

NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian 2014

It is undoubtedly true that 2014 was a challenging year for NHS Grampian. Within the Chaplaincy department we have had our share of challenges, although of a different scale and nature to those facing NHS Grampian as a whole. However while facing those challenges we have as a department continued to endeavour to deliver high quality spiritual care. My intention in this report is to briefly outline those challenges and opportunities, but also to give three snap-shots or case studies of good spiritual practice within the department as a whole

The first cluster of challenges /opportunities could broadly be categorised as **Physical**.

In April we moved out of our offices and Chapel in ARI, which double as the main offices for Chaplaincy throughout NHSG. This was to facilitate major remedial work in that part of the Pink zone and we will return in the Spring of 2015 on a largely like for like basis. Since April 2014 we have been based in the Orange zone, in the far east end of ARI, and while the office space is generous, it is on the periphery of the site and we will be pleased to be back in our usual base in a much more central location.

Throughout 2014, as part of the construction of the new Entrance area to the Emergency Care Centre (Green Zone), we watched the emergence of the new Sanctuary. This is a space for reflection, prayer, peace and quiet, in that part of the site. In contrast to the more traditional Chapel in the pink zone the Sanctuary has no religious decoration, but the centre-piece is a stunning stained glass window, gifted by the Sandpiper Trust, and therefore it will be known as the Sandpiper

Sanctuary. We are looking forward to this space being open to the public and the adjoining Therapeutic Roof Garden being installed in 2015. All Chaplaincy spaces are available to be used by people of any faith or life stance.

Throughout 2014 we were very aware of the physical constraints that our colleagues in the Royal Cornhill Hospital work under. The Chapel area there has proved far too small for the numbers attending the Sunday Service and they have had to relocate those to another part of the Hospital. We hope that a creative way will be found in the near future to address this problem and opportunity!

The second cluster of challenges /opportunities could broadly be categorised as **Personnel**.

2014 was a significant year of change of personnel in the team, with four new Chaplains joining the team in Aberdeen and also a new Chaplaincy Secretary

Ms Mairearad Ros joined us in January. She is based in Emergency Care Centre at the Foresterhill site. Also in January Mrs Gillian Douglas joined us and is based in Woodend Hospital. The third new member of the team to join us in January is Mrs Katrina Blackwood, based in ARI, but also with a role in Community settings, such as the new Health Village. The fourth new member of the team joined us in July of 2014, namely Miss Judith Pirie, who is also based in ARI. Judith replaces Mrs Trudy Noble, who retired in March 2014, after a significant number of years on the team as an assistant chaplain based in Aberdeen Royal Infirmary. We are very grateful for Trudy's contribution to Chaplaincy, especially in recent years looking after our Volunteers and pioneering Values Based Reflective Practice (VBRP).

In February 2014 Mrs Sheena Pirie retired as one of our Chaplaincy Secretaries, after 19 years. Sheena was instrumental in ensuring the smooth running of the office and we are very grateful for the welcome and the efficiency that she brought to that task. We re-designed our secretarial provision following Sheena's retirement. Our other Secretary, Mrs Moira Smith reduced her hours and now covers Woodend and RCH, with some input to ARI. We are grateful to Moira for her flexibility in this regard. We then recruited Mrs Jill Purves in May 2014, to work four days a week in ARI. Jill has settled down well to this role and has proved to be a valuable asset to the team.

There have been other changes in personnel outwith Aberdeen. Rev Andy Willis relinquished Seafield Hospital in Buckie. The Rev Norma Milne also gave up her hours in Dr Gray's, Elgin. We appointed Rev David Whyte in June 2014 on a fixed term contract to cover both these vacancies. In the meantime Norma took on some extra hours by covering the Chaplaincy post in Stephen Hospital, Dufftown. Dr David Ross also took on additional hours by adding Fraserburgh Hospital to the Peterhead Hospitals. One of the trends in recent years is that most of our Chaplains in the smaller Community Hospitals are now covering two or more Hospitals, reducing the overall number of part-time Chaplains.

As well as thanking former colleagues and welcoming new colleagues I would like to pay tribute to the whole Chaplaincy team for their energy and enthusiasm and I am happy to report that despite all the changes in personnel we remain a harmonious and united team!

The third cluster of challenges /opportunities could broadly be summed up under the word **Plan**. To be more precise the Spiritual Care Delivery Plan .Throughout 2014 as Strategic Lead for NHS Grampian, alongside my equivalents in the other Boards in Scotland, we have been considering the NHS CEL of 2008, Spiritual Care and Chaplaincy in Scotland, which the Scottish Government have asked us to revise. We have decided to use AHP National Delivery Plan as a model for spiritual care. This would set out key deliverables, would be fronted by the cabinet minister's letter, and also be in a narrative form to showcase the work being done in spiritual care, it would also hold Boards to account for delivering on key priorities. The Spiritual Care Delivery Plan would cover the period 2015-2020. The Aberdeen based Chaplains met with Ms Sheila Mitchell and Ms Cecelia Clegg, who are leading on this Project on behalf of NES in November 2014. We await the publication of this plan in 2015 with considerable interest, as it will set our agenda for the next five years.

As part of that consultation we were invited to submit pieces of good spiritual care practice that we already engage in. Therefore I thought I would include three of the pieces we submitted as the second part of this report, practice we have engaged in for quite a number of years, and which may be overlooked for that reason .

Quarterly Memorial Services for Early Pregnancy Losses in NHS Grampian

These take place on the last Wednesday of March, June, September and the 2nd Wednesday of December - always at the same time,

10.50am. They take place in the East Chapel of Aberdeen Crematorium. They are designed for parents who have experienced loss in the early stages of pregnancy and therefore will not have had an individual funeral.

Although they are described as “services” their content is in the realm of “crossover”, something that Chaplaincy is particularly good at delivering, i.e. person centred care in the context of a whole diversity of life stances present. In reality this means balancing the religious elements and non-religious elements, rather than excluding one or other.

This can be illustrated from three of the elements to this short, 15 minute memorial service

1. **Readings** are not from any sacred texts, but exclusively poems, some of which will have a religious dimension.
2. The **music** is also in the crossover domain. There is no singing. As people arrive and leave a CD of some organ music of nursery rhymes is played. There is a soloist, Fiona Squires. She sings the first verse of a hauntingly beautiful Gaelic Lullaby, entitled: I've Lost My Darling Baby-o, the words of which are:-

I left my baby lying here, lying here, lying here
I left my baby lying here, to go and gather blaeberreries.

She then sings some verses of a John Bell Hymn set to the same tune (732 Church Hymnary, 4th Edition).

3. **Act of remembrance**

The wording for this is from a Reformed Jewish background, which is fairly universal in its import.

At the rising of the sun and at its going down
ALL: We remember them
At the blowing of the wind and in the chill of winter
ALL: We remember them
At the opening of the buds and in the rebirth of spring
ALL: We remember them
At the blueness of the skies and in the warmth of summer
ALL: We remember them
At the harvest of the fields and in the mellowness of Autumn
ALL: We remember them
As long as we live they too will live; for they are now a part of us
ALL: We remember them

The act of remembrance, with its mention of the seasons, also allows for a variation in each of the services. They always have the three elements above, but the readings and themes vary according to the season, so for Spring : Flowers / Summer : Rainbows / Autumn : Angels /Winter: Silent sorrow(a Christmas theme, but universalised).

The one area where the crossover element is perhaps not present is that the service does include a very short prayer and a longer prayer. However Trinitarian language is not used, in order to be as inclusive as possible. The attendance at the services varies between 15 and 25.

Chaplaincy Volunteers Visitors Service in NHS Grampian

NHS Grampian has been deploying Chaplaincy Volunteer Visitors since 1997(for the origins of the scheme see: Munro, Gillian (2001). A Chaplaincy Volunteer Visitors Service Scottish Journal of Healthcare Chaplaincy 4:2 :29-33.

At the end of 2014 we have 29 active Ward Visitors, 4 on Sabbatical at present and 6 about to start training in January 2015. They work over three sites in Aberdeen, namely Aberdeen Royal Infirmary, Royal Cornhill Hospital and Woodend Hospital. Mirroring the Chaplaincy department as a whole, the visitors work generically, they are each responsible for a particular ward, which they visit weekly.

There is an increasing diversity of Volunteers. At the time of its origin Volunteers were recruited from local Churches. The majority of our visitors still come from a faith background, usually Christian, but we have had Muslim, Humanist and Buddhist volunteer visitors in recent years. We do not now recruit specifically from faith communities, but through NHS Grampian website.

The excellence of the scheme (apart from its longevity) is evidenced by the stream of positive feedback we get from patients and from staff. In the past few years, with the opening of our 200 bedded Matthew Hay building, where 80% of beds are single rooms, many patients relate how isolating and lonely that can be. Visits from our Volunteers are particularly appreciated. We also have significant number of patients a very long distance from home (e.g. the Northern Isles) they also appreciate the support and friendship of our Volunteer visitors. At a time of minimal or non-existent information concerning patients from the hospital system, which is a particularly acute problem in our setting, the volunteers often pass on referrals to the ward Chaplains.

The success of the scheme can be attributed to two things in particular

1. A rigorous recruitment process that involves two interviews and a six week training course, that makes the potential volunteer fully aware of what is involved, but also lets the department get to know the volunteer well and know how best to deploy them.
2. Significant support and on-going training mechanisms, such as an annual review with Volunteer co-ordinators, occasional training days and a Values based reflective practice group for volunteers that meets four times a year.

Emergency Response Tour for Oil Companies in NHS Grampian

This is a piece of good practice that is innovative, although far from new, and possibly unique to NHS Grampian (stemming as it does from the role of the Oil industry in Aberdeen). In that sense it is very much spiritual care that is contextualised. The Chapel in Aberdeen Royal Infirmary is identified in the hospital's major incident plan as the place for relatives and friends to wait in the event of a major accident, in our context often oil related, but it could be anything, such as a terrorist incident. In 1988, during the Piper Alpha explosion 120 people were in chapel – agitated – angry – watching choppers landing – ambulances bringing casualties to A&E – trying to identify who is being carried in. The June 2013 TV documentary Fire in the Night shown on 25th anniversary of Piper Alpha features a lengthy interview with Alan Swinton, Chaplain in ARI at the time.

The two most recent activations of Major accident plan were both in April, one in 2009 and the other in 2012, but were on the two extreme ends of the spectrum and were soon stood down. In the first there were no survivors and so the plan was stood down. In the second, there were no serious injuries, but just walking wounded, after a while plan was wound down.

For the past 20 years members of various Oil companies visit the Chapel as part of a larger tour of the Hospital (there are approximately six tours a year at present). They hear a short 20 minute presentation from a Chaplain and there is the opportunity to ask questions. The purpose of the company visit to the chapel is to see the facilities and to meet people involved – to “oil” the wheels for the real thing (forgive the pun).

We stress how it may be chaotic, every incident is different and that it will lead to a second stage when the company takes relatives to their designated place in their plan. We explain how the on-call chaplain will be the first responder, getting the Chapel ready and assessing the

situation and how many colleagues to involve. We are also able to indicate to the members of these companies what spiritual care is, as distinct from religious care and how Chaplains will be available to everyone, with or without a religious belief utilising our listening skills and our experience of supporting people coping with loss. This is often a source of relief to members of Oil companies, as it is not necessarily something in their skill set or comfort zone. It is good practice in that it highlights spiritual care to a very diverse group of folk than Chaplaincy are usually working with.

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