**Saskia Fursland – Short Biography**

Saskia Fursland (née Revell) has a total of nine years’ experience in applying Human Factors in incident investigations. Saskia is a National Investigator with the Healthcare Safety Investigation Branch (HSIB), which was launched in April 2017. HSIB conducts independent investigations of patient safety concerns in NHS-funded care across England and is the first of its kind in the world. Throughout the investigation process, HSIB engage with patients, relatives, staff and national organisations, and make safety recommendations at a national level to improve patient safety.

Prior to joining the HSIB, Saskia worked for six and a half years’ as an Aviation Psychologist at the Royal Air Force Centre of Aviation Medicine. As an Aviation Psychologist, Saskia provided Human Factors expert advice to all UK military air accident investigations, conducted proactive investigations to improve flight safety, and provided bespoke Human Factors input to UK civilian air accident investigations.

**Summary of main points from presentation**

**Introduction to the Healthcare Safety Investigation Branch (HSIB)**

* HSIB conduct independent investigations of patient safety concerns in NHS-funded care across England. HSIB aim to be trusted, learning-focused, experts in field, are empowered to invest issues across the healthcare system and operate independently from the rest of the NHS.
* HSIB is formed of a National and Maternity Investigation teams.
* HSIB use a systems approach to investigations.

**Emerging themes from investigations involving the Emergency Department (ED)**

Three key themes from HSIB investigations involving ED were discussed and illustrated with examples from HSIB investigations:

1. **Theme 1: Handover and transfer of clinical information.** The concept of distributed situation awareness was introduced and the importance of designing systems to improve handover and transfer of clinical information.
2. **Theme 2: Guidance and standardisation.** Issues around the volume of guidance, lack of standardisation and how outdated guidance can still be circulation were discussed.
3. **Theme 3: Misperception.** Issues around ‘wellness bias’ with the patient who does not appear to be critically unwell were discussed.