

**North East Spiritual Healthcare Collaborative
Notes of
Steering Group Meeting
University Hospital of North Tees, Stockton
Tues Nov 14 2006**

Present: Andrew Black, Nigel Goodfellow, Martin Kerry, Paul Salter
Jonathan Perry (CHCC)

Apologies: Paul Brewis, Christine Brown, Kay Monaghan,

The collaborative and CHCC

JP gave an update on recent discussions within the local CHCC. CHCC felt that the Collaborative could fulfill a useful role in dealing with the strategic dimension of chaplaincy and as such would complement the work of CHCC.

There was a need to allow chaplains the opportunity of attending both Collaborative and CHCC meetings and avoid duplication and too many meetings. Hence the suggestion of an annual cycle of four meetings p.a. (2 Collaborative and 2 CHCC) plus the CHCC training event.

The Steering Group felt this was a very positive and pragmatic way forward and that Collaborative meetings could usually cover three aspects:

- Presentation on a relevant aspect of NHS policy e.g. Practice Based commissioning
- Feedback from Collaborative working groups
- Collaborative business/national update etc.

Suggested schedule for 2007:

- Feb - Collaborative
- April - CHCC
- June - CHCC training Day
- Sept - Collaborative
- Nov - CHCC

Project groups update

Basic Data and Standards audit

PS advised that the group had met for the second time last week (notes enclosed). They had considered how to present information, and who the key audiences were. An "Annual Chaplaincy Report" would be a useful way for a department to demonstrate its contribution, particularly if it could combine hard data with evidence of positive patient outcomes.

MK advised that in the Trent area a project was working on “the key benefits of chaplaincy “ - a portfolio or booklet like the recent “Now I feel Tall” document.

PS suggested that the group’s work should be fed back to the next Collaborative meeting, with Christine Brown being asked to provide the commissioner’s perspective.

Action PS

Future direction AB advised that he, Helen McIlveen, and Paul Walker had met on 6 October. They had discussed similar issues to the data group i.e how to engage commissioners and service provider; and suggested that the various healthcare quality standards provided a route through Clinical governance e.g. (Health Quality Standard 43 “Chaplaincy and Spiritual Care” www.hqs.org.uk); Human Rights Charter C7E and C13 (entitlement of every person to practice their religious beliefs and have their spiritual and cultural needs respected.).

The group identified a number of key issues (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? etc).

It was felt that the future provision could be based on a model of “Departments of Spiritual Healthcare” which are part of something larger than just chaplaincy. Services would be provided by a “Spiritual Healthcare Practitioner” – not necessarily ordained but someone with spiritual healthcare skills -may well be a healthcare professional with SHC as an additional role; perhaps trained by chaplains. Whatever the model it was important to ensure links to local faith groups.

MK referred to the new CfS workstream that had just commenced with the remit of “The future shape and structure of spiritual healthcare” (previously circulated). This new project would look at future service models; guidance for commissioners, and the implications of these changes for chaplains and the spiritual healthcare workforce.

The Steering Group agreed that this was an important issue especially as much current acute hospital activity will in future take place in primary care and the community. It was noted that the working group did not plan to meet again in the near future and so in the meantime the focus of activity would be on the basic data and standards work i.e. putting a case together that describes the benefits and outcomes of chaplaincy and spiritual healthcare services.

It was agreed to give feedback on the working group meeting to the next collaborative meeting.

Report on *Caring for the Spirit* workstream on Shape and Structure of Chaplaincy

MK drew attention to the main aims and objectives of this work which should be completed by next summer.

Planning the Next Collaborative Meeting

It was agreed that the Collaborative would next meet on Tuesday 6 February 2007 on from 1.00 – 4.00 in the Board Room, Wellfield Mews at Cherry Knowle Hospital. (Dining room facilities are available in Ryhope General, 2 mins walk from the Board Room)

Outline programme (Commencing 1.00 p.m).

Welcome/introductions/Apologies

Part 1

Presentations

What NHS looks like in the N East, where are we going (“the vision”), and evidence based commissioning? .- AB to find speaker

What commissioners need to know about spiritual healthcare -Christine Brown?

Chaplains- how you go about collecting something useful - PS

Part 2

Feedback from working groups

Basic Data and Standards audit - PS

Future direction - AB

Part 3

National CfS update _MK

NE Collaborative business/ way of working with CHCC – MK

Update on Changes in SHA and PCT and impact on Collaborative

MK advised that he had secured a post in Sheffield which he expected to take up next April.

N East SHA and the PCTs were now in the process of filling their new management structures; the SHA being a few months ahead of the PCTs. AB had not secured a post in the SHA although there was the possibility that some of the workforce function might be transferred to another organisation or PCT.

AB had arranged to meet with the SHA’s Commissioning Lead in December to brief him about the Collaborative and the need to ensure continuity.

Date & time of next meeting

The Steering Group would not meet again before the February Collaborative meeting.