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Health Bill Submission – Concern from The Royal College of Emergency Medicine

Clause 59 of the Health Bill gives effect to Schedule 8, which makes provision transferring the Health Services Safety Investigations Body's (HSSIB) functions to the CQC. Clause 60 provides for transfer schemes in connection with the abolition of HSSIB. Schedule 8 amends the Health and Social Care Act 2008 and related legislation, including provisions on protected material and exceptions to the prohibition on disclosure.

The Royal College of Emergency Medicine (RCEM) stands behind calls for HSSIB to remain independent rather than be transferred into the Care Quality Commission (CQC). A truly independent safety investigator should be a top priority for any government seeking to ensure that safety is at the heart of reform and modernisation in the NHS. RCEM sent a letter to this effect to the then-Secretary of State, Wes Streeting in early 2026.

Whilst we are aware that arguments can be made both ways, we fully support the position laid out by the All-Party Parliamentary Group on Patient Safety in a letter to the then, Secretary of State for Health and Social Care earlier this year, that the incorporation of HSSIB into the CQC would be damaging, particularly to the effectiveness of and trust in patient safety investigations. We further echo evidence submitted to this committee by The Royal College of Nursing, which has emphasised the importance of not blurring the line between learning-based investigation and regulatory enforcement.

It is our belief that in order to carry out its purpose without conflict, the HSSIB must be free from institutional conflict or constraint and retain visible independence from the regulation and enforcement so crucially provided by the CQC.

RCEM recognises the finding of the Dash review that the increased focus on patient safety in recent years has seen relatively small improvements. However, the way to ensure that patient safety investigations are able to lead to improvements is to review how HSSIB can help to play a more authoritative national role, not to dilute its effectiveness by moving it into the regulator, especially at a time when the regulator is in a state of flux.

Dr Rosie Benneyworth, CEO of HSSIB, gave evidence to the Health Select Committee in early 2026 in which she described the difference between the willingness of staff to speak to the regulator, versus an independent body focusing on safety. The ability of

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staff to be able to speak freely and then for there to be action on the basis on concerns raised, has been shown time and time again to be crucial to patient safety.

It is the hope of RCEM that the Bill Committee will consider amendments which preserve HSSIB's independence and support its current role. Members of Parliament must be certain and given all necessary assurances, that the committee has fully considered the impact of HSSIB's transfer into the CQC, and that there are adequate safeguards in place to protect the distinct roles of investigator and enforcer.

We echo the calls of the APPG on Patient Safety to:

1. Use HSSIB to maintain a transparent national recommendations repository encompassing findings from HSSIB investigations, public inquiries, Prevention of Future Deaths reports, and other patient safety reviews which creates a single line of sight across the system.
2. Establishing collaboration with the National Quality Board to ensure that credible, evidence-based recommendations are assessed and implemented consistently, with defined accountability, timeframes and follow-up reporting so that the NQB can be confident that safety recommendations are not pre-empting resource allocation without regard to the consequences.
3. Turn the NQB/HSSIB partnership into a coherent national architecture for patient safety learning and implementation - reducing the recurring cycle of inquiry followed by uneven follow-through and limited demonstrable change.