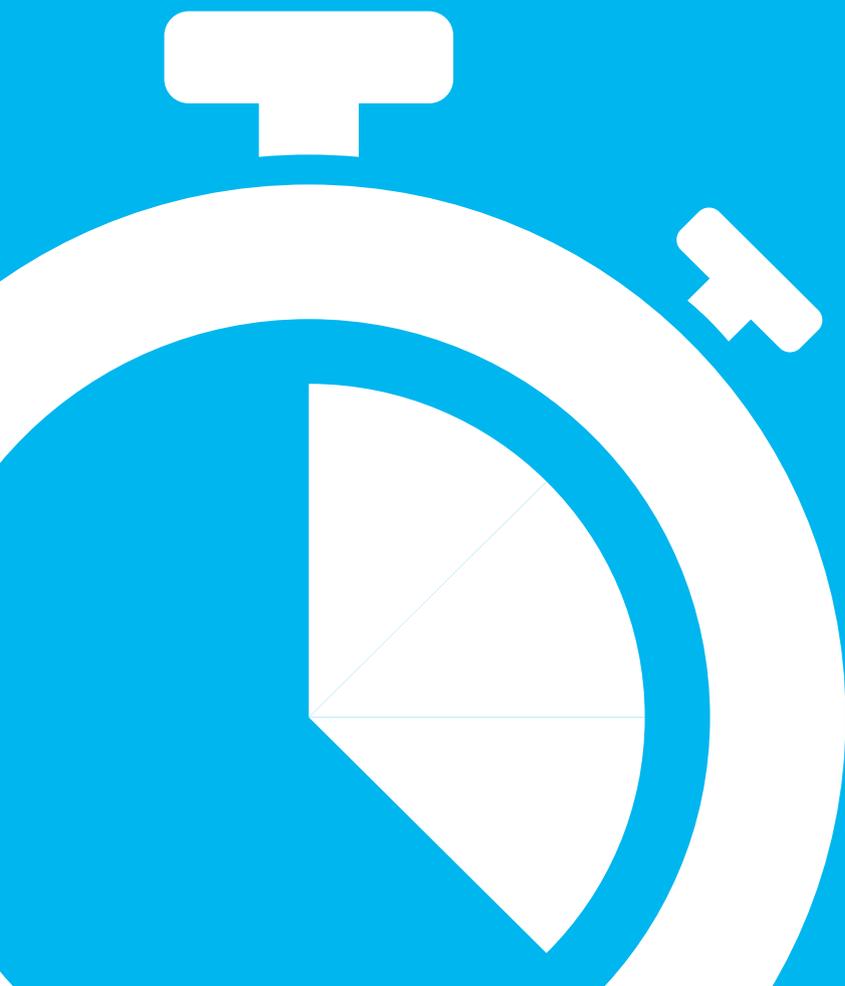


The twenty-minute guide to being a hospice trustee

This publication is
part of Hospice UK's
Governance Support
Programme for hospice
boards and trustees



About Hospice UK

Hospice UK is the national charity for hospice and palliative care. We work to ensure all adults and children living with a terminal or life shortening illness receive the care and support they need, when they need it.

We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life. No one should die in avoidable pain or suffering.

Our mission is to transform the way society cares for the dying and those around them. To empower individuals, communities and populations to embrace the ethos of hospice care and extend its breadth and reach to improve everyone's experience of death, dying and bereavement.

www.hospiceuk.org

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Welcome and introduction

This guide will help anyone who is considering becoming a trustee of a hospice. It is aimed mainly at those who have not been a trustee before. If you already have experience of this or of working in a charity, you may still find it useful to scan the guide as a quick check.

What the guide does

The guide:

- explains briefly what a hospice is
- gives answers to some of the most frequently asked questions about charities and trusteeship
- looks at the governance role of the hospice board
- describes the role and responsibilities of hospice trustees
- suggests how to make your experience as a hospice trustee worthwhile for both you and the hospice
- provides an overview of the national charity, Hospice UK, including resources to support board governance.

The devolved nations

The guide gives an overview of the role of a hospice trustee, which remains constant wherever the hospice is located in the UK. With increased devolution, the legal and policy framework in each country differs in some respects. Trustees in England, Northern Ireland, Scotland and Wales need to be aware of this.

In England and Wales charities are regulated and supported by the Charity Commission, with which they must register. In Scotland, this function is the responsibility of the Office of the Scottish Charity Regulator (OSCR), and in Northern Ireland, the Charity Commission for Northern Ireland.

What is hospice care?

Hospice care began as a community response to the basic human need for dignity and compassion at the end of life. Hospice care supports people with terminal or life-shortening conditions, helping them to live as well as they can to the end of their lives, however long that may be.

Hospice care aims to affirm life and death. It means working with and within local communities to tailor palliative care around the needs of each adult and child with a terminal or life-shortening condition, whatever that may be, and extends to supporting their carers, friends and family before and after bereavement.

Hospice care is provided by multi-disciplinary teams of staff and volunteers who offer expert support that places equal emphasis on someone's clinical, physical, emotional, social and spiritual needs with the understanding that everyone will be different.

This should not just be available in hospices. Any adult or child facing the end of their life should be able to access the same level of care and support as if they were in hospices.

Who provides hospice care?

In the UK, the majority of hospice care is provided by Hospice UK's member hospices – local charities rooted in the communities they serve. Other providers include the NHS and national charities Marie Curie and Sue Ryder.

Charitable hospices provide services on behalf of the NHS and work closely with NHS service providers. However, they are independent organisations and are ultimately accountable to their trustees.

In 2016/17, hospices received £350 million in government funding and the proportion of statutory funding compared to expenditure has remained the same for more than a decade. On average, government funding in 2017 for adult hospices in England covers one-third of the expenditure for the average hospice. The equivalent figures are 35% for Scotland, 25% for Wales and 34% for Northern Ireland. Children's hospices are funded differently to adult hospices and, on average, receive funding equivalent to 15% of their expenditure from the government.

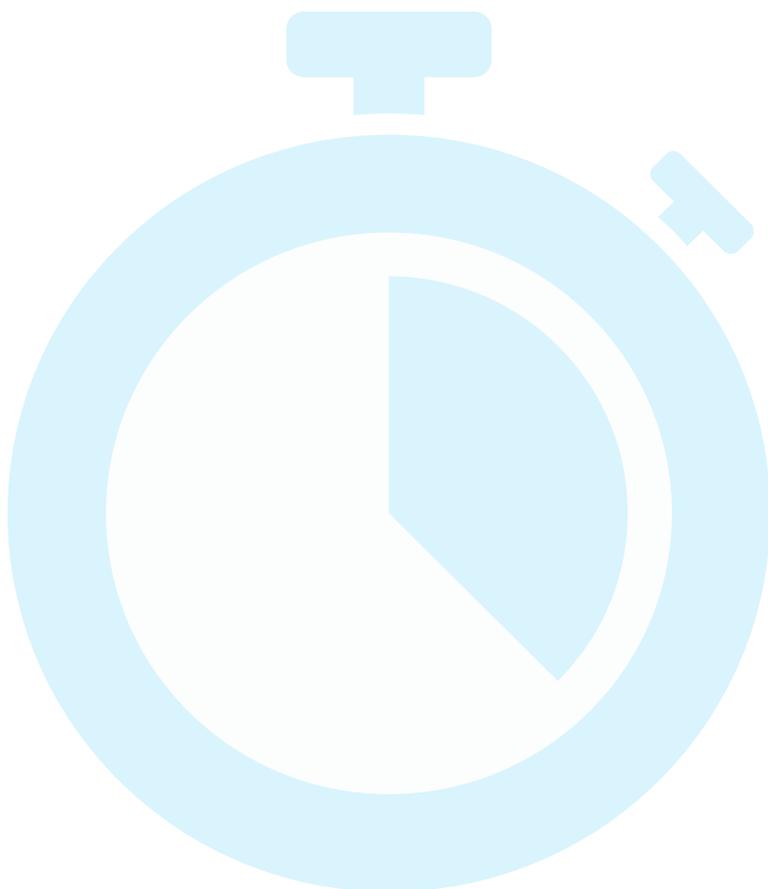
The role of volunteers

At least 125,000 volunteers support charitable hospices throughout the UK, giving time and effort to tasks such as supporting care staff, staffing reception, fundraising, gardening, working in the shops and, of course, as trustees. Without volunteers, hospices could not continue the work they do.

Hospices as charities, their boards and trustees

Every independent hospice is a charity, controlled by the board of trustees who are responsible for the management and administration of the charity. The rest of this guide looks at the role of the trustees collectively, as the board, and at the individual responsibilities of trustees.

Chief executives and senior staff attend board meetings to listen, advise and support the board, but they are not eligible to vote since they cannot also be trustees.



Frequently asked questions

What is a charity?

Charities are independent organisations that are set up for the benefit of the public, rather than for the private benefit of individuals. Charitable status is determined by the objects or purpose of the organisation as set out in the constitution or memorandum and articles of association.

Charity legislation in each country determines which activities are regarded as 'charitable'. These usually include activities that provide for the relief of those in need, for example because of ill-health, disability or financial hardship. Hospices have not experienced difficulty in being regarded as charitable. Organisations must also meet a second criterion that they provide a public benefit and that potential beneficiaries are not restricted in their access to the services provided.

What are charity trustees?

Charity trustees are the people who together are responsible for the governance of the charity. The trustees make decisions and work together through the meetings of the board of trustees.

Boards of trustees may be known by a number of different names such as management committees, executive committees, councils of management and, in the case of those hospices which are also companies limited by guarantee, boards of directors.

The governing document of the charity will spell out which body is the board of trustees.

What is the governing document?

The governing document sets out the objects (purpose), the powers (what it is allowed to do) and the essential rules for running the charity. In most hospices the governing document will be called the memorandum and articles of association (for companies limited by guarantee) or the constitution (for unincorporated associations).

A new type of organisation was introduced in the Charities Act 2006 which would also be governed by a constitution. In a charitable incorporated organisation (CIO), the trustees have limited liability without the charity also having to become a company limited by guarantee under company law. A few hospices may still be charitable trusts and have a trust deed.

It is important that all trustees read and understand their hospice's governing document.

Who can become a trustee?

The Charity Commission expects trustees to be able to bring 'time, understanding and effort' to their role of governing a hospice, both at meetings and between meetings, as well as useful and relevant experience and/or skills. Anyone over the age of 18 may be a charity trustee, provided they are not disqualified from so doing.

Hospices will be looking for a skills mix on their boards now that governing a hospice means being responsible for a multi-million pound organisation in a highly regulated environment. They may advertise for particular skills or experience to fill gaps on their board, such as financial management, marketing, medical, nursing, social work, education, legal, volunteering, management and strategic planning, and fundraising.

How do you become a trustee?

Trustees are appointed to the board by selection or election. The governing document of the hospice will explain how this is done. The hospice may have a policy and procedure for recruitment of trustees, which describes the steps in the process in more detail. Many hospices have now made a policy decision to recruit publicly and transparently from a wide pool of potential trustees rather than to nominate people they, or the senior staff, already know.

The five-part role of the hospice board

The board is legally accountable for the activities of the hospice. The role of the board has five main parts:

1. To lead the hospice, establish its mission, vision and values and ensure it has a clear purpose and an overall framework of policies and standards.
2. To develop overall strategies to achieve the hospice's aims and ensure there is a clear system to delegate implementation of the strategies to the chief executive and the staff team.
3. To monitor the performance of the hospice against standards and ensure that it provides the highest quality of care, balanced with the effective, efficient and economic use of the hospice's resources and assets.
4. To ensure compliance with the law and accountability to the hospice's stakeholders.
5. To ensure that the board itself performs effectively and contains people with the skills and experience it needs, and makes plans to ensure the recruitment, induction and development of new trustees.

We can represent the role of the board diagrammatically. The first four parts form a cycle in which leadership is translated into strategy, performance is monitored, activities are checked for compliance with the law and an account is given of the work that has been done. The process of accounting for the work done is part of an annual review of progress, which informs the next round of the cycle. The fifth part of the role appears in the centre of the cycle.

The board's most important job is to lead the hospice. Without clear and effective leadership the hospice will sooner or later lose its way. Leading a hospice means making sure that there is a clear vision of the type of services and care the hospice wants to provide (and for whom) and motivating everyone to achieve that vision.

The board is primarily concerned with direction, policy and strategy. The management of the hospice is delegated to the paid professional staff, who report back to the board.



1. Setting direction, aims and standards

The board provides leadership to the hospice by establishing the direction of the hospice and setting its aims and priorities for the next period. The aims will contribute towards achieving the vision of the hospice and should be aligned with its values. They must lie within the hospice's objects as set out in the governing document. The board will decide policy in relation to the work itself and the internal policies needed to run the hospice and the non-statutory standards by which the work will be done.

There should be sufficient time at the board meetings to discuss changes and developments in the outside world that may affect the hospice and to plan responses well in advance. These will include:

- changes in palliative care
- new central government policy and law; changes in local authority and health authority policy and funding; developments in other hospices and the wider hospice sector
- competition from other organisations both charitable and private; and wider social, demographic and political changes.

If the board does not do this, the hospice will be in danger of thinking short-term and being led by events – in other words, dealing with crises and 'fire-fighting'.

A key leadership responsibility of the board is the appointment, support and appraisal of the chief executive. The implementation of policies is delegated to the paid professional staff. The policies assist the trustees in ensuring systems are in place to discharge their responsibilities. This is distinct from checking that detailed actions have been done.

The board is likely to develop policies on the following:

The hospice's overall values, vision and aims

The values, vision and aims should underpin all the work of the hospice.

The type of service the hospice offers and to whom

Does the hospice cater only for people who are terminally ill with cancer or does it offer specialist palliative care to a wider client group? How will it reach all those in the community who need its services, including those who do not currently access them, for example, people from minority ethnic groups, people with learning disabilities, people with dementia, LGBT people, and people experiencing homelessness. Is the service primarily inpatient care or will the hospice develop a range of day and community services in response to growing demand? In some cases there may be little choice as the governing document is specific about what the hospice was set up to do.

The hospice's financial health

What needs to be done to ensure the long-term financial health of the hospice? This is a perennial issue. It needs regular review as the needs to be met change and the funding regimes alter. How will sufficient income be generated? How will overall expenditure (including, for example, salaries, repairs and refurbishment) be controlled? How will investments and assets be managed?

Risk management

What will the hospice need to do to manage risk? The board should identify which risks potentially carry serious consequences. The board must ensure the hospice has clear strategies to manage these risks. Risk management should be applied to risks connected with governance and management, finance and operational matters, particularly clinical ones. The strategies include governance and management procedures and systems, as well as appropriate insurance.

Being a good employer of staff and manager of volunteers

How will the hospice fulfil its legal obligations and be a good employer? Does the hospice have satisfactory employment law procedures and practices? Are they up to date with the law, for example employment, health and safety, equal opportunities and data protection? Is there an effective programme of staff development and training with an appropriate budget? Does the volunteer policy set a framework for the most effective long-term involvement of volunteers?

Evaluating performance against quality standards

What standards is the hospice trying to achieve in its service provision? How are the standards measured? What externally imposed standards must the hospice comply with? These include both standards of care and standards for organisational performance.

2. Developing strategy

The board should oversee the translation of its aims for the next three to five years into a strategy. This strategy describes the main areas of the hospice's activities and sets boundaries for the conduct of the hospice's business. It provides the basis for developing annual plans, which are more detailed and contain specific targets, deadlines and so on. The annual plans have clear budgets that provide details of the costs of the work planned and show where the resources to support it will come from. It is the role of the board to agree the budget.

The strategy is delivered through the framework of policies that drives the work of the staff and volunteers.

3. Monitoring performance

As a trustee you need to have your finger on the pulse of the hospice. You need a clear sense of how well the hospice is performing and early warning of any surprises. The board is not expected to know all about everything that is going on. It needs to have a clear sense of the big picture and not get lost in detail.

Like driving a car, the board steers the hospice towards its aims. Along the way, board members must scan the information they receive about progress made and the current state of the hospice. The papers provided, along with your visits to the hospice, should be like the dials on a car's dashboard. They provide the basis for building up a picture of what is happening and should not (except in dire emergencies) lead the board to keep stopping the car to fiddle about with the engine.

The information provided to the board should enable it to monitor the following main areas of activity. Under each heading we list some questions that board members might ask.

Progress towards the hospice's aims

- Does the hospice have a clear set of aims?
- Has the board agreed standards and performance indicators that will enable it to judge progress towards the aims?
- What is happening in the wider world that will affect our aims?
- Do we have the resources (both financial and human) to achieve the aims?

Quality of care

- How do we know that the services we provide are of the highest quality?
- Do we have clearly defined and achievable standards?
- Are we monitoring against the external standards that affect our work?
- How do we maintain standards? Do we benchmark our performance against other similar hospices? Do we carry out clinical audits? Are our clinical procedures up to date?

Managerial performance

- Do we have an effective system to employ and appraise the performance of the chief executive?
- Are we confident that consistent, fair employment practice is used; that employment law is complied with and that staff and volunteers work in a safe and healthy environment?
- Are we confident that our staff and volunteers have adequate opportunities to train and develop their skills? Do they use them?
- Do we have an effective and well-used volunteer development programme?

Financial performance

- Does the hospice have sufficient resources to meet its short, medium and long-term plans?
- Is there a realistic plan to secure income in the future?
- Are the hospice's assets well managed?
- What are the variations between the budget and the actual income and expenditure? Do they need attention from the trustees?
- Are there sufficient reserves to cover contingencies? Do our reserves fall within current Charity Commission guidance?

Legality

- Are we confident that the hospice complies with the law and the requirements of its governing document?
- Do we have an understanding of, and policies on, specific issues that might affect us as a hospice?

Risk management

- Do we have a clear analysis of the main risks that might impact on the hospice? (This includes risks associated with governance, with management procedures and systems, providing services, finance and health and safety.)
- Do we have a clear plan to manage the risks?

4. Ensuring compliance with the law and giving accountability

The board of trustees must ensure that the hospice complies with the law. It must also make the hospice accountable to regulatory bodies, funders and the general public. It reports on what has been achieved and shows that resources have been used efficiently and economically. The acid test is to show that the quality of services provided has been well balanced with their costs.

The board is accountable to:

- the members of the hospice (if the hospice is a membership hospice or a company limited by guarantee) at the annual general meeting
- the charity regulators in your country
- the Registrar of Companies (if a company limited by guarantee) the healthcare and/ or social care regulators in its country, the Inland Revenue, Customs and Excise, and the Health and Safety Executive
- funders, which may include health and/ or social care boards and commissioning authorities (depending on your country), the local authority and charitable trusts
- the communities it serves and the general public.

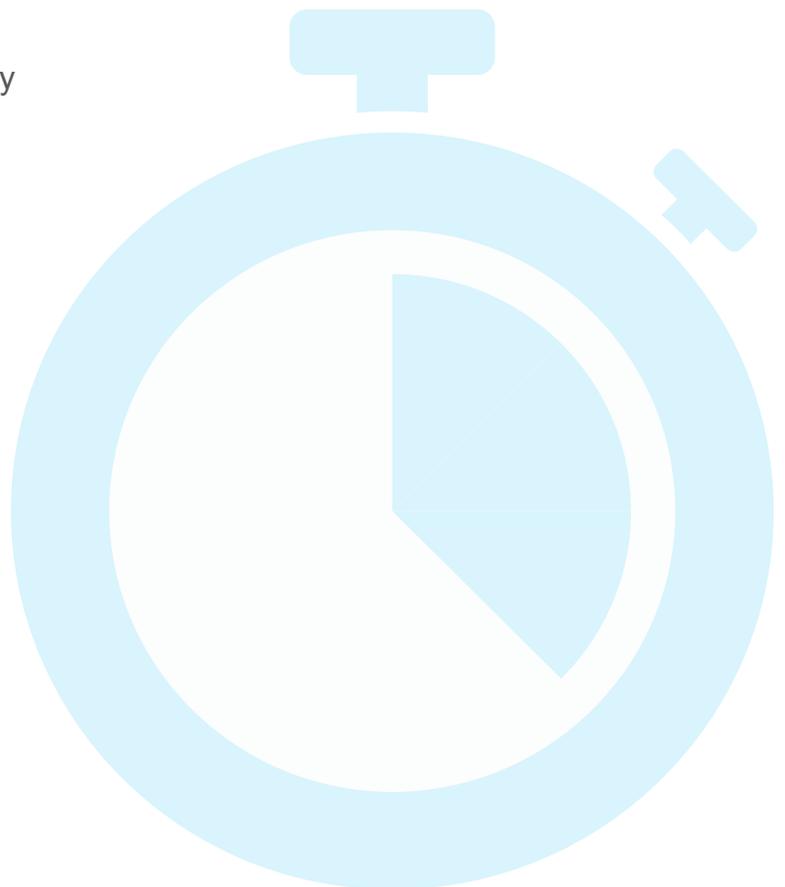
It is not a legal requirement to account to the community, and different groups within it, but it is an ethical approach and a wise activity to undertake. Hospices are often dependent for a significant proportion of their income on fundraising from their communities. Giving an account of the use of the money is expected and is more likely to lead to further donations. This can be done in a variety of ways, including the annual report, the press, broadcast and social media.

5. Ensuring the board is effective

The last role of the board is to be effective in itself by making sure that it:

- is up to strength with members who have the right mix of skills, experience and background and are able to work well together as a team
- is able periodically to review its work and identify areas for change or improvement
- has effective systems for the recruitment, induction and support of new trustees
- keeps up to date with developments in the hospice's work
- is informed about external developments affecting the hospice and its work, such as developments in palliative care, government policy, funding arrangements and the local environment
- runs its meetings to ensure most of the work is at the strategic level and makes best use of the time and people available
- works in partnership with the chief executive and the senior managers.

These actions should ensure the board really adds value to the capacity of the hospice to deliver its services.



Your responsibilities as a trustee

Duty of trust

As a trustee you are responsible, along with other members of the board, for the activities of the hospice. You have a duty to promote the interests of the hospice as a whole and its beneficiaries both current and future. This is the duty of trust. You must also make sure that all the assets and resources are safeguarded and used for charitable purposes in line with the governing document. Failure to comply with the relevant trustee duties constitutes a breach of trust, for which a trustee can be held personally liable.

Duty of care

You have a duty of care to the hospice, its beneficiaries, its employees and people who use the services. The standard of care expected of a trustee is the level that a prudent business person would have in managing her or his own affairs. This means trustees must have a general awareness of financial and legal issues and must take professional advice in matters in which they are not themselves competent. Where you do have a higher level of skill or a special knowledge you are expected to use it in your role as trustee to benefit the hospice.

Trustees are independent

The role of trustee requires that you are able to think and act independently, so you can put the interests of the hospice first, while you are working with the other trustees to reach decisions about the hospice. Trustees are not allowed to be directly controlled by others or to act as a mere representative of the views of others. Some hospice trustees are appointed by outside bodies such as local authorities or health trusts. This does not give the outside body the right to influence the person when they are acting as a hospice trustee.

Trustees as ambassadors

A hospice's trustees are its ambassadors. You will need to be confident enough of the work of the hospice to promote it to the people you know and meet in your community. One of the hallmarks of a well-run charity is that it conducts its affairs in a way that enhances its reputation and the charity sector in general.

Conflicts of interest

Given that, as a trustee, you must act at all times in the best interests of the hospice and the people it serves, you should avoid putting yourself in a position in which your duty to act in the interests of the hospice is in conflict with your own personal interests. For example, this might be a financial interest, such as a contract relating to a new build project, or the interests of a relative who works or volunteers in the hospice. If you cannot avoid this, then you must declare the conflict of interest at once to the other trustees. Doing this is likely to mean you withdraw from the discussion in which you have an interest. Increasingly new trustees are being asked to sign a declaration of conflicts of interest as they join the board, updating it as necessary. This goes onto a register of conflicts of interest, which is used to guard against possible conflicts which may arise.

Many boards include an item to declare conflicts of interest in relation to the agenda at the start of every board meeting.

Collective responsibility or cabinet responsibility

The board is a collective decision-making body. Decisions can be made by a majority unless the governing document specifies differently. Charity trustees will discuss and debate decisions to be made, advised by senior staff. Once a decision has been made, then all trustees are bound by it and are deemed to support it. Even if a person votes against a decision, he or she must support it outside the meeting. This can be particularly important where a trustee also has another role, for example as a volunteer in the hospice.

The only way that you can cease to be responsible for the board's decisions is to resign from the board. You should first discuss your concerns with the other members of the board to try to get the decision reversed or changed.

Trustees do not have the power to act independently unless they are given a clear instruction to act on behalf of the board. This means the trustees are bound to speak and act with the voice of the board as a whole. This also applies to the Chair. Trustees should take care to relate to staff through the line-management structure of the hospice.

Working in partnership

Hospice trusteeship is primarily about helping the hospice to provide palliative and end of life care to people who need it, particularly through the governance role and strategic lead involved. The role of trustees is often complex and can be arduous but the board is not expected to carry out its work alone.

When hospices were in their early stages of development, the trustees may have been doing most, if not all, of what needed to be done. Once staff are appointed, a partnership with the senior managers, who are responsible for operational management and the implementation of policies set by the board, is at the centre of a successful hospice.

The trustees, as the board, are supported in their governance role by the advice of the senior staff/professionals working in the hospice. This is important for development of policies and strategy. In addition, external professional advisers such as accountants/auditors, solicitors and asset managers should be available to the board in areas where there is a lack of expertise.

Practical details

How much time will it take?

The amount of time spent by trustees on hospice trustee work varies tremendously. The minimum requirement is that trustees have time to:

- attend the board meetings (typically quarterly or every two months) and strategic awaydays
- read papers sent out in advance and prepare for the meetings
- liaise with other board members between meetings
- attend the AGM
- attend special events put on by the hospice to which trustees are invited
- maintain a good understanding of what the hospice does, for example, through planned visits, informal gatherings with staff and volunteers or other occasional activities.

Some trustees are able to commit more time and get involved in other activities, such as:

- working on subcommittees or with working groups
- taking part in particular projects, such as a fundraising appeal.

Some employers give their staff an allowance of work time to contribute to the community, and being a hospice trustee qualifies for this.

How do trustees raise matters?

The procedures may vary depending on the matter, the circumstances and the hospice. This is usually done through talking or writing to the Chair of the board or the chief executive of the hospice. Some boards have a space to raise items for future discussion at the end of their meeting agendas. If the matter has arisen through involvement in the hospice in a role other than that of trustee, for example as a volunteer, it must be dealt with through the usual line-management arrangements.

Can I retire as a trustee?

Trustees are volunteers. You can choose to retire at any time, provided this leaves no fewer than three trustees. However, trustees are expected to make a real commitment to carry out the work and this suggests two to three years to be able to make a contribution. Many hospices now have terms of office spelt out in their governing document to ensure 'new blood' joins the board at regular intervals and to reassure potential trustees that they are not expected to serve for decades.

Are there opportunities to learn more about the role?

Hospices vary but many provide their trustees with the chance to learn and develop their role through an induction process, with the support of a 'mentor' trustee, through training courses or the opportunity to attend conferences or seminars, and by engaging in regional or national networks. There are also many leaflets, books and other sources of help on charity governance some of which are listed in the resources section at the end of this guide.

Can trustees be reimbursed for their expenses?

Yes, you can be reimbursed for reasonable out-of-pocket expenses. Most charities have a clear procedure for trustees to claim expenses. Many trustees choose not to claim expenses, but it is important that the cost of expenses does not prevent anyone from being involved.

Trustees may not be paid for their role as a trustee. However, the Charity Act 2006 provides a statutory power for trustee bodies to pay remuneration to an individual where that trustee, or person connected with that trustee, is providing goods or services to the charity within the safeguards that prevent misuse of the power.

How to get the best from being a trustee

The role of a hospice trustee is a serious and responsible one. It should also be enjoyable and rewarding. It may help to keep in mind the following points.

Keep sight of why you are doing the work

Know as much as possible about the services the hospice provides. If appropriate, visit the hospice, although, given the nature of the work of the hospice, this should be done sensitively, be planned and in consultation with the chief executive and the staff. Gaining this knowledge and insight is distinct from meddling in the operational side of the work, which is not part of your role.

Accept invitations from staff and volunteers to events organised by the hospice.

Make it easy

Make sure you have all the information you need. Don't overload yourself with detail but don't be afraid to ask for more information if you think you need it. Your hospice may keep further information, such as policies of the hospice and Charity Commission publications, in one place to be used by trustees.

Always check that the information you receive helps you to keep a broad overview of your hospice and to make decisions about its overall strategy and direction. If you do not understand some of the board papers or the background to a discussion, do ask the Chair, another trustee or the chief executive.

Work at being part of good, purposeful meetings:

- Book time in your diary in the week before the board meeting to read the papers.
- Use the agenda to prepare and to suggest items you would like to discuss.

Be well prepared for your work as a trustee and use any induction, training or networks that will help you.

Use your talents and those of other members

Every member of the board is there to add value to the hospice. Be assertive with your views, skills and experience, where you think they will help the organisation. The use of a board skills audit should ensure the skills and experience of trustees are used to the optimum.

Make time for informal contact

It is much more enjoyable and productive to work with people when you know something about them and can build up rapport. The system of having a mentor trustee for new trustees as the first port of call for information and advice assists with this.

Encourage your board to allow time for informal contact between its members, the chief executive and any other senior staff who attend the meetings. Do take advantage of opportunities to mingle with the wider group of staff and volunteers. This may happen at the AGM or at a hospice event.

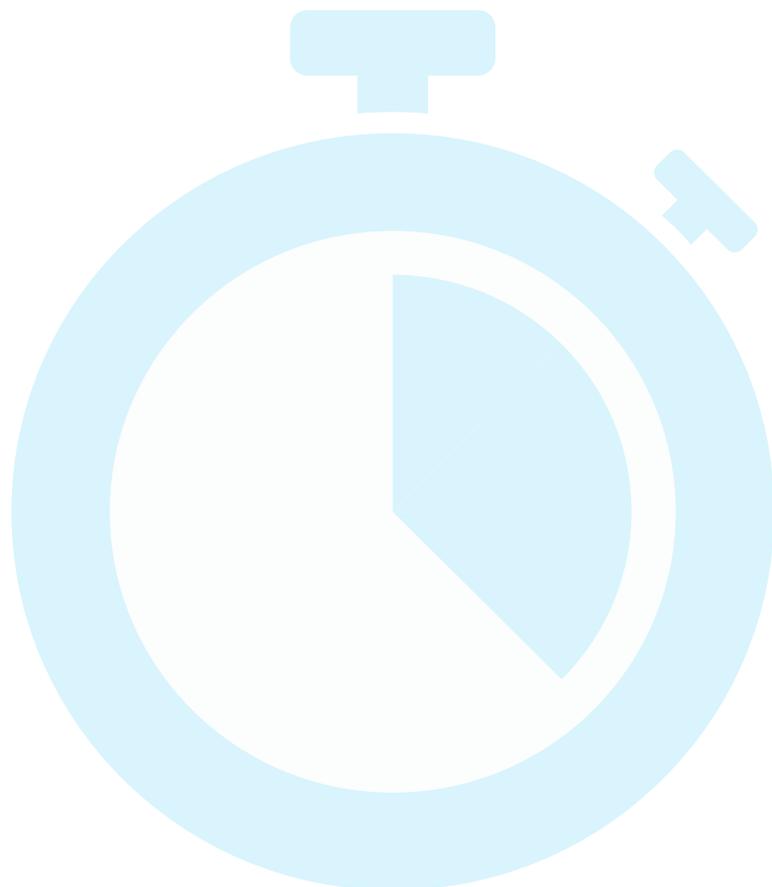
Check to see if your hospice's induction pack or website has a list of board members, a pen portrait of them and contact details to help you get to know them.

Review regularly

Review what you get out of your work as a trustee as well as the amount of time you put in and the value you give. There should be a reasonable balance:

- What are the positives? Are you able to make a real contribution?
- What are the negatives? Are there problems and frustrations; can they be put right?

Some boards suggest an annual review meeting between the Chair and each trustee to review this balance, to look at whether the skills and experience of the trustee are being fully used, and to explore their hopes as a trustee for the next year. It also provides an opportunity for any feedback to the Chair about how well the board is working, including the meetings, and for suggesting developments for the next year.



Further advice and information

Hospice UK

Hospice UK is the national charity for hospice and palliative care, working to ensure all adults and children living with a terminal or life-shortening illness receive the care and support they need, when they need it.

We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life. No one should die in avoidable pain or suffering.

Hospice UK offers a variety of strategic and practical programmes and resources to help individual trustees and boards. A few highlights are outlined on page 18, along with ways to keep up to date and in touch.

All information and contact details are available on our website:

www.hospiceuk.org

What we do

Hospice UK plays an important national role in:

- championing hospice and palliative care, giving it a collective voice, speaking out and making the case to influence key decision makers
- supporting the breadth, dynamism and flexibility of the more than 200 hospices across the UK who care for over 200,000 adults and children every year
- equipping those professionals with the knowledge, skills and expertise needed to deliver care in any setting, support their local communities and to work in partnership with others
- improving the quality of all palliative and end of life care by sharing good practice, innovative solutions and learning
- provoking and challenging across sectors, bringing partners together to collaborate in new ways and think differently about solutions
- embracing and provoking conversations about death, dying and bereavement across all sectors of our society – schools, workplaces and homes as well as between families, friends, neighbours and colleagues.

Reviewing board performance

- Good governance programme:
www.hospiceuk.org/what-we-offer/good-governance-programme
- Good governance guides:
www.hospiceuk.org/what-we-offer/good-governance-programme/good-practice-guides

Keeping up to date

- Hospice Leaders Briefing – sign up to our weekly briefing by emailing hospiceleadersbriefing@hospiceuk.org
- Annual conference, roadshows and other events:
www.hospiceuk.org/what-we-offer/courses-conferences-and-learning-events

Training and development

- Annual masterclass 'Investing in the relationship between the hospice Chair and chief executive':
<https://www.hospiceuk.org/what-we-offer/good-governance-programme/are-you-a-trustee>
- Link up with other hospice Chairs from across the UK via the Forum of Hospice Chairmen:
www.hospiceuk.org/what-we-offer/professional-networks-and-associations/forum-of-hospice-chairmen
- Masterclass 'Hospice trustees: what you need to know':
www.hospiceuk.org/what-we-offer/details/2019/07/16/default-calendar/hospice-trustees-'what-you-need-to-know'

Strategic thinking

- PopNat:
<https://popnat.hospiceuk.org>
- Sustainability:
www.hospiceuk.org/what-we-offer/hospice-finance/hospice-financial-sustainability-index
- Peering over the Precipice: a toolkit for hospices to survive and thrive:
<https://www.hospiceuk.org/what-we-offer/good-governance-programme/governance-publications>

Together for Short Lives

Together for Short Lives is the UK charity for children's palliative care. It supports and empowers families caring for seriously ill children, with a view to building a strong and sustainable children's palliative care sector – so that no family is left behind.

www.togetherforshortlives.org.uk

For hospices in England and Wales

The Charity Commission

The Charity Commission registers and regulates charities in England and Wales and produces a wide range of guidance, reports and other resources.

www.charity-commission.gov.uk

National Council for Voluntary Organisations (NCVO)

An umbrella body for the voluntary and community sector in England. Useful resources include the 'Trustee and Governance Information Centre'. The website includes a full list of NCVO publications on governance and leadership.

www.ncvo.org.uk

For hospices in Wales

Wales Council for Voluntary Action

An umbrella body for voluntary organisations in Wales. It has a dedicated website offering advice and guidance to trustees on all governance matters.

www.wcva.org.uk

For hospices in Scotland

Scottish Partnership for Palliative Care

The SPPC is a collaboration of organisations involved in providing care towards the end of life in Scotland. SPPC membership includes all the territorial NHS Boards, all Scottish hospices, a range of professional associations, many national charities, local authorities, social care providers and universities.

www.palliativecarescotland.org.uk

Office of the Scottish Charities Regulator

The independent regulator and registrar for over 24,000 Scottish charities, including community groups, religious charities, schools, universities, grant-giving charities and major care providers.

www.oscr.org.uk

Scottish Council for Voluntary Organisations

The national membership organisation for Scotland's charities, voluntary organisations and social enterprises.

www.scvo.org.uk

For hospices in Ireland

Irish Association for Palliative Care

An all island body with the purpose of promoting palliative care nationally and internationally, the Irish Association for Palliative Care (IAPC) is a multi-disciplinary membership organisation.

www.iapc.ie

Irish Hospice Foundation

The Irish Hospice Foundation (IHF) is a national charity dedicated to all matters relating to dying, death and bereavement in Ireland.

www.hospicefoundation.ie

Charity Commission for Northern Ireland

The independent regulator of charities in Northern Ireland.

www.charitycommissionni.org.uk

Northern Ireland Council for Voluntary Action

NICVA is a membership and representative umbrella body for the voluntary and community sector in Northern Ireland.

www.nicva.org



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www.hospiceuk.org 020 7520 8200

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