

Notes of the Meeting of the N C London Chaplaincy Collaborative

11 May 2006 at the University College Hospital London

1. Those present were
 - i. Dominic Fenton, Robert Mitchell, Rachel Picton, David Curtis, Daphne Williams, Peter Rowntree, Father Peter Harries OP, Berndt Koschland, Mark Brackley, Rashid Ayyub.
 - ii. Apologies were received from Jim Linthicum, Tom Baron, Julia Wiktorska, Barbara Stanford
2. A question was asked about the purpose of the chaplaincy collaborative. Rachel Picton spoke about the positive experience of other collaboratives for AHP staff which had developed over an 18 month period, and which was now beginning to yield benefits.
3. SHA update: RP provided an information sheet detailing the function of the new pan-London SHA. David Nicholson is the CEO and is known to be committed to workforce issues. The workforce element has been retained in the new SHA structure.
4. The recording of data/Minimum Data Set: SH asked about the elements of chaplaincy practice that are currently recorded.
 - a. UCH: Call-outs are recorded. Anglican ward Holy Communion and Anointing are recorded in the Service Register. Roman Catholic Holy Communion Services are recorded (total) annually. Anglicans record patient names following visits, except where a patient requests anonymity. A great deal of information about patients is shared between team members orally which lessens the need to keep any patient information in records.
 - b. Whittington: Referral sheet with brief notes of the visit are kept. Additionally notes are kept from any significant intervention. However not all members of the chaplaincy team do this, the exception being the RC Chaplain. Emergency Call-outs are recorded. There are also Ward Visitor report sheets which include the following information: new patients, patients seen before, Holy Communion; request to see a Chaplain; recording of issues raised for the Visitor which are then addressed with a Chaplain. The Visitor Report sheets are left in the chaplaincy office or in a sealed envelope which is delivered to the office or left in the post-box outside the office. Additionally notes are

kept in the Day Book (a shared book kept in the office). This records what has been done, and how long it has taken. A wall chart in the office records annual leave etc which is a helpful means of knowing where team members are given that all the staff in the team are part-time.

- c. RFH: Ward visitors report to Chaplains at the end of their visiting. A generic list of visits is maintained for patients who are known as Christian, Methodist, or Anglican. Details of the visit are kept vague but names are recorded. Emergency call-outs are recorded on the Trust S drive: the time of the call, arrival on site, duration, and time of return home. Holy Communions are also recorded in this way. There are Day Lists which record what takes place each day. These are kept secure and are kept for several years. Non-Viable Fetal funerals: a record of these is kept on hard copy with the Mother's surname and hospital number, and the date. The Roman Catholic chaplain records ward visits. The Muslim chaplain keeps a record of all phone calls taken while on-call on the S drive.
- d. N Middlesex: Stickers denoting a chaplain's visit are kept in the ward records of Palliative patients. As a result of this practice night calls have decreased as staff have become more aware of chaplaincy presence. Interventions at the end of life are also recorded. Not permanent record is kept. Referral sheets are used and a record is kept of significant conversations arising from general ward visits. Any paper information is shredded regularly. The RC visitors have access to the list of RC patients for their visits. They also take the names of any patients who request the visit of a Priest.
- e. A long discussion about the collection and use of data followed. At this stage there is not universal assent to this new practice for chaplaincy. SH agreed to contact Colin at the Norfolk and Norwich Trust and ask him to send a copy of the data set model he uses. However the importance of being prepared now by beginning to collect and use data is far better than having an inappropriate format imposed upon chaplains. Concern was expressed that Trust management could or would use the collection of data as a means of reducing a chaplaincy service. Another concern is that the collection of data would be yet another 'tick box' exercise. It was acknowledged that the MDS (and other models) required engagement by chaplains

rather than Line Managers to demand it. It was agreed that this subject would be reviewed at the next meeting, thus giving colleagues time to address this in more detail in their own Trusts in the meanwhile.

5. Local Issues

- a. UCH: the Trust is still in the aftermath of the July bombings of 2005. In addition staff stress is high due to the major financial constraints with the threat of jobs being lost.
 - b. Whittington: the London bombings have been a spur to major incident planning. A member of the Psychiatric team is due to meet with the chaplaincy staff to discuss staff involvement with Post-Traumatic Stress Disorder. The backdrop to Trust life is that services are always being reconfigured, which maintains uncertainty among staff. There is a new Arts programme in the Trust. There is a high proportion of Muslim staff a result of which a new, larger, prayer room is to be provided.
 - c. RFH: a new Muslim prayer room is to be provided at a cost of £65K.
 - d. Camden & Islington Social Care Trust (CANDI). Since the special meeting held on 31 January work has progressed in relation to the development of spiritual care provision. A Spirituality Action Group has been formed to take this forward. RFH are now involved more with the Grove Centre and staff awareness of chaplaincy has increased. Fortnightly visiting is currently being trialled. David Curtis' involvement with the unit adjacent the Whittington has also increased following the meeting in January.
6. Standing Committee: SH agreed to request volunteers to participate in a small Steering Committee via email.
7. Database of chaplains in N C London: SH requested any further names of chaplains not yet on the distribution list.
8. The next meeting will not now be held at the SHA offices. An alternative meeting place is needed. Confirmation of this will be sent in due course. The meeting will be held on **19 September at 1.00pm.**