

Collaborative Name	North East Spiritual Healthcare Collaborative Meeting
Date of Event	Cherry Knowle Hospital, Sunderland Tues 6 February 2007
Attendance	<p>Present : Andrew Black, Ann Bower, Christine Brown, Raymond Cuthbertson, Nigel Goodfellow, Colin Jay, Kathy <i>James</i>, Martin Kerry, Diana MacNaughton, Malcolm Masterman, Jurgen Muller, Jonathan Perry, Perla Garanganao, Lyn Purvis, Paul Salter, Linda Wagstaff, Mary Warner, Peter Webb, Sue Wigham, Caroline Worsfold,</p> <p>Apologies: Brian Allen, Joyce Lovell, Paul Brewis, Kay Monaghan,</p>
Summary of discussion	<p>After welcoming colleagues Martin Kerry gave a brief summary of how the collaborative has developed to date, highlighting to the good working relationship that had been established with the CHCC locally which allows both networks to provide a complementary role. The Collaborative meetings would seek to provide an update on healthcare policy matters plus “Caring for the Spirit” project updates and business.</p> <p>Part 1- Presentations:</p> <p><i>The NHS in the N East, - future direction - Joyce Lovell, NESHA</i> As Joyce Lovell was unable to attend Andrew Black delivered her presentation which summarised the main NHS strategies and policies since the NHS plan was published in 2000. The background to the recently published “Vision” for NHS North East was described including how it is now being taken forward across the SHA.</p> <p><i>Commissioning - and how to influence it - Christine Brown, Project Director Mental Health and Learning Disability Commissioning, Co Durham & Darlington PCT</i> Christine gave an overview of the way healthcare commissioning is changing, as PCTs restructure and practice based commissioning is introduced. She suggested that this presents a real opportunity for chaplains, citing four key areas to influence: Policy- both national and local People- the role of chaplains as advocates Providers – influencing what our employer organisations are seeking to provide Professionals – the collective voice of chaplaincy.</p> <p><i>Outcomes, quality and added value- gathering the evidence – Paul Salter, Co-ordinating Chaplain/RC Chaplain , North Tees and Hartlepool NHS Trust</i> Paul gave a brief talk focusing on the issue of how chaplaincy services might demonstrate their value and effectiveness, in particular influencing the employing organisation at Board level. This included his own experience of producing an annual report for the service which provided a picture based on both factual and anecdotal information.</p> <p>2.00 - 2.45 Part 2 - Feedback from working groups <i>Basic Data and Standards audit – Mary Warner Chaplain, City Hospitals Sunderland</i> The group had met twice and concluded that a menu based approach is helpful in collecting evidence that shows the facts and figures as well as the human impact that services have. It was suggested that the Collaborative may want to gather best practice in the form of a portfolio of case studies; the CHCC professional development portfolio can also be used as a source of evidence. It was noted that “Standards for Health” were calling for evidence of spiritual healthcare but the whole question was fraught with legislation and differing Trust policies (data protection, clinical governance, Trust information policies etc.).</p>

The differing approaches taken by Trusts to patient consent, referral to chaplaincy and what patient information can/cannot be collected was raised - after discussion it was agreed to spend some time at the next CHCC meeting capturing what people currently do.

Future direction – Andrew Black, NESHA

Andrew reported that a small group had met in October and the issues were similar to most of those already discussed today e.g. how to engage with commissioners and service providers, how to demonstrate effectiveness etc.

However there were some perhaps more fundamental questions such as:

what are we aiming to provide?

What should the NHS provide as opposed to local faith communities?

Is it still appropriate for every hospital to employ a range of Christian chaplains ?

How do we cater for the spiritual needs of non Christians?

Note was taken of the emergence of “Departments of Spiritual Healthcare” in some parts of the country with a remit to provide service to meet needs of local population, part of the Human Resources function and part of something larger than just chaplaincy or Christianity, with some roles carried out by a “Spiritual Healthcare Practitioner” – not necessarily ordained but someone with appropriate spiritual healthcare skills

The group also suggested a need to look at other models such as the Parish Nurse, and individuals ability to buy their own packages of care – would Spiritual Healthcare be included.

Whilst not part of the sub group report, Andrew gave a brief update on recent changes within the workforce team at the SHA. As a result he had suggested that the lead role for Caring for the Spirit should now pass to a lead commissioner, and he had just learnt that Co Durham and Darlington had agreed to accept. Andrew would now liaise with the PCT to put in place the new arrangements, but would continue to be involved from the workforce team.

Part 3 - National CFS update-Martin Kerry, Lead Chaplain (North East)

Martin advised that the DH were currently reviewing all national projects and it seemed likely that CFS would not continue after October 2007. Martin had secured a new post in Sheffield which he would take up in April; it was therefore important that the Collaborative built on the good start that had already been made and became self sustaining. The existing Steering Group had agreed to meet to ensure that continuity.

'Martin referred to the CFS Newsletter as a useful source of information (obtainable at www.southyorkshire.nhs.uk/chaplaincy). He highlighted the new website for Collaboratives which contains a page for each Collaborative and lists helpful resources (www.nhs-chaplaincy-collaboratives.com). He mentioned a National Workstream on the Shape and Structure of Chaplaincy. This is led by Kevin Skippon in Derby and it would seem to be worthwhile for the Collaborative to make contact.'

Schedule of meetings for 2007

CHCC

24 April James Cook Hospital – “Spirituality and Art”

20 June – Freeman – “Personal portfolios”

13& 14 November – training day “Reflective Practice Andy Todd Cardiff University

Collaborative

Steering Group – 27 March 1.00 p.m West Park Hospital

Collaborative – 18 September 1.00 p.m Venue t.b.c.

action agreed	
Resources generated for inclusion	

TB 110706