

**North East London Chaplaincy Collaborative
Launch Meeting held at West Ham Football Club
March 29 2006 1230 – 1700**

Those present:

Mark Griffiths	Clinical Support Development Manager NELSHA
Stephen Langford	Director of Service Transformation NELSHA
Susan Hollins	Lead Chaplain, Caring for the Spirit Strategy (eastern area) SYSHA
Nadia Pfaff	Senior Chaplain Homerton University Hospital
Russell Ogston	Chaplain, Homerton University Hospital
Christine Hall	Lay chaplain, HUH
Pete Martin	Senior Chaplain BHR hospitals
David Mackay	Chaplain BHR hospitals
Tim Coleman	Chaplain BHR hospitals
Mike Pritchard	Chaplain NE London MH Trust and Team Leader Whipps Cross NHS Hospital Trust
Sister Frances Moore	RC Chaplain Whipps Cross Hospital
Sister Maureen	RC Chaplain Whipps Cross Hospital
Duncan Dalais	Chaplain Whipps Cross Hospital
Father Maurice Gordon	RC Chaplain Whipps Cross Hospital
Iman Yunus Dudhwala	Multifaith Manager Newham University Hospital
Peter Cowell	Senior Chaplain Barts & The London Hospital Trust
Ben Rhodes	Chaplain Barts & The London Hospital Trust
Stephen Gutmann	Senior Free Church Chaplain Barts & The London Hospital Trust
Shafiq Rahman	Senior Muslim Chaplain Barts & The London Hospital
Yasar Zaman	Muslim Chaplain Homerton University Hospital
Sudha Lau	Chaplaincy Co-ordinator East London & The City MH Trust
Janice Strachan	Chaplaincy Co-ordinator East London & The City MH Trust
Philip	Chaplaincy Volunteer Newham University Hospital

Apologies had been received from:

Nigel Copsey	Chaplain E London & The City MH Trust
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1. Stephen Langford gave an opening address in which he expressed the support of the SHA for the chaplaincy collaborative as well as his appreciation of healthcare chaplaincy. SL also spoke about the benefits of service transformation and the part that collaboratives play in this process
2. Susan Hollins welcomed everyone. MG invited colleagues to share their thoughts about this initiative.
 - a. Where are we going?
 - b. What does this mean?
 - c. What does a collaborative offer that the CHCC does not provide?
 - d. Some cynicism about this initiative
 - e. How spiritual care is measured in the NHS and how we communicate this to other healthcare professionals
3. MG asked whether the Caring for the Spirit strategy resonated with chaplains or whether they wished to devise something else that is pertinent to N E London.

- a. Pete Martin (PM) suggested a focus on agreed standards. If standards are not agreed by NHS employers then we are only improving our services (and ourselves).
 - b. MG understands the CfS strategy to concern itself with the raising of the profile of chaplaincy services, in which resource issues are a key factor. What can be done in N E London to raise the profile of healthcare chaplaincy?
 - c. Dave Mackay (DM) asked about the ownership of the chaplaincy development process: how do we know when we've attained the standards for each service? What is required to make community links effective? How might these links be qualitative?
 - d. (PM) MG: there is a requirement to challenge Trusts to take holistic care seriously; to promote what spirituality means to healthcare staff.
 - e. Nadia Pfaff (NP) suggested that the focus increasingly will be on risk. In addition over the next 2-3 years the question is whether to direct the focus of the service to the institution as a whole and to the provision of staff support, rather than remain intently patient focussed.
 - f. PM: how can we ensure that the Strategy is strong enough that it goes beyond the subjective response of a Trust? In response MG: Where is good chaplaincy being promoted? Where is it being communicated? (HSJ?). It is important to find out where things are working well, evaluate it, and promote it. A good practice pilot scheme could be set up, and if successful after evaluation, the practice could then be implemented in other chaplaincy departments. Also, how do chaplains ensure that Trusts achieve financial balance? Tim Coleman (TC) admitted that chaplains are not effective at their own PR.
 - g. Mark Griffiths outlined his role
 - i. A focus on workforce development – does the person meet the needs of the service? Do chaplains meet the needs of the service?
 - ii. The quality assuring of training courses
 - iii. Manages a budget of £100.00 for CPD which is shared between AHP staff and Healthcare Scientists. This group now includes the chaplaincy workforce, but chaplains have to **ask** for funding.
 - iv. The provision of support and expertise
 - v. Chairs the Clinical Support Sub Group. PM has been a member of this group for some time but has not attended a meeting. Colleagues in the area are not aware of PM's involvement in this group. It would be possible to address funding streams for CPD within this group.
 - h. The key point of collaboratives is to focus on major issues for chaplaincy in the N E London area. Stephen Langford has asked already what resources does chaplaincy need and expects a response to this enquiry.
4. Nadia Pfaff (NP) spoke of the need for clearer accountability and the benefits of this in providing a firm framework for service provision in line with agreed standards for this.
 5. PCT links: would it be possible to work collaboratively through the PCT's? It was suggested that the collaborative could write a paper about spiritual healthcare provision which could be submitted to the SHA Board or be directed to the purchasing level of a PCT. It was acknowledged that the PCT's need to work together in terms of spiritual care provision.
 6. Mike Pritchard (MP) spoke of the need for 'chaplaincy champions' in the area. MG asked how such people could be developed and emphasised that the

chaplainship workforce would still need to present their case to potential champions. MP also spoke of the 'block' in understanding that exists between the chaplainship service and a Trust Executive. MG asked how this gap could be bridged and suggested that it could be achieved by small steps of progress and development based on an agreed plan and tactics.

7. The purpose of a chaplainship collaborative
 - a. Dave Mackay (DM) supported the benefits of networking but expressed doubt about how the collaborative could provide anything new that he could not access elsewhere.
 - b. MG suggested that a piece of work that could be undertaken would be to draft a paper to Stephen Langford setting out how chaplainship could fit into NHS life in N E London. This would both raise the chaplainship profile and important issues
 - c. Susan Hollins (SH) – in response to DM – stressed that it was not envisaged for the collaborative to compete with or negate what takes place elsewhere within chaplainship organisations/groups. However the collaborative provides a forum for workforce, educational and local issues to be given attention in a focussed way with and through SHA support.
 - d. MP said that he was excited by the link with the SHA and the strategic benefits that this link could create. Yunus Dudhwala echoed this.
 - e. MG reported that he had asked colleagues in the SHA "Where do chaplains fit?" Their answer had been "outside". MG emphasised that it is the responsibility of the collaborative to make its case to the SHA that chaplainship should be 'inside' the structures of the NHS at every level.
 - f. Russell Ogston (RO): chaplains have to learn the language of the NHS and that this is a mutual learning process as the NHS also has to learn the language of healthcare chaplainship. There is also a need to accept 'the reality of things as they really are' (rather than how chaplains might prefer them to be). Chaplainship collaboratives are a necessity in this developmental process/journey. It is also possible to give good examples of chaplainship involvement in Multi-disciplinary team meetings.
8. A backdrop to the meeting was the threat of redundancy for a member of the chaplainship team at BHR, as well as the ongoing difficulties with payment for on-call provision experienced by the chaplains at The Homerton. It was agreed that a letter expressing the concern of the members of the collaborative would be drafted and agreed, then signed by SH and sent to all Trust CEO's in the N E London SHA. MP drafted the letter, which, after amendment was sent to the CEO's on 5 April. A copy of the letter was also sent to all chaplains on the distribution list.
9. Those present agreed to engage with the chaplainship collaborative
10. Dates of future meetings are as follows:
 - a. 24 May 1400 - 1700 at SHA Offices 81 Commercial Road London
 - b. 4 October St Bartholomew's Hospital 1400 – 1700
 - c. 29 November 1400 – 1700 at BHR (venue to be confirmed).
11. Agenda items for the meeting on 24 May
 - a. Please send Susan Hollins those items which you consider to be the top three priorities for chaplainship in N E London.
 - b. There will be one other agenda item. This will be the information about chaplainship services in the area generated from the responses to the Baseline Questionnaire

- c. **If you haven't already done so please send me the email or postal address of all of your part-time colleagues so that they can be sent the chaplaincy collaborative material.**
susan.hollins@bhsha.nhs.uk

Sh/nelondoncollabnotes130406.