
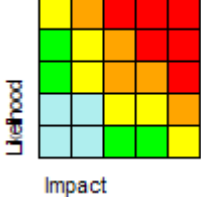
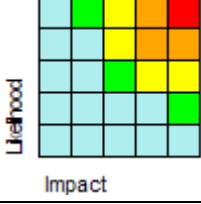
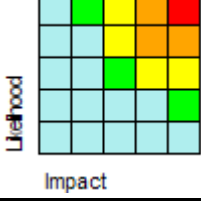


# Board Assurance Framework

The BAF records the status of the principal risks that could impact on NHS Blood and Transplant (NHSBT) ability in achieving its strategic objectives or statutory obligations.

# 1. Principal Risk Status Summary

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Risk Movement	Previous Score
P-01	Donor & Patient Safety	Minimal	<p>Tolerable risk position (6 to 8)</p>	8		8
P-02	Service Disruption	Minimal	<p>Risk Limit (15 to 25)</p>	16	↑	12
P-03	Change Programme scale & pace	Open	<p>Judgement Level (16 to 20)</p>	16	↓	20
P-04	Donor Numbers & Diversity	Open	<p>Optimal Score (10)</p>	9	↓	12
P-05	Finance	Open	<p>Tolerable risk position (12 to 15)</p>	12		12
P-06	Inability to access and monitor clinical outcomes of patients	Open	<p>Tolerable risk position (12 to 15)</p>	12		12
P-07	Staff Capacity / Capability / Recruitment / Retention	Open	<p>Judgement Level (16 to 20)</p>	16	↓	16

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Risk Movement	Previous Score
P-08	Leaders and Managers	Open	 <p>Judgement Level (16 to 20)</p>	16		16
P-09	Regulatory Compliance (Primary Regulators)	Cautious	 <p>Judgement Level (12 to 15)</p>	12		12
P-10	Service Disruption - Loss of Critical ICT	Minimal				
P-11	Reputation	Open				
P-12	Commercial Exposure	Open				
P-13	Governance Failure	Minimal				

## Section 2. Principal Risk Detail

This section of the report provides detail of the principal risks and the contributory risks influencing the score. The section provides detail against the following areas:

**Principal Risk Detail** Risks that could significantly affect the achievement or performance of NHSBT's priorities / strategic obligations.

**Contributory risks** Dynamic risk level consisting of current directorate level risks which are influencing the status of the principal risk areas

**Detail of risks recorded within the Risk Limit** Provides detail of risks recorded at the Risk Limit

### Risk Appetite Detail

Appetite Level	Appetite Range				
	Low Risk (considered low risk and managed as such)	Optimal	Tolerance Zone (A level of risk which NHSBT is willing to operate)	Judgement Zone (level of risk which requires management oversight and direction)	Risk Limit (Risk level which cannot be accepted or tolerated)
Minimal	1 to 3	4	5 to 8	9 to 12	15 to 25
Cautious	1 to 6	8	9 to 10	12 to 15	16 to 25
Open	1 to 9	10	12 to 15	16 to 20	25

## 2.1. Principal Risk - P-01 Donor and Patient Safety


### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that harm occurs to a donor or patient owing to failure to control the safety of NHSBT clinical activities				8	Tolerable risk position (6 to 8)	0	
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy	Modernise NHSBT's operations		
Managed By	Clinical Risk Manager	Responsible Executive	Chief Medical Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	06-Jun-2023

<b>Responsible Manager Summary</b>	Original principal risk has been simplified and the contributory elements have been identified as separate risks contributing to the principal risk score. Contributing risks have not been approved outside Clinical Services, this is a work in progress. Further clarity on the scope of Clin-05 is required, including further identification of controls, assurance and mitigating actions.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Clin-01 Clinical Safety	22-May-2023	4	2	8	06-Jun-2023		Clinical Governance Committee
Clin-02 Technology limitations	23-May-2023	4	2	8	06-Jun-2023		Clinical Governance Committee
Clin-03 Transmission of disease by a previously unidentified agent	22-May-2023	5	1	5	06-Jun-2023		Clinical Governance Committee
Clin-04 Known complication of transfusion or transplantation	22-May-2023	4	2	8	06-Jun-2023		Clinical Governance

								Committee
Clin-05	Advice and education	22-May-2023	4	2	<b>8</b>	06-Jun-2023		Clinical Governance Committee





## 2.2. Principal Risk - P-02 Service Disruption



### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT is unable to deliver safe and effective products and services caused by a disruption to one or more of NHSBT's critical activities resulting in an adverse impact to patient care.				16	Risk Limit (15 to 25)	1	
<b>Linked NHSBT Obligation</b>	Establishment & Constitution Order 2005			<b>Linked NHSBT Strategy</b>	Modernise NHSBT's operations		
<b>Managed By</b>	Assistant Director, Risk Management & Business Continuity	<b>Responsible Executive</b>	Director of Quality	<b>Oversight Committee</b>	Risk Management Committee	<b>Date Assessed</b>	29-Jun-2023


<b>Responsible Manager Summary</b>	Activity on power failure is being driven by joint actions led by DHSC with other Arms Length Bodies. Pandemic responses will be reviewed when national lessons learned results in new guidance from DHSC. Severe weather includes high temperatures as well as the more historic cold weather, ice and snow. Work on the Southampton roof response is ongoing, but is now being managed as business as usual.
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### Contributory Risks




Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
BC-01	Pandemic Disease.	01-Mar-2023	5	1	5	28-Jun-2023	 Risk Management Committee
BC-02	Severe Weather.	01-Mar-2023	4	2	8	04-Jul-2023	 Risk Management Committee
BC-03	Power Failure.	01-Mar-2023	5	2	10	28-Jun-2023	 Risk Management Committee
BS-02	Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	3	12	19-May-2023	 Blood Operational

								Leadership Team (BOLT)
MO-09	Irradiation Enforcement Notice	06-Oct-2017	4	4	16	17-Jul-2023		Blood Operational Leadership Team (BOLT)
PEOPLE-08	Industrial Action	05-Oct-2022	2	3	6	30-Jun-2023		People Committee


### Detail of Contributory Risk Recorded at the Risk Limit




Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
MO-09	Irradiation Enforcement Notice	06-Oct-2017	4	4	16		Blood Operational Leadership Team (BOLT)

<b>Risk Description</b>	There is a risk that NHSBT will be unable to supply products from Hospital Services either locally or nationally, caused by not complying with the permit conditions as defined by the regulations for Irradiation (EPR 2016, IRR17), resulting in an enforcement notice being issued by the Environment Agency, Health and Safety Executive, MHRA or Counter Terrorism Police, the permit being revoked and the enforced closure of Irradiation procedures.
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	Mitigating Control	Effectiveness	Gap In Control
<b>Management</b>	The ISO22301 compliant system for Business Continuity as laid out in various MPDs, certified by BSI (under UKAS criteria) and certified annually.	 Fully Effective	
	1. All staff working with Irradiators are trained to the appropriate processes and safety guidelines. 2. Regional Hospital Services Managers trained in dose mapping	 Partially effective	Training for Regional Hospital Services Managers currently ongoing.
	1. Minimum of one Radiation Protection Supervisor on site at any one time. 2. NHSBT employ an Irradiation advisory service from UK Health and Security Agency. This is part of the Irradiation policy management structure. They are required to advise on Irradiation regulatory compliance. All sites with Irradiators are visited annually and reports produced. 3. Duty Hospital Service Managers are also trained as Radiation Protection Supervisors. DHSMs are also on call. 4. Quarterly Irradiation Management Group - Multi disciplinary and includes	 Fully Effective	



	representation from all other UK blood services and hospitals. Chaired by Principal Irradiation Protection Supervisor for NHSBT.		
	1. CEO signed off EPR2010 management document. 2. A system to assure the standard and regulatory compliance of processes, products and services 3. Policies in place to ensure compliance with Irradiation regulations.	 Partially effective	1. Identification of possible non-conformances and correct these. 2. Ensure Irradiation Policy is correct in terms of governance and safety processes.


	Source of Assurance	Effectiveness	Gaps in Assurance
<b>Assurance</b>	BSI Report - NHSBT ISO22301 Business Continuity Report for GAC Governance Statement 2018 Management Review 2017 BSI ISO22301 Certificate 2016 MPD701 and all associated documents Task Based Training Records	 Substantial	
	1. Task Based Training Records	 Moderate	Awaiting TBTRs for Regional Hospital Services Managers in dose mapping.
	1. MPD701 and all associated documents 2. POL269 and recorded annual visits and reports. 3. On Call rotas and records 4. Attendance, actions and minutes of each meeting recorded by NHSBT.	 Substantial	
	1. POL269 Irradiation Regulatory Management and Safety Policy 2. MPD701 Irradiation	 Moderate	1. Identification of possible non-conformances and correct these. 2. Ensure Irradiation Policy is correct in terms of governance and safety processes. 3. Irradiation documentation and process review to be conducted

	Action Title	Action Status	Due Date	Assigned to
<b>Treatment (Action)</b>	Set Up Health Safety and Wellbeing internal audits to support operational team	Assigned	31-Aug-2023	Lead Specialist Technical & Scientific Development (Manufacturing & Logistics)
	Identification of possible non-conformances (new booklet) and correct these.	Assigned	30-Sep-2023	Lead Specialist Technical & Scientific Development (Manufacturing & Logistics)
	Ensure Irradiation Policy is correct in terms of governance and safety processes.	Assigned	30-Sep-2023	Lead Specialist Technical & Scientific Development (Manufacturing & Logistics)
	IRR17 Risk Assessment Review, Updates and Training	Assigned	30-Sep-2023	Lead Specialist Technical & Scientific Development

				(Manufacturing & Logistics)
	Compliance with mandatory training - Irradiation Safety Awareness	Check Progress	15-Aug-2023	Lead Specialist Technical & Scientific Development (Manufacturing & Logistics)
	Contingency rehearsals - Development of Scenario, Implementation and Confirmation	Assigned	31-Oct-2023	Lead Specialist Technical & Scientific Development (Manufacturing & Logistics)
	Additional Lead Specialist to be trained in irradiation	Completed	31-Jul-2022	Projects Manager Operations
	Irradiation documentation and process review to be conducted	Assigned	30-Sep-2023	Projects Manager Operations
	Train Regional Hospital Services Managers in dose mapping	In Progress	31-Aug-2023	Projects Manager Operations
	Confirm process for clinical queries with Clinical Lead	Completed	31-Jan-2023	Projects Manager Operations

### 2.3. Principal Risk - P-03. Change Programme - Scale and Pace

#### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that implementation of our strategy will be delayed because the scale and pace of our change programme is insufficient to realise benefits				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Corporate Strategy			Linked NHSBT Strategy	Drive Innovation		
Managed By	Assistant Director Transformation Portfolio Management	Responsible Executive	Deputy Chief Executive	Oversight Committee	Strategy and Transformation S&T	Date Assessed	21-Jul-2023


Responsible Manager Summary	A review of this risk remains ongoing, with revised detail to be added to the next summary
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#### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee





## 2.4. Principal Risk - P-04. Donor Numbers & Diversity





### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT does not attract the right number and diversity of donors due to failure to engage the public effectively, resulting in the worsening of the supply demand gap for our products				9	Optimal Score (10)	0	
<b>Linked NHSBT Obligation</b>	Establishment & Constitution Order 2005			<b>Linked NHSBT Strategy</b>	Grow and diversify NHSBT's donor base		
<b>Managed By</b>	Risk Manager (OTDT & Donor Experience)	<b>Responsible Executive</b>	Director of Donor Experience	<b>Oversight Committee</b>	Donor Experience SMT	<b>Date Assessed</b>	05-Jun-2023

<b>Responsible Manager Summary</b>	There has been no change to any risks related to P-04, all risks continue to be monitored and reviewed when necessary with the relevant stakeholders.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-01	Changing Donor Behaviour	19-Nov-2021	2	2	4	12-Jul-2023	 Risk Management Committee
DX-04	Changing Donor Expectations	20-May-2019	2	3	6	22-Nov-2022	 Risk Management Committee
DX-19	Social License to Operate	22-Nov-2022	3	3	9	04-May-2023	 Risk Management Committee
DX-20	Changing Donor Motivations	22-Nov-2022	4	2	8	20-Jan-2023	 Risk Management Committee

DX-21	Staff Capacity & Capability	29-Nov-2022	2	3	<b>6</b>	27-Mar-2023		Risk Management Committee
DX-22	Financial Planning / Unexpected Costs	29-Nov-2022	3	3	<b>9</b>	28-Mar-2023		Risk Management Committee
DX-23	Failure of Donor Facing Technology	29-Nov-2022	4	2	<b>8</b>	05-Apr-2023		Risk Management Committee
DX-24	Risks Associated with DX&C Data	29-Nov-2022	4	2	<b>8</b>	12-Jul-2023		Risk Management Committee

## 2.5. Principal Risk - P-05. Finance




### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT is unable to maintain long term financial sustainability caused by insufficient funding or unexpected cost increases resulting in NHSBT being unable to meet expectations or obligations				12	Tolerable risk position (12 to 15)	0	
Linked NHSBT Obligation	Achieving and maintaining Financial balance			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By	Financial Services Manager & Local Counter Fraud Specialist	Responsible Executive	Chief Financial Officer	Oversight Committee	Finance Senior Management Team (FSMT)	Date Assessed	20-Apr-2023

Responsible Manager Summary	
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
F-01 capability, reliability, and security of our systems leads means we are unable to complete financial processes leading to a loss of financial control and an inability to complete financial transactions.	13-Apr-2023	4	3	12	13-Apr-2023		Risk Management Committee
F-02 cash position deteriorates to an extent that we are unable to meet our liabilities (e.g. payroll)	13-Apr-2023	4	2	8	13-Apr-2023		Risk Management Committee
F-03 Failure in NHSBT operational processes leads to us unable to make our payments in a timely way (including payroll)	13-Apr-2023	4	2	8	13-Apr-2023		Risk Management Committee

F-04	Income/Funding insufficient to to deliver against our obligations leading to a failure to deliver key requirements	13-Apr-2023	3	3	9	13-Apr-2023		Risk Management Committee
F-05	Loss of reputation for sound Financial Control (due to fraud, error, or improbity) leading to reduced willingness to invest in NHSBT services, lower delegations, and more external scrutiny	13-Apr-2023	3	3	9	13-Apr-2023		Risk Management Committee
Fin 05	There is a risk that a failure in our operational processes leads to us unable to make our payments in a timely way (including payroll)	17-Jul-2023						
Fin 06	There is a risk that we fail to provide efficient and effective financial management (budgeting, forecasting, reporting) leading to over/underspends and/or poor vfm	19-Jun-2023	2	1	2	19-Jun-2023		
Fin 07	There is a risk that we fail to recruit and retain an effectively, motivated, diverse and capable team leading to a low performing function	19-Jun-2023	3	3	9	19-Jun-2023		

## 2.6. Principal Risk - P-06. Clinical Outcome of Patients

### Principal Risk Detail


Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT will be unaware and fail to monitor clinical outcomes in patients receiving our products and services caused by an inability to access data sets in a timely manner due to incompatibility of information systems and lack of engagement with Trusts and other bodies holding significant datasets, preventing us from identifying and driving forward opportunities for improvement.				12	Tolerable risk position (12 to 15)	0	
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy	Drive Innovation		
Managed By	Clinical Risk Manager	Responsible Executive	Chief Medical Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	07-Jun-2023

<b>Responsible Manager Summary</b>	Risks relating to ability to access data in order to monitor outcomes of stem cell and apheresis patients in order to drive improvement in technology and processes have been identified, mitigating workplans are at early stages of development. The risk regarding outcome of transfusion recipients requires further discussion and identification of the mitigating workplans. Formulation of an equivalent risk for organ and tissue recipient patients is in progress.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Clin-06 Innovation in therapeutic apheresis and peripheral blood stem cell collection	07-Jun-2023	4	3	12	07-Jun-2023		Clinical Governance Committee
Clin-07 Opportunities to improve clinical outcome for stem cell patients	07-Jun-2023	4	3	12	07-Jun-2023		Clinical Governance Committee
Clin-08 Blood Usage	07-Jun-2023	3	4	12	07-Jun-2023		Clinical Governance Committee



Clin-09	Transplantation outcomes	14-Jun-2023	4	2	<b>8</b>	14-Jun-2023		Clinical Governance Committee
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## 2.7. Principal Risk - P-07. Staff capacity, capability, recruitment & retention



### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that a lack of capacity, capability and / or flexibility in our workforce, caused by challenges in our attraction, recruitment and retention strategies, prevent us from delivering our strategic priorities or core functions.				16	Judgement Level (16 to 20)	0	↓
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Invest in people and culture		
Managed By	Assistant Director - HS&W	Responsible Executive	People Director	Oversight Committee	People Senior Leadership Team (SLT)	Date Assessed	27-Apr-2023

Responsible Manager Summary	
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
PEOPLE-01 Lack of Succession Planning	23-Jan-2017	3	3	9	19-Jun-2023	→	People Committee
PEOPLE-02 Occupational Health Service	23-Jan-2017	3	3	9	28-Apr-2023	↓	People Committee
PEOPLE-06 Staff Capacity / Capability / Recruitment / Retention	26-Jul-2022	4	4	16	27-Apr-2023	→	People Committee
PEOPLE-07 Recruitment Team Capacity and Instability	03-Aug-2022	4	2	8	27-Apr-2023	→	People Committee

PEOPLE-09	Workforce Information	07-Oct-2022	3	3	<b>9</b>	27-Apr-2023		People Committee
PEOPLE-11	People Business Plan Performance Risk	07-Jun-2023	4	4	<b>16</b>	07-Jun-2023		People Committee

## 2.8. Principal Risk - P-08. Managers skills and capability

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT lack the skills and capabilities for leaders and managers required in today's NHS to create a high-performing, inclusive environment, and to deliver our strategic priorities				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Invest in people and culture		
Managed By	Assistant Director - HS&W	Responsible Executive	People Director	Oversight Committee	People Senior Leadership Team (SLT)	Date Assessed	02-Feb-2022


Responsible Manager Summary	
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
OTDT-19 Leadership skills and capabilities	19-Jan-2023	3	3	9	19-Jan-2023		ODT Senior Management Team (SMT)
PEOPLE-05 Leaders and managers lack the skills and capabilities	20-Jun-2022	4	4	16	02-Feb-2023		People Committee



## 2.9. Principal Risk - P-09. Regulatory Compliance (Primary Regulators)

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
<p>There is a risk that NHSBT will become non-compliant with current or emerging regulations which could result in NHSBT being subject to significant regulatory action and/or licences being revoked. This would impact on the ability of NHSBT to provide critical services and products and/or have a serious impact on patient safety. It also has the potential to significantly, and detrimentally, affect the reputation of the organisation. (CQC = Care Quality Commission / HTA = Human Tissue Authority / MHRA = Medicines &amp; Healthcare products Regulatory Agency)</p>				12	Judgement Level (12 to 15)	0	
<b>Linked NHSBT Obligation</b>	Establishment & Constitution Order 2005			<b>Linked NHSBT Strategy</b>	Covers all Strategic priorities		
<b>Managed By</b>	Lead Quality Specialist	<b>Responsible Executive</b>	Director of Quality	<b>Oversight Committee</b>	Quality Assurance SMT	<b>Date Assessed</b>	10-May-2023

<b>Responsible Manager Summary</b>	4 contributory risks were agreed at Quality SMT in April and May 2023. 3 contributory risks have been reviewed fully with the relevant stakeholders, 2 remain at the optimal risk score, with the other contributory risk (Quality Resource) requiring addition review on 12/07 with stakeholders to determine the primary risk impact. 1 risk exists in the judgement zone, with a review scheduled being completed with stakeholders on 13/06 and approval from Quality SMT to be sought in July 2023
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
QA-01	Quality Management System	19-Feb-2021	4	2	8	19-Apr-2023	 Risk Management Committee
QA-02	Regulatory Horizon Scanning	19-Feb-2021	4	2	8	06-Jul-2023	 Risk Management Committee

QA-03	Quality Resource	27-Apr-2023	4	3	<b>12</b>	27-Apr-2023		Risk Management Committee
QA-07	Compromised patient/donor safety as a result of an unsupported eQMS and fragmented governance system	03-Aug-2022	5	2	<b>10</b>	04-Aug-2022		Risk Management Committee

## 2.10. Principal Risk - P-10. Service Disruption - Loss of Critical ICT

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk of full or partial loss of functionality in NHSBT's critical IT systems, caused by multiple elements, resulting in interruption to the delivery of NHSBTs objectives						0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By		Responsible Executive	Chief Digital and Information Officer	Oversight Committee	Digital, Data and Technology Services (DDTS) SMT	Date Assessed	

Responsible Manager Summary	
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee

## 2.11. Principal Risk - P-11 Reputation

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT loses the trust and confidence of it's staff, the public and stakeholders, caused by the failure to achieve satisfy and demonstrate the correct behaviours and expectations of a public sector organisation of the public, employees and stakeholders resulting in negative publicity, recruitment and retention problems, reduced donor attendance and difficulties in maintaining the effective provision of products and services							
Linked NHSBT Obligation	All corporate and strategic obligations and objectives			Linked NHSBT Strategy	Covers all Strategic priorities		
Managed By		Responsible Executive		Oversight Committee		Date Assessed	

Responsible Manager Summary	
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## 2.12. Principal Risk - P-12/ Commercial Exposure

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT fails to remain competitive in the wider business environment, caused by the business model and approach of competitors that provide similar products and services, resulting in a failure to secure wider business opportunities with a reduced market footprint							



<b>Linked NHSBT Obligation</b>	Corporate Strategy			<b>Linked NHSBT Strategy</b>	Covers all Strategic priorities		
<b>Managed By</b>		<b>Responsible Executive</b>		<b>Oversight Committee</b>		<b>Date Assessed</b>	

<b>Responsible Manager Summary</b>	
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## 2.13. Principal Risk - P-13. Governance Failure

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that NHSBT fails to understand, implement and control effective organisational processes, caused by absence, or ineffective monitoring arrangements, lack of leadership engagement, and the inadequate analysis of assurance, resulting in a failure to deliver organisational objectives, increased external scrutiny, unplanned financial expenditure, loss of staff, public, patient and stakeholder confidence							
<b>Linked NHSBT Obligation</b>	All corporate and strategic obligations and objectives			<b>Linked NHSBT Strategy</b>	Covers all Strategic priorities		
<b>Managed By</b>		<b>Responsible Executive</b>		<b>Oversight Committee</b>		<b>Date Assessed</b>	

<b>Responsible Manager Summary</b>	
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