

## NHS Grampian Spiritual Care Committee

### Report on the work of Healthcare Chaplains in NHS Grampian 2016

I thought I would use a word that is contained within the title of the Spiritual Care Committee as the overarching theme for my Annual Report for the Chaplaincy service in NHS Grampian during 2016.

That word is ritual .It is what is left when you remove the first three letters of the word spiritual . Although traditionally it is a word associated with religious practice , increasingly it is a more diverse concept and something of a cross over word . It is in the realm of the crossover that Healthcare Chaplaincy increasingly operates .

The Wikipaedia definition of ritual is as follows :

A **ritual** "is a sequence of activities involving gestures, words, and objects, performed in a sequestered place, and performed according to set sequence." **Rituals** may be prescribed by the traditions of a community, including a religious community.

Consider a commonplace, mundane example, one in which the Chaplaincy Department was quite literally involved in 2016 , namely the simple action of planting a tree .This has a routine —prepare the soil, dig the hole, place the tree, cover with soil, water, etc. This may not seem like much of a ritual, but when that planting is done in memory of someone who has died within a community that celebrates the life that has gone before, and the individuals of this community participate in the planting, this simple act becomes a ritual, a ritual of remembrance.

It is my intention to take some snap-shots of Chaplaincy activity during 2016 , and to specifically look at them through the prism of the concept of ritual for the purposes of this report .

## **Spaces for Ritual: The Therapeutic Roof Garden**

Undoubtedly one of the highlights of 2016 for the Chaplaincy department was the opening of the Robertson Family Roof Garden on 25<sup>th</sup> January ( hence the reference to the planting of trees above !)

All the fund raising efforts of Rev James Falconer in the previous 3 years came to fruition in 2016 . The final amount raised was £667,000, it was in recognition of two significant donations from members of the Robertson family that brought us over the finishing line that resulted in the specific name of the roof garden . There was less focus on fund raising this year , although that does continue so that we have a significant fund for the on-going development and maintenance of the garden .

The installation of the garden took place in the Autumn of 2015 ,which meant that we were able to host some tours of the Roof Garden and Sanctuary in late May and early June 2016 .This was deliberately timed to co-incide with the Chelsea flower show , as the garden was an expanded version of the 2013 Gold medal winning Chelsea Garden donated by the Royal Bank of Canada. The designer of that original garden , Prof. Nigel Dunnet , supervised the installation of our garden . We are very grateful for his input over the years. Over 700 people came for tours , many of them donors and supporters of the concept , excited to see the tangible outcome of all the planning and fund raising.

There has been a very positive response to the Roof Garden, since it opened on the 25<sup>th</sup> January 2016. Patients, their families and those caring for them have found the garden to be a quiet, reflective, rejuvenating place. Patients have made their own way to the garden, while others have been accompanied by staff, family or friends. This can best be illustrated in James Falconers own words : “It was great to hear one of the Royal Aberdeen Children’s Hospital young

patients, undergoing treatment for Cystic Fibrosis, excitedly exclaim 'mum come and see' many times as he showed his mother the garden. I watched as an elderly mother, in a wheelchair, and her daughter sat together in a quiet corner, enjoying the garden's living wall and one another's company. I spoke with a young lady, undergoing chemotherapy, sitting on the decking watching the water flow to the edge of the water feature and disappear. She told me, 'I come here every day, just for a short time. It's what keeps me going. It's just a wonderful place' Or a young bride, having been married in a hospital bed, resplendent in wedding dress and shoes, was taken into the garden with her new husband to celebrate with family and friends."

Nurse Managers and Healthcare Support Workers also take patients from ARI's Care of the Elderly Wards. Multi-disciplinary teams of Doctors, Nurses, Physiotherapy, Occupation Therapy and Healthcare Chaplaincy, with full monitoring and resuscitation equipment, have accompanied patients on ventilators and their families from the Intensive Care Unit. Patients have been in the garden, at their request, the day before they died.

We are also grateful for the very significant and practical support we have received from the Director of Corporate Communications , Mrs Laura Gray ,with regard to the Therapeutic Roof Garden .

We are sure that the garden will be a wonderful resource , a space where rituals are created in the future , as many folk cope with diagnoses, surgery , treatment , loss and all the many other features that are part of being in a busy acute Hospital. The Therapeutic Roof Garden has received a commendation from the Aberdeen Civic Society in October 2016. The certificate is on display outside of the Roof Garden. Rev James Falconer was nominated at the Scottish Health Awards. There were 480 nominations overall in sixteen categories and James was one of the 3 finalists in the "Unsung Hero" category.

We were very pleased to appoint a "gardener" for the roof garden, Diana Robertson , she brings great skills and experience to that role and we know the roof garden is in good hands

The roof garden and adjoining sanctuary are a very significant addition to the other spaces for ritual that we as a department already manage . As we look forward from 2016 we are already imputing to the process of creating such a space in the new Baird Family Hospital and we are hoping that issues surrounding the Chapel in Royal Cornhill Hospital might be addressed soon

### **Rituals compromised ? : Ashes following a cremation**

27<sup>th</sup> June 2016 saw the publication of Dame Elish Angolini's National Cremation Investigation Report . There was a particular chapter regarding practices in Aberdeen Crematorium that was devastating , specifically do to with the non-retrieval of ashes following an early pregnancy, neo natal and infant loss.

Representatives of the Chaplaincy Team met with members of Dame Angolini's team in 2015. There was a reference in the report to my predecessor , Fred Coutts , who had sought and been given the assurance that the Crematorium was unable to retrieve ashes . As a result of such a re- assurance being given Chaplains continued in good faith , passing on information that was , it now appears in retrospect , erroneous , as ashes following cremation could have been retrieved and now are .

We are happy to be involved in the new Bereavement Inter-Agency Working Group that has been convened by Aberdeen City Council to ensure that this situation never arises again .

As a department , although we felt individually compromised, we are grateful that we have not had any of the well over 2000 sets of parents that we have supported through early pregnancy loss over many years , contact us to complain about the care that we sought to give as we guided them through the process of organising a Funeral .

The centrepiece of that care prior the funeral is a ritual that has evolved by way of providing a blessing for little ones who have died in the

Maternity Hospital. If I might share my own practice in this regard , I think it is a good example of the flexibility of the rituals that have been crafted in a person-centred way .

At its simplest the blessing involves pouring water from a little shell over the forehead of the little one . Thereafter the wording is crafted to reflect the life stance of the parents . So for instance if they indicate no religious belief whatsoever the wording would be as follows :

Water , one of the most important elements of creation , is essential for human life in countless ways. In our grief it becomes the symbol of our love and the flow of life throughout the ages.

With water we now bless this child

We bathe this child in the tears of his/her parents . We know the power of water to permeate life and hold this child .The water of the womb sustained this child as the water of the universe will hold him/her now

If the parents do have a religious belief then the wording would be more along these lines:

Water , one of the most important elements of creation , is essential for human life in countless ways. In our grief it becomes the symbol of God's help , the power of spiritual renewal , and the flow of life throughout the ages .

With water we now bless this child

O God of creation

We bathe this child in the love of God .We bathe this child in the tears of his/her parents . We know the power of water to permeate life and hold this child .The water of the womb sustained this child as the water of the universe and the power of God will hold him now ...Amen

These are examples of flexible person centred rituals that are very much part of what we seek to provide as a Chaplaincy Department .

## **The ritual of story telling : VBRP/CCL**

Story telling as a ritual is easily identified across cultures and traditions, it is found in both the mundane and the spiritual, and is generally regarded as central to preserving memory and emotion. Whether it is the night-time story ritual with a young child or the sharing of sacred scripture, storytelling has an ancient and immutable effect on the human condition.

By far the greatest single category of what a Chaplain does on a daily basis is empathetic listening and presence . But within that there are two innovations that have a structured or ritualised framework of listening .One is in a group setting , the other is on a one to one basis.

On 1<sup>st</sup> April 2016 Jim Simpson started a years' secondment , half-time , to encourage the use of Values Based Reflective Practice (VBRP) in the Acute Sector. In Jim's own words towards the end of 2016 "to date I have facilitated 65 groups involving 405 members of staff, with further potential opportunities across NHS Grampian"

During VBRP a tool is used called "The three ways of seeing : I notice; I wonder; I realise" .Jim has summarised his reflections on the groups that he has facilitated in this way .

### **I Notice:**

Different people at each session

VBRP is an added experience – not an expected feature

Senior Charge Nurse support is helpful to formation of the group

Taking time to build confidence – suspicion/scepticism

Gaps in multidisciplinary experience and expectation

Patient safety is an issue when releasing staff

### **I Wonder:**

How VBRP will be sustained in terms of funding

If a co-ordinating role is needed alongside training and support of part time facilitators

About the promotion and further development opportunities

## **I Realize:**

Lack of knowledge/understanding among staff

Chaplain identity is helpful – trust and confidence already exists

Confidence in the process – retain this

The power lies with the team

Supervision for facilitator/s is essential – outlet/support

We are grateful that Gillian Douglas has been able to backfill Jim's RCH hours in addition to her Woodend hours during this secondment . We wait to see the outcome of this secondment in 2017.

The other structured form of listening , or story telling , is Community Chaplaincy Listening. (CCL). In contrast to VBRP the story telling is on a one to one basis , rather than group. It involves 50 minute appointments.

Katrina Blackwood continues to lead in this area and during 2016 we have been recruiting volunteer listeners for training in early 2017 in order to further expand the service .The service continues to be well received , the following being the feedback we received from a GP during 2016 :

“The CCL has offered an alternative resource for the doctors to refer to ( and in many cases avoid the use of medication ) in situations varying from low mood problems , bereavement, loneliness, anxiety , functional symptoms and the need for patients to look at their lives in a different way .

This has reduced some patients attendance to the GP , has improved their quality of life and has allowed them to move on with life . It has reduced CPN referrals and referrals to ACIS and Carins . The presence of the CCL has been exceptionally useful within the practice and I and my colleagues are very grateful to have the opportunity to use the service “

## **The Ritual of Change : Staff comings and goings**

Each year seems to bring changes to the Chaplaincy Team , it would appear to be an unwritten ritual that we observe. Although the changes this year were not perhaps as wide ranging as some in recent years they were undoubtedly significant

Early in 2016 Rev Sylvia Spencer intimated her desire to retire from Chaplaincy . Sylvia was a longstanding member of the Chaplaincy team and at her retirement at the end of April 2016 her role was specifically in Palliative Care , split between Aberdeen Royal Infirmary and Roxburghe House . Sylvia was full of energy and empathy for the patients, relatives and staff that she came into contact with , her colleagues are very grateful for all that she did for Chaplaincy over many years .

As an interim measure Mairearad Ros took on the Chaplaincy post in Roxburghe House. This became a permanent arrangement later in 2016 and was expanded to include the wards that Sylvia looked after in Aberdeen Royal Infirmary . As a consequence of this the new team member that we recruited to fill the vacancy created by Sylvia's retirement, Mrs Sue Rayner, is based in Mairearad's former office in the Green Zone in ARI , with her ward responsibilities also in the Green zone

Another very important development was the creation of a very significant permanent post in Moray , through the merging of various fixed term posts in Dr Grays and other locations in Moray . Rev Ian Pallett was appointed to this post , having previously been the holder of one of the aforesaid fixed term posts

We had one further retirement and re-organisation in 2016. Mrs Moira Smith retired after 8 years as a Chaplaincy secretary , having worked in ARI, Woodend and RCH over the years . Moira's hall mark over the years was flexibility , not just in term of the different sites she worked in , but also accommodating the needs of the team. Moira's successor Delaine Kennedy did not inherit the multi-site dimension of Moira's role , but works almost exclusively in ARI , with occasional forays to other sites

## **Conclusion**

I hope that some of the above snap-shots of Chaplaincy activity capture some of the significant elements of the department during 2016. As always I am very grateful to all of the Chaplaincy team for their support.

Mark Rodgers            ( Lead Chaplain and Head of Spiritual Care )