

Collaborative Name	<b>Norfolk Suffolk and Cambridgeshire</b>
Date of Event	13 March 2007
Attendance	David Parkes, John Nicholson, Mike Laws, Anna Garvie, David Cawley, Colin Reed, Andrew Haig, Bill Bazeley, Sheila Nunney, Gareth
Summary of discussion	<ol style="list-style-type: none"> <li>1. This was the first meeting of the NSC Chaplaincy Collaborative.</li> <li>2. Hinchingsbrooke Acute Trust: £27m.loan to Trust over a 20-year period. It's intended that the hospital remains at Hinchingsbrooke for the future. The Trust is now recruiting new staff. There is a positive attitude to chaplaincy as a result of its involvement in a great deal of staff support. Since there are a large number of chaplaincy visitors this has freed the 2 chaplains for staff support.</li> <li>3. Suffolk Acute Trust: £5m. has to be saved through efficiency savings as a result of which chaplaincy has lost its administrative support. Any more reductions would have a direct effect upon chaplaincy staffing levels. The Strategic Review is to take place in June 2007. Chaplaincy has been asked to provide data to the PCT relating to the numbers of contacts made with patients and relatives only. This data is to be gathered over a 13-week period. It also involves volunteer's contact with patients and relatives. The total is 400 contacts per week so far.</li> <li>4. Papworth Hospital: There is an issues relating to the move of the Trust to Cambridge: a decision on this is due in April or May. There is a lot of building taking place at Papworth despite this. There is now a new chapel in use.</li> <li>5. Kings Lynn Acute Trust: The Trust was £11m in debt last year. If the Trust breaks even this year then it will bid for Foundation Trust status. There are ongoing plans for a new chaplaincy – faith centre. The chaplains are expecting to move from their current offices during the summer. There is a hope that the Trust will pay once more for the on-call provision.</li> <li>6. Cambs and Peterboro' MH Trust: There has been an 'earthquake' of change with new structures, shapes, methods and treatments being introduced. The 'Recovery' plan has begun to make a difference to the treatment of patients. JN considers that chaplaincy also needs to keep in step with the Recovery plan programmes as the spirituality agenda fits well with it. There are good opportunities for chaplaincy to plant seeds and for spirituality awareness and understanding amongst staff and patients to grow.</li> <li>7. Norfolk and Norwich MH Trust: BB offered the thought that the Trust is confused with many people feeling disconnected. There is a lack of joined up thinking in relation to the NIMHE spirituality project, and to the Recovery plan model. Reconfiguration has been speeded up due to PCT cuts, while there is more emphasis upon Foundation Trust application. However this seems to increase the gaps between the managers and the clinicians, and there are gaps in the service provision so patients are falling into 'holes'.</li> <li>8. Coleman Hospital (Norwich PCT): The chaplain at Norwich Community Hospital was made redundant. Beds from there are to be moved to the Coleman and the Julian Hospitals thus increasing the pressure on staff. There is a new CEO in post. There are 5 other chaplains working in the PCT and SN intends to suggest that there is a named person for the chaplaincy service in the Trust in order to provide greater cohesion for the service.</li> <li>9. Peterborough Foundation Trust: There is a new CEO in post. The future shape of services is unknown. The new hospital has recently</li> </ol>

	<p>received approval from the SHA with a final decision expected in May. The Chaplaincy Service is well received and regarded in the Trust. The Peterborough end of the MH Trust also comes within their remit. Data is kept but the LM or others have not requested it at this stage.</p> <p>10. Norfolk and Norwich Acute Trust: Last year a £21m deficit caused immense fear and distress amongst staff. Although there were few redundancies many nurses were relocated to new word based roles. Any further financial cuts would impact upon chaplaincy staffing levels. Work is underway for a more integrated multi-faith provision. A multi-faith room being made available and a quiet room will be made available which will also serve as a room where distressed relatives may receive chaplaincy support.</p> <p>11. Colin Reed provided the meeting with an excellent presentation of his work on developing a data system for the service. CR believes that 'data is power'.</p>
Summary of action agreed	<ol style="list-style-type: none"> <li>1. SH pointed out that Paul Taylor, link person for the East of England chaplaincy collaboratives, has indicated his willingness to continue in this role until he is able to handover the role to another colleague.</li> <li>2. Chaplains expressed their unwillingness to continue as a newly formed Collaborative without this ongoing link with the SHA.</li> </ol>
Resources generated for inclusion	<ol style="list-style-type: none"> <li>1. CN agreed to send the presentation material for distribution.</li> </ol>