

‘IT’S CHAPLAINCY JIM, BUT NOT AS WE KNOW IT’.

A LEAD CHAPLAIN REFLECTS ON CHANGE.

Sandy Young

Abstract: The author describes the developments initiated by the chaplaincy team at the Lothian university Hospitals Division of NHS Lothian, both in preparation for and in response to NHS HDL 76(2002) ‘Spiritual Care in NHS Scotland’. These developments have included changes in teamworking, closer relationships with faith communities, and a new sanctuary without any dominant religious symbolism.

Keywords : chaplaincy; spiritual care; pastoral care; sanctuary, teamworking.

A steep learning curve.

Acronym mania began to take hold in October 2002, when I was appointed the first Chaplain with Managerial Responsibility (later mercifully shortened to Lead Chaplain) for The Lothian University Hospitals Trust. By then successfully initiated (or so I thought) to the esoteric mysteries of NHS-speak and comfortably at home in the world of HDU’s, ICU’s and ARU’s: I was blissfully unaware of the veritable avalanche of acronyms piling up just around the next bend! For, as we are all now very well aware, October 2002 also saw the launch of NHS HDL (Heavy Dangerous Letter) 76 on ‘Spiritual Care in NHS Scotland’ (NHS HDL (2002) 76). So I went from October to November from not really understanding the ramifications of Health Department Letters, to being the Trust’s spokesperson on all things Spiritual, taking reporters calls on the hospital mobile from the car park of the Stirling University Conference Centre as the new national Guidelines were being launched.

From that day to this has been a chronologically short journey up a very steep learning curve, which when I look back now, has taken us much further away from the starting point than could ever have been imagined. So now I write SOPS and plan for PDPPS with a staff team who offer COPS to medical students, I participate in QIS and DISG and I take responsibility for R&D CSO funded research in the Department of Spiritual and Pastoral Care: all of

this the stuff of everyday existence in the post HDL 76 World of Hospital Chaplaincy in LUHD (formerly LUHT, the Trust was dissolved at the end of last year with the advent of the Lothian University Hospitals Division of NHS Lothian).

Co-operative Team working

Happily the road ahead from October 2002 had been mapped ahead of time by my colleagues and predecessors, when the anticipated Guidelines were as yet still over the horizon. Back in 2000/2001 we took the daring step of actually doing something about the previous Trust reorganization (!), by beginning to work not as Chaplains in separate single hospital settings, but rather reorganizing as a Trust-wide Team working cooperatively over all the acute care sites in Edinburgh and already anticipating the inclusive principles which would shape the future.

So we were pre-HDL, already being re-structured as a cross-site team, with a Lead Chaplain as Line Manager for the Department, answerable to a single Line Manager in the Trust Executive Management Team (The Director of Nursing). A single salaries and training budget was drawn together, an explicitly inclusive Philosophy of Care and Mission Statement was adopted and published and Standard Operations Policies/Procedures which did not depend on ‘Patients by Religion’ Lists began to be developed.

So we have been trying to go with an active 'bottom up' approach to service development which takes on board the principles of the Guidance, without waiting for the 'top down' hierarchical process which accompanies an HDL: which can all too easily make it feel like a Heavy Dangerous Letter! My own mind's eye picture for the effect of 'top down' policy –making comes from the occasion when the then student assistant at Hyndland Parish Church was woken from his slumber by the organist's copy of Church Hymnary Three clattering discordantly down the keyboards of a large three-manual before depositing itself unceremoniously in his lap.

Local Initiatives

Going with small achievable local initiatives that have closed the gap between where we were and where we thought we needed to be in the light of the Guidance has been a real sanity-saver. It has given us the satisfaction, not without more than a few frustrations along the way, of being able to move on locally in what has been a permissive and supportive environment in the Trust/Division. A number of initiatives (with some but no great cost implications [the key to successful development in the present financial climate!!]) have gone ahead:

1. On-call arrangements

Trust/Divisional team working has allowed us to develop a formal 24/7 On-Call structure for the Whole-Time Chaplains, with most and soon all doing no more than one-week-in-four On-Call. Additionally, by taking the freedom in our contracts re working hours and applying that to the Division's HR Policy on Annualised Hours, we have been able to flex actual On-Call calls into paid working time, so that now responding to 'point of need' calls is not an 'extra' but the first priority of our basic working patterns.

2. Re-structuring the team

Various small session based appointments have been combined to give us a Whole-Time Team of six based on three and covering five Divisional Sites. Now our only session-based Chaplaincy time applies to a very small number of hours for the Episcopal Communion and to the Part-Time Roman Catholic Chaplaincy Service, both now provided on a Whole-Time Equivalence rather than Sessional basis. Recently at The Royal Infirmary a first lay

Roman Catholic Chaplaincy Coordinator has been employed on a Whole-Time Equivalence basis, with a commitment to coordinate Roman Catholic Chaplaincy whilst also having a full role in the so-called 'generic' Chaplaincy Team.

First of all in consultation with the Roman Catholic Church and later now with an increasing range of the Faith Communities of Edinburgh and the Lothians, we have been developing the concept of widening the team to include contracted Honorary Chaplains. In the Roman Catholic context Honorary Chaplains are Priests who provide an On-Call structure for Sacramental Ministry. The Honorary Chaplains have contracts that give them status as unpaid members of staff, with access to expenses, insurance cover, induction and training support and a signed-up agreement as to the parameters of their role. The same approach is now being extended to other faith communities, with an early encouraging response helping us to meet our responsibilities to diversity inclusion under the expanding Fair for All process.

3. The Sanctuary

The one larger initiative, which has finally come to fruition (and which did have considerable cost implications!), has been the Sanctuary Development at the New Royal Infirmary of Edinburgh (opened on St. Andrew's Day 2003) This has been a genuinely collaborative project with a cast not quite of thousands, but certainly of hundreds contributing to the realization of the vision of a place of sanctuary at the heart of a hospital, in which an ethos for reflection and prayer would be, as it were, written into the very fabric of the space quite independently from any potentially excluding religious symbolism. This was done by working within the concept of 'arts as place making', which led to an artist/designer being employed, first to undertake research in the hospital, church and other faith communities and then to come up with design proposals for a space which fully respected the inclusive policies of the Spiritual Care and Fair for All Guidance. Interestingly, but for a few dissenting voices, the consultation process was overwhelmingly supportive of going ahead with a space designed to work without any dominant religious symbolism. This was underlined by the voluntary organisations, churches, faith groups and individuals who were consulted actually going on, along with Hospital Endowments, to fund what turned out to be a fairly large capital project. The impact of the Sanctuary as now is, is in the eye of

the beholder, although initial experience seems to suggest that it is being used much more, by a wider range of people, than the old hospital chapel had been in recent years.

Looking Ahead

At the time of writing our Operational Policy for Spiritual and Pastoral Care for the Lothian University Hospitals Division is out for consultation, before being finalised and adopted in March 2004. From its adoption onwards 'Chaplaincy Departments' will be a thing of the past, symbolising the fact that the road we have travelled thus far has not just been about documents and policies and new committee acronyms, but actually about service change and development, which has been in turn occasionally infuriating and often invigorating. However it turns out, it is providing for a future Spiritual Care landscape which already looks markedly different from that of the past. HDL 76 is turning out to be a Heavy, but hopeful for you and yours a not too Dangerous Letter.

Editor's note :-

COP (Clinical Options Project)
CSO (Chief Scientist's Office)
DISG (Diversity Inclusion Steering Group)
HDL (Health Department Letter)
PDPP (Professional development and Performance Planning)
QIS (Quality Improvement Scotland)
SOPS (Standard Operational Policy/Procedure)

Reference

NHS HDL 2002 *Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland*. NHS Health Department Letter (2002) 76, Scottish Executive Health department, Edinburgh.

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