

Multi-Faith Group for Healthcare Chaplaincy



BULLETIN 10 – June 2006

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Welcome

Welcome to Bulletin 10 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition is information from the meeting held in June 2006.

Grant for education and training work

The Council has been awarded a grant of £5K in 2006-07 from the Faith Communities Development Fund for the development of knowledge and skills. The Executive Committee had suggested that priority should be given to those faith communities without other means and will consider "bids" against these funds in July.

The central allocation for chaplaincy 2006-07

SYSHA had not yet received this allocation from the Department of Health for 2006-07 although the Chair had received confirmation from the Department that an allocation of around £180K would be forthcoming. The process of applications for grants from these funds is currently being updated in readiness.

Authorisation processes – progress report at May 2006

The Council received a paper reporting progress with the development of authorisation processes within the world faith communities. It was noted that this was based on submissions from all communities and the Chair congratulated all concerned on the progress made.

Launch event for the resources for multi-faith chaplaincy

The photo from the January launch event in Doncaster attended by the Secretary of State at which the Vice-Chair had spoken is below.

The Chair thanked Alan Wittrick for the support and help given by SHA staff to this event.



Edward Lewis reported that the resources on this website had been well received by members of the European Network for Healthcare Chaplaincy which had met in Lisbon in May.

The Mirfield Report

The Council received a copy of the Mirfield Report for consideration.

In introducing discussion, the Chair welcomed the report and regretted that his period of illness at the New Year had prevented him attending. He suggested that the Council should support the view that all stakeholders including the faith communities represented on MFGHC should have an effective role in determining the direction of spiritual healthcare services along the lines suggested in paragraph 67 and that the process should evolve but not be imposed.

In discussion, members were supportive of the action proposed. There were queries about the form of regulation and about the balance of involvement between chaplains and other members. At the same time the need for some sort of "chaplaincy commission" had been mooted as long ago as 1997 so this was not a new idea.

It was agreed that members should send their further comments to the Administrator/ Chief Officer for consideration by the July meeting of the Executive Committee which should agree a response.

Election of Honorary Officers 2007-08

It was noted that the election process for Honorary Officers would commence in September in accordance with the procedure used last time.

Membership by bodies which represent those of no particular faith/ religion

There was discussion by Council about whether these groups should be involved with healthcare chaplaincy through membership of the MFGHC. Arguments were mostly against this change but there were those who considered that involvement was more profitable than exclusion and also that the care of patients of no particular faith was a common principle justifying inclusion.

At the Chair's invitation, Bob Evans agreed to prepare a paper setting out the arguments for consideration by the Council in January 2007.

Chair and Vice Chair's report – May 2006

The Chair reported his appointment as Rabbi to a community in Hong Kong which he had agreed to take up in October 2006. Members congratulated him on this appointment and noted that the Vice Chair would act as Chair for the remainder of the year.

The Chair had met with the Chief Nursing Officer at the Department of Health in December 2006. This had been a helpful meeting but nothing new had been promised.

The Chair had also agreed to represent the Council on the project group for the *Caring for the Spirit* NHS project. He had attended one meeting and had been able to contribute fully and usefully.

The Vice Chair reported further on the launch event in Doncaster and on the Sikh community's meeting in Edinburgh in June. He had also accepted an invitation to speak at a multi-faith meeting in Derby in July.

Chief Officer's report – May 2006

The Chief Officer had attended the recent meeting of the European Network of Health Care Chaplaincy held in Lisbon. The Network had 38 groups in membership from across Europe.

The Chief Officer reported on the debate about hospital chaplaincy within the Church of England General Synod at its February meeting. This had been generally supportive and encouraging.

Progress of the listening exercise on quality standards

The Standards Committee had met in November 2005 to review the outcome of the listening exercise with chaplains on quality standards of spiritual healthcare held during the summer period. Several comments had been received and a clearer and fuller document was available as a result.

The second stage of the listening exercise was to be a consultation with NHS bodies via SHAs planned for early in 2006. This has not taken place because of the re-structuring of NHS management. Currently, the proposal was that the listening exercise with NHS bodies should be re-planned for later in 2006 or thereafter when the nature and scale of the bodies themselves was clear.

In the meantime, the Council agreed that the current set of standards should be published to chaplains (attached herewith) and commended to SHAs.

NHS Standards for spiritual healthcare

The Chief Officer reported that discussions with the Healthcare Commission had established that the Commission would link the inspection of core standard C13a (healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect) to the need to take "...into account different interpretations of dignity and respect for people from different faiths...."

This linkage by the Healthcare Commission was helpful, but Council considered there was still a necessity to establish care of spiritual needs as a core NHS standard on its own rather than either an adjunct to privacy and dignity or as a development standard for consideration in due course.

The Council agreed that, as an objective, it would seek to reach agreement with the Departments of Health that the current NHS developmental standard D2 (b) (Patients receive effective treatment and care that take account of their individual preferences and meet their physical, cultural, spiritual and psychological needs and preferences) should be made a core standard by the end of 2007.

Dates of next meetings

The Council agreed to meet again on Tuesday 5th September 2006 and Wednesday 24th January 2007.

Communicating the work of the MFGHC

The MFGHC has established a website (www.mfghc.com) where its work will be highlighted. It intends to publish an e-bulletin about its progress every four months. For routine communication, Edward Lewis can be contacted at the address given above.