



SACH

Number 8 December 2001

# News Sheet

Scottish Association of Chaplains in Healthcare

## The Snowdrop Chapel

**T**he new maternity unit of Glasgow Royal Infirmary has been receiving patients since early October and was officially opened by the Princess Royal on Wednesday 28 November.

A small multi-faith chapel along with a waiting area is being created within the unit. The sanctuary area is no more than a good-sized living room but with no windows. In order to alleviate any sense of claustrophobia and also to incorporate some continuity from the chapel in the old maternity hospital at Rottenrow a stained glass window with back lighting is being installed. The window is in the "Glasgow" style, incorporating the typical Charles Rennie MacIntosh rose. The window has been removed from the old maternity chapel and is being repaired and mounted ready for installation within the new building.

The furniture has been specially commissioned from a local furniture maker and the chairs are being embroidered by a branch of the Embroiderers' Guild. There will be no religious symbols within the chapel but carved into the wood furniture and embroidered on the chairs will be the snowdrop which is central to the Glasgow Royal Infirmary Maternity Nurses' training badge and which symbolises the birth of new

life. The furniture is being funded by the Dorcas Society (see Acts 9.36ff) of the hospital which was founded in 1863 to "give help and comfort to patients both in hospital and during their convalescence". So we haven't used money which might otherwise have been spent on additional incubators, or on any other essential equipment.



Although the chapel is a very small area the aim is to provide a place of peace in the midst of a very busy unit, and for those who want it a place of prayer. It has been named "The Snowdrop Chapel" after much thought and discussion.

Consultation with staff of different faiths and of none concluded that people within our catchment area would know immediately what a

chapel is but might be puzzled about the purpose of a "quiet room". If we have to change the description in the future we will do so, but for the moment it will be "The Snowdrop Chapel" - a place for people of all faiths to give thanks for the birth of a healthy child or to seek the re-birth of hope out of the dark winter of grief. For everyone who wishes to use it at any time we hope it will provide a haven of calm.

**Anne Harper**

Chaplain, Glasgow Royal Infirmary

## "Stroke" is the theme for Study Day

**A** regular event in the calendar of the Aberdeen chaplains is the annual study day for part-time chaplains, usually held in November. This year, the topic was "Stroke" and was attended not only by whole-time and part-time chaplains, but also by a number of volunteer visitors who regularly contribute to the work of the department. The Grampian boundaries were also stretched to include participants from the north of Tayside.

Sessions were led by one of our Speech and Language Therapists and the Sister of the Stroke Rehabilitation Unit, both of whom gave us a wealth of information about the affects of stroke and some very practical ideas to remember when visiting patients who have had a stroke. A couple of simple exercises enabled us to feel for ourselves the frustration of not being able to communicate clearly and properly. We were also privileged to hear from two ex-patients who spoke very openly and movingly about the affects of their experience both on themselves and their families. There was ample opportunity for questions and discussion. and all in all, the day was most beneficial to those who attended.

**Muriel Knox**

Assistant Chaplain, Grampian University Hospitals

# President's Report to AGM in October 2001

Anne Harper



This last year has been a time of very interesting activity in relation to the Scottish Executive with ongoing discussion about Spirituality in the NHS and Multicultural Issues. This has also been impacting on individual Trusts which will have been establishing their own "ethnic" committees in some form or another, as have health boards. Chaplains may have been involved in some of this or may be aware of it. Trusts also received copies of the Guidelines for the Appointment of Chaplains which were drawn up by a Scottish Executive working group led by Stewart McGregor. Trusts were asked to respond to the draft of the document and chaplains may have been consulted by management about the formulation of a reply. There is a conference in November for Trust managers about the issue of spirituality in the NHS and chaplains have also been invited to apply for places at this. There is, therefore, a lot of talk about this issue. The crucial test of the Executive's real commitment to it will come when discussion moves on to finance. It is good to raise the profile of spiritual care, it is good to raise expectations but if the resources are not put in place to turn the ideas and policies into action on the ground it will be at best disappointing and will only increase the pressures on existing chaplaincy resources. After the meeting in November we will hopefully have a clearer idea of the thinking of the Executive. SACH has maintained contact with the Scottish Executive through its representatives on a range of committees and work groups - these are listed again in the October News Sheet - and by letter with officials and MSPs.

## Registration

The question of Registration was

raised at our AGM last year. The College of Health Care Chaplains has also been pursuing this issue on a UK wide basis. Some of you attended a meeting earlier in the year organised by CHCC at which MSF officials spoke about the need for chaplaincy to have professional recognition, particularly when it comes to negotiations about pay and conditions. The CHCC plan was to establish a register of their own members first and then perhaps a year later to accept applications from members of other professional bodies. During informal discussions immediately following that meeting there was some indication that the registration process could be open to SACH members at the same time as College members but current thinking seems to be that this would not happen until 2003. In the meantime all members of SACH who are in paid employment as chaplains were asked if they would wish to be included on a SACH register of chaplains. Around forty names are now on this. The College has issued further information to its members and a leaflet about registration and we are in communication with the president of CHCC concerning this. The Scottish Executive has no awareness of this move and at the moment has no expectations that Scottish chaplains should be registered but if it happens elsewhere in the UK this attitude will change. SACH in any case has agreed that we should move towards registration.

## Training Fund

In order for registration to be meaningful it has to involve a commitment to ongoing training and education which would have to be accredited in some way. We acknowledged this at the last AGM

and agreed that we would be committed to this. The

Executive envisages training files which would be kept by all registered chaplains recording training courses, seminars, research work which they have undertaken and which has been accredited along with a *pro forma* summary of what the course involved and what benefit they gained from it. Over a period of three years chaplains would have been expected to have gained a certain number of training/ education "points" or "credits" in order to re-register. The whole mechanism for this still needs to be researched further and then properly explained. The Executive has met with the full-time training officer who is willing to co-operate with us on this. We also felt that it was important that chaplains who participate in training events, courses which are not specifically "chaplaincy" events should be able to receive credit for them and we will be looking at ways of enabling this. Funding is another issue. It is to be hoped that with increased emphasis on the importance of spiritual care there might be a greater willingness on the part of Trusts to provide funding for training but at the moment the available funding for all healthcare workers is extremely low and we are aware that it can be very difficult for chaplains to get any commitment from management when it comes to trying to book for a conference or course. The Executive has therefore established a small training fund which we will try to maintain at £2,000 per year. This will provide small grants to SACH members for training purposes.

In the longer term we will still aim to participate in any UK wide

registration and will keep open channels of communication with CHCC and any other interested bodies.

### **Journal**

The Journal continues to maintain its high standard of excellence and I would want to thank James Falconer for the immense amount of work which he does as Business Manager to produce the Journal on our behalf and also of course to David Mitchell and Georgina Nelson, the Editors, along with the whole Editorial Board for maintaining the quality of content which we so much appreciate.

### **News Sheet**

There is a copy of News Sheet in

your folder - thanks to Fred Coutts and his secretarial assistance in Aberdeen. I know that there was additional work involved this time because it is a particularly large edition. So thank you for this edition and for the ongoing work. If we don't receive articles or information from SACH members there can be no New Sheet. We, therefore, thank those of you who have contributed and would ask more people to do so.

### **Representing You**

As an Association we are grateful to those who represent us on various committees and I would want to acknowledge that and I would also want to express my own thanks to the Executive for

their work and support throughout the year.

### **Secretary**

A final thank you to our departing secretary. Ian has done the job for four years now having originally agreed to do it for a few months. Since the new secretary isn't here, I can say that there is a lot of work involved which Ian has done efficiently, good naturedly and with utter dependability. All of it is behind the scenes work which can be taken so much for granted, but without it being done efficiently little else would work. On behalf of SACH - very sincere thanks to Ian.

## **Notes from Meetings of the SACH Executive**

### **SACH representation at international conferences**

With the growing number of international conferences the Executive has been thinking about SACH representation. Is it important that SACH is represented at these events and if so, how can information be fed back to members? What do you think? We would like to raise this matter at the next AGM so that as many of you as possible can give your comments. However, if you would like to share your thoughts in the meantime, we'd be glad to hear from you.

### **Whole-timers Study Day**

The annual whole-timers study day is under review. Following Chris Levison's appointment as Training and Development Officer, it seems a good time to look again at the provision of training days.

### **Finances**

Balance of **General Account** - £2165

Balance of **Training and Development Account** - £2026.64.

**If you would like to raise any matter for consideration by the Executive or comment on any of the matters raised in *News Sheet*, please contact Monica Stewart, the Secretary. Her address is on the back page.**

## **Scottish Association for Pastoral Care and Counselling**

**T**he Scottish Association for Pastoral Care and Counselling (SAPCC) held its annual conference this year on Saturday 10 November at New College, Edinburgh. Over 40 people gathered to hear Mark Cobb speak on the theme of "assessing spiritual needs" and to participate in workshops discussing the care of people experiencing long term illness (physical and mental) and the ethics of caring.

SAPCC is planning to hold a lecture, in memory of the late Margaret Allen, in the spring of 2002. Anyone interested in knowing more about SAPCC is welcome to contact Rev Lorna Murray, Chaplain at the Royal Edinburgh Hospital. Tel: 0131 537 6368 or E-mail: [revrat1999@yahoo.com](mailto:revrat1999@yahoo.com)

### **Lorna Murray**

Chaplain, Royal Edinburgh Hospital



## **"It's not so much what we say but how we say it."**

I've just completed a period of study leave during which I reviewed my practice in relation to support offered to those facing loss in pregnancy or neonatal death.

I had thought that perhaps I could spend the time working over the details of orders of service and the like. However, from day one it became clear that the scope for reflection was much wider as the patterns of my work within the maternity unit also relate to my experience of chaplaincy as whole. As part of the study I visited chaplaincy departments and maternity units in the Borders, Sheffield, Edinburgh and Inverness.

The following is what I have written by way of introduction to my project report:

### **"It's not so much what we say but how we say it."**

This view of our work as chaplains was shared with me during the course of my study leave visits and I agree with the sentiment it conveys. We find ourselves in a privileged position when called upon to attend to the needs of parents facing the loss of their baby. The approach to what we have to say rightly reflects a gentle and non-intrusive way of caring. However, we must also choose our words carefully - giving close attention to what we say, for in the midst of the hurt, details are important and will often be remembered - hopefully as lifelines that hold and not weights that burden.

The motivation for this time of study was my own desire to examine and perhaps *re-create* what I say to parents in their situations of loss. As chaplain at Forth Park Hospital, I deal with something in the region of 25-30 blessings or funeral requests a year. I have already said what a special privilege it is to be invited closer to the heartache of another and help them find a sense of meaning or dignity, some way of expressing the love they know but have had no time to articulate or share.

We all know the intimacy and the intensity of the experiences parents share with us. What I actually do (and say) is already miles away from anything found in service books. With each occasion being different. An open and creative approach allows for a flexible response to the particular needs before us.

The following words of a parish minister ring true for me:

*No words really had any relevance or even use in that small ward*

*with that wee scrap of humanity....*

*Although I had nothing to say, I knew that this wee baby's bedside*

*was where I ought to be.*

*...nothing that has been felt in that room fits or can be explained by anything I have learnt or experienced theologically,*

*but somehow God was in there....*

*Although the presence of anything divine is almost impossible to see*

*in such tragedy, if we believe that God is everywhere, then that includes hospital wards where babies are sick and sometimes die...*

Ewan Aitken, Life & Work, August 2001

So, where do we begin to make sense of what we offer? To begin with God and express a theology, or to speak of a faith perspective in an attempt to bring understanding may be where we are as chaplains, but it is not where we find most parents. Our presence in their company is justified only when we are prepared to draw close to where they find themselves! What *they* know and all that really matters to *them* at this time, is that *their* baby - in all her fragile beauty and promise lies dead in their arms or is lost to them forever. Can we pick up their story - the "story in miniature" that is their little one, in a way that it may be told and shared as they would like it - between themselves as parents and amongst those who are their family, friends and neighbours? This telling of their story links what has happened (the past) to the present. Offering, perhaps, a setting which enables adjustment and a little step onwards with love. In providing such a setting we may then also help hold the questions that naturally arise: "Why?" "Why? God!" "Why God?"

Prompted by a comment from midwifery staff on a visit, the wider scope of the study looked to the nature of chaplaincy today - pastoral carers, spiritual care givers or ministers of presence?

*The Chaplain? - "Oh we don't see him as the chaplain - more like an honorary midwife!"* The chaplain at the receiving end of this veiled compliment may still be trying to work out exactly what was meant. The question of role and the place of chaplaincy was never very far away from my reading, visits and discussions. Individual chaplains could probably come up with variety of colourful descriptions of how they see themselves but increasingly here is a wider debate with which to engage. Namely, what is the fundamental nature of chaplaincy today? Who can "own" and deliver spiritual care? What model or pattern best holds chaplaincy within the NHS?

Others are looking to us. During the study I read "The Orchard Report" - a research study of Chaplaincy provision in the London area. Fundamental to Helen Orchard's report is the question to chaplains and to chaplaincy - "Are you adding value to the (health) service as a whole?" All of us say "*aye!*" we know it, but shouldn't we also be able to show it? I look forward to the discussions with Trusts which should follow the introduction of new guidelines on Chaplaincy and Spiritual Care for the NHS Scotland.

**Ian McDonald**

Chaplain, Kirkcaldy Hospitals

## Spirituality in Health and Community Care Stirling Management Centre 15-16 November 2001

*Isabel Whyte (Chaplain at the Queen Margaret Hospital, Dunfermline and a member of the SACH Executive gives her impressions of this very important conference*

The event which took place in Stirling may well turn out to be a watershed in the development of spiritual care in the NHS and in the wider community for a number of reasons:

- The breadth of disciplines and professions associated with health and community care represented.
- The participation of representatives from a number of faith communities
- The atmosphere of a sense of purpose and serious intent to integrate spiritual care into health care which was present at all levels
- The further investment by the Scottish Executive in funding a support worker for the training officer's post and the extension of his remit to working with health boards on spiritual care strategies.
- The level of interest shown at all levels in the practicalities of implementing the revised guidelines, particularly in the groups.
- The opportunity for such a wide constituency to hear excellent presentations on the spiritual dimension of care.

Some participants expressed disappointment at the number of NHS Trusts who were not represented by senior management since the event had been specifically aimed at this group. On the other hand, the diversity of participants ensured a very interesting variety of questions and comments to speakers.

In view of his recent appointment as Minister for Health and Community Care, it was particularly fortunate that Mr Malcolm Chisholm MSP was able to be present to give the keynote address.

Some quotations from speakers:

*A rapidly increasing number of people are prepared to recognise spiritual experience as part of their lives at the same time that the institutions traditionally associated with the spiritual life are in the process of severe decline":* **Dr David Hay**

*Each Health Board will be required to develop a strategy for spiritual care to ensure that spiritual care and chaplaincy services in each Trust are adequately managed, staffed, regulated and funded.*  
**Mr Malcolm Chisholm.**



*"NHS staff, patients and their families are often confronted with serious or life threatening conditions, injuries and bereavement. Spiritual care can be a great comfort to them in these difficult*

*circumstances.*

*A skilled, sensitive listener can play an important role in providing support and care to seriously ill patients and their families.*

*They can also provide much-needed bereavement care and counselling.*

*Under this new guidance, which will be issued to the NHS in January next year (2002), patients will have access to a hospital chaplain, who covers all faiths, and will be able to request a visit from a local religious representative from their own faith. They will also be able to request prayers, sacraments or other religious ministries to be conducted at the bedside, cot side or dayroom.*

*The way that spiritual care is delivered will also change. Chaplains will continue to visit patients in wards - but we are also asking NHS Boards to provide additional services such as quiet rooms or sanctuaries designed for multi-faith worship, which can be used by patients, relatives and staff.*

*And we will be expanding the important role already played by the voluntary sector in the provision of spiritual care. Local chaplains will help train and develop the skills of local volunteers from a range of organisations to enable them to provide spiritual care services across all faiths or on a secular basis.*

*To take this forward I am pleased to announce today the appointment of Mr Chris Levison as Scotland's first National Healthcare Chaplaincy Training and Development Officer, who will also act as the first National spiritual care co-ordinator for Scotland. Over the coming months, he will lead a small team who will work with NHS Boards to help them address the spiritual care needs of their patients and to create local plans for the development of spiritual care services in their area.*

*I am confident that this new guidance and the appointment of Chris Levison, will make an important contribution to improving and maintaining the quality of spiritual care available to NHS patients."*

**Malcolm Chisholm,  
Minister for Health and Community Care**

## What's in store in the Journal



As a result of the recent *Spirituality in Health and Community Care Conference* held at Stirling (See Page 5) there are likely to be marked changes in the way chaplains are appointed and how spiritual care is resourced in Scotland and by NHS Trusts in particular. In the next issue of the Journal we hope to print some of the presentations from the conference, the Deputy Minister for Health's speech, and a report on the conference by Dr Alison Elliot. It is likely that by the deadline for the next issue a new NHS Management Executive Letter will have been published, and we may be able to include that too.

This is clearly a time of change. The Editorial Board of the Journal are keen to stimulate debate and utilise the letters pages in the Journal.

- Will there be a more determined move towards more full-time chaplaincy by Trusts, and is that a good thing or not?
- The full-time chaplains appear to see the developments as a positive change and raising of awareness, what do part-time and denominational chaplains think?
- What of chaplaincy as a career, how many chaplains do you know who have gone back to a parish?
- Do chaplains need to be ordained or have parish experience? What about new graduates with a chaplaincy degree?
- With increasing pressure on the churches for ministers and priests, is it not time to make greater use of lay ministries? Must it be a priest who administers the Sacrament of the Sick?

The editors would welcome letters and short articles up to 1200 -1500. Don't just sit there and think it express yourself.

**David Mitchell and Georgina Nelson**  
Journal Editors.

## News from Inverness

Congratulations to Derek Brown for successfully completing his **cycle run through Vietnam** (over 360 miles) raising money for Marie Curie Cancer Relief Fund. Anyone who has promised him money - get ready to pay up! (Read Derek's own account on Page 7)

Iain Macritchie (Chaplain at Inverness) hopes to go to Israel in March next year, as part of the Panel on Doctrine investigation into a **Theology of Land in the Middle East**. Preparatory meetings are taking place with members of the ex-patriot Israeli and Palestinian communities here in Scotland. At this particular point in world events, these interfaith issues are particularly significant.

Anyone involved in **hospital radio**? Any good ideas for an hour-long program every Sunday evening, or for the ten-minute morning and evening prayer slot we have presently.

Temporary closure of the **Tweedmouth Chapel** at the Royal Northern Infirmary, Inverness, due to refurbishment of the hospital. We hope to be back in by March. Meanwhile, thanks to management, we have a state of the art £1000 brand new Clavinova (electric key board/piano/organ/orchestra) for conducting worship on the ward.

Due to downsizing of **Royal Northern Infirmary** - two chaplaincy sessions have been transferred to New Craigs Hospital (Mental Health)

Iain Macritchie says it is good to be involved with **Thought for the Day** on Good Morning Scotland, Radio Scotland (despite being cut off mid-flow last time!) and to bring a Chaplaincy perspective to these two minutes. Next on December 6th, 10th, 20th, and 27th at around 7:25 am. (Live!)

**Iain Macritchie**  
Chaplain at Inverness

## On Yer Bike!

Let's play a word association game. What do you think of immediately when you hear the word "Vietnam"? Did the word "war" spring to mind first? If it did, then it is hardly surprising, since we have grown up with American *angst* about their involvement in South East Asia through films like *Apocalypse Now*, *The Deerhunter* and even *Forrest Gump*. There is no such navel gazing in Vietnam, so while America likes to look back, Vietnam is looking confidently forward.

I was fortunate enough to visit Vietnam in November as part of a group of 25 people raising money for Marie Curie. Each participant was committed to raise a minimum of £2500 and then cycle up to 350 miles in 5 days through the Vietnamese countryside.

### Up close and personal

There is no better way to experience Vietnam than by bike. You are travelling the way many local people do and while they think that you are mad, since as a rich Westerner you could afford something less strenuous to get you from A to B, they are too polite to say so. Cycling brought us into contact with all sorts of people. It was not uncommon for someone to come alongside you and engage you in conversation, thus:

"Hello, what your name?"

"My name's Derek."

"Where you from?"

"Scotland."

The many blank looks I got suggest that the Tourist Board has a lot of work to do here! Children would yell those same

two questions as we passed by their houses, and the braver ones would come right up to the roadside and expect a flying high five as you hurtled past.

At one point a group of us were stopped by an old man who wanted to talk and tell us how delighted he was to see us. It turned out that he had fought for the South Vietnamese Army during the war and told us that ten years ago he'd have been put in prison for talking to foreigners. Despite that meeting it was hard to remember that we were in a Communist country, dipping its toes into the turbulent waters of capitalism.



### Flowing with milk and honey

Okay, so it may not be the promised land, but there was an abundance of produce to be savoured. Bananas, pineapples, coconuts, dragon fruit, watermelon, guava and many more made wayside stalls groan. Rice, the Vietnamese staple, grows almost everywhere, and is an essential part of any meal. Three crops per annum mean that the country is the 4<sup>th</sup> largest producer of rice in the world. Up in the hills we saw acres of tea and coffee plantations. Every home seemed to have a tarpaulin laid on the ground with coffee beans lying out to dry in the sun. If they weren't by the house they'd be on the road, and we'd have to move over to avoid crushing them under our wheels. Having a long coastline and major

rivers means that seafood is also abundant. We dined on sea bass, Hu fish, butterfly and elephant ear fish. (It really does look like one, but a trifle more tasty) And what better to wash it all down after a hard day in the saddle than a few bottles of Tiger beer. (It really *doesn't* look like one, but a trifle more tasty)

### Vietnam: destination for the new millennium

That's what it said on the boats ferrying tourists around the Mekong Delta, and I've no reason to quibble with that statement. It's got everything! Saigon with its manic traffic and endless bustle;

Dalat in the relatively cool highlands a haven for honeymooners set in stunning countryside; Nha Trang with its wonderful beach and picturesque bay and all the expanse of land in between

which was never empty of human activity.

And it's cheap! A plate of spring rolls and a coke cost me less than £1 in the centre of Saigon. It was humbling to realise just how little some people earn and how much of a difference not picking up your change of 5000 dong (25p) would make to somebody's income.

Trying to explain what this experience was like doesn't really do justice to the people or to the country. We set out from the UK mindful of those for whom we were raising money, and we have returned also mindful of those who opened their homes to us and shared so much.

### Derek Brown

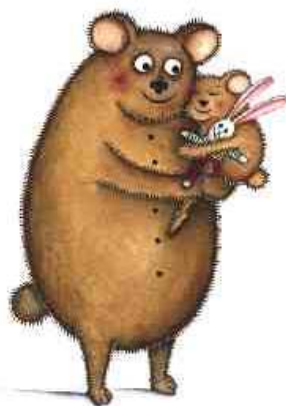
Chaplain, Inverness

## Helping ARCHIE

Construction work has started on the new £23.5 million Royal Aberdeen Children's Hospital, with a completion date towards the end of 2003. The government will contribute £20.5 million (this is not a PFI financed project) and the ARCHIE Foundation, a fund raising initiative, will raise the additional £3 million. A professional fund raising team has been put in place but all money raised will go to the Foundation as the salaries, office costs, printing costs etc have all been donated. The ARCHIE Foundation has been established in light of the experience of other recently built new children's hospitals in Bristol and Derby when the public spontaneously gave. In those projects, many extras had to be bolted on after the original planning and design phase - in Aberdeen, the plan is to integrate all from the start. The Government will provide "A standard clinical hospital. The foundation..... will make the difference", hopefully transforming the new hospital into a family centered environment for child health services.

The ARCHIE Foundation will provide

- Single care rooms with en suite facilities which can accommodate a sleeping parent
- Overnight stay accommodation adjacent to the critical care area
- A huge variety of play areas throughout the



hospital, in the concourse arrival and hospital main street

- Therapy play areas in wards, soft play rooms, alternative sensory rooms
- A multi-faith chapel/worship space and chaplain's office.

The building will rise to five floors with the chapel sited in the first floor main entrance tower next to the high dependency unit, day case unit, therapy suite and relatives accommodation. The chapel itself will be unusual in that it will be oval in shape. The architect having been asked to help create a sense of the religious/spiritual in the overall design shape rather than what will be placed within the chapel itself.

Discussions with a multi-faith group have resulted in foot washing

facilities nearby and consideration is being given to prayer stools for those of the Buddhist faith and perhaps an electric incense burner. This new chapel is one of a number presently under construction in a number of hospitals in different parts of Scotland. The cost of the new chapel is £100,000 and the chaplain's office £22,000.

But why the ARCHIE Foundation? The commitment is to try to ensure that the new **Aberdeen Royal Children's Hospital Is Excellent.**

**James Falconer**  
Chaplain, Grampian University Hospitals

## Chaplain with Managerial Responsibility

Lothian University NHS Trust, the Edinburgh Acute Care Trust, has jumped the gun on the new Spiritual Care Guidelines by appointing a Chaplain with Managerial Responsibility, responsible to a single line manager from senior management, in LUHNT's case The Director of Nursing.

The appointment was an internal one with Sandy Young being appointed on a three year reviewable basis and given responsibility for such things as staff support, review, professional supervision, chaplaincy

budget and day-to-day management of the service on a Trust Chaplaincy Team basis.

Given that the pace of changing events often outstrips the "best laid plans" Sandy has negotiated the right to return to normal chaplaincy duties at the end of the three years should that seem the best option to all concerned.

If you want to find out more about this new approach to chaplaincy management contact Sandy at the Western General Hospital in Edinburgh chaplaincy: [wgh@talk21.com](mailto:wgh@talk21.com)

## Funding the Master's Degree

I consider ongoing training and professional development as an important ingredient in effectively raising my own standards for the chaplaincy service, which I provide as part of the team at Yorkhill NHS Trust Glasgow. However, to realistically achieve that I had to apply for funding from several sources. One such source was through SACH's new Training and Development Fund.

At present I am in my second year of a four year part-time Taught Masters in Theology at the University of Glasgow. The course I am studying this year

concentrates on the latest developments in Religious Pluralism. This is particularly relevant in the currently explicit developments of the Multi-faith Spiritual Care Agenda proposed by the Scottish Executive. In Yorkhill NHS Trust we aim to provide equal care for all. Therefore, when the Trust interprets for 56 languages for people with a diversity of world faiths it is helpful to ask, "How does a chaplain from the Christian faith understand their role as a multi-faith facilitator?"

I have one more taught subject next year that could focus on

subjects such as Ethics and Medicine or Buddhism. The final year will be a dissertation that will hopefully address my own context of Yorkhill NHS Trust.

This type of plan would not have been so attainable if it were not for the establishing of this fund by SACH. It shows the foresight of the Executive, who now enable hospital chaplains to access funds to help finance the training needed to raise the professional standing of chaplains within the NHS.

**Alister Bull**  
Chaplain, Yorkhill NHS Trust

## Training and Development Fund

The SACH Executive has set aside money as a Training and Development Fund and 20% of all future income will be allocated to keep it topped up.

Applications for assistance with training or development projects from this fund. should be made in writing to the Treasurer:

**Rev Keith Saunders,**  
**Chaplain's Office, Western Infirmary,**  
**Dumbarton Road, Glasgow G11 6NT**

giving full relevant details of the proposed course of study and the costs involved.

SACH seeks to uphold and promote a Chaplaincy service which is always endeavouring to raise effectiveness and quality in its delivery. By adopting such a scheme as this, we recognise the responsibility of supporting chaplains in their ongoing personal development to be equipped for this task and the high standard of ministry and service exercised.

## Jean Vanier to visit Aberdeen

I am grateful to my colleagues for allowing me to take the odd "hour out" of chaplaincy over the past few months. Four o'clock on a Monday afternoon is *Vanier time*. Let me explain. In January 2002 (25th-27th) Jean Vanier, founder of l'Arche and Faith and Light, is coming to Aberdeen. Having spent a year as an assistant in the Edinburgh l'Arche community, I was delighted to be asked to join an ecumenical group to plan the visit. We're looking forward to a weekend of public talks, workshops and worship, all centered on the theme of *Becoming Human*. Jean Vanier is a charismatic figure, full of warmth and kindness. He has a lovely sense of humour and is a captivating story-teller. I realise that for many of you Aberdeen is not very accessible, but if anyone would like more information, please let me know.

**Monica Stewart**  
Assistant Chaplain, Aberdeen Royal Infirmary



## Retiral

Every good wish to John Banks who is retiring very soon from his post as Chaplain at the Ailsa Hospital in Ayr.

Keep up to date with  
SACH news and  
events on the  
website:  
[www.sach.org.uk](http://www.sach.org.uk)

## Scratchings from the TDO

Someone actually called me that the other day: "So you're the new TDO." I had to think about it before saying "Yes, I suppose I am."

Things are busy in the office getting systems up and running, flat pack furniture knocked together, fax machine and computer partially sussed, plenty of people to see, meetings to attend and things to do. Already the mileometer on the car is rising, the train timetables are becoming familiar and I have enjoyed my first flight by EasyJet.

Of more significance has been the appointment of a full-time secretary in the office, her name is Roey Knowles and she will be happy to hear from you. Roey has been a chaplaincy volunteer both in Birmingham and in Glasgow and so knows something of the vagaries of chaplains and chaplaincy.

We have begun planning next year's in-service courses of which details will appear in *Training Matters* and on the website. Fred Coutts has been retained as the consultant for the site - I hesitate for some reason to call him "webmaster!"

The recent conference at Stirling, which was planned and funded by the Scottish Executive Health Department, was a significant gathering and showed

a level of commitment from the NHS in Scotland towards recognising the need for spiritual care in the Health Service.

I was asked if I minded having the description "Spiritual Care Advisor" added to my job title as the new task about to be given to Trusts and Boards will require a small resource team to aid in the drawing up the new spiritual care policies. TDO and SCA why worry? After all a rose is still a rose.....

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## Orkney News

The Chaplains at the Balfour Hospital, Orkney are organising an afternoon conference in Kirkwall for faith representatives, clergy and Orkney Health Board members on the afternoon of 5th February. The theme of the conference is "Spirituality in the NHS: an Orkney perspective for Chaplaincy and Churches". As the title suggests, part of the afternoon will be spent reporting back on the Stirling conference attended by Mike Ward, with Christine Laird (Assistant Chaplain) giving a talk on "Visiting Patients: A Code of Good Practice". Hospital Manager Rhoda Walker and new Orkney Health Board chairperson Jenny Dewar will also give brief

presentations.

Mike Ward is to begin the two-year part-time MA in Healthcare Chaplaincy at Leeds, starting in February, using his Church of Scotland study leave allocation. He hopes to give reports to other SACH chaplains through the Journal or News Sheet, to allow other chaplains to hear one "consumer's comment" on the course.

### Orkney Crossword

With encouragement from NHS Orkney PR officer, Fiona Holgate, and the willing help of the hospital's Support Services staff, the Balfour Hospital Chaplaincy Team in Orkney has produced a

quarterly magazine, *Crossword*, with brief articles of interest to local NHS staff and church members. The November issue, the fourth produced to date, includes a typically humorous piece by retiring Cathedral minister Ron Ferguson reflecting on his experiences as a hospital visitor.

The newsletter has a circulation of around 200, and anyone wanting to receive a copy can contact the Chaplaincy, Balfour Hospital, Orkney or E-mail Mike Ward at [revmw@lineone.net](mailto:revmw@lineone.net)

### Mike Ward

Chaplain, Balfour Hospital,  
Kirkwall

## Chaplains and the Data Protection Act (DPA)

Edward Lewis (Chief Executive & Director of Training of the Hospital Chaplaincies Council of the Church of England) has recently written to all whole timers advising that chaplains are not able to take advantage of the exemption in Schedule 3 of the Data Protection Act 1998, which allows sensitive personal information about patients to be processed without explicit consent, where that processing is necessary for medical purposes. This is because chaplaincy is not deemed to be included in the definition of “medical purposes”. The Information Commissioner takes the view that this definition is not wide enough to include spiritual care.

Chaplains-spiritual care givers are still able to make themselves available to patients on wards, as well as visit wards and departments generally. They should however, respect the wishes of any patient who has previously indicated that they do not wish to be visited by a Chaplain. It is acceptable and desirable for procedures to be put in place that support patients changing their minds from time to time.

A meeting with the Commissioner’s representative also agreed that patients who are brought into hospital unconscious, and are therefore not able to give explicit consent themselves, may be assumed to allow a relative or friend to offer that consent. The

Commissioner has made it clear that her advice may be subject to testing in the Courts, and that such situations need to be monitored on a case-by-case basis.

The consequences of this decision are that patients must give explicit consent before information regarding their religion can be passed on to the Chaplaincy Team. Once the patient has given explicit consent to this information being disclosed, it should be passed to the Chaplaincy-Spiritual Care Team as soon as possible.

In England, The Department of Health is likely to issue further guidance about this explicit consent in the New Year and Trusts will probably review their procedures with Chaplaincy Team Leaders.

Trusts will need to ensure that the necessary consent is obtained in an appropriate and sensitive way. Chaplaincy Team Leaders will want to help with the design of necessary questionnaires and leaflets as well as input to training sessions for those interviewing patients for their consent.

During the admissions process, patients should be made aware that the Trust employs Chaplains-Spiritual Care givers, who are highly trained professionals, bound by NHS rules of confidentiality, who will walk along side them during their stay in hospital, at whatever level of involvement best suits the patient.

Chaplaincy Team Leaders may also wish to encourage local

Clergy and Faith leaders to make their congregations aware, on a regular basis that this procedure is followed within public services and especially in hospitals.

Patients and their carers should be encouraged to ask for their details to be passed on to the Chaplaincy-Spiritual Care Department.

If Trusts fail to set up an adequate system for allowing patients to be asked about their spiritual care whilst in hospital and to register their consent for this information to be passed on, they could themselves be liable under The Human Rights Act 1998, should a patient claim that s/he was denied the right enshrined in Article 9 of the ECHR to manifest his or her religion, in worship, teaching, practice and observance.

What the Scottish situation will be is not yet clear, but the matter has been raised with both Chris Levison and John Thomson. One chaplain in England has suggested that as many chaplains as possible affected by this decision should write to the Information Commissioner to say how difficult it is will make the job for some chaplains. Apparently the Information Commissioner has been swayed by people addressing their problems to her in the past.

**Information Commissioner  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF**

[www.dataprotection.gov.uk/](http://www.dataprotection.gov.uk/)

E-mail: [dataprotection.gov.uk](mailto:dataprotection.gov.uk)

You will find Edward Lewis’ letter and other chaplaincy documents on the Church of England Hospital Chaplaincies Council Website:  
[www.nhs-chaplaincy-spiritualcare.org.uk](http://www.nhs-chaplaincy-spiritualcare.org.uk)

From the *Times*

Sir, A recent admission to hospital entailed mandatory form filling. “Religion?” I was asked. “None”, I replied.

After a moment’s hesitation the auxiliary wrote “Nun”.

Yours truly, Julia Shipton, Exeter

## **SACH Executive**

### **President:**

**Rev Anne Harper**

Chaplain at Glasgow Royal Infirmary

### **Secretary:**

**Monica Stewart**

Assistant. Chaplain  
at Grampian University Hospitals

### **Treasurer**

**Rev Keith Saunders**

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**Rev Joanne Finlay**

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**Rev Ian McDonald**

Chaplain at Kirkcaldy Hospitals

**Rev Iain Telfer**

Chaplain at Royal Infirmary of Edinburgh

**Rev Isabel Whyte**

Chaplain at Queen Margaret Hospital,  
Dunfermline

## **Competition!**

Please send in suggestions for a new name for *News Sheet*. A prize of a small book token will be awarded to the person who suggests the name that the Editor and members of the Executive like best!

Send your entries to:

**Rev Fred Coutts**

Chaplains' Office

Aberdeen Royal Infirmary

Aberdeen

AB25 2ZN

To arrive no later than

Friday 11 January 2002

### **Write to SACH:**

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**Wishing you a Merry Christmas and a  
Happy New Year!**

**The next edition of *News Sheet* will be published in March 2002. Send news, articles, jokes, pictures, stories and ideas to:**

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