

NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian January 2008

"You can cure rarely, relieve often and comfort always...."

Sir William Osler

1. Introduction

In his report *Religion and Belief Matter* (2007) Geoff Lachlan quotes the Canadian born doctor, Sir William Osler, often described as the father of modern medicine: *"You can cure rarely, relieve often and comfort always...."* Geoff writes:

After visits to the Health Boards there is no doubt that healthcare chaplaincy is a significant part of the frontline of where 'comfort' is taking place supported obviously by all other caring staff in the NHS.

The chaplains in NHS Grampian have sought this year, as always, to try to bring that comfort to the patients, carers, relatives and staff with whom they come in contact: the patient hearing a bad diagnosis; the relatives who sit beside the bed of a seriously injured patient; the parents of a stillborn baby; the young woman trying to come to terms with her mental illness; the family of the confused elderly patient who no longer recognises them; the child with a life-limiting illness.

The *Religion and Belief Matter* report was launched in Aberdeen at the beginning of Scottish Interfaith Week in November by First Minister Alex Salmond and was received on behalf of NHSScotland by Fred Coutts.

2. Bringing comfort to patients

The main thrust of the work of the chaplains has been, as always, direct care for patients in the different hospitals throughout Grampian. Sometimes this care will be religious in nature as chaplains pray and share sacraments with patients, often responding to requests for a visit by patients or by their own faith community. Denominational chaplains from the Roman Catholic and Scottish Episcopal churches offer this care to members of their communities; the chaplains also seek to enhance this religious care by ensuring that Christian churches and other faith groups are informed when their members are in hospital, when the patients have agreed to this. The NHS Grampian Spiritual Care Policy stresses the importance of ensuring that, where possible, the religious needs of patients are met while they are in hospital. The *Religious and Belief Matter* report supports the importance of religious care and reviews some of the recent research which draws attention to the value of offering religious care to those in hospital.

Not all patients, however, belong to faith groups. Chaplains are available to them too, believing that everyone has spiritual needs. Countless patients and their families will testify to the comfort and support which chaplains bring to them as they seek to wrestle with fundamental issues of existence as they

face serious illness. Chaplains are available to all, to people from any faith group or none, offering spiritual care which is an integral part of holistic healthcare. The chaplains based at Royal Cornhill Hospital talk about the opportunities that come to them on a daily basis as they seek to offer an open-door policy at their centrally located chapel and office, encouraging patients, relatives, carers and staff to drop in.

Comfort is brought in a great many and different ways.

3. Chapels

Hospital chapels and quiet rooms can be a source of great comfort to many. The words written on a scrap of paper and left in the Aberdeen Royal Infirmary Chapel says it all:

This quiet space has been the haven for many a turmoil over the last 25 years and has seen many of my tears. Now today I can sit here, looking back with acceptance and a sense of hope for the future, trusting in a path that I at last see clearly. There are few spiritual "open-door" places in Aberdeen available to the public. I thank you deeply for providing this one and pray that it will never be under threat of closure.

Our chapels are a great resource for quiet prayer and meditations, used by patients, relatives and staff from many backgrounds. In the Children's Hospital chapel a perspex covered cabinet provides a meditation space to encourage non-religious spiritual reflection. Among the items on display have been a small boat, driftwood, an acorn and children paintings. In the Roxburghe House chapel texts from a variety of spiritual sources have been inscribed round the top of the walls.

At Royal Cornhill Hospital concern is growing about the future of the chapel which is housed in a portacabin formerly the Children's Hospital Chapel. This was always seen as a short term solution to an accommodation problem at Cornhill. The present location for the chapel and offices is so well placed that it has offered the chaplains a different way of doing chaplaincy, allowing patients and staff to drop in because of the open door-policy. The chapel is very well used and is certainly now too small for the numbers of people often wishing to share in Sunday worship. Planning is now urgently needed to replace this facility and avoid losing ground now gained.

The lack of a chapel at Dr Gray's Hospital in Elgin is causing concern for the chaplains and the church community there. The Moray chaplains shared this at the August meeting of the Spiritual Care Committee when it met in Elgin. One chaplain refers to this in his annual report as, *"like boxing with both hands tied behind your back. No chapel or spiritual centre (not even an office or a phone!) makes it very difficult."* The Presbytery of Moray has written to the Board urging NHS Grampian to complete the planned Spiritual Room/Chapel at Dr Gray's as soon as possible and to inform Presbytery of plans, progress and target dates for this.

4. Worship

Regular services of worship are provided in nearly every hospital in Grampian. Patients will often testify to the great comfort they receive from being able to attend these services while in hospital. Of special note is the developing pattern of services for those suffering from dementia and their carers, held at festival times throughout the year. Led by Pamela Adam from the chaplaincy team in mental health and held in local churches these services are growing in popularity and are much appreciated by those attending.

5. Bereavement Care

Chaplains contribute to bereavement care in a number of ways, not least in offering comfort and support at times of death in hospital and sometimes going on to conduct funeral services for the families involved. A range of regular memorial and thanksgiving services are also held. They participate in working groups seeking to improve the care of the dying and their relatives. One new development is the *GBrig group*: The Grampian Bereavement Resource and Interest Group has formed in Grampian to share experience and promote the delivery of a high quality of bereavement care, linking disparate groups together as they seek to help people make their journey through bereavement. (www.gbrig.org.uk)

6. Teaching

The 3 Rs – Rights Relationships and Recovery is a Health Department initiative to improve the care and recovery of service users. Initially this will involve all mental health nursing staff undertaking *Values Based Training*. Muriel Knox has been nominated to undertake the Training for Trainers course and will share in delivering the values based training based on the 10 Essential Shared Capabilities to 1000 staff. (These Appendix)

Chaplains continue to be involved in a variety of hospital training programmes: eg participating in *Grand Rounds* at the Children's Hospital, Spiritual Care for Stroke patients, *FY1* (First year junior doctors), palliative care, medical ethics, pre-employment induction for nurses, spiritual care, national training for recently appointed chaplains.

Church based talks also continue, particularly this year for the Church of Scotland Guild whose theme for the year is *The Mind*. Mental Health chaplains have been delighted to talk about their work and help dispel some of the mythical thinking which is around mental illness and how churches can make their communities welcoming safe places for those who are so often lonely and on the margins. Taking advantage of her training as a *Suicide Talker*, Muriel Knox has also had the opportunity to speak to chaplaincy volunteers and a church group, encouraging more openness about the whole subject of suicide and lessen the fears about talking to someone who may be suicidal.

Another successful annual chaplaincy training day for sessional chaplains, chaplaincy volunteers and others involved in pastoral care took place in November on the topic of *Alcohol use: health concerns and pastoral response*.

7. Training

Despite the difficulty of accessing local training money, chaplains have been able to participate in a number of training events. Events run by the Chaplaincy Training and Development Officer have been funded through his budget. Chaplains are very grateful for this and have been able to attend: new chaplains training, the annual chaplaincy residential conference and a day on bereavement care. Mark Rodgers has undertaken an introductory half module of *Clinical Pastoral Education* in Inverness, also funded by the Training and Development Unit budget. James Falconer was funded by the Intensive Therapy Unit to attend a conference in Birmingham on supporting survivors after road traffic accidents. Fred Coutts and Monica Stewart attended a day organised by The Spirituality in Health Interest Group and funded by Macmillan. The workshop was led by Stephen Wright on the topic: *Cracking up or cracking on? Stress, burnout and spiritual crisis*.

Work is being led by the Training and Development Officer *on Competencies for Chaplains*. He is also about to invite institutes of higher education in Scotland to tender for providing initial and on-going training courses for chaplains. This will clearly have budgetary implications which will need to be addressed in the future.

8. Volunteers

A large number of volunteers support the work of chaplaincy throughout Grampian, both formally as trained chaplaincy visitors and Sunday Service wheelchair escorts and in a variety of informal ways, supporting chaplains in community hospitals in leading worship. We are very grateful that new people are always coming forward to offer their much valued services.

Of particular note this year has been the pilot scheme *for Welcome Volunteers* at the Children's Hospital. Using 16 existing chaplaincy volunteers James Falconer initiated the 3 month trial to greet people as they entered the hospital and help them find where they wanted to go. The pilot has been very well evaluated, particularly by medical staff and it has been decided to carry on and develop, gradually recruiting new volunteers for this task.

9. Research

Jim Simpson has been involved in a research project in mental health. Money was made available through *Healthy Living* to look into the difference made by spiritual intervention to the wellbeing of a person with dementia and their carer. The work is scheduled to be completed by February 2008. Jim is involved in making this happen as a healthcare chaplain but being paid by Mowat Research through Old Age Psychiatry.

10. Recording of Religious Preferences

The restrictions on access to patient information by chaplains continues to make our task of providing religious and spiritual support very difficult. Despite support from medical and nursing staff and numerous complaints by churches the restrictive policy continues. National discussions have taken place but have so far led to no change.

In an attempt to improve the record keeping of patient's religious preferences a pilot scheme has been launched. All patients in Aberdeen Royal Infirmary, Royal Aberdeen Children's Hospital and Woodend will be provided with a card on which they may record their desire for a visit by a chaplain or for their own faith group to be informed that they are in hospital. The completed cards are collected by chaplaincy staff. It is too early to assess how this scheme is working and still to be addressed to how to ensure that the patient religious information is entered onto the hospital patient administration computer system. If successful the scheme will eventually be rolled out to other hospitals in Grampian.

11. Employment of Chaplains

The transfer of employment of whole-time chaplains from the Church of Scotland to NHS Grampian has now fully taken place. The transfer has gone easily and the chaplains are now well settled into the requirements of the new administrative system. Central guidance is awaited for the next stage of the transfer which will see the sessional chaplains in the community hospitals and Dr Gray's hospital also moving to be employed by NHS Grampian. There is as yet no indication of a date for this.

The chaplaincy service in Grampian has now found its home within Corporate Communications. A centralised chaplaincy budget has been created from the previous variety of different sources of funding and this is held by Fred Coutts as head of spiritual care. The move is working well and the chaplains feel very welcomed by their new colleagues and well supported by Laura Gray the Director of Corporate Communications. We look forward to even closer working relationships in the months ahead.

The whole-time chaplains have also been assimilated into the new NHS pay scheme called *Agenda for Change*. Along with many NHS staff in Grampian a request for a review of the banding of some of the chaplaincy posts has been lodged and a decision awaited.

12. Staffing

After a long period of uncertainty the configuration of the whole-time chaplaincy team in Aberdeen has now settled. John Duthie and Trudy Noble have been appointed as assistant chaplains, at Woodend and ARI respectively. Muriel Knox (chaplain in mental health) has elected to work half-

time in a job-share arrangement with Jim Simpson who joined the chaplaincy team in April.

We were delighted to hear that Mark Strange (chaplain at Dr Gray's) had been elected as Bishop of Moray. His chaplaincy post in Elgin has been taken by Norma Milne. Gordon Farquharson has retired from Stonehaven. His position at Kincardine Community hospital was initially covered by the *locum* minister, Douglas Lamb but now a permanent appointment of chaplain has been made. Rosslyn Duncan started work there in December. Jim Newell has been appointed chaplain at Fraserburgh after the retirement of Andrew Lyon. Yvonne Hendrie is now chaplain at Turriff.

Irene Birch who served for many years as chaplaincy secretary initially at the City Hospital and latterly at Woodend took early retirement in April. Her many friends and colleagues past and present gathered to say thank-you and farewell. The opportunity was taken to redesign the secretarial support for chaplaincy. Gillian Cursiter who works half-time at ARI has now increased her hours to work at Woodend as well. She also provides a new service for the chaplains at Royal Cornhill Hospital.

13. Conclusion

The theme of this report has been the task of chaplains to provide comfort to patients and their relatives and to support staff in the stressful tasks they undertake in healthcare. Chaplains too have needs and we look forward to learning how best to support each other in the chaplaincy team so that we are equipped to carry out our calling to provide religious, spiritual and pastoral care.

Fred Coutts

Head of Spiritual Care

January 2008

Appendix

The Ten Essential Shared Capabilities

1. Working in partnership
2. Respecting diversity
3. Practising ethically
4. Challenging inequality
5. Promoting recovery
6. Identifying people's needs and strengths
7. Providing service user centred care
8. Making a difference
9. Promoting safety and positive risk taking
10. Personal development and learning