

Appendix C – Reconciliation of Revised Plan with original Donor Experience Lab initiatives

| # | Donor Experience Lab initiative reference | Name of initiative in Revised Plan | Phase to be delivered in | Ro gap reduction (%) | Notes |
|----|--|--|--------------------------|----------------------|--|
| 1 | Permanent, full-time, community-based roles for BAME donor recruitment | Introducing new community-based roles for recruitment | 1 | 3.0 | |
| 2 | Create touchpoints through other government channels (e.g. with pharmacists, GP surgery receptionists) to create 'brief interventions' | Develop new partnerships with public health networks & channels | 1 to 2 | 2.5 | |
| 3 | Expand appointment availability for new donors from target ethnicities | Ring-fencing appointments and new capacity for improved conversion | 1 | 6.0 | Combined with #23 and #24 |
| 4 | Target employers with large numbers of target donors for campaigns and partnerships (e.g. paid-time off work for blood donation) | Develop new partnerships with employers (private & public) | 1 to 2 | 2.5 | |
| 5 | Improve national advertising campaigns to reflect target donors lives | Increase diversity and relevance within national advertising | 1 | 1.0 | |
| 6 | Improve paid media segmenting to enable better ad targeting | Revise paid media segmentation | 1 | 2.0 | |
| 7 | Create a target donor research group to better understand target donors | Creating a dedicated donor research group to develop stronger insight | 1 | | |
| 8 | Implement social media campaign combining paid ads and influencer marketing through new channels (e.g. YouTube, TikTok) | Launch new and relevant targeted social media campaign | 1 | 1.0 | |
| 9 | Lower Hb requirement for in-demand donor groups | Lower Hb requirement for blood donors | 2 | 4.0 | Dependent on "Initiate clinical research on Hb levels and travel restrictions" (Phase 1) |
| 10 | Relax travel restrictions in DHC for in-demand donors | Relax travel restrictions for blood donors | 2 | 3.0 | Dependent on "Initiate clinical research on Hb levels and travel restrictions" (Phase 1) |
| 11 | Introduce post-donation testing | Introduce post-donation testing | 3 | | |
| 12 | Move DHC online to predict deferrals | Improve eligibility checks prior to donation (incl. DHC) | 1 | | |
| 13 | New in-session role for someone to speak with deferred donors | Review deferrals and Introduce a new role on-session for deferred donors | 2 | 5.0 | 13 and 14 are combined |
| 14 | Redefine the deferred donor journey to make it more meaningful | | 2 | | |
| 15 | Create dedicated programme for Ro donors | Launch a dedicated Ro programme for retention | 1 | 4.5 | |
| 16 | 1-1 patient-donor pairing for patients requiring repeat transfusions | 1-2-1 Patient-donor pairing | 3 | | |
| 17 | Segment all donors by archetype | Segment donors based on motivations | 1 to 2 | | |
| 18 | Tailor communication to different archetypes | Re-style communications based on donor segmentation | 1 to 2 | 0.5 | |
| 19 | Drop-in clinic for new donors | Trial drop-in clinics for new donors | 2 | | |

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|----|---|---|--------|-----|---|
| 20 | Starter pack mailed to new donors who have just booked their first appointment | Create and launch new starter packs for all new donors | 2 | | |
| 21 | Personalise the blood donation in-session experience | Personalise the in-session experience | 2 | | |
| 22 | Leverage data to create micro-segments for further personalisation | Leverage data to create micro-segments for further personalisation | 3 | | To be delivered in phase 3, dependent on success of #17 and #18 |
| 23 | Open additional fixed donor centre(s) in London | Ringfencing appointments and new capacity for better conversion | 1 | | Combined with #3 and #24 |
| 24 | Increase capacity so more appointments are available when donors want them | | 1 | 6.0 | Combined with #3 and #23 |
| 25 | Introduce more mobile donation sessions in high footfall retail spots (e.g. popular coffee shops) | | 3 | | Based on outcome of delivering #3, #23 and #24 |
| 26 | Redesign the appointment booking journey in the app | Improving user experience across registration, search, book and re-book appointment | 1 | | Combined with #27 and #28 |
| 27 | Enhance the app UI and UX to create a smooth digital experience | | 1 | | Combined with #26 and #28 |
| 28 | Integrate app into post-donation journey to facilitate a sustained relationship with donors | | 1 | | Combined with #26 and #27 |
| 29 | Create an end-to-end view of donor communications | Re-style communications based on donor segmentation | 2 | | Combined with #18, #30, #31 and #32 |
| 30 | Redesign end-to-end communications plan | | 2 | | Combined with #18, #29, #31 and #32 |
| 31 | Revise text of communications to be more empathetic and less clinical | | 2 | | Combined with #18, #29, #30 and #32 |
| 32 | Send proactive notifications/messages to encourage registrants to book first appointment | | 2 | | Combined with #18, #30, #31 and #29 |
| 33 | Create transparency over demand | Create transparency over blood type demand | 3 | | |
| 34 | Opportunity for non-donors to contribute financially | Explore and test options for non-donors to contribute | 2 | | Combined with #35 and #36 |
| 35 | Opportunity for non-donors to volunteer | | 2 | | Combined with #34 and #36 |
| 36 | Encourage donors to contribute in other ways between donations | | 2 | | Combined with #34 and #35 |
| 37 | Create an advocate/refer a friend campaign | Develop and launch a refer a friend capability | 1 to 2 | | |

Additional initiatives on the plan, but not from the Donor Experience Lab report:

- Implement FAIR study outcomes (Phases 1 to 2)
- Improving efficiency of our complaints and feedback processes including safe transition from legacy platform (Phase 1)
- Improving clarity and personalisation of content in direct marketing (Phase 1)
- Launch a new Donor 360 database (Phases 1 to 2)