



BULLETIN 16 – September 2008

Chair

Mr Sital Singh Maan
UK Sikh Healthcare Chaplaincy Group

E-Mail: chairman@mfghc.com

Chief Officer.

The Rev'd Edward J Lewis
Church House
Great Smith Street
London SW1P 3NZ
Tel 020 7898 1892
chief.officer@mfghc.com

Welcome

Welcome to Bulletin 16 from the Multi-Faith Group for Healthcare Chaplaincy. In this edition, is information from the Council meeting held in September 2008.

The All Party Parliamentary Group Enquiry about healthcare chaplaincy

The Council received a copy of Mr Mike Penning's letter to chaplains on behalf of the All Party Parliamentary Group for Healthcare Chaplaincy. It was noted that this letter was also being sent to the Department of Health, NHS Strategic Health Authorities and to chaplaincy bodies. In welcoming the survey, the Council also agreed to submit evidence to the Enquiry concerning the need to retain chaplaincy-spiritual care as a directly funded NHS service; issues in the development of the multi-faith chaplaincy workforce; and proposals for a development framework for chaplaincy.

Financial support from the central allocation for hospital chaplaincy

The Council agreed that the concern about the uneven support from the central allocation should be pursued in advance of any submission to the APG Enquiry. The Administrator agreed to circulate a draft request seeking to clarify ministerial intentions.

Links to Ministers and Officials in England over health policy issues

The Council received copy of a note from Mark Davies of the Department of Health indicating that the DH contact for chaplaincy policy in England was to be Mr Barry Mussenden. The Chief Officer indicated that he was planning to meet with Mr Mussenden in the near future to identify how best action could be pursued on a number of issues of concern for chaplaincy.

Use of assessors at chaplaincy appointments

The Council received a copy of the updated July guidance to NHS Directors of Nursing and of Human Resources about the use of assessors at chaplaincy appointments in England issued by the Chief Officer. It was noted that this had been endorsed in the September issue of the CNO's Bulletin to Directors of Nursing.

UK Board for Healthcare Chaplaincy

Several members of Council reported that they or their colleagues had received invitations to a meeting in Cambridge/ Loughborough to discuss this group or to witness its launch. It was not clear what the purposes of the Board or of these meetings actually were and some Chairs had decided not to be present until issues were clarified. It was agreed that the Chair should raise the issues of concern with the membership bodies and invite them to have a discussion at the January meeting.

Volunteering in Health and Social Care

The draft strategy issued by the Department of Health for consultation was noted. As this failed to mention any of the good work by volunteers in healthcare chaplaincy, members were asked to comment on this point especially in their response to the consultation.

Impact of dress codes on faith communities

The Council was updated on the progress of these further discussions. The sub-committee had met and was now drafting further advice for issue to the NHS. This was likely to suggest a more flexible approach than was originally the case whilst still maintaining the essence of the bare below the elbows policy. It was noted that, in the meantime, health staff were still being disciplined for failure to adhere to the policy, the latest instance being reported from Reading.

The engagement of chaplains in public institutions

The Council received a paper setting out the qualification for faith leaders, workers and volunteers which was being piloted by the Department for Innovation, Universities and Skills with the Department for Communities and Local Government. It was agreed to maintain a watching brief on this development.

Consent systems in chaplaincy-spiritual care

Revd Susan Hollins presented the progress with her project to develop a consent system to support patient reception of chaplaincy-spiritual care.

She explained that the copy letter from the Chair of the Information Systems Board (ISB) to the Chief Nursing Officer of the Department of Health which had been sent in July indicated that ISB could not proceed with the system approval process as there was a need to assess all NHS consent systems rather than just that relating to chaplaincy. This major review undertaken by ISB would take place over the next months and would delay the chaplaincy consent approval by a considerable length of time. There were also technical aspects which would delay approval. As a result, the project was ending its current stage and she was now consolidating the lessons learned.

Susan had prepared a submission to ISB about the list of religions and belief systems. This had been the subject of consultation with chaplains in 2006 and had grown considerably, and was likely to be adopted as a standard listing by other Government Departments and Agencies. The list had now been related formally to the SNOMED system of categorisation used by the NHS and she had prepared a user guide. Once approval to the submission was given by ISB, a dataset change notice would be issued to NHS Authorities and the list would be made public. It will be possible to amend the list on a regular basis as Susan will have control of this as the list author.

Susan explained that the work on consent issues in chaplaincy-spiritual care was concerned with access to the patient's information kept in the medical record. (There was no need for formal consent to the chaplaincy team visiting patients). The proposed consent system had been piloted in several ward areas in different hospitals and the staff and users had been surveyed as part of the feedback process integral to the ISB submission. Survey responses stressed the unworkability of a paper consent system as well as raising questions about the requirement for a consent mechanism itself. Development of the consent questions had led to the identification of wider questions and was therefore of value as an interim stage whilst the ISB examined the wider issue.

Members congratulated Susan on the progress of this important project and clarified issues of concern. In

discussion, it was agreed that the learning from the project to date should be disseminated. Edward Lewis indicated that he and Susan were working on this and the arrangements would be publicised in due course.

Authorisation arrangements in the Buddhist faith community

The Council received a report from the Chief Officer about authorisation arrangements in the Buddhist faith community. These indicated that, as a result of differences between two groups within the community, progress had slowed and the Executive Committee had not been able to resolve the problems.

After discussion, the Council agreed that only one authorising group should be encouraged for each faith community. The Council also endorsed the Buddhist Healthcare Chaplaincy Group as the lead body for the development of authorisation in the Buddhist faith community.

NHS Constitution

The Chief Officer drew member's attention to the current consultation on the NHS constitution. He suggested that members might wish to comment on the absence of any mention of chaplaincy-spiritual care and its values.

Report items – September 2008

Brief reports were received of the opening of the Chaplaincy Centre at Cardiff University in June, and the National Service for the 60th Anniversary of the NHS held at Westminster Abbey in July. The Chief Officer indicated that nomination forms for Honorary Officers in 2009-10 were about to be dispatched.

Dates for meetings in 2009

The Council agreed to meet on Wednesday 28th January, Thursday 21st May and 24th September in 2009.

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 September 2008