

Board Meeting in Public

Tuesday, 02 December 2025

Title of Paper	Board Assurance Framework	Agenda No.	4.2.2
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Author(s)	Richard Rackham, Chief Risk Officer Andrew Weal, Head of Compliance, Risk & Assurance		
Lead Executive	Helen Gillan, Director of Quality & Governance		
Non-Executive Director Sponsor	Ian Murphy		
Presenter(s) at Meeting	Helen Gillan		
Presented for	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/> Update		
Is there a plan to communicate this to the organisation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yet to be determined Published within the Public Board pack		
Executive Summary			
<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 is one risk at risk limit: P-03 (Service Disruption - Loss of Critical ICT).</p> <p>The first section of this paper provides an update to the revised scoring guidance for service disruption. The second part of this paper is the Board Assurance Framework.</p>			
Previously Considered by			
Audit, Risk and Governance Committee. November 2025.			
Recommendation			
The Board is asked to review and consider the information contained within the Board Assurance Framework			
Risk(s) identified (Link to Board Assurance Framework Risks)			
The Board Assurance Framework contains information regarding all Principal Risks			
Strategic Objective(s) this paper relates to:			
<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			
Appendices:			

Section 1. Change to impact scoring guidance for Service Disruption

The guidance for scoring risks that have service disruption as their main impact has recently been updated. The update arises from recent experience and preparation and exercising that the organisation has been engaged in.

Originally, the guidance for this category of risk was framed in terms of the practical impacts on NHSBT product and service delivery, which would include issues like the number of days of outage. This was changed as this was an unhelpful measure, with very significant issues not resulting in outage as activity was moved, critical product issued according to clinical need and only non-critical activity stopped. As a result of this the guidance was changed to reflect NHSBT's response to a disruptive event, with a catastrophic impact resulting in the Executive Team taking control of the incident.

In recent years we have experienced issues that have resulted in exactly the scenario labelled catastrophic – the Executive Team met up to three times weekly to discuss and deal with blood shortages. For much of that time NHSBT was not at Amber Alert status for blood stock, and even when it was, behaviours did not reflect a response to a catastrophic scenario. Less essential services, such as strategy development and transformational change, continued, the organisation developed new businesses and routine activity (PDPR, Mandatory Training, recruitment, Health and Safety reviews) were conducted as normal. There was also no space to escalate the risk level to cover Amber Alerts, Red Alerts or something more concerning. The problem was clearly not with the organisational behaviour, but with the descriptors that MPD1336 required risk evaluators to follow.

In addition, the organisation has been asked to plan for issues such as a National Power outage and to be involved in a pandemic exercise (Pegasus). In these cases, the impact could be overwhelming and could prevent the organisation from delivering its core objectives (blood, organs, tissues, plasma and others) as well as strategic objectives. The defining feature of these responses is that it will be coordinated from the centre with a COBR meeting being the decision-making body.

On this basis the descriptors have been changed to reflect this reality. The new descriptors, that have been updated in MPD1336 The Risk Management Manual, are as follows:

Service Disruption	1	2	3	4	5
Risks arising from disruption to service delivery. This may include, but is not limited to, unavailability of equipment, consumables & supplies, inadequate, poorly designed or ineffective/inefficient internal processes resulting in a failure to meet the NHSBT objectives, including the effective provision of products and services, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.	A Level 1 or level 2 Critical Incident as defined in MPD539. Requires a LET, or possibly a NET at Heads of Function level.	A level 3 critical incident requiring a NET including Assistant Directors or members of the Executive Team	A level 3 critical incident requiring the Executive Team to form the NET. Amber alert for blood.	A level 3 critical incident requiring the Executive Team to form the NET and the cooperation of DHSC, NHSE, UKHSA or other ALBs. Red alert for blood. Operation Arizona	An incident requiring cross government response. Managed by COBR

Although this is more helpful and better reflects reality, it does have an impact on scoring. The score of the risks that feed into P-02 Service Disruption have been adjusted. BC-05 Disruptive Events has been reduced to the more recognisable business continuity or emergency response score of 5 (impact 5, likelihood 1 – i.e. catastrophic but rare). This has resulted over recent months in the score for P-02 falling from 16 to 9.

The Board may want to consider whether this impacts on their appetite for this risk category, and this comes to ARGC and Board in the Risk Policy review.

Generated on: 11 November 2025

Section 2.

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-Nov-2025
P-02	Service Disruption	Minimal	<p>Judgement Level (9 to 12)</p>	9	10	04-Nov-2025
P-03	Service Disruption - Loss of Critical ICT	Minimal	<p>Risk Limit (15 to 25)</p>	20	20	06-Nov-2025
P-04	Donor Numbers & Diversity	Minimal	<p>Judgement Level (9 to 12)</p>	12	12	06-Nov-2025
P-05	Finance	Open	<p>Judgement Level (16 to 20)</p>	20	20	04-Nov-2025
P-07	Staff Capacity / Capability / Recruitment / Retention	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	03-Nov-2025
P-08	Leaders and Managers	Open	<p>Tolerable risk position (12 to 15)</p>	12	12	03-Nov-2025

Reference	Principal Risk Title	Risk Appetite Level	Residual Score v Risk Appetite	Current Score (Residual)	Previous Score	Date Assessed
P-09	Regulatory Compliance (Primary Regulators)	Cautious	<p>Judgement Level (12 to 15)</p>	12	8	04-Nov-2025
P-10	Scale and Pace of Transformational Change		<p>Tolerable risk position (12 to 15)</p>	12	12	04-Nov-2025
P-11	Corporate Governance	Minimal	<p>Tolerable risk position (6 to 8)</p>	8	8	04-Nov-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 may 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			
Managed By	Chief Nursing Officer	Responsible Executive	Dee Thiruchelvam	Oversight Committee	Clinical Governance Committee	Date Assessed	11-Nov-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	<p>PR1 risk remains driven by four patient safety risks which are outside NHSBT risk appetite (judgement zone). Two relate to manual data transfer processes (Clin-02) and lack of digital repository for clinical advice (CS-02); the third risk (CS-05) relates to blood component substitutions and risk of adverse patient reaction. Due to emergence from the Amber Alert, consideration was given to reducing risk CS-05 risk score, however the CNO requires assurance from SHOT data before reducing the risk level. Due to the lack of NHSBT and hospital data around substitutions, it may not be possible to link substitutions to SHOT reportable events, however this will be investigated. The fourth risk (IPC-01) has recently been elevated to contributory risk status, and relates to lack of assurance around frontline staff immunisation status.</p> <p>An extensive review of PR1 contributory risks is being undertaken to ensure linked risks reflect current donor and patient safety concerns. The following changes have taken place:</p>
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	<ul style="list-style-type: none"> • Risk Clin-13 (previously two separate risks) relating to emerging infection and implementation of appropriate testing have been moved to the CS operational risk register. The risks are at tolerance level and no further mitigations have been identified. • Risk Clin-11 Interoperability has been de-activated and interoperability issues have been captured in an existing contributory risk (Clin-01 Triangulation of Safety Insights). • A new contributory risk (CCG-06) relating to reputational damage due to the Infected Blood Inquiry has been linked to PR1; due to NHSBT's open risk appetite for reputation risk, this risk is currently at optimal level owing to robust control measures in place. • An operational risk in the corporate clinical governance register, IPC-01, has been elevated to PR1 contributory risk status. This risk relates to our staff immunisation status, particularly frontline staff, due to lack of assurance that our staff and our patients are suitably protected from transmissible infection (e.g., Hepatitis B). The risk is currently scored at 12 (judgement zone) as a patient safety risk, however discussions are planned with representatives from People Directorate to decide whether this risk should be linked to the People principal risk and a staff health and safety risk. A risk mitigation plan is in place.
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
CCG-06	IBI – Organisational reputation, supply continuity, and public confidence	25-Sep-2025	5	2	10	25-Sep-2025		
Clin-01	Triangulation of safety insights	22-May-2023	4	2	8	05-Nov-2025		
Clin-02	Manual Processes and Paper-based Systems	23-May-2023	4	3	12	03-Oct-2025		
Clin-05	Professional Workforce Skills	22-May-2023	4	2	8	05-Nov-2025		
Clin-10	Health Inequalities	23-Oct-2024	4	3	12	22-Aug-2025		
Clin-12	Patient Outcome Data	23-Oct-2024	3	4	12	23-Oct-2025		
CS-02	Incorrect clinical decision making	15-Jun-2023	4	3	12	12-Sep-2025		
CS-05	Patients Transfused with Substitution Components	31-Jul-2024	4	3	12	26-Sep-2025		
IPC-01	Occupational Health (OH) Service - staff immunisation status	26-Mar-2024	4	3	12	28-Oct-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 an inability to prepare, adequately respond to, or recover from a disruptive event or breakdown in the supply chain, resulting in a requirement for emergency management, an adverse impact to patient care, unforeseen financial pressure and a loss of public and stakeholder confidence				9	Judgement Level (9 to 12)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy	Establishment & Constitution Order 2005		
Managed By	Assistant Director Governance and Resilience	Responsible Executive	Helen Gillan	Oversight Committee	Risk Management Committee	Date Assessed	04-Nov-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	<p>This risk score was re-evaluated due to a revision of service disruption impact guidance. The contributory risk driving the current score relates to the condition of our estate, and work on centre-based risks that is currently underway, will give more detail.</p> <p>The risk on blood stock has been recently reviewed, the score reflecting that we are no longer in Amber Alert, but there are still challenges and actions in place to meet those challenges.</p> <p>Relevant Assurance Maps related to the risk were also reviewed.</p>
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Contributory Risks

	Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
BC-05		Disruptive Events	10-Jun-2025	5	1	5	02-Nov-2025		Governance & Resilience SMT
BC-08		Adequacy of Response to Disruptive Events	10-Jun-2025	4	2	8	03-Nov-2025		G&R SMT
BS-02		Shortage of Blood Components /Inability to meet hospital demand	22-Mar-2023	2	4	8	10-Oct-2025		Blood Operational Leadership Team (BOLT)
E&F-07		Infrastructure Failures	07-Apr-2025	3	3	9	03-Nov-2025		Risk Management Committee

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	Rebecca Tinker	Oversight Committee	Risk Management Committee	Date Assessed	06-Nov-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>Update from Deputy CIO & CISO (PC) following review of contributory risk DDTS-08 Cyber Security:</p> <p>No changes to score. We recognize the impact continues to be 5, driven from the experience of NHSBT's role in supporting National services (further exposed in the Synovis impact of Jun 2024). The likelihood remains 4 based on continued attacks on NHS organisations. Our plan is to review this once we have landed our cyber partner and have had their initial review of our plans and mitigations.</p>
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DDTS-01	People, Capability and Capacity	31-Jul-2019	4	3	12	31-Jul-2025		DDTS SMT; Digital, Data and Technology Services (DDTS) SMT
DDTS-03	Digital transformation to modernise and future proof services	31-Jul-2019	3	4	12	08-Aug-2025		DDTS SMT
DDTS-05	Regulatory Non-Compliance: Data & Information Governance	30-Nov-2020	3	3	9	27-Oct-2025		DDTS SMT
DDTS-06	Stability and Resilience	31-Jul-2019	4	3	12	24-Oct-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-08	Cyber Security	27-Oct-2023	5	4	20	29-Sep-2025		Digital, Data and Technology Services (DDTS) SMT
DDTS-09	Data and Artificial Intelligence	09-May-2025	3	3	9	24-Oct-2025		

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 is unable to satisfy the core functions of the organisation, including, but not limited to, the provision of blood, blood components, tissues, plasma for medicine and stem cells to agreed levels, caused by insufficient numbers or racial diversity of donors, challenged operational management and increased demand, resulting in a requirement for reactive emergency management, an adverse impact to patient care and a negative impact to NHSBT's reputation.				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	Responsible Executive	Mark Chambers	Oversight Committee	Risk Management Committee	Date Assessed	06-Nov-2025

Reputational Consequence	
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Responsible Manager Summary	<p>Meeting with AD Donor Experience and Head of Donor Planning and Performance.</p> <p>Following the DX Risk and Assurance Group Meeting and the RMC Meeting that sat on Friday October 3, 2025, actions emanating from the RMC will be followed up including the review of the description of organ risk and a review of the actions and controls to manage these risks effectively.</p>
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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	3	4	12	07-Oct-2025		Donor Experience SMT; Risk Management Committee
DX-04	Poor Donor Experience - Tools and Systems	20-May-2019	3	3	9	02-Sep-2025		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 of material constraints to the delivery of NHSBT's critical products/services, caused by a failure to maintain financial sustainability, resulting in patients' health and wellbeing being put at risk and a loss of public and stakeholder confidence				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	Carl Vincent	Oversight Committee	Risk Management Committee		Date Assessed 04-Nov-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	<p><i>Update provided by CFO on 03/10/2025:</i></p> <p>The Finance Leadership Team reviewed the principal risk and its associated contributory risks on 13th September, and recommended that the overall risk rating remain unchanged. Overall, the financial landscape has not changed materially over the last month – the financial position remains stable, but uncertainties persist about funding for next 3 – 4 years.</p> <p>Funding for some key areas, notably Organ Donation and Transplant (ODT), some of our strategic transformation initiatives, and capital investment, are dependent on the outcome of SR25. We have received the high level outcome for the revenue grant from the DHSC, and we have started to work through the implications. The timing of the capital settlement is uncertain.</p> <p>The other main area of uncertainty is the agreement of prices for goods and services to the NHS through the National Commissioning Group (NCG). NHSE have signaled an expectation that the NHSBT price increase will again be in line with the equivalent for NHS Trusts, which last year was 2%. To enable us to provide service continuity within this context we have strengthened controls around cost pressures, and we continue to integrate business planning and budget planning at organisational and divisional level. We also continue to implement a robust cost improvement programme, although further efforts are needed to build confidence in our ability to consistently achieve 2% annual savings.</p>
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	To provide confidence in our long-term financial sustainability we are evolving our five-year financial model. The early work was reviewed by the Board in July, and we will return to the Board with a developed 5 year financial model early in the calendar year to provide context for the draft 2026-27 business plan and budget.
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
DX-64	Overall Spending Challenges	01-Oct-2024	3	4	12	01-Oct-2025		Donor Experience SMT
Fin-01	Financial Systems Risk	13-Apr-2023	4	3	12	02-Sep-2025		Risk Management Committee
Fin-02	Risk of Insufficient Funding	13-Apr-2023	4	5	20	10-Nov-2025		Risk Management Committee
Fin-03	Deterioration of Cash Reserves	13-Apr-2023	4	2	8	02-Sep-2025		Risk Management Committee
Fin-04	Risk of Damage to NHSBT Reputation	13-Apr-2023	4	2	8	02-Sep-2025		Risk Management Committee
Fin-05	Operational Failure	17-Jul-2023	4	2	8	02-Sep-2025		Finance Senior Management Team (FSMT)
Fin-06	Financial Management Budget & Forecasting	19-Jun-2023	4	1	4	02-Sep-2025		Finance Senior Management Team (FSMT)
Fin-07	Workforce Management & Retention	19-Jun-2023	3	3	9	13-Oct-2025		Finance Senior Management Team (FSMT)

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	Julie Pinder	Oversight Committee	People Committee	Date Assessed	03-Nov-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	Risk review at People SMT 16/09/2025 new contributory risks drafted and being reviewed. Chief People Officer written to People committee to delete P08. Now we have new wording for combined principal staffing risks.
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Contributory Risks

		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
	Lack of Succession Planning	23-Jan-2017	3	2	6	29-Apr-2025		People Committee
	Staff Capacity / Capability / Recruitment / Retention	26-Jul-2022	4	3	12	30-Jun-2025		People Committee
	Recruitment Demand Planning	03-Aug-2022	3	4	12	08-Jul-2025		People Committee

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	Julie Pinder	Oversight Committee	People Committee	Date Assessed	03-Nov-2025

Reputational Consequence	
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Responsible Manager Summary	Risk review at People SMT 16/09/2025 new contributory risks drafted and being reviewed. Chief People Officer written to People committee to delete P08. Now we have new wording for combined principal staffing risks.
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Contributory Risks

Risk Title	Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
PEOPLE-05 Leaders and managers lack the skills and capabilities	20-Jun-2022	3	4	12	30-Jun-2025		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				12	Judgement Level (12 to 15)	0	
Linked NHSBT Obligation	Establishment & Constitution Order 2005			Linked NHSBT Strategy		Safety & quality of NHSBT activities	
Managed By	Assistant Director of Quality	Responsible Executive	Helen Gillan	Oversight Committee	Risk Management Committee	Date Assessed	04-Nov-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	<p>Contributory risks have been updated from an overarching Quality Management System (QMS) assessment to component parts of the QMS - namely Incident Management and Audit.</p> <p>The likelihood score for the principal has been changed to mirror the highest score from the contributory, with plans in place to reduce the overall risk score from its judgement zone to optimal.</p> <p>All changes have been approved by the QA-SMT.</p>
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Contributory Risks

Risk Title		Creation Date	Impact	Likelihood	Residual Score	Date Assessed	Trend	Monitoring Committee
QA-07	Quality Internal Audit	19-Dec-2024	4	2	8	11-Nov-2025	↓	Quality and Governance SMT
QA-09	Quality Incident Management	23-Sep-2025	4	3	12	31-Oct-2025	↓	Quality and Governance SMT

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 of 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	Carl Vincent	Oversight Committee	Risk Management Committee	Date Assessed	04-Nov-2025

Reputational Consequence	Our transformational programmes are expected to deliver strategic outcomes that fundamentally change the way we deliver our products and services. We have assessed the reputational impact to be moderate in terms of reduced stakeholder confidence in our ability to deliver our strategic outcomes. The contributory risks with the mitigation plans cover the areas that would cause the principal risk to materialise, including any reputational risk where appropriate.
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Responsible Manager Summary	Ownership of the risk has been transferred following the departure of the Deputy CEO. An initial review has been completed with no changes required at this stage. A more detailed review is scheduled for October.
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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-04	Realising benefits	10-Mar-2025	3	4	12	10-Mar-2025	↓	
S&T-05	Leadership and 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	↓	
S&T-09	Growth and Transformation Pipeline	04-Nov-2025	4	3	12	04-Nov-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				8	Tolerable risk position (6 to 8)	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	Helen Gillan	Oversight Committee	Audit, Risk & Governance Committee (ARGC)	Date Assessed	04-Nov-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	<p>The current residual score of 8 (Major-Unlikely) is driven by the contributory risk RT03-Risk Management which sits at this level with an action to complete the mapping of risk in progress. An additional contributory risk RT06-Risk Management System also sits at this level. A programme is now set up to manage the tender and contract for a new risk management system.</p> <p>CG-01 (Governance Structure) - The DHSC/NHSBT Framework Agreement has now been published. All actions related to this contributory risk have been completed. The risk level has therefore been set at its target level (2).</p> <p>Much progress has been made on assurance mapping, however due to its infancy the contributory risk RT-05 remains at 4.</p> <p>RT-01 (Functional Standards) is currently rated 3. This risk may increase in the future if progress against evidencing compliance is not achieved in line with agreed timelines.</p>
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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	1	2	2	01-Oct-2025		Risk Management Committee
RT-06	Risk Management System	04-Sep-2025	4	2	8	06-Nov-2025		Quality and Governance SMT