

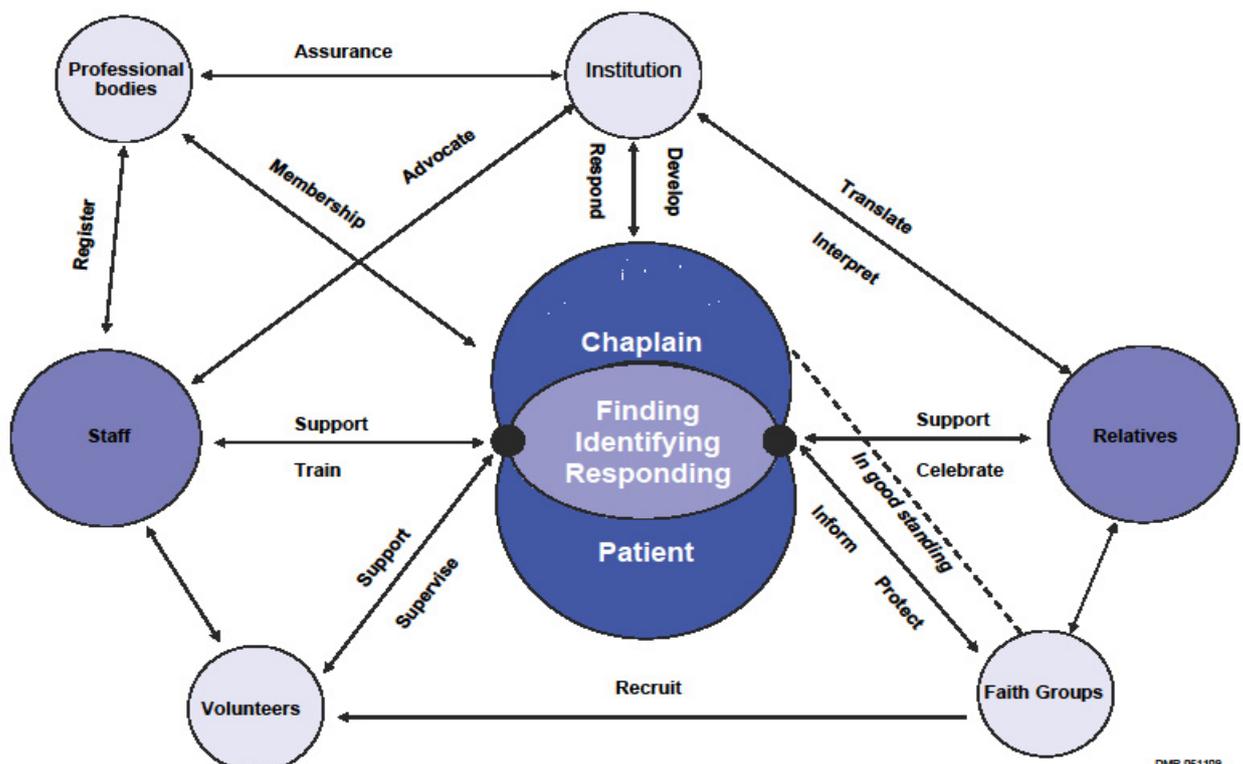
NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian 2013

Sometimes when I am asked to speak about what Healthcare Chaplains do I will say , with my tongue partly in my cheek , that we go round in circles .It is only partly in my cheek, because there is some substance to that statement . I and my colleagues often have the experience of spending a significant amount of time walking round in circles in hospitals looking for patients. I go to one ward and discover a patient I am looking for has gone for an x-ray or some physiotherapy, and so I must circle round and stop by that ward later in the day. Or I return to the office to discover there has been a new admission to the ward I have just been visiting and so I must go back to where I have just been.

Of course, the going round in circles doesn't just apply to the pattern of the Chaplain's day; it may, unfortunately, refer to the patient's situation. So the infection that it was thought had cleared up returns and it seems the patient is back to square one (to horribly mix metaphors) or the progress the patient thought they had made in terms of their mobility or depression seems not only to stop but actually goes backwards. Or all those tests that the medical staff are doing seem so inconclusive and it certainly feels like going round in circles.

A number of years ago, while undertaking the Post-Graduate Certificate in Healthcare Chaplaincy, I had to create a mind map of what a Healthcare Chaplain does. My mind map was a series of inter-locking circles as below:



The Chaplaincy circle at the centre of the map was a circle that was temporarily smaller this year, as we found ourselves coping with significant vacancies. 2013 was a year of very significant change in the Chaplaincy team. Rev Lizzie Campbell, who had joined us in May 2012 in Aberdeen Royal Infirmary, tendered her resignation in July 2013, having previously worked as a Community Hospital Chaplain in Stonehaven. We are grateful for Lizzie's contribution to Chaplaincy during that relatively short period. It took us some time to recruit a replacement for Lizzie, but in October we were pleased to offer the post to Miss Mairearad Ross, who will join us earlier this year. Mairearad joins us from the Chaplaincy post in Marie Curie Hospice in Newcastle upon Tyne.

In contrast to Lizzie's relatively short time on the team, Alison Hutchison resigned after 25 years as a Chaplain in NHS Grampian in September 2013. Alison had worked in many different locations during that time, including the City Hospital, Woodend Hospital, Roxburghe House and Aberdeen Royal Infirmary. She takes with her to her new post as support officer with the Meningitis Trust a wealth of experience and skills and leaves behind a real legacy of pastoral care during her 25 years in Chaplaincy

At the time of her resignation Alison had lead role in Woodend Hospital. In November we were pleased to offer this post to Mrs Gillian Douglas, who joined us from a support role with Chest, Heart and Stroke, Scotland and working in a befriending Project in Newhills Parish Church. At the same time as recruiting Gillian another vacancy we filled was for the a part-time post for Aberdeen Royal Infirmary , but with a view to deploying this post-holder in more community settings in the medium to long-term. We were pleased to offer this post to Mrs Katrina Blackwood, who joined us from a background in Schools Chaplaincy.

Rev Sam Ferguson had been acting as Episcopal Chaplain on a temporary basis since May 2012. However in June 2013 Canon Graham Taylor was appointed on a permanent basis to this post in ARI and Rev Isaac Pooblan to RCH. We would like to thank Sam for her support and help to the Chaplaincy team and wish Graham and Isaac well in the coming years

Rev Ali Harvey had been with us as Chaplain in the Community Hospital in Fraserburgh for just over 6 months, when she resigned in July to take up the post of Chaplain at the new HMP Grampian. We are pleased to have recruited Rev Carol Anne Parker to the Fraserburgh post. Carol Anne is Minister of Fraserburgh West Church; she took up her appointment in November of this year. We also filled a long standing vacancy in the Chaplain's post in Insch, when Mrs Margaret Robb added this to her responsibilities in Banff and Turriff. We had one outstanding vacancy at the end of 2013, with the resignation of Rev Hugh Smith as Chaplain at Dufftown.

I would like to pay tribute to all the Chaplaincy team. It was certainly a smaller circle this year, but the Chaplaincy team as a whole responded to the

challenges that entailed with much energy, resolve and patience, while we waited to fill our various vacancies.

Indeed even though we were a smaller team during 2013 it would be fair to say that we made an impact far in excess of our size. In this regard I would like to place on record our congratulations to Rev James Falconer on his receipt of a GRAFTA in November 2013. This was the Chairman's award for Staff member of the year and was largely in connection with James' work in fundraising and awareness raising with regard to the Therapeutic Roof Garden. This was richly deserved and certainly raised the profile of the Chaplaincy Team as whole. Well done, James!

Patients

At the centre of the mind map the Chaplaincy circle overlaps with the patient circle, highlighting the key interaction between the chaplain and the patient. The key words within that interaction are Finding, Identifying and Responding. As Chaplains we often don't need to find the patient, they find us, either through other staff members, or through their family or faith group or directly by themselves making a referral. We sometimes find them informally and haphazardly through our circling through the wards. However throughout 2013 the Chaplaincy team have grappled with the on-going issue of how the systems in place fail to produce a significant number of referrals.

This whole issue has been reported on regularly by me and my predecessor. It certainly does contribute to the sense that the Chaplaincy team have of going round in circles. However more importantly there is a genuine concern that there are patients we could be supporting that we are missing, and if we don't find them then we cannot identify or respond to their needs.

There were two potentially significant developments in the latter part of 2013 in this whole area. One was the new admissions document that was rolled out across NHS Grampian in the autumn. There was some simplification of the Spiritual Care questions in this document and a hope that this might result in an increase in the flow of information coming through to the Chaplaincy department. Thus far this has not happened. The other development was the helpful suggestion by Sharon Duncan that the Chaplaincy department's lack of access to any of the NHS Grampian's Computer systems be referred to Staff Governance. It will be later this year before we know if this line of approach will prove fruitful.

On a slightly related matter we did discuss and research during 2013, with the help of colleagues in the wider Corporate Communications team, the issue of whether Chaplains might wear a distinctive uniform, so that patients could find us more easily. It was our intention that some of the team would pilot a uniform during 2013. This has not yet taken place and we are aware of issues beyond NHS Grampian that might militate against any action in this area.

On a more positive note Jim Simpson has been involved in a Patient Safety Programme. This is a national initiative with local implications. Jim has been

on the leadership group for some time and sees this as an opportunity to engage with the multidisciplinary team and to promote chaplaincy as a valued, critical friend with a positive contribution to make. As a non-clinical member he can represent the voice and feelings of the patient who might get lost in the policies and procedures as set out by the Scottish Government.

Volunteers

One of the significant circles in the mind map mentions Volunteers. NHS Grampian has been a pioneer in Scotland in the use of Chaplaincy Volunteers. In the spring and early summer of 2013 we recruited and trained 12 new volunteer Chaplaincy visitors. The training was co-ordinated by Trudy Noble and at the end of that period we were able to deploy the volunteers in Hospitals throughout the city of Aberdeen, but especially in the new emergency care Centre. 2013 was the first full year that the Emergency Care Centre was in operation. With 80% of the beds being in single rooms the befriending and supporting role of the chaplaincy volunteer has never been more important. For some patients the single room has resulted in an increasing sense of isolation, so I know that the visits of Volunteers are much appreciated.

Staff

Another significant circle in the mind map is staff. Most of our support of staff tends to be ad hoc, informal and at a one to one level. However a new initiative that has been on our agenda throughout 2013 has been Values Based Reflective Practice (VBRP). The support we offer to staff in this instance is in a group context. In the acute sector Trudy Noble has been endeavouring to raise the profile of VBRP by offering tasters and pilots. In September she hosted a session with some senior staff members, as a follow up to her involvement in collaborative work with Tayside in the whole area of Older People in Acute Care.

In mental health Jim Simpson has two groups that are up and running, both are ward based and supported by nurse managers. The aim is to improve patient and staff experience by reflecting on what is brought to the workplace and enhancing good practice. For those engaged in the exercise it is proving worthwhile in terms of support and personal development. Two other groups from Learning Disabilities and one from Older Adult community support will be meeting soon with encouragement from the general manager in Royal Cornhill Hospital.

Context

One of the key ways in which the Chaplaincy department interacts with the wider NHS Grampian system is through NHS Grampian's Spiritual Care Policy.

In 2013 we found ourselves in that stage in the cycle, which comes round every three years, where we were due to revise the policy. The end product of the revision was a slight shorter, more streamlined policy, focused around four

of the key elements in the delivery of the Spiritual Care Policy, namely NHS Grampian, the Spiritual Care Committee, the Chaplaincy Team and the Co-ordinating Chaplain. During the consultation period James Falconer and I had the opportunity to make a short presentation at the June Board meeting of NHS Grampian,

As a Chaplaincy department we want to be responsive to the vision of NHS Grampian as a whole. NHS Grampian's 2020 Vision stresses the importance of caring for the population of Grampian as near to home as possible. One of the new initiatives in this area that came on stream at the end of 2013 was the new Health Village at Frederick Street. As a department we have been in discussions with the manager of the New Health Village, Sandy Reid, to identify ways in which Chaplaincy might have a presence there. Our conclusion is that the Health Village is an ideal venue in which to offer Community Chaplaincy Listening (CCL). James Falconer continued offering this at three GP Practices until July 2013. He was then joined by a former colleague, Rev Muriel Knox, who is being funded by Scottish Government, for three hours a week. Muriel and James are continuing to offer CCL at the original GP practices, while preparing to roll out this new initiative at the Health Village next year

Faith Groups

We continue to work in partnership with various faith and belief groups in Grampian. We had a very well attended study day, organised by Rev Sylvia Spencer, in November this year, on the subject of Living Well, Dying Well. We had significant representation from various faith groups at this study day. During 2013 there has been a review of the Mosque facilities for Muslim members of staff. This discussion is on-going, but the general consensus is that the present facilities are not big enough. Chaplaincy is one of a number of interested parties, including Aberdeen University, who have been involved in these discussions.

Conclusion

Such then is a flavour of the circles and cycles that dominated the agenda of the Chaplaincy Team in NHS Grampian during 2013. As a team we are grateful for the on-going support of Laura Gray and the Spiritual Care Committee as we endeavour in our circles to creatively offer spiritual care and support.

Mark Rodgers
February 2014

Co-ordinating Chaplain