

SOUTH WEST STRATEGIC HEALTH AUTHORITY

**Notes from The NHS Caring for the Spirit Strategy Collaborative Meeting for Avon
Glos and Wilts area held at Southmead Hospital, Bristol, June 5th 2007**

Those Present:

Iona Barker – Deputy Director of Nursing, Wiltshire PCT
Alison Bicknell – Chaplain, North Bristol NHS Trust
Chris Davies – Chaplaincy Manager, North Bristol NHS Trust & UBHT Trust
Tom Douglas – Chaplain, North Bristol NHS Trust
Peter Ellmore – Lead Chaplain, Caring for the Spirit Strategy
Stephen Henderson – Chaplaincy Team Leader, Swindon & Marlborough NHS Trust
Eric Holdstock – Chaplaincy Manager, Taunton and Somerset NHS Trust
Veronica Lee – Chaplain, North Bristol NHS Trust
Stephen Oram – Chaplain, North Bristol NHS Trust
Mark Read – Chaplaincy Team Leader, Gloucestershire NHS Trust
Christopher Renyard – Chaplaincy Team Leader, Salisbury Foundation NHS Trust
Bert Sawyer – Chaplain, North Bristol NHS Trust
Jane Skinner – Chaplain, Swindon and Marlborough NHS Trust

1) Apologies:

Apologies were received from John Horan, Chaplain of Gloucester Partnership and John Wraw, Archdeacon of Wilts.

2) Meeting Notes:

- i) The focus for the meeting was ‘Standard Setting, Reflective Practice & Supervision.

3) Setting Standards

- i) Iona Barker presented a challenge to chaplains resulting from feedback using material from the national ‘Baseline results’ of the Caring for the Spirit Strategy (these are the results of a questionnaire submitted by the Cfs to all chaplaincies in England. The questionnaire was first circulated in January 2006. Another was sent out in January 2007. Both results are found on the Collaborative Web site <http://www.nhs-chaplaincy-collaboratives.com/> Her presentation, ‘Standard setting and the chaplaincy service’ is also attached to these notes ([Standard setting and the chaplaincy service.ppt](#)). They may also be found on the collaborative web.
- ii) Iona’s viewpoint is that of the commissioning role of a Primary Healthcare Trust. All services are required to be quantifiable, evidence based, measurable and accountable under the developing approach to commissioned patient led services. For chaplaincy services the key question, given the baseline results, is why would a PCT require this sort of service?
- iii) Much work is necessary for chaplains to show that their services are beneficial to patients, useful to the healthcare community and augment other healthcare services.
- iv) Chaplains need to make their services known more clearly.

- v) Chaplains are required to be more specific in respect of their services, viz: model of service, (what they do); describe the nature (what they expect to achieve); and method of delivery of services (model of practice) and how that integrates to the care plan for the patient.

4) Some Questions for Chaplains

- i) Steve Henderson focussed the challenges posed by Iona with some of the questions for the collaborative. His presentation is also attached to these notes ([Some Questions facing chaplains - looking for answers.ppt](#)) and may also be found on the Collaborative Web. Steve posed questions:
 - (1) What does the NHS require of its Chaplaincy service?
 - (2) What description of practice fits the needs of your Trust?
 - (3) What are the next steps?
- ii) Steve's viewpoint is that of the developing Foundation Trust tendering against the commissioned services of a PCT.
- iii) Competitive tendering to offer services for spiritual healthcare poses challenges to assumed and existing boundaries and models of service for spiritual healthcare.

Note: ref also Health reform in England: update and commissioning framework - annex the commissioning framework" refers:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/>

Discussion

A useful discussion of the questions resulted in some points for action for consideration by the Collaborative as follows:

- b) The Collaborative will seek recognition from the NHS SW as one of the consultative bodies engaged in specifying the local services for spiritual healthcare.

Action PE by end June 07.
- c) Chaplains in the Strategic Health Authority will have an informed understanding of the culture change in commissioning services in the Foundation Trust culture.

Action Steering Group throughout 2007
- d) Chaplaincy Services within the Strategic Health Authority will prove the best is provided in service delivery.
 - i) Write a vision statement
 - ii) Write Aims
 - iii) Write Objectives

Action Steering Group Spring 2008
- e) Work towards Regional Healthcare Policy following national guidance.

Action Steering Group Spring 2008
- f) The Collaborative is established as one of the key stakeholders for spiritual healthcare in the AGW area of the NHS SW.

Action Steering Group 2008

5) Reflective Practice and Supervision – Caring for ourselves:

- a) Eric Holdstock offered fruits of his studies and experience of Supervision in relation to a Reflective Practice. An exercise gave opportunity to experience the power of the process.

6) Date of the Next Meeting:

- a) A date and venue for the next Collaborative meeting will be decided by the Steering Group.
- b) The date of the next Steering Group is to be agreed.