

NHSBT Board

29 NOVEMBER 2017

REVIEW OF STRATEGIC TARGETS 2018/23

Status – Public.

Executive Summary

1. It is assumed that the Department of Health (DH) will not issue planning guidance to ALBs and that NHBST's sponsor, will continue to manage the planning process directly with us.
2. NHSBT will therefore generate a business plan, primarily for our own purposes, but which is consistent with DH requirements. It will continue to be structured as a high level consolidation of our existing strategic plans and their status as at March 2018.
3. As part of this process we roll forward our strategic targets. This paper is intended to provide the Board with an opportunity for early review and input to the progression of our targets. As last year the key focus is likely to be:
 - Blood pricing “policy” over the period given the impact of ongoing demand decline, higher pay costs and the impact of the CSM project.
 - Blood donor targets in light of the ongoing supply challenges at product / component level.
 - Deceased donor targets 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 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
 - targets
 - summary milestones and action plans

In this regard it is not intended for broader publication but as a reference document that consolidates all of NHSBT's business unit strategies, targets and action plans in one place. A summary, more public friendly, document is then generated in April for as part of the NHSBT annual stakeholder event.

6. The planning requirements of the DH have varied over time. In recent years the DH has stopped issuing planning guidance and assumes that the Sponsor manages the planning process directly with the ALB. The focus of the DH tends to be on programme and capital funding for the upcoming budget year and indicatives for the following years). With regard to NHSBT, this tends to have been already 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. As part of this process the intention of this paper is to provide the Board with an opportunity to:
 - Consider the ongoing relevance of the targets (are they strategic / are they the "right" measures)
 - Review performance versus the targets and whether they are appropriately balanced in terms of ambition and deliverability
8. The appendices to this paper therefore capture the revised targets for each business unit. A summary of the strategic objectives and themes for each strategy is also provided.
9. With regard to Blood there are now material differences to the original Blood 2020 targets ie:
 - Demand assumptions are very different (both at total and group level eg Ro)
 - Additional targets need to be formally established (eg Ro donors)
 - Due to a significantly different environment from that envisioned by Blood 2020 certain targets are now being missed (eg blood donation productivity)

As such many of the targets captured in the strategic targets table are no longer those established by Blood 2020 but are either revised values consistent with latest demand assumptions (eg O negative donor target) or are the outcomes delivered by existing plans (eg blood donation productivity). A new and coherent set of revised targets will be established as part of a new Blood strategy planned for March 2018.
10. For ODT the targets expressed remain those established by the TOT2020 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 strategic 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	2016/17 Budget	2016/17 Fcast	2017/18 Budget	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
	£m	£m	£m	£m	£m	£m	£m
TES	12.7	12.5	13.6	14.7	15.7	16.2	16.5
RCI / Reagents	13.5	13.8	14.9	15.2	15.5	15.8	16.1
H&I	13.8	13.5	13.9	13.8	13.8	13.8	13.8
SCDT	9.7	10.2	9.8	9.0	8.3	9.1	10.0
CMT	10.5	10.5	11.2	12.1	14.2	15.2	16.2
TAS	6.5	7.4	7.6	8.3	9.1	9.4	9.7
IBGRL	0.9	0.7	1.4	1.6	1.9	2.1	2.4
Gap to Stretch Target	-	-	-	3.0	9.0	18.4	18.4
Total Income	67.6	68.6	72.4	77.7	87.4	100.0	103.1

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Appendix A - BLOOD COMPONENTS

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 service to patients and donors 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:

Blood Donation	Supply Chain
<ul style="list-style-type: none">▪ A segmented approach to managing the donor base and recruitment / retention plans that recognise that we cannot depend on donation frequency alone▪ Modernisation of the mobile session environment, providing a live link to our systems, greater digital interaction with donors and improved processes▪ A modern organisation providing 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	<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 through to whole blood supply▪ Improved effectiveness of Donor Records and Quality Monitoring▪ Process automation▪ LEAN culture▪ Standardised processes and 24 x 7 working

Customer Service

- Tailored service offering supported by a transport management system (TMS)
- Single customer portal to support flexible and paperless interaction
- NHSBT managing stocks of 110 hospitals by Vendor Managed inventory (VMI)
- NICE and NHSBT / NHS England transfusion guidelines, red cell demand at 27 per thousand population
- Reduced focus on red cell unit price, menu based service packaged in support

Integration

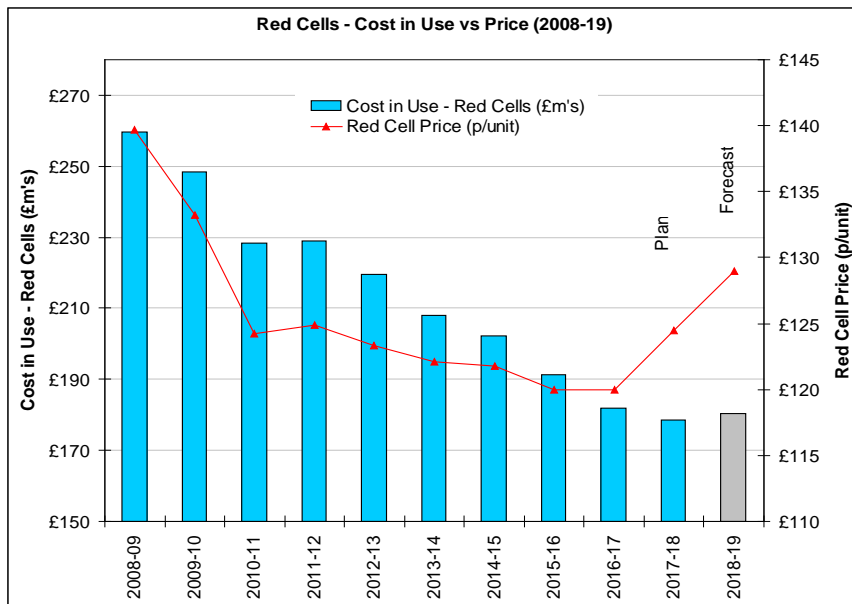
- PCS / VMI driving improved matching of demand and supply
- Patient genotyping
- Positive business case to support integration and extended services in at least seven networks / 30% transfusion
- integrated Transfusion Service (ITS) business unit

Strategic targets (Actual is based on year to date September 2017, or forecast if a full year target. Target in 2019/20 is per the Blood 2020 strategy)

Strategic Targets – Blood Components	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2019/20	
% of donors scoring => 9/10 for satisfaction	75%	78.9%	Green	77%	77%	78%	80%	82%	75%	Green
Complaints as % of whole blood donations	0.49%	0.37%	Green	0.49%	0.45%	0.38%	0.34%	0.32%	0.375%	Red
Number of donors donating last 12 months (000s)	838	839	Yellow	838	838	838	838	838	837	Black
Frequency of donation (overall)	1.84	1.87	Yellow	1.72	1.68	1.65	1.62	1.62	1.90	Black
O- donors donating last 12 months (000s)	107.5	104.5	Red	108	109	110	111	111	102	Black
Frequency of donation (O neg donors)	1.90	1.97	Red	1.88	1.86	1.85	1.83	1.83	1.98	Black
% of Whole blood donations in Donor centres	21.1%	20.5%	Green	21%	23%	25%	25%	27%	20%	Green
% of 9 bed sessions	73.3%	69.8%	Green	67%	69%	70%	70%	71%	65%	Green
Blood Donation productivity (units/FTE/year)	1,423	1,408	Yellow	1,404	1,435	1,458	1,473	1,473	1,700	Red
Occasions when red cell stocks (any blood group) are < the 3 day alert level for 3 or more	0	0	Green	0	0	0	0	0	0	Green

consecutive days										
Occurrences when opening stock of platelets (any blood group) is < average daily demand for 2 or more consecutive days	0	15		0	0	0	0	0	0	0
Number of critical / major regulatory non-compliances	0	0		0	0	0	0	0	0	0
% of products issued On-Time-In-Full (OTIF)	97.0%	96.9%		97%	97%	97.5%	98%	98.25%	99%	
Manufacturing productivity (units/FTE/year)	10,300	9,898		10,650	11,000	11,250	11,500	11,750	New metric	
Testing productivity (units/FTE/year)	29,700	27,636		30,300	30,900	31,500	32,000	32,500	New metric	
% hospitals scoring ≥ 9/10 for satisfaction	70%	84%		70%	70%	70%	70%	70%	75%	

Blood prices



The outcome of the Blood 2020 strategy was that the plans were capable of delivering flat prices (at worst) over the plan period. A price increase was implemented for 2017/18, however, (part of which was to incorporate universal HEV testing) although this resulted in lower costs to the NHS.

Due to the impact of further demand decline, the CSM project (both the cost of the project and its impact on business resources – and hence ability to drive efficiency initiatives) and the likely removal of the public sector 1% salary cap, this aspiration is now at material risk and current projections indicate that a significant price rise will be required in 2019/20. Revised assumptions and hence new price targets/outcomes will need to be established as part of the revised Blood strategy in March 2018.

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 September 2017, or forecast if a full year target. Target in 2020/21 is per the TOT 2020 strategy)

Strategic Targets – Organ Donation and Transplantation	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	2020/21 Target
Overall consent/authorisation rate (%)	70%	64.1%		69%	72%	73%	80%	80%	80% 
DBD consent/authorisation rate (%)	73%	74.0%		80%	85%	85%	85%	85%	N/a
DCD consent/authorisation rate (%)	67%	56.7%		60%	62%	64%	76%	76%	N/a
Number of Deceased Organ Donors	1,524	1,500		1,618	1,704	1,728	1,800	1,848	N/a
Deceased Organ Donors per million population	23.1	22.6		24.3	25.5	25.6	26.5	27.1	26.0 
Number of Living Organ Donors	1,392	1,050		1,524	1,740	1,752	1,764	1,776	N/a
Living organ donors per million population	20.9	15.8		23.0	26.0	26.0	26.0	26.0	N/a
Opt-in registrants on the ODR (millions)	1.100m	0.546m		1.100	1.100	1.100	1.100	1.100	N/a
% of the population who have had a conversation about their donation decision	47%	Report Feb 2018		49%	51%	53%	55%	57%	N/a
Deceased donor organ transplants	4,116	4,051		4,423	4,770	4,885	5,080	5,211	N/a
Deceased donor transplants per million population	62.4	59.2		66.5	71.3	72.5	74.9	76.3	74.0 
NHSBT cost per transplant	16.2	16.4		15.39	14.48	14.51	14.41	14.51	N/a

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 September 2017 or forecast for full year targets)

TES Strategic Targets	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2019/2020	
Sales income (£m)	13.602	13.258		13.900	14.300	14.700	15.100	15.500	16.000	
% of customers scoring => 9 /10 for satisfaction	70%	85.7%		70%	70%	70%	70%	70%	80%	
Products issued on time (OTIF)	98%	99.2%		98%	98%	98%	98%	98%	98%	
Number of Corneas in stock (month end)	240	278		250	250	250	250	250	New metric	
Number of 'critical' and "major" regulatory non-compliances	0	0		0	0	0	0	0	0	

Note:

i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

iii) Income forecasts have been re-phased/reduced and is predominantly due to the reduction in demand for skin being seen in 2017/18.

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 September 2017, or forecast if a full year target)

RCI - Strategic Targets	2017/18 Plan	2017/18 Actual	2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2017/18
Sales income (£m)	14.884	15,292	15.480	15.780	16.080	16.380	16.680	15.100
% of hospitals scoring => 9/10 for satisfaction	61%	67%	62%	63%	64%	65%	65%	63%
Number of "critical" and "major" regulatory non compliances	0	0	0	0	0	0	0	0
Turnaround Time vs SLA	95%	97.5%	95%	95%	95%	95%	95%	100%

Note:

- i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

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, September 2017, or forecast if a full year target)

H&I - Strategic Targets	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2017/18	
Sales income (£m)	13.882	13.742		13.610	13.870	14.470	15.230	15.280	20.990	
% of hospitals scoring => 9/10 for satisfaction	61%	77%		70%	70%	70%	70%	70%	70%	
Number of 'critical' and "major" regulatory non-compliances	0	0		0	0	0	0	0	0	
% of patients receiving A or B1 Platelets	75%	71%		75%	75%	75%	75%	75%	80%	
Time to type deceased organ donors	80%	83%		80%	80%	80%	80%	80%	80%	
Turnaround time for SLA	95%	95%		95%	95%	95%	95%	95%	98%	

Note:

- i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

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 September 2017, or forecast if a full year target)

SCDT - Strategic Targets	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2021/22	
Sales income (£m)	9.995	10.528	■	8.55	8.13	8.11	8.44	8.44	8.10	■
Number of 'critical' and "major" regulatory non-compliances	0	0	■	0	0	0	0	0	0	■
Clinical bank size of searchable units (A, B & C)	18,553	18,337	■	19,525	20,068	20,320	20,568	20,812	22,353	■
Banked donations (incremental)	2,300	1,644	■							■
Number of Cords Issued	75	34	■	76	79	83	87	91	160	■
Adult Donor Provisions	216	122	■	250	277	310	343	376	376	■

Donors recruited to fit panel	10,000	5,062		10,000	10,000	10,000	10,000	10,000	10,000	
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i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

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 September 2017, or forecast if a full year target)

CMT - Strategic Targets	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan	Target 2019/20	
Sales income (£m's)	11.212	11,232		12.010	14.170	16.350	18.210	18.920	13.92	
CBC (£m's)	1.272	1.292		1.741	2.14	2.94	4.91	4.91	New metric	
Number of 'critical' and "major" regulatory non-compliances	0	0		0	0	0	0	0	0	
% of hospitals scoring => 9/10 for satisfaction	60%	New Measure		62%	63%	64%	64%	64%	64%	
Stem cell provision - OTIF	100%	100%		100%	100%	100%	100%	100%	100%	

Note:

i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

iii) CBC income progression (2019/20), is conditional on approval of the DBC – relocation of the business unit from the Langford site to Filton.

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 September 2017, or forecast if a full year target)

TAS - Strategic Targets	2017/18 Plan	2017/18 Actual		2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
Sales income (£m's)	7.581	8,892		9.190	9.490	9.790	10.090	10.390
Number of 'critical' and "major" regulatory non-compliances	0	0		0	0	0	0	0
Percentage of Patients rating patient experience \geq 9/10 with the service from TAS	95%	93%		85%	85%	85%	85%	85%
% of hospitals scoring \geq 9/10 for satisfaction	63%	62%		67%	68%	68%	68%	68%

Note

i) Income target for 2018-23 are provisional - will be reviewed as part of the budget setting process.

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.

This section captures our intent to:

- Develop NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skills
- Reinforce NHSBT as being a strong advocate for sustainable development and meeting, as a minimum, all targets set by our stakeholders.
- Improve our stakeholder management
- Support the strategies of our Business Units with a targeted programme of R&D
- Support our Operating Units with highly effective and efficient group systems and processes (including shared services as appropriate)

Strategic targets (Actual is based on year to date September 2017)

Strategic Targets – Corporate	2017/18 Plan	2017/18 Actual	2018/19 Budget	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
Number of BAME staff employed by NHSBT at AfC Band 8a or above.	50	47	52	54	56	58	60
Employee satisfaction - % response rate to the Your Voice Staff Survey	85%	80.0%	85%	85%	85%	85%	85%
Employee satisfaction - Engagement Score for NHSBT (max score is 5)	3.80	3.73	3.85	3.90	3.95	3.95	3.95%
Reduce the number of servers (physical and virtual) hosted and managed directly in an NHSBT data centre	772	1040	438	127	100	100	100
Reduce the number of obsolete or end of life software products used across NHSBT	36	16	14	12	0	0	0
Reduction of CO2 emissions (tonnes) from 2014/15 baseline (estate based emissions as per the CRC)	10%	9.0%	15%	20%	25%	30%	35%