

S E London Chaplaincy Collaborative

Launch Meeting held at Southwark Cathedral, London, on 7 March 2006

Those attending:

Sarah Coleby, Deputy Director of Workforce, S E London WDC
Susan Hollins, Lead Chaplain, Caring for the Spirit Strategy, Eastern region
Mia Hilborn, Paul Mason, Christiane Lehair – Guys & St Thomas' Foundation Trust
David Flagg, Georgiana Heskins, Clive Ross – Queen Elizabeth Hospital, Greenwich
Kes Grant – Lewisham University Hospital
Mark Sutherland – South London & The Maudsley Mental Health Trust
Tim Mercer, Gerry Flood – Bromley Hospitals Acute Trust
David Rushton, Luke Marapillil – Kings College Hospital Trust
Qaisra Khan – Oxleas Mental Health Trust, Dartford
Kalyana Ram – Hindu Chaplain, Guys & St Thomas' Foundation Trust
Tristan Alexander-Yates – Greenwich Acute Trust; Oxleas MH Trust
Diana Coutts – Queen Mary's Acute Trust, Sidcup, Kent

Apologies were received from:

Rosemary Shaw – Guys & St Thomas' Foundation Trust
Annie Shaw – Lewisham University Hospital
Hamish Wallis – Director of Therapies, Guys & St Thomas' Foundation Trust
Rosie Ratcliffe – South London & The Maudsley MH Trust
Julia Head - South London & The Maudsley MH Trust
Stuart Meyer - Kings College Hospital Trust
Sarah Fox - S E London WDC

1. Susan Hollins welcomed everyone. The absence of part-time chaplains was noted along with the hope that they could be encouraged to attend the Chaplaincy Collaborative while being mindful of the particular constraints of time that apply to this section of the chaplaincy workforce. It was most encouraging to see chaplains from all parts of the SHA.
2. Sarah Coleby introduced herself as the link person for the chaplaincy collaborative and the current SHA/WDC.
3. General introductions took place.
4. Susan Hollins gave two presentations
 - a. A review of the Caring for the Spirit Strategy
 - b. The form and function of Chaplaincy Collaboratives
5. The ensuing discussion was wide-ranging and began to address such topics as evidence-based practice. The point was made that 'evidence' is a word laden with different meanings. A warning was also given about the risk of defeating the exercise of developing evidence-based practice by a lack of attention to the meaning of this particular word. It was acknowledged that chaplains should be pro-active in defining the evidence for spiritual healthcare. The comment was made that the best evidence for spiritual healthcare came from patients themselves. This emphasises the need for

chaplains to involve patients and staff in gaining feedback about the spiritual care provided. The increased use by Trusts of the Liverpool pathway for the care of the dying may assist chaplains in their work given the mandatory assessment of spiritual needs for each patient and the potential involvement of chaplaincy staff. In addition the emphasis upon wellbeing in the current NHS White Paper also provides healthcare chaplaincy with opportunities to develop spiritual healthcare provision.

6. The constraints imposed upon chaplaincy by Trusts, resulting from their different interpretation of the Data Protection Act (DPA) have hindered several colleagues in their contact with patients. This is particularly noted in relation to Roman Catholic Chaplains and chaplains representing other faiths. The link between Clinical Governance and the DPA was emphasised: the former supports chaplaincy having access to patient information on a 'need to know' basis, by contrast with which the DPA, where it is applied rigorously by Trust Caldicott Guardians, inhibits such freedom of access to the detriment of patient and chaplaincy service alike.
7. Further and full discussion focussed on the purpose and benefits of the chaplaincy collaborative. SH and SC emphasised the benefits of the link with each SHA, both in its present, and future form. No other chaplaincy group offers this strategic relationship. (See the attached PowerPoint presentation notes on the Chaplaincy Collaborative). SH also emphasised the ownership of the collaborative by the chaplains in each area. While SH would provide leadership for each collaborative until the end of the Lead Chaplains contract in 10/07 an important first step would be for the chaplains themselves to work with SH and to draw up a working agenda which reflects the local issues they face in relation to the key elements of the Caring for the Spirit strategy. It was pointed out that the Collaborative gives chaplains the chance to organise themselves and to benefit from the formal link with the SHA, not least in being able to develop Business Plans for the development of particular pieces of work and to bid for funding alongside other workforce groups. SH also emphasised the practical nature of the chaplaincy collaborative in addressing current issues (for example, developing evidence based practice; the collection and usage of data; research awareness and practice etc).
8. Some colleagues spoke of the potential risk of cuts to their service provision and staffing levels. Chaplains sometimes find it difficult to explain their service to Managers who are more accustomed to 'hard' services. Chaplaincy, being a 'soft' service risks misinterpretation as a result of inadequate means of communicating its purpose to others.
9. The involvement of other healthcare professionals as well as the development of links with educational establishments was discussed in outline. It was recognised that Bishop's Advisors for healthcare chaplaincy would be among those who could be involved in due course, alongside representatives of other faiths. However it was agreed that regular attendance by such people at each collaborative meeting would not be necessary.
10. Those assembled agreed to engage with the Collaborative. It was agreed to hold 3 more meetings in 2006. SH will email colleagues with a list of suggested dates in due course from which colleagues will indicate their preferences.
11. Agenda items for future meetings – future meetings will reflect both the national workstreams within the Caring for the Spirit strategy as well as giving opportunity for colleagues to discuss particular areas of local concern. Colleagues are invited to send to SH items they would like to address during the forthcoming meetings.

