NHS Blood and Transplant

Board Meeting in Public

Tuesday, 01 December 2026

Title of Paper	Board Assurance Framework Summary	**Agenda No.**	5.1
Nature of Paper	☒ Official	☐ Official Sensitive	
Author(s)	Andrew Weal. Head of Compliance, Risk & Assurance		
Lead Executive	Helen Gillan. Director of Quality and Governance		
Non-Executive Director Sponsor	Ian Murphy		
Presenter(s) at Meeting	Helen Gillan. Director of Quality and Governance		
Presented for	☐ Approval ☒ Assurance	☒ Information ☐ Update	
Is there a plan to communicate this to the organisation?	☐ Yes	☒ No	☐ Yet to be determined

Executive Summary

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.

Three Principal Risks remain recorded at Risk Limit. These are:

- P-01, Donor & Patient Safety. The residual of this risk is recorded at 16 (4x4). The contributory risk influencing this score is OTDT-01 Organ Allocation Risk. This risk is currently subject to a comprehensive review and is being further reviewed at the November 2026 Risk management Committee.
- P-02, Service Disruption. The residual score of this risk is recorded at 16 (4x4). The contributory risk driving this score remains as E&F-07 Infrastructure Failure.
- P-03: Loss of Critical ICT. This residual score of this risk remains at 20 (5x4), with DDTS-08, Cyber security continuing as the contributory risk influencing this score.

Previously Considered by

This is a regular report provided to both the Risk Management Committee and the Audit, Risk & Governance Committee

Recommendation

The Board is asked to note the detail in the Board Assurance Framework

Risk(s) identified (Link to Board Assurance Framework Risks)

All Principal risks are covered in the Board Assurance Framework

Strategic Objective(s) this paper relates to:

☒ Modernising One NHSBT ☒ Optimising Donor Experience and Meeting Demand
☒ Campaigning & Identity ☒ Data, AI and Interoperability ☒ New Treatments

Appendices: