

Spiritual Care Policy

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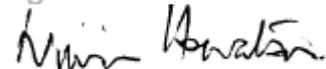
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Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)

* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

Summary of Changes made

The only change made in sections 1 and 2 is the addition of the phrase emotional responsive in the very last paragraph.

There are significant organisational changes in the second half of the policy, but not changes in content. Sections 3-12 in the current policy have been re-arranged for the sake of clarity into Section 3, with four sub-sections, namely

- a. NHS Grampian
- b. NHS Grampian Spiritual Care Committee
- c. NHS Grampian Spiritual Care Service
- d. The Head of Service/ Co-ordinating Chaplain.

Virtually all of the old sections 3-12 have been retained , but organised under these 4 headings. This result is a shorter, sharper policy, highlighting the actions required to implement the policy. The appendix with regard to the Spiritual Care committee has been subsumed within section 3b.

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Spiritual Care in NHS Grampian

1.0 Introduction

It is widely recognised that the spiritual is a natural dimension of what it means to be human, which includes the awareness of self, of relationships with others and with creation. People are not merely physical bodies requiring physical fixing. Everyone, whether religious or not, needs support systems, especially in times of crisis. Patients, relatives, carers and staff, especially those confronting serious or life threatening illness or injury, have spiritual needs and welcome spiritual care. They face ultimate questions about life and death.

However people often search for meaning in the experience of any illness, be it serious or minor. They may look for help to cope with their illness and with suffering, loss, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt. They are faced with ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. They may address in depth, perhaps for the first time, the realities of their human condition.

Among the basic spiritual needs that might be addressed within the normal daily activity of healthcare include:

- the need to be listened to
- the need to give and receive unconditional love
- the need to be understood
- the need to be valued as a human being
- the need for forgiveness, hope and trust
- the need to explore beliefs and values
- the need to express feelings honestly
- the need to find meaning and purpose in life

The particular needs of different faith/belief groups will be respected and access to appropriate support offered. All patients, their relatives and carers and staff have spiritual needs. Those who express their spirituality through a religious framework have the right to have those religious needs met. Spiritual care, however, is not necessarily religious and is usually given in a one-to-one relationship, being completely person-centred and makes no assumptions about personal conviction or life orientation.

All staff, volunteers and contractors who come into contact with patients, their relatives and carers have an important role in delivering spiritual care as part of a truly holistic approach. Spiritual care is not an added extra but should be integrated into the normal care given. Healthcare chaplains have a specialist role in supporting staff in this task and in themselves delivering spiritual, pastoral and religious care.

A growing body of evidence show behaviours associated with faith and belief as beneficial to well-being. Research will be promoted which broadens and enlightens the evidence base of the benefits of spiritual and religious care in health.

1.1 Objective

To ensure that Spiritual care is offered to patients, their relatives, carers and to staff and that ensure spiritual care will be integrated into the daily provision of NHS Grampian care.

1.2 Principles Underlying the Service

The Scottish Executive Health Department issued NHS HDL (2002) 76 *Spiritual Care in NHS Scotland* in October 2002 Appendix 2. This required NHS Boards to develop a spiritual care policy for the area they serve and to give direction for the delivery of spiritual care. The NHS Grampian Board approved the original Spiritual Care Policy in September 2003. The policy has now been updated in the light of revised guidance issued in November 2008 in CEL (2008) 49 Appendix 2.

NHS Grampian is committed to providing holistic healthcare which is responsive to the physical, psychological, emotional and spiritual needs of its patients. Appropriate spiritual, pastoral and religious care will be offered to patients, their relatives and carers, and to staff. This care is available to people with or without specified religious beliefs.

Spiritual and religious care should:

- address the fundamental human need to have a sense of peace, security and hope, particularly in the context of injury, illness or loss.
- be impartial, accessible and available at any time of day or night to people with or without specified religious beliefs.
- respect the wide-ranging beliefs, lifestyle and cultural backgrounds of the population served by NHS Grampian and value such diversity
- ensure the rights of patients, relatives, carers and staff to be seen by a chaplain, religious leader or faith community representative when requested and equally to have their privacy and right to confidentiality respected.
- never be imposed upon or used to try to win converts.
- be a significant resource in providing holistic care which values “care” as much as “cure”.
- be the responsibility of the multidisciplinary team, which includes all NHS Grampian staff, as well as healthcare chaplains, volunteers and faith group representatives.
- be characterised by openness, sensitivity, compassion, emotional responsiveness and the capacity to make and maintain attentive, helping, supportive and caring relationships.

2.0 Roles and Responsibilities

2.1 NHS Grampian will

- ensure that Spiritual care is offered to patients, their relatives, carers and to staff.
- ensure spiritual care will be integrated into the daily provision of NHS care.
- provide specialist spiritual, pastoral and religious care by chaplains working in co-operation with other staff and trained volunteers who come into contact with patients, their families and carers.
- embed a culture of spiritual care throughout NHS Grampian which requires that people are respected, treated as individuals and involved in their own care as an integral part of the growing culture of Patient Focus, Public Involvement throughout the organisation.
- resource the spiritual care service in human, financial, accommodation and support terms to provide the necessary service throughout the year on a 24 hour basis.
- provide a wide range of communication support arrangements to help ensure effective two-way communication.
- ensure that a flexible system of obtaining explicit consent to spiritual care, agreed in line with NHS Grampian's legislative requirements, both at the time of admission and during a patient's time of treatment, will be put in place, so that patients who wish, are able to record their religious affiliation and to request a visit from a chaplain, religious leader or faith/belief community representative. See also the 2003 Updated HDL (2002) 76 Guidance.
- promote partnership between its staff and local faith communities in the provision of spiritual and religious care services, ensuring that proper arrangements are made for the spiritual care of those who belong to faith communities whose numbers are comparatively small in Grampian and for those with no declared religious affiliation.
- promote partnership in the matter of spiritual care between its service providers and partner organisations, (eg universities, local authorities and other healthcare services, such as care homes, self-help organisations, voluntary agencies) and encourage the provision of spiritual care of comparable quality to this policy.

2.2 NHS Grampian Spiritual Care Committee will

- provide advice on and a forum for developing NHS Grampian's spiritual care policy and overseeing its implementation and review.
- ensure that spiritual care is integrated in the daily aspects of NHS care provision.

- maintain partnership between local service providers, spiritual care staff and local faith/belief communities.
- provide an advisory function to those giving spiritual care.
- oversee the process for the appointment of spiritual care staff.
- receive the annual departmental report and seek feedback from faith communities, its constituent members etc.
- review the spiritual care policy every three years.
- comprise representatives of:
 - the main faith communities in Grampian
 - patients or members of the public
 - Grampian Area Partnership Forum
 - spiritual care staff and volunteers
 - people without specified religious beliefs
 - the Head of Spiritual Care
 - the Spiritual Care Manager appointed by NHS Grampian
 - other managers with responsibility for Spiritual Care.

A nominee of NHS Grampian will act as convener.
(Currently Bill Howatson, Chairman of NHS Grampian)

2.3 NHS Grampian Spiritual Care Service will

- identify and assess the level of need for spiritual, pastoral and religious care.
- support staff as they provide spiritual care to patients, their relatives and carers, both in hospital and in community settings.
- participate in training programmes for clinical and non-clinical staff and students, and in-staff induction.
- and religious care as part of the multi-disciplinary team by visiting, listening to and supporting patients, their relatives and carers, and staff.
- offer religious ministries and acts of worship at the bedside or other appropriate places.
- provide suitable space for worship, meditation and reflection in hospitals in NHS Grampian and opportunities for acts of religious worship as appropriate.
- establish and maintain links between NHS Grampian staff and local faith communities through the Spiritual Care Committee and Equality and Diversity groups.
- respect the diversity of faiths, beliefs, lifestyles and cultural backgrounds within the population of NHS Grampian and deliver spiritual care equitably to people of any or no declared faith community or belief group.

- facilitate confidential referral of patients, with their knowledge and explicit agreement, to their own faith community representative.
- be part of the NHS Grampian response to a major incident through offering support to casualties, relatives and staff, and establishing a reception centre in the ARI Chapel for waiting relatives and friends.
- contribute to healthcare service planning, development and delivery in NHS Grampian, including joint planning between healthcare and local authorities, and the Joint Futures processes.

2.4 The Head of Service/ Co-ordinating Chaplain will

- review the Spiritual Care Service , in association with the Spiritual Care Committee, in the light of current needs and national guidelines.
- prepare an annual report for submission to Spiritual Care committee.
- manage recruitment, performance appraisal and professional development of members of the spiritual care service, delegating as appropriate.
- contribute to the implementation and review of NHS Grampian Spiritual Care Policy.
- be reviewed and appraised on an annual and on-going basis by the appropriate director of NHS Grampian.

3.0 Glossary

Religious Care

Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

(CEL (2008) 49 *Spiritual Care*)

Spiritual Care

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, should always be spiritual.

(CEL (2008) 49 *Spiritual Care*)

Pastoral Care

Pastoral care has traditionally been used to describe the caring work of the church. In recent years the use of the term has been extended into the secular field and is commonly used in healthcare, education and other areas of practical care and support (eg pastoral counselling). Within the spiritual care context, it describes the support offered to people at their most basic level of need, supporting and nurturing their spirituality. It is often very practical and characterised by openness, sensitivity, compassion, and the capacity to make and maintain attentive, helping, supportive and caring relationships.

Chaplain

Chaplain is a Christian term used historically and currently for those who provide spiritual, pastoral and religious care in healthcare settings. Other faith communities may wish to use alternative titles. Throughout this policy, the word chaplain is used, but should be understood to include all those whose main function is to provide spiritual, pastoral and religious care in healthcare settings.

NHS Grampian

Throughout this policy *NHS Grampian* refers to all aspects of community and hospital healthcare provision. It is inclusive of all NHS Grampian employees, volunteers and contractors.

4.0 References

- NHS HDL (2002) 76 *Spiritual Care in NHS Scotland*
- NHS 2003 Updated HDL(2002) 76 *Spiritual Care in NHS Scotland*
- NHS CEL (2008) 49 *Spiritual Care*
- Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains
NHS Education for Scotland: www.nes.scot.nhs.uk/spiritualcare/resources/
- Standards for NHSScotland Chaplaincy Services 2007
NHS Education for Scotland: www.nes.scot.nhs.uk/spiritualcare/resources/

5.0 Distribution List

Stuart Hannabus; Humanist Society of Scotland
Oldroyd Linda Nurse Consultant, Patient safety and Experience
Allan James Reid (Scottish Ambulance service);
Elizabeth Tait ; Clinical Governance Co-ordinator , Moray
Bill Howatson Chairman, NHS Grampian
Mark Rodgers Co-ordinating Chaplain
Morag Mitchell Aberdeenshire rep
Jenny Greener Board Member
Nigel Firth Equality and Diversity Manager
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