



BULLETIN 12 – February 2007

Chair

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UK Sikh Healthcare Chaplaincy Group

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Welcome

Welcome to Bulletin 12 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council meeting held in January 2007.

Election of Honorary Officers 2007-08

The Council congratulated the new Honorary Officers for the 2007-08 period as shown:

Chair - Mr Sital Singh Maan

Vice-Chair - Mr Manhar Mehta

Co-Chairs, Education Committee - HM Shafique Rahman, Revd Debbie Hodge

Co-Chairs, Standards Committee - Mr Ron Maddox, Revd Bob Evans

Bahá'í Faiths Adviser

The National Spiritual Assembly of the of the Bahá'ís of the United Kingdom has appointed Mr Peter Hulme as the Bahá'í faith's adviser to work with NHS Bodies on appointments etc. His details are:

Mr Pete Hulme
104 Penn Grove Road
HEREFORD
HR1 1BX

Tel: 01432 277903 (h)
Email: petehulme@btinternet.com

Chaplaincy arrangements at the Worcester Acute Hospitals NHS Trust

Following the Trust's proposals for a swingeing reduction in chaplaincy staffing, the Churches locally had met with the Trust Chairman and Chief Executive in November. A revised proposal had been agreed at that meeting which was an increase in staffing levels but dependant on soft funding. In early December, the funding had been agreed for the two-year period requested by the Trust.

The Council was informed that, although there was an agreement and the revised proposal was more than originally planned, some chaplains remained concerned both about the failure of the Trust to meet staff levels included in the policy guidance and also about the current funding mechanism.

Council noted that the Standards Committee had released its draft statement of quality standards to Trust Chief Executives in November as a reminder of quality issues. Members supported this move but agreed that a core NHS standard was needed. The Chairman confirmed that this idea was being pursued with national and Governmental contacts.

AUTHORISATION PROCESSES – DESIGNATING AUTHORISATION BODIES

The Council has agreed that authorising bodies should be designated after discussions to confirm that the faith community has the capacity to undertake the work associated with this activity. The current progress would be reviewed between members of the Executive Committee and the individual faith communities and a report about which bodies to designate be made to the September meeting.

The Mirfield Report - Arrangements for the MFGHC's Conference of Chaplaincy Bodies

The Council has endorsed the arrangements made by the planning group under the chairmanship of Revd Debbie Hodge for a Conference of Chaplaincy Bodies on 10/11 May at All Saints Conference Centre, London Colney. The details of the Conference are included in the letter to chaplains attached to this newsletter.

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.

EJL February 2007



SET OUT BELOW IS THE TEXT OF THE LETTER SENT TO CHAPLAINCY BODIES

February 2007

Dear Colleague

**Taking forward the Mirfield Report –
The MFGHC's Conference for Chaplaincy Bodies –
10th / 11th May 2007**

I am writing to invite your organisation to take part in a Conference for Chaplaincy Bodies planned for Thursday/Friday 10/11th May 2007 at the All Saints' Conference Centre, London Colney, St Alban's. We hope that up to three delegates will attend from each of those Bodies listed below.

The purpose of the Conference is to take forward the action proposed in the Mirfield Report 2006 which suggested that "the faith communities and the NHS (need) to work more closely together in sustaining and valuing healthcare chaplaincy and its care of the healthcare family". In response to this proposal, the MFGHC agreed to host the above Conference which has been planned by a small group of council members led by Revd Debbie Hodge.

In advance of the Conference, we should be very grateful if you would undertake four simple tasks:

1. Please will you let us know who will attend on your behalf so that numbers and details can be confirmed;
2. Please will you inform your organisation about this event so that members are aware of it and able to brief you about their views;
3. As part of this briefing, please will you let us know what are the five main challenges facing your organisation in the remainder of this decade;
4. Please will you comment on the proposals for a Standing Conference of Chaplaincy Leaders as set out in the attached paper.

The summation of challenges is to be discussed in the Conference first session and the comments about the Standing Conference in the third session. It would therefore be very helpful to receive your considerations by the beginning of May so that these issues can be collated. All correspondence about the event should be sent to Revd Debbie Hodge at chaplaincy@cte.org.uk.

I am grateful for your attention to this Conference and I look forward to welcoming you to London Colney in May.

Yours sincerely

Sital Singh Maan

Chairman



Distribution: Chaplaincy Bodies as listed below:

Association of Hospice and Palliative Care Chaplains
College of Health Care Chaplains
Department of Health
Free Churches Steering Group for healthcare chaplaincy
Healthcare Reference Group, CBC for E&W
Hospital Chaplaincies Council
Jewish Visitation Committee
Muslim Council of Great Britain
National Council of Hindu Temples
National Spiritual Assembly of the Bahá'ís of the United Kingdom
Network of Chaplains in Healthcare
NHS Yorkshire and the Humber
Northern Ireland Hospital Chaplains Association
Scottish Association of Chaplains in Healthcare
The National Council of Vanik Associations (UK)
UK Buddhist Healthcare Chaplaincy
UK Sikh Healthcare Chaplaincy
Zoroastrian Trust Funds for Europe Inc.

NB. This list of Chaplaincy Bodies does not include those whose work focuses on education and development and which is mostly “commissioned” on behalf of others. These bodies include such as St Michael’s College, Llandaff, the Chaplaincy Academic and Accreditation Body and the Joint Training Office. It is envisaged that these bodies will be involved with the development of the Standing Conference at a later stage.

PROPOSALS FOR A STANDING CONFERENCE OF CHAPLAINCY LEADERS

Background

1. The emergence of healthcare chaplaincy as an independent health profession during the last 10 years has been characterised by significant NHS investment, an increase in the number of chaplains and a widening of the faith community involvement in this work. Towards ***the end of this period of growth***, the Department of Health policy guidance in 2003 signified both the formal requirement for a multi-faith approach to healthcare chaplaincy and also the ambivalence of guidance which was to be funded by local development planning.
2. During this period also, there were changes in the number and range of chaplaincy bodies. The predominantly Christian emphasis gave way to an approach which embraced all the major world faiths and new Bodies emerged to support new activities. At the same time, ***tensions have emerged between the Bodies*** because of an overlap of functions and roles. This has led to a duplication of effort and a weakening of the overall intention to harmonise the pace and direction of change. The Mirfield Report published in 2006 proposed that chaplaincy leaders should work together and this paper suggests how MFGHC proposes that this can be achieved.



3. During the course of deliberations about the Mirfield Report, events within the Worcester Acute NHS Trust demonstrated *the vulnerability of healthcare chaplaincy* to being classified as an inessential personal preference rather than an essential healthcare service. It is not possible to know whether these events might not have occurred if chaplaincy leadership was different. At the same time, these events signal a warning that the current mechanisms to protect chaplaincy are not sufficiently robust in the face of determined management intervention.

A two-stage approach to joint working

4. The MFGHC planning group has worked with staff of the Cass Business School¹ to develop *a two-stage approach* towards the difficulties of working forwards without rivalry and establishing partnerships which are robust in the face of management challenge.

The first stage – establishing a standing conference

5. The first stage is the establishment of a Standing Conference of Chaplaincy Leaders (SCCL):
 - The purpose of the SCCL would be to represent healthcare chaplaincy publicly and externally and to enable chaplaincy and chaplaincy bodies to be seen as one alliance;
 - The SCCL would be comprised of the individual leaders of the chaplaincy bodies which choose to take part²;
 - The SCCL would meet together on a quarterly basis under the chairmanship of one of their number elected to this role on an annual basis. They would record and publish their decisions which would be made by consensus;
6. Members of the SCCL would agree to attend the meetings and to submit their organisations public statements about chaplaincy for consideration by other members. Members would also agree to comment constructively within a short period as situations present.

The second stage – developing integrated working

7. Membership of SCCL would enable members to access the second stage of this approach which would take the form of facilitation between the Bodies about the roles and functions which each should undertake on behalf of all. This facilitation could be provided by Cass Business School with the intention that a defined piece of work can be completed within 2007 with MFGHC as client.
8. Implementing the product of this facilitation would be for SCCL to agree.

MFGHC planning group
January 2007

¹ Cass Business School has experience in working with the charity and voluntary sector and links with the Worshipful Company of Management Consultants which may be able to offer consultancy support on a pro bono basis.

² There can be no compulsion about involvement in the standing conference. The process set out here seeks to include all bodies within healthcare chaplaincy but recognises that a particular body may choose to join at a later date.