

## The Reflective Practitioner (Vol. 7, Jun 2013)

Dear Colleagues

**The greatest opportunity the Scottish chaplaincy community has ever had to significantly transform health and social care cultures, support staff and enhance patient care is currently happening.....**

All over the industrialised world the delivery of health and social care finds itself on a precipice – we know we have to jump into an unknown future but we do not have a detailed map of where to go once we land. Financial austerity, rapidly changing demographics, growing inequalities and people increasingly dealing with multiple-morbidities as they live longer, are some of the factors that have led to a growing realisation that we cannot continue to deliver health and social care as we currently are. We do, however, have a compass pointing us in the direction of travel – informed in the Scottish context by the Scottish Government's 2020 Vision, the Christie Report outlining the need for the Integration of Health and Social Care, and the Quality Strategy which prioritises Person-centred Care. In Scotland we are far from alone as we wrestle with how best to use our individual and collective abilities, skills and capabilities as chaplains in rapidly changing healthcare systems. For example, I am writing this at the end of a planning meeting for the next consultation of the European Network of Healthcare Chaplains taking place in Salzburg in May 2014. The title of the conference – *The Future is Now: Envisioning Healthcare Chaplaincy in the Midst of Transition*.

There is great interest across the world as to how we in Scottish Healthcare Chaplaincy are seeking to adapt to this time of transition, and in doing so promote wellbeing for individuals, families and communities (within and without healthcare settings). Earlier today I had a conversation with the organiser of a conference focussing on spiritual care and resilience in Israel. She is looking for some input, via skype, about Community Chaplaincy Listening (CCL) and Values Based Reflective Practice (VBRP). Later this month I have the opportunity to deliver the closing address at the American Professional Chaplains conference in Orlando exploring the theme: *Dreaming the Dream and Grounding the Vision. Reflections on the Future of Healthcare Chaplaincy*. In July I am fortunate enough to travel to Australia at the invitation of the New South Wales College of Clinical Pastoral Education, and amongst speaking engagements is one at the University of Queensland entitled *The Future of Healthcare Chaplaincy: Reflections from a Scottish Perspective*.

In short, chaplains across the globe are looking to our innovative work in developing new models of chaplaincy and spiritual care delivery for inspiration at a time of change and transition in health and social care provision. However, it is not just abroad that strategists and leaders are looking with interest at our chaplaincy community for input and help. For example, several chaplains and collaborative partners showcased their work to 50 Scottish Government representatives and strategic leads in health and social care and third sector bodies, at a recent event entitled *Building Assets and Resilience in Local Communities* (a seminar co-sponsored by the Scottish Government, NHS Health Scotland, NES and the University of Edinburgh). VBRP was showcased during a workshop at the second learning event of the *Person Centred Health and Care Delivery Event* at the SECC (thanks to those chaplains who facilitated some rich noticing and wondering!). This week I'm

delivering a presentation on CCL and VBRP to the Cross Party Group in the Scottish Parliament on Palliative Care.

In relation to the person-centred arm of the Quality Strategy (concerned with safe, effective and person-centred care), healthcare chaplaincy in Scotland is perceived as being at the forefront of two of the four workstreams (below, in bold), and influential in a third (Specialist Spiritual Care PROM as part of measuring patient/care experience).

#### Person-centred Care Workstream of the Quality Strategy

<b>Staff Experience</b>	<b>VBRP</b>
<b>Co-production</b>	<b>CCL</b>
Care Experience	PROMS
Leadership	Ongoing training

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The Scottish Government has **tasked us (healthcare chaplains in Scotland)** with upscaling and embedding VBRP in health and social care in Scotland as part of their efforts to enhance staff experience. Health boards, as part of their statutory obligations to Scottish Government, have to act in order to improve person-centred care, including looking at how they can care for their staff more proactively. In order to help us to do this, NES has included a funding package for VBRP as part of its *Person-centred Training, Education and Workforce Development Plan*. This strategic plan is currently with the Scottish Government for the second time - having been adjusted and re-written taking the current financial situation into consideration.

In other words, NES and the Scottish Government believe healthcare chaplains have the ability and capability to help enhance staff wellbeing and fulfilment at work throughout Scotland (for plans to help build capacity to upscale and embed, see 1.3 below). By making VBRP one of our 3 national strategic priorities, we in healthcare chaplaincy have stuck our head above the parapet and said yes we can do that...and do it well! This is a huge step forward for our chaplaincy community in terms of raising our profile and creating a platform from which we can demonstrate our impact on individual and collective wellbeing. It is also a platform, I believe, from which there are considerable possibilities for developing our services. Health and social care needs chaplaincy like it has never before – at a time of stress leading to possible desensitisation and dehumanisation (do read the Francis/Mid-Staffordshire report if you haven't yet), change and transition. If we can rise to the opportunities and challenges locally and nationally through providing innovative services like VBRP and CCL, then our unique role in health and social care will not only be secure, but will expand.

To conclude, developing VBRP is a specialist role which chaplains are equipped to take on. It utilises the gifts and abilities chaplains display at a bedside - creating a safe non-judgemental space in which an-other(s) can tell their story and search for meaning and purpose in it - transferred to a group setting. VBRP is raising the chaplaincy profile with the Scottish Government, in NHS Education for Scotland, at board level within health boards and within the social care and voluntary sectors. Here truly is an opportunity to transform

health and social care cultures, support staff and enhance patient care, and to mainstream healthcare chaplaincy and ensure its future development in your health board. If we don't take this initiative forward, be assured another discipline will. There is huge interest in VBRP and it is ourselves who are leading on it.

All the best in your practice and reflecting on it.

Ewan

## **1. Update on National Strategic Workstreams**

### **1.1 PROMS**

The Scottish PROM protocol is about to go to national ethics review and Research and Development scrutiny prior to permissions being sought from each individual board. The workstream now includes CCL patients and staff. Each participating health board will gather data on the impact of chaplaincy in acute, mental health, paediatrics and CCL services as well as on staff care utilising the Scottish PROM. The ten participating boards include all but NHS Fife and Greater Glasgow & Clyde - with opportunity for these boards to be part of the workstream in the future. We will pilot in the first boards to obtain local Research and Development permissions with a plan to review pilot data, amend the protocol as necessary and go national in January 2014.

*Austyn Snowden (Lead PROM Researcher)*

For further information on the Scottish PROM workstream please contact national PROM lead Iain Telfer (NHS Lothian) [Iain.Telfer@nhslothian.scot.nhs.uk](mailto:Iain.Telfer@nhslothian.scot.nhs.uk).

The Scottish PROM workstream is being funded this financial year by the Scottish Government and NES.

If you hadn't read the NHS Lothian Pilot PROM report it can be accessed at :  
<http://www.snowdenresearch.co.uk/download/healthcare-chaplaincy-the-lothian-prom-2012-revised-col-online-only.pdf>

It contains some wonderful material and data which emphatically proves the worth of chaplaincy in health and social care.

### **1.2 Community Chaplaincy Listening (CCL)**

The Scottish Government have provided over £150,000 of funding to CCL and by March 2015 they require the following outcomes of healthcare chaplaincy in Scotland:

- a minimum of 32 sites involving CCL in a variety of socio-economic, geographical and primary health and social care settings
- a national chaplaincy volunteer listening training programme
- a training programme for chaplains to enable them to deliver volunteer training.

Since the launch of CCL (Scotland) in February, the main focus has been on increasing capacity by encouraging and supporting the extension of sites where CCL is offered. At present we are covering 17 sites across 8 Boards. However, proposals for developing new sites have been received from the following Health Boards: Borders, Greater Glasgow and Clyde, Lanarkshire, Fife and Forth Valley.

As a result of recent funding allocations, it is now possible for some Boards to take forward their plans to extend the service in particular ways; exploring the selection, training and use of volunteers.

- Ayrshire and Arran hope to establish a service for patients within Mental Health Services experiencing bereavement and loss.
- Aberdeen have proposed a development within the innovative setting of the planned 'Aberdeen Community Health and Care Village', due to open in the city centre at the end of this year.
- In Fife, the plan is to target a specific area, to allow all Primary Healthcare staff within an indentified geographical area access to a CCL Listener.

CCL National Programme Liaison Coordinator Lynda Wright is a valuable resource which individuals and teams can draw on. She brings a wealth of experience in Adult Education, Spiritual Direction and Service Development from her work in consultancy, the third sector and more recently, within the NHS as a healthcare chaplain. Lynda is the only healthcare chaplain in Scotland whose services have been bought in by a GP practice.

Lynda's role seeks to support CCL service development, offering support and mentoring as new initiatives in local contexts emerge, and helping teams reflect on their experience whilst sharing insights and learning from other teams / sites.

**Contact Lynda at: [lynda.keyhouse@tiscali.co.uk](mailto:lynda.keyhouse@tiscali.co.uk)**

Jennifer Kelly our CCL Scotland administrator is a also a great source of information and support: [jennifer.kelly@abdn.ac.uk](mailto:jennifer.kelly@abdn.ac.uk)

The NES website contains all the CCL reports, helpful information and resources which may aid you in your engagement with health boards managers, GPs and other health and social care practitioners.

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/areas-of-education/ccl-scotland.aspx>

Mark Evans (currently on secondment to NES overseeing the development of chaplaincy primary health and social care provision) is undertaking a scoping exercise with key stakeholders and service providers. **For more information contact Mark at: [mark.evans59@nhs.net](mailto:mark.evans59@nhs.net)**

CCL is receiving a great deal of interest from Professional Leads within the AHPs, senior managers within various Health Boards and a number of Scottish Government Health Directorates. It is clear that if Healthcare Chaplaincy is unable to develop CCL (Scotland) and increase capacity, there are other Healthcare Professions and indeed third sector groups who are willing to develop services.



### 1.3 Values Based Reflective practice (VBRP)

In June 2011 the Scottish chaplaincy community were four months into a national programme of reflection which correlated theology and spirituality with day-to-day healthcare practice. Fast forward to June 2013 and we have 24 chaplains facilitating VBRP for colleagues in A&E, HDU, Palliative Care, Community Medicine, Forensic Psychiatry, Maternity and third sector agencies. A logo has been created, an account of the journey published in *Practical Theology* 6.1, and an online resource for facilitating *Values-based Reflective Practice in Health & Social Care* will shortly be launched. The third cohort of trainees has just begun and the course itself has been inspected by a senior accreditation assessor from the British Association of Counselling & Psychotherapy, and validated as fit for purpose. In the coming months we will be exploring individual accreditation for facilitators and tools for assessing the impact of VBRP on practice and clinical outcomes.

*Michael Paterson (Trainer VBRP)*

VBRP pilots are springing up all over the country but there are also ripple effects of VBRP being showcased and profiled at various events:

#### 1.3.1 Reflection IN Practice

VBRP has been showcased during 3 health boards' 'Enhancing Patient Experience' events in NHS Western Isles, NHS Dumfries and Galloway and NHS Forth Valley.

As a result VBRP is being piloted (or planned to be piloted) in various contexts in these boards (reflection ON practice), but it is also being used to help reflection IN practice - clinicians noticing and wondering as part of their own practice, or when carrying out ward rounds with colleagues or students.

#### 1.3.2 Within NHS Education for Scotland

- Enquiries have been made to include VBRP in a new leadership programme for newly appointed consultants.
- To utilise VBRP as a tool to develop and research resilience in GP trainers.

- Utilising VBRP in managers' CPD by NES Organisational Development leads.
- Collaborative work with post-graduate medical deaneries.
- Workshops with nursing practice educators and AHP clinical support workers.
- Interest from educators in optometry, pharmacy and dentistry.

### 1.3.3 Impact on Policies and Protocols

Following disclosures about health board values and cultures, the national *Adverse Events Leadership and Culture* working group are developing a new framework which will include guidance for how and when to disclose adverse events, and how to involve those affected in the review process. It is being recommended that it takes account of VBRP.

It is being proposed that VBRP is integrated into the revised legal obligations for Primary Medical Services Direct Enhanced Services (DES) for Palliative Care.

For further information about VBRP contact your lead chaplain or [Anne.Richardson@nes.scot.nhs.uk](mailto:Anne.Richardson@nes.scot.nhs.uk)

For articles outlining the research findings from and the impact of these workstreams, and the role of strategic engagement in promoting chaplaincy, please see the most recent (and last) issue of the *Scottish Journal of Healthcare Chaplaincy*.

The Reflective Practitioner wishes to acknowledge the fantastic work Ian Stirling has done as editor of the journal in recent years. The Scottish chaplaincy community has much to thank Ian for, including his negotiations in helping to create *Health and Social Care Chaplaincy* – a new UK-wide journal. The Scottish Journal of Healthcare Chaplaincy owes much to a series of editors and editorial boards which have enabled the journal to establish a world-wide reputation.

## 2. Education and Training Review

The Scottish Healthcare Chaplaincy Education and Training Review carried out by Michael Paterson and Cecelia Clegg, has been completed and the final report and recommendations were received by the review's steering group in May. A big thank you to all chaplains who participated in the review. Many critical friends involved in the education of chaplains and other healthcare professions from Scotland and around the world were involved. The report and the recommendations from it will be first circulated to lead chaplains who will have the chance to discuss the recommendations at their August meeting. Following this, all healthcare chaplains will be sent the review and have a chance to engage with its writers at the NES funded event below:

- **Scottish Healthcare Chaplaincy Review of Education and Training – An Opportunity for Interactive Engagement**  
**12<sup>th</sup> September 2013**  
**Menzies Hotel, Glasgow**

This event will provide chaplains with the opportunity to engage with the findings of the training and education review, and to have the chance to discuss the recommendations and their possible implications with chaplaincy colleagues.

Michael Paterson and Cecelia Clegg who were commissioned to undertake the review will be facilitating the day.

Due to falling numbers and high costs there will be no overnight conference this year. However, this event will be the main training event for all chaplains (whole and part-time) this financial year.

**An email will be sent out with a booking form for the day – please hold the date in your diary for the moment.**

## **2.1 Aim of the review**

The intended outcome of the review was to offer innovative pointers for a formational programme which supplements competency based learning, attends to the educational, training and personal development needs of healthcare chaplains, fosters capability and resilience within the workforce and which results in open and flexible chaplains who operate as spiritual drivers and enablers in health and social care.

Key themes and issues will be synthesised from all feedback on the review recommendations and taken to the National Spiritual Care Strategic Development Group later in the autumn.

An implementation group will be formed later in the year to explore how the finalised recommendations from the review will be enacted. The process of implementation will take some time but will shape the development of healthcare chaplaincy education and CPD in the years to come. It is envisaged that such a review will be carried out every 5 years nationally in Scotland. If chaplaincy in health and social care is to be fit for purpose in a time of transition and innovation, the appropriate education and training for chaplains – and access to it – is paramount. We cannot expect chaplains to work to new models and within new paradigms confidently otherwise.

## **3. Other Events**

### **3.1 NES Events**

**Realising Wellbeing: supporting NHS staff with the emotional impact of caring  
23<sup>rd</sup> October 2013**

**Beardmore Hotel and Conference Centre**

This is a joint event between NHS Ayrshire and Arran and NES. Keynote speakers include Susan Scott, University of Massachusetts and Jo Shapiro, Brigham and Women's Hospital, Boston; their area of speciality and interest is in second victim phenomenon and staff support.

Further information will be circulated in due course – any early expressions of interest should be directed to [Debbie.miller@aaaht.scot.nhs.uk](mailto:Debbie.miller@aaaht.scot.nhs.uk), Staff Care Administrator at NHS Ayrshire and Arran.

**Day in January 2014 – date to be confirmed**

**Promoting and Enabling Leadership in Healthcare Teams**

An inter-disciplinary day led by the NES Leadership unit exploring what leadership is and how any member of a team can take a leadership role

### 3.2 Non-NES Training Opportunities

#### **Faith in Older People – 5<sup>th</sup> International Conference on Ageing and Spirituality 7-10<sup>th</sup> July 2013**

**John McIntyre Conference Centre, University of Edinburgh**

The conference will appeal to both those with an academic interest, as well as those with more practical experience through involvement in the care industry or as informal carers. It will be of interest to those coming from a faith based approach and those approaching spirituality from a secular one.

[fiop-mha.events-made-easy.com](http://fiop-mha.events-made-easy.com)

#### **Scottish Recovery Network - Workshops**

The workshops bring together a range of mental health professionals, and service user and carer agencies to consider recovery focused service improvement.

The learning is based around the knowledge and experience gained from the use of the Scottish Recovery Indicator and on the latest research on 'what works' in recovery.

<http://www.scottishrecovery.net/Latest-News/free-workshops-to-develop-recovery-focused-services.html>

### 4. Worth a Read

Gilbert, P. (ed) 2013 Spirituality and End of Life Care. Pavilion

Schipani, Daniel S. (ed) 2013 Multifaith Views in Spiritual Care

Doyle, C., Lennox, L. and Bell, D. 2013 A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*  
<http://bmjopen.bmj.com/content/3/1/e001570.full>

A significant article which reveals the importance of patient experience in healthcare being as much an integral facet as safety and effectiveness. A real gift for chaplains arguing their corner!!

#### **VBRP related**

Kelly, E. 2013 Translating Theological Reflective Practice into Values Based Reflection: A Report from Scotland. *Reflective Practice: Formation and Supervision in Ministry* 33 (available on-line)

Paterson, M. and Kelly, E. 2013 Reflective Practice: a method developed for healthcare chaplains in Scotland. *Practical Theology* 6(1): 51-68.