

Pastoral & Spiritual Care Departmental Policy

Issue Date	Review Date	Version
May 2019	May 2024	9

Purpose

This document describes the aims, responsibilities and service delivery of the Department of Pastoral and Spiritual Care, otherwise known as Chaplaincy.

Who should read this document?

Relevant to all Trust Staff

Key Messages

UHP is committed to providing holistic health care, which is inclusive of spiritual and religious care, for service users and providers, of all faiths and denominations and none, and which will be responsive and sensitive to the diverse community needs within. The Trust has a duty to provide choice to all its service users. Good practice indicates as a healthcare provider a patient's religious/spiritual needs must be a priority. The Department of Pastoral and Spiritual Care, UHP, exists to provide pastoral, spiritual and religious support to all users and providers in the Trust, fully, equally and individually, without regard to their personal spiritual or religious positions.

Core accountabilities

Owner	Revd S Fletcher
Review	JSNC
Ratification	Director of HR&OD - Martin Bamber
Dissemination (Raising Awareness)	Revd S Fletcher
Compliance	Revd S Fletcher

Links to other policies and procedures

TRW HUM POL 74 6 Respecting Religion at Work Policy

Version History

5	November 2007	Approved by Workforce Board
6	November 2007	Approved by Workforce Board
7.1	October 2009	V6 Re-formatted into new Trust format – no substantive changes
7.2	January 2010	Approved by JSNC
7.3	May 2014	V7.2 Re-formatted into new Trust format – no substantive changes – minor detail amendments only
8	September 2014	Updated and approved by JSNC
9	May 2019	Updated and Re-formatted into new Trust format – no substantive changes – minor detail amendments only

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

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1 Introduction

1.1 The Aim of the Department

1.1.1 The Department of Pastoral and Spiritual Care in UHP, exists to provide pastoral, spiritual and religious support to all users and providers in the Trust, fully, equally and individually, without regard to their personal spiritual or religious positions.

1.1.2 It exists as much for those who would claim no religious standpoint whatever, as for those who claim allegiance to a religious faith or spiritual position.

1.1.3 It does not evangelise, it serves, with vigour, imagination and empathy. It is a home for all in personal emotional and spiritual need.

1.2 General Introduction

1.2.1 It is University Hospital Plymouth NHS Trust (UHP) policy that issues pertaining to gender, sexuality, race, culture, colour, ethnic background, religion, nationality, impairment, disability or age are treated as part of a fully integrated equality and diversity strategy and not merely as a 'stand alone' initiative.

1.2.2 UHP has been in the forefront of developing initiatives, which seek to ensure that the needs of all patients are met. This does not mean treating everyone in the same way. It means recognising that patients have wide and varied needs and seeking to meet those needs on an individual basis.

1.2.3 A fundamental value of the NHS is equality of access to its services. Equality for UHP means that all members of our community should have equal access to our services, and that those services are as far as possible sensitive to their individual needs. This Policy has been subjected to an Equality Impact Assessment, and assessed as positive in its effects on all Equality Groups.

1.2.3 UHP therefore is committed to providing holistic health care, which is inclusive of spiritual and religious care, for service users and providers, of all faiths and denominations and none, and which will be responsive and sensitive to the diverse community needs within. The Trust has a duty to provide choice to all its service users. Good practice indicates as a healthcare provider a patient's religious/spiritual needs must be a priority (NHS Chaplaincy Guidelines 2015).

2 Purpose

2.1 This policy has been developed to assist and raise awareness for managers and staff regarding the pastoral, spiritual and religious needs of employees. It should also be used in conjunction with the Trust's policy: Respect and Dignity at Work (Anti-Harassment & Bullying).

2.2 For the purpose of this guidance note, the term 'manager' is used to cover any employee who has responsibility for staff.

3 Definitions

3.1 Religion Support

3.11 Religion can be defined as:

“... a system of faith and worship which expresses an underlying spirituality. This faith is frequently interpreted in terms of particular rules, regulations, customs and practices as well as the belief content of the named religion. There is clear acknowledgement of a power other than self, usually described as ‘God’”.

[Peter Speck, 'The meaning of Spirituality in Illness' in Mark Cobb and Vanessa Robshaw, The Spiritual Challenge of Health Care (Churchill Livingstone, 1998)]

3.12 Religion can take many forms. Although the Trust does not want to be over-prescriptive, and will be sensitive to representations made by staff who belong

to less well-known religions, religion in this policy is taken to mean mainstream organised world religions.

3.21 There are many forms of religion and it is not possible to provide a comprehensive list – however, there is recognised list of international faith-groups.

3.22 Advice on particular religions is available from the Department of Pastoral & Spiritual Care.

3.3 Spirituality Support

3.31 Spirituality can be defined as:

“The human propensity to find meaning in life through self-transcendence; it is evident in perspectives and behaviours that express a sense of relatedness to a transcendent dimension or to something greater than self, and may or may not include formal religious participation”.

[Reed P 1991 Spirituality and Mental Health in Older Adults: extant knowledge for nursing. Family & Community Health 14(2): 15-25]

3.32 It should be noted that spirituality is not a term recognised by every religious tradition.

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.

3.4 Pastoral Support

Every person has a pastoral dimension in that we all have issues relating to housing, relationships, finance, health of ourselves or people we care about, or any other matter particular to that person. For patients in hospital, their relatives or friends, many may find it a challenging experience, and leave them feeling uncertain or vulnerable. At times like that it can help to have someone be alongside them and be a non anxious presence, who can come alongside them to try to help them make sense of the situation. This is pastoral support.

It is equally relevant and applicable to staff of UHT, and the same provision is offered.

Pastoral, Spiritual and religious care should:

- 3.5.1** Respect the wide-ranging beliefs, lifestyle, abilities and cultural backgrounds of the population served by UHP.
- 3.5.2** Offer and provide a one-to-one relationship, which is person centred and makes no assumptions about personal conviction or life orientation.
- 3.5.3** Be impartial, accessible and available 24 hours a day to persons of all faith communities and those with no faith.
- 3.5.4** Ensure the patient has the right to make the choice to be or not to be visited/supported by any chaplain, other religious leader, other spiritual carer or faith community representative.
- 3.5.5** Ensure that access to spiritual care is grounded in the ethos of respect, support and compassion and includes the availability of information and staff skilled in spiritual care.
- 3.5.6** Contribute, significantly, to the holistic care provided if so requested.
- 3.5.7** Ensure that Health Care Chaplains are key providers and enablers of spiritual care to patients and their carers, including Trust staff.
- 3.5.8** Be delivered in partnership with other professions within UHP and be characterised by openness, sensitivity, compassion and choice.

4 | Duties

The responsibilities of the Department of Pastoral & Spiritual Care are to:

- 4.1** Display knowledge, understanding and awareness of the religious needs of the multi-cultural communities served by UHP.
- 4.2** Provide an informed resource on ethical, religious and pastoral matters.
- 4.3** Offer religious ministries and acts of worship and offer spiritual support at bedside or other appropriate places.
- 4.4** Provide advice (or obtain advice) for healthcare teams (and volunteers) on complex multi-faith/cultural issues.
- 4.5** Be available whenever possible to patients and their relatives, particularly those who are bereaved and to provide support/counselling for staff.
- 4.6** Provide 24/7 on call response for those situations meriting urgent attention.

5 Service Provision

- 5.1** The Department of Pastoral & Spiritual Care is line managed by the Deputy Director of Human Resources and (on a day to day basis) by the Head of the Department of Pastoral & Spiritual Care.
- 5.2** The religious and spiritual care service in UHP is currently provided through a combination of whole time, part-time and honorary Chaplains as well as a volunteer Pastoral Team. There is a part time paid administrator for administrative support, who is supported by some volunteers. One of the full-time Chaplains acts as Head of the Department.
- 5.3** The Volunteer Pastoral Team ward-visits on a weekly (in the case of some wards, twice-weekly) basis, providing pastoral and spiritual care to all in-patients.
- 5.4** There is also a large team of weekend volunteers. Their principal role is to escort patients to whichever Sunday service they have decided to attend. The valuable role of volunteers – which may be drawn from any world faith – is recognised and supported. Extensive training (initial and on-going) is provided to ensure the delivery of a quality service to all wards and departments.

Facilities are provided for use by people of all faiths or none for the purpose of: prayer, meditation and quiet reflection; and Religious ceremonies.

The following are currently available:

- The Main Chapel, a Christian space, open to all for contemplation and prayer.
- Multi-Faith Prayer Room.

- 5.5** Chaplains and volunteers will remain at all times impartial and will respect confidentiality of patient, carer and healthcare practitioners.
- 5.6** Chaplains shall dress and behave in a professional manner. Volunteers will comply with the practices and standards of the department, and shall update their skills and knowledge as laid down by the department and the overall hospital volunteer coordinator.

6 Overall Responsibility for the Document

The lead Chaplain and the other trust Chaplains will have responsibility for developing, implementing and reviewing this policy. The Head of Department will retain overall responsibility for the document.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the group or committee and ratified by the Director.

Non-significant amendments to this document may be made, under delegated authority from the Director, by the nominated owner. These must be ratified by the Director.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1 The Chaplaincy Team will work collaboratively (on an on-going basis) with the Head of Department of Pastoral & Spiritual Care, and User groups to undertake specific monitoring and evaluation processes.

9.2 To review evaluation processes of the Chaplaincy services delivered to develop services which are tailored to the needs of patients, carers, staff and the wider organisation.

10 References and Associated Documentation

10.1 Caring for the Spirit; (South Yorks SHA 2002).

10.2 NHS Chaplaincy Guidelines 2015; Promoting Excellence in Pastoral, Spiritual & Religious Care.(HMSO)

10.3 Other information sources:

- Fair for All Guidance HDL (2002) 51; (DOH)
- Race Relations (Amendment) Act 2000

- The Patient Focus, Public Involvement process (“Putting People First”) (DOH 2001)
- European Convention on Human Rights 1986;Your Guide to the NHS (2001)
- Framework for Spiritual, Faith and Related Pastoral Care (1995)
- Employment Equality (Religion or Belief) Regulations (2003)
- Caring for the Spirit; (South Yorks SHA 2002)
- Essence of Care; (DOH 2001)
- Improving Working Lives; (DOH 2000)
- NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff (2003)
- College of Health Care Chaplains ‘Code of Conduct’
- UHP Nursing, Midwifery and Health Visiting Strategy 2005-2010
- Improving Supportive and Palliative Care for Adults with Cancer (NICE, 2004)

Dissemination Plan			
Document Title	Pastoral & Spiritual Care Departmental Policy		
Date Finalised	May 2019		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	yes
	Does the style & format comply?	yes
Rationale	Are reasons for development of the document stated?	yes
Development Process	Is the method described in brief?	yes
	Are people involved in the development identified?	yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	yes
	Is there evidence of consultation with stakeholders and users?	yes
Content	Is the objective of the document clear?	yes
	Is the target population clear and unambiguous?	yes
	Are the intended outcomes described?	yes
	Are the statements clear and unambiguous?	yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	yes
	Are key references cited and in full?	yes
	Are supporting documents referenced?	yes
Approval	Does the document identify which committee/group will review it?	yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	yes
	Does the document identify which Executive Director will ratify it?	yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	yes
	Does the plan include the necessary training/support to ensure compliance?	yes
Document Control	Does the document identify where it will be held?	yes
	Have archiving arrangements for superseded documents been addressed?	yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	yes
	Is there a plan to review or audit compliance with the document?	yes
Review Date	Is the review date identified?	yes
	Is the frequency of review identified? If so is it acceptable?	yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	yes

Core Information	
Date	May 2019
Title	Pastoral & Spiritual Care Departmental Policy
What are the aims, objectives & projected outcomes?	<ul style="list-style-type: none"> • The Department of Pastoral and Spiritual Care, PHNT, exists to provide pastoral, spiritual and religious support to all users and providers in the Trust, fully, equally and individually, without regard to their personal spiritual or religious positions. • It exists as much for those who would claim no religious standpoint whatever, as for those who claim allegiance to a religious faith or spiritual position. • It does not evangelise, it serves, with vigour, imagination and empathy. It is a home for all in personal emotional and spiritual need.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on Race. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
Religion	There is no evidence to suggest there is a disproportionate impact on religion or belief or non-religion. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR and feedback from staff via formal and informal consultation.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
Sex	There is no evidence to suggest there is a disproportionate impact on sex. Data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
Gender Identity	There is currently no data collected on Gender Identity but this will be monitored through feedback.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
Age	There is no evidence to suggest there is a disproportionate impact on age. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR and feedback.
Socio-Economic	No negative impacts identified.
Human Rights	The policy is in line with statutory and legislative requirements.

What are the overall trends/patterns in the above data?	There are no trends/patterns at this point.
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Involving and consulting stakeholders				
Internal involvement and consultation	Policy Sub Group. JSNC.			
External involvement and consultation	Chaplains Code of Conduct			
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research				