

N C London Chaplaincy Collaborative

Launch Meeting 22 February 2006, at the Royal Free Hospital, London

Those present included:

Rachel Picton, Director of Workforce, N C London SHA  
Revd. Susan Hollins, Lead Chaplain, National Chaplaincy Strategy, East Region  
Revd. Robert Mitchell, Rev Julian Wiktorska – Royal Free Hospital  
Revd. Jim Linthicum, Rev Tom Baron – Barnet and Chase Farm Trust  
Revd. Daphne Williams – The Whittington Hospital  
Father Peter Harries;  
Revd. Peter Rowntree, Mark Brackley, Barbara Stanford, & Mrs Angela McCann-Keating – UCL Hospitals Trust

Apologies had been received from:

Revd. Dominic Fenton – North Middlesex Hospital Trust  
Revd. Wendy Brooker – RNOH Stanmore  
Revd. Noel Walter and colleagues – Great Ormond Street Hospital

1. Susan Hollins gave two presentations:
  - a. A review of the work of the 'Caring for the Spirit' Strategy
  - b. Chaplaincy Collaboratives – their form and function
2. A general discussion then took place in which the following matters were raised:
  - a. Recognition that a gap in an understanding of what healthcare chaplaincy is exists between those in management roles and the chaplaincy workforce in Trusts
  - b. Continuous Professional Development (CPD) – the question was asked whether there is a liaison between the CfS strategy and the College of Healthcare Chaplains (CHCC) in relation to CPD. SH replied that there is no clear liaison at present, and that those involved in the CfS strategy would wish to collaborate more closely with the College on this matter.
  - c. There is a recognised tension for some chaplains between a career in healthcare chaplaincy and a vocation to it. Some consider that the CfS strategy increases such tensions. In response some would consider that the greater differences reside in the language and terms used rather than in the actual understanding of the role and the exercise of it.
  - d. There are considerable concerns in relation to part-time chaplains, especially those who are Roman Catholic chaplains in healthcare. These focus on the time constraints imposed by part-time working and the corresponding lack of participation in team or other meetings. Another concern relates to lack of clarity in the appointment procedures for part-time Roman Catholic chaplains.
  - e. Minimum Data Set (Guidance Note produced by the Caring for the Spirit Strategy): colleagues were interested to learn from others who

may be using this data set, as well as wanting a mechanism put in place for feedback from users. It was acknowledged that while Chaplains work hard many do not think the importance of keeping appropriate records (data). Others feel swamped by the thought of engaging in this task, adding it to the list of jobs to do. For some the collection of data seems like 'crude research' by comparison with the 'intuitive' approach of most chaplains. Others consider that there is a danger of the over-emphasis of quantitative data by comparison with qualitative data. Another concern relates to the purpose of data collection in relation to theological integrity. The question was also asked about what constitutes good practice in the collection of data and in evidence based practice.

- f. Research: there is a need to ask theological questions about the purpose of research and for there to be a theological under girding of any research.
- g. Evidence based practice: there is a need for clarity about the parameters for this as well as establishing what the 'evidence base' is in the first instance.
- h. Different faiths: how will chaplains of other faiths understand these new models?
- i. Robert Mitchell (RFH) spoke of the benefits of incorporating reflective practice into team meetings on a regular basis; chaplains could learn from each other in this way.
- j. Chaplaincy Collaborative:
  - i. A concern was raised about the steering/oversight of the collaborative after the Lead Chaplain's contracts end in 10/07. It was felt that there should be someone 'at the helm nationally' to keep the strategy issues running. It is considered that there needs to be a secure national structure.
  - ii. There is an anxiety about the potential for patchy involvement in this new initiative
  - iii. The time constraints for attendance at meetings of the collaborative by part-time need to be taken seriously, especially where the part-time chaplains are lone chaplains.
  - iv. A major strength of a chaplaincy collaborative is its potential linkage with other healthcare professionals. While recognising the difficulties in involving such people within the collaborative it was agreed that to do so would be a major benefit.
  - v. Would the integrity of a chaplaincy collaborative remain if few chaplains were involved? SH response: this would be a matter for the SHA to raise with the Trusts whose chaplains were not involved.
  - vi. It was recognised that this initiative should be seen 'in the long term' and to seize the opportunities it offered. There was also some concern that without the development of the chaplaincy collaborative chaplaincy itself would risk major decline.
  - vii. Others recognised the need for chaplains to have more confidence about the value of their work especially within the present climate of major financial constraints in the NHS nationally, and the impact of private healthcare initiatives.
  - viii. It was recognised that the collaborative would offer the chance for chaplains to work with the SHA to identify funding streams for particular pieces of work, following the development of a Business Case.
  - ix. **Commitment to the chaplaincy collaborative**

- a. There is a genuine wish to engage with the CfS Strategy and to the chaplaincy collaborative as part of this.
  - b. Some expressed uncertainty about being committed to the collaborative unless they could be certain that it would address local issue. SH emphasised the key role of the collaborative in addressing local issues together.
  - c. In general colleagues recognise the importance of this initiative and want to commit themselves to it.
  - d. It is also agreed that that the link with the SHA 'counts a lot' as it communicates a seriousness of intent to recognise the chaplaincy workforce.
- x. Draft agenda for the next meeting
    - 1. Minimum Data Set. SH agreed to invite Colin Reed, Chaplain at the Norfolk and Norwich Acute Trust, to share his good practice on this subject.
    - 2. An update of SHA Policy
    - 3. Development of a local/SHA database for all chaplains
  - xi. Dates for future meetings in 2006
    - 1. May 11 at 1300. Venue to be confirmed, possibly RFH.
    - 2. September 19 at 1300.
    - 3. December 6 at 1300.