Health Services Safety Investigations Body

Public Board Meeting

Thursday 26 November 2026, 10:00hrs-12:30hrs
Hyatt Regency, London, Stratford, London, E20 1GL

AGENDA

Time	Item	Title	Purpose	Presenter	Delivery
1. OPENING ADMINISTRATION					
10:00	1.1 1.2 1.3 1.4 1.5 1.6	Welcome and apologies for absence Declaration of quorum Declaration of interests Minutes of the previous meeting Actions from previous meetings Decision Log	Information Assurance Assurance Approval Assurance Assurance	Ted Baker	Verbal Verbal Verbal Paper Paper Paper
2. PATIENT SAFETY / OPERATIONAL PRESENTATION					
10:05	2.1	Use of Lithium with Bipolar Disorder	Information	Matt Mansbridge	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	Board Effectiveness Review	Approval	Stephen Carruthers	Paper
11:50	4.2	Cyber Security Strategy	Approval	Stephen Carruthers	Paper
12:05	4.3	Board Member Code of Conduct	Approval	Stephen Carruthers	Paper
5. ASSURANCE/ INFORMATION ITEMS					
12:15	5.1	Building Investigation Excellence	Assurance	Philippa Styles	Paper
6. CLOSING ADMINISTRATION					
12:25	6.1 6.2	Board Forward Planner Any Other Business (no pre-notified items)	Assurance Declaration	Ted Baker Ted Baker	Paper Verbal
12:30	6.3	Formal meeting closes	Declaration	Ted Baker	Verbal
	-	Public Questions			
Next meeting: 23 February 2027, London, 10:00-13:00hrs					

Health Services Safety Investigations Body

Minutes of the
Health Services Safety Investigations Body (HSSIB) Public Board Meeting
Thursday 27 August 2026 10:00hrs-12:45hrs
Hyatt House, London Stratford

Present

Ted Baker (TB)	HSSIB Chair
Dr Rosie Benneyworth (RB)	Interim Chief Executive, HSSIB
Philippa Styles (PSty)	Director of Investigations, HSSIB
Stephen Carruthers (SC)	Finance and Resources Director, HSSIB
Marisa Logan Ward (MLW)	Non-Executive Director, HSSIB
Mary Cunneen (MC)	Non-Executive Director, HSSIB
Peter Schild (PSch)	Non-Executive Director, HSSIB
Mike Durkin (MD)	Non-Executive Director, HSSIB (virtual)

In attendance

Nick Woodier (NW)	Senior Safety Investigator, HSSIB
Gemma Johns (GJ)	Safety Investigator, HSSIB
Sarah Graham (SG)	Board, Governance and Records Manager, HSSIB
Julia Blomquist (JB)	Business Manager to CEO and Chair, HSSIB
Hannah Armer Court (HAC)	Board and Governance Officer, HSSIB
Elaine Colomberg (EC)	Engagement Lead, HSSIB (virtual)
Ben Widdicombe (BW)	Deputy Director of Quality, Patient Safety and Investigations DHSC
Karen Ertsaas (KE)	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.

ITEM 1.1.1 APOLOGIES FOR ABSENCE

Marc Esmiley (ME), 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

PSch declared he has joined the South East Coast Ambulance Service as Non-Executive Director. The paperwork has been completed.

ITEM 1.4 MINUTES OF THE PREVIOUS BOARD MEETING

The minutes of the meeting held on the 28 May 2026 were approved as a true and accurate record and will be published on the HSSIB website.

ITEM 1.5 ACTIONS FROM PREVIOUS MEETINGS

All actions including 77, 78, 79, 80, 81, 82, 83, have been completed and closed.

ITEM 1.6 DECISION LOG

The log was included for information purposes only.

ITEM 2.1 ADVICE AND GUIDANCE

NW and GJ presented to the Advice and Guidance. The presentation was shared within the papers prior to the meeting.

RB thanked the team for the significant volume of evidence provided within a challenging timeframe and acknowledged the strong relationships and trust that had been established. It was noted that the positive level of engagement with primary care was particularly encouraging.

RB queried whether there is visibility of waiting lists associated with advice and guidance services, particularly given the current focus on managing waiting lists more broadly. NW advised that there are data quality, oversight and referral management challenges affecting visibility. It was noted that secondary care organisations manage these processes differently, and that data flows and associated timeframes can be lost between systems. Concerns were raised regarding interoperability and the impact this may have on understanding patient pathways.

The Board discussed the potential risks for patients who may be waiting within these processes and considered whether a hidden waiting list may exist. It was acknowledged that there are several forms of hidden waiting lists and that associated risks are likely to be present. However, further work is required to understand the nature and extent of these risks. It was hoped that the next phase of the investigation would provide greater insight into these issues and help identify any areas requiring further investigation.

MLW asked whether any specialty-specific behaviours had been identified and whether these had been explored as part of the work. In response, it was noted that there was considerable variation across specialties, particularly in relation to the timeliness of responses to Advice and Guidance requests. For example, cardiology demonstrated consistently strong response times, whereas performance in some other specialties was significantly less timely. However, it was considered difficult to attribute these variations to any single specialty type due to differences in local context and service arrangements.

The Board also discussed health inequalities in relation to Advice and Guidance. It was reported that limited evidence had emerged on this issue, and there appeared to

be a lack of awareness and understanding among the groups engaged during the work. It was noted that this is an emerging area of interest, with recent work by Keele University, referenced in the *Badger Study*, highlighting potential links between Advice and Guidance services and health inequalities. Further exploration of this issue was considered warranted as the evidence base develops.

The Chair commented that this was a highly important report, particularly in the context of evolving models of care and the need to place patient safety at the centre of service redesign and innovation. The Chair emphasised the importance of identifying and measuring risk before harm occurs, noting that the report provided a valuable example of a proactive approach to understanding and managing emerging safety risks within the healthcare system.

ITEM 3 REPORTING ITEMS

ITEM 3.1 CHAIR REPORT

The Chair opened the meeting by noting that the period since the last Board meeting in May had been particularly busy. The Board received an update on the progress of the health bill, noting that it had completed the committee stage in the House of Commons and was due to enter the report stage in early September before progressing to the House of Lords. It was reported that, to date, no amendments had been made that would affect the future role or status of HSSIB.

The Annual Report and Accounts (ARA) had been published and reflected an exceptional second year for the organisation. The Board recorded its appreciation for the significant contribution of colleagues across HSSIB and welcomed the achievements highlighted within the report. The Board noted the increasing evidence demonstrating the impact of the organisation's investigations on improving patient safety. It was recognised that the growing body of evidence generated through HSSIB's work is strengthening understanding of safety risks and contributing to improvements across the healthcare system.

Since the last Board meeting reports have been published including online prescribing, insulin administration and regional care pathways and just last week an interim report on electronic referrals focusing on advice and guidance.

HSSIB had strongly advocated for an active role in the development of the NHS England Quality Strategy. It was noted that the organisation is keen to work collaboratively with colleagues across the health and care system to ensure that patient safety remains a central component of the strategy as it evolves. The Board recognised the importance of influencing the strategy's development and welcomed the continued focus on embedding patient safety at the core of future quality improvement and service transformation initiatives.

The Chair reported on a recent meeting with representatives from the New Hospital Programme. It was noted that there was strong enthusiasm for HSSIB’s approach to

safety management, with particular interest in the organisation's systems-based methodology.

ITEM 3.2 SENIOR LEADERSHIP TEAM (SLT) REPORT

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

Chief Executive Officer

RB highlighted significant changes across the health system. Starting with a new Secretary of State for Health and Social Care, the Rt Hon Yvette Cooper MP. There is also a new team of ministers in the Department of Health and Social Care (DHSC). Dame Diana Johnson is now responsible for patient safety. There were also changes in senior leadership in DHSC/NHS England. Professor Frankie Swords has been appointed as the new National Medical Director, with an introductory meeting in place, and Jacob Lant as the new National Director of Patient Experience. RB has written to all the new ministers and the Secretary of State, who has responded.

Changes to the Care Quality Commission (CQC) were outlined. Rabbi Baroness Julia Neuberger DBE has been named as the preferred candidate for the next Chair of CQC and Emily Miles has been appointed as the new Chief Executive Officer.

RB shared that the organisation had a successful team away day in Leeds, this was an opportunity to celebrate the work that had been undertaken in the last 6 months and share learning. All participated in active bystander training which was a very helpful session.

RB was delighted to meet the Patient Safety Commissioner for Scotland, Karen Titchener, and discussed shared learning moving forwards. NW has also been giving support to the Patient Safety Commissioner team, and was delighted to welcome a member to the HSSIB Human Factors Forum in August.

International credibility continues, RB took part in a podcast with some anaesthetists in Canada with a special interest in systems thinking. They have previously covered HSSIB's 'retained swabs' report in a podcast and are highly interested in our work.

HSSIB's Investigations continue to be very well received and generate interest across the healthcare specific publications and regional and national media outlets.

In addition to our investigations, we have also been proactively responding to national strategic publications, including the Amos review, Ockendon report and the Quality Strategy for NHS-funded Care in England. Five blogs were also published to support organisational learning and engagement, covering mental health and patient safety, healthcare quality and safety, human factors and ergonomics, organisational culture, and the future of patient safety.

It has been a very busy August, with lots of visibility and press coverage, including the publication of online prescribing, insulin administration and regional care pathways

and the advice and guidance report. RB also announced a new investigation exploring the use of ambient voice technology, supported by a Safety AI framework, which has received positive feedback.

The team is working collaboratively with NHS England and the DHSC on the Recommendations Hub, with a particular focus on mental illness. To date, 108 relevant recommendations from 2022 have been identified, and work is underway to assess the associated costs and implementation considerations. The recommendations principles had not yet been published, RB emphasised the importance of issuing the guidance at the earliest opportunity to support timely implementation and understanding across the system.

Integrated Investigations Function update

Psty expressed thanks to the Communications and Engagement team for their efforts in raising the external profile of the organisation's work. It was noted that a number of operational factors had contributed to this activity, including the public communication of investigation scoping, which had been met with a positive response. Psty emphasised the importance of continued engagement with stakeholders, particularly in relation to investigation topics, to support transparency, understanding and collaboration across the system.

The team have recently developed improved intelligence review processes to support the investigation selection and have continued to build upon this to assess new and emerging concerns. These new approaches have worked well and helped to ensure investigations address national strategic priorities wherever possible and has already generated some very important topics for potential investigation, including ambient voice technology, perinatal mental health, medication administration in care home settings, surgical safety, antibiotic prescribing, VTE, and more recently mental health related homicide and placenta accreta syndrome.

An event is being held in London in October, to bring together stakeholders to hear experiences relating to learning disabilities. Lord Scriven will be a key speaker at the event.

Psty thanked colleagues for their work in relation to the Amos Report, a number of colleagues were seconded to provide investigation expertise. HSSIB are now represented in one of the expert recommendation groups thats sits within the maternity and neonatal taskforce. It was reported that proposals had been developed and presented to DHSC to respond to the Amos recommendations; for example, HSSIB have developed a proposal to deliver a national, specialist training programme for maternity; we await a response from DHSC.

An update was also provided on research and innovation activities, including work relating to safety science and safety investigation interviews. The Board noted the proactive programme of work underway to support both national and international investigations.

PSty welcomed the outcome of a successful recruitment campaign, which attracted a high volume of applications and demonstrated strong interest in the organisation. It was noted that two appointments had been made to the new roles with further interviews to take place in September.

Business Services

SC highlighted the procurement of HSSIB's replacement Investigations Management System (IMS) continues to experience delays. Following further issues identified during the commercial process, the position has been escalated with DHSC and we are working closely with commercial colleagues to agree an appropriate route to conclude the procurement. Discussions are ongoing to agree the next steps and timetable, and the position will continue to be closely monitored and escalated as necessary.

The 2025/26 Annual Report and Accounts were successfully laid before Parliament on 16 July 2026. This was slightly later than originally planned due to delays in completing the ministerial review process.

Work continues at pace to secure replacement IT provision ahead of the cessation of HSSIB's current NHS England IT services on 30 September 2026. Following discussions with CQC and its third party IT provider, the current plan is for HSSIB to contract directly with this third-party in the first instance, with transition to CQC arrangements considered at a later stage once the future organisational position is clearer. The Chair noted it was disappointing that CQC are unable to support our IT provision.

The Public Office (Accountability) Bill, also known as the Hillsborough Bill, proposes a new legal duty of candour and assistance for public authorities and officials in relation to inquiries, inquests and specified investigations. SC stated HSSIB has obtained legal advice on the potential implications of the Bill, particularly in relation to our statutory protections for information obtained during investigations. Based on the Bill as currently drafted, the advice indicates that HSSIB's existing protected disclosure arrangements under the Health and Care Act 2022 would continue to apply and that the new duty would not appear to require HSSIB to proactively disclose protected material outside the limited circumstances already provided for in legislation.

HR continues to develop HSSIB-specific policies, with a new Flexible Employment policy introducing greater flexibility and supporting work-life balance. Employee records and assurance processes are being updated, alongside preparations for the future workforce system transition.

In response to staff feedback, further Equality Diversity Inclusion initiatives and training have been delivered, with additional workshops planned. Sickness absence is expected to reach a two-year low, while appraisal and training compliance continue to improve.

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ITEM 3.3 PERFORMANCE REPORT

An Executive summary of the performance report for Q1 was provided, highlighting the following:

The fundamental changes have been made to reflect the updated changes to the KPI's as approved by the Board for 2026/27, including removal of the education dashboard, to be replaced by the new metrics to reflect the Business Investigation Excellence Strategy. The new KPI aims to publish 70% of investigations within 12 months of launch. It was noted it will take some time for the data to reflect the impact of introducing this KPI; this is because reports currently being published were launched prior to the KPI being introduced.

Data for investigations remained positive, with activity levels and productivity continuing to meet agreed targets. Additional insight was provided on the topics currently being explored, including investigations scheduled for publication in the next quarter.

The Board noted that work is continuing to monitor the implementation of safety recommendations issued since 2024. A further project is being launched to review recommendations made since 2017, with the aim of assessing the broader impact and influence of HSSIB's work on patient safety improvement.

MC commended the progress made in building investigation capacity and sought clarification on when supporting performance data would become available. PSty advised that the relevant data is expected to be available and reported in the next quarter.

MLW commented that the report was comprehensive and welcomed the level of detail provided. However, she queried whether the risk tolerance slide was appropriately positioned within the report and suggested it may sit more effectively within the dashboard. MC expressed support for the dashboard approach and proposed the inclusion of an additional slide presenting a red, amber, green (RAG) overview of the risk profile, together with a risk trend graph to illustrate movement over time.

Action: Governance risk to be separated from the performance report.

KE, drawing on their clinical governance experience, sought assurance regarding the effectiveness of HSSIB's recommendations, noting concerns about the ability of acute trusts across the country to implement improvements in practice.

RB thanked KE for their involvement in the investigation and advised that HSSIB continues to monitor and follow up recommendations until satisfactory action is underway. Where progress is considered insufficient, matters are escalated as appropriate. RB noted that this work aligns with the development of the Recommendations Hub, which aims to strengthen national oversight, prioritisation and transparency of recommendations following publication. It was also noted that the

National Quality Board (NQB) monitors recommendations across the system to support implementation and ensure progress is tracked.

KE welcomed this approach, commenting that while it was encouraging to know that the issues identified were not isolated experiences, the findings also highlighted wider systemic challenges within mental health services.

The Chair emphasised that recommendations should remain at the core of HSSIB's investigations and highlighted the importance of broader patient safety learning activity, aligned with the Business and Improvement Plan. The Chair noted the need to increase visibility and impact at a local level and advised that the impact assessment project is expected to report by January, supported by dedicated KPIs to enable evaluation of outcomes and influence.

The Board further noted ongoing work to strengthen the recommendations process in order to promote learning and improvement across the healthcare system. It was also observed that a number of investigation findings had identified gaps in undergraduate education and training.

Action: JB/HAC to invite KE to the November Board meeting.

ITEM 3.4 DEPARTMENT OF HEALTH AND SOCIAL CARE SPONSOR TEAM REPORT

BW provided an update on recent government changes, noting that a new administration had taken office at the beginning of the summer. Parliamentary recess had limited activity during the summer period, although Ministers were expected to return the following week.

The Board noted the appointment of the new Secretary of State and junior ministers, including Dame Diana Johnson, who holds responsibility for patient safety and HSSIB. BW advised that an introductory meeting involving HSSIB was scheduled for the following week, with a further introductory meeting for TB and RB also to be arranged.

Progress of the bill continues, noting that it had nearly completed its passage through the House of Commons and was awaiting the Report Stage. No amendments affecting HSSIB had been proposed to date. Subject to parliamentary timelines, the bill is expected to progress to committee Stage in the House of Lords in early October.

The Board noted that there had been no developments directly impacting HSSIB. BW further advised that the Secretary of State's immediate priorities include the development of a single patient record, the NHS England merger, and matters relating to Healthwatch.

BW advised that detailed planning discussions between HSSIB and the CQC have been deferred until the relevant legislation has completed its passage through Parliament, including consideration by the House of Lords, which is anticipated in October.

BW also acknowledged the significant contribution made by HSSIB across a range of programmes and initiatives, including support for the transition to the CQC, the AMOS secondments programme and the development of the Recommendations Hub. It was noted that HSSIB's leadership and collaborative approach in these areas has been recognised and valued within the Department.

The Chair emphasised the importance of establishing an early engagement with Dame Diana Johnson and requested that an introductory meeting be arranged at the earliest opportunity.

ITEM 3.5 AUDIT & RISK ASSURANCE COMMITTEE UPDATE

PSch provided highlights from the Audit and Risk Assurance Committee (ARAC) meeting held on 10 June 2025, noting that the meeting was well attended. The Board noted the successful submission of the Cyber Assessment Framework, which achieved a 100% assessment score, and PSch thanked SG and colleagues for their contribution to this achievement.

The Board further noted that cyber security remains a key organisational risk. PSch reported a recent cyber incident involving a third-party supplier, Canvas, which resulted in a data breach and the compromise of user details. All affected users have been contacted. A more detailed review of the incident and lessons learned will be undertaken at a future ARAC meeting.

The Board noted that there had been no movement in the Operational or Strategic Risk Registers since the previous reporting period. It was further noted that the Transition Risk remained on the register with a risk score of 12.

The organisation remains on course to achieve a break-even financial position. It was also noted that the Scheme of Financial Instructions had been updated to transfer the Senior Information Risk Owner (SIRO) responsibility to SC, and this change had been formally approved.

The Government Internal Audit Agency (GIAA) had issued a Moderate opinion for 2025/26. It was further noted that plans are being developed to undertake a concurrent audit of both HSSIB and the CQC, which would provide valuable assurance regarding organisational readiness for the proposed transition. This approach remains under review and, should it prove unfeasible, alternative arrangements will be considered.

The National Audit Office's provided the external audit completion report for 2025/26, including the draft audit certificate and letter of representation. Subject to completion of the remaining audit work, no evidence of management override of controls had been identified and no significant issues had arisen from the review of key audit risks, including the implementation of ISFE2.

The Annual Report and Accounts had been laid before Parliament on 16 July, thanks was acknowledged to the team for their work in delivering the publication. It was further

noted that planning for the 2026/27 Annual Report and Accounts would commence over the coming month.

The Board was advised that the Cyber Strategy would be presented at the November Board meeting and requested that the report include assurance regarding cybersecurity arrangements provided by third-party suppliers.

ITEM 4 DECISION/ APPROVING ITEMS

ITEM 4.1 BUSINESS PLAN

The purpose of the paper was to seek Board approval of the refreshed 2026/27 Business Plan and endorsement of the associated governance and performance monitoring arrangements.

SC highlighted the following items:

The plan has had a refresh rather than a change in strategic direction and remains structured around our five existing strategic themes. The objectives have been reviewed and activities underneath those themes to reflect progress since the previous iteration, our current priorities and the environment in which HSSIB is now operating.

HSSIB have had to balance continued organisational development with the uncertainty around transition. Transition to CQC remains Government policy, but the detailed timetable and arrangements remain uncertain. The plan therefore avoids putting HSSIB into a holding pattern: it continues activity that will improve our investigations, our impact, Building Investigation Excellence, our people and our organisational infrastructure, while also maintaining readiness for transition and business continuity.

The Business Plan has strengthened as a delivery and accountability framework. Previously, it primarily described objectives, activities and outputs. Executive and Delivery Leads, target timescales and key dependencies and resource considerations have now been added. The intention is to provide a clearer line of sight between our strategic priorities and delivery, without turning the Business Plan into a detailed project management document.

There is also clarified governance around the plan. Following approval, objectives will be translated where relevant into team and individual objectives. Progress will be reported quarterly through SLT and Board, with reporting focused particularly on delivery against outputs and timescales and on risks, dependencies, delays and corrective action where required. The intention is that the Business Plan remains live. If the transition timetable or wider operating environment changes materially, HSSIB will revisit priorities rather than continue to deliver a plan that no longer reflects the organisation's circumstances.

Decision: The Board Approved the Business Plan and governance arrangements.

Health Services Safety Investigations Body

ITEM 5 INFORMATION/ ASSURANCE ITEMS

ITEM 5.1 BUILDING INVESTIGATION EXCELLENCE

The Board received an update on progress against the organisational strategy, which has been developed over the past 12 months. It was noted that delivery remains on track overall, with continued prioritisation of key methodologies to support implementation.

Significant progress has been made across several strategic areas. This includes a successful recruitment campaign to strengthen organisational capacity and capability to deliver the strategy, alongside ongoing development of the knowledge exchange programme.

The Board noted the substantial work undertaken to review and refresh learning materials from the previous education programme. Particular thanks were extended to NW for their contribution to this work, incorporating a series of new educational videos which are due to be launched shortly. Quality assurance arrangements remain robust, ensuring the continued delivery of high-quality learning resources. RB commented that the videos were highly professional and informative and encouraged Board members and colleagues to view them via the HSSIB YouTube channel.

The Board noted the successful delivery of the internal BIE day, which brought colleagues together to review priorities and identify future opportunities. Members heard that the event provided a positive forum for collaboration, strategic alignment, and the prioritisation of key areas of work.

The Board welcomed the development of comprehensive communications and engagement plans to support the programme and noted ongoing work to promote materials more widely. Feedback received from stakeholders is being used to inform further development and continuous improvement of the programme and its outputs.

The Accessible Resources and Knowledge Exchange platform is scheduled to go live on Tuesday. Assurance was received that, despite some delays, appropriate measures have been taken to manage risks relating to the quality of resources and organisational capacity. The Board was advised that maintaining high-quality outputs remains a priority and that controls are in place to support a successful launch and ongoing delivery.

MC sought assurance regarding how awareness of the resources would be promoted and how engagement would be monitored. The Board was advised that a comprehensive communications and engagement plan is in place, including promotion through social media channels. A six-month Instagram pilot is underway, alongside engagement through a range of patient safety forums and networks, providing opportunities to promote resources and gather stakeholder feedback.

Members noted that while some audience reach and engagement metrics can be monitored, current measures are limited. To strengthen oversight and improve data capture, a new learning database has been developed, providing greater control and insight into user engagement. The Board noted that the database is scheduled to be launched next week.

It was queried whether the transition to the CQC presents an opportunity to extend the reach and impact of HSSIB's work while maintaining the organisation's identity. The Board was advised that the potential benefits have not yet been fully explored; however, there are significant opportunities to support the CQC in the development of its operating approach and to provide expertise that strengthens the regulator's capability in safety investigations.

The Board noted ongoing work relating to targeted capability building across the healthcare system, including consideration of options and a direct proposal to DHSC following the AMOS report. This work is intended to support the development of investigation capability within maternity services and contribute to the delivery of wider patient safety recommendations. Members heard that HSSIB is well placed to provide specialist expertise to the CQC, including support for recommendations relating to investigation training and capability development.

The Chair commented that the proposal was particularly strong and had the potential to deliver significant and far-reaching impact across the healthcare system.

MC welcomed the introduction of impact measures and suggested that future reports would benefit from the inclusion of a clear timeline setting out planned activities, delivery milestones, intended outcomes, and associated impact measures, enabling the Board to track progress more effectively over time. It was noted that the metrics and reporting framework will continue to evolve as the programme develops.

RB commended the team for the significant progress achieved, noting the considerable work delivered within a challenging timeframe and with limited resources. The Board recognised the team's commitment and contribution to advancing the programme.

Action: PSty and MC to discuss the format and content of future reports.

ITEM 5.2 INFORMATION GOVERNANCE ANNUAL REPORT

SG informed the Board that between 1 July 2025 and 30 June 2026, HSSIB received two Subject Access Requests (SARs). One request was responded to within the statutory one-month timeframe, while the second was closed due to the requester not providing the required identification evidence.

The Board further noted that HSSIB received 23 Freedom of Information (FOI) requests during the reporting period. All requests were responded to within the timescales set out in the Freedom of Information Act 2000. Given the relatively low volume of requests received, no clear trend in subject matter was identified.

Five information incidents were recorded during the reporting period. Four incidents involved incorrectly addressed emails and were classified as near misses, with no sensitive information disclosed. One incident resulted in a minor information breach involving the unintended disclosure of a colleague's name and assignment number. All incidents were managed in accordance with the HSSIB Information Incident Management Policy, recorded in the central Information Incident Log, and none met the threshold for notification to the Information Commissioner's Office.

Board members discussed the potential risks associated with email auto-fill functionality and suggested reviewing its use as a preventative measure against misaddressed emails. It was noted that access to NHS email systems could assist with identity verification processes. SG noted that no recurring trends had been identified in information incidents and that overall incident levels remained low.

The Board also received an update on information governance training compliance, which had reached 90% completion.

Action: SG to explore options for obtaining access to NHS email systems to support and strengthen identity verification processes.

ITEM 5.3 STAFF SURVEY – UPDATE ON ACTIONS

KR joined the meeting.

JB provided an update on the staff survey undertaken in September. The results were shared with staff, and a dedicated task and finish group was established to develop and oversee improvement actions. The resulting action plan was presented at the staff away day in March, and significant progress has since been made in implementing the agreed actions. Members noted that a further update would be provided at the September staff away day, where a Mentimeter exercise would be used to gather staff feedback and identify additional ideas for improvement.

MLW sought assurance on staff wellbeing and organisational culture in light of the ongoing uncertainty. PSch highlighted the July team away day and reported that staff morale felt positive overall. JB noted that the introduction of quarterly staff away days had strengthened engagement and cohesion across the organisation.

RB emphasised the importance of maintaining a strong organisational culture and continuing HSSIB's ambition to be an exemplar organisation in this area. The Board noted the positive improvements achieved over recent years and agreed that the organisation should remain focused on listening, learning, and developing collectively as a team.

ITEM 6 CLOSING ADMINISTRATION

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ITEM 6.1 BOARD FORWARD PLANNER

The forward planner was shared with the Board.

RB advised that a Board Effectiveness Review would be undertaken, noting that two internal reviews had already been completed. In line with best practice, which recommends an external review every three years, DHSC had agreed to support an external review and options were currently being explored. It was agreed that Board effectiveness would continue to be considered through future Private Board discussions.

Action: HAC to incorporate BIE updates on an ongoing basis to the Board Forward Plan.

ITEM 6.2 ANY OTHER BUSINESS

RB thanked Elaine Colomberg for her contribution and support during her time with the organisation and extended the Board's best wishes for success in her new role.

ITEM 6.3 CLOSE OF FORMAL MEETING

TB thanked all attendees for their contributions.

The next Board meeting is scheduled to take place on 26 November 2026 in London, the venue is to be confirmed.

The meeting formally closed at 12:45hrs.

QUESTIONS FROM PUBLIC ATTENDEES – nil

HSSIB Board Meeting Action Log

Health Services Safety Investigations Body

ID	Date Raised	Owner	Title	Detail	Update	Outcome	Target Date	Private/P	Status
84	27/08/2026	Stephen Carruthers	Risk update (Performance Report)	Governance Risk to be separated from the performance report.	Risk has been removed from the performance report moving forward as this is already available under the risk update to board. We are continuing to review all performance data to ensure it adds value to the board.	Action proposed to close.	26/11/2026	Public	Completed
85	27/08/2026	Julia Blomquist	Board Attendance	Invite KE (member of the public) to the November Board meeting	KE has been invited to the February 2027 meeting.	Action completed and proposed to close.	26/11/2026	Public	Completed
86	27/08/2026	Philippa Styles	Building Investigation Excellence	Discuss the format and content of future reports with Mary Cunneen.	Emails have been exchanged, but were unable to meet due to diaries. If a call is still required this can be arranged.	Action proposed to close.	26/11/2026	Public	Completed
87	27/08/2026	Stephen Carruthers	Information Governance	SG to explore options for obtaining access to NHS email systems to support and strengthen verification processes.	Ongoing - To update in Board meeting		26/11/2026	Public	
88	27/08/2026	Julia Blomquist	Foward Plan	Incorporate Building Investigation Excellence updates on an ongoing basis.	Added to the Board Forward Plan.	Action completed and proposed to close.	26/11/2026	Public	Completed

Public Board - Decision Log

Last Updated: Aug 2026

Decision No.	Decision Details	Date Decision Made
1	The Board approved the final 2025/26 revenue and capital budgets and supported the strategy of non-recurrent investment to support flexibility in future years.	01/05/2025
2	The Board ratified the decision to approve the key performance indicators as discussed at the last Board Development Day.	01/05/2025
3	The Board approved the Scheme of Delegation.	01/05/2025
4	The Board approved the Declaration of Interest policy.	31/07/2025
5	The Board approved the definition of missed KPI for target publication date.	26/11/2025
6	The Board approved the 'Building Investigation Excellence' Strategy.	26/02/2026
7	The Board and Committees Terms of References were approved (subject to ARAC requiring further amendments).	26/02/2026
8	The Board approved the Board Effectiveness Action Plan.	26/02/2026
9	The Board agreed to amend the proposed KPIs by introducing a new KPI relating to publication timelines, and removing the education KPI.	28/05/2026
10	The Board approved the Business Plan and governance arrangements.	26/08/2026

Health Services Safety Investigations Body

Senior Leadership Team (SLT) Report

November 2026

Chief Executive Officer update

On 21 October 2026, Baroness Merron wrote to Peers tabling an amendment to remove the sections of the Health Bill relating to HSSIB. This means that the decision to abolish HSSIB and move its functions to the Care Quality Commission (CQC) has been halted and we will continue to function under our existing legislation. I would like to take this opportunity to thank all of the HSSIB team for their professionalism and dedication to patient safety over the last 18 months which has created significant uncertainty for them. This period of time has also given us an opportunity to raise the profile of our work, and we are grateful for the support we have received from a wide range of people and organisations across the healthcare system.

As a result of these changes, we are now starting the process of developing a new strategy for the organisation, building on the learning we have had from the first three years of HSSIB. We will also be reviewing our investigation criteria and framework agreement with the Department of Health and Social Care (DHSC).

The Thirlwall Inquiry was published on 15 September 2026 (The Report | The Thirlwall Inquiry), examining failures at the Countess of Chester Hospital NHS Foundation Trust following Lucy Letby's convictions. It is sobering reading, and the learning from this inquiry is relevant to all aspects of healthcare. The Inquiry report has a chapter about HSSIB, recognising the importance of the independent function we have for safety investigation. Following the publication of the report, I was interviewed on Sky News, BBC News, Radio 5 Live, Leading Britain's Conversation (LBC) and Greatest Hits Radio to discuss the findings.

Since the last Board meeting, I have been invited to speak at many events including –

- Professional Standards Association (PSA) policy forum
- SafetyNet Webinar on World Patient Safety Day
- HM Prison and Probation Service (HMPPS) event on building a culture that prevents, learns and improves
- Health Service Journal (HSJ) Safety Leaders Exchange
- Guys and St Thomas' Advanced Patient Safety Conference
- Digitial Clinical Excellance (DiCE) webinar relating to independent prescribing
- All-Party Parliamentary Health Group (APHG)/PSA Westminster event regarding learning from inquiries
- NHS Alliance Quality and Safety Network
- Royal College of Physicians (RCP) patient safety committee

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I have also attended a two day HSJ summit about implementation of the NHS 10 Year Health Plan, and the World Health AI summit.

Ted and I attended the annual CQC state of Health Care and Adult Social Care Launch on 23 October 2026. This year's state of care (The state of health care and adult social care in England 2025/26 - Care Quality Commission) talked about the growth in demand on services, inequalities, workforce pressures and the fragility in the funding model for local authority provision in adult social care services. Ted and I met with the new CQC chair, Baroness Julia Neuberger DBE, and the new CEO, Emily Miles. We will be meeting them again in the near future for a longer conversation about how we work with the CQC going forward to improve patient safety.

Integrated Investigations Function update

Since our last Board meeting, we have published reports exploring electronic referrals, mental health crisis care, self-administration of insulin and the use of lithium for bipolar disorder. Our reports have continued to receive strong national and trade press interest and have been supported by national organisations including NHS bodies, charities and patient advocacy organisations. We have continued to use learning from our reports to collaborate with national awareness events, including a recent blog by our Safety Investigator Cherry Lumley to support World Diabetes Day.

In September, our new operating model went live with several colleagues moving into new roles to support our Building Investigation Excellence strategy, including our newly formed operations hub to enhance our organisational delivery. In addition, we have now completed our planned recruitment and have welcomed new colleagues into our team: Abi Holmes has joined us as our Digital Programme Design Manager, and Jess Nesbitt has joined as an Operations Coordinator. We will also have 5 new Safety Investigators (Trainer) join us in January at which point we will be fully established, and to support the team we have enrolled those who undertake training on a Level 3 award in education and training.

Whilst undertaking these significant developments, we are delighted to have launched our new Knowledge Exchange in September; our YouTube channel currently hosts our new learning materials to support professional patient safety investigators. This was a significant milestone for our team having designed the new strategy and operating model. Within a matter of weeks, our first materials have been viewed over 600 times and we've received positive feedback regarding their content. To increase our reach, we also launched our new Instagram channel and within 6 weeks we had over 100 followers.

We are currently developing further materials to add to our knowledge exchange, whilst underpinning the development with human centred learning design principles. These principles help ensure we remain focused on who our learners are, and identifying their needs to help build our professional development offer, not only

through our Knowledge Exchange but through targeted support, professional leadership and system convening as a cohesive offer to the wider healthcare system.

In October, members of our investigation and business services teams planned, designed and delivered a hugely successful listening event to hear from people with a learning disability regarding their experience of contacting primary care and NHS 111 services when there is a deterioration in their medical condition. Lord Scriven, who has lived experience, kindly attended the event to give an opening address. Our team worked very closely with Learning Disability England to ensure our event provided compassionate and inclusive opportunities for everyone to share their lived experiences.

It's vital we continue to ensure the voices of patients, families and healthcare staff inform our work, and further listening events have been facilitated to hear people experiences in relation to investigation topics including Placenta Accreta Spectrum and Surgical Safety.

Our team remain very present externally in the world of safety science in a number of ways. We are supporting as an associated partner in SafetyInvest, and a funding bid for a European PhD programme around safety investigation has now been reviewed and is ready for submission. Our Investigators continue to submit and publish academic papers; Clare Crowley, Senior Safety Investigator, has submitted two academic papers to the Safety Critical Systems Symposium and the International Ergonomics Association Conference. Saskia Fursland, Senior Safety Investigator, spoke at the Healthcare Fatigue Forum this month to update a year on from our fatigue report. In addition, a project in relation to investigative interviewing training is now funded and HSSIB will be participating in a pilot in early 2027.

We continue to prioritise the need to better articulate our impact. Earlier this year we established a workstream to develop HSSIB's Theory of Change, accompanied by a set of impact measures and KPIs. Colleagues from across our team have continued to engage with, and contribute to this work and we remain on track to complete this work in December.

Colleagues have also been providing significant input into the design of our new case management system. This new platform will enhance our investigation processes, our communications and engagement with stakeholders and our impact. The platform will incorporate CRM functionality as well as make our operational processes and performance reporting more efficient. We are also continuing to explore how the use of technology can enhance operational processes and personal efficiency.

Looking forward, in January we will undertake our annual intelligence review process, working with national stakeholders to identify strategic patient safety concerns and how HSSIB investigations could identify new learning. We look forward

to working with colleagues across the health and care landscape, and to updating Board in due course.

People update

We are beginning to explore alternate providers for an HR shared service to replace the current provision we sourced from the NHS BSA who have issued notice to HSSIB, along with many other ALBs. We will continue to explore all options including alternative HRSS providers, bringing more transactional work in-house, and being mindful that ESR is being replaced by a new NHS-wide system in the next 2-3 years.

In September we engaged an external facilitator to run workshops for all staff on Disability Awareness and Inclusion. We also arranged for an external facilitator to run an introduction to Emotional Intelligence session at the September away day. A workshop on Psychological Safety is planned for the December all-team away day. These continue our series of workshops enhancing knowledge and experience of a range of equality, diversity and inclusion topics.

An HSSIB Equality, Diversity, Inclusion and Belonging Policy was approved by SLT, and sets out our commitment to a respectful, diverse and inclusive workplace where individuals can be themselves and thrive at work. It also covers the new legislative requirements for employers to take all reasonable steps to prevent sexual harassment, and the harassment of employees by third parties.

We have four trained Mental Health First Aiders (MHFA) at HSSIB now and will promote this role to colleagues, including what MHFA can do to support and signpost, in the new year.

Following feedback from colleagues at the September away-day, on 9 November we launched an employee survey so that employees can share their experiences of working at HSSIB, through a series of set questions and a few direct follow up questions. There is a free-text comment box for any other feedback or comment. The survey will close on 25 November 2026 and the responses will be presented at the away-day on 11 December 2026.

SIRO Update – Information Governance and Cyber Security

Monthly SIRO meetings continue to provide oversight of HSSIB's information governance and cyber security arrangements, including information incidents, emerging risks, compliance and progress against cyber improvement activities. These arrangements provide a regular mechanism for reviewing information risks and escalating matters requiring further attention.

HSSIB has successfully secured £137k through the 2026/27 Cyber Improvement Programme to further strengthen our cyber security and organisational resilience. Following this award, we were invited to submit a further funding application, which has now been completed and submitted. We await confirmation of the outcome. This

investment forms part of our ongoing commitment to improving cyber security and maintaining appropriate safeguards for the sensitive information held by HSSIB.

A significant development has been the completion of HSSIB's first Cyber Security Strategy, which sets out our approach to managing cyber risks, strengthening governance and improving organisational resilience. The strategy has been approved by SLT and is presented separately to the Board for approval at this meeting.

Alongside this, SLT has approved a programme to replace HSSIB's existing laptops, recognising the need to maintain reliable and secure IT equipment capable of supporting modern applications and ways of working. An order has now been placed, with deployment expected to commence in early 2027. The programme will improve staff experience, support productivity and provide a more consistent and sustainable IT environment.

Information governance arrangements continue to be monitored through the SIRO group, including information requests, reported incidents and compliance with relevant standards. Recent reviews have demonstrated continued oversight of these areas, with identified issues managed through established processes and improvement actions progressed as appropriate.

IT Provision

The transition of HSSIB's IT support services from NHS England to a new provider was successfully completed at the end of September 2026, with no significant disruption to services. The new arrangements are operating effectively, providing assurance over the continuity of IT support.

Since the transition, we have worked closely with our new provider to identify and address areas for improvement, alongside supporting the development of our ongoing cyber security improvement proposals.

Following SLT approval, an order has been placed for replacement laptops, with deployment expected to commence in early 2027. The new provider will manage the configuration and distribution of the devices, with planning undertaken jointly to ensure a smooth rollout. No significant delivery risks are currently anticipated.

Finance Update – 2027/28 Financial Planning

The 2026/27 financial position remains on track to deliver a balanced outturn, as reported separately within the performance report.

Initial financial modelling has commenced for 2027/28, considering forecast expenditure against a range of potential funding settlements. This work will continue to be refined as we engage with DHSC to understand the financial planning process and seek greater clarity on HSSIB's likely allocation.

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The planning environment remains challenging, with an indicative pay award of approximately 2.4%, expected unfunded inflationary pressures and a previously signalled 2% reduction in allocation. These factors will need to be considered alongside existing commitments and organisational priorities as we develop a sustainable financial plan for 2027/28.

Internal Audit

Work is progressing across four internal audits within the 2026/27 programme, with reviews at different stages of completion.

A draft report has been received for the Business Planning and Performance Reporting audit, with a **Moderate assurance opinion**. The review recognises improvements made to the 2026/27 Business Plan and the organisation's performance reporting arrangements. The recommendations are broadly in line with expectations and focus on further embedding governance arrangements, strengthening processes and improving assurance over reporting.

The Conflicts of Interest audit has experienced delays due to auditor availability, although fieldwork has now recommenced. We continue to work closely with internal audit to bring the review to a conclusion. The revised timetable means that findings will not be available ahead of the planned launch of the updated Declaration of Interests process on 30 November 2026. Any subsequent recommendations will be considered as part of ongoing improvements to the process.

Preparatory work has also commenced on the Budgeting, Forecasting and Government Procurement Card audit, with draft terms of reference received. This review will consider the effectiveness of financial planning and forecasting arrangements alongside the controls governing procurement card expenditure.

Finally, following changes to the proposed legislative arrangements affecting HSSIB's future, the planned audit of transition risk has been replaced with a review of Records Management. An initial meeting has been arranged to agree the scope and next steps.

HSSIB Board Cover Sheet
26 November 2026

Title of paper	**2026/27 Q2 Performance Report**
Agenda Item	3.3
Action Required	For Approval & Information
Recommendation	N/A
Purpose / Summary	The board are asked to approve the enclosed 2026/27 Q2 Performance Report. The Performance Report was approved by SLT in November. Reading notes: > A title slide has been added to this version. > The appearance has been re-aligned to the brand guidelines and the consistency between graphs has been improved. > A slide showcasing the data related to the launch of HSSIB's Knowledge Exchange in September 2026 is included. This will evolve as more data becomes available on the impact 'Building Investigation Excellence' strategy
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, Operations Manager (Programme Design)
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

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HSSIB Performance Report

01 July – 30 September 2026 (Q2 2026/27)

Health Services Safety Investigations Body

- Exception Notes
- Key Performance Indicators
- Investigations
- Building Investigation Excellence
- Engagement
- Finance
- Governance
- HR and People

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

Exception notes - 2026/27 Q2

The following updates should be noted when reading the 2026/27 Q2 Performance Report;

- While investigations were impacted by the secondments to DHSC for the maternity review, we expect to achieve KPI 1 (number of investigations published) in full in 2026/27.
- KPI 4 (number of investigation published within 12 months of approval date) launched in 2026/27 Q1 and is applied only to investigations launched from 1st April 2026 onwards.
- This is the first Performance Report to include data relating to the 'Building Investigation Excellence' (BIE) strategy. The data presented here relates to the video content HSSIB publishes on YouTube. The metrics used to define the impact of the BIE strategy will evolve and change over time as implementation of the strategy progresses.

KPI 1. Number of investigations published

Achieved this quarter	Achieved YTD	Expected remainder of FY	Expected annual total	Annual target
4 (-3)	11	7	18	18

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	Q2 Notes: While investigations were impacted by the secondments to DHSC for the maternity review, we aim to achieve this KPI in full in 2026/27

KPI 2. Investigations delivered on plan

Achieved this quarter	Achieved YTD	Expected remainder of FY	Expected annual total	Annual target
100% (+0%)	100%	71%	86%	80%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	

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

Achieved this quarter	Achieved YTD	Expected remainder of FY	Expected annual total	Annual target
100% (+0%)	100%	100%	100%	90%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	

Health Services Safety Investigations Body

KPI 4. Investigations published within 12 months of Investigation Approval

Achieved this quarter	Achieved YTD	Expected remainder of FY	Expected annual total	Annual target
100%	100%	100%	100%	70%

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	Q2 Notes: This KPI launched in 2026/27 Q1 and is only applied to investigations launched from April 2026 onwards

KPI 5. Revenue (RDEL) expenditure

Expenditure this quarter	Expenditure YTD	Forecast expenditure remainder of FY	Expected annual total expenditure	Annual budget
£1,522k	£3,177k	£3,134k	£6,311k	£6,311k

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	

KPI 6. Capital (CDEL) expenditure

Expenditure this quarter	Expenditure YTD	Expected expenditure remainder of FY	Expected annual total expenditure	Annual budget
£0k	£0k	£329k (+£149k)	£329k (+£149k)	£500k

Note: Change from previous quarter shown in brackets where applicable

Current Position	Change since last quarter	Notes
On target	↔	

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Investigations dashboard - 2026/27 Q2

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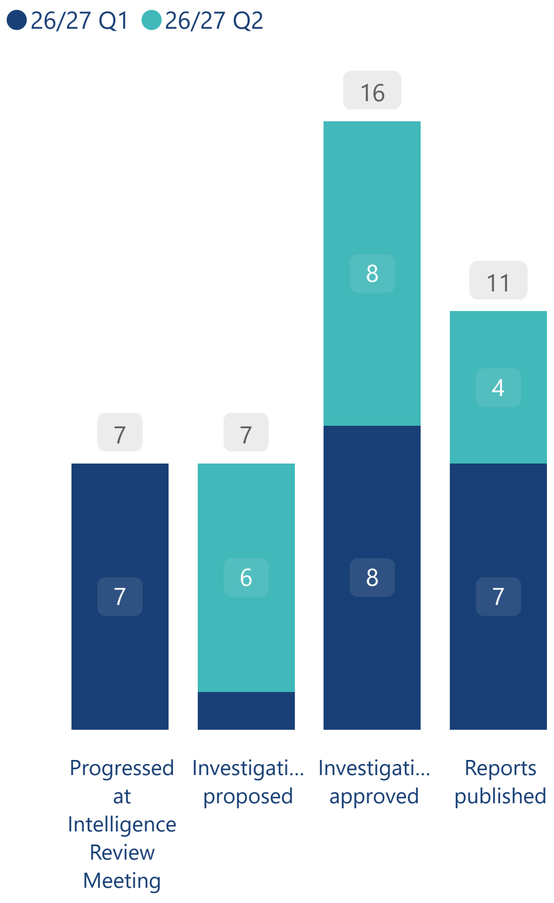


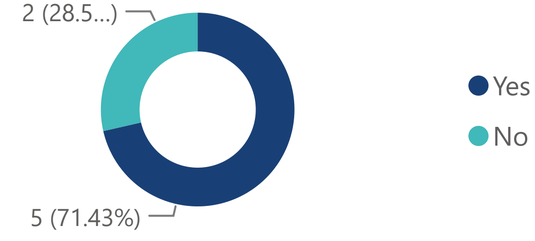
Reports that met publication date this quarter



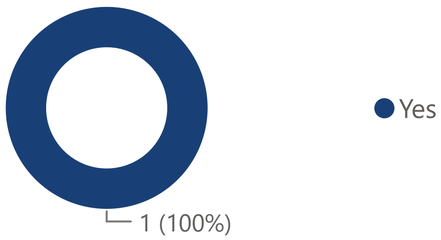
Reports that met publication date YTD



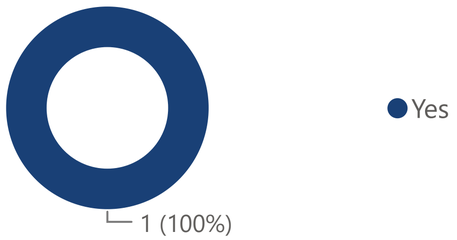
Reports forecast to meet publication date remainder FY



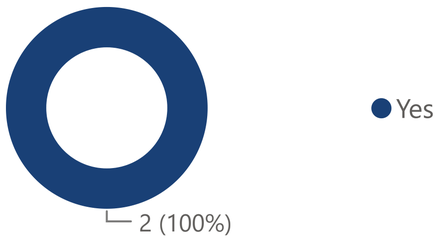
Reports that met 12-month publication target this quarter



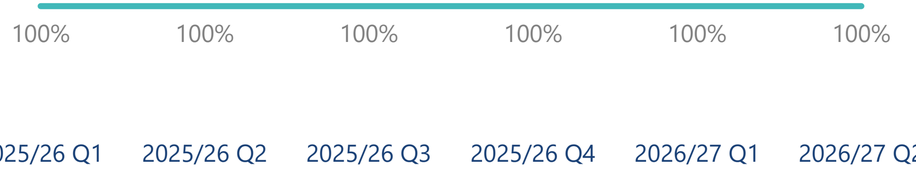
Reports that met 12-month publication target YTD



Reports forecast to meet 12-month publication target remainder FY



Recommendations followed up with agreed timeframe by quarter



20

active investigations

Patient safety insights - 2026/27 Q2

126
Insights received this quarter within HSSIB remit

234
Insights received YTD within HSSIB remit

13
Insights received YTD outside of HSSIB remit

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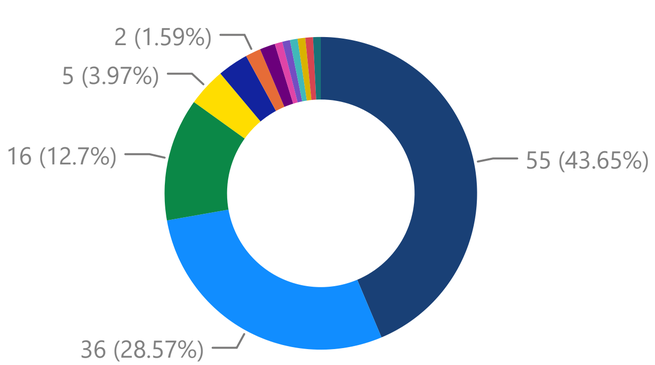
Insights received by FY Quarter

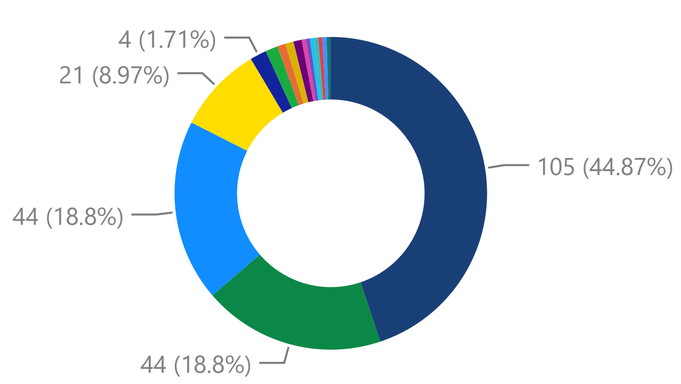


Insights by source this quarter



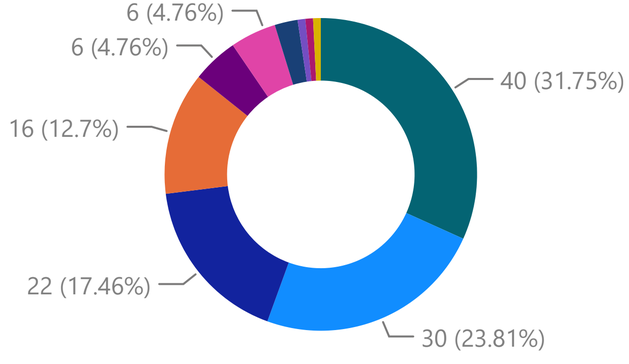
- Patient/family/carer
- Regional Quality Group
- Member of the public
- Healthcare staff
- Advocate (e.g. MP; legal repre...
- Anonymous/unknown
- Third sector (e.g. charities; vol...

Insights by source YTD



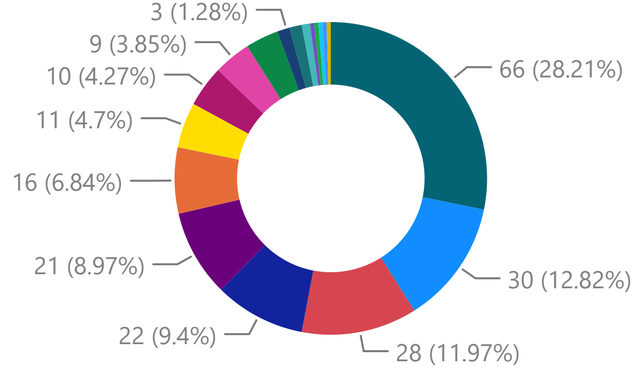
- Patient/family/carer
- Member of the public
- Regional Quality Group
- Healthcare staff
- Advocate (e.g. MP; legal repre...
- Advisory Group (e.g. SALG, E...
- Anonymous/unknown

Insights by service provider type this quarter



- Non-specific
- Acute/physical health (inpatie...
- Mental health (inpatient/com...
- Multiple sectors (cross cutting...
- General Practice
- Other
- Acute/ speciality hospital - in...

Insights by service provider type YTD



- Non-specific
- Acute/physical health (inpatie...
- Acute/speciality hospital - inp...
- Mental health (inpatient/com...
- General Practice
- Multiple sectors (cross cutting...
- Mental Health - inpatient

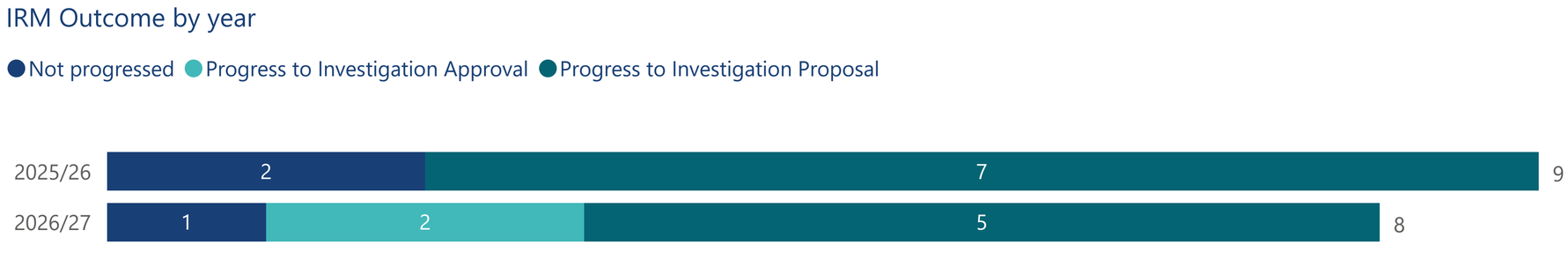
Investigation approval process - 2026/27 Q2

Health Services Safety Investigations Body



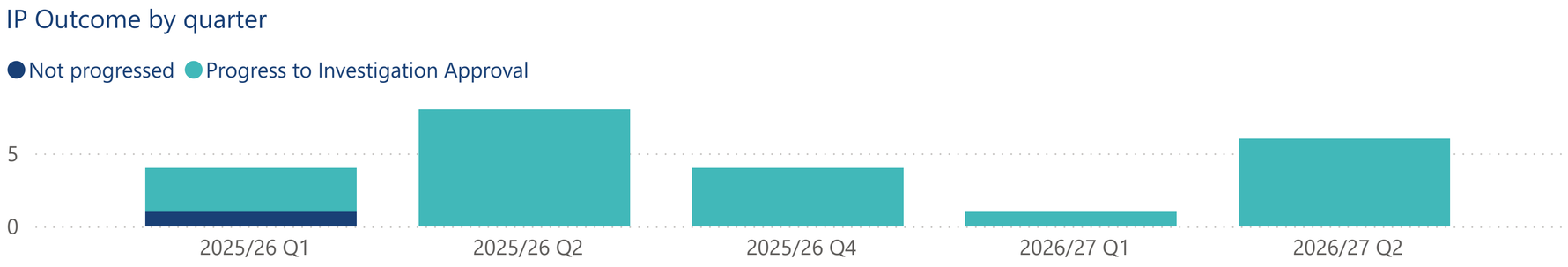
8
Patient safety concerns reviewed at IRM YTD

8
Patient safety concerns progressed YTD



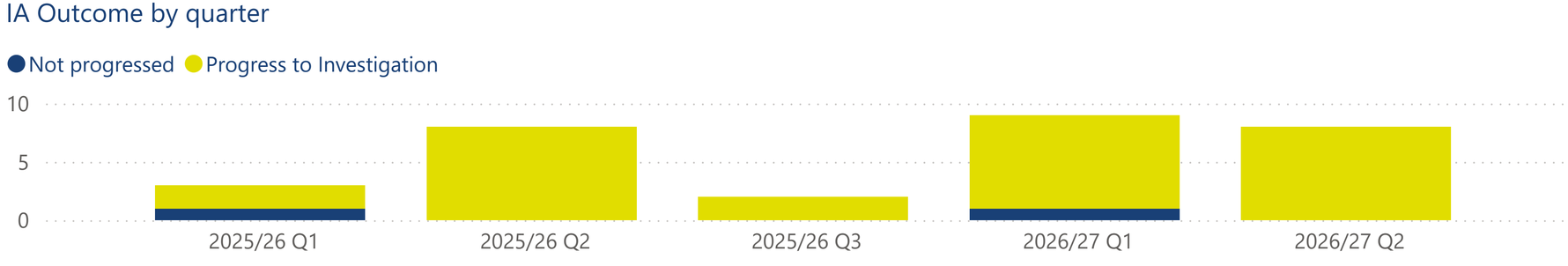
7
Potential investigations reviewed at IP YTD

7
Potential investigations progress to IA YTD



17
Potential investigations reviewed at IA YTD

16
Potential investigations progressed to launch YTD



Investigation reports - 2026/27 Q2

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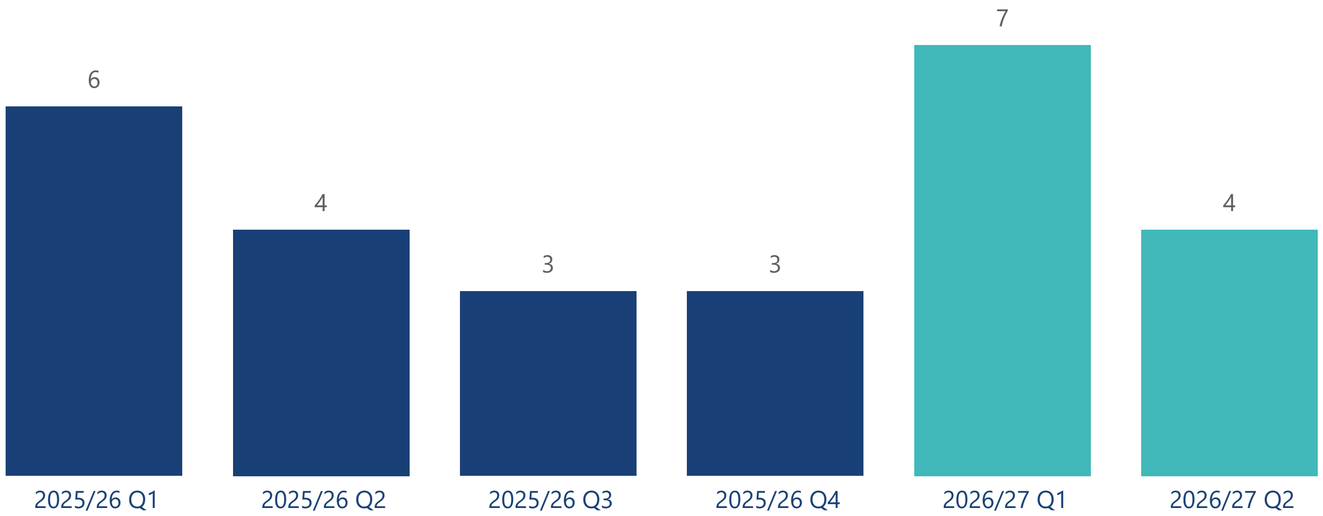
Reports published by quarter



Reports that met publication date this quarter



Reports that met 12-month publication target this quarter



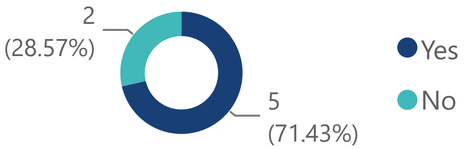
Reports that met publication date YTD



Reports that met 12-month publication target YTD



Reports forecast to meet publication date remainder FY



Reports forecast to meet 12-month publication target remainder FY



Publication FY quarter

All

Investigation type

All

Met target date?

All

Publication FY quarter	Report publication date	Report title	Met target date?	Published within 12 months of IA (by month)?	Rationale for movement
2026/27 Q2	30 July 2026	Mental health: physical health deterioration while under the care of a low secure unit	Yes	N/A - launched prior to KPI	N/A
2026/27 Q2	13 August 2026	Insulin: supporting safe self-administration in vulnerable patient groups in the community - people with a learning disability	Yes	N/A - launched prior to KPI	N/A
2026/27 Q2	18 August 2026	Electronic referrals for ongoing care: advice and guidance	Yes	Yes	N/A
2026/27 Q2	17 September 2026	Mental health crisis care: care of patients in emergency departments	Yes	N/A - launched prior to KPI	N/A
2026/27 Q1	02 April 2026	Healthcare provision in prisons: needs assessments and physical disability access	Yes	N/A - launched prior to KPI	Not included as prior to KPI - Moved from November to April due to impact on team members being seconded to DHSC

Investigation report pipeline - 2026/27 Q2

Health Services Safety Investigations Body

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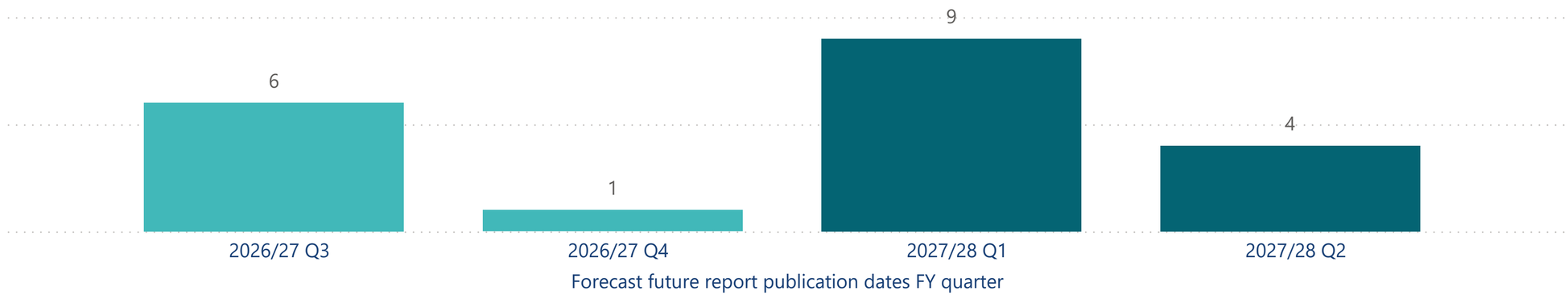
Active investigations



Expected publication FY quarter: All

Investigation type: All

Expected to meet publication date: All

Publication FY quarter	Publication date (month agreed at IA)	Report title	Expected to meet publication date?	Rationale for movement
2026/27 Q3	November 2026	Electronic patient record systems – electronic referrals for ongoing care	No	Moved from November 26 to March 27 due to further Investigation Review
2026/27 Q3	November 2026	Mental health: investigating under the Patient Safety Incident Response Framework (PSIRF): Mental health: self-harm while under inpatient mental health care	Yes	Previously reported tentative publication date of October - now confirmed for November
2026/27 Q3	November 2026	The use of lithium for bipolar disorder	Yes	N/A
2026/27 Q3	October 2026	Insulin: supporting safe self-administration for patients in the community – inequalities in technology and access to care	Yes	N/A
2026/27 Q3	October 2026	Interim report: Electronic referrals for ongoing care: risk of losing patient referrals	Yes	
2026/27 Q3	October 2026	Keeping patients safe: why clear accountability and responsibility matter – a thematic review	No	Further analysis required
2026/27 Q4	February 2027	Electronic patient record systems – risk from loss of functionality	Yes	
2027/28 Q1	April 2027	Medication safety in care homes for older people: moving between care settings	Yes	
2027/28 Q1	April 2027	Mental health crisis: ambulance service response via NHS 111 and 999	Yes	NOTE: date amended from March to April as was reported in Q1 in error
2027/28 Q1	June 2027	Care of children waiting for access to child health community services	Yes	N/A
2027/28 Q1	June 2027	Identifying and supporting mental health problems in children via general practice	Yes	NOTE: date amended from May to June 2027 as reported in

Looking ahead - 2026/27 Q2

Health Services Safety Investigations Body

Investigations/reports to be published next quarter;

- Keeping patients safe: why clear accountability and responsibility matter – a thematic review
- Insulin: supporting safe self-administration for patients in the community – inequalities in technology and access to care
- Interim report: Electronic referrals for ongoing care: risk of losing patient referrals
- Mental health: investigating under the Patient Safety Incident Response Framework (PSIRF): Mental health: self-harm while under inpatient mental health care
- The use of lithium for bipolar disorder

Investigations/reports launched this quarter;

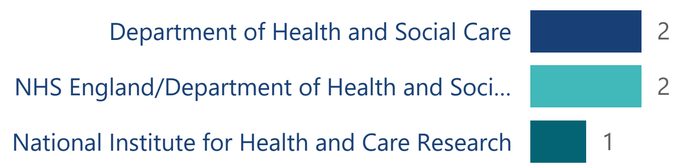
- The use of Ambient Voice Technology in hospitals
- Preventing perinatal mental health deaths: recognition, access and support
- Placenta accreta spectrum: understanding the barriers to timely diagnosis and care
- Medication safety in care homes for older people: moving between care settings
- Medication safety in care homes for older people: omitted time-critical medication
- Medication safety in care homes for older people: PRN (as required) medication
- Medication safety in care homes for older people: health and social care interface

Safety recommendations - 2026/27 Q2

Health Services Safety Investigations Body

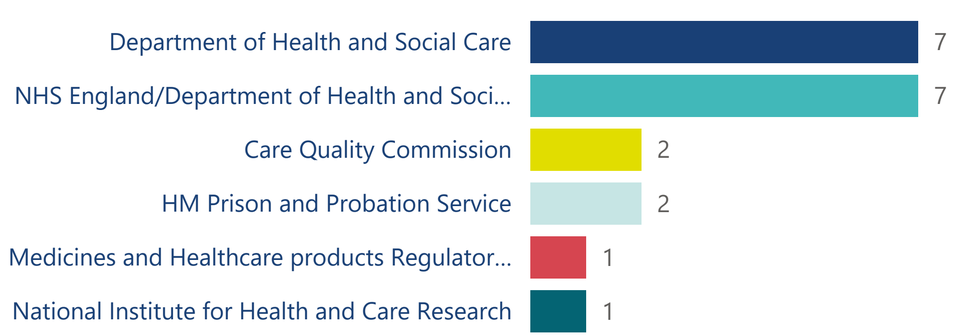
5

Safety recommendations made this quarter



20

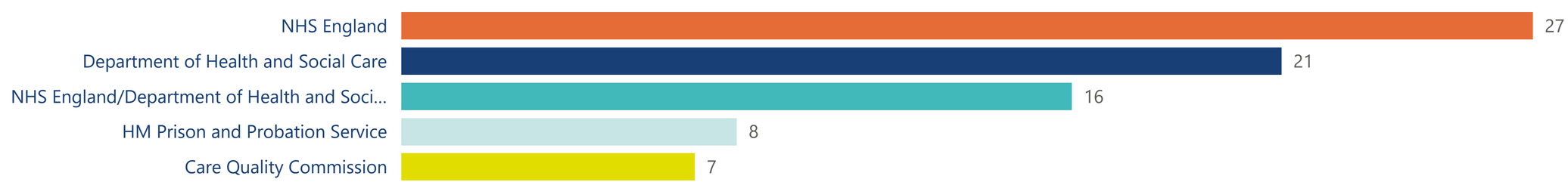
Safety recommendations made YTD



99

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

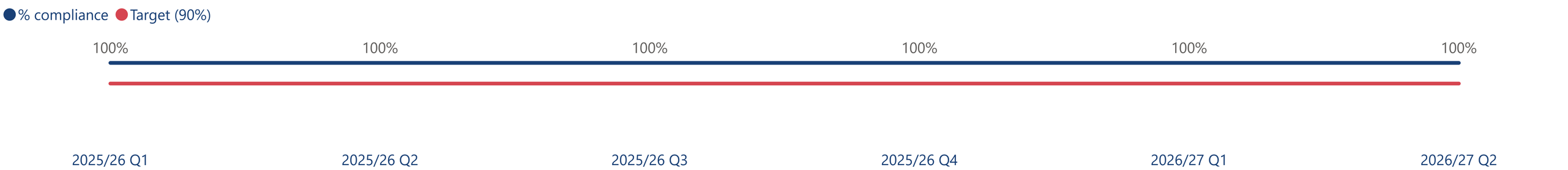
Top 5 recipients of HSSIB safety recommendations since October 2023



Safety recommendations follow-up - 2026/27 Q2

Health Services Safety Investigations Body

Recommendations followed up by quarter



100%
of recommendations followed-up within target YTD

11
recommendations followed up within target YTD

Notes:
Q1: 11 safety recommendations closed as HSSIB has been notified by recommendation recipient that all actions have been completed.
Q2: 1 safety recommendation closed as HSSIB has been notified by recommendation recipient that all actions have been completed.

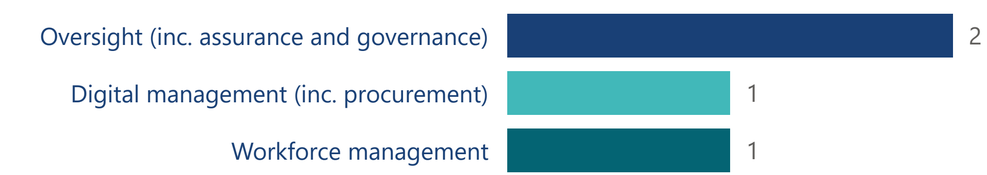
Safetv observations - 2026/27 Q2

Health Services Safety Investigations Body

4

Safety observation made this quarter

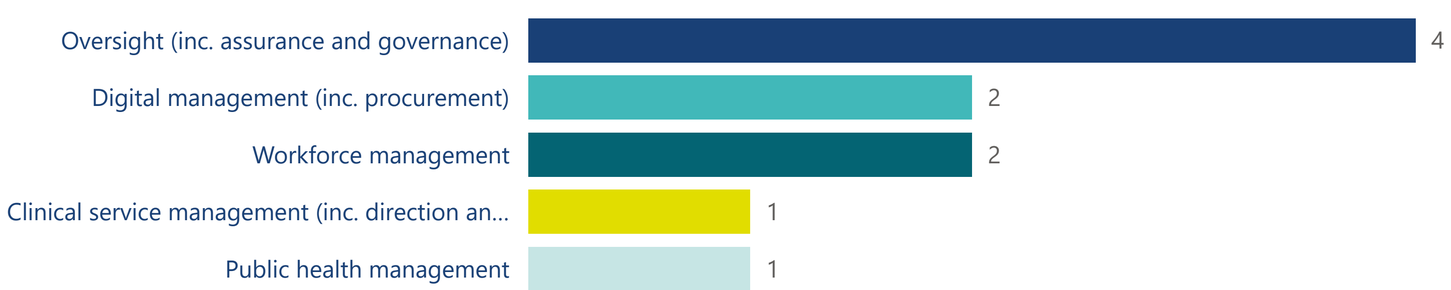
Safety observations made this quarter by category



10

Safety observations made YTD

Safety observations made YTD by category



21

Safety observations made since April 2025

Safety observations made since April 2025



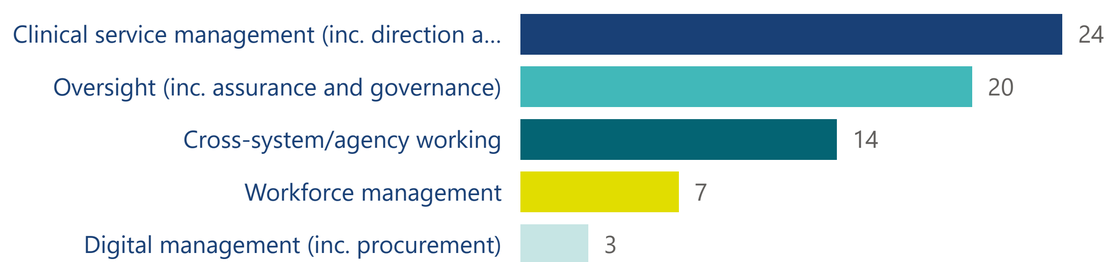
Local-level learning - 2026/27 Q2

Health Services Safety Investigations Body

68

Local-level learnings identified this quarter

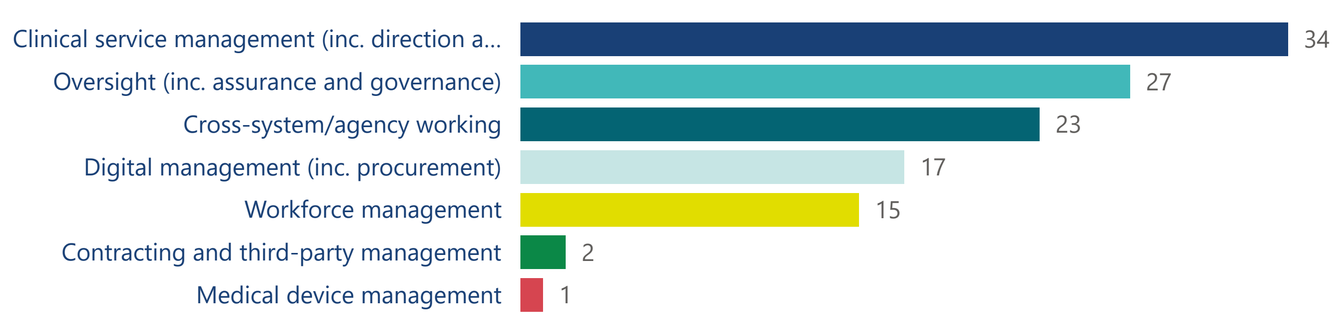
Local-level learnings identified this quarter by category



119

Local-level learnings identified YTD

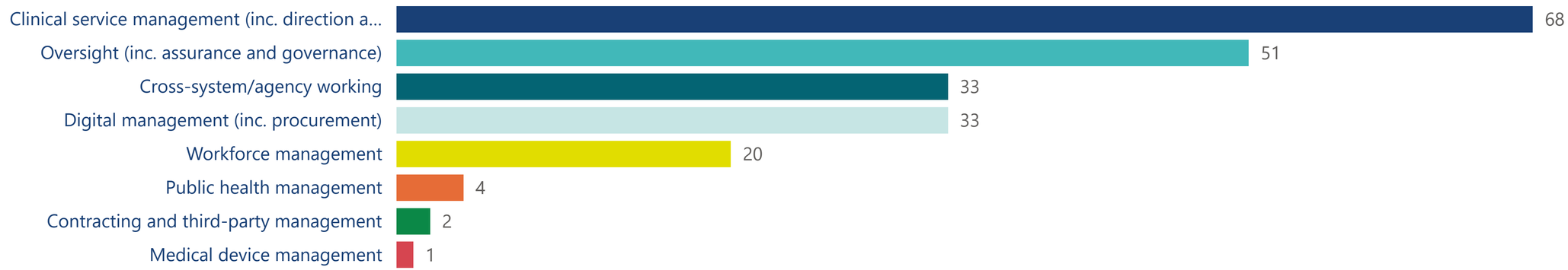
Local-level learnings identified YTD by category



212

Local-level learnings identified since April 2025

Local-level learnings identified since April 2025



ICB suggested safety learning - 2026/27 Q2

Health Services Safety Investigations Body

3

ICB suggested safety learnings this quarter

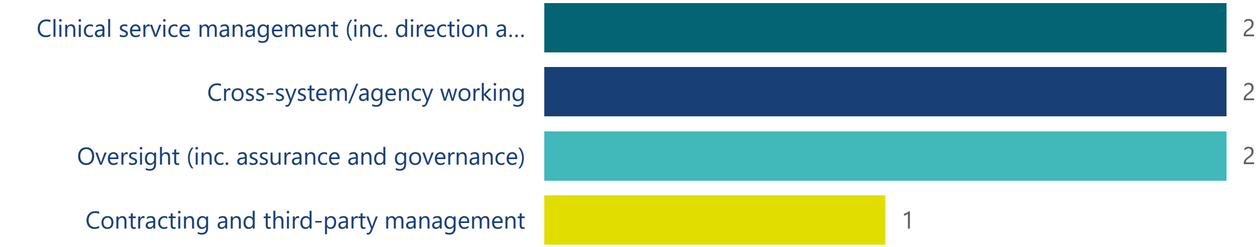
ICB suggested safety learning this quarter



7

ICB suggested safety learnings YTD

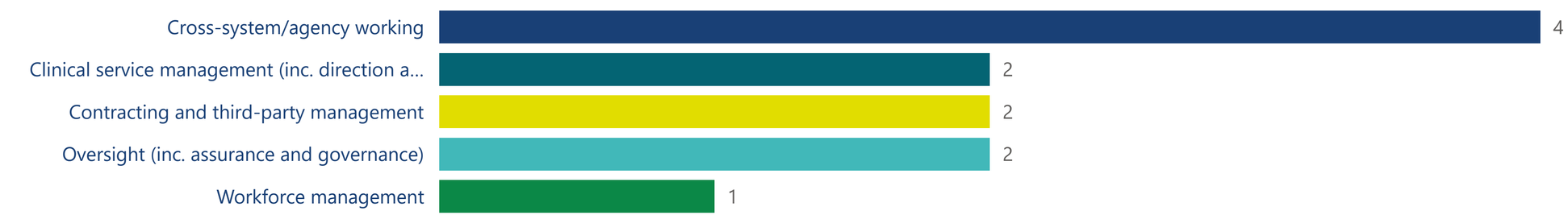
ICB suggested safety learning YTD



11

ICB suggested safety learnings since April 2025

ICB suggested safety learning YTD



Safety actions - 2026/27 Q2

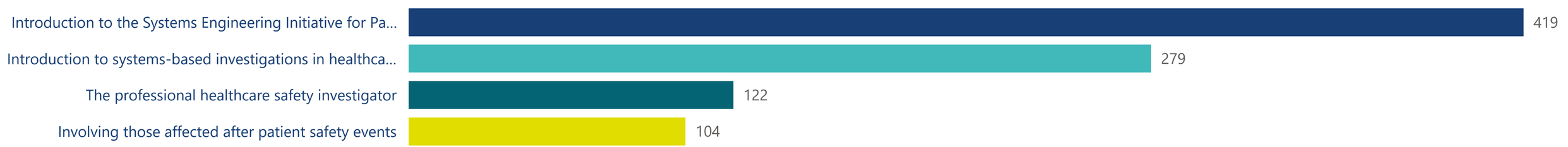
Health Services Safety Investigations Body

No Safety Actions have been noted this quarter, YTD or since April 2025.

Knowledge Exchange - 2026/27 Q2

Health Services Safety Investigations Body

Number of content views (first 7 days)



Average % of content viewed (first 7 days)



Content	Content performance against standard YouTube retention benchmarks
Introduction to the Systems Engineering Initiative for Patient Safety (SEIPS)	Above Good
The professional healthcare safety investigator	Above Good
Introduction to systems-based investigations in healthcare	Good
Involving those affected after patient	Good

4

videos published this quarter

4

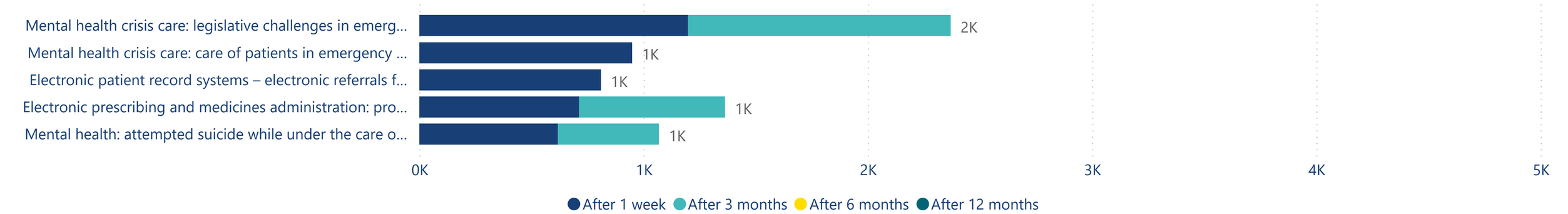
videos published YTD

The first Building Investigation Excellence (BIE) learning content was published on HSSIB's YouTube channel in September 2026. The data presented within our organisational performance reporting will continue to develop alongside the BIE Strategy. Over time, we will introduce more measures of output, quality and impact to ensure that our reporting increasingly the work we do.

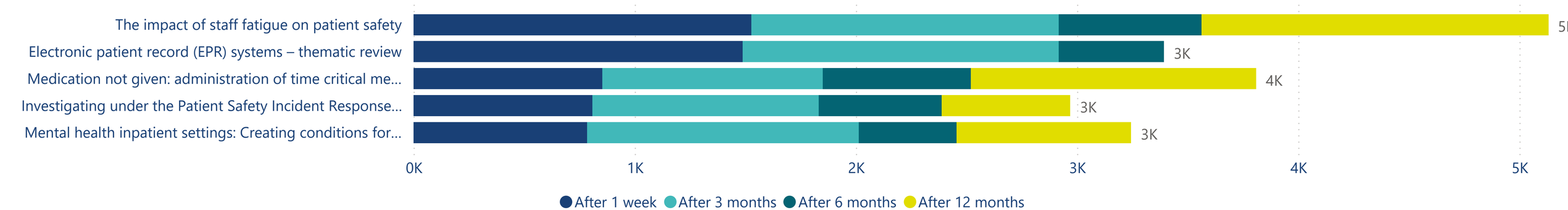
Website Interactions - 2026/27 Q2

Health Services Safety Investigations Body

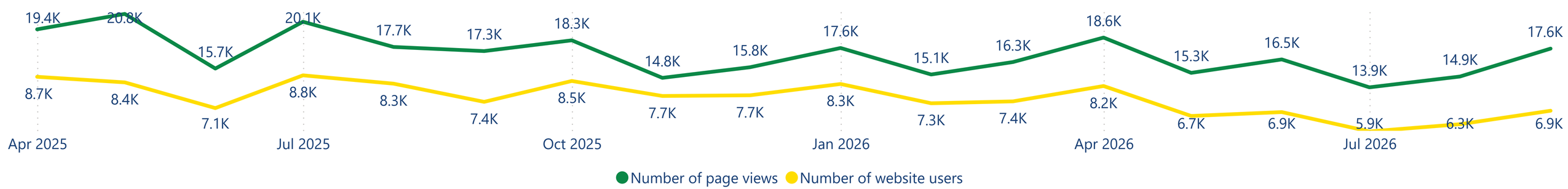
Top 5 reports published YTD by total website views



Top 5 reports (all time) by total website views



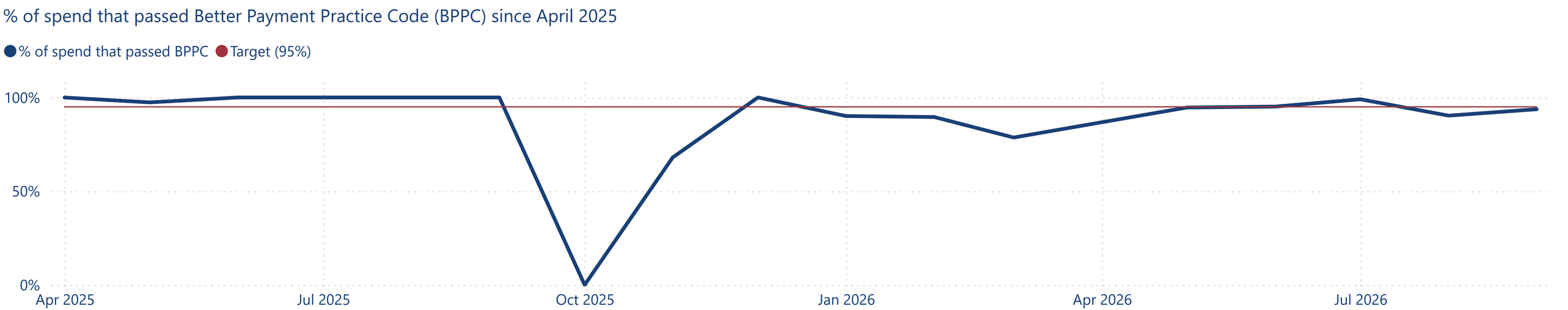
No. of website views and users since April 2025



Finance dashboard - 2026/27 Q2

Health Services Safety Investigations Body

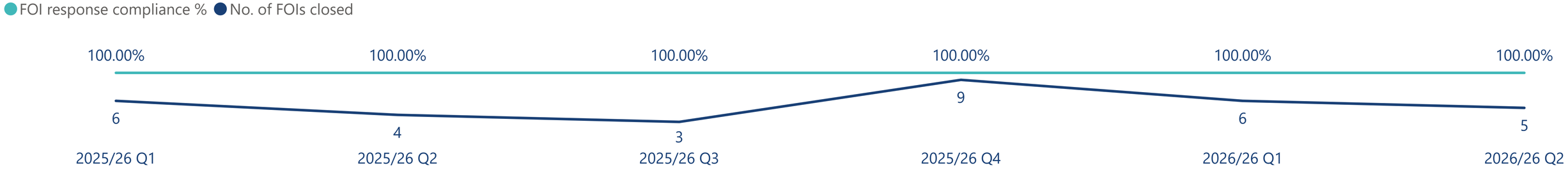
	Year to Date				Forecast				
Spend	**Budget (£k)**	**Total (£k)**	**Variance (£k)**	**%**	**Budget (£k)**	**Total (£k)**	**Variance (£k)**	**%**	**Comments**
Pay	2,644	2,695	-51	-1.94%	5,328	5,097	231	4.34%	Delayed recruitment of vacant posts
Non-Pay	526	567	-41	-7.76%	1,037	1,279	-243	-23.39%	Professional Fees - Blue Lozenge Ltd/ Kaleidoscope Health & Care; IT Contracts; Training
Income	-89	-100	12	-13.24%	-89	-100	12	-13.24%	Unplanned secondment extensions
Net Expenditure RDEL	**3,081**	**3,162**	**81**	**2.63%**	**6,276**	**6,276**	**0**	**0.00%**	**Forecast Breakeven**
Amortisation and Depreciation (RF RDEL)	11	15	-4	-40.39%	34	35	0	-1.39%	
Net Expenditure	**3,092**	**3,177**	**85**	**2.75%**	**6,310**	**6,311**	**0**	**0.00%**	**Forecast Breakeven**
Capital	0	0	0	0.00%	500	207	293	58.60%	Replacement of HIMs; Creation of AI Agent;



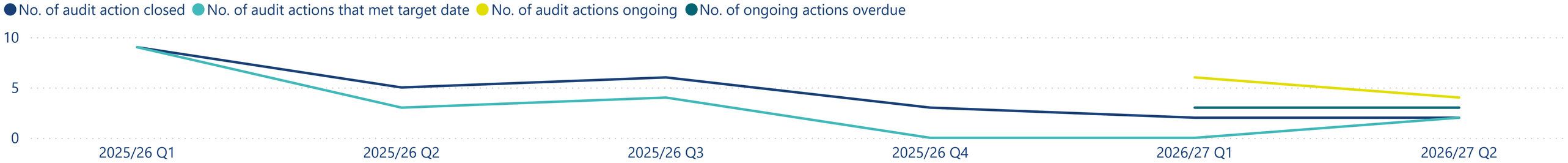
Governance dashboard - 2026/27 Q2

Health Services Safety Investigations Body

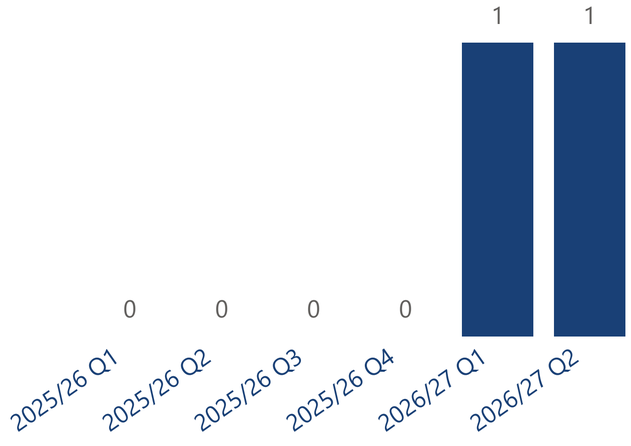
FOI Response Compliance by Quarter



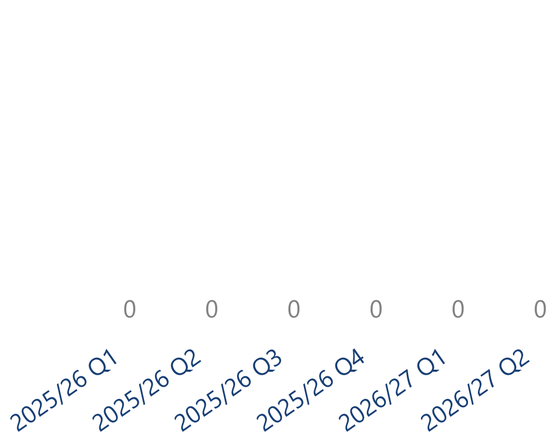
GIAA audit action completion by quarter



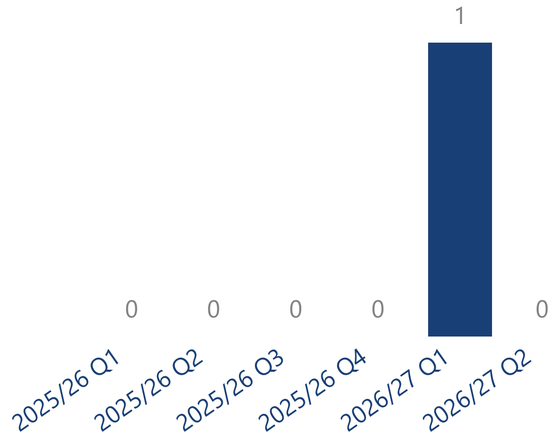
Subject Access Requests by quarter



Incidents reported to the ICO by quarter



Data breaches by quarter



2

Strategic risks over tolerance this quarter

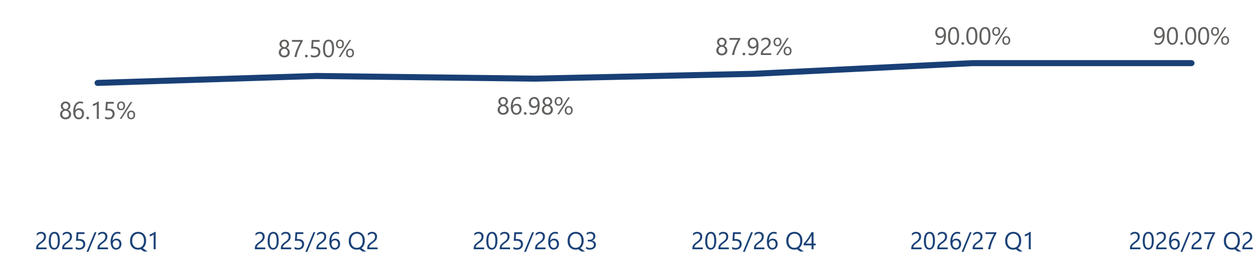
Yes

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

Human Resources dashboard - 2026/27 Q2

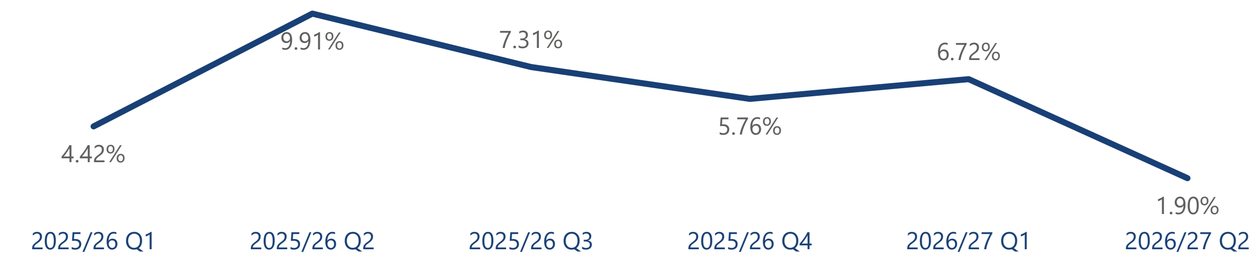
Health Services Safety Investigations Body

Mandatory and Statuatory Training compliance by quarter

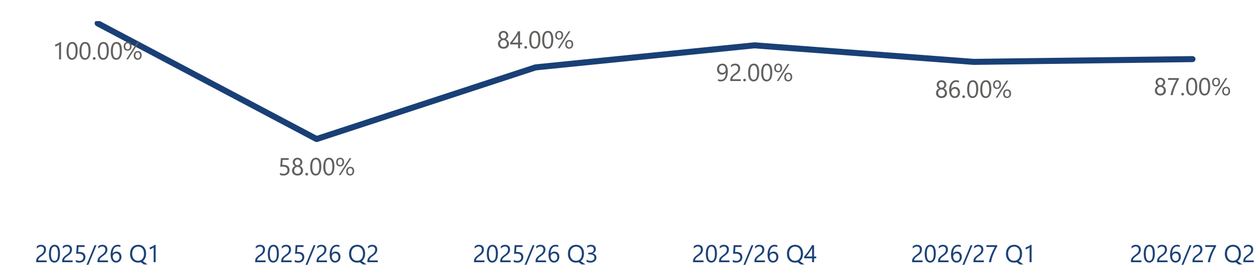


Compliance figure includes those on long term absence.

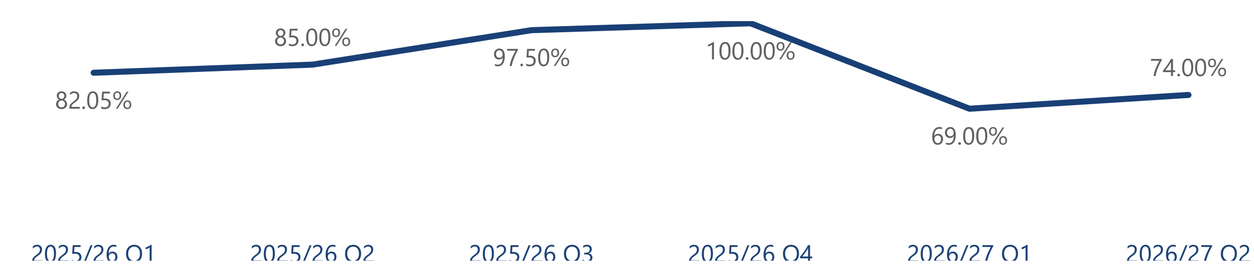
Sickness absence by quarter



Appraisal compliance by quarter

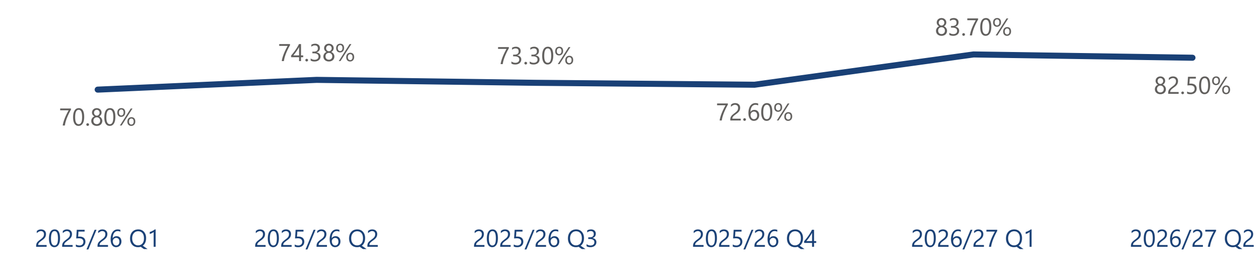


DBS compliance by quarter



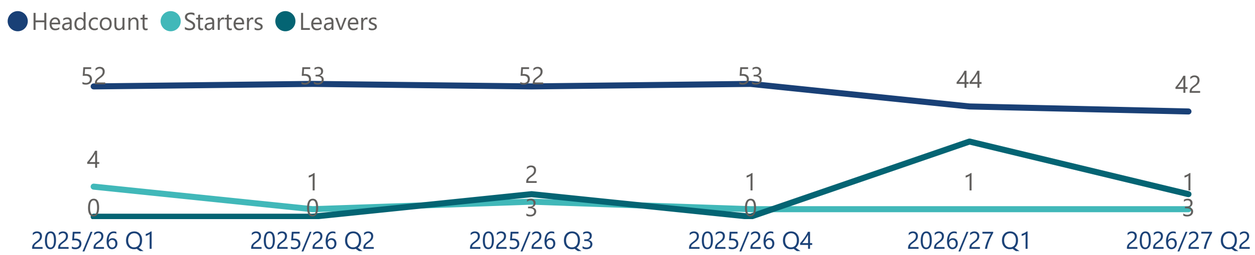
Q2 31 individuals require a DBS check. 15 people being rechecked, awaiting outcome of 4 checks

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



Average taken over 6 protected characteristics reported in ESR

Headcount by quarter



0 Formal complaints (grievance, H&B) received YTD

0 Other complaints/speaking up concerns raised YTD

Health Services Safety Investigations Body

Board Meeting Cover Sheet
26 November 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 15 June 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.

Health Services Safety Investigations Body

Attendance

- 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 Government Internal Audit Agency (GIAA) and National Audit Office (NAO). Department of Health and Social Care (DHSC) representatives submitted apologies.

Governance update

- Seven Freedom Of Information requests were received during the reporting period, covering a range of subjects, with financial information remaining a recurring theme. All requests were responded to within statutory timescales.
- One information governance incident was reported to the Committee. Immediate action was taken to contain the incident, and the Committee received assurance regarding the actions undertaken and the outcome.
- Two requests for information were refused in accordance with HSSIB's statutory provisions relating to protected material. The Committee noted an increase in requests requiring consideration of these provisions.
- The revised toolkit was published on the 03 September, and initial review identified no significant changes to evidence requirements, with a more detailed assessment to follow.
- Timely provision of IT evidence remains a key challenge. Expectations, deadlines and reporting requirements will be incorporated into contractual arrangements with the incoming IT supplier.
- The Committee received assurance that evidence and reporting requirements are being treated as a key contractual priority with the incoming IT supplier, reflecting lessons learned from previous challenges and supporting improvements to the assurance process.

Risk Report

- Strategic Risk 001 – Strategic Delivery: Residual risk reduced from 8 to 4, reflecting implementation of the Building Investigation Excellence programme with continued KPI delivery and evidence of positive patient safety impact.
- Strategic Risk 002 – Organisational Culture and People: Proposed reduction from 12 to 8, reflecting positive staff survey results and progress against improvement actions.
- All recommendations from the recent audit have been implemented. Further work is underway to embed the Risk Appetite Statement into strategic and operational decision-making and governance processes.
- The Committee highlighted longer-term strategic risks associated with the proposed transition, particularly the need to maintain the operational independence of the investigation function and preserve statutory safe space protections.

Internals Control Report

- HSSIB is forecasting a break-even position for 2025/26. Options for managing any potential underspend are being considered, with a focus on value for money.
- The transition to the new IT provider and the HIMS replacement project are progressing to plan, with mitigations in place to manage associated risks.
- Work is underway to replace the existing Board management platform following expiry of the contract. SharePoint and PDF distribution will be used as interim arrangements.

- A further £137k of cyber security funding has been secured, with full funding awarded for all submitted proposals. Implementation plans are being progressed.
- Actions are underway to improve compliance with the Better Payment Practice Code.
- Recent Dear Accounting Officer letters were noted, with assurance provided that appropriate monitoring and response arrangements are in place.

Governance Internal Audit Agency

- Delivery remains on track with the internal audit plan, 20% completed and a further 40% in fieldwork.
- Moderate assurance received for the Data Security and Protection Toolkit (DSPT) audit with recommendations agreed to address identified areas for improvement.
- Four overdue audit actions have been closed, with remaining recommendations continuing to be monitored.
- It was noted to be too early in the audit programme to identify themes, with further insights expected at a future meeting.

National Audit Office

- External Audit Management Letter: Two control observations were identified relating to the quality of draft accounts and supporting audit working papers.
- Improvements were recommended to strengthen year-end financial reporting, supporting documentation and management review. All recommendations were accepted.
- All previous recommendations have been closed, except for the outstanding NHS England contractual arrangements, which remain under review.
- No new significant issues were identified beyond those already raised during the audit process.

Audit and Review Action Plan

- Only a small number of recommendations remain outstanding, with overall implementation on track.
- Work continues to develop a repository of risk-based scenarios with regards to the DSPT, with progress dependent on materials and input from NHS England.
- In relation to the Financial audit actions, the remaining recommendations continue to progress, with delays primarily due to third-party dependencies.
- The Committee received assurance that outstanding audit actions continue to be actively monitored and progressed.

Next Meeting

- The next ARAC meeting will be held on the 01 December 2026.

Board Meeting Cover Sheet
26 November 2026

Title of paper	**External Board Effectiveness Review 2026/27 – Scope and Approach**
Agenda Item	4.1
Action Required (i.e approve, discuss)	For discussion and approval
Recommendation	The Board is asked to: • **Note** that an external Board Effectiveness Review (BER) will be undertaken during 2026/27, following previous Board discussions and advice from DHSC. • **Consider** the relative benefits, costs and resource implications of a proportionate or enhanced external review. • **Agree** its preferred approach, including any additional elements it considers essential to the review. • **Approve** an indicative maximum budget of £30,000 excluding VAT, subject to applicable financial delegations and procurement requirements. • **Agree** that a Board skills audit should be undertaken alongside the review, either internally or through the external provider where this represents value for money. • **Delegate authority** to the Chair, Interim Chief Executive and Finance and Resources Director, supported by the Board, Governance and Records Manager, to finalise the specification and progress procurement and appointment within the agreed parameters.
Purpose / Summary	HSSIB undertakes annual effectiveness reviews of its Board, Senior Leadership Team (SLT), Remuneration Committee (Rem Com) and Audit and Risk Assurance Committee (ARAC), alongside reviews of their respective Terms of Reference. Good governance practice supports periodic independent assessment of Board effectiveness. The UK Corporate Governance Code provides a useful benchmark of externally facilitated reviews at least every three years for FTSE 350 companies, although this requirement does not directly apply to HSSIB. An external review was previously deferred because of uncertainty surrounding HSSIB's future and the proposed transfer of its functions to the Care Quality Commission (CQC). Following discussions with DHSC, the Board agreed that an external review should proceed. With HSSIB's future now confirmed, this paper seeks the Board's agreement on the appropriate scope and depth of the review.

	Initial market engagement with four potential providers has identified considerable variation in methodology and cost, with indicative proposals ranging from £15,000 to £60,000 excluding VAT. Subsequent discussions have demonstrated that meaningful external assessments can be delivered at a lower cost. The paper considers two approaches: a proportionate external review and an enhanced review incorporating additional assessment and development activities. A proportionate review is recommended, with flexibility to incorporate selected enhanced elements where these provide additional value, within an indicative maximum budget of £30,000 excluding VAT.
Strategic Theme	5. Embed a compassionate, inclusive culture across our organisation.
Which strategic risks are relevant?	SR002 Organisational Culture and People
Responsible Officer	Sarah Graham, Board, Governance and Records Manager
Accountable Manager/Director	Stephen Carruthers, Finance and Resources Director

External Board Effectiveness Review 2026/27 – Scope and Approach

1. Purpose

1.1 The purpose of this paper is to seek the Board's agreement on the preferred scope, depth and indicative budget for HSSIB's external Board Effectiveness Review (BER) during 2026/27.

1.2 The decision to undertake an external review has already been made. The Board is therefore not being asked to reconsider whether a review should proceed or to select a particular provider. Instead, it is asked to determine the level of assessment that would provide the greatest benefit and value for money to HSSIB.

2. Background

2.1 HSSIB undertakes annual effectiveness reviews covering the Board, SLT, Rem Com and ARAC, alongside reviews of their respective Terms of Reference. These reviews provide assurance that governance arrangements remain appropriate and effective and identify opportunities for improvement.

2.2 Good governance practice supports periodic independent assessment of Board effectiveness. The UK Corporate Governance Code provides a useful benchmark, requiring FTSE 350 companies to undertake externally facilitated Board performance reviews at least every three years. Although this requirement does not directly apply to HSSIB, periodic external assessment provides valuable independent assurance and challenge.

2.3 HSSIB had previously deferred an external review because of uncertainty surrounding the organisation's future, including the proposed transfer of its functions to the CQC. An internal review was initially considered appropriate pending greater clarity.

2.4 Following discussions with DHSC, the Board was advised to proceed with an external review to avoid any suggestion that decisions concerning HSSIB's future were being anticipated ahead of the parliamentary process. The Board subsequently requested a paper outlining the available approaches and associated costs.

2.5 With HSSIB's future now confirmed, the remaining decision concerns the appropriate scope and depth of the external review. The exercise should provide credible independent assurance while remaining proportionate to HSSIB's size, resources and governance arrangements.

2.6 The review also provides an opportunity to inform future Board development, including consideration of the collective skills, knowledge and experience required to support HSSIB's ongoing responsibilities..

3. Options for the External Review

3.1 Initial engagement with potential providers has demonstrated that external reviews can be delivered at different levels of depth, with significant variation in methodology and cost.

3.2 The proposals also demonstrate that cost is not necessarily an indicator of the breadth or depth of an assessment. For example, one provider has proposed a review incorporating interviews, meeting observations, stakeholder engagement and benchmarking at approximately £21,000, while another has proposed a survey-based evaluation incorporating individual director reporting and benchmarking at £30,000.

3.3 Two broad approaches have been identified for the Board's consideration.

Option 1 – Proportionate external review

3.4 A proportionate review would provide an independent assessment of the effectiveness of HSSIB's Board and governance arrangements, identifying strengths and a focused set of priorities for improvement.

3.5 The review would be expected to include a targeted review of governance documentation, Board effectiveness questionnaires, interviews with key Board members and executives, observation of Board activity, consideration of committee effectiveness and a report setting out practical recommendations.

3.6 This approach would provide independent challenge and assurance without undertaking a comprehensive assessment of every aspect of Board and committee activity.

Option 2 – Enhanced external review

3.7 An enhanced review would provide a more extensive assessment of Board and committee effectiveness, governance, culture, behaviours and relationships.

3.8 In addition to the activities outlined under Option 1, this could include interviews with all Board members and selected stakeholders, observation of multiple governance meetings, more extensive benchmarking, detailed assessment of Board dynamics and individual feedback or development assessments.

3.9 This approach would provide a broader evidence base and potentially greater insight into underlying governance or behavioural issues. However, it would involve additional expenditure and greater demands on Board and executive time.

Comparison of options

Consideration	Option 1 – Proportionate	Option 2 – Enhanced
Primary objective	Independent assurance and targeted improvement	More comprehensive assessment and development
Governance review	Focused review of key documents and arrangements	Detailed assessment of governance, risk and assurance
Interviews	Board members and key executives	Board members, executives and wider stakeholders, with more extensive engagement
Meeting observations	Board and selected committee activity	Multiple Board, committee and executive meetings
Culture and behaviours	Focused assessment of challenge, relationships and effectiveness	More detailed assessment of Board dynamics and behaviours
Benchmarking	Targeted comparison with relevant good practice	More extensive benchmarking
Individual feedback	Generally excluded	Could include individual assessments or 360-degree feedback
Outputs	Concise report and prioritised improvement plan	More detailed report and development recommendations
Board and staff time	Lower	Higher
Indicative cost	£15,000–£25,000	Up to £30,000, subject to agreed scope

3.10 The two approaches are not mutually exclusive. A proportionate review could incorporate selected enhanced elements where these address an identified need and demonstrate value for money.

3.11 It is recommended that the Board supports a proportionate external review, with particular emphasis on Board effectiveness, constructive challenge, culture and behaviours, committee arrangements and the effectiveness of governance and assurance processes.

3.12 The review should result in a concise, evidence-based report identifying strengths, areas for improvement and a manageable number of prioritised recommendations that can be incorporated into the Board's development and improvement arrangements.

4. Financial and Procurement Considerations

4.1 Initial market engagement has been undertaken with four potential providers to understand the available approaches, likely scope and indicative costs.

4.2 The engagement identified a wide range of indicative costs, reflecting differences in methodology, the number of interviews and observations, benchmarking, individual feedback and follow-up support.

Provider	Indicative cost excluding VAT	Summary of proposed approach
Good Governance Institute	£15,000, plus £10,000 for 360 reviews	Governance-focused assessment, stakeholder engagement, facilitated discussion and follow-up
MIAA	£20,825	Structured interviews, Board and committee observations, stakeholder engagement, benchmarking and prioritised recommendations
Board Excellence	£30,000–£40,000	Board and committee effectiveness, Board dynamics, benchmarking and continuous improvement
Better Boards	£30,000 revised proposal; £60,000 initially	Revised proposal is survey-based, incorporating benchmarking, individual director reports and Board presentation

4.3 These figures are indicative and do not represent directly comparable proposals. They are included to demonstrate the range of approaches and costs identified through market engagement, rather than to support the selection of a particular provider.

4.4 The engagement suggests that a credible and meaningful external review can be delivered within a budget of £15,000–£30,000 excluding VAT. Given HSSIB's size and available resources, it is proposed that £30,000 excluding VAT should represent the maximum budget for the exercise.

4.5 At £30,000, the review would represent approximately 0.5% of HSSIB's annual budget. Expenditure at this level must therefore demonstrate clear value for money, with any additional cost justified by tangible benefits in terms of assurance, governance improvement or Board development.

4.6 Following agreement of the preferred approach, a specification will be developed to ensure potential providers can be assessed consistently against the required scope, quality of methodology, relevant experience, deliverables and overall value for money.

4.7 Procurement will be undertaken in accordance with HSSIB's procurement policy, financial delegations and applicable public procurement requirements. Subject to confirmation of the appropriate route, this is expected to involve either an appropriate public-sector framework or a proportionate competitive quotation exercise.

4.8 The preliminary market engagement undertaken to date will inform the specification but does not constitute a formal procurement evaluation. The Board is not being asked to select a provider, and the appointment process will be managed through the appropriate delegated arrangements.

5. Board Skills and Development

5.1 As part of maintaining effective governance arrangements, it is important that the Board collectively possesses the appropriate balance of skills, knowledge and experience to fulfil its responsibilities.

5.2 It is proposed that a Board skills audit is undertaken alongside the external effectiveness review. This could be delivered internally through a structured self-assessment or incorporated into the external commission where this represents value for money.

5.3 A collective skills audit would be distinct from individual performance or 360-degree feedback assessments, which could require additional expenditure and are not considered essential to the core review.

5.4 With current NED appointments running until July 2027, the findings of the skills audit could provide useful information to support future Board composition and development, recognising that decisions regarding NED appointments are subject to established DHSC arrangements..

6. Recommendation

6.1 An external Board Effectiveness Review will provide HSSIB with independent assurance about its governance arrangements and an opportunity to identify improvements in Board and committee effectiveness.

6.2 While a more extensive review could provide additional insight, the initial market engagement indicates that a proportionate review can deliver meaningful assurance and practical recommendations at a significantly lower cost than the highest-priced proposals.

6.3 It is therefore recommended that the Board agrees to commission a proportionate external review, with flexibility to incorporate selected enhanced elements where these provide demonstrable value for money, within an indicative maximum budget of £30,000 excluding VAT.

6.4 The Board is asked to:

1. **Note** that an external Board Effectiveness Review will be undertaken during 2026/27.
2. **Consider** the relative benefits, costs and resource implications of a proportionate or enhanced external review.
3. **Agree** its preferred approach, including any additional elements it considers essential.
4. **Approve** an indicative maximum budget of £30,000 excluding VAT, subject to applicable financial delegations and procurement requirements.
5. **Agree** that a Board skills audit should be undertaken alongside the review, either internally or as part of the external commission where this represents value for money.
6. **Delegate authority** to the Chair, Interim Chief Executive and Finance and Resources Director, supported by the Board, Governance and Records Manager, to finalise the specification and progress procurement and appointment within the agreed parameters.

Health Services Safety Investigations Body

HSSIB Board Cover Sheet
26 November 2026

Title of paper	Cyber Strategy
Agenda Item	4.2
Action Required (i.e approve, discuss)	To approve
Recommendation	HSSIB Board are invited to approve the attached cyber security strategy
Purpose / Summary	This paper is to inform HSSIB Board on the development of a cyber security strategy and invite approval of the strategy. This strategy was approved (with amendments) by SLT on 16 Jul 2026. Post SLT approval feedback from NED was sought, this has been incorporated into the strategy. The Cyber Security Strategy outlines a comprehensive approach to managing and reducing cyber risks across all operations, aligning with NHS and national frameworks such as the DSPT, CAF 4.0, and UK legislation, emphasizing governance, risk management, regulatory compliance, and a culture of cyber awareness to protect sensitive data and ensure operational resilience in a remote-working environment. It must be noted that the transition to a new IT supplier could induce risks or vulnerabilities, these tactical aspects will be captured in appropriate risk registers. The Cyber Security Strategy provides a proactive foundation for digital progress, enabling innovation, strengthening the protection of critical assets, sustaining confidence in our organisation and providing assurance to HSSIB Board and puts us in a good position to maintain robust data security.
Strategic Theme	4. Promote and professionalise healthcare investigations.
Which operational/ strategic risks are relevant?	SR008 – IT and Cyber Security There is risk that HSSIB is subject to a cyber-attack, resulting in data or sensitive information being compromised, or IT services being unavailable.
Responsible Officer	Scott Hislop (Deputy SIRO)
Accountable Manager/Director	Stephen Carruthers (SIRO)

Health Services Safety Investigations Body

Points for consideration

Cyber security is a key risk for every organisation that holds sensitive or personal data and is an ongoing challenge. However, HSSIB is a unique organisation in that all our workforce are all home based who require mobile connectivity to support remote working locations, plus we are a fully cloud based entity.

In October 2025, HSSIB was notified that we had been awarded £133k cyber improvement programme (CIP) funding for in-year improvements to our cyber resilience. The CIP funding encompassed development of a cyber security strategy. Which was contracted to Templar International Group Ltd.

During the development of the strategy HSSIB SIRO led further developments that support and align to the Cyber Security Strategy but acknowledge the strategy was not in place. These activities include cyber training for all staff, procurement of e-learning materials, engagement with NHSE / DHSC Cyber Security Operations Centre and procurement of additional software applications; during the engagement with CSOC they had sight of the draft cyber strategy, a revised version has been shared with them for awareness.

To note, in September 2026 HSSIB was notified we had been awarded an additional £137k of CIP funding, this will support 13 activities (within this FY) to enhance our cyber resilience. Further bids will be submitted into the CIP in due course.

The Cyber Security Strategy outlines a comprehensive approach to managing and reducing cyber risks across all operations and personnel, aligning with NHS and national frameworks such as the DSPT, CAF 4.0, and UK legislation, emphasizing governance, risk management, regulatory compliance, and a culture of cyber awareness to protect sensitive data and ensure operational resilience in a remote-working environment.

However it does not cover operational or tactical risks or vulnerabilities, these are captured in appropriate risk registers.

The HSSIB Cyber Security Strategy provides a proactive foundation for digital progress, enabling innovation, strengthening the protection of critical assets, sustaining confidence in our organisation and providing assurance to our Board

Recommendations

HSSIB Board are invited to approve the cyber security strategy with a review periodicity of 12 months

Health Services Safety Investigations Body

Cyber Security Strategy

Version number: v2.1

First Published: TBC

Date Updated: August 2026

Next Review Date: TBC (depends on publication date)

Policy Prepared by: Scott Hislop, Deputy SIRO

Policy approved by: Stephen Carruthers, Senior Information Risk Owner (SIRO)

Classification: OFFICIAL

Policy Number: HSSIB019

Brief summary of changes since previous version:

Version	Date	Update

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Executive Summary

Health Services Safety Investigations Body (HSSIB) has a responsibility to ensure safeguarding of sensitive data whilst carrying out operational services i.e. financial, HR and protected materials. As such, the implementation of a robust Cyber Security Strategy is essential to mitigate risks and protect against evolving cyber threats.

This Cyber Security Strategy defines how HSSIB will manage and reduce cyber risk and increase resilience whilst supporting safe and effective investigative services. Cyber security is treated as a core element of patient safety, operational resilience and public trust. This strategy is aligned with the NHS Data Security and Protection Toolkit (DSPT), Cyber Assessment Framework (CAF) 4.0, UK legislation, and National Cyber Security Centre (NCSC) guidance and HSSIB's requirement for protected materials as set out in the Health and Care Act 2022 (Gov.UK, 2022)

This strategy spans all operations, activities and services conducted by HSSIB. It is applicable not only to all HSSIB employees, but also to any contractors, temporary staff, suppliers and Board members. It is designed to secure both physical and digital domains, encompassing all locations where HSSIB operates or exerts influence. By integrating advanced security measures and protocols, it seeks to create a resilient defence against cyber threats, thus safeguarding HSSIB's assets, estate, data and supply chain, in order to protect us against potential threats.

The HSSIB Cyber Security Strategy provides a proactive foundation for digital progress, enabling innovation, strengthening the protection of critical assets, sustaining confidence in our organisation and providing assurance to our Board

Background

HSSIB is a unique organisation in that all its workforce are all home based workers that require mobile connectivity to support remote working locations.

An effective cyber security strategy provides a blueprint on what to prioritise in order have a safe and secure cyber environment. As such, a good strategy is based on principles of cyber security and focuses on how resources can be utilised to align with the business's cyber security goals.

All healthcare organisations remain a prime target for cyber-attack due to the highly valuable data they hold. The threats are ever changing, becoming more sophisticated as time passes. HSSIB maintains threat awareness through DHSC Cyber and Data Security directorate and the National Cyber Security Centre (NCSC).

Any material changes in the threat profile against HSSIB could lead to a change of priority actions outlined in this strategy.

Strategic Alignment:

HSSIB will ensure the development of its Cyber Security Strategy will underpin the following strategic pillars:

- The Government Cyber Security Strategy (link) aims to defend the UK against cyber threats, securing the nation's digital economy and services through robust protective measures, fostering collaboration across sectors, and enhancing the nation's cyber resilience.

- The Cyber Security Strategy for Health and Social Care focuses specifically on the healthcare sector, ensuring that all health and social care organisations can effectively respond to and recover from cyber incidents while safeguarding patient data and service continuity.

- The National Cyber Security Centre's (NCSC) Cyber Assessment Framework provides a comprehensive framework for assessing and enhancing cyber security posture. By aligning with the NCSC's guidelines, we aim to establish a proactive and resilient approach to cyber security, tailored to the unique needs and challenges of our healthcare organisation.

Mission Statement

The Mission is to ensure HSSIB maintains coherence and alignment with its responsibilities under the Data Security and Protection Toolkit (DSPT) and Cyber Assessment Framework (CAF) for Arms Length Bodies to keep data safe.

Security Awareness

The NHS and wider healthcare remain a prime target for ransomware, data theft, and service disruption. Without a solid understanding of our cyber security environment, including the internet and smart devices, we are left guessing about what steps to take to protect our business.

By fostering a strong sense of cyber security awareness, we can identify and understand specific threats – especially those associated with how HSSIB operates. This knowledge is crucial in developing better protections against these threats, ensuring cyber resilience throughout all business delivery activities.

Creating a cyber security culture is vital, the attitudes, the understanding, and the value HSSIB places on cyber security effects all staff. Key to building a cyber aware culture is education and awareness of cyber threats underpinned with clear roles, processes and continual exercising/testing (aligned to DSPT / CAF).

Lines of Development (LODs)

This strategy details 'Lines of Development' to support HSSIB's cyber mission statement and is coherent with the 3-Year Road map for the organisation that is contained in appendix 1. The reason why it is a 3-year road map, is that there is extensive evidence that public sector organisations take a year to attain the next level of cyber maturity and resilience across all their LODs, thus on average progressing one level per year.

LODs comprise: Regulatory and DSPT (CAF) Alignment; Governance, Leadership and Accountability; Risk Management and Assurance and Risk Appetite and Tolerance. Post developing and implementing the LODs, it will need continued effort, resources and supporting structures to maintain and ensure optimal functional performance.

The delivery of this strategy will be supported by the cyber improvement programme (CIP) activities. CIP is funded by the Department of Health and Social Care Joint Cyber Unit. The activities set out in Appendix 3 translate the Lines of Development into practical, time-bound improvements across governance, workforce capability, technical controls, assurance, supplier security and operational resilience. Delivery will be prioritised according to HSSIB's cyber risk profile, regulatory obligations and organisational dependencies, with progress and benefits monitored through the established governance and assurance arrangements. The programme will therefore provide evidence of implementation, inform future maturity assessments and support continuous improvement against the DSPT, Cyber Assessment Framework and HSSIB's three-year road map.

LOD 1: Regulatory and DSPT Alignment

This Strategy supports LOD1 that ensures HSSIB's cyber posture is explicitly aligned to the current NHS cyber and regulatory environment as detailed below: strategy

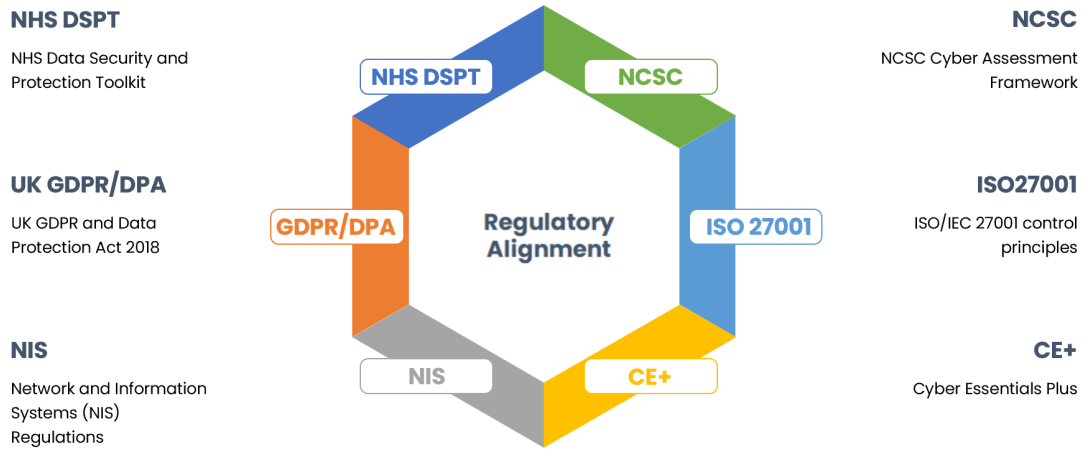

Figure 1 - Regulatory Alignment

*NCSC CAF has been the foundation of DSPT since Sept 24

The NCSC Cyber Assessment Framework (NCSC, 2025) is a key foundation to this Strategy, it is designed to provide 'controls' to manage information assets and their associated risks. The framework details how organisations manage their:

- Technical and Organisational controls
- Incidents and Operational Resilience
- Third parties and Supply Chain
- Workforce Awareness and Culture
- Performance, Metrics and Reporting

All Non-departmental Arm's Length Bodies are required to complete a Data Security and Protection Toolkit on an annual basis; this is utilises the NCSC Cyber Assurance Framework. The DSPT is a self-assessment tool where organisations provide evidence to show how they are operating. HSSIB has submitted an assessment for every year of its operation and will continue to do so. HSSIB has achieved a 'Moderate' grading across the two previous DPST submissions.

The Lines of Development map to the CAF-aligned DSPT outcomes in the following sections of the toolkit:
B: Protecting against cyber attack and data breaches
C: Detecting cyber security events
D: Minimising the impact of incidents
HSSIB has a number of policies and procedures in relation to the UK GDPR and Data Protection Act, including:

- Document and Records Management Policy,
- Records Retention and Disposal Schedule,
- Information Incident Management Policy,
- Freedom of Information Disclosure Policy,
- Procedure for Managing Personal Data Requests
- Information Governance Policy

This suite of information seeks to ensure that HSSIB remain fully compliant with GDPR / DPA.

In addition to GDPR / DPA, HSSIB are also subject to the Health and Care Act 2022 (HCA). Under the HCA, the HSSIB are granted key statutory powers as well as safe space for investigation materials under the 'protected materials' clause. HSSIB have in place a Disclosure of Protected Materials Policy as well as guidance on using statutory powers and protected disclosure available for all staff.

Cyber Essentials is a UK Government-backed certification scheme that helps organisations protect themselves against common cyber threats. It is a self-assessed status. HSSIB utilised an external consultancy firm to complete this assessment previously and plan to utilise the external consultancy to carry out another assessment this year, ensuring we maintain CE.

Cyber Essentials Plus (CE+) builds on this by adding independent technical testing carried out by a qualified assessor. This provides a higher level of assurance that the required controls are not only in place but are working effectively in practice. Last year HSSIB contracted an external consultancy firm to carry out the CE+ assessment, we were unable to achieve CE+ certification due to our IT hosting arrangement. However, the aspiration is to achieve Cyber Essentials Plus during this financial year (this has been funded by the Cyber Improvement Programme – see appendix 3).

ISO 27001 - HSSIBs plans to operate within the intent of ISO 27001 but not strive for ISO accreditation due to the resource implications to achieve and maintain this certification.

LOD 2: Governance, Leadership and Accountability

This LOD details the optimisation of governance, leadership and accountability to ensure the Board retains ultimate accountability for cyber risk, with management of day-to-day operations managed through the Audit and Risk Assurance Committee (ARAC) and the Senior Information Risk Owner (SIRO). Cyber risk is reviewed routinely through Board assurance and ARAC. More detail about how this works can be found below:

Within the Terms of Reference for the HSSIB Board, it is noted that the management of key risks is part of their duty, and this includes cyber risk:

Strategic risks, including cyber risk, are reported to the Audit and Risk Assurance Committee on a

quarterly basis. Cyber security is listed within the Terms of Reference for ARAC as part of the forum's duties and responsibilities.

The SIRO and Deputy SIRO meet on a monthly basis and cyber security is a regular item on the agenda.

Our Senior Leadership Team (SLT) and our Senior Operational Team (SOT) review our strategic risk register and our operational risk register on a monthly basis.

The diagram below shows HSSIB's governance framework where the Board and its committees oversee compliance risks and receive independent assurance from risk, compliance, and audit functions — while operational teams deliver the day-to-day work.

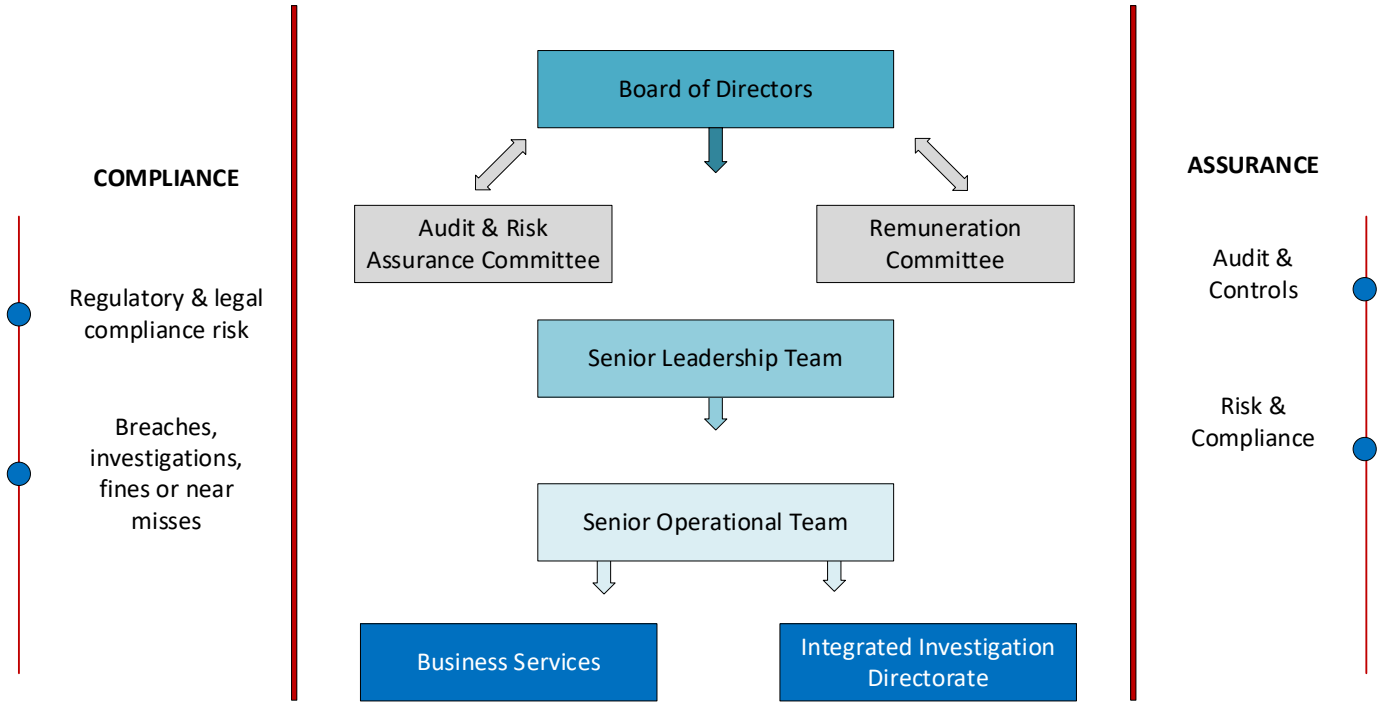

Figure 2 - Governance Structure

Key roles include:

- Senior Information Risk Owner (SIRO)
- Information Asset owners (IAOs)
- Caldicott Guardian
- Data Protection Officer (DPO)

The governance structure at HSSIB ensures that decision making is seated at the right levels of the organisation. A Scheme of Delegation is in place.

- The Board has oversight and is accountable of all key decision making, with assurance from the Senior Leadership Team (SLT) and Audit Risk & Assurance Committee (ARAC) with input from the Senior Information Risk Owner (SIRO).
- The SLT discuss and approve key policies and procedures at HSSIB, with oversight from

the Board.
- The Senior Operations Team (SOT) agree and discuss the review of policies and procedures at HSSIB, with a clear reporting line to SLT for any key decisions made.

LOD 3: Risk Management and Assurance

To optimise the effectiveness of risk management and assurance within HSSIB, cyber risk needs to be managed using a structured, evidence-based approach:

- Asset identification and classification through the organisations Information Asset Register which captures the business continuity impact assessment, which covers the priority of recovery, the Recovery Time Objective (RTO) and the Recovery Point Objective (RPO). RTO and RPO should be validated / verified within the Business Continuity Planning.
- Threat and vulnerability assessment is managed in conjunction with NHS England Cyber and Data Security Centre, NCSC and the organisation's own Risk Appetite
- Risk scoring aligned to the HSSIB's corporate Risk Appetite
- Treatment plans and Board visibility through the Audit and Risk Committee as well as the operational IT Teams.

Risks are recorded within the Strategic Risk Register (available here: 2026415 HSSIB Strategic Risk Register Master v1.0.xlsx), the Operational Risk Register (available here: 20260407 HSSIB Operational Risk Register DRAFT v0.21.xlsx. All risks should be coherent to DSPT/CAF 4.0 evidence requirements.

Risk management and mitigation activities encompasses the cyber security tools and software that serve as our first line of defence against new risks and cyber security incidents. This includes tools such as anti-virus software, firewalls and password managers, which are managed by HSSIB. We contract IT support which addresses many common cyber vulnerabilities and enhances incident response capabilities including:

- Application control
- Patch applications
- Configure Microsoft Office macro settings
- User application hardening
- Restrict administrative privileges
- Patch operating systems
- Multi-factor authentication

The NHSE / DHSC, Cyber Security Operations Centre have developed a suite of services that HSSIB is taking advantage of, this includes:

- Cyber alert service (HSSIB has already signed up to this)
- Threat Intelligence sharing platform
- Mobile Device Endpoint (MDE) management
    - MDE Isolation
    - MDE Live Response
    - MDE Indicator Blocking
    - MDE device tagging
- Microsoft Defender Endpoint APIs
- Third Party Risk Management Framework (TPRM)

HSSIB are working to align its business activities with the TPRM standard / framework. Work will be undertaken in Q3 and Q4 of 2026/2027 to ascertain which suppliers are critical and which are high risk, medium risk and low risk. This in turn will allow HSSIB to determine the types and numbers of controls that the suppliers will be assessed against.

The TPRM standard introduces the following key aspects which HSSIB will look to embed:

- Early consideration of cyber risk in procurement and onboarding process
- Segmentation of suppliers by criticality, meaning more focus where the risk is higher
- Provision of clear, consistent minimum cyber expectations for suppliers
- More structured ongoing assurance for critical and high risk suppliers
- Definitions for escalation / response for non-compliance, vulnerabilities and incidents

HSSIB were the subject of a third party supplier data breach in April 2026, our education platform at the time was an application called Canvas, developed by Instructure. Instructure found that an unauthorised person accessed their platform and made changes to certain pages in the system (this was a global issue, not limited to HSSIB). Instructure detected this activity and took Canvas offline temporarily in order to prevent further incident.

HSSIB took immediate action in the light of communication from Instructure, which was received on the 5th and 7th of May. Our Senior Information Risk Owner (SIRO) contacted and informed the Senior Leadership Team and communications to those potentially affected by the breach were prepared. An email was sent out to all those with a Canvas account with HSSIB on the 8th of May.

NB: On the 31st March 2026 our Canvas account was closed to all but admin users, so it is believed that minimum exposure to HSSIB data occurred. The actions taken demonstrate that HSSIB takes any data breaches seriously and responds swiftly.

The services offered by NHSE / DHSC Cyber Security Operations Centre (CSOC) continues to expand, for example MS Sentinel monitoring is being developed. Prior to embracing further services or other support offered by CSOC a thorough assessment of both the operational and technical impact to each offering would be undertaken. The current services CSOC provide to HSSIB include:

- **24/7 security monitoring and alert triage.** CSOC continuously monitors HSSIB's Microsoft Defender for Endpoint (MDE) environment and relevant Sentinel data. Alerts are assessed centrally and significant findings requiring HSSIB action are escalated to HSSIB.
- **Threat intelligence and proactive threat hunting.** CSOC uses intelligence from internal, commercial, government and NCSC sources to identify indicators of compromise and search for threats affecting NHS organisations, including HSSIB.
- **Serious Cyber incident response.** For serious incidents, CSOC would take control of identification, containment, coordination and forensic investigation of the threat. CSOC is aware HSSIB does not have the expertise in house to be able to deal with incidents of this nature.
- **Device isolation.** CSOC offers an additional MDE device-isolation capability. Where authorised and a significant threat is detected, this allows an affected endpoint to be rapidly isolated to contain the threat.
- **Security alerts and national cyber notifications.** HSSIB receives relevant cyber alerts requiring acknowledgement and action.

LOD 4: Risk Appetite and Tolerance

Setting and establishing a Risk Appetite is a fundamental building block for HSSIB to be able to manage its risk with transparency whilst maintaining high levels of assurance. It provides the 'golden thread' of accountability and risk decision making that is key to a cyber mature organisation. Risk Appetite is the amount and type of risk that an organisation is willing to take to meet their strategic objectives. The HSSIB Board determines its level of Risk Appetite each year; this is applied to the Board Assurance Framework and is utilised during decision making discussions as part of our approach to managing risk in our everyday life.

HSSIB Board has produced a Risk Appetite Statement, this will be applied to all areas of risk type and across all areas. The definition of each approach is provided by each area of risk type and strategic goal in the next section. This Risk Appetite statement should be reviewed and agreed annually.

The HSSIB Board recognises that there may be times when it is appropriate to apply more or less risk to an information asset then the Board-level policies details. When this is the case the appropriate Information Asset Owner (IAO) will construct and submit a 'Risk Balance Case' for the Senior Information Risk Owner (SIRO) to understand the business justification for the proposed change. If the SIRO accepts this change it should be 'time-bound' managed by the relevant IAO and the SIRO given regular up-dates.

To successfully apply an appetite to risk, will require a focus on assurance over the strength of existing internal control framework, as well as identifying and embedding any new controls. HSSIB will continue to monitor these through mechanisms such as the regular reporting by the IAOs and the delivery of audit programmes which provide assurance over controls. Risk Appetite will be reviewed annually, or sooner if the organisation receives any significant third line assurance feedback.

HSSIB will use a risk tolerance score to translate and provide a practical application of Risk Appetite to the management and scoring of risk, it measures the levels of risk taking acceptable. Essentially, the lower the appetite, the more mitigation required to ensure sufficient controls are in place to manage the risk. The greater the Risk Appetite the more assurance we need against the existing controls. Confidence will be gained through appropriate controls being in place that positively affect outcomes and through assurance that the controls are operating effectively. Risk Appetite matrix are set out in appendix 2.

Review and Approval

This strategy should be reviewed annually due to the speed at which the cyber threat evolves or post any major incidents or organisational change, this is to ensure it remains coherent with HSSIB operations.

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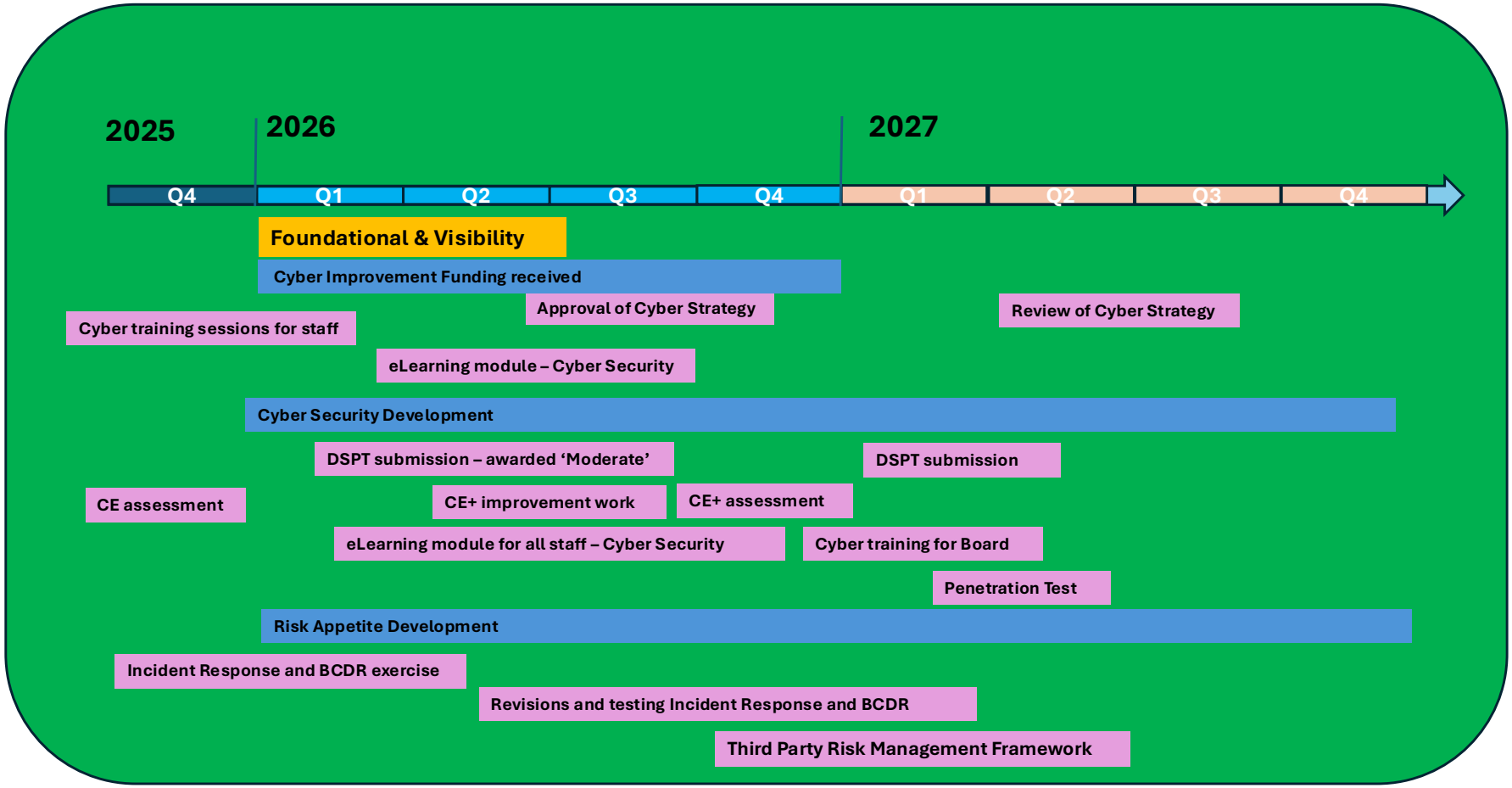
Appendix 1 - 3 Year Roadmap and Continuous Improvement



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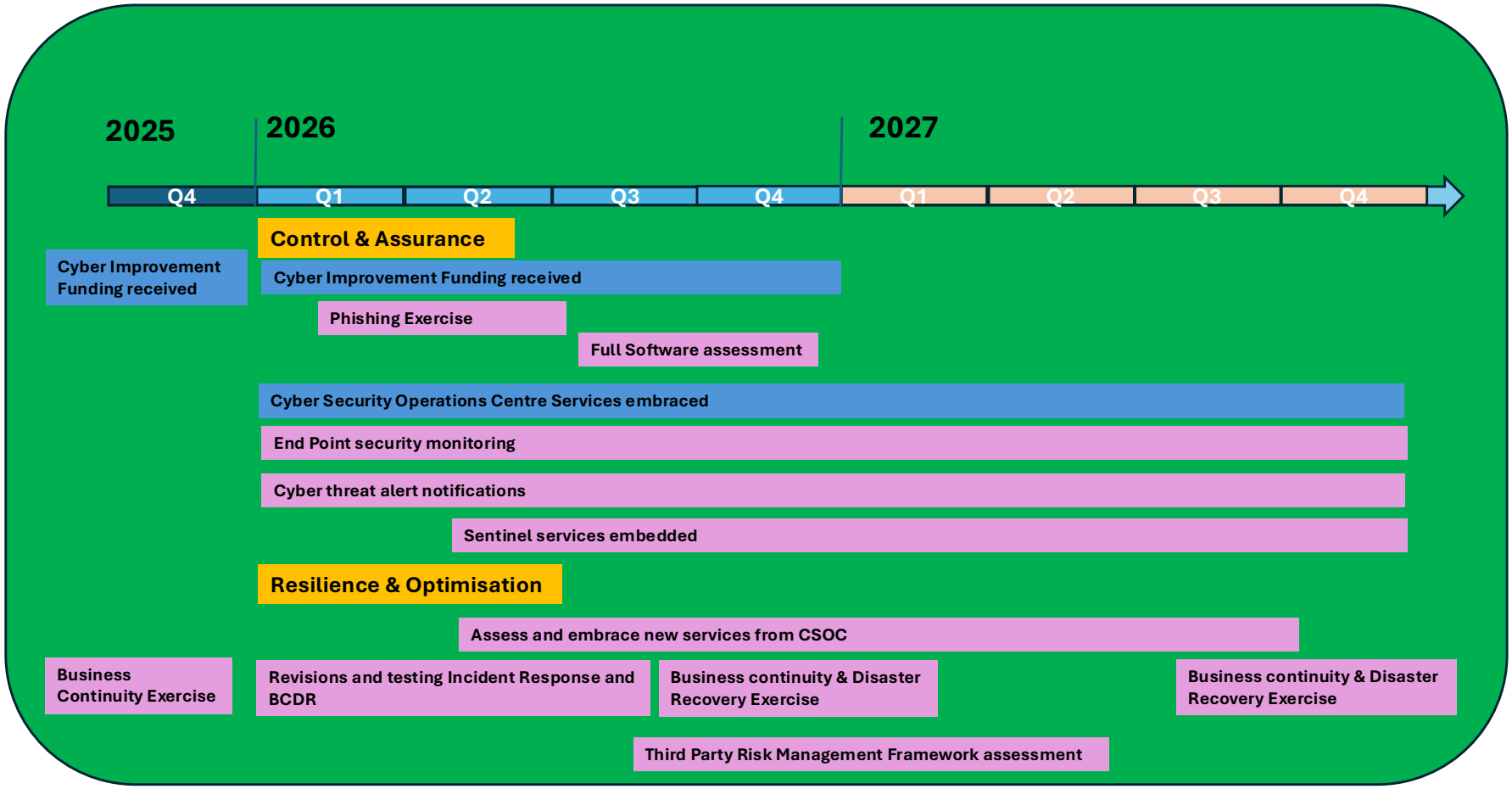
2025
2026
2027
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Control & Assurance
Cyber Improvement Funding received
Cyber Improvement Funding received
Phishing Exercise
Full Software assessment
Cyber Security Operations Centre Services embraced
End Point security monitoring
Cyber threat alert notifications
Sentinel services embedded
Resilience & Optimisation
Assess and embrace new services from CSOC
Business Continuity Exercise
Revisions and testing Incident Response and BCDR
Business continuity & Disaster Recovery Exercise
Business continuity & Disaster Recovery Exercise
Third Party Risk Management Framework assessment

Appendix 2 – Risk Appetite matrix

The following two tables provide a strategic baseline for a Risk Appetite Statement.

NB: The current HSSIB Risk Appetite Statement was agreed by Board in November 2025 and is due for renewal and revision in 2027. It is acknowledged that the current Statement requires some revision in order to ensure that it is tailored more specifically to HSSIB rather than an NHS Trust; it is anticipated that the Statement will also be revised to address specifically cyber, protected information, service availability and technology innovation.

Appetite Level	Averse	Minimalist	Cautious	Open	Seek
Tolerance	None	Low	Moderate	High	Significant
Risk Score	0-3	4-8	9-11	12-15	16+

Risk Appetite Matrix 2025/26

Risk Level Risk Category	**Averse**	**Minimal**	**Cautious**	**Open**	**Seek**
Quality	Zero appetite for any decisions with a high chance of an adverse or uncertain impact on patient safety, quality of care and outcomes for the patient.	Appetite for taking very limited clinical risks if essential to patient care and outcomes. Such risks are properly assessed with mitigating controls in place. Avoid innovation unless established and proven to be effective.	Appetite for taking moderate clinical risks where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We will pursue innovation where there is potential for significant longer-term rewards and improvement on quality and safety outcomes.	We seek to lead the way and will prioritise new innovations, even in emerging fields. We consistently challenge current working practices in order to drive improvement in quality and safety outcomes.
Financial	No appetite for decisions or actions which may result in financial loss.	Only prepared to accept minimal possibility of material financial impacts or losses or reporting misstatements if essential to safe and effective patient care	Limited financial impacts or losses are accepted if they yield upside opportunities elsewhere within the Trust. Value for money is a key	Prepared to invest and/or accept financial impacts or losses for the benefit of improved patient care and outcomes if appropriate controls are in place and value for money is	Proactively invest and/or accept financial impacts or losses for the benefit of patient care and outcomes, recognising that the potential for substantial gain outweighs inherent

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		and outcomes	focus.	delivered.	risks.
Regulation and Oversight	No appetite for action which may impact on operational service delivery. Focus on capability to protect services and maintain tight control.	Limited action may be taken which may impact on operational service delivery only where it is essential to deliver safe and effective patient care and outcomes. Decision making authority held by senior management.	Appetite for taking moderate risks relating to service delivery where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place. Robust performance oversight processes in place.	Willing to take decisions that will impact on the business-as-usual delivery of services to deliver transformation and secure longer term quality improvement.	Appetite to take investment and transformation decisions in areas which are likely to impact on the delivery and accessibility of services in the short term in order to deliver significant improvement for the long term.
Workforce	Avoidance of any workforce risks that threaten the delivery of safe and effective patient care and outcomes.	Only prepared to accept the possibility of very limited workforce risk impacts if essential to safe and effective patient care and outcomes. Innovation is not a priority.	Prepared to take limited risk with regards to workforce as long as this could yield opportunities elsewhere within the Trust for improvements in workforce, cultural and leadership development.	Appetite to take workforce management decisions which may have short term implications for our workforce for potential longer-term gains.	Seek to lead the way in terms of workforce and cultural innovation, accepting that this may be disruptive in the short term, but would be outweighed by the opportunity to drive improvement.
Reputation and Relationships	Zero appetite for any decisions that present risks to the Trust maintaining its CQC registration, complying with the law and its policies.	Only prepared to accept the possibility of minor regulatory observations if related actions are essential to the safe and effective patient care and outcomes.	Accept possibility of moderate regulatory observations / judgements as long as appropriate controls are in place and there is a potential for	Willing to take decisions that are likely to bring additional scrutiny to outwardly promote new ideas and innovations where potential benefits outweigh the risks.	Comfortable to take decisions that may expose the trust to significant additional scrutiny or judgement as long as there is commensurate opportunity for

			improvement outcomes.		improvement outcomes for our stakeholders.

Figure 3 - Based on models produced by the Good Governance Institute 'Risk Appetite for NHS Organisations, A matrix to support better risk sensitivity in decision taking'

Appendix 3 – Cyber Improvement programme funded activities

HSSIB has applied and secured funding from Department of Health and Social Care, Joint Cyber Unit. This funding has supported HSSIB cyber development through financial years 2025 / 26 and 2026/27. The funded development activities are detailed below:

Financial year	Funded activity	Description
2025/26	Develop HSSIB Cyber Security Strategy	Develop an organisational cyber security strategy to provide the foundation for HSSIB's future cyber security provision.
2025/26	Asset Impact Assessments and Business Continuity Plan	Develop Asset Impact Assessments and a cyber-focused Business Continuity Plan, including exercises to familiarise staff with the arrangements.
2025/26	Cyber security awareness training	Provide all staff with a live virtual training session and an e-learning module covering cyber security good practice and incident response.
2025/26	Certified Information Security Manager training	Provide CISM training, examination and certification for HSSIB's three cyber security leads.
2025/26	Microsoft Enterprise licence upgrade	Upgrade HSSIB's Microsoft Enterprise licences from E3 to E5 to strengthen security, compliance, records management and endpoint controls.
2025/26	Cyber Essentials and Cyber Essentials Plus certification	Undertake the assessment and improvement work required to pursue Cyber Essentials and Cyber Essentials Plus certification.
2025/26	Microsoft Copilot security configuration workshops	Review and configure security controls to support the safe introduction and use of Microsoft Copilot within HSSIB.
2026/27	Microsoft Sentinel configuration, phases 1-3	Procure and configure Microsoft Sentinel to provide security monitoring data from HSSIB systems to the NHS England Cyber Security Operations Centre.
2026/27	Phishing exercise and targeted awareness	Run a realistic phishing exercise to assess susceptibility and provide targeted follow-up training and awareness.
2026/27	Penetration testing	Independently test the security of the MVP of the new investigation management system and its controls for protecting medical records and protected materials.
2026/27	Cyber Essentials Plus certification	Complete remedial and assessment work to pursue Cyber Essentials Plus certification following the change of IT provider and introduction of new systems.
2026/27	AI and cyber security training for the Board and senior leaders	Deliver a bespoke awareness session and follow-up e-learning on the safe and responsible adoption of artificial intelligence.
2026/27	Business continuity and resilience	Deliver two scenario-based half-day exercises, producing a lessons-learned

	exercise for all employees	report, prioritised recommendations and an all-staff resilience checklist.
2026/27	Business continuity and disaster recovery exercise with the new IT provider	Review updated continuity arrangements and run a joint exercise with the new IT support provider to test the robustness of the Business Continuity Plan.
2026/27	Supplier security self-assessment and guidance	Develop HSSIB-specific guidance and a supplier security self-assessment addressing suppliers' responsibilities for protected materials and information security.
2026/27	Renewal of NCSC Assured NHS IAO e-learning	Renew and update the Information Asset Owner e-learning to support consistent information risk management and governance.
2026/27	Microsoft security controls review	Review HSSIB's Microsoft 365 environment and laptop build, including security, identity, compliance, resilience and the standard device image.
2026/27	Cyber assurance maturity assessment	Assess HSSIB's cyber security maturity against recognised good practice and produce an improvement roadmap and Board-level summary.
2026/27	Emerging legal and regulatory horizon workshop	Examine emerging requirements relating to IT, information governance, data protection, cyber security, artificial intelligence and machine learning.
2026/27	Independent DPIA review	Independently review the Data Protection Impact Assessment for the new investigation management system.
2026/27	Proxy Server	Deployment of a Proxy Server to protect HSSIB users from web based threats.
2027/28	Microsoft Sentinel configuration, phases 4-5	Enhance Microsoft Sentinel monitoring to provide further coverage of HSSIB systems to the NHS England Cyber Security Operations Centre. This is in the bid stage currently.
2027/28	Penetration testing	Independently test the security of the full deployment of the investigation management system and its controls for protecting medical records and protected materials.

Glossary

This glossary explains key acronyms, roles and technical terms used in this Cyber Security Strategy.

Term	Meaning
ARAC	Audit and Risk Assurance Committee; the committee that supports oversight of audit, assurance and risk management arrangements.
Arms Length Body (ALB)	A public sector organisation that operates with a degree of independence from central government while remaining accountable for public functions.
Asset	Information, systems, devices, services or other resources that have value to HSSIB and need to be protected.
BAF	Board Assurance Framework; a structured way for the Board to understand principal risks, controls and sources of assurance.
CAF	Cyber Assessment Framework; the NCSC framework used to assess cyber resilience and the effectiveness of cyber security outcomes.
Caldicott Guardian	A senior person responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing.
Cyber Essentials	A UK Government-backed certification scheme that helps organisations protect against common cyber threats through core technical controls.
Cyber Essentials Plus	An enhanced version of Cyber Essentials that includes independent technical testing by a qualified assessor.
Cyber Resilience	The ability of an organisation to prepare for, withstand, respond to and recover from cyber incidents while continuing to deliver essential services.
Cyber Security	The practice of protecting systems, networks, devices and data from unauthorised access, disruption, damage or misuse.
CSOC	Cyber Security Operations Centre; a function that monitors, detects and supports response to cyber security threats and incidents.
DHSC	Department of Health and Social Care.
DPA	Data Protection Act; UK legislation governing the processing of personal data.
DPO	Data Protection Officer; the role responsible for advising on and monitoring compliance with data protection requirements.
DSPT	Data Security and Protection Toolkit; the NHS self-assessment framework used to demonstrate performance against data security and information governance requirements.
GDPR	General Data Protection Regulation; the legal framework for data protection, reflected in UK GDPR following the UK's exit from the EU.

HCA	Health and Care Act 2022; legislation that sets out HSSIB's statutory powers and arrangements, including provisions relating to protected material.
IAO	Information Asset Owner; a person responsible for understanding, managing and assuring the use and protection of a defined information asset.
Information Asset Register	A record of important information assets, including ownership, classification and business continuity requirements.
ISO 27001	An international standard for information security management systems.
LOD	Line of Development; a strategic workstream used in this document to organise cyber security priorities and improvement activity.
MDE	Microsoft Defender for Endpoint; a Microsoft security service used to help protect, detect and respond to threats on endpoint devices.
MFA	Multi-factor authentication; a security control requiring more than one form of verification to access an account or system.
NCSC	National Cyber Security Centre; the UK's technical authority for cyber security guidance and support.
NHSE	NHS England.
NIS	Network and Information System regulations 2018
Operational Resilience	The ability to continue delivering important services during disruption and to recover within agreed timeframes.
Patch applications	Software updates designed to fix security vulnerabilities, bugs, or performance issues in programs.
Protected Materials	Investigation materials protected under HSSIB's statutory framework and associated disclosure arrangements.
Recovery Point Objective	The maximum acceptable amount of data loss measured in time following an incident or disruption.
Recovery Time Objective	The target time within which a system, service or process should be restored after disruption.
Risk Appetite	The amount and type of risk an organisation is willing to accept in pursuit of its strategic objectives.
Risk Balance Case	A documented justification for applying more or less risk to an information asset than would normally be expected under the agreed Board-level risk appetite.
Risk Tolerance	The practical threshold of risk taking that can be accepted before further mitigation, escalation or assurance is required.
Threat Intelligence	Information about current or emerging cyber threats that supports prevention, detection and response activity.
UK GDPR	The UK data protection regime based on the General Data Protection Regulation and incorporated into UK law.

Health Services Safety Investigations Body

HSSIB Board Meeting
Cover Sheet
26 November 2026

Title of paper	Board Code of Conduct
Agenda Item	4.3
Action Required (i.e approve, discuss)	To approve
Recommendation	HSSIB Board are asked to approve the Board Code of Conduct.
Purpose / Summary	A Board Code of Conduct is essential in order to establish clear expectations of how senior members of HSSIB staff should conduct themselves. It covers integrity, loyalty, confidentiality, conflicts of interest, respectful debate, and legal compliance. The HSSIB was originally approved in April 2024. The version presented to Board today is a new, updated Version 1.1. The key changes to the updated version are as follows: • Section 5 – additional paragraph added regarding constructive challenge. • New Section 6.4.1 added in to note that the Board need to take steps to protect HSSIB information and systems. • New Section 6.5 added re Safeguarding responsibilities of the Board. • New Section 6.6 added re Resources / Expenses responsibilities of the Board. • New Section 11.1 added re Raising a Concern.
Strategic Theme	5. Embed a compassionate, inclusive culture across our organisation.
Which operational/ strategic risks are relevant?	All seven strategic risks are relevant to this paper.
Responsible Officer	Sarah Graham (Board, Governance and Records Manager)
Accountable Manager/Director	Stephen Carruthers (Finance and Resources Director)

Background / Purpose

A Board Code of Conduct is essential in order to establish clear expectations of how senior members of HSSIB staff should conduct themselves. It covers integrity, loyalty, confidentiality, conflicts of interest, respectful debate, and legal compliance.

The HSSIB was originally approved in April 2024. The version presented to Board today is a new, updated Version 1.1.

The key changes within the updated version are as follows:

- Section 5 – additional paragraph added regarding constructive challenge.
- New Section 6.4.1 added in to note that the Board need to take steps to protect HSSIB information and systems.
- New Section 6.5 added re Safeguarding responsibilities of the Board.
- New Section 6.6 added re Resources / Expenses responsibilities of the Board.
- New Section 11.1 added re Raising a Concern.

Recommendations

HSSIB Board are asked to approve the Board Code of Conduct.

HSSIB Code of Conduct for Board Members

Version number: v1.1

First published: N/A

Date updated: November 2026

Next review date: November 2028

Policy prepared by: Board, Governance and Records Manager

Policy Owner: Business Services Team

Classification: OFFICIAL

Policy Number: HSSIB007

Brief summary of changes since previous version:

Version	Date	Update
V1.1	13/11/2026	Section 5 – additional paragraph added regarding constructive challenge. New Section 6.4.1 added in to note that the Board need to take steps to protect HSSIB information and systems. New Section 6.5 added re Safeguarding. New Section 6.6 added re Resources / Expenses. New Section 11.1 added re Raising a Concern.

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1. INTRODUCTION

1.1 This document is the Code of Conduct for Board Members (Code") of the Health Services Safety Investigations Body (HSSIB). This Code forms part of the framework designed to promote the highest possible standards of conduct and behaviour at HSSIB, and is intended to operate with HSSIB's governance documents, including the Board Governance Framework, the Standing Orders, the Standing Financial Instruments, and the Scheme of Delegation.

1.2 The Government expects all holders of public office to work to the highest personal and professional standards. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Board Members.

2. APPLICATION OF THIS CODE

2.1 This Code applies to Board Members when they are acting in that capacity.

2.2 This Code applies to all Board Members, whether they are a member of the Executive of a Non-Executive Board Member.

2.3 This Code applies to Board Members when acting in any another capacity only in the event that there are concerns about a Board Member's conduct when they are acting in such other capacity and those concerns are relevant to the person's role as a Board Member. HSSIB will act proportionately and reasonably when applying this Code in any such circumstances.

3. VALUES AND PRINCIPLES

3.1 The principles and standards related to holding public office are set out in the Code of Conduct for Board Members of Public Bodies. This can be found here. Board Members are required to adopt the Seven Principles of Public Life (the Nolan Principles)[1] which are as follows:

3.1.1 Selflessness

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

3.1.2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in

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

order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3.1.3 Objectivity

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

3.1.4 Accountability

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

3.1.5 Openness

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

3.1.6 Honesty

Holders of public office should be truthful.

3.1.7 Leadership

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

4. ROLES AND RESPONSIBILITIES

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

4.1 The Chair

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

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

(a) encouraging high standards of propriety and prompting the efficient and effective use of staff and other resources throughout HSSIB.

(b) ensuring that in reaching decisions, the Board takes proper account of any guidance and professional advice provided to it and the Board's Committees; and

(c) representing the views of HSSIB to the general public.

4.1.3 The Chair must participate in and have oversight of Board decision making, including, ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board Members, as well as the Board as a whole. The Chair has an important role in enabling all Board Members to contribute to the Board's discussions.

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

5. CORPORATE RESPONSIBILITIES OF BOARD MEMBERS

5.1 The Board provides strategic direction and leadership to HSSIB. Together with the Chair, all Board Members, whether Non-Executive or Executive, share corporate responsibility for the decisions of the Board and for the performance of HSSIB. Once the Board has taken a decision, it is the responsibility of all Board Members to support that decision. However, collective responsibility does not prevent Board members from constructively challenging proposals before decision are reached, requesting that material concerns are appropriately recorded, or subsequently raising concerns where new information emerges or where they reasonably consider that a matter presents a significant legal, regulatory, ethical, safety, or governance concern. All Board Members have collective and corporate responsibility for ensuring that HSSIB complies with statutory and administrative requirements for the use of public funds.

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

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

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

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

5.3.3 conduct themselves in a manner that reflects positively on HSSIB and not in any way that would reasonably be regarded as bringing HSSIB into disrepute;

5.3.4 respect the position that HSSIB is an apolitical organisation;

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

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

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

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

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

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

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

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

5.6.4 allow everyone to take part without interruption or intimidation, respecting and listening to the contribution of other Members and not interrupting when someone is speaking;

5.6.5 respect the impartiality and integrity of HSSIB's other Board Members, never being derogatory in their speech or manner. Members should not use language which could be construed as discriminatory or offensive to others;

5.6.6 not attempt to dominate meetings for their own purpose;

5.6.7 ensure that their attention is on the meeting, if the Board Member needs to keep a mobile telephone on during a meeting due to a potentially urgent call or leave the meeting early, they should inform the Chair at the start of the meeting.

5.6.8 The HSSIB Board has agreed that meetings in public should be recorded for the purposes of minute taking. Minutes of the meeting will then be made available on the HSSIB website. This will make the Board's proceedings more accessible and will promote the transparency and openness of HSSIB.

6. RESPONSIBILITIES OF INDIVIDUAL BOARD MEMBERS

Information Security

6.1 Confidentiality

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

6.1.2 Board Members must comply with HSSIB's policies and procedures in respect of confidentiality, as provided to them. Therefore, Members must not disclose information which is stated as being confidential, other than when it is lawful to do so. If in doubt about the confidential nature of any document, Members must seek advice from the Board, Governance and Records Manager before sharing or disclosing any information.

6.1.3 No provision of this Code shall preclude any Board Member from making a protected disclosure within the meaning of the Public Interest Disclosure Act 1998, but where a Member is considering making any such disclosure, they must seek advice from the Board, Governance and Records Manager.

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

6.2 Data Protection

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

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

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

6.3 Freedom of Information

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

6.4 Information Technology

6.4.1 Board Members must take appropriate steps to protect HSSIB information and systems, comply with HSSIB's information and cyber security arrangements, and promptly report any actual or suspected loss, disclosure, cyber incident, or other information security breach. HSSIB information must only be processed using approved systems and technology unless expressly authorised by the Senior Information Risk Owner via the Bring Your Own Device Policy.

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

6.5 Safeguarding

6.5.1 Board Members must remain alert to safeguarding concerns arising through the course of their duties and ensure that any concerns relating to the safety or welfare of children or adults at risk are raised promptly in accordance with HSSIB's safeguarding arrangements. Board Members are expected to complete any safeguarding training appropriate to their role.

6.6 Resources/ Expenses

6.6.1 Claims for travel, subsistence and other expenses must comply with HSSIB's relevant policies.

7. CONFLICTS OF INTERESTS AND GIFTS AND HOSPITALITY

7.1 Board Members must declare any interests which may or may be perceived (by a reasonable member of the public) to influence their judgement or conflict in any other way with the discharge of their duties and responsibilities. These interests should be declared using the official HSSIB Declaration of Interests Form.

7.2 These interests may include, (without limitation), any outside personal or business interests, any direct and indirect financial interests

(such as shareholdings or share options in individual companies), or any positions of employment, other appointments, or other positions of authority. Board members should also declare any such interests of a spouse/partner, of close family members or friends, a business partner, or of people closely connected to them in some other way, for example, they live in the same household as the Board member, that they should be aware of.

7.3 Board members are expected to ensure that any acceptance of gifts and hospitality can stand up to public scrutiny. In order to avoid any suggestion of partiality, it is normal for those in public office to refuse personal gifts or hospitality offered in connection with their duties, and Board members should similarly do so. Sensible judgement should be exercised and there is normally no reason to refuse isolated gifts of a trivial nature such as calendars and occasional, minor hospitality such as working lunches. However, it is important that Board members also fully comply with any additional HSSIB policy on gifts and hospitality.

8. EQUALITY AND NON-DISCRIMINATION

8.1 Board Members are expected to understand and promote the policies of HSSIB which relates to Equality, Diversity, Inclusion and Belonging Policy.

8.2 HSSIB has a duty under the Equality Act 2010 (Equality Act) to:

8.2.1 eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act;

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

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

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

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

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

9.1 This section 9 shall be read in conjunction with HSSIB's Social Media Policy.

9.2 Board Member's engagement with the media and public is dealt with as follows:

Official Spokespeople for HSSIB

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

Communications with third parties

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

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

Speaking to the Media

9.6 The HSSIB Chair has specific responsibility for explaining the Board's views to the media.

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

9.8 When engaging with the media, Board Members should:

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

9.8.2 speak only on matters that fall within the remit of the Board;

9.8.3 take account of the Board's responsibility for leading and setting an example to HSSIB;

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

9.8.5 consider their obligations for ensuring confidentiality including of personal information.

9.9 Board Members may be approached directly by the media by phone, email or in person. Board Members must not commit to media

interviews as representatives of HSSIB without first consulting and gaining the approval of the Chair to speak on behalf of HSSIB. If a Board Member receives a request for an interview or comment from the media, they should simply confirm that they or an appropriate person will respond within an agreed timescale. The HSSIB Communications Team will give advice on who is best placed to respond to the query.

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

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

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

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

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

9.11.2 regularly updated about proactive and reactive media activity; and

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

Public Speaking Engagements

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

Use of Social Media

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

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

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

10. PERSONAL LIABILITY OF BOARD MEMBERS

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

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

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

11. RAISING CONCERNS

A personal concern or grievance

11.1 No Board Member should suffer detriment for raising a genuine concern in good faith, and Board Members must not victimise or disadvantage any person who raises a concern or supports someone in doing so.

11.2 A Board Member who wishes to express a concern about the behaviour of another Board Member should in the first instance raise the issue with the Chair of the Board. If the concern involves the Chair of the Board, the Board Member should raise the matter with the sponsor at DHSC.

11.3 The following process should be followed where possible unless the matter in question should be dealt with pursuant to HSSIB's grievance policy:

11.3.1 an initial informal discussion to be held with the Chair to scope the nature of the concern and gain agreement to the next steps. For example, it might be appropriate to have an informal discussion with all Board Members at a specially convened workshop; or to proceed to a more formal meeting between the aggrieved Board Member and the person causing the concern;

11.3.2 a more formal meeting attended by both sides to the grievance and facilitated by the Chair. Both parties can be accompanied by a colleague or a friend but not by a legal adviser. If legal advice is needed, HSSIB's legal advisers will provide it. A note of the meeting should be taken including any agreed resolution.

Serious wrongdoing

11.4 In the situation where a Board Member has reason to believe that a serious incident of wrongdoing has taken or is taking place, they should raise this immediately with the Chair to seek a resolution of their concern. The Chair will agree with the Board Member how the matter should be investigated and make appropriate arrangements to do so. The matter should be explored using internal processes wherever possible.

11.5 In certain circumstances, a Board Member may decide to make a protected disclosure to a body outside HSSIB in accordance with the Freedom to Speak Up Policy.

12. FAILURE TO COMPLY WITH THE CODE OF CONDUCT

12.1 If any Board Member fails to perform the duties required of them or display the standards of conduct expected of them, they may be judged as failing to carry out the duties of their office. This could lead to them being removed from the Board.

12.2 Failure to observe the requirements as set out in this Code would be a breach of the Board Standing Orders and could in the event of allegations of fraud and/or corruption, as set out in the Standards of Business Conduct Policy leave the Board Member involved open to criminal proceedings as well as other civil penalties.

12.3 In cases where it appears that a Board Member has acted or omitted to act in such a way as to constitute a breach of the Board Standing Orders or a breach of this Code, the Chair may commission an investigation and depending on the findings of the investigation, may refer the case to the Secretary of State for consideration of further action. In the case when the Board Member concerned is the Chair of the Board the Chair of the Audit and Risk Assurance Committee will undertake the investigation.

12.4 Any queries about this Code should be directed to Board, Governance and Records Manager in the first instance.

13. REVIEW OF THE CODE OF CONDUCT

13.1 This Code of Conduct will be reviewed every 2 years by the Board.

Health Services Safety Investigations Body

Board Meeting Cover Sheet
26 November 2026

Title of paper	**Building Investigation Excellence progress dashboard**
Agenda Item	5.1
Action Required	For Assurance
Recommendation	HSSIB Board are invited to approve the BIE dashboard as a snapshot of current status
Purpose / Summary	The Building Investigation Excellence dashboard provides the Board with assurance on implementation of the agreed strategy, including overall programme status, progress, risks and dependencies. This update demonstrates that the programme remains on track, with the team being established, Knowledge Exchange launched, capability development progressing through Discovery, and work continuing on targeted support and enabling infrastructure.
Strategic Theme	1. Deliver high-quality, impactful, independent safety investigations
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	Abi Holmes, Digital Programme Design Manager
Accountable Manager/Director	Philippa Styles, Director of Investigations

Building Investigation Excellence

Progress Report

Reporting period: November 2026

Prepared by: Scott Hislop, Head of Programme Design
Abi Holmes, Digital Programme Design Manager

Project Summary

Health Services Safety Investigations Body

Overall status



On-Track

Recruitment complete – team to be fully established in January 2027

Knowledge Exchange launched 1 September 2026 and initial metrics incorporated into Q2 performance report

BIE Capability Development scope refined to focus on an integrated professional development offer

Discovery underway to define priorities, delivery model, roadmap and technology requirements

Targeted Support proposal discussions underway with DHSC

CRM capability in new case management system on track for 27/28

Schedule

On track against revised plan

Cost

Within current approved resources

Scope

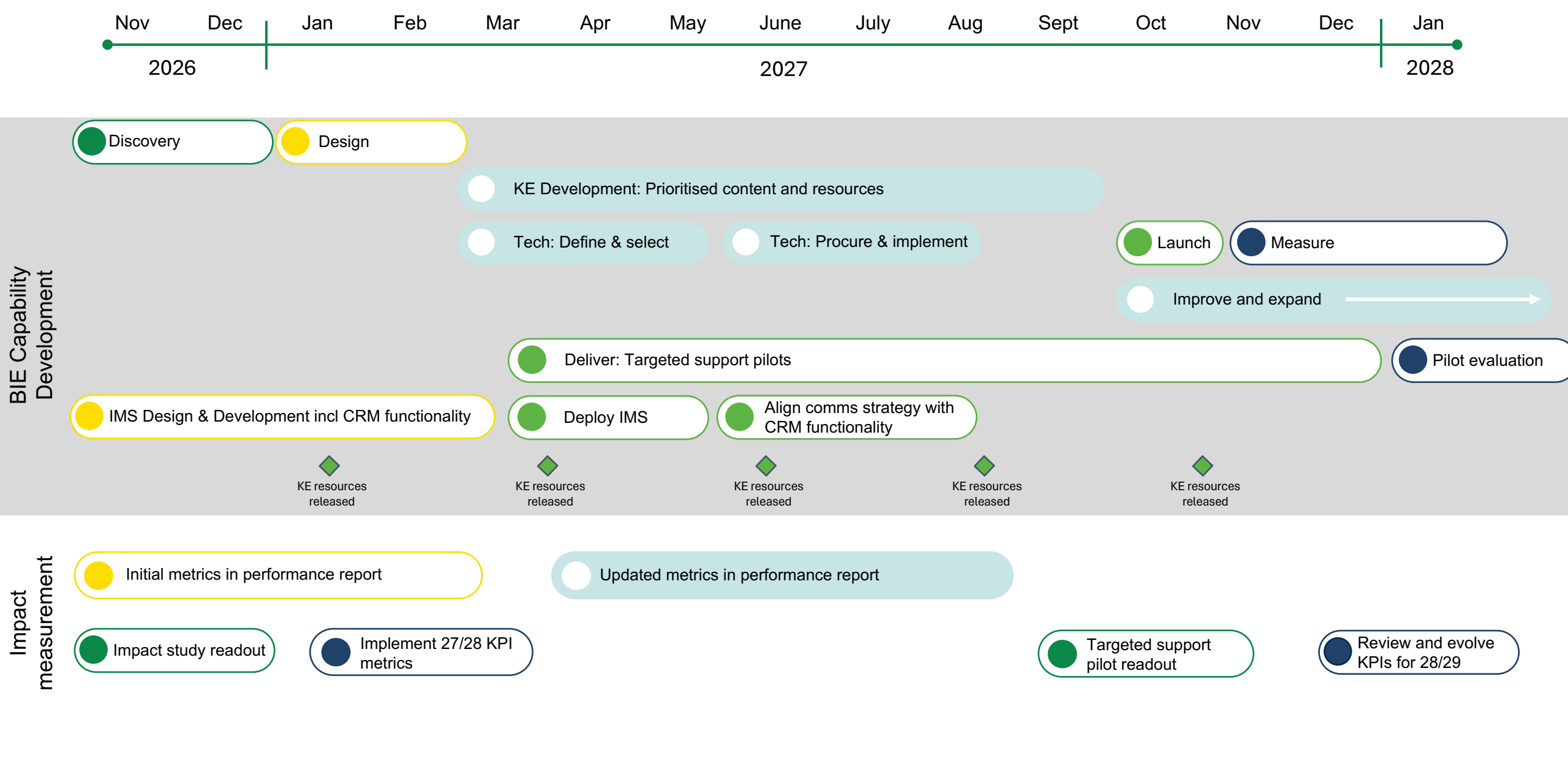
Discovery scope agreed

Quality

On track

Risk/Issue	RAG	Mitigation	Actions
Building internal capacity and capability to deliver the strategic objectives		Recruitment is complete and specialist capability is being developed across the team. Development to be planned in phases so priorities can be matched to available capacity.	Map capability and resource requirements against the forward programme, identify gaps early and evaluate external expertise if/where it adds value.
National priorities and interdependencies delaying targeted support initiatives.		On-going discussions with partners inc. DHSC.	Alternative options for targeted support being developed
The pace and scale of digital development will depend on available investment and procurement routes		Discovery and Design are defining user needs and technology requirements before committing to a solution. On-going dialogue re the availability of both capital and resource funding.	Complete the options appraisal, indicative costs and dependencies, while progressing priority content and resources that are not dependent on the final technology decision.

BIE Key Activities and forward plan



Public Board Meeting

	23 February 2027	27 May 2027	26 August 2027	23 November 2027
Logistics	Location: London	Location: London	Location: London	Location: 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, Introductions and Apologies for absence Declaration of Quorum Declarations of Interest Minutes of previous meeting Action Log	Welcome, Introductions and Apologies for absence Declaration of Quorum Declarations of Interest Minutes of previous meeting Action Log	Welcome, Introductions and Apologies for absence Declaration of Quorum Declarations of Interest Minutes of previous meeting Action Log	Welcome, Introductions and Apologies for absence Declaration of Quorum Declarations of Interest Minutes of previous meeting Action Log
Patient Safety Presentation	Investigation presentation	Investigation presentation	Investigation presentation	Investigation presentation
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 Cyber Security Strategy Business Continuity Plan	2027/28 Budget Setting Key Performance Indicators Sub committee Terms of Reference Scheme of Delegation	Business Plan (and Strategy?) Declaration of Interest Policy	Board Effectiveness Review update
Information/ Assurance Items	Budget Setting and Financial Performance Annual Report and Accounts update Board Effectiveness Review Building Investigation Excellence	Use of HSSIB powers annual report Annual safeguarding report Building Investigation Excellence	Information Governance and Risk Annual Report Building Investigation Excellence	Building Investigation Excellence
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