NHS Blood and Transplant

Board Meeting in Public

Tuesday, 01 December 2026

Title of Paper	Audit, Risk and Governance Committee Report	**Agenda No.**	5.3.2
Nature of Paper	☒ Official	☐ Official Sensitive	
Author(s)	Omolola Majolagbe, Corporate Governance Officer		
Lead Executive	Sarah Stansfield, Chief Financial Officer		
Non-Executive Director Sponsor	Ian Murphy, Chair of Audit, Risk and Governance Committee		
Presenter(s) at Meeting	Ian Murphy, Chair of Audit, Risk and Governance Committee		
Presented for	☐ Approval ☒ Assurance	☐ Information ☐ Update	
Is there a plan to communicate this to the organisation?	☒ Yes ☐ No ☐ Yet to be determined		

Executive Summary

This report is submitted to the Board to draw attention to the main items discussed at the Audit, Risk and Governance Committee (ARGC) meeting held on 22 October 2026.

Previously Considered by

N/A

Recommendation

The Board is asked to note the report.

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

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:	

1. Background

This report is submitted to the Board to draw attention to the main items discussed at the Audit, Risk and Governance Committee (ARGC) meeting held on 22 October 2026.

2. Risk

Board Assurance Framework

The Committee reviewed the Board Assurance Framework and noted ongoing work to refine the assessment of Principal Risk P-01 (Donor and Patient Safety), review the scope of Principal Risk P-02 (Service Disruption), and strengthen assurance relating to Principal Risk P-03 (Loss of Critical ICT). The Committee noted that there were wide ranging risks and opportunities from AI and sought clarity on how these would be reflected within the Board Assurance Framework. It was noted that the Board's Annual Risk Workshop would take place on 30 November.

Transformation Delivery Report

The Committee noted that the transformation reporting framework had been aligned to NHSBT's new strategic priorities. Members received assurance that transformation delivery was broadly on track, with eight programmes underway and a further eight due to mobilise during Quarter 3. The Committee noted a £2.7m capital underspend at Month 6, primarily due to delays in estates and donor centre programmes, and requested enhanced reporting on programme performance, risks, delivery confidence and benefits realisation. Assurance was received that a mid-year transformation programme review would be presented to the Board in December and that engagement with DHSC regarding any potential year-end underspend was ongoing.

Principal Risk Deep Dive Reviews

The Committee completed three reviews of principal risks as follows:

P-04 Number and Diversity of Donors Deep Dive – The Committee received assurance that Principal Risk 04 (Donor Numbers and Diversity) remained within the Board's risk appetite and noted positive progress in mitigating actions, including successful donor recruitment initiatives and improvements in donor appointment availability. The Committee also noted that affordability concerns relating to the Donor and Session Programme had been resolved and discussed the importance of understanding donor attrition, eligibility and retention factors as part of the ongoing management of the risk.

P-06 Estate Infrastructure Deep Dive – The Committee supported the establishment of a new Estate Infrastructure standalone principal risk, recognising the significance of estate-related risks to operational resilience, service delivery and financial sustainability. The Committee noted that estate-related risks would be removed from Principal Risk P-02 (Service Disruption), enabling greater visibility, oversight and prioritisation of mitigation and investment requirements. Assurance was received that existing infrastructure risks were being actively managed and that the change reflected enhanced risk reporting rather than any deterioration in the underlying risk position.

P-11 Corporate Governance Deep Dive - The Committee noted continued improvement in the management of Principal Risk P-11 (Corporate Governance), with assurance that governance arrangements continued to be strengthened. The Committee noted the closure of the contributory risk associated with implementation of the new risk management system and that a new contributory risk 'Regulatory Non-Compliance: Data and Information Governance' had been added to P-11 which now drove the risk level. The Committee received an update on a recent data breach affecting Organ and Tissue Donation and Transplantation services. The risk rating is within the judgement zone pending further review, including the outcome of work examining comparable system interfaces and the associated patient safety investigation.

3. Audit

Internal Audit Progress Report

The Committee noted positive progress in delivery of the 2026/27 Internal Audit Plan, with performance ahead of the equivalent position in the previous year. Since the last meeting, three audit opinions had been issued, including a substantial assurance opinion for the Data Security and Protection Toolkit audit. Members noted high stakeholder satisfaction levels and requested further updates on recurring audit findings relating to governance committee capacity and oversight arrangements.

Internal Audit Action Update

The Committee noted that there were 30 active internal audit management actions, all classified as either medium or low priority. Assurance was received that there were no overdue actions and no outstanding high-priority actions. The Committee welcomed the continued improvement in action management and encouraged management to maintain progress in delivering actions within agreed timescales.

External Audit

The Committee received assurance that the 2025/26 external audit had been completed within required timescales and noted that planning for the 2026/27 audit had commenced earlier this year to support effective delivery. Members noted a number of planned improvements to the audit process, including earlier interim audit activity, strengthened engagement between audit and finance teams, and clarity as to evidence requirements. The interim audit work would commence in January 2027 and the implications of organisational restructuring on future financial reporting requirements were being considered. Assurance was received that there were no outstanding external audit recommendations requiring Committee oversight, and the importance of maintaining resilience and succession planning within the finance function was noted.

4. Governance

Confidentiality and Data Protection Policy

The Committee considered proposed revisions to the Confidentiality and Data Protection Policy with seven key updates to reflect legislative developments, emerging technologies and evolving organisational requirements. The policy will now be considered by the Board for approval.

Provision 28 and 29 of the UK Corporate Governance Code 2024

The Committee reviewed the applicability of Provisions 28 and 29 of the UK Corporate Governance Code and noted that NHSBT's existing arrangements were largely aligned with the requirements. The Committee welcomed ongoing enhancements to the risk management framework, including development of the Risk Control Framework and strengthened oversight of principal risks and assurance. Assurance was received that organisational resilience arrangements remained robust, supported by business continuity planning, oversight mechanisms and ongoing work to strengthen preparedness for major disruptive events.

5. Reports

The Committee reviewed the following Reports:

- Counter Fraud Report
- Waivers to Procurement Regulations and High Risk Contract Awards

6. Sub-Committees / Sub-Group Reports

The Committee received reports/minutes from the following sub-committees/sub-group:

- NHSBT Finance Oversight and Scrutiny Sub-Group Meeting
- Risk Management Committee
- Information Governance Committee
- Security Governance Executive Committee

7. Item for escalation to the Board

The following item was agreed to be presented to the Board for approval:

- Confidentiality and Data Protection Policy