

**Churches Together in England,
27 Tavistock Square,
London, WC1H 9HH.**

1. Welcome and Introduction

2. Present:

Mark Burleigh (MkB), Derek Fraser (DF), Debbie Hodge (DH), Derek Johnston (DJ), Iain Macritchie (IM), Sheila Mitchell (SM), Karen Murphy (KM), Mark Stobert (MS), Phil Wright (PW) Stephen Thornton (ST),

3. Apologies

Martin Bradley (MtB), Mary Currie (MC), Jack Moore (JM), Paul Nash (PN),

4. Welcome

5. Minutes of the meeting held on 6 December were agreed with the following corrections:

Derek Johnson (DJ) was present at the December meeting.

There were several Typo's to be corrected

9.1 annual declaration includes faith and belief connection

Up to date numbers of registrants needed to be included

9.4 The word 'dominated' seemed too strident, and suggested that 'professional chaplains should have a majority voice to give strategic direction' was more suitable

6. There were no declarations of interest

7. Matters Arising

7.1 SACH has been dissolved

It was agreed that Paul Graham would no longer be a Director of UKBHC Ltd. As his directorship was as an ex-officio officer of SACH.

7.2 The Risk Register needs to be a standing item on the Board Meeting Agenda. MS reminded the meeting of what was said at December meeting:

The Risk Register had been updated and was now appropriate to the task. MS stated that the Risk Register was a living document and that it should be a standing item for each board meeting. UKBHC needs to encourage registrants to inform the board of potential risks as they emerge from practice. UKBHC might consider a mechanism for this to happen

7.3 PSA Application Fees

The fees annual fee will be due 12 months after receiving status as an Authorised Voluntary Register with the PSA. I.e. the initial fee includes the first 12 months registration fee

7.4 9.1 *Academic Standards*

DM had submitted a report as academic advisor. Appendix 3

The meeting felt that there was insufficient clarity on the academic entry requirements and how equivalence operates.

DF reassured that David Mitchell had a robust process that was in use in University of Glasgow and was acting in the role of academic advisor as requested by the Registrar.

Belief Group affiliation was also becoming more robust. In response to the situation in Scotland that was discussed in December MS suggested that thought should be given to how assessment of a chaplain's theological and religious literacy and formation could replace faith group affiliation for registration.

At present religious affiliation is the responsibility of the Faith and Belief Group for Healthcare Chaplaincy. This is checked on application.

IM noted that Seventh Day Adventists are not recognised as a world religion.

There is also confusion as to what constitutes a Christian denomination and included in the Churches Together in England definitions.

DF suggested that the discussion would be better paused pending a Employment Tribunal determination the extent and place of religious functions in the job of a chaplain.

There are continuing discussions with NHS England as to how religious care is delivered.

8. Board Governance

- 8.1 Business Consultancy Services (BCS)** has been appointed to give company secretariat service to UKBHC Ltd. They will conduct a business compliance check.

The fees will be £339 per annum with additional fees for other work as required. UKBHC Ltd. is required to have an AGM, but for Directors only.

8.2 Board Appointments

- 8.2.1 To comply with company rules, David Mitchell was deleted as Treasurer from 6 December 2016.
- 8.2.2 Karen McKinnon had resigned as board member and Director. A request for applicant will be issued in the next newsletter in time for there to be interviews before the June board meeting MS will contact her to discuss the progress that she had made on the Engagement Strategy.
- 8.2.3 ST indicated that he intends standing down when UKBHC achieves AVR status with PSA.
- 8.2.4 MtB also intends to stand down in the near future.
- 8.2.5 Role descriptions are required for each of the Board member roles.
- 8.2.6 DF also indicated that he would be standing down as chair soon and mooted the idea of continuing as vice-chair for a transitional period.
- 8.2.7 It was agreed that UKBHC should appoint a Registrar and Assistant Registrar. IM would lead on identifying the necessary resources required for the function to be fulfilled. IM will draft a process map for applicant registration.
- 8.2.8 The vacancy for a lay board member following Brenda Maitland's resignation will be addressed
- 8.2.9 The meeting agreed that the Program Director of chaplaincy and Spiritual Care for NES shall be a Director of UKBHC Ltd and replace the Directorship of the ex-officio officer of SACH.

Prop: IM 2nd MS

Agreed unanimously

The AGM will precede the June Board Meeting.

Registrar

IM reminded the meeting that he would be stepping down as Registrar in June 2017. The meeting discussed possible replacements. SM has made approaches to Tim Bennison, in Glasgow, and Tosh Lynch, in Ayrshire.

9. PSA Accreditation Process

9.1 PSA Team Visit 14 February

Louise Appleton (LA) and Graham Mockler (GM) met with DF, IM, MS and Lisa Saunders (LS) at Addenbrookes Hospital

9.2 Subsequent Interviews have taken place with IM, MS and DF

9.3 MS had circulated a number of issues that PSA needed some consideration.

The meeting discussed responses see Appendix 1

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10.0 Lead Officers Reports

10.1 Academic Standards

DM had submitted an academic advisors report – Appendix 3

IM explained that the process of demonstrating equivalence was to have a full CPD record

It was also a requirement that applicants should be able to evidence and demonstrate supervised reflective practice.

Qualification for registration was PG Certificate in Healthcare Chaplaincy or equivalence:

A full CPD portfolio

Referees

Statement of how CPD has impacted on practice.

Matters of faith and belief group affiliation will be deferred until after the aforementioned ET decision.

There will be a further Academic Consultation in July to review:

Academic standards

How to assess 200 hours of supervised practice

Standard for Supervision

Review of what the CPD audit should look like.

10.2 Registration

10.3.1 FtP

The FtP case reported in December has been resolved.
The in house investigation proved no case to answer.
The decision was disclosed by the registrant who was reinstated.

10.3.2 The register

There are 342 Registrants

176 have provided CPD returns – 166 have not
222 ve paid fees - 120 have not

10.3.3 Risk Register

IM stated that PSA were satisfied with the Risk Register

IM asked that the Risk Register be circulated for each meeting and that it included risks to UKBHC.

10. 4 Professional Conduct

10.2.1 Fitness to Practice

Previous issues have been resolved and registrants reinstated.

10.2.2 Fitness to Practice Panels

DF proposed that a pool of experienced chaplains and some lay personnel should be developed to enable the formation of FtP panel in a timely fashion when needed.

It may require a coordinator. ST offered to one such person when he stood down as Director.

There was already a procedure and flow chart that KN had developed.

10.3 Professional Advisors

The appointment of Professional Appointments Advisors Panel Coordinator was still in progress.

10.2 Treasurers Report

JM has taken over from DM on 1 Jan 2017 however due to illness DM is holding the fort.

The meeting formally authorised Jack Moore to close the existing bank account and open a new bank account for the purposes of UKBHC Ltd. All agreed.

Accounts for the period ending 31 December 2016 have been audited and will be presented to the AGM in June

Fees for 2017 will be £50

11.0 Any Other Business

11.1 DF presented the Outcomes of the meeting between NHS England, Network for Pastoral, Spiritual and Religious Care in Health, and Chaplaincy Leadership Forum Executive, held on January 30th 2017. Appendix 2

The meeting welcomed the proposals. The meeting endorsed the proposal for a new National Network Council for Healthcare Chaplaincy. The meeting agreed that there should be a majority of professional chaplains on the council.

The meeting acknowledged the dangers of a blurring of boundaries but agreed that the mission and aims of UKBHC could be maintained. It was also important to be at the table that developed strategy for healthcare chaplaincy in England and UK.

11.2 Manifesto for Chaplaincy

MS asked what had become of the Manifesto for Chaplaincy that Prof David Ford had proposed and developed at CHCC Annual Conference in September 2016.

MB reported that CHCC had decided not to take it further and had written to Prof Ford.

MS suggested that there was much in the Manifesto that articulated a public theology with which to communicate chaplaincy, and that UKBHC might return to it in the future.

11.3 September Engagement Event

The meeting discussed the September Event in Glasgow as a launch of UKBHC as an AVR accredited by PSA.

It will be aimed at registrants, and managers, but be open to faith and belief group representatives

The Aim would be to promote role of the UKBHC and develop Gold Standards for Chaplaincy Practice.

CPD point may be offered for attendance.

Led by DF, SM, PN, PW

12.0 Future Dates

Board Meetings

22 June 2017 at CtE Tavistock House, London

19 September 2017 at NES Glasgow followed by an open engagement event

7 December 2017 at CtE Tavistock House, London

Appendix 1

Updating of website with Newsletter and Minutes and draft minutes of Board Meetings

What other registers do chaplains belong to? BACP...

2 Confirm UKBHC policy on indemnity – *this is declared as an annual statement of a registrants meeting requirements for registration.*

3 Restoration Policy

How long a period of grace is there for a registrant before being removed from the register for no compliance with fees, CPD or indemnity insurance?

Registrants are sent reminders of overdue fees and CPD submission after 6 months and can be suspended from the register and can only be reinstated when up to date with both. Registrar's has discretion in exceptional circumstances such as illness.

4 Is there a time limit for suspension before they need to make a full application to return to the register?

The Restoration Policy states:

2. *If an individual wishes to return to the register of Healthcare Chaplains after being removed by either the Conduct and Competence Committee or the Health Committee, they will need to complete the application form for restoration to the register. A copy of the form can be found at:*

3 *An applicant can only apply after five years from the date of their removal from the register.*

4 Appeals Policy

Can both complainant/registrant can appeal a decision of FtP Panel?

Yes the policy states :

2.1 *Appeals must be brought on one of the listed grounds;*

- *Was the decision wrong in law;*
- *Was the decision procedurally flawed;*
- *Is there significant new and relevant evidence which was not previously available to the appellant and could not have been available to the appellant on the making of reasonable enquiry;*
- *The sanction was unreasonable or unduly lenient.*

5 Complaints Procedure

What criteria will the screening committee use to make their decisions?

Guidance for decision making is contained within the Complaints Policy, and the Competence and Conduct Committee Policy.

What quality assurance is there for the information given to UKBHC by registrants?

The Registrar makes thorough checks of each application to join the register

Annual CDP returns are subject to a random scrutiny of 10% of returns

For Consideration:

Website

Ensure correct information on the website

Complaints procedure may need explanation and clear accessibility with a prominent link tab in each section Patient Professional Employer

The document, Making a Complaint, gives clear information to anyone raising a concern.

It should include on how to make a complaint against the UKBHC

Complaints to the UKBHC would be received by Registrar and then processed by the Chair and Secretary.

Chair and Secretary would be empowered to involve other independent parties necessary for resolution.

Emphasis is on being clear to the public especially on what constitutes the status of a Full/Provisional/Student Registration.

Engagement Strategy

UKBHC is developing an engagement strategy. It is hoped that accreditation with PSA as a AVR will form part of this.

KM has made inroads into a strategy for engagement.

Engagement will be directed to the profession, employers and other healthcare professions.

Next Steps

MS to submit draft minutes of Board Meeting of 14 March 2017 itemising UKBHC responses to the issues raised by PSA with MS DF and IM.

PSA team will then submit a report to be checked for accuracy by UKBHC

The Accreditation Team will submit the application panel which will meet in May. MS, IM and DF will need to be contactable for any last questions needing responses.

Response to the initial response from BHA to the initial application.

MS to table a suggested response

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Appendix 2

Outcomes of the meeting between NHS England, Network for Pastoral, Spiritual and Religious Care in Health, and Chaplaincy Leadership Forum Executive, held on January 30th 2017.

Present were: - Catherine Thompson, Paulette Johnson, Derek Fraser, Mark Burleigh, Sarah Sewell, Debbie Hodge, Keith Munnings and Manhar Mehta. Apologies were received from Cameron Langlands, Karen Murphy and Satish Sharma.

The meeting began with CLFE and NPSRCH sharing their respective roles and ways of working, acknowledging that the two groups share much the same personal, and that two groups working as one could offer efficiencies of time, meeting costs and venue usage.

It was agreed that the agendas of the two groups could be met by working as one group. Bringing the two groups together that have shared personal would bring together the creditability of the Network and the confidence held by faith communities and the confidence of the professional chaplain and the credibility of the CLFE.

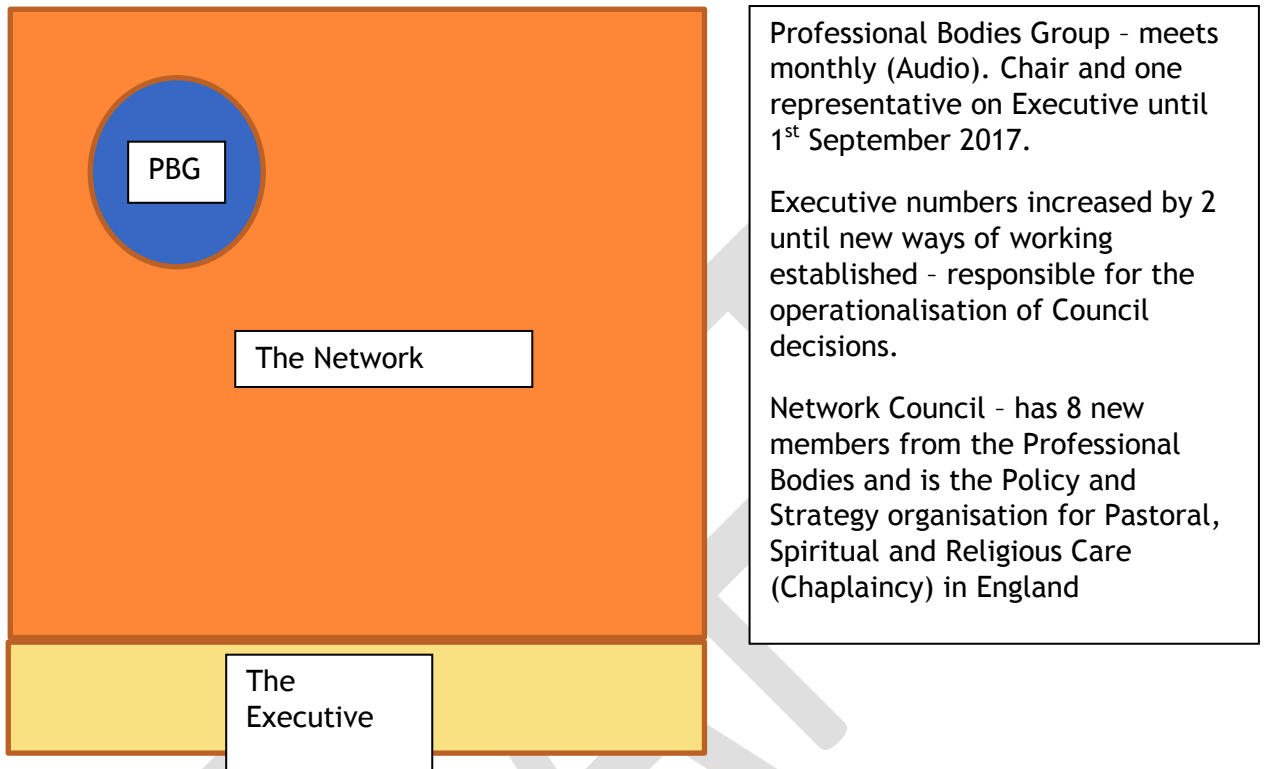
The proposal-

That Network continues with the Professional Bodies as full members (two representatives from each group with full voting rights and legible for election to office).

The Professional Bodies Group (PBG) will continue to hold a monthly conference call to keep each other updated on issues related to the organisations.

During the transition period (suggested from April 1st to September 1st 2017) the current chair of the CLF and a representative drawn from the Professional Bodies Group shall join the Network Executive. During this period the network constitution would need to be suspended, and interim working measured agreed, followed by a new constitution / terms of reference.

In diagram form, the new Network will look like this-



APPENDIX 3

ACADEMIC ADVISOR REPORT MARCH 2017

During 2016 a number of issues have arisen in which, as Academic Advisor, I advised the Registrar on equivalency of academic qualifications, work experience and chaplaincy registration in North America. I offer the following recommendations to the Board to be used as a guide when considering future applications:

1. Chaplains who have been in post pre 2013 should be considered to have equivalent experience of the current educational requirements for Board Registration.
Rationale: It was in 2013 the Board introduced the requirement for a PG Certificate in Healthcare Chaplaincy. Having considered a number of applications during the year all applicants who had been in post prior to 2013 met the criteria on equivalence and have been Registered. Although being 'in post' is no guarantee of Continuing Professional Development registering such applicants will ensure Continuing Professional Development in the future.
2. Chaplains registered to work as Chaplains in Canada and the USA should be considered to have met the educational and practice criteria for registration in the UK. However, some may not meet the criteria for a recognised status in a 'mainstream' faith community or belief group in the UK .
Rationale: The chaplaincy registration bodies for Canada and the USA have similar and robust requirements for registration, that include, education and safety to practice requirements. However not all mainstream faith communities in the USA are considered mainstream in the UK. It may be that an individual needs to seek individual membership of 'Churches in Communities International' or have their faith community or belief group seek recognition with the Healthcare Chaplaincy Faith and Belief Group.

Rev. David Mitchell

Academic Advisor

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