



Health Services Safety  
Investigations Body

# Annual Report and Accounts 2023/24

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Investigations Body

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# Contents

Performance Report	2
Performance Overview	3
Chair's Foreword	4
Chief Executive's Perspective	7
Who we are and what we do	10
Summarising our performance	15
Highlights and achievements	20
Summary of principal organisational risks	21
Performance Analysis	22
Accountability Report	46
Corporate Governance Report	47
Directors Report	47
Statement of Accounting Officer's responsibilities	49
Governance statement	50
Remuneration and Staff Report	59
Parliamentary accountability and audit report	68
The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament	69
Financial Statements	76
Statement of Comprehensive Net Expenditure	77
Statement of Financial Position	78
Statement of Cash Flows	79
Statement of Changes in Taxpayers' Equity	80
Notes to the financial statements	81



# Performance Report

# Performance Overview

This section describes the role and remit of the Health Services Safety Investigations Body (HSSIB). It explains what we do, highlights our priorities as a new organisation and sets out our achievements and performance progress in our first 6 months (1 October 2023 to 31 March 2024).

# Chair's Foreword



Dr Ted Baker, Chair

## Establishing a new body

In October 2023, we achieved an aim a long time in the making; formally to establish the Health Services Safety Investigations Body (HSSIB). We went through an extensive process setting up the new body, requiring a huge amount of work and commitment from the teams within the organisation. My thanks go to everyone involved.

I was pleased to lead the establishment of our board, with the recruitment of five non-executive directors. They bring with them a range of expertise and experience and over the last few months have been instrumental in guiding our strategic development.

I wanted to acknowledge that while we have set up a new body, we have not started from scratch. HSSIB replaces the Healthcare Safety Investigation Branch (HSIB) which was part of NHS England and formed in 2017. HSIB was one of the first organisations in the world to carry out independent investigations into patient safety incidents. HSSIB will continue to build on the expertise and experience developed over the last 6 years in HSIB.

## An ambitious strategy

At our official launch event in October, I emphasised that we have a bold ambition to radically change the way safety is managed in healthcare. Strong direction is crucial to drive safety improvements and I am pleased that we have now published our high-level strategy. It sets out our vision of safe healthcare for all and the five strategic themes we will focus on to achieve this.

## Championing a change in safety culture

A key priority for HSSIB moving forward is helping the health service to take a more proactive approach to safety management and safety culture. Over the years I have worked in health services, advancements in medical science have

led to healthcare being delivered by complex often interconnected systems. While the one-to-one patient practitioner relationship is still central to healthcare, it no longer encompasses the totality of care. Despite these changes, there is still a widely held perception that safety depends solely on the individual clinician rather than the system in which they provide care. There is misplaced emphasis on the role of human error, and this can lead to a culture of blame and defensiveness around safety.

Other safety-critical industries have recognised that human fallibility is something that cannot be avoided. They have adapted to this, nurturing open cultures where risks are reported without fear of retribution, embracing safety science, and learning to investigate with a focus on system factors, rather than human error, radically improving their safety records. In healthcare, while the understanding of system risk and impact on patients has transformed in recent years, it has still not changed into practical ways to manage safety effectively.

We explored many of these issues and insights in the first report we published as HSSIB, which focused on safety management systems (SMS). It explored the principles that support a proactive and integrated approach to managing safety. It included insights from other safety-critical industries and recommended that health services learn from them. The report also identified some of the opportunities to join up healthcare systems and work towards a co-ordinated SMS approach. It was an important first step in this area of work and we will have further insights and safety recommendations to share in upcoming SMS reports.

## **Involving patients and families**

Family and patient engagement will be a core component of our safety investigations as HSSIB. Patient voices are vital to improvement, not just because they may have been harmed but because patients, and those close to them, have experienced safety from a different perspective. Their story is vital in understanding why things have gone wrong. They have experienced how healthcare is actually provided, not how we often imagine it is provided.

Our strategy will ensure that the voice and experience of patients and families is embedded in all we do but that we also share our expertise across the health service, and beyond, so that this becomes a core set of skills within incident investigations. The introduction of the Patient Safety Incident Response Framework by NHS England was a major innovation in safety improvement, and we were pleased to be able to use our acclaimed investigation education programme to support its implementation. This includes a course on how those working in healthcare can involve those affected by safety incidents in the learning process.



## A commitment to collaboration

HSSIB has a unique role and remit within the patient safety landscape and to achieve our aims, we will continue to work closely with the rest of the patient safety system. Since our establishment, we have seen some encouraging examples of collaborative working, ranging from our inclusion on the National Quality Board to joint statements with the Patient Safety Commissioner.

However, there is more to do, and it is crucial that we build a coalition of support for the safety recommendations coming from our investigations. We must make sure those safety recommendations are achievable and can be implemented effectively so that they bring about tangible change.

The next year will be pivotal for us, and we will need the support of people working in health services, patients and the wider public. I have every confidence that HSSIB will approach this with the same commitment to impact and improvement that I have seen in the last year as Chair Designate then Chair.

The challenges currently faced by health services are complex and do not have simple solutions. What is clear though is that any solution capable of bringing about the much-needed innovation and change will have safety at its core. We will continue to champion changes both in safety culture and how safety is managed by health services. We have been given an unparalleled opportunity to drive forward an ambitious but achievable vision to improve safety for the benefit of patients and the health services they depend upon.



**Dr Ted Baker**  
Chair

# Chief Executive's Perspective



Dr Rosie Benneyworth, Interim Chief Executive

## Reflecting on 6 months of HSSIB

It was a privilege to lead the transition from HSIB to HSSIB and see the progress we have made in shaping our new organisation. I echo the Chair's thanks to everyone involved, particularly my HSSIB colleagues who worked tirelessly, setting up a new body while delivering our critical investigation and education programmes.

Over the last 6 months, we have already made numerous achievements, and this will be reflected throughout this annual report. Alongside publishing safety investigation reports and continuing the expansion of our education programme, we have embedded a new organisational structure and developed policies and procedures to support this. We have developed an ambitious strategy which sets out our mission, vision and the five strategic themes that will underpin all the work that we do.

## Delivering our core work

We have published eight investigations since October covering a variety of patient safety concerns. These have included high-profile reports that resonated with the public and the media, such as the importance of GP continuity of care and the impact on adults with learning disabilities when their needs are not met in hospital. We published an innovative report on safety management systems, looking at what healthcare can learn from other industries, and we will continue to advocate for that approach. In December, we produced an interim report with an insightful analysis of the factors that can lead to swabs being unintentionally retained following an invasive procedure. We have also brought into focus the hazards/risks associated with portable medical devices, the importance of care plans for patients with difficult airways and the common themes seen in cases of patient misidentification. In March, we published the first of our workforce investigations, emphasising the risks of not involving temporary staff in serious incident investigations.

Our education programme continues to grow, working with colleagues across the healthcare system to respond to their needs. Since our launch we have continued to enrol learners at pace and our courses continue to be popular across the NHS. Our influence has also increased on an international level via the education programme. We have also designed a framework to offer our courses on a paid basis to a wider audience. The expansion and success of our education programme highlights our drive to professionalise healthcare investigations.

## Prioritising the biggest safety risks

We are determined to look at the most significant safety risks that patients face, and we have launched investigations in big thematic areas. This has included our full suite of workforce and patient safety investigations, an examination of fatigue in healthcare, the provision of prison healthcare and expansion of the safety management systems work. Our teams have also been working on progressing four investigations into mental health inpatient settings, as directed by the Secretary of State. This work will be pivotal, helping to facilitate the improvement of mental health care in England.

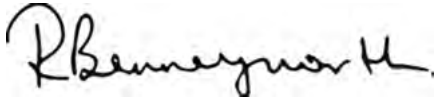
HSSIB can look at incidents in the healthcare system that have an impact on the safety of patients – anything from procurement and estates to the culture within teams and services. We will use our legislation to ensure nothing is off limits for investigation if concerns are raised with us about how the issue affects patients. There are areas that we are already looking at through HSSIB investigations – for example we know that effective digital infrastructure and interoperability within and between services are key to ensuring safe patient care. Safety can be impacted at the transitions of care between providers so looking at the full patient journey will also be important to us.

## An impactful and independent voice

There continues to be significant challenges and high demand in health and care services, and we recognise the pressure that people working in health and care services are experiencing. It is vital that national and patient safety focused organisations work together to give our workforce the best possible opportunity to deliver safe care, by enabling safe systems, environments, and processes.

There is increasing recognition of HSSIB's role and remit. We continue to strengthen our collaborative work with national organisations, and decision makers, providing them with robust and impactful evidence of where change is needed. Our connections with healthcare providers, and integrated care boards are crucial for sharing learning and we hear many examples where our work has galvanised change in their organisations. We also want to continue to build engagement with patient groups, charities and associations, and create an effective model for public and patient involvement in our work.

Thank you to all of those who we have worked with and who have supported us so far. Our pledge is that we will continue to focus on ensuring that our work is impactful, leading to change for patients, and that we are a strong and independent voice in the healthcare landscape.

A handwritten signature in black ink, appearing to read 'R Benneyworth'.

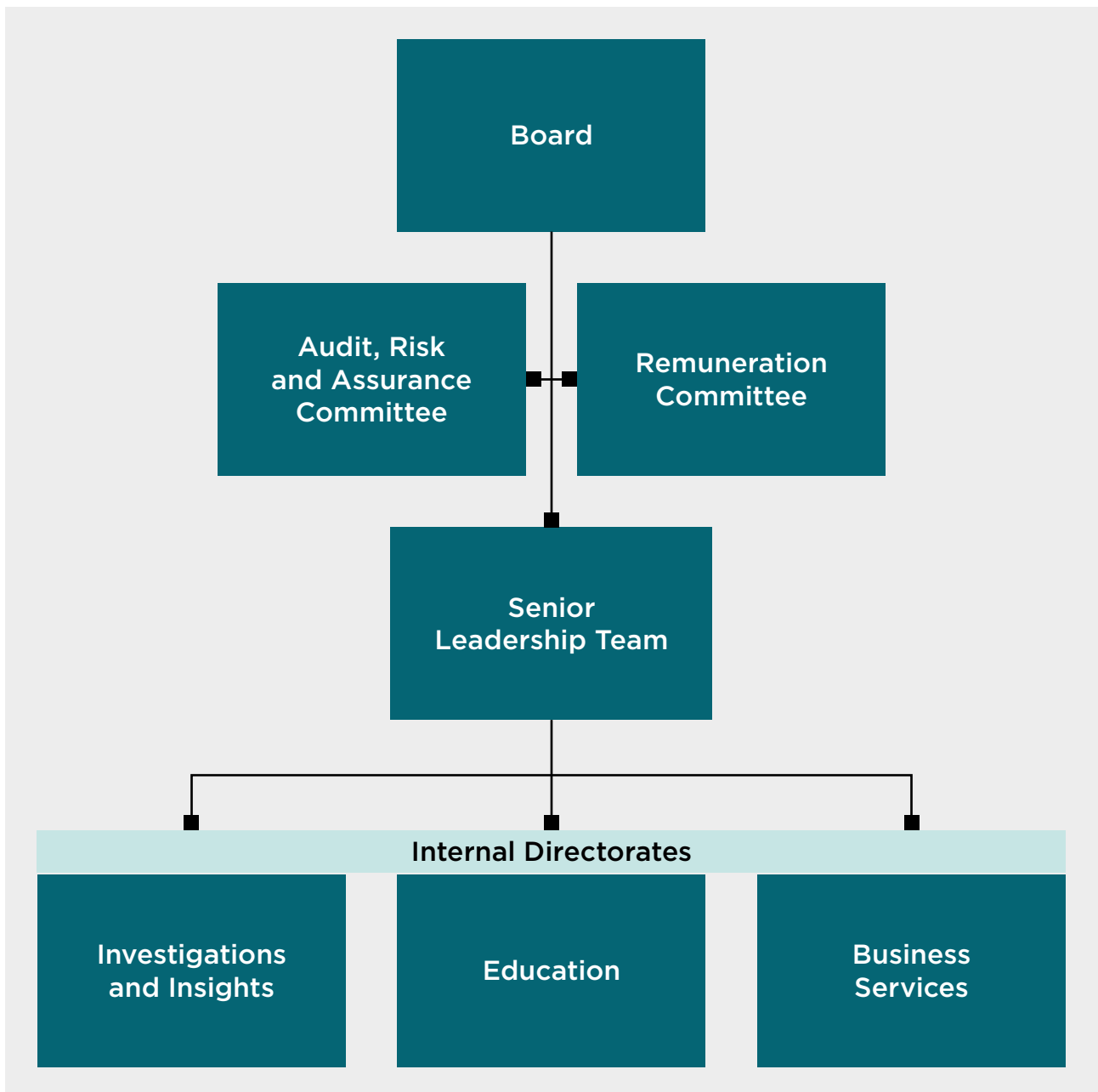
**Dr Rosie Benneyworth**  
Interim Chief Executive

# Who we are and what we do

We investigate patient safety concerns across the NHS in England and in independent healthcare settings.

HSSIB came into operation on 1 October 2023, established by the Health and Care Act 2022. We are a fully independent arm's length body of the Department of Health and Social Care (DHSC). Our core role is to carry out independent patient safety investigations that do not find blame or liability with individuals or organisations.

## Our structure



## Independent safety investigations

Our investigations aim to reduce patient harm by:

- identifying risks to the safety of patients
- supporting the involvement of patients, families and carers in healthcare
- supporting healthcare staff to carry out their roles and care for patients safely
- creating safer healthcare environments and processes
- making healthcare services more efficient
- sharing best practice and innovations in patient care
- addressing risks by facilitating improvement of systems and practices in NHS services or other healthcare services in England.



Our job is to understand why patients may have been harmed or be at risk of harm. Our investigations take a system perspective and aim to reduce the likelihood of patient safety incidents from happening. We share learning and support patient safety improvements across the whole healthcare system in England.

We complete multiple investigations each year. They are carried out by a team of skilled investigators. Our investigators bring experience from safety-critical industries and other professions including healthcare, military, aviation, law and human factors\*. We share learning in our investigation reports and make safety recommendations, safety observations and suggest local learning across the healthcare system.

\* A scientific discipline that seeks to understand the interactions between humans and the elements of systems in which they provide or receive care/service. This knowledge is used to optimise system design for human well-being and overall performance.

## 10 key principles for investigation

1

We do not attribute blame or liability in our investigations.

6

We have a multidisciplinary team approach to investigations using skilled investigators.

2

We underpin investigations with the most appropriate and robust safety science methodologies.

7

We involve appropriate subject matter advisors in our investigations.

3

Our investigations take a system perspective and aim to reduce the likelihood of incidents happening.

8

Safety recommendations will be impactful and we will work with the system to ensure there is maximum effect.

4

We involve patients, families, and healthcare staff in our investigations.

9

We are open and transparent about how we work while protecting the disclosure of specific evidence that we gather during investigations.

5

We consider how to improve care for those subjected to health inequalities in all our investigations.

10

We undertake investigations in a timely manner, and in the most cost-effective way.



## Education programme

We share learning that can help healthcare staff improve patient safety in their own organisations.

Our education team has developed a curriculum based on our investigation principles and human factors expertise. Human factors, often referred to as ergonomics, is an established scientific discipline used in many other safety critical industries (such as aviation, rail transport and nuclear power). This learning is shared across England to embed professional safety investigations in healthcare organisations.

We have established an expert faculty team to deliver our innovative programme. They come from multiple disciplines including human factors and systems thinking, family engagement and occupational psychology. Their backgrounds include other safety-critical industries, healthcare, education and public services.

We aim to extend our education programme to the wider UK healthcare sector and globally. We already advise bodies in other countries on our investigation process and our educational role.



The aims of the education programme are:



## HSIB legacy

The Healthcare Safety Investigation Branch (HSIB) was established in 2017 as part of the NHS Trust Development Authority and later NHS England. After the Health and Care Act 2022 was passed, between April 2022 and October 2023 HSIB went through a period of transformation to become the Health Services Safety Investigations Body (HSSIB). This established us as a fully independent non-departmental public body.

The main differences between HSIB and HSSIB are:

- HSSIB has enhanced powers that require people and organisations to cooperate with our patient safety investigations.
- HSSIB can protect the information provided during investigations from disclosure. This means that for other bodies to access it, they need to seek permission from the High Court.
- HSSIB has a board of executive and non-executive directors. They are accountable for governance and the assurance of operations and performance.
- The HSIB maternity investigations programme is now hosted by the Care Quality Commission (CQC) and is known as the Maternity and Newborn Safety Investigations (MNSI) programme. This is because the Health and Care Act 2022 does not make provision for the MNSI local investigations.

# Summarising our performance

Over the last 6 months, we have made significant progress towards our aims and vision for our new organisation. Below is a summary of our performance from 1 October 2023 to 31 March 2024. Further detail on our performance relating to investigations, education, and governance, risk, strategy, our people and finance can be found in the 'Performance Analysis', and 'Accountability Report' sections.



The Investigations and Insights Directorate has implemented a new investigation governance framework which has involved examining all aspects of the process. We have looked at how we select our investigations, and our engagement with patients, families, healthcare staff and key national partners. We have also set out where our process can be more flexible but also where additional rigour was needed.

“... on behalf of all my family we would like to thank you for the time you have taken to investigate this case. My Dad would be absolutely delighted that positive changes will hopefully be made in the future... it means so much to us as a family and hopefully no one else has to go through what my Dad went through and they can learn from my Dad's case again words can't describe how grateful we are.”

**Feedback from a family member of a patient involved in an HSSIB investigation.**

Since October, we have published investigations that focus on different areas of healthcare and we emphasise where there has been some early action on safety recommendations. In the past 6 months, we have also seen public support from stakeholders for our reports, reinforcing that we are covering key safety issues. Our reports have also garnered good media coverage, featuring in national broadcast, print and online media.

“This report bolsters longstanding concerns over the gaps in care provided to patients with learning disabilities... we agree that rolling out standardised national guidance for acute learning disability liaison services could also help ensure consistent and equitable care across the country.”

**NHS Providers, commenting on our learning disabilities report in a website statement on 30 November 2023**

### **Investigation spotlight:** introducing safety management systems into healthcare



#### **What we found**

Our investigation introduced the concept of safety management systems and how they could contribute to more effective safety management in healthcare. The report describes SMS principles as those that support a proactive and integrated approach to managing safety, set out the necessary organisational structures and accountabilities and will continuously improve.

Our report also gave insight into approaches taken by other ‘safety-critical’ industries such as aerospace, aviation, maritime, rail, oil and gas, defence, and nuclear power. We emphasise that whilst there are some SMS aspects in healthcare, there is much it can learn from the other industries where SMS is fully embedded into culture and governance.

Through analysis and interviews with safety leaders and other industries, the investigation identified three key opportunities to create an organised approach to safety management – SMS development, safety accountability frameworks, safety maturity frameworks across the system.

### The outcome - recommendations, and responses

We made two recommendations. One to NHS England which focused on the establishment of an SMS co-ordination group and one to CQC focused on the development of regulatory assessment for safety management activities.

In response, NHS England have set up an SMS coordination group with the first meeting taking place in November 2023. The CQC have now published their new single assessment framework which considers key safety management activities. Our SMS work is ongoing with two more investigations underway this year.

Alongside work on process and publishing investigations, we have launched several new investigations since October. We have also formally announced the details of four investigations focused on mental health inpatient settings, as directed by the Secretary of State for Health and Social Care.

“The investigations will identify risks to the safety of patients and the HSSIB will seek to address those risks by making recommendations to facilitate the improvement of systems and practices in the provision of mental health care in England.”

**Victoria Atkins, Secretary of State for Health and Social Care, in a written ministerial statement made on 30 January 2024;**

Learners continue to enrol onto our education programme for our range of courses that cover everything from the practical application of investigation models to the principles of system thinking for healthcare leaders.

“The courses I have attended are delivered in an easy-to-follow way, delivered by experts in their field. They are interactive and utilise the experience of those attending. I have found them to be invaluable in introducing new methods and tools in relation to PSIRF in the Trust.”

**HSSIB course participant**

We continue to support collaborative patient safety learning with healthcare and higher education partners. A key part of our delivery is the core programmes we offer to support the implementation of NHS England’s Patient Safety Incident Response Framework (PSIRF). We have also recently started working with Loughborough University to deliver specialist patient safety training.

Our influence is growing internationally. We continue to share patient safety intelligence and key themes with counterparts across the world through our International Patient Safety Organisations Network (IPSON).

“The positive impact of IPSON was the ability to connect to likeminded international people who passionately care about improving health systems and the safety of all who are involved in the provision of care and receive care. Sharing of knowledge and experience is stimulating and thought provoking.”

**IPSON member**

### **Chris Elston, Patient Safety Education Lead at University Hospital Southampton NHS Trust shares his reflections on our education programme.\***

It has helped me develop investigation skills in my current role as Patient Safety Education Lead. I had already worked in a safety and governance role, had clinical experience, and had applied human factors knowledge. Understanding how to undertake and share learning from effective patient safety incidents was a key area for me to develop.

The weekly meetings with other learners on the Systems Approach course proved to be a rich resource when I completed the course under HSIB. Facilitated by HSSIB instructors, the live sessions continue to be a great resource for learners – it builds a community of practice with mutual support and advice. I have also been impressed with the instructors overall – they deserve great recognition for the way they make the virtual environment so engaging and interactive.

The impact of the education programme can be seen across our Trust. We get feedback from staff attending HSSIB courses and we consistently hear about knowledgeable instructors and the networking benefits. The people I share an office with are encouraged and full of enthusiasm when they have completed one of the courses. The training has helped us to improve the way we undertake investigations from start to finish. This has included changes in the way we support staff during interviews and the inclusion of systems thinking provided in the reports. In our oversight meetings, we have started to look at contributory factors further away from the incident.

From a Trust perspective, we are recommending certain roles undertake the HSSIB training and currently have 81 completions across the seven courses offered. For the majority of our staff, we are designing a modular approach to subjects and the inspiration has been the courses attended at HSIB and HSSIB.

Our Business Services Directorate worked to support the transition from HSIB to HSSIB and continues to be instrumental in shaping services to support the new organisation as it progresses. This has included everything from setting up a new finance system to ensuring accessibility on our external digital channels.

\* University Hospital Southampton NHS Trust staff started taking part in the education programme while it was being delivered by HSIB

The focus within Business Services has been on a governance framework to ensure consistency, following the significant organisational change. We have also been working to start to embed a new structure which includes the drafting of new policies and procedures and looking at the next steps in relation to the culture of the organisation and staff engagement and training. A key achievement has been the development of the HSSIB strategy which has gone through extensive consultation.

Our Board was in place as we launched, and we have a process to support its effective operation. We have held two public Board meetings, and other sessions to support learning for our Board members.

# Highlights and achievements

## HSSIB at a glance 1 October 2023 – 31 March 2024

8

investigation reports published

12

new investigations launched which cover 5 overarching themes

We continue to see strong support for our education programmes

3,259

enrolments on Systems Approach course

5,698

enrolments on our other stand-alone courses

5,232

new students registered – some learners are doing multiple courses

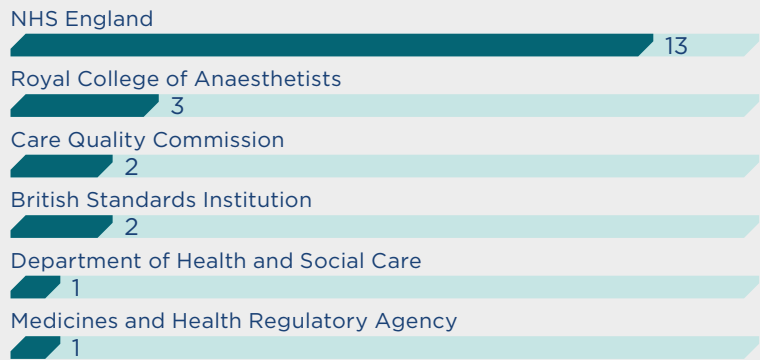
Our website pages have been viewed over

**89,000 times** – with most interest being in our education course pages, our individual investigation pages and our about us pages

In the time period our website users totalled over **31,000**

We have made **22 safety recommendations** to influence improvement

**6** organisations received those safety recommendations



We made **19 safety observations** under these themes



### How we identify new areas for investigation\*



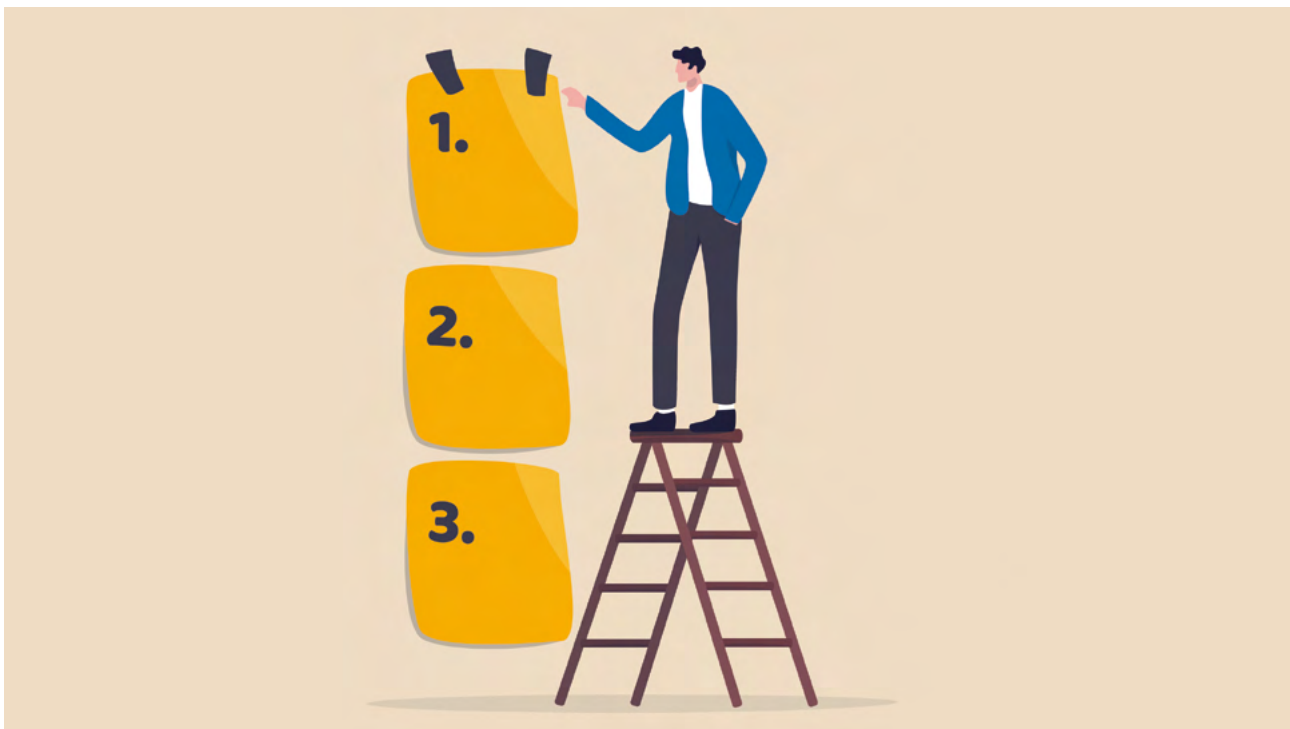
\*this is not an exhaustive list of sources

## Summary of principal organisational risks

Our principal risks for the purposes of this annual reports and accounts, relate to the transition HSSIB, the establishment of HSSIB and the new legal landscape enacted by the Health and Care Act 2022.

Early iterations of the strategic risk register have highlighted risks in relation to key strategic areas:

- The need to design, launch and implement a new organisational strategy.
- Ensuring our operational activity achieves our strategic aims and delivers measurable impact on patient safety.
- Challenges in relation to IT resilience and cyber security.
- Ensuring that HSSIB embeds new procedures in relation to the Health and Care Act 2022, especially procedures around 'protected materials'.
- Ensuring our organisational culture remains positive and behaviours reflect of our values.





# Performance Analysis

This section is a more detailed exploration of HSSIB's performance, against our key performance indicators. It also sets out our risk profile and covers areas such as sustainability, equality, diversity and inclusion; financial best practice; and our future performance. It provides focused segments on the performance of our Investigation and Insights Directorate and our Education Directorate since we became operational.

## How we monitor performance

Since HSSIB was established in October, the Executive Team reports on performance in their areas at every HSSIB Board meeting. This provides a means of tracking performance on regular basis and exploration of any challenges faced.

## Interim Key Performance Indicators (KPIs)

### Strategy: We will develop a strategic focus for HSSIB

- HSSIB will develop and consult on an overarching strategy for 2024/25 onward.
- HSSIB will continue to develop its approach to identifying the most significant risks to patient safety and consult on its proposed investigation criteria.
- HSSIB will begin steps to move to an Objectives and Key Results (OKR) approach to allow us to align our emergent strategy to operational reporting for greater insight and assurance on HSSIB work.

### Governance: We will develop new and robust governance processes

- HSSIB will continue to develop a new governance structure from 'investigation to board' to allow thorough oversight and assurance of HSSIB work.
- HSSIB will continue to develop its approach to identifying, assuring and reporting the responses to its safety recommendations and the impact its work has on patient safety.
- HSSIB will begin to embed its new organisational structure, including the development of new organisational policies, procedures, and guidance for staff and training to support the development of an effective HSSIB Board.

### Culture: We will develop a HSSIB culture

- HSSIB will work with its staff to develop its vision and values to help define and promote 'the HSSIB way', this will include further embedding

considerations around equality, diversity, and inclusion into our organisation's processes and decision making.

- HSSIB will develop a programme of staff engagement work, including a staff survey, to help identify successes and areas for improvement in the emerging HSSIB culture.
- HSSIB will host Board meetings at external providers across the healthcare sector in England to promote transparency and understanding of HSSIB's role and remit in healthcare safety.

## **Investigation and Education programmes: We will continue to deliver world-class safety investigations and education programmes.**

- HSSIB will continue to deliver legacy HSIB and new HSSIB investigation work, with a further 8 to 10 investigation reports being published, and new investigations being launched between September 2023 and March 2024.
- HSSIB will continue to deliver on its education programme providing open places for the on-demand 'systems approach to learning' programme, including developing two new programmes for learners.
- HSSIB will work with academic partners on the delivery of the next phase of the National Patient Safety Syllabus to begin delivering Level 3 content to NHS staff.

## **Performance focus: Investigations and Insights**

Our Investigations and Insights Directorate identifies risks to patient safety across England, investigates these risks, and issues safety recommendations and other safety learning via our investigation reports to the healthcare system.

HSIB provided us with a strong legacy to work from, and as HSSIB we want to be even better, exploring new ways of working and opportunities to improve how we identify patient safety risks, investigate those risks and how we share the evidence we find, and the subsequent learning.

### **Developing a new investigation governance process**

**KPI described in this section:**

**HSSIB will continue to develop its approach to identifying the most significant risks to patient safety and consult on its proposed investigation criteria.**

Our team has developed a new investigation governance process, building on our previous experiences and enhancing our ability to produce rigorous and high-quality patient safety investigations. This included examining our criteria, our engagement with stakeholders, patients, families and staff, and seeing where we could add flexibility and rigour to the process.

## Selecting our investigations

We have developed a criterion for deciding which patient safety risks we will select for investigation, and this has been through public consultation. Our interim criteria are set out below:

Criterion	Description
Systemic risk	The systemic risk test examines how widespread and common the patient safety risk is across the healthcare system. This will consider which groups of patients are affected, how healthcare staff are affected, healthcare environments, geographical areas, and emerging patient safety risks.
Potential impact	The potential impact test considers the potential or actual impact the systemic risk has on people and services across the healthcare system and if inequalities are being created or sustained. This will consider evidence of actual or potential harm including physical and psychological harm, under-treatment, over-treatment, delayed diagnosis, dehumanisation or moral injury.
Added value	The added value test examines whether there is or has been improvement work carried out and how this has impacted on the management of the safety risks. This will consider alignment with national priorities in healthcare and whether there is any ongoing improvement work.
Potential for improvement	The potential for improvement test focuses on the opportunities for a national investigation to create positive change and improve patient safety. This will consider if a patient safety risk has previously been investigated by other stakeholders and whether HSSIB could strengthen current or previous investigation and improvement work.
Health disparities	The health disparities test assesses the extent to which an investigation may reduce health disparities. This will consider deprivation and whether any inclusion groups are disproportionately affected.
Feasibility	The feasibility test assesses to what extent an investigation will be feasible to carry out. This will consider internal factors such as resourcing and capacity as well as external factors such as an anticipated direction from the Secretary of State.

## Earlier engagement with stakeholders across the healthcare system

To help us consider a patient safety risk against our criteria, we regularly review a range of safety intelligence from a wide range of sources. These include incident reports through NHS England reporting systems, Prevention of Future Death reports from Coroners, professional publications, and media reports.

We proactively seek out insights into patient safety concerns from national healthcare organisations, national advocacy and charitable organisations, professional membership bodies, and healthcare commissioners.

We want to ensure that we are providing the right platforms to enable patients, families, carers and healthcare staff to share their experiences and perspectives directly with us. We are developing that work but currently anyone can share patient safety concerns with us via the form on our website.\*

## **Adding flexibility and additional rigour to our investigation process**

Healthcare is a complex environment in which to conduct investigations. Care is delivered across settings and spans maternity care to end of life care. Some patient safety risks are focused on a particular aspect of patient care. Other risks may be broad and impact on many people and care settings.

We recognised the complexity and have developed a flexible investigation process. We continue to investigate specific episodes of care – where an individual patient safety event gives insight into a particular risk. We are developing our approach to thematic investigations. These tend to be multiple investigations within a broader theme. This aims to provide a greater level of understanding and insight into more complex problems.

We have underpinned this with a new end-to-end investigation governance process, to help provide additional scrutiny and rigour to our work that utilises skills and experiences across all HSSIB staff and via subject matter advisors.

## **Developing engagement with patients, families, carers and staff**

Including the voices of patients, families, carers and staff is a key principle of HSSIB investigations. We engage with these groups in several ways, including direct interview evidence (typically conducted in person in their home or, for healthcare staff, in their workplace), written submissions, experts by lived experience, and engagement with patient charities and national organisations focused on patient safety improvement.

We have been exploring new ways to engage with patients, families, carers and staff during our investigations. We have arranged focus groups to understand how patients, their families and/or carers have experienced care in mental health inpatient settings. To ensure these are supportive, our investigators received additional training in trauma informed engagement. This equips them with the skills to engage with diverse patients and family groups. We also signpost people to support services where needed, providing the best possible care to those involved in our investigations.

\* <https://www.hssib.org.uk/share-a-concern/how-to-tell-us-about-a-concern/>

## Our impact – completed investigations and safety learning

KPIs described in this section:

HSSIB will continue to deliver legacy HSIB and new HSSIB investigation work, with a further 8 to 10 investigation reports being published, and new investigations being launched between September 2023 and March 2024

HSSIB will continue to develop its approach to identifying, assuring, and reporting the responses to its safety recommendations and the impact its work has on patient safety.

Since 1 October 2023, HSSIB has published eight investigation reports that span several safety risks and areas of care. These are documented below.

Published	Report title	Safety recommendations	Safety observations	Other safety learning
18 October 2023	<a href="#">Safety Management Systems: An introduction for healthcare</a>	NHS England Care Quality Commission	1	
2 November 2023	<a href="#">Caring for adults with a learning disability in acute hospitals</a>	NHS England (x4)	3	Safety learning was highlighted for integrated care boards.
15 November 2023	<a href="#">Risks to medication delivery using ambulatory infusion pumps - design and usability in inpatient settings</a>	British Standards Institution (x2) NHS England Medicines and Healthcare products Regulatory Agency	3	
30 November 2023	<a href="#">Continuity of care: delayed diagnosis in GP practices</a>	Department of Health and Social Care DHSC NHS England	1	

Published	Report title	Safety recommendations	Safety observations	Other safety learning
7 December 2023	<a href="#">Interim report - Retained surgical swabs: themes identified from a review of NHS serious incident reports</a>	NHS England	1	The report provided a series of prompts to help in the investigation and consideration of retained swabs events.
25 January 2024	<a href="#">Advanced airway management in patients with a known complex disease</a>	NHS England Royal College of Anaesthetists (x3)	3	The investigation noted that the British Inherited Metabolic Diseases Group had updated guidance as a result of the investigation.
8 February 2024	<a href="#">Positive patient identification</a>	NHS England (x2) Care Quality Commission	6	Safety learning was highlighted for integrated care boards.
14 February 2024	<a href="#">Interim report - Workforce and patient safety: temporary staff</a>	NHS England (x2)	1	The report provided prompts to help organisations consider how they involve temporary staff in patient safety investigations.

## From safety recommendation to action – how our safety learning is implemented

HSSIB investigations can make safety recommendations to named organisations where we believe they can take action to improve patient safety. Organisations that receive safety recommendations must respond to us. All responses are published on the HSSIB website to ensure that the intended actions resulting from our investigations are made public.

Recent responses we have received to HSSIB safety recommendations include.

- As a result of a safety recommendation in our report ‘Caring for adults with a learning disability in acute hospitals’, NHS England has told us that it will develop and share guidance for healthcare staff on how to assess the mental capacity of people with a learning disability who are being cared for in an acute hospital setting.
- As a result of a safety recommendation in our report ‘Risks to medication delivery using ambulatory infusion pumps: design and usability in inpatient settings investigation’, the British Standards Institution (BSI) will work with other national standards bodies to help ensure safety recommendations from patient safety investigations are fed back into relevant standards.

It can take time for safety recommendations to turn into action, but where this happens further updates are placed on our website to help demonstrate the impact of our work. For example, a safety recommendation made to NHS England in an HSIB report into ‘Decontamination of surgical instruments’ in 2022 has recently been completed and a new competency framework is now in place to support staff working in sterile services and decontamination departments.

Our investigations can also include other safety learning, such as:

- **Safety observations:** to highlight more general safety learning and suggest wider action. Safety observations are not attributed to a single organisation.
- **Safety actions:** where action was taken to resolve a patient safety risk we identified through our ongoing investigation.

We are also developing our approach to highlighting other safety learning to better help local organisations and frontline staff act on our investigation reports. This includes developing targeted learning for integrated care boards and prompts for healthcare staff to help them think about specific patient safety risks.

For example, our recent report ‘Temporary staff: involvement in patient safety investigations’ provided prompts to healthcare providers based on our investigation findings to challenge them to consider:

- How do you ensure that temporary staff are aware of how to record patient safety incidents?
- If an incident takes place, how do you ensure that temporary staff are able to record it?
- How do you engage temporary staff in a learning response?
- Do you have processes in place so you can conduct interviews with temporary staff?
- Can you work with employment agencies to create agreed methods of including temporary staff in learning responses through your contractual arrangements?
- How do you ensure that learning is fed back to those staff involved, including temporary staff?

## Launching new investigations

**KPI described in this section:**

**HSSIB will continue to deliver legacy HSIB and new HSSIB investigation work, with a further 8 to 10 investigation reports being published, and new investigations being launched between September 2023 and March 2024**

In the last 6 months, we have launched several new investigations.

- Two further investigations building on our work exploring SMS. This includes an investigation focused on accountability across organisational boundaries. It will examine the pathways of care for patients that require multiple contacts across different healthcare settings and providers, and how NHS staff and patients could be involved in any integrated SMS approach.
- An investigation into healthcare provision in prisons that will aim to deliver three separate reports on emergency care provision, continuity of care for people in prison, and how data sharing arrangements and IT systems support safe care.
- An investigation into fatigue in healthcare staff and how this can impact patient safety.
- An investigation into how electrocardiograms (ECGs) are carried out and interpreted in ambulance services. It will deliver two investigation reports. The first will consider how ambulance service staff are supported to identify and respond to ST Elevated Myocardial Infarction (StEMI: a form of heart attack). The second will consider how ambulance staff are educated, trained, and supported to maintain competence in ECG practice.



## Secretary of State directed investigation: Mental health inpatient settings

As set out in the Health and Care Act 2022, HSSIB can be directed by the Secretary of State for Health and Social Care to carry out an investigation.

- In June 2023, the Secretary of State at the time announced that HSSIB would undertake an investigation into mental health inpatient settings.
- On 30 January 2024, the current Secretary of State announced the details of the four investigation areas in a ministerial statement. The information was published on our website at the same time.

To decide the focus of the investigations, the teams carried out significant preparatory work. This included reviewing research evidence, and 30 meetings with national organisations, healthcare providers (both NHS and the independent sector), regulators, and voluntary and charitable organisations, including those that represent patients and families. The work gave us an understanding of the patient safety risks and issues that impact most on mental health inpatient services.

The four investigations are:

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

The investigations are progressing well. We have undertaken site visits in 15 different locations across England (NHS and independent providers) and held six focus groups with service users, who have been able to share their experiences of mental health inpatient care.

## Investigation spotlight: putting continuity at the forefront of GP care



### What we found

Our investigation explored the risk of delayed diagnosis associated with the lack of continuity of care within GP practices. In the report, we told the story of Brian, a man aged 67, for whom reduced continuity of care at his GP surgery resulted in a delayed diagnosis of secondary breast cancer.

We identified that there is no specific requirement within the current GP contract to ensure they provide continuity of care. The investigation also highlighted that GP care can be relational (a patient seeing the same GP) or informational (how information is managed for all doctors to care for a patient's needs). However, we heard from many GPs that IT systems do not present information in a way that enables them to quickly see if a patient is returning with 'unresolved symptoms'.

Our investigation, while focusing on patient safety impact, also emphasised GP welfare. The report noted that we saw a visible difference in the demeanour between staff in practices that operated continuity of care and those that did not.

We concluded that making continuity of care an essential requirement for GP practices could reduce the risk of a delay in diagnosing serious health conditions, and ease significant pressure on GP's workload and welfare.

### The outcome - safety recommendations and responses

The investigation made two safety recommendations - one to NHS England and one to the Department of Health and Social Care focused on making changes to the GP contract and the GP IT standard. This will help to improve safety by building clinician-patient relationships, and ensuring information is easy to access and clear.

## Performance focus: Education

Our education programmes are provided free across the NHS in England, especially targeted at those who undertake patient safety investigations or those who have oversight of them.

**KPIs described in this section:**

**HSSIB will continue to deliver on its education programme providing open places for the on-demand ‘systems approach to learning’ programme, including developing two new programmes for learners.**

**HSSIB will work with academic partners on the delivery of the next phase of the National Patient Safety Syllabus to begin delivering Level 3 content to NHS staff.**

## Progress since the establishment of HSSIB

The Education team has had a busy and successful first 6 months of HSSIB, building on the work undertaken as HSIB. Since 1 October 2023, we have had over 9,000 new enrolments across our suite of eight programmes.

All our programmes have been successfully CPD accredited and in March 2024, we were highly commended by the Chartered Institute of Ergonomics and Human Factors (CIEHF). This was for the President’s award which recognises an outstanding contribution to the development of ergonomics and human factors in a specific industry or field of application.

## Continuing to support NHS England’s Patient Safety Incident Response Framework (PSIRF)

PSIRF was launched by NHS England in August 2022. At the time, as HSIB, we worked with NHS England to develop a practical toolkit and associated training requirements.

We continue to support PSIRF as HSSIB. We have adapted some of our existing learning and developed additional programmes to meet the implementation requirements. HSSIB provides free access to NHS staff in England involved in the investigation process. We are the only free provider of this mandated training in the country.

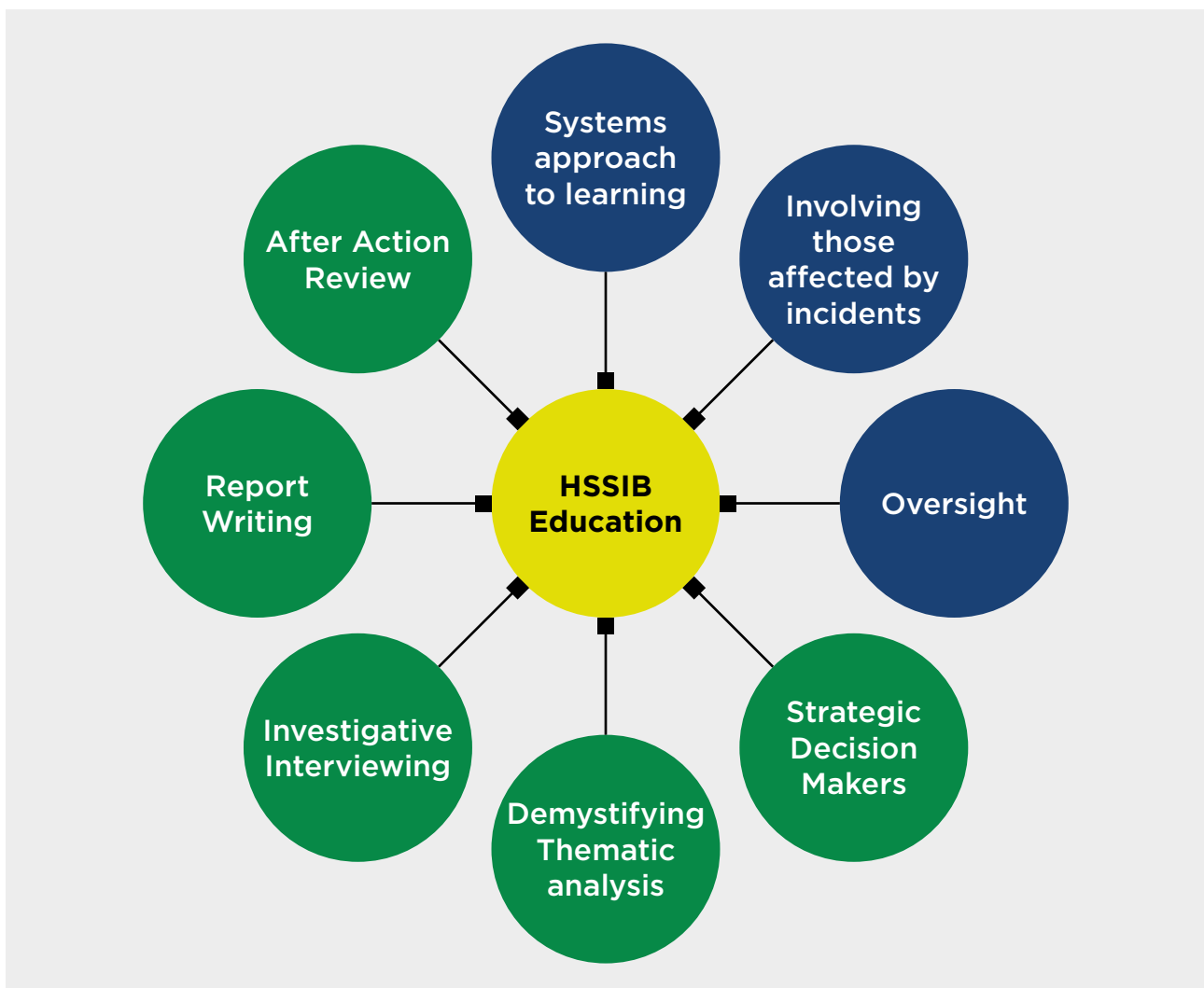
## Our current courses

We have three core courses to support NHS trusts to implement and use PSIRF:

- Systems approach to investigating and learning from patient safety incidents.
- Involving those affected by patient safety incidents in the learning process.
- Patient Safety Incident Response Framework oversight.

There are five general safety investigation courses including one for strategic leaders:

- Investigative interviewing.
- Demystifying thematic analysis.
- Writing reports following investigations and other learning responses.
- After Action Review.
- Team course – Safety investigation for strategic decision makers and senior leaders in healthcare.



## Highlights from our courses

- To enhance the learning for those enrolled on our flagship systems approach course we have a live discussion forum and an active alumni group.
- Our course on involving those affected by patient safety incidents is delivered live in one day by family engagement experts from HSSIB and MNSI.
- A key programme for us is our bespoke team course for strategic decision makers. It is aimed at helping senior healthcare leaders to understand where they can embed systems thinking into their organisational learning.
- Our writing reports course is a targeted and highly practical session covering everything from planning and preparation to application of language.

## Developing new courses

Using our in-house expertise, we ensure that we are at the cutting edge of investigation education. This means we will always examine where it may be beneficial to launch new courses. Currently we are developing a course titled 'SEIPS in action' which provides a practical and mentored programme on the application of SEIPS in healthcare investigations. SEIPS stands for the Systems Engineering Initiative for Patient Safety. It is one of the many models we use in our investigations to understand how patient safety incidents occur.

## Our impact and challenges

Feedback from our courses continues to be exemplary as HSSIB and our participants continue to share how our programme has had an impact on frontline investigations.

"I've already tried to apply some aspects in my day-to-day interactions with people and there are elements that I will be introducing into our systems and processes for the future."

"It opened my eyes to a new technique of analysing data and I am really grateful for that."

"I use the knowledge and confidence gained to ensure incident investigations are done using systems thinking. It has helped to facilitate PSIRF into my department."

"Although involving patients/families in investigations will be challenging I feel that I have been given the necessary information to start to involve patients and families more than we currently do."

One of our remaining challenges is completion of courses. There is a significant number of learners having to re-sit our core programme, having not had enough protected work time to complete the 20 hours of learning. This is improving and one of our aims is to continue to encourage healthcare organisations to allow staff time for completion.

Another challenge we face is expanding the availability of our courses with limited resources, especially as demand outweighs capacity on many of our courses. We have ongoing work to address this, including looking at how a commercial model could help increase capacity.

Innovation remains at the heart of all we do in education. An example of this is the work we have started with Loughborough University to deliver some of the aspects of the National Patient Safety Syllabus to 822 Patient Safety Specialists across England. This provides another way to link with different NHS colleagues and gather feedback and intelligence.

We created the International Patient Safety Organisations Network (IPSON) and it continues to grow. There are now colleagues from 18 countries across the globe and we continue to encourage membership of the group. It is a valuable network where we share themes in patient safety - seeing many of the same issues across the world. We have developed a shared space for information exchange and are now working on some key global patient safety goals to work towards.

## **Anne Reader, Associate Director of Quality and Patient Safety, University Hospitals Bristol and Weston NHS Foundation Trust describes the organisational experience and impact of our education programme\*.**

One of our colleagues in an integrated care board had accessed HSIB's training during its pilot phase and recommended it as the 'best patient safety training she had been on' – she was not wrong! We have now had 30 of our staff complete courses across the full range offered by HSIB and then HSSIB. HSSIB's reputation for high quality training delivered by academically credible experts continues to grow.

Overall, our teams find the investigation, interviewing and report writing training are very practical. It has been good to use the tools from these courses in everyday tasks and situations, as well as in our healthcare delivery scenarios. We are just starting out using a more structured thematic analysis and developing and testing a framework for coding the outputs of learning responses.

It is really important for us to evaluate the learning we have done with HSSIB and what the impact is – for patients, for staff and for the organisation as a whole. We are currently analysing the patient/family experience and staff experience of being involved in incident investigations. Anecdotally staff have told us that they are finding the focus on systems and understanding 'work as done' reassuring. We are positive that colleagues have seen this change, our aim was to be much better overall at understanding 'work as done' so that we can identify improvements in more organisation-wide systems and processes.

From day 1 of HSIB's patient safety investigation training I could see how a systems perspective would help us to really understand and address how things go wrong, avoid unsustainable actions that relied on people remembering to do the right thing and further develop a just and restorative culture. We are looking forward to continuing our patient safety improvement journey and HSSIB's education programme is a key part of this, providing us with the knowledge and skills to embed new structures and processes.

\* University Hospitals Bristol and Weston NHS Foundation Trust staff started taking part in the education programme while it was being delivered by HSIB

## Performance focus: Business Services

The Business Services Directorate incorporates a range of functions – finance, HR, governance, project management, administration, communications, and engagement.

### Creating a new structure

KPI's referenced in this section:

**HSSIB will begin steps to move to an Objectives and Key Results (OKR) approach to allow us to align our emergent strategy to operational reporting for greater insight and assurance on HSSIB work.**

**HSSIB will continue to develop a new governance structure from 'investigation to board' to allow thorough oversight and assurance of HSSIB work.**

**HSSIB will begin to embed its new organisational structure, including the development of new organisational policies, procedures, and guidance for staff and training to support the development of an effective HSSIB Board.**

**HSSIB will host Board meetings at external providers across the healthcare sector in England to promote transparency and understanding of HSSIBs role and remit in healthcare safety.**

Since the Health and Care Act was passed in 2022, HSIB staff and NHS England worked closely to ensure the transition to HSSIB on 1 October 2023. Staff and all relevant assets have been transferred from NHS England and a number of new systems implemented. This has included crucial systems such as finance and the Electronic Staff Record (ESR).

Over the last 6 months the focus for the Business Services team has been on establishing a baseline governance framework and ensuring that it operates consistently. After 1 October, any legacy issues from the transition were prioritised and swiftly resolved.

We have had the following in place since we were established:

- our Board
- Senior Leadership Team (SLT)
- Audit, Risk and Assurance Committee (ARAC)
- Remuneration Committee.

The Board has agreed the delegation of approval of policies to the committees. We are making good progress with establishing our full suite of policies and procedures and this work continues at pace. Approved policies span several



areas – for example we have signed off the Subject Access Request Policy and Procedure, Information Incident Management Policy and Procedure, and Modern Slavery Policy.

A process has also been developed to ensure effective functioning of our Board. This included implementing board management software to prepare papers, a way for members of the public to register attendance or send questions, and dedicated administration support for each meeting.

We held our first Board meeting online on 5 October. Since then, we have held two public Board meetings in Derby (December) and Bristol (February). In 2024/25 we have had a meeting in Bedfordshire, with others planned in Liverpool and Sussex.

Alongside meetings, the Board also undertakes days to explore new ideas to aid the development of the organisation. These take place at external organisations to aid learning about safety, and to discuss common themes and issues and opportunities for collaboration. Sessions have already been held at a trust, the West of England Health Innovation Network, the Air Accidents Investigation Branch (AAIB) and the Patient Safety Commissioner. Further sessions are planned with other arm's length bodies, integrated care boards, trusts (including a mental health provider) and the NHS Race and Health Observatory.

## Developing our culture, our strategy and our staff

**KPI's referenced in this section:**

**HSSIB will work with its staff to develop its vision and values to help define and promote 'the HSSIB way', this will include further embedding considerations around equality, diversity, and inclusion into our organisation's processes and decision making.**

**HSSIB will develop a programme of staff engagement work, including a staff survey, to help identify successes and areas for improvement in the emerging HSSIB culture.**

**HSSIB will develop and consult on an overarching strategy for 2024/25 onward.**

One of the key priorities for HSSIB was to develop a new strategy outlining our objectives, mission and vision. It has now been developed, following extensive stakeholder and employee feedback. The strategy went out for consultation in April 2024 for 30 days to seek views from stakeholders, patients and the public and was signed off by the Board in June 2024.

The draft strategy includes our vision, and once the strategy is finalised this will help to underpin further work on values and developing 'the HSSIB way'. Supporting staff through the transition and into the new organisation was the key priority. Over the last 6 months there has been a programme of away days

for all staff. They have been and will continue to be a useful forum to capture staff views on culture and engagement – what works well and what could be improved.

In terms of staff engagement, a short ‘pulse’ staff survey was undertaken in November 2023. This aimed to gain feedback from employees to monitor their engagement and satisfaction with HSSIB as an employer. There was a response rate of 61% with mixed results. When it was reviewed, it was felt that some questions, and therefore responses, were ambiguous and could be interpreted in different ways. As a result of this survey and because the organisation has been through a period of significant organisational transition, it is recognised that future surveys will need to be more focused on key issues to ensure greater richness of data and feedback from staff.

We continue to ensure staff have the right support to be able to carry out their work as safely and effectively as possible. This has included trauma support for teams involved in investigations, employee support overall, training on protected disclosures and training for staff covering new specialisms, for example training to be the Senior Information Risk Owner (SIRO). The appraisal process has also been revamped to ensure that it is relevant and tailored to the needs of staff. It encourages ownership of objectives, identifies development opportunities, and offers reflection on behaviours, and on health and wellbeing. It will also embed equality, diversity and inclusion more strongly.

In October we launched our newly refreshed website. There continues to be focus on ensuring digital accessibility across our organisation. This has included moving to HTML focused publishing and accessibility audits with specialists.

More detail on our progress with equality, diversity and inclusion can be found in a dedicated section on page 43.

## Financial Review

### Accounts preparation and overview

Our accounts consist of primary statements which provide summary information and accompanying notes. The primary statements comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers’ equity.

The accounts were compiled according to the standards set out in the Government Financial Reporting Manual (FRoM) issued by HM Treasury, which is adapted from International Financial Reporting Standards (IFRS), to give a true and fair view of HSSIB’s finances.

In accordance with the International Accounting Standards as interpreted by HM Treasury’s Financial Reporting Manual and that the DHSC has provided details of the funding for the next financial year, it is considered appropriate to prepare the financial statement on a going concern basis.

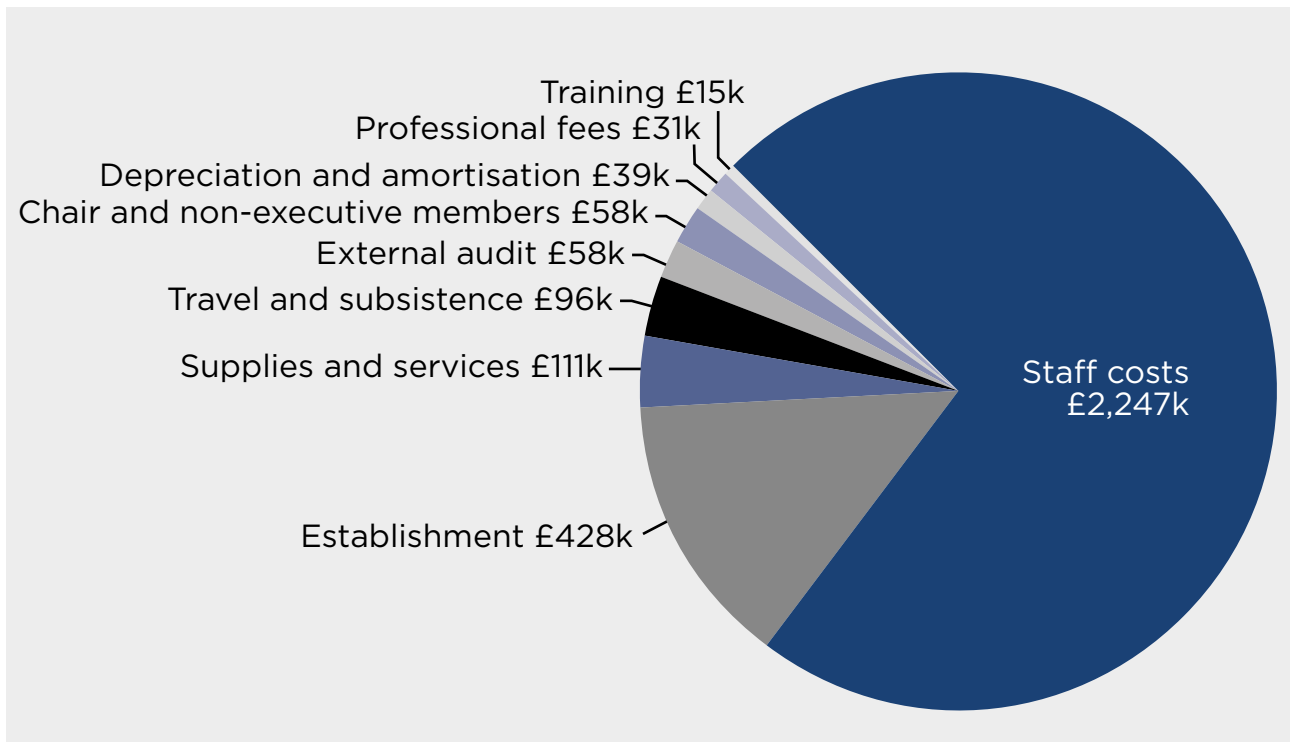
HSSIB is a non-departmental public body with most of the funding coming through grant-in-aid from the DHSC. The remaining comes from our income generating activities (education programme).

## How HSSIB is funded

For the 6 months to 31 March 2024 HSSIB received £3,144k of programme, grant in aid funding from DHSC. This funding was net of £293k of funding which was transferred to NHS England for transition costs that were incurred in relation to the transition from HSIB to HSSIB.

HSSIB's resource limit was £3,144k. The actual amount of cash drawn down in the period was £2,900k. The net operating expenditure was £2,982k which was £162k less than our resource limit.

## Summary of expenditure



## Capital expenditure

The capital budget was £59k, and the actual spend was £73k.

The spend consisted of £68k to upgrade the current laptops and enable them to be compliant with the outsourced IT provider, NHS England's Future Services Programme; and £5k on iPhones.

## Better payment practice code

As a public sector organisation, HSSIB is required to pay all trade creditors in accordance with the Better Payment Practice Code. The target is to pay 95% of all valid invoices by the due date or within 30 days of receipt of the goods, whichever is later. HSSIB's performance against this code is shown in the following table.

	All	
	Number	£k
Invoices paid in period	106	1,015
Invoices paid within target	97	987
<b>% paid within target</b>	92%	97%

## Social, community, sustainability, human rights, and environmental issues

We operate as a remote organisation, with all staff working from home which reduces the impact on the environment through less traveling. Staff and those travelling on our behalf are encouraged to travel in the most sustainable and cost-effective way. We endeavour to book cost effective rooms/spaces, using NHS buildings where possible, to keep money in the public sector.

We incorporate the green agenda into our procurement, and we use the Crown Commercial Service and other frameworks which have sustainability factored in. We offer opportunities for staff to take volunteering leave so they can do good in the community.

We strive to be a good employer. We are designing a range of practices and policies to protect the human rights of our staff, including policies on bullying, harassment and victimisation, grievance, and whistleblowing.

We manage our corporate responsibility by designing our processes and policies to include, but not limited to, policies on diversity, protecting human rights – including anti-slavery, equal opportunities, dignity at work and anti-fraud including anti-bribery and corruption.

The Department for Environment, Food and Rural Affairs has granted HSSIB an exemption from reporting sustainability information under the Greening Government Commitments, under the de minimis criteria (HSSIB employs 45.3 full-time equivalent staff and occupies no office space). Consequently, we have not included sustainability reporting in our annual report.

## Our risk profile

HSSIB is in the early stages of risk identification, assessment and management. We have identified six key strategic risks which are overseen by our Senior Leadership Team, and we have established an operational risk register overseen by senior managers across our operational functions. These risks are monitored by our Senior Leadership Team and reported to our Audit, Risk and Assurance Committee and Board for assurance.

Our six key strategic risks are:

- **Strategic delivery** – there is a risk that we cannot demonstrate we are delivering on our organisational mission and have a positive impact on patient safety.
- **Organisational culture** – there is a risk that we cannot maintain and embed a positive, compassionate, values-based culture. There is a risk that we fail to address the health, safety and well-being needs of our staff.
- **Organisational infrastructure** – there is a risk that we have insufficient resources to deliver our strategy.
- **Commercial growth and development** – there is a risk that we take on non-NHS funded work that negatively impacts our core business.
- **Use of legal powers and legislation** – there is a risk that we fail to legally and effectively use powers of investigation granted by the Health and Care Act 2022. There is a risk we do not protect or securely manage our information in accordance with regulatory requirements, standards and legislation.
- **Business continuity, IT and cyber security** – there is a risk to business continuity due to an inherent lack of resilience in our operating systems. There is risk that we could be subject to a cyber-attack, resulting in data or sensitive information being compromised, or IT services being unavailable.

We have commenced work to address risks in relation to cyber security. It is envisioned that this risk could have significant impact as the organisation develops. Early action has included a Board development session on cyber security in March 2024.

We have sought legal advice and support about the inclusion of 'protected disclosure' in HSSIB's legislation (Health and Care Act 2022). Policies, procedures and staff training has been implemented and mitigates the risk across our organisation and remains under review. During the period, there was no inadvertent release of protected material.

We continue to develop our risk management processes for both strategic and operational risks. In addition, we have planned further development in relation to our organisational risk appetite, including a Board development session in 2024.

## Equality, Diversity and Inclusion

KPI described in this section:

**HSSIB will work with its staff to develop its vision and values to help define and promote ‘the HSSIB way’, this will include further embedding considerations around equality, diversity, and inclusion into our organisation’s processes and decision making.**

Our commitment to equality, diversity, and inclusion is integral to who we are and how we operate as an organisation. By fostering a workplace culture that embraces diversity and promotes inclusion, we not only improve the lives of our employees but also strengthen our ability to innovate, collaborate, and perform effectively.

We are committed to building on our achievements as HSIB, addressing ongoing challenges, and working collaboratively to create a more equitable and inclusive future for HSSIB. We recognise the importance of embracing and celebrating the unique perspectives, backgrounds, and experiences of all individuals who work within our organisation, and those with whom we work during our investigations.

We do this through:

- proactively considering our ability to reduce health disparities through our investigatory work at HSSIB
- ensuring our investigations are free from bias and that we actively involve patients, families and healthcare staff to seek a diverse range of views and opinions
- involving appropriate subject matter experts and people with lived experience in our investigations.

We will ensure that equality, diversity and inclusion are at the heart of any policies and procedures we develop and are promoted throughout our workforce and investigations.

## Looking ahead

This section provides detail on future plans and expected performance.

### Investigations and Insights

Key aims and objectives for the Investigations and Insights function will ensure we develop our systems and processes, so that we continue to deliver high quality, impactful, independent investigations.

We will further develop our insights processes to show how our investigations meet our criteria and how people's experiences inform our approach. We will pilot new ways of working to assess and understand the impact of actions taken in response to our safety recommendations.

Importantly, we will improve our approach to assessing and understanding the potential impact of our work on health inequalities, while also developing a rapid response protocol to ensure HSSIB is well placed to respond promptly to new and emerging national safety concerns.

Our Investigations and Insights team strives to learn and improve. We continue to engage with a wide range of safety organisations from all industries to build upon our expertise and understanding of safety science. We will work with academic and operational stakeholders, both nationally and internationally, to share knowledge and learning while also providing opportunities for mutual secondments.

### Education

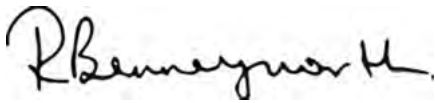
We will continue to listen to and work with our learners and stakeholders to develop and deliver new educational programmes. These will provide insightful and practical training opportunities to help colleagues to professionalise patient safety investigations.

In 2024/25, we will be publishing our research around the competencies of investigators which can be used at a local level for development and recruitment of these roles.

We will continue working with colleagues across the world to share our learning and experience as well as work on innovative international commercial work with colleagues in the DHSC and the Department of Business and Trade.

Our commercial work will be in growth in the coming year with the intention of increasing capacity to provide more free places to NHS colleagues.

We will build engagement with the academic community, working on joint projects across the health sector. As part of this we would like to host MSc and PhD candidates to develop our research portfolio.

A handwritten signature in black ink, appearing to read 'R Benneyworth'.

**Dr Rosie Benneyworth**  
**Interim Chief Executive**  
Date: 12 July 2024



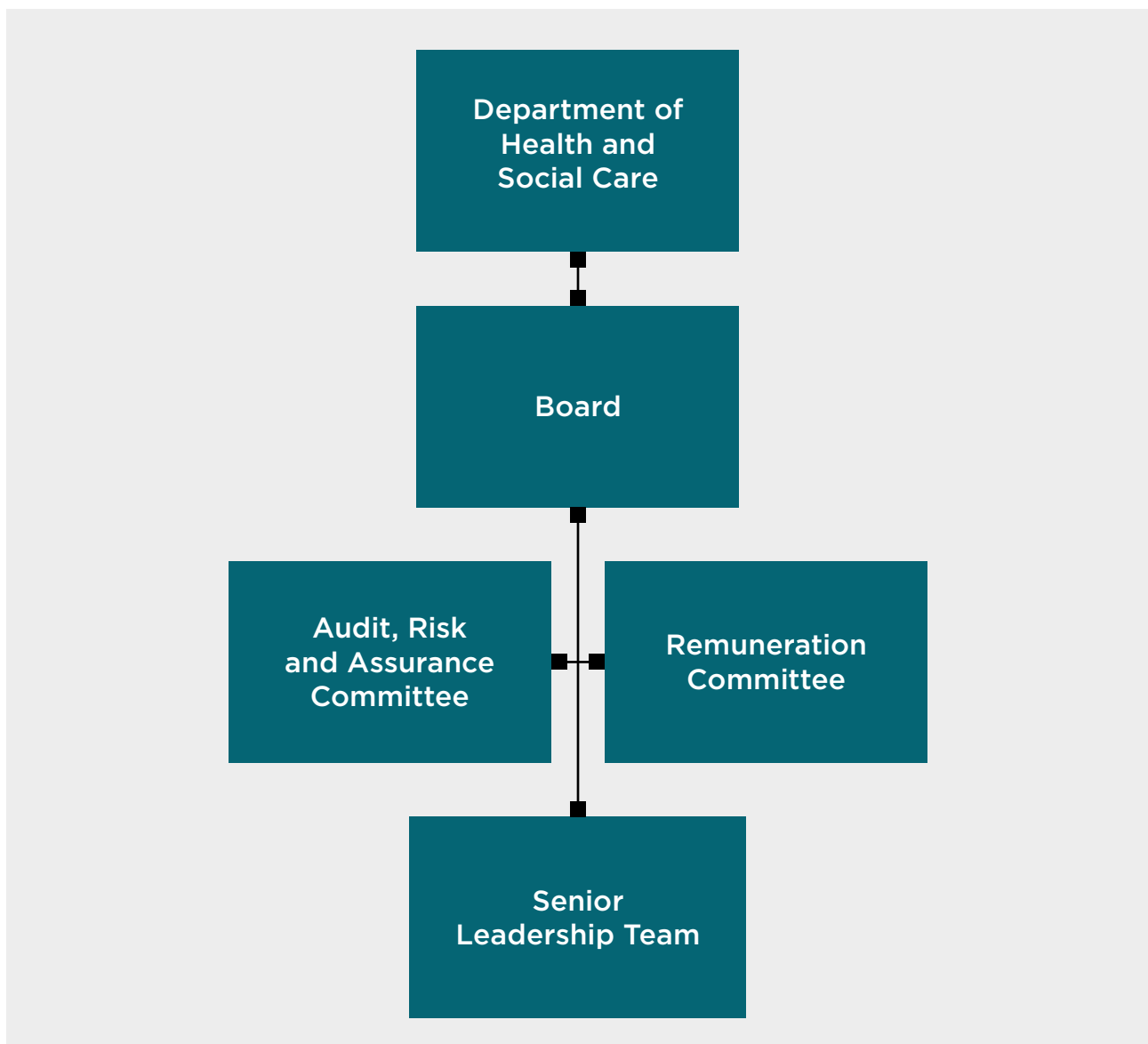
# Accountability Report

# Corporate Governance Report

The purpose of the corporate governance report is to explain the composition and organisation of HSSIB's governance structures and how they support the achievement of HSSIB's objectives. The corporate governance report consists of:

1. The Directors report.
2. The statement of Accounting Officer's responsibilities.
3. The governance statement.

## Directors Report



## HSSIB's Board

The Board has roles and responsibilities that are set out in legislation and in our framework document with the DHSC.

The Board is responsible for:

- Providing strategic leadership and approving our strategic direction.
- Providing advice, challenge and support on the development and delivery of our priorities.
- Providing oversight of the management of our resources and shaping a positive culture.

The Board is made up of our Chair, the Interim Chief Executive and at least four other non-executive and executive directors, the majority of whom must be non-executive directors. The composition of the Board as at 31 March, excluding the Chair, was five non-executive directors, our Interim Chief Executive (who is also the Accounting Officer), and three executive directors.

The Board consists of:

Name	Role	Term of appointment
Dr Ted Baker	Non-Executive Director	1 October 2023 to 30 September 2026*
Marc Esmiley	Non-Executive Director	1 October 2023 to 30 September 2025**
Dr Marisa Logan-Ward	Non-Executive Director	1 October 2023 to 30 September 2026**
Mary Cunneen	Non-Executive Director	1 October 2023 to 30 September 2026**
Dr Mike Durkin	Non-Executive Director	1 October 2023 to 30 September 2025**
Peter Schild	Non-Executive Director	1 October 2023 to 30 September 2026**
Dr Rosie Benneyworth	Executive Director	1 October 2023 to 31 December 2024***
Andrew Murphy-Pittock	Executive Director	From 9 November 2023
Maggie McKay	Executive Director	From 9 November 2023
Philippa Styles	Executive Director	From 13 November 2023

\* The Chair was previously Chair Designate of HSSIB from 1 December 2022 to 30 September 2023.

\*\* The Non-Executive Directors were previously Non-Executive Director Designate of HSSIB from 1 September 2023 to 30 September 2023.

\*\*\* Dr Rosie Benneyworth, our Interim Chief Executive, is on a fixed-term contract while the recruitment to the permanent role is finalised.

[Visit our website for biographies of our Board members and their declarations of interest.](#)

Our Chair, Dr Ted Baker, was appointed as Chair of HSSIB from establishment on 1 October 2023; prior to this, he was Chair Designate of HSSIB from 1 December 2022.

Our non-executive directors, Dr Mike Durkin and Marc Esmiley, were appointed as non-executive directors for 2 years; Mary Cunneen and Dr Marisa Logan-Ward were appointed as non-executive directors for 3 years; and Peter Schild has been appointed as a non-executive director and Chair of the Audit, Risk and Assurance Committee for 3 years from 1 October 2023. Before this, all the non-executive directors started in their roles from 1 September 2023 in a designate capacity until HSSIB was formally established on 1 October 2023.

Dr Rosie Benneyworth was appointed as Interim Chief Executive from 1 October 2023. Andrew Murphy-Pittock, our Education Director and Maggie McKay, our Finance and Performance Director were appointed to the Board on 9 November 2023, and Philippa Styles, our Director of Investigations on 13 November 2023.

The Chair and non-executive directors of the Board were appointed by the Secretary of State for Health and Social Care. These appointments are made in line with the Cabinet Office Governance Code on Public Appointments.

## Our auditors

The Comptroller and Auditor General is appointed by statute to audit our financial statements. The fees of the National Audit Office are set out in note 5 to the accounts. No fees were incurred for non-audit work.

## Statement of Accounting Officer's responsibilities

Under the Health and Care Act 2022, the Secretary of State for Health and Social Care has directed the Health Services Safety Investigations Body (HSSIB) to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of HSSIB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government financial reporting manual (FReM) and in particular to:

- observe the Accounts Direction issued by the Secretary of State for Health and Social Care, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the FReM have been followed, and disclose and explain any material departures in the accounts
- prepare the accounts on a going concern basis and,
- confirm that the annual report and accounts as a whole is fair, balanced and understandable and take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

The Accounting Officer for the Department of Health and Social Care has designated the Interim Chief Executive as Accounting Officer of HSSIB. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSSIB's assets, are set out in 'Managing public money' published by HM Treasury.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that HSSIB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

## **Accounts direction**

The statement of accounts is prepared in a form directed by the Secretary of State for Health and Social Care in accordance with schedule 13 of the Health and Care Act 2022.

## **Authority statement**

The Senior Leadership Team of HSSIB has inputted and reviewed the annual report and accounts. The Audit, Risk and Assurance Committee, on behalf of HSSIB have reviewed the annual report and accounts.

## **Governance statement**

This governance statement sets our governance and control framework for the 6 month period to 31 March 2024.

## **Governance framework**

HSSIB was established by the Health and Care Act 2022 as an arm's length body of the DHSC. It is overseen by a board of directors, the non-executive directors of which are appointed by the Secretary of State. The Secretary of State for Health and Social Care is accountable to Parliament for all matters concerning HSSIB.

The Principal Accounting Officer (PAO) is the Permanent Secretary of the DHSC. The PAO is responsible for advising the responsible minister on:

- an appropriate framework of objectives and targets for HSSIB in the light of the department's wider strategic aims and priorities
- an appropriate budget for HSSIB in the light of the sponsor department's overall public expenditure priorities
- how well HSSIB is achieving its strategic objectives and whether it is delivering value for money
- the exercise of the ministers' statutory responsibilities concerning HSSIB as outlined above.

The PAO, via the DHSC sponsorship team liaison team, liaises with HSSIB to:

- monitor HSSIB's activities and performance
- address significant problems in HSSIB, making such interventions as are judged necessary
- periodically and at such frequency as is proportionate to the level of risk carry out an assessment of the risks both to DHSC and HSSIB's objectives and activities in line with the wider departmental risk assessment process
- inform HSSIB of relevant government policy in a timely manner
- bring ministerial or departmental concerns about the activities of HSSIB to the full HSSIB Board, and, as appropriate to the DHSC departmental board, requiring explanations and assurances that appropriate action has been taken.

## The Accounting Officer

The Interim Chief Executive, is appointed by the Permanent Secretary as Accounting Officer for HSSIB, and is personally responsible for:

- safeguarding the public funds for which they have charge
- ensuring propriety, regularity, value for money and feasibility in the handling of those public funds
- the day-to-day operations and management of HSSIB, in accordance with Managing Public Money and other instructions and guidance issued by the DHSC, HM Treasury and the Cabinet Office.

## The Board

The Board of HSSIB is responsible for setting the strategic direction and risk appetite of the organisation and is the ultimate decision-making body for matters of HSSIB-wide strategic and reputational significance. Effective governance facilitates the delivery of HSSIB's purpose and strategy, the Board

is committed, through its governance framework, to appropriate decision making within the organisation to ensure there is accountability, long-term added value and fulfilling of our purpose.

The Board currently comprises of the Chair and five non-executive members with no vacancies. The Board is advised by the Executive Directors who are: the Interim Chief Executive; Director of Investigations, Education Director, and Finance and Performance Director.

Details of Board members and committee attendance can be found below.

Name	Role	Attendance		
		Board	ARAC	RemCom
Dr Ted Baker	Chair of HSSIB, RemCom member	5/5		4/4
Marc Esmiley	ARAC member	5/5	4/4	
Dr Marisa Logan-Ward	ARAC member	5/5	3/4	
Mary Cunneen	Chair of RemCom	5/5		4/4
Dr Mike Durkin	RemCom member	4/5		3/4
Peter Schild	Deputy Chair and Chair of ARAC	5/5	4/4	
Dr Rosie Benneyworth	Interim Chief Executive	5/5		
Andrew Murphy-Pittock	Education Director	4/4		
Maggie McKay	Finance and Performance Director	4/4		
Philippa Styles	Director of Investigations	3/3		

Key:

ARAC = Audit, Risk and Assurance Committee

RemCom= Remuneration Committee

The Board met five times during the 6 months to 31 March 2024, with two meetings open to the public with Board papers made available on our website. Going forward, there will be six meetings a year. The Board monitors and reviews the organisation's performance regularly, based on the management information briefings and commentaries provide by the Executives.

## Board activity

During the period from 1 October 2023 to 31 March 2024, the Board discussed a range of different issues and received updates on various pieces of work including:

- agreement of our interim key performance indicators
- development of our vision, mission and strategy
- the protection of our investigation materials
- operational delivery
- our staff survey
- the establishment of organisation
  - delegation of policy approval
  - appointment of statutory positions
- updates from the Audit, Risk and Assurance Committee and the Remuneration Committee and their activities.

## Audit, Risk and Assurance Committee (ARAC)

The Audit, Risk and Assurance Committee is made up of three Board members and provides an independent view to the Interim Chief Executive and the Board of the organisation's internal controls, operational effectiveness, governance and risk management. This includes an overview of the internal and external audits services and risk management. The committee can seek legal or independent professional advice and secure the attendance of external specialists.

The committee met four times during the period. The ARAC has received updates on:

- finance, governance, and risk management
- production of the annual report and accounts
- approved policies - including Board Assurance Framework and Bribery and Fraud policy
- internal audit plans
- external audit planning of the 2023/24 financial statements audit.

ARAC received internal audit reports that covered the following areas across the business.



Audit	Areas reviewed	Assurance rating
Corporate governance	To assess the design and effectiveness of the corporate governance arrangements in place within HSSIB to direct, inform, manage, and monitor the activities of HSSIB.	Moderate
Internal controls: payroll	To assess the adequacy and effectiveness of payroll controls, providing assurance that the right people are paid the correct amounts at the right time with the proper approvals.	Moderate
Risk management	To provide assurance over the adequacy of the developing strategic risk management arrangements at HSSIB.	Moderate

## Remuneration Committee (RemCom)

The Remuneration Committee is made up of three non-executive directors and is responsible for ensuring that a policy and process for the performance review, remuneration and succession planning for the Chief Executive and Executive Team are in place.

The committee met four times during the period to discuss the remuneration of the executive appointments and received a presentation on the DHSC oversight of arm's length body pay and reward.

## Senior Leadership Team

Our SLT is led by the Interim Chief Executive Dr Rosie Benneyworth. Dr Benneyworth is the Accounting Officer and is responsible for the delivery of HSSIB's strategy and objectives as directed by the Board.

The SLT comprises:

Dr Rosie Benneyworth	Interim Chief Executive
Philippa Styles	Director of Investigations
Andrew Murphy-Pittock	Education Director
Maggie McKay	Finance and Performance Director
Minal Patel	Head of Strategy, Policy and Engagement

## Corporate governance

Our relationship with the DHSC, acting on behalf of the Secretary of State is regulated by a Framework Agreement. The framework document:

- sets out HSSIB's core responsibilities

- describes the governance and accountability framework that applies between the roles of the DHSC and HSSIB
- sets out how the day-to-day relationship works in practice, including in relation to governance and financial matters.

The Chair and the Executive Team meet the DHSC sponsorship team for a formal quarterly accountability review and informally throughout the year. Representatives from the DHSC are also present as observers at Board meetings and at the ARAC.

In this period of establishment, draft interim key performance indicators were shared with the DHSC in advance of approval by the Board, and quarterly monitoring information is also submitted to the DHSC. Drafts of the strategy and business plan are also shared with the DHSC.

We are developing our system of corporate governance to comply with the requirements of 'Corporate governance in central Government departments: code of good practice', in so far as they relate to ALBs. It is designed to ensure that sufficient oversight of operational matters is held by our Board and ARAC, while allowing for clear accountability and internal control systems at executive level.

## Performance Management

We report our performance every two months to the Board and SLT and relevant areas periodically to the ARAC. Our performance reports are included in the meeting papers that are published on our website and can be found at <https://www.hssib.org.uk/about-us/our-board/>

The performance report covers financial and non-financial information, and the delivery of our interim operational plan.

Once our strategy is approved our performance management framework will be revised to link it closely with our risk management and our new business plan and performance indicators.

## Quality of data used by the Board

The papers on which the Board and its committees rely are subject to an internal assurance process, overseen by the relevant member of the SLT. The Board has found the standard of Board papers, reports and presentations by the subject matter experts acceptable. The information provided is developing as we mature as an organisation.

## Annual review of Board and committee effectiveness

The Board, and its committees, have not carried out an annual review in the first 6 months of operation however they are planned on the 1 year anniversary of establishment.

## Risk management

HSSIB has developed a risk management framework and procedure to give assurance that the risks we face are managed appropriately and mitigated against proportionately in accordance with the [UK Government's Orange Book - Management of Risk - Principles and Concepts](#).

HSSIB manages risk through the use of risk registers. These include the strategic risk register which is managed by the Senior Leadership Team and directorate operational risk registers. Material projects have risk logs, and our investigations have risk assessments. As a new organisation we are still embedding the procedure and identifying risks and mitigations.

ARAC is accountable for overseeing risk management and will support the Board by reviewing the effectiveness of it.

Our principal risks are discussed in the performance report under 'Our risk profile' on pages 42 to 43

## Information security

The SIRO is responsible for managing information risk on behalf of the Accounting Officer and the Board, and for providing the necessary assurance.

Any data recorded on HSSIB's digital platforms are subject to specific legislative provisions, the General Data Protection Act (GDPR) 2018 and Freedom of Information (FOI) Act 2000.

User access is strictly controlled, and trial logs are kept for security checks and audit purposes.

Requests for information are responded to in compliance with both the GDPR and FOI Act.

Any operational requirements to deviate from the HSSIB's Information governance and data compliance strategy or the Security policy regarding data security require SIRO agreement. All staff undertake Information Governance and Data Security mandatory training.

There were no data breaches reported to the Information Commissioner's Office.

## Whistleblowing

We are developing a 'Raising concerns' policy and procedure which includes whistleblowing and Freedom to Speak Up (FTSU). Our staff are encouraged to speak up and raise a concern where something does not feel or look right. In the interim we have a non-executive director acting as an FTSU sponsor. All staff have been made aware of the arrangement and are required to undertake FTSU mandatory training.

During the period, there have been no whistleblowing concerns raised. Staff raise issues and make suggestions as part of day-to-day working in line with our culture.

## Counter fraud

HSSIB has a bribery and fraud policy, and all staff are required to complete mandatory training on fraud awareness. We are engaging with the DHSC Anti-Fraud Unit on the development of our fraud control framework to meet the requirements of the Cabinet Office Functional standards for counter fraud.

## Head of Internal Audit opinion

Our Head of Internal Audit has concluded she can give Moderate assurance that the Health Services Safety Investigations Body (HSSIB) has had adequate and effective systems of control, governance and risk management in place since its establishment during the reporting year 2023/24.

Her opinion draws conclusions from the audit work that GIAA have completed in year, her observations from attending the Audit, Risk and Assurance Committee throughout the period and review of Authority papers. Her opinion also recognises the fact that HSSIB came into operation on the 1 October 2023; the conclusions she has drawn reflect the reasonableness of arrangements whilst the organisation is still developing and forming.

Internal audits have been conducted in accordance with the requirements of the UK Public Sector Internal Audit Standards and the Head of Internal Audit opinion is derived from three assurance audits conducted during the period 1 October 2023 to 31 March 2024. All three audits received moderate assurance. HSSIB have not commissioned any advisory reviews during 2023/24.

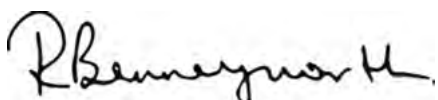
## Review of effectiveness

As Accounting Officer, I place reliance on the internal system of control. These include but are not limited to:

- oversight by the Board and its sub-committees including the ARAC
- the work and opinions provided by GIAA, our internal auditors
- senior managers within the organisation, who had responsibility for the development and maintenance of the system of internal control, and
- regular reporting to the Executive Team on performance and risk management.

I have noted the GIAA's annual report, which in accordance with the Public Sector Internal Audit Standards, concludes that the HSSIB 'has maintained an adequate system of governance, risk management and internal control'. They have arrived at this opinion through conducting a detailed risk-based internal audit needs assessment, albeit a smaller proportional plan given the organisation only operated part of the year.

As a small, young organisation we have important work to do to put in place policies and procedures to strengthen our resilience and efficiency. We also recognise that we need to develop our 'Board Operating Framework' and risk management processes to align with best practice.



Dr Rosie Benneyworth  
Accounting Officer  
Health Services Safety Investigations Body  
Date: 12 July 2024

# Remuneration and Staff Report

The remuneration and staff report provides details of the remuneration and pension interests of Board members and the Directors. The content of the tables and fair pay disclosures are subject to audit.

## Remuneration policy

The remuneration of the Chair and non-executive directors is set by the Secretary of State for Health and Social Care. All remuneration paid to the Chair and non-executive directors is non-pensionable.

The framework for the remuneration of the Interim Chief Executive and the Director of Investigations is set by the DHSC through the executive senior management (ESM) pay framework for arm's length bodies. All other staff are employed on NHS conditions and terms of service and their salaries are subject to direction from the Secretary of State for Health and Social Care.

The remuneration of the Interim Chief Executive and all ESMs is first subject to independent job evaluation and then approved by HSSIB's Remuneration Committee with additional governance oversight from the DHSC remuneration committee. Any salary in excess of £150,000 requires both Secretary of State and DHSC remuneration committee approval. The remuneration of the executives and senior managers is detailed in the table on pages 61 to 62.

The membership of the Remuneration Committee can be found on page 52 within the annual governance statement.

## Duration of contracts, notice periods and termination payments

The chair and non-executive directors of non-departmental public bodies hold a statutory office under the Health and Care Act 2022. Their appointment does not create a contract or employment relationship between them and the Secretary of State for Health and Social Care or between them and HSSIB.

The Chair and non-executive directors are eligible for reappointment at the end of their period of office, but only for one further term for up to 3 years. The DHSC will have a view as to who should be appointed to the office.

The details of the service contracts can be found on page 48.

The Chair or non-executive director may resign by giving 3 months notice in writing to the Secretary of State for Health and Social Care, otherwise their appointment will terminate on the date set out in their appointment letter unless terminated earlier in accordance with the terms and conditions of their appointment.

Contracts of employment for staff are open-ended and recurrent, unless otherwise specified. Notice periods follow the provisions of the ESM contract of employment of 6 months contractual notice, and 3 months for the senior managers on NHS conditions of service.

There have been no termination payments made in the reporting period.

## Remuneration, benefits and pensions for the six months ended 31 March 2024 (subject to audit)

Name	(a) Salary (bands of £5,000) * £000	(b) Expense payments (taxable) to nearest £100** £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (to nearest £1,000) £000	(f) TOTAL (a to e) (bands of £5,000) £000	(g) Salary full year equivalent (bands of £5,000) £000
Dr Ted Baker	30 - 35	-	-	-	-	30 - 35	60 - 65
Marc Esmiley	0 - 5	-	-	-	-	0 - 5	5 - 10
Dr Marisa Logan-Ward	0 - 5	-	-	-	-	0 - 5	5 - 10
Mary Cunneen	0 - 5	-	-	-	-	0 - 5	5 - 10
Dr Mike Durkin	0 - 5	-	-	-	-	0 - 5	5 - 10
Peter Schild	5 - 10	-	-	-	-	5 - 10	10 - 15
Dr Rosie Benneyworth***	80 - 85	-	-	-	-	80 - 85	165 - 170
Andrew Murphy-Pittock****	45 - 50	1,300	-	-	16	65 - 70	95 - 100
Maggie McKay****	55 - 60	600	-	-	25	80 - 85	110 - 115
Philippa Styles	40 - 45	-	-	-	11	55 - 60	115 - 120

\* Note: The salaries are for the 6 months to 31 March 2024. The full year salary is shown in column (g).

\*\* Note: Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual. The benefits in kind represent the monetary value of benefits, treated by HMRC, as a taxable emolument, provided by HSSIB. Andrew Murphy-Pittock and Maggie McKay have lease cars provided through a non-subsidised salary sacrifice scheme that is open to all permanent HSSIB staff.

\*\*\* Note: Dr Rosie Benneyworth is affected by the Public Service Pensions Remedy and her membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

\*\*\*\* Note: While not appointed to the Board until 9 November 2023, the remuneration has been included from 1 October 2023 in compliance with FReM as 'having authority or responsibility for directing or controlling the major activities of the entity during the year. This means those who influence the decisions of the entity as a whole, rather than the decisions of individual directorates or sections with the reporting entity'.



## Pension benefits (subject to audit)

Name	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 1 April 2023** £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2024 £000	(h) Employer's contribution to stakeholder pension £000
Dr Rosie Benneyworth*	-	12.5 - 15	25 - 30	60 - 65	391	41	533	-
Andrew Murphy-Pittock	0 - 2.5	-	10 - 15	-	120	8	161	-
Maggie McKay	0 - 2.5	-	20 - 25	-	216	17	285	-
Philippa Styles	0 - 2.5	0 - 2.5	20 - 25	55 - 60	341	12	423	-

\*Note: Dr Rosie Benneyworth is affected by the Public Service Pensions Remedy and her membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

\*\*Note: NHS Pensions can only provide data on an annual basis so the opening CETV value is at 1 April 2023. The real increases are apportioned for the time worked within HSSIB.

## Cash equivalent transfer values (CETV) (subject to audit)

A CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred into the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Public service pensions remedy

In 2015 the government made changes to most public service pension schemes, including the NHS Pension Scheme. These reforms didn't apply to members closest to retirement. The Court of Appeal later found that this discriminated against younger members.

The government is removing this age discrimination from public service pension schemes. It is doing this in two parts.

The first part was completed in 2022 with all active members now being members of the 2015 Scheme, this provides equal treatment for all active pension scheme members.

The second part is to put right, or 'remedy,' the discrimination that could have taken place during between 1 April 2015 and 31 March 2022, known as the remedy period. The Public Service Pension Remedy, sometimes known as the McCloud Remedy will:

- give affected members a choice of whether they receive 1995/2008 Scheme or 2015 Scheme benefits for their service in the remedy period
- return any service that affected members have in the 2015 Scheme during the remedy period back into the 1995/2008 Scheme on 1 October 2023.

## Pay ratios (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director in HSSIB was £165 to £170k full year equivalent. The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

2023/24	25th percentile	Median	75th percentile
Total Remuneration (£)	49,032	83,571	91,475
Salary component of total remuneration (£)	49,032	83,571	91,475
Pay ratio information	3.4 : 1	2.0 : 1	1.8 : 1

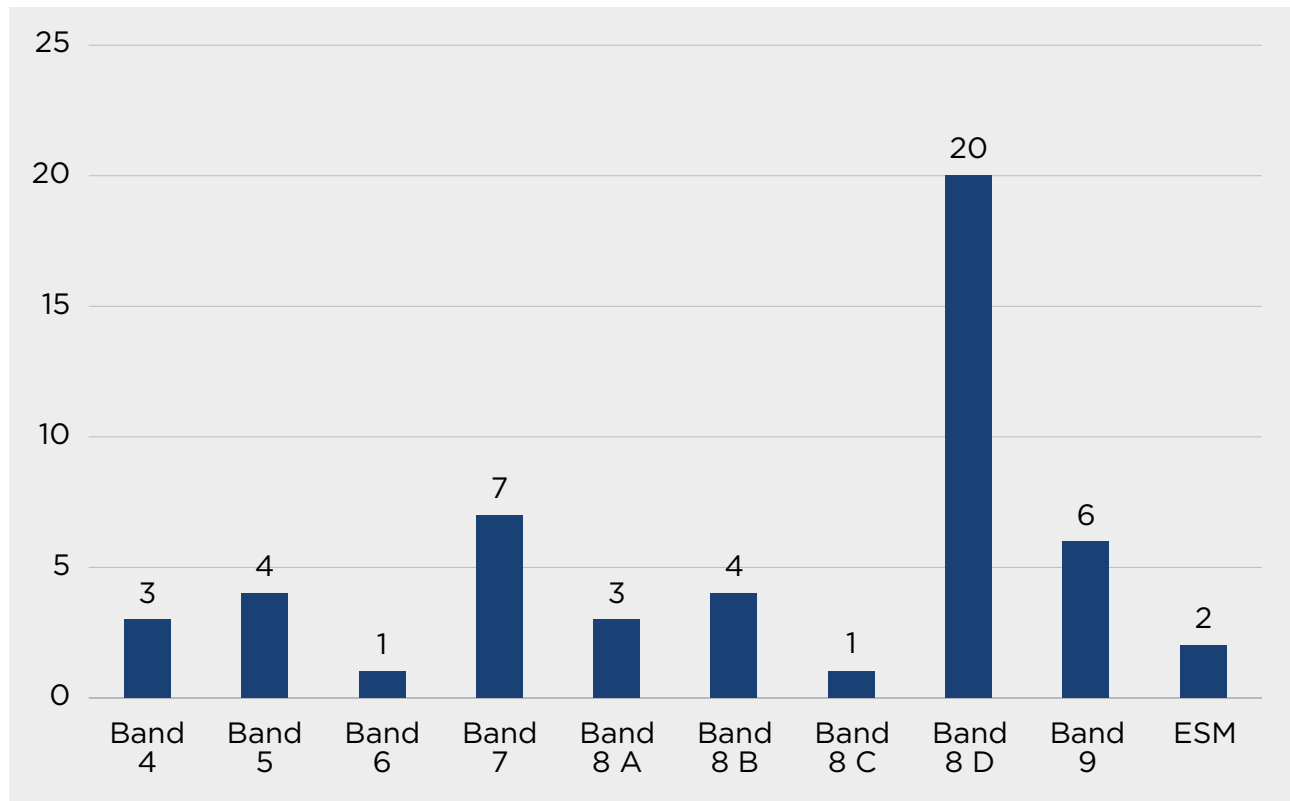
The range of staff remuneration is £25,147 to £116,960 per annum (excluding the highest paid director).

## Staff numbers (subject to audit)

On 31 March 2024, HSSIB directly employed 51 staff (45.3 full-time equivalents). Of these, 49 were permanently employed and 2 were employed on fixed-term contracts of employment.

There was no expenditure on consultancy or off-payroll engagements.

## Staff headcount by grade



## Staff costs (subject to audit)

A breakdown of the staff costs for the 6 months to 31 March 2024 is provided below.

	Permanently employed £000	Others £000	2023/24 Total £000
Wages and salaries	1,585	157	<b>1,742</b>
Social security costs	181	12	<b>193</b>
NHS pension costs	294	18	<b>312</b>
<b>Total</b>	<b>2,060</b>	<b>187</b>	<b>2,247</b>

## Exit packages (subject to audit)

There were no exit packages agreed in the period.

## Staff composition

An analysis of gender mix for the headcount as at 31 March 2024 is provided below.

Gender	Female		Male		Total
Non-executive directors	2	33%	4	67%	6
Executive directors	3	75%	1	25%	4
All staff (including executive directors)	31	61%	20	39%	51

## Staff mix according to age at 31 March 2024

Age range	2023/24	
18-29	1	2%
30-39	11	22%
40-49	21	41%
50-59	15	29%
60+	3	6%
<b>Total</b>	<b>51</b>	

## Sickness absence data

The sickness absence rate was 3.7% an average of 9.0 sickness days per FTE.

## Staff turnover

Staff turnover for the period was 6%.

## Trade union relationships

We have no members of trade unions.

## Diversity and inclusion

Most of our staff transferred from NHS England on the establishment of HSSIB and their disclosures on ethnicity, religion, disability, and sexual orientation did not transfer in the HR system. As a result, we have a 75% non-disclosure rate for these categories. As part of our equality, diversity, and inclusion action plan that we are developing we will be encouraging staff to update their disclosures.

## Staff engagement

We carried out a short staff survey in November 2023 which achieved a response rate of 61%.

## Supporting disabled people

We celebrate diversity in our workforce and our aim is to create an inclusive culture where everyone can thrive and be recognised for the different, individual talents and assets they bring to our business. As a new organisation we are developing our people management policies and procedures, and will consider the equality, diversity and inclusion implications at each stage to ensure no disadvantage is faced by individuals with a disability joining and within our workforce.

We have engaged with our staff requiring ongoing or short-term reasonable adjustments because of any disabilities and health requirements. This has included flexible approaches to working patterns and providing specialised equipment and support to individuals. We have sought to make our recruitment and selection processes more accessible and inclusive, and always offer to make adjustments for individuals.

# Parliamentary accountability and audit report

## Losses and special payments (subject to audit)

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise and are therefore subject to special controls. HSSIB had no losses or special payments in 2023/24.

## Gifts (subject to audit)

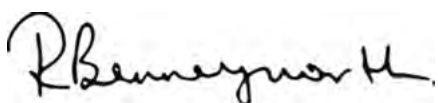
HSSIB did not receive or make a gift of any kind and value in 2023/24.

## Remote contingent liabilities (subject to audit)

HSSIB does not have any remote contingent liabilities at 31 March 2024.

## Functional standards

We must apply and adhere to the UK government functional standards in our processes and services. These standards help create a coherent, effective and mutually understood way of doing business within public bodies. They provide a stable basis for assurance, risk management and capability improvement. As a new organisation we are working towards the adoption of the standards.



Dr Rosie Benneyworth  
Accounting Officer  
Health Services Safety Investigations Body  
Date: 12 July 2024

# The Certificate and Report of the Comptroller and Auditor General to the Houses of Parliament

## Opinion on financial statements

I certify that I have audited the financial statements of the Health Services Safety Investigations Body for the year ended 31 March 2024 under the Health and Care Act 2022.

The financial statements comprise the Health Services Safety Investigations Body's

- Statement of Financial Position as at 31 March 2024;
- Statement of Comprehensive Net Expenditure, Statement of Cash Flows and Statement of Changes in Taxpayers' Equity for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and UK adopted international accounting standards.

In my opinion, the financial statements:

- give a true and fair view of the state of the Health Services Safety Investigations Body's affairs as at 31 March 2024 and its net operating expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Care Act 2022 and Secretary of State directions issued thereunder.

## Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

## Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs UK), applicable law and Practice Note 10 *Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2022)*.



My responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's *Revised Ethical Standard 2019*. I am independent of the Health Services Safety Investigations Body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

## Conclusions relating to going concern

In auditing the financial statements, I have concluded that the Health Services Safety Investigations Body's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Health Services Safety Investigations Body's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the Health Services Safety Investigations Body is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which requires entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

## Other Information

The other information comprises information included in the Annual Report but does not include the financial statements and my auditor's certificate and report thereon. The Accounting Officer is responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my certificate, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

## Opinion on other matters

In my opinion the part of the Remuneration & Staff Report to be audited has been properly prepared in accordance with Secretary of State directions issued under the Health and Care Act 2022.

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with Secretary of State directions made under the Health and Care Act 2022; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

## Matters on which I report by exception

In the light of the knowledge and understanding of the Health Services Safety Investigations Body and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept by the Health Services Safety Investigations Body or returns adequate for my audit have not been received from branches not visited by my staff; or
- I have not received all of the information and explanations I require for my audit; or
- the financial statements and the parts of the Accountability Report subject to audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual have not been made or parts of the Remuneration & Staff Report to be audited is not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

## Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the board and Accounting Officer are responsible for:

- maintaining proper accounting records;
- providing me with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- providing me with additional information and explanations needed for my audit;
- providing the me with unrestricted access to persons within the Health Services Safety Investigations Body from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- preparing financial statements which give a true and fair view in accordance with Secretary of State directions issued under the Health and Care Act 2022;
- preparing the annual report, which includes the Remuneration & Staff Report, in accordance with Secretary of State directions issued under the Health and Care Act 2022; and
- assessing the Health Services Safety Investigations Body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Health Services Safety Investigations Body will not continue to be provided in the future.

## Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Care Act 2022.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

## Extent to which the audit was considered capable of detecting non-compliance with laws and regulations including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

### Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the Health Services Safety Investigations Body's accounting policies.
- inquired of management, the Health Services Safety Investigations Body's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the Health Services Safety Investigations Body's policies and procedures on:
  - identifying, evaluating and complying with laws and regulations;
  - detecting and responding to the risks of fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the Health Services Safety Investigations Body's controls relating to the Health Services Safety Investigations Body's compliance with the Health and Care Act 2022 and Managing Public Money;
- inquired of management, the Health Services Safety Investigations Body's head of internal audit and those charged with governance whether:
  - they were aware of any instances of non-compliance with laws and regulations;
  - they had knowledge of any actual, suspected, or alleged fraud;
- discussed with the engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the Health Services Safety Investigations Body for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, complex transactions and bias in management estimates. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override.

I obtained an understanding of the Health Services Safety Investigations Body's framework of authority and other legal and regulatory frameworks in which the Health Services Safety Investigations Body operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a fundamental effect on the operations of the Health Services Safety Investigations Body. The key laws and regulations I considered in this context included the Health and Care Act 2022, Managing Public Money, employment law, pensions legislation and tax legislation.

## **Audit response to identified risk**

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management and the Audit, Risk and Assurance Committee concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the board and internal audit reports; and
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessing whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my certificate.

## **Other auditor's responsibilities**

I am required to obtain sufficient appropriate audit evidence to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control I identify during my audit.

# Report

I have no observations to make on these financial statements.

Gareth Davies  
Comptroller and Auditor General  
National Audit Office  
157-197 Buckingham Palace Road,  
Victoria,  
London,  
SW1W 9SP

16th July 2024



# Financial Statements

# Statement of Comprehensive Net Expenditure

for the 6 months to 31 March 2024

		2023/24
	Note	£000
Revenue from contracts with customers	3	101
<b>Total operating income</b>		<b>101</b>
Staff costs	4	2,247
Purchase of goods and services	4	739
Depreciation and amortisation	4	39
Other operating expenditure	4	58
<b>Total operating expenditure</b>		<b>3,083</b>
<b>Net operating expenditure</b>		<b>2,982</b>
Net (gain)/loss on transfer by absorption	5	(114)
<b>Comprehensive net expenditure for the year</b>		<b>2,868</b>

The notes on pages 81 to 94 form part of this statement



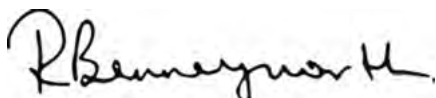
# Statement of Financial Position

## as at 31 March 2024

		31 March 2024
	Note	£000
<b>Non-current assets</b>		
Property plant and equipment	6.1	73
Intangible assets	6.2	33
<b>Total non-current assets</b>		<b>106</b>
<b>Current assets</b>		
Trade and other receivables	7	309
Cash and cash equivalents	8	216
<b>Total current assets</b>		<b>525</b>
<b>Total assets</b>		<b>631</b>
<b>Current liabilities</b>		
Trade and other payables	9	599
<b>Total current liabilities</b>		<b>599</b>
<b>Total assets less current liabilities</b>		<b>32</b>
Non-current liabilities		-
<b>Total assets less total liabilities</b>		<b>32</b>
<b>Taxpayers' equity and other reserves</b>		
General fund	SOCTE	32
<b>Total taxpayers' equity</b>		<b>32</b>

The notes on pages 81 to 94 form part of this statement.

The financial statements and the notes on pages 81 to 94 were signed on behalf of the Health Services Safety Investigations Body by:



Dr Rosie Benneyworth  
Accounting Officer  
Health Services Safety Investigations Body  
Date: 12 July 2024

# Statement of Cash Flows

## for the 6 months to 31 March 2024

	Note	2023/24
		£000
<b>Cash flows from operating activities</b>		
Net expenditure	SOCNE	(2,982)
Adjustments for non-cash transactions		
Depreciation, amortisation and impairments	4	39
(Increase)/decrease in trade and other receivables	7	(224)
Increase/(decrease) in trade payables and other current liabilities	9	483
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(2,684)</b>
<b>Cash flows from investing activities</b>		
(Payments) for property, plant and equipment		-
(Payments) for intangible assets		-
<b>Net cash inflow/(outflow) from investing activities</b>		<b>-</b>
<b>Cash flows from financing activities</b>		
Grant in aid funding	SOCTE	2,900
<b>Net financing</b>		<b>2,900</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>216</b>
Cash and cash equivalents at the beginning of the period		-
<b>Cash and cash equivalents at the end of the period</b>	<b>8</b>	<b>216</b>

The notes on pages 81 to 94 form part of these accounts.

# Statement of Changes in Taxpayers' Equity

## for the 6 months to 31 March 2024

	Note	General Fund
		£000
<b>Balance at 1 October 2023</b>		-
<b>Changes in taxpayers' equity</b>		
Comprehensive net expenditure for the year	SOCNE	(2,868)
Grant in aid funding	SOCF	2,900
<b>Balance at 31 March 2024</b>		<b>32</b>

# Notes to the financial statements

## 1. General information

HSSIB is a non-departmental public body established under the Health and Care Act 2022 and came into operation on 1 October 2023. These financial statements are for the 6 months ended 31 March 2024.

Under the Health and Care Act 2022, the Secretary of State for Health and Social Care has directed HSSIB to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction.

### 1.1 Accounting policies

These financial statements have been prepared in a form directed by the Secretary of State and in accordance with the Financial reporting manual (FReM) 2023-24, issued by HM Treasury. The accounting policies contained in the FReM follow International financial reporting standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of HSSIB for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.2 Going concern

HSSIB's annual report and accounts have been prepared on a going concern basis, as set out in the International Accounting Standards as interpreted by HM Treasury's Financial reporting manual, which requires entities to adopt the going concern basis of accounting in the preparation of the financial statements, where it is anticipated that the services they provide will continue in the future.

HSSIB is financed by and draws its funding from the DHSC. Parliament has demonstrated its commitment to fund DHSC for the foreseeable future and DHSC has demonstrated its commitment to fund HSSIB.

### 1.3 Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, and intangible assets, where revaluation would have a material impact.

## 1.4 Critical accounting judgements and key sources of estimation uncertainty

In the application of HSSIB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

HSSIB do not consider any judgements or uncertainties to be critical. The most significant judgements in 2023/24 concern non-current assets useful economic lives and depreciation method.

## 1.5 Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations within the DHSC group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies within the same department, the FReM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of comprehensive net expenditure and is disclosed separately from operating costs.

## 1.6 Operating segments

HSSIB does not report on a segmental basis, it reports for the entity as a whole.

## 1.7 Revenue and funding

The main source of funding for HSSIB is grant-in-aid from DHSC with an approved cash limit, which is credited to the general fund. Grant-in-aid funding is recognised in the financial period in which it is relevant.

Operating income is income which relates directly to the operating activities of HSSIB. Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the amount of the transaction price allocated to that performance obligation in accordance with the contractual arrangements. Secondment income is recognised monthly on a consistent basis in order to provide a faithful depiction of the transfer of goods or services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Payment terms are typically 30 days after the invoice date.

## 1.8 Employee benefits

### 1.8.1 Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave earned but not taken by employees at the end of the period is recognised as a liability to the extent that employees are permitted to carry forward leave into the following period.

### 1.8.2 Retirement benefit Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that 'the period between formal valuations shall be four years, with approximate assessments in intervening years'. An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

## b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The NHS Pensions Scheme is the only scheme in which employees are enrolled.

## 1.9 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

### 1.10 Value added tax

Irrecoverable value added tax (VAT) is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.11 Property, plant and equipment

### 1.11.1 Recognition

Expenditure on property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to HSSIB
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably, and either:
  - the item has cost of at least £5,000, or

- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

### 1.11.2 Measurement

All property, plant and equipment is measured at initially at cost. HSSIB does not revalue the assets on the grounds of materiality.

Property, plant and equipment at HSSIB consists only of short life and low value assets, such as laptops and mobile phones. In accordance with the FReM (10.1.14) we have elected to adopt a depreciated historical cost basis as a proxy for current value in existing use or fair value for these assets.

## 1.12 Intangible assets

### 1.12.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of HSSIB's business or which arise from contractual or other legal rights.

They are capitalised if:

- it is probable that future economic benefits will flow to, or service potential will be supplied to HSSIB
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably, and either:
  - the item has a cost of at least £5,000, or
  - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

### 1.12.2 Measurement

Intangible assets are initially recognised at cost. The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally generated intangible asset can be recognised, the expenditure is recognised in the period in which it was incurred.



Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, which is the case with all current HSSIB intangible assets, at amortised historic cost. An exercise has been performed to demonstrate that amortised historic cost is not materially different to depreciated replacement cost, which is the valuation method set out in the FReM.

### 1.13 Amortisation, depreciation and impairments

Depreciation and amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straightline basis over their estimated useful lives. The estimated useful life of an asset is the period over which HSSIB expects to obtain economic benefits or service potential from the asset. This is specific to HSSIB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

#### Estimated useful lives:

##### Intangible assets

- IT software developments have an estimated useful life of 3 to 5 years.
- Website has an estimated useful life of 3 to 5 years.

##### Property, plant and equipment

- Information technology has an estimated useful life of 3 to 7 years.

At each financial year-end, HSSIB checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are also tested for impairment annually at the financial year-end.

Impairment losses that arise from a clear consumption of economic benefit are charged to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

### 1.14 Cash and cash equivalents

Cash is the balance held with the Government Banking Services. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

## 1.15 Financial assets

Financial assets are recognised when HSSIB becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or when the asset has been transferred and HSSIB has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

### 1.15.1 Impairment

All of HSSIB's financial assets are measured at amortised cost, as they are held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes all trade and other receivables.

At the end of the reporting period, HSSIB assesses whether any financial assets are impaired. The majority of receivables are with other DHSC group bodies and therefore we do not expect any credit losses.

## 1.16 Financial liabilities

Financial liabilities are recognised in the Statement of Financial Position when HSSIB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

## 1.17 Accounting standards that have been issued but have not yet been adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2023/24. The application of the Standards as revised would not have a material impact on the accounts for 2023/24, were they applied:

- IFRS 14 Regulatory Deferral Accounts: Not UK-endorsed. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be from April 2025: therefore early adoption is not permitted.
- IFRS 18 Presentation and Disclosure in Financial Statements: Applies to an annual reporting period beginning on or after 1 January 2027.

As IFRS 18 has not yet been endorsed by the UK Endorsement Board and has not yet been considered by the Financial Reporting Board (FRAB), it is too early to make an assessment of the impact on the accounts. HSSIB will consider the detailed implications for future years.

## 2. Operating segments

The Board as 'Chief Operating Decision Maker' has determined that HSSIB operates as a single segment.

The work is within one main geographical segment, the United Kingdom.

## 3. Income

### Revenue from contracts with customers

All income is programme income

	2023/24
	£000
Secondment income	77
Training income	24
<b>Total revenue from contracts with customers</b>	<b>101</b>

## 4. Expenditure

All expenditure is programme expenditure

	2023/24
	£000
<b>Staff costs</b>	
Wages and salaries	1,742
Social security costs	193
NHS pension costs	312
<b>Total staff costs</b>	<b>2,247</b>
<b>Purchase of goods and services</b>	
Establishment	428
Supplies and services	111
Travel and subsistence	96
External audit fee	58
Professional fees	31
Training and development	15
<b>Total purchase of goods and services</b>	<b>739</b>
<b>Depreciation and amortisation</b>	
Amortisation of intangible assets	39
Depreciation of property, plant and equipment	-
<b>Total depreciation and amortisation</b>	<b>39</b>
<b>Other operating expenditure</b>	
Chair and non-executive members	58
<b>Total operating expenditure</b>	<b>3,083</b>

More detailed disclosures of our staff costs are included in the accountability report (page 59).

During the year, HSSIB purchased no non-audit services from its auditor, the NAO.

Significant expenditure items include:

### Establishment

Establishment expenditure includes the cost of the ongoing administration of HSSIB and includes IT and internal audit.

### Supplies and services

Supplies and services is the expenditure on outsourced services.

## 5. Net gain on transfer by absorption

Business combinations within the public sector are accounted for using absorption accounting principles.

On 1 October 2023, the Healthcare Safety Investigation Branch, a programme within NHS England, ceased and assets and liabilities were transferred to HSSIB and the Care Quality Commission.

Assets and liabilities transferred from NHS England to HSSIB	£000
Transfer of property, plant and equipment	-
Transfer of intangibles	72
Transfer of prepayments	85
Transfer of accruals	(43)
<b>Net gain/(loss) on transfer by absorption</b>	<b>114</b>

## 6. Non-current assets

### 6.1 Property, Plant and Equipment

	Information technology	Total
	£000	£000
<b>Cost or valuation</b>		
At 1 October 2023	-	-
Transfer by absorption	2	2
Additions	73	73
Disposals	-	-
Impairments	-	-
<b>At 31 March 2024</b>	<b>75</b>	<b>75</b>
<b>Depreciation</b>		
At 1 October 2023	-	-
Transfer by absorption	2	2
Charged during the year	-	-
Impairments charged to SOCNE	-	-
Disposals	-	-
<b>At 31 March 2024</b>	<b>2</b>	<b>2</b>
<b>Net book value at 31 March 2024</b>	<b>73</b>	<b>73</b>

## 6.2 Intangible assets

	Development expenditure	Websites	Total
	£000	£000	£000
<b>Cost or valuation</b>			
At 1 October 2023	-	-	-
Transfer by absorption	174	93	267
Additions			-
Disposals			-
Impairments			-
<b>At 31 March 2024</b>	<b>174</b>	<b>93</b>	<b>267</b>
<b>Amortisation</b>			
At 1 October 2023	-	-	-
Transfer by absorption	137	58	195
Charged during the year	23	16	39
Impairments charged to SOCNE			-
Disposals			-
<b>At 31 March 2024</b>	<b>160</b>	<b>74</b>	<b>234</b>
<b>Net book value at 31 March 2024</b>	<b>14</b>	<b>19</b>	<b>33</b>

## 7. Trade receivables and other current assets

	2023/24
	£000
<b>Amounts falling due within one year</b>	
Contract receivables	97
Prepayments	191
Accrued income	21
<b>At 31 March 2024</b>	<b>309</b>

## 8. Cash and cash equivalents

	2023/24
	£000
Balance at 1 October 2023	-
Net change in cash and cash equivalent balances	216
<b>Balance at 31 March 2024</b>	<b>216</b>
The following balances at 31 March 2024 were held as:	
Cash with Government Banking Service	216
Commercial banks and cash in hand	-
Short term investments	-
<b>Balance at 31 March 2024</b>	<b>216</b>

## 9. Trade payables and other liabilities

	2023/24
	£000
<b>Amounts falling due within one year</b>	
Trade payables	58
Capital creditors - property, plant and equipment	73
VAT	17
Social security liabilities	3
Accruals	448
<b>At 31 March 2024</b>	<b>599</b>

No liabilities are falling due over 1 year

## 10. Financial instruments

### 10.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

As the cash requirements of HSSIB are met primarily through parliamentary funding, financial instruments play a more limited role in creating risk that would apply to a non-public sector body of a similar size. The majority of financial instruments relate to contracts for non-financial items in line with HSSIB's expected purchase and usage requirements and HSSIB is therefore exposed to little credit, liquidity or market risk.

## Currency risk

HSSIB is a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. HSSIB has no overseas operations. HSSIB therefore has low exposure to currency rate fluctuations.

## Interest rate risk

All of HSSIB's financial assets and financial liabilities carry nil rates of interest. HSSIB is not, therefore, exposed to significant interest-rate risk.

## Liquidity risk

HSSIB's net operating costs are financed from resources voted annually by Parliament. HSSIB finances its capital expenditure from funds made available from government under an agreed capital resource limit. HSSIB is not, therefore, exposed to significant liquidity risks.

## 10.2 Financial assets

	2023/24
	£000
Trade and other receivables	118
Cash at bank and in hand	216
<b>Total at 31 March 2024</b>	<b>334</b>

## 10.3 Financial liabilities

	2023/24
	£000
Trade and other payables excluding non-financial liabilities	541
<b>Total at 31 March 2024</b>	<b>541</b>

## 11. Contingent liabilities

At 31 March 2024 there were no known contingent assets or liabilities.

## 12. Financial commitments

### 12.1 Capital commitments

HSSIB has no contracted capital commitments at 31 March 2024.



## 12.2 Other financial commitments

HSSIB has no other financial commitments at 31 March 2024.

## 13. Related parties

HSSIB is a non-departmental body of the DHSC.

The DHSC is regarded as a related party. During the reporting period HSSIB had a number of material transactions with the DHSC and with other entities for which the DHSC is regarded as the parent department including NHS England and NHS Foundation Trusts. In addition, HSSIB has had transactions with other government departments and other central government bodies. Most of these have been with the NHS Pension Scheme relating to our pension costs and HMRC for social security costs.

During the reporting period no DHSC Minister, Board member, key manager or other related parties has undertaken any material transactions with the HSSIB. The compensation paid to key management personnel can be found in the remuneration report from page 59.

## 14. Events after reporting period

In accordance with IAS 10, events after the reporting period are considered up to the date on which the Financial Statements are authorised for issue.

The Accounting Officer authorised these financial statements for issue on the date the Comptroller and Auditor General signed the audit certificate.

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