training in the NHS, this is being reviewed in the this quarter with an update on specific bespoke safeguarding training for HSSIB colleagues.

Safeguarding training

As of 1st March 2025, to 31 March 2026 safeguarding Mandatory and Statutory Training (MAST) compliance is as follows:

Training	Compliance (%)
Safeguarding Adults Level 2	83%
Safeguarding Children Level 2	81%

Data excludes NED's and does not factor in long term sickness absence, maternity leave or secondments.

Staff are reminded to complete their MAST training via line managers and directors.

Safeguarding referrals

Since 1 March 2025 to 31 March 2026 there have been nine safeguarding cases, which were actioned as per the safeguarding procedure. Of these, five were

Health Services Safety Investigations Body

submitted via the Insights triage inbox, two via the Enquiries inbox, and two through the HSSIB portal. All incidents have been recorded on the HSSIB Safeguarding Log.

Of the nine safeguarding cases, two were reported to the Care Quality Commission (CQC), two to the relevant provider, three to the NHS England National Safeguarding Team, one jointly to the NHS England Safeguarding Team and relevant provider and one jointly to the NHS England National Safeguarding Team and the police.

Overall, the outcomes show that HSSIB responded to a range of safeguarding concerns by attempting to engage referrers, seeking consent to share information, and escalating issues appropriately where responses were not received or risks were assessed as urgent. Where appropriate concerns were shared with relevant bodies including the CQC, NHS England safeguarding team, Providers, and, in some cases, the police. HSSIB sought advice when required from NHS England safeguarding leads to ensure actions were proportionate and appropriate. Escalation routes were used where necessary, including involvement of the DDI and CEO, and actions were documented and closed once appropriate assurance, onward escalation, or handover to responsible services had taken place.

Line manager and peer support has been available to colleagues involved in managing safeguarding concerns, additionally colleagues undertook trauma informed engagement training to assist them when receiving or hearing sensitive information.

Safeguarding work proposed for 2026

1. Roll out of bespoke virtual training led by NHS England safeguarding team planned for May 2026.
2. Review of HSSIB safeguarding procedure considering the revised bespoke training approach has been undertaken in Q1.

Protected Disclosure

Of the nine safeguarding cases during this period, there were two which required the disclosure of protected material under Schedule 14 (4) of the Health and Care Act 2022. This part of the Act allows for the Chief Investigator (CEO at HSSIB) to release material if they believe that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public. The two disclosures involved information sharing based on a serious and continuing risk to the safety of patients and are included in this report for completeness and transparency.

A) A request for help was received with regards to an inpatient who was feeling unsafe. The Care Quality Commission were contacted to enable them to assess this information further and to take action as required as HSSIB (internal reference DPM009).

B) An email was received in relation to a patient who had died and ongoing concerns about the safety of patients being cared for. The Care Quality Commission were contacted to enable them to assess this information further and to take action as required (internal reference DPM010).

The Disclosure of Protected Materials guidance was updated and approved in June 2025, the key update was related to the stage at which information at HSSIB becomes protected material. This means that insights shared with HSSIB directly, or insights we may have gathered through engagement work, prior to an Intelligence Review Meeting would normally be excluded from the definition of protected materials (meaning, we can action safeguarding mechanisms without using exceptions to our powers).

Conclusion

Following extensive engagement with NHS England safeguarding team and embedding our triage Standard Operating Process; our Investigations team feel more confident receiving and responding to information which may include safeguarding concerns. On-going training, including trauma informed engagement and safeguarding training, alongside peer support ensures we continue to manage this information proactively. Furthermore the rollout of bespoke safeguarding training will improve this confidence even further.

We are currently undertaking a review of information on our website to effectively signpost people to support appropriately.

PART 2: Whistleblowing

Whistleblowing and raising concerns

The ‘Raising a matter of concern’ policy has been in place since October 2024 and this over-arching policy covers grievances, whistleblowing and freedom to speak up.

Employee support

Employees have a range of mechanisms by which to raise concerns or discuss work-related issues. The guidance document ‘Guidance and support for speaking up, raising concerns and whistleblowing’ was published in October 2024 to support the policy, and sets these out clearly, with signposting. This guidance also covers non-HSSIB staff who are working with HSSIB.

We have a Freedom to speak up Champion at Board level, and the Employee Advocate (EA) role within HSSIB. The EA role was launched in November 2024 and provides internal peer support for HSSIB staff who require signposting for speaking up on work-related issues. Three employees currently act as employee advocates on a voluntary basis, and a number of colleagues have approached an employee advocate to discuss a concern.

None of these confidential conversations have led to a formal complaint or grievance being raised, and all have chosen to remain anonymous.

This support is important to retain and strengthen over the next year or so, to improve accessibility and ensure all employees have a mechanism to discuss any concerns, in confidence, with a colleague who can offer informal support and importantly signpost to policies, procedures and support.

Whilst employees have been reminded of the anonymous on-line reporting mechanism using the smart survey on a number of occasions, only seven submissions have been received and none of these have raised freedom to speak up or whistleblowing concerns.

Whistleblowing cases

No complaints have been found to constitute whistleblowing, and HSSIB has not been informed of any escalations to external bodies. No complaints of whistleblowing have been received through the internal speaking up routes including the Employee Advocates.

Conclusion

HSSIB developed a single policy and accompanying guidance to cover speaking up, raising concerns and whistleblowing. This is supported by robust governance and multiple routes for staff to raise a grievance, or report a concern.

The employee advocate scheme has been well received overall across HSSIB since it was introduced, and a significant majority of employees stated they know how to raise a concern and access wellbeing resources in the 2025 staff survey. A review of the employee advocate scheme and other employee support and reporting mechanisms will be undertaken by HR in Q3 2026/2027.

The HR & OD lead will attend a Whistleblowing workshop in May 2026 to increase organisational knowledge and awareness and provide assurance around the reporting mechanisms and procedures HSSIB needs to have in place, particularly in light of the change in legislation to include an additional category for protected disclosures from April 2026.

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Public Board Meeting
Cover Sheet
28 May 2026

Title of paper	**Board Risk and Governance update**
Agenda Item	5.3
Action Required (i.e approve, discuss)	To note / for assurance.
Recommendation	The Board is asked to note the governance and risk update documents.
Purpose / Summary	The documents presented today detail governance and risk updates for the Board in order to support the Board Assurance Framework. The last governance and risk update presented to Board was in November 2025, so the reporting covers the six months since the last reporting (November 2025 – April 2026).
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
Which operational/ strategic risks are relevant?	All seven strategic risks are relevant to the BAF.
Responsible Officer	Sarah Graham, Board, Governance and Records Manager
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

Section One: Points for consideration

This paper introduces two documents which provide the Board with updates in the areas of governance and risk. The documents cover the six-month period from November 2025 to April 2026.

Both documents provide assurance / supporting evidence against the Board Assurance Framework.

Section Two: Options

The Board is asked to note the supporting evidence for the Board Assurance Framework.

Section Three: Recommendations

The Board is asked to note the supporting evidence for the Board Assurance Framework.

Risk Report – HSSIB Board
Thursday 28 May 2026

Section One: Risk Management at HSSIB

HSSIB continues to have robust risk management processes in place.

- The Senior Leadership Team (SLT) review the Strategic Risk Register every month – the register is a standing agenda item. Discussions are robust and consider the mitigations in place for each risk, discuss further mitigations and whether the residual risk score is correct. Discussion of target scores also occurs at SLT, as well as discussions around emerging risks.
- The Senior Operational Team (SOT) reviews the Operational Risk Register every month. Representatives from each Directorate attend the SOT and contribute to analysis of the operational risks. This forum also discusses target scores and emerging risks.

Before the registers are presented to the SLT and SOT, the Governance Team meet with risk owners in order to update the risk information so that SLT/ SOT are assured that they are receiving the latest update on all relevant risks.

A Governance Update and a Risk Update are provided to the Audit and Risk Assurance Committee (ARAC) on a quarterly basis, with the next update due at the ARAC on the 10th June 2026.

Directorate risks are discussed regularly at Business Services Directorate meetings and Investigations Directorate meetings. The Investigations Directorate is in the process of establishing a Concerns and Issues Working Group which will meet on a regular basis to discuss current issues and risks.

Section Two: Progress / Review against High Impact Risks

At the time of writing, HSSIB has three risks which have a residual risk rating of 12. An extract from the Strategic Risk Register is provided below, alongside a progress / review update:

Risk ID	Risk Description	Progress / Review	Residual Risk Score	RAG Status Movement	Risk Target Score
SR002	There is a risk that we cannot maintain a positive, compassionate, values-based culture. There is a risk that we cannot address the health, safety, and well-being needs of our staff.	1. HSSIB Values agreed and formally launched at Team Away Day on 26th March 2026. 2. Board Development Days taking place in 2026 (8 in total). 3. GIAA Wellbeing Audit – substantive assurance accomplished. 4. Staff survey results developed into an action plan, with actions discussed at Team Away Day on 26th March 2026.	12	Static (rated 12 when last reported to Board on 26 November 2025).	6
SR008	There is a risk that HSSIB is subject to a cyber-attack, resulting in data or sensitive information being compromised, or IT services being unavailable.	1. HSSIB secured substantial funding in order to provide training / guidance on cyber security for HSSIB staff and undertake the development of a Cyber Security Strategy. 2. Cyber Training sessions for all staff took place in March / April 2026. 3. Cyber Strategy development	12	Static (rated 12 when last reported to Board on 26 November 2025).	6

		underway, in consultation with Templar. 4. Review / refresh of policies (12 in total) by Templar concluded in March 2026.			

A new strategic risk around transition was requested by the Board and the Audit and Risk Assurance Committee and that risk can be seen below:

SR009	There is a strategic risk that the transition of HSSIB's functions to CQC, if not effectively planned and managed, could disrupt investigations, reduce organisational capability, create operational or legal risks, and negatively affect stakeholder confidence in the independence and effectiveness of patient safety investigations.	**1.** Strategic risk proposal discussed and approved at ARAC on 12 March 2026. **2.** DHSC advice currently limits progression of formal transition governance arrangements pending legislative developments. **3.** Initial transition considerations have been identified and discussed at Executive level between HSSIB and CQC. **4.** Draft Terms of Reference for transition governance have been prepared internally but not yet shared externally. **5.** Legislation relating to the proposed transfer of HSSIB functions is expected to be laid before Parliament following the King's Speech and will remain subject to Parliamentary scrutiny and approval through the legislative process. **6.** Risk will remain under regular review pending Government decisions and legislative clarity.	12	New

Section Three: Advice and Guidance to Staff

The HSSIB Risk Management Manual (RMM) is disseminated to all staff via the Staff Bulletin. The manual is available to all staff in the HSSIB SharePoint area for policies and procedures. The RMM was recently refreshed, and a second version was approved by SOT in January 2026.

New starters at HSSIB are given introductory sessions with regards to governance and risk and made aware of their obligations as a staff member to raise any risk issues they come across. Four new starters have received this induction training since the last Board on 26 November 2025.

HSSIB have been working with Templar to refresh several key policies – an Information Risk Management Policy has been developed, and it is intended that this policy will sit at the beginning of the RMM. This policy and an updated RMM will be taken to the SLT later this year.

Section Four: Government Internal Audit Agency Risk Management Audits

The Government Internal Audit Agency (GIAA) undertook an operational risk management audit in March 2025, looking at the following key areas:

- The embedding of strategic risk management processes since the conclusion of the previous Risk Management audit;
- Governance of risk management at the operational level, including alignment to strategic objectives, reporting lines throughout the organisation, and oversight of the risk management processes, including the 'tone at the top' on risk management;
- Policies and procedures relating to the processes in place for risk management, including the risk framework, organisational risk appetite, and risk reporting;
- Roles and Responsibilities for risk management across HSSIB;
- Risk management processes including identification, evaluation, and mitigation of risks;
- Recording risks and related risk management information; and,
- Risk reporting arrangements and respective management information.

The audit report was finalised on 1 April 2025. The audit opinion was 'Moderate' assurance – i.e. some improvements are required to enhance the adequacy and effectiveness of the framework of governance, risk management, and control. It was felt that this was a good result for HSSIB, considering that the organisation is still young and developing / embedding its risk processes / procedures.

GIAA made six recommendations, and they are noted in the table below:

Recommendation	Priority
1.1 **Set risk appetite** The HSSIB Board should, as a priority, develop a formal risk appetite statement that aligns with the organisation's strategic objectives, regulatory requirements, and operational capacity. The statement should define acceptable risk levels across financial, operational, reputational, regulatory, and strategic areas.	Medium
1.2 **Enhance ARAC reporting in practice** The new ARAC risk reporting template should be utilised and embedded effectively in practice on a consistent basis as per its design.	Low
2.1 **Enhance operational risk management guidance** The Risk Management Manual should be revised to include enhanced specific guidance on operational risk assessments, clearly distinguishing between processes for assessing strategic risks and operational risks. For example, strategic risk assessment may involve scenario planning, SWOT analysis, and sector analysis to identify potential threats and opportunities, whereas operational risk assessment may involve process mapping, control testing, and root cause analysis to identify weaknesses and vulnerabilities.	Low
2.2 **Align risk registers** The directorate level and SOT level risk operational risk registers should be reviewed and aligned to ensure they accurately reflect the operational risk landscape across the organisation. As part of the Governance and Records Manager's liaison with directorate leads ahead of SOT meetings, the operational risk registers should be reviewed to ensure they are suitably aligned and contain all relevant information.	Medium
2.3 **Improve risk articulation** All operational risk descriptions should be reviewed and updated to ensure all risks in the register clearly define the event, cause, and effect, as per the Risk Management Manual guidance.	Low

2.4 **Strengthen risk reporting** SOT risk reporting should be revised to address the gaps highlighted in Risk 2. A standard template should be produced which ensures that these areas are consistently reported at each SOT meeting. The SOT should also review and clarify the risk escalation criteria that it wants to adhere to, whilst assessing reasons for including lower-risk items in recent reporting. If knowledge gaps are identified, relevant risk management training should be provided to SOT members to ensure they are clear on how to effectively escalate and manage operational risks at each level.	Low

It should be noted that none of the recommendations were considered to be of a high priority.

As of February 2026, all six recommendations were completed.

Section Five: Risk Appetite

The risk appetite statement for HSSIB was agreed by the Board in November 2025. The statement has been made available to all staff on the HSSIB SharePoint site, under the ‘Policies, procedures and guidance’ section.

The HSSIB risk registers are being reviewed by the Governance Team in light of the risk appetite statement. A meeting took place in March 2026 in order to discuss changes and adaptations to both registers.

In April 2026, a Risk Appetite Approach proposal was taken to the SLT. Following discussions at SLT, work is underway in order to embed risk appetite fully at HSSIB.

Highlight Report | Governance Update (1)

Health Services Safety Investigations Body

Report Date: May 2026 **Report Period:** Nov 25 – Apr 26 **SRO:** Stephen Carruthers **Project Manager:** Sarah Graham

Overall Status: Green: On Track, No issues. Amber: Minor Issues or Delays. Red: Significant Issues or Delays. Blue: Complete. Grey: Not Due

Information Requests, Information Incidents, Protected Materials Disclosure, Complaints and ICO Investigations

.

Completed this period:

15 Freedom of Information Requests (FOIs) were received in this time period – the FOIs were responded to within legal timeframes.

One subject access request was received for this period – this was responded to within the legal timeframes.

No information incidents received for this period (NB one external incident which is summarised on right hand side)

No protected materials disclosures for this period.

One complaint received to HSSIB for this period. This was responded to within time frames set out in the HSSIB Complaints Policy.

No current investigations with the Information Commissioner's Office for this period.

Current Risks: none identified this quarter.

Summary:

There have been no information incidents received, no protected materials disclosure, and no investigations with the Information Commissioner's Office since the last Board meeting on 26 November 2025.

There have been **15** Freedom of Information Requests since the last Board meeting on 26 November 2025.

- 4 were in relation to financial matters
- 4 were in relation to investigations
- 3 were in relation to contracts in place at HSSIB
- 2 were in relation to information technology in place at HSSIB
- 1 was in relation to human resources
- 1 was in relation to another organisation and its dealings with HSSIB

There has been one complaint and one subject access request made to HSSIB - the complaint was in relation to a booking on an educational course.

There was one external information incident, in relation to Instructure (Canvas), the platform we used as our Learning Management System (LMS) until 15th March 2026. The platform was subject to a cyber-attack in April 2026. Data such as names and email addresses may have been stolen. We have informed all of our users of this potential. The provider is undertaking a full investigation to understand what HSSIB data may have been compromised. This system has 275 million users worldwide. On 11/05/26, we received a message that Instructure had come to an agreement with the perpetrator of the attack and have received assurances that data has been deleted and not shared further.

Highlight Report | Governance Update (2)

Health Services Safety Investigations Body

Report Date: May 2026 **Report Period:** Nov 25 – Apr 26 **SRO:** Stephen Carruthers **Project Manager:** Sarah Graham

Overall Status: Green: On Track, No issues. Amber: Minor Issues or Delays. Red: Significant Issues or Delays. Blue: Complete. Grey: Not Due

Cyber Assessment Framework

Completed this period:

Work continues on the CAF submission for 2025/2026. All 47 requirements have been considered, and a current position ascertained:

- 25 assertions are currently classed as 'green'
- 12 assertions are currently classed as 'amber'.
- 8 assertions are currently classed as 'red'.
- 2 assertions are classed as 'grey' - i.e. are not applicable. NHS Digital has confirmed this and elements E3a and E4b are classed as not applicable for HSSIB.

The toolkit is therefore 54% complete.

Many of the outstanding assertions are reliant on the timely provision of evidence from NHS England (16 in total - 8 amber assertions and 8 red assertions).

Two amber assertions are within the remit of HSSIB and our internal auditors to complete and will be completed by the end of May / early June.

Current Risks:

There are 16 elements of the CAF where HSSIB is awaiting information from our IT supplier, NHS England. It is critical that HSSIB receive this information before the toolkit submission of 30th June 2026.

NHS England have been asked to provide the outstanding information by 31 May 2026.

Summary:

Whilst HSSIB were successful in submitting their CAF in 2024/25, gathering of the evidence was problematic due to a reliance on our third-party supplier for IT. It appears that this may be an issue for our 2025/26 submission.

Highlight Report | Governance Update (3)

Report Date: May 2026 **Report Period:** Nov 25 – Apr 26 **SRO:** Stephen Carruthers **Project Manager:** Sarah Graham

Health Services Safety Investigations Body

Overall Status: Green: On Track, No issues. Amber: Minor Issues or Delays. Red: Significant Issues or Delays. Blue: Complete. Grey: Not Due

Policy Development

.

Completed this period

Bring Your Own Device Policy (November 2025)
Social Media Policy (December 2025)
Standing Financial Instructions (January 2026)
Performance Management Policy (January 2026)
Risk Management Manual (revised) (January 2026)
Communications Delivery Plan (February 2026)
Freedom of Information Disclosure Policy (revised) (February 2026)
Procedure for Managing Personal Data Requests (revised) (February 2026)
Records Retention and Disposal Schedule (revised) (March 2026)
Data Protection Impact Assessment Policy, Process and Guidance (revised) (March 2026)
Disclosure of Protected Materials Policy (revised) (April 2026)
Document and Records Management Policy (revised) (April 2026)

Current Risks: none identified this quarter.

Summary:

The Policy Register continues to be regularly monitored by the Governance Team:

- 6 policies are outstanding (all have owners allocated to them and planned for development over the course of 2026 / 2027)

- 12 policies have been revisited / developed whilst working with Templar. Two of the revised policies have been taken to the Senior Operational Team for approval. The remaining 10 policies will be taken to the relevant forum over the course of the next few months.

HSSIB have combined policies where possible to increase efficiencies in this area.

Health Services Safety Investigations Body

Corporate Calendar 2026-27

Date	Meeting	Time	Venue	Paper Submission
JANUARY 2026				
Wednesday 07	Audit and Risk Assurance Committee	13:00-15:00	Virtual	December papers
Tuesday 13	Senior Operational Team – Q3 PR	10.30-12.00	Virtual	Thursday 08/01
Thursday 15	Board Development Day	10.00-16.00	Virtual	Wednesday 07/01
Monday 19	Senior Leadership Team – Q3 PR	10.00-12.00	Virtual	Tuesday 13/01
FEBRUARY 2026				
Tuesday 10	Senior Operational Team	10.30-12.00	Virtual	Wednesday 04/02
Wednesday 18	Senior Leadership Team	10.00-12.00	In person	Thursday 12/02
Wednesday 25	Extraordinary Audit and Risk Assurance Committee	09:15-10:15	Virtual	Wednesday 18/02
Thursday 26	Board Meeting – Q3 PR	10.00-13.00	In person	Tuesday 17/02
MARCH 2026				
Thursday 12	Audit and Risk Assurance Committee	10.00-12.00	Virtual	Thursday 05/03
Tuesday 10	Senior Operational Team	10.30-12.00	Virtual	Wednesday 04/03
Tuesday 17	Senior Leadership Team	15.00-17.00	Virtual	Thursday 12/03
Thursday 19	Board Development Day	10.00-16.00	In person	Thursday 12/03
Thursday 26	HSSIB Team Away Day	10:00-15:30	In person	Thursday 19/03
Tuesday 24	Quarterly Accountability Review (QAR 3)	14.30-15.30	Virtual	Monday 02/03
APRIL 2026				
Tuesday 07	Senior Operational Team – Q4 PR	10.30-12.00	Virtual	Wednesday 01/04
Wednesday 15	Senior Leadership Team – Q4 PR	10.00-12.00	Virtual	Thursday 09/04
Thursday 16	Extraordinary Private Board	10:00-11:00	Virtual	Thursday 09/04
Thursday 16	Board Development Day	11.00-16.00	Virtual	Thursday 09/04
Wednesday 08	Remuneration Committee – moved to June	10:00-11:00	Virtual	Tuesday 31/03
MAY 2026				
Tuesday 12	Senior Operational Team	10.30-12.00	Virtual	Wednesday 06/05
Wednesday 20	Senior Leadership Team	15.00-17.00	Virtual	Thursday 14/05
Thursday 28	Board Meeting – Q4 PR	10.00-13.00	In person	Tuesday 19/05
JUNE 2026				
Tuesday 09	Senior Operational Team	11.00-12.00	Virtual	Wednesday 03/06
Wednesday 10	Audit and Risk Assurance Committee	10.00-12.00	Virtual	Tuesday 02/06
Tuesday 16	Senior Leadership Team	10.00-12.00	Virtual	Wednesday 10/06
Wednesday 17	Board Development Day	10.00-16.00	Virtual	Tuesday 09/06
Thursday 18	Quarterly Accountability Review (QAR 4)	15.00-16.00	Virtual	Monday 01/06
Tuesday 30	Remuneration Committee	14:00-15:00	Virtual	Monday 22/06
JULY 2026				
Wednesday 01	HSSIB Team Away Day	14.00-17.00	In person	Wednesday 25/06
Tuesday 07	Senior Operational Team – Q1 PR	10.30-12.00	Virtual	Wednesday 01/07
Wednesday 15	Senior Leadership Team – Q1 PR	13.00-15.00	Virtual	Thursday 09/07
Thursday 30	Board Development Day	10.00-16.00	Virtual	Wednesday 22/07
AUGUST 2026				
Tuesday 11	Senior Operational Team	10.30-12.00	Virtual	Wednesday 05/08
Wednesday 19	Senior Leadership Team	10.00-12.00	Virtual	Thursday 13/08
Thursday 27	Board Meeting – Q1 PR	10:00-13.00	In person	Tuesday 18/08
SEPTEMBER 2026				
Tuesday 08	Senior Operational Team	10.30-12.00	Virtual	Wednesday 02/09
Wednesday 09	Remuneration Committee	10.00-11.00	Virtual	Wednesday 02/09
Tuesday 15	Audit and Risk Assurance Committee	10:00-12:00	Virtual	Monday 07/09
Tuesday 15	Senior Leadership Team	13.00-15.00	Virtual	Tuesday 08/09
Wednesday 16	Board Development Day	10.00-16.00	In person	Tuesday 08/09
Wednesday 23	Quarterly Accountability Review (QAR 1)	14.00-15.00	Virtual	Monday 31/08
Tuesday 29	HSSIB Team Away Day	10.00-15.30	In person	Tuesday 22/09
OCTOBER 2026				
Tuesday 06	Senior Operational Team – Q2 PR	10.30-12.00	Virtual	Wednesday 30/09
Wednesday 14	Senior Leadership Team – Q2 PR	10.00-12.00	Virtual	Thursday 08/10
Wednesday 21	Board Development Day	10.00-15.00	Virtual	Wednesday 14/10
NOVEMBER 2026				
Tuesday 10	Senior Operational Team	10.30-12.00	Virtual	Wednesday 04/11
Wednesday 18	Senior Leadership Team	10.00-12.00	Virtual	Thursday 12/11
Thursday 26	Board Meeting – Q2 PR	10.00-13.00	In person	Tuesday 17/11
DECEMBER 2026				
Tuesday 01	Audit and Risk Assurance Committee	10.00-12.00	Virtual	Tuesday 24/11
Tuesday 08	Senior Operational Team	10.30-12.00	Virtual	Wednesday 02/12
Tuesday 16	Quarterly Accountability Review (QAR 2)	14.30-15.30	Virtual	Monday 30/11
Wednesday 16	Senior Leadership Team	10.00-12.00	Virtual	Wednesday 09/12
Thursday 17	Board Development Day	10.00-14.00	Virtual	Wednesday 09/12
TBC	HSSIB Team Away Day	10:00-15:30	In-person	

Forward agendas for Public Board meeting

	26 February 2026	28 May 2026	27 August 2026	26 November 2026
Logistics	Location: Central London	Location: Central London	Location: Central London	Location: Central London
Attendees	Board, DHSC representative, Minute Taker and presenting/observing staff as required.	Board, DHSC representative, Minute Taker and presenting/observing staff as required.	Board, DHSC representative, Minute Taker and presenting/observing staff as required.	Board, DHSC representative, Minute Taker and presenting/observing staff as required.
Opening Administration	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting
Patient Safety/ Operational Presentation	Investigation presentation: Temporary Care Environment	Investigation presentation: Electronic Prescribing and Medicine Administration	Investigation presentation	Investigation presentation: Use of Lithium with Bi-polar Disorder
Reporting Items	• Chair's report • Senior Leadership Team report • DHSC report • HSSIB Performance report • Audit and Risk Assurance Committee report	• Chair's report • Senior Leadership Team report • DHSC report • HSSIB Performance report • Audit and Risk Assurance Committee report	• Chair's report • Senior Leadership Team report • DHSC report • HSSIB Performance report • Audit and Risk Assurance Committee report	• Chair's report • Senior Leadership Team report • DHSC report • HSSIB Performance report • Audit and Risk Assurance Committee report
Decision/ Approving Items	• Board Terms of Reference • Sub committee Terms of Reference • Education Strategy	• 2026/27 Budget Setting Approval • Key Performance Indicators • SFIs, Procurement Policy and Standing Orders • Revised Governance arrangements		
Information/ Assurance Items	• Budget Setting and Financial Performance • Annual Report and Accounts update • Board Effectiveness Review • Final HSSIB Investigator Competencies	• Use of HSSIB powers annual report • Risk & Governance update • Annual safeguarding report • Implementation of the Building Investigation Excellence Strategy	• Information Governance report • EDI update • Information Governance and Data Compliance Strategy • Modern Slavery Policy • Risk Management Manual • Scheme of Delegation	• Business planning • Board Member Code of Conduct • Disclosure of Protected Materials Policy • Document and Records Management Policy • Risk & Governance update
Closing Administration	• Forward Plan • Any Other Business • Closure / date of next meeting • Public Questions	• Forward Plan • Any Other Business • Closure / date of next meeting • Public Questions	• Forward Plan • Any Other Business • Closure / date of next meeting • Public Questions	• Forward Plan • Any Other Business • Closure / date of next meeting • Public Questions

<table>
<tr><th></th><th>26 February 2026</th><th>16 April 2026</th><th>28 May 2026</th><th>27 August 2026</th><th>26 November 2026</th></tr>
<tr><td>Logistics</td><td>Location: Central London</td><td>Virtual meeting via Microsoft Teams</td><td>Location: Central London</td><td>Location: Central London</td><td>Location: Central London</td></tr>
<tr><td>Attendees</td><td>Board, DHSC representative, Minute Taker and presenting/observing staff as required.</td><td>Board, DHSC representative, Minute Taker and presenting/observing staff as required.</td><td>Board, DHSC representative, Minute Taker and presenting/observing staff as required.</td><td>Board, DHSC representative, Minute Taker and presenting/observing staff as required.</td><td>Board, DHSC representative, Minute Taker and presenting/ observing staff as required.</td></tr>
<tr><td>Opening Administration</td><td>• Welcome and Introduction
• Apologies for absence
• Declaration of Quorum
• Declarations of Interest
• Minutes of last meeting
• Action log</td><td>• Welcome and Introduction
• Apologies for absence
• Declaration of Quorum
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• Action log</td><td>• Welcome and Introduction
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• Apologies for absence
• Declaration of Quorum
• Declarations of Interest
• Minutes of last meeting
• Action log</td></tr>
<tr><td>Approving/ Decision Items</td><td>• People Committee</td><td rowspan="2">Operating Model Development</td><td></td><td>• Remuneration Committee report</td><td>• Remuneration Committee report</td></tr>
<tr><td>Reporting Items</td><td>• Chief Executive Update
• Procurement pipeline</td><td>• Chief Executive Update
• Procurement pipeline
• Staff Survey Action Plan</td><td>• Chief Executive Update
• Procurement pipeline</td><td>• Chief Executive Update
• Procurement pipeline</td></tr>
<tr><td>Closing Administration</td><td>• Forward Plan
• Any Other Business
• Closure / Next meeting</td><td>• Any Other Business
• Closure / Next meeting</td><td>• Forward Plan
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• Any Other Business
• Closure / Next meeting</td></tr>
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Forward agendas for Board Development meeting

	15 January 2026	19 March 2026 – meeting cancelled	16 April 2026	17 June 2026
Logistics	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams
Attendees	Board, Minute Taker and presenting/ observing staff as required.	Board, Minute Taker and presenting/ observing staff as required	Board, Minute Taker and presenting/ observing staff as required	Board, Minute Taker and presenting/ observing staff as required
Opening Administration	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence
Items	• Chief Executive Officer Update • Transition arrangement • Staff survey action planning • Business planning update • Budget setting and financial update for 26/27 • Education Strategy (private session)	• Chief Executive Officer Update • Transition updates	• Chief Executive Officer Update • Transition updates • Protected Materials Update • Patient Engagement (2 hours)	• Chief Executive Officer Update • Transition updates
Closing Administration	• Forward Plan • Any Other Business • Closure / date of next meeting	• Forward Plan • Any Other Business • Closure / date of next meeting	• Forward Plan • Any Other Business • Closure / date of next meeting	• Forward Plan • Any Other Business • Closure / date of next meeting
	30 July 2026	**16 September 2026**	**22 October 2026**	**17 December 2026**
Logistics	Virtual meeting via Microsoft Teams	Location: Central London	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams
Attendees	Board, governance team and presenting/ observing staff as required	Board, governance team and presenting/ observing staff as required	Board, governance team and presenting/ observing staff as required	Board, governance team and presenting/ observing staff as required
Opening Administration	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence	• Welcome and Introduction • Apologies for absence
Items	• Chief Executive Officer Update • Transition updates • End to End Investigation Process	• Chief Executive Officer Update • Transition updates	• Chief Executive Officer Update • Transition updates • Board Effectiveness Review	• Chief Executive Officer Update • Transition updates
Closing Administration	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting

Forward agendas for Audit and Risk Assurance Committee (ARAC) meeting

	25 February 2026	12 March 2026	10 June 2026	15 September 2026	1 December 2026
Logistics	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams
Attendees	Non-Executive Directors, Chair, Chief Executive Officer, Finance & Resources Director, DHSC, GIAA and NAO representatives, Minute Taker presenting/observing staff as required.	Non-Executive Directors, Chair, Chief Executive Officer, Finance & Resources Director, DHSC, GIAA and NAO representatives, Minute Taker presenting/observing staff as required.	Non-Executive Directors, Chair, Chief Executive Officer, Finance & Resources Director, DHSC, GIAA and NAO representatives, Minute Taker presenting/observing staff as required.	Non-Executive Directors, Chair, Chief Executive Officer, Finance & Resources Director, DHSC, GIAA and NAO representatives, Minute Taker presenting/observing staff as required.	Non-Executive Directors, Chair, Chief Executive Officer, Finance & Resources Director, DHSC, GIAA and NAO representatives, Minute Taker presenting/observing staff as required.
Opening Administration	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting
Reporting Items	Review of Annual Report and Accounts HSSIB 2627 Planning - Proportionate Approach	• Chair update • DHSC update • Governance report • Risk report • Internal Controls Report • Auditors update	• Chair update • DHSC update • Governance report • Cyber Assurance Framework • Risk report • Internal Controls Report • Auditors update	• Chair update • DHSC update • Governance report • Cyber Assurance Framework • Risk report • Internal Controls Report • Auditors update	• Chair update • DHSC update • Governance report • Cyber Assurance Framework • Risk report • Internal Controls Report • Auditors update
Decision/ Approving Items		• Financial planning / Direction of Travel • Standing Financial Instructions, Procurement Policy & Standing Orders. • ARAC Terms of Reference – quoracy contingency arrangements	• Recommendation to Board of approval of annual report and accounts • Cyber Assurance Framework Toolkit • Counter Fraud Strategy	• Bribery and Fraud Policy • Board Assurance Framework - Process and Procedure	• ARAC Terms of Reference annual review • ARAC Effectiveness Review
Information/ Assurance Items		• Audit and Review Action Plan	• Audit and Review Action Plan • Deep Dive	• Audit and Review Action Plan • Deep dive	• Annual Report and Accounts update • Audit and Review Action Plan
Closing Administration	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting

Forward agendas for Remuneration Committee (RemCom) meeting

	30 June 2026	09 September 2026
Logistics	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams
Attendees	Three Non-Executive Directors, Chair, governance team and presenting /observing staff as required.	Three Non-Executive Directors, Chair, governance team and presenting/ observing staff as required.
Opening Administration	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions from previous meeting
Reporting Items	• Chair update	• Chair update
Decision/ Approving Items	• Annual performance review process • CEO Contract Extension •	• RemCom Terms of Reference annual review • ESM pay award • ESM performance related pay
Information/ Assurance Items	• Review of objective setting of SLT Review of objective setting of CEO	• RemCom Effectiveness Review • ESM pay award letter update • Promotion of fair pay, recognition and reward • Promotion of equality, diversity and inclusion • Human Resources update • Talent succession and organisational capability • Arrangements for termination and other contractual terms
Closing Administration	• Any Other Business • Forward Plan • Closure / date of next meeting	• Any Other Business • Forward Plan • Closure / date of next meeting

Forward agendas for Senior Leadership Team (SLT) meeting

	19 January 2026	19 February 2026	17 March 2026	15 April 2026	20 May 2026	16 June 2026
Logistics	Virtual via Microsoft Teams	Hybrid	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams
Attendees	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.
Opening Administration	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log
Reporting Items	• Performance Report • Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Performance Report • Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report
Decision / Approving Items	• Budget update and financial forecast • Staff survey report for Board	• Recruitment Services • Board Effectiveness Review	• reMarkable Roll-out			• Cyber Security Strategy
Information / Assurance Items	• Commercial update • Procurement pipeline • Governance report • Annual report and accounts • Education strategy • Communications Standard Operating Procedure • Investigation Management System • IT Support	• Communications Delivery Plan • Operating Model • Budget Setting	• Budget setting update • Staff Survey update	• Procurement pipeline	• Annual Report & Accounts including annual audit outcomes • Information Asset Register • Safeguarding annual report • 2025/26 Q4 Performance Report • Use of HSSIB powers annual report	• Education annual report • Family Engagement Strategy • Annual report on % of recommendations implemented and impact • Investigator Competency Framework
Closing Administration	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business - SLT plans for business planning • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan

	15 July 2026	19 August 2026	15 September 2026	14 October 2026	18 November 2026	16 December 2026
Logistics	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams	Virtual via Microsoft Teams
Attendees	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of PSE, Minute Taker and presenting staff as required.
Opening Administration	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log
Reporting Items	• Performance Report • Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Performance Report • Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report	• Strategic Risk Register • Information Incident Reporting • SOT Highlight Report
Decision / Approving Items			• HIMS case file audit • Document and Records Management Policy • Procedure for Managing Personal Data Requests	• SLT Terms of Reference annual review • Standards of Business Conduct Policy	• Flexible Working Policy • Information Incident Management Policy and Procedure	• Learning and Development Policy
Information / Assurance Items	• Complaints Annual Report • Information Governance Annual Report • Annual report on use of HSSIB powers • CAF / DSPT draft audit report • Procurement pipeline		• Business planning and reporting	• Governance Report • Commercial update • Procurement pipeline	•	• Business planning and reporting
Closing Administration	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan	• Any Other Business • Team key messages • Forward Plan

Forward agendas for Senior Leadership Team (SLT) Away Days

	26 January 2026	19 February 2026	24 March 2026	28 May 2026	25 June 2026	30 July 2026
Location	Virutal	London Stratford				
Attendees	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement	CEO, Education Director, Director of Investigations, Finance and Resources Director, Head of Policy, Strategy and Engagement
Agenda Items	• Transition • Review of people plan • Risk	• Transition • CQC engagement	• Transition • Business planning	• Transition	• Transition	• Transition
	August 2026	**September 2026**	**October 2026**	**November 2026**	**TBC December 2026**	**TBC January 2027**
Location				•	•	•
Attendees	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy	CEO, Education Director, Director of Investigations, Finance & Resources Director, Head of Policy
Agenda Items	• Transition	• Transition	• Transition	• Transition	• Transition	• Transition

Forward agendas for Senior Operational Team (SOT) meeting

	13 January 2026	10 February 2026	10 March 2026	7 April 2026	12 May 2026	9 June 2026
Logistics	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams
Attendees	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required
Opening Administration	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of last meeting • Actions log • Decision log
Reporting Items	• Performance Report • Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan	• Procurement Pipeline • Project Dashboard • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Performance Report • Procurement Pipeline • Project Dashboard • Operational Risk Register • Audit & Review Plan • Performance Dashboard • Policy Register	• Procurement Pipeline • Project Dashboard • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard
Decision/ Approving Items		• HSSIB Team away day agenda • Freedom of Information Policy • Policy and Procedure for Managing Personal Data Requests	• Records Retention and Disposal Schedule • DPIA Policy, Process and Guidance		• HSSIB Team away day agenda • Information Asset Register • Business Continuity Plan • HSSIB Q4 Performance Report	
Information/ Assurance Items		• GIAA Audit update				
Closing Administration	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure

	7 July 2026	11 August 2026	8 September 2026	6 October 2026	10 November 2026	8 December 2026
Logistics	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams	Virtual meeting via Microsoft Teams

Attendees	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required.	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required	Board, Governance and Records Manager, Deputy Director of Investigations, Head of Patient Safety Insights, Senior Investigation Science Educator, Head of Finance, Communications Team, HR and OD Lead, Project Manager and presenting /observing staff as required
Opening Administration	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log	• Welcome and Introduction • Apologies for absence • Declaration of Quorum • Declarations of Interest • Minutes of previous meeting • Actions log • Decision log
Reporting Items	• Performance Report • Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Performance Report • Procurement Pipeline • Project Dashboard • Supplier Performance • Operational Risk Register • Information Governance Update (quarterly after ARAC) • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard	• Procurement Pipeline • Project Dashboard • Annual Report and Accounts • Operational Risk Register • Audit & Review Plan • Policy Register • Performance Dashboard
Decision/ Approving Items	• SOT Terms of Reference annual review • Information Governance & Data Compliance Strategy	• HSSIB Team away day agenda • Gifts & Hospitality Policy • Modern Slavery Policy	• Raising a Matter of Concern Policy		• HSSIB Team away day agenda	• Records Management Manual • Flexible Working Policy • Health & Safety Policy
Information/ Assurance Items		• GIAA Audit update	• Half year review deep dive – Key Performance Indicators/ spending • DHSC Delegations	• ARA 2026		
Closing Administration	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure	• Any Other Business • Forward Plan • Closure

	26 March 2026	01 July 2026	29 September 2026	December 2026
Location	DoubleTree by Hilton Bristol City Centre Redcliffe Way, Bristol, England, BS1 6NJ	Holbeck Suite, Clayton Hotel, Sweet Street, Leeds, LS11 9AT	Herschel Room, Mary Ward House, 5 - 7 Tavistock Place, London, WC1H 9SN	TBC
Agenda Items	• Welcome and Introductions • Team Building Activity • Staff Survey Action Plan • HSSIB Values and Behaviours • Break: (and a chance to review flip charts, behaviours/values) • CQC Transition update/ Hopes and Fears/ Q&A • Building Investigation Excellence • Investigations update • Anti-Semitism	**Day 1** • Welcome and Introductions • Team Building Activity • Good Governance Institute – Risk Appetite (TBC) **Day 2** • Welcome and Energiser	• Welcome and Introductions • Team Building Activity • Fairplay Training Consultancy (Ganny)	**Day 1** • Welcome and Introductions • Team Building Activity • Creating a psychologically safe culture at work (3.5hrs Ganny) **Day 2** • Welcome and Energiser

HSSIB Team Aways