Measuring Donorbase & Resilience

A proposed evolution of donorbase measurement

Board - September 2026 – v.1.0

For Information: Evolving How We Measure Donorbase & Resilience

Request to Board:

Note the transition from a 12-month to a 24-month segmented active donorbase measure as NHSBT's primary strategic donorbase measure.

Why change?

The current 12-month measure was originally adopted for external benchmarking, but it does not reflect actual donor behaviour. Analysis shows that donor return behaviour changes materially at 24 months, meaning the current measure excludes many donors who still have a realistic prospect of returning to donate.

Moving to a 24-month measure will:

- **Better reflect donor behaviour.**
- **Provide a more representative view of the donorbase, including groups who donate less frequently.**
- **Enable earlier identification of emerging donorbase risk through active monitoring of donors approaching attrition.**

Changes to be made:

- **Adopt 24-month donorbase as the primary strategic measure from April 2027.**
- **Introduce monitoring of donors approaching the 24-month attrition threshold.**
- **Continue reporting the 12-month measure where required for EBA/ABO benchmarking.**

Key Message:

This is a change in how NHSBT measures donorbase size and resilience, not a change in operational donor management policy.

Appendix – Full proposal approved by ET

Decision

Definition

For roughly 15 years ‘active donor’ has been defined as:

Anyone who has donated one or more times in the past 12 months.

This was adopted to align with EBA/ABO partners for benchmarking

Recommendation

Approve transition from a 12-month to a 24-month active donorbase measure as NHSBT's primary strategic donorbase measure.

Decision sought

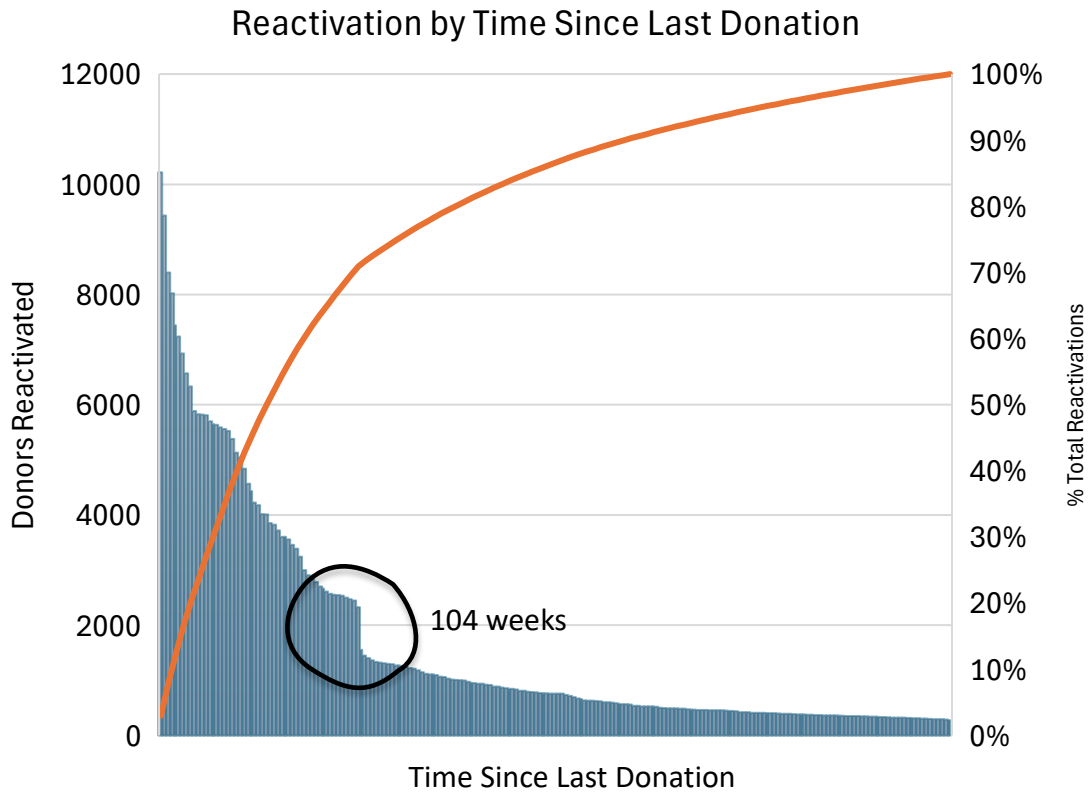
Agree to:

- Run 12-month and 24-month measures in parallel until March 2027.
- Adopt 24-month donorbase as NHSBT’s primary strategic donorbase measure from April 2027.
- Introduce active monitoring of ‘at risk’ donors approaching the 24-month attrition threshold.
- Continue to measure the 12-month definition for EBA/ABO benchmarking.

Why the Current Measure Falls Short

Three reasons:

1. **It is not behaviourally aligned**
   A clear drop in return behaviour occurs at 24 months, not 12 months.
2. **It excludes donors with realistic return potential**
   Many donors currently classed as "inactive" return and donate successfully.
3. **It under-represents less frequent donor groups**
   Some donor groups donate less frequently because of eligibility, availability or preference. This includes minority ethnic donor groups, meaning the current measure understates the true resilience and diversity of the donor pool.



12 months is an arbitrary threshold, 24 months reflects real donor behaviour patterns

What Will Be Different?

Today	Proposed
Binary measure: active vs inactive	Risk-based view
Limited sight of future attrition	Early warning of attrition
Focus starts after lapse	Focus starts before lapse
Measure donorbase numbers	Measure donorbase resilience

Benefits

- Better visibility of donors approaching attrition.
- Fuller, more representative view of the active donor population.
- Improved visibility of minority ethnic donor participation.
- Stronger foundation for future resilience measurement.

What this enables

- **Earlier identification of growing donorbase risk.**
- **Better visibility of under-represented donor groups.**
- **More targeted intervention before donors are lost.**
- **Stronger evidence for future resilience planning.**
- **Paves the way for richer measurement of alignment between population, donors and capacity; and alignment of diversity.**

From Donorbase Measurement to Donor Resilience Measurement

A phased evolution of donor measurement

Phase 1: Counting Donors Better

2026/27

- **New 24-month donorbase measure introduced as shadow measure**
- **Parallel 12 and 24 month reporting – to end 2026/27**
- **Monitoring size and change of 18-24 month at-risk cohort.**

Phase 2: Understanding Resilience Better

- **Donor-population-capacity alignment.**
- **Blood group alignment.**
- **Diversity alignment.**

How We Are Improving Donorbase Size and Resilience

Donorbase Performance Highlights	
B- donorbase +3.5% year-on-year, reaching its highest level since November 2024	**Ro donorbase +6.0% year-on-year**, the biggest on record following sustained monthly growth since 2021
O- donorbase has been stable since Nov 2025, following 12 months of shrinkage	**Overall donorbase contraction** (-1.9%) is largely explained by planned reductions in O+ donation opportunities to limit excess stock growth

1. Improve Donor Convenience and Access

Make it easier for donors to donate where and when they want

- Work with Blood Donation Operations to align appointment availability with donor preferences.
- Create a more integrated national collection network, reducing barriers between donor centres and mobile sessions.
- Use donor preference research and operational modelling to place capacity where donor demand exists.
- Improve access for key groups including younger and Black heritage donors, for whom convenience is a particularly important driver.

2. Donorbase Resilience Programme

Focus recruitment and retention on the donors we need most

- Increase acquisition and retention activity across priority donor groups.
- Expand blood typing to identify high-value donors earlier.
- Deliver targeted recruitment through mass blood-typing events, group bookings and digital engagement.
- Support donor retention through improved loyalty, engagement and donor experience initiatives.

3. Expand Capacity in High-Potential Locations

Create donation opportunities where demand to donate is strongest

- Deploy additional capacity in areas with strong donor demand and growth potential.
- Pilot innovative collection models such as Bloodmobiles to improve accessibility and reach new audiences.
- Use geographic and donor insight to identify locations where increased capacity can generate sustainable donorbase growth.

Recent donorbase performance demonstrates the benefit of targeted recruitment, retention and capacity investment, while highlighting opportunities for further growth.

Supporting Information

What does a 24-month measure improve?

Three Improvements

Improvement	Why it matters
Behaviourally meaningful	24 months aligns to a known change in donor return behaviour, whereas 12 months does not.
More representative	Represents regular donors currently excluded because they donate at a lower frequency – including minority ethnic groups
More actionable	Creates a clear 18-24 month cohort that can be monitored as an early warning indicator of future attrition.

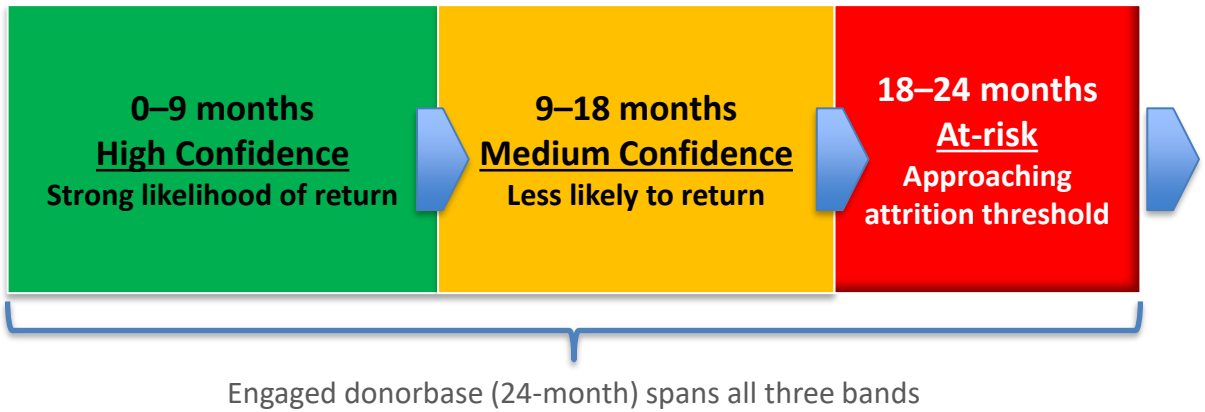
What Changes?

12-Month Donorbase	24-Month Donorbase
765k donors	1.05m donors
Excludes many donors who still have realistic return potential	Includes donors who remain realistically recoverable
No visibility of donors approaching the major attrition threshold	Provides visibility of donors approaching the 24-month threshold

The value lies not in counting more donors, but in measuring the donorbase in a way that better reflects donor behaviour and emerging attrition risk.

Risk Segmentation Framework

Not all donors within the 24-month donorbase are equally likely to contribute in future



How the measured segments improve monitoring

Measure	Why it matters
% in 0-9 months	Measure of very recent activity
% in 9-18 months	Donorbase stability
% in 18-24 months	Early warning of future attrition

The key new innovation is not the segmentation itself. It is the ability to track the 18-24 month cohort as a leading indicator of future donorbase risk.

What changing the headline definition to 24 months achieves

The headline donorbase metric will now better represent donors with a **realistic prospect of future donation**

Changes in donorbase size are more directly linked to **future supply risk**

Indicators of developing risk (e.g. 18–24 months) are relative to a **known behavioural cliff-edge**

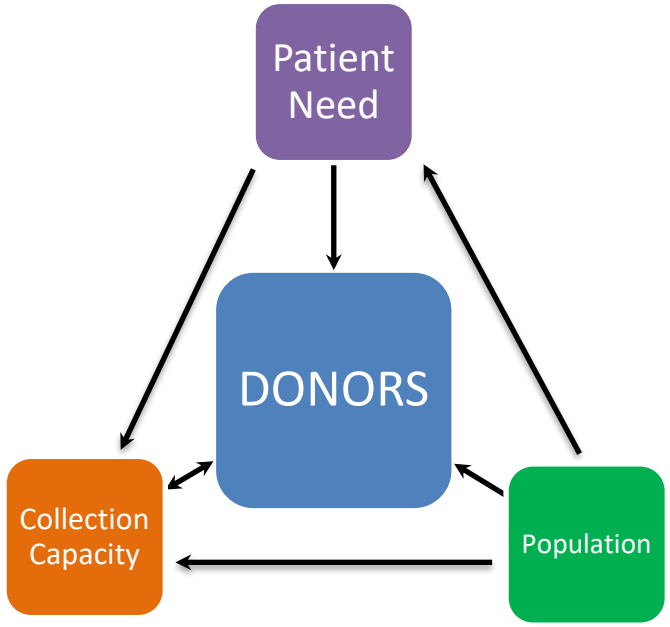
This strengthens the donorbase definition as a **strategic indicator**, not just a volume count.

	12 Month Measure	24 Month Measure	Difference
Donorbase Size	776,300	1,040,500	+34%
Frequency Average donations per year	1.81	1.36 Annualised figure	-25%
Reactivation p.a.	180,000	65,100	-64% (-115k)
Attrition (lapsing) p.a.	337,500	204,800	-39% (-133k)
Net Attrition p.a. (attrition minus reactivation)	157,500	139,700	-18,000 (-11%)

Measured at 24 months, the donorbase is larger, less volatile, and more meaningful for forward supply risk.

Towards a Donor Resilience Framework

A truly resilient donorbase is one where capacity, donors and patient need are fully aligned



These factors influence one another and need to be measured together.

Resilience Dimension	Strategic Question
Availability & Access	Are population opportunity, donor participation and collection capacity aligned to maximise future collections?
Composition	Does donor composition match the blood groups and ethnic diversity needed by patients?

Future donorbase measurement should assess not only how many donors we have, but how well population, donor availability, collection capacity and patient need are aligned. For the first time, donorbase measurement would assess alignment, not just size.

The 24-month donorbase measure improves how we count donors. Phase 2 improves how we understand resilience.