

Caring For the Spirit NHS Strategy
Birmingham and the Black Country Chaplaincy Collaborative Meeting

Minutes
7th September 2006

NHS West Midlands
Queen Elizabeth Hospital
Birmingham

2pm – 4pm

Present:

Denise Jones	(BWH)
Nick Ball	(BCH / HofET / B & S MHT)
Francis Buxton	(UHB)
Keith Duckett	(Sandwell & West Birmingham)
Nick Jones	(Sandwell MH&SCT)
Emma Louis	(Sandwell MH&SCT)
Alison Coles	(Walsall Hospitals)
Rakesh Bhatt	(Sandwell MH&SCT / BWH / BCH / SMHT/ UHB)
Rehanah Sadiq	(BWH/ UHB)
Deborah Murphy	(Walsall Hospitals)
Mark Stobert	(Dudley Group)
Jeremy Howard	(BWH / UHB /
Dan Papworth	(Dudley Group)
Mark Folland	(Yorkshire and the Humber)

Apologies:

Brian Taylor	(DGOH)
Christine Hathaway	(Good Hope, Manager)
Stuart Petty	(Wolverhampton)
Craig Fullard	(Wolverhampton)
Andrew Ball	(Good Hope)
Pamela Turner	(UHB)
David Lacy	(Solihull Hospital)
Robert Farman	(UHB)
Ann Stevenson	(City Hospital)
Paul Nash	(Birmingham Children's Hospital)
Bill Hassall	(Heart of England)
Brian Taylor	(Dudley Group)
Akm Kamruzzaman	(UHB)

1 Minutes of the last meeting (06/09/06)

The minutes were accepted as a true record of proceedings.

2 Matters Arising

Birmingham & Black Country Collaborative & CHCC

At the last meeting Mark Folland indicated that he would be pleased to hear from anyone in the Collaborative about this matter as per minutes of meeting on 01/04/06. Mark said that he had received no comments between meetings on this issue and asked if anyone has anything to add to this discussion.

Jeremy Howard asked for clarification about the roles and boundaries of the Collaborative and between these groups and CHCC branches. Mark said that the Collaboratives flowed naturally out of the CfS Strategy and were there to implement the professional development agenda in healthcare chaplaincy expressed in the strategy and its various work streams. He said that as healthcare chaplaincy had limited resources it might seem prudent to work together to develop the strategy. There was discussion about difficulties in travelling to extra meetings and a sense that it may be best to keep the Collaborative and the CHCC branch meetings separate to avoid confusion. It was noted that the Collaborative would be meeting about $\frac{3}{4}$ times per year and the CHCC branch twice in the autumn and spring.

Jeremy Howard expressed concern about the situation in Worcester Acute Trust chaplaincy, stated the RC position and contributions to the debate and requested that space be given in the meeting to discussing this issue. Mark Stobert the new CHCC Branch Representative on the CHCC Council said that he thought it best to leave this issue to the end of the meeting for those who wanted to discuss it as there was a full and planned agenda in place. This was agreed by the meeting.

Report of the Chaplaincy Collaborative Launch

Mark reported that he had written up in narrative style the report of the launch event and that a copy of this had been sent out to all members of the collaborative he had an address for. This report was accepted as an accurate summary of the day and it was noted that the sections on 'The Emerging Work Streams' was important to return to develop ideas and issues generated on the day. We agreed to return to this at the next meeting.

ACTION: To be on the agenda for the next meeting

3 MAIN ITEM – Report from the data collection & chaplaincy profiling work group. (Keith Duckett, Emma Louis & Mark Stobert)

Keith Duckett introduced the work the group had done on datasets since the last meeting and went on to present a short paper on ‘the story’ of how they worked together to achieve the dataset material to be collected.

Mark Stobert then gave a power point presentation of the dataset that had been devised.

You will find these documents attached to this emailing.

Discussion

Following these two presentations we broke for a discussion and focused our attention on issues emerging from what had been said. The following points were made.

- We noted how the collection of numerical data is complemented by a narrative approach to explaining what we do and how we do it.
- There was some concern about how part-time chaplains would use the dataset. A suggestion was made that perhaps a training session was needed to assist all chaplains in the Collaborative to understand more about the importance of data collection and how it can be effectively used in the department.
- There were a number of comments made about the need to engage the trust Audit Department in fine tuning the dataset for ease of use by all chaplains. Their expertise in this area was highlighted by a number of those present.
- A number of those present stressed the need for ‘all chaplains’ to participate in data collection in order to make it comprehensive and representative of the department.
- There were a number of comments to the effect that chaplains are coming to this a little late in the day. Every other NHS department has been collecting data for some time now and we also need to collect it.
- There were some questions about whether the dataset presented today was the best way to go, or whether we need to do more work looking out other models.

- There was some concern expressed about how figures can be easily distorted and used to represent what ever you want.
- We discussed the need for some pilot sites to take this work forward so it can be 'tested' to see how it works before rolling it out across the collaborative. We agreed that it needed to be piloted in acute, mental health and a specialist setting to test the internal rigour of the dataset fields.
- We agreed to pilot the dataset in the following hospitals: Russell's Hall, Sandwell MHT, Birmingham Women's Hospital. The pilot will run from November 1st 2006 to January 31st 2007.

ACTION: Progress report at the next meeting

Emma Louis then facilitated a 'thought-flow' session in which those present could offer their ideas about what they would like to see in a narrative approach to a healthcare chaplaincy service model. Emma introduced her session by explaining the need for healthcare chaplains to 'put story into text' as a way of explaining to a range of publics what we do and why we do it. The development of this work related to things like KSF & CPD as a demonstration of evidence of what we are doing and how we contribute to healthcare in a range of settings. The following is a resume of the points people made under the general heading: 'Different methods of doing this work.'

- Time slice case studies on side of A4
 - Analysis and evaluation of pastoral encounter
 - Focus in on an everyday pastoral episode
 - Background of how we get there
- Reflective diary
 - What can be included?
 - Use of key quote, memorable phrase
 - It is a summary of the key issues
 - Chaplain's reflections in the presence of the 'other.'
 - Looking at the nature of the pastoral encounter
- The Verbatim
 - Written account of pastoral contact
 - Worked on in supervision
 - Can focus on key phrase or sentence or broader themes of encounter
 - Tool of Clinical Pastoral Education
- Nature of encounters
 - Working within the space between chaplain and the patient / family / other

- Working with the lyrics of the encounter
- Importance of reflective practice
- Semi-structured interviewing
 - and qualitative research methods
- Research
 - Using the stories told by patients
 - Developing research projects that are narrative based
 - Importance of recording the conversations
 - Requires 'quality time' to be given to this work
- Simpler methods open to a broader range of people
 - Need to look at the different methods and approaches in research
- Time apart
 - Time needed to document and reflect on what has happened in an encounter
- Student placements
 - Contribution to the chaplains learning cycle.
 - Possibility of writing up placement for publication
- Models of healthcare chaplaincy
 - All the above contribute to service and practice models in healthcare chaplaincy.

The question was then asked as to how a narrative based service and practice model for healthcare chaplaincy can be developed to complement that dataset approach. Who and how can this work be carried forward???

4 Any Other Business

We arranged a date for the next meeting and agreed that at this meeting we would fix dates for the following 12 months.

January '07	Thursday	11 th	11 – 1	City Hospital	Chapel
April					
July					
October					
January '08					

ACTION: Agenda item for next meeting

7 Date of next meeting

The next meeting will be held in the City Hospital Chapel on January 11th 2007. If you have any items for the agenda please let me have them by January 4th 2007.

The meeting closed at 4.10pm