

Collaborative Event Pro-forma

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| Collaborative Name | <p style="text-align: center;">Caring For the Spirit Project</p> <p style="text-align: center;">Shropshire & Staffordshire Chaplaincy Collaborative Meeting</p> |
| Date of Event | <p>University Hospital of North Staffordshire</p> <p>Clinical Audit Seminar Room - Royal Infirmary Site</p> <p>20 July 2006</p> |
| Attendance | <p>Present:</p> <p style="padding-left: 40px;">John Austerberry (UHNS) Adrian Bailey (RJAH) Paul Barrett (Queens Hospital, Burton) David Cassidy (RJAH) Mark Folland (Caring for the Spirit) Petror Hryzuik (S&TH) Eric Kemball (UHNS) Paula Potter (NHS West Midlands) Alan Warner (S&TH)</p> <p>Apologies:</p> <p style="padding-left: 40px;">Penny Graysmith (Mid Staffs)</p> |
| Summary of discussion | <p>1 Minutes of the last meeting (25/05/06) The minutes were accepted as a true record of proceedings. Although it was pointed out that the date of the Bromsgrove meeting was in fact March 30th and not May.</p> <p>2 Matters Arising It was agreed that as many of these linked to later agenda items – specifically items 6 and 7 – these would be discussed at greater length at the appropriate juncture.</p> <p style="text-align: center;">Report of the Chaplaincy Collaborative Launch It was generally agreed that this re-working of the notes of</p> |

the Bromsgrove Launch provided a helpful picture of the day.

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 – possibly October.

Action Learning Set

Paula Potter explained that although she had received many calls and texts thanking her for her offer, the majority of people had felt unable to commit themselves to playing a full and regular part in a set. She was meeting with several people who are keen to discuss other ways in which they might address their own development needs.

Data Collection

John Austerberry reported that he had circulated the system in use within the UHNS Chaplaincy team which was considered a useful way forward.

3 SHA & PCT Reorganisation

Paula started by explaining that the SHA is currently in the midst of the impact of the reconfiguration and that PCT's are poised to follow this month. She made reference to the number of acute trusts also faced with varying degrees of change in the light of financial issues. In all, the current time is very unsettled and unsettling, with many shifts in priorities and personnel. There are many uncertainties.

The "new" West Midlands SHA had taken on statutory status with effect from 1 July 2006. This covers the counties previously aligned under the 3 "old" SHA's – that is, Birmingham and the Black Country, Shropshire, Staffordshire, Worcestershire, Warwickshire and Herefordshire.

Within Staffordshire, there would be 3 "new" PCT's – North Staffordshire, South Staffordshire and Stoke-on-Trent.

The 2 Shropshire PCT's would remain, although Shropshire County was losing its role in the provision of mental health services – this is being passed to South Staffordshire Healthcare Foundation NHS Trust. 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 a great deal of 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 best 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.

It was generally felt that there would be some interest in attempting to meld an approach to collecting data on the work of chaplaincy services with national and/or regional models, and how this could be used to help build the case for supporting chaplaincy services, using language trust managers would understand and relate to.

6 Any Other Business

Training and Development

Adrian Bailey made mention of the need for the collaborative to provide some development opportunities for its membership and several of those present concurred with him when he said he felt

the opportunity to meet local colleagues was in itself very valuable. It was agreed that the collaborative should agree a structured approach to this, and that this would be discussed further at the next meeting.

Initial ideas were aired including a “virtual action learning set” using some type of “chat room” approach.

It was agreed that it would be useful for all collaborative members to share in a “skills audit” whereby they could offer up any specific areas of expertise that they felt competent to share with colleagues.

David Cassidy mentioned that in his previous career, he had developed a specialism in business planning, and he agreed to work with Paula to design and deliver a one-day workshop for the rest of the group.

Emergency Planning

John Austerberry reported to the group that he had recently had meetings with the Staffordshire Emergency Planning group sited at the Beaconsfield Emergency Unit, with regard to the need for a community based spiritual/religious planning group to be established. There was some discussion about this issue, and a general agreement that there was a definite need for all areas of chaplaincy services to have much more direct involvement in emergency planning with specific reference to helping ensure that local NHS plans coalesce with county wide arrangements.

Date of next meeting

The next meeting will be held in Stafford (precise venue to be confirmed) on Monday 25 September, 12.30 – 14.30

Summary of action agreed

- It was agreed that Anthony Aggett, currently heading up communications for the WM/NW cluster for the national “Connecting for Health” project would be invited to attend the next collaborative meeting on 25th September. (5)
- The Scottish experience was discussed, and it was agreed that it would be useful to get hold of the relevant documentation. (5)
- Organise a one-day workshop on business planning. (6.1)
- Collaborative to share in a ‘skills audit’ of chaplains so we can make best use of local chaplaincy resources. (6.1)

Resources generated for inclusion

- Liaise with Anthony Aggett regarding communication issues in chaplaincy locally and nationally.
- Use chaplaincy expertise in business planning in the collaborative.