

Chaplaincy Annual Report 2016



INTRODUCTION

Welcome once again to our annual report.. At the time of publication, a year will have almost passed since my appointment as a team chaplain. It's been a very busy year and we hope that the variety of content in this report conveys something of the relevance and effectiveness of our contribution to patient care.



Rev Tom McKinlay: Team Chaplain

The vision we have is of a chaplaincy service that is able to deliver compassionate patient-centred care in a comprehensive and timely way. The service is also a resource for staff, and has a part to play in the life of the organisation in promoting patient's interests and concerns.

Characterised by:

- a service with a broad appeal offering spiritual care to all
- prompt and effective response to referrals for religious or pastoral support
- being pro-active in work with patients and staff as we support many more people through being out on the wards and departments than specifically ask for our help
- participation in the corporate work in CHFT to promote patient wellbeing and a positive experience of care
- seamless service involving well-trained, confident and competent volunteers
- on-call service for out of hours emergencies
- specialist support for those experiencing the loss of a baby in pregnancy
- high quality regular worship and 'one-offs'
- committed team-working with other healthcare staff
- involvement in training with staff on our areas of expertise, and facilitating staff to feel confident as holistic care-givers
- offering confidential support to staff
- as patients become increasingly cared for in the community to be clear about our contribution in holistic healthcare, and how that dovetails in with existing community services networked into local faith communities and interfaith bodies
- efficient administration and safe record-keeping

OFFERING SPIRITUAL CARE TO ALL

Lionel was a man with advanced dementia and an infection which would not go away. His daughter made a referral to the chaplaincy service, initially in search of the Buddhist chaplain for herself to cope with her own health issues. In due course she asked for someone to see Lionel who had been a practising Christian in his early days.

Lionel appreciated the opportunity to talk about his childhood and enthused about the Christian heritage of Geordie-land. In time he started receiving holy communion at the bedside and recited the familiar prayers with the chaplain. Lionel was discharged home (taking a picture of St Cuthbert with him) and died a couple of weeks later. His daughter contacted the chaplain to say how much her father had appreciated reconnecting with his past and the pleasure chaplaincy visits had given

Offering spiritual care to all is made possible by our **Chaplaincy Team**.

Rev George Spencer (1.0 WTE) co-ordinates the Team

Rev Tom McKinlay (1.0 WTE) has responsibility for leading the Volunteer team and works mainly at CRH but also at HRI to allow George some time to deliver corporate responsibilities.

Rev George Courtney (0.168 WTE) retires on 31st December.



Rev George Courtney

Simon Harbergham (0.168 WTE) replaces George in January 2017

Moulana Imran Hussain (0.293 WTE) leads our Muslim Chaplaincy.

Fatima Manzoor (0.08 WTE) serves as a Female Muslim Chaplain

Zeenat Hussain (0.133 WTE) serves as a Female Muslim Chaplain

Fr. Peter Nealon (0.93 WTE) serves CRH as Roman Catholic Chaplain

Rev Di Ellerton (0.93 WTE) serves as an Anglican Chaplain

Parish Clergy at Holy Redeemer, Huddersfield cover (0.186 WTE)

Harbinder Singh is our Voluntary Sikh Chaplain

Dharmachari Prasadu serves as our Honorary Buddhist Chaplain

RESPONDING TO REFERRALS

Daphne lived outside Hebden Bridge and described herself as spiritual but not religious. She asked to see a chaplain because she was unhappy at her treatment on the ward. In the course of discussion she revealed that she had been in a same-sex relationship in Australia before coming to the UK. She identified her real issues to be loneliness and facing an uncertain future of increasing disability. This came out as tetchiness with the nursing team.

In the course of several visits the chaplain encouraged Daphne to be herself as a person with a quick wit and quirky sense of humour. She worked at identifying ways in which she might find some support and company on returning home, and called the chaplain a few weeks later to say all was going well and she had recovered her zest for life.

The chaplaincy received 56 referrals in May 2016 and each one was followed up, often by repeat visits as necessary.

BEING PROACTIVE

Cynthia responded warmly to the chaplain's greeting. It was clear her mood was low. As a child she used to greet her father when he came home from work by finding sweets in his pocket. Sadly, the sweets were tainted with tiny asbestos fibres. Years later Cynthia developed *Mesothelioma*. Now she was facing the end of her life. Having a nominal faith, she was not very religious. Her life was centred on her husband and family. She was not afraid of dying but dreaded leaving them and worried about how they would cope without her.

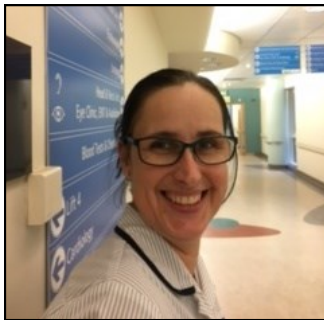
The chaplain encouraged her to see that having invested so much care in them, their coping would be the fruit of her investment of love. The Chaplain gently encouraged Cynthia to use the time left to be honest and open with her family.

He helped her to see that trying to protect them by not talking about dying robbed them all of precious moments of togetherness. During a following visit Cynthia expressed her gratitude for the help listening and caring had been to her.



STAFF SUPPORT

Siobhan Symons has worked for many years as a Ward Clerk at CRH. Although loving her job; now that her children have grown up she was wanting to give more back to the community. A friendly conversation with the chaplain encouraged her to apply for nurse training. However, due to degenerative arthritis she was refused admission. Not one to give up easily and still working part-time, she is now studying for an honours degree in Health and Community Development. at the University of Huddersfield.



Sadly, when a member of staff in the Research Team died very suddenly and prematurely, Chaplaincy responded to an invitation to give support.

Rev George Spencer also led a memorial service for Ann Cross who worked in A&E at HRI.

As a contribution to the CHFT Wellbeing Initiative, the department has devised and developed the “Great Day Out” - a day of relaxation and “me time” for colleagues. Book now for the next one 26th January 2017.

PARTICIPATE IN CORPORATE WORK

The Chaplaincy is led and co-ordinated by Rev George Spencer. We have supported him in delivering:

- **15 Sessions** of PREVENT training.
- **Participation in**
 - Review of End of Life Care
 - Preceptorship
 - Patient Experience Group
 - Steering Group on End of Life Care within the Muslim Community with Zeenat Hussain.
 - Steering Group for Lindley Dementia Friendly Day
- **2 Quiet Days:** 1 for Chaplains & Volunteers and 1 for a local branch of the Methodist Women in Britain.



**Rev George
Spencer**

VOLUNTEERS

We have 30 volunteers who assist by befriending patients on the wards. Once per week they give between one or two hours to visit patients, feeding back to the paid chaplains identified needs and requests for additional spiritual support.

On a rotational basis, 22 volunteers faithfully, assist with conveying patients from the wards to our Sunday Services.

Part of Tom McKinlay's time is taken up with recruiting, training and supervising new potential volunteers. This year we hope to recruit and train more volunteers.



Val Doodson

ON CALL

We maintain a round the clock on-call service. During our random selected month of May, we had only one emergency call. Since nursing and medical staff are aware of our on-call readiness we conclude that low demand indicates that our daytime presence is very effective.

Loss of Babies in Pregnancy

To date we have conducted 70 Baby Funerals. Each family was visited in their own home and the service shaped to reflect the beliefs and wishes of the parents. In September, the Chaplaincy dedicated the new "Snowdrop Chapel" at Park Wood Crematorium: a small and more intimate chapel solely for Baby Funerals.



In partnership with SANDS the chaplaincy has held 2 Advent Memorial Services. The Advent Lights of Love service was well attended and warmly received. Another was held in the Summer including a Balloon release.

A mother whose premature baby was not going to survive said, "Thank you for your care when we lost our baby. The support we received was so helpful and we so appreciated the lovely baptism in SCBU before the baby died."

Worship Services

During May, 174 people attended Inter-faith services on Sunday mornings and Tuesday afternoons. Approximately 48 people attended Roman Catholic services at HRI. An areligious Act of Solidarity and Prayer for Peace was held at HRI in response to the Brussels Terrorist Attacks.

Wendy was distraught at her husband's death after a spell in hospital, and did not think she could cope with the grief. She set out from home to buy a bottle of whisky to put with the pills she had stored up, but found herself repeating the same journey she had made when coming to HRI to visit her husband. Though not a very religious person she had always spent a moment in the Hope Centre (Chapel) before going up to the ward to see him. In the Hope Centre she realised that though life was miserable, there were things to live for, not least the happy memories of life with her husband: she went home and flushed the tablets down the toilet.

Team Working

We work closely with our Contract Undertakers, and staff from Mortuary, Histology, and General Office on Sensitive Disposal of Pregnancy Loss. We also work closely with the Special Palliative Care Team, often receiving referrals from them.

Training

Several times through the year, Chaplaincy has been involved in delivering End of Life Care Training to nursing and medical staff to increase their confidence and competency in delivery of spiritual care. Specialised training was given to nurses supporting those experiencing miscarriage as well as induction training for international nurses and midwives. Three theological students have been with us on placement. Eight potential volunteers, all of whom have a broad range of life experience, faith background and appropriate skills have undergone training in chaplaincy volunteering and we eagerly await their accreditation by HR. Meanwhile, these enthusiastic volunteers are visiting the wards under the mentorship of present team members.

Care in the Community

Ahead of all the restructuring that will take place (buildings and services) in the next few years, chaplaincy has begun to explore the ways in which spiritual care can be taken out into the community. (Care closer to Home). Our new chaplain, Simon Harbergham will carry special responsibility to develop this aspect of spiritual care. Care must be holistic and if our patients are receiving treatment and care in the community rather than as hospital in-patients, we have a responsibility to deliver spiritual care where they are.

Health

‘Health is not just the absence of disease, it is a state of physical, psychological, social and spiritual well being’ - World Health Organisation

Spiritual Care

Spiritual and Religious care are defined as follows:

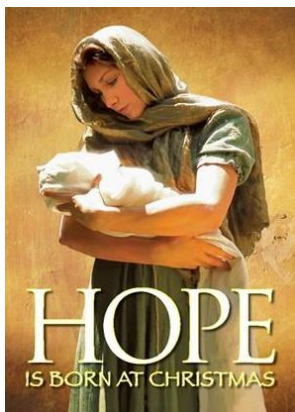
‘Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual care is not necessarily religious. Religious care, at its best is always spiritual’ - NHS Scotland

For further information about the chaplaincy—click on our logo on the web page “non-clinical tools”.

<http://nww.cht.nhs.uk/index.php?id=7091>



Contact us 24/7 via either Switchboard



We wish everyone a Happy and Peaceful Christmas.