

**SOUTH WEST STRATEGIC HEALTH AUTHORITY**

**Notes of the The NHS 'Caring for the Spirit Strategy' Collaborative Launch for the Avon Glos and Wilts patch held at Jenner House, Chippenham on 9th June 2006.**

**Present:**

- Tim Battle – National Chaplaincy Strategy;
- Michael Belfield – Avon & Wiltshire Mental Health Partnership Trust;
- Linda Brown – Royal United Hospital Bath NHS Trust
- Richard Burfoot – Stroud General Hospital
- Jill Crook - AGW SHA – Director of Nursing
- Chris Davies – North Bristol NHS Trust and United Bristol Healthcare NHS Trust
- Tom Douglas – North Bristol NHS Trust
- Guy Edwards – BANES PCT
- Peter Ellmore – Caring for the Spirit Strategy (Lead Chaplain)
- Aileen Fraser – Bristol PCTs
- Stephen Henderson – Swindon and Marlborough NHS Trust
- Maggie King – Department of Health (Patient Information and Choice).
- Cavan McElligott – United Bristol Healthcare NHS Trust.
- Stephen Oram – North Bristol NHS Trust.
- Mark Read – Gloucestershire Hospitals NHS Foundation Trust.
- Chris Renyard – Salisbury Healthcare NHS Trust.
- Colin Sherwood – United Bristol Healthcare NHS Trust
- Jane Skinner – Swindon and Marlborough NHS Trust
- Kim Stevens – Salisbury Healthcare NHS Trust
- Phillip Sutton – Royal United Hospital Bath NHS Trust
- Peter Wade – Dilke Hospital
- Michael Withey – Stroud General Hospital
- Angie Wond – South Gloucestershire PCT
- John Wraw – Diocese of Salisbury
- Lesley Burnett – Swindon and Marlborough NHS Trust

**In Attendance:**

- Victoria Chambers – AGW SHA (PA to Jill Crook)

### **1) Introduction:**

- a) Jill Crook, Director of Nursing for AGW SHA welcomed all to the collaborative launch and outlined some of the issues and challenges facing the delivery of spiritual healthcare.
  - i) The restructuring of the NHS and financial difficulties made for an environment that was seeking efficient and effective services.
  - ii) The patient led NHS will cause change to the way healthcare is provided. What we need to do is to make the system work better

### **2) Information for Choice:**

- a) Maggie King Dept of Health presented the work of her department with Patient Involvement based on the White Paper, Information for Choice. This follows the principles of a patient led NHS, involving the patient by offering information to enable choice.
- b) Current work aims at:
  - i) Changing the behaviour of the patient by informing patient choice.
  - ii) Indicating new providers – social enterprises by enabling sign posting.
  - iii) Enabling an accreditation scheme for information and organisations providing it.
  - iv) Building a patient information bank of information on known best treatments.
  - v) Connecting for Health – access to individual patient health records and other information that the patient wishes to include.
  - vi) Clinical Standards – Providing evidence base information (eg Cancer Backup)
  - vii) Health-search engine used to pick up accredited information.
  - viii) Evolving information prescriptions for the patient's particular condition.
  - ix) Evolving a local community information pack to contain support and after care service information etc.
- c) Discussion arose and considered:
  - i) What questions do healthcare professional need to ask of patients for their care?
  - ii) How do chaplains contribute to patient information? At present there is difficulty with right of access due to Human Rights and Data Protection legislations. Chaplains need to be recognised as part of the multi-disciplinary team. Chaplains also need to be clear about their contribution and role in the care process.
  - iii) Chaplains await output from a DH exercise that will produce guidelines for practice of consent and data access etc.
  - iv) One chaplain spoke of the practice of taping conversations with the patient and providing them with a copy for reference. Questions of consent arose and Trust legal advisors should be consulted regarding the practice.
  - v) Chaplains are acknowledged as patient friends/ advocates that support and can empower patients.

### **3) Presentation of the Strategy, Collaborative working:**

- a) The Strategy was explained and the principles of collaborative working outlined. Some comments and feedback were noted.
  - i) Spiritual healthcare is often neglected or even included in a care-plan.
  - ii) The Strategy represents a good vision for full-time staff but in reality for sessional chaplains this is unrealistic.
  - iii) Some PCTs are feeling crushed at the moment but still have a lot to give. Community hospitals will take on a new brief with a different type of role after the NHS reconfiguration.

- iv) Patient centred care includes spiritual. Some education/ awareness raising is necessary for NHS Staff, from the ‘tea person’ up, to ensure this.
- v) Essence of Care presents a useful platform for chaplains to use to raise this aspect.
- vi) Its not just about awareness, Nursing staff have little time to gather all the data and enquire on every aspect of the patients needs. Recent work of the N Bristol Trust piloting spiritual assessment failed due to the workload of nursing staff. Such approaches are more applicable to longer stay palliative care and stroke wards.
- vii) Evidence for the benefits of patient’s spiritual care exists but is patchy. Eg Sheffield hospitals research work was highlighted as an example of the type of evidence that might be gleaned and attempts will be made to make that available. (ref Stephen Henderson - Swindon).
- viii) The Collaborative approach is intended to include PPI involvement. Collaboration needs to be manageable, representative, the right mix of people.
- ix) It was observed that Directors of Nursing should hold spiritual care in their portfolio
- x) A Trust/ NHS policy for Spiritual Healthcare is the foundation to build upon.

**4) Visualisation exercise:**

- a) The results of a group exercise visualising the future with the implementation of the Caring for the Spirit Strategy is tabled below.

- Future Visualisation: AGW Caring for the Spirit Collaborative - 9<sup>th</sup> June 2006

Theme	What will it be like?	How did you get there?	What did you need to get there?
<b>Multidisciplinary Working</b>	Respect for your contribution. Being clear about our role. Well trained, skilled for the role. Better outcomes. Measured outcomes. Included automatically. Easy, ready information flow. Having access to notes. ‘Status’ in the decision making. Not being subsumed – having a voice. Being clear about our role. Equal partnerships. Recognised and regarded as a professional. Good team of volunteers to meet objectives. Strategic vs. Reactive tension <ul style="list-style-type: none"> <li>- ‘Vagueness/ precision’.</li> </ul> Statutory Obligation. <ul style="list-style-type: none"> <li>- (e.g. every patient must be aware of or to have met a chaplain during a stay.)</li> </ul>	Policy. Leadership. Need to get known. Infiltrating the structures <ul style="list-style-type: none"> <li>- skilled and distinctive expertise and insight.</li> </ul> Freedom to operate at a challenging level. Persistence. Hard Work. Relationships. Properly pastorally and theologically trained and challenged by our church communities. Good relationships <ul style="list-style-type: none"> <li>- to be valued.</li> </ul>	Time. Learning how things work. NHS needs to specify chaplaincy involvement. <ul style="list-style-type: none"> <li>- e.g. managing pregnancy loss</li> <li>- included in care pathways.</li> </ul> Networking <ul style="list-style-type: none"> <li>- to gain a good reputation.</li> <li>- Work amongst staff.</li> </ul> Education from the ‘broad’ church training establishments. <ul style="list-style-type: none"> <li>- Networking</li> <li>- working together in partnership with local churches.</li> </ul>
<b>Evidence Based Care</b>	Easy to access Easy to collect <ul style="list-style-type: none"> <li>- Chaplains</li> <li>- Volunteers</li> <li>- Administration</li> </ul> A tool to develop the work of the team. Collective evidence for the whole team Evidence of the value of the service. Clear indicator of significant encounters and needs of patients. Record of the response of team. Collective evidence for the whole team.	Good Trainers. Collaboration. Pilot trials. Looking at other models. I/T and Communication. Clear access to records to assess needs and enable response. Ability to record patient needs in their notes. Closer working relationships between the disciplines.	Good I/T systems Up to date training Support of the Caldicott Guardian and Data Information Officer. Good clear spiritual care policy that works. Good Team relationships Time to put systems into practice Effective Team Leadership Bigger budget to pay a community chaplain.

<b>Multi-faith Work</b>	Access to multi-faith networks. Contacts. Information. Guide to multi-faith contacts. Activity of the network Visible Team Members Multi-faith calendar respected.	Identify the community profile(s). Match with stakeholders. Encouragement to network. Internal support.	Ready welcome and a champion.

## CARING FOR THE SPIRIT COLLABORATIVE

9<sup>th</sup> JUNE 2006

### EVALUATION

#### Objectives

How well did the event meet your overall objectives?	Very well	Fairly well	Not at all		
	60%	30%			
	Very good	Good	Average	Poor	Very poor
Venue	30%	70%	0	0	0
Quality of food	30%	70%	0	0	0
General helpfulness of staff	60%	40%	0	0	0
Location for ease of travel	40%	60%	0	0	0
Quality of administration	50%	50%	0	0	0

#### What do You think you achieved today?

1. A better understanding of the issues surrounding collaborative care.
2. Learning new ideas.
3. Gaining insights for the future.
4. Meeting colleagues and relating networking.
5. Continuing development of my understanding of the issues.
6. Content of the Caring for the Spirit Strategy.
7. Continued development of networks.
8. Learning new ideas.
9. Gaining insights for the future.
10. Meeting colleagues and relating networking.
11. Agreement to proceed.
12. Cross fertilisation.
13. Non-executive director involvement and interest.
14. Good to hear the vision being expanded.
15. Some clarity and insight into the 'Caring for the Spirit' initiative.
16. Clearer understanding of where future may be and its impact upon the development of the team ministry.
17. Good event/ success rewards next step.
18. Shared understanding about moving forward
19. Spiritual care and shift of service towards community service.

20. A better understanding in what is happening but also highlights the challenges ahead.

### **What future needs do you have?**

1. To see and be involved in the development of this programme.
2. To have access to work being done in other Trusts within the collaborative.
3. Survival in a Community scenario looking to be reduced in scope and role.
4. More Training like today.
5. Feedback.
6. Liaising with PCT.
7. Pool resources.
8. Some sense of being part of a wider team (living in isolation in a rural community.)
9. Support from full time chaplains.
10. Discussion within the PCT.
11. Moving chaplaincy towards Community Care – greater connection.
12. Information and Resources.

### **Other Comments**

1. A very good meeting with a lot of positive response
2. I am not sure that we really established a collaborative. The discussion at the end of the day did help. It was a pity that some left at lunch time. I hope that we can build on a good days work.
3. A good day, well organised. Exercises and feedback sessions good and constructive. Interesting work. Would like to be involved in more learning/ training – I am a former nurse and have some expertise over the years to share.
4. I have enjoyed today and the focus on patient care/ experience and looking to how we work together in the future to reconfigure services towards Care in the Community. I would be happy to be involved in further discussion

PE  
3rd August 2006  
PEAGW0606