

NHSBT Board

29 NOVEMBER 2018

BUSINESS PLAN PREPARATION – RISK & STRATEGIC TARGETS 2019/24

Status – Official

Executive Summary

1. It is assumed that the Department of Health & Social Care (DHSC) will not be issuing planning guidance to ALBs and that NHSBT's sponsor, will continue to manage the planning process directly with us.
2. NHSBT will therefore generate a business plan, primarily for its own purposes, but which is consistent with DHSC expectations. It will continue to be structured as a high-level consolidation of our existing strategic plans and their status as at March 2019.
3. As part of this process we consider any changes to our risk environment and roll forward our strategic targets. This paper is intended to provide the Board with an opportunity for early review of risk and renewal of our strategic targets. As last year the key focus is likely to be:
 - Blood pricing “policy” over the planning period given the impact of ongoing demand decline, higher pay costs and the strategy for Pulse renewal/replacement.
 - Blood donor targets and marketing plans in light of the existing supply challenges.
 - Progress in ODT versus TOT2020 targets.
 - The stretch income target for DTS income following the recommendations of the Triennial Review.

Action Requested

4. The Board is asked to:
 - consider the changes to risk at NHSBT and SBU level and any implications for the updated business plan.
 - review the updated strategic targets for their completeness, relevance, and the outcomes being sought.

Overview – NHSBT Planning Process

5. An NHSBT five-year strategic plan is generated in March each year. It is structured as a summary of the individual business unit strategies and their status at that time, capturing for each:
 - strategic objective and supporting themes (or pillars)
 - targets

- summary milestones and action plans

It is not intended for publication but is drafted as a reference document for the Board that consolidates NHSBT's business unit strategies, targets and action plans in one place. A summary plan, for public consumption, is normally then generated in April as part of the NHSBT annual stakeholder event.

6. The planning requirements of DHSC have varied over time. In recent years DHSC has stopped issuing planning guidance and assumes that the Sponsor manages the planning process directly with the ALB. The focus of the DHSC tends to be on programme and capital funding for the upcoming budget year (and indicatives for the following years). Within NHSBT, however, this will generally have been predetermined via the Blood and DTS prices set by NCG, and the funding expectations for ODT that have been presented to the ODT Sustainable Funding Group.
7. Within this overall process the intention of this paper is to provide the Board with an opportunity to:
 - Consider and identify any changes to the risk environment, at both strategic business unit and NHSBT level, to which the updated business plan should respond.
 - The ongoing relevance of the targets (are they the "right" targets / is the target value appropriate).
 - Consider current performance versus existing targets and whether they continue to appropriately balanced in terms of ambition and deliverability.
8. The appendices to this paper therefore capture the revised targets for each strategic business unit. A summary of the strategic objectives and themes for each strategy is also provided.
9. Regarding **Blood** we are in the process of fundamentally reviewing the strategy. Reflecting this, many of the current targets are not those that were established by Blood 2020, but are either new targets (e.g. the R₀ donor target), revised values consistent with latest demand assumptions (e.g. the O negative donor target) or reflect current performance (e.g. much higher costs in blood donation). The new strategy will not be available by March 2019 and hence the 2019/2024 Business Plan will capture
 - The short term (1-2 year) plans that will be generated as part of the strategy development by March 2019 that are primarily aimed at stabilising stocks and product availability
 - A rolled forward set of targets based on the existing measures that are in use.
10. For **ODT** the targets remain those established by the TOT2020 strategy, plus a growth target beyond 2020, pending renewal of the national strategy. Although year on year growth, and new annual records, are being delivered in deceased organ donors and deceased transplants, we are below the trajectory needed to deliver the TOT2020 targets. On current trend it is likely that the TOT2020 targets will be delivered in 2021/22.

11. The income development in **DTS** versus the £100m stretch target is summarised below:

Income by SBU	2018/19 Budget	2018/19 Fcast	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Est.
	£m	£m	£m	£m	£m	£m	£m
TES	13.8	14.4	14.3	14.7	15.1	15.5	15.5
RCI / Reagents	16.0	16.6	17.0	17.4	17.9	18.4	18.8
H&I	13.7	14.0	14.0	14.1	14.3	14.5	14.7
SCDT	9.7	9.9	9.3	9.3	9.3	9.3	9.3
CMT	12.3	12.3	13.0	14.0	15.8	18.1	20.3
TAS	10.0	11.1	11.3	11.6	11.9	12.2	12.5
IBGRL	1.5	1.8	1.7	2.1	2.6	3.1	3.5
Gap to Stretch Target	-	-	-	3.0	5.0	8.9	8.9
Total Income	77.0	80.1	80.6	86.2	91.9	100.0	103.5

Note: Plan figures in this table are pre-19/20 budget build and are provisional.

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Appendix A - BLOOD

Strategic Objective (Blood 2020)

To ensure that the right blood components are available for patients at the right time, including complex patients, and made available via an integrated, cost-efficient and best in class supply chain and service.

The Blood 2020 strategy was approved by the NHSBT Board in November 2014.

The objective is underpinned by four pillars **with the safety of our blood components supplied to the NHS presumed:**

1. **Blood donation:** a sustainable donor base underpinned by flexible collection and donor invitation processes; a modern donor service, excellent session experience and high levels of collection productivity.
2. Our **supply chain** will be hospital focused with high levels of safety, productivity, regulatory compliance and order fulfilment.
3. Excellent **customer service** with a tailored, cost-effective offering and a modern interface with hospitals.
4. **Integration** of NHSBT with key hospitals driving improved patient outcomes and reduced system cost and integration of blood supply from vein to vein.

Under each pillar the key drivers of change (critical success factors) are defined as:

<p style="text-align: center;">Blood Donation</p> <ul style="list-style-type: none"> ▪ A segmented approach to managing the donor base. Recruitment / retention plans that do not depend on donation frequency alone. ▪ Modernisation and connectivity of the session environment, greater digital interaction with donors and supported by improved processes. ▪ Improved donor service, management of session set up and flow, improved planning and a single line of management accountability on session. ▪ Larger and longer mobile sessions and more effective collection sessions in static centres. 	<p style="text-align: center;">Supply Chain</p> <ul style="list-style-type: none"> ▪ Pulse replacement ▪ Enhanced focus on supply chain optimisation and effectiveness ▪ Improved planning, supply chain efficiency and order fulfilment based on improved demand forecasting and a pull process. ▪ Improved effectiveness of Donor Records and Quality Monitoring ▪ Process automation ▪ LEAN culture ▪ Standardised processes and 24 x 7 working.
<p style="text-align: center;">Customer Service</p> <ul style="list-style-type: none"> ▪ Tailored service offering supported by the transport management system ▪ Single customer portal to support flexible and paperless interaction ▪ NHSBT managing stocks of 110 hospitals by Vendor Managed Inventory. ▪ NICE and NHSBT / NHS England transfusion guidelines. ▪ Menu based service packages prices to replace unit prices. 	<p style="text-align: center;">Integration</p> <ul style="list-style-type: none"> ▪ PCS / VMI driving improved matching of demand and supply ▪ Patient genotyping ▪ Support integration and provide extended services in at least seven networks, covering 30% of transfusion demand. ▪ Integrated Transfusion Service (ITS) business unit.

Strategic targets (Actual is based on year to date October 2018 or forecast if a full year target)

Strategic Targets – Blood	2018/19 Plan	2018/19 Actual		2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
% of donors scoring => 9/10 for satisfaction	78%	73.37%	Red	79%	80%	81%	82%	TBD
Complaints as % of whole blood donations	0.49%	0.61%	Red	0.41%	0.38%	0.34%	0.32%	TBD
Number of donors donating last 12 months (000s)	870	833	Red	844	833	831	828	TBD
Frequency of donation (overall)	1.712	1.807	Yellow	1.660	1.620	1.620	1.60	TBD
O- donors donating last 12 months (000s)	110.5	107.3	Red	108	109	110	110	TBD
Frequency of donation (O neg donors)	1.879	1.876	Green	1.88	1.84	1.84	1.84	TBD
Number of Ro donors donating in last 12 mths (000s)	35.0	20.0	Red	TBD	TBD	TBD	TBD	TBD
A negative CD donors donating in last 12 mths (000s)	-	-	Blue	TBD	TBD	TBD	TBD	TBD
% of Whole blood donations in Donor centres	23.0%	23.0%	Green	25%	27%	29%	31%	TBD
Blood Donation productivity (units/FTE/year)	1,470	1,418	Yellow	1,525	1,569	1,604	1,612	TBD
Occasions when red cell stocks (any blood group) are < the 4.5 day alert level for 2 or more consecutive days	New	New	Red	TBD	TBD	TBD	TBD	TBD
Occasions when opening stock of platelets (any blood group) is < average daily demand for 2 or more consecutive days	0	10 (YTD)	Red	0	0	0	0	0
% of products issued On-Time-In-Full (OTIF) excl. Ro's	98.0%	98.29%	Green	98%	98%	98%	98%	TBD
Manufacturing productivity (units/FTE/year)	10,610	10,598	Yellow	10,700	10,700	10,700	10,700	TBD
Testing productivity (units/FTE/year)	34,950	36,928	Green	33,700	33,700	33,700	33,700	TBD
% hospitals scoring ≥ 9/10 for satisfaction	70%	78%	Green	70%	70%	70%	70%	TBD

Changes to the risk environment

- Ongoing demand reduction (lower contribution), plus cost material cost increases - impact on pricing and acceptability to NCG.
- Ongoing double-digit growth in R_o demand, impact on substitution and need for additional O negative donors.
- Increasing risk of the Pulse platform
- Funding source for Pulse renewal or replacement.
- Impact of donor iron management on blood donation capacity and costs

Appendix B - ORGAN DONATION and TRANSPLANTATION

Strategic Objective

“Taking Organ Transplantation to 2020” seeks to build on the excellent progress of the last five years and aims to match world class performance in organ donation and transplantation.

Taking Organ Transplant to 2020 - approved by the four UK Health Services and published in June 2013.

The strategy is described in terms of the following four outcomes:

Outcome 1 - Action by society and individuals will mean that the UK’s organ donation record is amongst the best in the world and people can donate when and if they can.

Key actions:

- Develop national strategies to promote a shift in behaviour and increase consent.
- Ensure that it is easy to pledge support for organ donation and once a pledge has been given, to honour the individual’s wish
- Increase Black, Asian and Minority Community awareness of the need for donation, to benefit their own communities and provide better support for people in these communities to donate.
- Learn from the experience of legislative change in Wales

Outcome 2 - Action by NHS hospitals and staff will mean that the NHS routinely provides excellent care in support of organ donation and every effort is made to ensure that each donor can give as many organs as possible.

Key actions:

- Increase adherence to national standards and guidance.
- Increase the number of people who are able to donate following circulatory death and learn from the Scottish pilot on donation after failed resuscitation
- Provide hospital staff with the support, training, resources and information they need to provide an excellent organ donation service
- Ensure every donor’s care, prior to retrieval, optimises organ quality.

Outcome 3 - Action by hospitals and staff means that more organs are usable and surgeons are better supported to transplant organs safely into the most appropriate recipient.

Key actions:

- Increase the number of organs that are retrieved from both DBD and DCD donors.
- Increase the number of organs that are able to be transplanted safely, providing surgeons with the information and guidance to make decisions about organ suitability.
- Improve transplant recipient survival by improving understanding of the donor organ/ recipient compatibility.

Outcome 4 - Action by NHSBT and Commissioners means that better support systems and processes will be in place to enable more donations and transplant operations to happen.

Key actions:

- Support Regional Collaboratives to lead local improvement in organ donation, retrieval and transplant practice and promote organ donation.
- Review and improve the workforce, IT, systems and processes which operate throughout the donation and transplant pathway.
- Build a sustainable training and development programme which can be tailored to meet local needs, in order to support organ donation and retrieval.

Strategic targets (Actual is based on year to date October 2018 or forecast if a full year target. Target in 2020/21 is per the TOT 2020 strategy)

Strategic Targets – Organ Donation and Transplantation	2018/19 Plan	2018/19 Actual		2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Overall consent/authorisation rate (%)	75%	67.1%	Red	80%	TBD	TBD	TBD	TBD
DBD consent/authorisation rate (%)	78%	72.5%	Yellow	83%	TBD	TBD	TBD	TBD
DCD consent/authorisation rate (%)	72%	62.4%	Red	77%	TBD	TBD	TBD	TBD
Deceased donors per million population	24.5	24.5	Green	26.0	TBD	TBD	TBD	TBD
Number of deceased donors	1,632	900	Yellow	1,740	TBD	TBD	TBD	TBD
Deceased donor transplants per million population	68.4	61.3	Yellow	74.0	TBD	TBD	TBD	TBD
Number of deceased donor transplants	4,548	2,220	Red	4,956	TBD	TBD	TBD	TBD
NHSBT cost per transplant (£)	16.36	16.21	Green	Budget Build	TBD	TBD	TBD	TBD
% of adults in England who have had a conversation about organ donation	49%	March 19	Blue	51%	TBD	TBD	TBD	TBD
FOR INFO: Living organ donors per million population (one month in arrears)	23.0	15.7	Red	26.0	TBD	TBD	TBD	TBD
FOR INFO: Number of Living Organ Donors (one month in arrears)	1,524	516 (YTD Sept.)	Red	1,740	TBD	TBD	TBD	TBD

Changes to the risk environment

- ODT Hub taking longer than planned – impact of funding / availability for other initiatives.
- Impact of Opt Out – governance and management of outcomes / distraction to BAU
- Longer term availability of funding (for both BAU and projects)
- Donor characterisation
- Quality of deceased donors declining – impact on transplant numbers.
- Capacity and funding of transplantation capacity within the NHS.

Appendix C - TISSUE AND EYE SERVICES (TES)

Strategic Objective

To be recognised by the NHS as the preferred provider of high quality, ethically sourced and cost- effective tissue allografts in England, Wales and Northern Ireland.

The objective and targets for Tissues derive from the updated strategy that was approved by the NHSBT Board in May 2016.

The strategy is underpinned by the following goals:

Goal 1: To provide high quality care for donors, their families and patients;





Goal 2: Reinforce TES as the preferred provider for tissue allografts in England, Wales and Northern Ireland (inc. corneas in Scotland);

Goal 3: To implement new systems in support of the core business processes;

Goal 4: To deliver financial surpluses that can be re-invested into further product development and / or lower prices for customers;

Goal 5: To pursue a focused, high potential and strategically relevant product / clinical development strategy.

Strategic targets (Actual is based on year to date October 2018 or forecast for full year targets)

TES Strategic Targets	2018/19 Plan	2018/19 Actual		2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m)	13.773	14.401 (F/CST)		14.300	14.700	15.100	15.500	15.500
% of customers scoring => 9 /10 for satisfaction	70%	100%		70%	70%	70%	70%	TBD
Products issued on time (OTIF)	98%	99.5%		98%	98%	98%	98%	TBD
Number of Corneas in stock (month end)	250	384		270	300	300	300	TBD

Changes to the risk environment

- Alternative product / supplier for Skin
- Ability to increase level of cornea stock, release current “cap” on issues?
- Auto pancreatic islets transfer unit in Newcastle (financial risk adopted by NHSBT)

Appendix D - RED CELL IMMUNOHAEMATOLOGY

Strategic Objective

To position RCI as an innovative, integrated, technologically-enabled service saving patients' lives by ensuring they have access to precisely matched blood when needed

The objective and targets for RCI derive from the strategy that was approved by, the NHSBT Board in July 2013. The strategy for the Reagents product group was approved by the NHSBT Board in January 2015.

The RCI strategy focuses on the following three phased approach:

- **Phase One – Optimise:** develop the capacity, logistics, and electronic requesting and reporting processes to support phase 2
- **Phase Two – Extend:** attract further referrals from hospitals including routine antenatal screening
- **Phase Three – Integrate:** consolidation of hospital transfusion laboratories to a hub and spoke model creating an opportunity for NHSBT to host and manage hub laboratories, integrating RCI and hospital transfusion services.

Strategic targets (Actual is based on year to date October 2018 or forecast if a full year target)

Strategic Targets - RCI	2018/19 Plan	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m)	16.010	16.619 (F/CST)	16.963	17.392	17.863	18.350	18.830
% of hospitals scoring \geq 9/10 for satisfaction	61%	73%	60%	60%	60%	60%	60%
Turnaround Time vs SLA	95%	95%	95%	95%	95%	95%	95%

Changes to the risk environment

- Renewed emphasis within mainstream NHS on pathology modernisation
- Ability to meet increased demand from hospitals as critical mass reduces / skills cliff impacts
- Retain a cohort of staff (staff side relationship) to meet increased demand for services ie on-call / 24-7 working)

Appendix E - HISTOCOMPATIBILITY & IMMUNOGENETICS

Strategic Objective

To maintain our position as the UK's largest provider of H&I services through delivering an innovative, integrated and technologically enabled service which will save more patients' lives by ensuring they have access to precisely matched blood, stem cells and organs when needed

The objective and targets for H&I derive from the strategy that was presented to, and approved by, the NHSBT Board in March 2013.

The strategy is underpinned by the following three strategic themes:

Sustain and grow diagnostic services – achieve ongoing growth at 5% per annum through understanding and meeting customer requirements, implementing service and technological developments;

Improve patient outcomes – improve our ability to match blood components and stem cell/solid organ transplants to the needs of individual patients, and by reducing immunological barriers to transplantation

Increase the repertoire of testing services – leverage core capabilities in HLA-related testing to offer NHS, academic and commercial organisations a range of pharmacogenetic tests when highly associated with HLA genetics.

Strategic targets (Actual is based on year to date October 2018, or forecast if a full year target)

Strategic Targets – H&I	2018/19 Plan	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m)	13.628	13.999 (F/CST)	13.995	14.135	14.325	14.520	14.718
% of hospitals scoring \geq 9/10 for satisfaction	61%	82%	71%	72%	73%	74%	75%
% of patients receiving A or B1 Platelets	75%	75.5%	75%	75%	75%	75%	75%
Time to type deceased organ donors	80%	84.7%	80%	80%	80%	80%	80%
Turnaround time for SLA	95%	97%	95%	95%	95%	95%	95%

Changes to the risk environment

- Impact of donor characterisation – future commissioning arrangements
- Implementation of NGS / competition from alternative suppliers?

Appendix F - STEM CELLS

Strategic Objective – Stem Cell Donation & Transplant

SCDT's core purpose is to save the lives of these patients by providing stem cells from unrelated adult donors and from cord blood

The objective and targets for SCDT derive from the refreshed strategy that was presented to, and approved by the NHSBT Board in September 2016.

The strategy objective is supported by the following goals:

1. To improve the quality of the adult donor registry and cord blood inventory by:

- Recruiting around 10,000 young male Caucasian donors to the BBMR each year.
- Banking around 2,300 high quality cord blood donations until 2019.

2. To improve the selection of precisely matched donors and donations by:

- Typing all new donors and cord blood donations at an allelic level using NGS.

3. To promote the selection of donors and donations by:

- Completing the implementation of European Marrow Donor Information System (EMDIS-cord);
- Migrating adult donor data to the US stem cell registry (NMDP).

Strategic targets – SCDT (Actual is based on year to date October 2018 or forecast if a full year target)

Strategic Targets - SCDT	2018/19 Plan	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m)	9.724	9.918 (F/Cst)	9.300	9.300	9.300	9.300	9.300
Clinical bank size of searchable units (A, B & C)	19,510	17,718 (YTD)	19,814	20,000	20,000	20,000	20,000
Banked donations (incremental)	1,404	696 (YTD)	972	372	372	372	372
Number of Cords Issued	63	24 (YTD)	42	42	42	42	42
Adult Donor Provisions	240	136 (YTD)	270	285	285	285	285
Donors recruited to fit panel	20,000	9,114 (YTD)	10,000	10,000	10,000	10,000	10,000

Changes to the risk environment

- Future viability of the CBB – declining demand for this therapy / inappropriate composition of the Bank – low number of high quality cords
- Failure to recruit sufficient levels of BBMR donors
- Over reliance on International demand for these services
- Future availability of appropriate funding

Strategic Objective – Cellular and Molecular Therapies

To establish NHSBT as the preferred provider of established cell therapies to the NHS, and of innovative cellular and DNA-based therapies for academic and commercial organisations

The objective and targets for CMT derive from the strategy that was approved by, the NHSBT Board in March 2015.

The strategy is supported by the following goals:

Goal 1. To meet customer demand for increasingly sophisticated haemopoietic stem cell therapies

Goal 2. To more than double the provision of innovative cell therapies for regenerative medicine by 2020

Goal 3. To more than double the provision of DNA-based therapies by 2020

Strategic targets – CMT (Actual is based on year to date October 2018, or forecast if a full year target)

Strategic Targets - CMT	2018/19 Plan	2018/19 Actual		2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m's)	10.543	10.161 (F/CST)	Red	10.900	11.800	12.900	13.200	13.600
CBC (£m's)	1.751	2.187 (F/CST)	Green	2.140	2.250	2.940	4.910	6.700
% of hospitals scoring => 9/10 for satisfaction	62%	New Measure	Blue	62%	62%	62%	62%	62%
Stem cell provision - OTIF	100%	100%	Green	100%	100%	100%	100%	100%

Changes to the risk environment

- Cryogenic storage for stem cells – reaching full capacity without plans for stock reduction and/or expansion
- Potential change to NICE guidance on length of time for storage
- Delivery of key projects to business case (CBC and Barnsley)
- CBC project becomes unfundable

Appendix G - THERAPEUTIC APHERESIS SERVICES

Strategic Objective

To become the NHS preferred provider of high quality, cost effective therapeutic apheresis services.

The objective and targets derive from the strategy that was agreed by the NHSBT Board in May 2012. A refresh is required to establish new long term targets.

The three themes supporting the objectives are:

Become the preferred provider of therapeutic apheresis services

- Deliver 6000 patient treatments per annum (40% market share)
- Meet unmet patient demand for specialised therapies

Deliver high quality acute services from 6 NHS services

- Regional service provision of adults and children integrated with Trust clinical teams
- Meet the highest standards of safety and regulatory compliance

Ensure leadership in therapeutic technology

- Largest number of machine platforms in the NHS
- Wide portfolio of therapies covering a broad range of clinical specialties
- Lead introduction of new therapies e.g. immunoabsorption

Strategic targets (Actual is based on year to date October 2018 or forecast if a full year target)

TAS - Strategic Targets	2018/19 Plan	2018/19 Actual		2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Sales income (£m's)	10.048	11.051 (F/CST)		11.272	11.572	11.872	12.172	12.472
Percentage of Patients rating patient experience \geq 9/10 with the service from TAS	90%	97%		90%	90%	90%	90%	90%
% of hospitals scoring \geq 9/10 for satisfaction	68%	74%		67%	68%	68%	68%	68%

Changes to the risk environment

- Loss of (the material) NHS England contract

Appendix H - NHSBT CORPORATE

Objectives in support of the Strategic Operating Unit strategies:

To be a national advocate for the voluntary donation of blood, organs and tissues;

To champion a culture of sustainability;

To develop organisational capacity, capability and processes in support of our objectives;

To identify opportunities for effective collaboration across our Operating Division, support them with an effective programme of R&D and efficient group services and infrastructure.

Strategic targets (Actual is based on year to date October 2018)

Strategic Targets – Corporate	2018/19 Plan	2018/19 Actual	2019/20 Budget	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Number of BAME staff employed by NHSBT at AfC Band 8a or above.	52	55	58	61	64	67	70
HS&W Incidents (L1&2)	18	23 (YTD)	18	16	14	TBD	TBD
Employee satisfaction - % response rate to the Your Voice Staff Survey	85%	69%	85%	85%	85%	85%	85%
Employee satisfaction - Engagement Score for NHSBT (max score is 5)	3.80	3.80	3.90	3.95	3.95	3.95	3.95
Reduce the number of servers (physical and virtual) hosted and managed directly in an NHSBT data centre	925	March 19	893	769	538	376	TBD
Reduce the number of obsolete or end of life software products used across NHSBT	15	March 19	14	12	0	0	TBD
Reduction of CO2 emissions (tonnes) from 2014/15 baseline (estate-based emissions as per the CRC)	15%	March 19	20%	25%	30%	35%	35%

Changes to the risk environment

- Brexit (cross cutting risk) – impact on availability of key consumables, costs (currency), regulatory matters and R&D funding
- IT infrastructure programme
- Impact on the Infected Blood Inquiry