

Caring for the Spirit NHS Strategy
West Midlands South Chaplaincy Collaborative Meeting

Minutes

7th September 2006

Clinical Sciences Building Room 214
Walsgrave Hospital
Coventry

Present:

Simon Betteridge (University Hospital Coventry / Coventry PCT)
Mark Folland (Yorks & The Humber SHA)
Paul Holmes (University Hospital Coventry)
Simon Moulton (George Eliot / Warwickshire PCT)
Edward Pogmore (George Eliot)
Hugh Priestner (Walsgrave)
Frances Tyler (Warwick Hospital)

Apologies:

Julie Cartwright (South Warwickshire PCT)
Max Shepherd (Worcestershire Acute)
Ian Scott (Worcestershire Mental Health Partnership)
Peter Gale (South Warwickshire PCT)

1 Minutes of the last meeting (27 May 2006)

The minutes were accepted as a true record of proceedings.

2 Matters Arising

Report of the Chaplaincy Collaborative Launch

It was generally agreed that this re-working of the notes of the Bromsgrove Launch provided a helpful picture of the day and that this summary will be useful to return to in future action planning.

Approaching Research – Staffs University

Mark explained that there was nothing to report at this time. It was agreed that because of the problems with diaries, it would be sensible to look at sharing the agreed dates with some other collaboratives in Mark's area and talk to the University about re-scheduling another date for later in the year.

Data Collection

There was much discussion around data collection and the work done by Simon Moulton and Edward Pogmore

- We noted that at one level this feels like another thing to do in an already busy and demanding chaplaincy work programme at local levels.
- The IT department in George Eliot have responded positively and helpfully with dataset follow up work.
- There was discussion about how best to approach the spiritual issues and outcomes in pastoral encounters from a data perspective.
- The importance of deciding the 'outcomes' to be collected was thought to be crucial.
- The difference in the type and frequency of data collected in the acute and mental health environments was raised as an issue needing further attention.
- There was the sense that we need not strive for perfection, but that we were looking for a data system that was 'good enough' for the task and could be modified and changed as demand required.
- There was discussion about the sense that this type of exercise – data collection – can “induce guilt,” as all the work that has not been done can weigh heavy.
- There was agreement that supervision needed to be on the database.
- There was also a sense that we need to move ahead and have a data collection system in place throughout the trusts in the collaborative. One person said “we have to bite the bullet and do it.”
- There was also some surprise expressed by some at the amount of work that can be seen to have been done when it is documented in a systematic manner.
- We discussed how it reveals what we do well, what we miss, and opportunities for training and how we are used in healthcare settings.

We agreed that the work done to date by Simon Moulton and Edward Pogmore would be sent out for consultation and further development.

Multi-faith work and training

Hugh Priestner told us of progress with the faith conference being planned for 2007 in Walsgrave. He had had some useful talks with other chaplains at the CHCC Conference about it. The new faith centre was mentioned as a space that was increasingly being used in the trust and will have links back into the community. Hugh spoke about the way they were now using the faith centre to develop chaplaincy and how the faith centre

was on the edge of the hospital. This led to speculation about PFI and chaplaincy as 'promised land or land of exile.'

3 SHA & PCT Reorganisation

It is not yet clear who will take responsibility for the strategic overview of chaplaincy services in the new organisations.

Mark commented that the NHS was undergoing a huge political, financial, systemic and technological change. In particular he highlighted the need for chaplaincy departments to be aware of three things in particular.

(1) The emphasis on 'patient choice' which is driving part of the current reform programme.

(2) The need for the NHS to 'develop capacity' to address NHS waiting times and make the best use of healthcare technology in the public and the private sector. In particular the new Independent Sector Treatment Centres are springing up offering diagnostic and elective surgical work.

(3) The development in the NHS of a market economy in which 'competition' is operating alongside 'collaboration' in healthcare settings.

4 Membership of the Collaborative

It was agreed that it was vital that chaplains took part in this work even though all would not attend the meetings. However, it was noted that chaplains maybe self selecting themselves through their attendance or otherwise. Those who are attending felt some initial ownership for the work coming out of it, rather than because they had been co-opted. It was felt that if some more came along then the work would be easier and more fulfilling.

5 Collaborative Steering Group

This flowed from the last item. There was discussion about the demands on chaplains' time and the need to ensure that outcomes from this work are tangible and represent VFM. Mark reiterated the main strands of the 'Caring for the Spirit Strategy' document:

- Education and training opportunities
- Evidence based practice
- Data collection
- Life long learning
- Multi-faith issues
- Multi-professional issues
- Models of service and models of practice

Some concern was voiced about the danger of each collaborative covering much the same ground and whether this would represent a good use of people's time

and effort. Several of those present said they would be reluctant to do work that is already being tackled elsewhere.

6 Date of next meeting

The next meeting will be held in the Faith Centre, Walsgrave Hospital, Coventry on Thursday 23rd November 2006 10 - 12.30

The meeting closed at 12.35