

Minutes of Advisory Panel
24 June 20, 14:00-16:00
'Teams' meeting

Members present:	<p>Chair: Prof. Murray Anderson-Wallace (MAW), Health Systems Innovation Lab, London South Bank University</p> <ul style="list-style-type: none"> • Farrah Pradhan (FP), Patient and public involvement advocate • Richard von Abendorff (RVA), Family Campaigner and Advocate for learning and robust action in health care after avoidable harm • Jennie Stanley (JS), Previous Lead Nurse at Patients First supporting whistle-blowers and Managing Director of a healthcare training company • Suzanne Shale (SS), Independent Consultant in healthcare ethics, medical education, and patient safety • Dr Joe Rafferty (JR), Chief Executive of Mersey Care NHS Trust • Steve Clinch (SC), General Secretary, Marine Accident Investigator's; International Forum (MAIIF) • Keith Conradi (KC), Chief Investigator, HSIB • Patrick Vernon (PV), Citizens Partnership Chair
In attendance:	<ul style="list-style-type: none"> • Lynne Spencer (LS), Director of Corporate Affairs, HSIB • Dr Stephen Drage (SD), Director of Investigations, HSIB • Dr Kevin Stewart (KS), Medical Director, HSIB • Alison McLellan (AM), Head of Patient & Public Involvement/E&D • Cassandra Cameron (CC), Head of Policy ad Strategy, HSIB <p>Minutes: Julia Blomquist (JB), Chief Investigator Office Manager, HSIB</p>
Apologies:	<ul style="list-style-type: none"> • Dr Mike Durkin (MD), Visiting Professor in Patient Safety, Imperial College London and the University of the West of England

No.	Item
1	Welcome and Apologies
	The Chair welcomed those to the meeting and apologies for absence were noted as above.
2	Declarations of Interest
	There were no changes to the declarations of interest.
3	Draft minutes of the last meeting on 31.01.20
	The minutes of the previous meeting were approved as a true and accurate record.
4	Action Log
	The Advisory Panel ToRs are still being drafted by MAW and KC.
5	Chief Investigators update
	<p>KC welcomed Patrick Vernon, Citizens' Partnership Chair, who is a new member of the Advisory Panel.</p> <p>KC provided the Panel an overview of the ongoing work and changes that have been taking place during the pandemic period. The updates included:</p> <ul style="list-style-type: none"> • Closing the office at the beginning of lockdown (still remains closed)

- Immediately stopping direct contact with trusts.
- A lot of HSIB's workforce are clinicians and secondees. Arrangements were made with trusts to repatriate 40 members of staff, this included two of Directors and continued pay. Majority of staff have now returned.
- Staff survey completed of their thoughts on how HSIB handled the situation, how we could improve and returning to a 'new normal'.
- Throughout the period, KC and CC have joined daily DHSC patient safety cell meetings run by Jennifer Benjamin and William Vineall.
- DHSC Quarterly Assurance Review meeting took place virtually
- Investigation publications have been paused.
- Maternity team lost a significant number of staff due to secondments. It was agreed with DHSC, to continue receiving referrals but not for events that involved no damage cooled babies and where families were satisfied there were no concerns.

Now working on returning to normality and have been engaging with CQC regularly regarding their inspections to have alignment with returning to trusts at the same time.

A significant structure change has been made and as an interim, prior to formal acceptance, all investigations have been brought under one directorate, Stephen Drage, Director of Investigations. The pillar will include national, maternity and education and development.

SD presented slides to the Panel:




20200624Advisory_Panel_Ix Directorate Up

RVA requested a hard copy of the Nottingham evaluation. KC responded this is not ready to be shared yet and once it is, will be circulated virtually to the Panel. SS and JF queried whether the Panel were to provide comments on the evaluation. JF felt the six domains presented by SD were focused on process and not assured of culture/organisational design. HSIB are unable to send hard copies until the office is re-opened. RVA asked for SEIPS references and links, KS informed Jonathan Black, Intelligence Analyst and SEIPS expert, can share some papers. RVA queried the East Kent trust issues raised at the last meeting and whether this has been resolved. KC responded Bill Kirkup is leading an independent review/investigation. KC also informed RVA that the maternity themed summary report was published in March '20 and individual reports of each theme are being prepared.

SC commented that the move to SEIPS is positive. In previous reports some investigations have been confused with methodologies and SEIPS is healthcare focused. SC questioned the timescales for the pipeline of reports to start publishing again. KC responded that reports directly identified with covid will be prioritised i.e. nasogastric tube investigation. Discussions are being held with DHSC to publish reports on a case by case basis and are likely to publish maternity learning reports

	<p>earlier. Full reports are likely to published later August/September. SC felt a concern as to how investigators will follow the operations manual and if there was an audit process for compliance. SD replied that the manual has been built by the team and were involved in developing the HIMS program for recording investigations. An audit function will be built in. The software is agile for change to reflect developments.</p> <p>JF queried whether the Directors have a plan to review decisions made during the pandemic; what proportion could be better, retrospective governance etc. LS responded a Business Continuity Group has been created and there is an action/decision log. The IU team led a staff survey which 99 responses, the feedback has been triangulated. Ongoing work will be developed and reviewed in several ways during from this period.</p> <p>FP raised the maternity programme. SD informed the investigation completion rate has increased and that the time taken to complete reports is the key focus in the programme. The complexity of the process is being reduced and reports currently go through various panels which are being pooled.</p> <p>JS felt the rapid reviews provide openness and transparency and lessons learned, therefore should be disseminated across the NHS and independent health service Particularly around the Nightingale’s and the impact on secondary and primary care. KC responded there are no plans to publicise the site reports as these were specific pieces of work to help DHSC who use system design expertise, rather than independent investigations through directions.</p> <p><u>Medical Directorate</u></p> <p>KS provided an update to the Panel. The Intelligence Unit have been reviewing what have we learned during this period and to prepare for a second wave. A survey was organised to staff repatriated to trusts to highlight ongoing safety issues they were seeing. Two national intelligence reports have been prepared. Both will shortly be available on the HSIB website and they have changed national guidance already. SIRch database implemented to analyse data in a standardised way. An external referral was received for hospital transmission which is in the scoping stages of investigation.</p> <p>MAW felt there have been issues with HSIB maintaining a sense of independence whilst being hosted by NHSE/I and what is the appropriate governance and how can the advisory panel can support. CC notified that NHSE/I released a bulletin to trusts on 01 May 20 advising to continue reporting concerns and encouraging to exercise clinical and professional reporting recognising the difficulty of the situation. Another bulletin is being released this Friday.</p> <p>Action: CC to circulate NHSE/I bulletins to AP members</p>
6	Matter of Independence
	None to discuss at this moment in time.
7	Citizens Partnership update

	<p>PV presented the below slide and updated:</p> <p>There have been good recent design developments emerging the Citizens panel. There is an interim panel and will recruit more members from different experiences, health and social care that can be built on. The interim panel had not heard of HSIB before, so there is a piece of work on community engagement and patients. There is significant work to be made on the website to make it accessible. RVA would like to be at the next meeting in July.</p>  <p>Advisory Panel - CP update.pptx</p> <p>Action: AM to invite RVA to Citizens' Partnership meetings</p>
8	Advisory Panel role discussion
	<p>The Advisory Panel discussed some concerns that without a Board and Non-Executive Directors (NEDs) there is little independent scrutiny over strategic decisions made by HSIB. HSIB's scrutiny comes from NHSE/I and DHSC from whom we are not independent. HSIB will not have a board until legislation is passed that establishes the new HSSIB as an ALB. SD suggested this could be added to the risk register.</p>
9	Joint Committee on Human Rights
	<p>MAW noted that the pre-legislative review of the human rights implications of the old HSSIB Bill is underway and MAW inquired whether HSIB will be making a submission. CC will check the Terms of Reference but KC thinks it is unlikely that HSIB will be making a submission.</p>
10	AOB
	<p>It was agreed to cancel the July and October meetings and to organise instead two virtual 2hr meetings in September and December.</p>
11	Close
	<p>The meeting closed at 16:20.</p>
Date of Next Meeting: Tuesday 15th September 14:00-16:00	