
MINUTES OF MEETING: THURSDAY 28TH NOVEMBER 2013,

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

1. Welcome and Introduction

Derek Fraser welcomed the board and particularly the new lay members Mary Currie and Brenda Maitland

2. Present Martin Bradley (MnB), Mark Burleigh (MkB), Judy Davies (JD), Mary Currie (MC), Derek Fraser (DF), Derek Johnston (DJ), Iain Macritchie (IM), Malcolm Masterman (MM), Brenda Maitland (BM), David Mitchell (DM), Mark Stobert (MS),

3. Apologies Paul Graham (PG), Stephen Thornton (LM)

4. Minutes of the meeting held on 18th September 2013 were agreed as correct with corrections detailed

5. PAS Accreditation

5.1 The meeting went straight to a discussion about accreditation during which the following was noted;

- i. There is some reluctance from Chaplains in England towards registration. MS had observed this when in attendance at the CHCC OPC in July.**
- ii. There is therefore a need to sell registration to healthcare chaplains through the UKBHC Newsletter.**
- iii. A voluntary register of chaplains was desirable for there to be a demonstrable meeting of standards of chaplaincy practice.**
- iv. Ranjit Sengera (RS), NHS England lead for Chaplaincy will explore the possibility of funding from NHS England for the fees for accreditation with PSA. RS is very keen for accreditation as it strengthens the case for chaplaincy in NHS and adds to the new guidelines being produced.**

- v. The Application working group identified the pressing need for a Registrar.

Iain Macritchie agreed to act as registrar. Prop: DM 2nd: MnB

- vi. Rick Borges (RB), Accreditation Manager for PSA is very keen to draw UKBHC into accreditation.
- vii. MnB identified issues that are of concern and demanding of attention:
 - a) Fitness to Practice
 - b) Requirement for a demonstrable clarity of Educational Standards
 - c) Possibility that the issue about Faith Community Accreditation may contradict the 2010 Equality Act
 - d) What is the jurisdiction of UKBHC?

5.2 Presentation by and Discussion with Rick Borges

1. RB introduced his role and spoke to a presentation of the role of the PSA in Enabling Excellence. A Q&A discussion followed.
2. RB confirmed that the initial application fee of £12,000 included the first 12 months fee. He recognized that financial stability might be problematic for very small registers, but his role was to be as supportive as possible.
3. Where does assurance come from? What are the core essentials of the complaint procedure?
4. The UKBHC is not necessarily required to have both a comprehensive fitness to practice procedure and a means to decide on the response to breaches of the Code of Conduct and practice. The fitness to practice procedure may be 'contracted out' to a third party that works to a desired standard. The UKBHC may opt to 'quality control'/assure an investigation process by an NHS employer or Faith Community group.
5. UKBHC sanction may be to remove a registrant from the register, leave a registrant on the register with conditions or remove a registrant from the register for a designated period of time.
6. In the application process it will be sufficient for UKBHC to demonstrate the quality of its FtP process. Not all AVR's have undertaken disciplinary

action and therefore cannot evidence those procedures through having used them.

7. RB stated that if an employer is undertaking disciplinary action and UKBHC is aware of it, then UKBHC should act by following its own procedures. UKBHC may adopt the employers procedure, but can make sanctions if the CofC is breached. The NHS complaint procedure can be relied on.
8. CofC needs to contain a requirement of registrants to inform UKBHC of any disciplinary issue in which CofC is breached. This can be an annual renewal of a declaration that the registrant is not under any investigation.
9. MB identified the need to review the FtoP procedures and where necessary reword parts. RB offered to help with the review towards accreditation.
10. BM suggested identifying other groups that have models of FtoP that would help to inform UKBHC.
11. RB encouraged the board to focus on the outcome of protecting the public within the resources available.

5.3 Comments of the Draft Application from RB

FtoP

Section 2

NB the Islands are not Crown dependencies

What systems are in place to inform other authorities?

Need to begin with 'how to make a complaint'.

Need a Raising a Concern tab in the front page of the UKBHC website.

MB identified the need for a separate Health Committee and that committee members would need training.

Section 7

Complaints may not be able to be made in writing by some members of the public for particular reasons. Therefore the procedures need to be

accessible to and inclusive of any disadvantaged person. This may require complainants to be directed to sources of support.

Section 6

Need to be clear about who makes the assessment about the complaint.

Registrar needs to oversee the management of the register and there may be a requirement to form a registration panel.

Standards of proof will need to be highlighted.

Details of registrants under sanction/ suspension need to be identified on the website.

Details of suspended registrants should remain on the website.

Section 14

The lists of sanctions needs revision and should include an indicative list.

Outcomes will be posted on PSA website

The support of complainants during hearings needs to be considered

Hearings may be public or private, but the outcomes must be made public.

RB stated that the application was nearly ready, but needs some work.

The application steering group agreed to take this forward to PSA accreditation. BM agreed to join the group.

DF agreed to produce a business case for a grant application to NHS England for funds for accreditation

DM proposed that there should be a consultation on Faith Community Accreditation.

Thanks were expressed to RB for his time and valuable assistance and candor.

Lunch

6.0 Professional Conduct

The conduct case that DM reported on in Sept 2013 highlighted the need to instigate the FtoP procedures.

7.0 Professional Advisors

MM reported that:

There had been 45 requests for professional advisors in 2013.

There was pressure to down grade posts

Three advisors were retiring and the vacancies would be advertised.

The Steering Group also had vacancies

Funds from CtE had been forwarded

8.0 Academic Standards

DF reported that there was to be a consultation on Educational requirements and graduate entry routes into healthcare chaplaincy in Cambridge on 29 November 2013

It was commented that the title Healthcare Chaplain needed to be protected particularly in the light of the pressure to down grade posts. The title should be reserved for Bands 5 and above.

9.0 Professional Register

IM was collating a risk register for the profession PSA Accreditation. There need to be consideration of a risk register of the board. This should include the risk to individuals and a mitigation strategy.

10.0 Business Plan

Development of a Strategic Business Plan for the next 3 years would be an agenda item for the March 2013 meeting Future Dates.

12.0 Leadership Forum

DF reported that the new Guidelines would go forward using the documents developed by UKBHC

13.0 Board Meetings in 2014:

5 March

5 June

23 September

4 December

AGM

23 September



The March June and December board meetings would be at:

Churches Together in England, 27 Tavistock Square

A venue for the September board meeting and AGM would be announced.