

NHS Fundraising | Where do we go from here?

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00:11

Amy: Welcome everybody, thanks for joining us. As always with a Gifted webinar we'll be recording this and it'll be on our website on the Resources pages in a couple of days-time. So, if you need to watch anything back or colleagues have missed it and you think it will be useful, that's where you can find it. Question/Answer, we'll do at the end. We have over 60 people registered today, so far easier if we do all the questions at the end. If you could put those in the Q&A and not the chat, that would be great if you can., so we've got one thing to monitor, as it's just Gemma and I here today. So, on that note, thank you, Gemma for joining me. Gemma and I have worked together on and off for 11 or 12 years, Gemma? On different Addenbrookes' projects. So, it's great to be co presenting from that perspective, but also because, you know Gemma's got such great experience in this sector. So, it's wonderful that she's joining us today to share her wisdom on NHS one raising

01:14

Gemma: Thanks Amy. So yes, I've been in fundraising for almost 12 years. Like many of you, I'm utterly passionate about it and can see lots of opportunity for us and that's what we're going to talk about today. And, I'm Director of Fundraising at Addenbrooke's Hospital in Cambridge,

01:35

Amy: Right, so let's start by just having a little look at the impact of COVID over the last year. So you know what a year it's been, there's been many positives but it's also been an incredibly challenging year as well in the fundraising sphere. So last autumn at Gifted we conducted a survey across all charitable sectors. But these results here are taken from the health sector and specifically relate to what we're talking to today. And just a few statistics to show, actually how resilient the health sector was in its fundraising in the last year. So, those charts, the top bar of the green there is 29% which says that fundraising was actually more successful than you budgeted for. Which is fantastic, not many other sectors could say that, I'll tell you. Only 14% saw a decrease, and the large amount of that, the 57% was, you know, initially we were worried, but actually those COVID funds that came through, whether you know statutory funding, or private individuals and grant makers stepping up and getting behind the COVID appeals and the local hospitals made all the difference. And I think that's really interesting statistic and I think, you know, you probably saw that reflected in your results as well just over the last year.

02:57

Gemma: I think I'll talk a bit about our appeal later but we, you know, the yellow bar, we definitely saw people step up and give when they were already giving or in the middle of grants, and that was really reassuring.

03:10

Amy: Absolutely. So, another statistic here for those in a major capital campaign. Did you pursue major gifts through the pandemic? Which is really interesting. So obviously, top bars, for some that wasn't applicable as they didn't have a capital programme underway. But again, within the health sector. 29% continued making those major gift asks for capital projects, and only 14 stopped all that kind of asking. And again, that's a real switch from other sectors, a lot of whom pulled their campaigns and focused purely on emergency. Health charities tended to plough on and keep on with their mission. Again, really

interesting. And then final stat from me here, legacy giving: Would you be nervous about launching a new legacy giving programme? And 100% said, 'No legacy giving is more important than ever.' A complete reverse from some other charities, including faith charities particularly. They were very nervous about legacy programmes, but actually those of us in health and welfare fundraising and hospital fundraising, saw that actually people recognise that this is a time to continue and to focus and keep that legacy giving programme - which is, we know, so important for long term sustainable income. So really interesting. I think to show the resilience of the health and hospital sector in 2020. Yes, it was difficult, you know, challenging year for everybody but the sector as a whole, showed real strength in its fundraising. Gemma?

04:50

Gemma: I'm going to ask a rather challenging question. I know that you can't answer me, but something that I've had my eye on since I've been Director of Fundraising is , you know, how is our charity doing in relation to other charities? And the reason I looked at that is because hospitals, when you're trying to persuade them to do something, they like to see what others are doing. And so, I knew from the beginning that ACT was about ninth out of the top 10 charities in the UK in terms of fundraising. But then I thought actually that's not an accurate measure as to how we're doing. So, I did some analysis as to the percentage of fundraising income as of hospital turnover. And I looked at everybody who was an NHS charity back in 2019, this is quite old, really. And you can see there that I'm sure you can guess who is in the outstanding category? It's a Great Ormond Street, and I'm sure it won't surprise you to know that in the good category, sits the Christie and the Marsden - and things might have changed since then, but, you know, ACT sits within the average category and I want us to aspire to be even more ambitious and to be even better. So, I'm always thinking what can we do to raise our game? I think it's really helpful to know where you're starting from, and it will depend whether or not you're a corporate trustee or whether you're an independent charity, but what this says to me is that even before the pandemic, we as a sector have got so much opportunity. We've got so much potential for growth and we really should be competing, shoulder to shoulder with some of those major

charities and so this spurs me on. So, this isn't meant to be a negative slide but it's meant to say, 'Do you actually know how you're doing at the moment? And how are you measuring that are you measuring yourself against your own targets, or are you thinking of different types of measurements? So that's why I've shown that.

06:46

Amy: I think that's a really important point to make Gemma. It isn't about saying, 'Oh, you're below average!' it's about saying, Wow, look at the opportunity we have to grow. And that's exactly what should be taken from that.

06:59

Gemma: Yeah. So, as we know, 2020 was really a huge year for health fundraising. I think we're all in an amazing position where NHS fundraising has been thrust into the limelight. A lot of people now know that they can give to support the NHS, through a donation. We all know the phenomenal achievement of NHS Charities together with Captain Tom, raising £140 million and they built a database pretty much overnight, which I think was awe inspiring. But I do know that from talking to other directors of fundraising that a lot of charities have had successful appeals, and I'm really pleased that we had a successful appeal, but I would say that's down to the bravery of our trustees who said yes go ahead and do an emergency appeal. Yes, we'll invest in acquisition, yes, we understand your business case for really going after growth in this period. And that that really made the difference to us. So, we actually ended the year better than we had anticipated which we're really grateful for.

08:05

Amy: Absolutely and you know we're talking the big numbers on this slide, but I know a lot of the smaller NHS Charities did incredibly well. I remember speaking to Emma at Calderdale and Huddersfield. I think that you're online with us today Emma. I was so pleased for, you know, your huge success and relatively new hospital charity in terms of the development you've put into it. So yes. you know, some like Addenbrookes and others were looking at six figure appeals at seven figure appeals,

but for others, smaller amounts have still made a phenomenal difference and I think across the board. everyone really stepped up and got behind that emergency appeal vibe. And the next thing is to kind of look at where we go next, isn't it really Gemma how we get back on track with fundraising in a more normal sense.

08:51

Gemma: I mean if you think back to where we were in March 2020, it was incredibly different landscape and I think we've all had a really different year. Amy, I'm going to ask you to skip straight on to the next one, because I think everybody had a different experience of the pandemic and I know from talking to other fundraisers, a lot of us had to work remotely and so that was changing entire fundraising systems and organising your thanking and banking differently, whereas other charities stayed on site, and they were redeployed to help staff in the hospital. So, they had a, I would say, that that's a success because they deepened their partnership with the hospital, just because they weren't doing what they had planned to do in fundraising, I would still say that that's a great thing because the charity will be held in greater esteem. Some of us were lucky and we were able to launch, emergency appeals. I'd love to know from you if any of you did similar and what your experiences were? Maybe you thought actually this is our year. I know a lot of people were quite pessimistic about the year. I, fortunately, was surrounded by colleagues who thought you know what, this could be our year and we need to get out there. And we invested in donor acquisition. Did you do your stewardship differently, did you keep doing your stewardship? So, did you do that virtually? We found much to our surprise that we could get hold of some clinicians more readily, those who weren't on the front line or weren't redeployed and they were really willing to reconnect with donors, and talk about their experience. Even the ICU staff when they could, they wanted to support fundraising which was phenomenal because actually that deepens donors' connections with the charity.

10:40

Amy: Absolutely. And so other scenarios, you know, were about to launch or mid capital campaign and decided to pause that, because it wasn't focused around COVID and that was your primary initiative? If, if that's the case, now's the time to think about strategy and think about how your case for support has now changed. You know, are the people who you were targeting to fund that project or help you deliver that project still the same people are the right people? So, time to sit and reflect on that I think and take some time before you relaunch again. Did you run virtual fundraising initiatives? Gosh, I think this was a learning point for all of us across the third sector. Virtual fundraising. But we saw some brilliant examples of how people engaged and dependent on the charity, how they're connected with their donors. And, something that going forwards, we might do a lot more, you know, we might be running hybrid events going forwards, part online part in person. So, it's something that we shouldn't just put on the back burner, just because we're starting to hopefully return to something more like normal. And did you ask them what or ask less? I would say certainly from our perspective at Gifted, those charities we work with who upped their game were hugely successful and pleasantly surprised by the amount of response they got to their ask. Rather than those who backed off and, you know kind of hid away a little. I think you experienced that as well during your asking ACT, you felt you were kind of pushing your boundaries in asking but actually it was received really well.

12:17

Gemma: Yeah, so, end of March when we first started working from home, we put in plans to, to run a big cash appeal so a DM appeal to our own donors and we expanded the number of people it was going to. And out of courtesy, we liaised with the hospital, to make sure that they were comfortable with what we were doing in the messaging and there was a lot of nervousness. Originally it was intended for the letters to be signed by someone from the hospital, because that adds credibility. But for speed, and for because of their discomfort, we decided to have that signed by our chief executive instead. So that actually was an unbelievable result and raised £250,000, whereas, you know, we'd steadily seen our income increasing from our direct marketing, having recruited a real expert in it. But we definitely asked more than we had anticipated to last year. So, we ran an extra appeal as well, and thought results

might tell off by Christmas, but they didn't. Christmas was even better than we'd anticipated so sometimes you just have to be a little bit brave.

Amy: Absolutely. Okay. So, point, nine, 'did you tell your donors what was happening in the hospital and forge those relationships?' I know a lot of charities did pick up the phone to major donors and communicate more widely across all, all kinds of levels of membership and donors. And you know, being honest to frank about what's happening. Also, sharing, I guess Gemma in your messaging, sharing the good news of, 'donations today have enabled us to do X, Y and Z for the team on the frontline etc.

14:02 And then finally did you use your time wisely? Did you plan strategically? Again, we've seen a mix across our client range at Gifted. Some that really embraced the time to look at strategy and think about how to move forward. But for others, perhaps you simply didn't have time to do that because you were caught in a huge COVID Emergency appeal and it took all your time. So, think as Gemma said earlier about, you know, when you're thinking about where to go next, think about where you are now. Let's just pause and reflect and think what has happened over the last year, what did we do well, what do we do not so well? And when we want to go n the future?

14:42

So, in terms of messaging for what's next, everybody's keen to hear good news stories now. We've had such a, well more than a year now, and who'd have thought it, but now's the time to talk about those projects that are, you know, game changing - that will change the health landscape for years to come because that's what people want to hear about, these good news stories. And moving away from tCOVID-19, so, you know, we worked with a health client over the period, and the messaging was, we were testing the feasibility of a new project, and the messaging was don't even include COVID in the message. Focus on the brilliance of this project, and deliver that in your message. So, you know, it was almost kind of adding a negative element to the message and supporters just said no, just focus on the future. So, positivity is the key. And I think going forward, we do have to acknowledge the impact of

COVID-19, you know for some people, that's had a massive impact on personal finance. For some charities they've really felt the pinch and the economy as a whole, so we should acknowledge that, but it shouldn't be the driving force of messaging. Like we say, the driving force should be your case for support. What are these brilliant projects that are going to change healthcare and demonstrating the future benefits? So, again looking to the future, talking about impact. That's what's really going to appeal to people over the next year, in particular.

So, we're not going to talk through five key priorities for a successful and resilient fundraising programme. So first of all, as we've kind of hinted, let's focus on where we are. So do you, your team, your trustees know what those strategic priorities are? Have they changed over the last year? And does that mean change within your team, perhaps as well, as to how you allocate resource? Focus on specific things. Let's not try and do everything all at once, so either focus on one big project, or have a single fundraising ask to get started and build that momentum. And say 'no thank you' to those distractions that won't help you deliver targets. So, all about focus, focus on those key things. And, as we say, I just said in Point D here, particularly if you're a smaller charity and you know there may only be yourself in the fundraising team, or you and another, focus on delivering one thing really, really well, and use that to build. So, you can use that case study for investment in terms of asking perhaps your trustee body to invest in and help you take things to the next level, but also investment in your donors and sharing that message, the impact message with them, and building from there.

17:41

Gemma: We're seeing that a lot of fundraisers in the NHS are feeling overwhelmed at the moment, because there's so much opportunity and there's a lot of discussion about it online. And I say, you know, if there's one thing that you do, think about what are your top priorities and you really have to try and protect your time to work on those because otherwise you'll end up trying to do too much and won't make as much progress.

Amy: So, less impact ultimately Right?

Gemma: Exactly, yeah, yeah. So, the second one, and this is one of my mantras, is that you should try and behave like a successful charity, because we see all the amazing charities that are in there, in the public mindset that are doing really, really well. And there's an awful lot that we can learn from them, and I think that there is something about knowledge sharing with other NHS charities. How did you do that? How did you do this? What was the best practice, what's really strong for you? And that's pretty much what I've done on a regular basis. Ever since I've been with this charity, and it has really helped to formulate my thinking. But I've also looked outside the NHS sector, I've looked at, Anthony Nolan's model of community fundraising which is based on relationship fundraising. I talked to lots of other people, and I really think it's helped improve our strategy, so look to others, use their success to build your case. And I think that will help. The other things to think about, alongside benchmarking which we touched on a little bit earlier, but being business minded. I find that NHS fundraisers are amazing, lovely, kind people. And sometimes we have to say to ourselves, 'Am I doing that myself and getting my team to stuff lots of envelopes because it's cheaper? Is that really the best use of my time? Should I be spending time thinking on strategy? And this is one of the things I've encouraged my team to do, is to sometimes outsource to get the best. That is actually the best way for you to spend your budget by getting an expert to do something that will take you days to do, so, I really think that will help.

20:04

Amy: Absolutely. I think the first point on there is particularly important about this knowledge-share. So yes, as NHS charities you are all fundraising in the same field, but the majority of the time you are not in direct competition with each other, you know, your main targets are your hospital patients. So, let's share knowledge, Let's, you know, and Gemma and I have done this on numerous occasions where you come up with a plan for something and think, 'Have I gone completely off piste here, I'm really not sure, I just need to run it past somebody who I know that I trust and you can have those conversations, to kind of give you a bit of clarity of thought. So really important on that.

20:44

Gemma: So, thinking about resilience. We don't know what's going to happen over the next couple of years. And so, one of the things I think is a good strategy for the majority of NHS charities, is to focus on mass acquisition of donors, because actually that is going to help you with sustainability and predictable income if you can graduate those people to a committed giving, a direct debit ask. Lots of donors giving small amounts, and a larger database is really going to help you weather any potential storm. I think we all love major gifts, as and when they happen, but if you don't have a capital campaign, maybe if you're a small team, maybe think about how can you actually grow your database. You can do that in a huge number of different ways. So, we've done it through, during the pandemic with a cold door-drop which was a new thing for us. And that helped to add over 1000 new donors to the database. We actually managed to grow the database by 40% during the pandemic and so now we're working really hard to make sure that we keep all of those donors. But I've spoken to Moorfields, and there's lots of little, cheap techniques that you can use, so Moorfields, pre pandemic, had those registration booths when you arrive. When patients arrive at the hospital, they simply added a tick box that said 'would you like to hear about your charity?' in the first week they added an extra 1000 people to their database. So, at Addenbrooke's I'm talking to the people responsible for patients' online charts to see if we can add similar for our charity. We run past patient mailings, and that's an investment but they work really, really well. So, there's lots of different ways that you can increase the number of people on your database. And now is the time to do it. And then once you've got those people, try and convert them to a regular gift because if you get regular givers, they're more likely to help build your legacy pipeline. So, I think, you know, the advice there is, there'll be tonnes of different ways that you can recruit new people to your database, but sometimes it's just being a little bit, imaginative and it doesn't have to cost the earth.

23:04

Amy: No, and I think, you know, with regards to that legacy element, I'm sure we've all had that shock scenario where a legacy gift arrives and it was somebody who'd been giving a, you know, really modest

monthly amount but you've engaged with them and you'd continued to share your stories with them. And that's the impact it can have. Yeah.

23:28

Gemma: So again, thinking about resilience and thinking about sustainability over the next few years. I think a lot of us will be thinking about how do we raise more unrestricted funding? Certainly, a conversation that I have on a regular basis with my finance director. And we see that really as a barometer for how healthy our charity is. And we know from running 'grateful patient programmes' and the way that donors give, that patients like supporting their clinician and their department - and generally we think that's the first gift, but it doesn't mean that you can't upgrade someone to an unrestricted ask after they have given their first gift. We are finding lots more people are fundraising for an unrestricted ask. Our DM programme this year, we are doing this year, the majority of our appeals are going to be around and unrestricted asks, but through clever storytelling. So that's building that reliable income for the charity. One of the ways we're doing this is trying to reduce the number of options that we're presenting to donors. And so, I think that's something that is a big headache for all of us, this legacy that we've inherited where there are hundreds of funds that people can give to and I think if publicly, you know, if you look at gosh, if you look at St George's and a few other charities, Bristol, you will see that there are fewer options on their website so that we're trying to get donors to give to where we really need them to go. I've covered D already I got ahead of myself talking about great storytelling.

25:03

Amy: I think that point about the number of funds is so important because a) it stops you having, you know £10,000 pounds in one fund that you can't actually spend because it's to a lesser amount for one thing and, and what have you, but also the benefit for the donor, almost, that it's quite clear, where they can give to or not. Lots of different funds and taking that kind of confusion and ambiguity away as well. Okay, so final point five.

25:33

Gemma: My favourite. I saved it for last. So, we are really lucky as an NHS charity, in that we have at our fingertips, a wealth of warm prospects, and by that I mean, we have people who are inclined to give to our cause, if they know we exist. And I know for a fact, having recruited people from non-NHS charity backgrounds, that they come into our environment and say, 'Ah, I can't believe how lucky you are!' So this is our USP and if we're going to change the landscape of NHS fundraising, this, I really think is where we should be investing our time in. And if you look at your income, I'm certain that 75 to 95% of your income is likely to come from patients and family members, which seems to make sense. And when we did this analysis, a couple of years ago, that was very much the case. And we looked at footfall through the hospital and realised that fewer than 1% of the annual footfall was actually giving to our charity and so we made it our mission to try and reverse that trend, and try and increase that percentage, just even a couple of points, so that we were promoting ourselves within the hospital and using 'grateful patient' techniques to focus on warmer prospects. And to make sure that we were being strategic about our fundraising, because from my perspective, you know, you might go out, you might talk to schools and you might talk to WIs and you might talk to scout groups and you might talk to businesses, but what I always find particularly with businesses, is that they come in for a visit, and they say, Addenbrooke's saved my life. And so, originally, they were a grateful patient. And so actually if you start from a grateful patient perspective it is easier to recruit people than spending your efforts going out into the community, so you need to start with your hospital soonest. And, I know already that major donor prospects are walking my hospital corridors, and we just don't know how to access them and so we need to sort of put in place a strategy that means that they're aware of us, and that clinicians if appropriate are talking about philanthropy to their patients, at the right time. And this will definitely grow your donor referrals, it will grow your database. And one of the things to think about is that our clinicians are amazing ambassadors. They are our secret weapon because clinicians are super well connected. Not necessarily through patients, it might be through their previous experience, it might be through their education, it might be through social, but if you build relationships with clinicians and you build trust,

they are more likely to talk to you about how they might introduce you to someone. And that's very much a major donor technique. But what you also want is clinicians who are comfortable with talking about, 'I know the impact of charitable funding that it's made in my department. If someone asked me a question about how they can help, I'm willing to direct them to the charity to keep my clinical relationship, protected and trust the professionals to handle that relationship for me.' And actually, so that they don't go, 'okay go and give to MacMillan and give to BHF because actually, they can be channeling people who are interested in supporting the hospital your way so I think that's, that's probably my top tip.

29:09

Amy: How many times have we heard, you know someone say Gemma, I'll do it for Dr so and so because of what they did for me, it's so powerful, isn't it?

Amy: Absolutely and I remember you talking to me years ago about 'people giving to people' and that is certainly strongest in hospital fundraising. So, the last thing here is, I'd suggest promoting your charity in your hospital. For years I really wanted to boost awareness of our charity within the hospital, and it took me a while to get a 'yes' but it didn't take no for an answer, I was resilient and I kept trying. And the thing that turned that 'no' into a 'yes' was I said, Look at Birmingham. Birmingham put in a fundraising hub and they went from 4 visitors a day to 40 visitors a day. They've done it, please can I? And sometimes using case studies from other hospitals help you to get a decision made and help you to make progress and so I would highly recommend that because hospitals look to other hospitals, to see what they're doing. They look, they look to their peers, and that can often help you help him make progress and get a yes.

30:21

Amy: Almost that knowledge-share again, isn't it you know? Saying to someone who's delivered, it, hey help me with some stats so I can take this to my SLT and get it cleared. So, thinking about grateful

patient strategies then. So, this is something that Addenbrookes has done incredibly well and I know you're still developing, Gemma, your kind of rollout, but you had a great kind of first rollout, so tell us a bit more about what you did at ACT and how it worked for you.

30:53

Gemma: So, I think 'Grateful Patients' is my preferred term. In the US they use 'clinician-based referral systems.' So, this is something that is really prominent in the US, and they have a very different model to us but it also happens in Australia, in Canada, and a few years ago we got to thinking about, you know, whether or not something that was tailored for our market, shall I say, would work. So that it was softer, it was more diplomatic, it was considered. And, so over the years we've actually built a programme that includes lots of different elements rather than just one thing, which they do in the States, which is philanthropy training of clinicians. And, so we started with the philanthropy training and we actually brought in an expert to help deliver that, which was really great. But what we did do is made it applicable to Addenbrooke's clinicians. So, we've trained probably just over 200 now and that's a combination of doctors, surgeons, nurses, the most senior people in the hospital, management people. And, that's sort of co-delivered between me and our American partners, but with footage of Addenbrooke's clinicians talking about the importance of fundraising and our donors talking about the joy of giving. And this is all to accustom people to the fact that giving is a good thing. Yeah, giving is not about money, giving is not about clinicians asking for money. Giving is actually really important to the patient. And if clinicians do what clinicians always do which is, when someone says thank you, they go, 'no, it's just part of my job'. If conditions keep doing that and pushing people away sometimes it can leave patients feeling disenchanting. And it can be a really important part of their healing, so the cornerstone of this programme has been the training, which we have then taken on, and trained our fundraisers to be able to deliver in the hospital. So, you don't have to rely on getting big groups of people together. So, I've got people that go into team meetings, into nurses' meetings into cross departmental meetings, they go into broom cupboards and they can deliver this training. And so, you know, that that really feels like it's something that we've rolled out successfully. And then, what I

realised is that, as well as clinician relationships, deepening those constantly, it was also about an ethos within the Charity. So, even our finance team and our expenditure team, if they take a phone call from someone, we didn't want them to be sort of short sharp and direct about the answer. It was an opportunity to engage with someone to help them to be supportive, so that we were connecting the Charity and the hospital. ever more deeply - and so it really became a cross charity ethos. The way I think we've personalised it within Addenbrooke's is that we also think about that sort of a push strategy by educating clinicians and people within the hospital, but we also needed a pull strategy, which was about promoting the charity to patients through mass awareness, through visibility in the hospital, through mass recruitment and by that, I mean, past-patient mailings, I mean, grateful patient events where they come in hear from their favourite clinician about what's going on. And it can be the kiosk in the entrance. And so really, saying, 'this hospital has a charity and we're proud of it. So that patients then go to the staff and go, 'What can I do? How can I help?' And then lastly, I think, you know, the really special part of the programme has been the departmental partnering, which was probably the hardest to make happen because we set up a special team of people looking after departments. And, so you have your person looking after Children's and Oncology and Transplant and Ophthalmology and on various different levels, until we're looking after 52 of the 92 departments in the hospital. So, the departments know, in ACT I go and talk to this person. And that's really important for them. Really important to help them spend the money, to help them apply for grants, to help us raise money. But that that was a risk, but I'd say that that's working really nicely now. So, for me, this is sort of an evolution of the North American programme to say, actually this is a fully integrated programme.

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So, I thought what I'd do is share a couple of headline results to give people an idea as to, you know, the kind of things that can be achieved. This isn't the full results, but I thought it might be nice for people to understand that so

35:57

Amy: I think for me as well, Gemma, you just said, particularly the kind of philanthropy training with the consultants, I remember watching a video that had been put together when you were developing this of, I think it was an ICU consultant saying, 'Why would people want to thank me? Half of my patients don't make it, quite frankly. And then a patient saying that 'you gave my husband such dignity, in his final days.' And the balance of not wanting to accept thanks and how you kind of get them through that and the patient really wanting to give thanks is a key part of it, I guess, isn't it?

36:32

Gemma: He was, he was known to hide in a cupboard, if someone was going to thank him. But part of this is about making people feel comfortable with it. Yeah, and actually they feel quite uncomfortable when patients say thank you sometimes and they don't know what to say. So, part of this training is about, what do you say, how do you handle that conversation in a sensitive way so that patients feel heard as well? And so, some top line results just to give you an idea. We've recruited almost 6,500 patients, and 78% of those have given to the charity. 26% of those are repeat donors. My favourite statistic is average donation. So, CAF report for 2020, that the average donation has gone up to £30, whereas for a long time it had been £20 and that's indicative of last year. Whereas actually a grateful patient donation average is £81 which I think, you know, that's a great business case for our charity. I'm really proud of our comms team who, through promotion of the charity, through stewardship of staff through thinking about staff as donors, have already put in place a lot of better communication about our impact. And we have seen through the staff survey that our awareness has increased from 45% to 96%. So, that is going to help us in the long run because that will mean that people are talking about the charity and comfortable in talking about the charity as well. I touched on the number of departments we look after, I think we're assessing at the moment whether we're spreading ourselves too thin?

38:14

And the programme's in constant evolution. I would say if you are a small charity, I would start with one department where you already have friendly clinicians. Use it as a proof of concepts, help them

increase their income, and start from there. Sometimes being too ambitious, you know, sort of, it gets tricky. I like this example. So, one of my team, arranged a transplant team talk events, in person before the pandemic, with the professor of transplants to talk to current donors, and the event raised £5,000. And, you know, this doesn't have to be huge gifts. This can be connecting patients and clinicians on a small basis, on an informal basis - and patients love it. And actually, clinicians get a lot out of it as well.

39:11

Amy: Yeah, so those 6400 patients, Gemma, what time span is that over roughly? Oh, that's, that's actually three years. So, when we started, we started with one department. And so, then we expanded the departments and then grew and grew and grew. One of the events we ran during the pandemic was meant to be in person. It's an annual event that we've run for a couple of years, where we bring people into our maternity hospital and all the staff participate, and they show off their projects that have been funded by the charity. It's a bit like a summer fair. So, they bring out the incubator and they bring out the resuiciter and talk about their research projects and they show all the different things that the charity has funded. And that is a great way of getting lots of new interested people in by promoting it to mums' groups, by promoting on social media. We weren't sure how it would work virtually this year but we still had 150 new prospects who joined us online, which was a combination of live and pre-recorded videos. And the great thing about this is that after the fact, staff are brimming with happiness and enthusiasm. it's worth it for that alone because then, you know, you go up in their estimation, and this is a cost-effective way of recruiting people.

Couple of years ago, one of our first past-patient mailings - we now have a full programme of past-patient mailings - was oncology. These are letters that are sent out by the hospital on our behalf. We have a programme set up with the contract and agreement. They're not allowed to have an ask in them, and the oncology one raised £160,000. Recently, we've had a past patient who has given a quarter of million to fund a specific haematology research project. That gives you an example of the type of major donors that you can recruit. And my fundraiser who did that, just worked in collaboration with the

clinician to sit down and have a coffee. And that was the outcome. So, in general we see departments, increasing designated funds, they're more willing to consolidate their funds, they're more willing to spend money, and they enjoy engaging with fundraising, so I think I like to see specific results. Just gonna whizz through a couple of pictures – so, this is what our hospital entrance looks like now. We are really direct, really overt. We see this as a big advert for the fact that hospital has a charity. And there are contactless donation points, there are cash donation points. We have displays of our merchandise. So, this is really our advert that can be either staffed or understaffed in the hospital, and obviously it's been understaffed for a little while but we were very pleased to get those in. And then, within the cancer directorate, we didn't have anything specific to fundraise for, so we were just talking about giving to support cancer services. So, put up this huge poster which we saw an increase in donations almost immediately. And then throughout all of the outpatient areas there are leaflet displays, there are contactless donation points. And these leaflets are actually self-contained donation forms that people can fold up and send back to us, so, actually it's nice to see examples of how that works in practice.

42:57

Amy: Absolutely. Thank you, Gemma, for sharing what you've done at Addenbrooke's there. I think that's hugely inspirational for many other hospital charities. So just to recap then. Let's just think about what are the benefits of these grateful patient programmes? So, obviously patients, or past patients. They are already warm. So, in a way it's an easier ask than a cold ask, and they will increase both designated and unrestricted funding across the charity, therefore across the hospital, which is what you want. And really important as Gemma touched upon, enabling supporters to say thank you as part of their own care pathway. So as patients are coming through treatments or surgeries, etc. It actually helps them to be able to say thank you and that's a really important part of the hospital delivering care to its patients. Improving staff wellbeing, and that can have two sides, it can be the actual unrestricted gifts go into staff wellbeing projects, but also staff well-being of actually once they've accepted being thanked, the difference that can make. And you know, it's not just about a consultant being thanked, for example, it could be that actually the difference for one patient was, the lady who brought her a cup of

tea every morning and that she stopped and had a chat. That could be the thank you that needs to be said. So, it's important that we think across the whole team as well and not just the clinicians, I would say.

Obviously, new donor acquisition, critical for every charity and Gemma's been talking about how that's particularly important at the moment, thinking about acquisition. Your brand awareness, being there through merchandize etc - and Gemma's just shared what they put up there at ACT. Building those strong relationships with supporters so that long term, you increase that income, it becomes self-generating income because they come along the journey with you and you can take your donors along the journey, and hopefully onto regular gifts and perhaps larger gifts and ultimately legacies. So final slides finish on before we go onto questions. Just something to think about, you know, what if everyone who visited your hospital, knew that they could give to your charity as a way of saying thank you? I mean, you know, Gemma's stats there about how many people, the footfall compared to engagement in charity, and improving that. That would either transform our charities wouldn't it? So, really important to think about the importance of these kind of programmes and the difference that it can make to you. So, we'll go into some questions if I can open them while I'm talking, bear with me, we've got a couple in already Gemma. First one from Jane at Edinburgh and Lothians, 'Would you say there is evidence of increased COVID-19 income cannibalising the regular income streams?' Have you noticed anything along those lines?

46:03

Gemma: This is just our experience, but I would say that it's actually helped, helped us to divert people to emergency appeal income, and that's how we wanted to spend our money. So, I didn't see it as cannibalization. And what we did see, I touched on it before, was people who were already giving, we're giving extra. And so that really was our experience, so I don't think that anything was cannibalized whatsoever. I think the only income that went was high value events. I think that was the

same for everybody, you know, that was the same at Gosh, that was the same with lots of people but no I wouldn't, I wouldn't deem it as cannibalization.

46:48

Amy: I would say, particularly, as well across sector, you know, lots of arts and cultural organisations for example launched COVID Emergency appeals. And actually, exactly like you said, people simply gave more, and they gave additionally, rather than directing from one to another. Corrinne, Corrinne Bailey but really, 'Have you asked. Sorry, how have you asked clinicians to engage with grateful patients' programmes, if the money raised doesn't go to that designated fund, but to a general fund, what's the messaging there?

47:21

Gemma: Ah, that isn't quite how it works. So, I've talked about increasing unrestricted funds, and I've talked about grateful patient fundraising, I think the thing that you have to get your head around is grateful patient fundraising is about giving to the area that people care about. And you really have to give them that ability. What we've done is try to avoid over restriction, and to merge funds. So, we did this within transplants, so we merged six or seven funds into one fund that became the designated transplant fund, and that helps us as a charity spend the money better and have flexible ways of spending it. And I think that you need to accept that if you introduced a grateful patient programme. What we are developing at the moment is an unrestricted ask which is under the umbrella of 'help your hospital, give to Addenbrooke's', but I think you do have to accept that patients might want to give in the first instant to the area they care about that. Limiting choice is probably a good idea. And then thinking about upgrading, after a couple of years is probably helpful

48:28

Amy: So that general fund is almost the next step, isn't it, I think taking them along. Okay, Stacy. I can't see your question that's, that's come through, so if you want to put that through again feel free. Emma, 'Gemma, what are your top three priorities for this coming year?'

48:47

Gemma: Okay, so I've got five. I did say focus, didn't I, but I have a different point here. We are fundraising £1.5 million for a new surgical robot for the hospital. We are fundraising for a children's hospital, which is an awe-inspiring task collaborating with the university. We are prioritising donor acquisition, so we have an acquisition strategy that's integrated across the teams. Then we're prioritising donor retention. So how do we keep donors with us? How do we inspire them? Actually four. So, the last one is a bit of planning. But those, those really are the top four, so there's, depending on which team you're in, there's one thing you're fundraising for, you're focusing on recruiting new donors and you're focusing on retaining donors and so trying to make that really simple for the team.

49:41

Amy: Excellent. Sophie is asking, 'we struggled to get to support teams to help us deliver projects on site. How do you overcome this?' And I'm assuming you mean, kind of, Sophie, as in things like Gemma was talking about like installing, the promo etc. Any thoughts Gemma? You really touched upon that, when you spoke about using Birmingham for the example.

50:11

Gemma: Yeah, I think, if, if it is installations of things, I think making friends with your estates and facilities team, building relationships with them, really helps, but sometimes you have to do some of the project management yourself. If that wasn't your question then drop me a line. I'm happy to answer it separately.

50:32

Amy: Excellent. Couple more come in. Kirstie is asking, 'what would your advice be to smaller charities who consider launching a programme, such as, you know your grateful patients programme but only have a small team. For example, one full time member - and I guess probably what we've talked about seems a bit daunting if you are, you know, a solo, one man, one woman band, at the moment, but

Gemma, I'll let you answer, but from my perspective it would be as Gemma said, start small, start with one department and do that really well, and then start to roll it out.

51:07

Gemma: Absolutely, we introduced this because when I'd started as a fundraiser at the charity, it was my job to look after the prostate cancer in the breast cancer team and I found that by building those relationships, it really helped to boost my fundraising. And, so if I were to go in, if I were to be a sole fundraiser, that's exactly what I do I start where the relationships are already warm. Where there's a compelling case for support, and ideally where you've got something to fundraise for that you can articulate. But, yes, I think you can tailor the programme, no matter what size you are really. Gosh has called me, we have regular conversations they want to know all about grateful patient fundraising so it's about, again, it's about sharing.

51:51

Amy: Absolutely. Jane's again commenting that touch points with patients and visitors can be as important as marketing materials and branding, the things you fund so for example are green space, staff, wellbeing volunteers, which is really, really good. Stacy is asking, 'We have over 200 locations within any LFT. The Healthway Foundation has been formed during 2020, and we're working to collect all locational footfall, working with estates, which is proving difficult, and also to engage with lead clinicians on each location. Can you offer any advice please?'

52:32

Gemma: Stacy, you have got an amazing challenge! I would think carefully about doing some analysis about which of those locations have been good at fundraising. I would look at your funds and do some fund analysis which is something we did. Where is most of your unsolicited income coming into anyway? Where would give you a step up? I again, I would start small, I would build, I would have proof of concept. Until you've got people hammering on your door saying we really want to partner with you.

53:07

Amy: Yeah, run that pilot on a department, as Gemma says, that you, you think you know based on evidence will do well, and use that as your next step to say, hey, I need this data because with it I can achieve x y and Z. Brilliant. There are all the questions that have come in. If anyone has got another quick one, we can skip in, but it is just before three o'clock we've kept on time Gemma!

53:33

Fantastic. Let me just skip through so yeah, hopefully that was helpful for you all, thank you so much for joining us, Gemma, thank you ever so much. Invaluable advice you've given us there. If you have any questions, you need further advice on, you know, your specific scenario. And just to reiterate, these kinds of conversations we're talking about Addenbrooke's who raise huge sums of money each year. But this is the kind of programme that can roll out across any NHS charity, regardless of your size. And as we're saying then it can be just starting small and gradually building, and perhaps long-term helping you to expand your team because, you expand that much. So please don't be overwhelmed by it and see it as an opportunity to reflect, see where you are, and move forward from there. So, contact details on the screen. I think many of you have already got a copy of our book, Gifted Fundraising. This book here. But if any of you would like a copy of that popping out in the post, just drop an email to my colleague Julie and we'll get one out to you. But thank you once again. Great, see you all online. Hope everyone is happy and well and enjoying the sunshine and a little bit more freedom. And hopefully we'll see you all soon. Thanks Gemma.