

Board Meeting in Public

Tuesday, 20 May 2025

Title of Paper	Health of the Donor Base	Agenda No.	3.5
Nature of Paper	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
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Non-Executive Director Sponsor	n/a		
Presenter(s) at Meeting	Danielle Pettitt, Strategic Lead DX and Community Management Darren Bowen- Assistant Director - Supply Chain Planning,		
Presented for (tick all that applies)	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Information* <input type="checkbox"/> Update	
Executive Summary (max 300 word count)			
<p>Growing and diversifying our Donor Base and Registers is one of our five strategic priorities. As shown in our last Health of the Donor Base paper in April, donor base growth requires a system wide approach. Following on from the last Board meeting an action was taken to provide the Board with more details around actions we are taking to drive donor base growth - this paper provides an update on initiatives that seek to increase the resilience across the blood supply system, focusing on increasing the size of the donor base and increasing collection performance.</p> <p>Increased acquisition activity cannot drive growth in itself – it is reliant on every link in the chain working optimally to ensure new donors can reach successful donation. The paper highlights how we will focus our efforts on key activity to bring in the ‘right’ donors as well as working to improve our operational capacity and processes so that we do not constrain the ability of donors to donate once they connect with us.</p>			
Previously Considered by			
Private Board – 26 November 2024 Private Board – 1 April 2025			
Recommendation	<ul style="list-style-type: none"> To note that meeting donor targets requires a whole system response To provide assurance that whole blood donor base targets are reasonable and that conclusions on key priorities are supported by evidence: <ul style="list-style-type: none"> Significant growth required for Ro blood group to meet demand and reduce health inequalities Growth in O- blood group is required to improve resilience and to substitute for unmet Ro demand Younger donor base required to secure the future To note that delivery is dependent on approval of the NHSBT budget, business plan and portfolio which will commit funding for strategic and tactical interventions 		

	<ul style="list-style-type: none"> To confirm preference for future Board engagement on all product donor base and registers.
Risk(s) identified (Link to Board Assurance Framework Risks)	
P-04 Donor Numbers and Diversity P-02 Service Disruption P-06 Clinical Outcomes and Health Inequalities	
Strategic Objective(s) this paper relates to: [Click on all that apply]	
<input type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input checked="" type="checkbox"/> Grow and diversify our donor base	
Appendices:	Appendices A – F included in paper

Health of the Donor base - Board update

1.0 Executive summary

This paper provides an update on initiatives that seek to increase the resilience across the blood supply system, focusing on increasing the size of the donor base and increasing collection performance.

As shown in our last paper, donor base growth requires a system wide approach. Increased acquisition activity cannot drive growth in itself – it is reliant on every link in the chain working optimally to ensure new donors can reach successful donation. We must ensure our acquisition activity is focused to bring in the ‘right’ donors and that our operational capacity and processes do not constrain the ability of donors to donate once they connect with us.

2.0 The system wide approach

Looking at new donor registration to donation journey figures from March to August 2024 (Appendix C), we see only 29 out of every 100 donors registering going on to donate successfully. New donors, and even existing donors, are lost throughout the end to end donor journey funnel through their inability to book, cancellations and deferrals.

If we were to model backwards from the number of new donors we need to donate this year (using the current new donor journey conversion funnel – appendix C), and assuming the current conditions in the donor journey (Appendix B) do not change, we would need the following to occur to hit our desired growth target in 25/26;

- c.500k new donor registrations
- c.300k new donors booking
- c.200k new donors attending

We plan to improve the new donor journey conversion rate through operational changes set out in this document to enable an increase to; 40 out of every 100 new registered donors successfully donating, 50 out of every 100 attending, 75 out of every 100 booking – if we achieve these improvements then we could expect to need approximately 285k registrations to deliver donor base growth.

3.0 Key acquisition activity

Here we will identify the big bets we are taking to deliver on the recruitment of the ‘right’ donors. We will be continuing our work in the black heritage community to drive Ro donation and our paid media plans incorporate activity aimed at younger donors and overall growth.

3.1 Our Future Health

Our Future Health will help deliver more targeted registrations from important blood type groups as they have access to approximately 1-2 million blood typed potential donors. Conversations are currently continuing with Our Future Health to gain access to these potential donors but we estimate this being completed by late Summer.

3.2 Paid, Owned and Earned marketing activity

We will be using a focused place-based approach to recruit target audience in locations where we have a strong media landscape, more appointment capacity and room for growth in our current donor base size and shape (type, age), mainly centred around DC's.

There will be a continuous stream of engagement activity with limited spikes throughout the year – this ensures we don't over stimulate at any given time. Activity will include video on demand (VOD), community TV, radio, social media, PR, outdoor posters and media

partnerships at strategic intervals. In order to resonate more with younger audiences we will produce a video content series where singletons go on dates while having their blood taken. We will also be co-creating activities with local community and Community Grants Programme partners to drive broader engagement within the community, including planned activity to tie up with Disney's 'Iron Heart' release in June.

3.3 Blood typing activity

We recognise the importance of typing as many people as possible to identify our OneG and Ro priority groups given their low prevalence in the population so will be seeking to do this through a number of routes; through partners and directly with our teams.

Through Partners – we will be conducting a typing trial with Boots in 4 key Brixton and Birmingham sites where staff will be able to give out 15k self-test typing kits for home completion. This trial will run from end May for 3-6 months depending on uptake. We anticipate rolling this trial out wider across Boots as well as identifying other partner organisations to support.

Through our teams – we will continue our 'What's your blood type' events throughout the year through our dedicated community engagement team – these teams are particularly focused on the black heritage and ethnic minority communities. This year we are looking to augment our team using volunteers both in and outside of NHSBT to expand our reach – these could come from our Community Grant Programme partners or DC staff.

4.0 Key operational activity

Lack of appointment availability is cited by 45% of existing donors and 53% of new donors as their top reason for not booking, followed by no suitable appointments, then no suitable days / times. Some appointments (e.g. those at weekends, in the evenings, or those within our mobile programme) are more desirable than others and we see competition for these. We have caused frustration with our donor base through our handling of appointments and late cancellations arising from staffing and venue issues – donors sometimes find out they are cancelled late or even after arrival on session. In the period April '24 to Jan '25 we saw 1 in 4 advance cancellations affecting a new donor.

We routinely review opening times and days within our business planning process. In addition, there has been a recent marked reduction in NHSBT led cancellations - maintaining this trajectory will be important going forwards.

4.1 Improving appointment deployment

Future proofing blood:

The Future Proofing Blood programme continues to develop plans to increase capacity in key areas. By Q3 of this year, additional capacity will have been created in Brighton and the West Midlands area. These areas have been identified as having opportunity to grow both the O-negative and Ro donor bases. The business cases for these projects have marketing budget and plans are being developed to maximise these opportunities.

In addition to this, options are being reviewed to increase capacity in the North London area, which has the potential to further increase key donor base segments.

Reducing impact of reduction plan teams:

The annual collection plan confirms the amount of capacity that Blood Donation teams are expected to deploy across the financial year. When teams are below their budgeted establishment (due to recruitment issues, sickness, and restricted duties) they are unable to deploy this capacity, which means that the number of appointments in the area reduces.

Restoring this capacity is an area of considerable focus across the blood supply system. Appendix E shows the forecasted growth in appointments through Q1 and Q2. Realising these appointments opens up further opportunities to grow the donor base.

NHSBT Board is requested to note that the time it takes to onboard a colleague is longer than the notice period that is required. Therefore, there remains a risk that further teams could be required to reduce capacity.

New donor sessions

As we do not understand how they will react to giving a donation, new donors are provided additional time and support on session. Currently new donor appointments are spread across all sessions, alongside regular appointments to support session flow. New donors are more likely to be deferred (29.6%), which can cause bottlenecks on session, which leads to donor cancellations and session over-runs.

In order to meet donor base growth targets, we need to develop a new way of welcoming new donors. Previously, we have held a small number of new donor only sessions. Blood Supply and Donor Experience are committed to reviewing our new donor sessions, with the intent of increasing the number of these sessions by Q3 24/25.

On session Hb deferral processes

Low haemoglobin (Hb) deferrals have increased by c.8pp since 2018. In April of this year, 11.4% of donors, were deferred due to low Hb, compared to 9,1% during April 2024.

This has an impact on session performance but also an impact on our donor base. Analysis shows that if a donor is deferred for low Hb, there is less than a 50% chance that they will donate again. Furthermore, female donors (12.9%) are more likely to be deferred than male donors and black heritage donors (22.4%), are twice as likely to be deferred, which hinders donor base growth in key segments.

We have initiatives that are reviewing the way that we test donor Hb levels, such as post-donation testing, which report into Blood Supply governance channels. Developing a process that is safe, but that is more appropriate for donors across all demographics in England, is required to support donor base resilience.

Increasing opportunities for black heritage donors to donate

On-session deferrals affect our ability to collect blood and frustrates donors. Deferrals over-index against our black heritage groups. Appendix D shows the extent of deferrals on black heritage groups.

We are establishing a working group, who will investigate opportunities to reduce deferrals. This will include exploring the use of translation services, reviewing options to support vein assessment for donors, supplemented with customer service training.

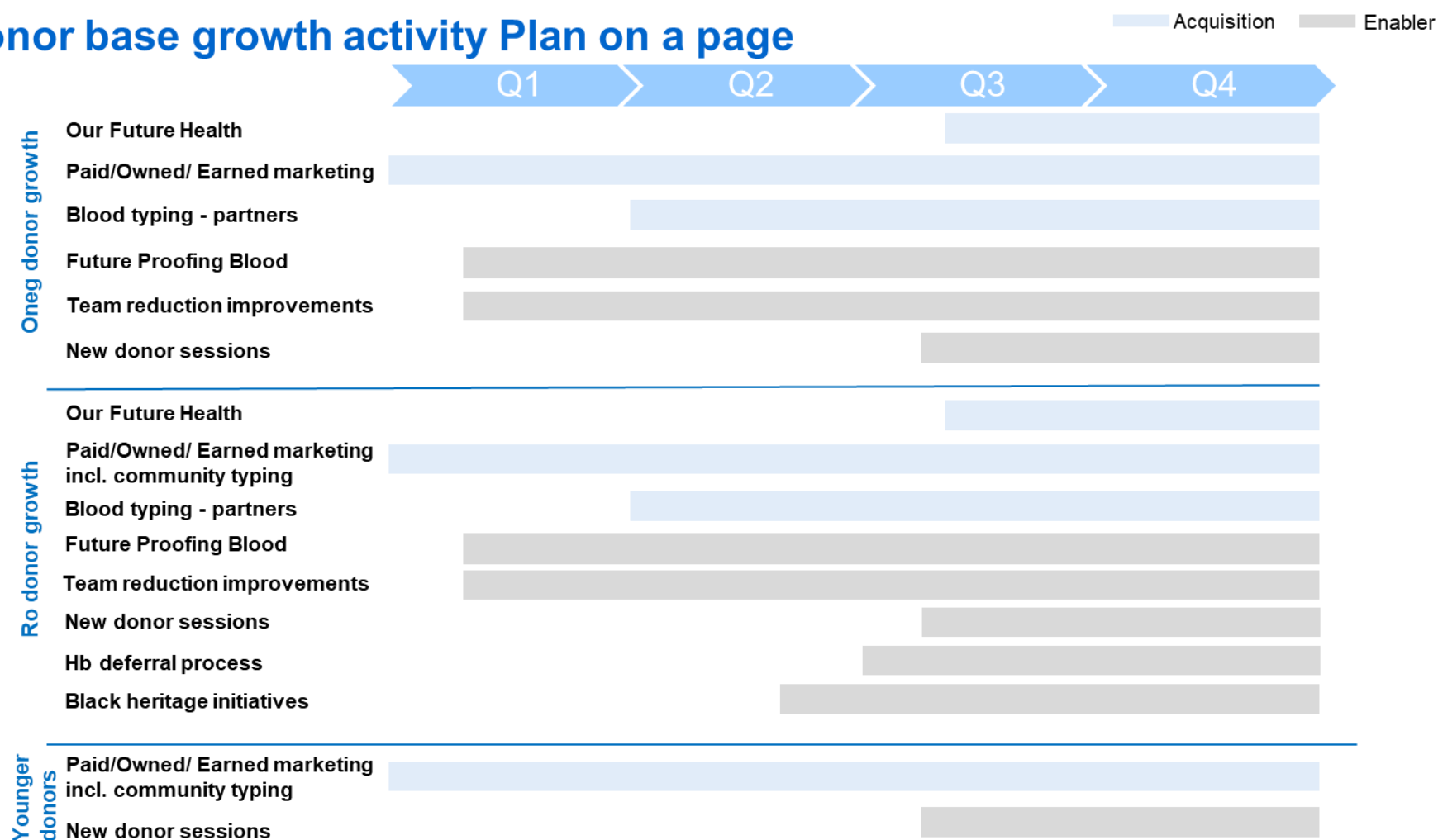
5.0 Future work

In the future we hypothesise that Donor and Session Platform (DASP) and Donor Network Design (DND) will make it more attractive and easier for younger people to donate. A post donation testing feasibility study is also planned to go-live later this year - it aims to support increased Blood Donation productivity.

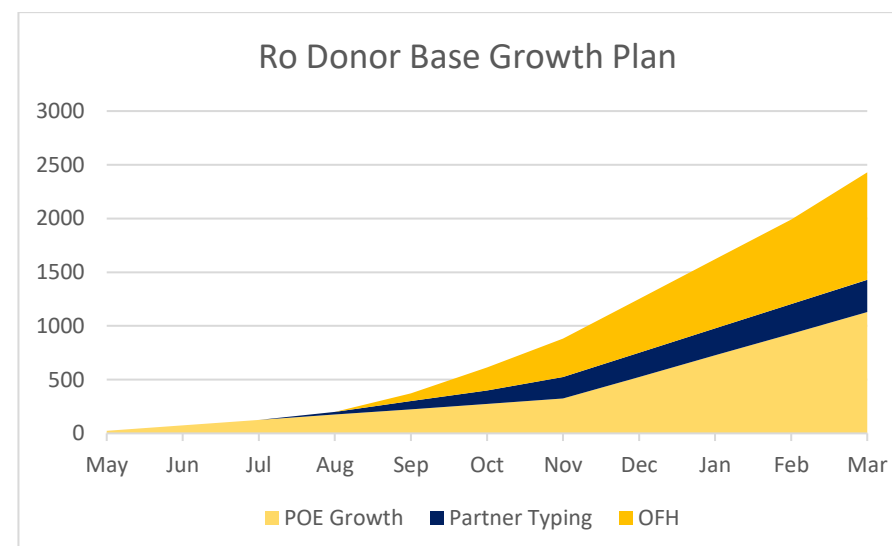
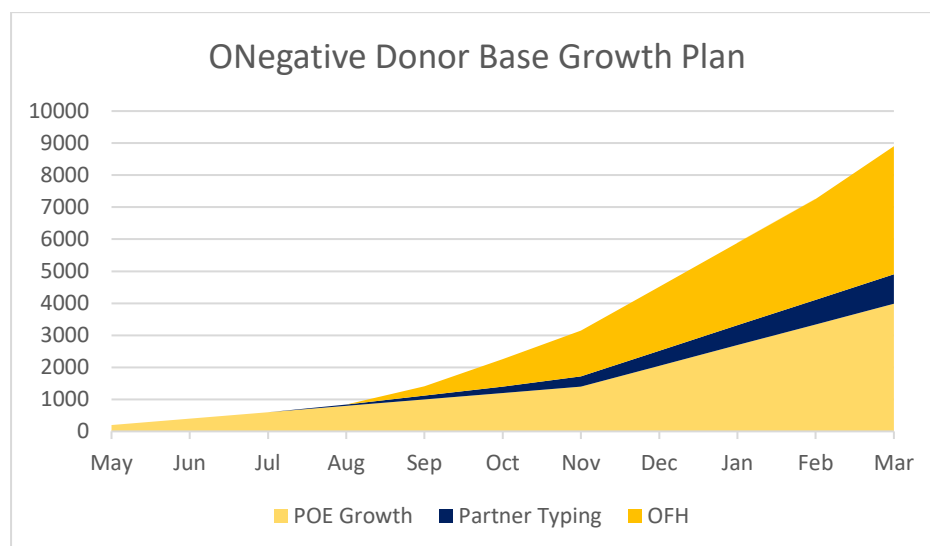
These topics are not covered in detail here as they will not be delivered this year.

6.0 Donor base growth - Plan on a page

Donor base growth activity Plan on a page



7.0 Donor base growth glidepath



Growth plan assumptions:

- Growth will be delivered through relationship marketing to existing donors and growth of new donors through paid/owned/earned channels
- Community engagement activity supported by partners and voluntary staff focused on growing Ro audiences
- Sufficient operational capacity to support new and existing donors as shown in Appendix E
- Southampton site opening with existing Oneg base to be re-activated
- Partner typing pilot through Boots is successful and then can be rolled out further
- Our Future Health access coming on-stream mid Summer

Appendix A – our projected donor base growth calculations

To meet demand and provide resilience, there is a requirement to grow the donor base over the next 5 years, reaching a total donor base of 886k for blood components by 2029/30. For 2025/26 we need to grow the active donor base to c834k.

The donor base growth projections have been built by:

- Taking the demand figures based on clinical need using the current levels of Ro demand being delivered (55%)
- Calculating the number of donors needed at the current donation frequency for this year
- Building in an additional buffer for Ro and O- donor volumes
- Building in an additional 'Reserve ready' base of donors who are typed and primed for mobilisation when needed as a buffer to provide resilience

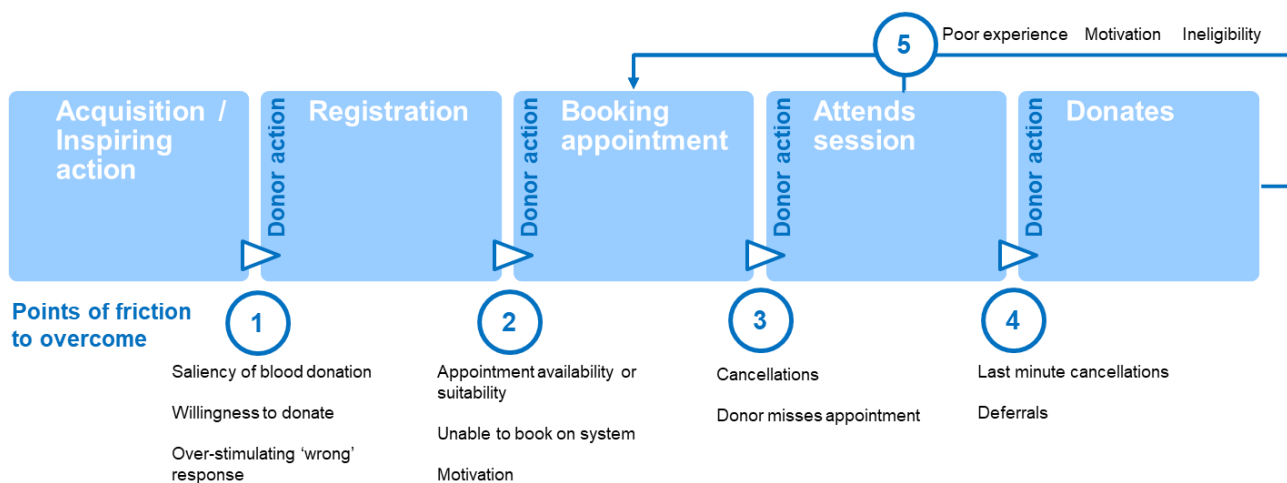
We have then followed the same process for each subsequent year but modestly adjusted the frequency of donation down and assumed we increase our % of Ro demand being met – this will rise to 60% of demand met by 2029/30.

CPT Feb 2025 Demand. Ro Demand taper from 56-60%, front load Oneg growth "modest" frequency reduction							<i>Estimate. Demand not available</i>
		24/25 CURRENT	25/26	26/27	27/28	28/29	29/30
Whole Blood:							
DonorBase	Oneg*	111,824	118,776	120,661	121,733	122,051	123,640
	Ro*	26,655	28,941	30,313	32,041	34,211	34,404
	WB Other	652,591	656,436	658,037	660,408	662,651	664,549
	Total	791,070	804,153	809,010	814,183	818,913	822,594
Source Plasma:							
DonorBase		10,941	15,000	19,000	27,000	37,000	47,000
Platelets (Plateletapheresis):							
DonorBase		14,417	14,859	15,149	15,440	15,730	16,025
TOTAL DONOR BASE			834,012	843,159	856,623	871,643	885,619
NEW RESERVE BASE			40,000	60,000	10,000	10,000	10,000
GRAND TOTAL			874,012	943,159	966,623	991,643	1,015,619

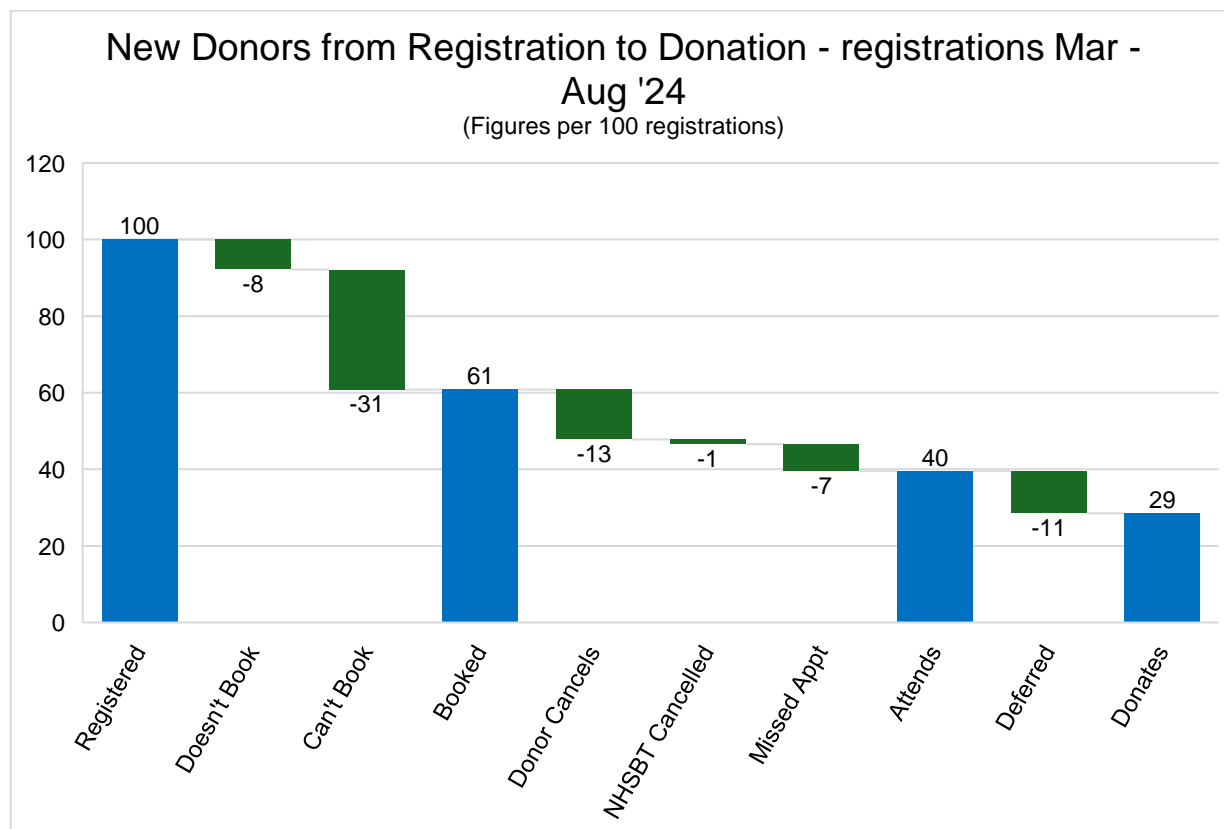
The donor base growth targets for 2025/26 have been phased across the year based on the activity planned and will be used to continue to measure and report on progress.

Appendix B – Donor end to end journey funnel

There are numerous barriers in the end to end journey that can prevent would be donors from reaching a successful outcome of donation.



Appendix C – Current new donor registration funnel



Appendix D – Black heritage groups experience

Black heritage groups are negatively impacted by NHSBT and the wider healthcare system



Insufficient donors

People of ethnic minority heritage are underrepresented on the opt-in ODR and as donors, but overrepresented on the opt-out ODR and in need of a transplant, leading to health inequalities in waiting times

Approximately 80% of ethnic minority patients receive a transplant from a white donor. Just 11% (762) of all potential deceased donors are from an ethnic minority background.



Too long to wait

65% of BH enrolees would like a first appointment within 14 days but most wait more than double this, with a median wait of 22 days.

The length of wait for a first BH appointment directly correlates to donor satisfaction. A wait of longer than 5 weeks reduces satisfaction by 12 percentage points.

Length of wait also impacts likelihood to attend, with BH enrolees who DNA having a longer median wait for their 1st appointment than those who attend.



Time taken

Almost 1 in 5 (19%) BH donors who successfully donate will have a total journey time of 60 mins or more (vs. 13% for non - BH)

Regardless of donation outcome, more than 4 in 10 (43%) BH donors will have screening time of more than 10 minutes (vs. 27% for non -BH).



High deferrals

This year 24% of BH Ro donors attending their booking were deferred compared to 16% white Ro donors.

BH donors are more than twice as likely to be rejected for low HB as white donors (20% of BH vs 7% white donors) and have a higher likelihood of being rejected for unsuitable veins or language barriers than white donors. DSS verbatim suggests issues locating veins on darker skin.

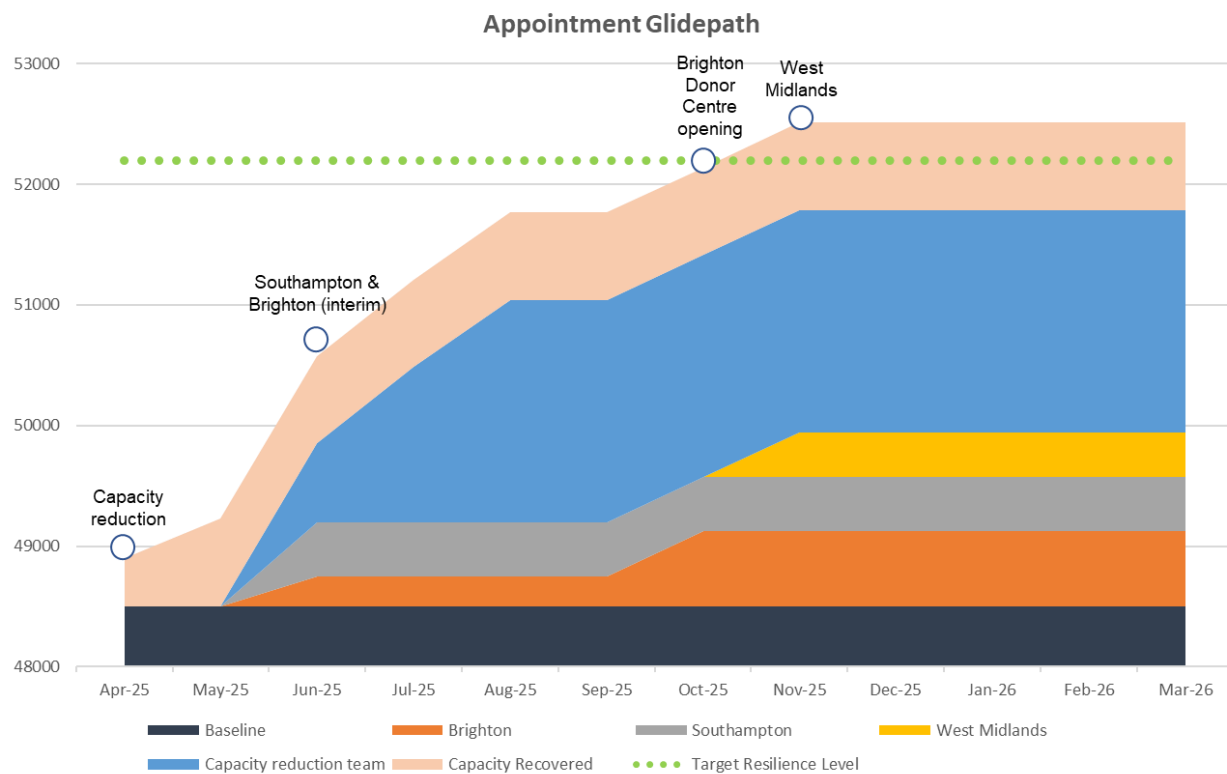
Around 200 donor complaints are received every year about deferrals.



Low trust

The Black British Voices project found that 87% of respondents reported that they expect to receive substandard levels of healthcare because of their race, with only 7% of respondents feeling that Black people in Britain receive fair treatment from healthcare professionals.

Appendix E – Appointment Glidepath



Notes:

- Baseline appointments based on Q4 weekly average.
- 70% confidence weighting applied to capacity reduction team increases.
- Glidepath does not forecast additional operational impact.

Appendix F – Paid, owned, earned media plan

	Spring / Summer	Autumn / Winter	Spring 2026
Period	April – September	October – January	February+
Central theme	<i>“Giving types, what’s in your blood?”</i>	<i>“Giving types are needed everyday”</i>	<i>“Giving types of the future”</i>
Key tactical moments	<ul style="list-style-type: none"> • National Blood Week • Southampton DC launch • Brighton DC launch • Sickle Cell Awareness Month • Boots type testing pilot 	<ul style="list-style-type: none"> • Stratford DC launch • Reading DC launch • Giving types of 2025 • Businesses powered by giving types 	<ul style="list-style-type: none"> • Community grants funding round • Book launch and schools engagement package • Shepherds Bush DC launch
Always on paid-for channels	Video-on-demand (ITV, Channel 4), Community TV (various), Community radio (various), Online video (YouTube, Venatus), Radio (various), Digital audio (DAX, Spotify), Social media (Meta, Reddit)		
Always on earned, owned and shared channels	Social media, emails, texts, outbound calls, inbound calls, blood.co.uk, donor portal, on session leaflets, on session digital screens, community-based events		
Channels used at strategic intervals	Outdoor (Brighton DC, Southampton DC), proactive PR, media partnerships, corporate partnerships, charity and public sector partnerships, VIP visits	Outdoor (Brighton DC, Southampton DC), proactive PR, media partnerships, corporate partnerships, charity and public sector partnerships, VIP visits	