

Collaborative Event Pro-forma

Collaborative Name	<p style="text-align: center;">Greater Manchester 'Caring for the Spirit' Chaplaincy Collaborative</p>
Date of Event	<p style="text-align: center;">Meeting held on Wednesday 24th May 2006 Worthington house, Hope Hospital</p>
Attendance	<p>Present: Philip Winn, Brenda Lowe, Jayne Lee, Ian Carter, John Perryman, Frank Waterworth, Chris Brown, Anne Edwards, Neil Gray, Mark Folland.</p> <p>Apologies: Susan Turner, Kevin Dunn, Robert Davies,</p>
Summary of discussion	<p>1 Welcome and Introductions Mark Folland welcomed people to the first meeting of the Greater Manchester Chaplaincy Collaborative following the launch event in Manchester City Stadium on April 5th 2006. Mark explained that the work of the collaborative was to implement the main work streams of the 'Caring for the Spirit' NHS Project (2003), and to support one another in our professional development.</p> <p>2 Greater Manchester Chaplaincy Collaborative The following issues were discussed.</p> <ul style="list-style-type: none"> • <i>Time constraints</i> – to implement the CFS project means that time to do pastoral work in the hospital is impinged upon. We discussed that to some extent time constraints may be influenced by the service and practice models being used in each chaplaincy department. We discussed the dynamic of part-time chaplaincy in relation to time and some questioned whether they would be able to meaningfully engage with the CFS Project due to their limited hours of work. We thought that part-time chaplains may have particular needs regarding professional development and that we should return to this at the next meeting. Mark mentioned that a CFS <i>Guidance Note on Chaplaincy Models of Service and</i>

	<p><i>Practice</i> would be published during the summer. There was also some discussion about the status of the NHS Strategy. Some commented that it was only guidance and that in the case of one Trust it was stated that their line manager did not want the chaplains to develop in this way.</p> <ul style="list-style-type: none"> • <i>The added value of the CFS work</i> – There was general agreement that ‘the added value’ of the CFS Project needs to be clearly seen and felt by chaplains and patients. Here our conversation linked back into bullet point one about time. There was more discussion about the foreseen problems in implementing the CFS strategy due to limited chaplaincy resources, time constraints and pockets of resistance to the project. <p>3 Date of next meeting: Wednesday 4th October 2006 Stepping Hill Hospital following the CHCC Meeting.</p> <p>*** Please forward any agenda items for the next meeting to: mark.folland@sasha.nhs.uk by no later than Friday 25th September 2006. Thank you. ***</p>
<p>Summary of action agreed</p>	<p>4 Organising collaborative work groups We discussed how we might administer the Collaborative as the work streams develop. Mark proposed a model which focused on the link with the lead person for the project in the SHA. He proposed that a small Steering Group act as a hub in organising the work of the collaborative. Mark also suggested that each of the work streams in the strategy might need a small project group to move the work along, and that these groups would need to liaise with other professional groups in the NHS and outside as dictated by the nature of the work stream. We discussed this approach and with some constructive comments it was agreed to think about it and return to it at a future meeting. Action: Next Meeting</p> <p>We discussed and agreed to begin the work of the collaborative by looking at ‘what we do’ through focusing on data collection.</p> <ul style="list-style-type: none"> • Data collection / storage / use – Ian Carter, Philip Winn, Anne Edwards and Neil Gray agreed to work together in a sub-group to develop this work on behalf of the collaborative. We agreed a time table by which this

	<p>work would progress as follows.</p> <ul style="list-style-type: none"> • June/July 2006 – <i>scoping exercise of chaplaincy departments in the collaborative regarding data collection. Do they collect data electronically or on paper? Why do they collect data? What data do they collect? Who is responsible for collecting it? How do they use the collected data?</i> • August/September 2006 – <i>collating the results of the survey in a format that can be presented at the next meeting of the collaborative on 4th October 2006 in Stockport.</i> • October 2006 – January 2007 <i>discussions between chaplaincy team leaders and clinical audit departments regarding the best way to implement the results of this work to ensure that all chaplaincy departments routinely collect, store and use data to the level of the minimum data set. There are some departments who currently exceed the basic fields recommended in the MDS.</i> • February 2007 – <i>organise a study day for chaplains to learn about why data is collected, how to use the method agreed upon as a basic approach for all departments, how data can be used to develop the department, our accountability, professional and pastoral development.</i>
<p>Resources generated for inclusion</p>	<ul style="list-style-type: none"> • Four chaplaincy managers offered to organise the data collection work stream. • The results of the scoping exercise. • The minimum data set and other examples. • Trust Clinical Audit Departments.