

## Notes from the Meeting of the N W London Chaplaincy Collaborative

30 May 2006, SHA Offices, Boston Manor

1. Those present were Andy Keighley, Steven Flatt, Chris Guinness, Richard Osborne, Richard Christian, Steven Smith, Jonathan Osborne, Susan Hollins.
2. Apologies were received from Ann Percival, other members of the chaplaincy team of RBHT, Nigel Griffin, Edward Morris, Trevor Walt, Derek Barnes
3. SH expressed concern about the lack of response to all communication relating to the Collaborative from the chaplaincy staff at Northwick Park Hospital.
4. The collection and use of data/Minimum Data Set. Colleagues shared their current practice.
  - a. Hammersmith – Staff are included in Multi-Disciplinary Team Meetings, and as a consequence chaplains write in patient Notes. A new system whereby stickers will be used to indicate a chaplain's visit and input is in process of approval. It is intended that the stickers will be placed in the Notes.
  - b. Hillingdon – chaplains have had no open access to patients for some length of time, due to the Trust's interpretation of the DPA as it affects chaplaincy staff. Chaplains have to be asked by other staff to visit on wards. Visiting cards were used for a short time, but were rejected by other staff. The appointment of a new Caldicott Guardian may ease the difficulties of access. A new PAS system is being introduced which will provide a field for patient consent for their details (Religion, Name) to be given to the chaplaincy service. It has also been agreed that Ward Clerks will also ask patients a question relating to any religious practice they have. This information will also be given to the chaplaincy service. This information will also facilitate the collection of accurate data about the religious mix of the local population.

While open patient access has been denied chaplains have provided an increased amount of support to staff (100% increase).

A pilot scheme is also scheduled to be introduced by the service in which Volunteers will be allocated to wards. There will be 10 'buddies' to one ward with the intention of befriending patients. This will come within the auspices of the 'Mind Body, Spirit' workstream which is developing within the Trust. If the buddies discover that the patient's religious and spiritual needs are not being met they will be able to contact the chaplain or the appropriate religious representative. Additionally patients may use the Patientline telephone service without charge in order to contact the chaplaincy service.

There is a high percentage of Muslim and Hindu patients so current vacancies for both RC and FC chaplains may be filled by Muslim and/or Hindu representatives.

- c. Ealing – Information about patients cared for by the chaplaincy service is kept on paper. Representative chaplains from RBHT, EHT, and Chelsea & Westminster have been meeting together to discuss how the MDS could be used. The intention is that once this work is completed the rest of the team will be encouraged to engage with it.

- J.O. suggested that the MDS should be uniform, as a template for all Trusts to use in order to assist performance management.
- d. St Mary's - chaplains will begin data collection from 1 June. This will be a 3 month pilot scheme, about which the Trust board is very excited as they applaud the initiative taken by the chaplaincy service. There will be a Referral Record and a Core Data Sheet, based on the MDS outline. There is no restriction on chaplaincy access to patient lists and open ward visiting. Chaplains hope to be able to develop a Care Planning record for patients.
  - e. There followed a general discussion about the implications of the Data Protection Act (DPA) for chaplaincy access to PAS. Concern was raised about whether the consent question posed to patients will inhibit chaplains from open visiting on the wards (from which a great deal of work is generated) and thus reduce the fluidity and freedom to go anywhere which are core qualities and benefits in any chaplaincy service. SH response: when a patient had not given consent and who then saw a chaplain visiting a neighbouring patient on a ward then the patient could change their mind, and give their consent which would then be recorded in the PAS.
  - f. SH informed colleagues of a DH Project she is managing which is addressing the current inconsistencies of chaplaincy access to patient information. This project is building on work that has already taken place. SH stressed the DH commitment to address the difficulties experienced and to set in place new systems to facilitate the spiritual and religious care of patients.
5. Spiritual Care Policies – Steven Flatt is seeking to develop such a policy in his Trust (St Mary's) which is based on the system in use in NHS Scotland where these policies are integral to the Trust. Others would prefer not to have such a policy (yet) and would question their purpose. Steven Smith commented on the good content, with theological and philosophical material in relation to spiritual care policies which can be found in the Caring for the Spirit strategy document. Richard Christian spoke of the 'Mind Body Spirit' workstream in his Trust directed at 14 – 19 year olds. The Trust's commitment is to listen actively to the teenagers wherever staff meet them. Local schools are also involved in this project. Discussion then moved to the sharing of information relating to Trust planning for the Bird Flu Pandemic and how chaplaincy services are being involved in this.
6. Local Issues –
- a. SHA changes – the new pan-London SHA comes into force on 1 July. There will be considerable SHA staff reductions as there will be only 150 staff in the new structure. The SHA offices at Boston Manor will be closing in August. Colleagues commented on the low staff morale in Trusts, while being aware that chaplaincy services are not immune from cost reductions.
  - b. Ealing – the chaplaincy has undertaken 2 staff audits with positive results. Another audit was directed at local faith representatives, which also yielded positive responses.
  - c. Willesden Area Lay Chaplaincy Course will be ending. Ealing and W Middlesex Trusts train their own chaplaincy volunteers. Hillingdon chaplaincy has been training volunteers for 6 months before they undertook the Willesden course.
  - d. The new Bishop's Officer for healthcare chaplaincy in the Willesden Diocese is Ven. Rachel Treweek.
7. Standing Committee – it was agreed that a firm decision about the nature and structure of this would be taken at the next meeting

8. Draft Agenda items – please send items to SH which are based on those elements of chaplaincy which are considered to be the 3 top priorities for your service/Trust.
9. Next Meeting – this will be held on **6 September** and will be held at St Mary's Paddington at 1300.