Hospital volunteering and fundraising in historical context

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The issues:

• 50 offences in NHS hospitals, one in non NHS hospice ‘during his voluntary or fund-raising activities’
  – principally Leeds General Infirmary (16 offences), 1965-95, Stoke Mandeville Hospital (22 offences) 1965-88

• Role of Savile’s ‘celebrity’ and ‘fundraising role’
  – In explaining his ‘special access’ and ‘privileges’
  – In explaining non-reporting or non-investigation of complaints
  – Relationship to ‘organisational culture and practices’?

• Understanding ‘governance and accountability’ of his fundraising
Illuminating the ‘guise of charity’

• “...basically ... had the freedom to walk wherever he wanted... Along with the power, people were afraid of Jimmy stopping raising money for the hospital. There was a fear of him taking something away. He argued that it was his and not theirs.”
  — Christine McFarlane, former director of nursing and patient care, Stoke Mandeville, Guardian, 1/11/2012

• “...it’s really sad that someone can work all their life for charity and everyone’s like ‘he’s such a wonderful person’ ... He does paedo stuff under the guise of charity, it’s almost like he’s above the law, untouchable.”
  — Ms B, Duncroft victim, Levitt Report, 22

• “It is now clear that Savile was hiding in plain sight and using his celebrity status and fundraising activity...”
  — Yewtree Report, 13
Beginnings: early hospital philanthropy

- 18th/19th century ‘voluntary hospitals’
  - Acute general hospitals, special and cottage hospitals
  - Charity funded, honorary consultants, volunteer boards
  - Status, prestige, power of donors

![Pie chart showing the distribution of hospital beds by source: 1938 beds]

Local authority 47%
Voluntary 33%
Poor law 20%
‘Celebrity’ fundraisers

• *Some* from arts and leisure
  – eg J.M.Barrie, Arsenal FC

• *But* celebrity fundraisers typically peers, royals, local politicians
  – Gala dinners, fetes, bazaars, exhibitions

• Hospital ‘visiting’
  – Visiting committees for charitable oversight
  – Ceremonial visits support fundraising
Before the NHS: the diffusion of hospital voluntarism throughout the community

Composition of British voluntary hospital income, 1900-44
• Contributory schemes:
  – Mass membership: c.11 million pre-NHS
  – Workplace payroll deduction: Free care + benefits
  – Voluntary action: Fundraising: carnivals, appeals; governors; visiting; patient advocacy
• Summary:
  – By the eve of the NHS a tradition of community voluntarism has developed
  – Partly charitable including local elites and ordinary people
  – Partly working-class organisation
  – Familiar aspect of popular civic culture
Into the NHS: the persistence of charity

• The NHS Acts 1946-7:
  – comprehensive, universal, free tax-funded
• The settlement for charity:
  – Teaching hospitals retain endowments
  – Fundraising permitted
  – ‘Corporate trustee’ model
  – Limited to ‘non-core’ purposes:
    • Patient and staff amenities; research; renovations
• Early NHS: tight financial settlements
  – Real decrease early 1950s
  – Capital restraint till late 1960s
• Early NHS:
  – Survival of mass schemes
  – Low-cost ‘extras’ insurance
  – Continuity of civic culture of hospital charity
Hospital volunteering under the NHS

- Leagues of Friends, WRVS, Hospital Funds
  - Fetes, appeals, cafes, transport, amenities
- Savile’s early involvement
  - Hospital radio
  - ‘I’m Backing Britain’ 1967-8
- Governance of charities
  - Corporate trustee model continues till 1990s
  - No external oversight
  - Possible conflicts of interest
Conclusions

• Recent NHS enquiries into tragedies emphasize ‘systems’ approach
  – Beverley Allitt enquiry, 1994; Donaldson on adverse events, 2000
  – Given ‘grotesque’/ ‘rogue’ individuals, we should avoid blame
    • ‘... The ancient notion of a scapegoat, to bear the guilt for disastrous happenings and thus relieve feelings of rage and frustration is still with us. ...those we have criticized were subjected by chance to a test more severe than most of us encounter in a lifetime: so we have not striven to find fault merely to satisfy a popular urge...’
      Cecil Clothier, 1994
  – Instead consider nature of institutional culture and systemic weaknesses
• Cultural and systemic contexts for Jimmy Savile’s exploitation of hospital voluntarism:
  – A long tradition of according status and respect to high profile charitable givers
  – Strong, long-term identification of hospital as symbol of community endeavour through enjoyable social activity
  – Long-term acceptance of the place of the volunteer/visitor on hospital premises (though Savile unusual?)
  – Absence of disinterested/external or ethical oversight of charitable voluntarism: potential risks