

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	12	11-Apr-2025
P-02	Service Disruption	Minimal	<p>Risk Limit (15 to 25)</p>	16	16	09-Apr-2025
P-03	Service Disruption - Loss of Critical ICT	Minimal	<p>Risk Limit (15 to 25)</p>	20	20	14-May-2025
P-04	Donor Numbers & Diversity	Minimal	<p>Risk Limit (15 to 25)</p>	16	16	09-Apr-2025
P-05	Finance	Open	<p>Judgement Level (16 to 20)</p>	20	16	11-Apr-2025
P-06	Clinical outcomes and health inequalities	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	11-Apr-2025
P-07	Staff Capacity / Capability / Recruitment / Retention	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	11-Apr-2025

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	12	16-Apr-2025
P-09	Regulatory Compliance (Primary Regulators)	Cautious	<p>Optimal Score (8)</p>	8	12	09-Apr-2025
P-10	Pace and Scale of Transformational Change		<p>Tolerable risk position (12 to 15)</p>	12		07-Mar-2025
P-11	Corporate Governance	Minimal	<p>Judgement Level (9 to 12)</p>	12	12	09-Apr-2025

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

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 NHSBT does not provide safe, high quality care, services and components, caused by a failure in NHSBT's practices and processes, resulting in potential harm to donors, patients and their families.					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 Nursing Officer	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee		Date Assessed	11-Apr-2025	

Reputational Consequence	The reputational impact of this risk was assessed and agreed as significant as it is arising from potential harm to donors and/or patients. It was scored as 5 Catastrophic based on potential widespread national media coverage.
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Responsible Manager Summary	Health Inequalities Risk (Clin-10) was reassessed for patient impact and recommended by Clinical Risk Review group for change of contributory status from Principal Risk 06 Clinical Outcomes of Patients to Principal Risk 01. This recommendation was agreed by Clinical Safety & Quality Governance Group on 26th March 2025 and contributory risk Clin 10- Health Inequalities has been moved under Principal Risk 1. The risk articulation will be updated in due course.
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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	05-Mar-2025		
Clin-02	Manual Processes and Paper-based Systems	23-May-2023	4	3	12	21-Jan-2025		
Clin-03	Transmission of disease by a previously unidentified agent	22-May-2023	5	1	5	20-Jan-2025		
Clin-04	Review of new tests & deferral processes	22-May-2023	4	2	8	07-Jan-2025		
Clin-05	Advice and education	22-May-2023	4	2	8	28-Jan-2025		
Clin-10	Reducing Health Inequalities	23-Oct-2024	4	3	12	13-Mar-2025		
CS-02	Incorrect clinical decision making	15-Jun-2023	4	3	12	27-Feb-2025		
CS-05	Patients Transfused with Substitution Components – High Haemolysis risk	31-Jul-2024	4	3	12	30-Jan-2025		

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 sufficient key products and services, caused by a disruption beyond our operational control affecting critical activities (as specified in DAT2567) , resulting in a requirement for reactive emergency management, an adverse impact to patient care and a negative impact to NHSBT's reputation				16	Risk Limit (15 to 25)	1	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Establishment & Constitution Order 2005		
Managed By	Assistant Director Governance and Resilience	Responsible Executive	Director of Quality & Governance	Oversight Committee	Risk Management Committee	Date Assessed	09-Apr-2025

Reputational Consequence	A failure to provide service has the potential to affect NHSBT's reputation with key stakeholders such as hospitals, NHS England and DHSC. Depending on which service is affected, it could also affect reputation with the media, patients, patient groups and directly with donors and donor families.
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Responsible Manager Summary	This risk is still driven by the blood shortage risk, whilst the organisation is still in amber alert status. The wording of the risk has been reviewed to reflect the outcome of the Board workshop.
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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	07-Apr-2025		Risk Management Committee
BC-02 Severe Weather.	01-Mar-2023	4	2	8	07-Apr-2025		Risk Management Committee
BC-03 Power Failure	01-Mar-2023	5	2	10	12-Mar-2025		Risk Management Committee


BC-04	Utilisation of Contingency Arrangements	09-Dec-2024	4	3	12	04-Mar-2025		Quality and Governance SMT
BS-01	Blood Pack Plasticiser - Di (2-ethylhexyl) Phthalate (DEHP)	29-Jun-2020	4	3	12	26-Mar-2025		Blood Supply Chain (BSC)
BS-02	Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	4	16	26-Mar-2025		Blood Operational Leadership Team (BOLT)
E&F-16	Southampton Unsupported Potential Roof Collapse	07-Dec-2023	3	2	6	18-Nov-2024		
MO-09	Irradiation Enforcement Notice	06-Oct-2017	4	1	4	12-Dec-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	Movement	Monitoring Committee
BS-02	Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	4	4	16	26-Mar-2025		Blood Operational Leadership Team (BOLT)

Risk Description	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 components, impacting on patient treatment and care.
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Management	Mitigating Control(s)	Effectiveness	Gap In Control
	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> <p>9. Annual Collection Plan - Collection Capacity</p>		
	<ul style="list-style-type: none"> • HR Process to sell/buy/ carry over annual leave • Bank Staff Scheme (BD Team Assistants and Hospital Services) • 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. • 3 new driver recruitment agencies have been onboarded for Blood Donation to use as part of the Set Up and Pack Down review. • Absence management policy 	 Partially effective	<ul style="list-style-type: none"> • Gap in staff capacity. • Gap in collection capacity

Treatment (Action)	Action Title	Action Status	Due Date	Assigned to
	Align platelet supply and demand to reduce mid-week low stock points.	Check Progress	30-Apr-2025	Assistant Director Operations Blood Supply
	Deliver on the Operating Model project	In Progress	29-Aug-2025	Head of Region (East) (Donor Services)
	Future Proofing Work / Project	In Progress	31-Mar-2026	Strategy and Programme Director for Blood Supply

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
<p>There is a risk of full or partial loss of functionality in NHSBT's critical IT systems.</p> <p>Caused by: individual or multiple impacts including behaviours of staff, gaps in capabilities in the protection of services, technologies which are beyond end of life or exposed through error or omission and weaknesses in systems provided via the supply chain.</p> <p>Resulting in: interruption to the delivery of NHSBTs objectives, services and products, effecting wider NHS delivery and subsequent patient harm</p>				20	Risk Limit (15 to 25)	1	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy		Data & Technology Strategy	
						Establishment & Constitution Order 2005	
Managed By	Deputy Chief Information Officer & CISO'	Responsible Executive	Chief Digital and Information Officer	Oversight Committee	Risk Management Committee	Date Assessed	14-May-2025

Reputational Consequence	<p>Loss of public confidence could occur if NHSBT services were disrupted due to loss of critical IT.</p> <p>DDTS are working to align the cyber and resilience of our infrastructure with business-continuity to build stronger resilience in the organisation through both immediate actions and longer-term investment.</p>
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Responsible Manager Summary	<p>P 03 was reviewed by DDTS management team in April 2025. The risks were revised to focus more on organisational strategic challenges. This new structure was approved at ARGC 02/05/25. There are now 6 contributory risks associated with P-03 Loss of Critical ICT:</p> <p>DDTS-01: People, capability & capacity, DDTS-03: Digital transformation to modernise and future proof services, DDTS -05 Regulatory Non-Compliance: Data & Information Governance, DDTS-06: Stability and Resilience, DDTS-08 Cyber Security, DDTS-09: Data and Artificial Intelligence.</p> <p>No changes to score. Risk score continues to be driven by continued threats and work on cyber security and persistence of legacy tech.</p>
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DDTS-01	People, capability & capacity	31-Jul-2019	4	3	12	15-Apr-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-03	Digital transformation to modernise and future proof services	31-Jul-2019	3	4	12	15-Apr-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS -05	Regulatory Non-Compliance: Data & Information Governance	16-Nov 2020	3	4	12	08-May 2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-06	Stability and Resilience	31-Jul-2019	4	3	12	15-Apr-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-08	Cyber Security	27-Oct-2023	5	4	20	14-May-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-09	Data and Artificial Intelligence	15-Apr-2025	3	4	12	15-Apr-2025		Digital, Data and Technology Services (DDTS) SMT

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 struggles to continue to save and improve lives caused by a failure to convert the sufficient volume and diversity of donors resulting in a challenge to meet hospital patient demand.				16	Risk Limit (15 to 25)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy		Blood Strategy	
						NHSBT Strategy	
Managed By	Director Donor Experience	Responsible Executive	Director of Donor Experience	Oversight Committee	Risk Management Committee	Date Assessed	09-Apr-2025

Reputational Consequence	
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Responsible Manager Summary	DX held it's regular Risk Committee with a focus on P-04 and the various contributory risks. The overall score remains the same at this stage, however there are still some outstanding actions relating to DX-01 from other Directorates that is being addressed.. Following the Board Risk workshop in Autumn, the overall description of the risk has been updated to reflect the wider reach of P-04 across all Blood, Plasma, Stems Cells, Platelets and Organs.
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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	4	16	11-Apr-2025		Donor Experience SMT; Risk Management Committee
DX-04	Poor Donor Experience	20-May-2019	3	3	9	25-Feb-2025		Donor Experience SMT; Risk Management Committee
DX-20	Insufficient Capacity for New Donors	22-Nov-2022	4	2	8	11-Sep-2024		Donor Experience SMT; Risk Management Committee

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				20	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	Risk Management Committee	Date Assessed	11-Apr-2025

Reputational Consequence	The reputational consequence is managed as a contributory risk. The reputation that we are primarily concerned about in finance are with key stakeholders – mainly DHSC and NHSE – rather than with general public. If we develop a reputation with those orgs for poor financial management it may impact our ability to access future funding. We are engaging with key individual in the finance functions of these organisations to demonstrate that we have good financial control and the financial pressures are due to operational challenges.
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Responsible Manager Summary	Principal risk was subject to a deep dive at the Risk Management Committee on 9th April 2025. The risk and all contributory risks, controls and actions were reviewed and discussed. These shall be reviewed again at the Finance Senior Leadership Meeting on 23rd April 2025, ahead of the second deep dive at ARGC in May.
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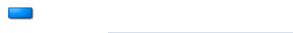
Contributory Risks

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-Mar-2025		Risk Management Committee
Fin-02	Risk of Insufficient Funding	13-Apr-2023	4	5	20	26-Feb-2025		Risk Management Committee





Fin-03	Deterioration of Cash Reserves	13-Apr-2023	4	2	8	19-Mar-2025		Risk Management Committee
Fin-04	Risk of Damage to NHSBT Reputation	13-Apr-2023	4	2	8	24-Mar-2025		Risk Management Committee
Fin-05	Operational Failure	17-Jul-2023	4	2	8	24-Mar-2025		Finance Senior Management Team (FSMT)
Fin-06	Financial Management Budget & Forecasting	19-Jun-2023	4	1	4	29-Jan-2025		Finance Senior Management Team (FSMT)
Fin-07	Work Force Management & Retention	19-Jun-2023	3	3	9	26-Feb-2025		Finance Senior Management Team (FSMT)

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	Chief Nursing Officer	Responsible Executive	Chief Nursing Officer	Oversight Committee	Clinical Governance Committee	Date Assessed	11-Apr-2025
Reputational Consequence		3 Moderate – Moderate/negative comments and/or media coverage from delivering minimal improvement to donor and patient safety, through delivery of initiatives related to accessibility and use of patient outcome data.					
Responsible Manager Summary		<p>3 options were identified for Principal Risk 06: merging with Principal Risk 01 Donor and Patient Safety; merging with Principal Risk 10 Scale and Pace of Change; and Principal Risk 06 to remain a separate risk on the Principal Risk register.</p> <p>Clinical Risk Review Group and subsequently Clinical Quality Safety Governance Group discussed these options on 26th March 2025 and agreed to proceed with option 1 (merging Principal Risk 6 with Principal Risk 1) because the contributory risks are primarily risks to patient safety. A paper was taken for information regarding this decision to Risk Management Committee on 9th April, whereupon it was requested to come back for approval at the next committee meeting. Clinical Governance Committee were informed on 10th April.</p> <p>The Health Inequalities Risk (Clin-10), has been reassessed for patient impact, and approved by Clinical Risk Review group and Clinical Quality & Safety Governance Group for change of contributory status from Principal Risk 06 Clinical Outcomes of Patients to Principal Risk 01 Donor and Patient Safety. This has now been actioned. Risk Clin-06 and -07 have been discussed by the aforementioned groups and it was decided they are not contributory to Principal Risk 6 and will be transferred to operational risk register. This will leave Principal Risk 6 with a single contributory risk (Clin-12) Patient Outcomes Risk.</p>					

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	22-Jan-2025		Clinical Governance Committee
Clin-07	Opportunities to improve clinical outcome for stem cell patients	07-Jun-2023	4	3	12	22-Jan-2025		Clinical Governance Committee
Clin-11	Interoperability Risk	23-Oct-2024	4	3	12	13-Mar-2025		
Clin-12	Patient Outcomes Risk	23-Oct-2024	3	4	12	13-Mar-2025		

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	11-Apr-2025

Reputational Consequence	Reputational impact discussed and agreed by the People SMT (20/08/2024). Reputational consequence would relate to poor media coverage of a HR issue. Impact scored as a 3 x 3 (moderate/possible). Mitigation directly linked to current actions identified, as contributory risk treatment will reduce the chance of reputational consequences being realised.
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Responsible Manager Summary	Draft of the new principal staffing risk (which will combine P07 and P08), discussed at People Committee on 7th April 2025 and with members of the Executive. This shall be presented at ARGC in May 2025.
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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	2	6	09-Jan-2025		People Committee
PEOPLE-06 Staff Capacity / Capability / Recruitment / Retention	26-Jul-2022	4	3	12	03-Dec-2024		People Committee
PEOPLE-07 Recruitment Demand Planning	03-Aug-2022	3	4	12	27-Feb-2025		People Committee
PEOPLE-11 People Business Plan Performance Risk	07-Jun-2023	2	2	4	31-Mar-2025		People Committee
PEOPLE-16 Delivery of Anti Racism Framework – Resource	27-Aug-2024	3	3	9	09-Dec-2024		People Senior Leadership Team (SLT)

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	16-Apr-2025

Reputational Consequence	
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Responsible Manager Summary	Draft of the new principal staffing risk (which will combine P07 and P08), discussed at People Committee on 7th April 2025 and with members of the Executive. This shall be presented at ARGC in May 2025.
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-21	Staff Capacity / Single Point of Failure	29-Nov-2022	2	3	6	01-Nov-2024	<div><div></div></div>	Donor Experience SMT; Risk Management Committee
PEOPLE-05	Leaders and managers lack the skills and capabilities	20-Jun-2022	3	4	12	17-Oct-2024	<div><div></div></div>	People Committee

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
There is a risk that NHSBT is unable to provide safe or effective products and services, caused by ineffective systems or poor application of those systems resulting in regulatory non-compliance with MHRA, HTA, or CQC, delays to patient treatment and/or harm to patients or donors				8	Optimal Score (8)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy		Safety & quality of NHSBT activities	
Managed By	Assistant Director of Quality	Responsible Executive	Director of Quality & Governance	Oversight Committee	Risk Management Committee	Date Assessed	09-Apr-2025

Reputational Consequence	Reputational consequence would relate to adverse impacts to donor and patient care as a result of regulatory non-compliance and/or significant regulator findings during audit featuring in national media. Reputational risk has been reviewed as part of P09 reviews during Quality SMTs and strategic risk reviews.
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Responsible Manager Summary	New risk description agreed at Principal Risk Review meeting with Director of Quality and Governance. Risk description updated from: <i>There is a risk that NHSBT may not safely deliver its products and services, caused by NHSBT becoming non-compliant with regulatory requirements, resulting in delays to patient treatment, regulatory action and negative publicity</i> to: <i>There is a risk that NHSBT is unable to provide safe or effective products and services, caused by ineffective systems or poor application of those systems resulting in regulatory non-compliance with MHRA, HTA, or CQC, delays to patient treatment and/or harm to patients or donors</i>
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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	12-Mar-2025		Risk Management Committee

P-10. Scale and Pace of Transformational Change








Principal Risk Detail

Risk Description				Risk Score (Residual)	Current Appetite Status	No. of Child Risks at Risk Limit	Trend
There is a risk that we fail to deliver transformational changes caused by ineffective portfolio management, including prioritisation, resulting in delay to the delivery our strategic outcomes.				12	Tolerable risk position (12 to 15)		
Linked NHSBT Obligation	All corporate and strategic obligations and objectives			Linked NHSBT Strategy		Supports all strategies	
Managed By	Strategy and Transformation Director	Responsible Executive	Wendy Clark	Oversight Committee	Risk Management Committee		Date Assessed 07-Mar-2025

Reputational Consequence	
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Responsible Manager Summary	Update following Principal risk review 20 March 2025. This risk is within the tolerance zone and risk appetite remains at “Open” level. Our contributory finance risk 02, regarding insufficient funds to deliver the transformational programmes, is mitigated for 25/26.
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
S&T-01	Portfolio Finances	10-Mar-2025	3	3	9	10-Mar-2025		
S&T-03	Spend Controls	10-Mar-2025	2	2	4	10-Mar-2025		
S&T-04	Realising benefits	10-Mar-2025	3	4	12	10-Mar-2025		
S&T-05	Subject Matter Expertise Portfolio Capacity & Capability	10-Mar-2025	3	4	12	10-Mar-2025		
S&T-06	Slow mobilisation	10-Mar-2025	4	3	12	10-Mar-2025		
S&T-07	Planning and Business Change	10-Mar-2025	3	4	12	10-Mar-2025		
S&T-08	New priorities	10-Mar-2025	3	3	9	10-Mar-2025		

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 does 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		Supports all strategies	
						Establishment & Constitution Order 2005	
Managed By	Company Secretary	Responsible Executive	Director of Quality & Governance	Oversight Committee	Audit, Risk & Governance Committee (ARGC)	Date Assessed	09-Apr-2025

Reputational Consequence	A potential lack of oversight that results in an incident in which service is disrupted, a person is harmed or adversely affected or in which damage is caused will impact on public confidence and NHSBT's reputation with key stakeholders.
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Responsible Manager Summary	Actions to address contributory risk CG-01 'Governance Structure' have been completed resulted in a reduction of risk level to 2x2 (minor/unlikely). Consideration is currently being given to whether the risk level has decreased relating to the RT-03 'Risk Management' and RT-05 'Assurance Mapping' contributory risks which would allow the P-11 Corporate Governance risk rating to be reduced to reflect the decreased risk level.
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
CG-01	Governance Structure	09-Oct-2024	2	2	4	09-Apr-2025		Risk Management Committee
RT-01	Functional Standards	09-Oct-2024	3	2	6	22-Apr-2025		Risk Management Committee
RT-03	Risk Management	09-Oct-2024	4	3	12	12-Mar-2025		Risk Management Committee
RT-04	Internal Audit Actions	09-Oct-2024	4	2	8	12-Mar-2025		Risk Management Committee
RT-05	Assurance Mapping	10-Oct-2024	4	2	8	03-Apr-2025		Risk Management Committee