

Collaborative Name	North and East Yorkshire and North Lincs (NEYNL)																		
Date of Event	13.06.06 Inaugural Meeting: St John's House York																		
Attendance	<table border="0"> <tr> <td>Jenny Brown</td> <td>Director Prof Developt</td> <td>NEYNL</td> </tr> <tr> <td>Martin Doe</td> <td>Chaplain</td> <td>SNEY</td> </tr> <tr> <td>David Hoskins</td> <td>Chaplaincy Team Leader</td> <td>Harrogate Healthcare</td> </tr> <tr> <td>Martin Kerry</td> <td>Lead Chaplain</td> <td>Caring for the Spirit</td> </tr> <tr> <td>Andrew Marsden</td> <td>Chaplain</td> <td>Hull &amp; East Yorkshire</td> </tr> <tr> <td>Bob Rogers</td> <td>Senior Chaplain</td> <td>York Hospitals</td> </tr> </table>	Jenny Brown	Director Prof Developt	NEYNL	Martin Doe	Chaplain	SNEY	David Hoskins	Chaplaincy Team Leader	Harrogate Healthcare	Martin Kerry	Lead Chaplain	Caring for the Spirit	Andrew Marsden	Chaplain	Hull & East Yorkshire	Bob Rogers	Senior Chaplain	York Hospitals
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Summary of discussion	<p>1. Collaboratives: Vision and Benefits</p> <p>Martin Kerry presented the vision for a strategic grouping of chaplains and other concerned with spiritual healthcare in the NEYNL area (see handout). Key benefits include a critical mass to support development of chaplaincy practice; and capacity to advance a spiritual healthcare agenda in areas such as commissioning, education via strategic networks.</p> <p>2. Discussion</p> <p>a) Key question concerned the <u>viability of a NEYNL group</u></p> <ul style="list-style-type: none"> <li>In terms of <u>numbers</u>, the collaborative could be constructed to welcome all part time chaplains as well as non-chaplains (managers, faith leaders, educationalists). Perhaps 'spiritual healthcare collaborative' a better name.</li> <li><u>Duplication</u> of meetings, CHCC and HERSCAG already exist. CHCC complementary to a collaborative. Is there any mileage in dovetailing the work of HERSCAG with a collaborative – what do those who currently participate think?</li> <li>How to draw in/include those Chaplains unable to attend today – N Lincs, MH, Community?</li> </ul> <p>For all three sub-points, the question of viability relates directly to the perceived <u>benefits</u> of investing time in a collaborative.</p> <p>b) Development of a <u>strategy</u> for spiritual healthcare in NEYNL seen as valuable; for example, organising and resourcing faith communities to deliver spiritual healthcare might fit the distinctive challenges of the area.</p> <p>c) Collaborative has potential to deliver education links: pre-reg training for nurses and others in spiritual values; building on Wilf McSherry's work in spiritual needs assessment. Universities at York, York St John and Hull.</p>																		
Summary of action agreed	<ul style="list-style-type: none"> <li>MK to write up meeting and send out.</li> <li>Chaplains present to feedback with answers to question: 'In what areas of spiritual healthcare development could the forum of a Collaborative be most useful?' (Email: martin.kerry@nuh.nhs.uk)</li> </ul> <p>MK to consult with JB and propose actions to group</p>																		
Resources generated for inclusion																			

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