

# Hospice trustees engagement and communication

Final report

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June 2018

## About Hospice UK

Hospice UK is the national charity for hospice and palliative care. 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.

We work with and support hospice and palliative care providers to grow outstanding care for adults and children across the UK, championing the expert and compassionate care they provide.

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

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# Introduction

In September 2017, DB Associates was commissioned to undertake research into Hospice UK's communication and engagement with hospice trustees. This work also aimed to look into awareness of the Forum of Hospice Chairmen and receive feedback on its future direction. Please note that the Forum is legally constituted within the corporate body of Hospice UK. The full purpose of the project is outlined below.

To undertake research to:

- ascertain awareness amongst hospice trustees of the role of Hospice UK and the benefits and support offered to member hospices
- ascertain awareness amongst hospice trustees specifically about Hospice UK's Good Governance programme (formerly the Governance Support programme)
- ascertain awareness of the role of the Forum of Hospice Chairmen, its role within Hospice UK, and opportunities for hospice trustees to engage with the Forum
- generate ideas and feedback on how both Hospice UK and the Forum of Hospice Chairmen can further develop their support for trustees to assist them in their governance role
- generate ideas and feedback on how Hospice UK can strengthen its communication and engagement with hospice trustees.

The research involved the following stages:

- an online questionnaire comprising two different versions, one for the trustees of all member hospices and one for hospice CEOs
- telephone interviews with 16 trustees and CEOs to discuss particular comments or proposals submitted in the questionnaires
- telephone discussions with six senior Hospice UK staff who interact with hospice trustees
- a focus group with a group of seven hospice trustees and two senior Hospice UK staff to discuss key findings and recommendations in the report.

The final report was shared with the Forum of Hospice Chairmen, the Advisory Council and the board of Hospice UK. A summary version will also be made available to all member hospices and trustees.

This report starts with an executive summary pulling together the key findings and recommendations from the report. The environmental background in which trustees operate is then briefly discussed before moving on to the 16 detailed recommendations. These are divided between those for Hospice UK, those for The Forum of Hospice Chairmen (although it is legally a part of Hospice UK), and then for individual hospices. The final section then discusses the research findings in detail.

# Executive summary

In total we received 139 questionnaire responses from trustees, 24 per cent of whom were Chairs, 12 per cent Deputy Chairs and 64 per cent 'other'. They came from 67 different hospices, just under 33 per cent of the total number of members. Fifty-nine hospice CEOs responded, around 28 per cent of the total. There is no definitive figure available for the number of hospice trustees, although Hospice UK estimates that there are broadly around 2,000.

It should be noted that the percentages cited in this report are of respondents to the questionnaire, and cannot be taken as representative of hospice trustees as a whole, as the methodology used was not on the basis of a representative sample. However, the information received should prove very informative in developing the strategy towards supporting trustees in their role.

The challenges facing trustees and the responsibilities that come with their positions are probably greater now than ever before. By providing support and services specific to the needs of trustees that came out in the research, Hospice UK and the Forum of Hospice Chairmen can play a vital role in helping them in this difficult operating environment.

## Recommendations for Hospice UK

- Hospice UK already provides some of the services requested by trustees, for example e-newsletters, so it needs to look at how it can spread awareness of these. Many of the other recommendations in this report should help in this respect.
- Hospice UK could also provide a tailored report each year for each hospice board outlining the specific support for, and interaction with their hospice, as well as outlining the broader programmes of support it provides to its members.
- It is recommended that Hospice UK more proactively promotes a designated lead and named contact for the organisation's support of trustees through the Good Governance programme.
- There is a very strong demand for sharing best practice around governance issues amongst trustees. The dissemination of best practice should become a key theme and focus of the Hospice UK Good Governance programme. Tools such as Hospice IQ and the use of video technology, as is being done in Project ECHO, could play a vital role in satisfying this demand. Hospice UK could draw on the expertise of external bodies in the dissemination and implementation of best practice.
- There was a strong call for direct electronic communication from Hospice UK. Only 39 per cent of trustees who replied currently receive Hospice Leaders Briefing (HLB) directly from Hospice UK. It is proposed that Hospice UK takes steps to ensure HLB is as useful and accessible as possible for trustees, for example using signposting and hyperlinks to point trustees to sections of HLB which are of particular relevance to them.
- Hospice UK could develop an electronic welcome pack for new trustees. To be effective, this will need the co-operation of hospices to provide contact details, as discussed further below.

- Hospice UK should continue to offer to visit hospice board meetings, though the potential workload impact of this is significant so this will be dependent upon capacity to do so.
- Regional meetings and Hospice UK roadshows are welcomed as a chance to interact with Hospice UK staff. The adoption of the 'joint and separate' style of meetings for CEOs and Chairs once or twice a year by all regions / countries would help maximise this.
- It is recommended that Hospice UK continues having a strand of activity on one day of its national conference dedicated to trustees.
- In addition, a special one-off trustee conference could be held in 2018 to re-launch the Good Governance programme and the Forum, if the changes to the latter proposed are agreed, as well as to cover topics of relevance to trustees such as investments and risk management. Hospice trustees leading discussions of examples of best and innovative practice might also be welcomed.
- There is significant potential for Hospice UK to further develop its professional development support for trustees. This could include working with other providers and using online, webinar and video conferencing tools. Hospice UK can, in particular, add value in explaining the health and social care structure and environment in which hospices operate, and signposting to other key sources of information (for example, the King's Fund provides useful resources in regard to this point).
- The 'Hospice Trustees: What you need to know' workshops should be more proactively promoted as an offer available for individual hospices to help explore and clarify issues around the interface between trustee governance roles and those of executive teams. It should be noted that executive staff may also benefit from training around the roles and responsibilities of trustees.
- Hospice UK could work with other organisations to help in the recruitment of trustees.
- Based on feedback from respondents, the CASS Board Effectiveness Reviews should continue to be offered. However, there was also interest in peer review processes whereby hospice boards undertake evaluation of each other's governance practice and activities as a form of audit and learning. Hospice UK could produce a top line guide outlining different models of peer review and some case study examples.
- The survey showed that financial sustainability and NHS funding are major concerns amongst trustees. Hospice UK undertakes campaigns and provides support in both these areas and, again, improved communication with trustees will help increase awareness of these.

## Recommendations for the Forum of Hospice Chairmen

- There is a great opportunity for the Forum to develop a focus around offering networking, mentoring, peer support and the spread of best practice between trustees with regard to governance issues. This could be provided via both the use of technology and initiatives such as trustees attending other hospice board meetings as observers and a list of Chairs and trustees willing to serve as mentors to those new in their roles.
- The present title suggests the Forum is purely for Chairs of Hospices, whereas it is constituted as a body for all hospice trustees. A new title should be considered which demonstrates that it is a body for this wider constituency, such as The Hospice Trustee Network. Promoting the title via some of Hospice UK's communications channels would spread awareness, a sense of inclusion and potentially increase participation significantly.
- At present, regional representatives of the Forum, known as the Forum Executive, meet four times a year with Hospice UK, but the purpose and scope of these meetings needs clarification and communication to hospice trustees and senior leadership.
- The above two initiatives should also help reinvigorate trustee involvement in those regions and countries where there is at present no active participation amongst trustees. The Forum should aim to have an active presence right across the UK.

## Recommendations for individual hospices

- Hospices should ensure all trustees, new and existing, are offered the chance to subscribe to Hospice UK's communication vehicles and be briefed on its role and work.
- Hospice boards could consider appointing a trustee who is designated as the 'link' in monitoring Hospice UK's activity, building a relationship with Hospice UK and updating colleagues at board meetings. A similar role could be introduced in relation to the Forum.

# Environmental background

The willingness of tens of thousands of individuals to serve as unpaid trustees of charities is one of the hallmarks of civic society in the UK. However, the demands on and scrutiny of such individuals is greater than ever before. As the recent 'Taken on Trust – The awareness and effectiveness of charity trustees in England and Wales' report stated:

*'Trustees' responsibilities remain both onerous and non-transferable – failure to comply with them (through the actions of self or others) brings with it the prospect of legal redress, sequestration of personal assets and the possibility of public humiliation through the press and the media.'*

The Charity Commission. Taken on Trust: awareness and effectiveness of charity trustees in England and Wales. London: The Charity Commission, 2017.

The report also raised concerns about problems with recruitment of new trustees – especially from under-represented groups leading to a lack of diversity on boards – and a potential gap between trustees' own perceptions of their skills and knowledge of their responsibilities and the actuality of this, in particular with regard to 'legal, digital, fundraising, marketing and campaigning skills'.

The responses received to the questionnaire, alongside discussions with individual trustees, demonstrate that these issues affect hospice boards as much as those of other charities.

Alongside these issues are rising financial pressures in an unpredictable political and economic climate. Hospice UK's 'Hospice accounts' report for the year end March 2016 stated that expenditure is rising quicker than income meaning 'there is a clear trend of hospices holding fewer reserves than in previous years'.

Moreover, the well-documented societal trends of increasing infirmity, ageing and rising co-morbidities provide further challenging factors for hospice boards to consider.

Hospice UK has long supported the vital work of hospice trustees through a range of programmes and services. Given these range of environmental pressures, it is more important than ever before that this support supports trustees in the challenges they face and is effective in its delivery. The Forum can also be an important source of advice and help especially through peer support mechanisms.



# Recommendations

This section outlines the recommendations coming out of this project for in turn, Hospice UK, the Forum of Hospice Chairmen and individual hospices.

## Recommendations for Hospice UK

### 1. Raising awareness of existing Hospice UK services for trustees

**Comment:** Communication between a central umbrella body and its members can often be a challenge, especially where, as in the hospice sector, this membership is over 200 separate, independent bodies. This is even harder with trustees who are a further step removed from Hospice UK.

It is interesting to note that the 'Taken on Trust' report cited a similar issue for the Charity Commission.

*'The current situation where the Commission holds usable email addresses for just 27 per cent of trusteeships is a severe limitation on the effectiveness of communications to trustees.'*

Moreover, although there is evidence of relatively high awareness of some of Hospice UK's support services for trustees, there were also many calls in the questionnaire responses for services already provided by Hospice UK. For example, an e-newsletter and publications on many of the themes covered in the Good Governance guides.

At the focus group for trustees, some trustees said that they had perceived that Hospice UK largely existed for CEOs and not Chairs; however, they had changed their views as a result of attending the Hospice UK national conference in 2017.

All of this shows that there is a lack of awareness amongst many trustees of the scope of Hospice UK's work on issues around governance and the services it provides.

**Recommendation:** Many of the recommendations below should help spread awareness amongst trustees of the services Hospice UK provides for them. Moreover, as several respondents noted, hospices and trustees need to play a role in this by proactively providing contact information to Hospice UK. This is covered in recommendations for individual hospices. However, Hospice UK clearly needs to develop a strategic communications programme with trustees.

Hospice UK should also ensure that it records, as far as possible, all visits to and significant interactions with hospices (attendees at Hospice UK events, grant payments made, hospice representatives on their committees, etc). It could then provide a short report each year for each hospice board. This could outline the specific support provided for them over the past year and other forms of interaction, as well as outlining the wider programme of support it provides to its members. However, it is recognised that this would require significant resources.

## 2. Communication of the designated Hospice UK leads for the Good Governance programme

**Comment:** Hospice UK support for hospice trustees involves a wide range of staff members. A designated member of staff heads up the Good Governance programme, although this is alongside a number of other duties.

**Recommendation:** As part of the future marketing of Hospice UK's programmes supporting hospice trustees, it would be helpful to clearly promote this person as the key point of contact in the same way that others in the organisation are for their specific responsibilities. Many people mentioned the Director of Advocacy and Change's role on policy issues in this regard.

Knowing a first point of contact should help reinforce the message to trustees that supporting them is a key objective. This could be stated in future electronic and other communications to trustees.

## 3. Best practice

**Comment:** The call for sharing examples of best practice in relation to governance issues was probably the strongest theme that came through in responses, especially from trustees, but also from CEOs. There is a clear demand for examples of how other hospices have tackled some of the many challenges and issues boards face around governance.

**Recommendation:** The dissemination of best practice should become a key theme and focus of Hospice UK's Good Governance programme. The promotion of Hospice IQ as a source to place and read such examples of best practice could prove of great benefit to hospice trustees. In addition, a Project ECHO / video conferencing / webinar type approaches could be used for those who wanted to explore topics in more depth.

The focus group suggested that Hospice UK could also draw on the work of bodies with expertise in how to share and implement best practice, such as the King's Fund the NHS CLAHRCs (Collaboration for Leadership in Applied Health Research and Care) and the National Institute for Health Research.

## 4. Hospice Leaders Briefing (HLB)

**Comment:** HLB, Hospice UK's key electronic communication tool, is clearly not reaching a significant number of hospice trustees. For those who do see it, there is a mix between those who receive it directly and those who receive it via the hospice. Many recipients commented on how useful and informative it is, although a minority said that it was too lengthy and detailed. Some respondents proposed a signposting of those articles of relevance to trustees. Others proposed a separate e-newsletter for trustees on a monthly or quarterly basis.

**Recommendation:** Electronic-based communication such as HLB is the most practical information vehicle from Hospice UK to local hospice trustees. However, for this to be effective, Hospice UK relies on the co-operation of local hospices to supply email contacts and it is recommended below that local hospices are more proactive in providing this information. Clearly, the trustees who replied to the survey can be added to the present mailing list, if this satisfies data protection criteria. Where this is not possible, the cascade model of ensuring that hospice CEOs or their PAs routinely cascade information from Hospice UK to trustees should be considered.

The focus group said that all trustees should be able to receive the bulletin directly. They also advised that Hospice UK uses signposting and hyperlinks to point trustees to sections of HLB which are of relevance to them, as well as the 'in case you've missed it' section.

## 5. Welcome packs

**Comment:** The idea of an electronic 'welcome pack' for new trustees was proposed several times in the questionnaire responses. Interestingly, several respondents said they were new trustees and had not been aware of the scale and scope of resources Hospice UK provides, but would now look to access them. The trustee focus group said that informing Hospice UK about new trustee appointments and sending them such a pack should be a commitment made by all members.

**Recommendation:** Such a virtual pack could be a very good way to develop a strong relationship with hospice trustees from the start. This could point to the range of support Hospice UK provides and an explanation of the role of the charity itself. It should also include the invitation to sign up for HLB. See also the discussion of on induction in point nine below.

## 6. Visits to individual hospice board meetings

**Comment:** There were many positive references to visits made by senior Hospice UK staff to board meetings and / or participation at strategic away days. However, there were also many respondents who called for more attendance at such events.

**Recommendation:** The attendance of Hospice UK staff at individual board meetings is very highly valued, though such visits obviously have a considerable resource implication for Hospice UK. Hospice UK should continue to offer to visit hospice board meetings, though the potential workload impact of this is significant so this will be dependent upon capacity to do so.

In addition, when senior Hospice UK staff visit hospices for other purposes, there could be a standard request to meet at least one member of the board.

## 7. Regional meetings and roadshows

**Comment:** Again, attendance of Hospice UK staff at regional hospice events was welcomed by trustees and CEOs. However, it would appear that this is very largely in those regions or countries where there are joint meetings of Chairs and CEOs. In other cases, the two groups meet on different days, whilst in some areas, there are no collective meetings for Chairs at all.

Comments by some trustees who attended the Hospice UK regional roadshows were positive but proposals to make those more relevant to trustees and to market the events more strongly to them were made.

**Recommendation:** Attendance at regional meetings offers the chance to interact with representatives from a large number of hospices, though in terms of trustees this is normally restricted to Chairs and in those regions where joint meetings are held.

Given the above comments, Hospice UK might discuss with the Advisory Council the merits of encouraging a standard approach to regional meetings. The pattern of Chairs (or other trustees) and CEOs having meetings around twice a year at the same venue on the same day, combining joint and / or separate sessions, should be the recommended approach. This would lead to more trustee interaction and the chance for increased involvement with and knowledge of Hospice UK activities. The focus group endorsed this recommendation.

In regard to the annual roadshows, these are highly valued but again obviously take up considerable resource. Improved email communications directly to trustees might encourage more attendance.

## 8. Hospice UK national conference

**Comment:** Many respondents who had attended the national conference expressed how they found it of interest, although there were calls for more specific sessions aimed at trustees. This did, of course, happen on day one of the 2017 conference and many of those who came to the special trustee reception welcomed both this initiative and the chance to meet trustees from other hospices. In the telephone interviews, several people mentioned that reports had been tabled at board meetings subsequent to the conference outlining some of the key learnings taken away from the event.

**Recommendations:** Hospice UK to continue to provide a trustee focus for at least one day of its national conference.

Hospice UK should also consider holding a one-off event in 2018 specifically targeted at hospice trustees. This could cover some of the environmental challenges facing trustees, examples of best practice hospice initiatives to overcome these and the re-launch of the Good Governance programme and any changes to the scope and name of the Forum of Hospice Chairmen. A lead speaker such as the CEO of the Charity Commission might create further interest.

The focus group suggested that this event might also be a great opportunity to share best practice around governance issues and indeed case studies of initiatives that were not successful. These examples could be generated from discussions at regional trustee meetings.

The event could be held on a Saturday to try and maximise trustee attendance given the fact that a significant number may be constrained by working commitments during the week. Such an event could significantly boost Hospice UK's profile amongst hospice trustees.

## 9. Trustee induction, training and development

**Comment:** The surveys produced many calls for support around trustee induction, training and development. This varied widely both in subject and manner of delivery. In terms of subject there were calls for more support around induction and appraisal, areas such as investment management, risk management, scenario planning and income generation. There were many calls for more regionally based and online training.

CEO responses suggested there is a need to provide training or other forms of support to help boards understand the difference between governance and executive responsibilities. CEOs also raised concerns about board culture and the need to support Chairs in dealing with such issues.

The focus group endorsed the findings that Hospice UK could help with both induction and ongoing trustee professional development.

**Recommendation:** Some of the existing support from Hospice UK covers some of these subjects and suggestions, so again there seems to be an awareness issue. So, as previously mentioned, one of the challenges here is simply making trustees aware of Hospice UK's existing services, whether these be formal courses or publications such as the

Good Governance guides (though one or two people aware of these suggested the Trustee Induction Packs needed updating).

In terms of trustee induction, this can be seen as comprising three levels. The first is the role and responsibilities of being a charity trustee, which is generic across the third sector. Secondly, the particular structure, strategy and policies of the individual hospice, which obviously has to be done locally. Thirdly, the role of Hospice UK and the health and social care environment in which hospices operate. This last level is where Hospice UK can add the most value through the range of information, support and advice it provides. This was mentioned by responders from Wales and Scotland as well as England and endorsed in the telephone interviews.

Online training around induction may be an area that Hospice UK could work with other providers. For example, Standard Life and STEP (the Society of Trustee and Estate Practitioners) have recently launched The Informed Trustee, offering generic online training for trustees. Hospice UK could endorse this or another such resource – and market it to hospice trustees rather than produce its own materials ([www.step.org/online-course-register](http://www.step.org/online-course-register)). A similar service is offered via a service set up by Community Action Suffolk ([www.trusteelearning.org](http://www.trusteelearning.org)).

Webinars might also be used for specific issues facing hospice trustees, the third level of induction mentioned above. For example, several new trustees stated the challenge of understanding the environmental landscape in which hospices operated in terms of the complex health and social care landscape. This was endorsed by several trustees during the telephone interviews and CEOs also mentioned this challenge as inhibiting trustees.

The focus group endorsed the use of webinars and the point was also made that the King's Fund offers a very good guide to how the NHS works in England (See [www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work](http://www.kingsfund.org.uk/audio-video/how-does-nhs-in-england-work)).

It was also stated it is important that people leading webinars have suitable skills and experience of doing so and that piloting the session on the new Charity Governance Code from Hospice UK's 2017 national conference might be a useful trial of the medium.

Webinars and links to conference presentations were also seen as to be the best forms of engagement in the devolved nations, where group meetings amongst trustees from different hospices is less common.

There are also a number of issues around financial issues mentioned in the feedback that Hospice UK does not currently provide training around, which could be considered, perhaps again in partnership with specialist advisors. Hospice UK could run webinars on such subjects using appropriate graphics and narrative to explain the structure and answer questions. Webinars could also be linked to discussions around the Good Governance guides published by Hospice UK.

Replies from CEOs indicate that, as with many charities, there is often clarification and discussion needed on the role of trustees vis-à-vis that of the executive team. During the telephone interviews it was pointed out by a trustee that such learning is also needed amongst those new to a director level post in executive teams. More prominent promotion of the 'Hospice Trustees: What You Need to Know' workshops as an offer available to be run in-house for a specific hospice might therefore be a valuable service for senior staff as well as trustees.



## 10. Trustee recruitment

**Comment:** Challenges around recruitment of trustees, especially from under-represented groups, was a common theme in the research and there were calls for Hospice UK – and the Forum – to provide support here. Interestingly, one hospice involved in the telephone discussions has set up a Board Trustee Development Committee to oversee all aspects of advertising, recruitment, induction and the ongoing training of trustees.

**Recommendation:** As a national body, Hospice UK may not be best placed to support the actual process of local trustee recruitment, but it can help spread awareness of good and innovative practice. Moreover, the Taken on Trust report lists 21 organisations which specialise in trustee recruitment and Hospice UK might be able to collaborate with a number of these to promote hospice trusteeship. It was also suggested in the telephone interviews that corporate partners of Hospice UK could be encouraged to ask their staff to become trustees and this could be a part of their professional development.

Several hospices use advisors on their sub-committees to bring in specialist knowledge on issues from people who wish to contribute but cannot commit to becoming a trustee. This is an option other hospices could consider. The value of having a senior NHS manager on the board was stressed at the focus group – this can be very helpful in understanding and overcoming barriers around commissioning and funding issues.

## 11. CASS Hospice Board Effectiveness Review and Peer Governance Reviews

**Comment:** There were many complimentary comments on this programme with one respondent saying that it should be compulsory for all boards, although there were a couple of less enthusiastic remarks and one said it had rejected it because of the cost involved. The proposal was also discussed in the telephone conversations of hospices pairing up to undertake peer review evaluations of each other's governance arrangements to help audit their effectiveness and learn from each other. This might be an interesting complement to the CASS offer.

**Recommendation:** The CASS Board Effectiveness Review is clearly a well evaluated offer that should be continued. Peer-led governance reviews could be another option for hospice boards to undertake. However, this needs careful preparation. Hospice UK could produce a high-level guide outlining different models and approaches to peer review, such as the NHS Board to Board programme and peer review programmes offered by the Local Government Association, or undertaken by other charities, for example.

The survey also showed other areas of concern to trustees, most especially financial sustainability and funding from the NHS. Worries about clinical recruitment were also evident and there were calls for increased national awareness and publicity campaigns. Hospice UK is already involved in campaigns and activities around such issues via work programmes which sit outside the Good Governance programme. Increased interaction and communication with trustees should enable more understanding and awareness of Hospice UK's work in such areas.

## Recommendations for the Forum of Hospice Chairmen

The Forum is legally a part of Hospice UK. The Forum Chair has an automatic place on Hospice UK's Board of Trustees, and Hospice UK staff liaise with, and provide administrative support for, the Forum. It is defined as 'a national network that promotes the role of hospice chairmen and trustees, and provides a pathway for them to make their views known to Hospice UK'.

It is interesting to note that CEO awareness of the Forum (85 per cent) is much higher than amongst trustees (57 per cent). There seemed no awareness of the fact that all hospice trustees are automatically made members of the Forum once they are in post.

There was much overlap between the proposals of support from the Forum and those for support from Hospice UK. The comments and recommendations below relate to those areas closest to its purpose as laid out in the above definition.

### 12. Networking, peer support and mentoring

**Comment:** Respondents to the questionnaire showed a very strong desire for increased interaction with their fellow trustees and a variety of mechanisms were suggested for this. These included regional meetings, virtual networks, informal peer support, trustees attending meetings of other hospice boards and mentoring, especially for new trustees and new Chairs. One Chair involved in the telephone conversations mentioned that she had set up a peer support relationship with another local Chair.

**Recommendation:** Some of the recommendations above for Hospice UK, e.g. 7 – 9, can help meet these demands. However, there is also a real opportunity for the Forum, with appropriate help and involvement from Hospice UK, to develop a highly supportive and effective networking programme amongst trustees.

Technology could play a vital role in forming virtual networks with use of video conferencing and online discussions boards. A list of experienced mentors could be produced to support those new in post, especially for new Chairs. Trustees with similar roles and interests could be encouraged to speak to each other and undertake board swaps, i.e. to attend as an observer the meeting of another hospice board and offer peer support. Such initiatives would also help to spread best practice.

Trustees involved in the telephone discussions and at the focus group endorsed the idea of hospice pairing up to undertake governance reviews of each other to help review their effectiveness.

### 13. Title of the Forum of Hospice Chairmen

**Comment:** There were comments amongst both trustees and CEOs about the title of the Forum. This related both to the term 'Chairmen' as opposed to 'Chairs' but more markedly as to the fact it suggested that membership seemed open purely to Chairs rather than all trustees.

**Recommendation:** The Forum might wish to consider revising its title, especially given the clear appetite for more interaction between hospice trustees that this survey reveals. Thus, it could become, for example, The Hospice Trustees Network. Making clear that membership was open to all trustees would help to encourage more participation in the initiatives mentioned

in point 12 above. It might also help secure nominees from some of the regions or countries not currently represented on the Forum Executive Committee.

#### 14. The Forum Executive

**Comment:** At present, regional representatives of the Forum, known as the Forum Executive, meet four times a year with Hospice UK. However, there seems to be no common agreement as to the rationale for this meeting or how it fits into Hospice UK's consultation and communication structure.

**Recommendation:** Hospice UK senior staff and the Forum Executive should work together to clarify the purpose and scope of these meetings and how they relate to Hospice UK's wider interface with hospice representatives' needs.

### Recommendations for individual hospices

#### 15. Trustee contact details

**Comment:** Several trustees and CEOs commented on the need for hospices to appreciate that the interaction with Hospice UK was a two-way commitment and that hospices needed to be more proactive in their engagement with the umbrella body. Indeed, a couple of trustees stated that they believed that there was some gate keeping by CEOs who wished to police this relationship. Moreover, during the telephone discussions, a couple of trustees said they thought that hospices should be mandated as a criterion of membership to provide certain information around clinical statistics to Hospice UK.

**Recommendation:** Clearly, it is hard for Hospice UK to engage with and support trustees if it is not made aware of who is serving in these roles. Therefore, all member hospices should be asked to inform Hospice UK of all trustee appointments and resignations. They should also ensure that all their trustees are given the opportunity to directly access Hospice UK information, subject to data protection regulation.

#### 16. Link trustee for engagement with Hospice UK and the Forum

**Recommendation:** Hospices should also be encouraged to find a trustee who would be willing to act as the designated link with Hospice UK. He or she would be encouraged to pay particular attention to the organisation's activities, highlighting those that might be of particular interest to fellow trustees. This would include activities outside the Good Governance programme – for example, the annual Hospice Accounts report. However, it would need to be clear that this would not absolve other trustees from any form of engagement with Hospice UK.

The same or another trustee could play a similar role in relation to the Forum.



# Detailed research findings

## Analysis of responses to the online questionnaire

In total we received 139 responses from trustees, 24 per cent of who were Chairs, 12 per cent Deputy Chairs and 64 per cent 'other'. They came from 67 different hospices, just under 33 per cent of the total number of members. Fifty-nine hospice CEOs responded, around 28 per cent of the total. There is no definitive figure available for the number of hospice trustees. However, the information received should prove very informative in developing the strategy towards supporting trustees in their role.

It should be noted that the percentages cited in this report are of respondents, and cannot be taken as representative of hospice trustees as a whole, as the methodology used was not on the basis of a representative sample.

Please note that many of the questions were qualitative using free text boxes. The advantage of this is that respondents can raise any issues they wish rather than respond to a pre-prepared list. The disadvantage is that use of different terminology can make analysis harder. This also meant that for many of the questions, we had a very wide variety of responses and suggestions. To avoid undue length, this report summarises the most popular themes that emerged in the responses.

Please also note that there were some common questions asked to both trustees and CEOs but also some unique to each, as indicated in each question below.

**Q3:** 98 per cent of trustees who responded were aware that their hospice is a member of Hospice UK. CEOs were not asked this question.

**Q4:** We asked respondents whether they were aware that their hospice had used various elements of the Good Governance programme. Although there are no previous figures to compare with, awareness seems quite high. The highest scoring elements amongst trustees were:

1. Trustee Induction Pack (53 per cent)
2. Good Practice Guide – Appraisal of trustees (48 per cent)
3. Good Practice Guide – Board involvement in hospice strategy and planning (45 per cent)
4. Presentation / facilitation by senior Hospice UK staff at away days / meetings (42 per cent)
5. CASS Board Effectiveness Review programme (41 per cent)

For CEOs, the top five were;

1. Trustee Induction Pack (66 per cent)
2. Twenty minute guide to being a hospice trustee (64 per cent)
3. Good Practice Guide – Appraisal of trustees (51 per cent)
4. Good Practice Guide – Developing a balanced scorecard for your hospice (49 per cent)
5. Good Practice Guide – Developing a dashboard for your hospice (48 per cent)

Please note that this question was about awareness of their own hospice's use of these elements of the programme. So, there were quite high 'Don't know' responses in some cases. In the comments section, amongst trustees, there were many positive comments on the impact and importance of the presence of Hospice UK staff at board meetings or away days. The CASS Board Effectiveness Review Programme also received many positive comments although also a small minority was critical.

Many respondents who were not aware of various elements of the Good Governance programme said they would now look into them.

**Q5:** We asked trustees if they receive Hospice Leaders Briefing:

- 31 per cent receive it directly
- six per cent get it forwarded by the hospice each week
- 20 per cent sometimes get it forwarded
- 39 per cent said that they did not get it
- four per cent don't know

So, 57 per cent receive it either regularly or sometimes. Many of those who do not receive it expressed a desire to do so. Amongst those who do, it is generally very well received, though there were a few critical comments on its length.

**Q6:** We asked both groups to list any other things they wanted to be included in the Good Governance programme.

Amongst trustees, we received 58 responses to this, although 21 of these said 'no' or terms such as 'it seems pretty comprehensive'. However, there were several suggestions for advice or training around financial management (3) and risk management (3), investment management (3) and fundraising governance (2). Online training (2) came up as did mentoring and appraisal for board trustees and Chairs (3).

There were 19 responses from CEOs with a lot of overlap of the above but no particular strong themes emerging.

**Q7-9:** We asked all respondents if they were aware of the Forum, were they aware that it was part of Hospice UK and if they knew if any trustee from their hospice has attended its regional meetings.

Fifty-seven per cent of trustees and 85 per cent of CEOs were aware of the Forum and 53 per cent and 78 per cent respectively that it is part of Hospice UK. Forty-five per cent of trustees said they or another trustee from their hospice have attended a regional meeting, although 43 per cent thought no-one from their hospice had. The equivalent figures for CEOs were 48 per cent and 47 per cent.

**Q10:** We asked all respondents what they wanted most from the Forum as a network for hospice Chairs and trustees. What could it offer that would be of most use and value?

We received 73 replies to this question from trustees. Sharing best practice was a very strong theme with 25 people referring to this in one way or another. Linked to this was the call by eight respondents for more effective networking. There were also calls for more lobbying of the Government which is, of course, actually in the remit of Hospice UK not the Forum and suggestions that the Forum should be open to all trustees.

There were 45 responses from CEOs. Thirteen said sharing best practice again. Eight mentioned peer support and mentoring for Chairs and four that the Forum should be open to all trustees. There were four suggestions for regional meetings.

**Trustees only – Q11/13/15:** We then asked trustees to identify up to three issues or problems they faced in their role as hospice trustees. This produced many differing responses with 228 separate suggestions. However, some key themes came out.

Not surprisingly perhaps, financial sustainability by far the most popular with 62 people referring to this in one way or another and another 19 referring to challenges around NHS funding.

There were 29 comments covering what might be collectively entitled general governance issues, 22 commenting on difficulties around nurse recruitment and 19 around strategic aspects of service delivery. Eleven people commented on concerns about NHS national developments and policy, 10 on trustee recruitment and 10 on the need for more national awareness raising.

**Trustees only – Q12/14/16:** For each of the issues and problems that respondents outlined, we asked for suggestions as to how Hospice UK could help them address them. Again, there was a wide diversity of comments amongst the 212 responses we received, but some themes emerged.

Lobbying for more NHS funding was proposed in 26 responses and advice and support around fundraising (including trading activities) was mentioned in 17, though with little specific suggestions as to what this might cover. General comments about sharing best practice also came across strongly with 24 mentions. Other areas that scored strongly were national awareness campaigns with 12 references, support around clinical recruitment with eight and advice around the strategic health and social care landscape securing six responses.

**CEOs only – Q9/11/13:** We asked CEOs for the three most significant issues they have in working with their boards. One hundred and nine responses were received covering many issues.

Twenty-one commented on the challenge around their trustees differentiating between governance and strategic issues as opposed to executive and operational ones. Probably related to this, five mentioned understanding the scope of their role as trustees. Eight referred to lack of diversity or skills gaps on the board. Six cited cultural issues or inter board dynamics, five referred to challenges for trustees in understanding the wider context in which the hospice operates and another four to recruitment challenges.

**CEOs only – Q10/12/14:** We asked CEOs if there were ways in which Hospice UK could help them with these issues. One hundred and fourteen responses were received, covering a large range of suggestions. However, a significant number either said 'no', or said that such issues had to be tackled at a local level. Many others said existing resources already provided appropriate help.

Seven people proposed information around the health and social care environment in which the hospice operated. Seven mentioned sharing best practice and the same number trustee recruitment, four training around income generation issues and again four training around differing between strategic and operational issues. Three mentioned more regional training for trustees.

**Q17:** This question asked both sets of respondents to give up to three methods of how Hospice UK could increase its engagement with member hospices trustees.

Amongst trustees, 74 suggestions were put forward. There was a strong desire for more direct engagement between Hospice UK and trustees. Eighteen respondents wanted more presence at regional events and roadshows, with some calls for specific items or indeed whole events to be targeted at trustees. Twelve respondents called for more attendance at hospice board meetings or board away days. Three people called for more trustee related sessions at the annual conference.

In terms of electronic communications, 18 respondents called for regular email newsletters, though there were diverse opinions on the frequency and length of these and whether this should be in addition to the existing HLB. Interest was also shown in e-learning packages (six respondents) and more use of video conferencing, social media and setting up virtual networks of trustees.

Interestingly, a couple of respondents stressed that it was up to hospices and trustees to be proactive in accessing and circulating Hospice UK materials and information. As one person said: “This works both ways”. Related to this, four people suggested that hospices should be proactive in informing Hospice UK about the contact details of new trustees and that they should receive a Welcome Pack – possibly emailed – from the national organisation.

Amongst CEOs, there were 42 replies. Fifteen called for regular e-newsletters with the same diverse opinions as there were amongst trustees. Twelve called for more Hospice UK staff attendance at regional meetings and eight for attendance at their own board meetings or away days.

**Q19:** The last question asked for any further comments Hospice UK and the services and support it provides. Forty-eight trustees responded. Twenty gave what can be classified as positive comments, eight were negative and five more neutral. The others were largely simply ‘no’ or comments such as those who were new to their roles saying they did not feel able to answer.

There were 22 responses amongst CEOs. Eleven were positive, some very strongly so, five simply said they had no other comments. There were no strongly critical comments though there were a couple of comments suggesting there should be more prioritisation of key projects and on the need to move further from a London or English centric approach.



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