

**NHSBT Board****Whole Blood Donor Complaints Update**25<sup>th</sup> May 2022**Status: Official****1. Background**

The external review of the Complaint's Management processes across NHS BT last year identified opportunities to align and standardise the complaint management process across all areas (donor, patient, hospital) so shared learnings can be implemented to improve care and the overall experience. Currently there are two key areas being developed:

- The NHS BT complaints management process will be reviewed to implement the relevant recommendations from the Complaints Review, this will be led by the Director of Quality and further updates are planned in the coming months
- A prioritised review of donor complaints handling and management of issues led by Donor Experience and Communications which this paper covers

A recent ET paper summarised the project to improve our handling of donor complaints. We will meet updated Standards as set by the Government Complaint Ombudsman, and our change addresses three areas:

- Engaging promptly and consistently with donors, with updated policies and procedures.
- Improving the quality of our response, with better coordination and resolution.
- Improving Service learning, sharing insights into operational and Marketing teams

In addition to improving the handling of donor complaints we are also building greater understanding of what impacts our donors most.

**2. Purpose of the paper**

Our first strategic priority is to grow and diversify our donor base. While marketing plans will focus on attracting new donors, we must also retain them, and our current donor base. For donors with priority blood types, ONeg and Ro, high levels of retention is essential to ensure we continue to collect more than the natural population mix propensity. If our donors are satisfied with their experience, we are more likely to retain them. Since 2019 there have been an increase in complaints for key areas of the experience although overall the total number of complaints remains around c8,000 a year.

CQC best practice requires us to use donor insight to support the prioritisation of investment and effort into areas of concern. This paper summarises the insights from our donors' complaints, what frustrates our donors today, and how we are planning to resolve.

**3. Action requested**

This paper provides assurance that we are addressing root causes to rising complaints. The Board are welcome to offer input on approach. Suggestions on further opportunities are also welcome.

**4. Key areas for improvement**

Our Top 10 topics of complaint cover just over 50% of complaints each quarter. Appendix A summarises the detailed topics. For simplicity we have combined several of the detailed

subjects in 3x key themes that have obvious root causes. Another 15% of topics outside the top 10 fall also within the three themes, accounting for 65% of all complaints. The resolution of these will require cross-directorate working and synchronised approaches.

1) On session service and experience (25%)

Staff attitude, venepuncture, and management of the session processes are the top subjects that can contribute to a poor experience at venues if not done well. These lead to donors feeling unwelcome, poorly treated and their time wasted.

2) Cancellations and our communications of them (15%)

Donors complain when NHS BT cancels or amends their appointment. When cancellations are done 'on the day' the short notice and manual processes make it difficult to communicate to donors in good time or before they've already arrived for their appointment.

In the last 12 months we have cancelled appointments for over 116,000 donors, 22% were enrolees. 11% of donors were cancelled more than once. There is no disparity, either negative or positive, by ethnicity. 54% of cancellations are done on the day of donation.

3) Slot availability and our mismatched communications (14%)

Slot availability complaints occur when our donors are unable to get the appointment they want, at the time and venue of their choice. The volume of communications we send each donor to encourage their booking, even when there are limited appointments, can also be the cause of complaint.

Appendix B shows how some of these subjects are more prevalent at times of low stock when we ask even more of our donors, and our staff. These correspond to when incidents are reported and stock build activity initiated.

## **5. On Session service and experience**

### Root Cause

On occasion our staff fail to meet standards of service and process that our donors expect. Under-establishment and busy sessions can lead to additional challenges on the day, and prolonged periods of higher collection requirement can reduce opportunity for training and development of staff.

### Plan to Address

Improved reporting and feedback to teams on operational KPIs will encourage closer adherence to process and fulfilment of timeliness objectives. Better appointment design and improved use of oversizing during the day can improve congestion at peak times.

We have more dedicated time for refresher training and coaching of staff planned this year. Service training and conflict resolution is planned for future years to enhance service skills.

The opening of new donor centres gives opportunity to review the design flow for both our staff and donors. We have plans to re-design donor journeys to automate screening and donor health checks to reduce delays and wait times.

## **6. Cancellations and our communication of them**

### Root cause

Many front-line Blood collection teams are currently under establishment due to a combination of challenges in recruitment and retention. While collection capacity and likelihood for cancellations are not impacted by this alone, the reduced contingency to cover times of high levels of staff sickness mean cancellations are higher than plan, especially during periods of crisis.

When we have low stock of priority blood groups and limited capacity available, we often cancel other blood groups in advance to create donation opportunities for priority donors.

### Plan to address

We are improving our frontline recruitment model to return teams to establishment levels. Recruitment trials in the East and London are improving reasons to apply for interested candidates, and a refreshed training programme will reduce onboarding from 14.5 to 10 weeks. Recruitment teams are setting clearer expectations for recruits by reintroducing session visits prior to interviews. Exit interviews will bring better insight from leavers.

Communications when cancelling will be improved with a new marketing platform. The automation of the process will increase speed of communication and allow for more variables to be considered (such as ethnicity) when prioritising who we cancel. Improved personalisation will allow a clearer reason for the cancellation to be included.

## **7. Slot availability and our communications**

### Root Cause

The high volume and mass targeting of our communication leads to many donors with a high desire to donate. Many are then frustrated at the lack of appointments available at a time that suits them. External factors have led to changing habits of our donors, especially an increasing propensity to donate in the short term or at times and locations that are in peak demand.

### Plan to address

Our new marketing platform will allow better targeting of donors to match where availability is. We will start reducing the frequency and occasion of donor communication this year with small pilots to manage the risk to collection.

As we remove of social distancing, return to old venues, and close others, our communication plans will be synchronised with the changes. The collection footprint will include investment to build new donor panels where more availability will be created.

At times of stock build activity and during incidents, we will continue to localise our direct marketing and call centre activity to key blood groups and at appropriate scale. We will protect new donor availability wherever possible.

**8. Next Steps**

Upcoming papers to the ET and Board will provide further assurance on our plans to address the cause of complaints

- Outline business cases for Marketing Automation Platform (May 22)
- Further updates on Collection Footprint
- Blood Supply Operation Model (July 22)

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