



**HFMA briefing**  
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Good  
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Institute



# System risk management

Key considerations for evolving  
arrangements

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# Introduction

As system working evolves and governance arrangements develop following the enactment of the *Health and Care Act 2022* (the Act)<sup>1</sup>, system risk management arrangements need to be agreed and implemented by NHS organisations and their partners.

Understanding what good risk management looks like for both organisations and the system is essential to ensure that robust, effective arrangements are in place. Although the fundamentals of good risk management are the same for both organisations and systems, system risk management is different to organisational risk management in that it is based on system objectives and system-wide strategy alignment. It requires system partners to mitigate multifactorial and complex risks. It is complicated, requiring alignment of both risk appetite and risk management processes, amongst NHS partners and the wider system.

System risks are not a separate risks but a reflection of organisationally owned risks, focusing on the impact they have across all system partners. The management of system risks should be owned by the committee/ group that can best influence them.

The management of system financial risk is currently a key area of focus and the arrangements in place are expected to be tested as the financial pressures increase. The Act creates a collective duty on integrated care boards (ICBs) and their partner NHS trusts and foundation trusts to not spend more than the agreed share of NHS resources. Managing this risk is particularly important in the current financial and operational climate.

The HFMA's briefing, *System decision-making and governance*<sup>2</sup> starts to explore the tensions around competing duties and how decision-making and governance arrangements can be developed to support actions in the interest of the system and its population, even when this may not be in the best interests of an individual organisation.

Building on that paper, this joint briefing from the Good Governance Institute (GGI) and the HFMA specifically explores system risk management arrangements, aimed at supporting systems as they develop their own arrangements.

This briefing sets out the key challenges, opportunities and considerations involved in effective system risk management, along with case studies illustrating the developing arrangements. Recognising it is the role of everyone, not just senior leaders, finance or assurance committees, this briefing will be a useful reference point for all those working to improve the health and wellbeing of their local populations.

'System risk management is going to be different to the risk management we are used to in individual NHS bodies. It is about bringing together partner organisations to share information and work through solutions together. It's about collaboration and co-operation. There needs to be recognition that there are risks in individual organisations that will have an impact on other organisations – or indeed across the whole system. But the risk may be different, or impact differently.'

**Joanna Watson, Good Governance Institute<sup>3</sup>**

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<sup>1</sup> UK Parliament, *Health and Care Act 2022*, enacted July 2022

<sup>2</sup> HFMA, *System decision-making and governance*, July 2023

<sup>3</sup> HFMA, *Risky systems*, August 2022

# Background

## Definitions

**Risk management** is the practice of using processes, methods and tools for managing risks that could impact on objectives. The UK Government, *Orange book*<sup>4</sup>, provides a basic introduction of risk management concepts and includes a risk management framework with the following processes:

- risk identification and assessment
- risk treatment
- risk monitoring
- risk reporting.

The GGI's briefing, *Board guidance on risk appetite*, provides further detail on **risk appetite**, 'the amount and type of risk that an organisation is prepared to pursue, retain or take', recognising that risks can be seen in terms of both creating opportunities and threats. It sets out a model for applying risk appetite (see **figure 1**). This can be applied at an organisational and system level. It also provides a risk appetite matrix to help identify and assess different types of risk, recognising that risks are both financial and non-financial covering areas such as regulation, quality, reputation, and people<sup>5</sup>.

**Figure 1: GGI model for applying risk appetite**



Source: Good Governance Institute<sup>5</sup>

<sup>4</sup> UK Government, *The Orange book: management of risk – principles and concepts*, May 2023

<sup>5</sup> Good Governance Institute, *Board guidance on risk appetite*, May 2020

The **risk register** and **board assurance framework (BAF)** are common risk management tools. The risk register – basically a risk plan – identifies, analyses and records mitigations in place to deal with the risk. These are usually held at a directorate level. The BAF is the tool which brings together the relevant information on those specific risks impacting on the board's strategic objectives.

**System risk management** is simply the application of these principles to partnership decision-making. The partners involved are likely to consist of NHS and non-NHS partners both working at a statutory organisation level and across provider collaboratives and place-based arrangements. In managing any system risk, the partnerships involved will need to be defined.

## Challenges and opportunities

Inevitably there are challenges in managing risk across multiple organisations, each with their own existing risk management processes, organisational objectives and perhaps with differing levels of risk appetite. This is complex across NHS organisations, particularly those with a large number of partners, and complicated further when non-NHS partners such as local authorities and the voluntary sector are introduced with different finance and governance regimes as well as lines of accountability. Moving onto alignment at 'place' level adds another layer of complexity.

For many, particularly those that shifted from multiple clinical commissioning groups (CCGs) to one ICB, system risk management arrangements are being developed at the same time as new structures, people and processes are being developed. And at a particularly challenging financial and operational time.

As well as having an aligned view of the risks identified, there needs to be agreement in how these risks are managed across partners and localities. For example, prescribing will require a common approach to forecasting and budgeting, managing the risk appetite and identifying savings.

In some cases, the lack of clarity over the role of the ICB, along with a pressurised financial planning process, has led to a lack of risk ownership and a step back from the collaborative behaviours that were evolving.

While the challenges are significant, so too are the opportunities that system risk management brings. For example, managing the risk of high attendance at emergency departments will best be mitigated with a multidisciplinary programme across all partners. Working together should enable a solid understanding of where the risk is, along with who can influence and mitigate it. For example, national, regional, local levers and impacts.

There is the risk that the ICB risk register is just a long list of all partner organisations' risks. Within an ICB BAF it is helpful to think about risks and mitigation across three levels, and for partners to share their BAFs to ensure this understanding is aligned across:

- the ICB as a statutory body
- the ICB in its system oversight role
- the ICB as a system partner.

Ultimately, a successful system risk management approach will depend on trust, relationships and behaviours that focus on the system goals. It is important to recognise that a cultural shift is needed to manage both organisational and system risk together. Each system will be different, in terms of size, complexity and maturity and this culture shift will take time to fully develop.

## Key considerations for effective system risk management

Although a large proportion of system risk management arrangements will be consistent across all ICSs, they will need to be tailored and agreed to suit local circumstances. Based on discussions and the case studies shared below, **figure 2** sets out the key considerations for effective system risk management. NHS England is currently planning to publish some principles for system risk management which should be applied to developing arrangements.

**Figure 2: Key considerations for effective system risk management**

<p><b>Existing arrangements</b></p>	<p>It is important to recognise that each system is different in terms of existing arrangements, size, complexity and history. For many, system risk management arrangements will be at an early stage. Arrangements will need to be tailored to suit local circumstances.</p>
<p><b>Consider:</b>  <b>Who are the key partners that need to be involved in managing risk across the system?</b>  <b>What existing risk management arrangements are in place across the system?</b>  <b>Are differences in the overall governance arrangements and specifically risk appetite across partners recognised?</b></p>	
<p><b>Evolving nature</b></p>	<p>Local system arrangements are still evolving with ongoing development of the role of ICBs, provider collaboratives and place, as well as how NHS partners best work together with non-NHS partners. These arrangements will take time to develop and it is helpful to think about what needs to be put in place to support system risk management and avoid unnecessary duplication. In some cases, aligning risk management arrangements across NHS partners might be a starting point, building relationships with other partners over time.</p>
<p><b>Consider:</b>  <b>What architecture is in place to support system risk management and are any changes needed to improve it?</b>  <b>Are there capacity issues in developing the arrangements and what is the impact on plans?</b>  <b>What are suitable timelines to revisit evolving arrangements and their implications for risk management?</b>  <b>Are roles and responsibilities in managing system risk set out for all partners, including clarity over accountability and decision-making?</b></p>	
<p><b>Culture</b></p>	<p>System risk management requires a culture shift to balance system and organisational risk, particularly where the impact of an action at one organisation impacts elsewhere. The importance of trust, leadership and relationships cannot be overstated.</p>
<p><b>Consider:</b>  <b>Are arrangements in place to support a shift in culture to a system mindset?</b>  <b>Is this system mindset displayed at board level and throughout all levels of the organisations involved?</b>  <b>Are appropriate system networks established to support culture change?</b>  <b>Has the system agreed a financial governance standards and behaviour charter?</b></p>	
<p><b>Risk ownership and alignment</b></p>	<p>There needs to be a clear understanding of all system risks, including the level of system financial risk, aligned across organisational frameworks and supported by a common language and agreed ownership of the risk and mitigating action with named leads. This will be more complex for some ICSs, particularly those with a large number of partners.</p>

<p><b>Consider:</b>  <b>Is there a clear process to identify and manage system risks?</b>  <b>Are system risks clearly understood across partners and aligned in BAFs as appropriate?</b>  <b>Have boards discussed their levels of risk appetite?</b>  <b>Is ownership of the overall system risk, along with aligned organisational risks, and mitigation set out clearly?</b>  <b>Is there a risk gain share agreement in place across the system?</b>  <b>Are outcomes expected from managing the system risk clear?</b>  <b>Is there a consistent and clear approach to reporting and scoring across the system?</b></p>	
<b>Risk assurance</b>	Assurance mechanisms across the system should be agreed. Internal audit and audit committees have a key role to play in overseeing both organisational and system risks, ensuring that there is appropriate assurance over reporting, monitoring and actions.
<p><b>Consider:</b>  <b>Is there clarity about responsibility for controls and the provision of assurance?</b>  <b>Is there clarity about escalation across the system including when, how and what next?</b></p>	
<b>Communication</b>	Engagement with all partners over developing arrangements needs to be in place and expectations managed across executives and non-executives in terms of what the changes will be, when and why. Everyone plays a role in effective risk management so it is important to ensure each individual understands how this works for them.
<p><b>Consider:</b>  <b>Is there a clear engagement approach for developing arrangements?</b>  <b>Is there a training programme in place for existing and new teams at all levels of partner organisations?</b>  <b>Is there appropriate sharing of information across partners?</b></p>	

## Maturity matrix

Systems will each be at a different point in their development of system risk management arrangements. In some systems, organisations may have been working closely together for a number of years and already have good relationships in place, for others this might be relatively new territory. It is helpful to think about this in terms of a maturity matrix, recognising the current level of maturity and what actions need to be taken to develop and embed arrangements further.

Work at the North Central London Integrated Care Board (see case study below), uses a four-level description of maturity to consider its own arrangements, as set out in **figure 3**. These levels recognise the need for a clear process embedded within individual organisations first, followed by alignment across organisations within the ICS. It highlights the importance of a mature culture of openness, honesty, collaboration and trust between all ICS partners. Recognising that this takes time, many systems now are likely to be in level 1 or 2.

Once system partners have come together to align system risk management arrangements, the next step is to then devolve these arrangements to local levels, such as place. With the evolving nature of the ICB role, risk management arrangements and place-based arrangements, this is likely to be happening simultaneously so clarity and communication over accountability is essential.

**Figure 3: System risk maturity levels**

Level 1	Level 2	Level 3	Level 4
ICB merged a number of individual CCGs (as part of ICB establishment)	CCGs merged a few years before the establishment of the ICB	ICB as a member of the ICS with a leadership role in working with partner organisations and managing risk across the ICS	Fully integrated approach to risk management across all partner organisations in the ICS supported by an appropriate operating model
Legacy CCGs each had separate and different risk management processes	A single and fully aligned approach to risk management within the ICB	Sovereign organisations in the ICS work and collaborate together to manage risk	Single aligned approach to risk appetite across the ICS
No single established approach to risk management within the ICB	ICB only focused risk appetite	ICS partners seek ways to increase collaboration and further align/ integrate approaches	A mature culture of openness, honesty, collaboration and trust between all ICS partners
No established ICB focused risk appetite	A developing culture of openness, honesty, collaboration and trust between system partners	Risk appetite focuses on ICB's role as a member and a leader of risk within the ICS	
A level of openness, honesty, collaboration and trust between system partner		There is a real focus on developing and maturing culture of openness, honesty, collaboration and trust between system partners that is equally shared	

Source: Based on focus group discussions summarised by MIAA

These levels reflect the stages used by the Good Governance Institute in assessing system maturity across six key themes as set out in **figure 4**:

**Figure 4: GGI system risk maturity matrix**

	Leadership	Strategy	People	Partnerships	Process	Outcomes
<b>Awareness and understanding</b>						
<b>Implementation planned and in progress</b>						
<b>Implemented across the system</b>						
<b>Embedded and improving</b>						
<b>Excellent capability established</b>						

## Case studies

The case studies below set out the approaches taken and lessons learnt in developing system risk management arrangements in Staffordshire and Stoke-on-Trent, and in North Central London.

### System risk in Staffordshire and Stoke-on-Trent

The Staffordshire and Stoke-on-Trent (SSoT) ICS is responsible for delivering health and care services to around 1.1 million people across an area that brings together 10 local government councils (two county and eight district/borough), six CCGs, two acute hospital trusts, 25 primary care networks, 145 GP practices, two mental health trusts, 331 care homes, one community trust, one ambulance trust, two voluntary sector networks and two health and wellbeing boards.

Building a coherent system of governance to align these disparate organisations was the responsibility of Sally Young, recently retired SSoT director of corporate governance; Paul Winter, associate director of corporate governance and the data protection officer at SSoT ICB; Claire Cotton, associate director of governance at University Hospitals of North Midlands (UHNM); and Rob Grant, associate director of safety, risk and compliance at Midlands Partnership NHS Foundation Trust (MPFT).

The team began by ironing out anomalies in the way they worked – even in the words they used to describe that work. Paul Winter says: ‘In our CCG environment we often confused and conflated risks and issues, which was something Claire and Rob were very clear on. We very quickly got to grips with the fundamentals, which made life a bit easier when talking to our ex-commissioning colleagues who got a bit confused about the difference between the two, even though we're all risk managers at heart.’

Rob Grant says coming to terms with these cultural and language differences required openness and collaboration. He says: ‘Part of it was coming together, not being defensive and really supporting each other to just chew over the differences to create a common language.

‘It was a mutual journey of learning for all of us in terms of testing both our board assurance processes within the organisations that we work for and building that up to a system.’

### Eight strategic risks

One of the ways the team moved things on was by encouraging the ICB to identify eight strategic risks, which were then used to agree a framework for the 2023/24 BAF.

Sally says it was no small achievement to identify the eight strategic risks. She says: ‘Claire came along to do a presentation to our execs. She had just 45 minutes to get these eight strategic objectives out of them – it was originally an hour and a half, but the agenda was pinched and pushed – but my gosh she pushed them hard!

‘Claire coming in was really useful. With her long history of doing board risk at UHNM, she was able to be really challenging with my execs, which she did in a really good, positive way. She was cheeky, she pushed a bit, she went a bit further and a bit harder than someone working in the organisation would be able to.’

### Lessons learned

Engaging in difficult conversations and being prepared to adapt some deep-seated assumptions and ways of working were all crucial in embracing the collaborative approach needed to build successful system risk management.

Reflecting on lessons learned, Sally Young says: ‘Don't be precious about who does what. We all have the same aims and ambitions. Try and drop your frontiers around your own organisation and be honest and authentic. We knew we were all in the room to take things forward. We've talked about all sorts of really difficult stuff, but we can help ourselves with that and support each other through it.

Finally, Sally says there's a lesson about what real collaboration means. ‘We haven't always had full participation from our system partners. We've got one trust that's had some organisational change, and local authorities tend to dip in and out. But that doesn't matter. We've carried on anyway because we're working together rather than working as a provider coming to a meeting. We're not here to represent our organisations, we're here as a collective to do the same thing and do the right thing.’

Further detail can be found in the full case study available on the [GGI website](#).



### North Central London ICB's risk management approach

In April 2020, five CCGs in North Central London (NCL) merged to form one CCG, transitioning in July 2022 to become NCL ICB. The ICB has five defined 'places' which are its five boroughs. The current approach to system risk management at NCL ICB has developed over a number of years, starting in 2018 with the alignment of approach across the five CCGs to the current work to develop arrangements across the ICS.

#### Approach

**2018:** The development of a cross organisational approach to risk in NCL began in 2018 with the appointment of a single specialist governance and risk team which worked equally across the five CCGs. The team consisted of three people and was a distinct and separate team to the secretariat. The work began with a review of the five existing approaches to risk management to assess the strengths, weaknesses, gaps and opportunities in each. This led to the creation of a new, single approach to risk management which was implemented across all five organisations.

This new approach had several advantages which were:

- the ability to build on best practice and what worked well
- the use of common sense and distribution of the management of risks to those best placed to manage them
- having strong executive director ownership and oversight of each risk
- creating a common approach to support cross-organisation working and decision-making
- recognising that electronic risk management databases did not meet its needs and it was far simpler and more efficient using Excel spreadsheets
- avoiding any perceptions of bias in one CCG being favoured over another.

The implementation was supported by the five governing bodies, the single five organisation wide executive management team and the five senior management teams in each organisation.

As part of the implementation a bespoke training programme was rolled out by the governance and risk team. The full implementation and transition to achieve the appropriate depth of penetration where the new approach became embedded at the right standard and quality took seven months. However, in the year immediately following implementation all five CCGs received 'substantial' (green) assurance ratings on risk management. This was the first time any of the CCGs achieved this rating. This continued every year to date (August 2023).

**2020:** The second major transformation project was in 2020 when the five CCGs merged to become one organisation. This occurred one week after the UK went into national lockdown due to the Covid-19 pandemic. The new CCG benefitted from the work undertaken by the previous five CCGs in that the pre-existing approach could largely be 'lifted and shifted' into the new organisation.

**2022:** The third major transformation was from July 2022 with the creation of NCL ICB. The NCL ICB leadership recognised that its approach to risk management would have to adapt and change to account for its system leadership role within the ICS.

A key factor in the ICS is the number of organisations. The ICS consists of the ICB, five local authorities, 13 trusts and foundation trusts (with a high number of specialist national organisations) and 203 GP practices.

The governance and risk team worked with risk managers and leaders from across the NHS in England to collectively consider system risk management. It became clear that all ICBs were in different places in terms of their maturity (see **figure 3** system risk maturity levels). All organisations were either at level 1 or 2. NCL ICB was in a strong level 2 but needed to develop to achieve level 3. There is a question as to whether level 4 is possible within the current framework as it requires an integrated operating model. As at August 2023 the journey to develop a system approach to risk management is still on-going at NCL ICB.

### North Central London ICB's risk management approach (continued)

As at August 2023 the journey to develop a system approach to risk management is still ongoing at NCL ICB. However, the following have been implemented:

- a strong focus on system risk by the board of members and a drive to change the culture of the ICB so that it is both system and ICB risk focused
- an understanding that the ICB is uniquely placed in the ICS as being a system leader that has an overview of the entire geography. It can therefore bring people together across organisations and unlock the system to solve common problems
- development of strong relationships and networks across the ICS
- the establishment of the ICB board and committees which oversee both ICB only and system risks, with a strong focus on risk at each meeting since establishment – the board and committees include key partners from the ICS
- strengthened audit committee oversight of the development of the approach
- all risks at the ICB have been categorised as either being 'system risks' or 'ICB only' risks. System risks are those risks that impact different organisations in the system and need to be managed by two or more organisations (which may or may not include the ICB). ICB only risks are risks purely to the ICB. As at May 2023, 84% of the risks on the risk register are system risks and 16% are ICB only risks
- NCL ICB is continuing to adjust and develop its approach as the work has shown there are three categories of risk:
  - ICB only risks
  - ICS partner issues that generate a risk to the ICB
  - system risks that need to be held and managed by the system.
- risk reviews are being undertaken across all directorates to ensure risks are considered from a system perspective
- the establishment of the North Central London Governance Leads Network. This is a collaborative network between the governance and risk team at the ICB and the company secretaries at each of the ICB's partner NHS trusts and foundation trusts. The network meets on a monthly basis and discusses key risks, shares key risks from their BAFs, shares learning, knowledge, skills and experience and acts as a key 'check and balance' to ensure the most serious risks are being highlighted to the appropriate executive directors in each organisation.

### Lessons learnt

The key lessons NCL learnt include:

- recognise the time needed to develop and embed new approaches to risk
- allocate a dedicated resource to this – in NCL although this forms only part of each person's role, there is a dedicated resource of three people responsible for risk management
- ensure executive team buy in – in NCL each risk is owned by an executive director
- use risk champions – in NCL there are named people in directorates as risk champions who the ICB team have established good relationships with and the risk champions support the directors to manage their risk reporting
- provide ongoing training – in NCL the governance and risk team provided set-up training (in groups and for individuals) and continuously train staff on an 'as needed' basis
- use easy to understand language – in NCL they avoid jargon in the BAF, for example, replacing 'assurance' with 'evidence of controls'
- manage expectations – clear communication with all parties, including non-executive directors and system partners helps to manage expectations on plans
- develop a governance leads network – in NCL the network includes NCL ICB's governance and risk team and the company secretaries across the 13 partner NHS trusts and foundation trusts and includes risk on each agenda. The network is an invaluable source of collaboration, shared learning, knowledge, skills and perspectives.

## Conclusion

The 2023/24 financial year is likely to test how arrangements stand up to extreme operational and financial pressure. Some of the decisions that need to be taken will be particularly difficult, such as what services may need to be stopped.

As demonstrated in the case studies, culture and behaviours are key. Successful system risk management will take time to embed and will need all individuals working in the system to together recognise it is their collective responsibility.

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## About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For over 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The qualifications are delivered through HFMA's Academy which was launched in 2017 and has already established strong learner and alumni networks.

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