



# THE TWENTY-MINUTE GUIDE TO BEING A HOSPICE TRUSTEE



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Help the Hospices has  
changed its name to  
**Hospice UK**

This resource was published  
prior to the change and so  
still refers to the old name

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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.

### How to use the guide

This guide has been written for use with the 'Trustee induction pack'. Both give an overview of the role of a hospice trustee, which remains constant wherever the hospice is located in the UK.

This guide gives a quick overview of key points while the 'Trustee induction pack' goes into more detail, is designed for dipping into, and signposts where you can find further information, from your hospice and external organisations.

### The home countries

With increased devolution, the legal and policy framework in each country differs in some respects. Trustees in each home country, that is England, Northern Ireland, Scotland and Wales need to be aware of this.

Section 10 in the 'Trustee induction pack', provides country-specific information about:

- legal structures and regulations for charities
- the regulatory regime for healthcare providers
- current government policies relevant to the management of hospices
- the funding of hospices.

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 improves the lives of people who have a life-limiting or terminal illness. It helps them to live as actively as they can to the end of their lives, however long that may be. It not only takes care of people's physical needs, but looks after their emotional, spiritual and social needs as well. The care is tailored to patients' individual needs and supports their friends and family too.

Hospice care providers offer a range of services, which may include the following:

- medical and nursing care
- pain and symptom control
- rehabilitation – helping patients to stay independent and continue to live their lives as they have done before, with help from physiotherapists and occupational therapists
- creative therapies, such as art therapy and music therapy
- complementary therapies, such as massage and aromatherapy
- spiritual care
- family care
- practical and financial advice
- bereavement care.

Hospice care can be for days, months or years. Most care is provided in people's own homes, but people also visit hospices for day therapy and stay as inpatients.

In its Strategic Plan 2012-2016, Help the Hospices has defined hospice care as:

**“community engaged palliative and end of life care in all settings for patients, families and carers”.**

### Who provides hospice care?

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

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. On average, they receive only a small percentage of their funding from the government, and must raise £3 for every £1 of state funding they get.

### **The role of volunteers**

More than 100,000 volunteers support independent local hospices, 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 attend board meetings to listen, advise and support the board, but they are not eligible to vote since they cannot also be trustees.

### **Answers to 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 by reason of, eg youth, 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 controlling the management and administration 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. (See the section on disqualification in the 'Trustee induction pack' for more details.)

Many 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, fundraising and so on.

### **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.

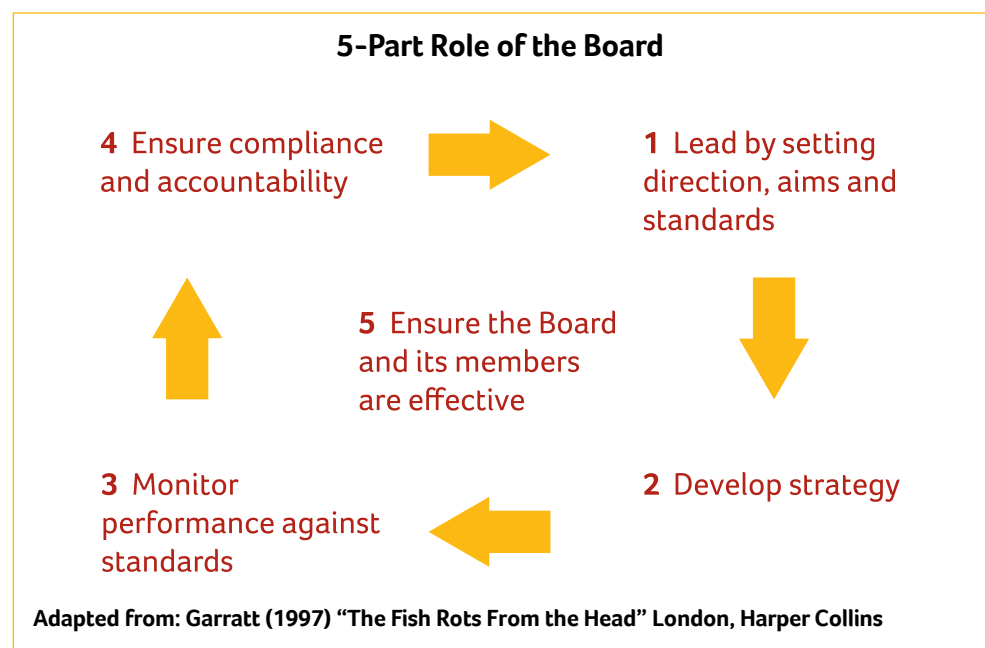
Many hospices have now made a policy decision to recruit publicly and transparently from a wide pool of potential trustees rather than to nominate people they, or the senior staff, already know.

## 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 day-to-day 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 the 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 at present access them? For example, people from minority ethnic communities, people with learning disabilities and mental health issues. 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, local radio, etc.

### 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 premises. 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.

Some 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 try to convince the other members of your concerns and get the decision reversed.

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 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 (usually once a month or every two months)
- 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, eg 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. The 'Trustee induction pack' is a start. There are also many leaflets, books and other sources of help on charity governance. (Some are listed in the resources section at the end of this guide. A fuller list is provided in Section 9 of the 'Trustee induction pack'.)

### **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 leaflets, 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 – use any induction or training that will help you.

### **Expenses**

You can be reimbursed for reasonable out-of-pocket expenses.

### **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 induction pack 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 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

A few details are given here. For further contacts in Northern Ireland, Scotland, Wales and England, see section 10 in the 'Trustee induction pack' which can be downloaded from Help the Hospices website.

For a fuller list of resources and organisations on governance, see section 9 of the 'Trustee induction pack'.

### **For hospices in the UK**

#### **The Forum of Chairmen of Independent Hospices**

The Forum of Chairmen of Independent Hospices aims to bring together Chairs, or other nominated trustees, of all charitable independent hospices with a view to giving leadership and sharing experience, knowledge and good practice.

[www.helpthehospices.org.uk/fcih](http://www.helpthehospices.org.uk/fcih)

#### **Help the Hospices**

Help the Hospices is the UK charity supporting hospices and championing hospice care. We advocate for and raise awareness of hospice care; promote and support clinical excellence and support those providing hospice care. As the national membership charity for over 200 local hospices across the UK, we work with them, and other organisations, to grow knowledge and expertise, tackle fear and challenge taboos and open up hospice care to more people. Our work includes:

- providing a strong voice for hospice care, showing how hospice care effectively supports patients and their families through death and bereavement
- providing clinical leadership to guide hospices in their delivery of high quality care and to strengthen the care workforce
- influencing the national policy agenda and providing practical support to hospices in response to changes in the policy or regulatory environment
- developing pioneering management and leadership training for hospice leaders and trustees, preparing them to embrace the challenges ahead
- awarding a range of grants for hospices and their staff to develop and improve their practice
- sharing knowledge and expertise via new and accessible digital platforms

- helping hospices adapt, thrive and play a leading role in providing care of the dying into the future by providing guidance on key areas of future activity
- working internationally with policy makers and pioneering local organisations to promote awareness of hospice care and support projects which demonstrate hospice care in action.

Hospice House, 34-44 Britannia Street, London WC1X 9JG

Tel: 020 7520 8200

Fax: 020 7278 1021

[info@helpthehospices.org.uk](mailto:info@helpthehospices.org.uk)

[www.helpthehospices.org.uk](http://www.helpthehospices.org.uk)

### **Together for Short Lives**

Together for Short Lives is the national voice for children and young people who are not expected to reach adulthood and their families – as well as the organisations and people that support them. The organisation aims to ensure that every life-limited and life-threatened child, young person and their family gets the best possible care and support from the moment of diagnosis, wherever they live and for as long as they need it.

[info@togetherforshortlives.org.uk](mailto:info@togetherforshortlives.org.uk)

[www.togetherforshortlives.org.uk](http://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.

Tel: 0845 300 0218

Textphone: 0845 300 0219

[www.charity-commission.gov.uk](http://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. See also the Governance and Leadership Network at

[www.ncvo-vol.org.uk/governance\\_leadership](http://www.ncvo-vol.org.uk/governance_leadership).

Tel: 020 7713 6161

Fax: 020 7713 6300

[ncvo@ncvo-vol.org.uk](mailto:ncvo@ncvo-vol.org.uk)

[www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)

### **For hospices in Wales**

#### **Wales Council for Voluntary Action**

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

[www.wcva.org.uk](http://www.wcva.org.uk)

### **For hospices in Scotland**

#### **Scottish Partnership for Palliative Care**

An umbrella and representative body of organisations across Scotland engaged in developing and delivering palliative care services. It seeks to promote high quality palliative care services for all patients and families on the basis of need, not diagnosis. Hospices are represented through the Scottish Hospices Forum and by individual hospice membership.

[www.palliativecarescotland.org.uk](http://www.palliativecarescotland.org.uk)

#### **Office of the Scottish Charities Regulator**

A non-ministerial department and part of the Scottish Administration following commencement of the Charities and Trustee Investment (Scotland) Act 2005. An independent regulator and registrar for over 23,000 Scottish charities, including community groups, religious charities, schools, universities, grant-giving charities and major care providers.

[www.oscr.org.uk](http://www.oscr.org.uk)

#### **Scottish Council for Voluntary Organisations**

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

[enquiries@SCVO.org.uk](mailto:enquiries@SCVO.org.uk)

[www.scvo.org.uk](http://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](http://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](http://www.hospicefoundation.ie)

**Charity Commission for Northern Ireland**

[www.charitycommissionni.org.uk](http://www.charitycommissionni.org.uk)

**Northern Ireland Council for Voluntary Action**

[www.nicva.org](http://www.nicva.org)

**For more information about palliative care**

**The National Council for Palliative Care**

The National Council for Palliative Care (NCPC) is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care services and hospice services in the England, Wales and Northern Ireland. It offers a subscription scheme, runs events arising from its policies, publishes a magazine and monthly e-mail briefing as well as regular bulletins and larger publications covering topics across the spectrum of palliative care. NCPC was formerly the National Council for Hospice and Specialist Palliative Care Services.

Tel: 020 7697 1520

Fax: 020 7697 1530

[enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk)

[www.ncpc.org.uk](http://www.ncpc.org.uk)

NCPC leads the Dying Matters coalition which aims to change public attitudes and behaviours around dying, death and bereavement.

[www.dyingmatters.org](http://www.dyingmatters.org)

Help the Hospices is the UK charity supporting hospices and championing hospice care. We advocate for and raise awareness of hospice care, promote and support clinical excellence, and support those providing hospice care. As the national membership charity for 219 local hospices across the UK, we work with them, and other organisations, to grow knowledge and expertise, tackle fear and challenge taboos and open up hospice care to more people.

**Help the Hospices  
Hospice House  
34-44 Britannia Street  
London WC1X 9JG**

**Tel 020 7520 8200  
Fax 020 7278 1021  
[info@helpthehospices.org.uk](mailto:info@helpthehospices.org.uk)  
[www.helpthehospices.org.uk](http://www.helpthehospices.org.uk)**

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