Chaplaincy Leadership Forum (2013 Notes) – The Future of Chaplaincy

[CLF Update, 18 September 2013]

# Chaplaincy Leadership Forum

## Update: 18 September 2013

The following people met through a conference call on 2 September 2013 to continue discussions with NHS England:

* Mark Burleigh (President, College of Health Care Chaplains CHCC; Head of Chaplaincy, Leicester),
* Judy Davies (President, Association of Hospice and Palliative Care Chaplains AHPCC; F/T hospice chaplain,
* Sue Ryder, Duchess of Kent Hospice, Reading)
* Derek Fraser (Chairperson, UK Board of Healthcare Chaplains UKBHC; Lead Chaplain, Addenbrookes) (apologies given at the 12 September meeting)
* Mia Hilborn (Head of Spiritual Health Care, Guy’s and St Thomas’; Chair)
* Debbie Hodge (Chief Officer, Multi-Faith Group for Healthcare Chaplaincy MFGHC),
* Chris Swift (Chair, Health Care Chaplaincy Appointment Advisers; Head of Chaplaincy Services, Leeds)
* Habib Naqvi (Senior Equality Manager, NHS England)
* Ranjit Senghera (Senior Manager Equalities & Health Inequalities, NHS England)

There was a second conference call meeting on 12 September which did not include the NHS England representatives to look at the feedback that has been received from chaplains.

This meeting was also joined by Malcolm Brown of the Church of England Mission and Public Affairs MPA.

###### A wide-ranging discussion took place at both meetings with the following conclusions:

###### 2 September meeting:

* The NHS England representatives will join in the monthly meetings/conference calls of the Chaplaincy Leadership Forum.
* The Chaplaincy Leadership Forum will arrange extra meetings to discuss the feedback from chaplains that has been received.
* The meeting planned for 12 September with Professor Field has been cancelled as he is now moving to another role. Ranjit Senghera will arrange another meeting date in November for the Chaplaincy Leadership Forum to meet with her NHS England team.
* NHS England have requested that the Chaplaincy Leadership Forum work to oversee the revision of the 2003 chaplaincy guidelines
([http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_4062016](http://webarchive.nationalarchives.gov.uk/%2B/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4062016)) and are providing £10k to facilitate the work. They would like the work completed by 1 April 2014. There are political drivers to get this work done.[[1]](#footnote-1)
* A senior chaplain has been asked to lead on this work on the revision of the guidelines. This will involve wide consultation.
* Derek Fraser agreed to oversee the Data Protection part of the revision.
* It was agreed to release monthly updates after each meeting with NHS England to all stakeholder bodies, members and chaplains.

###### 12 September meeting:

* There is a continued need to communicate the fact that the MFGHC is not representing chaplaincy, but acting as a point of contact for the wider chaplaincy stakeholder bodies on the Chaplaincy Leadership Forum.
* It was agreed to invite the chair of the Task Group of the Mental Health Chaplains Resource Group within the College (MHRG) to join the Chaplaincy Leadership Forum.
* It was agreed to produce Terms of Reference for the Forum.
* It is important to produce regular updates to working chaplains.
* It is important to schedule the meeting with the NHS England team that was postponed.

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[CLF Update, October 4, 2013]

# CHAPLAINCY LEADERSHIP FORUM

## Update: 4th October 2013

The following people met through a conference call on 3rd October 2013 to continue discussion on national chaplaincy matters:

* Richard Allen (chair, Mental Health Chaplains Resource Group MHRG)
* Malcolm Brown, (Mission and Public Affairs, Church of England)
* Judy Davies (President, Association of Hospice and Palliative Care Chaplains AHPCC; F/T hospice chaplain, Sue Ryder, Duchess of Kent Hospice, Reading)
* Derek Fraser (Chairperson, UK Board of Healthcare Chaplains UKBHC; Lead Chaplain, Addenbrookes)
* Mia Hilborn (Head of Spiritual Health Care, Guy’s and St Thomas’; Chair)
* Debbie Hodge (Chief Officer, Multi-Faith Group for Healthcare Chaplaincy MFGHC),
* Chris Swift (Senior representative, Health Care Chaplaincy Appointment Advisers; Head of Chaplaincy Services, Leeds)

Apologies were received from:

Mark Burleigh (President, College of Health Care Chaplains CHCC; Head of Chaplaincy, Leicester),

Ranjit Senghera (Senior Manager Equalities & Health Inequalities, NHS England)

## 3rd October meeting:

* Richard Allen has joined the CLF from the Mental Health Chaplains Resource Group
* Chris Swift has agreed to lead on the work of revising the 2003 Chaplaincy Guidelines. He will
* be funded one day a week by NHS England until the end of March 2014
* Chris Swift has organised two dates for chaplains to be involved in the Guidelines revision, and will send out an information briefing in mid-October 2013

Doncaster 19th Nov 11-4

London 22nd Nov 11-4

* There is a new email address for chaplains to submit contributions and views about the revision of the Guidelines: chaplaincyguidelines@nhs.net.
* Derek Fraser is working on the Data Protection part of the review and would welcome examples of difficulties encountered by chaplains
* It was felt vital each chaplain feels able to communicate with a person on the CLF who can represent their interests and from whom information is shared transparently.

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[Future of Chaplaincy workshop notes, 29 October 2013]

Notes from the “Future of Chaplaincy” workshop
 Tuesday 29 October 2013
St. Marylebone Church, London

##### BACKGROUND

The “Future of Chaplaincy” workshop was organised by Hospital/Health Care Chaplaincy which is part of the Mission and Public Affairs Division of the Archbishops’ Council.

The day was hosted by The Rt Revd James Newcome, Bishop of Carlisle, and Lead Bishop on Healthcare issues for the Church of England. The Facilitator was the Revd Dr Brendan McCarthy, the Church of England's National Adviser on Medical Ethics and Health and Social Care Policy. The two Presenters were the Revd Mia Hilborn, Hospitaller, Head of Spiritual Healthcare and Chaplaincy Team Leader at Guy’s and St Thomas’, London and chair of the newly created Chaplaincy Leadership Forum, which has been formed, partly, to help healthcare chaplaincy establish appropriate relationships with NHS England; and the Revd Dr Chris Swift, Head of Chaplaincy at the Leeds Teaching Hospitals, who is currently seconded on a part-time basis by NHS Englandto lead on the production of new NHS chaplaincy guidelines. 52 delegates attended the workshop.

##### PowerPoint presentations

The Revd Mia Hilborn gave a PowerPoint presentation entitled “Current Healthcare Developments” which outlined the reasons for the formation of the Chaplaincy Leadership Forum; its membership, relationships and its future work. A copy of Mia’s presentation is attached to this document.

The Revd Dr Chris Swift also gave a PowerPoint presentation about the work he has begun on the production of new NHS England Chaplaincy Guidelines which will replace the document “Meeting the Religious and Spiritual Needs of Patients and Staff” published in 2003. A copy of Chris’ presentation is attached to this document.

##### Chris Swift’s session

Chris said he had 26 days of seconded time to complete the revision of the “Meeting the Spiritual Needs of Patients and Staff”. Chris said he hoped to complete the draft guidelines in January 2014 followed by a consultation period before the guidelines were completed at the end of March 2014.

So far 155 chaplains have completed the Survey Monkey questionnaire.

Chris Swift reminded the delegates of the email address for this particular piece of work which is:

chaplaincy.guidelines@nhs.net

At NHS England, Ranjit Senghera is supporting health care chaplaincy.

A letter about producing the new guidelines had been sent to all chaplains via the various chaplaincy networks. However, another letter would be sent to various patient bodies and other interested parties in order to seek their views.

DPA issues would not be addressed in the main body of the guidelines because any changes to the DPA would need to be formally agreed by the DH, NHS, and their solicitors.

###### Comments

The two PowerPoint presentations were followed by small group discussions and feedback during which the following comments were made:

The words most frequently used during the feedback sessions were “challenges and opportunities”; the impact of the “Francis Report”; “compassion”; “costs and cuts”; “24/7 cover” and “equality and diversity”.

##### Costs

* The cost of the chaplaincy services presents a challenge and an opportunity.
* Chaplains need to “fight their corner” at a local level. Accepting cutting costs along with other departments but attempting to keep chaplaincy well-maintained.
* Chaplaincy “hangs by shoe-string” - it is very precarious. Chaplains need to speak with one voice at trust level.
* What is the chaplaincy cost/benefit to the patient care?
* The challenge of patients’ shorter stays in hospital may require a reduction of the chaplaincy service to be reflected in the new Guidelines.
* What is too small a chaplaincy team to deliver in a crisis and ordinarily? Minimum acceptable guidelines needed to ensure safe practice.
* Part-time chaplains are not available for patients 24/7. 24/7 cover stretches a team but chaplains want to keep 24/7 cover.
* 24/7 cover should mean reasonable workloads and family friendly policies or the chaplaincy service could be withdrawn.
* Volunteers shore up the system because chaplains want to maintain the 24/7 cover. Both lay volunteers and clergy volunteers. Concern about using clergy volunteers because of “on call” cover.
* Some NHS staff have work patterns which are similar to chaplains e.g. theatre technicians and it would be useful to get some figures about their numbers and work patterns so that some suggested numbers for chaplaincy could be put into the new Guidelines. Find a department which is similar to chaplaincy with the same numbers and the same resources.
* A “need” model could be used which could help shape chaplaincy to the NHS but calls and referrals would be changed by using that method.
* A significant development is the emergence of ministers who are prepared to represent world faiths. People trained at the Inter-faith Seminary but how are checks made that these ministers are in “Good standing”?

###### National Secular Society

* The need to address the effect that the National Secular Society may have on our senior leaders who “may not want religion”.

###### Religious and spiritual care

* Patients need to be consulted. Are we going out to patients and staff groups to ask about spiritual care?
* The issue of religious versus spiritual care is often misunderstood. Both are valid and important. The patients need to have their faith needs met.
* NHS or local trusts to provide access to religious and spiritual care. There can be problems with facilitating spiritual care after a patient has left hospital.
* People who are “on call” occasionally should have to do the same basic things that chaplains do e.g. safeguarding, CRB check, etc. “Ensure Access” is sufficient or appropriate. It needs to be a “safe” chaplaincy service but not everyone can be vetted especially when a minister from a very small faith community is required.
* Giving a “bleep” to someone can occasionally result in the abuse of certain privileges by minority religions.

###### Professional issues

* Professional recognition of chaplains and recognised as having a pastoral role.
* Chaplains are not recognised as healthcare professionals and the production of new Guidelines will not give them professional status. The new Guidelines will refer to NHS staff (to avoid the need to use the word “chaplain” or “minister” in the document).
* Chaplains also supervise volunteers and there needs to be a ratio of volunteers to chaplains. It is not possible if to supervise volunteers if the chaplaincy team is too small.
* How do chaplains compare to other healthcare professionals regarding training and a career structure?
* What is chaplaincy’s basic core work – it needs to be articulated and described. Urgent need to define what chaplains are and how chaplaincy operates.
* Chaplains need to be “at the table” with professionals.
* Working to one professional standard needs to be on the agenda.
* Chaplains need to be “board” registered.
* How can chaplains think of themselves as healthcare professionals? Look at it from faith. Where is the contact in the meantime? Minimal and aspirational at what point should it be said it is viable and the minimum becomes the norm.
* Regulation/accreditation. Many NHS chaplaincy jobs are advertised as needing Anglican priests. There is a need to look at the current appointment criteria. Need to enable other faith groups to get to the same position as the C of E chaplain
* Matching professionalism of chaplains to other professionals.
* How do chaplains link with other statutes instead of guidance with words such as “must” or “ought” or “may”? Chaplains have to be quite assertive. Policy or guidance? Policy and guidelines.
* Working with mental health users. Challenges and opportunities, need keep yourself in the organisation with patients and teaching staff.
* Learn from the Armed Forces about how chaplaincy works within their organisations.

##### DPA issues

* Guidelines relate to contracted members of NHS staff. This will support data protection issues.
* Each of the different trusts interprets the DPA in different ways. Need examples of trusts where DPA issues are not a problem.
* The Francis Enquiry may encourage us to work with other health care professionals to write notes about patient care.
* Bishop James said that we need to take up DPA issues at a higher level.

##### Francis Report

* Francis Report is an opportunity. “Compassion” is very high on the agenda of the nursing profession. Chaplains can make a huge impact.
* Compassion focus groups for staff because of the Francis Report. There is an opportunity for pastoral care in support of staff and staff well-being which needs to be maintained and seen as important to the institutions.
* How do chaplains keep statistics and what are they are used for?
* About half the internal and external challenges within the organisation could be addressed by chaplains.
* Holistic and what that means.
* Identity of a chaplain was not really understood and what we do. When we are working on a ward with the nurses they know when to hand over a referral.
* Nursing guidance has driven the evidence as basis of good practice.
* There needs to be good dialogue between nursing staff and others.

##### Clinical Commissioning Groups

* Frustration over the constant NHS re-organisations.
* Who should commission chaplaincy groups? No-one has thought it out. No-one to stop a private company from setting up a chaplaincy group or a chaplaincy team from setting up as a group to provide the service e.g. End of Life Care, Bereavement, etc. Chaplains have a role to play. British Humanists and the National Secular Society do not have anything to say about the “end of life”, bereavement issues, etc. but we do not want to over-play our hand.
* How serious are we about talking to the Commissioning Group.
* Chaplaincy in doctors’ surgeries.
* Chaplaincy should be enshrined in statute.
* There are challenges for any care provider in acute or mental health.
* Community chaplaincy paid by the Commissioning Group.
* Equality and diversity issues – what opportunities are created? Should chaplaincy be with the Estates Department, etc.? Equality not a bad place to be because of the 2010 Act. However, some chaplains thought it should be Nursing because they have a bigger budget.

##### Pre and post-ordination training and CMD

* How do we get people interested in becoming chaplains?
* Who is it that can become a chaplain?
* No-one talks to people during ordination training about chaplaincy. Need a lot more help at an early stage about making a choice of chaplaincy.

People trained at the Inter-faith Seminary are not attractive to chaplaincy when 95% of chaplains are C of E.

* Relations with ministerial training, parish priests and POT. It depends on a DDO or POT. Relations with teaching, parish priests, succession planning.
* CMD in an NHS situation. Better links between chaplaincy and education. Being able to focus the next generation of chaplains. Ministry Division prior to ordination and CMD programmes or done at diocesan level. Chaplains can take an active role.
* Encourage parochial placements in hospitals.
* Colleagues who have worked in mental health bring expertise into acute settings. How does the integration work?

##### Demography

* Need to look at a formula on demography. Formula for mental health needs would need to be different because there is less “on-call” demand. Nationally agreed demography. However, central London trusts are regional centres and specialist trusts. Some patients have end of life care for six months or more and specialist services at the Royal Marsden, transplant units, and long-term conditions need to be factored in.
* Chaplaincy could follow the staffing allocations of nurses. What took up a lot of our time, e.g. teaching, baby funerals, etc.?
* The 2003 guidelines had a staff element in them. 2003 guidelines were pretty good. No hard data but we had some guidelines.
* NICE guidelines and parameters but the trusts need to be satisfied they can meet them.
* Ratios may be of some use but they draw attention to other parameters.
* Evidence-based practice is fine but we also need to look at practice-based evidence. How can chaplains demonstrate that we are meeting Trust needs and delivering in a safe manner if the Trusts go to external agencies?
* Geography. 1,000 bed Trust but hospitals are 70 miles apart and this is a factor in big rural areas. Working across a number of CCGS. Don’t forget to include the Channel Islands.

##### End of Life Care/funerals

* LCP gave us the spiritual care assessment.
* There are care opportunities around end-of-life care, etc. Bereavement Care Co-ordinators. How do we keep up with demands? Keep our role.
* Funerals. Difference of opinion about doing funerals. Need to have discussion with parish priests. Most do funerals. Do the chaplains do the appropriate after-care?

##### Consultation phase on the new Guidelines

The consultation phase on the new Guidelines will be from January to March 2014. Chaplains need to make the most of these opportunities. It is the greatest opportunity to have their say on chaplaincy especially in the public consultation phase.

###### Bishop James Newcome’s comments

* Challenges. Particularly concerned about fighting the corner for chaplains at a local level. Trying to do our best nationally. Conversations are taking place locally. National Secular Society and how they are going around the country in various organisations saying that we should be a secular society.
* Constant re-organisations. Re-organisations in the NHS but various opinions change and groups have been shifting. There is a real opportunity for something to develop. Mia said it needs to be bottom up and top down.
* Importance of pastoral care for staff. Morale amongst the staff is very low. Chaplains to engage with staff. Anti-stress work with staff is very popular. Huge demand for chaplains but it is worthwhile.
* GP practices and community chaplains. Massive opportunity.
* Equality and diversity.
* Using resources for chaplains. Relate to the dioceses and other denominations to their relevant organisations. Isolated as chaplains. People do not appreciate it is part of the main church.

##### Bishop James Newcome’s closing remarks

* Sheer variety of different contexts in which chaplaincy takes place.
* DPA differences.
* Some trusts increasing chaplaincy; some trusts reducing chaplaincy or reducing bands. London has perhaps different needs.
* Need for consistency of communication. Some sort of group which is engaging with chaplains. The Chaplaincy Leadership Forum is beginning against a background of difference and difficulties.
* Emphasis on the need for professionalism as healthcare professionals recognising the difference that there is between chaplains and the NHS staff offering 24/7 care. Balance that both locally and nationally.
* Challenges and opportunities. Huge challenges around at the moment. National Secular Society campaign, cost-cutting, and staff morale. Great opportunities compassion agenda which we have not had before. Will do our best to engage with politicians and others.

Attachments:

The Revd Mia Hilborn’s PowerPoint presentation

The Revd Dr Chris Swift’s PowerPoint presentation

Letter from the Revd Dr Chris Swift about the Project to produce new Guidelines for Healthcare Chaplaincy (England)

[Feedback on the Impact of the Data Protection Act, December 4, 2013]

## Request from Derek Fraser

Dear colleague,

As part of the recent process for the revision of the 2003 guidance on NHS chaplaincy, I have been asked to lead on the Data Protection Act strand.

As I mentioned at the recent consultation meetings this matter has a prehistory dating back to November 2001. The chaplaincy profession in England, and across the UK, is now in a better place as it speaks with a united voice. To that end, it is vital that the DPA and the whole issue of data recording is reviewed, as it relates to healthcare chaplaincy within the NHS. We know that there have been numerous pragmatic decisions and compromises worked out with the local Caldecott guardians. This work is not designed to change that but rather develop it so that strategy and policy decision making is clear, informed and up to date.

Your help with four specific areas would be appreciated so that our discussions with NHS England and any decisions that are made are informed and relevant. If you are able to reply by letter or email I would be grateful in the next month specifying which aspect you are addressing in your communication. We will keep you informed of any progress on this matter as part of the wider reporting of the revision of the 2003 guidance.

###### 1. The DPA specifies that data (both recording + sharing) from patients is possible “where processing is necessary for medical purposes.”

What evidence or instances can you provide to show that Chaplains are part of the healthcare arena?

What significant things have Chaplains done that directly connect with the concept of “medical purposes”?

e.g. as part of the Liverpool Care Pathway, chaplaincy input ensured people had appropriate religious care as they prepared to die.

###### 2. What policy documents do you use, know about or cite where chaplaincy is an integral part of the healthcare arena.

e.g. the Liverpool Care Pathway …

###### 3. What instances or examples can you provide that demonstrate the quality of patient care is adversely affected by legalistic attitudes about DNA and data recording?

###### 4. What are the current practices or solutions that are used to address the complex situation that the 2001 interpretation of the DPA has caused foe chaplaincy.

Thank you for your willingness to help with this matter. If you are able to state your hospital location and the type of institution or chaplaincy setting that would help our fact finding. No traceable data will be released from this process without specific consent having been obtained beforehand.

If you could reply by the end of 2013 at the latest I would be grateful. Please use the generic e-mail: chaplaincy@addenbrookes.nhs.uk or use the postal details overleaf.

With all good wishes,

Revd Dr Derek Fraser

[Terms of Reference, December 4, 2013]

# Chaplaincy Leadership Forum

## Promoting professional pastoral, spiritual and religious care in healthcare

## Terms of Reference

DRAFT Version: v4

Date: 04/12/13 following meeting

###### Name

“The Chaplaincy Leadership Forum”, hereinafter referred to as “The Forum”.

###### Purpose

The forum has been formed to support the strategic development of healthcare chaplaincy in England. This will be achieved by:

* Facilitating regular communication between the leaders of the stakeholder associations in English healthcare chaplaincy (hereinafter “chaplaincy stakeholders”).
* Working in accordance with the Code of Conduct[[2]](#footnote-2) to build understanding and a sense of partnership and trust between the chaplaincy stakeholders.
* Fostering a mutual understanding and recognition of the different, but sometimes overlapping roles of the chaplaincy stakeholders, with the aim of speaking with a united chaplaincy voice.
* Working collaboratively with whichever group the NHS in England selects as the contact point for chaplaincy stakeholders.

###### Forum Membership

The Forum is open to any organisation or group with an active interest in the provision of healthcare chaplaincy in England to nominate a representative. An alternate person may attend when the nominated person is unavailable.

The chair will receive nominations of members with their email contact details and ensure that notes of the Forum meetings are sent to all members after each meeting of the Forum.

###### Executive

The aims and workstreams of the Forum will be furthered between the meetings of the Forum by the Chaplaincy Leadership Forum Executive, hereinafter referred to as “The Executive”.

Professional chaplaincy bodies and organisations in England will be invited to nominate one member each for the Executive, usually someone in a leadership role.

An alternate person may attend when the nominated person is unavailable.

The organisations that are invited to send a representative are:

* Association of Hospice and Palliative Care Chaplains
* College of Health Care Chaplains
* Health Care Chaplaincy Appointment Advisers
* Multi-Faith Group for Healthcare Chaplaincy
* UK Board of Healthcare Chaplaincy

Representatives of other chaplaincy related organisations or groups may be co-opted by the Executive to be members of the Executive on a time limited basis to aid with specific tasks. The number of co-opted members will be limited to be fewer than the number of stakeholder organisational representatives as above.

###### Chair

The members of the Executive will elect a chair from outside the membership of the Forum. This person will convene and chair the meetings of the Forum and of the Executive, whether they be in person or by conference calling facilities.

The chair will produce notes from all meetings and distribute them to the members of the group for comments and changes, before sending out a final version to the members of the forum.

The chair will serve for a term of two years from election, at which time he/she may be elected again for one further term.

###### Meetings

The Forum will normally meet 4 times a year, but at least 3 times a year.

The Executive will normally meet monthly, but at least 9 times a year, usually using conference call facilities.

Expenses for meetings will be borne by the member organisations, or in cases of hardship, NHS England.

###### Accountability

The Forum is accountable to all working in English healthcare chaplaincy, to be transparent in its working and to provide regular public updates of its work.

Each member of the Forum is accountable to the organisation or group they represent, and should report to their organisation or group.

Following each meeting of the Forum or the Executive a public statement will be agreed within two weeks by the attendees of the meeting. The statement will then be circulated by the members of the Forum to the wider chaplaincy community.

At the end of each calendar year the Forum will publish a work plan for the following 12 months outlining the developments it intends to make.

The members of the Forum are accountable to each other as colleagues.

###### Dissolution

If a majority of the Forum conclude that the Forum no longer serves a useful purpose, it will be dissolved by a vote at a Forum meeting. Written notice of the intention to vote on dissolution must be given to all members of the Forum two weeks in advance of the vote.

[CLF Update, December 4, 2013]

## The Chaplaincy Leadership Forum met on 4/12/13 at Tavistock Square

## Present were

* Mark Burleigh (President, College of Health Care Chaplains CHCC),
* Judy Davies (President, Association of Hospice and Palliative Care Chaplains AHPCC)
* Brendan McCarthy (MPA C of E )
* Derek Fraser (Chairperson, UK Board of Healthcare Chaplains UKBHC)
* Mia Hilborn (Chair)
* Debbie Hodge (Chief Officer, Multi-Faith Group for Healthcare Chaplaincy MFGHC),
* Chris Swift (Senior representative, Health Care Chaplaincy Appointment Advisers)
* Richard Allen (CHCC Mental Health Task Group)
* Ranjit Senghera (NHS England)

## Two key items were discussed

##### 1. The Revision of the 2003 Chaplaincy Guidelines

Chris Swift is continuing to work on this and will be producing a draft by the end of the year. This will then go out for consultation.

###### 2. Terms of Reference for the Forum

It was agreed that as the Forum was developing, it needed to be open to a wider participation from all parties interested in and contributing to healthcare chaplaincy in England.

The draft Terms of Reference were amended to reflect this and are now attached for general comment before being approved at the first meeting of the revised body.

The first meeting of the Chaplaincy Leadership Forum will be held on 11th March 2014 at 27 Tavistock Square, London WC1H 9HH with meetings to be arranged for June, September and December 2014.

To enable to work of the Chaplaincy Leadership Forum Executive to progress between meetings of the whole Forum, an executive will meet monthly 8 times a year via telephone conference, with statements being issued after each meeting.

The membership of the Executive will comprise leaders from the Panel of Advisers, the MFGHC, the AHPCC, the CHCC, the UKBHC and the elected Chair of the Forum as well as co-opted members to assist with specific tasks (e.g. currently the Mental Health Task Group is invited to assist with the revision of the guidelines).

Other news – The British Humanist Association has joined the MFGHC.

###### Contact details

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* Debbie Hodge debbie.hodge@freechurches.org.uk
* Chris Swift Chris.Swift@leedsth.nhs.uk

[CLF Update, January 15, 2014]

## Chaplaincy Leadership ForumUpdate: 15 January 2014

The Executive of the Forum met through a conference call on 7 January 2014.

Present

* Richard Allen, Chair of the CHCC Mental Health Task Group (co-opted to give mental health input with regard to the revision of the guidelines)
* Mark Burleigh, President, College of Health Care Chaplains (CHCC)
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC)
* Mia Hilborn, Chair
* Debbie Hodge, Chief Officer, Multi-Faith Group for Healthcare Chaplaincy (MFGHC)
* Chris Swift, Health Care Chaplaincy Appointment Advisers

Apologies

* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

News

Noted that the Leadership Alliance for the Care for the Dying's consultation deadline has been extended until 31 January.

Noted that the British Humanist Association is in continuing discussions with MFGHC regarding membership.

###### Revising of the 2003 Chaplaincy Guidelines

* The guidelines are in first draft and it is planned to make them available in the next month or so through the NHS England Consultation process, that will then last three months, with opportunity for any chaplains or members of the public to respond. The consultation will be looking for substantive comments rather than proof reading.
* The guidelines will include sections for different healthcare contexts, including Mental Health, GP Practice and Palliative Care.

###### Development of the Chaplaincy Leadership Forum

* The draft of the Terms of Reference has been widely disseminated to chaplains for comments to Mark Burleigh before the next executive meeting on 6 February 2014.
* The TOR will also be sent out to all the members of the MFGHC, to the church denominations (member churches of Churches Together in England) and to interfaith organisations.
* The inaugural meeting of the new Chaplaincy Leadership Forum is in London on 11 March.
* The Forum is open to any organisation or group with an active interest in the provision of healthcare chaplaincy in England to nominate a representative. It is hoped many will do so.

###### Next meeting

* The next executive meeting is planned for 6 February 2014 by teleconference.

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Chris Swift Chris.Swift@leedsth.nhs.uk

[CLF Update, February 14, 2014]

## Chaplaincy Leadership ForumUpdate: 14 February 2014

The Executive of the Forum met through a conference call on 6 February 2014.

Present

* Richard Allen, Chair of the CHCC Mental Health Task Group (co-opted to give mental health input with regard to the revision of the guidelines)
* Mark Burleigh, President, College of Health Care Chaplains (CHCC)
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC)
* Debbie Hodge, Chief Officer, Multi-Faith Group for Healthcare Chaplaincy (MFGHC)
* Chris Swift, Health Care Chaplaincy Appointment Advisers (chair for this meeting)
* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

Apologies

* Mia Hilborn, Chair

###### News

* The Leadership Alliance for the Care for the Dying People's consultation has closed. It is hoped that the group will include a specific standard for Spiritual/Religious care in the documentation.

###### Revising of the 2003 Chaplaincy Guidelines

* There has been a delay in making the guidelines available through the NHS England Consultation process. It is hoped that consultation can start soon. A number of groups and meetings are planning to look at them and give feedback.

###### Development of the Chaplaincy Leadership Forum

* The draft of the Terms of Reference were revised following comments received from the CHCC and the CHCC Mental Health Task Group. A revised version is attached.
* The inaugural meeting of the Chaplaincy Leadership Forum is in London on 11 March. An invitation to nominate a representative is being sent to all the members of the Multi Faith Group for Healthcare chaplaincy, to the church denominations (member churches of Churches Together in England) and to interfaith organisations. The organisations on the executive will also be represented by the current representatives on the executive.

###### Next meeting

* The next executive meeting is planned for 11 March before the inaugural meeting of the Chaplaincy Leadership Forum.

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[CLF Executive Update, March 11, 2014]

## Chaplaincy Leadership Forum ExecutiveUpdate: 25th March 2014

The Executive of the Forum met face to face on 11 March 2014 at CTE in London.

###### Present

* Richard Allen, Chair of the CHCC Mental Health Task Group (co-opted to give mental health input with regard to the revision of the guidelines)
* Mark Burleigh, President, College of Health Care Chaplains (CHCC)
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC)
* Mia Hilborn, Chair
* Barney Leith, Chair of Healthcare Chaplaincy Faith and Belief Group (HCFBG)
* Chris Swift, Health Care Chaplaincy Appointment Advisers

###### Apologies

* Debbie Hodge, Chief Officer, Health Care Chaplaincy Faith and Belief Group (HCFBG)
* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

###### News

* The MFGHC has changed its name to the Health Care Chaplaincy Faith and Belief Group. The British Humanist Association (BHA) will not join as the title includes the word ‘chaplaincy’. They have been offered observer status.
* UKBHC will launch a consultation in April, on capabilities and competencies for healthcare chaplaincy.

###### Revising of the 2003 Chaplaincy Guidelines

* Chris Swift has completed the draft Guidelines.
* Major staff changes within NHS England plus temporary absences within key staff have led to a delay in the beginning of the consultation process for the revised Guidelines.
* It is hoped NHSE will publish the Guidelines for consultation in May 2014, with a launch in autumn 2014. Until the consultation, only general principles can be shared.

###### Next meeting

The next executive meetings are 2 April, 28 April, 19 May and 9 June.

The CLF will meet after this meeting and on 15 July and 12 November 2014.

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Chris Swift Chris.Swift@leedsth.nhs.uk

[CLF Update, March 11, 2014]

## Chaplaincy Leadership ForumUpdate: 25th March 2014

The Chaplaincy Leadership Forum met face to face on 11 March 2014 at CTE in London.

##### Present

* Richard Allen, Chair of the CHCC Mental Health Task Group (co-opted to give mental health input with regard to the revision of the guidelines)
* Mark Burleigh, President, College of Health Care Chaplains (CHCC) (CLFE)
* Tim Couchman, Free Churches Group
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC) (CLFE)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC) (CLFE)
* Mia Hilborn, Chair (CLFE)
* Frank Kator, Free Churches Group
* Parminder Kaul Kondral, Network of Sikh Organisations
* Barney Leith, Chair of Health Care Chaplaincy Faith and Belief Group (HCCFBG) National Spiritual Assembly of the Baha’is of the UK
* Brendan McCarthy, Mission and Public Affairs, Church of England
* Paul Mason, Catholic Bishops Conference of England and Wales, Catholic Church
* Manhar Mehta, Jain Network, HCCFBG
* Keith Munnings, Network of Buddhist Organisations, HCCFBG
* James Newcombe, Bishop for Health, Church of England
* Meir Salasnik, Jewish Visitation Committee
* David Savage, British Humanist Association
* Satish Sharma, National Council of Hindu Temples UK
* Shuja Shafi, Muslim Council of Britain•
* Chris Swift, Health Care Chaplaincy Appointment Advisers (also chair for this meeting) (CLFE)

##### Apologies

* Debbie Hodge, Chief Officer, Health Care Chaplaincy Faith and Belief Group (HCCFBG)
* Paul Nash, Paediatric Chaplains Network
* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

###### Purpose of the CLF

* To enable the significant bodies and representatives of faiths and beliefs to discuss the development of healthcare chaplaincy with NHS England and other significant bodies.
* To develop and maintain good and transparent relations between the main chaplaincy bodies.

###### Terms of Reference for the CLF

* These were agreed with amendments.

###### Revising of the 2003 Chaplaincy Guidelines

* It was noted that Chris Swift has completed the draft Guidelines, which contain sections on General Practice and Primary Care, Mental Health and Palliative Care.
* Staffing ratio in the new Guidelines will be 0.1WTE for 35 inpatients per faith
* Major staff changes within NHS England plus temporary absences within key staff have led to a delay in the beginning of the consultation process for the revised Guidelines

###### Qualification and authorisation

* This is an area of disagreement between and within faith and belief groups.
* Chaplaincy and faith and belief groups need to communicate “in more than one language”.
* Need for agreement about how a chaplain is deemed ‘qualified’.
* Endorsement by faith and belief groups are an ongoing area of discussion.

###### Future Developments of the CLF

* The British Humanist Association has been asked to make a future presentation to the CLF about its perspectives and approach to pastoral care.
* Brendan McCarthy agreed to make regular notification of issues in Parliament relevant to members of the Forum.
* It was agreed that NHS Guidelines on the use of social media to be circulated to all members of the Forum and to anyone thinking of using it in relation to chaplaincy activities.
* Andy Burnham MP has been invited to address the CLF, on Tuesday 15 July 2014.

###### Next meeting

Dates of the next face to face meetings of the Chaplaincy Leadership Forum:

Tues 15 July 2014

Weds 12th November 2014

###### Chaplaincy Leadership Forum Executive

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###### Chaplaincy Leadership Forum

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[CLF Update, March 11, 2014]

## Chaplaincy Leadership ForumUpdate: 6 May 2014

The Chaplaincy Leadership Forum Executive has had two phone meetings since the last update.

###### Present at one or both meetings:

* Mark Burleigh, President, College of Health Care Chaplains (CHCC) (CLFE)
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC) (CLFE)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC) (CLFE)
* Mia Hilborn, Chair (CLFE)
* Chris Swift, Health Care Chaplaincy Appointment Advisers (also chair for this meeting) (CLFE)
* Debbie Hodge, Chief Officer, Healthcare Chaplaincy Faith and Belief Group (HCFBG)
* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

###### Feedback on the inaugural meeting of the CLF

* Feedback had been generally positive.
* It is important to keep the balance of the group right.

###### Revising of the 2003 Chaplaincy Guidelines

* These are at present in the NHS Gateway process in preparation for public consultation. This takes about 3 weeks.
* There will be two consultation meetings in July, in Leeds and in London. These will be for a wide range of stakeholders.
* Hopefully the launch will be in September/October.

###### Finances

* The NHS funding is managed by NHS England who make the decisions as to how the money is spent and who need assurance that the money is achieving good value for money.
* The CLF is welcome to make suggestions to NHSE as to priority areas in Chaplaincy that need supporting.
* It is important to look at the next stage after the guidelines have been published, to ensure they are implemented.

###### CLF Meeting with Andy Burnham, Shadow Health Secretary

* This has been confirmed for 15 July.
* It is planned to give careful thought as to how to make the most of this time.
* It seems we need to include some sort of brief presentation on what chaplaincy is and its strategic importance.

###### Theos Study on Chaplaincy

* Theos ([www.theosthinktank.co.uk](http://www.theosthinktank.co.uk)) have secured funding to do a research study on ‘Chaplaincy: A Very Modern Ministry: Chaplaincy in the UK’. Their application for funding was supported by the CHCC and the HCFBG.
* Theos made a presentation to the meeting of the HCFBG on 30 April.

###### Next meetings of the full Forum

Tues 15 July 2014 at CTE, London

Wed 12 November 2014 at CTE, London

###### Chaplaincy Leadership Forum Executive contact details

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[CLF Update, June 16, 2014]

## Chaplaincy Leadership ForumUpdate: 16 June 2014

The Chaplaincy Leadership Forum Executive has had two phone meetings since the last update.

###### Present at one or both meetings:

* Mark Burleigh, President, College of Health Care Chaplains (CHCC) (CLFE)
* Judy Davies, President, Association of Hospice and Palliative Care Chaplains (AHPCC) (CLFE)
* Derek Fraser, Chair of the UK Board of Healthcare Chaplains (UKBHC) (CLFE)
* Mia Hilborn, Chair (CLFE)
* Chris Swift, Health Care Chaplaincy Appointment Advisers (also chair for this meeting) (CLFE)
* Debbie Hodge, Chief Officer, Healthcare Chaplaincy Faith and Belief Group (HCFBG)
* Ranjit Senghera, Senior Manager Equalities & Health Inequalities, NHS England

###### Next meeting of the CLF

* Andy Burnham, Shadow Minister for Health is attending.
* There will be a presentation on Chaplaincy followed by a question and answer session, using questions that have been sent to Andy Burnham in advance.
* Any suggestions for questions may be sent to Mia Hilborn before 23 June.

###### Revising of the 2003 Chaplaincy Guidelines

* It is expected that the consultation period (of 3 months) will begin soon.
* There will be two consultation meetings. These will be for a wide range of stakeholders. The dates are:

CTE, Tavistock Square Monday 14 July, 11-3.

Wrightington Hospital, Wigan, Thursday 17 July, 11-3.

###### The Chaplaincy Appointments Advisers Panel

* Discussions are taking place as to the ongoing funding of the work of the Advisers.
* The Panel may also be asked to provide “supportive reviews” of chaplaincy departments.

###### Next meetings of the full Forum

Tues 15 July 2014 at CTE, London

Wed 12 November 2014 at CTE, London

###### Future Updates

* In future updates will be sent out after the meetings of the CLF, and once between meetings (averaging once every 2 months rather than the monthly updates that have been sent out during the formative period of the CLF)

###### Chaplaincy Leadership Forum Executive Contact details

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[CLF Update, July 28, 2014]

## Chaplaincy Leadership ForumUpdate: 28 July 2014

The Chaplaincy Leadership Forum met on 15th July in London. It was very well attended with 15 attendees. Unfortunately Andy Burnham, Shadow Minister for Health, was not able to attend as planned. However, a useful meeting took place discussing the following issues:

###### Revision of the 2003 Chaplaincy Guidelines

* The consultation period has begun (of 3 months). It comes to a close on 29th September.
* Two consultation meetings took place on 14 and 17 July.
* There will be another consultation on September 24th for the partner bodies of chaplaincy.
* The Forum had a wide ranging discussion on the draft guidelines. 38 issues that were raised will be taken in to consideration.
* The most discussion surrounded the "unworkable" section on data protection.

###### News sharing

* Updates were shared by the Association of Hospice and Palliative Care Chaplains (AHPCC), the College of Health Care Chaplains (CHCC), the Healthcare Chaplaincy Faith and Belief Group (HCFBG), the Panel of Advisers and the UK Board for Healthcare Chaplaincy (UKBHC).
* There was a brief discussion on the statement issued by the ENHCC (European Network of Health Care Chaplaincy). This is available on their website: [www.enhcc.eu/2014\_salzburg\_statement.pdf](http://www.enhcc.eu/2014_salzburg_statement.pdf)
* There are discussions taking place as to whether Chaplaincy in England may return to the brief of the Chief Nurse rather than remaining with NHS England.
* Due to the pressure of time caused by the discussion of the guidelines, not all representatives were able to share news this time.

###### Next meeting of the CLF

* The next meeting of the Forum is on Wednesday 12 November at CTE in London.
* Andy Burnham has said that he will attend.
* The Executive will continue to meet informally on a monthly basis.

###### Future Updates

Updates will be sent out after the meetings of the CLF, and once in-between meetings (averaging once every 2 months).

###### Chaplaincy Leadership Forum Executive contact details

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[CLF Update, November 24, 2014]

## Chaplaincy Leadership ForumUpdate: 24 November 2014

The Chaplaincy Leadership Forum met twice in the past 2 months:

###### The first meeting was on 20 October:

This meeting was an extra meeting to receive the updated version of the revised NHS chaplaincy guidelines

(for England). Many of the comments from various individuals and organisations have been taken into account. We await the final version which should be released later this year. Thanks were expressed to

Chris Swift for all his work on the guidelines.

###### The second meeting was on 12 November:

This was the regular meeting and we were joined by Andy Burnham, Shadow Secretary of State for Health.

After general introductions Chris Swift made a brief presentation on Chaplaincy. Andy Burnham then spoke

about his positive experience of hospital chaplaincy in action. He also shared his vision for the future of healthcare as "person centred", rather than "patient centred". He expressed the need for better integration across health and social care, seeing a role for chaplains in a wider setting.

He also asked the CLF to send him a suggested "patient's right" to spiritual care that he might add to the NHS

Constitution.

After he had left each group shared news from their faith or organisation. The groups represented were:

* Association of Hospice and Palliative Care Chaplains
* Baha’i healthcare chaplaincy
* British Humanist Association
* Buddhist healthcare chaplaincy
* College of Health Care Chaplains
* Free Churches Group
* Healthcare Chaplaincy Advisers
* Healthcare Chaplaincy Faith and Belief Group
* Jewish healthcare chaplaincy
* Mental Health Resource Group of the CHCC
* Sikh healthcare chaplaincy
* UK Board for Healthcare Chaplaincy

###### Next meeting of the CLF

* The next meeting of the Forum is planned for 19 February at CTE in London.
* The Executive will continue to meet informally on a monthly basis.

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[CLF Update, January 30, 2015]

## Chaplaincy Leadership ForumUpdate: 30 January 2015

The Chaplaincy Leadership Forum has not met since the last update in November. However the executive has met twice by conference calls.

###### The issues that were discussed were:

##### The Panel of NHS

Chaplaincy Advisers

Malcolm Masterman has now retired, and been thanked for his service, and Chris Swift has taken over the role temporarily. It is recognised there is a strategic chaplaincy element to the role and the person appointed will not just be administrative. The steering group meets in February to decide the way forward.

###### The Updated Chaplaincy Guidelines

Ranjit Senghera assured the CLFE that NHS England is working to ensure that the NHS Chaplaincy Guidelines are on track for publication in Spring 2015.

###### A Right to add to the NHS Constitution

When Andy Burnham came to the CLF he asked us to form a right that might be added to the NHS constitution. The suggestion that the Executive have come up with is: "You have the right to receive high quality spiritual, religious and pastoral care from a professionally trained NHS chaplain, with rapid access available to such care at the end of life."

###### Next Meetings of the CLF

Now that the meeting that had been mentioned in the update in November cannot be a launch for the guidelines, it has been cancelled. There is still a meeting planned for the CLF on 6 May in London. There may be an additional meeting on 10 March or 15 April if the guidelines can be launched.

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[CLF Update, April 2, 2015]

## Chaplaincy Leadership ForumUpdate: 2 April 2015 (the 13 April Update was a duplicate of the 10 March minutes)

###### Meetings

The Chaplaincy Leadership Forum met on 10 March.

The executive met face to face for a 24 hour session 25-25 February. They have also met through phone conferencing since the last update on 10 March.

The main items of news are:

###### Publication of the Guidelines

These were published on 6 March and are available on the NHS England website (<http://www.england.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>). They were welcomed by many organisations including:

* Association of Hospice & Palliative Care Chaplains
* British Humanist Association
* Buddhist community
* Catholic Bishops Conference
* Church of England
* College of Health Care Chaplains
* Healthcare Chaplaincy Faith & Belief Group

Clarity is still needed over information governance issues and a project will look into this over the coming year. The Guidelines will be revised in 2017.

###### Strategy

The executive residential meeting aims to look forward to see how the guidelines can be implemented and healthcare chaplaincy strengthened. A draft paper was written and presented to the full CLF on 12 March. The CLF agreed to send this paper out for wide consultation - and it should be circulated with this update and a letter explaining how to respond.

###### The place of healthcare chaplaincy in the NHS

Ranjit Senghera has informed us that she will be handing over the chaplaincy brief to colleagues in nursing within NHS England, under the Chief Nurse, Jane Cummings.

###### Next Meetings of the CLF

The CLF will meet on 22 October in London.

It is planned that the next meeting will coincide with the official launch of the guidelines, possibly on one of the following dates: 16, 17, 29 or 30 June.

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[Transforming Chaplaincy for the Future - Briefing Paper, April 2, 2015]

**Transforming Chaplaincy for the Future**

**A five-year development plan for health care chaplaincy in England**

*New guidance for chaplaincy in England has been issued by the NHS. The executive of the Chaplaincy Leadership Forum met for 24 hours to discuss the implication of this publication, the wider picture of chaplaincy in England, and how chaplaincy services in the NHS might develop over the next 5 years.*

*While there are many challenges around the delivery of spiritual care we believe that this is a moment of opportunity for chaplaincy and one to engage with in order to promote excellence in pastoral, spiritual and religious care.*

*This briefing paper is offered as a basis for discussion and a point of departure for further reflection, vision and planning. We hope it will be received as a positive step forward and a constructive contribution for achieving consensus and progress in our shared work.*

**Current Position**

Reviewing current chaplaincy we identified a small range of topics which are likely to be influential in the development of services:

* Continuing diversification of those providing chaplaincy: multi-faith & multi-belief
* Greater emphasis on the care of people in the community and pan-service commissioning e.g. Manchester
* Clear and shared understanding between faith and belief groups and chaplains
* Evidence of the benefit of spiritual, pastoral and religious care
* How patients and service users are screened and assessed for their needs
* The risk of cuts where service value is not clearly explained or recognised
* How chaplaincy is led locally, regionally and nationally
* A changing political landscape following the May election

**Key service needs for the effective development of chaplaincy**

Looking ahead and based on the analysis noted above, we discussed what is needed to develop chaplaincy in the coming years:

* Leaders able to speak and be heard persuasively across all levels of the NHS
* A greater clarity about the skills and knowledge all chaplains should possess
* Registration linked to skills and knowledge and safe practice
* Sustained investment by the NHS to fund the programme of transformation
* A research strategy based on agreed key questions to inform service delivery
* A resolution of the issues relating to the Data Protection Act
* The inclusion and support of faith and belief group leaders in the strategy

**Strategic commitments for a 5-year development programme**

Reflecting on this analysis we identified four main areas for development.

**Leadership Development**

Establishing and developing a framework for chaplaincy leadership. This would be a major partnership project linking into existing sources of education and training and NHS bodies tasked to grow effective leaders.

**Supportive Review**

Developing a model of systematic service review which would support chaplaincies in developing and making the case to meet the best practice outlined in the new guidance.

Supportive review would be a peer-led reflection on local chaplaincy departments with lay (patient; service user) participation and constructive feedback.

**Regulation & Authorisation**

The work on voluntary registration by an independent body should be progressed and developed to give public, practitioner and employer confidence that those with the title ‘healthcare chaplain’ meet agreed levels of competence and expertise. At the same time faith or belief group authorisation will be developed and clarified to complement this process.

**Research**

We need to identify the key questions to grow our understanding of spiritual, pastoral and religious care and how this benefits those in health care. With greater agreement about what we need to know research can be co-ordinated in order to maximise the work done by the relatively small number of chaplaincy researchers.

Each strand will require funding of approx. £15,000 (total £60,000). This would allow the secondment of senior chaplains to take on these work streams.

*In discussing these issues we realise that there are risks to achieving such priorities. However, we believe that spiritual, pastoral and religious patient care by chaplaincy will not flourish unless there is a broad agreement about what needs to be done and how that could be delivered.*

*We welcome comments and reflections on this paper and hope that between us we can identify and complete the work to ensure that those in need of care have equal access to the best chaplaincy service we can provide.*

[Transforming Chaplaincy for the Future – Introductory Letter, April 2, 2015]

**From the executive of the Chaplaincy Leadership Forum:**

2 April 2015

The executive members of the CLF met for 24 hours in March to discuss the strategic priorities for chaplaincy in England in the light of the 2015 *Guidelines*.

A strategy paper arising from that meeting has been shared with the full CLF and is now being disseminated more widely. Please find a copy accompanying this letter.

The purpose of the strategy paper is to promote a wider discussion of how chaplaincy should develop over the next 5 years. At a full meeting of the CLF, at which this draft paper was presented, the CLF affirmed that it is important that a shared conversation about health care chaplaincy should lead to a vision for the service which can be supported by as wide a constituency as possible. We are a small professional grouping and achieving clarity about our work and priorities is likely to make a big difference to the future of health care chaplaincy.

The executive of the CLF anticipates that the discussions which take place may well lead to significant changes in the strategy. The paper is offered as a basis for conversation, not as a fait accompli. Please disseminate this as you think fit, including to patient forums and user groups in a position to engage with this agenda.

We appreciate that there are many voices within health care chaplaincy and hope that those receiving this letter will be willing to respond constructively to the idea of having a shared strategy.

Closing date for consultation responses: 30 June 2015.

Responses should be sent to: chaplaincy.guidelines@nhs.net

[CLF Update, August 11, 2015]

## Chaplaincy Leadership ForumUpdate: 11 August 2015

##### Background

The CLF was formed to support the strategic development of healthcare chaplaincy in England. Members can be nominated by any organisation or group with an active interest in supporting the provision of healthcare chaplaincy in England. The aims and workstreams of the Forum are furthered between the meetings of the Forum by an executive made up of the key leaders at the bottom of this update.

###### Meetings

Since the last update the CLF has not met due to the fact that there was not a launch meeting for the new guidelines which was planned to coincide with the June meeting (as was explained in the last update). However, the CLF executive met by conference calls on 6 May, 17 June and 7 August to keep things moving along.

###### The main items of news are:

The Chaplaincy Leadership Forum's "Transforming Chaplaincy" Strategy

Consultation on the proposed strategy has now closed and the results will soon be collated. Many thanks to all those who contributed their comments and ideas. NHS England has also been looking at the draft strategy and has agreed to fund the strategy this year and next year. NHS England want there to be audit, review and evidence of outcomes clearly built into development plans.

The place of healthcare chaplaincy in the NHS

Chaplaincy has now made the move to within the Nursing part of NHS England. We are beginning to get to know the staff who will be working with us and are very encouraged by their commitment.

Panel of Advisors

Following the interviews, Tony Kyriakides-Yeldham has been offered the part-time post of coordinator of the Panel of Advisors. It is expected that he will take up the post from 1 October. Tony writes, "Having spent much of my working life in NHS healthcare chaplaincy, in different contexts and geographical areas, I am delighted to have the opportunity to work with the wider chaplaincy community nationally. Currently, I am working part-time as chaplain to a Marie Curie Hospice in London and completing a PhD about identity, based on conversations with twelve healthcare chaplains from around the country."

Until 1 October Chris Swift will continue to coordinate responses to requests for Advisors. There will be an Advisor's training day on 11 November 2015.

UKBHC

The UKBHC is working on the legal aspects required to precede application for ‘registration’ to the Professional Standards Authority. It is hoped that there will be financial support for cost of the application through the Transforming Chaplaincy Strategy work stream on Regulation and Authorisation.

###### Next Meetings of the CLF and the executive

The CLF will meet on 22 October in London.

The executive also plans to meet on 10 September by conference call.

###### Chaplaincy Leadership Forum Executive contact details

Mark Burleigh president@healthcarechaplains.org

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Mia Hilborn mia.hilborn@gstt.nhs.uk

Debbie Hodge debbie.hodge@freechurches.org.uk

Karen Murphy karen.murphy@westonhospicecare.org.uk

Chris Swift chris.swift@nhs.net

[CLF Update, April 7, 2016]

## Chaplaincy Leadership Forum (CLF)[[3]](#footnote-3)Update: 7 April 2016

##### Meetings

Since the last update (at the end of October) the CLF met on 16 February. The Executive[[4]](#footnote-4) has met on 26 November, 16 December, 16 February and 22 March. These regular meetings of the Executive (usually by phone) have helped keep the business of the Forum moving along.

###### The main items of news are:

The CLF Meeting in February

This was a well-attended meeting and spent the majority of its time looking at Information Governance issues for chaplains. Initially it had been planned to present a report on these issues, but there was still more work to do to gather information and a number of issues were raised by those present.

Working with NHS England

Catherine Thompson and Paulette Johnson have both shown a commitment to the work of Chaplaincy and have either one of both attended most CLF and Executive meetings. They have been taking a particular interest in the Information Governance update required by the 2015 Chaplaincy Guidelines.

Panel of Advisors

Chris Swift will be standing down as chair of the Advisers Panel at the end of May. He was thanked for his work in this role.

It has been decided not to produce an Equality Impact Assessment tool for advertising chaplaincy jobs.

It is planned to increase the number of Advisors from 30 to 40 with interviews taking place in London and Leeds.

A complaints policy is being produced in case of a complaint against an adviser. It is recommended that advisers are non-voting on interview panels.

UKBHC

The UKBHC is almost at the point of submitting its application for their register of Healthcare Chaplains to be accredited by the Professional Standards Authority (PSA). The completed application will be publicly available on the PSA website: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

Discussions are taking place with the HCFBC about the relationships between authorisation and registration.

Healthcare Chaplaincy Faith and Belief Group (HCFBG)

The second course of chaplaincy volunteers has taken place with volunteers from seven faiths. In all 21 people were on the course.

The HCFBG now intends to invite the "Non-Religious Pastoral Care Network" (NRPCN) to join the group, subject to some further steps being made to amend language and terms used by both parties. It will be there to represent all strands of non-religious beliefs.

Association of Hospice & Palliative Care Chaplains (AHPCC)

The AHPCC continues to represent and support chaplains working in palliative care.

Their main event is the training conference in May with details on the website, [www.ahpcc.org.uk](http://www.ahpcc.org.uk), as well as links to membership and other information.

College of Health Care Chaplains (CHCC)

The CHCC Annual Conference will be taking place 5th-7th September 2016 at High Leigh, Hoddesdon, Hertfordshire, EN11 8SG. The booking form is on the CHCC website: [www.healthcarechaplains.org](http://www.healthcarechaplains.org). This year's themes are "Faithful & Fair: Changing Chaplaincy in the NHS" (general strand) and "Creating a Sense of Belonging" (mental health strand).

NHS Funding

Funding has not yet been agreed for 2016-17, but there will be less money available than there was in 2015/16.

Information Governance

NHS England has received a briefing paper detailing the legal issues with regard to chaplains accessing patient information. This will be taken together with the points raised at the CLF discussion at the meeting on 16 February. From this Catherine Thompson and Paulette Johnson (both from NHS England) will produce a paper suggesting the way forward. This will include plans to meet with various parties to seek to move the process forward.

A number of ideas have been discussed at the Executive meeting, including issues such as professional registration, the legal basis for access by other non-registered healthcare staff and ways to gain consent from the patient.

###### Election of CLF Chair

In line with the Terms of Reference the Executive will bring a proposed name to the CLF meeting in June to serve as chair from November 2016.

###### Next Meetings of the CLF and the executive

The CLF will meet on 7 June in London.

The executive also plans to meet on 10 May, 7 June and 19 July usually by conference call.

1. The political drivers that were cited include the need to incorporate into the Guidelines various changes in legislation since 2003 - for example the Equality Act. [↑](#footnote-ref-1)
2. The Code of Conduct of the Chaplaincy bodies and published on their websites. [↑](#footnote-ref-2)
3. The CLF was formed to support the strategic development of healthcare chaplaincy in England. Members can be nominated by any organisation or group with an active interest in supporting the provision of healthcare chaplaincy in England. The aims and workstreams of the Forum are furthered between the meetings of the Forum by an executive made up of the key leaders at the bottom of this update. [↑](#footnote-ref-3)
4. The members of the executive are:

Mia Hilborn mia.hilborn@gstt.nhs.uk (Chair)

Mark Burleigh president@healthcarechaplains.org

Derek Fraser derek.fraser@addenbrookes.nhs.uk

Debbie Hodge debbie.hodge@freechurches.org.uk

Karen Murphy karen.murphy@westonhospicecare.org.uk

Chris Swift chris.swift@nhs.net (until the end of May) [↑](#footnote-ref-4)