

### WELCOME

This is the 4<sup>th</sup> edition of the UKBHC's Newsletter, the first of three newsletters for 2011. We hope you will continue to find these informative and helpful. Please let us know if you have any comments or suggestions for future editions.

### AGM 2011

The UKBHC 2011 AGM will take place in Belfast, to continue our policy of moving the AGM throughout the UK. The AGM will be on Wednesday 28<sup>th</sup> September at 2pm in Grosvenor House, Belfast. Further details will be in the August Newsletter. The board is grateful for the NIHCA's willingness to host the AGM, and looks forward to meeting with NI chaplains and others to review another year's work of the board.

### WEBSITE

The main vehicle for keeping up-to-date with the UKBHC is the website - [www.ukbhc.org.uk](http://www.ukbhc.org.uk). Please access the website as often as you are able as it is updated regularly with important information.

### MEMBER GROUPS OF THE UKBHC

The four member groups of the UKBHC are:

- Association of Hospice and Palliative Care Chaplains (AHPCC): [www.ahpcc.org.uk](http://www.ahpcc.org.uk)
- College of Health Care Chaplains (CHCC): [www.healthcarechaplains.org](http://www.healthcarechaplains.org)
- NI Healthcare Chaplains' Association (NIHCA): [www.nihca.co.uk](http://www.nihca.co.uk)
- Scottish Association of Chaplains in Healthcare (SACH): [www.sach.org.uk](http://www.sach.org.uk)

### SACH NEWS

The UKBHC welcomed Rev Andrew Graham, recently elected president of SACH, to its March meeting. Andrew is lead chaplain at the Golden Jubilee Hospital in Clydebank and succeeds Derek Brown as SACH president. The board expresses its thanks to Derek for his work on UKBHC, wishes Andrew well in his new role, and looks forward to continued cooperation with chaplains in Scotland through the work of SACH.

### NIHCA NEWS

On 9th February 2011 the NIHCA officially launched the UKBHC Code of Conduct for Healthcare Chaplains. A special event was held in Knockbracken Healthcare Park, Belfast, with approx 40 attending. Special guest speakers included Revd Dr Derek Fraser (Chair of UKBHC), Professor Martin Bradley (NI Chief Nursing Officer) and Mr Michael McGimpsey MLA (NI Minister for Health). Mr Colm Donaghy (Belfast Trust Chief Executive) also addressed the gathering. All endorsed the Code, the NIHCA and the role of chaplains in the NHS.

### A significant day

Derek Johnston, the Director of Training for the NIHCA said, 'The day was significant for many reasons. Not only was there official endorsement by the NI Dept of Health for the Chaplaincy Code of Conduct and the role of chaplains in the health service, but there was also official acknowledgement of the NIHCA.' Derek Johnston was interviewed on Radio Ulster the following day which gave him the opportunity to make clear the desire by chaplains to develop both vocationally and professionally. He added, 'This is further evidence that chaplains take our privileges and responsibilities seriously and wish to uphold the highest standards and promote the greatest confidence in our roles.'



Key participants at the launch of the Code of Conduct: (l to r) Rev Derek Johnston (NIHCA Director of Training); Rev Jack Moore (NIHCA President); Mr Michael McGimpsey (NI Minister for Health); Ms Brenda Creaney (Belfast Trust Director of Nursing); Revd Dr Derek Fraser (UKBHC Chair); Professor Martin Bradley (NI Chief Nursing Officer)

## BUILDING ON SUCCESS

The board was pleased to respond positively to a request from the Northern Ireland Prison Chaplains' Association that they look at the Code of Conduct as a basis for a similar document for their own work. It is encouraging that other bodies are seeking to build on the good work healthcare chaplaincy organisations have produced, and the board looks forward to seeing how the NI prison chaplains' initiative develops. The board agreed that it was comfortable for the Code of Conduct to be utilised in this way, and requested that acknowledgement be given to the UKBHC and/or the NIHCA in any further publications to be produced.

## THE ENGLISH DOH

The board was pleased to welcome Barry Mussenden, Deputy Director of the Equality and Partnerships Division of the Department of Health (DOH), to its March meeting. Those present benefitted from continued discussions around chaplaincy issues as they develop in the English Healthcare scene, while also being informed about what is happening in Wales, Northern Ireland and Scotland. The board discussed with Barry the need to ensure quality in healthcare, and emphasised their belief that outcomes and not output is pivotal. 'Bottom up and top down working together is the right model,' the board suggested.

### Clear and current guidance

The need for clear and current guidance was restated, and all agreed that patient experience issues are crucial in informing decisions. 'Our concern is about service delivery', Barry said. 'In our healthcare climate and in our country as it is, guidance should not be about faith *per se*, but it is about the profession and service delivery. Ultimately this is a workforce issue.' The board is pleased that it has a continued dialogue with Barry, and looks forward to on-going explorations of the issues covered.

## MFGHC

The board is pleased with its continued discussions with the Multi-Faith Group for Healthcare Chaplaincy (MFGHC). The board has agreed to invite the chief officer, Debbie Hodge, and the chair of MFGHC to its next meeting to continue to explore issues of mutual interest.

## THE SCOTTISH SCENE

Ewan Kelly, programme director for chaplaincy in Scotland based in NHS Education for Scotland, has recently worked with chaplaincy leads in identifying strategic priorities for the next stage of their work. These are:

**Service development:** Looking at changing emphasis of how chaplaincy services are delivered; moving towards shifting the balance of care; resourcing, educating and supporting staff; intentionally developing chaplaincy as a referral based, specialist service.

**Developing an evidence base:** Urgent need for a chaplain to be seconded on the Patient Related Outcome Measures Project for spiritual care (PROMS); need for a Research Champion in each Board area; need to identify outcomes of chaplaincy intervention – added value and cost-effective; multi-disciplinary working, building relations with research/audit groups; spiritual care and existing research.

**Engagement in shaping healthcare policy:** At a local and national level, these might include - future Care of the Elderly; Living with Cancer; Long-term conditions.

**Professional Development for Lead Chaplains:** Develop a values-based spiritual model of leadership; use of Action Learning Sets to develop strategic influencing; mentorship for lead chaplains; programme of development opportunities; succession planning; career development for lead chaplains.

**Developing reflective practice as normative:** Utilise the same methodology for all chaplains across NHSScotland; develop a methodology for consistent, rigorous, regular reflective practice; start with whole-time and expand into part-time.

**Developing a Communications Strategy:** Increase marketing of chaplaincy at local, board and government levels; specifically communicate the five strategic priority areas.

### Moving things forward

Ewan Kelly adds, 'Those responsible for the work-streams will present a Development Framework for that area when the leads next meet. These are important areas, and they will help move things forward in a challenging and positive way.'

## BACK TO SKOOL

Check out a USA 'skool' for 'Charlie's Chaplains' at <http://charlieschaplains.blogspot.com>

## CHRE

Christine Braithwaite from the Council for Healthcare Regulatory Excellence (CHRE) spoke at the March meeting of the UKBHC. CHRE was set up in 2008 to focus on the well-being and safety of patients and the public in relation to the regulatory processes of the healthcare professions. Discussions with Christine allowed members of the board to tease out important issues relating to chaplaincy regulation, based on CHRE's helpful paper on 'right touch regulation' ([www.chre.org.uk/\\_img/pics/library/100809\\_RTR\\_FINAL.pdf](http://www.chre.org.uk/_img/pics/library/100809_RTR_FINAL.pdf))



### The UKBHC Voluntary Register

The board discussed its voluntary register being validated through CHRE, as has been the case with approaches by other social-care organisations, and explored with Christine how a voluntary register might operate. Christine has produced a discussion paper – 'Early thinking on CHRE's potential role in operating a voluntary register scheme' – which will be important as the board takes the issue of regulation forward. The paper explores 'the characteristics of the voluntary register groups', and the board discussed how participation as a voluntary register group could enhance quality assurance.

### Enabling Excellence

The Secretary of State for Health presented to Parliament in February 2011 a Command Paper, 'Enabling Excellence', setting out the Government's proposal for how the system for regulating healthcare workers in the UK and social care workers in England should be reformed to sustain and develop high professional standards as well as to continue to assure the safety of those using services and the public.

### Exploring the way forward

The board will continue to work with CHRE, and, as they unfold their models of regulatory processes, consult and make decisions appropriately for the benefit of chaplaincy. The board sees this as a careful, modest and purposeful process, building on good work already in place, and noted that it may take up to five years to complete.

## CPD SUMMARIES

The board noted that CPD summaries were coming in slowly, and agreed that the small alterations had proved useful. Members who had not returned their CPD summary by now were encouraged to do so as soon as possible.

## VOLUNTEERS

Mark Stobert, President of CHCC, is preparing a paper for the board on the role of volunteers in chaplaincy.

## AHPCC

Steve Barnes, President of the AHPCC, was welcomed to the board at its March meeting.

## ADVISERS

At its recent meeting the board considered a paper prepared by John Clark, a former Director for Mission and Public Affairs in the Church of England, on 'Healthcare chaplaincy appointment advisers' which was a product of consultations with Rev Dr Derek Fraser (chair UKBHC), Revd Dr Malcolm Brown (Director Mission and Public Affairs Division, Church of England), Revd Debbie Hodge (Chief Executive MFGHC and Secretary Churches Committee for Health Care Chaplaincy) and Fr Peter-Michael Scott (Interim Chair, Panel of Assessors). The report contains a proposal for the setting up of 'A Panel and Reference Group for Health Care Chaplaincy Appointments'. The board agreed that this approach was a helpful way forward and endorsed the principles enshrined in the report. It is hoped that the report will be approved by all the principal bodies by the end of April. The board will look at the detailed proposals which will be prepared by July 2011, endorse, as appropriate, their implementation in the autumn of 2011, and review the outworking of the process at every stage.

## LAY MEMBERS OF THE BOARD

Conscious of concerns expressed about the structure of the board, it was agreed that the board should clarify the 'interim' nature of the board, its membership, decision-making, chair, and the like. A paper relating to governance arrangements will be looked at when the board next meets and decisions made will be clearly stated at the AGM in September.

## A NEW BOARD MEMBER

In the interim, the board is pleased to announce that it has invited Stephen Thornton, Chief Executive of the Health Foundation, to join the board as a Lay Member. Stephen Thornton is a senior healthcare executive with 19 years board level experience, 17 of those as chief executive. He is a leader with a proven track record of achieving change and continuous improvement in a number of major public and charitable sector organisations.

### Enhancing quality

Stephen has an acknowledged reputation for a clear grasp of the complexities of public health, health services and related social care issues in the context of wider public policy. His passion and expert interest is in system-wide improvement in the quality of the delivery of healthcare. He heads the Health Foundation (*see below*) which he has transformed from a traditional grant making charity to being the foremost independent exponent of quality and safety improvement in healthcare in the UK with an increasingly global reputation.

### Forthright advocacy

Stephen is an expert member of the Department of Health's National Quality Board. As a non executive director, he has extensive experience of the regulation of healthcare. He spent three years as a Commissioner for the Healthcare Commission and is currently a non executive director of Monitor. His personal integrity, forthright advocacy on behalf of the healthcare sector, and ability to achieve results were recognised in the award of CBE in the 2002 New Year's Honours List for 'services to the NHS'.

### Influential

At the NHS Confederation he negotiated directly with Ministers and senior civil servants, representing over 600 NHS employing organisations. As the 'public face' of NHS management he has handled some of the most challenging media environments. He has been described by *The Guardian* as being amongst the 15 most influential people in the field of health care, instrumental in setting the direction for the present UK Government's Plan for the NHS in England. He featured in the Health Service Journal's 'Top 50' list in both 2008 and 2009.

## The Health Foundation

The Health Foundation is an independent healthcare charitable foundation, with an endowment of around £700m and a staff of 65 which has safety and quality in healthcare at its core, and supports individuals, groups and healthcare systems in patient safety, self-management and fellowship programmes. Stephen emphasised the need for chaplaincy to hold up and be confident in its core provisions, which, he suggested, need to be better explored and explained.

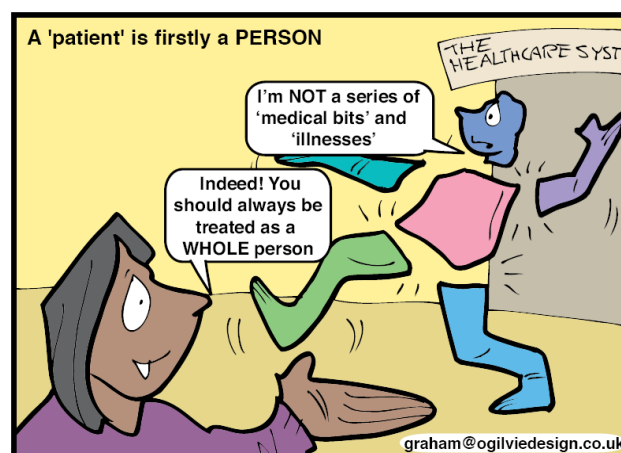


### The challenge to chaplaincy

Stephen suggested, 'You need to be bolder in stating what chaplaincy is and the difference it makes in the patient experience.' The foundations of the NHS, he reminded us, had spiritual care built in at every level. 'The challenge for chaplaincy is to open up the box and state clearly that, if "the spiritual" is at the core, you remind people what the principles are. The trick is,' he continued, 'that you have something fundamental to say. We know you don't have sole ownership of that, but as chaplains you need to produce something that has an impact.'

## THE ON-GOING WORK OF UKBHC

At the core of healthcare chaplaincy is the belief that wholeness for patients, carers and all healthcare staff is more than just the cure of illness. It is about well-being, and, ultimately,



about the spiritual dimension. This underpins all the work of the board. We are pleased to continue to work with others who seek to do likewise.

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