

Collaborative Name	<u>Trent Chaplaincy and Spiritual Healthcare Collaborative</u> <u>Friday 13th October 2006 at the Multi-professional Workforce</u> <u>Deanery, Pleasley</u>
Attendance	13 members attended. Apols from Geraldine Stamp and Glenn Martin
Summary of discussion	<p style="text-align: center;">1. Review of progress to date</p> <p>a) Martin Kerry tabled a summary of the Collaborative's work (attached)</p> <p>b) Notes from meeting of 14th July 2006. The focus of the Collaborative's work is to ensure adequate provisioning of spiritual healthcare. Since the last meeting, the threats to the Chaplaincy service in the Worcester Acute Hospitals had demonstrated the relevance and urgency of this agenda. Note 4c from July 14th outlines the process we will follow:</p> <ul style="list-style-type: none"> - articulate benefits of Chaplaincy Services (see further below) - marshal evidence incl examples of good practice - engage with commissioners - profile to service user forums and to non-NHS providers <p>c) Terms of Reference MK had revised these in July. He was asked to revise further to reflect <i>Chaplaincy and Spiritual Healthcare</i>. Latest revision attached.</p> <p style="text-align: center;">2. Benefits Analysis</p> <p>a) The first steps of Collaborative work had been to capture the benefits of Chaplaincy Services. Tim Couchman had collated responses from 8 chaplaincies in terms of benefits for</p> <ul style="list-style-type: none"> i. patients, carers and relatives ii. staff iii. the healthcare organisation iv. the community <p>b) Tim had grouped the responses for the four categories under the following heads:</p> <p>Patients, Carers and Relatives: Pastoral and Spiritual Care, Bereavement/End of Life Care, Religious Ministry, Advocacy/Risk Screening</p> <p>Staff: Pastoral and Spiritual Support, Education and Training, Religious Support, Practical/Moral/Ethical Support, Risk Screening</p> <p>Healthcare Organisation: Organisational Resource, Risk, Religious/Spiritual/Cultural/Multi-faith Agenda, Training</p> <p>Community: Continuity and Equity of Provision, Education, Involvement, Networking, Bereavement, Advocacy/Representation.</p> <p>c) Main points of the ensuing discussion</p> <ul style="list-style-type: none"> i. suggestions for some amendments and streamlining of the headings

ii. important to articulate benefits in terms/language of the NHS agenda: eg

- contribution to Essence of Care
- financial benefits
- **competitive advantage among multiple provider**

iii. advantages of branding Chaplaincy in terms of Equity and Diversity issues, bereavement care etc

iv. incorporate feedback/perspectives from other professionals and users, both in terms of value of chaplaincy and gaps in provision.

- d) Objective: to produce a 'Now I Feel Tall' type of booklet profiling the benefits of spiritual healthcare. What each page might look like:
- i. One of the headings from (b) above (e.g. Religious Ministry)
 - ii. Short description of what this entails
 - iii. Bullet points of benefits, including evidence (e.g. 3260 people attend chapel)
 - iv. An example of good practice in Trent
 - v. A vignette or a quote from a service user

We could also spell out what we do now versus what we aspire to in the future

e) Actions

- i. Small working group to produce a first draft by early Dec: Tim C, Sue C, Peter B
- ii. Circulate to whole collaborative for comments and for populating with evidence and examples of good practice. **All to comment and return by early Jan**
- iii. Working group produce final draft for consideration at next collaborative meeting in late Jan.

3. Making the Collaborative work

a) SHA update

Rita reported on current developments. The Deanery is reviewing workforce development structures. Our output booklet should be profiled here.

We should also profile our work with the newly configured PCTs. We should also make the new Dir of Nursing for NHS East Midlands aware of the Collaborative and its work.

b) Steering Group?

At our next meeting we need to formulate a transition plan to take account of

- sustaining the leadership and direction of the collaborative once Rita Hopkin and Martin Kerry withdraw.
- The East Midlands dimension of the new SHA. There is another Collaborative in Leics, Northants, Rutland.

c) Communications and Contact List

The email contacts list for members was circulated for amendments. Updated version attached.

d) Broadening Involvement

Suggestions for widening membership of the Collaborative included

	<ul style="list-style-type: none"> - charities - regional Macmillan Leads - ensuring commissioning side of PCTs represented - East Midlands Churches Forum <p>4. Caring for the Spirit Update</p> <p>a) A new workstream on the shape and structure of chaplaincy services is being led by Kevin Skippon, with a working group drawn mainly from the Trent area.</p> <p>b) There is a new website www.nhs-chaplaincy-collaboratives.com</p> <p>This has pages for every Collaborative, as well as mechanisms for sharing resources, a discussion group and a link to all Caring for the Spirit papers. Currently Trent Collaborative has notes from its first two meetings. David Ashton asked who puts material onto the website and how. <i>Post-meeting note: Fred Coutts, a Chaplain in Scotland is the Webmaster. At present, material needs to be passed to him via Martin Kerry, but once the Collaborative nominates an individual it can be that person.</i> <i>Action – Determine person at next meeting.</i></p>
Summary of action agreed	<ul style="list-style-type: none"> • Small working group to produce a first draft of booklet by early Dec: Tim C, Sue C, Peter B • Circulate to whole collaborative for comments and for populating with evidence and examples of good practice. All to comment and return by early Jan • Working group produce final draft for consideration at next collaborative meeting in late Jan.
Resources generated for inclusion	Revised Terms of Reference