

Witness Seminar: NHS Hospital Charity Fundraising since the 1980s

**Seminar held Thursday 9th March 2023, 13.00-18.00
Edwards Room, King's Fund, London**

Published by the London School of Hygiene and Tropical Medicine,
2024.

We are grateful to the Wellcome Trust for funding this seminar under the Collaborative Award 'Border Crossings: Charity and Voluntarism in Britain's mixed economy of health care since 1948', grant number: 219901/A/19/Z. This is jointly held by the University of Birmingham, University of Strathclyde, University of Glasgow and the Centre for History in Public Health at LSHTM. We also thank Debbie Gibson for transcription and the staff of the King's Fund for organizing the meeting and arranging recording of the proceedings.

ISBN: 978-0-9957874-7-6

DOI: 10.17037/PUBS.04672402

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Contributors

Chair:

Martin Gorsky – Professor of the History of Public Health, Centre for History in Public Health, London School of Hygiene and Tropical Medicine

Introductory Speaker:

Agnes Arnold-Forster - Chancellor's Fellow, School of History, Classics and Archaeology, University of Edinburgh.

Witnesses:

Marion Allford - Marion Allford followed her initial career in Public Relations with 40 years fundraising for charities. In the late 1980s, as Director, she set up and successfully ran the £54m Wishing Well Appeal for Great Ormond Street Children's Hospital. She then established a consultancy helping other charities and not for profit organisations to build multi-million-pound appeals, advised the Prince of Wales on his charities and wrote 'Charity Appeals, the Complete Guide for Success' to pass on 'how to do it' knowledge.

Tim Diggle - Tim Diggle is Charity Operations Director at Derby & Burton Hospitals Charity and joint Deputy Chair of NHS Charities Together. He has worked in NHS charities for the last fourteen years.

Jane Ferguson - Jane Ferguson is the Director of NHS Lothian Charity in Edinburgh, Scotland, and prior to that was Director of Fundraising for King's College Hospital Charity. She is currently a trustee of NHS Charities Together and was the founder and convenor of the predecessor Association of NHS Charities' Fundraising Special Interest Group.

Ian Lush - After more than 30 years in the arts and heritage sectors, Ian Lush became Chief Executive of Imperial Health Charity in 2014, and additionally Chair of NHS Charities Together in April 2020. He was awarded an OBE for charitable services to the NHS in the 2020 New Year's Honours list.

Nicola Masters - Nicola Masters leads the Grand Appeal's multi-award winning charity across its multiple brands, leading the delivery of funding programmes in partnership with Bristol Children's Hospital. As a co-founder of the Appeal, Nicola has worked in partnership with Aardman Animations for 28 years developing new charitable and commercial initiatives to ensure that the hospital is at the forefront of paediatric care in the UK.

Wendy Mead- Wendy Mead OBE CC has just celebrated 25 years as a Councillor for The City of London Corporation, focusing on the wellbeing of residents, workers and visitors, serving on such committees as Open Spaces, Health Scrutiny and Port Health and

Environmental Services. She led the successful campaign to save Bart's Hospital from closure which this year celebrates its 900th Anniversary.

Ellie Orton - Ellie Orton has been Chief Executive of NHS Charities Together since July 2018. She was instrumental in leading the charity's award-winning Covid Urgent Appeal during 2020 and has since overseen a transformation within the charity in terms of its governance, strategy and operational size. Previously she was CEO at a Coventry based charity working with vulnerable and sexually exploited women, and interim CEO at the Jon Egging Trust, supporting young people with barriers in their lives to reach their full potential. Ellie is passionate about social change and the African philosophy of Ubuntu, which literally translates as 'humanity'. She loves beaches, running, and her family, including the dog. She was proud to be awarded an OBE in June 2021 for services to the NHS.

Stuart Reynolds - Stuart Reynolds was Chief Executive of Birmingham Women's and Children's Hospital Charity between 2003 and 2018. He is currently Business Services Director at NHS Charities Together where he has held various roles over the past twenty years.

David Wood - David has been Chief Executive of the umbrella body that supports Friends groups in the NHS for over 20 years. Today Attend has over 400 active member groups. As part of his role, he has travelled from Scotland to Cornwall speaking to member groups, and hearing about their successes and challenges. David has also been involved with mental health organisations for nearly 20 years, supporting their growth and development, and has been the Treasurer of a local mental health charity for a number of years.

In Attendance

Dr Hayley Brown	Research Fellow, Centre for History in Public Health, London School of Hygiene and Tropical Medicine
Dr David Clifford	Research Fellow, Border Crossings Project, Associate Lecturer, University of Southampton
Dr Rosie Cresswell	Research Fellow, Border Crossings Project, University of Strathclyde
Dr Stephen Davies	Formerly Chief Executive, Addenbrookes Hospital Charitable Trust
Ms Emma Easton	Head of Voluntary Partnerships, NHS England and NHS Improvement
Professor Bernard Harris	Professor of Social Work and Social Policy, University of Strathclyde, Principal Investigator, Border Crossings Project
Dr Steph Haydon	Research Fellow, Border Crossings Project, University of Birmingham
Professor John Mohan	Professor of Social Policy, Director of the Third Sector Research Centre, University of Birmingham, Principal Investigator, Border Crossings Project
Dr Ellen Stewart	Chancellor's Fellow and Senior Lecturer in Social Work and Social Policy, University of Strathclyde, Principal Investigator, Border Crossings Project
Dr Helen Tucker	Community Hospitals Association
Dr Francesca Vaghi	Research Fellow, Border Crossings Project, University of Strathclyde
Dr Karl Wilding	Formerly CEO, National Council for Voluntary Organisations

TIMELINE OF KEY EVENTS

- 1948 Foundation of the NHS: restricted role for hospital charity.
- 1973 National Health Service Reorganisation Act
- 1979 Margaret Thatcher and the Conservative Party elected
- 1980 Patrick Jenkins liberalises hospital charity fundraising
- 1987 Great Ormond Street Hospital's Wishing Well Appeal launched
- 1990 Finance Act: introduces Gift Aid (for donations of £600 or more; then reduced to £250 or more)
- 1992 The Tomlinson Report: reorganisation and closures of London hospitals.
- 1992 The Save Barts campaign launched
- 1992 Charities Act: first Charities Act since 1960, substantially changes the relationship between the Charity Commissioners and the charity sector, increasing the powers of the Commission to monitor and supervise charities in England and Wales.
- 1995 Wallace and Gromit's Grand Appeal launched, Bristol Children's Hospital
- 1997 Tony Blair and the Labour Party elected
- 2000 Association of NHS Charities launched
- 2005 Charities and Trustees Investment (Scotland) Act
- 2007 Fundraising Standards Board created. Independent, self-regulatory scheme.
- 2008 Financial crisis and start of squeeze on public spending
- 2010 David Cameron-Nick Clegg Coalition Government formed. Austerity measures introduced.
- 2014 NHS/DHSS Jimmy Savile investigations
- 2015 Etherington Review of Fundraising Regulation. Created in the wake of 'fundraising scandals' to explore and make recommendations on effective fundraising regulation.
- 2018 Association of NHS Charities changes name to NHS Charities Together
- 2020 Covid-19 pandemic begins. NHS Charities Together launches first ever national appeal for the NHS.
- 2020 Captain Sir Thomas Moore begins fundraising campaign, eventually raising over £30 million

Introduction

Aims and Objectives

Britain's National Health Service (NHS) is often regarded as the quintessential 'public' health system. At its foundation in 1948, the state took responsibility for providing a comprehensive, universal service to all its citizens, free at the point of use. Hospitals were nationalised and came into state ownership, consultants became salaried employees, and the basis of funding was now to be direct taxation. Before the NHS, charity and voluntary subscriptions had played a major part in hospital financing, but now it seemed they would go the margins. There would be no fundraising appeals, and a limited remit was placed on those charitable funds which remained in the hands of some hospitals. Core services were now the responsibility of the state and charity would be confined to areas like patient and staff amenities and medical research.

In the present day however, hospital charity is alive and well. Major fundraising appeals are a familiar feature of public life and the ability of charity to finance capital spending and medical innovation is undisputed. Historians generally see a turning point as having arrived in the early 1980s when Conservative Secretary of State for Health and Social Services Patrick Jenkin liberalised hospital charity's legal framework. Charitable appeals were now to be permitted again, and Exchequer funds could be used to launch these. The aim of this Witness Seminar is to capture and record the experiences of people involved in hospital charity fundraising since this turning point in the 1980s up until the present.

A key question driving the Witness Seminar was: what have been the practical and institutional implications of this policy change over the long term? We wanted to learn about how fundraising techniques and organisation have changed in both England and Scotland, from the 1980s to the digital era, and how the original 'border' between the remit of charity and state has held up over time. Another theme was be the changing relationship between charitable fundraisers and the political, economic and legal framework in which they work. The Witness Seminar is part of a larger project, *Border Crossings: Charity and Voluntarism in the United Kingdom's Mixed Economy of Health Care since 1948*, which explores the continuing role of hospital charity within the NHS system. ¹

¹ Website: 'Border Crossings: Charity and Voluntarism in Britain's mixed economy of health care since 1948', URL: <https://more.bham.ac.uk/border-crossings/>

Areas for Discussion and Key Questions

The meeting was organised into four chronological sections, each of which began with a few 'principal witnesses' for that era to give their views. There then followed open discussion with other panellists and members of a small invited audience who fed in comments or questions.

1. The Conservative Era, 1980-1997

The aim of this section was to explore charity fundraising under successive Conservative governments and to better understand the impact of Patrick Jenkin's liberalisation of hospital charity fundraising in 1980. We wanted to learn how these early fundraising campaigns were run. This was the era of major efforts like Great Ormond Street's Wishing Well appeal (1980s), Save Barts (1992-1997), and Wallace and Gromit's Grand Appeal (1995-). What kind of professionals were involved and what sort of thinking influenced fundraising approaches? How were funds spent and how were those decisions made? We also wanted to explore the boundary between the charities and the larger NHS policy environment. For example, from the perspective of the institutions was there a recognisable shift in approach after Margaret Thatcher became Prime Minister? Then in the 1990s, did hospital charity fundraising alter in response to the coming of the internal market and the conversion of hospitals to foundation trusts?

2. The New Labour Era, 1997-2010

This section asked how hospital charity fundraising changed under the New Labour governments. This was a phase of increased NHS expenditure after Prime Minister Tony Blair committed to matching European levels of spending on health; it rose to 9% of GDP by 2008. At the same time charity, from pop concerts to telethons, remained prominent in national life with the take-off of the internet offering new opportunities to fund-raisers. What impact did this altered landscape have, both for the prominent campaigns and the grassroots organisations like Leagues of Friends? This period also saw charities obliged to formalise reporting and governance, with changes in charity law such as the Charities and Trustees Investment (Scotland) Act in 2005. Finally, we were interested in looking at the origins and rationale of the Association of NHS Charities (now NHS Charities Together).

3. Austerity and the Digital Age, 2010-2020

The objective of this section was to understand two key elements of fundraising under the Coalition, then Conservative, governments: the impact of austerity and the expansion of the internet. In contrast to the New Labour era this was a time of reduced government spending on the NHS, so how did hospital charity fundraising respond? Did it mean scarcer voluntary resources, or conversely, did charity step into the breach? One issue of particular interest is whether government parsimony with respect to core services prompted fundraisers to reconsider the border between their remit and that of the NHS. If so, how did they negotiate the legal and political framework in which they operated? The 2010s also saw the technological possibilities of fundraising change with the growing reach of the internet and

social media. How did the hospital charities respond in terms of investments, and to what extent did the digital era mean fundamental change to strategies and methods?

4. The Covid-19 Era

The Covid-19 pandemic transformed the landscape of hospital charity fundraising. Coming on the heels of austerity, the coronavirus placed unprecedented pressure on the NHS, while also arousing public sentiment in support of the workforce. From the high-profile efforts of Sir Captain Thomas Moore to the rapid expansion of NHS Charities Together, the years 2020-2022 meant major change in the sector. We wanted to learn how this moment looked from the perspective of the hospital charities, both in terms of the opportunities and challenges it brought for fundraising and patterns of expenditure. Did the crisis further shift the border between the remits of charity and the NHS over the provision of core services? Finally, did the pandemic provoke lasting change, normalise longer-term transformations, or provoke just a temporary shift in priorities?

Seminar Transcript: NHS Hospital Charity Fundraising since the 1980s

Martin Gorsky

Good afternoon everybody, thank you very much for coming and struggling through this extremely cold day. We didn't think when we arranged this, that we'd still be quite at this stage of winter, so massive thanks for that. I'm going to introduce the proceedings and explain what's coming up. A witness seminar, for those of you who haven't attended such a thing before, aims to get on the record an area of history that will be of interest to current and future researchers. The idea is for it to be conversational, with the main panellists starting off each section, then opening the discussion to the floor. We have divided the organisation of the seminar chronologically, although some of the panellists span different phases of that chronology, and they will be welcome to interject with comments and information to move the discussion along.

The panellists as you can see will be speaking into microphones at this table and we will have a 'roving mic' for comments and questions from the audience. After the meeting we will receive the recording from the Kings Fund to send off for transcription, and when this comes back we will send it out to everyone who has spoken. You will then get a chance to make any grammatical corrections, for example if something comes out more garbled on the page than you'd like. Any points of information which might have struck you subsequently, can be added in a footnote, and anything which on reflection you would rather withdraw can be cut. The final transcript will be available in digital form on our project website, from where it can be downloaded or printed, making it available, hopefully, for posterity.

For the purposes of the transcription, it would be helpful if people speaking from the floor with the roving mic can say their name first. The only other thing to say is that Keith Day, who was going to be one of our witnesses for the earlier period, sadly hasn't been able to come.² That's a shame, because it means we miss out on the 'proto-history' of our period, even though it gives us more time for discussion with the people who are here. Now we're going to begin with a short presentation from Agnes Arnold-Forster, to tell you something about our project, including its historical framework and our working hypotheses, both for the pre- and post-1980s periods. So Agnes, the floor is yours.

Agnes Arnold-Forster

Hi everyone, so yes I'm Agnes Arnold-Forster, I'm one of the researchers on the project. I'm a historian of 20th century Britain and the NHS and I'm going to be

² Keith Day spent 40 years in NHS hospital and charity administration. Following his retirement from the board of Addenbrooke's NHS Foundation Trust he formed the Addenbrooke's Charitable Trust of which he was Chief Executive for seven years. Keith was a founder council member of the Association of NHS Charities.

talking through some initial ideas we've had about how to think about this topic historically, some initial findings both from myself and also the broader Border Crossings project. This is not supposed to be an authoritative account of the period between 1948 and the present, but rather a set of questions that we are considering. Indeed, this event is part of the fact-finding mission that we are undertaking. So if I say something that then turns out not to be true in the course of the conversations over the rest of the afternoon, then that's great, that's exactly why we're here.

Today we are focusing on the period since the 1980s, but as Martin said, we are going to be projecting slightly back to look at healthcare before the NHS. I don't know how much people know about the history of healthcare in the UK before the NHS, but it was a rich eco-system of different healthcare providers, including a large sector of voluntary hospitals, including metropolitan and provincial teaching hospitals, general infirmaries, and cottage hospitals. These institutions provided a vast array of different services to different kinds of patients, mostly acute care, but also maternity and care for chronic conditions. They were generally run by volunteer governors, staffed by honorary consultants and funded by charity, and they catered to the 'deserving poor', or poor people in work. They were funded by a mixed economy of charitable subscriptions and gifts, mutual funds, pay beds, public contracts, dividends and rents, and some of the voluntary hospitals had accumulated quite substantial capital assets in the forms of legacies, gifts, lands, bonds, and stock. These were the pre-cursors to the hospitals with large endowments that we still see today.

As I'm sure everyone here knows, the NHS was founded in 1948. Through a process of nationalisation and integration, this incredibly complicated system was brought together under one, in theory, national rubric and administered by various different administrative bodies. The idea was to provide universal cover and a comprehensive services free at the point of use. And, crucially, a service that was primarily funded through taxation. So, the NHS is often regarded both contemporaneously and historically as the quintessential public health system. The state took responsibility for the provision of a comprehensive, universal service to all of its citizens, without extracting payment at the point of use. The idea was that charity, or voluntary subscriptions would have no further part, at least in its initial design and imagination or conceptualisation. It's also important to note here, and this is particularly relevant for the project as a whole, but also for our conversations this afternoon, that there's no one, singular NHS. It's actually an incredibly varied and diverse service. And specifically, there are quite profound differences between the four nations of the United Kingdom. So things function very differently in Scotland, England and Wales and Northern Ireland and we'll return to that theme as I talk for the next five or so minutes, but also over the course of the afternoon.

While it has been subject to many structural changes in its 75 year history, Britain's NHS remains an archetypal example of a public health system, of a publicly-funded health system. And back in 1948, or 1946 when the architects of the NHS were

imagining the NHS, the existence, or pre-existence of charitable endowments presented a challenge to the policymakers. What should they do with this money? Should they just subsume that wealth into the state Exchequer, should they allow individual institutions to retain their funds, what should they do? The solution they came up with, as with so many things in the history of the NHS, is a little bit *ad hoc* and piecemeal. They came up with a twofold solution. First, that they would prohibit hospitals from further fundraising, in order to impede future accumulation. And second, that they would draw a clear border between the responsibilities of the state and the responsibilities of the voluntary sector. So in theory, while hospitals were allowed to keep their endowments, they were limited with what they could do with those endowments. They could spend it on research and what was frequently referred to as ‘staff and patient amenities’. Clinical care, running costs, staffing, and all related capital projects would fall on the public purse.

One of the key questions that we, as a project, are trying to consider, is how would this new role for charity play out. It’s one thing to understand how it was imagined in the 1940s, but would it be maintained in an era when health costs began rising exponentially, thanks to ageing populations, costly technologies, and changing consumer expectations? And, again, we do want to flag that these things played out very differently in different parts of the United Kingdom.

So part of what we are interested in is this question of the ‘border’. Whether it existed, how we can define it, and how it has been negotiated over the period between 1948 and 1980, and then beyond? Fundamentally, the large English and Welsh teaching hospitals were allowed to keep their own endowments, to be controlled by their Boards of Governors, whereas those held by non-teaching hospitals would be transferred to a hospital endowment fund and then distributed between the appointed Regional Hospital Boards (RHBs). In Scotland, all hospitals had to pool their endowments regardless of whether they were teaching hospitals or not.

The NHS Act for England and Wales in 1946 at least attempted to establish a border here between what constituted voluntary sector responsibility and what was the responsibility of the state. The Ministry of Health said that endowments should be held for such purposes relating to hospital services, or to the functions of the hospital board, or could be spent with respect to research, as the boards thought fit. However, it very quickly realised that this was slightly ambiguous and that the language was open to quite substantial interpretation. So they circulated a document in 1948, to leave administrators as they put it, free from doubt, about the uses. The wording stated:

‘... that ordinary expenditure is met from the Exchequer, including capital expenditure and hospitals are therefore in no way dependant on voluntary financial help for normal needs, less the false impression of such dependency

should exist, hospitals and RHBs were strictly enjoined not to participate in appealing for, or collecting funds.’³

From 1948 onwards then, hospital endowments were supposed to be spent only on medical research or staff/patient amenities, whilst core NHS services would be funded by the state. So services that were not lifesaving, nor critical to good care, might include Christmas parties for hospital nurses, televisions for patients, or new experimental equipment, like CT scans. There is lots of great archival material telling us what they spent their endowments on in the 40s, 50s and 60s.

This was partly in line with the ideologies of the welfare state, which suggested that healthcare at least ought to be state funded. We know from administrative health documents, and from evidence at a much more local level that in general hospitals between 1948 and 1980 stuck to these principles. To quote from the lovely 1950s language of the League of Friends of Warwick Hospital, the aim was to distinguish between core NHS services and its own remit: ‘to raise funds for and to provide amenities, facilities, comforts, entertainments [...]’. However, these principles didn’t always translate into practice, and our research suggests that the precise line between what constituted critical services and amenities was constantly being renegotiated and discussed. This was partly because, despite the Ministry’s efforts to clarify, there remained sufficient ambiguity in the language that dictated the use of hospital endowments, to allow individual institutions to interpret as they saw fit. Thus the Warwick League of Friends went on to say they might:

‘...raise funds [...] for the provision of items of capital or other expenditure which, in the opinion of the Committee, are urgently required and which might not normally be deemed to be the responsibility of the State but which the Hospital Authorities will be unable to provide for an indefinite period of time owing to the lack of official funds or because other items [...] have been granted a higher degree of priority...’⁴

In a revealing statement from 1968, the Ministry of Health admitted that it was difficult under law to limit teaching hospital’s use of charitable funds:

‘Counsel has advised that ‘purposes relating to hospital services’ would extend to the application of income for any purpose which the Board or Committee bona fide considered to be likely to advance the efficiency or beneficence of the services provided at the hospitals under its administration, management or control. The discretion is thus in the hands of Boards and Committees.’⁵

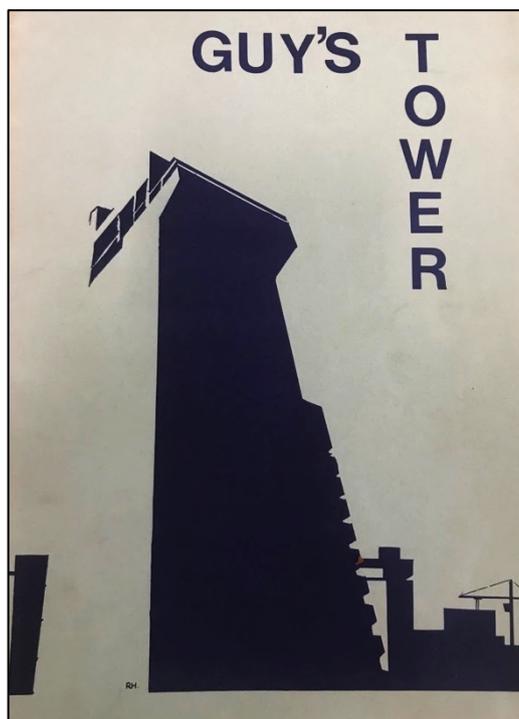
It’s also worth noting that while appeals and collections had been discouraged before 1980, donations were received by hospitals, especially after fundraising rules were loosened in the 1950s. Our project members Rosemary Creswell and Bernard Harris have noted that £3.45 million was received by RHBs and their hospital management committees in the form of ‘subscriptions, grants and donations’ or ‘gifts, legacies and

³ TNA ‘National Health Service Appeals for funds etc. BG (48) 23.a, 1948.

⁴ League of Friends of Warwick Hospital, ‘Constitution, objects and rules of procedure, 1954.’ Warwick County Records Office: CR3399/1.

⁵ T227/4008, TNA, Extract from Treasury File: Hospital endowment and trust funds, 1960-74

trusts' in 1969/70 and just over £3.2 million in 1970/71, which are significant sums at today's prices.



In 1969, the Labour Government was already discussing whether to encourage donations and legacies to hospitals and by 1972 the Health Service had received more than £5 million in donations. In addition, in terms of expenditure, while many hospitals largely adhered to the original idea of only spending their endowments on amenities and research, some, particularly the wealthy teaching hospitals in London, were already opting to use charitable money for purposes that were supposed to be funded by the Exchequer. One key example is the construction of Guy's Tower, which was completed in 1974 (which I can see from my bedroom window) and is controversial architecturally. Although

not the first example of this, it was one of the most substantial cases before 1980 of a hospital using its endowment funds for a big capital project. There's great material in Guy's archive about the endowments funding cocktail parties to promote the architectural designs of the block, and ultimately the Tower was two-thirds funded by the endowments, rather than by the Exchequer. There are lots of complicated reasons for this, partly to do with the slowness of the Ministry of Health coming to terms with having to fund it, despite there being a critical need in the early 70s. I also love this image, which is slightly off putting, but was supposed to be attractive in 1974. ⁶

One of the major questions that we're interested in exploring is whether 1980 was a key hinge point in this history. We know it was being discussed at a local and institutional level, so there was a big policy shift in 1980, but perhaps it wasn't as profoundly felt as we might think? In October 1979 the Department of Health and Social Security (DHSS) sent hospitals and health authorities a memorandum on fundraising by NHS staff. This said that Ministers were reviewing the general policy on fundraising in support of the NHS. They indicated further changes were also being considered, which would all be instituted in a key reform and that there was no longer any objection to participation of NHS staff in voluntary fundraising activities.

⁶ H09/GY/LIB/033 'Guy's Tower', Brochure produced to mark the completion of Guy's Tower; Illustrated, 1975, London Metropolitan Archive

To what extent did this actually make the change it claimed to make? In February 1980 the treasurer of Great Ormond Street Hospital (GOSH) wrote to the DHSS to request an update on potential changes to the legislation. He was very interested to know whether in the near future, as a result of these policy changes, the hospital would be able to seek funds from non-exchequer sources.⁷ This was framed as a response to fundamental financial difficulties being faced by the hospital at the time, which forced it to close two 20-bed wards. I'm sure we will hear a lot more about GOSH as the afternoon progresses. Effectively the changes that he sought came to be, and later that year the treasurer wrote optimistically to one of the hospital's consultants to clarify the current rules. The present position, he said, was that it was not within the powers of the board to appeal for funds, or for staff employed by the board to be directly involved in any appeal. However, reform was afoot. 'It is anticipated that this position may change after the Health Bill has been through Parliament and brought into force.'⁸ While GOSH's treasurer was cautious not to anticipate policy changes, hospital fundraising would indeed be liberalised by Thatcher's Government in the 1980 Health Services Act. A later Minister of State, Edwina Currie, explained the rationale in 1991: 'We wish to encourage the long-standing tradition of charitable support...enthusiasm, interest and inspiration of local people...helps bereaved people to...assuage their grief'.⁹

Was this the whole story? One of the questions that also underpins our project and this afternoon's discussion, is the relationship between hospital fundraising and NHS expenditure, or rather, NHS finances. We are interested to know whether the role of charity has fluctuated over the last forty or so years, according to trends in public health spending. Certainly NHS spending as a proportion of GDP has dropped during certain key moments and we are interested in whether that also provides us with a backdrop of why hospital charity fundraising has gone up.

We are also interested in particular campaigns. One of the arguments about 1980 as a key turning point, is that it was followed by a huge uptake in large, well-funded, professionalised fundraising campaigns on behalf of individual hospitals. There was the Wishing Well Appeal from GOSH in the 1980s and a later 1990s campaign around the Evelina Hospital, but there was also one in 1982 which was one of the earliest. Guys was also keen on this fundraising plan quite early on. Then, although not a charitable endeavour, there's the St Barts campaign in the 90s and Grand Appeal in 1995. So we are interested in not just why these campaigns took place, but also how - the nuts and bolts of what charitable fundraising for the NHS looked like in these early days.

⁷ Archives Service, Great Ormond Street Hospital for Children NHS Foundation Trust (ASGOSH) Letter from D. A. Newton Treasurer, The Hospital for Sick Children, to Mr. M Mason, 1st February 1980

⁸ Letter from D A Newton Treasurer to Dr J M Chessels Department of Haematology 30th June 1980, GOS/15/444 Board Funds General, Endowment Funds, 1977-84, Great Ormond Street Hospital Archive

⁹ Edwina Currie MP, 'National Health Service (Lottery)', Hansard, *HC Deb* 28 July 1988 vol. 138 c.56.

We are also interested in the shift online, and think GOSH was again an innovator from the late nineties, in developing the first hospital charity website. How did fundraising change once it went from an inclusively in-person enterprise or at least a non-digital enterprise, to an online one? This was obviously part of a broader shift - hospitals and the NHS were not the only people to discover the internet in the early 2000s, nor were they the only charities to do so. It's also part of the narrative of professionalisation, with hospital charities employing special dedicated professionals for online fundraising. Relatedly there are practical questions of how do you do this? How do you solicit donations from people when you are dealing with a digital space?

Then obviously, although this wasn't part of the original project plan, because it was conceptualised before Covid, we are very interested in what happened during the pandemic. What's been the impact of the pandemic and how will it shape the future of hospital fundraising.? We will return to this, especially at the end of the witness seminar this afternoon.

And finally I'll quote a very useful question from Lothian's website, which is fundamentally the question we are interested in answering. 'What is an NHS charity.' There's been a debate over what the place of charity in the NHS has been and has remained, and over what the border between Exchequer funded healthcare and charitable funded healthcare should be. There is still language in contemporary NHS charity literature that alludes to the original border that was set out in the 1940s. So this underpins some of our key questions for this afternoon – was there a border? If so, how was it maintained, how did it change? Did the 1980s mark a key transition in the history of hospital fundraising? Is there a border still and if not, regardless of whether there is one legislatively, or in policy, is there one culturally amongst the people involved in this sector? How have some of these major campaigns and appeals functioned, both the precursors in the 80s and 90s, then also the campaigns that took place during the pandemic and continue to take place? It's interesting looking just ahead to the 75th anniversary for example, to think about how that will play out.

That's all from me and I'm happy to chat about all of that in the coffee break. But otherwise, let's kick off.

Martin Gorsky

Thank you very much Agnes. Could I invite the first panellists to join me on the table please? That's Nicola, Marion, David and Wendy. I'll just give them a minute to arrange themselves.

Okay, now I mentioned in my brief introduction that it was rather sad that Keith Day couldn't be with us, because I was hoping to use him to start all of this off with some memories of the 1970s, before we really get started on the 1980s. We did interview him however and without wishing to put words in his mouth, he gives a really nice

little phrase, ‘the 1980s was the moment when NHS charities, people moved from being *custodians* of the charitable trusts, to being *proactive fundraisers*.’ Now we can’t learn much about the ‘custodian’ phase today, but I think what we can do is look at this idea of shift in the 1980s. If there was a sort of talismanic campaign that marks that shift, I think it’s the Great Ormond Street, Wishing Well Campaign. So I want to start with Marion, if I can. Could you first of all just say a little bit about how you got involved in that campaign on a personal level?



L-R Marion Allford, Wendy Mead, Martin Gorsky, Nicola Masters, David Wood

Marion Allford

Well, I’d done quite a few capital appeals before, so I didn’t come to it fresh. I’d run many smaller, all capital appeals, for specifics for the elderly. Then I ran a five million appeal for the Charing Cross Medical Research Centre and that was interesting in that it was building a completely new centre and the major donors involved actually made the Government take out a contract with them. So, they were very keen to see that the money was only used for what the donors actually gave the money for. Previously I had raised money for a geriatric day hospital, owned by Government. Later, the donors were very upset as the centre was closed after only a few years and the funds used for a different purpose. So a lot of major donors were very aware of this situation and weren’t prepared to give their money unless they were really sure that this was not going to happen. Having completed the five-million-pound appeal, I was then asked initially to raise twenty million pounds for Great Ormond Street. It’s a brilliant cause, so I thought yes we can do that. But during that time inflation was running at a

very high level and so we then had to end up raising a lot more than that. However, initially, making the case for the appeal was going to be difficult because of this issue as to whether funding for the NHS should be charitable or not. However, the hospital had just had a £10m grant from Government for a new cardiac block, so we would have had to wait at least 10 years before it was our turn again for capital input from the Government. Meantime one of the buildings was in such bad repair, that someone carrying some heavy equipment up the stairs, dropped it and it went right through the different layers of the stairs. I must admit that exhibit did certainly help to make the case!

But this issue of whether we were going to get major donors was absolutely crucial as, with the Guy's Hospital Tower, Phil Harris had pledged to give a lot of money to this new clinical building.¹⁰ Then Virginia Bottomley, the Health Secretary proposed to make the St Thomas's hospital site the clinical facility and change the Guy's new building into the academic centre.¹¹ Some said this was so that the clinical facilities were opposite the Parliament buildings! So there was a real hiccup, you know, a real problem and Phil Harris threatened to withdraw his major gift pledge. From the start we had identified some potential million pound donors for our appeal. But they were saying well you know we're not going to pledge our money, unless we are absolutely sure it's going to be used for the purposes for which it is given. I did go to see Sir Brian Tomlinson with our first major donor, someone called Jean Sainsbury, nothing to do with the Sainsbury's family, and she was giving half a million pounds, the first big gift we had achieved.¹² We felt it was vital that the Government should do what every other charity had to do - if you receive money for a set purpose, you have to give it back if you don't use it for that purpose.

Martin Gorsky

Marion just before we go on further into the nitty gritty, can I just scroll back to where you started and you said you were someone who had come from previous capital

¹⁰ Sir Philip Harris, Lord Harris of Peckham, b.1942, is a philanthropist who made his wealth in the carpet sector as founder of Carpetright, then as a Director of the Tapi chain, see Phil Harris with Ivan Fallon, *Magic Carpet Ride: the story of my life*, London: Biteback, 2017.

¹¹ Virginia Bottomley, Baroness Bottomley of Nettlestone, b. 1948, is a British Conservative Party politician who was MP for South West Surrey, 1984-2005; she was Minister of State for Health, 1989-1992, then Secretary of State for Health, 1992-1995.

¹² Sir Bernard Tomlinson (1920-2017) was a neuropathologist who chaired the Northern Regional Health Authority. In 1991 he was invited by the then Secretary of State for Health, William Waldegrave MP, to lead an enquiry into health services, medical education and research in London. The *Report of the Inquiry into London's Health Service, Medical Education and Research* (1992) made recommendations for rationalisation and closures of London's hospital provision, including the merger of the St Bartholomew's (Barts) and the Royal London, on the site of the latter, thus effectively closing Barts. For background: Martin Gorsky and Virginia Preston eds., *The Tomlinson Report and After: Reshaping London's Health Services, 1992-1997*, ICBH Witness Seminar Programme, London: LSHTM, 2012, URL: <https://www.kcl.ac.uk/sspp/assets/icbh-witness/tomlinson-report.pdf>; Jean Sainsbury (1925-2007) was a philanthropist associated with animal welfare and the Royal Opera House as well as GOSH; her wealth was derived from her father who was successful in the advertising business, see Jean Sainsbury Animal Welfare Trust 'Our Story', URL: <https://www.jeansainsburyanimalwelfare.org.uk/obituary/>

appeals, does that mean not in health? Were you in a sense a professional fundraiser, coming into this world?

Marion Allford

I hope so! Any fundraiser who isn't a professional fundraiser hasn't bothered to learn the best practice that's going around, which they then build on. The practice of getting big gifts before launching a public appeal came over from America. I was working with Help the Aged at the time and they had one person there, who had done this before and I looked over his shoulder and picked up quite a few things, which helped me. Then I went on to do other appeals, but it's so very different doing a capital appeal, because you've got the different phases which we can talk about later. Using that strategy is really key to getting your biggest donors first, privately, before you go public.

Martin Gorsky

What strategy did you take towards that? Did you approach business people or were you aware of the Philip Harris's of the world? How did they come into the picture?

Marion Allford

If you look at the examples of other major appeals when I was trying to plan this, there'd been Band Aid, which was massive and that was in '82.¹³ There'd been the NSPCC Centenary Appeal in '84, which was very successful. Giles Pegram ran the appeal for the NSPCC and shared a lot of their knowledge and experience, you know, even some of their contacts, amazing.¹⁴ So, with that, then I took what is a classical approach to setting up an appeal like ours, which is looking at your case first and foremost, making your case so strong that you know it's a no-brainer, people have got to make it happen. In our case, funds were needed for a hospital building, including theatres, wards, parent's accommodation and school facilities. Much of it was clinical. This was unusual at the time, for reasons that we've just been hearing about. So how could we justify to our donors that we needed funds for what some felt was the Government's responsibility? Firstly, we had to explain that the hospital would not be in line for more capital funding from Government because it had just received the Cardiac block funding. Second, we asked Government to match appeal funds raised, pound for pound. Although we did achieve the 50:50 pledge, in the end we had to raise considerably more because inflation was so high at that time. If we

¹³ 'Band Aid' was the name of an impromptu 'supergroup' formed in November 1984 by Bob Geldof to record a charity single in aid of the Ethiopian famine of 1983-5. Composed of musicians from then popular groups, Duran Duran, Ultravox, Spandau Ballet, Style Council, Status Quo, The Boomtown Rats, Culture Club and U2, their single 'Do They Know It's Christmas' was a seasonal hit, selling some 3 million units globally, and inspiring the Live Aid concert in July 1985.

¹⁴ Giles Pegram CBE began his career fundraising for Oxfam as a schoolboy. He subsequently worked for Help the Aged, and for thirty years was Appeals Director for the NSPCC, retiring in 2010. He is a trustee and fellow of the Chartered Institute of Fundraising, whose website describes him as 'without doubt the leading European fundraising thinker of the last 25 years'.

hadn't done this, donors, especially major potential donors, would have said: "I'm sorry, we are not doing to do the Government's job here." We were very aware of this issue and this attitude towards fundraising for the NHS, which carried on right into the '90s as well. Having made a clear justification for the funds, we then planned to raise at least a third of the money privately, with major donors, before launching the appeal to the public. In this way the appeal looked like a success from the start and it allows fundraisers to pitch their approach to each benefactor in the ideal way, rather than them giving in response to publicly, which would often mean they give a lot less. I know of at least two children's hospitals which failed initially, because they did not use this strategy.

Martin Gorsky

Just a small point. When you said that the models were coming from America, how was that happening?

Marion Allford

It was to do with nurturing major donors, looking at things from their point of view, why should they do it, you know. There are all sorts of reasons why people give, some delightful, some perhaps not so delightful, and it's a vested interest for some reason. So, of course, you have to be very careful about that too. I think the NSPCC used this method, but it had never been done before in hospitals, to my knowledge, not in that way. So it involved getting your case really strong, working out what the constituency was, you know, who cares and of course there were parents that owed their children's lives to the hospital, because at the time the hospital was a tertiary referral centre, when all the other children's hospitals sent the really difficult cases to Great Ormond Street. It's not like that anymore, because that expertise has been pushed out more into the regions. And that in itself caused us great difficulty. In order to involve the parents we set up county groups all over the country which meant they could be on the doorstep of another children's hospital and they didn't like it as they felt it impacted on their fundraising. So we did have problems. We had to negotiate arrangements, because they felt we were on their patch, but being a national hospital, how could we do it otherwise. But it was difficult.

Wendy Mead

Can I just say I think also Great Ormond Street had a problem when the copyright for Peter Pan ran out, because that was a major funding stream wasn't it, when J M Barrie left the rights to Peter Pan to Great Ormond Street.¹⁵ So I think that's when the Wishing Well probably started.

¹⁵ In 1937 the will of the author J.M.Barrie gave the copyright of his popular children's play *Peter Pan* to GOSH, which has continued to benefit from the income these rights have generated. Concerned at the expiry of the initial term of duration, in 1988 the Government controversially legislated in the Copyright, Designs and Patents Act, 1988, c 48, sched. 6 (Eng.) to grant this copyright to the hospital in perpetuity, see: Jennifer Green, 'Copyrights in Perpetuity: Peter Pan May Never Grow Up', *Penn State International Law Review*, 24, 4, 2006, 841-63.

Marion Allford

No, it wasn't actually, we were already on our way. And the funds from that income stream went to the hospital, not the Wishing Well Appeal. However, as Lady Callaghan, the Prime Minister's wife, was involved with the hospital she helped to arrange that the Peter Pan legacy copyright was extended.¹⁶

Wendy Mead

Oh really.

Marion Allford

But it didn't make a lot of difference to the appeal funnily enough. It did to the hospital's ongoing fundraising, which had to continue during the appeal. This money was very important for the Friends and the numerous other charities benefitting the hospital.¹⁷ Setting up a separate appeal at the time did raise issues and involved careful communications and coordination, to explain the role of the Appeal and its plans.

Martin Gorsky

Peter Pan does remind us about this great tradition of pre-NHS philanthropy that GOSH had. One thing that I wondered is whether it was traditional, or whether it was a new strategy to get the Royals involved as high profile patrons. Can you talk about that?

Marion Allford

Well, the Royals had been involved with Great Ormond Street for ages, a long, long time and I was told that they wanted to have the Princess of Wales heading the appeal. I said I'm sorry, I don't agree with that, I think it's a parent's problem, we want both of them, the Prince and Princess of Wales.¹⁸ So instead of asking, we went to the archives. We had a wonderful archivist and he went right back to the 1930s when the Prince and Princess of Wales at the time headed an appeal to raise money for the Boiler House. And many other Royals had been involved over the years. So, we

¹⁶ Audrey Callaghan, née Moulton, Baroness Callaghan of Cardiff (1915-2005) was chair of the Maidstone Labour Party and member of the London County Council from 1958, then alderman of the Greater London Council until its abolition. She was best known as the wife of James ('Jim') Callaghan, Labour Prime Minister 1976-1979. She became chair of the GOSH board of governors in 1969, and was responsible for obtaining the extension of the *Peter Pan* copyright described in the previous footnote, after her husband proposed a Lords amendment to that effect.

¹⁷ The Friends of the Children of Great Ormond Street (The Hospital for Sick Children, London) registered with the Charity Commission in 1962. Its objectives are 'to mobilise, encourage, foster and maintain the interest of the public in the patients and the support of the work of the hospital for sick children and its branches by means of voluntary service.' It is distinct from, though linked to the Great Ormond Street Hospital Children's Charity.

¹⁸ Diana Windsor, née Spencer, Princess of Wales (1961-1997), was an English aristocrat best known for her marriage (1981-1996) to Charles Windsor, then Prince of Wales, now King Charles III. Amongst her high profile charitable activities during and after her marriage were her patronage of the Leprosy Mission, National AIDS Trust, the Royal Marsden Hospital and the British Red Cross Anti-Personnel Land Mines Campaign. She was President of GOSH from 1989.

produced this beautifully illustrated book, which was leather bound and gold embossed, and we sent it to the Palace, together with our letter of request... and they said yes! So that was great. And they were working together at the time, which was fantastic. Then of course when tragedy happened and they split apart, we had twice as many Royal attendances, so I guess there's always an upside to everything.

Martin Gorsky

So that was a bonus. The other element as you were just mentioning is the charities of the period, like Live Aid and my memory is that there was the record where you got Boy George involved.¹⁹

Marion Allford

Yes, well that was an example of how you could suddenly splash the whole of the country with something that touched everybody. You could almost say well what did you do in Band Aid, it was so big, because of the cause. For Band Aid they were showing these photographs on television of children in such terrible circumstances and people hadn't really seen that before. So, it was very unique.

Martin Gorsky

So the beginning, perhaps, of the celebrity sponsor?

Marion Allford

Mm, maybe yes.

Martin Gorsky

Lots more to come back to from you. Now let's bring Wendy in. So your example is not quite the same is it, because Save Barts is really an advocacy campaign?

Wendy Mead

It wasn't a charity. It was a campaign to save the hospital, yes and very successful we were, not in the millions, but we weren't really asking for millions. We did raise £100,000 one day with a radio appeal, to take us back to the Court of Appeal over the judicial review of the closure of the A&E. There are lots of charities attached to Barts. The main one, the one that goes back to medieval times is the Barts Charity, it used to be called Special Trustees, it's now The Barts Charity and they have a lot of money and they, as far as I know like all the other charities in Barts, use their money for amenities and equipment and buildings that would not be sponsored or paid for by the NHS, or the Government. In the 2000s we had a Lord Mayors Appeal for the Breast Cancer Diagnostic Centre where they restored the west wing in Barts and turned it into this wonderful diagnostic centre. There's a new project now, because of the 900th anniversary to bring breast cancer surgery back to Barts and they are

¹⁹ The fundraising charity single 'The Wishing Well' by Boy George and Friends was recorded and released in 1988, reaching number 22 in the British charts.

rebuilding the Refectory block, to bring that back. There's the voluntary hospital, which also dates back a long time and they are really just for patients amenities and the Rahere Society also exists for patients. I think mainly, they pay travel costs to Barts. I'm a Trustee of the Guild, which is really the League of Friends.²⁰ We raise money through the shop and the trolley services and the newspaper deliveries for patients and the monies we make go, not just for patients, but for staff. We have all kinds of applications for grants that we assess for agreement. The Barts campaign was specifically about public awareness raising and we needed money to do that of course, to run an office. But we weren't specifically raising money for any other purposes, except to keep going.

Martin Gorsky

The names of Virginia Bottomley and the Tomlinson Report have been mentioned a few times so far. For people not aware of that scenario that the London hospitals were facing, could you sketch in a little bit?

Wendy Mead

Yes, my late husband was in Barts in 1991 for major surgery and our whole experience was marvellous really, apart from the worry about him, the treatment was amazing. The professor of surgery, who did the operation, only did national health, he wouldn't do any private work. And he came up on Sunday afternoons to look after his patients, which I thought was pretty amazing, I don't think you'd get that if you had private care. So a year later when the rumour started that a report was coming from Professor Tomlinson targeting many of London's teaching hospitals, and Barts was rumoured to be top of the list, Guys was on it as well and I was called in at one point to Guys, to be an observer on their campaign. We were just amazed, because all these institutions that he was targeting were world renowned and top of the list in any medical seminar and lecture tours around the world. It was really quite shocking. I could understand why it started. John Major was made aware of how appalling primary care was, across London, he brought Tomlinson down from Newcastle to report and suggest recommendations.²¹ He felt that there was far too much expertise in the teaching hospitals and they were soaking up all the money. If a few were closed, released funding could then be used to improve the primary care. Now I agree with him that the primary care did need improving, it had been neglected for far too long. There were GPs singlehanded in really slum conditions, so there was a point to it all, but we couldn't see why you would close great brand names. It was quite

²⁰ The Barts Guild began in 1911 as a group of female volunteers supporting the hospital through fundraising bazaars and the provision of items such as clothing and bedding. Under the NHS it functioned as a characteristic 'League of Friends', running a newspaper shop and florist, and providing staff and patient amenities. See 'History of the Guild', URL: <https://www.bartsguild.org.uk/history-of-the-guild/> For general background to Leagues of Friends: Gareth Millward, 'Its many workers and subscribers feel that their services can still be of benefit': Hospital Leagues of Friends in the English West Midlands, c. 1948–1998, *Social History of Medicine*, 36, 3, 2023, 433–455,

²¹ Sir John Major, b.1943, was Conservative MP for Huntingdon, and Prime Minister from 1990 to 1997. For Tomlinson, see fn.12.

interesting that St Thomas's was never targeted, being opposite Parliament. We had a very high profile campaign, if John Major had known that Stewart Steven, who was the editor of the Evening Standard at the time, was a Barts patient, he might have thought better of including Barts on the list.²²

Martin Gorsky

Because they really picked it up as a campaign?

Wendy Mead

They really picked it up. Dear old Stewart, who is no longer with us, he set on a health correspondent with instructions to publish whatever we did, so it was wonderful for us. At the beginning we had lots of high profile people involved and there was a lot of money coming in, we spent it all really on legal fees, because we went to law several times. People ask me how did we manage to save it, because it looked very black for a long time. All I can say is we worked very hard also with the Labour Government in opposition and we managed by dint of the legal challenges, to stop the health service from making a final decision (the single site option, all services at Royal London Hospital, Whitechapel and full closure of Bart's) until after the Labour Government was elected in 1997.

Martin Gorsky

Was that Chris Smith who was the ...?

Wendy Mead

Chris Smith was the Shadow Health Secretary until 1997.²³ My campaigners were very upset when he didn't get the job of Health Secretary when Labour came into power, but I said well, he couldn't be, he wouldn't have let Chris save his own hospital, because all the other hospitals would have been up in arms.²⁴ He gave the job to Frank Dobson, who fortunately, as well as being a very straight Yorkshireman, was also a historian and his famous quote was, 'I'm not having it over the gate of Barts that it was opened by Rahere in 1123 and closed by Frank Dobson in 1998.'²⁵ It was still very, very controversial, but Blair set up a special inquiry under Leslie Turnberg, to discuss what should happen to healthcare in London.²⁶ The panel, after

²² Stewart Steven (1935-2004) was editor of the London *Evening Standard* from 1992-1995.

²³ Christopher Smith, Baron Smith of Finsbury, b.1951, was Labour MP for Islington South and Finsbury 1983-2005. He was Shadow Health Secretary from 1996 to 1997, and became Secretary of State for Culture, media and Sport in Tony Blair's first administration. He is also known as the first British MP to come out as gay, in a speech in 1984.

²⁴ 'He' refers to Anthony ('Tony') Blair, b.1953, Labour MP for Sedgefield from 1983 to 2007, Leader of the Labour party from 1994 to 2007, and Prime Minister from 1997 to 2007.

²⁵ Frank Dobson (1940-2019) was Labour MP for Holborn and St. Pancras from 1979 to 2015. He was Secretary of State for Health in the first Blair administration, from 1997 to 1999.

²⁶ Leslie Turnberg, Baron Turnberg of Cheadle, b.1934, is a gastroenterologist and Labour member of the House of Lords. He was Dean of the Manchester Medical School from 1983 to 1986 and President of the Royal College of Physicians from 1992 to 1997. In 1997 he chaired the *Health Services in London Strategic Review—a report by an Independent Advisory Panel*, which revised some of the recommendations for hospital

all the submissions were in, decided that Barts could remain open as a specialist centre for cancer and cardiac. We remained within the Trust with Royal London, which had caused a lot of problems. It is resolved now and we have the biggest and the best cardiology department in Europe.

Martin Gorsky

Marion mentioned friction between GOSH and other hospitals in the country, and you've mentioned friction between, if you like, the rational planners and people who wanted to preserve the great hospitals. How did you, and this is one for both of you, how did you negotiate those frictions?

Wendy Mead

It was very, very difficult when we were forced into the merger with the Royal London, because you've got experts across the board, but there was only going to be one professor of each dept. but two departments. We were always assured that it would be the best person for the job, but actually it didn't work out like that. Barts suffered quite a lot and many of our experts left. Fortunately, we've got many experts back again now, because of the fabulous facilities, but it was a very difficult time. Tomlinson decided that there should be four teaching hospitals, one in each corner as it were. So that, I think Kings College was going to be one of them, it certainly wasn't going to be Guys, it was Barts going onto the Royal London site and obviously St Mary's and Imperial in the south west, attached to St George's. The other thing that Bottomley wanted to do, was to put all children's services in major hospitals where there was proper facilities for everything, including A&E services. Then suddenly, it was pointed out that this made Great Ormond Street very vulnerable, we were all told, when we went to the specialisms reviews and debates, that Mrs Bottomley decided that "Great Ormond Street is sacrosanct", because of its huge fundraising abilities.

Marion Allford

We had to defend it. The general manager had to go off and do a lot of defending, but they did join us up with the research part of it.

Wendy Mead

The other thing was that she realised that the Tomlinson plan made UCH very vulnerable as well. So suddenly we had five quarters instead of four quarters, but Barts was still on the hit list.

Martin Gorsky

restructuring made by the Tomlinson Enquiry and called for improvements to primary and community care and mental health services.

So Barts and GOSH were able to survive. There were other hospitals though that didn't do so well, some of the smaller ones like, for example, there was one in Putney, wasn't there, that David Mellor was campaigning for?²⁷

Marion Allford

I can tell you at the time that the feeling was so strong, because the money was coming in at an enormous rate. If you include the £30m Government funding, the appeal raised £84m, which is about £288m in today's money, so it was a lot of money in those days. The money was rolling in so fast and causing this, well, upset by other children's hospitals. We couldn't do it any other way, because the parents of the children that could be helped by Great Ormond Street lived in an area that probably had its own children's hospital. One of the children's hospitals was actually paying a PR man to put out an anti-Great Ormond Street campaign. It was unbelievable. I went to see him, I won't say who it was, and explained what we were doing as a one-off appeal and he said well it's taking money away from us and I said why can't we work together, but this was not accepted. But it was very difficult. There always is a problem with fundraising in coordination between different hospital interests.

Martin Gorsky

I'm sure we are going to come back to this theme as the afternoon unfolds. I'm getting towards the end of my bit with Marion and Wendy, does anyone else want to put any questions or comments, or feed anything in? Stuart?

Stuart Reynolds

Marion, my interest was who initiated the contact with you to start the Wishing Well Appeal, was it the Hospital Board, or was it the Special Trustees, or did they come together? So was the motivation from, kind of hospital management, or was it from the stewards of the charitable funds that were there?

Marion Allford

Well, I should explain first of all, there were Special Trustees there and they handled all the general charitable money for the hospital. They set up the Appeal Trustees to raise just the target money that was only going to go into the new building. Jim Prior I think had already agreed to be the Chair, and there was a special interview panel to select the director for the appeal.²⁸ I remember it was pretty daunting as there were

²⁷ David Mellor, b.1949, was Conservative MP for Putney from 1979 to 1997. He defended Queen Mary's Hospital Roehampton against proposals for its closure until his defeat in the 1997 election, when the Conservative vote was split by Sir James Goldsmith (1933-97), the Eurosceptic businessman who ran for the Referendum Party. The nearby Putney hospital was closed in 2002 and merged with Queen Mary's, which was converted to a community hospital.

²⁸ James ('Jim') Prior (1927-2016), Baron Prior of Brampton, was a Conservative MP for the Suffolk constituencies of Lowestoft, then Waveney. A leading Tory 'wet' in Margaret Thatcher's first two governments. he served as Secretary of State for Employment from 1979 to 1981, then for Northern Ireland from 1981 to 1984, when he stood down from Parliament.

about 20 people sitting there, interviewing me, including an agent provocateur, who was there to ask the tricky questions. That is how it was done.

Stuart Reynolds

So it was separate Trustees for the ...

Marion Allford

It wasn't set up at that stage, it happened a little bit later on, so it would have been done by the Special Trustees to begin with.

Stuart Reynolds

But going back to the kind of the theme of this sort of border question, I think it's interesting to know whether people within the hospital were feeling they could start some fundraising, they could start to bring money in, or whether external people were pushing for that to happen.

Marion Allford

I think this is a very interesting point, because take the Friends of the Hospital, the League of Friends, you know they were bringing in quite a bit of money just through ongoing fundraising methods. But they were potentially going to 'vaccinate' the only people we could go to for very big gifts and one of their benefactors was on our list of potential million-pound donors. We had one donor who said if you can get nine other donors to give a million pounds each, I'll give you a million pounds. That was wonderful and that gave us an excuse to ask for such large donations. So we had to do a lot of research to find out grant making trusts and wealthy individuals who could give at that level. The Friends always went to one of them and were receiving regular gifts of £10,000, yet we wanted a million pounds from them. The Friends were very upset and said can't you just leave us our regular donors as we've had their gifts for a long time? So we had to explain why they were crucial to us. What we did in the end was to go to that donor to say we don't want in any way to stop your regular giving to the Friends, but could you please now consider an additional gift for our special capital appeal? But it did need a lot of sensitivity for obvious reasons, because people cared so much when their children were involved. There were many Great Ormond Street hospital causes. It might have been, for the Friends, or an area of research where the consultant was closely involved in the fundraising. Some of the consultants were very dynamic people and they easily attracted donations for their particular cause. So when you are setting up something really big and specific, on the back of a cause with a need for general funds as well, you've got to be so careful not to damage the cause you are supporting through the way you set up this new structure. We were bringing in new, powerful people and some of the Friends were saying, but I've been helping for 30 years, why aren't I on that committee? Well, they were not usually the right type of people for some of the things we were doing and it was tricky, I have to say to begin with. The other thing that was difficult was holding people back, especially a captain of industry. Some wanted to run a public event much too early. I

became quite unpopular with some as a result. One really big example was one of the national newspapers wanted to raise a million pounds for the general fundraising at Great Ormond Street one year before we went public with the capital appeal. I had to say, you mustn't do it, absolutely you mustn't do it. This did not endear me for holding back again, but then when we did launch and we got the press to launch to the press – led by Jonathan Dimbleby.²⁹

Jonathan Dimbleby actually launched the press conference for us, so we had a satellite link to the Prince of Wales at Highgrove and you know it was splashed in every single publication.³⁰ But if we'd had a press appeal in one newspaper a year before that, we would not have achieved mass publicity as we would have already had our turn in the public eye.

Martin Gorsky

So this I think is giving us a real flavour of the professionalisation that's going on. Karl you wanted to come in?

Karl Wilding

That was going to be my question.

Marion Allford

It took a lot, the newspaper in question, luckily Jim Prior turned down such an, on the face of it, fantastic offer and he got panned in the press for about three months after that and I was hiding behind him!

Karl Wilding

Marion, my name is Karl Wilding, I'm currently at the Centre for Philanthropy at Kent University with Beth Breeze, who says hello.³¹ The focus of today is rightly on how fundraising changed the NHS hospitals, but I guess I want to ask the reverse of how much did the NHS hospitals change fundraising, because you talked about Giles, for example before, I mean he was around at a time when fundraising was professionalising, I wonder how much you were driving that.

Marion Allford

I came to fundraising with an extra expertise at a time when general fundraisers didn't really have much marketing behind them. That's the thing the press picked up on, what they said, is they hadn't seen an example before that used such business practices. I mean we used every single one that was relevant. We had different panels,

²⁹ Jonathan Dimbleby, b. 1944, is a television and radio journalist, and scion of the Dimbleby family of BBC presenters. In 1994 he presented the sympathetic ITV programme 'Charles: The Private Man, the Public Role', which elicited Prince Charles' public admission of infidelity with Camilla Parker Bowles. Later that year Dimbleby published *The Prince of Wales: A Biography*, Harper Collins 1994.

³⁰ Highgrove House, near Tetbury, Gloucestershire, is the private residence of King Charles III.

³¹ Professor Beth Breeze is Director of the Centre for Philanthropy and Reader in Social Policy at the University of Kent, see URL: <https://www.kent.ac.uk/social-policy-sociology-social-research/people/564/breeze-beth>

we even had a publishing panel, you know a sponsorship panel, we had a marketing panel and many more. We had six competing PR agencies working together, *pro bono* and hand in hand, each taking on the promotion of a major event for us, you know and I actually had the press ring up and say they thought it was disgusting that we had spent so much charitable funds on marketing. We have worked it out, they said, and we think you must have spent 8 million pounds on it. I said well, thank you very much for the research, seeing as we didn't pay for it. So, a great deal was done at no cost to the appeal and the cost to income ratio was well below 10%, because we received so much *pro bono* support. This involved establishing special groups and panels, covering commerce and industry, the city, major donors, grant-giving trusts, allowing people to have their head, to do their own thing, within a structure that reported in to the Executive Committee. And, in that way, we were able to keep staff to a minimum allowing them to play more of a coordinating role.

Martin Gorsky

Okay I'm almost ready to wrap up this chronological section, but I think we've got one more question or comment at the back.

Bernard Harris

This is a real question. So I'm Bernard Harris and I'm a member of the Border Crossings Team. I hope it's a fair characterisation to say that you've both spoken about the work you were doing from the stand point of the hospitals themselves and I wondered how, or to what extent you were aware of discussions going on within the Department of Health and Social Security, about the extent to which the kinds of charitable resources that you're talking about, could be unlocked for the benefit of the health service more widely.

Marion Allford

So you are saying when they saw what was being achieved they were wondering if it could help to pay for their responsibility of costs?

Bernard Harris

Yes, I mean if I could be specific, there are some papers in the National Archives ...

Marion Allford

Yes I can't quite hear you, that's my problem.

Martin Gorsky

Is the mic on?

Bernard Harris

I've got the microphone, is it on? So in the National Archives, there are some papers involving discussions between DHSS and somebody called Michael Brophy, who was involved with the Charities Aid Foundation and also something called The Centre for

Charitable Service.³² And he has a paper in the National Archives, which is specifically about the extent to which it was feasible to expect corporate donors to stump up money for the health service. So I was wondering if you were aware of those discussions, or not?

Marion Allford

Not really, no. Although myself, I do think it's possible to ask the public at this stage after Covid, to do a lot more and I have certain ideas on that. But no I'm not aware of it actually.

Martin Gorsky

Well that's something we can definitely come back to.

Marion Allford

I knew Michael, he was great.

Martin Gorsky

Sorry Wendy did you want to?

Wendy Mead

Well I just wanted to say that as far as we're concerned with those charities that were involved at Barts, we don't spend any money on what should be NHS services. We buy equipment that the NHS won't supply, like a few years ago they bought a wonderful machine for Barts, 2.5 million pounds worth, to extract lung tumours through a keyhole, which is pretty amazing, you don't even stay one day in hospital, you don't stay one night. So we can do things like that, but we can't pay for services.

Marion Allford

Actually, I then went on after the Wishing Well Appeal to advise other hospitals, children's hospitals and they too were very careful to be able to say they were not saving the Government funds. Throughout the nineties there was still that dividing line between what's the Government's responsibility and what was seen to be additional and charitable.

Martin Gorsky

Okay well thanks very much for that, there are themes for us to pick up as we continue. I want to move now on in time to the Tony Blair era, which we have had some mention of already. You'll recall from the economic history of the NHS graph which Agnes showed that we are moving into a period of expansiveness on the part of

³² Michael Brophy is a leading figure in UK philanthropy. After working as director of fundraising for the Spastics Society, he became CEO of the Charities Aid Foundation in 2004, where he increased the total funds under management from £12m. to £1.5 bn. He was also well known for lobbying for payroll giving and the principle of tax relief through 'gift aid'. He was the founder in 1989 of the Association of Charitable Foundations, a membership association for foundations and independent grant-makers.

public expenditure. The technology is changing and we have heard a bit about the professionalisation of NHS fundraising, I want to move to Nicola now, and it's another children's hospital story. Could you tell us a little bit about how you personally got involved and perhaps take forward this story of the professionalisation of the NHS charities?

Nicola Masters

Sure. Well I came to fundraising from banking and finance in the City, so I didn't have any experience at all. At the time, the Chairman of the NHS Trust did not want to go down the private finance route and wanted to set up an appeal separate to their then Special Trustees, which were a reactive group taking in money from parents, others who had had treatment and literally turning that money around and giving it into general funding throughout the Trust. There was also a Guild of Friends, a League of Friends, which were felt to be not the right people to take forward a very professional appeal. So the then Chairman of the Trust wanted to set up a brand new appeal and that's where we came from in 1995. It was a brand new appeal, so we have none of the endowments that you were talking about earlier in your presentation. I think it's important that, if you would just allow me one minute to just go right back. Bristol Hospital for Children was established by the public's subscription in 1865 and we have all the archives of all the people who gave one and six, and held flower shows and the matron used to go out and judge cake competitions. And there is a great tradition in Bristol of that archive of giving for Bristol Children's Hospital, which was set up in 1865. It was granted its Royal Charter by Victoria in 1897 and it grew on the same site as a hotchpotch, they added on a bit here and a bit there and a bit somewhere else and a conservatory out the back. So it wasn't fit for purpose for modern healthcare by the time I came on the scene in actually what was a very tumultuous political scene in the 1990s. You know you go from Thatcher, to Major, to Tony Blair and to, I have made a few notes, but from my recollection, some of the challenges we faced then, we still face now. Particularly one, where's the border between what should be rightly the responsibility of the NHS and where can charities add value? We found that with the capital appeal back in the day, because of course Bristol is completely different to London. The two previous amazing speakers have been all about London and Bristol is a very different place. Now, it's very well known for science and technology, but then there wasn't a great portfolio of wealth in the area. So we wondered, you know, was this possible? I didn't have a background in fundraising at all, neither did the Chairman of the NHS Trust, so in those days Marion was just coming to the end of her days with the Wishing Well Appeal and she very kindly gave us some advice about how to set the organisation up.

Martin Gorsky

Just before we leave it, on the personal level it seems odd to move from the City and finance to ...

Nicola Masters

It was but yes ...

Martin Gorsky

So, why did they nab you for the job?

Nicola Masters

I'm a Bristolian by nature, it's where I was born, so it was partly fortuitous, right time, right place, serendipity. It was becoming more professional I have to say, I think there were a lot of people that looked at the Wishing Well Appeal and subsequently there are a lot of people who look at the Grand Appeal, who think, well, if they can do it, then we can do it and off they go and they might not have the right people in the right place. You know it's the same with Virgin Atlantic or Marks & Spencer, you need experts in your field and actually by the nineties, because of the political climate in which we were operating, because of the private finance initiative, which has left, I mean it's alright to say that in hindsight now, but it's left a really toxic legacy under the NHS.³³ But you can't say that until you realise the effects crystallised some decades later. At the time you know we were moving from a Conservative Government, which was on its last legs, who came up with this idea of the private finance initiative and then didn't allow any contracts to go ahead, because they were wavering about whether or not it was the right thing. When they were in opposition, Tony Blair and his team didn't want anything to do with it, but as soon as they came into power, he, Tony Blair acted as the accelerator for the private finance initiative and within two or so years of him coming into power in 1997, he'd given away 15 contracts for PFI. From the minute those contracts are given, you know, how do hospitals repay the debt? Do they spend less on infrastructure? Of course they do. Do they reduce the number of beds? Of course they do. Do they reduce their number of staff? of course they do. So that toxic legacy starting in the mid-nineties is still seen today there is no doubt about that.

Martin Gorsky

So you're saying charity here saved the hospital from having to go down the ...

Nicola Masters

Absolutely, it was a decision by the Chairman of the NHS Trust, the University, I can't remember its actual name then, because it's gone through many ...

³³ The Private Finance Initiative (PFI) was a mechanism for funding the building and maintenance of capital projects in the NHS and social care sector. Early PFI deals attracted controversy for locking trusts into expensive repayment arrangements without exit clauses. The Blair/Brown governments supported the approach as a means of driving much-needed infrastructural development, while ensuring this form of expenditure was not classified as public debt in the national accounts. The hope that PFI would transfer risk to the private sector proved unfounded, and Theresa May's government ceased issuing further NHS PFI contracts following the collapse of the outsourcing company Carillion in 2018. Current arrangements will lock some NHS trusts into repayments until about 2050, to the tune of some £82bn. See John Appleby, 'Making sense of PFI', Nuffield Trust Explainer, 2017, URL: <https://www.nuffieldtrust.org.uk/resource/making-sense-of-pfi>, ; Michael Goodier, 'NHS hospital trusts paying hundreds of millions in interest to private firms', *The Guardian*, 25 October 2022.

Martin Gorsky

Bristol United Hospital?

Marion Allford

Peter Dury. (?)

Nicola Masters

Peter Dury, yeah the United Bristol Hospitals. Well it's a Foundation Trust now, but it was linked with the University then and it was their decision, you know the environment was quite toxic politically and you have to think, they thought at the time, we don't want to saddle the Bristol Children's Hospital, Bristol Royal Hospital for Children as its full name is, with the debt that would come from being with PFI. So the question was, on the back of the Wishing Well Appeal, could we set up a professional organisation? So, not one of the two reactive organisations that were already in existence, could we set up a professional organisation and try and move the concept of what happened in the Wishing Well Appeal to Bristol? I have to say we did it in a slightly different way, but it was very valuable and without a new appeal I don't think it could have been done at all.

Martin Gorsky

Different in the sense that you had Aardman Animations and the Bristol cultural legacy to draw on? ³⁴

Nicola Masters

Yes and I think that we took the experience from the Wishing Well Appeal. One has a private face of an appeal and a public face of an appeal and we ... there isn't as much money in Bristol as there was in London ... so we had to do much more extensive research around who were the philanthropists, how we could have approached them. I think before we did any of that actually we had to raise the profile of the Bristol Royal Hospital for Children. Everybody knows Great Ormond Street, but they didn't really know that Bristol Children's Hospital was actually the centre of excellence in the whole of the South West, for half a dozen specialities. So we had to embark on a PR and marketing campaign to enhance the profile of the hospital before we could do a public appeal. As part of that also we had to have a figurehead and we had an agency pro bono create us a little character called Jim Jam, you know a little boy in pyjamas, typical hospital fundraising at the time, you know. And we took it to Aardman Animations who were just based so very close to the hospital and we said could you animate him and they were saying 'Good gracious me, no, we can't we're too busy, we've got a film coming out this year, 'A Close Shave,' why don't you have Wallace

³⁴ Aardman Animations is a company first registered in 1972 and formally started in Bristol in 1976 by Peter Lord and David Sproxton. They were joined in 1985 by Nick Park, the creator of some of the company's most famous characters. Its idiosyncratic style features animated model figures, such as Wallace and Gromit and Shaun the Sheep, see 'History of Aardman', URL: <https://www.aardman.com/about/history/>

and Gromit?’ And that’s how the relationship started. It started as a gentleman’s agreed between Nick Park, who is the creator of Wallace and Gromit, Peter Lord and David Sproston who were the then owners of Aardman Animations. They’ve now had an employee buy-out, the employees own the company now. And that’s sort of how it started. So we had to take a step back, we had to raise the profile of the hospital, we had to look back into the archives at its old public subscriptions from 1865 and then we had to build that up to our launch of a full public appeal, which came a little bit down the line, but actually was in the same year that Blair actually came to power. So it was a very ... a decision with great foresight by the then Chairman of the NHS Trust, to set up a separate appeal and not go down the PFI route, or to use one of the two existing passive fundraising organisations that then supported that Trust.

Martin Gorsky

Wendy and Marion have both mentioned the friction between the individual hospital appeal and the broader hospital eco system that they sit in. So, in Bristol you’ve got Southmead, you’ve got Frenchay, you’ve got The Royal Infirmary, you’ve got The General. Were all the other hospitals content with this - the charity money flowing to the Childrens?

Nicola Masters

I just want to pick up something that Marion said about professionalisation of fundraising for hospitals at that time and I think those ones you mentioned at the time, they were organised as Special Trustees, they were quite passive. They weren’t proactive fundraising outlets going out there to raise money and so they are a very different beast, actually. They might have changed now and some of them have changed now, but then, you know, this is 28 years ago for the Grand Appeal, you know it was a completely different landscape.

Marion Allford

But you had to talk to them though didn’t you, you had to explain to them what ...

Nicola Masters

So and you still do, I mean there’s now a North Bristol Trust, there’s a University Hospital Bristol’s Trust, and that Trust has lots of charities supporting it and those charities have to, in some sense, respect the boundaries that happen today, we have to respect boundaries. And I think if you are professional enough you can do that through a period of negotiation and so there are two main Trusts in Bristol now and there is respect and there is a boundary between them. The boundary with the NHS Trust, which is now a Foundation Trust in Bristol of course, presents completely different challenges nowadays, because there is always the difficulty when we are presented with a funding project that might go to our Trustees and we have to determine as a board whether that meets our objectives for primary purpose and public benefit and whether or not it’s something that is rightly funded by the NHS. That happens now, we had it in our board meeting in January. The test that we use,

it's imperfect, but the test we use is that our donors are largely taxpayers, how would they feel if we are using their discretionary money that they give to the Grand Appeal? Because it is discretionary, they can choose to give to us, they can choose to give to the RNLI, or the RSPCA, they can choose it. So it's discretionary. So as the custodians of discretionary income, how would they feel if we funded something that was rightly the responsibility of the NHS? There are no boundaries, it is imperfect, but it is the main test that we have found, which is the one that our board chooses to use.

Martin Gorsky

Thanks very much. Sorry did you want to go ahead?

Wendy Mead

I just wanted to say something about the PFI because I'm blamed for the huge cost of rebuilding a part of Barts and I get a bit angry about that, because we never asked for that new building, we're very happy to have it of course, but we were just trying to save the hospital as it was. But you're quite right the Labour Party in opposition were very opposed to PFI and we worked with Chris Smith a lot on that and he raised things in Parliament. But when they came into power, they discovered as we also discovered that the PFI was an EU Directive, you couldn't raise money for new hospitals under the EU Directive, without using PFIs, so that was the problem.³⁵

Marion Allford

We also had one instance where St Thomas's Hospital had already installed an MRI in their basement before they asked Willie Whitelaw to chair an appeal to raise the funds to pay for it.³⁶ I said you can't, you've already got it, no one is going to give you money for something when you've already got it. They're only going to do it to achieve something with their gift which could not be funded in any other way, that allows something to happen that wouldn't have happened otherwise. So there were many instances like that.

Martin Gorsky

³⁵ It is sometimes argued that an initial attraction of PFI was its mechanism for removing public debt from the national accounts, which would help the government to meet the convergence criteria for joining the European Monetary Union as specified in the Maastricht Treaty of 1992. The Treaty also prohibits: discrimination in awarding public contracts to members of other nation states (Article 12), quantitative restrictions on intra-community trade (Article 28), restrictions on access to contracts of, or provision of services for, other member states (Articles 43, 49). Also important are EU Directives on competitive tendering designed to restrict government's abilities to exclude private sector bidding, though some derogations are permitted on strategic security grounds. It is not clear whether EU directives were a significant influence on the Blair/Brown government's propensity to use PFI, though it is notable that the Major government, which signed the Maastricht Treaty, introduced only a few such projects.

³⁶ William ('Willie') Whitelaw, Viscount Whitelaw of Penrith, (1918-1999) was Conservative MP for Penrith and the Border, before joining the House of Lords in 1983. In the Thatcher administrations he served as Home Secretary from 1979 to 1983, and was de facto Deputy Prime Minister from 1979 to 1988.

You talked about the early history of the Children's Hospital as being really sunk into the grassroots of the community small donor. Marion's strategy though is to go for the big private donor first and then to build out to the popular appeal. What was your thinking?

Nicola Masters

Well it was very interesting, we couldn't really start until we'd learnt something about what were the key learning points from the Wishing Well Appeal and how do we adapt them to a completely different scenario in Bristol and a completely different type of hospital that didn't have national support. And the local politicians were all very supportive when they thought that they could be involved in something that was successful. But in the early days it was very much: well you know, we're feeling our way, we're brand new, who is going to support us? So they weren't that keen, I have to say. It wasn't until there was a measure of success came in that they started to get on board. So we were originally tasked with raising, I think, ten, and we ended up raising twelve million, part of that was through philanthropy and part of that was through public subscription. A large part of the public subscription of course we used the Wallace and Gromit characters to help raise our money. So things like Wrong Trousers Day and Wallace and Gromit's Big Bake and I don't know if you've heard of Gromit Unleashed, our trails and Shaun in the City trails?³⁷ So we try and do something a little bit different, because we don't have that national standing that Great Ormond Street did. So we could not have access to national politicians, because when you are a provincial children's hospital, you can't do that. So you have to buy into your strengths. So the half a dozen specialities that Bristol was expert and specialist in at the time are the ones that we used and we sent clinicians off and we sent you know, as Marion, I haven't heard that expression for a long time, 'captains of industry,' it did make me chuckle. You know we got the business people involved in it at the time and their employees. And now of course, seeing the change in 28 years, you know 28 years ago, quite often it was the Chairman or his wife, or his entourage that decided where the money went and they would just write a cheque for £50/100/£250,000. Nowadays you have to get the buy-in of the employees, who then determine who they are going to support. So you start your marketing in a completely different way. But it's interesting that that change has been enormous actually in our experience of fundraising over that 28 year period.

Marion Allford

You did have a major gift though to start off with?

Nicola Masters

³⁷ Shaun in the City was a public arts trail in London and Bristol established in 2015, using colourful fibreglass sculptures of Nick Park's character Shaun the Sheep. Charity income was earned from subsequent exhibitions of the figures, then their sale by auction, to raise money for the children's hospitals in Bristol and elsewhere.

So, we did have major gifts, yes and you know we work hard with our donors, we think we have to give added value. We work hard, you know we work hard with our financial performance. You know it's very important to us that we keep our costs of fundraising down. It's very important to us that we, because we're using the Wallace and Gromit characters and that is invaluable, that we operate to a different standard if you like. And we've been able to keep the donors that were the first donors on board 28 years ago still give to us today, because we've nurtured and managed that relationship. But they ask us much more difficult questions now. You know in those days, everybody wanted to be part of something that was successful and to some extent the psychology behind fundraising is still the same, everybody wants to be part of something that is a great success, like Live Aid for example then. But you know it's something, it's different now, you know Captain Tom's Walk, everybody wanted to be part of something successful.³⁸ Nowadays we get asked much tougher questions about, well, why should we fund this, why are the NHS not funding this and we have to, before we even start, make our case for that. We also get asked a lot, well, you know what's your cost of fundraising? Because why would they give to a charity whose cost of fundraising is 50 something p, when they could give it to us at 19p, or whatever we are at the moment.

Martin Gorsky

When they ask that question what is the nub of the answer that you give them?

Nicola Masters

Well what they think is, I mean unless you are in charitable fundraising within the NHS, it's very hard for the average Joe Public, whether they are extremely wealthy philanthropists, or you know somebody who stayed in one of our family accommodation houses and may be on benefits, you know it's very hard for them to understand that the NHS doesn't just provide it all, because we've seen a gradual, over that 28 years, we've seen a gradual erosion of what the NHS will do. The classic example in the, about 2010, the start of the 2010 decade, you know up to then, you would quite often find a part of a side ward would be set aside for family accommodation, no, that's all gone now. That's all clinical facility now, part of a ward, so it's down to us as the charity to provide the family accommodation. So, you know, they erode and they change and you know another enormous part of the conversation nowadays is the pressure on our emergency services, you know we have a, it's slightly different to Great Ormond Street, we have an emergency department and we're a major trauma centre and this huge pressure, you know they literally are rammed, crammed at the seams. They can't get the staff, they can't do anything, because of the pressure of the number of people that are coming through the door and

³⁸ Captain Sir Thomas ('Captain Tom') Moore (1920-2021), became an international celebrity during the COVID-19 lockdown of 2020, after his daughter Hannah Ingram-Moore publicised the 99-year old's therapeutic exercise walks to raise money for NHS Charities Together. The image of the war veteran circling his garden using a Zimmer frame provided a 'feelgood' media story and attracted huge public sympathy and support. Moore is thought to have raised some £38m for NHSCT, and was knighted in 2020 by Queen Elizabeth II.

part of that is the result of the disintegration of primary care and part of that goes back to the Labour Government in about 2008, making decisions about primary care.³⁹ So there is a definite connection between what politicians do and what transpires on the ground in NHS fundraising.

Martin Gorsky

Okay that's very interesting, thanks. Going forward, there's a lot of things we can pick up on. I'd like to bring David in at this point and you're in a different corner of this charity world with the Leagues of Friends. So far in the discussion they've figured as people who are superseded by the new professionals, but that's very unfair really, because they represent both the beginning and the continuation of community grassroots involvement. Can you set the scene with what you do first and then ...?

David Wood

Okay so I wanted to pick up actually on some stuff that Agnes mentioned right at the beginning. So you know there are plenty of Leagues of Friends that existed before the formation of the NHS. I'm sure some of you that deal with some of my members now might recognise that they weren't all universally thrilled at the idea of an NHS and there's plenty of stuff in our history, which is really interesting to look at. So they, there's some folklore which may, or may not be true, of a meeting with Aneurin Bevan, where they sort of put their case that they're not quite so sure about what's going on and they are told that 'where the shoe pinches, their contribution will always be needed.'⁴⁰ It seems to be the shoe pinches a lot nowadays. But if we look at that, what happened was when the NHS was formed, many of the groups sort of went dormant, or closed and then what we see in the late 1940s, sort of 1949 onwards is a re-formation of a lot of these groups and the re-existing. I would say that they weren't all about fundraising. So from the first meeting, the purpose of the organisation was described as, 'to mobilise, encourage, foster and maintain the human love of the people of this country and the giving of service to supplement the healing work of the staff and the State and always ensure a humanising supplement to the work of the hospitals,' which is really interesting. So it wasn't all about fundraising, it was definitely about community and community engagement and so today we have roughly about 400 groups that we work actively with and they are as different

³⁹ During the Blair/Brown era, GP numbers rose from 28,251 in 1998 to 33,364 in 2007, and under a new contract, which linked reward to performance targets, they enjoyed a substantial real increase in pay while also being released from the traditional practice of 24-hour service. Salaried service rose at the expense of individual partnership, particularly with women doctors working part-time. Other changes were the development of health centres and of NHS Direct, the increasing use of nurse practitioners in primary care and more constraints on clinical treatments through Quality Frameworks. Some argue that this restructuring undermined the vocational aspect of general practice, and thus when the Coalition and Conservative governments' austerity policies straitened finances of the NHS and local government social care, at a time of rising patient demand, the result was increasing GP unhappiness and staff shortages.

⁴⁰ Aneurin Bevan made this remark to the British Hospital Contributory Schemes Association in 1948. The full quote is: 'Watch to see where the shoe pinches first because it is where the shoe pinches, and if the nation cannot do it, there your voluntary services will be required'. See British Library of Political and Economic Science,, BHCSA 3/12, Aneurin Bevan, address to the conference of the BHCSA Folkestone, 1 October 1948.

probably as the people in John Lewis. You know we have some huge Leagues of Friends, who will be doing fantastic pieces of work. We can look at various hospitals which may, or may not be considered to be fit for purpose and they've funded a lot of those over the years. There was a huge court case with Cranleigh where they had worked out that they'd bought most of the, well they bought all of the building over the years and they weren't therefore happy with what was going on.⁴¹ You know I can think of Salisbury where they built the first relatives' accommodation, you know they really have tried to move, but they are a very different sort of form and organisation. They do very different things. One of the pieces of research we do is that they are fundamentally, they are all run by competent people, you know they really do have skilled people in their leadership very often, their background is very often, they're retired from the NHS, but they probably are not fundraisers. So that's the sort of group we are talking about. Peter Fraser who was our President described them as formidable women with a deep-rooted love of their community and I would say that's probably the fairest description I've ever come across.

Martin Gorsky

Why do you think the gender point applies?

David Wood

Because they were so often, they were consultant's wives. That was where they came from. I mean Wendy it was lovely to actually see you, I think for the first time, because you are a League of Friends' folklore person.

Wendy Mead

(Laughing.)

David Wood

And you know Ann Wickham is on our board.⁴²

Wendy Mead

Oh yes, yes.

David Wood

Absolutely and she is, she's been involved in the Leagues of Friends since the 1960s and she was a consultant's wife. That was their role.

⁴¹ The Cranleigh hospital dispute occurred between about 2004 and 2019, after NHS Surrey sought to remove in-patient care from the local cottage hospital and develop a new health centre. Cranleigh Village Hospital Trust challenged this decision, forced a judicial review and raised over £1m from local voluntary sources to reinstate the beds. Activists were disappointed with the conclusion that a new care home would be built instead, with the bulk of the donations spent on planning, fundraising and legal costs rather than construction. See Eleanor Fleming, 'Villagers feel 'conned' by Cranleigh Village Hospital Trust over care home plans', *Surrey News*, 27 November 2019.

⁴² Ann Wickham became the President of Barts Guild in 2008 and is the author of its history *A Century of Service*, London: Barts Guild 2011.

Wendy Mead

The Barts League of Friends started 1911, I think it was, it was the second one in the country, Tommy's was first. But it was started by the consultants' wives, because in those days the children that were born in Barts to quite poverty stricken mothers and they were horrified that these mothers had no layette, no baby clothes for their newborn. So they set up a sewing group basically just making that and they used to meet for one afternoon a week I think and stitch, sewing, they were sewing clothes for babies.

David Wood

So sometimes we hear reference to Linen Leagues and the Leagues of Friends would make the sheets for people when they came into hospital, because they weren't always provided, and those sorts of things. So yes, I mean now there is a shift I have to say, we probably see more men involved now than we used to, but it has been a predominantly female movement.

Martin Gorsky

So actually it may go back to a time when women were prohibited really, socially, from getting into professional jobs, so it was an outlet for voluntary action.

Wendy Mead

Yes I mean mainly women didn't work in those days, but now they do of course, so we don't have many consultants' wives anymore. So we have all kinds of people who can spare the time in one way or another.

David Wood

Yes.

Martin Gorsky

Okay, so is there any connection between the League of Friends world and the professional fundraiser's world? You are mentioning the changes afoot in recent years.

David Wood

I'm a member of the Institute of Fundraising, I've been in, I was actually a Director of a Hospice before I went into my current job over 20 years ago and you know I soon became aware that there were different fundraising skills.⁴³ So you know it might be the capital appeal, it might be the legacy fundraiser, it might, whatever the fundraising skills were. I would say that our fundraisers are most skilled at what I would describe as community fundraising. They are very good at that and they do it in the most

⁴³ The Institute of Fundraising was formed in 1983 as the Institute of Charity Fundraising Managers, to provide a professional membership body for charitable fundraisers. It received chartered status in 2020.

unabashed way I think would be the way I'd describe it. So you know I can remember giving an award in 2002, to a lady, who had, whenever she saw a marquee go up in the area, she would drive to that particular home, if there was a marquee in the back garden and she would ask if they could keep it for an extra two days, so the League of Friends could run an event there. Then she would go to the local butchers and say we've got the marquee, now you need to donate the meat and she did this, you know she would run about ten events a summer. It was just, they were very good and, I have to say, good at taking advantage of their community links, their networks and they do it because they care, I would genuinely say that from all my conversations. There are, I did see some comparisons with the discussions today, you know we have the endless debate about what they should fund and what they shouldn't fund, of, because ...

Martin Gorsky

Because Agnes had that quote from the Warwick League of Friends right back in the 1940s.

David Wood

Absolutely, and sometimes you know peoples' views need to be developed about what they should fund too. I can see why that might cause some frustration, so I remember going to a lovely, what was called The Gifting Committee of a local, of quite a large hospital's League of Friends. And this ward sister came and she made a delightful presentation about how they should buy comfortable reclining chairs to go beside every bed in the maternity unit and the rather formidable chairman sat there and she folded her arms like this and no, no, no, I always knew it was a mistake to involve men in childbirth and you know this is only 15 years ago! And there's that sense that they sometimes need to be invested in and encouraged along the journey. For me, the biggest interest I had probably in the area that we are looking at, was the amount of investment that the Labour Government put into helping develop capacity of the voluntary sector. So that included our member groups too. So there was all of the hubs that were created, they were funded at various points by various government departments, but some came from the DH, some came from the Home Office and how that money was used to develop capacity and understanding and interest. So I can remember going out and doing fundraising workshops with groups of Leagues of Friends. I can remember going out and doing governance workshops with groups of Leagues of Friends, you know different funding that came. And really all of that disappeared, that disappeared with the sort of austerity and those sorts of things. There's just not that investment and then when groups are left behind and their contribution is being lost, you feel sorry for them really, because there is a sense that they aren't being totally appreciated and valued as perhaps they once were.

Martin Gorsky

That's very interesting. The other thing that was going on in charity law at that time was changes to the Charity Commission and the raising of the threshold at which charities have to register. Does that affect the small scale ?

David Wood

So some of them have quite large turnovers I have to say. I think that the, if I was to be sitting and talking to a League of Friends conference, the beginning of the end as far as they were concerned was actually the hospice movement, because that for them, was a real competition in their small locality for funding.⁴⁴ That made a real difference as far as they were concerned in terms of that. I think also you know sort of slightly looking over pince-nez for things like social enterprise and those sorts of issues, which were another thing that has come into the market place, which they are unsure about. They think it's not quite proper. So you know there's some real challenges around the changes in Government processes I suppose.

Martin Gorsky

Okay that's really interesting, so I think we've covered a lot of bases of the period pre-2010 and I'd like to now open things up for the last ten minutes or so. Let's get the roving mic roving. So we've got Ian and then Stephen to come in.

Ian Lush

I'd like to commend David on his tact. Those of us who work in the NHS Charities, which aren't Leagues of Friends, would say that sometimes that relationship between Leagues of Friends, or Friends Organisations, whatever they call themselves, and the "official," but legally as well, NHS Charity onsite, can be quite a tense one. I would like to say it's creative tension, it isn't always.

I'm here today as Chairman of NHS Charities, together with my day job is CEO of Imperial Health Charity, which is supporting the Imperial Healthcare Trust, five hospitals.⁴⁵ We have three Friends organisations, St Mary's, Charing Cross and Hammersmith, and it would be putting it slightly too strongly to say they hate me, but they definitely don't like me very much and the reason for that is that they see us as a kind of not particularly friendly big brother figure, who take away their money and their supporters to an extent and kind of stop them doing what they want to do. Now that isn't entirely fair, but I do understand why there is that tension sometimes, because we are much bigger and we also are the official hospital charities. So therefore we can say, no you can't do that. Now we try to be much nicer than that and actually the relationship has improved since we started managing all the volunteering, including the Friends' volunteers, which could have been really tricky, but actually they've welcomed the professionalism we've brought to that and it's worked very

⁴⁴ The hospice movement refers to the growth of institutions providing palliative care for patients at the end of life.

⁴⁵ Imperial Health Charity covers St Mary's, Charing Cross, Queen Charlotte's and Chelsea, the Western Eye and Hammersmith Hospitals.

well. But I'm also mindful of the fact that even Friends Organisations and NHS Charities aren't always able to work well with their hospitals. We have all got horror stories of things not always going that well. I have the fairly unusual background of having worked in three main different sectors in my career, in the arts and heritage and now in health and there was an arts organisation conference many years ago, all about this called, 'with friends like this, who needs enemies' and it's not always an easy relationship. I'm mindful of when I was at the London Symphony Orchestra back in the 1990s and just before I started, they had actually pretty much killed off their former supporters organisation, which was the LSO Club, to form their own Friends Organisation, because their values were so different and they were trying to modernise and the club was refusing. So they just withdrew all their privileges. That wasn't about fundraising, that was about kind of the approach and they didn't like the way that the orchestra was developing and I think sometimes we just have to reflect on the fact that people do things for lots of different motivations and the Friends Organisations, as you say it's not about fundraising, often it's about the delivery of services and support and actually in our view they have professionalised in many cases. But I just wanted to put a marker down that it can be quite a tricky relationship.

Martin Gorsky

So the frictions of change, David or Wendy do you want to respond, or shall we just let that comment by?

Marion Allford

Well talking about one of the small charities at Great Ormond Street that was about to approach one of our major potential donors we had lined up. She was a very formidable lady, absolutely passionate about the research charity she was supporting for Great Ormond Street. We went to see her and we said you know we quite understand that you've got a link into this particular donor, but he's on our list for one of our biggest gifts, we rely on getting these lead gifts and we would be most grateful if you would hold back just while we approach him for the appeal. She would have got about £10,000 and we were going for a million. She said, if you in anyway inhibit my fundraising, I'll pick up my charity and go and help a different children's hospital. You see, that is the sort of thing that happens between hospital fundraisers. All she could see was her dedication to her very important cause and we were obstructing something she wanted to do. It's tricky when a hospital has all these different but important charities or appeals, which can conflict and need handling with respect and skill.

Martin Gorsky

Thanks, Stephen you wanted to ...

Nicola Masters

Can I just ...

Martin Gorsky

Sorry, go on.

Nicola Masters

Just out of a point of context there, I'd like to make a distinction between fundraisers who are paid and professional capital appeals. We have a Guild of Friends for the Bristol Royal Hospital for Children, who are not paid. They are largely people in the community, who come together and actually we have a very good relationship with them, but they are unpaid, I am paid, that is the distinction between professionalism and those who seek to act in the community. And we actually do projects together in Bristol.

David Wood

I would agree that this is just about personalities. That's what we are dealing with in life, different people and you know I do think that 'the NHS belongs to the people', I believe, it doesn't belong to any one person, or any one group of people and we have to learn how to work together. My, you know, I was chatting beforehand, there are certain of our members, I will admit, and this is absolutely true, I stand up when they are on the telephone. I know it's ... but it's a natural physical reaction in the environment. But you just have to take time and work with them. My experience is, I wouldn't have been doing this job for 20 years, if I didn't think there was possibility. And there is also a natural cycle of things, you know things are born, they grow up and they die. Now I don't know where the particular Friends groups that you are aware of are at in their trajectory, but you know that is all part of the trajectory and we all have to work with that. The thing for me is that when I look at a Friend, I have to be sure that I'm exceedingly respectful, because I don't know their history, I don't know their story, I don't know what they've contributed to life and we really have to understand where they're coming from, because actually their motives are usually good, even if they are frustrated and angry.

Martin Gorsky

Yes, quickly.

Stephen Davies

Yes, Stephen Davies. I think David you said there's 400 hospital Friends Groups?

David Wood

Active groups yes.

Stephen Davis

I mean that's interesting in itself, because of course there aren't 400 NHS providers in England and Wales, so ...

David Wood

So they'll be some that are linked to individual GP surgeries for example, they're really diverse.

Stephen Davies

But I guess also they've been very resistant to the processes of merger of individual hospitals, into larger multi-hospital Foundation Trust, because their attachment is to an institution, not an organisation?

David Wood

I think with most things in life, people are often attached to buildings and so you know they are associated with a location, a geographical location and it's a bit like a local church, you know sometimes when a new vicar comes, they think well we don't really like that vicar, but it's our church, so we stay there, because that vicar is going to move before we do. I think they sometimes have that view, you know, I think we all do, we all have those experiences in life where we think this doesn't quite suit us as much as it used to.

Stephen Davies

Sorry, my question to come onto it, was given what you said about the natural lifecycle of such organisations and also given the trends towards professionalisation of at least the larger NHS charities, possible charities over the past two, three, arguably even four decades, have you seen a reduction in the number of ...?

David Wood

Oh absolutely.

Stephen Davies

You have?

David Wood

Absolutely. I mean I have to say actually we do have a handful of member groups, or people who have chosen to belong to us, who are actually hospital charities and that's because we have a very good insurance policy, which is part of the membership package. But no, certainly what interests me and I've often described our groups as being a bit like the fabled cockroaches after a nuclear explosion, they haven't all quite reappeared. But they tell me on the telephone that they are still expecting to reappear, but there has been, I think the figure in 1990 was 1300 Friends Groups. So yes there has been a significant reduction over the decades and some are big and some are small of the ones that remain.

Stephen Davies.

Thank you. Very interesting.

Martin Gorsky

Thanks very much. Time is ...

Marion Allford

There's an extra point here, you've got Friends doing all sorts of things apart from just fundraising, you have also got volunteers that actually help with the operations of the hospital now. For instance, the Norfolk and Norwich hospital has about 500 trained volunteers that give their time to help in theatres, to look after patients and make sure they eat their food, or to help in many other ways. So a hospital volunteer can help with the operations of the hospital or with fundraising and community fundraising. So it's highly complex.

Wendy Mead

Can I just say something, just before I step down from the panel. On the 25th March Barts is celebrating it's 900 anniversary since its foundation and it's first charter by Henry I. It's still on its original site and it's still doing what it was set up to do. So I don't think there are many institutions in this country that can say that.

Martin Gorsky

Indeed. Just before we break, I saw hands up from Steph and from Jane, shall we just take those comments or questions now, before we wrap up, so that they're there for us to come back to, perhaps.

Jane Ferguson

Thank you, Jane Ferguson, NHS Lothian Charity. It was just a point of clarity for those that didn't know, several references have been made to 'Special Trustees' and maybe not all the audience know about the different types of NHS Charity trustee model that ended with this period.⁴⁶ The consolidation of accounts [charity accounts into the NHS accounts as the 'parent'], which comes in during the next period we will be talking about, we are looking at two types of NHS charities, but in this period we've got the Special Trustees and then the Section 11s and the Section 22s. So the Section 11 trustees were corporate trustees connected to NHS Trusts and Section 22s were connected to the Foundation Trusts when they came into being. And of the 230 odd NHS charities that there are, even in those days, the vast majority were Section

⁴⁶ Charitable funds in the NHS are held on trust under the terms of NHS legislation. The majority of charitable trusts have the NHS Body as a corporate trustee. Following the NHS Reorganisation Act in 1973 a number of groups of individual trustees were created, called Special Trustees. The National Health Service and Community Care Act 1990 which created NHS Trusts also gave the Secretary of State power to appoint individuals as trustees for NHS Trusts. This power was contained in s11 of the Act and these groups of Trustees became known as Section 11 Trustees. Then when Foundation Trusts were created by the Health and Social Care Act 2003 the power to appoint individuals as Trustees for Foundation Trusts was in s22 - hence groups of trustees for Foundation Trusts were known as Section 22 Trustees. The NHS (Charitable Trusts Etc) Act 2016 removed the power to appoint all types of individual trustees and it was at this point that Special Trustees, s11 Trustees and s22 Trustees ceased to exist, most of them becoming independent charities regulated only by the Charity Commission, outside of NHS legislation.

11s or 22s, because they were the corporate trustees. I think that might be interesting as we discuss this idea of core versus non-core, where corporate trustees feel that more acutely perhaps. The Special Trustees were a rather special case in themselves, because they, in many cases viewed themselves as being independent, but they weren't necessarily, because all the trustees were appointed by the Secretary of State for Health. So they were sort of quasi-independent I guess. But I just thought that was a useful point of clarity.

Martin Gorsky

Yes, that's helpful for people unfamiliar with it.

Steph Haydon

Thanks I'm Steph Haydon, I work on the Border Crossings Project at the University of Birmingham and I had a question which we may or may not have time to answer, but was specifically for Nicola. When you were saying that some of your major donors are now often asking you more difficult questions, particularly around like what are the costs of your fundraising, I wondered if you would be able to reflect on you know whether you've ever felt that sometimes when they are asking those questions, perhaps they have unreasonable, or unrealistic expectations of quite how sort of streamlined you are able to be, or should be, in doing that?

Nicola Masters

Yeah it's a difficult one and there is no straightforward answer. Everybody comes with their own impressions of what the NHS actually should fund and what they do fund and there's the distinction. And what is it, what is the charity's job to fund in the hospital and how do we make that happen? Specifically on your question, are their expectations unreasonable? Often they think that the NHS is a magic money tree. They see, I don't know, what is it, 12% of GDP going in at the moment, something like that? And they think surely that's enough to cover all the ills, why are there waiting lists? You know you go from that through to the understanding that we've had with some donors for 28 years, who say you know we understand that you make a difference through doing your six different projects and we would like to continue to support you, because we understand what you do. There isn't one answer to that. It's, you'll get a different answer, if you went out to a panel of representatives of a company and you'd get a different answer again if you went out to a group of cyclists doing a cycling tour for you. There isn't one answer to that. There is a general expectation I think I'm going to say, that the NHS is there and should be doing it all, but they know they don't, but they don't understand what that difference is.

Marion Allford

Equally there are donors that need to give back and to take that away from them would be a very sad thing. It can be part of the grieving process. I had one individual who contacted me four years after he had lost his daughter at Great Ormond Street. He rang me up out of the blue from Geneva and said, my daughter died there, but I

will never forget the support, love and care I received during such a painful time and I now want to give back. I want to give you a Lamborghini and I am going to set up a vintage car auction at Bocket Hall, run by Christies. He did just that and then bought back his Lamborghini with a friend. The event raised half a million pounds. So you get, you know some extraordinary response from people that need some way of giving back in return for all the support they received from the hospital along the way, it helps them with their recovery from such a heart breaking experience.

Martin Gorsky

Thanks very much. We've had a lot of issues, including emotions and the reasons why people give, which perhaps we can come back to later. Anyway conversations can continue over the tea break and thanks very much to our pre 2010 panellists.

(Clapping).

Tea Break

Martin Gorsky

Could we shift people back to positions please and invite the next lot of panellists?

Welcome back to the second part, and our third and fourth chronological periods. We have come to the years since 2010, which we've entitled 'Austerity and Digital Age'. Partly that's picking up this idea that the political regime of the period, the economic context and so on, might be important in setting the framework, and also it's referring to how the technologies and fundraising approaches change. So I want to start with Jane Ferguson if I can please, partly to ensure that we have a Scottish perspective and don't just make this all about London and different parts of England. So that's one reason she's here, but also of course you've had experience in London. Can I start with the question that I've been asking everyone, about your personal story, about how you got into this world?



L-R Jane Ferguson, Stuart Reynolds

Jane Ferguson

Absolutely, well I'm not Scottish for a start! I started off in London and my very first move into NHS charity fundraising was actually after my daughter had received life-

saving care at Kings.⁴⁷ She'd been at Kings after an accident at home and had what's called an extradural hematoma and I actually needed to leave the job that I had in the charity world to take time to look after her. Six months later, a job advert came up at Kings, at the very hospital that had saved her life and I just thought that job's got my name written all over it. The fundraising that I was involved in at that point was actually to rebuild and refurbish areas of the children's hospital, including the parent's accommodation. So it was an obvious step for me to do that. I think that that was in 2003, so that was before the period that I'm here to talk about. But that was where I started. And Kings was actually one of the early, one of the founder members of the Association of NHS Charities, as was, and at the very start it was a group of Special Trustees, mostly very rich endowments that talked about investments and governance. I mean there were half a dozen, maybe ten members at that point, Kings being one of them, Guys being another. A few years after I started at Kings, the Association started to think about expanding their membership, thinking more about some of the charities that were beyond London and started to look at the capacity for professional fundraising across a broader membership. I think in about 2005 I started the Association's Fundraising Special Interest Group and that grew quite quickly and people were really keen to become involved. The group included not just those organisations that had done the large capital campaigns, but also the smaller ones that were wanting to do the reactive 'grateful-patient' type of fundraising, but do it better. So it really crossed that kind of spectrum from the Great Ormond Streets down to the Southend District Generals, and all wanting to know all about shared good practice.

Martin Gorsky

And was your background before this in fundraising?

Jane Ferguson

Yes it was. I'd come from, it was then known as the Malcolm Sargent Cancer Fund for Children and that's where I was before I joined Kings.⁴⁸

Martin Gorsky

Do you have any thoughts on professionalisation? I mean we heard about American influences, business influences and so on. What was your perception when you came into that world?

Jane Ferguson

I think sometimes the word professional is a tricky word, because it sometimes means it's, it doesn't come from passion, it doesn't come from the heart, and one of the

⁴⁷ Kings College Hospital NHS Foundation Trust is a teaching hospital serving the London boroughs of Lambeth, Southwark, Lewisham, and Bromley.

⁴⁸ Sir Malcolm Sargent (1895-1967) was a conductor, organist and composer, best known as chief conductor of the annual Henry Wood Promenade Concerts at the Royal Albert Hall, from 1947 to 1967. The Malcolm Sargent Cancer Fund for Children was founded in 1968 in his memory. It merged in 2005 with Cancer and Leukaemia in Childhood (CLIC) to form a new charity, CLIC Sargent, which currently operates as Young Lives vs Cancer.

things that I've found, certainly with the NHS Charity sector, because you are mostly dealing with donors, who are giving emotionally, because they've had a positive experience, or they have had a positive or negative outcome, it is very much from the heart. And I think that supporting them in the way that they wish to give means that professionalism sometimes is an odd word to choose. But it's certainly professional in its abilities. So yeah I would say that.

Martin Gorsky

But I suppose if we look at social marketing techniques, moving into the internet age, could we consider that as aspects of professionalisation or is that also shot through with the personal?

Jane Ferguson

Absolutely, but I think some of the difficulties for NHS Charities doing that, where the vast majority of them were corporate trustees, is that their ability to do that kind of stuff, have a website, have a Just Giving page, have a Facebook group for example, is often held back, because they are running what they do within the structure of the NHS. So they might have a 'donate here' page which is five or six clicks through from the NHS's home page, so if you are hoping to do any real sort of obvious marketing, it becomes more difficult. I think a lot of that friction comes from the majority of NHS Charities being corporate trustees and the NHS Trust itself - and I'm going to interchange between Trusts, which is the English term and Boards which is the Scottish version - that sort of interplay is quite tense at times.

Martin Gorsky

So this goes back to your point about the structure of trusteeship that you were making earlier. And the period we are into now is also the period when charities become independent. So what difference does that make?

Jane Ferguson

Well the start of this obviously was the consolidation of accounts and this need for the charity's accounts to become part of the Board's or the Trust's and that caused a, I think, a front page Daily Mail headline, of Great Ormond Street, saying goodness me, the Government is going to steal all the money from these charities. And it was a really good way of bringing attention to NHS charities and their endowments and their fundraising and their loyal supporters and really galvanising them in the hope that people would see actually this isn't the right thing to do. I don't think that was ever actually the purpose of the consolidation of accounts, but it was the optics of it and a useful point in time to free the charities and give them independence.

Martin Gorsky

Indeed. I started off by saying it would be great to have a Scottish perspective in the discussion. What are your perceptions of similarities and differences?

Jane Ferguson

It's unfortunate that I'm recorded in this.

Martin Gorsky

Don't say anything you don't want to. And you can always delete it afterwards.

Jane Ferguson

No absolutely. So NHS Charities in Scotland I would say are probably about ten years behind the rest of the UK. I think the way in which endowments were redistributed after the formation of the NHS, not just after the NHS was founded, but again later in the seventies, plus this legal position of not being permitted to fundraise, or even receive funds other than for 'patient comforts', I think that's something that permeated for a long time.

Martin Gorsky

So the liberalisation of the Eighties didn't reach Scotland?

Jane Ferguson

Not so much, not so much. I mean there are a couple of charities linked to hospitals in Scotland. In Edinburgh there is a Children's Hospital Charity which is not an NHS charity, but it's linked to the hospital there and I think although the endowments existed, it was felt for a very long time that they couldn't fundraise. So when fundraising needed to be done, new charities were set up, so the Sick Kids Friends Foundation in Edinburgh, Maggie's Centre, was born out of the cancer centre in Edinburgh also not wanting to fundraise, so Maggie's started up in Edinburgh. So fundraising was something that wasn't really accepted as the norm as quickly in Scotland. I would add that there's far fewer organisations in Scotland geographically because we have NHS Boards, which are regional Boards, as opposed to NHS Trusts, which were done away with in 2004. All endowments in Scotland are corporate trustees and they've all retained a certain level of nervousness, risk aversion, particularly around fundraising and particularly around this whole idea of core versus non-core.

Martin Gorsky

The border.

Jane Ferguson

I was appointed in 2011, because there was an idea of launching a fundraising campaign and the first thing I said to them was, no you shouldn't be fundraising, because actually there was, and this is quite common around corporate trustees, there was a question over governance. There was a question over how it works and whether it's a good fit for corporate trustees, who feel this acutely, this border between core and non-core and then at the same time go out fundraising. And the other part with Lothian is they weren't actually spending much money and that is the one thing about

fundraising successfully, you need to demonstrate your impact from what you've spent previously. So we needed to sort out governance, not just within Lothian, but across most of the NHS Charities in Scotland, who didn't really have any sort of basis, no governing documents, no charter, no instructions for the use of specific funds or anything like that and no visibility. You can't launch a major capital campaign when you don't have good governance, credibility or visibility as an organisation. So yes there was a desire to fundraise when I first arrived in Lothian in 2011, but I kind of put the lid on it for a while at least.

Martin Gorsky

It's surprising they weren't spending as we move into the austerity,. So that would suggest that there was no straightforward relationship.

Jane Ferguson

Absolutely and I think that the other aspect, and this is something that has raised its head on a number of occasions in Scottish NHS Charities which people will be aware of, is where there was a question over the appropriateness of spend. And I actually had a really interesting early meeting, where I was invited to observe the Sick Kids Friends Foundation, who are independent, have independently appointed trustees and they had an application in front of them to look at, to fund some equipment. I think it was for the physiotherapy department and I looked at the application myself and I just thought ooh, this will be interesting to observe how they go through this process of making a decision, because I know what I would tell my own trustees. They looked at it and they decided that yes it was probably core and it should be funded through the core provision from the Government, but they decided to fund it anyway and felt they were able to, I think primarily because they were independent trustees and under the Charities legislation, they could just make that decision. In effect charity trustees, or corporate trustees in the NHS could do the same, because there isn't a sort of a black and white, there isn't a sort of yes, you may fund this and no, you can't fund that, it's very subjective, but there is a nervousness and a risk aversion because they're corporate trustees.

Martin Gorsky

But independence did matter, in the sense of giving trustees more of a green flag?

Jane Ferguson

It does, because if you're ... so what a corporate trustee is, is that your board members of your NHS body are also ex-officio, the trustees of the charity. So you've got your Board hat on and you're thinking about all the red lines and deficits and then you're sitting there with a rather large endowment with your trustee hat on. So the optics of saying well we don't have any money over here, but the beady eye is telling us all of this wonderful endowment that is available to spend, it becomes very, very difficult for them to make that decision and to be seen to be making the right decision. You know the Daily Record test, we call it in Scotland, but for you it would be the

Daily Mail test, but it's the same thing, it's about those optics. But I think my own trustees in Lothian have become more experienced in that now and so long as they are confident that they can show their working when something comes forward and they've weighed up the evidence of whether it's something which is a good thing to fund, is necessary, makes a difference and so on, they are more able to make a decision that's on that border that we've been talking about today.

Martin Gorsky

That's very useful, thanks. Let's move from Scotland to the Midlands. Tim can I bring you into the discussion? Can I start with my usual opener - tell us about how you got into this world.

Tim Diggle

Well it was all a terrible mistake from the outset. I never intended to be a fundraiser, I never really intended to have a proper job. I started life as an actor, because that seemed to be the only thing that was remotely interesting to me, but it took someone else to point that out to me. But once they pointed it out I realised they were right. So I went off to be an actor for about eight or ten years. Whilst I was doing that, this is somebody else I blame, Gill Moody, from the Church Urban Fund, who now works for Craigmyle.⁴⁹ Gill Moody asked if I would come and do an event for the Church Urban Fund as an event organiser and I said 'Gill, I don't do this sort of thing, I'm an actor.' She said 'I'll pay £50.00 a day' and I said 'When do I start?!' So anyway before I knew it I was doing fundraising. She asked me to come back and organise a fundraising campaign for the Church Urban Fund. Verity Haines was the corporate fundraiser there, she went off to the British Diabetic Association and she'd been there about two weeks and she called me and said I need your help.⁵⁰ So I found myself working for the British Diabetic Association. Anyway long story, I ended up becoming what we've been talking about, a professional fundraiser, much to my surprise. And much to my surprise I thoroughly enjoyed it. I ended up in Leicester Hospital's Charity, because I was looking for a job having left the YHA, following a change of regime at the top.⁵¹ In my presentation at interview to Leicester Hospital's Charity, I put up a slide of Whitby Youth Hostel, which we'd had a capital campaign

⁴⁹ The Church Urban Fund is a Church of England charity established in 1987 to support local groups addressing urban deprivation. It followed the report *Faith in the City: A Call for Action by Church and Nation* published in 1985, by the Commission on Urban Priority Areas established by the Archbishop of Canterbury Robert Runcie. Craigmyle Fundraising Consultants is a professional consultancy established in 1959 by the philanthropist Donald Shaw, Baron Craigmyle (1923-2004) and the educationalist Michael Hooker (1923-2004). It initially supported private school and university fundraising, and subsequently also covered a range of charities, religious and arts institutions, see Craigmyle Fundraising Consultants 'Our History' URL: <https://www.craigmyle.org.uk/what-we-do/our-history/>.

⁵⁰ The British Diabetic Association (BDA) was founded as the Diabetic Association in 1934 by novelist HG Wells and Dr RD Lawrence, initially to promote equitable access to insulin for diabetics. In addition to the BDA, Verity Haines held fundraising posts at Save the Children and Oxfam, and was National Arts Director for Arts & Business before her appointment as Executive Director of Fundraising and Engagement for the WRVS in 2011.

⁵¹ The 'YHA' is the Youth Hostels Association, a charity founded in 1930 to promote rural recreation for young people through the provision of hostels.

to raise money for and the Chairman at the time of the Trust, Martin Hindle, sat there all misty eyed and went ‘YHA Whitby, I stayed there’, and I knew I was in! I thought right, we’re all right. Anyway, so Martin and I got on like a house on fire, so I went to work for Leicester Hospital’s Charity and one of my management colleagues told me after I’d started, been there a few months, he said you do realise it’s two years or life. In other words you are either going to be here for less than two years, or you’re ... so I’m a lifer now. So I spent about ten years at Leicester Hospital’s Charity and then went onto Derby and Burton Hospital’s Charity, which in commuting terms is much nicer, because I live in Matlock, which is in Derbyshire. So the commute to Leicester was a long and painful one.



L-R Tim Diggle, Martin Gorsky

But yeah, so I started in Leicester in 2009, without really any preconceptions about what I was there for, other than to raise money. So, we had a series of fundraising campaigns, started small, we got some parents’ accommodation for the new maternity unit and through that we kind of went, every campaign was slightly larger than the last. We were then asked to raise a million pounds and that was a turning point, when they wanted us to raise a million pounds for a children and young people’s cancer unit and much to the Board’s surprise, we did and it happened. So then of course they got really crazy ideas about, well, ‘Can we have a new children’s hospital, we need ten million for that?’ And we said let’s have a look at and do a feasibility study. We said the feasibility study suggested we could raise between 5 and 7.5 million and they said, ‘Oh can you not raise 10?’ And we said ‘Well, this is the point of the feasibility study to tell you how much you can raise.’ That was the year that Leicester City won the premiership under their Thai owners and my corporate fundraiser had been cultivating

the club for several years in fact.⁵² And all that season she kept saying ‘I think something is going to happen, if they win the League, if they win, something is going to happen, there’s going to be something coming our way, something big, something good.’ So anyway, at the point where we had the feasibility study saying 7.5 million, Debbie, my corporate fundraiser was asleep on the sofa, dozing one evening about half past nine and the chief executive of the football club phoned her up and said, ‘Debbie it’s Susan Whelan here, we’re just about to announce a two million pound gift to the hospital’s charity, is that okay?’ She went ‘Yes!’ She tried to phone me, but my phone was off, and then proceeded to annoy all the comms people the next morning from 6.30 in the morning, trying to speak to somebody, to say that the football club are going to give us a two million pound gift. So at that point they said, ‘Now shall we raise ten million pounds?’ and I said ‘Go on then, let’s do it.’

Martin Gorsky

So you come in at the end of the Blair era.

Tim Diggle

Yes.

Martin Gorsky

Can we link this escalation of need on the part of your hospitals to austerity or more austere conditions? Or is something else going on? Is it a dynamic which is developing?

Tim Diggle

Yeah I think it’s, yeah I think there a combination of things happening, one is that yes NHS Trusts were recognising that finance was becoming tricky, there was less finance around, less available. So what were the options in terms of making the most of alternative income streams. So during the period from 2010 onwards up to the pandemic, we saw a significant increase in the membership of the Association of NHS Charities and that was more or less driven by charities employing fundraisers, professional fundraisers and then becoming members, either before or after they employed professional fundraisers. So you saw growth and membership from about 40 members in 2009/10, to about 140 odd members in 2019. So there was significant growth happening within NHS charity employment and activity, which led to a slow and steady growth in income. Some charities grew quicker than others, but generally speaking there was a recognition that there was a need to, for hospitals to diversify, to try and find more income and I’m sure that’s one of the drivers, yeah.

Martin Gorsky

So the Association was the precursor body to NHS Charities Together?

⁵² Leicester City Football Club won the English Premier League in 2016. Local football fans were enthralled as the team were classic ‘underdogs’, who had never before topped the League.

Tim Diggle

That's correct.

Martin Gorsky

And you're saying that the presence of such a body lent momentum?

Tim Diggle

I think it helps because the Association was well regarded, it had good contacts at Government level, with the Department of Health. So therefore it was a good story to tell and NHS Trusts, they all talk to each other, well, the senior management move from one to the other. We were talking, David was talking about League of Friends have been there for ever and like vicars, you just wait for this, if you don't like this vicars, you wait for the next one. Well it's the same in NHS Trusts, if you don't like this chief executive, you wait for the next one, because they won't be there very long. Whereas everybody else is there for a lifetime, as I've discovered. So yeah, so I think there's that sort of sense of they're doing it down the way, who else is doing this? Who else is kind of ramping up their fundraising, and therefore shouldn't we be doing the same?

Martin Gorsky

Thanks very much. I'd like to bring Stuart in now, just so that we've got everyone on this part of the panel into the discussion. Again how did you get into it, and then what can you say to underpin, or possibly make more complex, the picture we are getting of this period?

Stuart Reynolds

So, I'm not a fundraiser. I came into NHS Charities as a charity administrator effectively and it was at the time where there had been a Special Trustee arrangement and Special Trustees were connected with the regional health body. But it was then that NHS Trusts were being created for specific hospitals, well, sometimes groups of hospitals. So in Birmingham where I went to work, what had been five separate, or what became five separate NHS Trusts had originally been a single Health Board and it had had Special Trustees. So I went up to set up one of those new five charities at Birmingham Children's Hospital. And I think in terms of some of the story we have been hearing about the change in emphasis and sort of focus on fundraising, prior to the separate charity being created, the Special Trustees had sort of been present whilst a fundraising appeal for the children's hospital had taken place and had sort of hosted the money. But the appeal had actually been run by a separate outside Board of Appeal Trustees and then the money had come in to the Special Trustees. So there was definitely a sense of that, with Special Trustees around it was all about custodianship, it was all about looking after the money. With newly forming NHS Trusts they were looking for those opportunities, they were looking for diversifying income and so they were more interested in what fundraising could potentially do to help. But having

said that, it was still and I think largely across almost all NHS Charities, is the case that it's about community fundraising, it's about nurturing the good will in your community, or your hospital and giving people an outlet to show their thanks. Your challenge inside the NHS Charity is to look for what is the big kind of ticket item that you can turn into an appeal, to generate some momentum and generate some extra support. But the reality is you are looking for those things to sort of drive a fundraising mission, but the underlying core activity is that receipt of gifts from grateful patients.

So, in terms of the politics, I never sensed any shift that was related to austerity, or related to the amount of funding going into the NHS. What that change probably brought was different conversations about what could or couldn't be funded with charity money and I think Jane's point is quite interesting, which is if you have the same people being the trustees of the charity, and being the managers of the body that's about to receive some money from, the charity, they either aren't properly aware of the Government's requirements and the conflict of interest and so things get a bit muddy, or they're hyper aware and avoid anything that might have even a sniff of a conflict of interest. So they find it very difficult to make those decisions that go against what I think was very helpfully set out in the kind of historical context. I think that that border is a cultural border, it's about what people think it's about, and what people think it isn't about, it's not what's really allowed, or isn't allowed. The way I look at it is there is only so much money going into the NHS, whether it's going up or down, it's a fixed sum of money, but what could be done is almost infinite in terms of resources and swallow up. So if as a charity and as a group of trustees you make a decision that says well we've got half a million pounds of charity money and we would really like to do this, because it resonates with the people who are donating to us, it would add benefit to patients, or staff, or both, and it allows us to tell a good story to bring in new money, then whether or not that could in theory have also been done by the Trust is kind of irrelevant. Because the half a million pounds they don't spend on that, they will spend on something which is perhaps a little less kind of interesting from a charity trustee point of view. So I don't think the border is a real thing, I think it's a construct that people rely on, almost a crutch to stop them having to take difficult decisions.

Martin Gorsky

Oh that's interesting.

Tim Diggle

One thing I'd say after what Stuart said, he's absolutely right, when I talked about the growth in fundraising within NHS charities and employing fundraisers, what a lot of those fundraisers came up against was that border and that sense of the charitable funds committees, particularly in corporate trustees, weren't clear necessarily why they'd got a fundraiser and what were they going to do with them. So an awful lot of fundraisers spent an awful lot of time fighting against the system, to get them to agree

to have an appeal that they can raise money for. So it's kind of, the border is kind of, yeah it's clearly, Stuart is right, it's a cultural thing. But it's a real thing and an awful lot of energy is wasted trying to kind of deal with and address that issue and not always successfully.

Martin Gorsky

Yeah. And ...hang on we need the microphone.

Marion Allford

Thank you. As a fundraising adviser, you'd be called in by a charitable trust, or a charity linked to a hospital and you would be asked to raise money. 'We want to up our income by ten million they might say.' You'd ask 'What's the money for?' 'Well just general things and we'll decide when the money comes in how we spend it.' You'd have to say, 'You won't get that sort of money like that. It's got to be for specifics, you've got to be able to say why those donations will make a difference, which wouldn't happen otherwise.' And that's not understood by everybody when it comes to fundraising.

Martin Gorsky

We are now in the age of optics, as Jane mentioned, and all hospitals through their websites, or the Trust with their websites, have to present what they're doing in terms of their expenditure goals. How did you negotiate that digital world that came in, in relation to the border question?

Stuart Reynolds

I think you start because you, if you like you absorb that cultural distinction and I always considered it fortunate that it was a children's hospital charity, because there's so much that you can do charitably in a children's hospital that the general public will comfortably understand. It hasn't got the direct clinical application. So there were plenty of examples that we could give of things like play, things like parents' accommodation, the sorts of things that you can do, which are well on the right side of that border. So you do, you know you have that message, you have your examples in order to reassure people that this is not substituting Government spending. I mean as far as the digital world is concerned I think it was a time when everybody got a website. You got one because it was expected. Those early websites, you know quickly turned out not to be as good, or effective, or polished as they needed to be and so, but you kind of, you went on that journey. Everyone was going on the same journey, starting with something very primitive and very prudent and gradually iterating it to the shop window. But having a website, it allows a direct connection, it allows you to have online donations and links to Just Giving and all the things that make it easy for your community fundraisers to fundraise for you and get you the money. It doesn't really help, if someone has never heard of you, they're not going to find you because you've got a website. So it doesn't really help you promote your brand, or the awareness of what you do, wider than your natural audience anyway. So

I think in that sense it was a helpful tool, but it's not in my experience been a game changer in terms of what you could do as an NHS charity.

Martin Gorsky

Okay that's interesting. Jane, you wanted to come in.

Jane Ferguson

I'm just going to come back to the point around to what extent austerity affected NHS Trusts, or fundraising in this time. There's a clear distinction I think between capital projects, which as Marion says are good to fundraise for, and the revenue costs of running the hospitals. And I think because of PFI and the fact the Foundation Trusts were able to go to the [investment] markets to raise capital, it meant that capital spend probably wasn't as impacted as maybe the revenue position was and where certain services could no longer be run. You might be talking about capital equipment, or the replacement of equipment, which the reduced revenue budget just couldn't do and that's where the charities were stepping in. And again this is where it comes back to that border of core versus non-core: do I want to ask the charity to replace that bit of old equipment - no. But does it have a couple of extra buttons, is it a little bit better than the previous one you had, is it an upgrade, is it an improvement – yes, so we can fundraise for it. And you can do things at that level, without the need for a large capital campaign, or a large team of professional fundraisers, you can do that with a community fundraising officer and a really loyal supporter base. The other thing I was going to say earlier on is with the Association's expansion, I mean there have been three expansions of NHS Charities Together over the 20 years that I've been involved and I think for us, and certainly for me coming from another bit of the charity sector, we're not competitors largely, because we have distinct geographic communities. So it's been one of the most sharing sort of sets of charities and fundraisers I've ever come across and this idea of sharing best practice, I think that is one of the things that has helped the Association and now NHS CT thrive.

Martin Gorsky

Before I come to today's leaders, there's something I should have picked up in the previous session. Where did the Association come from? Does anyone have anything on that?

Jane Ferguson

Keith Day would know.

Stuart Reynolds

We really needed Keith here because he was one of the founders and he could have given us chapter and verse. But as I understand it what were the administrators for the original Special Trustees and there was probably a dozen, they used to come together for an annual meeting.

Jane Ferguson

In the Guy's boardroom wasn't it?

Stuart Reynolds

Is that where it was, it was somewhere grand and they had a nice meal. But what they decided to do, whether it was at the instigation of John Collinson, the original convener, was to bring in the wider NHS charity world.⁵³ But even at that time they were looking at charities who had assets of more than 5 million pounds and there was probably about 20 or 30 charities that were kind of eligible. And they started to organise events and activities where we who were working in those NHS Charities could come together, meet with colleagues, who were working in similar environments, had similar issues, similar problems. So we could genuinely share the learning, we could genuinely share our experiences in a way that we didn't have that same network where we were working. So I was working at the Birmingham Children's Hospital and there was 2 plus thousand people and none of them had any involvement in the charity, they were all doing clinical and hospital admin roles. So for me to talk to someone who knew about charity governance, the Association was, you know, was a godsend. It was a place where I could go and meet people who were doing the same job I was doing and learn. And I think that that has been the value of the organisation as its continued, is it does allow very small organisations, very small NHS charities to tap into the great resource of knowledge and experience and collegiality.

Martin Gorsky

So that's at the root of the momentum to ...

Stuart Reynolds

Yeah, so that grew from sort of 20 odd members to 50, to 100, to 140, until we get into the very modern Covid issue. And it was the growth, as Tim said, I think was about essentially hospital fundraisers and it was because those hospitals were recognising that there was something in fundraising, but they didn't quite know how to go about it, apart from employ a fundraiser. So the fundraisers would arrive with no charity colleagues, no kind of infrastructure and the Association was a place they could come and find out what kind of the basic building blocks were that they needed to put in place, and talk to people and kind of learn and grow the fundraising that they were able to do.

Martin Gorsky

⁵³ After a career in NHS Senior Management John Collinson was appointed Director of Kings College Hospital Charity and in that role he founded the Informal Group of Charities Associated with the NHS and was its Convenor. He ran (convened) the Group (with invaluable assistance from his PA Joan Lawford) until it became the Association of NHS Charities in 2008. He then served as Deputy Chairman until he retired in 2011. He was awarded an OBE for services to the NHS in 2011.

That's very helpful, thanks. Okay before I move to the very contemporary history, I wonder if there are any comments or questions for this side of the panel? Agnes I think you had your hand up first and then Wendy.

Agnes Arnold-Forster

Thank you so much. I had two questions that are both in different ways about distribution. The first one is about, because of the opportunities, but also constraints of fundraising appeals say, or fundraising, everyone has mentioned, but there are some things that are easier to fundraise more than others, right? So your idea about being in a children's hospital, there are things that are obviously more appealing and emotive. I wonder if there's a sense amongst you that there are things, less sexy things that don't get fundraised for? Is that something that you, do you just see that as beyond your remit? That your thing is the stuff that is emotive and appealing and then other stuff has to be dealt with elsewhere? And that's just the condition of the industry, as it were, and that's just fine? Or is there an active attempt to address that kind of imbalance, for want of a better word? The other question is, a lot of my research has been on the really wealthy London hospitals that have come up to this period with huge endowments. Is that built-in inequality to the system, is that something that influences your day to day work, today?

Jane Ferguson

Certainly the Lothian model kind of answers both the questions. So we've got an endowment of round about 90 million at the moment and something I was reflecting on earlier on, when you were talking about the history, the pre-NHS history, some of that philanthropy came through the slave trade and I think that's something that is a separate, but very interesting and toe curling part of our history. Anyway it's largely the teaching hospitals that would have had the larger endowments pre-NHS. In preparation for this event I found out that at the formation of the NHS in Scotland there was a redistribution of the funds held by the larger endowments to the smaller ones and the Royal Infirmary was one of the larger ones and there was a redistribution locally and nationally as well. There was a repeat of that in the 1970s. But even despite of that, Lothian is the second largest in Scotland as an endowment. In answer to the first question there are obviously areas that attract more, firstly, more grateful patient giving, but also attract more donations if you're actually going out proactively looking for funds. And that would be around children and around cancer services, and there will be others which don't, particularly in the Board structure that we have in Scotland, where we do everything. We do primary care, we do dentistry, we do mental health, we do the whole lot, and there are certainly Cinderella services that don't receive donations. So when we are proactively fundraising, or when we are looking after donors that are moved to give to us, that is mostly going to be in those areas of children and cancer and things like that. Then those other areas; mental health, community care, primary care, that sort of thing, that's where we are fortunate enough to be able to utilise the general funds, our endowment to do that. That's something that I'm sure Ian and Ellie will come onto later, which is the quite complex, very

complex structure of NHS Charities with their myriad of specific funds and restrictions and so on. Sometimes tying those charities in knots, because if you've got money that's donated for a children's cancer ward, you can't spend it where it might actually be needed, which is elderly, dementia care and for prevention, health prevention and promotion and things like that. So where funds are needed now perhaps to unlock some of the wicked issues that the NHS is facing, the structure of the NHS Charities isn't helpful. So where charities could be supported to look into community health projects and staff wellbeing projects, and I think that's an area that we need to be able to move into, but structurally many charities can't.

Ellie Orton

I think there's also a difference between why people give nationally, to a national organisation, to either specialist or place based and they are quite different. When we survey our supporters, or the general public and ask why would you give to NHS Charities Together, it's most often to support staff, whereas when, with local, place based and specialist, it's generally either grateful patients, who may want to give to thank staff, but that's not a direct ask to support staff. It's a reaction to great service, or great support, or great relationships. I came into the sector about five years ago from specialist social care, particularly working with children and young people - being able to demonstrate the difference that your funding was making, was so important to what you did, otherwise you wouldn't get more funding. But within the NHS Charity sector what I found out quite quickly was it was more about 'was it core, or not core service', rather than being able to tell a story to really demonstrate the impact or be able to measure outputs, outcomes or impact. That's something I think collectively the sector has been reflecting on for a number of years and wanting to improve it. One of the things NHS Charities Together is keen to help with, is not only to focus on the importance of good governance, but also be able to articulate the difference that NHS charities make to the NHS, supporters and the public.

Martin Gorsky

Thanks. Wendy had her hand up a while ago, so let's take her.

Wendy Mead

Yes, thank you. One border problem that I've been trying to address for some years now, the Freemasons gave to Barts a CyberKnife that cost 3 million pounds. It's an amazing machine, for the cancer services. But of course the revenue costs of running it are huge and I think it takes a team of medical physicists to keep it going and operate it. So a lot of the time it's not used. I tried to press the Trust, or the hospital anyway to, because we're smack in the middle of the City of London, where huge amounts of people work and a lot of them have got private medical insurance, I suggested that early in the morning and into the evening, they could actually see private patients and the cost from that would pay for the running of the machine. I haven't got anywhere with it. So these issues go on, I'm afraid.

Ellie Orton

UCLH used that model.⁵⁴The charity will buy the equipment from charitable funds, then lease it back to the Trust, so they're paying the maintenance on it, but then they will also have a bit of it, the equipment's capacity, used for private patients, who then also help with paying for the infrastructure around it and ability to replace it in the future.

Wendy Mead

Well there are some partnership workings between Barts and UCH, so I'll make more investigations and see if they have taken up that model.

Martin Gorsky

Okay, at this point I would like to head towards the present. Let me bring Ian in first. So, you have told us about how you have come into this world from the arts. You're working at Imperial, and then you take charge of NHS Charities Together, and then Covid strikes.

Ian Lush

So just to, how did I get into it, in the first place is actually funnily enough through Great Ormond Street, because, so I worked in the arts and then I moved to run a heritage funding body and while I was working in the heritage sector, I got quite interested in doing one or two other things, got involved in the Olympics.⁵⁵ I ran one of the big cultural projects for the Olympics and at the same time I was a Friend of Great Ormond Street, like many people. £25.00 a year, never thought anything about it, just a direct debit seemed to go through. And they wrote to all their Friends in about 2006 and said, 'Oh would you be interested in getting a bit more involved?' and I thought, oh could be interesting. Being a very practical sort of person, I was working at the time just off Leicester Square, Great Ormond Street is Russell Square Tube and I live in Bounds Green, all on the same tube line and they said 'Would you like to join this committee?' So I thought fine, okay. So I joined the committee and it was quite interesting and it had members of staff, and it had ex-patients, parents and a couple of members of the Charity Board. Then around, I suppose, 2009/10 they were applying to be a Foundation Trust and they had to have a Strategy Board with a lay person on it and I'd got to know Jane Collins, the then chief executive quite well.⁵⁶ And she said, 'Oh yeah would you join our Strategy Board?' I thought this has to be interesting and there was a tiny, tiny less altruistic bit of me that thought, um, career wise, it might be quite a smart move. So anyway I joined the Strategy Board, loads of interesting

⁵⁴ UCLH (University College London Hospitals) Charity was formed in 2000 from the merger of three prior charities, the Middlesex Hospital Special Trustees, UCH Special Trustees and UCLH NHS Charity.

⁵⁵ The Summer Olympics took place in London in 2012. The city's success in winning the bid was announced in 2005.

⁵⁶ Jane Collins is a paediatric neurologist who worked at Guy's Hospital before joining GOSH in 1994, eventually becoming its Chief Executive, then in 2001 Chief Executive of GOSH Children's Charity. She was subsequently Chief Executive of Marie Curie from 2012 to 2019, a non-executive director of University College Hospital London, and a trustee of the King's Fund.

meetings and they became a Foundation Trust and then Jane said, ‘Why don’t you stand to be a Governor?’ And I said ‘Okay, fine what does it involve?’ and she said ‘Oh just a few meetings, you have to be elected though.’ So I stood, I wasn’t a parent of anybody, none of my children thankfully have been treated there, but we know a lot of people who have. But I stood as a public governor, was elected, then literally 15 minutes before the first meeting, I will always remember this, in March 2012, Jane comes up to me and said, ‘Oh Ian, we realise we have to have a lead governor, so would you put your name forward?’ I said ‘Jane, is this going to be a lot of extra work,’ and she said, ‘Oh no, no, no.’ Anyway I put my name down, one other person stood, but I got elected, so the next thing I know within a month she’d resigned, fair enough she’d been there ten years, she’d put a huge amount of effort into the whole thing. We then had a whole saga where they appointed a chief executive who didn’t work out, following what Tim was saying. So he lasted eleven months and then I discovered also that this governing body, members council, was full of really strongly opinionated people and I was meant to be the sort of buffer between the Board and the Trust and these really strongly viewed members of the council, who kept yelling at me for not representing them well enough, or whatever. But it was fascinating.



L-R Ian Lush, Ellie Orton

Martin Gorsky

Strongly viewed?

Ian Lush

Well because some of them were parents of kids who'd been treated there, some of them were ex-patients, they all had a very strong idea of what was good about the hospital and what wasn't good and they wanted it communicated and the Board didn't always want to listen.

Martin Gorsky

So this was about how to market the hospital?

Ian Lush

Well no, nothing to do with the charity, this was to do with the running of the hospital. So I wasn't really involved with the charity much. I mean I knew Tim Johnson who then became involved with NHS Charities, I knew him quite well, because he came to board meetings.⁵⁷ But it was more about the governance and the Board was having to get used to having this new body, this Members Council, who appointed the Chair, so they had a lot of power and it was fascinating. Then this job at Imperial College Healthcare Charity comes up, as we were called then, and I look at this and I think hang on a minute, because unlike a lot of NHS Charities, we actually deliver services, as well as fundraise. So we didn't do the volunteering at the time that we do now, but we have a big arts collection, we do a big arts engagement programme and of course I spent 20 years in the arts. We fundraised, I had done some fundraising and then there was this obviously I had a healthcare connection. So I thought this has to have my name on it and fortunately in the end they agreed. And so I moved into this world and discovered very quickly that it was very different from anything I'd worked in before. I didn't get very involved with the Association at the time, partly because one of my trustees, a lovely woman, called Mary O'Mahony, was on the Board of the Association, so I couldn't therefore stand for the Board.⁵⁸ But I got more involved in the general picture around the time of the 70th birthday of the NHS, so five years ago, because I got involved in the Big Tea. The Big Tea, the Big 7 Tea as it was called. And then Ellie came in and Mary our Trustee retired, so I stood for the Board and got elected. And then I wasn't ever meant to be Chairman, my colleagues on the right, all three of whom are involved, know I was meant to be Deputy Chair and a nice man called Chris Burghes, who was at the time running the Royal Free Charity, was meant to become Chairman.⁵⁹ Then Chris leaves the NHS Charities world to go and run

⁵⁷ Tim Johnson began his career at Mencap, then worked in fundraising at University College London and at CSV (Community Service Volunteers), before joining the GOSH Charity, of which he became Chief Executive, in 2002.

⁵⁸ Dr Mary O'Mahony is a public health doctor who was Director of Local and Regional Services in the Health Protection Agency. She stood down from Imperial Health Charity in 2019 to be succeeded by Ian Lush.

⁵⁹ Chris Burghes worked at the Fire Fighters Charity before becoming CEO of the Royal Free Charity and trustee of NHS Charities Together and chair of its Grants Committee. In 2020 he became CEO of Blue Cross, a charity founded in 1897 to provide veterinary care and support for sick, injured and homeless pets.

Blue Cross, a lovely animal charity and because he's no longer an NHS Charity Chief Executive, it wasn't appropriate for him to become Chair. So suddenly Ellie turns to me and says I don't suppose you'd be willing to be Chair instead would you and I said, well okay. This was about January/February.

Ellie Orton

It's February, I was on the train station in Newcastle having gone to South Shields to see a hospital charity there and Covid was around. So, it might have even been the beginning of March.

Ian Lush

We had no idea though.

Ellie Orton

No.

Ian Lush

We had no idea of what we were doing.

Martin Gorsky

So it was a bit like Chris Whitty becoming the Chief Medical Officer, thinking he was going to be the government's ...

Ian Lush

Exactly. So I thought I would be chairing the odd board meeting. Then the first time I knew this was serious was probably the Saturday before the first lockdown was announced and I was upstairs at home, on the phone, on this, we hadn't done Zoom by then, nobody knew what Zoom was. So I was on some kind of line that had been patched into NHS England, talking to Dido Harding, with Ellie and Chris about could we become, could we do a national appeal and could we become the charity for the virtual Grand National, we were thinking about at the time? ⁶⁰ If the Grand National couldn't go ahead, we were going to do a computer simulation and people were going to be able to bet, but because it was kind of this computer thing, it would be very limited stakes, but they would like all the income to go to a national charity and we seemed to be the best placed. And the next thing you know, Covid hits, lockdown and the rest is history, which I presume you want to talk about at some point. I did want to just go back to one thing Agnes asked, which was about, what do we do about unsexy appeals. Well don't do an appeal, is the first thing, but as Jane alluded and I think it's

⁶⁰ Diana ('Dido') Harding, Baroness Harding of Winscombe (b.1967) is a businesswoman and Conservative peer. She became CEO of the telecommunications firm TalkTalk in 2010, attracting controversy for a poorly handled response to a cyber attack. She was chair of the supervisory body NHS Improvement from 2017 to 2021 and during the Covid crisis headed NHS Test and Trace, from 2020 to 2021, then acted as interim chief executive of the UK Health Security Agency (UKHSA). Her appointment to NHS Test and Trace also attracted criticism for potential cronyism and poor performance.

been mentioned before, the bigger charities like mine, so we are also a £90 million charity, have these incredibly ridiculous numbers of funds and some of them fortunately are for areas like care of the elderly, which are very hard to fundraise for and we have a big dementia care programme and we fund it ourselves. So if we've got something that is clearly of charitable need and we couldn't fundraise for it, we will fund it ourselves where we can. But that's a limited amount of money we can give, but we give about five or six million a year through those special purpose funds. So it does give you an outlet for those that you can't do an appeal for.

Martin Gorsky

There's a lovely mixture of serendipity and accumulating skills in the career stories that people are telling. Ellie, what's yours?

Ellie Orton

Oh thank you. I had previously 25 years working in specialist social care, particularly, I was a professional youth and community worker. I also had a history of either working with start-up organisations in the voluntary sector, or partnerships between the statutory and the voluntary sector. So I had a background of going to start-ups and growing them quite quickly and then moving somewhere else and doing the same thing. So when I was looking for new opportunity in 2018, I came across the Association of NHS Charities, I'd never heard of NHS Charities in my entire life. I thought my God, I didn't know the NHS had charities. I'd worked in partnership with social care and health for twenty years, that would have been really handy to have known. So I took a look at the job and organisation, sort of scratched below the surface of the Association, which happened to be based three miles down the road from my house, in terms of the head office. Head office, a room, in another office! And so I thought I'll have a look at that. The turnover of the organisation was a quarter of a million pounds - £250,000, with a staff of 2.5 equivalent. So it was smaller than the first project I ever managed as a project manager, but what I saw was the absolute potential and reach and difference this organisation could be making, and I kind of just thought it's in its infancy, even though it's been established for ten years, it's you know, it's ripe to do something different with. Through the recruitment process I realised that the board – know then as the Council, which was made up of member charities, were really wanting change as well, they were wanting something different. They were wanting change. They were wanting to be able to measure the difference that they were making, they were wanting to raise the profile collectively, and change the brand. They were wanting to become key strategic partners with their Trusts and it also happened to be the 70th birthday of the NHS, five years ago. Ian is very modest and says he was involved with the NHS Big Tea. He had brought together 130 NHS Charities to do collective national fundraising for the very, very first time, not under the umbrella of the Association, because the Association at that time had turned down the opportunity. I know that the history of charities coming together and working in this way for the first time was not at all straightforward, but by the time when I joined, the NHS Big Tea was up and running. There was a sense of

'look what we're achieving together and look what we could do' and you know they had NHS Big Teas at St Mary's that were on, 'This Morning' on ITV. So, I was asked very quickly, would the Association take on the Big Tea as a national collective fundraiser every year. The idea was to make it into a Macmillan Coffee Morning and I went 'yes', but I had no idea how to do it (whispers)! There was another question about the brand of the NHS, which is trademarked to the Secretary State, I was asked if I would help to establish a charitable income from the brand for the NHS, I said yes - but I'm still working on that one. And the other one was, would you start an NHS Museum, I said no to the third one, so that one is still to come, just to let you know. And that's where we were. We worked on and launched a new strategy very much around inspiring NHS Charities to be the nation's biggest independent supporters of health and wellbeing. So it was ambitious from the get go, but it was very much driven by the movers and shakers from within the membership, who wanted change. Has anyone ever seen the YouTube clip, of the crazy dancer and how to start a movement, it was very much like that and I was able to, I guess use that momentum. So, we made quite a lot of changes, we put in a new vision and strategy, which we launched in 6 months after I started, which you know saw us change our name to NHS Charities Together. The charity was an unincorporated organisation, so we incorporated, partly as we wanted to do national fundraising in strategy. I changed all the IT, so it was all cloud based, which was very difficult for three people of staff obviously, so that they could all work flexibly and everyone could work from home if they needed to.

Martin Gorsky

I'd just like to go back a second. We've had this picture of the Association developing a momentum around knowledge sharing and things are really working. But when you come in, you said that there's this strategic push, which the members wanted, to have a greater say with their Trusts. Where is that coming from?

Ellie Orton

I think that's coming from all the things you've just heard. They want to, you know one of the reasons that the NHS Charities Together is this safe space for NHS Charity fundraisers, or whatever role you have within an NHS Charity, it is that safe space. Even if you are a big charity, you are tiny compared to this big Trust and the level of power and influence is small. Which is why previously charity funds there thought of as kind of 'the slush fund', or 'the nice-to-have fund'. Someone described it as the cherry on top of the cake. Actually, you know I'm looking at this – this is people's money that they have given, whether previously years and years ago and its now a managed endowment, or in modern/recent times, - but to make a difference, not just the cherry on the top of the cake. By being key strategic partners within the Trust, then they are able to, even if it's with a smaller amount of money, because if you look at the money that's in a Trust, most of it is tied up in capital and tied up in people. The work force is the biggest work force in Europe, the fifth biggest one in the world and there's a lot of buildings that need heating and looking after. So in terms of your

money that is available to - that you can innovate with, that you can do something different with, that you can test and prove and then scale – there's not much of that; and that is an exciting proposition for an NHS Charity to have with its Trust! But it needs to be done strategically, so that it can have most impact, rather than oh, yeah it's a piece of equipment that's got a couple more buttons – so we can call it 'additional' and so the Charity can pay for it.

Ian Lush

I think the other change around this time, so I started at Imperial at the end of 2014 and one of the things that was very clear was that the whole governance and set up was weird, frankly. We were one of a very small number of charities that had this really odd hybrid status. This is before hybrid meant partly working from home. This was hybrid in that we were both quasi-independent, but our Trustees were appointed by the Secretary of State, from the, what was then the Department of Health. So it was very odd. And we had that accounting thing of the Government trying to claim that our money was theirs and any grants we were giving were Government funding, which obviously it wasn't. But independence was starting to happen among NHS Charities and we weren't the first, but I think we were in the second or third wave. So we became independent in April 2016 and we moved out of the hospital's building and out of NHS IT, which was more significant than moving out of their buildings, in April 2017, as well as changing our name. And all of that made a big difference to us and it's made quite a big difference, there still aren't, Stuart will tell me, but there are no more than 20 independents is it? Something like that?

Stuart Reynolds

Yeah 20 to 25.

Ian Lush

Out of 240, so 10% ish, or just under 10%, so it's still a small number, but they are mainly larger charities. And that's given the sector some confidence that we are no different from other high street charities if you like and then the other thing I think is, as Ellie said, and as you said, this relationship between the charity and their partner Trust, or Board in Scotland and Wales, is a very complex one. And I still hear horror stories of how dismissive some Trusts are of their charities, which is really sad, because you want them to be working together. I've been very fortunate, I've built good relationships with the one, two, three, four chief executives I've worked for. Worked with, not for, worked with in eight years and that's been great. But it's not always like that and I think it's something that the NHS Charities Together can really help with, by giving good role models and saying look it doesn't have to be so toxic, or just so you are invisible. It can really be a positive partnership on both sides and that's where I think we can make a real difference still, because we have 240 members, or 238 or whatever it is, and that enables us to have a proper voice and where we see really bad practice we can call it out.

Martin Gorsky

Is the move to be independent, with all the benefits that can bring, something that the charities are pushing, or is it framed by policy? Because I know that there was a DH consultation at some point in the mid-2010 wasn't there?⁶¹

Stuart Reynolds

The consultation and the push was at the instigation of the charities. So there was, you know there was legislation and the only way to change it required parliamentary time, because it was primary legislation. So we had to build up a body of evidence and a body of information and support for the idea that NHS Charities could exist as independent charities regulated just by the Charity Commission. Because the situation, as well as having this kind of complicated hybrid governance arrangement, was that you were governed by NHS legislation and charity legislation in parallel, so you had two masters. It was complicated and it was unnecessarily complicated and therefore what we demonstrated was that there was no, nothing to be lost, nothing to be feared by a transition to independence. But there was a lot of gain in terms of simplifying things, or allowing a clear division and removing some of the residual conflicts of interest.

Martin Gorsky

And are you doing that through working with sympathetic members of the Department of Health or have you got MPs to put pressure on your behalf? How does it work in terms of the politics?

Ellie Orton

You mean now how does it work, or back then?

Stuart Reynolds

It's different now because the framework now exists so now it's the choice of the charity locally working with its institution, because by definition, the Trustee of the charity is also the management board of the institution. So they come to a realisation that for them and you know I will have to say that whilst independence is a great model and a great thing to aim for, it's not necessarily the right thing to do if you're a very small charity with, you know, a few tens of thousands of income and you don't have your own offices, you don't have your own staff. Why would you need that extra hassle of recruiting trustees to be independent? It wouldn't make sense. So there comes a stage in the lifecycle of some of the charities whether that is the right thing to do and they can do it, because that legislation has been passed and that structure is there and the process is in place. At the time it was a case of talking to officials at the Department of Health and officials of the Charity Commission about the issues we

⁶¹ See Department of Health, *Review of the regulation and governance of NHS charities. Government response to consultation*, March 2014, URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/291848/Response_to_the_review_of_the_regulation_and_governance_of_NHS_Charities.pdf

had and about then taking those conversations to their, you know, senior civil servants and ultimately to ministers to make that case.

Ian Lush

And we did have some high level support from MPs at the time, but I completely agree with Stuart it's definitely not for everybody and, using the word with a small 't', it does require trust on both sides. So when we went independent, the then chief executive of Imperial was a lovely Australian/New Zealand lady called Tracy Batten.⁶² Tracy and I worked very well together, but as she said presciently, because she did leave about a year and a half later, she said 'You and I will not be here forever and we need to have an agreement in place, which makes it clear each sides' obligations, even though you are spinning off.' And I think that's really important, because it was about trust, but it was also about having the right framework. So we have a memorandum of understanding, it makes it clear that we remain the primary charity for the Trust and in return they remain our primary beneficiary. But it doesn't rule us out from doing other things and I have to say that Ellie is absolutely right that one of the things we are able to look at more widely, is this broader area around health prevention, other areas that aren't always easy to do outside of hospitals. We have three Trustees representing the Hospital Trust on our board and they are not thrilled about this, but they've gone along with it and partly because we're doing it in partnership with them as part of their sort of anchor institution approach. But it is a challenge to hospitals that have been used to having their charity solely funding new things in their hospitals, for them to suddenly say, actually we are going to look at obesity campaigning, or whatever else it is, stuff around health inequalities, which are rife in West London where we're based. We've got a great model in Guys and St Thomas's, but they're worth a billion pounds, so we can't all emulate them.

Stuart Reynolds

And they're going for the community health.

Ian Lush

They have a massive community health programme in Lambeth and Southwark. I mean they see themselves almost more as a foundation for Lambeth and Southwark than as a hospital charity for Guys and St Thomas's.⁶³ But they have got the money to do that.

⁶² Tracey Batten is an Australia-trained doctor, Harvard MBA and healthcare executive who held CEO posts at Dental Health Services Victoria, Imperial College Healthcare NHS Trust, St. Vincents & Mater Health Sydney Ltd. In 2021 she was appointed to the board of the EBOS Group Limited which markets healthcare, medical and pharmaceutical products.

⁶³ In the 2010s Guy's and St Thomas's Foundation developed a strong community programme, with a view to addressing health inequalities in the hospitals' catchment boroughs of Lambeth and Southwark. This emphasizes preventive and environmental health rather than clinical acute care. For example in 2022-23 £24.2m of its £40.8m. direct charitable expenditure went on its programme 'Impact on Urban Health', see Guy's and St Thomas's Foundation, *Investing in a healthier society: Annual Report and Accounts 2022/23*, URL: <https://gsttfoundation.org.uk/wp-content/uploads/2023/12/GSTTF-Annual-Report-Accounts-2022-2023.pdf>

Ellie Orton

They've got two organisations now, haven't they? So they've got the Urban Health Foundation, which they sort of really set up through doing a big piece of work with an organisation called Social Kinetic. So they launched that in terms of the Urban Health Foundation, which is really looking at how do they most impactfully use their ginormous endowment and then they have a new chief executive for the Hospital Charity and that is fundraising and looking at how they make a difference within the hospital and community.

Jane Ferguson

The community-focused work started about 18 years ago, when Geoff Shepherd was the Chief Executive of the charity and they took the decision to do a diabetes campaign, and a dementia campaign, and lots of work in the community, all outwith and independent of whatever the priorities of the hospitals were. So that's where that thinking started from. In terms of the separation of the funds this goes back to the endowment, the Sir Thomas Guy endowment, which is separate from those funds donated more in modern times for the hospitals. It's the Thomas Guy legacy and Thomas Guy being the very famous slaver, that is where that funding originates...⁶⁴

Martin Gorsky

They've moved the statue haven't they?

Jane Ferguson

They have, they have, and that is the distinction that they've chosen to make.

Ellie Orton

And those funds can only be used in Lambeth and Southwark.

Martin Gorsky

Okay I'm going to open things to the floor just to round off. But I've got one more issue to deal with. We started talking about the Covid era, but then the conversation has really all been about continuity hasn't it? So the obvious question I wanted to ask is, what changed with Covid?

Ellie Orton

Oh everything. So we had this five year strategy, which in my mind took us to this year, the 75th birthday of the NHS, where we would be using that as the kind of

⁶⁴ In 2021 Guy's and St Thomas's Foundation published results of historical research and a public consultation on the statues of their major early donors Thomas Guy and Robert Clayton, whose philanthropy drew on money made from the African slave trade and slave plantation labour. As a result the statues now have detailed interpretation panels alongside which contextualise the charities' history. See 'Update on the statues of Sir Robert Clayton and Thomas Guy', URL: <https://gstffoundation.org.uk/latest/statement-on-the-statues-of-sir-robert-clayton-and-thomas-guy/>

national moment to really do national fundraising. But it would have been five years of bringing the whole sector with us. In 2020 we had 60% of the sector, so 140 out of the 240 members. Governance wise we had already got a nationwide campaign subcommittee of the Trustees, which was made up of members, Board members, other members of the sector and NHS England representatives on that. I remember we were planning the second year of us running the NHS Big Tea, it was the Year of the Nurse and Midwife. NHS England had granted just over £100,000 to use on the Year of the Nurse and Midwife. The Big Tea, is one of the things we were using the funding for. On 17th March, we had an NHS Big Tea/ National Campaigns meeting. Ian and I spoke to each other beforehand and went to discuss if it was viable to still do the NHS Big Tea – which asked people to come together to host tea parties when we were all expecting some sort of social distancing. We agreed - no, we're not doing that. Ian said 'Do you think we should do a national appeal to support the NHS through Covid?' and I went 'Yes we should and the money needs to come directly into NHS Charities Together, because this is going to be an urgent appeal and it needs to be simple'. The one thing I'd learned from trying to do the Big Tea for the last two years is trying to tell people that they could give to one of 130 charities, it that is very complex and I'm not sure how well that works. So we started that meeting, pitched the idea and everybody agreed. Honestly at the time we thought we'd maybe raise probably tens of thousands of pounds if I'm honest. As soon as I finished the call, I had emails and messages waiting for me, asking if we were going to launch an appeal. One of those people was from London Marathon who introduced me to Virgin Money Giving. I was on the phone to the then chief of Virgin Money Giving, I told her I'd never done anything like this and she mentored me through it. So she talked me through it. I then got on the phone to other people, including the previous chief executive of Great Ormond Street Hospital Charity, because I knew him and he was now working for an agency. And we set up the appeal and it went live a week later, on the day the national lockdown was announced. The purpose of the appeal was very much to support NHS staff, patients and volunteers impacted by Covid and that was as broad as we had it. Very quickly, on that very first day, I had a private donation of 10 million pounds and they said we'll give you 10 million if you set a target of 100 million pounds. I thought well I'm not telling how long it's going to take me to raise 100 million pounds, so yeah of course, fine, that's achievable! And five days later the Rausing family had given 5 million, so within five days we had 15 million pounds.⁶⁵ Virgin Money Giving and Just Giving had about a quarter million pounds on them, just by setting up the giving pages, we hadn't done any advertising or anything. It was just people literally went 'I want help the NHS', so they were all doing Covid haircuts, and shaving their beards off, because people couldn't have beards with PPE and it just went from there. Then we had the Virtual Grand National, which brought in 3.5 million pounds. I'd already, as I said, got this very good relationship with NHS England by that point – so I asked 'are we the National Appeal' and they went 'Yes'.

⁶⁵ The Rausing family are well-known Swedish philanthropists whose wealth was founded on the success of Tetra Pak, a company specialising in packaging for liquid goods such as milk.

So we set off from there. I basically just asked for help. I think it was Marion earlier said, oh no, it was you who said ‘You’ve got to surround yourself by the very best people.’ That’s what I did. I got a PR agency to help with all the media stuff, got Tim Johnson and More Partnership to help with the fundraising.⁶⁶ But they weren’t really asking for money if I’m honest, they were just helping us to make sure we were doing it right; and the Centre of Charity Effectiveness to help with the governance side of things and the grant side of things.⁶⁷ So we set up a National Grants Programme from scratch and a National Appeal from scratch.

Ian Lush

I think, sorry, just to ... I mean the one thing you couldn’t have anticipated in all of this was the PR impact of Captain Sir Tom and people have asked me on seminars like this and other occasions, ‘Could you recreate that?’ and the answer is ‘No, you couldn’t.’ No matter how hard you tried, you had there a unique set of circumstances, which we as a Board had totally not anticipated and was in Ellie’s sort of fantasies, never mind realities. Because you had this photogenic, articulate very old man, walking up and down his garden, with his walking frame and his medals, about to turn a hundred on the same date as my wife’s birthday, so it was etched in my brain. Having said that, she wasn’t about to turn 100, just to be clear! And he had this target and thanks to the fact that people wanted something happy to talk about and the press wanted a positive story. I mean it’s hard to remember and picture ourselves at that time. I was talking to Ceri, my wife, about this the other day and she said ‘What did we do?’ I mean I just spent the whole time working and basically doing two jobs with Ellie. But I mean what did you do all day and actually what people did, so they watched Breakfast TV, because I know, because I was on it and all my neighbours were on the WhatsApp Group saying shall we come and shout in your garden, to annoy you and stuff like that. There was so little else positive going on that this story completely exploded. So there is no way you could recreate it, because you’re not going to have another time hopefully with people stuck at home, a lot of people furloughed, financially okay, nothing to spend their money on and what remains remarkable about that whole story, is that the average gift always remained around £25.00 to £30.00. So it wasn’t lots and lots, it wasn’t a small number of people giving loads of money, we had that separately. It was millions of people giving a small amount, or a relatively small, which they felt they could afford and they wanted to help the NHS. It was the first time really, ever, that there had been a campaign where people wanted to say, I just want to, I love the NHS, look at what these nurses are doing and we had the clapping, but this was their way of giving back. And it was completely remarkable and also absolutely at the time totally terrifying, because we

⁶⁶ More Partnership is a Dundee based consultancy advising charities, educational and arts institutions. It was founded in 1989 by Iain More (1941-2020) who specialised initially in fundraising for UK higher education. Tim Johnson (fn. 59 above) is a partner.

⁶⁷ The Centre for Charity Effectiveness at the Bayes Business School, City University of London, was founded in 2004 to provide support, training and research for the non-profit sector. It offers continuing professional development and Charities Masters Programme with five different MSc courses. URL: <https://www.bayes.city.ac.uk/faculties-and-research/centres/cce>

were sitting watching this and like everybody else, we were refreshing the Just Giving page and watching it going up £100,000 every 20 minutes.

Ellie Orton

Both Just Giving and Virgin Money.

Ian Lush

Yeah and Virgin Money. We were watching all of this ...

Ellie Orton

They had to work together for the first time ever to try and fix it.

Ian Lush

And we were watching all of this and we were thinking, this is extraordinary, but the responsibility we felt as a Board and as a Board we were meeting every week, every Wednesday morning at 9am, chairing another Board call from my kitchen hoping that one of the cats wouldn't come and knock the wi-fi out and it was just an extraordinary time. It says something about the great British public, that even now our latest survey, despite everything, they still love the NHS, despite the strikes and the waiting lists and all the difficult times we're going through, that love for the NHS hasn't changed. We tapped into it, both deliberately and accidentally and that's an extraordinary thing to have been a part of and something we'll all remain proud and slightly terrified.

Tim Diggle

There was the phrase that Captain Tom used, which for me encapsulated it, which was he said, 'tomorrow is a better day.'

Ian Lush

Yeah.

Tim Diggle

And he told us afterwards that they use it in the war as a joke, you know because tomorrow never comes, he said, that's the other phrase. But at the time everybody felt anxious and Captain Tom represented somebody who had been through this sort of turmoil in his life before and for him to say, 'tomorrow is a better day,' was really important for us to know that things would get better. Because at the time it didn't feel like it would, it felt really scary.

Martin Gorsky

Listen, we are almost out of time. This has been a very full session, I haven't really had enough comments from the floor. Has anyone got anything burning that they would like to add in, and anything by way of something important we've missed? Or anything by way of perhaps wrapping up what we've gleaned.

Stephen Davies

I'd like to suggest you've missed something, which is not a criticism, just an observation. You've talked about, we've all talked about the professionalisation of NHS Charities since the 1980s and the role of professional fundraising, but we haven't talked about the role of clinicians in fundraising, because they have an extremely important role, which varies from not really knowing they are doing it, just by being decent people giving a great service and people giving gifts and gratitude, through to those who are smart enough to have worked out that if they invest their scarce time in engaging with major donors, or Trusts and Foundations, there is a payback for them, in terms of something they want.

Martin Gorsky

Okay, like the scanner.

Stephen Davies

Yeah something that is always about advance in medicine in their own particular field. So it's an altruistic motivation as well as a personal professional one. So I just think, I mean, if I had to say what I felt about the essence of my job running an NHS Charity was, I'd say it was about lauding productive relationships between professional fundraisers and clinicians, whilst avoiding the many obstacles placed in our way by NHS management. That's, it's worth thinking about how you might bring the clinicians' voice.

Tim Diggle

One of the key things we found with our success at Leicester with every appeal, was we needed a member of staff, a clinician or a nurse, who was unreasonably demanding in wanting this to happen, because otherwise it wouldn't. So if you had that, you knew you were onto a winner. And some of them having done it, said 'We are never doing this again, it's horrible.' But it was important to have that clinician, or that nurse, or somebody who could speak as the expert, to help drive the thing forwards, otherwise you weren't as convincing.

Ian Lush

And I think the other big challenge for NHS Charities, is you've got a lot of clinicians who are very big on research. So for us, it's getting them to bring the grateful patients, particularly the wealthy grateful patients to us, rather than to Imperial College, or substitute your academic institution here. And we've got very good at it and actually I have a team of people, who spend most of their time talking to consultants and other senior clinicians, because as you say it's the greatest route into grateful patients.

Martin Gorsky

Okay Agnes had one, Marion has got one.

Agnes Arnold-Forster

Thank you so much. So, you just mentioned, Ian, tapping into the love for the NHS and that is an unchanging constant and I would like to slightly push back on that and say from an earlier period, it wasn't a constant. So when the NHS was founded it didn't burst into being as this like, 'our NHS', this repository of huge public feeling and kind of a cultural symbol, that emerged over time. And often in conflict with, although this may not be the case still, with people's devotion to their individual institutions, which we've heard a lot about, like the local commitment, the buildings that someone else sort of talked about. I'm just interested in anyone's reflections on whether that is a tension between the work you do with your individual institutions, the fundraising work, the sort of public optics of your institution and people's commitment to the NHS as a national, you know, not just a national body, but a kind of vision, a thing.

Ian Lush

Oh absolutely, very quickly on that.

Martin Gorsky

A short answer.

Ian Lush

A very short answer. Nobody is interested in funding Imperial College Healthcare NHS Trust, what they want to fund is either a specific hospital, St Mary's or whatever, or more likely a specific service, unit, or ward. So we never get a donation saying oh this is for Imperial. It's for something, because that's where they care. So you are absolutely right, the NHS, it was only really through a massive appeal for Covid that we could tap into that in particular and we still will do that, because people want to support NHS staff. But when it comes to individual giving for the hospitals, or for mental health or whatever it is, they have a very specific connection to something very detailed on the whole.

Jane Ferguson

It's even more personal than that. It's the nurse who smiled, or the surgeon that did the life-saving surgery.

Ian Lush

Or the person who spoke to me nicely after my father died.

Ellie Orton

And for us, what we see, it's very much the staff that the public want to support and privately it's about preventing ill-health. So privately philanthropic donors understand that actually the best thing for the health service, but also individual health and collective health, is about creating health, it's about living well, and preventing ill health. We know that from what's been said is that isn't necessarily the space where the individual NHS Charities are. So is there tension? Yeah, but I think it's quite a

creative one and it's one that should be there to get the best you know. I think it's something Marion said actually, that you can work alongside each other, with negotiation and you know and that's what we try to do.

Martin Gorsky

This conversation I know can go on, but we've overrun now by five minutes and I'm conscious we said the recording would stop at 5.00. So I'm going to bring the formal witness seminar to a close. I want to thank this group of panellists very much, and I want to thank all the panellists and all the people who have contributed from the floor. For those who have, can I just add a reminder, if you've not done so, please sign the consent form and pass it to Agnes at some point in the next few minutes, or at least before you leave, or put them on the table. You can pick the fresh ones up from the table.

And with that I think that's it. I really feel we've learned a lot and whatever the gaps are, that gives us in the Border Crossings Team, a really good steer on things to pick up in our research going forward and I hope there will be more opportunities to share that with you as we go on. But a glass awaits us, so with thanks, please join us in a drink before you go.

APPLAUSE

END OF SEMINAR