

TRUST BOARD PEOPLE

Peter Luckstedt

It was with great sadness that Board members learnt of the sudden death of Peter Luckstedt, who had been the honorary auditor of the Trust's affairs since its foundation.

Peter and his wife Hazel never missed an AGM; his willing support was deeply appreciated.

Rachel and David Underwood, together with Margaret Rowe, attended the funeral in Levin.

Paul Bayliss

The Board is pleased to welcome Paul Bayliss, currently the General Manager of the Catholic Archdiocese of Wellington.

We look forward to the contribution his skills and experience will bring to the future development of the Trust.

WHCT CONTACTS

Chair

Margaret Rowe
70a Woodward St
Featherston
rosebarn@xtra.co.nz

Secretary

Terry McDavitt
19 Holloway Rd
Wellington 6021
tmcavitt@paradise.net.nz

Treasurer

David Underwood
P.O Box 10-931
Wellington 6143

You need to know

For historical reasons the Wellington Hospital Chaplaincy Trust includes two foundations:

1. **The Wellington Hospital Chaplaincy Trust**, set up in 2005, as an immediate (and on-going support) for the continuation of day-to-day chaplaincy services.
2. **The Jim Rowe Memorial Trust**, set up in 2011, to commemorate Jim's active involvement in the provision of chaplaincy services in the Wellington hospital and his vision of their sustainability into the future.

Both Trusts are registered charities

Donations of over \$5.00 are tax deductible

I wish to donate



by cheque (enclosed)

or

by direct credit to:

06-0513-0258082-00

(National Bank, Courtenay Place)



to:

☐ **Wellington Hospital Chaplaincy Trust**

☐ **Jim Rowe Memorial Trust**
(please tick the desired Trust)



Please include your:

Name _____

Address _____

E-mail _____

Receipt required ☐ Yes ☐ No

Send to:
The Treasurer
Wellington Hospital
Chaplaincy Trust
PO Box 10-931
Wellington 6143



October 2012

An Update

Those "in the know" keep telling us that green shoots are starting to appear in the economy. For many of us, the shoots, if visible at all, are too frail to have more than a tentative grip on existence. It is therefore with great gratitude that the Trust thanks all those who have so generously contributed to keep the chaplaincy service at Wellington Hospital in existence.

Its open availability to everyone who is part of the life of the hospital – all staff, all patients, all whanau and friends- underscores the part it plays as an essential part of the hospital team, offering support and care in times of critical uncertainty and vulnerability.

Like many other aspects of systems we had (almost) taken for granted, the chaplaincy service is feeling the pinch of the spill-over from the global situation and the Christchurch disaster. We are all, in one way or another, being affected financially by the increase in insurance premiums and the outcome of the country-wide revaluation of public buildings previously considered earthquake safe. Many of these decisions, distressing as they are, have wider, more profound ramifications.

For the Trust, a close-to-home case in point is the story of the Porirua chapel, attached to the Mental Health and Forensic Unit. The chaplains, the Revd Kath MacLean and the Revd Noel Tiano were astonished (they thought, at first, it was a joke) very recently to be ordered immediately (that very afternoon, in fact) to evacuate the chapel and the small adjacent complex of office, meeting room and kitchen. The instruction, arising from an adverse expert report on the structure's earthquake capability, came without warning and, considering the immediate past history of the building, with a disconcerting urgency.

The Unit provides for many people who come from a great distance, often for long-term treatment and who consequently may receive only infrequent visits from whanau and friends. For them the chapel offers not only an outpost of tranquillity, safety and spiritual help, where cultural art works and familiar colour and shapes convey a special reassurance; it is in constant use, informally and for planned occasions. It is a still point in a disturbing, turning world. For the professional staff of the Unit, it is seen as a healing space in its own right.

Apart from the logistics of the situation: the unsatisfactory space suddenly found for Sunday and other services and the inconvenient storage space for equipment and furniture, the chaplains have been struggling with an extraordinary load. As Kath and Noel continue their normal service to this vulnerable group, in addition they in themselves have picked up the part previously played by the physical building – its strength and familiarity and healing.

Fortunately, the original expert assessment has been modified to the point where normality has been restored, with the proviso, however, that the building must be "stickered". Because essential bracing work (cost, as yet unknown), can't happen overnight, everyone using the chapel complex must sign a form spelling out their understanding of the risks should an earthquake occur.

The Trust was set up to ensure the continuity and sustainability of chaplaincy services in Wellington Hospitals. Originally, this was seen to be (and remains) an urgent financial requirement; now, however, concepts of "continuity and sustainability" have taken on an added dimension. Like everyone else in these times, we must take a deep breath to meet in the best way we can, whatever unforeseen needs present themselves. And so we will, with your help.

Margaret Rowe

visit our website: www.whct.org.nz



THE VOLUNTEER TEAM

Wellington Hospital is a busy place. Its 474 beds do not, perhaps, seem that many (although you have to add the 110 at Kenepuru and the 175 mental health beds at Porirua when looking at the whole District Health Board). But the figures start to get impressive when you realise that in the 2011/2012 year these hospitals managed 47,723 admissions and day cases. And there were 605,000 outpatient and community-based visits over the same time. Although this second figure relates to the greater Wellington area, many of the in-patient visits were from the top half of the South Island and the lower half of the North Island (Taranaki across to Taihape and to the Hawke’s Bay). Beds don’t get cold! And while the turnover is rapid, some patients stay for a surprisingly long time. Just keeping up with this rapidly-changing population is difficult, so our team of two full-time and two part-time chaplains is very grateful to have the assistance of sixteen chaplaincy assistants. These people have all been through a careful selection process and a thorough training course. They receive monthly group supervision from one of the chaplains and have to sign a contract with the Inter-church Council on Hospital Chaplaincy. While it is the chaplains who are on-call and attend to some of the more difficult situations, we couldn’t manage without our competent, experienced and committed chaplaincy assistants.

Being a Volunteer Hospital Chaplain’s Assistant

By a member of the volunteer team

I was approached by my pastor, asking if I was interested in training to become a volunteer hospital visitor, working in the chaplaincy team. I had no idea such a position existed and was intrigued that the professional chaplains needed support from volunteers. As I thought about this, my heart was challenged; I used to be a nurse and I feel comfortable in the hospital environment.

I was interviewed, and expressed my apprehension at the idea of meeting many strangers. I was warmly accepted into the course to begin basic training. I have now been a volunteer chaplains’ assistant for about five years and over that time it has come to take a much more prominent place in my life. I have completed further training to enhance my work. Initially, I visited a busy surgical ward once a week. This was a time of great trepidation, yet I gained so much through meeting brave and open people. I realised it was the highlight of my week. So I resigned my regular employment to be able

to do more visiting. I now schedule my work around my visiting.

Currently I visit the neonatal intensive care unit (NICU), the ante natal ward and the gynaecology ward three times weekly. No one day is ever the same. On many occasions I am a friendly face, a visitor without an agenda. I see some people only once. I visit others over many months as their baby grows and develops in the NICU. Some women are transferred from all around the region and have no regular contact with whanau and friends. For them I am often what we refer to as “a boredom buster”! Yet in all interactions I acknowledge that spiritual and emotional healing are important alongside physical healing.

Some people ask for prayer. On many occasions I refer to the chaplains to visit further and for rituals such as Baptism and bringing the Eucharist. I try to be sensitive to each person’s needs and wishes. I never wish to impose. Yet I always introduce myself as a chaplains’ assistant, so people know my role.

Recently I visited a lady from out of town who was on bed rest for several weeks. We chatted about many issues including her fears that her pregnancy was not progressing well. We came to relish the regular chats. I was able to do errands for her as well as stave off some loneliness. When her baby died soon after birth we cried together as I tried to support her and her husband. She wanted to show me her beautiful child and share in her grief. It was a privilege to do so – but hard.

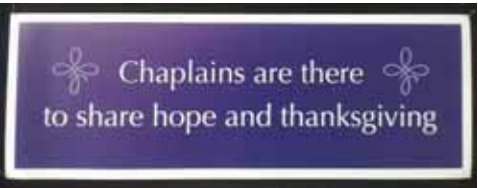
All the assistants have regular supervision from one of the chaplains in the team. This gives an opportunity to share our concerns, our frailties, our joys and our dilemmas.

Some patients’ needs are physical – toys for visiting children, a magazine, another pillow, a fresh cup of tea. Others need to be heard as they struggle with having surgery postponed, or hearing challenging news. Very occasionally they may want help from an independent person to make a complaint.

I offer support to relatives of those in hospital. I visited a lady whose elderly mother was hospitalised for several weeks. Far from her home and family, the daughter stayed in a nearby hostel and spent hours at her mother’s bedside. Both asked for prayer; sometimes it was the daughter who needed more support as she watched her mother undergo many treatments.

At times I am asked to support staff as well and I do that readily.

It is challenging and rewarding work. I am blessed to be able to visit and feel privileged to hear many stories of courage; I am blessed and encouraged through this ministry as my eyes and heart are opened to the sufferings and delights that are the daily fabric of modern medicine.



WHAT HAPPENED AT PORIRUA

The Revd Kath MacLean, full-time chaplain at the Mental Health Unit reports

1 August (Wednesday)
Porirua’s Head of Security sent Kath (returning from a clergy conference in the Wairarapa) an urgent message to the effect that both she and the part-time assistant chaplain must move out from the chapel without delay as soon as she arrived back.

Later – in his office, he spelt out that everything in the chapel (and associated small complex of office, meeting room, kitchen and toilet block) was considered such a risk it must be evacuated immediately. It was difficult for everyone, no storage provision had been made for equipment and furniture, but he offered to help load up the car.

Even later – the Manager of Mental Health confirmed that the instruction had come from the Chief Operating Officer in Wellington Hospital, the result of an engineer’s assessment of the state of the building. She was able to offer temporary storage, but even more importantly, offered the Vaka Pasifica facility for the Sunday Service.

2 August (Thursday)
An all-day previous commitment prevented anything happening.

3 August (Friday)
Kath and Noel packed up their offices and, with the help of orderlies, moved as much as they could, leaving late that afternoon and setting the alarm.

Meanwhile, rumours about what was happening to the chapel rushed through the immediate community; not surprisingly, it was broken into.

Some days later
Because the chapel had been re-located onto this site relatively recently, and because the major part of the structure was wooden, an independent engineer’s report was called for (probably to cost about \$1,800).

The chaplains continued their normal duties as best they could, responding to calls and comforting disturbed people.

19 August (Sunday)
After the chapel service, the volunteer pianist who had heard about the situation, took the problem to her parish church, where the cost dilemma was discussed.

22 August (Wednesday)
The parish presented Kath with a cheque for \$1,800.

Watch this space!

EVENTS

Hospital Chaplaincy Week, 23-30 September

(in conjunction with the Interchurch Hospital Chaplaincy National Appeal)

This was set up in the atrium of Wellington Hospital – a display to celebrate the service of chaplains as an essential part of the hospital’s health team.

Wellington Hospital Chaplaincy Trust Annual General Meeting, 21 November

In Wellington Hospital – room to be advised in the atrium. At 2pm

Speaker: The Rt Revd Justin Duckworth