

SACH

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Soundings

Wow, as much as that?

Many years ago I had that conversation that will almost inevitably arise with one's offspring at some point. My son, at that point around four years of age wanted to know what I did for a living. He knew that I left the house in the morning and returned home each night but he wasn't quite sure what I was doing in between.

I had to think about that for a moment. What was the best way to describe to an inquisitive child the complexities of healthcare chaplaincy? "I talk to people who are sick." Disappointment etched into his features as he replied, without a hint of sarcasm, "Is that all?"

Therein lies the problem for healthcare chaplaincy. How do we explain ourselves to people? How do we describe the range of encounters we have with people on a daily basis in a meaningful way?

Gathering data on spiritual care has traditionally been viewed as too difficult and complex, dealing as it does with human emotions, beliefs and understandings of life. If it couldn't be counted or quantified in some way it wasn't real or important. While we do deal with a huge range of different people in unique situations, we have increasingly discovered that it is in fact possible to capture relevant and informative data about the things we do.

In the evidence based world in which we live it is now more important than ever that chaplains realise that our natural reluctance to draw attention to what we do will not

serve us well in the long term. We are increasingly both numerically and structurally, part of the NHS and accountable to it but we also owe it to ourselves as chaplains to be able to demonstrate what we do and why it is important to the people we seek to serve.

That's why the national audit week in November is important. Each Health Board area is being asked to take one week in that

month to record not just how many contacts have been made with patients, carers and staff but also a thumbnail sketch of what these contacts were about. Don't think of it as simply a knee jerk reaction to some challenging questions asked by the National Secular Society earlier this year. Yes, the Government couldn't

answer their questions and wish to avoid such embarrassment in the future, but this is a chance for us as practitioners to show what we do and why it is vital to the soul of the NHS. While you may not work the necessary hours to take part in the collation of data perhaps you might like to see it as a useful exercise anyway because using the audit tool will allow you to begin a process of reflection on your practice which can only be very informative.

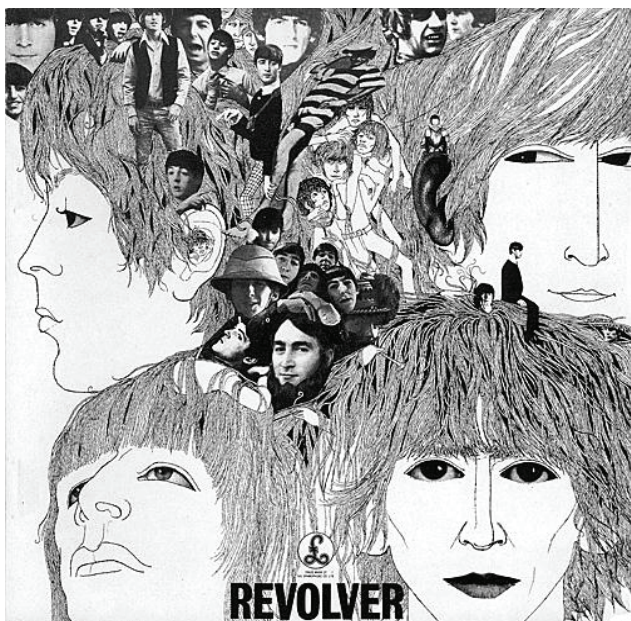
So perhaps in future my answer to my son's question, will elicit the response, "Wow, as much as that?"

Derek Brown
President of SACH



President's Report at the AGM

Given by Derek Brown at the Beardmore Hotel, Clydebank September 2009



I thought I'd set myself a challenge for this report and see if I could introduce each section with the title of a Beatles song. There's no particular reason for this other than to spice up what can be a trifle tedious. So only in the order in which I could think of a suitable track here goes:

Hello Goodbye: During the year the Executive said a fond farewell to Chris Levison and a hearty hello to his successor, Ewan Kelly. We invited Chris to a lunch after one of our meetings and presented him with a small memento on behalf of SACH in recognition of his sterling work on behalf of chaplaincy over his 7 year tenure as training and development officer. Ewan was kind enough to take time out of his new appointment to speak to the Executive and outline some of the issues that he would be dealing with such as education, audit and research and the government's penchant for the softer side of healthcare such as patient experience and palliative care.

The Long and Winding Road: Yes, this is to do with registration! The UK Board of Healthcare Chaplaincy was formally established by the four professional associations last year. All members would have been sent information about what this development means for chaplains, initially and most importantly, registering with the Board. The Executive has been monitoring progress on this and it has been a rather painful process at times as the website on which the process depends has not been up to scratch. One of the developments of this is that the period for signing up to the register without further training has been extended for some months. It really is important to ensure that any of our members not currently registered or in the process of doing so should take this opportunity. We were also a little perturbed to find that the HCC in England were planning to duplicate much of what had been put in place by the Board and negotiations are under way to resolve this difference of approach.

Help!: Following some discussions about how SACH could support its members more effectively the Executive considered how this might be done in practice outside of line management and team structures. We didn't think that creating more meetings would really meet the concerns raised and we wondered if technology might be an answer and create an e-forum of some kind where chaplains could discuss issues of concern or share good practice. We've yet to have a discussion with the webmaster, however!

Piggies: The Beatles truly do have a song for the discussions we had on, you've guessed it, swine flu! We even had the Sunday Times calling for a quote about it last weekend. Margery fooled them by saying that I couldn't answer because I was in hospital. The reporter obviously believed her and didn't call back!

You've got to hide your love away: We spent some time discussing an issue which comes up from time to times without having a satisfactory answer. It is about being in good standing with a faith community and arose from the debate held at this year's General Assembly of the Church of Scotland. One answer is to change denominations, as does happen in the US, but is that really the answer?

Paperback Writer: The Journal goes on from strength to strength with plenty of copy and a research edition lined up for next spring. We are most grateful to the joint editors, Iain and Janet, and to all who help behind the scenes getting it to members. However it has to be said that neither of the editors currently work as a chaplain: Iain is on secondment and Janet is moving to a parish, and this is something which the editorial board is addressing.

Getting Better: We spent some time discussing the CEL, at the SCDC and at the Executive. This document you'll remember came out at the end of last year and re-iterated the groundbreaking HDL and impressed on Health Boards the importance of continuing to support spiritual care.

I'll follow the Sun: I was in Orlando in February conducting a workshop on palliative care standards during the Spiritual Care Collaborative (6 Pastoral care organisations in US/Canada). It wasn't an official SACH visit but highlights the impressive work we have pioneered here and the high regard chaplaincy in Scotland is held. Margery was in Belgium attending the ECPCC in August and SACH assisted with her travel.

I should have known better: Only true Beatles fans will remember this one! It relates to my agreeing to write a critique of the APC standards for the journal Chaplaincy Today and being interviewed for a medical ethics journal.

Why don't we do it in the road? No, that's just gratuitous.

Scratchings from the Programme Director

I'm not sure where the last five months have gone! It has been a hectic and yet exciting time – a steep learning curve indeed, adapting to working within new structures and a colleague who is a rabid Rangers supporter! What I do know is that folks both within NES and chaplaincy circles have proved very friendly, open and supportive. Many thanks for all the good wishes and warm welcomes that I have received up and down the country – from Stornaway to Kilmarnock and Aberdeen to Edinburgh. It has been a pleasure to meet up with old pals and form new relationships.

It is not just me who inhabits changing and challenging times – we all do in chaplaincy. Yet in the flux, there are opportunities. Opportunities for us as chaplains to develop our practice; to learn more about how best to care and learn more about ourselves, corporately and individually, as professionals and people. Reflective practice, as well as evidence based practice, is the norm in the healthcare contexts in which we go about our daily business. Such activities are an important part of our journey as a discipline towards professionalization as well as ensuring we provide the best spiritual care possible for patients, families, staff and ourselves. Many creative initiatives have already helped to move us forward in this direction. As part of our ongoing sojourn, to further develop reflective practice, CPD and a relevant evidence base a weeklong snapshot audit of chaplaincy activity is being planned take place this November.

This audit is not intended to scrutinise what chaplains do or don't do. Its aim, rather, is both to help chaplains reflect on their practice as well as gather information and narratives which will reveal to ourselves and the Scottish Government Health Department (and any other interested parties, for example, health boards) the range and depth of chaplaincy activity across Scotland. It is clear to me that many in positions of financial decision making and healthcare planning at national and health board level still do not know about, or understand, the range and significance of the work chaplains do.

The development of this qualitative and quantitative description of chaplaincy activity has involved lead chaplains from across the country and has been informed by previous local audits performed in various health boards. It is envisaged that each health board will discuss the findings in their particular contexts before contributing gathered material to a national report which will be made available to all chaplains as well as the Scottish Government Health Department.

More information about this audit, which will only involve (for practical reasons) chaplains working more than 0.5 WTE, will be made available later this autumn through lead chaplains across the country.

Meantime, if I've not caught up with yourself or your team yet, I hope to soon.

Best wishes,

Ewan Kelly (Programme Director)

Scottish Journal of Healthcare Chaplaincy

Vol. 12.2 is about to go to print. We have a record number of articles in this edition and a good mixture of pieces, ranging from evidence based research to reflective practice. The themes include the subject matter of conversations with chaplains, interfaith working, interdisciplinary working, live donor ethics, anticipatory care planning, a Liverpool Care Pathway audit and some thoughts on health and healing from the perspective of hospice chaplaincy.

This edition sees the start of a new section in the journal, entitled 'Reflective Practice'. In the entire history of the journal, it has only

received one letter, and that to congratulate us on our 10th anniversary. This has been despite regular pleas from the editorials for people to respond to the material being printed. It is hoped that the new section of 'Reflective Practice' will encourage people to respond to previously printed articles, or contribute fresh perspectives from the actual practice of Chaplains. These need only be about 1000 words or so in length. The idea is to stimulate debate, reflection and thought pertaining to the current issues in Chaplaincy and Religious and Spiritual Care.

So give it a go! If you have

something to say, here is a great opportunity to put it in print and to contribute to the ongoing discussions.

Next edition, Vol 13.1 is to be a research edition. The guest editor is to be Harriet Mowat who will be introducing the results of several research projects which were started by her courses over the last three years. We look forward, very much, to harvesting the fruits of these labours and contributing to the evidence base for the effectiveness of good healthcare chaplaincy and spiritual care.

Iain Macritchie & Janet Foggie
Joint Editors

Organ Donation Taskforce

As some of you may be aware the Organ Donation Taskforce published a report entitled *Organs for Transplants*. The aim of the report is to increase organ donation in Britain by 50% over the next 5 years. The report includes 14 significant recommendations. The Cabinet Secretary for Health and Wellbeing has given her strong support for these recommendations to be put in place and they are relevant to every large hospital in Scotland.

“For many large hospitals, organ donation is an infrequent event and because of this it could become an afterthought or be seen as an optional extra. Organ donation should become usual rather than unusual and be a normal part of end of life care for appropriate patients with timely consultation of the NHS Organ Donor Register and appropriate involvement of donor co-ordinators. Intensive care should not be the only focus for organ donation; all areas where end of life care is provided should be included.” Better Health Better Care Action Plan.

If organ donation is to become ‘usual rather than unusual’ chaplains will be in a significant position to offer pastoral care to relatives and to work alongside donor co-ordinators. It is therefore important that we are informed of the issues involved and the changes that will occur in our hospitals. Each Health Authority has set up an Organ Donor Committee and has appointed a Clinical Donation Champion. As a member of Lothian Health Organ Donor Committee I have been asked to help set up a training day for chaplains. We will look at new developments such as non-heart beating donation. We are working with Ewan Kelly in NES to open this to all the Scottish chaplains. Watch out for more details or contact me if you wish to discuss the matter further. I will be interested to hear what is happening in your area.

Anne Mulligan

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Members of the Executive

Two new members of the Executive were elected at the AGM in September:

Sarah Lawson works in the NHS hospital chaplaincy team in Tayside. She is presently working at Perth Royal Infirmary and the new Cornhill Macmillan Centre. After a career in Social Work/Management Sarah studied for 3 years in Ignatian Spiritual Direction and then for a BD at Edinburgh University, qualifying in 2004. She is a lay Eucharistic Minister as well as school and hospital chaplain for the Scottish Episcopal Church.

Allan Grant is chaplain at Stratheden Hospital in Fife. He is a Reader in the Church of Scotland and worked previously as a Mental Health Nurse.

Thanks to the two members who have now retired from the Executive:

Evelyn Cairns from Rachel House and **Ken Russell** from Stirling.

Have your say

One of the suggestions from the AGM was to look at the possibility of setting up a members forum on the website, so that ideas can be exchanged, encouragement offered, help sought, etc. If you would like to participate in such a forum or if you have any ideas or suggestions please get in touch with the webmaster, Fred Coutts
webmaster@sach.org.uk

You can find this (and previous) editions of **SACH Soundings** in full colour on the SACH Website:
www.sach.org.uk/news.htm

If you would like to receive the colour version of SACH Soundings by e-mail in Acrobat PDF Format, send your e-mail address to: **Fred.Coutts@sach.org.uk**

The next edition of SACH Soundings will be published in December 2009.

Send news, articles, stories, pictures and ideas as soon as possible to:

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