

Chaplaincy Collaborative
Monday 19th February 2007
10-12.30
Lakeside House

Present: Martin Kerry, Regional Lead (MK)
 Mark Burleigh, UHL (MB)
 Michael Forster, LPT (MF)
 George Samezy, NGH (GS)
 Karen Scott, East Midlands Healthcare Workforce Deanery (KS)

		Action
1.	Welcome (KS) Martin Kerry, Mark Burleigh, Michael Forster, George Samezy and Karen Scott were welcomed to the meeting.	
2.	Apologies (KS) Rukia Manjotha, UHL Lesley McCormack, KGH Chris Goodley, NHT	
3.	Minutes of last meeting All agreed as correct.	
3.1	Matters Arising Martin was congratulated as he has his secured a new position in Sheffield.	
4.	Education mapping / Summary of responses (KS/MK) MK has pulled the responses to date together and expressed that of the ones he has received, the Mental Health pre registration branch as DMU actually put spirituality into the foreground. MK felt that their template would be useful to other branches as an exemplary model. This would allow other courses to critique what they provide against this template and offer constructive criticism to providers. The Mental Health template also offered good accompanying exercises. It was noted that the University of Northampton are collating responses. Discussion took place about other pre-registration programmes such as Dietetics and Speech and Language Therapy. Action: KS to chase University of Northampton responses – have received some responses since the meeting.	KS

	<p>KS to ask about other programmes.</p> <p>KS to chase the Medical School.</p> <p>The aim would be to collate a paper to advise Commissioners – KS to develop this paper, utilising MK’s summary and share it with the Chaplain before submitting.</p> <p>4.1 Post registration education was also discussed as GS was invited to teach. It became clear that cultural issues, diversity, spirituality and religion/religious practice often get intermingled and insufficient time is allowed to discuss the complexities. Thus, we need to develop a greater understanding of who provides what education and when, so that education providers are aware of what is available from the Chaplaincy and the time required to deliver subject areas.</p> <p>4.2 Chaplaincy straddles religion and spirituality.</p> <p>Religion is the domain of Chaplains, whereas whilst they may lead on spirituality, others provide spirituality with them.</p> <p>MB noted areas that they can provide involvement to:</p> <ul style="list-style-type: none"> • Privacy and dignity • Emotional support <p>It was agreed that Chaplains have broad grounding in philosophical theory which is accredited.</p> <p>It was noted that patients expect to be able to access Chaplains in this way.</p> <p>It was felt that Chaplaincy could promote good customer relations and listening skills.</p>	<p>KS</p> <p>KS</p> <p>KS</p>
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<p>6</p>	<p>Meeting with Leicester University – feedback / Inter Professional Education (MB)</p> <p>Inter Professional Education (IPE) Dr Liz Anderson from the University of Leicester leads on this work. MB and KS meet with LA to discuss the involvement of chaplains.</p> <p>It was a positive meeting with the following actions to be considered:</p> <ul style="list-style-type: none"> • MB felt that the collaborative need to formalise links to this group and he agreed to be the nominated representative. • MF has delivered to one student group and has another date planned. • KS to ascertain the connection across Northampton <p>ACTION: KS to email Liz Anderson re. nominated representative.</p>	<p>MB</p> <p>MF</p> <p>KS</p> <p>KS</p>
<p>7</p>	<p>Future Arrangements</p> <p>Discussed SHA/HWD changes.</p> <p>MK outlined the role of the Collaborative</p> <ul style="list-style-type: none"> • Broader intention of meeting is the development of Chaplaincy. • Impact on strategic structures. <p>It was felt that the group had not quite achieved critical mass and thus without SHA support it was vulnerable.</p> <p>Discussion took place about the continuation or cessation of the collaborative and what options are available.</p> <ul style="list-style-type: none"> • We considered the Trent collaborative. 	

	<ul style="list-style-type: none"> • Should we have East Midlands wide collaborative? • Do we await the outcome of all reorganisation to understand where/how networks may link to SHA? • LLR have a Chaplaincy meeting – Northants do not have a formal meeting. • Need clarity about AHP who will lead and the relationship to Nursing Directorate. <p>MB felt it was significant that the SHA linked to this network as it reminds them about this strand of healthcare – this would not be sustained if the meeting ceased.</p> <p>ACTION:</p> <p>ALL to consider the following options:</p> <ul style="list-style-type: none"> • To continue with same arrangements • To have a mixed model – regional meeting once a year, LNR meetings x 2 per year. <p>KS to hand over into SHA and to have a final meeting regardless of the above.</p> <p>MK will post papers from Collaborative on website, more broadly there are links to Caring for Spirit outputs on this website. www.nhs-chaplaincy-collaboratives.com</p>	<p>ALL MEMBERS</p> <p>KS</p> <p>MK</p>
<p>8</p>	<p>Any Other Business</p> <p>PoPP</p> <p>To ask lead – Chris Sutcliffe to send details to MB for wide circulation but to discuss with MF due to LPT covering community hospitals.</p> <p>Spirituality</p> <p>Links to MH Promotion – KS to discuss with LB & CD.</p> <p>Mental Capacity Act</p> <p>KS raised this as an area that Chaplains made need to be aware of.</p> <p>GS had been on training in NGH.</p>	<p>KS</p>