



Welcome to the NHS Risk Management Conference



28th April 2026
15 Hatfields Conference Centre, London,
SE1 8DJ

RISKREIMAGINED 2026

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PRESS**
Essential Knowledge





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Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.





Chair Opening Address



Helen Hughes
Chief Executive
Patient Safety Learning



Keynote Presentation



Annette Fogarty

Associate Director of Quality & Patient Safety
South East London ICB

FROM REACTION TO RESILIENCE

How proactive risk management can unlock safety,
quality and innovation in the NHS

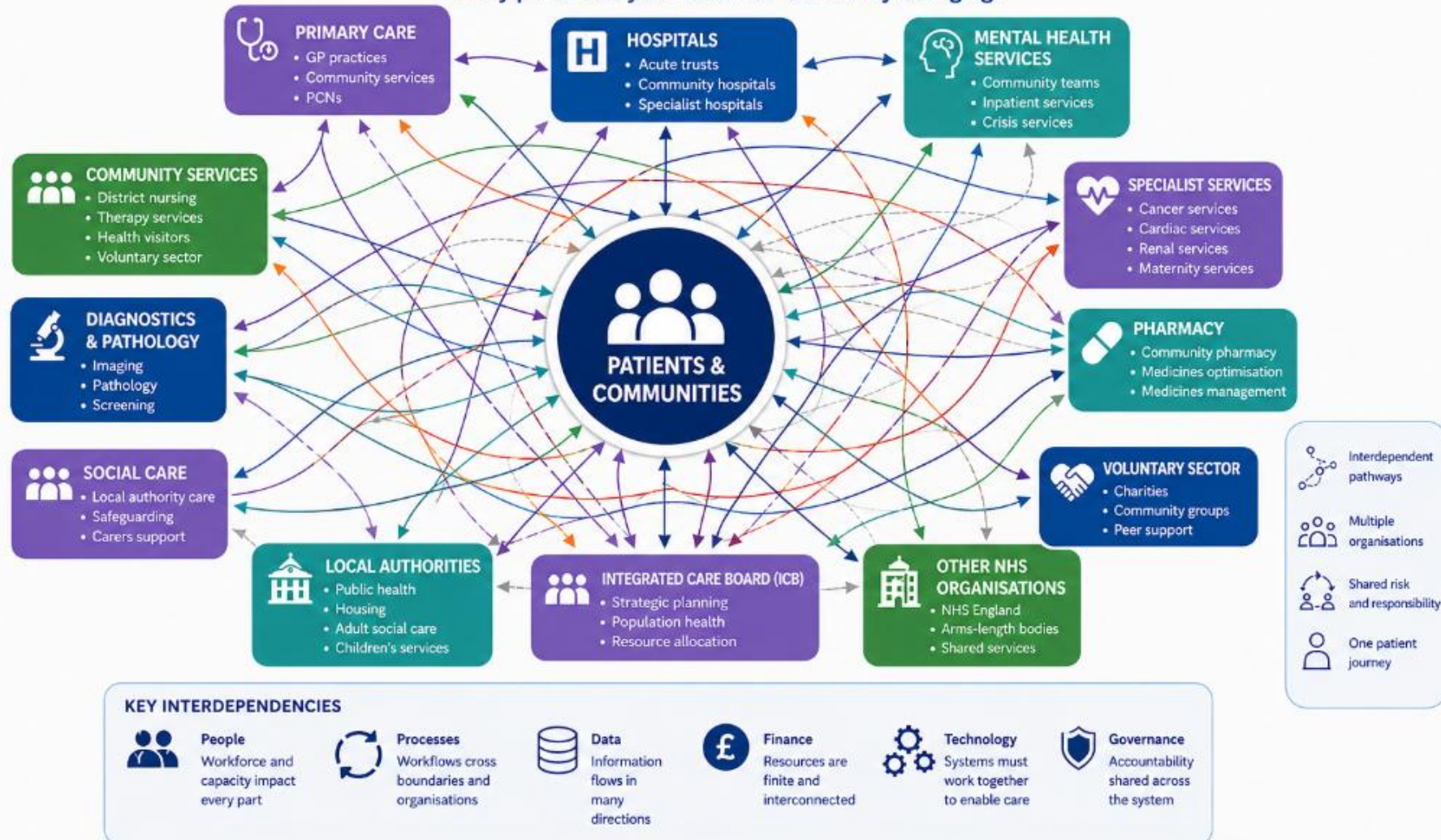
Annette Fogarty

Associate Director of Quality & Patient Safety, SEL ICB

A SYSTEM OF SYSTEMS

NHS COMPLEXITY MAP – A SYSTEM OF SYSTEMS

The NHS is a highly interconnected system.
Many parts. Many connections. Constantly changing.



FROM SILOS TO SYSTEMS

Moving from fragmented risk management to connected, resilient systems

REACTIVE: WORKING IN SILOS



Fragmented insight



Duplication



Gaps



Delayed action

Managing parts of the system



RESILIENT: WORKING AS ONE SYSTEM



Shared insight



Better decisions



Coordinated action



Improved outcomes

Managing the system for better outcomes

10 YEAR HEALTH PLAN



Fit for the Future: 10-Year Health Plan for England (2025–2035)

The Government vision for the next 10 years describes a responsive NHS, close to or within our own homes with dedicated teams of professionals working together in a neighbourhood health service.

This plan reimagines the NHS using the best technology to work with patients and communities with a focus on prevention leading to better health and productivity for all. It aims to restore public trust, improve outcomes, and ensure sustainability – anchored in the founding principles of universality, equity, and care, free at the point of use.

From Analogue to Digital

Transforming the NHS App to a “doctor in your pocket” and the front door to your NHS, single patient record, appointment booking and treatment options. Systems will need to ensure data is available and usable for patient access, making the best use of AI automation where appropriate.



From Sickness to Prevention

Using the neighbourhood health service, digital transformation and patient power to deliver the best outcomes for healthy communities.

Care should happen:

1. As locally as it can
2. Digitally by default
3. In a patient's home where possible
4. In a Neighbourhood Health Centre when needed
5. In hospital if necessary

From Hospital to Community

The creation of a Neighbourhood Health Service is a key component of this shift. Neighbourhood health centres, operating into the evening, six days a week.

Incorporating:



Teams include:



NEIGHBOURHOOD HEALTH CENTRE



Patient Power

The three shifts will be underpinned by increasing Patient Power and reducing health inequalities.

Giving patients real informed choice and control over their health, regardless of who they are or where they come from through:

- Patient power payments - based on their experience of care.
- Personalised Health Budgets for patients with complex needs, with 1 million in place by 2030.
- Personalised care plans, pledged for 95 per cent of patients with complex needs by 2027.
- A patient choice charter.
- Using the NHS App to provide information and support.
- Control over their single patient record, through their NHS App.

Enablers

- **New operating model** with ICBs as strategic commissioners.
- **Earned provider autonomy**, performance and quality led.
- A **new transparency of quality of care** based on a transformation in performance measurement based on outcomes.
- An **NHS workforce fit for the future**.
- **Powering transformation and innovation to drive healthcare reform through “5 big bets”**: Data, AI, Genomics, Wearables, Robotics.
- **Productivity and a new financial foundation**.
- **Additional new contracts** supporting neighbourhood approaches.

Talk to us about your plans

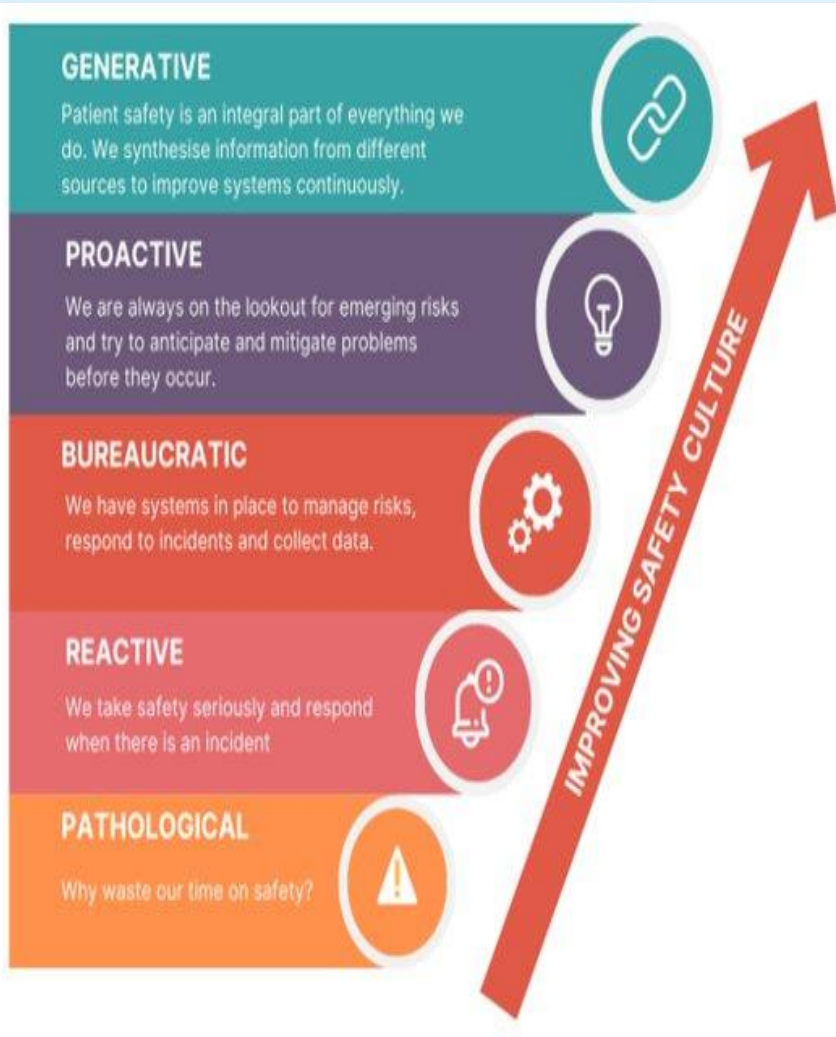
SCW already works closely with health and care systems to help them shift care into communities, harness digital innovation, embed prevention, and redesign workforce and operating models - turning policy into action across the NHS.

We have more than 100 relevant transformation case studies across England, showcasing our impact in areas. [Explore our case studies](#)



BOARD ACCOUNTABILITY

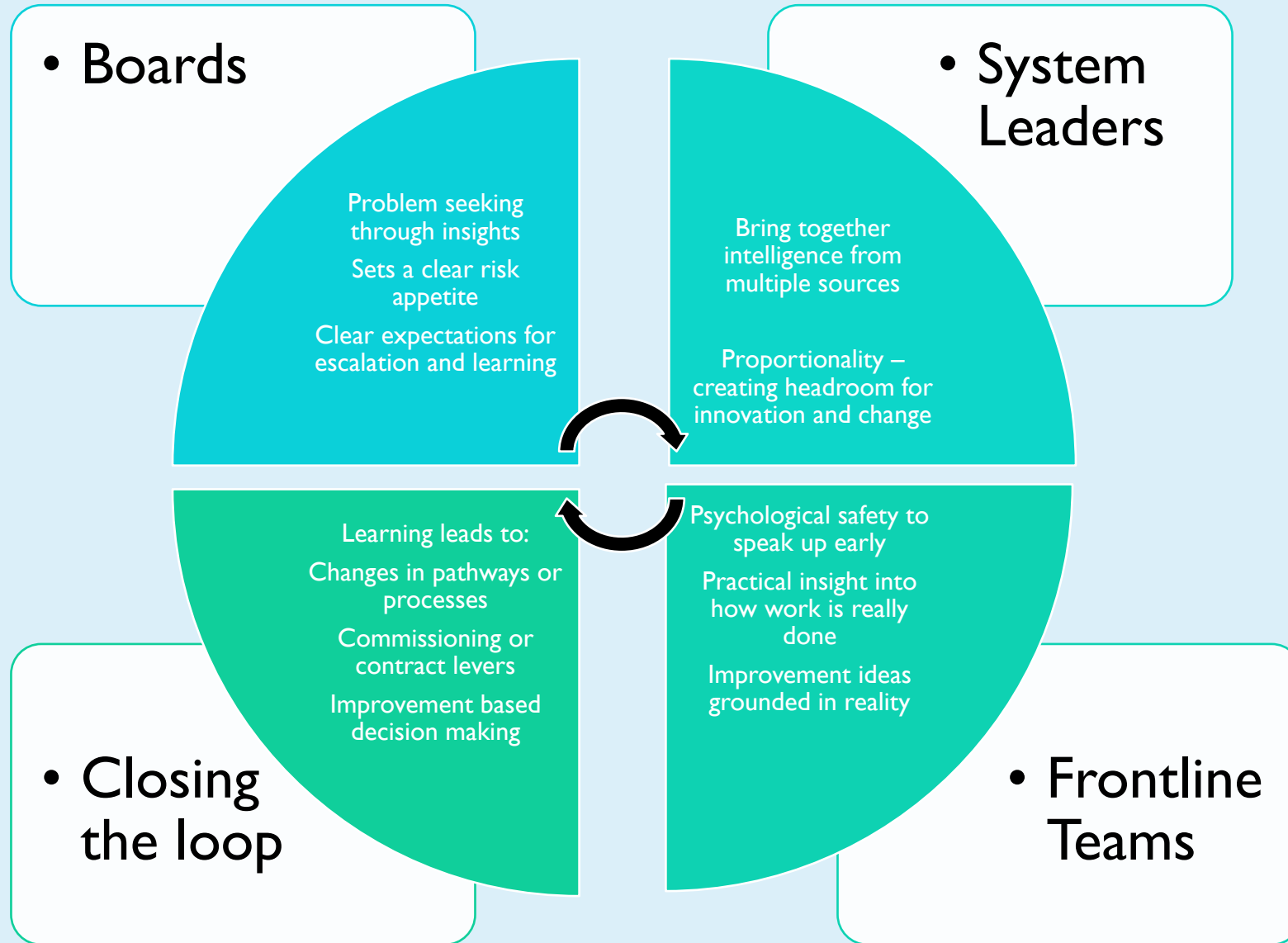
Developed from
Westrum 2003
(A typology of
organisational
cultures - BMJ
Quality & Safety



Expectation to see the landscape as a system as well as act on insights:

- ✓ What is this telling us about the risk in our system?
- ✓ Is the system safe?
- ✓ What are we not seeing?
- ✓ Did we improve?

THEORY TO PRACTICE



PROACTIVE RISK MANAGEMENT

THE ICEBERG OF RISK



EVENTS

What we see
Incidents, complaints,
near misses

Easy to see



PATTERNS

What we notice
Trends, recurring
issues

Spot patterns
Too late to prevent



SYSTEM STRUCTURES

What drives it
Processes, policies,
resources, incentives

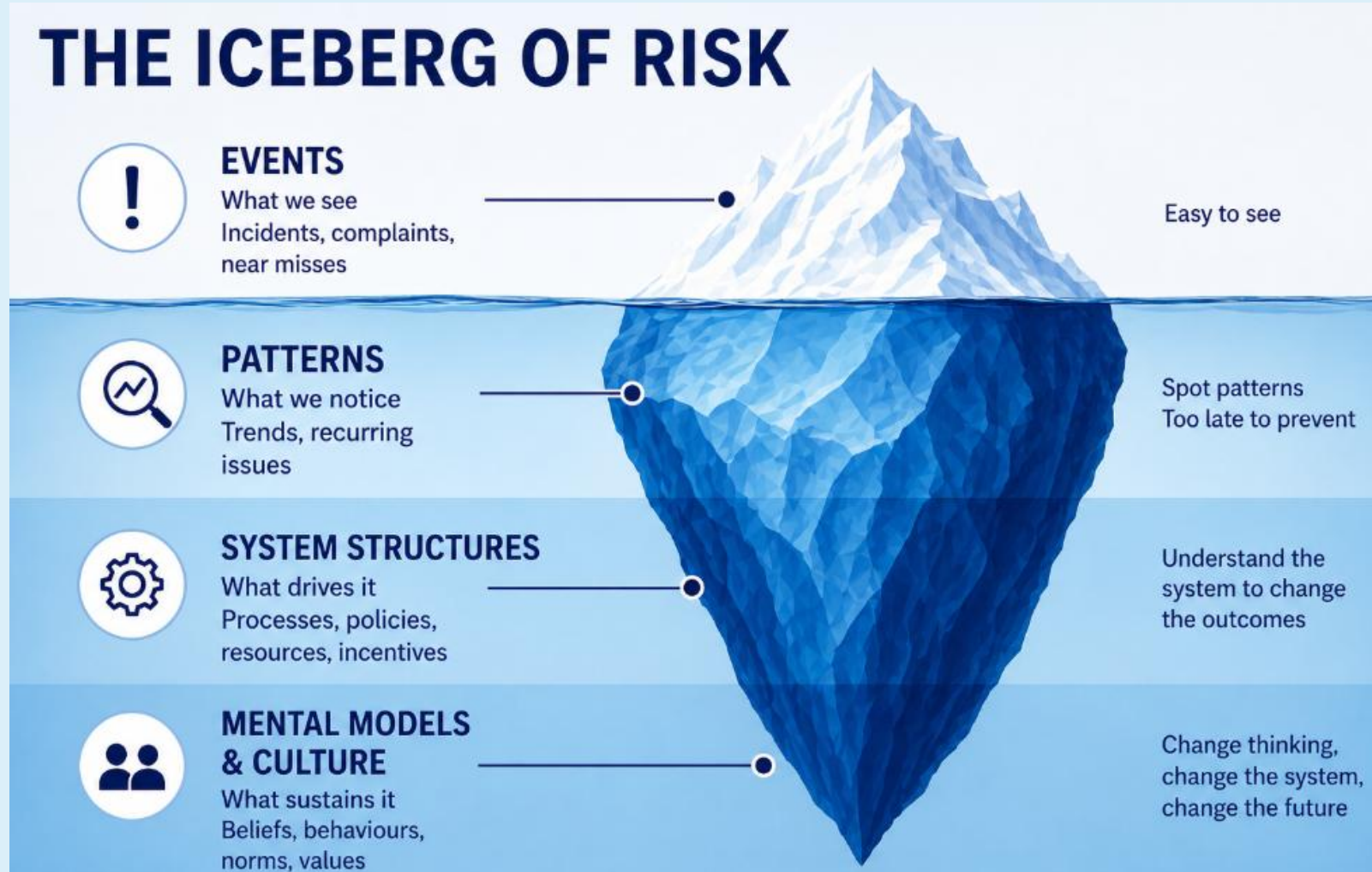
Understand the
system to change
the outcomes



MENTAL MODELS & CULTURE

What sustains it
Beliefs, behaviours,
norms, values

Change thinking,
change the system,
change the future



THANK YOU FOR LISTENING



Skill Clinic Building Incident Learning Cultures in the NHS

Chris Elston
Patient Safety Education Lead
University Hospital Southampton NHS
Foundation Trust

Megan Bidder
Director of Safety and Learning
NHS Resolution



Skill Clinic

Building Incident Learning Cultures in the NHS



Further information about NHS Resolutions' Safety and Learning work can be found on the [Safety and Learning pages](#) of the NHS Resolution website, which bring together our insights from claims, published resources, case stories, and details of our learning events and support offer. Our Safety and Learning leads can offer tailored conversations about regional trends, insights and opportunities for shared learning. To discuss regional claims data in more detail, Trusts can get in touch with their local Safety and Learning Regional Lead via the contact details on the website or via our generic enquiries inbox (nhsrsafety@nhs.net). At national level we have developed insights and education materials across a range of areas of clinical practice – recently these have included delayed diagnosis of cancer, workplace violence and learning from emergency department claims. More information is available in our [Faculty of Learning - NHS Resolution](#).



Refreshments & Networking



Chair Morning Reflection



Helen Hughes
Chief Executive
Patient Safety Learning



Case Study





Case Study



Stephen Green
Regional VP of EMEA
Concentric AI



AI is Breaking Data Security... **And Fixing It**

The New Reality of AI-Driven Risk and How to Stay Ahead



Case Study





Case Study



Luke Jeyes

Resuscitation Governance Lead
University Hospitals Birmingham

Defibrillator Dashboard: Technology impact assessment

Luke Jeyes

Resuscitation Governance Lead
University Hospital's Birmingham

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"The defibrillator's not working! Quick, everyone scuff your feet on the carpet!"



Leadership Lessons from the Front Line



Ehsan Haqqani

Associate Director of Governance & Patient Safety
Wrightington, Wigan & Leigh NHS Teaching Hospitals Trust



Lunch & Networking



Chair Afternoon Address



Helen Hughes
Chief Executive
Patient Safety Learning



Case Study

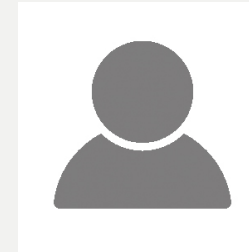




Case Study



Ehsan Haqqani



Mark Linggood



Jodie Conlon



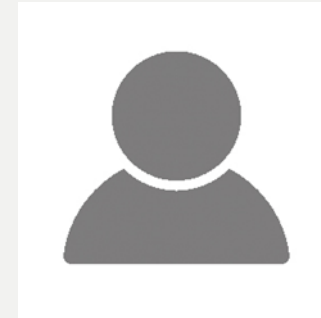
Debs Smith



Gethin Bateman

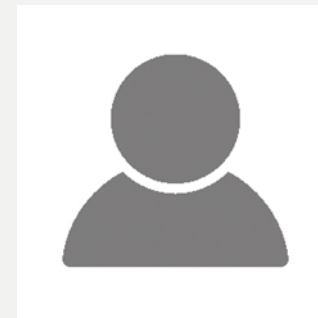


NHS Deep Dive



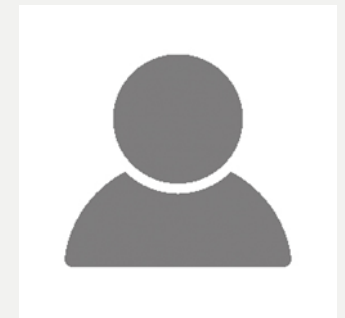
Sarah Smith

Babies Children & Young People Risk & Governance Lead Nurse
Royal Free London NHS Foundation Trust - Working at the North Middlesex University Hospital



Valerie Milton

Paediatric ST4 Doctor
North Middlesex University Hospital



Genevieve Hirst

Paediatric ST2 Doctor
North Middlesex University Hospital

DEMYSTIFYING CLINICAL GOVERNANCE

**CREATING SUSTAINABLE LEARNING IN A
ROTATIONAL WORKFORCE**

**GENEVIEVE HIRST, VALERIE MILTON, SARAH SMITH,
LEEHA SINGH, NICOLA DAVEY, NICHOLA HODGES**

PROBLEM:

- Governance exists — but engagement is low
- Learning is fragmented across multiple platforms
- High trainee turnover → poor continuity
- Limited awareness of incidents

Missed opportunities for shared learning & patient safety



What sources of governance data are available in your organisation?



menti.com
8182 5056

Waiting for participants



Mentimeter

Menti

risk reimagined 1



Select which slide to add

What sources of governance data are available in your organisation?

How do you disseminate clinical governance learning to clinicians?



menti.com
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Waiting for participants



Menti

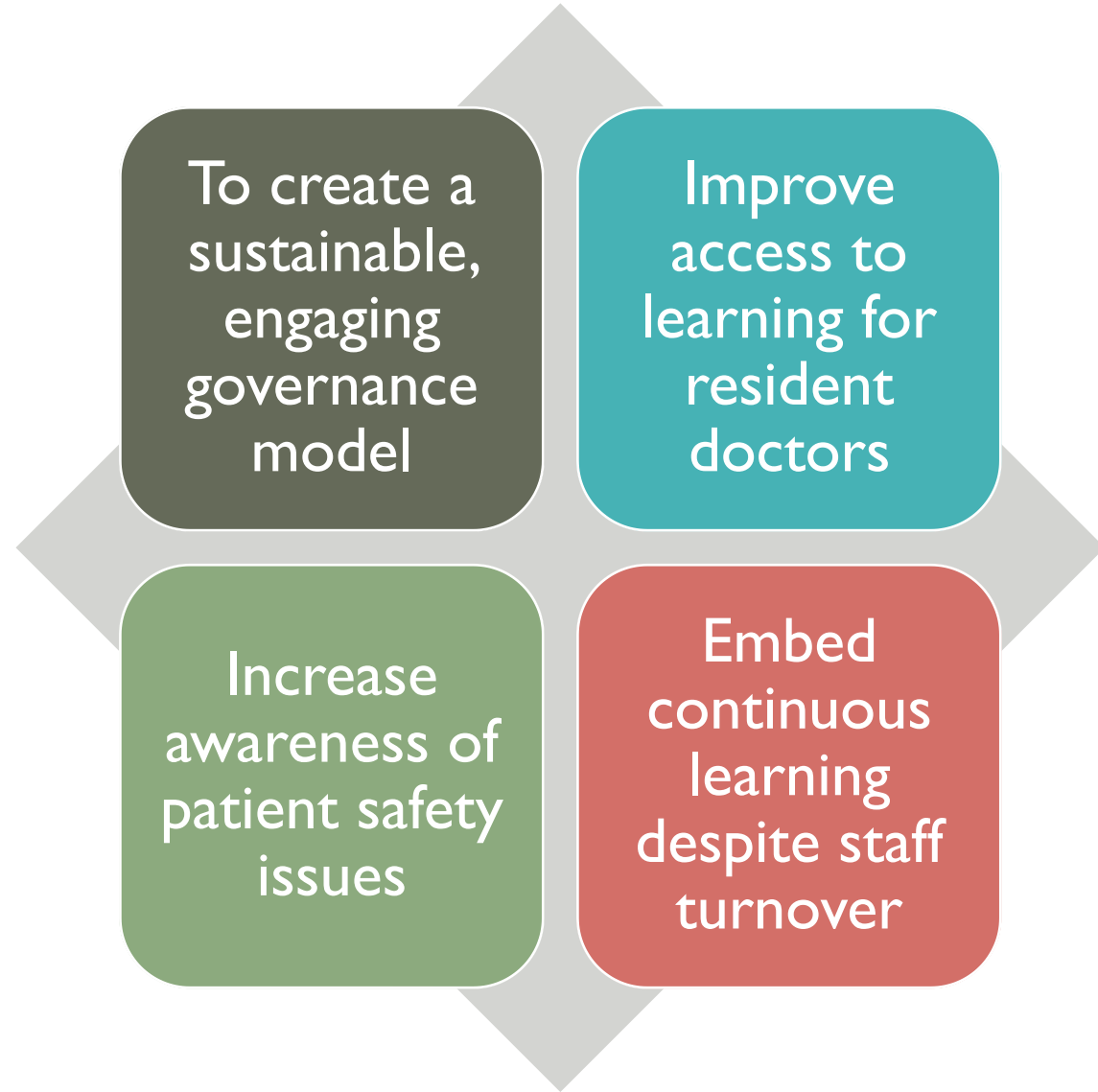
risk reimagined 2



Select which slide to add



OUR AIM:



INTERVENTION OVERVIEW

People

- Clinical Governance Champions (nursing & resident doctors)
- Link between frontline staff and governance systems

Data

- RLDatix, incidents, risk register, FFT, complaints
- Themed and summarised into key insights

Delivery

- Centralised, accessible learning resource
- Distributed via email & messaging platforms

THE NEWSLETTER



S.A.F.E. Safety Assurance For Every Child Your Bi-Monthly Bulletin

NHS
North Middlesex
University Hospital
NHS Trust

August 2025

Issue 8



Welcome to this month's edition of our Clinical Governance Newsletter, where we focus on fostering a culture of continuous learning and improvement across our department. Our goal is to learn from both challenges and successes, turning every experience into an opportunity.

In this issue, we will:

- Reflect on lessons learned from recent DATIX reports & rapid reviews, analysing root causes and identifying actions to improve patient safety.
- Share examples of outstanding care from our colleagues, recognising excellence & promoting best practices.



Key DATIX themes and lessons learned

- Please use the dedicated neonatal resuscitation proforma for all delivery attendances
- If there is any concern RE pneumothorax, perform a CXR before giving LISA
- When a decision to admit a patient from ED is made, prescribe all regular and PRN medications before patient moves to ward
- Provide detailed explanations when prescribed medications are omitted
- A reminder that all staff should be bare below the elbows. This includes no watches, rings or nail varnish
- When COWS or other equipment (e.g. trays) are taken

Risky Business

January 2025 - Issue 20
Reporting December 2024 Data

NHS
West London
Children's Healthcare

Children's Risky Business

Autumn Edition (October 2024)

RISKY BUSINESS NEWSLETTER CHILDREN'S SERVICES

Feeding back learning points identified through incidents, complaints and claims reported to and undertaken by the Risk Management Group.

ITERATION & SUSTAINABILITY: WHAT WE LEARNT AND ADAPTED



Microteaching resources
→ stopped (too
resource intensive)



Newsletter → changed
to bimonthly for
sustainability



Governance role →
shifted to dedicated
non-clinical time



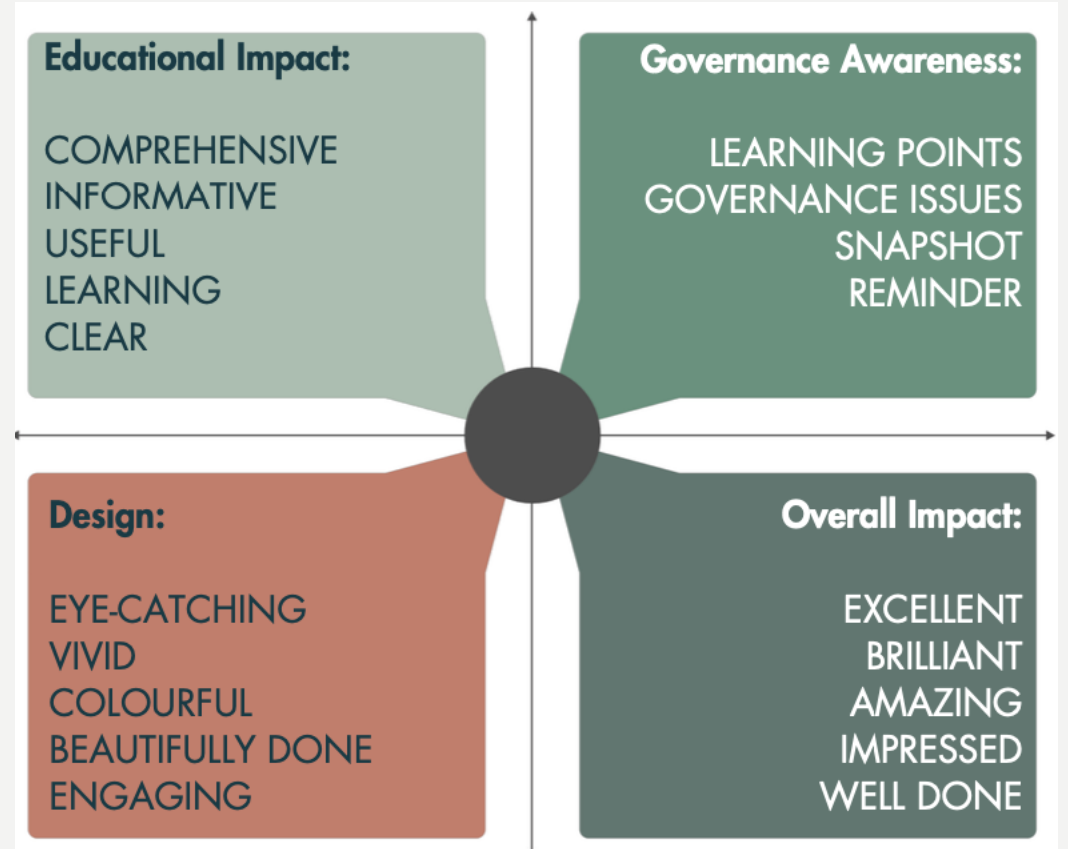
SOP generated to
facilitate handover



Simplicity improved
sustainability and impact

IMPACT: CULTURAL SHIFT

FROM PASSIVE SYSTEMS TO ACTIVE ENGAGEMENT



PATIENT-CENTRED APPROACH

Keeping learning grounded in real experiences



Patient & parent voice embedded throughout



FFT quotes included in every newsletter



Learning linked directly to patient impact



Reinforces why governance matters

CONCLUSION

Governance data
must be
**accessible to be
useful**

**Simplicity drives
sustainability**

Trainee-led models
can overcome
workforce
turnover

**Storytelling is
essential for
patient safety
learning**



NHS Deep Dive



Sam McCartney
Risk Management Advisor
NHS Forth Valley



ENTERPRISE RISK MANAGEMENT



—● Sam McCartney ●—
Risk Management Advisor
NHS Forth Valley





Session Overview

NHS Deep Dive – Enterprise Risk Management

This session aims to provide a focused exploration of Enterprise Risk Management (ERM) within the NHS, covering:

- How risk is identified, understood, and managed across the organisation.
- The strategic importance of ERM in supporting safe, high-quality patient care, as well as its role in organisational resilience, decision-making, and long-term planning.
- How system-wide risks are interconnected, how they influence operational and clinical outcomes, and how a unified approach strengthens overall governance and accountability.





WHAT IS A CORPORATE RISK?

The effect of uncertainty on objectives (ISO 31000)

In layman's terms, 'A risk is the likelihood of something bad/good impacting on our objectives.'

Opportunity

vs

Hazard

Opportunity risks are uncertainties that can improve patient outcomes, service quality, workforce sustainability, or system performance.

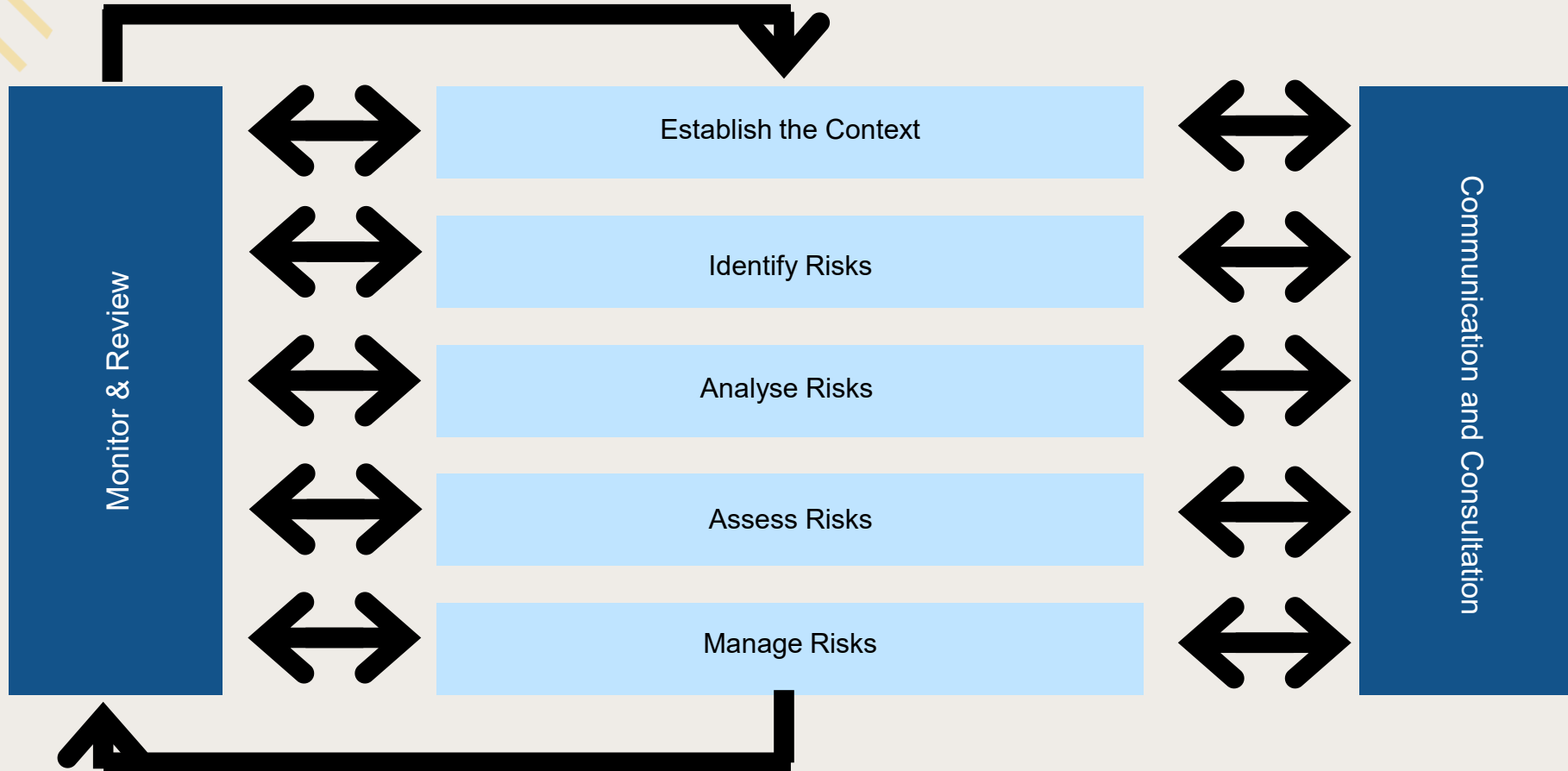
Hazard risks are uncertainties that may cause harm, disrupt services, or compromise compliance.

Enterprise Risk Management ensures we manage both — reducing avoidable harm while enabling informed, responsible decisions that improve care



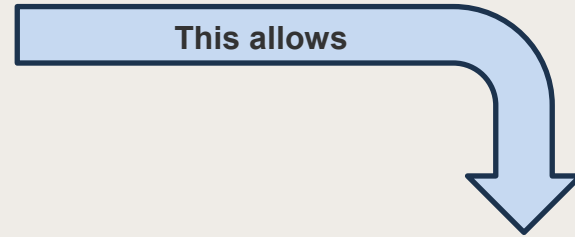
WHAT IS RISK MANAGEMENT?

ISO 31000



WHAT IS ENTERPRISE RISK MANAGEMENT?

It promotes a holistic view of risk across the organisation, through a third-party perspective, moving away from a siloed approach to risk management.

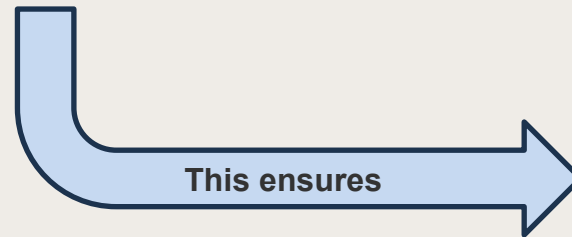


the organisation to easily identify risk interdependencies across operational areas and potential risk factors that may be unseen by any one function.

Enterprise Risk Management transforms risk from a reactive, compliance-focused function into a risk-informed strategic capability to support decision-making for the Board.

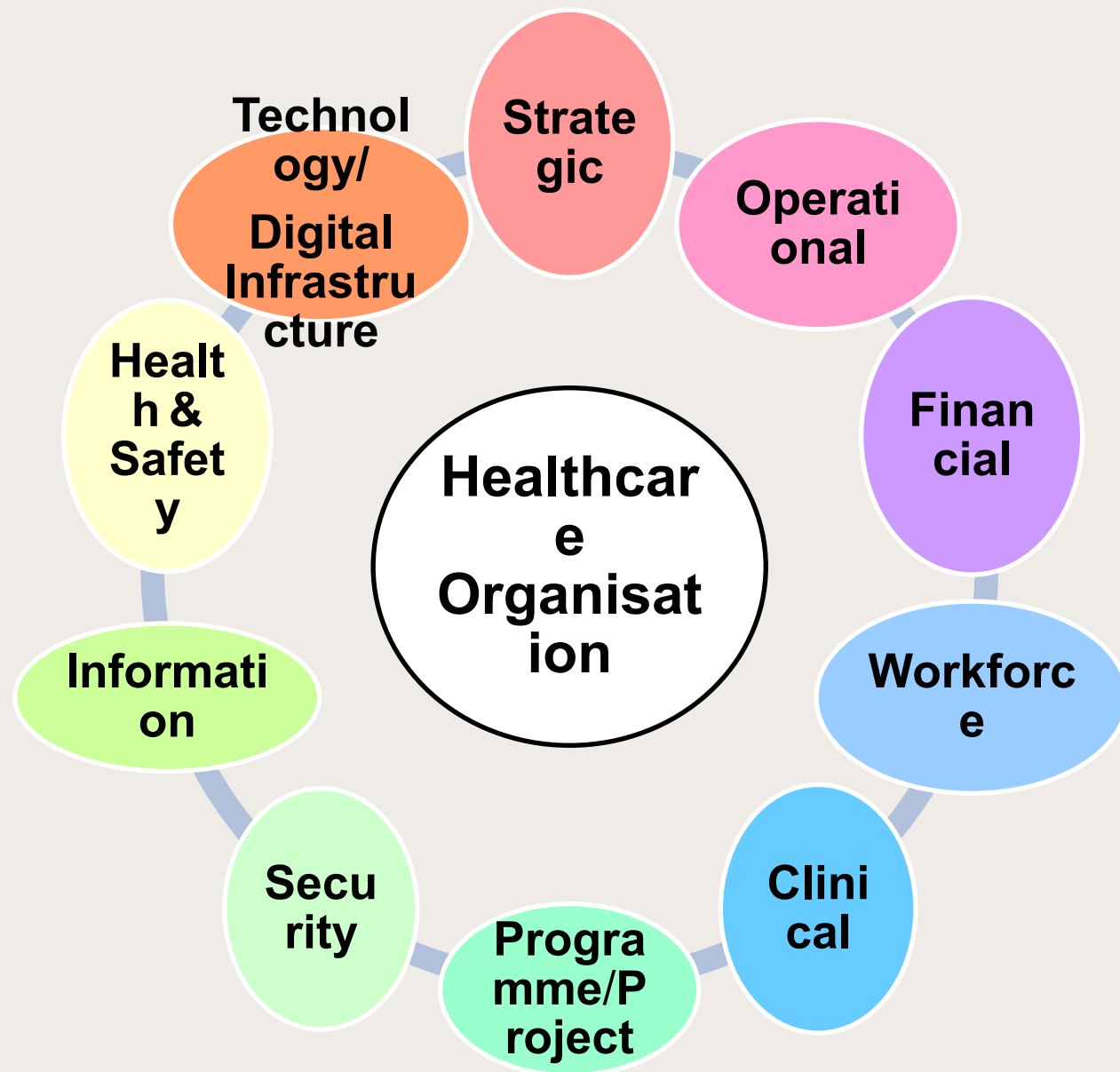


Enterprise Risk Management



that we protect our assets, meet our objectives, and work efficiently to the best of our ability.

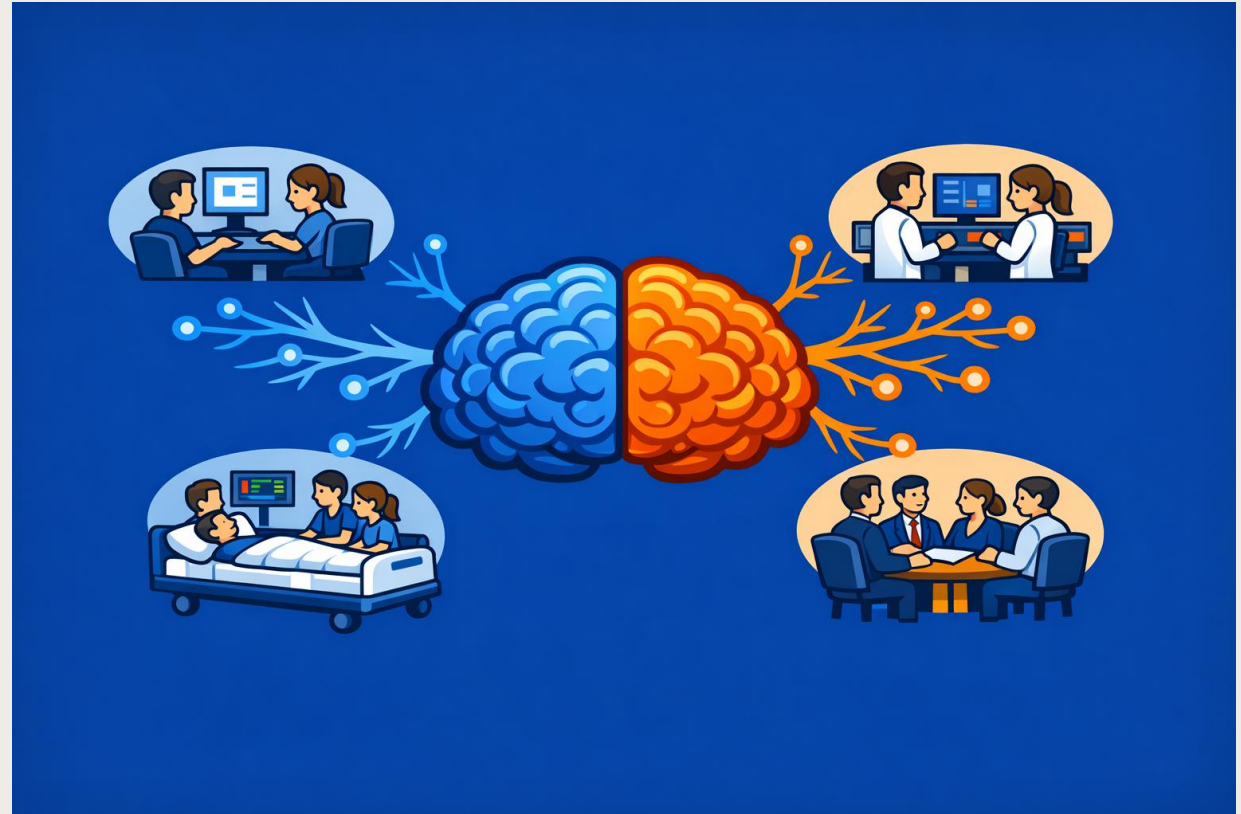
EXAMPLES OF RISK WITHIN NHS HEALTH BOARDS



WHAT IS ENTERPRISE RISK MANAGEMENT?

Enterprise Risk Management is the organisation's nervous system.

It senses emerging threats and pressures across all parts of the system, connects them together, and enables leaders to respond to minimise risk and maximise opportunity.

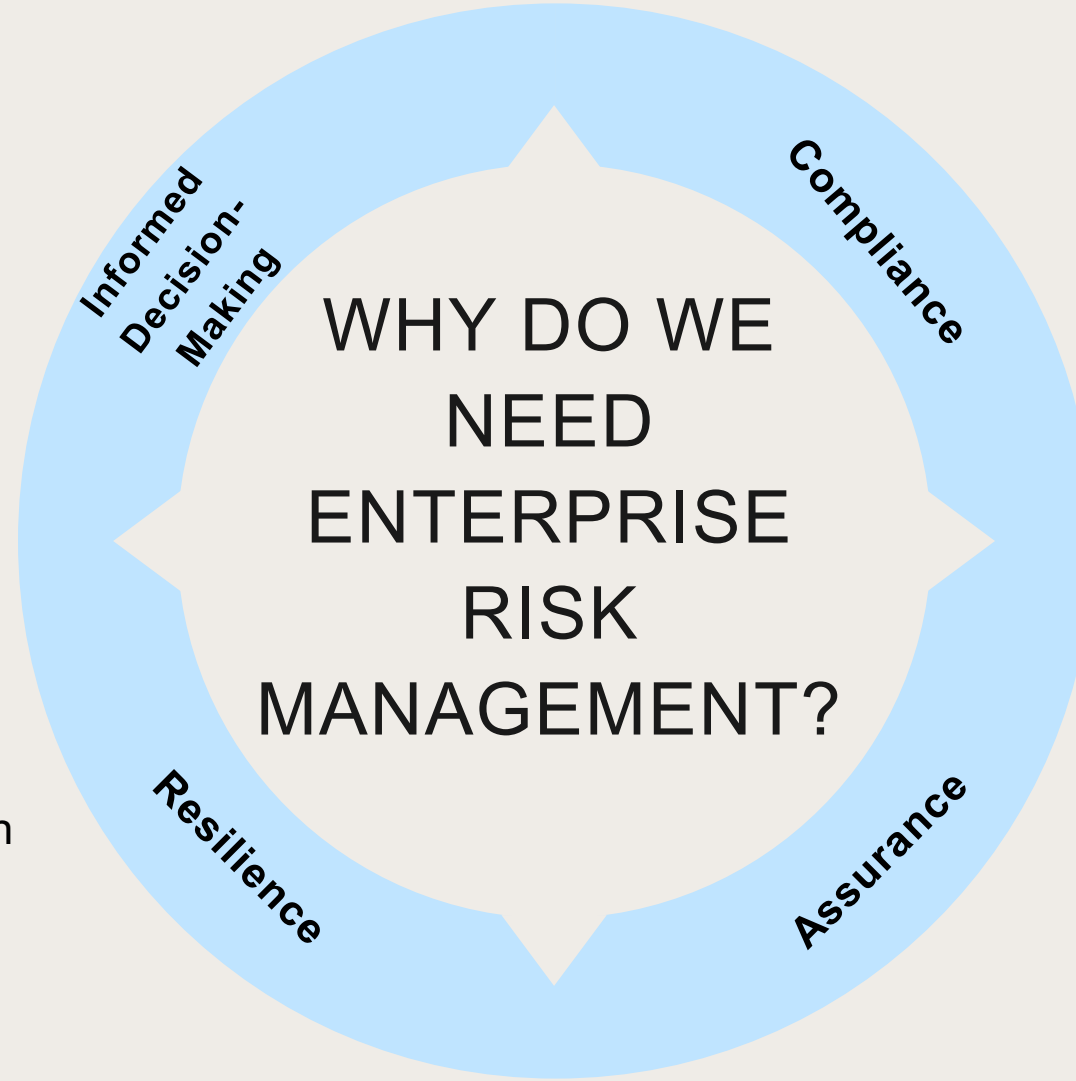


Allows decision-makers to balance risk and opportunity across the organisation.

Enterprise-wide exposure rather than isolated operational concerns.

Resilience depends not just on managing individual risks, but on understanding how the system behaves under stress.

A proactive approach highlights interdependencies and possible efficiencies.



Don't just ask "Are we compliant?"

Ask "Where could non-compliance materially impact our ability to deliver on our objectives?"

Turn risk management into a live, formal assurance mechanism, instead of a record-keeping exercise.



HOW TO MAKE RISK-INFORMED DECISIONS

Now we know what the risks are across the organisation, how do we prioritise what's most important to address, and when?

APPETITE & TOLERANCE



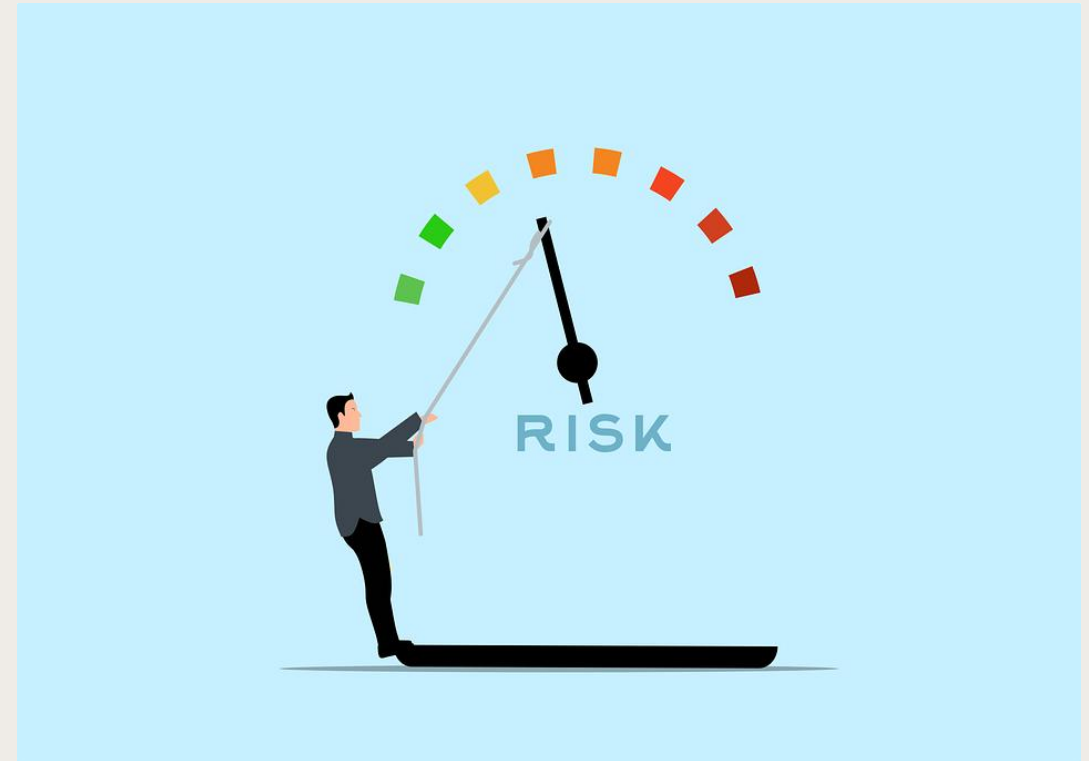
APPETITE

The amount and type of risk we, as an organisation, are willing to seek or accept in the pursuit of our objectives.



TOLERANCE

The maximum level of risk the organisation can tolerate regarding each type of risk before it is significantly impacted.



APPETITE & TOLERANCE

Impact Category	Appetite Level	Tolerance Level
Injury/Illness	Cautious (4-9)	None
Service Delivery/Business Interruption	Cautious (4-9)	None
Healthcare Experience	Cautious (4-9)	Moderate (12-16)
Workforce	Cautious (4-9)	Moderate (12-16)
Financial	Cautious (4-9)	Moderate (12-16)
Compliance	Cautious (4-9)	Moderate (12-16)
Public Confidence	Cautious (4-9)	Moderate (12-16)
Health Inequalities	Cautious (4-9)	Moderate (12-16)
Transformation & Innovation	Moderate (12-16)	Open (20-15)

APPETITE & TOLERANCE



Better Strategic Decision-Making

ERM links risk management directly to strategy.

It aligns risk appetite with business objectives.

It evaluates risks when considering transformation and change processes.

It supports more informed executive and board decisions.

HOW DOES IT WORK IN REALITY?

Current Practices:

- Risk Reporting at All Levels.
 - Risk Escalation.
- Risks in SBARs and Business Cases.
 - Risks in Strategy Delivery.
 - Risks in Project Delivery.



Still Striving For:

Risk & Performance – Key Risk Indicators.
Evidence that all decisions are 'risk-informed'.



Conclusion

NHS Deep Dive Enterprise Risk Management

Key Takeaways:

- Allow decision-makers to balance risk and opportunity across the organisation.
- Understand how the system behaves under stress, and how to react efficiently.
- Have an organisational approach to risk appetite – make risk behaviours consistent and manageable.

Contact:

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Skills Clinic



David Jones

Director of Estates, Facilities & Capital Development
University Hospital of Southampton NHS Foundation Trust



Aung Tun

Information Governance Manager
St George's University Hospitals NHS FT



Nathan Charlish

Lead Emergency Planning Officer
Chesterfield Royal Hospital



Drinks & Networking