

## Newsletter Spring 2016 Edition 16.1

### **WELCOME**

This is the 14th edition of the UKBHC's Newsletter.

For the benefit of chaplains and the wider healthcare constituency, the Newsletter continues to highlight news of and insights into chaplaincy issues. Please let us know if you have any comments or suggestions for future editions.

### **Functions of the UKBHC**

UKBHC is a multifaith organisation of practising healthcare chaplains whose primary objects are to:

- Promotes the health, safety and wellbeing of patients and service users and the protection of the public, through the UKBHC Code of Conduct and the maintenance of the register of UKBHC registered health and social care chaplains.
- Advance and disseminate the knowledge and practice of healthcare chaplaincy;
- Define and develop professional standards of chaplaincy including education, training and continuing professional development;
- Train advisers to support employers in the selection and appointment of healthcare chaplains;
- Operate procedures to consider, investigate and assess the professional conduct of registered chaplains;

- Maintain and develop systems to promote and accredit continuing professional development and the professional registration of chaplains.
- Maintain a voluntary register of health and social care chaplains.

### **Professional Standards Authority**

You may be aware that the UKBHC is applying for Professional Status.

The UKBHC Board agreed to complete the final pieces of detail and have submitted their application to PSA on Wednesday 20<sup>th</sup> April 2016.

Alongside this process, the Board has instructed a firm of solicitors to provide legal scrutiny and advice on its fitness to practice processes.

The purpose is to make sure we have robust and rigorous systems in place that will enable us to handle matters effectively and appropriately.

Here are some useful bits of information;

### **Applying to the PSA for AVR status**

What is the PSA?

The Professional Standards Authority

- Reviews the performance of regulators.
- Reviews Fitness to Practice procedures and final decisions.
- Provides advice on policy and good practice.
- Promotes right-touch regulation.

What is an AVR?

Authorised Voluntary Registers;

- A register that has been independently verified by an external body, PSA, which leads to confidence.

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- Demonstrate a commitment to high standards of personal behaviour, technical competence and business practice

What do registrants have to do?

Board Registered Chaplains have demonstrated:

- Evidence that they meet the eligibility criteria for registration;
- Compliance with the professional Code of Conduct and requirements for Continuing Professional Development; fitness to practice;
- Paid the relevant registration fee.

To maintain registration chaplains shall:

- Ensure that their UKBHC record is complete, accurate and contemporary;
- Maintain their CPD activity;
- Comply with the professional Code of Conduct;
- Pay the relevant registration fee.

### **A brief word from the Co-ordinator (Panel of Appointment Advisers) & Development Officer (Supportive Reviews)**

So far this year, twenty-two chaplaincy appointments are in the pipeline or have completed the recruitment process. That does not mean that all those posts were given the go-ahead in 2016 as some were left over from 2015, possibly because no one was appointed in the first round of interviews.

This is a worrying feature of chaplaincy recruitment. Applicants are frequently not appointable (which raises the question of why they have been shortlisted), and this is compounded by the fact that in some cases only one or

two people apply. Then there is the issue of senior chaplains approaching retirement deciding to reduce their sessions, and a full-time post becomes part-time. Few observers would doubt that part-time posts have increased in number as full-time posts have decreased, and there is the suspicion that, along with certain other healthcare professions, chaplaincy is an easy target for (financial) restructuring.

The Panel of Appointment Advisers is going through a recruitment process itself, and over the next few weeks ten chaplain will be interviewed for the Panel.

Recently, the decision was made to increase the number of Appointment Advisers from thirty to forty.

Unfortunately, the Panel has lost the services of a number of experienced members and the number currently stands at twenty-four. Even with an additional ten members, plans to ensure all the NHS regions have three Panel members is some way from being realised.

Over the last few months, the Reference Group has consulted with healthcare chaplains about a Complaints Policy, which should be shortly available, and an Equality Impact Assessment Tool (EQIA). Both of these consultation exercises were incredibly helpful and I am grateful to all those who contributed to the process. As a result, and drawing on the expertise of colleagues, the decision was taken not to produce an EQIA but to encourage recruitment managers to consider using EQIAs produced by their own NHS Trusts. The plan to introduce supportive reviews is moving forward and it is hoped that a pilot review will be carried out towards the end of 2016. In the meanwhile, a listening exercise is taking place to discover what chaplains themselves would want from a supportive review.

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Finally, I would like to thank the Appointment Advisers and those many others, from among the chaplaincy community, who have supported me in so many constructive and practical ways since I came into post.

### **Scottish Association of Chaplains in Healthcare (SACH) - Update**

At the EGM held on Thursday 28th January 2016 it was agreed, and subsequently ratified by members, that "the association has served its purpose and should now be dissolved".

The main purpose of the Scottish Association of Chaplains in Healthcare, as stated in our constitution, is to promote and represent healthcare chaplaincy in Scotland.

The constitution also outlines that the Association seeks:

- a) to be a professional body representing the interests of chaplains in healthcare
- b) to promote and maintain high standards of chaplaincy according to the 'Healthcare Chaplains Code of Conduct'.
- c) to facilitate support and fellowship for chaplains.
- d) to promote training and educational opportunities for chaplains.
- e) to promote theological reflection and research in spiritual care.
- f) to establish and develop good working relationships with faith communities and other organisations concerned with the promotion of healthcare.

For the past few years the majority of this work has been delivered through the offices of the Programme Director for

Spiritual Care and Chaplaincy within NHS Education for Scotland (NES), the Strategic Leadership Group (made up of NHS Board Leads for Spiritual Care) and also by the work of the UK Board of Healthcare Chaplains.

For a number of our members the 'representation' (regarding Terms & Conditions and also when involved in Grievance procedures, etc) has been provided via the College of Health Care Chaplains (linked with Unite) as SACH is not recognised as an employee-side organisation by the Scottish Government.

After significant discussion about the realities of the present situation in Healthcare, and with an air of sadness, the proposal that "the association has served its purpose and should now be dissolved" was unanimously agreed. The Executive will proceed with dissolution of the association over the next few months, and will also continue to work closely with the CHCC to support our members.

The history of SACH from November 1997 – present is definitely worth a separate article. A great debt of gratitude is owed to all those who contributed to the development of Healthcare Chaplaincy over the years since the establishment of SACH. Did they ever dream of the momentous changes and global impact that lay ahead?

It has been agreed with the UKBHC that the ex-officio role on the Board will continue and will be covered by a representative from the Scottish Strategic leadership Group.

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Thanks to everyone involved to date in developing Spiritual Care in Scotland, and to those who will build upon this in the future.

Paul Graham  
President of SACH

### **WEBSITE**

The main vehicle for contact with the UKBHC is the website - [www.ukbhc.org.uk](http://www.ukbhc.org.uk).

Please access the website regularly to keep up-to-date with important information for chaplains and others.

### **Treasurers Report**

The Registration Fees for 2016 were requested at the end of January and to date more than half have been paid and the PayPal system seems to be working well for the vast majority of payments. A reminder will be sent out shortly to encourage those still to pay.

As treasurer I am grateful to all the members of the Board, and in particular the lay members, who contribute their professional expertise on a voluntary basis ensuring our Registration Fees can remain at a reasonable level.

### **Professional Education**

Individuals seeking to enter healthcare chaplaincy and register with the Board are expected to have undertaken postgraduate study in healthcare chaplains. There is also an increasing

expectation on the part of employers that chaplains should be professionally qualified, especially for promoted posts.

The Board accredits four healthcare Chaplaincy programmes in the UK each offering study from Post Graduate Certificate to Masters. They also offer a variety of methods including traditional face to face teaching, block learning and distance learning. If you are considering a course of study now is the time to enquire and make application.

Details of the accredited healthcare chaplaincy education programmes are available at:  
<http://www.ukbhc.org.uk/chaplains/training-and-education>

### **Appointment of Academic Advisor**

Part of the registration process for the Board requires the Registrar to determine that applicants meet the Academic Requirements for registration relevant to both healthcare chaplaincy and to their declared faith community or belief group. On occasions this can involve determining the level and validity of study that has been undertaken outwith the UK, or in considering professional experience as equivalence to study.

To assist the Registrar in making informed decisions on applications for registration with the Board, the Board has appointed an Academic Advisor: Rev. David Mitchell, Programme Leader for Healthcare Chaplaincy Education at the University of Glasgow.

The academic advisor is also available to prospective and existing registrants

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seeking advice on professional healthcare chaplaincy education in the UK.

David can be contacted on david.mitchell@glasgow.ac.uk or 01700 811045

**NIHCA AGM** will be held on Wed 11th May at Seagoe Parish Centre, Portadown from 9.30am-4.00pm.

Research Interest Group - We are planning to set up a research interest group. The idea is to set up a network of interested Chaplains to learn more about what research has been carried out, equip ourselves to do small scale research projects, and learn from Chaplains within NIHCA (& beyond) who have carried out research so we can continue to develop personal & professional practice.

RCN - As part of the RCN centenary celebrations a special service will be held in St Patrick's Cathedral, Armagh, on Wed 1st June at 7.30pm. 40 seats have been reserved for chaplains to represent the spiritual dimension of healthcare. Please reply to the Secretary, Rev Rosie Morton, if you wish to attend.

### **CPD**

Continuing Professional Development (CPD) should be integrated chaplains working life and practice outcomes should demonstrate the impact of learning and reflection.

In practical terms CPD should be linked to the personal development plan agreed

at appraisal, and resources identified to meet the objectives or goals agreed.

The key to documenting what has been learnt and how it has influenced the delivery of care is reflective practice. It is the written reflective paper presented in the CPD Portfolio that will provide the evidence of learning,

along with the attendance certificate or other corroborating information depending on the mode of learning.

### **Spotlight on members of the UKBHC Board**

#### **Karen Mackinnon – Head of Spiritual Care-University Hospital Southampton NHS Foundation Trust**

I am delighted to be accepted as a Director with UKBHC and am very much looking forward to working with the Board in these exciting times as we progress towards registration, something that I've long felt that we should do.

So who am I? I have been a healthcare chaplain in University Hospital Southampton NHS Foundation Trust for the past 15 years. Prior to that, I was a parish priest in Bristol, the youngest of the first 32 women to be priested in the Church of England. I loved parish ministry but wanted to specialise in healthcare chaplaincy and was privileged to obtain one of the first, if not the first – chaplaincy training posts in Southampton with Preb Dr Peter Speck as my team leader, from whom I learned the specific and wonderful ministry that is healthcare chaplaincy. From the start I was passionate about high quality spiritual care and the importance of good training and standards for the profession. After two years in this role, I was appointed as trust chaplain and later became deputy

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spiritual care manager of our team of 8 chaplains, learning chaplaincy management from my then team leader Canon Richard Lowndes. During this time I was active in developing our trust's first ever spiritual care policy along with the training & education around this. Four years ago I was appointed head of the spiritual care service, a role which I thoroughly enjoy. It is a great privilege to see new chaplains come into our team and develop, growing in confidence in their role as well as engaging with the wide variety of people who make up a healthcare community.

It was a joy to be asked to be the operational lead in our trust for compassionate care, with our team hosting a range of focus groups on compassion, from which came a number of recommendations and a trust-wide operational group to action these. It's been refreshing to engage with staff in events like a medical debate on compassion, a forum theatre event based on compassion to our colleagues, developing a departmental charter of compassion as well as practical successes like arranging clothing for patients who desperately need this. We're looking at all sorts of things around values/compassion in our leadership programmes, reflective practice, including exploring Schwartz rounds. As a result of our engagement with these matters, our service profile has naturally been raised which in turn means that more patients are referred for spiritual care. I've always felt that it is important to explore what the current issues are for the trust in order to see how we as chaplains can support.

In recent years, I've been active both locally and nationally in a number of roles. Locally, I am the Bishop's Advisor for healthcare chaplaincy and we are currently working on a 70th anniversary

celebration of the NHS in Winchester Cathedral. I am also the CHCC regional rep for the South Central region. In this role, I have been active in drafting letters to trust CEOs bringing attention to the NHS England Guidance for chaplaincy & urging trusts in their recruitment of chaplains to ensure that they are following best practice. Our trust were also active in feeding back to NHS England the quality and safety implications of not allowing chaplains access to information needed to do their job.

I was privileged to be part of a week-long consultation on chaplaincy (all kinds not just healthcare) at Windsor Castle last year where we reflected on the need for chaplaincy to be included in theological and ministerial training as this aspect of ministry was one perhaps less understood, yet rapidly growing area. Indeed, a Theos report which I reviewed for the Health and Social Care Chaplaincy journal, recently stated that "the proverbial man in the street seems as – perhaps more-likely to meet a chaplain in his daily life as he is to meet any other formal religious figure". (Ben Ryan, A Very Modern Ministry: Chaplaincy in the UK) .

Training and education has always been important to me, both in the delivery of this and the receiving. I completed my MTh in Healthcare Chaplaincy from St.Michael's College, Cardiff University in 2013. It was hard work but a fantastic opportunity to learn, reflect on practice and make lots of new lasting friendships. My dissertation subject arose from my frustration with the National Secular Society's attacks on chaplaincy, which seemed to me to bear no relation to the situation on the ground in the NHS. I wrote on secularity in the contemporary NHS and the implications for chaplaincy. Aspects of this have been published in my first ever chapter in a book - Critical Care.

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Delivering spiritual care in health care contexts- Jonathan Pye (ed). I've got the bug now and would love to write a whole book – if only there was enough time! So that's the professional hat. In my personal life, I am very happily married and have a son of whom we're incredibly proud. I am known to have a fondness for parties – especially wearing a hot pink sequinned ball gown that is so over the top, but so much fun. If you can't get to my age and not wear what you want, there's something wrong. In the job we do and from my own personal experience, life can be so very hard and serious that I think it's important to be able to let one's hair down now and again, embrace life and have a jolly good laugh. Though I admit my neighbours may not appreciate my karaoke rendition of "Livin on a Prayer," "I will Survive," "Under Pressure" & "It's raining men" sung at the top of my voice!

### **Sheila M Mitchell**

#### **NHS Education for Scotland**

I joined NHS Education for Scotland in January 2015 to take up the national post of Programme Director for Health and Social Care Chaplaincy and Spiritual Care. With an NHS Scotland-wide remit, the role combines a number of elements, including an advisory function to the Scottish Government, responsibility for the professional development of spiritual care - including educational development, the shaping and driving of national strategy and the co-development of national programmes of work. As part of the Nursing, Midwifery and Allied Health Professional Directorate, the role has a strong collaborative element and necessitates engagement with people and services from across Health and Social

Care, the voluntary sector and not least, NHS Scotland's Strategic Lead's Group for Spiritual Care.

Having worked for five years as a part time member of staff within NHS Lanarkshire in a hospital for patients with mental health and learning disabilities, I joined NHS Ayrshire and Arran in March 2002 as the Lead for Primary Care, working within a mental health environment. Ultimately, as the Service Lead across NHS Ayrshire and Arran, I developed further my professional interest in mental health, together with the service's collaborative focus on dedicated staff support, including critical incident support, resilience and wellbeing. I am looking forward very much to working with the UKBHC and to fostering links with colleagues and services from across the United Kingdom.

### **Contacts**

The four member groups of the UKBHC are:

#### **AHPCC**

Association of Hospice and Palliative Care Chaplains (AHPCC): [www.ahpcc.org.uk](http://www.ahpcc.org.uk)

#### **CHCC**

For updates on the CHCC's work and other helpful information, see [www.healthcarechaplains.org](http://www.healthcarechaplains.org).

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CHCC members can also get more information by logging into the members' area, where they can also check/update their email address to receive occasional email updates. You can also follow the CHCC Twitter account: @HealthChaplains.

### **NIHCA**

Northern Ireland Healthcare Chaplains' Association (NIHCA): [www.nihca.co.uk](http://www.nihca.co.uk)  
email - [chaplains@nihca.co.uk](mailto:chaplains@nihca.co.uk)

### **SACH**

Scottish Association of Chaplains in Healthcare (SACH): [www.sach.org.uk](http://www.sach.org.uk)

### **Phil Wright (Newsletter)**

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