Trust Policy

University Hospitals Plymouth NHS Trust

Respecting Religion at Work Policy

Issue Date	Review Date	Version
May 2019	**May 2022**	**V6**

Purpose

This policy has been developed to assist and raise awareness for managers and staff regarding the spiritual and religious needs of employees.

Who should read this document?

Relevant to all Trust Staff

Key Messages

The Trust is committed to creating an environment in which the spiritual and religious needs of staff are acknowledged and positively affirmed. The Trust also expects its managers to act in a positive and sensitive manner when the issue of a staff member's spiritual and religious needs is raised.

Core accountabilities

Owner	Revd S. Fletcher
Review	JSNC
Ratification	Director of People – Steven Keith
Dissemination (Raising Awareness)	Revd S. Fletcher
Compliance	JSNC

Links to other policies and procedures

Pastoral & Spiritual Care Departmental Policy

Version History

V1	February 2003	Reformatted
V2	February 2003	Reviewed and Updated
V3	November 2009	Approved by JSNC
V4	March 2011	Trust commitment to valuing people amended in line with Equality Act 2010 – Electronic policy paths updated
V5	August 2014	Updated and approved by JSNC
V6	May 2019	Updated and format changed to new Trust formatting

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.

Contents

1 Introduction

1.1.1 The Trust is committed to creating an environment in which the spiritual and religious needs of staff are acknowledged and positively affirmed. The Trust also expects its managers to act in a positive and sensitive manner when the issue of a staff member's spiritual and religious needs is raised.

1.2 Under the Human Rights Act 1998, article nine, the Trust is required to ensure that a person is able to practise freely their own religion or belief.

2 Purpose

2.1 The Policy aims to:

- Make individuals aware of 'respecting religion at work' through appropriate publicity and training.
- Enable any employee of the Trust to follow their religion in the workplace, where this is reasonable, and does not compromise patient care or the essential operation of the Trust's work.

2.2 This policy has been developed to assist and raise awareness for managers and staff regarding the 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).

2.3 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 Definition of Religion

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.

3.2 Forms of Religion

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   Definition of Spirituality

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.

3.4   Forms of Spirituality

3.41   Spirituality can take many different forms and may include:

- Concern with life's meaning and purpose
- Questioning those values which determines one's life
- Exploring the meaning of pain and suffering
- Awareness of the role of personal and professional relationships
- Conscious of the balance between work and other areas of one's life
- Giving meaning to death which is more than a cessation of life
- Consideration of hope, both realistic and unrealistic

The list of examples is not exhaustive.

3.42   It is important to recognise that spiritual concerns are not necessarily expressed in religious language or within a religious context: "religion" and "spirituality" are separate concepts, and one does not infer the other.

4	**Duties**

4.1   It is the responsibility of Managers:

- To support individuals who request the opportunity to follow their religion in the workplace, where this is reasonable and does not compromise patient care or the essential operation of the Trust's work.
- To contribute to ensuring that this document is well known to staff and service users.

4.2   It is the responsibility of Staff:

- To be aware of the Trust's commitment to creating an environment in which the spiritual and religious needs of staff are acknowledged and positively affirmed.
- To treat the religious and spiritual needs of all colleagues with dignity and respect.
- To support individuals experiencing religious insensitivity, intolerance, or discrimination.
- To understand that they can challenge any type of religious insensitivity, intolerance, or discrimination and seek the support of colleagues and managers.

- To set an example and not to behave in an insensitive, intolerant, or discriminatory way with regard to the religious beliefs of colleagues that may be different from their own.
- To report incidents of religious insensitivity, intolerance, and discrimination.
- To undertake awareness training if it has been identified.

5   Confidentiality

5.1   A member of staff can be assured that any incident of religious insensitivity, intolerance, or discrimination will be treated seriously and in confidence as far as is reasonably practicable. If confidence cannot be maintained for whatever reason, the complainant will be informed prior to any action being taken.

5.2   Support for the complainant and for the person who has allegedly been insensitive, intolerant, or discriminatory, with regard to the religious needs of a colleague, may be accessed through the line manager, a Trust chaplain, the Personnel Department, a trade union representative or the Occupational Health & Safety Unit. Employees will be protected against victimisation for making or being involved in a complaint.

6   Religious insensitivity or intolerance by a Patient or Member of the public

6.1   If a patient or member of the public is perceived as being insensitive or intolerant towards a member of staff because of the staff member's religion, then that individual (or employee) has the right to inform his or her manager immediately. Prompt action will be taken to deal with the situation.

6.2   Action should be taken to ensure that the employee making the complaint is not placed in a position where further incidents of religious insensitivity or intolerance may take place. In these circumstances please refer to the Trust's Violence against Staff procedure.

6.3   Procedures will follow those set out in the Trust's policy: Respect and Dignity at work (Anti-Harassment & Bullying).

7   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.

8   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 three 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.

9	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.

10	Monitoring Compliance and Effectiveness

10.1 The Chaplaincy Team will work collaboratively (on an on-going basis) with the Head of Department of Pastoral & Spiritual Care, and User groups:

10.1.1 To undertake specific monitoring and evaluation processes.

10.1.2 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.

11	References and Associated Documentation

11.1 If you require further information or guidance please refer to the Trust's policy: Respect and Dignity at Work (Anti-Harassment & Bullying) or contact:

- Human Resources via reception Contact number: 01752 437253 or ext. 37253
- Department of Pastoral & Spiritual Care via switchboard or Contact number: 01752 245255 or ext. 55255
- NHS Chaplaincy Guidelines 2015; Promoting Excellence in Pastoral, Spiritual & Religious Care. (HMSO)

Dissemination Plan and Review Checklist	Appendix 1

Dissemination Plan	
Document Title	Respecting Religion at Work Policy
Date Finalised	

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	TRW.HUM.POL.74.6 Respecting Religion at Work Policy
What are the aims, objectives & projected outcomes?	The Policy aims to: • Make individuals aware of 'respecting religion at work' through appropriate publicity and training. • Enable any employee of the Trust to follow their religion in the workplace, where this is reasonable, and does not compromise patient care or the essential operation of the Trust's work.

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 sexual orientation. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
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.

Involving and consulting stakeholders	
Internal involvement and consultation	Policy Sub Group. JSNC.
External involvement and consultation	
Impact Assessment	
Overall assessment and analysis of the evidence	Chaplains Code of Conduct

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	None