

Spiritual Care Committee
Thursday 16th September 2021 2.00pm
Via MS Teams

Present:

Amy Anderson, Non-Executive Board Member, Grampian NHS Board (Chair);
Gillian Douglas, Lead Chaplain, Mental Health; transitioning to Head of Spiritual Care and Lead Chaplain;
Jane Ewen, Nurse Director, Excellence and Innovation;
Fiona Forbes, Nurse Manager, Woodend Hospital;
Sue Kinsey, Public Partnership Rep;
Rachael Little, Non-Executive Board Member;
Jarod Meenan, Healthcare Chaplain;
Mike Newlands, Healthcare Chaplain;
Ian Pallett, Healthcare Chaplain, Dr Grays, Elgin;
Lyn Pirie, Nurse Consultant;
Sue Rayner, Lead Facilitator, VBRP®;
Mark Rodgers, Head of Spiritual Care and Lead Chaplain;
Dennis Robertson, Non-Executive Board Member;
Kerry Ross, Deputy Business Manager, MHLDS;
Liz Tait, Moray Social Care and Health Partnership at Dr Grays;
Terry Taggart, Honorary Episcopalian Chaplain;
Flora Watson, Macmillan Nurse Consultant for Palliative and End of Life Care;
Rev Maggie Whyte, Church of Scotland; and
Yvonne Wright, Chief Nurse, Division of Clinical Support Services.

Delaine Falconer (non-attendee: transcribed minutes from Teams audio recording).

1. Welcome and Apologies.

Chair welcomed members of the Committee to the meeting – apologies were received from: Louise Ballantyne, Head of Engagement; Ann Ewing, Chaplaincy Volunteer Visitor; Father Emmet O'Dowd, Roman Catholic Chaplain and Chantal Wood, Business Manager, MHLDS.

Chair opened by welcoming everyone; permission requested for the recording of the meeting for accurate minute purposes; no objections made to this. Introductions were made and Chair thanked everyone for attending. Chair made note of thanks and recognition of Ann Ewings services over the past few years as SCC Chaplaincy Volunteer Visitor rep and looking forward to having a volunteer to take over the place on the committee.

2. Minutes of Meeting held on Thursday 20th May 2021.

The minutes of the previous meeting were confirmed as a full and accurate record of the meeting.

3. Matters Arising.

None recorded.

Chair came back to Rachael Little and Jane Ewen re VBRP® at board level and sessions will be arranged in next few months. Rachels VBRP® update is being considered as part of board forward planning and will be picked up with schedule when taking place. Chair thanked Rachael for this.

4. Person Centered Visiting by Lyn Pirie, Nurse Consultant

Lyn Pirie gave a comprehensive and informative presentation “**Person Centered Visiting**” to the committee. A copy of this presentation will be distributed to the committee with the next meetings papers.

In subsequent discussion, Liz Tait wished to place on record that volunteers ran both doors at Dr Grays and Ian Pallett confirmed that these volunteers had been a great source of practical, positive help and were key to assisting and welcoming people.

Chair thanked everyone for a good discussion and noted it was good to see NHSG setting a lead – team effort – and this will go into the Board report.

5. Operational/Staff Changes in Chaplaincy Department.

Mark Rodgers explained that as a consequence of his due retirement, Gillian Douglas has been appointed as his successor and wished her well in her new post. As a consequence, there is now a major vacancy “Senior Chaplain” band 7 post which will remain based at RCH but with wider lead responsibilities in other sectors.

Carole Clarke has left for a post with NHS Tayside. As an interim measure, Michael Ogwuche, Healthcare Chaplain, has been invited to increase his 5 hours per week to 22.5 hours per week to cover the vacancy.

Community Chaplaincy Listening – this is moving to whole time hours for City and funds have been awarded for an Aberdeenshire Co-ordinator to roll out the service there.

As a consequence of Gillian becoming Lead at SCC, she has been replaced as the Aberdeen Chaplains Representative by Mike Newlands, Healthcare Chaplain. Jarod Meenan had been invited to this meeting for his introduction to the SCC as this has been overdue. Jarod introduced himself to the SCC and explained before taking this post, he had been a local Church minister for 22 years and was enjoying his transition into Chaplaincy.

Mark extended his thanks to Jarod for this and welcomed Mike to the committee.

6. Audit of Chaplaincy Department.

Gillian is involved in the audit of Spiritual Care Service in NHSG explaining that the UK Board of Healthcare Chaplains (the professional body that most Healthcare Chaplains are registered with) produced a new set of standards and competences in 2020 and will use the tool with which to look at these standards. Gillian pointed out that she had approached a couple of MHL D healthcare staff to be involved in the audit and had spoken to Leads in other boards, which has been helpful.

In subsequent discussion, Chair enquired re the extent of the audit and Gillian stated it was her intention to work through the 7 standards; if this was a pilot scheme or system-wide - small group of people to work on 1st standard and offer to continuation if staff wish to do so - Gillian spoke about how the timeline had to be realistic and Chair extended assistance of SCC to support this process; also how suggestions have been made around involvement from public representatives around this work which the team are looking at just now in a measured way; work done with other boards has been really helpful.

Chair proposed that this will come back to the committee at some point for thoughts and comments.

7. Sector Reports.

Prior to Sector Reports being discussed, Chair wished to first acknowledge that Non-Executive Board members are sensitive to the pressure, stress, distress and exhaustion themes coming out of these reports.

7.1 Acute

On-going pressure on the acute Sector with increasing cases of COVID19 and remobilisation of services. Ongoing support required from spiritual care team based at ARI. This includes VBRP® where appropriate Staff wellbeing services, OHS and other support services promoted to teams.

Chaplaincy Vacancies

It is with a heavy heart that I am informing the committee officially via the acute sector report that Mark (Rodgers) leaves us to retire as Head of Spiritual Care on the 30th November. I have been very fortunate to work alongside Mark as part of this committee for a number of years. Mark's professionalism, commitment and kindness has made being a committee member so much easier. He will be missed hugely by all his colleagues in acute. Just want to

genuinely thank Mark for his huge contribution to spiritual care provision in the acute sector- thank you

Sadly Carole Clarke (Chaplain) is leaving NHS Grampian to take up a new post in Tayside. Carole has contributed so much to the spiritual care of palliative patients and families and the staff within Roxburghe and the wider hospital. Carole's Support around the acute bereavement work cannot be underestimated- so thank you.

We welcome Gillian into her new role and very much look forward to working alongside her over the coming months and years. To increase Hospital Chaplain Michael Ogwuche from 5 hours to 3 days a week on temporary basis until recruitment plan is finalised

The various Memorial services associated with the Acute Sector took place digitally last year. Digital memorial services are now being reviewed with the likelihood that there will be a hybrid model this year, eg Service of Thanksgiving and Memorial in Queens Cross is in person and also live streamed

Chaplaincy continue to facilitate and support: End of life visits in ICU; a presence in ED; visit all wards , exclusively on a referral basis. The roof garden and sanctuary are open again providing welcome places of contemplation for patients, visitors and staff. Chaplaincy responded to the activation of a Major Incident /Mass Casualty scenario, this is being kept under review with forthcoming Cop26 in Glasgow. Bereavement Pilot – Continue to distribute hessian bags and leaflets to areas. Flora Watson (Palliative Care- nurse Consultant) came along to the Nurse Manager Meeting at ARI to promote the bereavement work

In subsequent discussion, it was acknowledged that the availability of technology enabled younger people to feel more connected; that the bereavement work was very good and would make you feel supported; the pressure in the sector and commitment around VBRP® and the WeCare work that has taken place with plan to put additional training into this resource.

7.2 MHLDS.

Violence and Aggression was noted to have a rising trend from February to June, however we were pleased to note this dropped again in July. We do not remain complacent and following the success of the #RespectUs campaign the short life group for V&A has restarted

The Service has been experiencing high clinical demand accompanied by higher than usual patient acuity in the past year, added to which, like all services, we have the additional pressures of the COVID pandemic where MHLDS have maintained delivery of our protected and critical services throughout. We have been on 'contingency status' for the best part of 11 months. We have had periods of intense activity with limited admission beds, high numbers of continuous interventions and boarding across the site. This is in addition to ongoing staff shortages previously reported, particularly around the difficulty in recruiting MHLN nursing staff.

All of the above contributes to staff health and wellbeing; as a Service we try to keep staff informed through Central Services and also acknowledge their ongoing commitment and hard work in the Service. Chaplaincy staff continue to support staff on a 1-2-1 and group basis, using Values Based Reflective Practice or simply being a listening ear. The Lead Chaplain has facilitated debriefs following any particularly challenging situations.

Positively, MHLDS services are also expanding with government monies for priority areas including CAMHS, Perinatal Mental Health and Long COVID. The chaplains continue to work with the Learning Disabilities clients, with programmes of creative worship being offered weekly in a person-centred way. In July a patient was able to watch a live stream of his gran's funeral in the chapel, supported by ward staff and a chaplain. The chaplains have kept in touch with the volunteers who have been stood down since March 2020. It is likely to be into 2022 before they will be able to come back into the hospital. The chaplains also continue to keep in touch with some outpatients.

7.3 Moray:

Ward work with patients – since the previous pattern of visiting bed to bed has been suspended during Covid the number of patients being seen is much reduced. We now rely on referrals from staff or outside ministers or patient requests. This remains a frustration. Ward work with staff – this has increased during Covid – informally, one- to-one, in VBRP® groups (but see below). The Sunday service in Dr Gray's remains suspended. Only one pregnancy loss service per annum (the one held in the open air) instead of three has been held. Community hospitals – chaplains' visits have now restarted in Turner Hospital Keith but are still being negotiated in Seafield Hospital Buckie and Stephen Hospital Dufftown.

Having ceased for a time during Covid CCL has begun again on a telephone basis although numbers are lower than previously. Work is in progress to create a tapestry to be placed in the chapel marking the 'Covid experience'. This has been publicised on local radio and in the press. VBRP® has declined in ward areas due to staff being too busy to attend. It has however taken place for the first time (and been appreciated) in Radiology and is being discussed for Health Visitors and School Nurses. Support for staff related to specific concerns has taken place for community midwives and maternity ward staff involved in the current review of services in Moray. Update training for Trauma Risk Management (TRiM) took place in June.

In subsequent discussion, it was raised that education/training around bereavement care leaves with the individual when they leave so need has been identified to ensure to continue to educate around bereavement.

7.4 Aberdeen City

On-going pressure on the Aberdeen City H&SCP Sector with increasing cases of COVID19 in the community and increasing staffing issues due to vacancies and Covid -19 related absence. Ongoing support required from spiritual care team based at Woodend but visit Rosewell House and Ward 102, ARI Staff are

able to access Staff wellbeing services, OHS and other support services promoted to teams.

Chaplain conducted a socially distanced memorial service for the death of a staff member (in service) for staff which was also on TEAMS for others. Chaplaincy continue to facilitate and support: visit all wards, exclusively on a referral basis. Offer support to staff who are experiencing challenging circumstances e.g increased violence & aggression in ward setting. Supporting visiting though virtual visiting – use of ipads.

In subsequent discussion, it was suggested that exhausted staff wearing facemasks may contribute to more frustration displayed, even aggression and behind a face mask, interpretations may be received differently. It was stated that Chaplaincy have risen to the demands to look after staff – one of the good things to have come out of Covid – and there are very few staff who now do not know who their Chaplaincy team are in their areas.

7.5 Aberdeenshire.

Mark Rodgers pointed out that there was no Aberdeenshire report but sadly wished to report of the death in service of Margaret Robb, who was Chaplain at Inch, Turriff and Banff Community Hospitals; Mark wished her diligence and dedication to be put on record.

Norma Milne, who had been a Chaplain for a significant period time and latterly Huntly Community Hospital, but previous at Dr Grays and Dufftown, has now retired and Mark wished to also place on record all of Norma's contribution in the past.

The Pandemic has given us an opportunity to revise how to do Chaplaincy in Community Hospitals in Aberdeenshire, and so we taking some time to fill these vacancies

8. AOCB

Chair will forward the following items for the board report – Lyn

Piries presentation; a selection of sector reports challenges / achievements; a mention of the progressing Chaplaincy audit and staff changes.

Next meetings Teams Thursday 18th November 2021 @ 2pm

2022 format and dates to be confirmed on Thursday 18th November meeting Agenda.

Chair closed the meeting, with thanks.

APPROVED