

Collaborative Event Pro-forma

Collaborative Name	Birmingham & The Black Country 'Caring for the Spirit' Chaplaincy Collaborative.
Date of Event	<p style="text-align: center;">May 4th 2006</p> <p style="text-align: center;">Pensnett Road, Dudley</p>
Attendance	<p>Present: Daniel Papworth, Mark Stobert, Deborah Murphy, Rakesh Bhatt, Claude Lombert, Innocent Ekeke, Brian Taylor, Nick Jones, Emma Louis, Saeed, Keith Duckett, Geinor Downs, Rob Farman, Mark Folland (Chair).</p> <p>Apologies: Jeremy Howard, Barry Clark, Francis Buxton, Alison Coles, Denise Jones.</p>
Summary of discussion	<p style="text-align: center;">1 Welcome and introductions</p> <p>Mark Folland welcomed people to this first meeting of the Birmingham and Black Country Chaplaincy Collaborative (BBCCC) following the launch event in Bromsgrove on May 30th. Mark emphasised that the work of the collaborative was to implement the main work streams of the Caring for the Spirit NHS Project (2003) (CfS).</p> <p style="text-align: center;">2 Birmingham & the Black Country Chaplaincy Collaborative</p> <p>The BBCCC discussed the issue of how best to take forward the work of the CfS Project when there are already a number of different meetings taking place in chaplaincy locally like the CHCC branch and some interest groups based on faith allegiance.</p> <p>Mark Folland suggested that while there may be a need to clarify certain boundaries there was also sense in focussing attention on the similar agendas between CfS and CHCC in such areas as data collection, evidence based practice, continuing professional development, training and education. He mentioned that the BBCCC has a strategic link into the SHA and through the CfS National Project Board, directly into the NHS and Department of Health (DH). On this basis chaplaincy colloratives are distinctly different from CHCC branches and local interest groups.</p>

There was discussion about the feasibility of the BBCCC and the local branch of the CHCC working together to deliver the CfS agenda. This would reduce the number of meetings which was generally appreciated. However, no decision was made on this initiative and it was deferred to the next meeting. Mark Folland would be interested to hear from any chaplain who has particular views about this matter.

3 Organising the collaborative

There was discussion about the difficulty in attending extra meetings due to time constraints and hospital based work. The issue of time management was felt particularly by some part-time chaplains present, and by some whole-timers who spoke on their behalf. The discussion clustered around the part-time experience of not having adequate time to engage with extra work like CfS and the collaborative process which some argued “took them away from patient visiting.”

Mark Folland said that CfS was a DH initiative designed to promote the professional development of all whole and part-time chaplains. He suggested that the issue of time possibly related to the service and practice models operating in each chaplaincy department as these determined the way in which chaplains and chaplaincy departments did their work. Mark indicated that a Caring for the Spirit Guidance Note on *Models of Service and Practice* would accompany the next CfS Newsletter. It was agreed that this Guidance Note be tabled for discussion at the next meeting.

4 Report of the Chaplaincy Collaborative Launch

We discussed the feedback that had been collated from the Launch event in Bromsgrove. The discussion reflected a general support for a chaplaincy collaborative although some present wondered if it was an effective method of developing the strategy. In discussing the feed back the BBCCC agreed that a more documentary version of events in Bromsgrove might be helpful.

5 Report on the Baseline Questionnaire

Mark Folland spoke to this report highlighting how the data collected at a national level might be used as a guide to developing the work of the BBCCC. A number of people commented that the presentation of the data was complex and difficult to interpret. The meeting thought that the Baseline Questionnaire could be helpful and suggested we return to it at future meetings as we shape our work in the collaborative.

6 A model for working as a collaborative

Mark Folland spoke about the need for the collaborative to sustain and also develop its own *modus operandi* in three areas.

Firstly, throughout England the chaplaincy collaborative model was being strategically developed in relation to the Strategic Health Authorities (SHA). In each of the current 28 SHAs there is a lead person in each collaborative. Due to the current organisational changes in the NHS, the reduction in SHAs from 28 to 10 and PCTs from 302 to about 100, there will be consolidation or change in the SHA lead. Following the reorganisations this June/July it is predicted that the situation will be a little clearer.

Secondly, the chaplaincy collaborative structure is designed to develop the professional agenda for and with healthcare chaplains. The collaborative structure needs to be open enough to engage with representatives from other sectors in healthcare including; Public & Patient Involvement (PPI), Higher Education Institutes (HEIs), Primary Care Trusts (PCTs) and Private Healthcare Providers.

Thirdly, the chaplaincy collaborative needs to spend some time thinking about how best to organise and administer itself, perhaps through the establishment of a Steering Group who would be responsible for overseeing, developing and implementing the CfS Strategy in liaison with the SHA.

A number of those present wondered about what would happen when Mark's post comes to an end in October 2007 in relation to strategic contact with the SHA. Mark commented that it is anticipated that chaplaincy collaboratives would be self-determining by this time. The meeting agreed to return to these three points when BBCCC prepares its eighteen month work programme.

7 Collaborative group working

Mark Folland proposed that BBCCC might begin their work by focussing on the need as evidenced in the baseline questionnaire for BBCCC to develop an agreed way forward on the collection, storage and use of data. This was thought to be a relevant issue. A lively discussion took place. Some wondered why we need to work on data collection locally and appealed to the view that it might best be done at a national level to avoid reinventing the wheel. There was comment to the effect that due to the rapidity of changes in the management of the NHS, chaplaincy may best be served by steering its own course irrespective of NHS organisational issues. Mark Folland commented to the effect that the forthcoming 'Caring for the Spirit' Newsletter (June 2006) would contain news about

	<p>forthcoming websites to be established for each chaplaincy collaborative to facilitate as wide a communication as possible.</p> <p>We discussed the interface between developing a clear chaplaincy profile that had theological integrity with a clear narrative base, and collecting evidence about the outcomes of what we do.</p> <p style="text-align: center;">8 Collaborative database</p> <p>In order to administer the collaboratively effectively BBCCC saw the need to develop an up to date database of all whole and part time chaplains so that all chaplains can have the opportunity to contribute to the collaborative process as well as be informed as to its progress.</p> <p style="text-align: center;">9 Date of next meeting</p> <p>Thursday 7th September 2006 2-4pm</p> <p>Meeting Room 3, Trust Head Quarters, Queen Elizabeth Hospital, University Hospital Birmingham.</p> <p>*** Please forward any agenda items for the next meeting to: mark.folland@sasha.nhs.uk by no later than Friday 24th August 2006. Thank you.</p>
<p>Summary of action agreed</p>	<p>a. Data Collection Work Group – It was agreed that this work be taken forward by a small project group comprising Keith Duckett, Mark Folland, Emma Louis and Mark Stobert. A scoping exercise of the current data provision in chaplaincy departments in the collaborative will be conducted.</p> <p>The terms of reference for this collaborative wide project were agreed to be the following: “To profile and effectively communicate spiritual and religious care through attention to recording, storing and using data on quality aspects of our work.”</p> <p>The Data Work Group arranged to meet on June 12th 10-12 to develop this work and then to report back on progress at the next meeting of the BBCCC.</p> <p style="text-align: center;">b. Collaborative Database and Distribution List –</p>

	<p>Mark Folland is developing this facility and invites you to contact him with your email address if you have not already supplied it. Mark.folland@sasha.nhs.uk</p> <p>c. Report on Collaborative Launch – Mark Folland to produce and distribute this document.</p> <p>d. Models of Chaplaincy service and practice – It was agreed that this document might form the basis for discussion within the collaborative. To be tabled at the next meeting.</p> <p>e. A model for working as a chaplaincy collaborative – It was agreed to return to this point at the next meeting.</p>
<p>Resources generated for inclusion</p>	<ul style="list-style-type: none"> • Three chaplains from different Trusts are organising the data collection work stream. • The Minimum data set and other examples. • Trust Clinical Audit Departments.