

Building our Donor Base of the Future: Board update

28th May 2020

Executive summary



Blood and Transplant

- In the Autumn, the Board approved a 12 week engagement with McKinsey to help us re-imagine our donor engagement process with a particular focus on closing the **supply/demand gap for black Ro donors**.
- The experience for those who want to donate blood is variable; there are both bright spots and pain points that create frustration. The **experience of black donors is structurally worse than that of the general population**, which is a major contributor to the challenge NHSBT faces in closing the Ro cell neg gap
- **Closing the Ro gap and improving the experience of all donors requires a coordinated set of interventions along the end-to-end donor journey**, changes in the way NHSBT manages donor experience, new capabilities and changes in NHSBT's culture:
 - **Closing the Ro cell neg gap**: we have identified 14 initiatives designed to: (A) bring 2.5x more target donors into the funnel, (B) reduce the number of target donor in-session deferrals by 20 percent, and (C) grow target loyal donor frequency to 2.1x a year and reduce lapses by 20 percent
 - **Improving donor experience**: we have identified 20 initiatives to: (D) create a seamless experience that just works, (E) create compelling end-to-end communications, (F) widen the definition of what it means to donate
 - **Enabling delivery**: landing these changes will require aligning NHSBT's **managerial infrastructure and parts of its culture** to support the delivery of a seamless end-to-end donor experience
- More recently, we have seen **an upswell of support for the NHS** off the back of the pandemic, which has led to a **significant increase in blood donor registrations** – the volume of which we have struggled to manage with our existing processes and systems.
- We have accelerated digital development via a pro bono offer from Bain & Coheasus to provide a means for this new donor interest to be captured and nurtured, **to help us build the new donor base of the future**.

Our Donor Experience engagement with McKinsey is now complete



Phase 1 Insight generation

- Understanding donors and their pain points and mapping their journey
- Creating archetype-specific journey to identify opportunity areas
- Exploring trends and examples of behaviour change in other industries
- Consider overall session experience and current footprint¹
- Delving deeper into the business, marketing funnels and operations

4-5 weeks

★
Imagine
workshop
(11 March)



Phase 2 Concept development

Narrowing down the highest impact ideas based on the needs of the highest value segments and combining them into new solutions for market

- Qualitative research
- Future journeys
- Quantification

3-4 weeks

★
Prioritization
workshop



Phase 3 Future Vision

Taking the leading solutions and making the vision real through prototypes or service blueprints and an implementation plan.

- Service blueprint
- MVP/S Features prioritization
- MVP/S suggested implementation roadmap/workshop

4 weeks

★
Implementation
workshop



**We are
here**

3

1. Work will not include lean analysis

The current donor journey reveals three key areas of frustration with the general donor experience

Observation

Example

Quotes from donors

An experience **that can feel disconnected and uninspiring**

- Donors struggle to find available appointments
- The website and app are not user-friendly
- Donation centres are not always conveniently located
- The in-session experience is unpredictable and slow

"I've been donating for 20 years and I am always amazed by how long it takes me to find an available appointment. Sometimes I turn up to the venue, see it's overcrowded and just give up"
– White, Donor, Male, 50s

Communications that can be confusing, lacking in empathy and inconsistent

- Communications are not always understood by donors (i.e., what does "your blood has been issued" even mean?)
- Some communications are overly clinical and lack empathy
- Communications are inconsistent and didn't map to the donor's experience (i.e., some deferred donors receive a text thanking them for their donation)

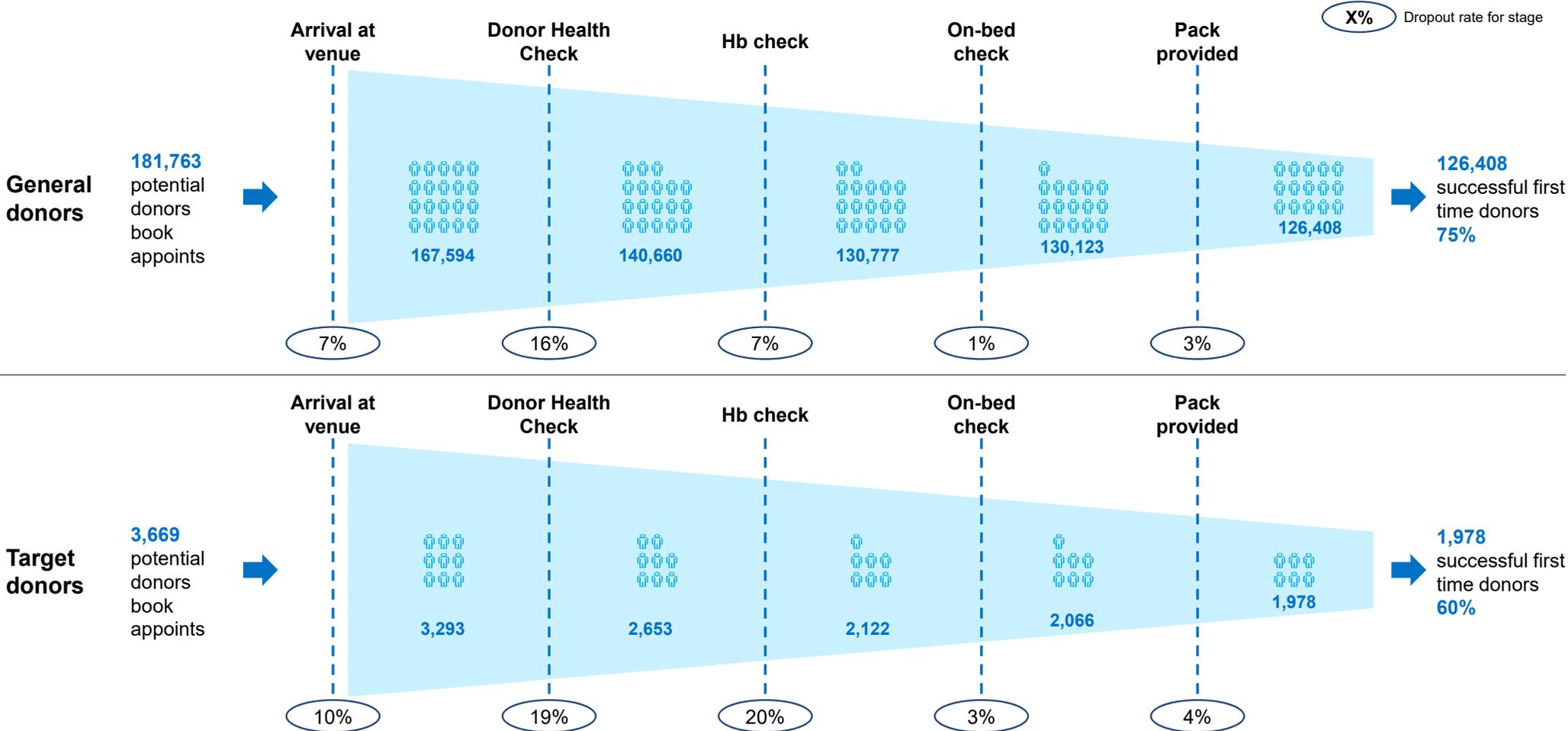
"My husband and I donate. Sometimes he will receive letters from the blood service and I won't, even if we donated together at the same time"
– Asian, Donor, Female, 30s

Few options for non-donors to contribute

- No real options for non-donors to engage with NHSBT
- Few options for donors to stay engaged between donation sessions

"I can't give blood, I'm too slight. But I really care about this cause and have tried to get blood donation in my workplace. I contacted NHSBT 6 months ago and never heard back"
– White, Non-Donor, 20s

Target donors are substantially more likely to experience in-session drop-outs



1. Successful first time donor is defined as proportion of successful donors on their first attempt

The lapse rate is higher amongst black target, partially offset by higher acquisition and win back rates



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X 5 year percentage point change

Donor base trends, % of donors 2019

	General donor population		Target donor population	
Lapse rate	41%	-1	51%	-2
Acquisition rate ¹	11%	-2	27%	+2
Winback rate	23%	+2	24%	+3

1. Acquisition rate = new donors / total donor base

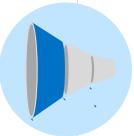
SOURCE: : NHSBT PULSE data (retrieved February 2020)

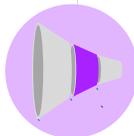
We have identified a portfolio of initiatives to diversify our donor base & improve the general donor experience

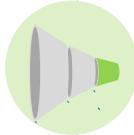


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Closing the Ro supply-demand gap

- A** 

Bring 2.5x more target donors into the funnel
Understand our potential donors better
Become a household name amongst our target donor base
Become a part of our target donor communities
Keep target donors engaged after registration\
- B** 

Reduce the number of target donor in-session deferrals by 20 percentage points
Use sessions only to take blood donations
Take donations from healthy people
- C** 

Grow loyal donor frequency to 2.5x a year
Keep target donors engaged during and after their first donation
Motivate target donors to continue donating

Improving general donor experience

- Create a seamless experience that just works**

 - Enable a truly donor-centric journey
 - Create an accessible and enjoyable centre experience
 - Build an amazing digital experience
- Create compelling end to end communications**

 - Make all communications consistent
 - Make communications more engaging
 - Proactively communicate and share information with donors
- Widen the definition of what it means to 'donate'**

 - Offer meaningful opportunities to non-donors
 - Offer ongoing opportunities for active donors to stay engaged

PRELIMINARY

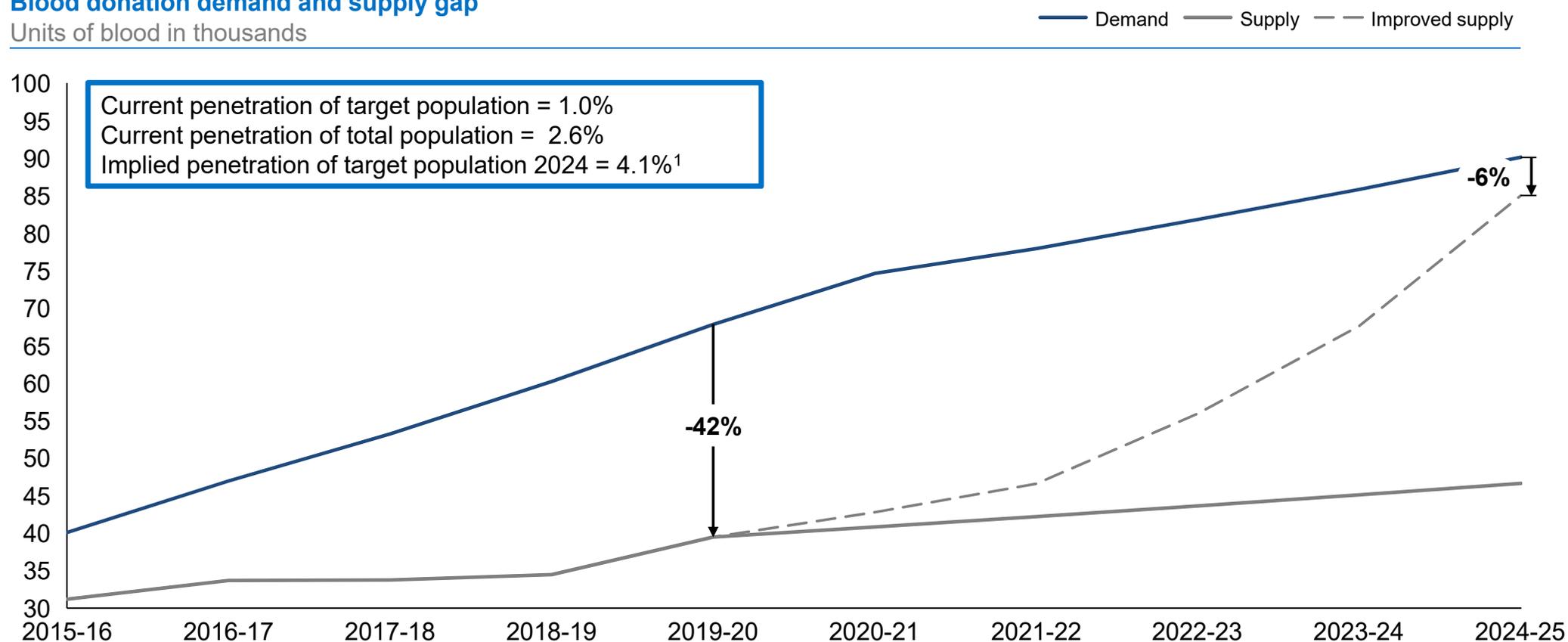


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The selected initiatives are forecasted to largely close the gap within 5 years

Blood donation demand and supply gap

Units of blood in thousands



1. Implies a population growth rate of 3.2% YoY; calculation implies number of donors / eligible population

SOURCE: NHSBT Donor Experience Lab model (April 2020)

We are now progressing quick wins whilst building a multi-year transformation portfolio

Proceed with no regret quick wins

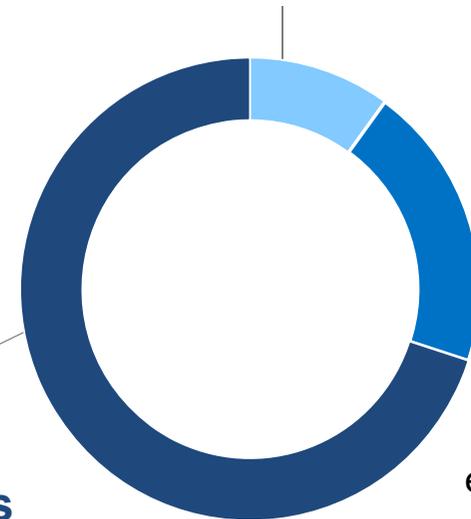
- Changing the way we register new donors
- Extend DX Lab staffing to support company wide projects
- Support BAU owners to progress at pace
- Increase transparency and knowledge of project outputs

Define Directorate priorities and funding

- Review initiative business cases and funding agreements
- Define timeline for delivery
- Define resources required to delivery
- Integrate into Directorate plans for 2020 +

Cultural transformation

Creating a more donor-centric organisation



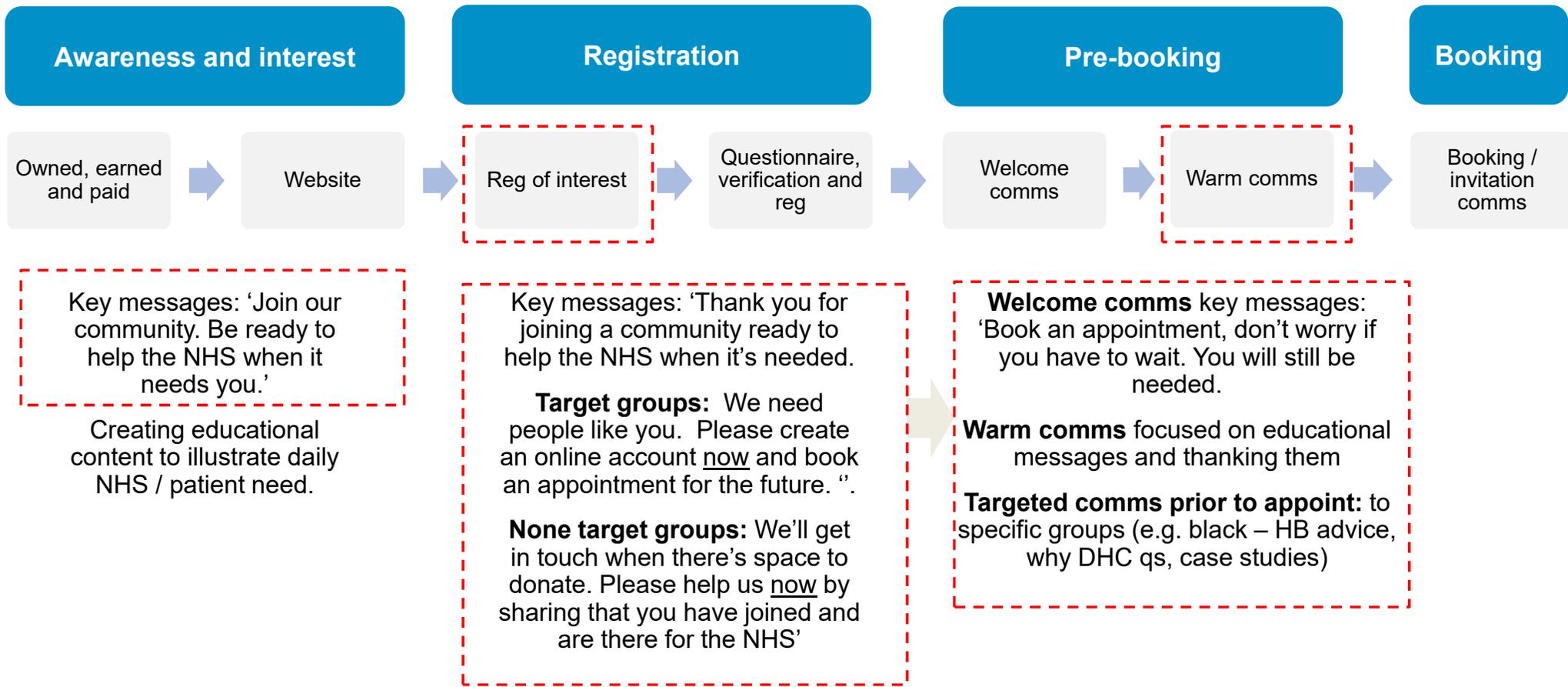
Operational improvements

Optimizing the donor base, creating a better donor experience

Management changes

Creating a more effective organisation

In the last six weeks, we have developed a new online journey to capture and nurture new donor interest



The new journey provides a personalised experience, managing expectations about appointment availability



Blood and Transplant

1. Set expectations & gather rich data

NHS Blood and Transplant

Give blood

Great news - It looks like you can donate!

Step 2

Finding out more about you

Knowing more about you is really important and helps us to prioritise when we might ask you to donate. We only collect the right amount and types of blood to meet hospital demand as we don't want to waste your donation if it's not needed right now.

All fields marked with * are required

1. Ethnic group*

Why do we ask this?

Select...

2. Provide personalised content on next steps

NHS Blood and Transplant

Give blood

Your NHS needs people like you.

The NHS needs more black donors to provide life-saving blood transfusions to sickle cell patients. Ethnically matched blood provides the best treatment for this.

Step 3

Personal Information

We just need a little more information about you, to help us finish this stage and contact you about the next steps.

All fields marked with * are required

First name*

Please type first name here...

3. Personalised end points

NHS Blood and Transplant

Give blood

Take the next step

Every day, 400 new donors like you donate to help your NHS. Please join them by creating an online account and booking an appointment for the future.

Create account

With appointment slots in high demand, don't worry if you can't get an appointment straight away, or if you book in a few month's time, we supply all hospitals in England so blood is needed all year round.

Contact us | Sitemap | Privacy | Accessibility | Cookie information

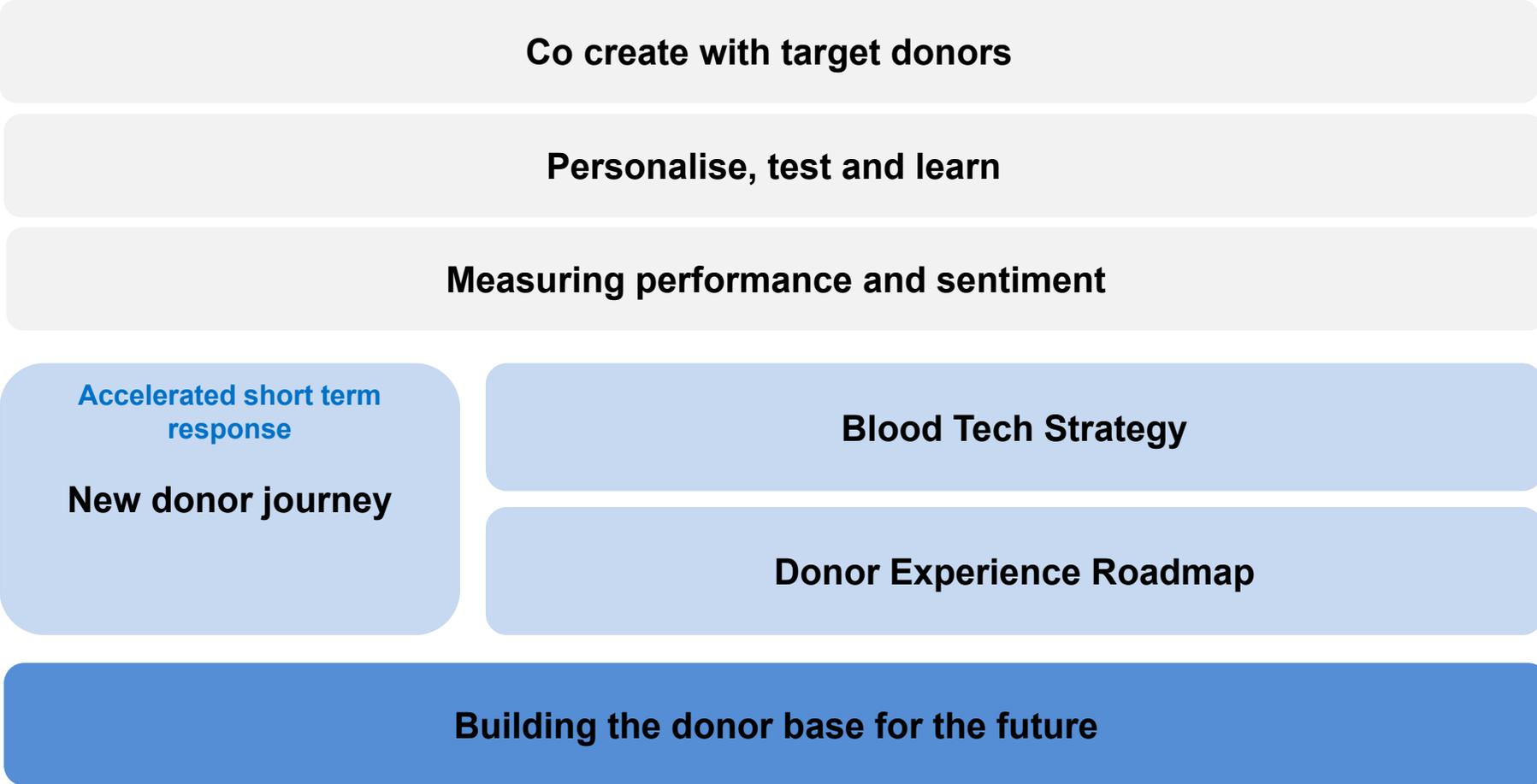
Key differences from current process:

- Personalised journey that prioritises donors we need most
- People will only be moved through to the account creation stage if they meet certain criteria
- Those who cannot donate will have the opportunity to contribute in different ways

The new donor journey will be live in June, this is the first step of a long term roadmap



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Next steps to continue with long term roadmap

FOR DISCUSSION



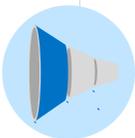
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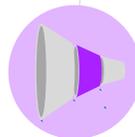
Activity	Owner
<ul style="list-style-type: none">• Take decision on combination of initiatives to move ahead with	<ul style="list-style-type: none">• ET
<ul style="list-style-type: none">• Determine which portion of investment can be covered through existing ringfenced funds	<ul style="list-style-type: none">• Directorate leads, finance
<ul style="list-style-type: none">• Decide which portion of the remainder to be covered through Department of Health funding request, increase in the price of blood, savings in the business	<ul style="list-style-type: none">• ET
<ul style="list-style-type: none">• Confirm BAU owners for each initiative	<ul style="list-style-type: none">• ET
<ul style="list-style-type: none">• Create detailed roadmap and timeline for each initiative	<ul style="list-style-type: none">• BAU leads
<ul style="list-style-type: none">• For the 12 initiatives with total cost over 5 years that is >£1m, work with finance to further validate idea and prepare formal business case	<ul style="list-style-type: none">• BAU leads, finance
<ul style="list-style-type: none">• Create governance structure to monitor initiative progress (i.e., PMO function within strategy team)	<ul style="list-style-type: none">• ET
<ul style="list-style-type: none">• Begin launching wave 1 of pilots (where appropriate) and initiatives	<ul style="list-style-type: none">• BAU leads, with support

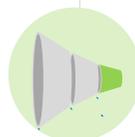
Appendix

We identified six challenges/opportunities across the two problem statements

Closing the Ro supply-demand gap

A  **Insufficient penetration** into target population

B  High number of **in-session deferrals** for target donors

C  Challenges **retaining target donors**

Improving general donor experience

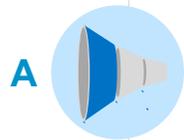
D  An experience **that feels disconnected and uninspiring on average**

E  **Inconsistent communications** that create confusion and frustration

F  **Few options for non-donors** to engage with NHSBT

We set a high-level ambitions for each opportunity area

Closing the Ro supply-demand gap



A

Bring 2.5x more target donors into the funnel

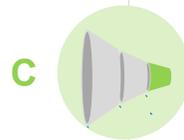
- Understand our potential donors better
- Become a household name amongst our target donor base
- Become a part of our target donor communities
- Keep target donors engaged after registration



B

Reduce the number of target donor in-session deferrals by 20 percent

- Use sessions only to take blood donations
- Take donations from healthy people



C

Grow target loyal donor frequency to 2.1x a year and reduce target donor lapses by 20 percent

- Keep target donors engaged during and after their first donation
- Motivate target donors to continue donating

Improving general donor experience



D

Create a seamless experience that works for all

- Enable a truly donor-centric journey
- Create an accessible and enjoyable centre experience
- Build an amazing digital experience



E

Create compelling end to end communications

- Make all communications consistent
- Make communications more engaging
- Proactively communicate and share information with donors



F

Widen the definition of what it means to 'donate'

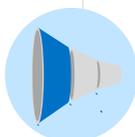
- Offer meaningful opportunities to non-donors
- Offer ongoing opportunities for active donors to stay engaged

We designed initiatives to deliver each ambition (1/2)

■ Enablers ▲ Brilliant basics ● New and exciting

Closing the Ro supply-demand gap

A



Bring 2.5x more target donors into the funnel

Understand our potential target donors better

- Create a target donor research group to better understand target donors
- Improve paid media segmenting to enable better ad targeting

Become a household name amongst our target donor base

- ▲ Implement social media campaign combining paid ads and influencer marketing through new channels (e.g. YouTube, TikTok)

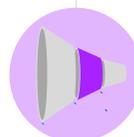
Become a part of target donor communities

- ▲ Permanent, full-time, community-based roles for BAME donor recruitment¹
- Create touchpoints through other government channels (e.g. with pharmacists, GP surgery receptionists) to create 'brief interventions'
- Target employers with large numbers of target donors for campaigns and partnerships (e.g. paid-time off work for blood donation)

Keep target donors engaged after registration

- Expand appointment availability for new donors from target ethnicities

B



Reduce the number of target donor in-session deferrals by 20 percent

Use sessions only to take blood donations

- Move DHC online to predict deferrals
- Introduce post-donation testing

Take donations from all healthy people²

- ▲ Lower Hb requirement for in-demand donor groups
- ▲ Relax travel restrictions in DHC for in-demand donors

Grow target loyal donor frequency to 2.1x a year and reduce target donor lapses by 20 percent

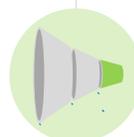
Keep target donors engaged during and after their first donation

- New in-session role for someone to speak with deferred donors
- ▲ Redefine the deferred donor journey to make it more meaningful

Motivate target donors to continue donating

- Create dedicated programme for Ro donors

C



1. All community-based roles depend on having a full, authentic understanding of the diversity of donor experience
2. These initiatives would be applied to all donors, not only target donors

We designed initiatives to deliver each ambition (2/2)

■ Enablers ▲ Brilliant basics ● New and exciting

Improving general donor experience

D



Create a seamless experience that works for all

Enable a truly donor-centric journey

- Segment all donors by archetype
- Tailor communications to different archetypes
- ▲ Drop-in clinic for new donors
- Starter pack mailed to new donors who have just booked their first appointment
- Personalise the blood donation in-session experience
- Leverage data to create micro-segments for further personalisation

Create an accessible and enjoyable centre experience

- ▲ Open additional fixed donor centre(s) in London
- ▲ Increase capacity so more appointments are available when donors want them

Build an amazing digital experience

- ▲ Redesign the appointment booking journey in the app
- Enhance the app UI and UX to create a smooth digital experience
- Integrate app into post-donation donation journey to create a sustained relationship with donors between donation appointments

E



Create compelling end-to-end communications

Make all communications consistent

- Create an end-to-end view of donor communications
- Redesign end-to-end communications model

Make communications more engaging

- ▲ Revise text of communications to be more empathetic and less clinical

Proactively communicate and share information with donors

- Create transparency over demand
- ▲ Send proactive notifications/messages to encourage registrants to book first appointment

Widen the definition of what it means to 'donate'

Offer meaningful opportunities to non-donors

- ▲ Offer opportunity for non-donors to contribute financially
- ▲ Offer opportunity for non-donors to volunteer

Offer ongoing opportunities to active donors to stay engaged

- ▲ Encourage donors to contribute between donations
- ▲ Create an advocate/refer a friend campaign

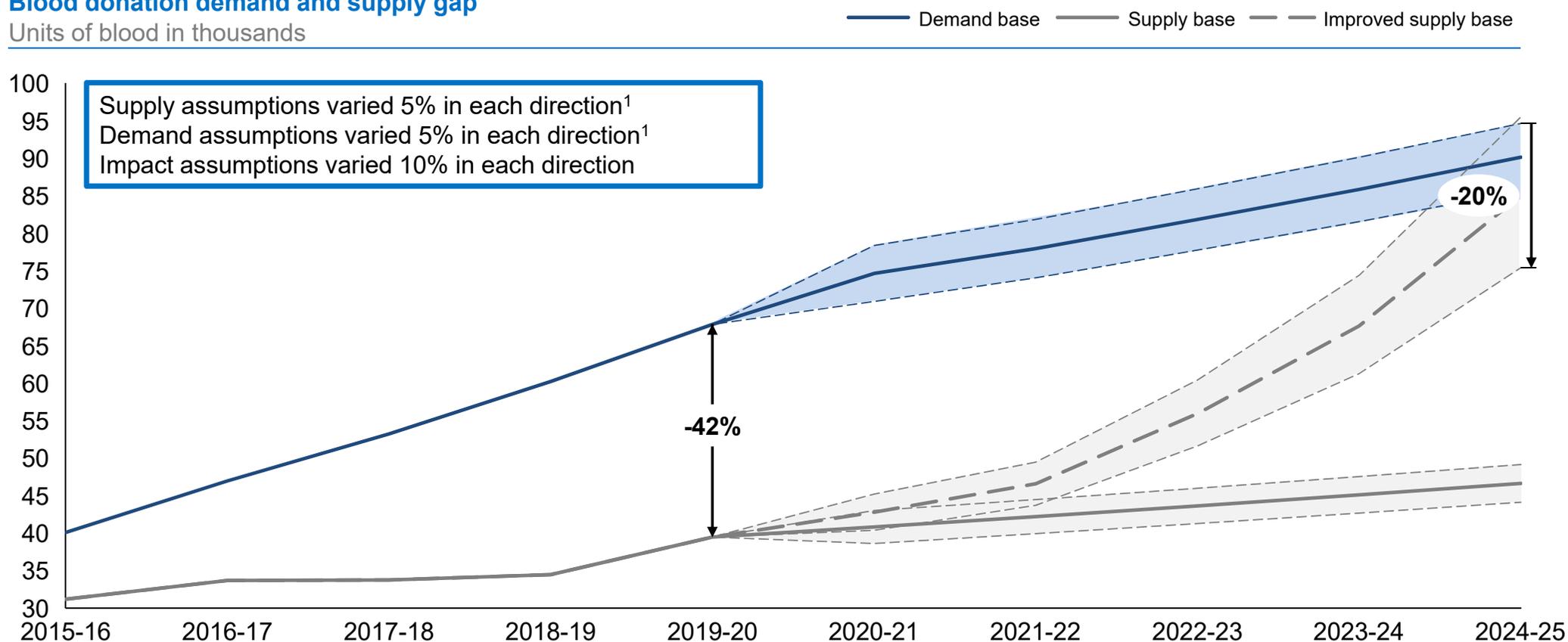
F



A sensitivity analysis shows that the worst case scenario leads to a gap of 20% by 2024-25

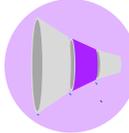
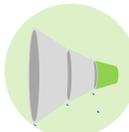
Blood donation demand and supply gap

Units of blood in thousands



1. Based on accuracy of historical forecasts
SOURCE: NHSBT Donor Experience Lab model (April 2020)

Initiatives bring us close to the top-down aspirations

Objective	Top-down aspiration	Impact of selected initiatives
A  Bring more target donors into the funnel	2.5x	2.1x
B  Reduce the number of target donor in-session deferrals	20%	21%
C  Grow target loyal donor frequency	2.1x	2.1x
Reduce new target donor lapse rates	20%	24%

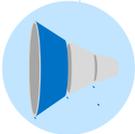
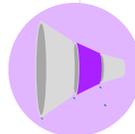
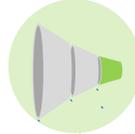
Summary: cost of initiatives

PRELIMINARY



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Closing the Ro supply-demand gap

- A**  **Bring 2.5x more target donors into the funnel**
Total upfront costs = -£625k
Ongoing revenue impact = -£1,202k
- B**  **Reduce the number of target donor in-session deferrals by 20 percent**
Total upfront costs = -£4,000k
Ongoing revenue impact = -£664k
- C**  **Grow target loyal donor frequency to 2.1x a year and reduce target donor lapses by 20 percent**
Total upfront costs = -£185k
Ongoing revenue impact = -£682k

Total upfront cost = -£4,810k
Ongoing revenue impact = -£2,547k

Improving general donor experience

- D**  **Create a seamless experience that works for all**
Total upfront costs = -£6,250k
Ongoing revenue impact = -£1,797k
- E**  **Create compelling end to end communications**
Total upfront costs = -£900k
Ongoing revenue impact = -£52k
- F**  **Widen the definition of what it means to 'donate'**
Total upfront costs = -£300k
Ongoing revenue impact = +£86k

Total upfront cost = -£7,450k
Ongoing revenue impact = -1,763k

On a standalone basis the selected initiatives will add 1.3% to the NHSBT cost baseline, increasing cost of blood by ~£3 / unit

PRELIMINARY

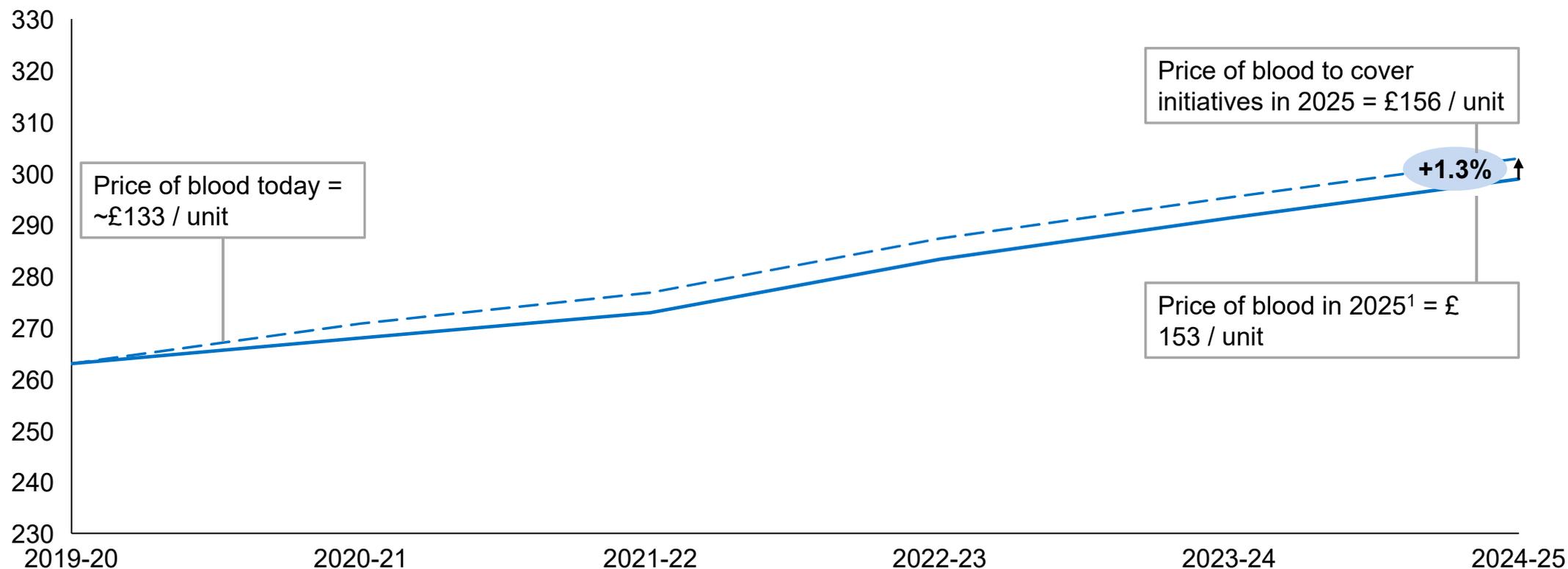


Blood and Transplant

— Original — Revised

Baseline costs

£m



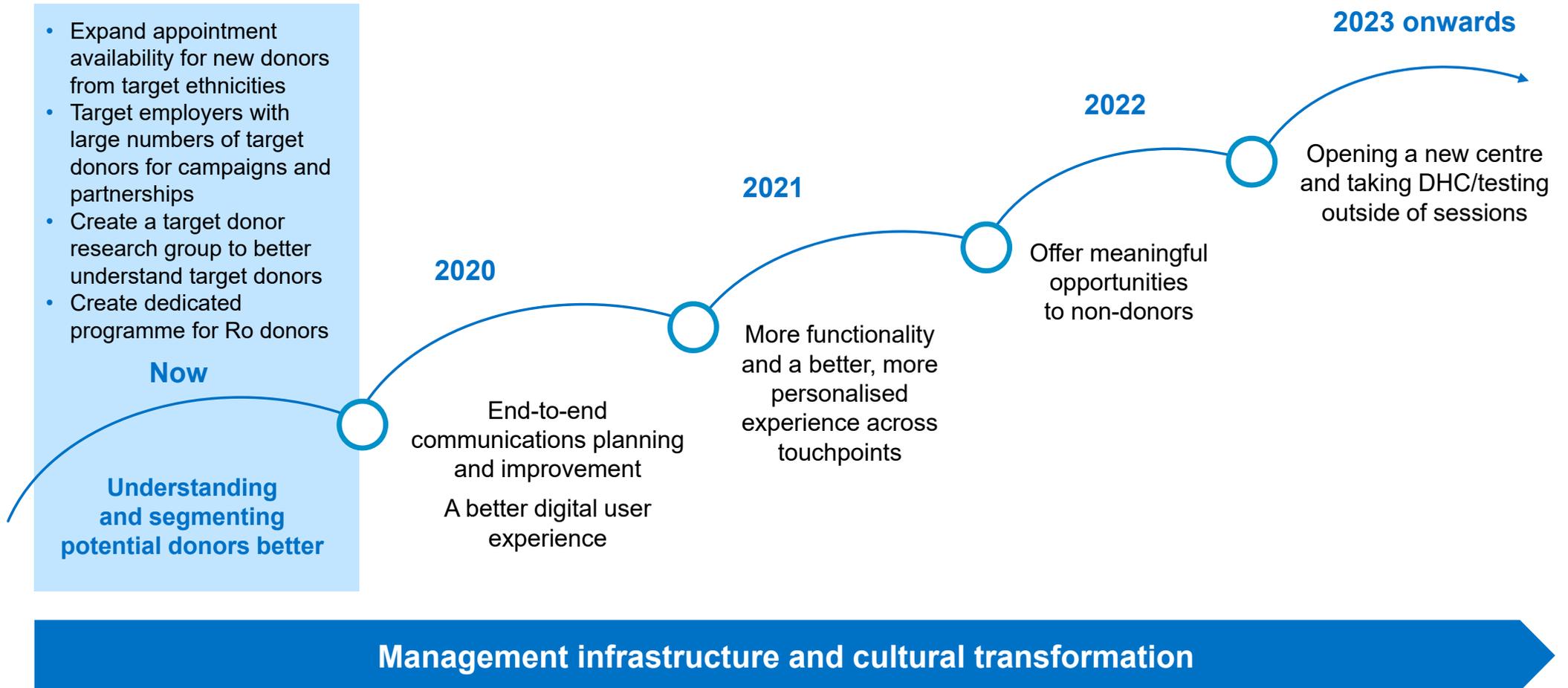
1. Assumes 2% annual cost inflation on top of baseline
SOURCE NHSBT finance team; NHSBT Donor Experience Lab model (April 2020)

Suggested sequence

FOR DISCUSSION



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Supporting delivery will require aligning NHSBT's managerial infrastructure and parts of its culture with the integrated programme



NHSBT has tried in the past to close the gap and improve donor experience; we believe four things have held you back from sustained impact



Systems and processes make it difficult to coordinate donor facing outcomes



The organisational structure is aligned around operational efficiency, not donor experience



There are gaps in fundamental required capabilities



A cultural shift is needed to support stellar donor experience



Systems and processes

PRELIMINARY



Blood and Transplant

What we have observed...

Insight capabilities sit in multiple teams, each producing different reports and findings

No single point of coordination for initiatives related to closing the Ro kell neg gap and improving donor experience

Back-end systems that are unable to flex to support changes to close the Ro gap and improve donor experience

The organisation's decision-making process and propensity towards risk aversion make it hard to test and experiment rapidly with new ideas

How it impacts our ability to close the gap and improve donor experience

No single, robust, shared view of the target donor that the organization can rely on to make decisions

Difficulty managing multiple initiatives simultaneously, especially those that have dependencies, are interrelated, or those that sit across organizational silos

Legacy IT systems prevent the organisation from testing and piloting improvements at-pace

The organisation struggles with agility and the ability to run small pilots

Source: Interviews with NHSBT colleagues



Organisational structure

PRELIMINARY



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What we have observed...

Organisational silos and split accountabilities for solving interconnected problems

KPIs are not aligned to solve key organisational challenges

Communication challenges between the business and clinicians

How it impacts our ability to close the gap and improve donor experience

Lack of end-to-end ownership of both the Ro supply-gap and the creation of a seamless donor experience makes solving these challenges difficult

Teams and individuals are not always working efficiently toward solving the organisation's biggest challenges

Full value of initiatives not realised after implementation due to miscommunications



Capabilities

PRELIMINARY



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What we have observed...

A skills gap and a failure to professionalise certain capabilities within the organisation

Performance management and learning and development programmes that do not drive improvements in individual performance

Performance metrics that are not aligned to organisational goals

How it impacts our ability to close the gap and improve donor experience

Certain teams lack the roles and capabilities that are necessary to close the gap and improve donor experience

Underperforming teams are not coached or trained how to improve performance; continue to underdeliver

Capabilities are not effectively aligned against the problems the organisation is trying to solve

McKinsey left us with a set of core deliverables which will enable new ways of working

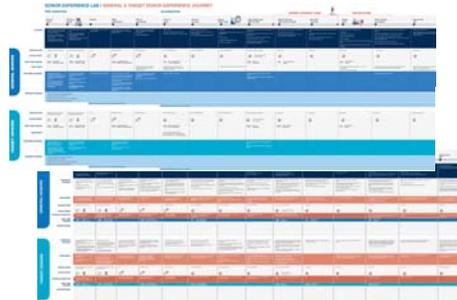


Blood and Transplant

Complete set of insights and findings



As-is and future end-to-end donor journey



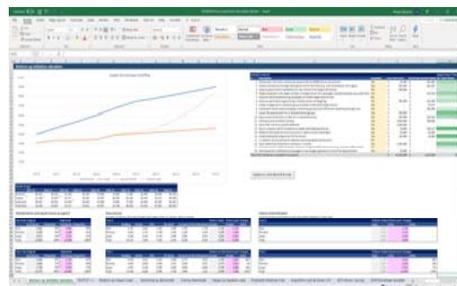
Donor and non-donor archetypes



Donor Experience Lab welcome guide



Model to calculate gap-close scenarios



34 business cases, validated by BAU owner and finance



Complete list of all improvement ideas gathered



First iteration of the target population research report



The experience helped us build new capabilities to become a more donor-centric organisation



Blood and Transplant

Guide on how to conduct prototypes and pilots



Approaches for conducting user research



Current and former full-time members of the Donor Experience Lab



Harj Toor
Assistant Director
Business Design



Melissa Thermidor
BAME Strategy Lead



Melissa Chahal
Senior Business
Solutions Analyst



Shaminie Shanmugarajan
Insight Analyst

Methodology guide for building archetypes



Model owner with ability to maintain and update analysis



Gareth Humphreys
Head of Insight, Strategy,
and Innovation



Nigel Blower
Head of Marketing
Modernisation and
Technology