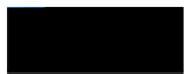
# RDUH Chaplaincy Report 2022/23

## Delivering pastoral, religious and spiritual care to patients, relatives and staff, 24/7



## 1. Chaplaincy Support for Patients, Visitors and Staff

There is a named duty chaplain each weekday at NDDH and seven days a week at RDE (Wonford). Each community hospital is visited weekly. The duty chaplain is responsible for triaging new referrals, following up patients, and coordinating staff support. They are also normally the

## CRISPER MODEL©

Our services assess and deliver CRISPER care:

**Cultural Care**

**Religious Care**

Care delivery is shaped by the CRISPER model, a broad and flexible way of explaining what our service provides including cultural advice, direct religion/belief input or referral on, rituals when required (especially around death and dying), individualized and existential care-

questions, spiritual assessment and provision that is unique to the individual as well as broader care such as listening, bereavement support, and working with complex family situations. Whilst many colleagues across the team deliver aspects of this on a daily basis, our unique role is to bring all of these skills to bear and adapt provision as required to meet the individual needs in front of us.

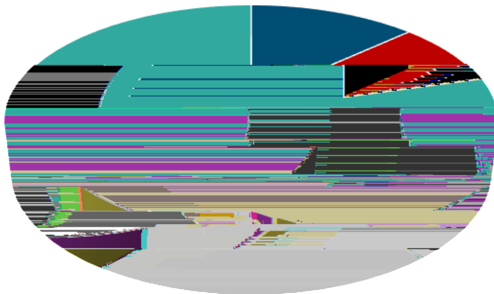
## 1.6 “21 Day Wellbeing Review”

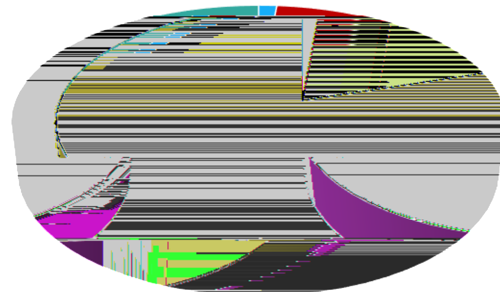
During Covid19 it became apparent that many patients were struggling profoundly with the length of time they stayed in the hospital and a sense of

The results of the 21 day project have been very significant for the department.

a) It has led to an increase in the number of patients rg7l10(art)-3(7l10(f(n )-3(i(nt)ilie4(

## Snapshot of Referrals in January 22




It is interesting to look at the two referral sets above, both taken from January 2023. Both have a predominantly religious demographic (noting the comments above that just because patients *have* a religion recorded does not mean that this is the *focus* of our support).

In Northern services we do not yet have the befriending service up and running, which may in part account for the total absence of any patients

demographic data quality over the last ten years at the RDE, (patients attending outpatients are asked to update ethnicity and religious belief

### 1.8 24/7 and Weekend On-Call cover across the Trust

24/7 cover provided 365 days a week is a key feature of any chaplaincy service in an acute hospital, especially ones with ED and Maternity facilities. Situations such as an unexpected baby loss, rapid deterioration of a loved one or road traffic accidents do not limit themselves to office hours, and both staff and patients/families can need urgent support at these times.

staff and visitors when the rain allows. We have been exploring how to improve the Muslim prayer space in NDDH (which is too small) and the quality of our , aiming to leave the ch as it is.

In Exeter we have now reduced the seating to maintain the rather minimalist layout used during Covid19, and the spacious feel seems to be working well, with regular use throughout the day by patient, staff, and relatives alike. Our mobile screen allows space for Friday prayers, and our Hindu Deity is tended weekly and visited by many. The more secular space by the window is also in regular use both for quiet reflection and for quiet conversation which is so hard to achieve in ward areas.

We have not re-introduced regular Christian worship since Covid19, but we have been able to mark festivals such as Christmas, Lent and Easter as well as Remembrance Sunday.

## 2. Staff Support and wellbeing

One positive outcomes of working models during the Covid19 pandemic was our engagement with staff. There was an intentional shift in the way that chaplaincy made itself available to staff from the passive to the *active*, which came in the form of seeking out areas and teams across the sites and making a schedule of visiting to those areas. This includes, but is not limited to: ward teams, admin offices, outpatient areas, housekeeping, the post room, etc.

As Covid19 restrictions eased, demand for patient and relative support has increased, and with this has come a reduction in time that we can allot to staff visiting without the funding to do so. However, we do continue to make this a priority and keep ongoing records of both our team and individual support.

As with many things, it is helpful to be able to show in what way this work is being done. To that end, we have begun anonymously documenting our interactions with individual staff and wTf1 0 0 1 442.15 668.26 TmG 792 reW*nBT/F1 14.0

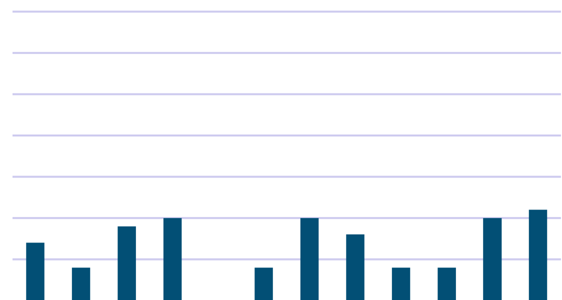
## 2.1 Planned and Routine Team Support

Each day (Wonford) there are areas that the duty chaplain should assign to a member of the team for visiting. High acuity areas, namely ED, ICU and AMU are scheduled for a daily visit, 7 days a week. Other staff areas are then assigned weekly or as capacity allows.

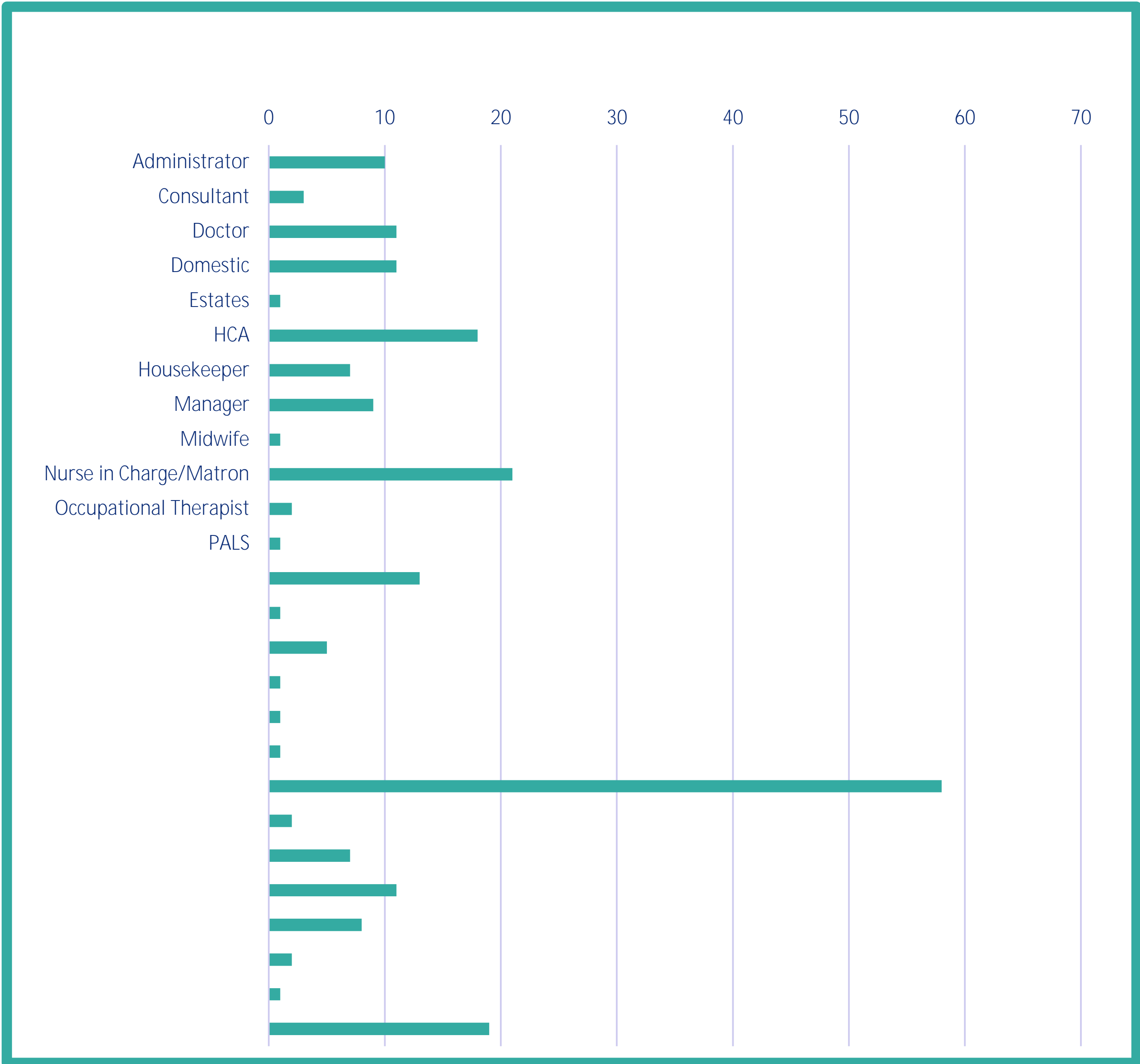
care. It is in the moment, natural and informal. Often staff will have seen us paying close attention to patients in distress and it may be that this increases the likelihood that staff will take the opportunity to share with us. It is evident that such gentle, regular visiting is very warmly received.

The following data shows the frequency of these visits, but what is harder to record numerically are the conversations that occur during these visits. A chart of general themes shows the range of support given and an idea of how often those themes are brought up.

NDDH does not have the staffing capacity to replicate this model, albeit there is a conscious effort to make sure that all wards are visited at least weekly (often many times more) and a particular emphasis on ED, MAU and ICU has been introduced during this year. With capacity would come a more consistent pattern of support.



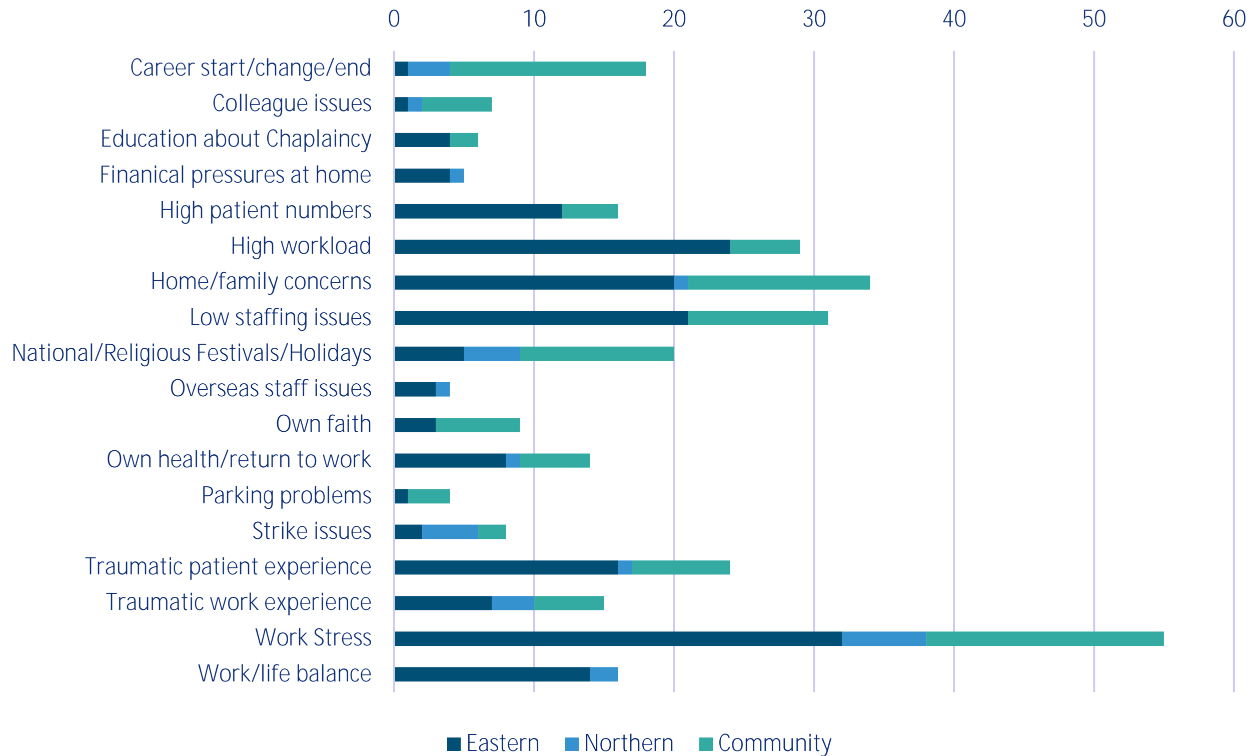
There are various trends that can be seen in this data. Firstly, it is clear that many teams struggle to varying degrees, whether due to patient numbers, low staffing or general workload

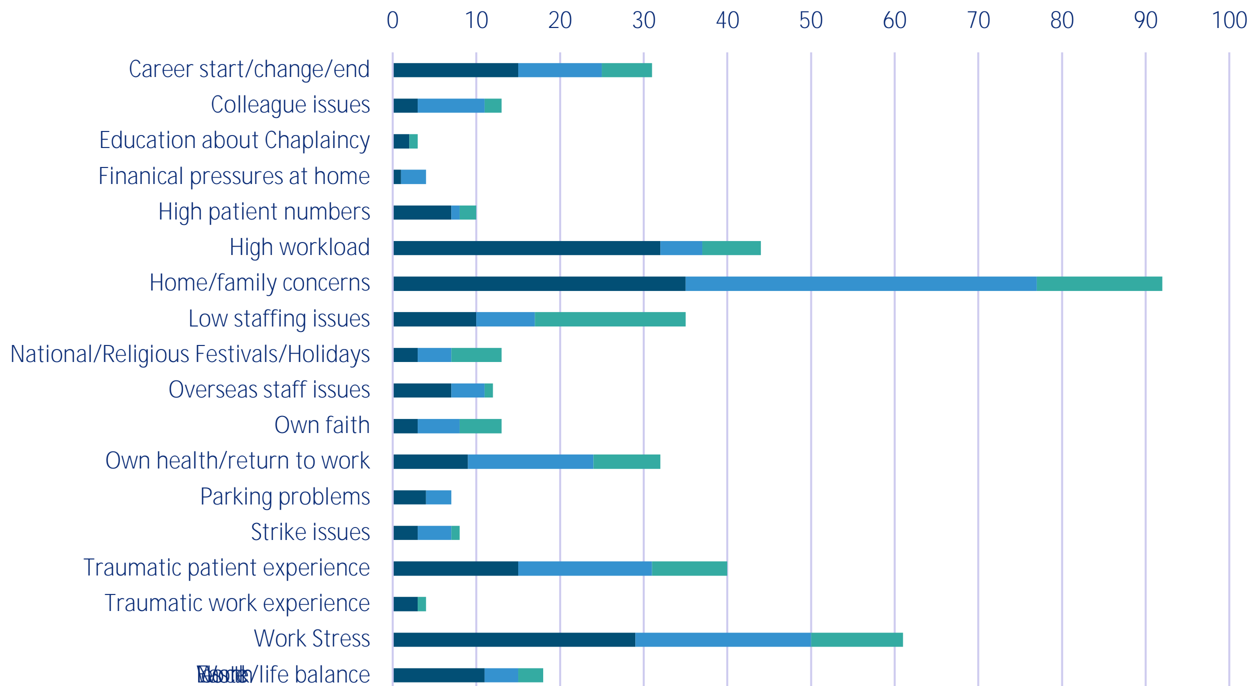



As you can see, individual staff support given covers a range of different roles and bands within the trust. This is obviously weighted heavily towards nursing staff, although that is a natural outcome of the general weighting of nursing staff to other roles within the Trust and the locations that chaplaincy spends the majority of their time. Having identified that staff from all areas are being

be recorded beyond this quarter going forward.

## Individual Staff Support Themes Q3 2022-2023



## 4. How we measure what we do

It is on it Said to encourage good and accurate record keeping, this does indicate a culture within the NHS that over-