

# **Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health**

## **Terms of Reference**

### **1. Name of Group**

Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health (**The Forum**).

### **2. Mission and key functions**

The Forum aims to contribute to better outcomes and experiences for healthcare services and staff and all individuals supported by and delivering healthcare chaplaincy, pastoral, spiritual and religious care in England.

It seeks to achieve this through the following activities:

- A. providing a space where key stakeholders for healthcare chaplaincy can contact, dialogue and network together
- B. understanding and articulating consensus and shared issues
- C. acting as an interface for engagement with NHS England and NHS Improvement (while being mindful of the national and international Chaplaincy context)
  - contributing to the development and monitoring of NHS England and NHS Improvement's work streams or projects to deliver key improvements within Healthcare Chaplaincy in England, as required.
- D. providing a coherent and credible single point of access for policy makers in engaging with pastoral, spiritual and religious care

### **3. Membership**

Membership is restricted to England based healthcare chaplaincy related organisations that have a focus on the improvement of standards of chaplaincy services for patients, staff, families, and carers.

The group will consist of those nominated to serve by the **Key Stakeholder groups** for a defined period (as agreed by each group) and ensure a predominance of representatives with an active chaplaincy role<sup>1</sup> (this does not apply to NHSE/I colleagues or Independent Chair)

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<sup>1</sup> an active chaplaincy role is understood as working within a chaplaincy team (employed or voluntary) or working within a role that directly supports the work of health and social care chaplaincy

New groups may be invited to join once a year if they contribute to the core functions of the group and will need agreement from 75% of Forum representatives present at the meeting to join. Applications to join will be considered once a year. It is advised that all new members are invited to observe at least one meeting before requesting to join.

Groups and individuals may be invited as guests to meetings without being made formal members.

**The Forum** will be chaired by an **Independent Chair** (see Appendix 1).

#### Key stakeholders as at March 2021 – to be reviewed annually.

- **AHPCC** – Association of Hospice and Palliative Care Chaplains. Provides ongoing support in palliative care in the workplace, particularly with dying matters. *Two representatives nominated by AHPCC (2 votes)*
- **CHCC** – College of Health Care Chaplains. Provides ongoing support in the workplace; guardians of terms and conditions; raising concerns from the workplace for the profession; support chaplains in disputes and union matters. CHCC is a professional association within UNITE. *Two representatives nominated by CHCC (2 votes)*
- **UKBHC** – United Kingdom Board for Health Care Chaplaincy. Accredited as holder of the voluntary register of healthcare chaplains (in August 2017) by Professional Standards Authority (PSA); concerned with professional standards, standards in chaplaincy education and authorisation / regulation. *Two representatives nominated by UKBHC (2 votes)*
- **NPSRC** - NETWORK for Pastoral, Spiritual and Religious Care in Health. *Four representatives nominated by NPSRC (4 votes)*
- **NHS England and NHS Improvement** – *Two representatives from Experience, Participation and Equalities Division at NHS England and Improvement. (2 votes)*

Each Stakeholder group is responsible for the nomination, attendance and engagement of their representatives on The Forum. Representatives should attend The Forum and represent the views of the body and not their individual views.

Each Stakeholder group may nominate designated reserves (proportional to 50% of their nominated representatives) to attend if one or more of their nominated representatives cannot attend a meeting. Nominated reserves will be included in the circulation of minutes to allow them to participate fully.

#### **4. Organisation and operation**

**Independent Chair:** Elected and appointed by The Forum with terms of reference set out below. The Chair co-ordinates the meetings but does not 'speak on behalf of the group'. NHS England and NHS Improvement will fund expenses for the Independent Chair of The Forum.

**Meetings:** To meet a minimum of 4 times a year with, where possible, one meeting held face to face. Meeting dates will be published 6 months in advance

**Notes:** These will be taken at the meeting by a secretariat, and to be shared within three weeks of the meeting with Stakeholder group representatives, remaining confidential to the representatives to allow free discussion.

**A summary of up to five key points** will be collated by the chair at the end of each meeting for circulation to all members of the Stakeholder groups. These points can be shared on websites and with networks.

**Agendas and papers:** These will be circulated 1 week before each meeting. Stakeholder groups wishing to add items to the agenda should inform the Chair 2 weeks before the meeting.

**Quorum:** It is important that suitable representation from across Key Stakeholder Groups is present<sup>2</sup> and it is the responsibility of individual stakeholders to ensure representation at all Forum meetings. It is the responsibility of the Independent Chair to check this at the beginning of each meeting especially when decisions need to be made.

If the chair is unable to make a meeting attending representatives will agree a temporary chair for that meeting between themselves.

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<sup>2</sup> Both physically and joining remotely are considered as being present. Meeting notes will record when representatives join and leave the meeting and, for hybrid meetings, whether representatives are attending remotely or physically.

## **Appendix 1**

### **Appointment of Independent Chair**

The chair will serve for a term of four years, at which time they may be elected again for another two years. Terms of office run per calendar year.

The independent chair is drawn from outside the membership of The Forum. Beyond this anyone is open to put their name forward.

Names will be sought initially through a clear national invitation mediated via all stakeholders at The Forum.

This invite will set out what the role is (and is not) and give adequate time for individuals to enquire and apply. If an appointment is not confirmed, other communication options will be considered.

### **Process to be completed**

- At the first meeting of the chair's fourth year the chair indicates if they are willing to serve for a further term by asking for a Forum representative to propose re-election as an agenda item. Re-election is by simple majority of those present.
- If the chair does not wish to continue for a further term, or is not re-elected, then a timetable for an advert to be circuited and expressions of interest received (in time to be discussed at the next Forum meeting) is agreed.
- At that next meeting members of The Forum will agree a Chair from those expressions of interest made. Election is by a two-thirds majority of Forum representatives present. Representatives are required to be present to vote and have one personal vote.
- The new chair is invited to attend the final meeting of the year by way of introduction and handover

If the chair is unable to complete their term, representatives will begin the above process at the next meeting.

Outside of the above, at any meeting, a member of The Forum can request a vote of confidence in the chair be held at the next meeting by requesting it as an item of AOB.

## **Job Description**

The independent chair is expected to have

- 1) a strong working knowledge of health care chaplaincy
- 2) clear ability to chair meetings
- 3) an ability to foster collaborative working

As the role does not involve 'speaking on behalf of chaplaincy', the Chair does not need to evidence communication/media experience.

The chair will convene and chair the meetings of The Forum, whether by person or by video call.

The chair will ensure notes from all meetings are made and distributed to Stakeholder representatives for comments and changes in a timely fashion, before sending out a final version to the representatives of The Forum. They are not expected to act as note taker.

## **Sample Advert**

The **Chaplaincy Forum for Pastoral, Spiritual and Religious Care in Health** is seeking expressions of interest from suitable individuals willing to be considered as our next Independent Chair from [*insert date of first meeting of year they will take over*]

The Chaplaincy Forum was formed in 2018 to replace the Chaplaincy Leadership Forum and enables key chaplaincy groups and NHS England to work together and communicate effectively.

Meetings are held largely by video conference, with the expectation of at least one face-to-face meeting a year. Reasonable travel expenses to face-to-face meetings will be covered. The Chair ensures these run smoothly with good communication between meetings. The independent chair will have three key strengths:

- 1) a working knowledge of health care chaplaincy
- 2) a clear ability to chair meetings
- 3) an ability to foster collaborative working

If you think you may be right for this role, and wish to discuss further, please contact the current Chair [*insert name and contact details*] who can offer more insight.

Formal expressions of interest, with a brief biography and setting out what you would bring to the role (evidence that you have these three key strengths) need to be received by [*insert contact person*] before the end of [*insert date*].

It is hoped the successful candidate will be able to attend the last meeting of the current chair's tenure by way of handover/transition on the [*insert date*].