

Minutes of meeting: 6 December 2012
CTE offices, Tavistock Square, London
10.00am – 3.30pm

Present: Martin Bradley (MnB), Mark Burleigh (MkB) Judy Davies (JD), Derek Fraser (DF) , Malcolm Masterman (MM) , David Mitchell (DM), Mark Stobert (MS), Stephen Thornton (ST),

Apologies:), Derek Johnston (DJ), Iain Macritchie (IM), Lyn MacIntyre (LM) and Ewan Kelly (EK)

1.0 Minutes of Board Meeting held on 26 September 2012 were agreed with the amendment:

DM Chaired the meeting for the first item until the arrival of DF.

2.0 Matters Arising:

2.1 Report on PACHC (Professional Organisation for Community Healthcare Chaplaincy)

MS reported that he was in close working relationship with PACHC and the group within GP practice that were trying to establish chaplaincy in GP surgeries. PACHC had been formed to help promote Chaplaincy services in GP practices. It was an association of those who had a particular interest that included many GPs as well as practicing chaplains. Chaplains were still encouraged to be members of CHCC.

There has been considerable interest and enthusiasm amongst GPs and community services.

MS presented an overview of UKBHC at a conference that was held on 7th November in Birmingham in the Autumn - .

<http://www.anglicanhealth.org/Resources/PDF/PACHC%20Conference%20Invitation%200812.pdf>

PACHC was developing training for GP practice chaplains and was adopting the UKBHC Code of Conduct Standards and Competencies as the bench mark.

MS suggested that at some point PACHC may need to have input into UKBHC

2.2 Governance

2.3 Newsletter New Editor is required

2.4 Vacancies

MM noted the continued absence of L.M and prompted the discussion on lay members.

JD reminded the meeting that the need for someone with HR experiences had been identified.

MkB suggested that a lay member could also help to address the gender/ethnic balance.

2.5 UKBHC and RC relationships

Anxiety was expressed that RC comments on the Westminster Diocesan website questioned the credibility of UKBHC. The actual wording is:

You may have recently received a letter from the UK Board of Healthcare Chaplaincy (UKBHC) introducing itself as a new and overarching chaplaincy board in the UK. Please be aware that this is an independent initiative that has not been developed under the auspices of the DH. Registration is entirely voluntary and it is for individual healthcare chaplains to determine whether they wish to become UKBHC members.

Action: NHS chief executives should note the current guidance on NHS chaplaincy at:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/theweek/index.htm>

As stated by the Department of Health, the UKBHC is purely voluntary and has not been developed "under the auspices of the DH."

The date of issue is 2009 i.e. soon after the establishment of the UKBHC.

MS to follow up the issue with Malcolm Brown.

3.0 Fitness to Practice

MB reported that DM had put the website links into the Fitness to Practice document.

Contact details are required to which complaints can be directed. DF agreed that his Addenbrooks contact details could be used.

4.0 Code of Conduct

MFGHC were happy with the Code of Conduct which will be ratified at the next MFGHC Council. DM will conclude this with Debbie Hodge.

5.0 Registration of UKBHC

MB met with Rick Borges who is responsible to the Professional Standards Authority (PSA) has superseded the CHRE.

MB highlighted a number of issues:

5.1 Financial Viability

There would be an initial start up fee for registration with PSA of £12,000. There would be an additional annual fee of £9,000

In addition UKBHC would have to consider whether it would be in a position to meet any legal fees that would arise should there be a challenge to its decisions.

DM stated that the annual registration fees for registrants would have to be £30 to meet the costs.

5.2 UKBHC need to demonstrate a full understanding of the risks involved. The PSA risk matrix states that:

<http://www.professionalstandards.org.uk/library/document-detail?id=1eb83c45-26e5-44c8-9790-53b4f665b2dc>

Organisations that wish to be accredited by the Professional Standards Authority must satisfy the Authority that they meet the following standards:

Standard 3a: the organisation has a thorough understanding of the risks presented by their profession(s) or occupation(s) to patients, service users and the public – and where appropriate, takes effective action to mitigate them.

Standard 3b: the organisation is vigilant in identifying, monitoring, and reviewing risks associated with the practice of its registrants and actively uses this information in carrying out its voluntary register functions.

To demonstrate that these standards are met, organisations must both address standards 3a and 3b in the application form and complete the Professional Standards Authority's risk assessment matrix (Microsoft Excel) with due regard to the guidance, both provided on this page.

The PSA have produced a assessment toolkit:

<http://www.professionalstandards.org.uk/docs/voluntary-registers/avr-self-assessment-tool.pdf?sfvrsn=2>

5.3 Governance

UKBHC will need to be able to demonstrate how it will measure the standards of performance of:

- a. Chaplaincy Services
- b. Individual Chaplains

It was noted that this was previously discussed and that the responsibility lay with the Lead Chaplain within and an organisation

UKBHC was responsible for the setting of standards and may have to demonstrate its competence to do so.

5.4 It is a requirement of all registrants to have professional indemnity insurance.

Most chaplains have this through membership of CHCC

DM asked if board members needed indemnity insurance.
The view was that they should.

MB stated that indemnity would be a requirement of registration with PSA.

MkB asked if employer indemnity was sufficient for practice
The view was that it was only when working within the rules and regulation of the employer.

5.5 The procedure for registration with PSA would include an interview with the Chair and the Registrar

DF stated that a working panel was required to take registration forward.

It was thought that whilst remaining voluntary, registration would become 'mandatory' by choice.

MB thought that it was important to advertise the issue of Public and Patient Safety to registrants.

- 5.6 Working Group will be MB, DF, DM, IM with the power to coopt others as required.

The Fee would have to be budgeted for with £21,000 required for the first year. DF and DM would consider an application to DH and NES as well as the professional bodies.

Thanks were expressed to MB

6.0 Academic Standards

6.1 Introductory Course

DM reported that the material had all been prepared. Moodle was being uploaded to the UKBHC website following which the platform will be built onto which the material will be loaded.

6.2 CPD

A reminder to return CPD outlines was sent out to all registrants in November. A further reminder would be sent out electronically on 1 January 2013

The UKBHC website has all the content that is contained in the original folder sent out to all professional body members, some of which has been updated.

An example return has also been updated and posted.

6.3 Professional Journal

The meeting emphasised again the need for a UK wide academic journal. Anxiety was expressed that talks to unite the existing journals had faltered.

MkB informed the board that issue was stalled at the decision about the publisher. It is a governance requirement of Unite that for any expenditure above £8000 a bidding process must be carried out.

Three publishers will take part in a process of presentation and selection on 10.12.2012. Assurances was being sought for contractual guarantees over the next 7 years.

Board members were invited to the meeting on 10.12.2012

The editorial board will be provided by the CHCC and SACH board members. International contributors are to be encouraged.

The title of the Journal was yet to be decided but would be inclusive of both health and social care.

The board wished to record strong encouragement for the venture.

6.4 DM reported that he was working alongside Andrew Todd (AT) in Cardiff Centre for Chaplaincy Studies

www.stmichaels.ac.uk/chaplaincy-studies.php

where the MA is being tested against the UKBHC competencies.

6.5 DF reported that Hugh Priestner is currently collating a library grey literature, i.e. all the research done by chaplains. He is being supported by his son, who is an academic librarian at the Judge Institute

www.jbs.cam.ac.uk

7.0 Professional Advisors

7.1 Costings

MM reported that he had questioned the amount charged by CtE to administer the funds for the Advisors Panel and the Lead Advisors Role. The result was a reduction in the fee to £3000 from £6000.

7.2 Chair

Malcolm Brown was stepping down as chair of the Advisors Reference Panel. The Reference Panel would be nominating a chair from within the panel. Other suggestions from without the panel were dismissed. The panel were acting as per the constitution.

MS had made the observation during the process that it appeared 'incestuous', which might be a danger. He added that the experience of UKBHC was that those from outside chaplaincy added immensely to the development of chaplaincy as a profession.

7.3 Relationship with RC Church.

It was recognised that RC church was not sold on regulation and UKBHC. MB asked if and how the issue had been tackled.

ST suggested that it was important to build on the relationship that MM had developed with his visit to the RC Bishops advisors give them more information, particularly as UKBHC was poised to go forward towards registration with PSA.

ST suggested that there be a standing item on UKBHC board agenda under the title of Politics of Affairs – relationships with other bodies.

- 7.4 The advisors training day in Nov was successful though some were unhappy with the issue about moving from being potential advisors to actual advisors without the opportunity to shadow others.

MS suggested that there needs to be a person spec for advisors similar to that produced in the past for assessors.

Letters of appointment should be sent to all advisors and letters sent to CEOs to request support for advisors similar to the way the Tissue Authority and REC appoints.

It was recognised that the documentation was currently for NHS and England based, but that it was desirable to respond to requests from private organisations and hospices.

It was agreed that though it was desirable for chaplains to be registered it was essential that all advisors were registered.

7.5 Activity

There had been 50 requests for advisors and some reviews which accounted for nearly all advertised posts. One or two had not responded to MM's email offering advice, whilst some had used expertise within the team. This was understood but deemed not best practice.

Max number of applications was	46
Min was	4
Average was	14
Average short list was	4
Average no. of attendees was	3.1

The majority of posts were Band 6 with some band 5s which suggests that there was not the feared move to down grade posts. MS wondered if some 6s were replacing 7s, which was certainly the case in two West Midlands Trusts.

DF raised the issue of the quality control of advisors. ST suggested that it would be a matter to be addressed before long.

It was agreed that the quality of professional advice in the appointment process was crucial to the maintaining of regulatory standards.

It was reiterated that all new advisors should be UKBHC registered, though it was recognised that RC professional advisors would need to be handled differently in the short term.

8.0 Website

8.1 KSFs

DF and MS agreed to review the KSFs currently on the website. Current KSFs from Addenbrookes had been posted. It was recognised that not all NHS Trusts were using KSF following Agenda for Change (AfC).

DF and MS will review for acute trusts.

JD agreed to review for Palliative Care

Cameron Langton will be asked to review KSFs for Mental Health

8.2 Technical Issues

ST reported that there were functionality issues with website when used on iPads.

MkB suggested that the photographs needed updating in line with new policies. E.g. 'Bare below the elbows'. Also some of those in the photos are no longer practicing as healthcare chaplains.

DF Suggested that current model job descriptions should be posted in the 'For Employers' section

ST suggested including web links such as to NHS Employers. And whether Facebook and Twitter had been considered.

Thanks were expressed to DM

9.0 Treasurers Report

9.1 Financial Report

DM presented a report of the finances and stated that all was well with the following notes:

- CPD points were down
- Northern Ireland had paid a contribution towards the funding of the Introductory Course
- NES was paying directly for the material used
- NHS in England was also making a contribution

- There was a slight deficit from the original budget, but it was thought that this would be made when registration fees are paid, these being due in January.

There were currently 323 registrants.

9.2 Charitable Status

DM is working towards registration in England as this give UK coverage. This will require a particular form of accounting.

Gift Aid can be applied retrospectively.

DM was anticipating some glitches with Paypal when this happens.

9.3 Other Issues

MM stated that UKBHC needed clarity from Malcolm Brown about funding beyond 31 March 2013.

Also clarity needed from Barry Mussenden about DH involvement in the future.

10 Newsletter

Tom Gordon has stepped down from UKBHC board and as editor of the UKBHC Newsletter.

The newsletter is a vital for communication. Emma Louise would be approached by MS to take this on.

11 AOB (MB left after item 11.1)

11.1 Data Protection Act

No progress has been made

11.2 Revision of the DH Guidance Document

The board agreed that it was important that any review should be led by the healthcare chaplaincy profession.

ST suggested that there should be a handover pack and meeting with Barry Mussenden with an agenda for him to give to the commissioning board

12 Board Meetings in 2013

10.30 Wednesday 20 March CtE Tavistock Square, London

10.30 Thursday 20 June CtE Tavistock Square, London

10.00 Wednesday 18 September University of Glasgow

AGM with follow this board meeting at 14.00

10.30 Thursday 28 November CtE Tavistock Square, London