

NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian 2015

One of the frameworks that I use when making presentations to staff on Spiritual Care/Chaplaincy in NHS Grampian is based on the following outline: Why? Where? When? Who? What? Reflecting back on 2015 for the purposes of this report to the Spiritual Care Committee it strikes me that this is a helpful framework for this report.

I propose to follow then this outline that I use with staff, although instead of beginning with the Why question, I propose to leave that to the end.

1. Where we are

It may seem a mundane question in relation to spiritual care, but actually throughout 2015 this has been a very significant question for us as a department, both logistically and strategically.

Logistically the where question has been very important as we moved back to former bases, acquired new bases and anticipated further moves.

After being displaced from our main ARI Offices and the Chapel in the Pink Zone level 2 in March 2014, as part of the remedial work taking place in that part of the Hospital, we returned there in April 2015. The changes were mainly behind the scene and remedial, there was no structural change. It is good to be back in what is undoubtedly more of a hub for activity, certainly compared to the far east end where we were temporarily decanted.

In the course of 2015 we also acquired a second hub for our activity in Aberdeen Royal Infirmary. The Sandpiper Sanctuary came into operation at the beginning of 2015 and towards the end of 2015 the Robertson Family Therapeutic Roof Garden moved towards completion. Together these two innovative facilities provide a second and contrasting hub for spiritual care in ARI. The Sanctuary deliberately has no religious imagery, in contrast to the chapel and the Roof Garden, which both showcase holistic care at its very best. As part of the continued remedial work in the Pink Zone in ARI, relatives of ITU patients are using the Sanctuary as an assembly point in order to gain access to ITU. We are anticipating that early in 2016 the Roof

garden will be opened to patients, relatives and staff on a 24/7 basis. Tribute should again be paid to our colleague James Falconer for his vision and drive in this whole area prior to and right through 2015

Throughout 2015 the Chaplaincy department in Woodend have been living with the uncertainty as to where their base would be in the future. Our colleague in Woodend, Gillian Douglas has shown a great degree of flexibility in being willing to move to a shared/open plan office. We are still waiting to see what that might look like, with some degree of concern.

The moving of office space in Woodend has been a regular feature in these reports in recent years; another recurring feature is the limitations of the Chaplaincy/Chapel space in RCH. It is pleasing that such is the demand by patients in RCH to attend the Sunday services there that a bigger space than the current chapel has been identified to facilitate that. However it would be good if a more permanent and spacious base could be found for Chaplaincy in RCH.

We have also engaged in 2015 in preliminary discussions as to what will replace the Chapel in Aberdeen Maternity Hospital, when that Hospital closes to make way for the new Baird Family Hospital. We have started the discussions with the Project Team concerned and are hopeful of an appropriate space as a hub for Chaplaincy activity there will emerge.

However it is not only logical considerations that have brought the where question to the fore in 2015. It is also strategic considerations. A number of years ago we re-badged ourselves Healthcare Chaplains, as opposed to Hospital Chaplains. This was in line with NHS Grampians' 20/20 Vision, and the importance of offering Spiritual care throughout Grampian, geographically and across different sectors.

The Integration Agenda has further intensified the where question, so that it is potentially not just throughout Healthcare that we are Chaplains, but throughout Health **and** Social care. This theme was very much to the fore in our Annual Study morning in November. Our Keynote speaker was Judith Proctor, Chief Officer of the Aberdeen City Health and Social Care Partnership. We had the usual mixture of Chaplains, Chaplaincy Volunteers and interested parties from the community and were left in no doubt as to the scale of the changes envisaged. It would be fair to say that the where question is one that will continue to engage us in coming years.

In this context we continue to be excited about the potential of Community Chaplaincy Listening (CCL) as a means of supplying spiritual care outwith the usual contexts. The significant step forward in 2015 was the training and placement of CCL Volunteers. We were the pilot board for this training in Scotland. We had four Volunteers undertake this training and at the end of 2015 two of these Volunteers are working towards finishing their placements in Rubislaw and Whinhill practices.

During 2015 CCL continued in Cove and Danestone and was offered for a short period in Skene and finished in Brimmond practice. It is also still offered in the Health Village, but uptake there has been slower than we would have wished. We see this as a potentially significant place in the future in which to deliver spiritual care in both a health and social context.

2. When we are

At one level the answer to this question is even more mundane than the answer to the first question, namely that for the main sites where we have bases we have core offices hours, usually somewhere between 8.15am – 4.45pm. In places where our presence is much more part-time then our activity will be concentrated in a much more narrow time frame. It would be fair to say much of our activity is concentrated in our core offices hours and when I address the what question I will give a flavour of that activity

However there are two exceptions to this basic answer, both of them connected to situations of loss or potential loss:-

1. We do have a 24/7 out of hours on-call rota, that involves many of the team in Aberdeen and Elgin. Most of the call outs out of hours are connected to end of life situations, early pregnancy losses, patients dying or about to die in ITU. By their very nature many of these situations are very unpredictable, and the on-call rota allows us to respond in weekday evenings or at weekends to these situations. This same rota is also the means by which the Chaplaincy department responds to any major incidents that are called by the Hospital, with our particular role of hosting relatives in the ARI chapel in the early phases of such an incident.
2. We also have a range of special events that we facilitate that can broadly characterised as memorials, when a particular loss has occurred. These services and events usually occur outside “normal” office hours. Chaplains conduct a number of services of remembrance and thanksgiving on a regular basis such as the pre-Christmas “Candle” service for children who have died. The large number of families who attend this service shows how it meets a very real need. There are other services, remembering stillborn babies and those who have died near the start of life. There is the now well established service held in Queen’s Cross Church and led by Sylvia Spencer to remember those who have died in Roxburghe House. There is also the Chose Life awareness service, remembering those who have lost their lives as a result of suicide which our colleague Donald Meston has been involved in since its inception. On an annual basis approximately 800 people attend these various memorial services that we lead and are involved with each year.

3. Who we are

In terms of describing ourselves as a department we often use the terms chaplaincy and spiritual care interchangeably. When I speak to staff I will say that spiritual care is what we do, but Chaplains is who we are.

It would be fair to say that there is an increasing diversity of background among chaplains. The first pre-requisite we ask for from a Chaplain is a degree in theology or religious studies from an accredited body. In the future this may be replaced by planned undergraduate degree in spiritual care when and if it comes on stream.

The minority of our chaplaincy team are now ordained members of their faith communities, none of the last four appointments made (over 50% WTE) were ordained members of their faith/belief communities. What is common is that all new members of the team either already have or are willing to obtain the Post-Graduate Certificate in Healthcare Chaplaincy from Glasgow University. Two of our recent appointments, Gillian Douglas and Katrina Blackwood, have completed the first two modules of the Certificate in 2015 and have now started the last module.

In terms of staffing changes 2015 was a relatively stable year, with relatively little change compared to recent years. Following on from an earlier reference let me list the changes by the three health and social care partnerships in the integration process.

In **Aberdeenshire** we filled the vacancy in Kincardine Community Hospital created by Rev Maggie Jackson's resignation at the end of 2014. Ms Judith Pirie, one of our team based in Aberdeen Royal Infirmary was successful in her application and interview for this post and we know she has already impressed the staff in KCH with her care and commitment to the patients there.

In **Moray** Rev David Young resigned his post in Dr Grays and the Oaks Unit, as a result of his move to the central belt. Rev Dr Kay Gauld also resigned her post in Turner Memorial, Keith, as a consequence of her moving to a new parish in Inch. Both David and Kay held their respective posts for ten years and will be missed. As part of our strategy for Moray both posts were replaced by fixed term appointments: Canon Ian Pallet in Dr Grays and Rev Alistair Gray in Turner Memorial.

In **Aberdeen City** Rev John Duthie had been part-time Assistant Chaplain in Woodend Hospital since 2006. John came to us initially on a part-time basis and stayed! He brought a great deal of empathy to the post, having previously been a stroke patient himself in Woodend Hospital. In 2015 John resigned from this post, but retained his posts in Glen o' Dee and Aboyne Community Hospitals. The vacancy at Woodend has been covered by a service re-design that saw an increase in Gillian Douglas' hours and an understanding that during her significant annual leave Woodend will be covered by the ARI Team.

The funding we received from NES to allow Muriel Knox to work for us three hours a week in CCL came to an end in August 2015. We are very grateful for Muriel's very strategic work in this area during these two years.

We said goodbye during 2015 to Dr Richard Hines, who was acting as Episcopal Chaplain for 6 months and in September welcomed Rev Joan Lyon as permanent Episcopal Chaplain.

Spiritual care is much wider than the Chaplains.

Although we are the specialists it is something that we would seek to equip every member of NHS Grampian to engage in. In this connection we are still excited at the potential of Values Based Reflective Practice (VBRP) as a tool and mechanism to allow staff to look after themselves and therefore better look after their patients and their holistic care. In the second half of 2015 we began the process of obtaining funding from NHS Grampian Endowments to allow Jim Simpson a half-time Secondment, to use his undoubted gifts in this area throughout NHS Grampian. We were pleased to be awarded this funding towards end of the year and we hope this will come on stream in the first half of 2016. Congratulations to another member of the team, Pam Adam, who received her accreditation as a VBRP facilitator in 2015.

We are delighted to receive the support of a large team of volunteer visitors. Last year in my annual report I included a detailed description of what our Volunteers do. In the first part of 2015 we supplemented the volunteer team by means of a training course facilitated by Mairearad Ros and Gillian Douglas. Seven folk took part in the training and four have now been deployed in wards.

In the second part of 2015 I nominated our Chaplaincy volunteer team for a Grafta in the volunteer category. We were pleased that they were short-listed for this award and two of our volunteers Fran Scott and Audrey Dawson represented the team at the awards dinner. We were delighted to hear at that awards dinner that our Chaplaincy volunteers were the outright winners in that category. To quote from the nomination :

“What do they do? It is basically a befriending service, in which the volunteers spend on average two hours per week visiting the same ward. The Volunteers are entirely person-centred in their approach, to quote one of them: “I think that I know now when someone wants to talk about their illness, and when they just want to talk about anything other than that, and when they do not want to talk at all”.

The excellence of the scheme (apart from its longevity) is evidenced by the stream of positive feedback we get from patients and from staff. One ward manager states: "We very much appreciate having the Chaplaincy Volunteer Visitors on our ward, both the staff and the patients alike. It is the time that they have to spend with the patients that is the really valuable thing that they bring with them”.

4 What we do

Since the start of 2015 the Chaplains in ARI and Wooded have been recording their daily contacts, mainly with patients, but also with staff and relatives. We do this both by source of referral and nature of encounter.

I thought it would be helpful to reproduce the figures for the month of January 2015 to give some insight into what we do. These figures can be seen as an appendix to this report and the commentary that I am now making is on the basis of this particular months' figures.

Sources of Referral

There are 11 sources of referral that are listed. Most of these are internal to the hospital, some are external, eg family member or faith group. The biggest single source of referral is listed as casual, it should be stressed the word casual only applies to the source of the referral, as some of these encounters end up being very significant. We are very concerned at the small number of referrals coming through PAAD (Patient Admission and Assessment Document). This concern has been highlighted regularly in my annual reports. Towards the end of 2015 a revised version of section 12, Spiritual Care Questions, was agreed. It is hoped that when this comes on stream in 2016 it will improve the flow of information.

Nature of Encounter

There are nine broad categories of daily encounters, three of them have a largely religious dimension and six of them a broader, more spiritual dimension, although none of these exclude a religious element. In order to expand on the nature of these encounters I propose to list them with a short example for each.

- a. Prayer /Spiritual support: eg responding to a patients' request to have some prayers said before surgery.
- b. Empathetic listening/presence: eg listening to a patients' fears in a therapeutic manner.
- c. Life Review: eg allowing a patient to come to terms with some bad news/diagnosis and exploring possible coping mechanisms.
- d. Encouragement and empowerment.
- e. Hope building/decision making. At the patient's request discussing with them their DNR (Do Not Resuscitate) status.
- f. Crisis intervention/conflict. At a family's request offering support when the care that their relative has received is not perceived to be appropriate.
- g. Bereavement support: eg simply being present after a patient has died and giving guidance to help family arrange the funeral.
- h. Performing/facilitating religious ritual, eg arranging, at a family's request, that a Roman Catholic Priest is present so that a dying patient may receive sacrament of sick/anointing.

- i. Providing religious item eg providing a copy of Hindu scriptures at a patient's request.

5 Why we are

The rationale for what we do flows largely from Scottish government policy. in particular: Guidelines on Spiritual Care and Chaplaincy in the NHS in Scotland (HDL 2002 76) and Guidance on Spiritual care and Chaplaincy in NHS Scotland (CEL 2008 49). We have sought to embed these documents in our NHS Grampian Spiritual Care Policy, which gives as our mission statement the following: **NHS Grampian is committed to providing holistic healthcare which is responsive to the physical, psychological, emotional and spiritual needs of its patients. Appropriate spiritual, pastoral and religious care will be offered to patients, their relatives and carers and to staff. This care is available to people with or without specified religious beliefs.**

At a national level, throughout 2015, much consideration has been given as to what should follow on from the HDL and CEL. The intention is to move forward on the basis of a Spiritual Care Delivery Plan, very much on the model Allied Healthcare Professionals. This will pick up the following broad themes.

- Professional leadership: to give equity, consistency, accountability and governance **Who Question**
- Building and sustaining an agile, flexible workforce whose primary resource is the intentional use of self **Who Question**
- Promoting assets based approach to resilience and well-being within communities (co-production, 3rd sector, volunteers) **Where Question**
- Supporting, enabling and empowering health and social care staff to enhance spiritual well-being **What Question**
- Develop evidence based practice **What Question**

We await with interest what will finally emerge from this process in terms, not just of the why, but also the where, when, who and what of Spiritual Care and Healthcare Chaplaincy.

Mark Rodgers

Lead Chaplain and Head of Spiritual Care)

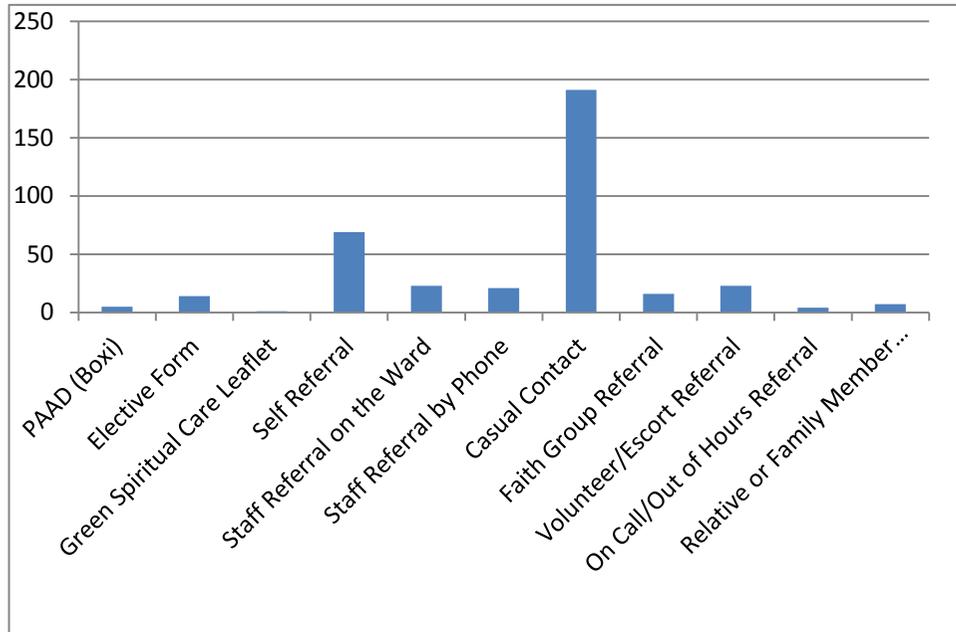
APPENDIX 1

Daily Chaplaincy Contact Record

Jan-15

Source of Referral/Referral Route

PAAD (Boxi)	5
Elective Form	14
Green Spiritual Care Leaflet	1
Self Referral	69
Staff Referral on the Ward	23
Staff Referral by Phone	21
Casual Contact	191
Faith Group Referral	16
Volunteer/Escort Referral	23
On Call/Out of Hours Referral	4
Relative or Family Member Referral	7
	374



Nature of Encounter

Prayer and/or Spiritual Support	86
Empathic Listening and/or Presence	258
Life Review	34
Encouragement and /or Empowerment	117
Hope Building and/or Decision Making	20
Crisis Intervention and/or Conflict	5
Bereavement Support	19
Performing or Facilitating a Religious Rite or Ritual	8
Providing a Religious Item	4
	551

