As I write this report, my first Report to the Spiritual Care Committee, I have just moved desks to occupy what had been Fred Coutts’ desk for a large part of the last 22 years. In looking back to 2011 it is undoubtedly the case that Fred’s retirement after 22 years is the most significant event in the NHS Grampian Chaplaincy department during this past year. Although his official retirement date was in early 2012, his last working day was on 23rd December 2011, and I can vouch for the fact that he was indeed busy at his desk right up until the end! It would be remiss of me not to place on record the gratitude of his Chaplaincy colleagues for all that Fred has contributed throughout that time. The most significant aspects of Fred’s achievements with NHS Grampian would, I think, be the emergence of an integrated Chaplaincy service in NHS Grampian, overseeing the transfer of Chaplains to direct NHS Employment, his role as head of service, including the development of the Spiritual Care Committee.

Having inherited Fred’s desk I should say the view is certainly not what it used to be, namely a clear, unimpeded view of the North Sea, which could take on many different hues of colour depending on the weather! During the course of 2011 that view has been incrementally disappearing with the construction of the New Emergency Care Centre, and now at the beginning of 2012 what little is left is going with the construction of the new Accident and Emergency building. Although this report is largely a looking back on the work of the Healthcare Chaplains in 2011, I think that can best be done by taking in some other “views” as well. The first of these views, even though it is through the prism of looking back, is actually a looking forward.

LOOKING FORWARD: ANITICIPATED CHANGE

Co-ordinating Chaplain
Although I have inherited Fred’s desk I have not inherited Fred’s post. For the time being there is no longer a Head of Department, my post is that of Co-ordinating Chaplain for the next three years initially. My name emerged from a conclave of fellow Band 7 Chaplains and I am grateful for the trust they have placed in me, although not entirely sure of their wisdom! We have spent much of 2011 discussing exactly what that would mean in practice. It is intended that my fellow Band 7 colleagues, namely James Falconer, Alison Hutchison, Muriel Knox, Jim Simpson and Sylvia Spencer will share some of Fred’s responsibilities, so for example they will line-manage/ supervise the Dr Grays and Community Hospital Chaplains. They will also do some of the tasks that previously had fallen to Fred. One example of this that is particularly relevant to the Spiritual Care Committee is that Jim Simpson, rather than myself will take the lead role in representing the Chaplains at the Spiritual Care Committee. It is my intention to write the Annual Report and to
be present at the appropriate Committee meeting when it is tabled. However Jim will provide the interim reports throughout the year and attend the committee meetings on a regular basis. I hope to attend as and when other duties permit.

However we recognised that there was the need for one person to continue the core duties that Fred has traditionally done, for the sake of continuity and efficiency. I think if would be fair to say, in ecclesiastical language, that what has emerged is more in line with a Moderator rather than a Bishop!

**Staffing**

Of course Fred was not only Head of Service, but a Chaplain in his own right. As a result of the Safe Affordable Work process Fred’s hands on chaplaincy time will be replaced by a half-time band 6 Chaplain based in ARI. Alison Hutchison is currently on a career break for personal reasons. Damian Murray has joined the Aberdeen team on a six month fixed-term contract. He took up post in mid October and is covering Alison’s areas of work during her absence. Alison will return to work in mid January.

We discovered towards the end of last year that Muriel Knox, Lead Chaplain in Woodend, intends to retire at the end March 2012. In the light of this we decided that when Alison returns to work in mid January she will take on the lead role at Woodend. This will allow us to merge the half time vacancy from Fred’s post and Alison’s hours in ARI to create a new full time post in ARI, which we will take steps to fill early in 2012.

There have been changes in the Dr Gray’s Chaplaincy Team. Rev Tommy Bryson resigned as chaplain when he moved from his church in Lossiemouth to Argyll. After talking through the options with chaplains who were interested we are delighted that Rev David Young has taken on more hours at Dr Gray’s. Sena Allen has served for many years as chaplain at the Ugie Hospital in Peterhead. She retired at the end of September and Rev David Ross now covers the Ugie in addition to Peterhead Community Hospital. Rev Alan McGregor, after a short period of illness, decided to relinquish his Chaplaincy post at Chalmers Hospital in Banff. Margaret Robb has agreed to cover Chalmers Hospital, in addition to her post at Turriff Hospital.

**Emergency Care Centre**

Another area of anticipated change that has loomed large in our thinking and planning this past year is the Emergency Care Centre (ECC). James Falconer, Laura Gray and myself have met a number of times with Graeme Smith, including one meeting on site, to discuss the importance of Chaplaincy office space in the new Emergency Care Centre (we would commit ourselves to basing one of the Chaplaincy team in any such office for a significant part of their working day) and the provision of some space for quiet/reflection. We would also ideally like a small multi-faith sanctuary type space in the atrium area at the front of the ECC. We are very hopeful with regard to the first of these elements and await with interest to see what will unfold with regard to the second.
LOOKING IN: REFLECTION AND TRAINING

Group Reflective Practice
During 2011 the Aberdeen chaplains have started to engage with the practice of group reflective practice as being promoted by the chaplaincy programme director at NHS Education for Scotland (NES). This is now developing as the way in which chaplains will receive their personal development rather than through attending conferences. Muriel Knox and Trudy Noble have been identified as the local facilitators and are receiving training. During the course of 2011 the Chaplaincy team have set up two Reflective practice Groups, one facilitated by Muriel and one by Trudy, and these are now meeting on a regular basis.

Annual Chaplaincy Study Day
The second annual study day was held in June, again in the excellent facilities at the Acorn Centre, Inverurie West Church. Almost all of the chaplains were able to attend and gave consideration to Reflective Practice and some thought to how support will be offered after Fred Coutts retires. David Ross, who is an experienced and long standing chaplain in Peterhead gave us some insight into chaplaincy at Peterhead Community Hospital. Inverurie seems to be an excellent location for these study days, convenient for travelling for chaplains from all over Grampian.

LOOKING OUT: BEYOND THE HOSPITAL CONTEXT

Healthcare Chaplains
In times past the chaplains were referred to as hospital chaplains since all their work was carried out in hospitals. More recently there has been a tendency for chaplains in Scotland to refer to themselves as healthcare chaplains, recognising that the locus of their work is much wider than simply hospitals (e.g. the work carried out by mental health chaplains in the community and the new community chaplaincy listening project). This is very much in line with the Scottish Government Health Directorate’s policy of shifting the balance of care from the large acute hospitals. Recognising this, the chaplains decided in 2011 to now refer to themselves as healthcare chaplains.

Community Chaplaincy Listening
Towards the end of 2011 the Community Chaplaincy Listening project commenced in NHS Grampian. James Falconer is currently working with the Daneston GP practice one afternoon a week for six months. Thereafter he will then work with a further two practices for 6 months each. James is encouraged by the number of referrals he is receiving, but of course it is still early days. This initiative will, of course, be fully evaluated.

Mental Health
Of course, our colleagues in Mental Health, have always been very pro-active in looking out beyond the Hospital context. A response was lodged in
December to the Mental Health Strategy 2011-15 with the Scottish Government. The regular quarterly services for people with dementia, led by Pam Adam, continue to be supported by around 20-35 patients and carers, and significantly help the spiritual well-being of those attending. The Singing for the Brain initiative new known as Musical Memories, which also originated in this sector, (also continued) continues to make a significant contribution to the participants well-being (during 2011). Jim Simpson has been involved in a new initiative with the Allied Health Professionals who have lead responsibility for implementing the Healthier Scotland document, ‘Realising Potential’ an action plan for allied health professionals in mental health, What makes this so exciting is the recognition of chaplaincy as a valid partner in the therapeutic community of Cornhill Hospital.

Bereavement Support
Another significant way in which the Chaplaincy team engage beyond the hospital context is through our bereavement support.

James Falconer continues his involvement with the Grampian Child Bereavement Network. The annual service for thanksgiving and remembrance for those who have died in hospital and at Roxburghe House is now well established. The format of the service is constantly evolving and this year’s service organised by Rev Sylvia Spencer at Queen’s Cross Church was well attended and appreciated.

A variety of memorial services for different groups have been led by chaplains throughout 2011. A significant number of these are connected with early pregnancy, neo-natal and child losses. In June I led a short service in Hazelhead Park for those who have little ones buried in Trinity and Hazelhead cemeteries, although the planned dove release had to be cancelled because of the weather. In October I dedicated a new memorial stone in Hazelhead Cemetery, for those with babies buried there. Both these services were in partnership with SANDS (Still-birth and Neo-Natal Death Society). We have been audited the number of funerals conducted by the Aberdeen Chaplains, usually as a follow-on from pastoral contact in hospital.

We have collated the number of funerals the Chaplaincy team conducted during 2011. This works out at 93 adults, 36 still-births, miscarriages etc, 1 Neo natal, and 3 Children under 16.

Information
There continues to be a very serious problem in gathering information for outward transmission to churches and faith groups about patients who are in hospital. NHS Grampian introduced a new Patient Information System in February 2011, to replace the aging computer system which has been in place for many years. This has exacerbated the problems with information because, frustrating as the previous system was from our point of view, at least it retained information from previous admissions.

For Chaplains the challenge of information flow has made life a little frustrating and demoralising, but as we are on site patients, relatives and staff
make referrals to us and often these encounters lead to other encounters. We are able by these means to identify the patients who want or need to see us. We recognise that for Ministers, Priests and faith group leaders this is a much more difficult situation as they have to come “on site”. Reflecting on this it seems to me that two “cultures are at work in this situation. Historically, because information was so freely available in Grampian there seems to have been a culture of not always asking the spiritual care questions or not always processing them. It would be helpful if in future the asking of the Spiritual Care questions were made mandatory. I think in the meantime we have to address this cultural problem ward by ward with direct interaction and training.

However there does seem to be another culture at work, which does not excuse the first culture, but does complicate the picture somewhat. I regularly come across patients not wishing us to contact their faith group leader. “He/she is awfully busy, I don’t want to trouble them” is the typical response. I will ask up to three times for permission to pass on such information, but when it is not forthcoming I will let the issue drop.

As a further experiment to see if the situation can be improved a beautifully designed leaflet describing what the chaplains can provide and offering to contact faith groups leaders has been developed. A new version of this leaflet that can be used throughout NHS Grampian went to the printers at the end of 2011. It is hope that this might be another way to help the situation.

LOOKING UP: WORSHIP

The Chaplains continue to provide a wide range of Sunday services throughout the various hospital sites. In ARI we have been auditing the number of patients attending these services during 2011. The number varies considerably, from anywhere between 17 and 2 patients, but with an average attendance of 9. We have some staff and relatives who occasionally attend. We usually have about 7 – 8 escorts each Sunday who bring patients to the services and we are very grateful for their loyal support. The feedback we get from patients is that these services are very significant and meaningful for them. During 2011 we started to record the services and they are broadcast in future weeks on Grampian Hospital Radio.

The weekly Sunday service in Roxburghe House continued throughout 2011. An innovation for Roxburghe House this year was a carol service for relatives in High Hilton Parish Church. Sylvia Spencer, the Chaplain at Roxburghe House was particularly heartened by the numbers attending and the positive feedback for this service.

Although numbers have been down recently in Sunday worship with an average attendance of 14-16 people, the chapel at Royal Cornhill Hospital remains a concern due to planning issues and its size. The situation continues to be monitored and is on the agenda of the estates management group. An education and support group for parents and relatives, facilitated by one of the wards has been given access to the chapel for evening meetings. The Carol
Service this year was particularly successful with the Silver City Chimes and over 150 patients, staff and carers attending.

Ward changes at Woodend Hospital have brought about major changes in the services there. What had once been a very busy service in the Day Hospital now has reduced to quite small number and the service has relocated to a day room in the main hospital building, while the services in what was once called Westview have grown in numbers with the new influx of rehabilitation patients there. 2011 saw the 30th anniversary of Gilcomston South providing the escorts for the first of these services, and we took the opportunity to thank them for their support over the years with an informal cup of tea after a Sunday service.

**Conclusion**

As a Chaplaincy department we move into 2012 with all the anticipated changes very much in view, hoping to respond with energy, imagination and sensitivity to all the foreseen and unforeseen challenges ahead.

Mark Rodgers Co-ordinating Chaplain
February 2012