

**NHSBT Board**  
30<sup>th</sup> January 2020

**Progress Update on Governance and Strategic Risk Management Reviews**

**1. Status – Official**

**2. Executive Summary**

The reviews of both Governance and Risk management have made good progress since the last updates. A governance workshop has been completed with the Executive Team to review proposed committee structures; and recruitment of the Company Secretary has progressed with the position being offered to an internal candidate and accepted. The interim Company Secretary left on completion of her contract and plans have been developed to take forward implementation of various elements of the governance review. The plans for governance will align with the current Operating Model work and include establishing an appropriately resourced corporate governance team.

Strategic risks have been identified and good progress is being made in restructuring the risk management system and processes. Executive and Non-Executive Directors have been consulted on the strategic risk work and their inputs taken into account. The GAC received the first strategic risk presentation from the Executive owner in November, two further strategic risks were reviewed in January and two further strategic risks will be reviewed in March. The plans approved for the development of risk management have been updated and a proposal for extending the team has been approved by the Executive Team.

**3. Purpose of the paper**

This paper updates the Board on the progress of the Governance and Strategic Risk Management Reviews. It provides detail on actions taken and planned; and describes proposed models that will facilitate effective governance and risk management across NHSBT.

**4. Action Requested**

The Board is asked to:

- Note the progress made to date across the Governance and Risk Management reviews.
- Review and comment on the initial, proposed plan for Governance structures and arrangements.

**5. Governance**

- 5.1. Alexandra Jones, Interim Company Secretary, has now concluded her fixed term contract and Richard Rackham, Assistant Director Governance and

Resilience is overseeing the review until the new Company Secretary commences in their role.

- 5.2. The Interim Company Secretary provided several governance tools for NHSBT, such as a Terms of Reference template, a template for Board and Executive papers, a calendar of meetings and an inventory/organogram of the current committees. All of these documents and tools, other than the organogram, will be taken forward when the substantive Company Secretary starts in role. In the meantime, additional resource is being identified via the OM Design Team so we can accelerate certain elements of the Governance action plan.
- 5.3. A proposed future committee structure was the subject of a workshop with Executive Directors in December, where the concept of ‘good governance’ was considered, existing committees identified and, following involvement from the Chair and Chief Executive, a Board and Executive level structure of committees was proposed. The National Administration Committee has been dissolved, Nominations and Remunerations committees have been merged and the responsibilities of the Transplant Policy Review Committee (TPRC) have been transferred to the ODT CARE Committee; significant decisions previously made by the TPRC would be referred to the National CARE Committee. A Quality Committee was considered at Board level but following considerations of resource constraints it was decided to retain the current arrangements at Board level and continue to review Quality and Clinical activities at the GAC. Therefore, the proposed configuration to be considered by the Board is set out in figure 1:

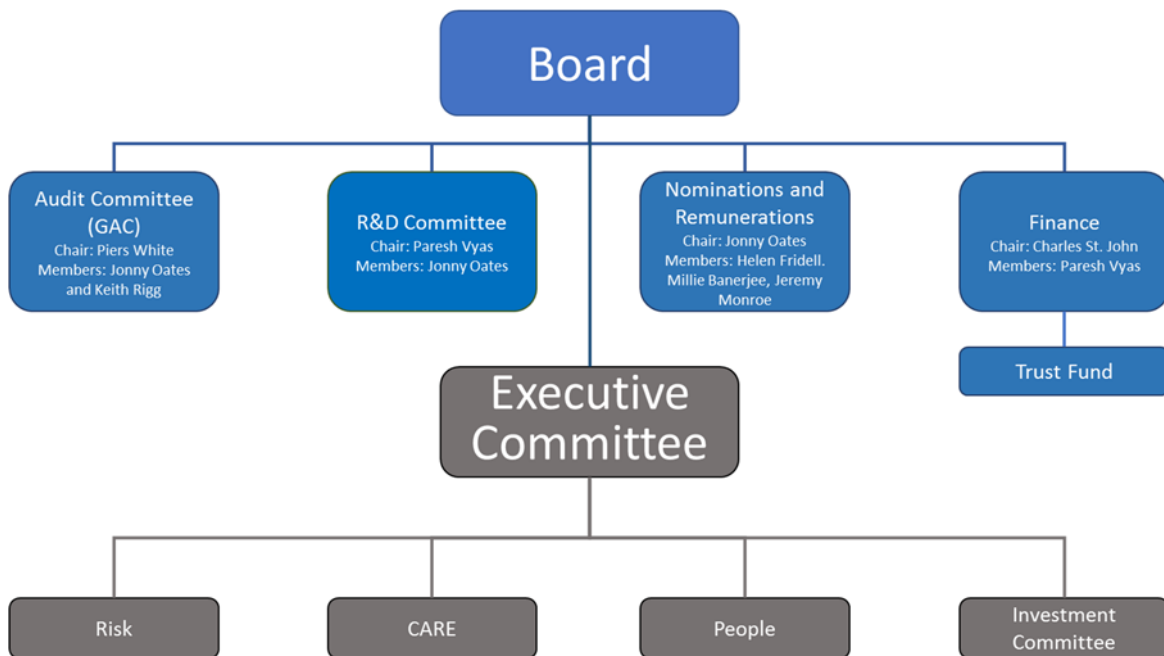


Figure 1: An organogram showing a proposed new committee structure for NHSBT

- 5.4. The committees and outline roles referred in the structure above are:
- **Board** - The Board’s role is to provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed. The Board should set the organisation’s strategic

aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance. The Board should set the organisation's values and standards and ensure that its obligations to patients, the wider NHS, the Department of Health and Social Care and the Secretary of State are understood and met. (Adapted from "Governing the NHS: A guide for NHS Boards" NHS Appointments Commission 2003 and "The Healthy NHS Board: Principles for Good Governance" NHS National Leadership Council 2013)

- **Governance and Audit Committee (GAC)** – The GAC is responsible for the oversight of scrutiny and review of financial systems, financial information and matters of compliance with law and the Code of Conduct. The GAC reviews audit of risk management and clinical governance systems and the systems that provide organisational control. The GAC ensures that these responsibilities are properly addressed through the organisation's committee structure. Through its scrutiny and reports, the GAC enables the Board to have confidence in its control systems and it provides an important voice when the Board considers the Statement on Internal Controls (SIC) and its implications. (Taken and adapted from "Governing the NHS: A guide for NHS Boards" NHS Appointments Commission 2003 and "The Healthy NHS Board: Principles for Good Governance" NHS National Leadership Council 2013)
- **R&D Committee** – The R&D Committee approves, on an annual rolling basis, the R&D programme for presentation to the Board, having assurance of the quality, relevance and translation of the research, the facilities for its delivery, and the quality of the research staff. The R&D Committee makes decisions on allocation of research and development funds, within the delegated financial limits of NHSBT. The R&D Committee receives annual reports and monitors progress on funded projects. The R&D Committee reviews, on an annual basis, the portfolio of external grants held by NHSBT's Principal Investigators. (Taken from the NHSBT R&D Committee Terms of Reference Approved June 2019).
- **Finance and Performance Committee** - The Committee is responsible for scrutinising NHSBT financial and planning reports, making recommendations to the NHSBT Board on financial performance, planning and pricing issues and supporting the Board with its financial and investment decisions. (Taken from the NHSBT Finance Committee Terms of Reference Approved May 2018).
- **Remunerations and Nominations** – The combined committee advises the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive members. The Board may also decide to extend the Committee's remit to include other senior managers' terms. Advice should include all aspects of salary, provisions for other benefits, including pensions and cars, as well as arrangements for termination of employment and other contractual terms. To regularly review the structure, size and composition (including the skills, knowledge and experience) required of the board and make recommendations to the board with regard to any required changes. The committee will give consideration to and make plans for succession planning for the Chief Executive and other Executive

directors. In addition, it will oversee the Fit and Proper Persons test for the submission of statements to the CQC. (Taken from “Governing the NHS: A guide for NHS Boards” NHS Appointments Commission 2003, and from the GOSH Nominations ToR).

- **Executive Committee** - The Executive Committee manages the day-to-day activities of the organisation by developing and implementing strategy, operational plans, policies, procedures and budgets; driving and monitoring operating and financial performance; assessing and controlling risk; and prioritising and allocating resources. In fulfilling its purpose, the Executive Committee will give due consideration to the interests of various stakeholders (donors, patients, employees, partners, regulators and the public at large); upholding the integrity, brand and reputation of NHSBT; and planning the organisation’s future development. Committees reporting to the Executive Committee will be:
  - **Risk Management Committee** – Responsible for the oversight of risk management and assurance. These will cover all risks that might prevent the organisation from meeting the goals set out in its Business Plans. The Committee is expected to ensure that the organisation has a strategy which allows for the continuing identification and prioritisation of risks, a description of action taken to manage each key risk and the identification of how risk is measured. The Committee should report significant risks to the Executive Committee and the Board for their consideration. (Taken and adapted from “Governing the NHS: A guide for NHS Boards” NHS Appointments Commission 2003 and “The Healthy NHS Board: Principles for Good Governance” NHS National Leadership Council 2013)
  - **Clinical Audit, Risk and Effectiveness Committee (CARE)** – The committee’s purpose is to provide the Executive Committee with information on all elements of clinical effectiveness, and thus provide assurance of maximum patient/donor benefit and safety, as well as management of clinical risk. (Taken from the NHSBT CARE Committee Terms of Reference Approved March 2018). (Note: The role and structure of the CARE Committee is under review in line with the Operating Model work).
  - **Investment Committee (IC)** – The new committee’s purpose is to scrutinise business cases over £Xm (to be defined) in order to: assure the strategic fit; options analysis and Value for Money; affordability; procurement strategy; and organisation’s plans to deliver. The IC will provide recommendations to the Executive Committee (‘ExCo’) for business cases over £Xm and have delegated authority from ExCo to approve business cases up to £Xm. The IC will review delivery across the approved portfolio of projects and programmes and may request assurance if/where delivery is at risk.
  - **People Committee** – The purpose of the new People Committee is to be responsible for the Colleague experience of working at NHSBT. In this capacity it will assure and inform the Executive Team on all matters that relate to the management and leadership of People across NHSBT. The committee will set and monitor people based metrics,

determine the approaches to leadership, talent management, recruitment & retention, reward & benefits, change management and scrutinise papers and business cases in detail that impact the Employee Experience. The People Committee will make recommendations to the Executive Committee where investment is required or where there is a significant impact to colleagues across NHSBT.

- 5.5. The Executive Team workshop identified many additional groups and committees that are currently operating across the organisation. The plan is to review all of them and identify whether they are decision making, scrutiny and oversight or advisory committees, what scope they cover and whether there is redundancy and/or duplication. The design principles used in the operating model work, most specifically 'enhance agility by clarifying accountabilities and delegating decision making' and 'reduce duplication to reduce the cost of complexity and to maximise synergies and valuable resources' will be considered in this review. Decisions can then be made whether committees should continue, merge or be dissolved and then, where they are retained, how they fit into the new proposed top-level committee structure. The terms of reference of these committees and groups and their sub-committees are being collated and reviewed.
- 5.6. Sessions with the Non-Executive Directors are now being planned to give an opportunity to express views, comment on the structure and any other governance issues or concerns.
- 5.7. Full Terms of Reference, consistent with the new corporate Terms of Reference template will be developed by committee chairs will be developed in the next few weeks. A template will be provided to committee chairs which will be the defined Terms of Reference template for the organisation.
- 5.8. The dates for the regular reviews of key documents such as the Scheme of Delegation, Standing Financial Instructions and Standing Orders may be affected by the progress of the governance model. It is planned that a schedule of early review of these key governance arrangements will be put forward to ET, GAC and Board to ensure that they are reviewed and aligned with the new committee structure and Terms of Reference as soon as possible. This has been noted at GAC, and an early view of these documents is on the committee timetable.
- 5.9. NHSBT is due to conduct a Board Effectiveness Review, which needs to be both timely and beneficial for the organisation. It is likely that this will take the form of a skills audit, a review the effectiveness of the revised governance arrangements and a review of board behaviours. A facilitated session will review behaviours and how the Board are collectively performs as a team during the Board development day in the Autumn. The timing of the skills audit is likely to be in March or April, and the timing of other aspects and any external support that might be required is for discussion.
- 5.10. Two of NHSBT's Non-Executive Directors Jeremy Munroe and Keith Rigg, whose terms were due to finish in February, have had their terms extended by three months to May. The advertisement for applications for new Non-Executive Directors has closed and a long list is currently being considered

with interviews planned for end of February, following which candidates will be put forward for ministerial approval which may take some weeks.

- 5.11. The People directorate are working with our CEO to consider opportunities to deliberately influence our culture. We are identifying a range of opportunities, which for example could be structural, process and behavioural, that would have the most impact on our culture, as well as retaining the current elements that are helpful. Some of the cultural elements we are seeking to encourage are Belonging, Inclusion and Innovation.

## 6. Strategic Risk Management

- 6.1. The restructuring of the risk register has been agreed, with risks identified at, divisional, directorate and functional level sitting as child risks of strategic level risks. This will facilitate automatically managed worst child scoring, which is the system of scoring agreed such that a parent risk is automatically allocated the score of the highest scoring child risk.
- 6.2. A corporate risk portal has been created providing greater visibility of strategic risks, high impact / low probability risks, risks overdue review and other risk information.
- 6.3. Strategic risk has been discussed with the Executive Team and each of the Executive Directors, each one of whom has been identified as the risk owner for at least one strategic risk. The ownership of risk at a strategic level enables the Executive Director to lead a risk discussion, even if the operational components of that strategic risk are owned elsewhere (e.g. Blood Supply might own the risk for the Pulse system, but the Chief Digital and Information Officer may own the strategic IT risk). The current list of strategic risks is below, although these risks will continue to be discussed at Executive Team, GAC and Board as it is acknowledged that their development will be an iterative process. The current list is:

Title / Full Description	Residual Score	Risk Owner
NHSBT-01 Safety and Quality of Clinical Care	9	Gail Miflin
There is a risk that the quality or safety of NHSBT's products or services provided to donors, donor families or patients does not support or provide appropriate standards of care, and therefore puts donors or patients at risk of harm		
NHSBT-02 Staff establishment and recruitment	9	Katherine Robinson
There is a risk that NHSBT will not be able to recruit staff with sufficient skills, qualifications and experience to meet NHSBT's requirements, especially where there is a known shortage in a specific staff group or expertise required by the NHS.		
NHSBT-03 Failure of the provision of blood components	12	Greg Methven
There is a risk that NHSBT fails in the collection, analysis, processing, testing and supply of regulatory compliant and clinically appropriate blood components in sufficient quantity to meet demand, leading to patient harm		

Title / Full Description	Residual Score	Risk Owner
NHSBT-04 NHSBT Strategic Development Capacity		Director of Strategy and Transformation
There is a risk that NHSBT fails to react to changes in the wider healthcare environment, regulatory framework or developments in research and / or technology, caused by NHSBT failing to foresee, adapt appropriately or with sufficient agility, resulting in a failure to maintain position or make strategic change.		
NHSBT-05 Functionality of Critical IT Systems	12	Wendy Clark
There is a risk that IT systems will fail caused by aging infrastructure, increasing demand, increasing complexity of architecture and inadequate skilled staff resulting in NHSBT failing to deliver key products and services.		
NHSBT-06 Supplier of critical product will fail to provide	10	Rob Bradburn
There is a risk that a supplier of a critical product will fail to provide at the expected level caused by supplier failure, poor performance, changes in regulation or poor contract / specification.		
NHSBT-07 Confidentiality, Accessibility and Integrity of Data	12	Wendy Clark
There is a risk that NHSBT may inappropriately release data, may lose access to data or may lack integrity in its data or data transfers caused by poor governance, poor process or actions of external agencies.		
NHSBT-08 Loss of a key facility	12	Ian Bateman
There is a risk that the loss of a key facility will cause a failure to deliver key products or services to customers, causing delays to treatment or harm to patients.		
NHSBT-09 The reputation of NHSBT is adversely affected	6	Director of Donor Experience
There is a risk that a significant event(s) impacts on the reputation of the organisation, such that NHSBT may lose the confidence and trust of the public, resulting in donors stop coming forward		
NHSBT-10 Grant in Aid (GIA) Funding		Anthony Clarkson
There is a risk that Grant in Aid (GIA) funding for organ donation may be adversely affected by political or policy decisions in Government.		

- 6.4. Meetings with each of the Directors and Non-Executive Directors have been held to discuss these proposed strategic risks and the outputs are included in the workplan. There were no substantive changes suggested, but there were some useful suggestions on the design of supporting documentation, which specifically affects report templates for assurance frameworks and strategic risk. This includes movement of risk score, demonstration of risk owners, action status with owners and use of target score with estimated date of achievement of that score.
- 6.5. The GAC reviewed the first strategic risk at it's meeting in November, a further two risks were reviewed in January and this will be followed by review of two further strategic risks at the March meeting.
- 6.6. Collaborative Risk Workshops have been held with Manufacturing and Logistics, Marketing and Communications and Blood Donation. Workshops with other SMTs were planned but the Operating Model and consequent

changes in responsibilities have meant that some of these have been postponed until accountabilities have been finalised.

- 6.7. The Risk Management manual (MPD1336) has been reviewed and is being updated as the system and process develops. The document will be ready to issue once the structure of business units has been finalised and will be reviewed at GAC in March.
- 6.8. Risk Management training is being developed for four tiers within NHSBT;
  - **Board level:** Statutory and organisational requirements are being assessed and external training providers have been identified and quotations are being requested.
  - **Risk Leads and Senior Management:** Mandatory training will cover risk management principles, NHSBT's risk management framework and the use of Pentana. This will be face to face training, delivered in group sessions. The training programme and required session plans / rule sets are currently being drafted, with the delivery of training to commence towards the end of January 2020 with an aim of being concluded by the end of April.
  - **Risk Owners and Action Owners:** Training is based on Risk and Action Owners being allocated risks and actions to manage. The training, guidance and support will be provided on-line. This will ensure a consistent approach to NHSBTs Risk Management process and the use of Pentana. The training sessions will become available on-line during January 2020.
  - **General Awareness Training:** This will be provided using on-line, mandatory training sessions that support an organisational awareness of risk, NHSBT's approach to risk and the basics of risk management. The risk team has been working with OWD to develop these sessions. A Face-to-Face workshop with OWD to progress these plans has been arranged for mid-February.
- 6.9. On-Line guidance and support information is also being developed to provide easily accessible support for all users of the risk management system and Pentana.

## 7. Resourcing

- 7.1. Interviews for the Company Secretary have concluded, and the role has been offered to an internal candidate and accepted. The start date for the candidate is sometime during February, depending on the availability for cross-cover for the existing role.
- 7.2. The concept of having a centralised corporate secretariat has been accepted by the Executive and Board and work needs to begin on how that secretariat is resourced and managed. The new Company Secretary will be developing a plan to transition to the new arrangements as soon as possible.
- 7.3. The Risk Manager secondee started working with the Head of Compliance, Risk and Assurance in late November and is concentrating on developing the training that will be provided through the NHSBT eLearning platform.
- 7.4. Consideration has been given to the organisational needs and composition of a risk management team going forward, also taking into account the Operating



Model work. There needs to be adequate resource to provide risk management business partnering for each operational directorate and support for committees (e.g. GAC, Quality, Risk Management Committee, CARE and Divisional CARE) and the coordination of risk evidence (e.g. incident, claims and complaints data to provide assurance that actions have been effective). After discussions with Executive and Non-Executive Directors it is estimated that two WTE Band 7 Risk Managers will be required (one each for the operating divisions, also covering group functions and committee support) and a Band 5 Administrator for maintaining data integrity, system administration, running reports and providing support for the Risk Management Committee and Risk Leads Forum.

## **8. Summary**

- 8.1. The Governance Review has progressed well with a key workshop on committee structures held with the Executive Team. Discussions have also been held with the Chair, and Chief Executive and their thoughts and requirements have been built into the proposed committee structure. The recruitment of the Company Secretary has progressed with the position being offered and accepted by the preferred candidate. A more detailed plan for taking the governance review actions forward can be seen in Appendix 2.
- 8.2. Good progress has been made in identifying the strategic risks and in redesigning the risk management system to meet the needs of the organisation. Contributions from Directors and Non-Executive Directors have been completed and training and other supporting activity has been provided or is under development. A more detailed and resourced plan has been provided in this paper, see Appendix 1.










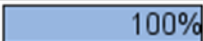






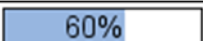


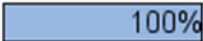

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### **Responsible Director**

Ian Bateman  
Director of Quality








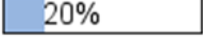




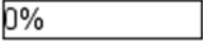








Appendix 1 – Updated plan for development of Risk Management System (Generated 16<sup>th</sup> December 2019)


Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
RM-01 Involvement with Executives and Non-Executive Directors regarding the definitions, expression and management of Strategic Risks		RM-01a Facilitate strategic risk workshop with Executives	 100%		30-Jun-2019	A strategic risk workshop was held with the Executive on 12th June 2019. This provided Directors with the opportunity to consider strategic risks. A working definition of strategic risk was agreed.
		RM-01b Directors to consider and outline NHSBT strategic risks	 100%		01-Jul-2019	Overview of NHSBT strategic risks discussed, considered and collated
		RM-01c Produce strategic risk paper for agreement by Executives	 100%		31-Aug-2019	Risk paper presented to 28 August ET meeting. Content and proposal for moving forward agreed
		RM-01d Meetings scheduled	 100%		15-Oct-2019	Meetings in diaries
		RM-01e Hold meetings with Directors / Non-Execs	 100%		29-Nov-2019	First round of meetings with Directors / Non execs completed
		RM-01f Feed information and requirements into Pentana development	 100%		30-Nov-2019	Strategic risk descriptions added into Pentana Strategic Risk Skeleton Framework now within Pentana
RM-02 Collaborative Risk Workshops with SMTs		RM-02a Book risk workshops with SMT meetings	 90%		31-Dec-2019	Attention has been made on programming workshops, however due to other requirements / changes some workshops have now been moved into January. RR / AW picking up the initial reviews on behalf of M&L, DTS & Clinical
		RM-02b Hold risk workshops with SMTs	 60%		31-Dec-2019	Risk workshops due to the availability of required persons have been moved into January 2020. RR / AW picking up the initial reviews on behalf of M&L, DTS & Clinical
RM-03 Investigate options for Risk		RM-03-a Liaise with external training providers	 100%		31-Oct-2019	Three providers contacted

Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
Management Training for SMTs		RM-03-b Identify training requirements for three main levels	<div style="width: 90%;"><div style="width: 90%;"></div></div> 90%		30-Jan-2020	Gap analysis completed with ISO and NHSBT risk management requirements completed Package development in progress
		RM-03-c Liaise with OWD to map out on-line training possibilities	<div style="width: 50%;"><div style="width: 50%;"></div></div> 50%		30-Jan-2020	Communication with OWD ongoing. OWD have requested slide sets to identify the requirements and detail of work required. This requirement is underway and draft training packages (in PowerPoint will be completed early January)
		RM-03-d Set up as workstream for risk secondment position	<div style="width: 100%;"><div style="width: 100%;"></div></div> 100%		30-Nov-2019	Interim Risk Manager position is leading on the training package requirements and development
		RM-03-e Develop supporting guidance for Risks and Action management within Pentana	<div style="width: 85%;"><div style="width: 85%;"></div></div> 85%		30-Jan-2020	Guidance documents prepared in draft and shared with Risk Leads as the framework progresses. Guidance documents, however are being updated to include all additions, to ensure all updates are captured as the revised framework progresses
RM-04 Deliver Risk Management Training to SMTs		RM-04-a Identify risk training requirements for SMTs	<div style="width: 75%;"><div style="width: 75%;"></div></div> 75%		31-Jan-2020	Remaining workshops with SMTs delayed until January 2020 Training requirements for SMTs identified.
		RM-04-b Deliver Training to SMTs	<div style="width: 25%;"><div style="width: 25%;"></div></div> 25%		31-Mar-2020	Pentana training to SMT leads being completed on an individual basis. This is allowing work on the risk structure to progress
		RM-04-c Develop on-line guidance and refresher training	<div style="width: 20%;"><div style="width: 20%;"></div></div> 20%		31-Dec-2019	Pentana guidance for risk and actions available on intranet
		RM-04-d Review requirements of ISO31000 and build into training programme	<div style="width: 85%;"><div style="width: 85%;"></div></div> 85%		30-Jan-2020	Gap analysis of ISO completed. Work ongoing to identify the variations of terminology and definitions within NHSBT MPDs and policies. Plan to develop consistent terminology being reviewed

















Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
RM-05 Restructure risk framework in Pentana		RM-05a Collate information / feedback obtained from Action RM-02	<div style="width: 70%;"><div style="background-color: #4f81bd; width: 70%;"></div></div> 70%		29-Jan-2020	Requirements for 1. Articulating risks within Pentana 2. Layout of portals have been set up within Pentana Note: A further requirement for portal information is currently being developed between NHSBT and Pentana. It is anticipated that this will be completed early January 2020.
		RM-05b Change specification for Pentana	<div style="width: 100%;"><div style="background-color: #4f81bd; width: 100%;"></div></div> 100%		31-Oct-2019	Drop down list to capture themes set up in Pentana. This is linked into the report generator and queries.
		RM-05c Finalise corporate risk portal	<div style="width: 55%;"><div style="background-color: #4f81bd; width: 55%;"></div></div> 55%		24-Jan-2020	Corporate portal design completed. Working with Pentana to ensure all required components can be presented within portal
		RM05d Set up required queries	<div style="width: 100%;"><div style="background-color: #4f81bd; width: 100%;"></div></div> 100%		14-Nov-2019	Risk queries for corporate portal have been written. Data from each risk area will be linked as SMT risks are completed. This will automatically feed the corporate portal screen
		RM-05e Sign off for corporate Portal	<div style="width: 0%;"><div style="background-color: #4f81bd; width: 0%;"></div></div> 0%		31-Jan-2020	Sign off of corporate portal delayed due to: 1. Work to ensure all elements required can be presented in the Portal, will not be completed until early January 2. Work with all SMTs not yet completed
RM-06 Create reports in Pentana		RM-06-a Identify report requirements from Director meetings and SMT workshops	<div style="width: 100%;"><div style="background-color: #4f81bd; width: 100%;"></div></div> 100%		15-Jan-2020	Report requirements identified with several SMTs Reports design completed
		RM-06-b Create report templates within Pentana	<div style="width: 100%;"><div style="background-color: #4f81bd; width: 100%;"></div></div> 100%		31-Dec-2019	Report templates completed
		RM-06-c Write queries to generate reports	<div style="width: 100%;"><div style="background-color: #4f81bd; width: 100%;"></div></div> 100%		31-Dec-2019	Required queries written and completed

Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
		RM-06-d Commence automatic distribution of reports	<div style="width: 75%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">75%</div></div>		31-Dec-2019	Self-generated reports being sent (currently on a weekly basis) to Blood Collection risk leads. Report to M&L to commence early January, followed by DTS & Clinical (subject to requirement changes as requested by responsible persons)
RM-07 Create training for risk owners, action owners and administrators		RM-07-a Liaise with external training providers	<div style="width: 100%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div></div>		31-Oct-2019	Three providers contacted
		RM-07-b Set up as workstream for risk secondment position	<div style="width: 100%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div></div>		30-Nov-2019	Objective set for Interim Risk Manager
		RM-07-c Review requirements of ISO31000 and build into training programme	<div style="width: 100%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">100%</div></div>		20-Dec-2019	Objective for Interim Risk Manager. Review of ISO completed
RM-08 Deliver training for risk owners, action owners and administrators		RM-08-a Deliver Training to Risk & Action Owners	<div style="width: 0%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">0%</div></div>		31-Jan-2019	To be set up as workstream for risk secondment
		RM-08-b Develop on-line guidance and refresher training	<div style="width: 20%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">20%</div></div>		31-Jan-2019	Pentana guidance for risk and actions available on intranet
RM-09 Produce a model to show interaction between risk and other systems						
RM-10 Create a standard 'Terms of Reference' template		RM-10a Create a standard 'Terms of Reference' template	<div style="width: 50%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">50%</div></div>		27-Feb-2020	On hold - Part of work on NHSBT Governance structure
		RM-10b Draft Terms of Reference for Risk Management Committee using new template	<div style="width: 75%;"><div style="background-color: #4f81bd; color: white; padding: 2px;">75%</div></div>		27-Feb-2020	On Hold. Decision as to the existence of a Risk Management Committee to be confirmed. Part of work linked to NHSBT Governance structure review








Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
RM-11 Change and reformat the current Terms of Reference for Committees						
RM-12 Investigation of the ISO31000 route to compliance		RM-12-a Set up ISO review meeting			31-Oct-2019	Review meeting held 23 October 2019 Requirements of ISO31000 identified. Requirements to be included within risk documentation and associated training programmes.
		RM-12-b Set up as workstream for Risk Secondment			31-Dec-2019	Objective of Interim Risk Manager Review completed
RM-13 Risk documents development		RM-13a Amend Risk Management manual as risk process develops			24-Jan-2020	Draft revised risk management manual in progress. This is being updated as the revised risk management framework progresses
RM-14 Review of Risk Governance		RM-14-a Draft Terms of Reference for RMC and RLF			27-Feb-2020	On Hold Part of NHSBT wider Governance Review
		RM-14b Approval of Terms of Reference			27-Feb-2020	On Hold Part of NHSBT wider Governance review
RM-15 Review resource and bring forward a business plan		RM-15-a Create role specification for secondment position			06-Sep-2019	Completed
		RM-15-b Interview for secondment position			18-Oct-2019	All interviews completed
		RM-15-c Appoint to secondment role			11-Nov-2019	Suitable candidate identified. Position offered / accepted. Start date agreed with current line manager and responsible AD - 11 November 2019

Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
		RM-15-d Develop business case for risk support	30%		31-Dec-2019	Suggested requirement discussed with responsible AD for risk. Proposed Risk Manager for each operational area to act as Business Partner / Support. Role and spec to be developed in draft

## Appendix 2 - Detailed plan for Governance Review

Action	Status	Detail	Detail Progress	Status	Due Date	Detail Latest Note
GOV-01 Current State Analysis		GOV-01a Assessment of current arrangements	<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>		30-Sep-2019	Identified by Alexandra Jones in Executive Paper 9th October 2019
		GOV-01b Gap analysis	<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>		30-Sep-2019	Completed by Alexandra Jones reported in Executive Team paper on 9th October
		GOV-01c Identification of Committees	<div style="width: 50%;"><div style="width: 50%; background-color: #4f81bd; color: white; text-align: center;">50%</div></div>		31-Dec-2019	Committees identified in work by Alexandra Jones and in the Executive Team workshop on 11th December 2019
GOV-02 New Model Development		GOV-02a Development of initial working model	<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>		11-Dec-2019	Model developed with Chair and Chief Executive
		GOV-02b Copy of Evaluation of Sub Exec Committees	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		31-Mar-2020	
		GOV-02c Proposal for sub-Exec Committees	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		30-Apr-2020	
		GOV-02d Implementation of Sub-Executive Structure	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		31-May-2020	
GOV-03 Resourcing		GOV-03a Appointment of Interim Company Secretary	<div style="width: 100%;"><div style="width: 100%; background-color: #4f81bd; color: white; text-align: center;">100%</div></div>		01-Jul-2019	Alexandra Jones appointed
		GOV-03b Appointment of Substantive Company Secretary	<div style="width: 90%;"><div style="width: 90%; background-color: #4f81bd; color: white; text-align: center;">90%</div></div>		31-Jan-2020	Recruitment process complete, HR appointment process underway
		GOV-03c Develop new model for governance team	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		28-Feb-2020	
		GOV-3d Ensure appropriate cover	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		31-Mar-2020	
GOV-04 Training and Communications		GOV-04a Communicate with Senior Leaders	<div style="width: 0%;"><div style="width: 0%; background-color: #4f81bd; color: white; text-align: center;">0%</div></div>		31-Jan-2020	



		GOV-04b Training for Governance Team	0%		31-May-2020	
		GOV-04c Awareness training	0%		31-May-2020	
GOV-05 Documentation		GOV-05a Development of Terms of Reference Template	0%		28-Feb-2020	
		GOV-05b Development of standard template for papers	0%		28-Feb-2020	
		GOV-05c Development of Governance Calendar	0%		28-Feb-2020	
		GOV-05d Development of Governance Handbook	0%		28-Feb-2020	