

NHS Grampian Spiritual Care Committee

Report on the work of Healthcare Chaplains in NHS Grampian
January 2009

It is widely recognised that the spiritual is a natural dimension of what it means to be human, which includes the awareness of self, of relationships with others and with creation.

The NHS in Scotland recognises that the health care challenges faced by the people it cares for may raise their need for spiritual or religious care and is committed to addressing these needs.

(CEL (2008) 49)

1. MAPPING OUT THE ROAD AHEAD

This year has seen the publication of two significant documents for chaplains in Scotland. The long awaited Chief Executive's Letter from the Department of Health and Well-being (CEL (2008) 49) on Spiritual Care was published in November. This takes account of the significant number of developments which have taken place over recent years, thanks to the work of Chris Levison and Healthcare Chaplaincy Training and Development in Scotland. One of these was the publication of the second document, *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*. Together with the previously published *Standards Document*, a very useful base has now been created to help us map out the road ahead for chaplaincy work in NHS Grampian. We will be preparing an action plan in 2009 to take some of these developments forward.

Another major task which was undertaken in 2008 was the preparation of what is known as *Knowledge and Skills Framework (KSF)* outlines for chaplaincy posts. KSF is an NHS-wide programme which describes the knowledge and skills required to carry out chaplaincy work and creates a coherent system for preparing Personal Development Plans.

With these developments in the background we look back and describe our work, what chaplains actually do.

2. PASTORAL CARE

The core of our work is the ongoing pastoral care of patients, relatives, carers and NHS staff. This does not change from year to year, as we care for:

- Patients in the acute wards of our hospitals, some with chronic conditions, others who have experienced trauma or are receiving palliative care as the end of life approaches
- Families who have experienced stillbirth or neonatal death or who wait anxiously beside their ill baby in an incubator
- Children and their families, some with life limiting diseases
- Grieving families, often immediately after the death of a loved one
- People with acute and enduring mental health issues
- Elderly people, becoming more frail, some living with dementia
- Patients in the community hospitals, for rehabilitation, convalescence or palliative care

- Individual members of NHS staff who are going through some sort of crisis
- A growing number of bereaved families who ask the chaplain to conduct a funeral
- And many, many more.....

But that is only a small part of the picture. It comes as a great surprise to many people who hear of the wide range of activities carried out by chaplains, not least the four students who spent time with us this year on full-time placement, 2 from the Church of Scotland, and one each from the Scottish Episcopal Church and the Baptist Church.

3. WORSHIP

Although the number of people who attend hospital worship is small when measured against the total number of patients, it is certainly an important source of care and support for those who come. When many other large hospitals in Scotland no longer offer the opportunity for worship, the practice in Grampian continues. At Aberdeen Royal Infirmary, although numbers attending the Sunday service have reduced from what they once were, reflecting the change in the pattern of acute care and the decline in church attendance in society, those who come to our hospital services testify that the opportunity for worship is important to them.

At Royal Cornhill Hospital there is a more consistent worshipping community from patients who are in hospital for a longer period. Special services are held four times a year in St Mary's Church in King Street for patients with dementia and their families.

Sylvia Spencer reports that worship at Roxburghe House (the palliative care unit) is offered every Sunday morning. The style of service here is very informal and sometimes the numbers are just one or two. However these services are very important to the patients and their families who attend. On Christmas Day a special service is held which is attended by patients, relatives and staff.

During the week a *Time of Reflection* is led by Alison Hutchison for patients who attend the Roxburghe House Day Unit.

Two Sunday Services continue at Woodend hospital; but with the start of the reconfiguration of wards, there has been a reduction in the number of patients who are able to attend in Westview. At present it is difficult to plan for the future until the full nature of the changes at Woodend emerge.

Worship is provided in different ways and different frequencies in hospitals outside Aberdeen. At Peterhead Community Hospital, for example, 13 different church groups are involved in leading worship. At Seafield Hospital in Buckie the chaplain has recently reintroduced worship which is well supported and appreciated by the patients.

We must also record our appreciation of so many volunteers in different hospitals who come along and support the worship services, by escorting patients, sometimes leading worship or helping in other ways.

4. PIPER ALPHA

The 20th anniversary of the Piper Alpha disaster was marked in July 2008. The disaster itself was a very significant event in the life of the hospital and led to a significant development of health service response to major accidents. In chaplaincy, the work of Alan Swinton, then the Hospital Chaplain, was highly valued and as a result a new chaplaincy post was created, to which Fred Coutts was

appointed in 1989. But so much has changed. It became apparent that few hospital staff now recall the events of these July days in 1988. One of those who did was Alison Hutchison, who was at the time a recently appointed assistant chaplain at Woodend. This year she took part in a BBC television programme about the disaster and spoke of her experiences in the ARI chapel with the relatives who waited. Fred Coutts represented Chaplaincy at the anniversary events and took part with the Oil and Gas Industry Chaplain in the two moving commemorative services at the Kirk of St Nicholas Uniting and at the Piper Alpha Memorial at Hazlehead Park.

5. NHS 60

At the same time as people were commemorating the 20th anniversary of Piper Alpha the NHS was celebrating its sixtieth birthday. Events were held all over the UK. John Duthie was present at the Scottish thanksgiving service held in St Giles' Cathedral in Edinburgh and chaplaincy volunteer Kitty McDonald attended a reception in Edinburgh Castle. In Grampian we held a *Service of Celebration for the NHS Family in Grampian* to give thanks for 60 years of the NHS. Although numbers attending at King's College Chapel were comparatively small we are very grateful to the contributors, those who wrote, those who spoke, those who sung and those who came to mark this special anniversary.

6. GRAMPIAN HOSPITAL RADIO

Many years ago chaplains used to broadcast short morning prayers on hospital radio in ARI, but the practice stopped. This year chaplains have responded to the invitation to make a contribution again to the Grampian Hospital Radio schedules. Mark Rodgers prepared a series of pilot programmes broadcast on the four Sundays in December. An assessment will be made of this pilot and it is anticipated that a bank of programmes will be recorded which can be broadcast on Sunday afternoons.

7. NURSING INITIATIVE DAY

This year for the first time chaplaincy was invited to provide a stand at the Nursing Initiatives Day which is held annually at Royal Cornhill Hospital. Suzanne Forest, the Programme Director for Mental Health at NHS Education for Scotland gave the keynote address. She commended NHS Grampian for including chaplaincy in the *Values Based* training programme, saying Grampian was the only region to take up what seemed to her an obvious link. The day was well attended with staff from all over the Board area taking the opportunity to chat to one of chaplains about spiritual care provision.

8. TEACHING

Chaplains continue to be involved in teaching in different areas. Muriel Knox is heavily involved in the rolling programme of values based training, the *10 Essential Shared Capabilities* (which incidentally link with the *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains* mentioned at the beginning of the document). She has now completed *Recovery Training* and is involved with 6 others in rolling out the training to staff in Mental Health. She has also been invited to train staff to become trainers.

Following the decanting of several patients from Royal Cornhill Hospital to the Sue Ryder Care home in Kincorth, Donald Meston was invited to provide training in

spiritual care assessment for all staff at the centre. To date, he has completed four sessions which have been well received.

Ongoing teaching continues for a wide range of health service staff such as the sessions for all the first year junior doctors (FYI). Fred Coutts is part of a group planning a module on *End of Life* issues for final year medical students. Other opportunities include (to mention just some) sessions on Stroke, Pain and clinical induction for nurses. Chaplains also offer teaching session in the divinity department at Aberdeen University.

On a less formal basis chaplains have supported staff in their research. Jim Simpson has supported a 3rd year medical student looking at *A spiritual approach in the holistic care of patients with schizophrenia*, as well as a member of Robert Gordon University Staff writing her PhD dissertation based on bereavement research and the services available.

The annual Chaplaincy Study Day in November was again a great success, well supported by chaplains, hospital visitors and other interested people from local faith groups. The subject was: *Dealing with a difficult diagnosis* which was addressed by the Positive Dementia Group, a person with Chronic Fatigue, a specialist Epilepsy nurse and people with experience of children's health, cancer care, special needs and a neurological condition – through listening and workshop sessions.

9. LEARNING

Chaplains continue to take advantage of training opportunities. Of particular note is the range of courses organised by Chris Levison, the Programme Director for Healthcare Chaplaincy at NHS Education for Scotland (NES), most of which have been funded by NES. Members of the team attended the annual residential study day for chaplains, The Mental Health Chaplains annual study day (when the subject was the 10 Essential Shared Capabilities referred to above) a conference on Spirituality and Older People, a course for recently appointed chaplains, as well as meetings about the *Capability and Competences* document and supervision for chaplains.

Sylvia Spencer attended an international conference on bereavement issues in Dundee, *Pathways Through Grief*. Fred Coutts was invited to be a guest at the first International Conference on Pastoral Healthcare organised by the Ecumenical Patriarchate of the Orthodox Church, held in Rhodes.

Mark Rodgers has now completed the second Clinical Pastoral Education Module through the Caledonian University. Staff have also attended a variety of in-house training opportunities: Jim Simpson, for example, has benefited from seminars run by the NHS Library to help staff be better equipped for research and writing evidence based reports.

We know the importance of learning and development and we look forward to the new structures which are emerging through the KSF framework to help us in our own personal development planning.

10. SEASONS FOR GROWTH

Seasons for Growth is a loss and grief education programme catering for young people aged 6 – 18. James Falconer enabled a two day training event to be held in the Royal Aberdeen Children's Hospital in March 2008 and facilitates a small group exploring ways of promoting the programme. An information session for parents and carers was held in August in the hospital, with a small number of families and staff

travelling from as far afield as Elgin. Consideration is being given to the production of an information leaflet to be sent out to GP practices and elsewhere. The first course for children affected by bereavement, led by teachers who trained at RACH, has been held at Peterhead Academy.

11. SOLAS GROUP

A new series of leaflets is being produced to support the ongoing work of *Solas*, a depression support group, facilitated by chaplaincy in the community with Pamela Adam taking lead role. This group supports one of the targets set by the Scottish Government which NHS Grampian has to meet, namely, *To reduce the rate of increase in anti-depressant prescribing*. The Board's annual report notes that the rate continues to rise across Scotland. Grampian however has a low rate in Scottish terms. The *Solas* group has the potential, perhaps in a very small way, to support the meeting of this target.

12. CHAPELS / SANCTUARIES / QUIET ROOMS

No matter what these are called, they are widely used in our hospitals. After what is alleged to be 17 years of waiting, work is nearing completion on the new chapel/sanctuary/spiritual area at Dr Gray's Hospital in Elgin. This will greatly enhance the work of the chaplains there and will provide a much needed facility. Fundraising through the years by local churches has provided a little of the required money, but most has come from NHS funds. It is hoped that an official opening will take place in mid 2009.

Discussions continue to take place about providing a replacement for the Chapel and chaplaincy offices at Royal Cornhill Hospital which are currently housed in a temporary building.

13. PATIENT INFORMATION

Despite our best efforts, the flow of information about the religious affiliation of patients or their desire to see a chaplain has not improved much. A card system to invite patients in ARI to record their desire for a visit by a chaplain or their own faith group leader is not working well. In the face of great difficulties we gather such information as we can and, with the consent of the patient, inform their local faith group that they are in hospital. A paper about the problem was considered by the Operational Management Team (OMT) of senior managers. However on the day of the OMT meeting a letter was received by the Chief Executive from the Information Commissioner's office in Scotland, warning that a compliance notice (which if not observed could lead to criminal prosecution) would be forthcoming if the present policy was relaxed and chaplains were given access to more information. The outcome was the establishment of a short life working group to look for solutions to the problem. The group has yet to report and the complaints from churches and individuals continue to roll in. CEL (2008) 49 (referred to at the start of this report) acknowledges the problem but has no clear solution. National consideration of the situation continues and it may be there, that a resolution is to be found.

14. DENOMINATIONAL CHAPLAINS

The needs of patients from the Anglican Communion and the Roman Catholic Church are served by a system of denominational chaplaincy. The larger hospitals have designated denominational chaplains and volunteers. The smaller hospitals are served in a voluntary capacity by clergy from the local church.

Sylvia Spencer, the Episcopal Chaplaincy Team Leader reports that her team continues to run smoothly and the sacraments are administered on a regular basis. Bishop Bob Gillies of the Episcopal Diocese of Aberdeen and Orkney has been in post now for a little over a year. He has a keen interest in healthcare and is very supportive of Chaplaincy. He spoke at the August meeting of the Spiritual Care committee on his own personal experience of health and healing.

The Roman Catholic Chaplaincy in Aberdeen has been going through a time of transition. At ARI, a system of rota daytime visits by a group of priests and volunteers visited patients in wards. A different rota of priests responds to emergency calls. Some priests found it difficult to make a regular visiting commitment to the hospital. With changes in personnel, a new system was adopted in December 2008. Fr George Hutcheon has been appointed as Roman Catholic Chaplain at ARI and Roxburghe House, backed up by Canon Peter Barry. His day-time visits are supported by volunteer visitors, Trudy Noble and Cathy Connon, and a team of volunteers who bring Sunday communion to Catholic patients. The out-of-hours rota for emergency calls for a priest continues. Other priests and deacons serve the large hospitals in Grampian while the community hospitals are cared for by the local priest.

15. STAFFING

2008 saw the final consolidation of the Aberdeen chaplaincy team after a long period of uncertainty and temporary appointments. The team is working well and is looking forward to the challenges which the developments of the next few years will bring.

In the community hospitals Jim Newell was appointed to be chaplain at Fraserburgh and Jane Taylor has now been confirmed as the chaplain at the Inch hospital.

Maud hospital has now closed and we said farewell to Alastair Donald who served as chaplain there and was a member of the Spiritual Care Committee for some time. Discussions are still ongoing about the transfer to employment by NHS Grampian of sessional chaplains, who serve the hospitals outside Aberdeen. It has been decided meantime to maintain the present system of appointment through the local Presbyteries of the Church of Scotland until guidance finally emerges from the Department of Health and Well-being.

We said a sad farewell to Gillian Cursiter who had served very well as one of the chaplaincy secretaries. She has now taken up the post of Chaplain's Secretary at the University of Aberdeen. In the summer we welcomed Moira Smith as her replacement. Moira works with our other secretary, Sheena Pirie and is based at the chaplaincy offices at ARI, Royal Cornhill Hospital and Woodend on different days.

16. CONCLUSION

The past couple of years have been times of reflection in Chaplaincy, as we have prepared documents which describe our jobs and the knowledge and skills we need to carry them out. Now armed with that reflection and with the supportive framework provided by the recent national chaplaincy documents, we are looking forward to continuing to improve the way we tackle the wide ranging tasks which are required of chaplains in 21st Century Scotland.

Fred Coutts
Head of Spiritual Care

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