



**Dorset HealthCare
University**
NHS Foundation Trust

**Dorset HealthCare University NHS Foundation Trust
Chaplaincy**

Annual Review August 2018



'Spirituality is the wellspring and religion is the structure that marks the spot'

(Mental Health foundation)

Chaplaincy Annual Review August 2018

Chaplaincy services in Dorset HealthCare Trust are for staff and service-users. In each service in the Trust – Inpatient, community hospitals, CMHT, young persons', peri-natal and Day Hospital, service users and staff are able to access Chaplaincy.

The Co-ordinating Chaplain, Rev Mike Oates, has been in post since 2011 and seeks to make Chaplaincy accessible across the Trust. The geographic area and number of units and services represented presents a considerable challenge to this but, with the assistance of two part-time clergy, in Bridport Hospital and Forston Clinic as well as volunteers, and the support of long established links with local faith communities, particularly in the West of the region, and not least the support of staff, the Chaplaincy is an established and well used service.

"At its best, our National Health Service is there when we need it, at the most profound moments in our lives. At the birth of our children. At the deaths of our loved ones. And at every stage in between - as we grapple with hope, fear, loneliness, compassion - some of the most fundamental elements of the human spirit."

(Simon Stevens, Chief Executive, NHS England, March 2015)

Addressing religious and spiritual need

This is the job title for Chaplaincy – in tandem with staff, Chaplaincy seeks to contribute to the widest spectrum of needs being addressed for the service-user while in the care of DHC which includes spiritual and religious need.

As one of the protected categories in the Equality Act of 2010, Chaplaincy works to enable service-users staff to be confident that their religious belief and identity will be respected and due provision enabled to give opportunity for pursuance and development.

Religion or belief

(1) Religion means any religion and a reference to religion includes a reference to a lack of religion.

(2) Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

(3) *In relation to the protected characteristic of religion or belief—*

(a) a reference to a person who has a particular protected characteristic is a reference to a person of a particular religion or belief;

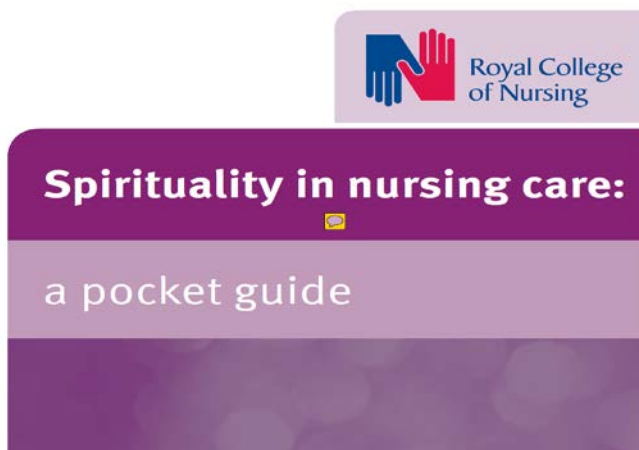
(b) a reference to persons who share a protected characteristic is a reference to persons who are of the same religion or belief. (Legislation .gov.uk)

Spiritual Care

Spirituality is not included in the protected categories of the 2010 Act. However, nursing and caring contexts have a long history of being conscious of the value of enabling spirituality to be expressed and explored. Many professions now have training input on spirituality. Spirituality is more difficult to define than religion but no religion would be devoid of spirituality and there is a very close partnership. It may be seen that spirituality is the essence of a religion. Equally many would identify as having well developed and important spiritual practices but would not see themselves as having a religion.

“While some people may not be overtly religious or attend worship services, nonetheless they still participate in an existential and spiritual search for meaning.”

(Speck, 2004)



Spiritual care is care provided in the context of illness which addresses the expressed spiritual, pastoral and religious needs of patients, staff and service users. These needs are likely to include one or more of the following:

- ways to support recovery
- issues concerning mortality
- religious convictions, rituals and practices

- non-religious convictions and practices
- relationships of significance
- a sense of the sacred
- exploration of beliefs

“It is important to note that people who do not hold a particular religious affiliation may still require pastoral support in times of crisis.”

(NHS Chaplaincy Guidelines 2015)

With these two elements in the forefront, Chaplaincy offers a service within the Trust that is responsive to staff referrals, service-user enquiry and request, collaborates with fellow professionals alongside Chaplaincy initiatives which sees engagement with a wide variety of services and contexts across the Trust.

What do we mean by chaplaincy?

“Discussions have taken place over the years about the term ‘Chaplaincy’, its history and its meaning. The term ‘chaplaincy’ in the context of this guidance is not affiliated to any one religion or belief system. There have been changes in attitudes and contemporary language driven by changes in our communities. To that end modern healthcare chaplaincy is a service and profession working within the NHS that is focused on ensuring that all people, be they religious or not have the opportunity to access pastoral, spiritual or religious support when they need it.”

(NHS Chaplaincy Guidelines 2015)

Chaplaincy in the NHS has changed considerably in the last generation – increased professionalization (through membership of the College of HealthCare Chaplains and the UK Board of Health Care Chaplaincy – registering body), greater inclusion of varied faith traditions, enhanced sensitivity to the subtle understandings of spirituality, and greater resource from research.

“You know, I’ve got an agenda, Occupational Therapists have an agenda - you know, get them out there doing things...whereas you haven’t really

got a goal to get them to as such; not as specific a goal as maybe the rest of the team, so I think you could provide that space, that listening, that one to one."

(Member of Staff at St Ann's describing Chaplaincy)

Chaplaincy in DHC serves a wide geographic area and a varied number of services. In the year to July 2018 Chaplaincy has been present in and had engagement with:

- St Ann's Hospital
- Day Hospital based at Hahnemann House, Westbourne
- Nightingale Court and House, Alumhurst Road
- Florence House Peri-Natal Unit, Alumhurst Road
- Linden Unit, Weymouth
- Melstock Ward, Forston Clinic *
- Waterston Ward, Forston Clinic*
- Herm and St Brelade's' Ward, Alderney Hospital
- Guernsey and Jersey Wards, Alderney Hospital
- St Leonards Hospital, St Leonard's

** Rev Nigel Tooth is paid for 4 hours week Chaplaincy*

(No engagement in this year with Pebble Lodge Young person's Unit)

As Co-ordinating Chaplain, I have oversight over Chaplaincy services at the community hospitals in:

- Blandford Hospital
- Bridport Hospital (where Rev Philip Ringer is paid for 4 hours /week)
- Swanage Hospital
- Victoria Hospital, Wimborne
- Wareham Hospital
- Westhaven and Portland Hospital
- Westminster Hospital, Shaftesbury
- Yeatminster Hospital, Sherborne

In the above Community Hospitals, local faith groups support a regular visiting programme and emergency EoL care attendance. Several support regular acts of worship and all support seasonal services.

I am currently delivering training on Spirituality to staff from community hospitals following requests from Matrons in the hospitals. I have led courses at Yeatminster Hospital and Guernsey and Jersey and Westhaven.

Comments of staff from Evaluation forms:

What were your expectations prior to attending this learning session? And which of your expectations, if any, were not met today and why?

... 'was not sure, but very interesting'...

... 'all expectations met and learnt a lot of very interesting information, much more than I was expecting'...

... 'didn't know what to expect but with good explanations, have gained relevant knowledge'...

... 'this course has enlightened me'...

This illustrates a common experience in meeting with staff – often there is uncertainty and lack of confidence in speaking of and addressing spirituality.

This has revealed an important thread of work to be done – raising awareness in the staff the profile of spiritual and religious needs carried by patients and staff.

Chaplaincy is currently assisting the Trust Volunteer Team in establishing Safeguarding checks on all clergy who regularly visit the hospitals (all clergy currently have DBS clearance through the Diocese of Salisbury). At Bridport Hospital, there is a Service Level Agreement between the Hospital, the Trust and the Diocese of Salisbury. This may be a model that is used to establish SLAs for the other Hospitals in due course.

Chaplaincy also takes referrals from CMHT and Crisis.

The Chaplaincy office is at St Ann's Hospital. I seek to visit all wards/units in the West of region each month (excl Community Hospitals).

At St. Ann's I am part of the Therapies Team. This meets weekly for clinical support and is currently participating in the '*Affina Team Journey*', led by Team Lead, Julia Reid. Weekly activities include an act of Christian worship (usually on a Sunday), Poetry Group, Reflective Walk, and I Co-lead the Trust Staff/Service-user Choir. I am currently working with other members of the Therapies' Team to enable a hospital-wide activities programme to be established, enabling cross-ward participation. This has proved challenging – although there is a great deal of creativity and capability in staff, we have found that wards have struggled to be able to support the programme. The Therapies team are continuing to work hard to make the programme part of the hospital culture. As Chaplain, I am also involved in the *Space for Growth* gardening project.



I visit each ward regularly and have been involved in supporting staff after serious incidents or following illness or personal crisis. I attend MDT meetings and within the Trust I sit on the Equality and Diversity Group and End of Life Care Meeting and am an active member of the Hidden Talents group for staff with lived experience of mental health issues.

In July this year I took part in the Trauma Exposure and Resilience training.

I co-lead, on average, six sessions of the 'Introduction to Spirituality' course for the Recovery Education College and have been supporting the development of a course on Identity and 'From Loss to Recovery')



Aims and Objectives

Aim:

- To Increase confidence and hope around the role of spirituality and wellbeing

Objectives:

- To describe what spirituality means to you
- To understand the relationship between spirituality and wellbeing
- To Identify 3 things you will do to enhance your wellbeing or spiritual life.

Dorset Recovery Education Centre



In Dorset, the predominant demographic is White British with Christian cited as the foremost religious orientation. In the urban areas, there is greater variety and amongst staff in the NHS this variety is more evident. Chaplaincy has good relations with all major faith groups in the county In August 2018 we welcome our first Muslim Chaplaincy Volunteer to work on Chine ward, at St. Ann's.

Multi Faith Quiet Room

At St Ann's the MFQR room is well used. It is available for Section 136 use to the hospital. The door remains unlocked and so access is open to service-users and staff. There have been incidences of abuse of this (smoking, inappropriate gatherings, dangerous items left in the room) and the Hospital manager and myself are monitoring this. Books and literature have been bought over the year partly following a generous donation from an ex-service-user and there have also been donations of items.

Chapel Altar

Following the rebuild of the 1970s building completed in 2013, the altar from the chapel, purchased from considerable fund-raising by the previous Chaplain Rev Stuart Timbrell was stored on site. Attempts were made over those years

to find a suitable home and this July I was pleased to see the altar moved to St Thomas' Kensal Green, London.



Data Collection

Monitoring engagement with Chaplaincy will always present challenges as so much of the work is qualitative and is responsive to a wide and varied level of contact and referrals.

Chapel Services held at St Ann's offer one way of monitoring engagement. These are held in 'Room To' in the hospital which is a multi-use room. A volunteer keyboard player attends each week. I am very grateful to Rev Howard Page-Clark who kindly offers cover in leading the services. Recorded numbers for July – December 2017 was ave. 12 and for April-July 2018 was ave. 10. The service offers refreshments and a chance for service-users to meet across age/gender boundaries.

A weekly record of referrals and requests with service – users and staff see an average of 20 contacts.

Working Patterns

My hours are 33.5 per week. I work Mon-Thurs 0830-1600 and 0900-1300 on Sundays.

At St Ann's I am part of the Therapies Team under the lead of Julia Reid.

I receive clinical supervision from Abby Webb and am line-managed by Mike Kelly (Head of Mental Health)

I meet with fellow HealthCare Chaplains 4 times a year for group supervision.

I have established links with Southern Health NHS Foundation and Somerset Partnership Trust Chaplains who are the nearest geographical Chaplains working in Mental Health.

I have attended Schwarz Round in the Trust and am due to be on the panel in October 2018

Training and Courses attended

I have completed the NHS Trust Mandatory training.

Regular participation in St Ann's Therapies' Team CPD sessions.

In July this year I took part in the Trauma Exposure and Resilience (TEaR) training.

I have attended the following courses:

- Diocese of Salisbury: Chaplaincy Day 28.9.17
- NHS England: Chaplaincy Conference 26.10.17
- Cambridge Pastoral Reflective Practice (part 1) Addenbrookes' Hospital Cambridge 12-16 March 2018
- 'Priest as Poet': Sarum College 11.5.18
- 'Introduction to Open Dialogue' 20.7.18 'Open Dialogue UK' London

Budget

The Chaplaincy has a small budget of £1000 per annum. This has been augmented this year with a charitable grant from the Trust of £900 that is being used to pay for taxi fares for the keyboard player who comes to St Ann's each week.

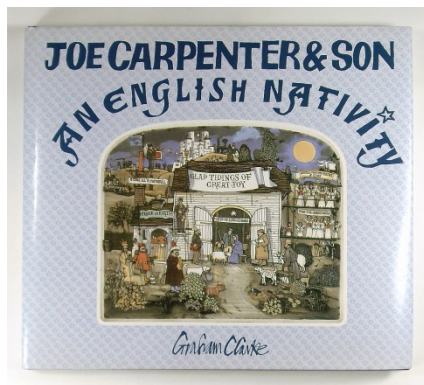
Communication

Much of the profile of Chaplaincy revolves around presence. This is majorly dependent on me being present in wards, meetings, at events, Chapel services, MDT reviews, being seen to be co-operating in initiatives with colleagues in the Trust (e.g. Space for Growth). Likewise, the presence of Volunteers on Herm and St Brelade's (ending this summer) and Chine ward and the work of Rev Nigel Tooth and Rev Philip Ringer in Forston and Bridport gives shape to the Chaplaincy and enables access for staff and patients. The personal attributes of Chaplaincy work is important and selection and deployment of volunteers takes into account the necessary openness and flexibility required.

Supporting this, of course, is Chaplaincy's electronic and visual presence. Recognising the limits of this, it is still an important link – although many (e.g. Hotel Services) do not have access to emails. To this end I have a large number of contacts who receive 'Poem of the Week' which sends out a poem – mostly chosen by myself, but sometimes by other staff and sometimes resulting from those who attend the 'Poetry Picnic' at St Ann's.

Events in St Ann's are advertised through posters also and entered into ward diaries.

Communication with staff following contact with service-users continues to be an area of concern. Chaplaincy was removed from RIO some years back after a service-user made a complaint that information given to the Chaplain should not be recorded. This was upheld by the Trust. Since then I have sought to email or speak to staff following contact. This is fraught with difficulty and there have been errors and issues not recorded. It would appear that very few other chaplains (especially in Mental Health Care) are not able to access patient notes or record information. I would venture that although use of RIO will be more time consuming, on balance a risk remains, and one that can be addressed.



Chaplaincy plays a large part in enabling cultural and religious events to be recalled, participated in and celebrated. Each year at St Ann's there is a Remembrance Service, likewise information is given to staff for the Muslim holy month of Ramadan. The Christian seasons (e.g. Harvest/Easter) are kept in Chapel services and at other sites where practicable, and particularly at Christmas. Chaplaincy holds Carol Services with the Winton Salvation Army Band on site at St Ann's and a carol service and Christmas Day service for the Hospital. For the past six years we have staged a performance of '*Joe Carpenter and Son: An English Nativity*' with staff taking the parts in the spoken play.

Chaplaincy is also called on to mark significant events for staff – e.g. a memorial focus for a member of staff and likewise Chaplaincy seeks to mark national and international events that concern us all and may have particular resonance with our very diverse service-user and staff population. Likewise in the event of the death of a service-user, Chaplaincy works with the ward /service to host an appropriate event.

Reflections

The conviction of Chaplaincy is that spirituality and religion have a role to play in recovery. Our current culture sees a variety of exploration and question which, for many, takes them away from organised religious and spiritual practice. Subsequently the role of chaplaincy embraces the discovery, naming and integration of meaning into life by service-users and staff in the face of both challenge and deepened understanding and empathy in the real-life experience of being unwell and of caring and being cared for.

Chaplaincy seeks to connect with people in places and practices of creativity and community. Many of the contexts and events are small scale and everyday

but if the conditions are enabled, the degree of engagement can be considerable. In this light, Chaplaincy continues to bring a dimension to the Trust that enhances the work of other professionals.

Continuing Challenges

- Challenges remain in respect to the large geographical area and the variety of sites, the scope of care offered across the Trust and the changes in personnel inherent in the NHS.
- Three chaplains across the Trust (two on 4 hours a week) represents a service that is unable to fully offer satisfactory responsive Chaplaincy cover to all sites and services. The presence of more volunteers would ease this but it is recognised that recruiting suitable Chaplaincy volunteers for mental health settings presents more challenge than the equivalent task in acute care.
- Gathering people together for a group or an activity is part of the point of engagement for Chaplaincy and it is frequently the experience that problems on wards and staff availability mean groups are unable to run.
- In previous years Chaplaincy has been invited to take part in the Therapeutic Engagement session run for all new staff. This means that all incoming staff were introduced to the Chaplaincy service. This was an efficient way of advertising and informing of Chaplaincy role and presence.

Future Hopes

- To work towards a relationship with the medical, AHP and nursing teams whereby Chaplaincy input is recorded and the spiritual and religious needs of service-users highlighted.
- Develop teaching - It has been noted that there is change in how society discerns spirituality and religion. In Healthcare awareness is often focussed on these needs in times of stress and uncertainty. Feedback from training sessions suggests that staff are assisted in their confidence to explore this area by being given the opportunity to discuss their own spirituality and how they see their role in enabling service-users to express theirs.

- Chaplaincy service in the West of Region and in the Community Hospitals has developed in the last year but needs consolidating. Forston and Bridport are well served with on-site Chaplaincy, Glendinning and Linden rely on referrals and visits from me.
- Community hospitals are supported by local faith communities and It will be good to see this further developed in the coming year through training of staff and greater integration of visiting clergy into the Trust – beginning with Safeguarding. It is my intent to offer support in the form of Reflective practice groups.
- Maintaining contact and presence in the Trust at organisational Level (EoL and E and D) and in all Trust services (Wards and community services).

I would like to thank the St Ann's Therapies Team and leader Julia Reid for their support, Mike Kelly as my line manager and Abby Webb, clinical supervisor and Dawn Sherwood and Sue McFarlane for their help with administration.



Rev Mike Oates August 2018.