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research article

Strategic distinctiveness: awakening the 'sleeping giants' of England and Wales's NHS charities

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Building on remarkable and sudden fundraising success during the Covid-19 pandemic, many National Health Service (NHS) charities in England and Wales have undergone a period of rapid organisational transformation and growth. This article explores these developments by considering how claims to distinction contribute to new organisational identities and allow access to valuable resources and funding opportunities. After situating recent developments within the policy background and key changes in governance and regulation since the 1990s, we report on interviews with directors and trustees of NHS Charities Together (NHSCT), the national membership organisation of NHS charities. These offer new insight into strategic shifts and the desire to form a distinct and unified identity for NHS charities. Highlighting ongoing tensions and debates within the sector, findings raise important questions over the role of NHS charities and their position in relation to the NHS and the state.

Key words charity • NHS • distinctiveness • regulation

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Introduction

This paper explores recent transformations in the role, position, and contribution of a group of English and Welsh organisations known as NHS charities. In so doing, the paper considers these NHS charities through the lens of 'strategic distinctiveness': the theory that actors will seek to demonstrate comparative or competitive advantage by laying claim to a distinct strategic position that emphasises difference from others (Zhao et al, 2017). However, inspired by Macmillan's (2013) theoretically informed analysis of 'distinction' in the third sector, the paper does not seek to measure or evaluate whether these NHS charities are, in fact, 'distinct' from other charities. Rather, the paper asks whether and how a 'strategically distinct' NHS charity identity has been constructed; why this idea of 'distinction' seems so important; and what this can tell us about the role and position of this group of charities. As Dean (2020: 73,

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citing Mohan, 2016: vi) argues, claims of distinction may be created by those with particular interests or agendas, with such claims becoming more important at times of increased resource pressure or need.

This study draws on qualitative interviews with senior staff and trustees of NHS Charities Together (NHSCT hereafter), the national network of over 230 NHS charities funding a wide range of patient and staff well-being services, as well supporting research, and the upgrading and provision of buildings and equipment (Abnett et al, 2023). NHS charities are those charities that are linked to a particular NHS body or Trust. Such a link is often, although not always, obvious in the charity name (for example the Hillingdon Hospitals Charity); is explicit in the organisation's governing document; and in many cases is enacted through the NHS body acting as the corporate trustee[1] for that charity, although some NHS Charities also have a set of individuals as Trustees. All NHS charities raise funds from the public, private, and philanthropic sectors, and then provide funding (either directly or as grants) to their NHS body, or occasionally the wider NHS or health sector (Abnett et al, 2023).

While charitable action has always been a feature of the NHS (Mohan and Gorsky, 2001; Gorsky and Sheard, 2006; Stewart and Dodworth, 2021; Bowles et al, 2023; Abnett et al, 2023), the organisations now known as NHS charities were largely only formally established and regulated as charities from the 1990s, subsequent to regulatory changes put in place by the Charities Acts 1992/1993. As detailed below, between the 1990s and the passage of the NHS (Charitable Trusts etc) Act of 2016, these NHS charities were subject to a unique – or *distinct* – dual regulatory model. When the provisions of the NHS (Charitable Trusts etc) Act came into force in 2018, these regulatory distinctions were largely (although not entirely, as discussed below) removed, and NHS charities have been regulated through (almost) the same processes as all other English and Welsh charities.

Prior to the Covid-19 pandemic, these NHS charities were little known outside the sector, and were subject to limited academic attention. It was during the Covid-19 pandemic that these organisations rose to public prominence, including as a result of the successful fundraising appeal led by NHSCT which raised £150 million (Stewart et al, 2022), and extensive global media coverage of Captain Sir Tom Moore, a 99-year-old veteran who helped raise £38m by walking laps around his garden, and was subsequently knighted (BBC, 2020). As a powerful example of 'embodied philanthropy' (Wade et al, 2022) at the height of the pandemic, Captain Moore's actions, and the wider fundraising appeal, brought unprecedented public attention to the existence of NHS charities at a national level.

The post-Covid-19 context is therefore one in which NHS charities have a substantially higher public profile than prior to 2020, while their regulatory environment has also changed to remove their distinct regulatory model. This paper seeks to further understand whether and how, within this environment, NHSCT continue to construct a cohesive identity and image of distinction. Drawing on qualitative interviews with senior staff and trustees of NHSCT, we argue that key actors within NHSCT have actively pursued and expanded, but also significantly unified, a vision of NHS charities' role as different to other health charities. In this way, NHSCT has positioned NHS charities as having distinct comparative advantages compared to other charities.

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The contributions this paper makes are threefold: first, we generate greater contextual understanding of the regulation, governance, and position of NHS charities which, to date, have been subject to limited academic attention. Second, we contribute to the empirical and conceptual literature by providing a detailed case study of how ideas of distinction have been actively created and shaped for this group of NHS charities. Finally, we contribute to theorisations of distinction in the third sector by highlighting the fragility of distinctiveness claims based on regulatory difference, and demonstrating how claims of strategic distinctiveness and comparative advantage in this case are now based on the active construction of symbolic claims to 'difference'. We argue that developing a greater academic understanding of NHS charities is important, because – in the absence of a clear policy framework guiding the role of charity in the NHS (Abnett et al, 2023), as well as a lack of public debate about the appropriate role of charity within the NHS – how charity operates within the NHS in the post-Covid-19 era is being shaped by this construction of distinctiveness. This directly impacts on the positioning of the problematic, contested, and moving boundary between state and charity action (Body et al, 2017) in the NHS.

Background and context: the regulatory and governance history for NHS charities

As noted above, the group of charities now known as NHS charities became formalised, and started to be identified as a distinct group, in the 1990s, subsequent to changes enacted through the Charities Acts of 1992/93. Prior to this, these English and Welsh NHS charities – similarly to their Scottish equivalents, known as endowments – 'exist[ed] mostly on balance sheets' (Stewart and Dodworth, 2021: 15). From the 1990s, and up until the NHS (Charitable Trusts etc) Act of 2016, these NHS charities were subject to a dual regulatory model: responsible to both the Department of Health (DoH), and the CCEW. According to the DoH (2012: 4), by 2012 'cumulative changes since 1946 [had] created a patchwork of different statutory powers' related to NHS bodies holding funds for charitable purposes.

At this time, the DoH further argued that concerns about this dual regulatory structure were being raised by a 'number of NHS Charities and their representative bodies and interest groups' (DoH, 2012: 2). In 2012, the DoH then undertook a comprehensive review of the regulatory framework for NHS charities. This led the DoH to call for substantial regulatory reform, arguing that the extant dual regulatory structure for NHS charities was 'the cause of confusion and lack of clarity' (DoH, 2012: 24). Furthermore, the DoH argued that, due to the extant regulatory structure, 'NHS Charities have far less autonomy than mainstream charities. Constraints relating to trustee appointments and transfers are restrictive, and a bureaucratic "overlay" to universal charity standards' (DoH, 2012: 24). One of the key concerns about this dual regulatory model – again according to the DoH – was that it suggested that NHS charities were not independent of statutory control.

Following the DoH review in 2012 and subsequent public consultation (see DoH, 2014), the NHS (Charitable Trusts etc) Act 2016 was passed, with its provisions coming into force on 1 April 2018, largely removing the dual regulatory model.[2] Since this time, there have been only very minor specific regulatory differences[3] for NHS charities. Apart from these relatively minor exceptions, NHS charities are

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regulated in the same way and according to the same rules as all other registered and CCEW-regulated charities.

While regulatory differences between NHS charities and other CCEW-regulated charities are now minimal, these charities do largely maintain a difference in governance structure. Prior to the NHS (Charitable Trusts etc) Act 2016, some NHS charities had been governed by an independent Trustee appointed by the Secretary of State (SoS) (the responsible government minister) for health. The Act removed this power from the SoS, meaning that the only option for NHS charities was either to adopt a corporate trustee model, or to move towards full independence. Both the DoH and NHSCT have encouraged NHS charities towards the second of these options, as a means of demonstrating their independence from statutory control (DoH/NHSCT, 2020). The DoH (2012) review lays out strong arguments as to why moving to independence would be of benefit for NHS charities, while guidance issued by the DoH and NHSCT in 2020 established a defined process to follow for those charities who wished to convert to independence.

Despite this guidance, according to NHS England (2022: 35) by March 2022, only 25 NHS charities had moved to independent status. Given that there are 238 members of NHSCT, this suggests that nearly 90% of NHS charities have retained their corporate trustee status, maintaining direct governance links with their NHS body. This substantially differs from the sector as a whole, for which we estimate only 4% of charities have a corporate trustee (CCEW, 2022c). This difference remains true even when controlling for size (measured as total income) between NHS and other charities.

The present regulatory and governance context for NHS charities, therefore, is one in which NHS charities are, in their governance, somewhat different to non-NHS charities: a larger proportion of NHS charities have a corporate trustee model than non-NHS charities, and even independent charities may be closely linked to their associated NHS body through the presence of mutual trustees. However, from a regulatory perspective, NHS charities are no longer distinct from other charities, except in very minor ways.

Drivers of distinction

This section outlines our theoretical framework for this research, demonstrating that the lens of distinction provides a useful analytical tool to understand the empirical data collected through our interviews. The section first briefly describes the approach and critiques of the 'strategic distinctiveness' literature, before then outlining our field theoretically-informed application of distinction. The literatures considered here are extremely broad, and go far beyond that explored through this research. Therefore, this section does not seek to provide a comprehensive examination of these different theoretical frameworks. Rather, this discussion focuses on the key elements of each that have relevance to this research.

Competing theories of strategic distinctiveness and conformity

As noted in the introduction, the concept of strategic distinctiveness theorises that actors will seek to demonstrate comparative or competitive advantage by laying claim

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to a distinct strategic position, that emphasises difference and demonstrates a unique set of capabilities that distinguishes that actor from others (Barney, 1991; Sirmon and Hitt, 2003; Zhao et al, 2017). At the firm level, 'strategy scholars' (Zhao et al, 2017: 93) argue that this strategic difference or distinction is a key driver of success: through developing a unique position in the market, a firm can differentiate itself from its competitors, create a strong brand identity, and build customer loyalty.

Such theories of strategic distinction, which have developed largely from the strategic management literature, are often juxtaposed with institutionalist theories, particularly those that explore conformity among organisations (Lang and Mullins, 2020: 186). Institutional logics theory argues that different institutions – including different fields of action – will have 'unique organizing principles, practices, and symbols', and that these principles, or logics, will 'represent frames of reference that condition actors' choices' (Thornton et al, 2012). Institutional logics will therefore define how organisations should act, with conformity to these logics providing legitimacy for actors within a field (Dolbec et al, 2022: 120). As Stewart and Dodworth (2021: 4) demonstrate when analysing NHS charities in Scotland, an important element of the institutional logics approach is the 'commitment to illuminating cultural and symbolic aspects of organisational practice'. Within such theories, therefore, behaviour is not shaped by pursuit of difference, but rather by institutional expectations for conformity, which is linked to the pursuit of legitimacy (DiMaggio and Powell, 1983; Barman, 2016: 449), and is reflected in the cultural and symbolic aspects of organisations, as well as in their material actions (Stewart and Dodworth, 2021: 16). For DiMaggio and Powell (1983), this leads to homogenisation – in a process known as institutional isomorphism– as organisations come to resemble one other in terms of their formal structures and policies.

This research explores whether and how a strategically distinct NHS charity identity has been constructed; why this idea of distinction seems so important; and what this can tell us about the role and position of this group of NHS charities. As suggested above, theories of strategic distinctiveness emphasise actors' agency in creating distinction, while institutionalists consider how structural forces encourage conformity. Although often considered as two separate theoretical paths, these two bodies of thought – ideas of distinction on one hand, compared to a need to conform on the other – have more recently been brought together through the concept of 'optimal distinctiveness' (Zhao et al, 2017: 93) or 'strategic balance' (Deephouse, 1999), in which organisations are seen as seeking to balance demands for both conformity and difference by being 'as different as legitimately possible' (Deephouse, 1999: 147). This effort to bridge the agency-institutionalist distinction is also an essential feature of field theory.

Field theory and its relevance to an understanding of distinction in the third sector

Within field theory, fields are 'arenas within which actors convene to secure or advance their interests and purposes' (Macmillan et al, 2013: 4). A field is typically defined as being made up of all those actors who are aware that they are members together of a 'recognized arena of social life' (Barman, 2016: 446). As Barman (2016: 446) further demonstrates, field theory is relational, and hierarchical: actors

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within a field are '"positioned" in relation to each other… where some are in a better "position" than others' (Macmillan, 2013: 40, drawing on Emirbayer and Williams, 2005; Emirbayer and Johnson, 2008; Abnett, 2023).

As Macmillan (2013: 41) notes, the idea of distinction as a 'strategic orientation by participants in a field appears to have considerable resonance for understanding how the third sector works'. As a field characterised by resource and status hierarchies, including a need to demonstrate a competitive advantage as charities compete with others for funding (Fletcher et al, 2003: 506), the theoretical framework suggests that charities will develop strategies to preserve or enhance their position. In this context, claims of difference become '*strategies of distinction*' (Macmillan, 2013: 42 (emphasis in the original)), designed to give charities a competitive or comparative advantage.

At the sectoral – and sub-sectoral (see Dayson et al, 2022) – level, there is a strong history of scholarship that seeks to determine, define, measure, and/or question the distinctiveness of the third sector from the state and the market. Billis and Glennerster (1998), for example, argue that the third sector can have a comparative advantage compared to the state and private sectors because of charities' specific organisational differences. Goodin (2003: 359) similarly contends that third sector organisations can do things that neither the state nor the market can do, because they are 'motivationally and organizationally distinct' (Goodin, 2003: 359).

Boyne (2002: 118), alternatively, argues that there is little evidence of clear management distinctions between the sectors, while Alcock (2010) contends that Billis and Glennerster's theory has become inapplicable in the UK since the late 2000s, because of the increase in hybrid-type organisations and the extent of partnership working between the state and third sectors. Mitchell and Schmitz (2019: 11) similarly draw on perceived contemporary changes to the relationship between the state and the third sector to suggest that the 'considerable extent of intersectoral collaboration and shared managerial challenges suggests a convergence between public and nonprofit management'. Finally, Eikenberry and Kluver (2004: 138) emphasise the traditional distinctiveness of the third sector to argue that the adoption of private sector practices (the marketisation of the sector) has led to the 'potential deterioration of the distinctive contributions that nonprofit organizations can make'.

Strategic positioning to claim distinct features, and the added advantages and benefits promised by these, is therefore a widespread feature of academic and practitioner analysis of the charity sector. As stated, the current research is not focused on whether the NHS charity sector is itself distinct, but rather explores whether and how a distinct identity has been constructed, and why this seems important. As Macmillan (2013: 42) notes, and as described above, claims of distinctiveness are not neutral, and may have been designed to demonstrate a competitive or comparative advantage for NHS charities by those who 'wish to appeal to the shared strength that a distinctive sector can bring' (Alcock, 2010: 21). In seeking to apply distinction as a theoretical and analytical tool, the paper considers claims to distinction as having two key elements: 1) the creation of a shared identity among group members; and 2) the creation of a boundary between group members and those outside the group. Our findings consider how both these claims of distinction have been generated in the discourse by and of NHS charities, particularly by NHSCT.

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Methods

In this article, we report on findings from semi-structured interviews with nine senior staff and trustees of NHSCT conducted online by the first author between November 2021 and March 2022. Interview questions focused on each interviewee's career path into the NHS charity sector, their views on changes within the sector, and their aspirations for its future, including key challenges identified. As the focus was on the contemporary landscape of NHS charities, our purposive sample included currently serving trustees and directors of NHSCT, who were approached with the help of a gatekeeper within the organisation. Four of the participants were long-serving Trustees of NHSCT with additional experience in the governance of large NHS charities, while five interviewees were senior directors involved in fundraising, management of grants and membership and other governance issues. Interviews ranged between 35 and 60 minutes in length, for a combined total length of just under seven hours.

Interviews were transcribed, anonymised and imported into NVivo (version 20) for analysis. Initial thematic coding (Terry et al, 2017) was guided by a broad research interest into the development of the national organisation, its work with member charities and communication with the wider public which made up three overarching themes. Subsequent coding was much more inductive as participants shared unexpected insights into the work of their own member charities and reflections on public support for the NHS more widely. This flexible combination of inductive and deductive coding is common in reflexive thematic analysis (Braun and Clarke, 2020; Byrne, 2021) where gradual development and refinement of themes is achieved through growing familiarity with and constant reflection on our interpretation of the data. In practice, this meant that for each interview, semantic open coding helped identify main categories of interest and personal insights and experiences by each participant. These initial codes mainly described different aspects of the work by NHSCT and its members as well as the development of their structures and fundraising. These codes were gradually grouped into broader themes related to 1) fundraising; 2) member charities; 3) impact of Covid-19; 4) NHSCT as an organisation; 5) public support; and 6) spending. For each of these top-level themes, subthemes were generated by comparing, recoding and merging codes (Braun and Clarke, 2020) until a final list of themes was compared against the data. Lexical searches were then performed to check coding density (Gibbs, 2014) and code any missing segments.

Our constructionist approach (Burr, 2015) to analysing these themes is shaped by our theoretical understandings of how claims to distinction in third sector organisations are linked to power dynamics and competing fields of interest. This further allowed us to explore how participants constructed distinct organisational identities and actively positioned themselves in relation to the NHS and other charities. For each theme, coded segments were then retrieved through coding queries in NVivo for comparisons between participants and to explore connections between the themes. This analysis was supported by the learning gained from our understanding of regulatory and governance changes experienced by NHS charities. However, we decided against reporting themes separately in favour of a narrative structure which connects and contextualises interview data with the regulatory landscape and governance of NHS charities in England and Wales.

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The study received ethical permission from the School of Social Work and Social Policy School Ethics Committee (SWSPSEC) at the University of Strathclyde. Informed consent was obtained from all participants, and we removed any references to specific locations, names of NHS charities and individuals to protect their anonymity.

Findings and analysis

In this section, first, we explore how NHSCT has, since 2019, sought to raise its profile as a membership organisation, drawing on NHS charities' association with the brand of the NHS itself to do so, while also drawing a distinction between NHS charities and other health charities. Next, we explore the extent to which there is a diversity among NHS charities, and the potential for conflict and competition between these charities.

NHSCT: a new strategic vision

The Association of NHS Charities initially came together as the Informal Group of Charities Associated with NHS Bodies in 2000 (NHSCT, 2022). In these early days, charity directors used these group meetings as networking opportunities and to bring in external speakers for conversations around charity governance. The body then became (again informally) known as the Association of NHS Charities in 2004 (see, for example, their written evidence to the Joint Committee on Draft Charities Bill, 2004), at which point it comprised the 44 largest of the then 319 NHS charities in England and Wales. The members were all those charities that had held funds worth £5 million or more. According to their website of December 2004, at this time some of the larger NHS charities had formed an association to 'Provide mutual support and a forum for the exchange of information and experiences; Act as an informal lobby, particularly with the Department of Health and the Charity Commission; Generate events, such as conferences and seminars for the development of the member charities' (Association of NHS Charities, 2004).

The association then registered as a Charity in 2008, and membership grew steadily, standing at 113 members in July 2016 (Association of NHS Charities, 2016), and 140 members by April 2020 (NHSCT, 2020). Membership then increased to 230 members (representing all NHS charities) in the early months of the Covid-19 pandemic. In the early years of the Association, therefore, the interests of the largest charities were the dominant – even only – voice within the Association but, as we will show in later sections, this balance has since shifted. The charity then registered as an incorporated charity (a charitable company) in November 2019, beginning to operate as an incorporated body – known as NHSCT – from 1 January 2020.

Incorporation provides a legal personality for an organisation, limiting individual members' liabilities, and allowing flexibility in organisational structure (Cordery et al, 2016). Commentators have also associated incorporation with being part of the professionalisation of a charity (Russell Cooke, 2020). This understanding is reflected within our interviews. One trustee described the (pre-2020) Association of NHS Charities as having a very limited remit around sharing information and best practice, where the Association "wasn't even a political lobby organisation". Looking back, this former trustee went on to describe the changing climate

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among the board of trustees at the time, and the desire for a new strategy that would measure the impact of the sector as a whole but also work toward raising the charities' national profile:

> 'But in 2018… it was the 70th birthday of the NHS, the organisation was clearly highly valued but clearly unheard of, as was the sector, and there was very much this view within the sector that NHS charities were the sleeping giant.… They collectively were bringing in at the time £450m a year, had multiple billions of assets that they were then investing in the NHS but no-one had heard of them.'

The decision to incorporate was then made to awaken this "sleeping giant" as "part of a road map towards being a nationally known fundraising charity that also supported its members".

> 'And I thought well if we're… trying to raise the profile externally then we need an external way of talking about us. So we gained a brand licence to use that and we… rebranded in 2019 to NHS Charities Together. We… needed to incorporate to be able to mitigate risk to the trustees and to the organisation itself.'

Another trustee explained how the decision to incorporate and transform the Association was a key part of the rebranding as a distinct body of NHS charities. This rebranding directly drew on NHSCT, and its members', association with the NHS itself. The shift in strategy and ambition was "to be the biggest independent supporters of health and wellbeing and with our mission of supporting the charities to be key strategic partners with the NHS bodies".

Trustees spoke at length about the unique position of NHS charities, which locates them close to immediate needs and decision making within the NHS, and therefore allows much more targeted support compared to other health charities. Interviewees drew specifically on the language of distinctiveness to do this:

> 'I suppose what's distinctive is that we are able to support NHS in areas where other health charities can't necessarily.… We're not tied to a specific healthcare concern. We can support anything in our hospitals anywhere.'

As suggested by Macmillan (2013: 51), this claim of distinctiveness implies not only that NHS charities are unique in their relationship to the NHS, but that this position also offers unique advantages over other health charities. Furthermore, the association with the NHS brand has brought, among other things, financial backing for NHSCT and its membership. In national fundraising appeals, the immediate link with the NHS was crucial to the success of the NHSCT Covid-19 appeal (Stewart et al, 2022). It became clear in the interviews that NHSCT has been building its own national profile by targeting continued growth and establishing its own brand recognition. One trustee described the primary challenge as "making the switch in people's mind from a charitable point of view between the NHS and NHS Charities Together", that is, drawing on people's sentiments for the NHS by providing an official charitable route for support.

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NHSCT and the Covid-19 pandemic

The way in which this new branding increased access to resources for NHSCT and its members was made explicit through the response to the Covid-19 pandemic. With the new brand in place, and even prior to March 2020 and the outbreak of the Covid-19 pandemic in the UK, NHSCT had sought to develop gradually from a membership base of around 140 NHS charities and an annual turnover of £400,000. Then, by the end of April 2020 and through the Covid-19 appeal and surrounding media coverage of Captain Tom's fundraising for the NHS, NHSCT suddenly became a national phenomenon, now publicly recognised as "the national charity for the NHS for COVID", as one trustee explained:

> 'Since Covid expanded that remit to be also a fundraising charity, because of the support of the NHS during Covid meant that the public had to put their money somewhere. And we agreed with the government and the Department of Health that NHS Charities Together was the best vehicle for that. And so we collect the money in and then we distribute that cash to NHS charities throughout the UK.'

This sudden success then allowed considerable investment in management and operations but also required substantial organisational restructuring. This led to an increase in staff, from four members of staff prior to the pandemic, to 43 in 2022. Whereas the Association had previously been reliant on membership fees to fund events and training opportunities for members, these changes in governance, due to a changed financial position, also transformed it from a membership to a grant-making organisation. The £157m raised through the Covid-19 appeal allowed the allocation of £42m (NHSCT, 2022) in urgent response and emergency grants, and a combined total of £92m being awarded to members, by the end of 2021.

At the same time, the success of the appeal had reportedly created some envy among other health charities who felt they had missed out due to not having the same direct link with the NHS workforce. While negotiating these tensions, interviewees again drew a distinction between themselves and other health charities:

> 'Covid obviously was this massive appeal, and people… got it very quickly. It was a very clear ask and it was a very clear sell. So that really helped with the fundraising. In a strange sort of way we're now in the kind of downturn. So, although our awareness has been raised very significantly, all the other charities in the health sector are now kind of fighting back if you like and saying well look, you know, it's been great that all that money's gone into the NHS charities but now we Cancer Research UK or we British Heart Foundation or whoever else it is, we need your support more than ever.'

The special position was further said to allow a (predominantly) positive, close relationship with NHS trusts, not only through funding local projects but sometimes also direct service delivery, including the running of volunteer services in hospitals, arts programmes and other staff and wellbeing activities.

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> 'We can support the staff, the patients and their families and visitors very directly in a way that even the kind of condition specific charities like the Alzheimer's Society or the British Heart Foundation or any of those can't. We have that direct link into the NHS that makes us different.'

As described by the trustee above, NHS charities draw their own boundaries through this direct link and access to the NHS and its resources, which even much larger and well-established health charities cannot claim. Developing this link even further, one of the strategic aims of NHSCT has been to provide a bridge between the NHS and the wider voluntary sector, with reference to the move toward integrated care systems,[4] where NHS charities were said to be fully embedded in the NHS, and therefore best placed to understand and translate different cultures and professional language. Here, the envisioned role is as key partner and mediator, again distinct from other charities. Yet these developments should be seen in the context of larger changes, such as the move toward integrated care systems or personalised clinical pathways (Viney et al, 2022), where charity and charity-funded research is closely intertwined with clinical practice and the boundary may already be much more porous.

Diversity and competition within the population of NHS charities

As NHSCT has sought to raise its profile, drawing on an association with the NHS brand, they have necessarily been projecting a vision of unity. Yet beneath this identity-forming work is a very diverse membership, with potential for competition and conflict, both among the membership, and between local members and the national NHSCT body. Our findings particularly reveal conflict between the larger NHS charities, and NHSCT itself.

As noted above, when the original Association of NHS Charities was formed, members included only the largest NHS charities: those with assets of £5 million or more. Membership then increased to 230 members (representing all NHS charities) in the early months of the Covid-19 pandemic. In the early years of the Association, therefore, the interests of the largest charities were the dominant – even only – voice within the Association. With a growing membership, however, there is also a much wider range of voices and interests. Interviews suggested that NHSCT has focused particularly on building capacity among the majority of recently established charities with a corporate trustee whose finances are still being managed within the NHS trust.

All the interviews emphasised the diversity among the membership as a key descriptor of the NHS charity sector. In addition to different specialisms based on service delivery (for example mental health and community trusts, acute care, ambulance services, and specialist hospitals), key differences were attributed to geographical location, size measured by annual income, and maturity of the charity and its fundraising capacity and expertise. Trustees raised particular concerns for those dormant charities with part-time staff and barely any fundraising capacity which required close attention and targeted support (especially in relation to good governance and spending). However, this was in sharp contrast to large and high-income members who reportedly saw NHSCT as rivals, but were described by one trustee as "a minority with massive assets and a very high profile but they're still a minority".

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Another director was much more concerned with developing the fundraising capacity and public awareness of these much smaller charities described as "very embryonic in their nature, very immature as charitable organisations". Notably, interviewees also linked these differences in size, income and maturity to different needs among members and some benefiting from the collective power of NHSCT much more than others. Another member of the NHSCT executive pointed out that "there's a real distinction there actually because there's a really stark gap of who's able to do that [successful growth]" because of the "internal buy-in" and the "internal access they have to leaders of the trust".

One trustee here referred to the "unique relationship" with the NHS as a "legal status" but also emphasised the importance of diversity among the membership body.

> 'So on the one hand NHS charities have this national reach, and the NHS is such a powerful brand, it's the most powerful brand in this country and the most respected brand, but you actually because you've broke it down by almost a franchise area, you're able to respond… to what the local community requires from its health needs.… So you have to go back to what the NHS brand is, because the NHS is such a powerful brand, and it's using that more succinctly and better I get the feeling.'

Other distinctive features were said to be the peer support among members in the absence of direct competition between each of the franchises, resulting in a unique culture of collaboration and sharing of resources and learning opportunities. Yet competition remained a central concern for most of the interviewees regarding large and well-established London-based charities and their national profile.

> '… and we still have that tension because, you know, the [charity name] of this world see themselves as the kingpin when it comes to fundraising, as does [charity name] or some of the others, and they don't like it that this upstart membership organisation who they were quite happy when it was just a small body with three and a half staff and a small turnover supporting the kind of fledgling charities, they liked that. They don't like the competition.'

These concerns were echoed by another trustee who explained how "some of the larger charities are more kind of concerned about the growth of NHSCT, their fundraising, than the smaller charities because they see them as a sort of threat and they see it as competition". They also acknowledged that the larger charities "just have to get used to the idea that NHS Charities Together… is able to raise significant sums now", and that these would be shared among the membership. Other tensions regularly arise over national fundraising appeals where NHSCT is seen as a competitor by those members "thinking they're a national charity in people's eyes". It was only with the incorporation of the Association into a fundraising vehicle that these tensions intensified, showing once more how the identity work of the organisation has been central to securing financial resources and establishing a national profile.

This is further exemplified by concerns raised by trustees about the position of NHS charities after the emergency phase of the pandemic. The sudden success in fundraising, and the expansion of both the membership base and organisational

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structures and staffing, were followed by a period of uncertainty and concerns over sustainability, with one trustee stating that "we don't have £150m coming in every year and we can't expect there to be, but there may be some NHS Trusts that think that that is going to be the case". This is linked to a strategic shift away from Covid-19 emergency response grants toward more long-term oriented community partnership grants involving other third sector organisations. A national system for the allocation of grants further allows a more targeted approach to funding less popular areas, and projects which, interviewees suggested, would otherwise be difficult to fundraise for. While the ability to choose areas and direct funds according to perceived needs therefore seems crucial, this is seen as bringing a challenge in terms of the distinctive but unified identity of NHS charities. The grant system was designed to address some of these tensions between local fundraising and direction of funds on one hand, and the need for a national profile and more equitable spending across different regions:

> 'I think people understand nationally we're about supporting the NHS, therefore when we talk about staff and the wellbeing of people they understand that you want to have an equity across the whole UK rather than in pockets and they get that. So our supporters are very different in that motivation to what members supporters are.'

Discussion

In applying distinction as an analytical tool, we consider claims to distinction as having two elements: 1) creation of a shared group identity; and 2) creation of a boundary between group members and those outside. We have clearly shown how interviewees construct and draw on both aspects of these distinctiveness claims.

In our interviews, trustees and executives of NHSCT have spoken at length about the recent transformation of the organisation and its strategic shift and ambition for growth following the success of the national Covid-19 appeal. Driven by the unprecedented fundraising success, the membership base had expanded rapidly as even smaller NHS charities recognised the benefits in access to national resources, training opportunities and, above all, financial grants. At the same time, this expansion and professionalisation in staffing, governance structures, fundraising capacity and national profile built on already existing ambitions to exploit the untapped potential of NHS charities and become 'the Nation's biggest independent supporters of health and well-being' (NHSCT, 2019: 3).

To achieve this, NHSCT have been working towards developing a singular and cohesive NHS charity identity, where strategic differentiation from other charities has been crucial (Zhao et al, 2017: 93). This enabled increased access to financial resources and fundraising opportunities for NHSCT and its constituent members. The importance of identity formation also became visible in the resistance by trustees to the only tangible remaining element of distinction available to NHS charities in the corporate trustee model. This resistance exists largely because the corporate trustee model is seen as an impediment to fundraising success, while the priority remains organisational growth and maximising income. Moreover, a lack of independent governance was associated with greater risk of poor governance and

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anxieties over a lack of oversight and how the funds distributed by and through NHSCT would be spent.

Here, we also identified complex power dynamics inherent to the corporate trustee model, whereby having a voice and being involved in decision making remains dependent on personal relationships and, crucially, the size and income of the charity in relation to those of the trust. Yet it is this close relationship with local NHS trusts that allows unique benefits and access to resources and assets unavailable to other health charities and that appear to unify the sector as a distinct group of charities. By navigating this liminal space between the NHS and the state, NHS charities are constantly working to build a coherent and recognisable identity of their own. A key unifying factor was shown to be this proximity to and universal recognition of the NHS as a distinct brand with a vast untapped potential for fundraising.

Despite the tremendous recent success in fundraising (Stewart et al, 2022), the close link between NHS charities and the Covid-19 appeal was also seen by some trustees as a challenge and potential obstacle to sustainable growth within the sector. Notably, some here described distinct differences between donors giving to national appeals and local motivations and affinities in support of member charities (mainly through legacy giving). Existing inequalities in charitable provision and capacity (see Bowles et al, 2023) may therefore remain unaddressed, together with the question to what extent the grant allocation and success of more experienced and well-developed organisations may compound existing inequalities or gaps in provision.

While often praised as another distinctive strength, the considerable diversity within the sector remains a source of tension between NHSCT and largely independent, well-resourced, and long-established charities, previously known as the Maddox Group. At this moment, these tensions remain unresolved and there is some unease, at least among parts of the membership, who increasingly see NHSCT as a competitor. Our findings suggest that the success of becoming distinctive has drawn a firm boundary between the organisational identity and ambition of NHSCT on one hand, and the interests of charities with already well-established brand names with national profiles. It further shows that these boundaries remain fluid and that claims to distinction can be challenged in a competitive market environment where resources and access to funding remain highly contested.

Conclusion

NHS charities experienced one of the most sudden transformations in fortune imaginable during the Covid-19 pandemic. This paper demonstrates how the ability of NHSCT to achieve this transformation depended upon a more gradual strategic shift, in the context of regulatory changes in the 2000s. Our finding that NHSCT is now seeking to raise the profile of NHS charities is not, in itself, surprising. In fact, one could argue that this is the point of such a membership body. In addition, we have not sought to establish whether NHS charities are in some way distinct from other (health) charities. Nevertheless, we argue that, given the porous regulatory and policy boundaries that exist between NHS and other charities, the creation of an NHS Charity identity is important because, as Kislov et al (2017: 134) note, such boundary work is not neutral and is 'intertwined with local and societal power arrangements'. Claims to distinction reflect a 'symbolic power' (Dean, 2020: 73), and how charity

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has operated within the NHS in the pre- and post-pandemic era is shaped by these ideas of NHS charities as a distinct group of organisations, with particular access to the NHS. Our analysis has shown that these changing roles and transformations within organisations are not one-sidedly imposed through regulatory mechanisms or policy decisions. Rather, they are driven by internal shifts in strategy and new opportunities to establish brand recognition and continue growth and expansion in line with market logics. As Stewart and Dodworth (2021: 15–16) persuasively argue, in the case of the Scottish endowments, such a move towards a more active, fundraising-focused culture reflects not only a difference in activities, but changing beliefs about the purpose, values, and appropriate culture of these endowments. This, they further argue, may reflect a move from an institutional logic of 'stateness' towards a 'charitable institutional logic' (Stewart and Dodworth, 2021). Similarly, the active assertion of distinctiveness, linked to the construction of a specific identity, that we find here may both create and reflect a similar move towards a charitable logic within these English and Welsh NHS charities.

This active management of boundaries – and logics - is worthy of more scrutiny, as one element of charitable provision within a state-funded health service becoming increasingly normalised. Here, we are emphasising that distinctiveness is not an ontological claim which, once established, simply continues to shape the conditions for fundraising or governance. Instead, claims to distinctiveness are made through discursive positioning in relation to other charities and ongoing identity work, in the absence of any clear regulatory distinction.

Finally, questions remain over what makes NHS charities distinct in the eyes of the public, or to what extent the public is able understand NHS charities as having a distinct role. According to a survey conducted by NHSCT (2019) before the Covid-19 pandemic, only a third of respondents had heard of the NHS charity that had funded hospital improvements. In our study, interviewees were cognisant that public awareness of NHS charities remains low, and that the tremendous success in recent fundraising "was for just the NHS as a concept" rather than the charities themselves. Rather than presenting merely an issue for public fundraising and communicating more effectively with their donor base, we argue that this frustration over a lack of recognition points to an equal lack of public debate about what the role of charity in the NHS is, or should be.

Notes

[1] The corporate trusteeship model involves the directors of an organisation acting collectively as a trustee for charitable property. In this model, there is only one trustee – in the case of NHS charities, this is the NHS body itself. Members of the Board of the NHS body are not, themselves, individual trustees (DoH, 2012: 7).

[2] Although the (now-named) Department of Health and Social Care (DHSC) does 'need to be informed when an NHS charity moves to independent status… and may be involved in conversations at an earlier stage of that decision process" (HFMA, 2023: 210).

[3] For example, a minor regulatory difference remains concerning how NHS Charities (with a corporate trustee) and other charities should respond to failed appeals (CCEW, 2022a; 2022b). In addition, NHS charities with a corporate trustee are now designated by the Office of National Statistics (ONS) as public sector bodies, meaning that accounts information needs to be submitted to NHS Improvement/NHS England, to be consolidated into the DHSC's annual report and accounts.

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[4] Integrated care systems (ICSs) are 'partnerships that bring together NHS organisations, local authorities, and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas' (Kings Fund, 2022). While ICSs have existed informally since 2016, the passage of the Health and Care Act (2022) created 42 statutory ICSs across England. For further information see Kings Fund, 2022.

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Conflict of interest

The authors declare that there is no conflict of interest.

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