

NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian
February 2013

A Year of Change

Last year, in my first annual report to the Spiritual Care committee, I referred to the physical view from the Chaplaincy offices in Aberdeen Royal Infirmary, and in particular the loss of an unimpeded view of the North Sea, to be replaced by the New Emergency Care Centre. In a sense that theme of change seems to be the one constant during 2012 for the Chaplaincy team in NHS Grampian. It would seem appropriate then in this Annual Report to focus exclusively on these changes, rather than the routine aspects of the Chaplains' work that often are described in this report, such as the pastoral visits, bereavement support and Sunday services. The changes are very different in nature, some entirely predictable, some unique to NHS Grampian, some are changes that we share with our Chaplaincy colleagues throughout Scotland and beyond.

Perhaps I should begin with the Scotland wide perspective, as 2012 was a significant year for healthcare Chaplaincy in Scotland. It was the tenth anniversary of HDL 76 Spiritual Care in NHS Scotland which placed a requirement on NHS Scotland to do something about the provision of spiritual care through the various Health Boards. The existence of this Spiritual Care Committee is in large measure due that HDL. To recognise the significance of the HDL a celebratory event and significant conference on Spiritual Care took place in Glasgow in March 2012. At the celebratory event Derek Fraser, Lead Chaplain in Addenbrookes Cambridge and Chairperson of the United Kingdom Board of Healthcare Chaplaincy, delivered a lecture entitled Healthcare Chaplaincy in Scotland. A case of benign envy. As well as listing the many achievements in Spiritual Care in Scotland over the last ten years, such as Standards, Capabilities and Competences, Spiritual Care Matters, Postgraduate Certificate in Healthcare Chaplaincy, to name but a few, he mentions some developments that have emerged towards the end of that ten year period, such as Values Based Reflective practice, Chaplaincy Community listening project and PROMS (Patient-related outcomes measures.) These last three have now become strategic priorities for Healthcare Chaplaincy throughout Scotland and are very much part of the change scenario that I mentioned at the beginning of this report. I will return to them later on in this report.

Staffing Changes

For me personally the biggest staff change was taking on the role of Co-ordinating Chaplain. I certainly would not have wished for as many changes to have landed on my plate during the first year , so you could say it has been a steep learning curve ! However I am very grateful for the support of the wider team and my immediate line Manager, Laura Gray , as I adapt to the new responsibilities .

2012 was a year of significant staffing changes . Muriel Knox , Lead Chaplain in Woodend, retired at the end March 2012. Muriel had been with Chaplaincy , since December 1999. She began in the Acute Sector , ARI and Woodend , then moved to the Mental Health sector in 2003 , at Royal Cornhill Hospital , before returning in recent years to the Acute Sector as Lead in Woodend Hospital . The department are very grateful for the skills and experience that Muriel brought to all that she did and are grateful that we can still benefit from them through her on-going involvement in Reflective Practice and Clinical supervision .

On Alison Hutchison's return to work after a leave of absence in January she took on the Lead role at Woodend. We then merged the half time vacancy that we were holding after Fred Coutts retirement and Alison previous hours in ARI to create a new full time post in ARI. After Advertisement and interview we were pleased to offer this post to Rev Lizzie Campbell , who had until that point been our part-time Chaplain in Kincardine Community Hospital.

Lizzie took up her new appointment at the end of May and is settling down well to whole-time Chaplaincy . She is based exclusively in ARI , and as of December has an office in the Emergency Care Centre as well as a desk in the Chaplains office in phase 2

There have been changes among the Community Hospital Chaplains throughout 2012. . At the end of January Rev Stuart McDonald resigned as Chaplain to the Oaks Unit in Elgin. This post was advertised and after interviews we were delighted to offer this post to Rev David Young, in addition to his hours in Dr Gray and Leancoil.

Rev Jim Newell resigned in July of this year as Chaplain in Fraserburgh Community Hospital. This vacancy , together with the vacancy created in Kindcardine Community Hospital, with Lizzie Campbell's move to ARI, were addressed in the second half of the year. Towards the end of 2012 , again after Advertisement and interview , we made two appointments , which will come into effect early in 2013 . Both these appointments are external to the existing team . Rev Ali Harvey , who is one of the City Centre Chaplains in Aberdeen , has been appointed to Fraserburgh . Rev Maggie Jackson, Rector of a local Church in Stonehaven , has been appointed to Kindcardine Community Hospital.

The only outstanding vacancy we are carrying at present is at Insh Community Hospital , which is as a consequence of Rev Jane Taylor having to resign on account of health grounds.

In June of this year we bade farewell to Rev Dr Vincent Perricone as Episcopal Chaplain , as he was relocating to another part of Scotland. The Episcopal Bishop of Aberdeen appointed Rev Samantha Fergusson as Episcopal Chaplain to Aberdeen Hospitals.

Since the first of September, James Falconer has been working two days a week to promote and enable the development of a Therapeutic Roof Garden for Aberdeen Royal Infirmary. While not exactly a staff change , it has meant some adjustment to the staffing in the wider team . This brings me to the second cluster of changes that have been a feature of 2012.

Physical Changes

I have already alluded to the loss of our sea view ! Throughout 2012 the new Emergency Care Centre took shape right in front of us . It opened on schedule towards the end of 2012 . We were pleased to have been allocated a Chaplaincy office in the Operational Unit on the first floor. Lizzie Campbell will be based partially in this office and partially in our main existing offices.

As a department we had a display about our work and a rota of Chaplains' present during the open weekend before the transfer of patients to the wards. The Physical layout of the new centre presents both challenges and opportunities . The preponderance of single rooms has meant that many patients are more open to engage in significant conversations . Some patients perhaps feel a little isolated in the single rooms. Certainly staff are finding the new layout more challenging and we are endeavouring to offer appropriate support to them. Our Sunday escorts and finding it very difficult to cover all the wards on a Sunday morning , and so some of our Volunteer visitors have agreed to be part of a rota going round on a Friday morning to identify those who would be interested in attending the forthcoming Sunday service.

The Therapeutic Roof Garden will be built above the entrance to the Emergency Department (ED) of the Emergency Care Centre, which will be completed by the summer of 2013.

This is a unique project, certainly in Scotland, and one which will make a real difference to the sense of wellbeing and recovery of many patients and their families. Access to the garden will be available to all patients in ARI but particularly those who are critically ill and/or who need to be in the acute hospital for many weeks and months; whether walking, in a wheelchair or confined to a bed.

The initial work has been to generate publicity about the garden and to launch the fundraising appeal. Articles have appeared in the in-house paper Upfront

and in the local press as well as pieces on national and local radio. Displays have been mounted in various locations in the hospital and speaking engagements undertaken. At the time of writing some £11,000 has been raised and numerous fundraising events by staff and outside individuals and organisations are being planned.

As the design work for the ED entrance is nearing completion the exciting task of planning the garden itself is being taken forward.

James said, 'A big thank you must go to colleagues within the Chaplaincy Department who have made it possible for him to give time to this project and to a significant number of others from Corporate Communication, Corporate Graphics and elsewhere within NHS Grampian who are helping the garden to come to fruition.

As a Chaplaincy team we know James has the gifts , energy and vision for this particular project . It underlines the holistic dimension of our care , or to use the current language , the person-centred nature of our care . This brings me to the third and final cluster of changes that have been a feature of 2012.

Strategic change

In the context of NHS Scotland's renewed stress on Person Centred Care over the next few years Healthcare Chaplaincy in Scotland have set out three priorities that involve a strategic change in the way we work as Healthcare Chaplains. As part of this process we had a Chaplaincy Team day in November facilitated by Linda McKerron from the Training and Development Department. This was to review what we do at present, what we could stop doing , what we need to continue to do and what we might start doing . The meeting was useful as part of a strategic review of all that we do .

I thought it appropriate in the final part of this report to describe what we have been doing in Grampian in the area of the three priorities . Before I get I should mention the Mental Health sector specifically in terms of strategic review.

Mental Health

Positive links with the management structure in Mental Health and Learning Disabilities created an opportunity to present chaplaincy to the Clinical Board. With animated feedback; regarding the Psychological Therapies Matrix, an invitation to extend learning of front line staff, closer ties with Allied Health Professionals and an opportunity to contribute to the leadership of the Scottish Patient Safety Programme – Mental Health, it was indeed a worthwhile and productive meeting.

We continue to focus attention on people with dementia, running interactive services, supporting carers and responding to NHS Grampian's action plan. For those with a Functional Mental Health problem, as part of the

multidisciplinary team, we have developed and delivered 2 Wellness Programmes over the past year, offering mutual support and learning. The Mental Health Strategy 2012-15 is now adopted and will direct our efforts in patient-centred care. Already there is an increased contribution to Choose life, Joint Futures Old Age Psychiatry, NHS Grampian's response to Working for a Healthier Tomorrow, and a pilot project based on Values Based Reflective Practice. With interest created through a Patient Referral Form, Consultants, Community Psychiatric Nurses and Social Workers have taken the opportunity to access Chaplaincy Services.

Values Based Reflective Practice

During 2012 the Aberdeen chaplains continued to engage in group reflective practice . The two Reflective practice Groups, one facilitated by Muriel Knox and the and one by Trudy Noble continued to meet on a regular basis and members of the team find this a positive development in terms of support for their work. Muriel and Trudy continued to receive training in this whole area from NES and towards the end of 2012 Jim Simpson joined a second group of Chaplains, drawn from throughout Scotland , who are being offered a similar training .

In December six of the team travelled down to Edinburgh for what was the biggest gathering of Chaplains from throughout Scotland that I have experienced in my nearly ten years of Chaplaincy. We were presented with the challenge and opportunity of making available to other staff groups a form of Group Reflective Practice called Values Based Reflective practice . This is now recognised within the Scottish Government's Person Centred care initiative as a recognised way of providing staff support. Towards end of 2012 we prepared an article of inclusion in the staff magazine Upfront to make this more widely available. We also negotiated an opportunity to speak about this to a group of staff working with Older People in Acute care early in 2013 to hopefully find a group of staff to pilot this in the acute sector , alongside the pilot in the Mental Health Sector .

Community Chaplaincy Listening

The eighteen month pilot scheme of Community Chaplaincy Listening (CCL), running in Grampian, continued throughout 2012 James Falconer has spent one half day a week consecutively in the Danestone, Brimmond and Cove Medical Practices. This has made available three, fifty minute appointments for patients referred by their GP. The support of the GP's, the Practice Managers and reception staff has been crucial in making CCL a success in Grampian.

This conclusion is reflected in the national research report which will be published in full on the 14 February. The executive summary states 250 patients used the service.

- Patients response to service: 'Recommended it without exception and with no negative comments'

- Patients reported outcomes: 'Shifted my perspective' 'Made me hear and see my own story differently' 'I'm a stronger person now' 'Found ability to get on with things' 'Found purpose to go on' 'Felt pointed in the right direction' 'Courage to talk to others' 'Gave me confidence in my GP'
- Chaplains provide patient centred care: Chaplains and patients were both asked what happened in the encounter between them. There is a remarkable degree of coherence between the chaplain's accounts of what they do and the patient's accounts of what happens in the session.

At the end of 2012 we are preparing for a number of significant meetings early next year to see how we can strategically take this initiative forward in NHS Grampian.

PROMS

This is the third of the strategic priorities , but it will be next year before this is rolled out in NHS Grampian. The Patient Related Outcome Measures is a form of research into the outcomes from Chaplaincy encounters . It has been piloted in NHS Lothian and is now planned to roll it out Scotland wide next year. As it is a form of research it would be appropriate under this heading to highlight research . NHS Grampian is represented in a piece of work based on a previous study entitled, 'What do Chaplains do!' In seeking to update this, chaplains have been identified, interviewed and transcripts examined, to uncover the changes and consistent patterns of work related to a chaplain's role. NES and the Scottish Government commissioned this and the study is being carried out by Research Champions from across the Scottish Health Boards.

A related area to research is training . In June 30 Whole-time Chaplains and Community Chaplains, plus volunteers from across NHS Grampian attended the annual study day in Inverurie. The theme was 'Diminishment – the effect that brokenness – physical, emotional, mental and spiritual, can have on our concept of self and the perception others have of us'. It was an enthusiastic and challenging encounter facilitated by the Rev Tom Gordon a retired chaplain, author and story teller. One of the participants reported that she had been strengthened, inspired and empowered, by what she had learned.

Conclusion

2012 has obviously been a year of change and much of it will continue into 2013. As a team we hope that the one thing that will not change is our on-going commitment to providing and facilitating spiritual care to patients , relatives and staff throughout NHS Grampian .

Mark Rodgers
February 2013

Co-ordinating Chaplain