

# NHSBT Board

## Tuesday, 30 July 2024

<b>Title of Report</b>	Board Assurance Framework	<b>Agenda No.</b>	5.1
<b>Nature of Report</b>	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
<b>Author(s)</b>	Richard Rackham, Assistant Director Governance and Resilience		
<b>Lead Executive</b>	Helen Gillan, Director of Quality		
<b>Non-Executive Director Sponsor</b>	Piers White, Chair of ARGC		
<b>Presented for</b>	<input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Update	
<b>Purpose of the report and key issues</b>			
<p>The Board Assurance Framework (BAF) is the key risk management document that demonstrates the risks to delivery of the organisation's strategy and core purpose, aligning assurance to those risks enabling the Board to hold the organisation to account for its delivery.</p> <p>There are two risks at risk limit: P-02 (Service Disruption) and P-03 (Service Disruption - Loss of Critical ICT).</p> <p>P-02 (Service Disruption) is driven by BS-02, Shortage of Blood Components / Inability to meet hospital demand, which has been increased to 4 (likelihood) x 4 (impact) =16 due to the current stock position of O Negative and O Positive blood products. The previous risk influencing P-02, the RAAC roof in the Southampton Centre has been reduced to a residual score of 4 (likelihood) x 3 (impact) =12 following completion of propping.</p> <p>There have also been changes in risk score in the last month for P-03 (Service Disruption – Loss of Critical IT), P-04 (Donor Numbers and Diversity), and P-09 (Regulatory Compliance).</p> <p>All Principal Risks are reviewed on a monthly basis.</p>			
<b>Previously Considered by</b>			
An earlier version of this paper was discussed at the Risk Management Committee on 17 <sup>th</sup> June 2024 and the Audit Risk and Governance Committee on 18 <sup>th</sup> July 2024.			
<b>Recommendation</b>	The Board is asked to note the Board Assurance Framework.		
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
The Board Assurance Framework affects all risks.			
<b>Strategic Objective(s) this paper relates to:</b>			
<input type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input type="checkbox"/> Drive innovation <input type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base			
<b>Appendices:</b>			

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# 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)	Previous Score	Date Assessed
P-01	Donor & Patient Safety	Minimal	<p>Judgement Level (9 to 12)</p>	12	8	03-Jul-2024
P-02	Service Disruption	Minimal	<p>Risk Limit (15 to 25)</p>	16	20	23-Jul-2024
P-03	Service Disruption - Loss of Critical ICT	Minimal	<p>Risk Limit (15 to 25)</p>	20	16	05-Jul-2024
P-04	Donor Numbers & Diversity	Minimal	<p>Judgement Level (9 to 12)</p>	12	9	08-Jul-2024
P-05	Finance	Open	<p>Judgement Level (16 to 20)</p>	16	16	19-Jun-2024
P-06	Clinical outcomes and health inequalities	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	11-Jul-2024
P-07	Staff Capacity / Capability / Recruitment / Retention	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	10-Jul-2024

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Previous Score	Date Assessed
P-08	Leaders and Managers	Open	<p>Tolerable risk position (12 to 15)</p>	12	16	10-Jul-2024
P-09	Regulatory Compliance (Primary Regulators)	Cautious	<p>Judgement Level (12 to 15)</p>	12	8	10-Jul-2024
P-10	Change Programme scale & pace	Optimal Score (Residual = 10)	<p>Tolerable risk position (12 to 15)</p>	12	16	26-Jun-2024
P-11	Governance Failure	Minimal	<p>Judgement Level (9 to 12)</p>	12	12	10-Jul-2024

## 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				12	Judgement Level (9 to 12)	0		
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy				Blood Strategy
								Cellular & Gene Therapy Strategy
								Education & Training Strategy
								Nursing Strategy
								Organ Strategy
								Pathology Strategy
								Safety & quality of NHSBT activities
Managed By	Chief Nurse – Clinical Services Corporate Clinical Governance Lead	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	03-Jul-2024	

<b>Responsible Manager Summary</b>	The contributory risks were reviewed and discussed at Clinical Risk Review Meeting on 26th June. Further actions were agreed for all of the contributory risks to further refine the residual scores and target scores and for risk ownership to be updated or assigned where this has not previously been undertaken.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Clin-01 Application of Learning to Clinical Safety	22-May-2023	4	2	8	16-Jul-2024		Clinical Governance Committee

Clin-02	Manual processes and paper-based systems	23-May-2023	4	2	<b>8</b>	17-Jul-2024		Clinical Governance Committee
Clin-03	Transmission of disease by a previously unidentified agent	22-May-2023	5	1	<b>5</b>	09-Jul-2024		Clinical Governance Committee
Clin-04	Review of new tests & deferral processes	22-May-2023	4	2	<b>8</b>	11-Jul-2024		Clinical Governance Committee
Clin-05	Advice and education	22-May-2023	4	2	<b>8</b>	08-Feb-2024		Clinical Governance Committee
CS-02	Incorrect clinical decision making	15-Jun-2023	4	3	<b>12</b>	10-Jul-2024		Clinical Services




## 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 and NHSBT reputation.				16	Risk Limit (15 to 25)	1	 
<b>Linked NHSBT Obligation</b>	Establishment & Constitution Order 2005			<b>Linked NHSBT Strategy</b>	Establishment & Constitution Order 2005		
<b>Managed By</b>	Assistant Director Governance and Resilience	<b>Responsible Executive</b>	Director of Quality	<b>Oversight Committee</b>	Risk Management Committee	<b>Date Assessed</b>	23-Jul-2024

<b>Responsible Manager Summary</b>	<p>The residual risk score of P-02 has been increased due to a change to the residual score of BS-02, Blood Stock shortage, contributory risk which reflects the blood stock shortage of O negative and O positive blood groups.</p> <p>The previous high scoring risk Southampton roof has been reduced to 4x3=12 following a review of the position and the work completed to prop the ceiling.</p>
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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	08-Jul-2024		Risk Management Committee
BC-02   Severe Weather.	01-Mar-2023	4	2	8	08-Jul-2024		Risk Management Committee
BC-03   Power Failure.	01-Mar-2023	5	2	10	08-Jul-2024		Risk Management Committee






BS-01	Blood Pack Plasticiser - Di (2-ethylhexyl) Phthalate (DEHP)	29-Jun-2020	4	3	12	20-May-2024		Blood Supply Chain (BSC)
BS-02	Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	4	16	23-Jul-2024		Blood Operational Leadership Team (BOLT)
E&F-016	Southampton Unsupported Potential Roof Collapse	07-Dec-2023	4	3	12	23-Jul-2024		
MO-09	Irradiation Enforcement Notice	06-Oct-2017	4	3	12	05-Jun-2024		Blood Operational Leadership Team (BOLT)



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


Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
BS-02 Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	4	16	23-Jul-2024		Blood Operational Leadership Team (BOLT)

<b>Risk Description</b>	There is a risk that NHSBT is unable to achieve or maintain required stock levels, or the appropriate blood group mix, caused by disruption to one or more supply chain essentials, resulting in the delay or failure to supply blood and/or blood components, impacting on patient treatment and care.
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	Mitigating Control	Effectiveness	Gap In Control
<b>Management</b>	1. Business Continuity Plan MPD539. Under MPD539 - There are a number of departmental Business Continuity Plans, which help response as needed (e.g. Blood Donation - Business Continuity Plan MPD1201 / Business Continuity Plan-Hospital Customer Service MPD1428). 2. Implement 5 day platelets as a contingency product in the event of shortage with no projected recovery in the short to medium term. 3. Contingency re-provisioning plans in place across centres to support where staffing shortages may significantly decrease capacity.	 Fully Effective	
	1. Controls listed in National Blood Stock Management and Shortage Protocol MPD46 2. Monitoring Hospital Usage in Blood Shortages MPD550	 Partially effective	1. Insufficient whole blood and platelet collection capacity.

	<p>3. National Blood Transfusion Committee shortage plans (red cell, platelet, plasma plan).</p> <p>4. Ongoing work by Donor Experience to attract new donors, encourage existing donors to attend and return e.g. media coverage, partnerships, direct mail to registrants, New year campaigns to attract new donors.</p> <p>5. Communication to donors on vulnerable blood groups and buttressing the need to keep appointments where and when possible, as well as appeals for bookings.</p> <p>6. Mobile Blood Donation venues are risk assessed before sessions are planned in accordance with MPD102.</p> <p>7. Equipment and fleet checks and maintenance in place via relevant processes, to maintain availability</p> <p>8. Process in place to ensure availability of consumables (ordering, stocking, deliveries).</p>		
	<ul style="list-style-type: none"> <li>• HR Process to sell/buy/ carry over annual leave</li> <li>• Bank Staff Scheme (BD Team Assistants and Hospital Services)</li> <li>• Flexible Retirement Policy allows NHSBT to retain skills, knowledge and experience. This means colleagues can effectively retire but still hold a position within the organisation.</li> <li>• 3 new driver recruitment agencies have been onboarded for Blood Donation to use as part of the Set Up and Pack Down review.</li> </ul>	 Partially effective	<ul style="list-style-type: none"> <li>• Gap in staff capacity.</li> <li>• Gap in collection capacity</li> </ul>


	Source of Assurance	Effectiveness	Gaps in Assurance
Assurance	<p>1. NHSBT are part of wider Emergency Preparedness Resilience and Response (EPRR) community, which includes NHS England and Department of Health and Social Care.</p> <p>2. Requirement to review Business Continuity Plan on a yearly basis. Assurance on reviews of Business Continuity is provided via the document control process. Business continuity plans are controlled documents with a yearly review trigger on QPulse. Record on QPulse shows effective date as well as recent changes.</p> <p>3. Blood Operations Leadership Team meet monthly to review performance and forecast (can provide assurance that actions are monitored).</p> <p>4. Monitoring of stocks via regular Supply Review Meetings (monthly). Frequency can be increased during periods of uncertainty.</p>	 Substantial	
	<p>1. Blood Operations Leadership Team meet monthly to review performance and forecast (can provide assurance that actions are monitored).</p> <p>2. Monitoring of stocks via regular Supply Review Meetings (monthly). Frequency can be increased during periods of uncertainty.</p>	 Moderate	

	1. Turnover of staff BAU is monitored and reviewed weekly. Focus on under established teams. 2. HR Policy in regards to buying, selling and carrying forward annual leave. 3. Weekly Workforce Planning Report - reviewed by Area Managers and Senior Sisters.	 Moderate	1. Assurance linked to control gaps.
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	<b>Action Title</b>	<b>Action Status</b>	<b>Due Date</b>	<b>Assigned to</b>
<b>Treatment (Action)</b>	Increase of whole blood and platelet collection capacity to improve resilience	In Progress	31-Mar-2025	Director of Blood Supply
	Align platelet supply and demand to reduce mid-week low stock points.	In Progress	31-Jul-2024	Strategy and Transformation Director
	Deliver on the Operating Model project	In Progress	31-Mar-2025	AD - Corporate Continuous Improvement
	Delivery of Nursing Strategy	Assigned	31-Mar-2026	Chief Nurse for Blood Donation
	Delivery of Blood Service Strategy and Business Plan	In Progress	31-Mar-2026	Strategy and Programme Director for Blood Supply
	Future Proofing Work / Project	In Progress	31-Mar-2026	Strategy and Programme Director for Blood Supply
	Standard Routine Deliveries	Assigned	31-Jan-2025	AD - Logistics

## 2.3. Principal Risk - P-03. 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				20	Risk Limit (15 to 25)	1	
<b>Linked NHSBT Obligation</b>	Establishment & Constitution Order 2005			<b>Linked NHSBT Strategy</b>	Data & Technology Strategy		
					Establishment & Constitution Order 2005		
<b>Managed By</b>	Deputy Chief Information Officer & CISO	<b>Responsible Executive</b>	Chief Digital and Information Officer	<b>Oversight Committee</b>	Digital, Data and Technology Services (DDTS) SMT	<b>Date Assessed</b>	05-Jul-2024

<b>Responsible Manager Summary</b>	<p>Reviewed on 05/07//2024 with CDIO (RT), Assistant Director of Programme and Project Delivery (KS) and Deputy Chief Information Officer (CIO) &amp; CISO (PC)</p> <p>Risk score increased to 20: Impact remains at 5 (catastrophic), likelihood increased to 4 (Likely) inline with score of contributory risk DDTS-08 Cyber Security due to recent cyber attack on NHS hospitals</p> <p>Trends in these attacks focus on NHS systems vulnerability. Four areas are of particular concern in the sector are:</p> <ul style="list-style-type: none"> <li>• Phishing campaigns, which allow deployment of malicious code or prompt users to share access information.</li> <li>• Whale-phishing campaigns. Targeted seniors within the NHS, using social media to identify targets and target attack.</li> <li>• Exploiting systems with weak authentication. (Systems which do not employ multi-factor authentication).</li> <li>• Exploiting legacy systems vulnerability</li> </ul> <p>NHSBT is not unusual in continuing to carry risks in these vulnerable areas. The increasing use of standard PC compute in medical machines is an expansion of the risk surface, and one which should be of particular note to NHSBT.</p> <p>Additional factors in altering our risk score at this time include:</p> <ul style="list-style-type: none"> <li>• NHS is now a target. Evidence from the last 12 months shows that whereas the NHS was previously a consequence of attacks elsewhere, it is now actively targeted.</li> </ul>
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- NHS supply chain contains many weaknesses which are not mapped or understood. Attacks on Synnovis and Mac have both demonstrated that suppliers own cyber posture and awareness is as important as our own controls.

### Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DDTS-03	Inability to deliver on DDTS demand	31-Jul-2019	3	4	12	16-May-2024		DDTS SMT
DDTS-04	DDTS Funding and capabilities	31-Jul-2023	4	3	12	08-May-2024		DDTS SMT
DDTS-06	NHSBT digital systems are unavailable	31-Jul-2019	4	3	12	08-May-2024		Digital, Data and Technology Services (DDTS) SMT
DDTS-07	DDTS Suppliers	12-Oct-2020	4	2	8	20-May-2024		DDTS SMT
DDTS-08	Cyber Security	27-Oct-2023	5	4	20	05-Jul-2024		DDTS SMT




## 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 fails to deliver or achieve its corporate strategy requirements, caused by failure to attract, educate or convert the required numbers and diversity of donors, resulting in reduction in available substances of human origin, health inequalities and increased scrutiny by external bodies.				12	Judgement Level (9 to 12)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Blood Strategy		
					NHSBT Strategy		
Managed By	Director Donor Experience; Risk Manager (OTDT & Donor Experience)	Responsible Executive	Deputy Chief Executive	Oversight Committee	Risk Management Committee	Date Assessed	08-Jul-2024

Responsible Manager Summary	P-04, along with the contributory/ child risks have been reviewed as part of our monthly sessions with the DX Committee. Another actions have been updated, overdue actions are being addressed and there was a deep dive into P-04, with an additional focus on donor base numbers. The recommendation for P-04 was to keep the Likelihood at 3, but to increase the Impact to 4, from a 3. This will be reviewed going forwards.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-01	Failure to Attract and Retain Donors	19-Nov-2021	4	3	12	04-Jul-2024	 Risk Management Committee
DX-04	Poor Donor Experience	20-May-2019	3	3	9	11-Mar-2024	 Risk Management Committee
DX-20	Capacity of the Collection Programme	22-Nov-2022	4	2	8	28-Nov-2023	 Risk Management Committee

DX-22	Unable to get approval for further spend	29-Nov-2022	3	2	6	07-May-2024		Donor Experience SMT; Risk Management Committee
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## 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				16	Judgement Level (16 to 20)	0	
Linked NHSBT Obligation	Achieving and maintaining Financial balance			Linked NHSBT Strategy	Finance Strategy		
					Achieving and maintaining Financial balance		
Managed By	Financial Services Manager & Local Counter Fraud Specialist	Responsible Executive	Chief Financial Officer	Oversight Committee	Finance Senior Management Team (FSMT)	Date Assessed	19-Jun-2024

Responsible Manager Summary	Principal risk and contributory risks reviewed in management team meeting on 19th June. Score remains at 4x4=16
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### Contributory Risks


Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
Fin 01   Financial Systems Risk	13-Apr-2023	4	3	12	24-May-2024		Risk Management Committee
Fin 02   Risk of Insufficient Funding	13-Apr-2023	4	4	16	11-Jun-2024		Risk Management Committee
Fin 03   Deterioration of Cash Reserves	13-Apr-2023	4	3	12	24-May-2024		Risk Management Committee
Fin 04   Risk of Damage to NHSBT Reputation	13-Apr-2023	3	4	12	24-May-2024		Risk Management



								Committee
Fin 05	Operational Failure	17-Jul-2023	4	2	<b>8</b>	19-Jun-2024		
Fin 06	Financial Management Budget & Forecasting	19-Jun-2023	4	1	<b>4</b>	23-Jul-2024		
Fin 07	Work Force Management & Retention	19-Jun-2023	3	3	<b>9</b>	24-May-2024		


## 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 fails to deliver continuous improvements to its service provision, caused by a lack of comprehensive information about the clinical outcomes of patients we treat, or who receive our products, resulting in a failure to achieve our strategic ambition of reducing health inequalities and providing every patient with the treatment or donation they need.				12	Tolerable risk position (12 to 15)	0		
Linked NHSBT Obligation	Safety & quality of NHSBT activities			Linked NHSBT Strategy				Blood Strategy
								Cellular & Gene Therapy Strategy
								Pathology Strategy
								NHSBT Strategy
Managed By	Risk Manager (Blood Supply & People Directorate); Chief Nurse – Clinical Services Corporate Clinical Governance Lead	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	11-Jul-2024	

Responsible Manager Summary	<p>Risk reviewed and action taken to review contributory risks and clarify ownership of these.</p> <p>Next steps are for clinical areas to consider risks against their business plans that link into P06. The request to support this piece of work will be resent to all clinical areas.</p>
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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	07-Jun-2023	4	3	12	16-Oct-2023	 Clinical Governance

	collection							Committee
Clin-07	Opportunities to improve clinical outcome for stem cell patients	07-Jun-2023	4	3	<b>12</b>	18-Oct-2023		Clinical Governance Committee

## 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.				12	Tolerable risk position (12 to 15)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	NHSBT Strategy		
Managed By	Assistant Director - HS&W	Responsible Executive	Chief People Officer	Oversight Committee	People Committee	Date Assessed	10-Jul-2024

<b>Responsible Manager Summary</b>	<p>SMT 16/06/24 risk discussion and deep dive arranged for People committee to take place on 22/07/24 all confirmed that risk is 4x3. Commentary from the deep dive is</p> <ul style="list-style-type: none"> <li>• Risk is 'seen as a recruitment risk but is wider than that, also about capability and capacity / flexibility of staff.</li> <li>• Reducing sickness absence, lower staff turn over, and recruitment improvements.</li> <li>• occupational health risk is now in control and review at next People SMT to remove as a contributory risk.</li> <li>• People plan designed to reduce risk score by end of 2025.</li> </ul>
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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	20-Jun-2024		People Committee

PEOPLE-02	Occupational Health Service	23-Jan-2017	2	3	<b>6</b>	06-Feb-2024		People Committee
PEOPLE-06	Staff Capacity / Capability / Recruitment / Retention	26-Jul-2022	4	3	<b>12</b>	16-Jul-2024		People Committee
PEOPLE-11	People Business Plan Performance Risk	07-Jun-2023	4	3	<b>12</b>	17-Jun-2024		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				12	Tolerable risk position (12 to 15)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	NHSBT Strategy		
Managed By	Assistant Director - HS&W	Responsible Executive	Chief People Officer	Oversight Committee	People Committee	Date Assessed	10-Jul-2024

<b>Responsible Manager Summary</b>	<p>People SMT confirmed risk score in June. Deep dive arranged for people committee 22/07/24.</p> <p>Commentary is</p> <ul style="list-style-type: none"> <li>• Leadership and management deep dive shows line managers accessing learning offer, with 63% of target audience engaged.</li> <li>• Transfer of Learning data reflects a shift in manager behaviour from spending 50% of their time rarely performing key skills to 87% delivering the key skills most or all the time.</li> <li>• Key Risk Indicators (KRI), developed with corporate risk, indicate low risk in People and Plasma,</li> <li>• Risk assessments in place for Donor Experience and OTDT confirms low risk here.</li> <li>• Good wellbeing offer and rising scores in Our Voice survey for all 10 wellbeing questions. Some now above government benchmarks.</li> </ul>
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### Contributory Risks

Risk Title	Creation	Impact	Likelihood	Residual Score	Date	Trend	Monitoring
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		Date				Assessed		Committee
DX-21	Staff Capacity / Single Point of Failure	29-Nov-2022	2	3	6	08-May-2024		Risk Management Committee
PEOPLE-05	Leaders and managers lack the skills and capabilities	20-Jun-2022	3	4	12	28-May-2024		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>	Safety & quality of NHSBT activities		
<b>Managed By</b>	Clinical Risk Manager; Lead Quality Specialist	<b>Responsible Executive</b>	Director of Quality	<b>Oversight Committee</b>	Quality Assurance SMT	<b>Date Assessed</b>	10-Jul-2024

<b>Responsible Manager Summary</b>	The residual score of this risk has been amended to reflect the increase in the score of contributory risk QA-01, Quality Management System. The increased score of QA-01 is to reflect that further assurance needs to be established regarding the system. Discussions held at the risk review meeting also covered reputational consequences and this is being explored and considered further.
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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	3	12	08-Jul-2024	 Risk Management Committee
QA-02	Regulatory Horizon Scanning	19-Feb-2021	4	2	8	06-Jun-2024	 Risk Management Committee



## 2.10. Principal Risk - P-10. 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.				12	Tolerable risk position (12 to 15)	0	
<b>Linked NHSBT Obligation</b>	Corporate Strategy			<b>Linked NHSBT Strategy</b>	NHSBT Strategy Covers all Strategic priorities		
<b>Managed By</b>	PMO Portfolio Analyst; Assistant Director Transformation Portfolio Management	<b>Responsible Executive</b>	Deputy Chief Executive	<b>Oversight Committee</b>	Strategy and Communication SMT	<b>Date Assessed</b>	26-Jun-2024

<b>Responsible Manager Summary</b>	Contributory risks have all been reviewed with additional actions added, no effect on overall P10 scoring at this stage.
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### Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
S&T-01   Portfolio Finances	05-Oct-2023	3	4	12	17-Apr-2024	↑	Strategy and Communication SMT
S&T-02   Subject Matter Expertise Portfolio Capacity & Capability	05-Oct-2023	3	4	12	15-Mar-2024	↓	Director of Strategy & Transformation
S&T-03   Spend Controls	05-Oct-2023	2	2	4	15-Mar-2024	↓	Director of Strategy & Transformation

S&T-04	Planning & Business Change	07-Nov-2023	3	2	<b>6</b>	15-Mar-2024		
S&T-05	Benefits Realisation	16-Jul-2024	3	4	<b>12</b>	16-Jul-2024		Strategy and Communication SMT

## 2.11. Principal Risk - P-11 Corporate Governance

### Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that the Board do not have full oversight of significant risk caused by ineffective systems or their application resulting in uninformed decision-making, a requirement for emergency management, sub-optimal outcomes and reputational damage.				12	Judgement Level (9 to 12)	0	
Linked NHSBT Obligation	All corporate and strategic obligations and objectives			Linked NHSBT Strategy	Covers both corporate and business area strategies		
					Establishment & Constitution Order 2005		
Managed By	Company Secretary	Responsible Executive	Director of Quality	Oversight Committee	Risk Management Committee	Date Assessed	10-Jul-2024

<b>Responsible Manager Summary</b>	This risk was discussed at the Principal risk review meeting. The score remains at 4x3=12. The Corporate Governance Improvement programme has been established to address risks. The Steering Group will consider contributory risks which influence this risk.
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### Contributory Risks

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