

## NHS Grampian Spiritual Care Policy 2019-2022

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This document has been endorsed by the  
Director of Corporate Communications

Signature:

*Laura L. Gray*

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### Version History

<b>Revision Date</b>	<b>Previous Revision Date</b>	<b>Summary of Changes (Descriptive summary of the changes made)</b>	<b>Changes Marked* (Identify page numbers and section heading )</b>
2019	2013	There is a completely new introduction	Page 3
2019	2013	New section 3 Strategic Context	Page 5
		I have made reference to VBRP, CCL and PROMS	Page 6
2019	2013	I have made reference to Health and Social Care Partnerships	Page 7, point 9
2019	2013	I have added a short paragraph on Governance re SCC	Page 8
2019	2013	I have added a section 4d on NHS Grampian Chaplains	Page 9
2019	2013	I have also referred to United Kingdom Board of Healthcare Chaplains	Page 11
2019	2013	I have also made mention of new Spiritual Care Delivery Plan, with the proposed outcomes in	Appendix 1, page 11

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Sector General Managers, Medical Leads and Nursing Leads

Departmental: Clinical Leads

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## 1. Introduction

This document sets out the Spiritual Care Policy of NHS Grampian, with the vision that Spiritual Care is an integral part of the multi-professional healthcare team in NHS Grampian in order to provide good experiences for patients, carers and visitors while in the care of NHS Grampian, in hospital and the community. As staff are the greatest resource NHS Grampian has, this vision includes having well supported staff who recognise their own skills in spiritual care in the support of those they care for and are themselves supported in the environment they work in.

**Support in times of crisis and challenge** - people from every belief and faith community or life stance need support systems, especially in times of crisis. They face ultimate questions about life and death. They search for meaning in the experience of illness, both acute and chronic. They look for help to cope with their illness and with suffering, loss, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt. They consider ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. They address in depth, perhaps for the first time, the meaning of life.

**Listening** - by listening to an often silent cry for help, those providing spiritual care for patients, carers and staff allow people to explore their innermost feelings and ask the most difficult questions about suffering, illness and death. By listening to their doubts, anxieties and fears, those in need may be helped to find peace of mind.

In NHS Grampian, we seek to meet the spiritual care needs of patients, carers, visitors, staff and volunteers from across a diverse population. We recognise the varying needs of those of different beliefs and faiths and of those who would not wish to be associated with any particular community yet wish to explore questions about the meaning of life.

For those who express their spirituality through a religious framework, processes are in place to have their religious needs met through the provision of appropriate people and facilities for their support while in NHS Grampian hospitals.

**All staff play a role in Spiritual Care** - it should be recognised that all staff have an important role to play in this area because of the relationships they have or build with patients and families. This provides effective holistic care. There are many levels of spiritual care: from an acknowledgement that someone matters because they have been spoken to with dignity and respect; to professionals who have been trained in specific areas such as bereavement; to the specialist spiritual care and advice provided by the members of the Chaplaincy Department who have the necessary knowledge, skills and experience in this field to help people explore the deepest meaning of life. It is important that the most appropriate person provides spiritual support in each situation.

While the spiritual care service is led by the Chaplaincy Department through specialist NHS Grampian chaplains, the provision of basic spiritual care falls to all those delivering care as part of a holistic, person-centred approach to healthcare based on relationships of compassion and mutuality. There is also a corporate responsibility to ensure that the spiritual needs of staff and volunteers are addressed.

Recognising the gifts of volunteers in befriending, listening and supporting those in need can complement health staff working in hospitals and the community when supported by effective training, deployment and support.

Spirituality is personal by nature and may or may not be held within a religious framework. NHS Grampian recognises and celebrates the diversity of cultural backgrounds, beliefs and practices within the population of Grampian. This document reinforces NHS Grampian's commitment that spiritual care will be provided to all people regardless of their age, gender, sexual orientation, life stance, religion or belief, race or cultural background.

**The purpose of this policy is to detail how NHS Grampian will implement the following mission statement : 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.**

## 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 Grampian NHS 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). These current Guidelines are under review and will be replaced when the National Delivery Plan for Spiritual Care is signed off by the Scottish Government.

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 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 multi-disciplinary team, including all NHS Grampian staff, including 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.

### 3. Strategic Context

This particular revision of NHS Grampian's Spiritual Care policy takes place midway through the current NHS Grampian *Clinical Strategy (2016-2021)*.

The Strategy begins by quoting the American surgeon Atul Gawande:

*"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive."*

"*Enabling well-being*" is perhaps as good a succinct definition of spiritual care as you could obtain. This revision of the Spiritual Care policy would seek to be supportive of and in tune with the current Clinical Strategy.

One of the major emphases of the Grampian Clinical Strategy is the importance of partnership working with other public Sector bodies, such as Health and Social Care Partnerships, with other NHS boards across the North of Scotland, with other Academic bodies in the North of Scotland and with the Third (Voluntary) Sector

Health and Social Care Partnerships are written in to this policy for the first time and it is consistent with the multi-disciplinary approach of the new GMS Contract. The relationship with other boards is captured by the draft National Delivery Plan, which will to some degree standardise Chaplaincy approaches throughout Scotland, not just the North of Scotland. Academic bodies have already been referenced in the policy from previous versions.

In addition to the key clinical aims of NHS Grampian, the demand and delivery of spiritual care to patients and staff will be affected by the following national, regional and local drivers:

- Continued challenges around waiting times, staffing pressures, increasing demand and media coverage which can exert huge pressures on the wellbeing of staff and patients.
- Increasing delivery of scheduled care on a regional basis (and unplanned care regarding the new Major Trauma Centre) where patients and carers will come to NHS Grampian from much further afield and long distances from their social networks.
- Service re-design, where care and treatment is delivered differently to it has in the past, bringing with it the challenges that change can bring to patients and staff.
- Realistic medicine – putting the person receiving health and social care at the centre of decisions made about their care, may generate more need for patients and family members to be supported to make existential choices around their future treatment and long-term prognosis.

This very much chimes with the draft National Spiritual Care Delivery Plan, reproduced as an appendix to the policy.

Two specific Spiritual Care initiatives that seek to respond to these drivers are:

- Community Chaplaincy Listening Service. Chaplaincy Listeners, the majority of whom are trained Volunteers, take referrals from GPs and other Healthcare Professionals for a 50 minute appointment, during which clients are supported as they make choices around their long-term prognosis.
- Values Based Reflective Practice®. This is a group staff support mechanism, provide by trained facilitators, many of whom are Chaplains or come from a Chaplaincy background, that addresses many of the pressures on staff wellbeing identified in the drivers.

All of this also resonates with the NHS Grampian Nursing, Midwifery and Allied Health Professionals Strategy 2018-2021, which in turn is aligned to the Nursing 2030 Vision and AHP Active and Independent Living Programme. The first strand of the Strategy affirms exemplary professional practice, aspiring to excelling at personalising care. The AHP Active and Independent Living Programme aspires “to drive significant culture change in how people can access and receive AHP support for self-management, prevention, early intervention, rehabilitation and enablement services.” This is exactly the intention behind many of the strands of the draft National Spiritual Care Delivery Plan.

## **4. Roles and Responsibilities**

### **4.1. NHS Grampian will**

1. Ensure that Spiritual care is offered to patients, their relatives, carers and to staff.
2. Ensure Spiritual care will be integrated into the daily provision of NHS care.
3. 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.
4. Embed a culture of spiritual care throughout NHS Grampian which requires that people are respected, treated as individuals and involved in their own care.
5. 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.
6. Provide a wide range of communication support arrangements to help ensure effective two way communication.
7. 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.

8. 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.
9. Promote partnership in the matter of spiritual care between its service providers and partner organisations, (e.g. universities, local authorities, Health and Social Care Partnerships and other healthcare services, such as care homes, self-help organisations, voluntary agencies) and encourages the provision of spiritual care of comparable quality to this policy.
10. Ensure that we respond proactively to the needs of those who face health inequalities, working in close collaboration with colleagues across NHS Grampian to optimise and continually improve the opportunities for these groups to access spiritual care services.
11. Ensure that there is an Executive Lead for Spiritual Care. The current Executive Lead is Laura Gray, Director of Corporate Communications.

#### **4.2. NHS Grampian Spiritual Care Committee will:**

1. Provide advice on and a forum for developing NHS Grampian's spiritual care policy and overseeing its implementation and review.
2. Ensure that spiritual care is integrated in the daily aspects of NHS care provision.
3. Maintain partnership between local service providers, spiritual care staff and local faith/belief communities.
4. Provide an advisory function to those giving spiritual care.
5. Oversee the process for the appointment of spiritual care staff.
6. Receive the annual departmental report and seek feedback from faith communities, its constituent members etc.
7. Review the spiritual care policy every three years.
8. 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.

Spiritual Care Governance. The Spiritual Care Committee is a committee of the Board. The Board will receive a report of the meetings of the Spiritual Care Committee, which will normally meet four times a year. A Non-Executive Board member will chair the committee.

#### **4.3. NHS Grampian Spiritual Care service will:**

1. Identify and assess the level of need for spiritual, pastoral and religious care.
2. Support staff as they provide spiritual care to patients, their relatives and carers, both in hospital and in community settings.
3. Participate in training programmes for clinical and non-clinical staff, students, and in staff induction.
4. Offer spiritual, pastoral and religious care as part of the multi-disciplinary team by visiting, listening to and supporting patients, their relatives and carers and staff.
5. Offer religious ministries and acts of worship at the bedside or other appropriate places.
6. Provide suitable space for worship, meditation and reflection in hospitals in NHS Grampian and opportunities for acts of religious worship as appropriate.
7. Establish and maintain links between NHS Grampian staff and local faith communities through the Spiritual Care Committee and Equality and Diversity groups.
8. 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.
9. Facilitate confidential referral of patients, with their knowledge and explicit agreement, to their own faith community representative or relevant community/support groups
10. 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.
11. Contribute to service planning, development and delivery through NHS Grampian, local authorities and the Health and Social Care Partnerships.

#### **4.4. NHS Grampian Chaplains will:**

1. Provide specialist spiritual care to patients, carers, visitors, staff and

volunteers.

2. Be governed by information governance policies and must maintain strict patient confidentiality at all times.
3. Be registered under the UK Board of Healthcare Chaplains (UKBHC). (As of August 2017 the UKBHC register has been accredited by the Professional Standards Authority (PSA) - this demonstrates the accountability of healthcare chaplains to the public, to promote high standards of practice and behaviour, and to support professional regulation).
4. Maintain confidential paper and electronic patient records in compliance with NHS Grampian policies.
5. Make no assumptions regarding the person's faith or beliefs but rather listen to the person as they tell their story and describe their feelings, concerns or hopes in the context of their current health status and then respond in an appropriate way which helps those in care to find personal meaning and resilience.
6. To assist chaplaincy staff to communicate with non-English speaking patients and their relatives and carers, the "*Language Line*" telephone interpretation service is available. By prior arrangement, "*face to face*" interpreters can also be provided. If the patient and their family members have a communication disability, appropriate communication support such as British Sign language (BSL) interpretation can be provided.

#### **4.5. The Head of Service/ Lead Chaplain will:**

1. Review the Spiritual Care Service, in association with the Spiritual Care Committee, in the light of current needs and national guidelines.
2. Prepare an annual report for submission to Spiritual Care Committee.
3. Manage recruitment, performance appraisal and professional development of members of the spiritual care service, delegating as appropriate.
4. Contribute to the implementation and review of NHS Grampian Spiritual Care Policy.
5. Be reviewed and appraised on an annual and on-going basis by the Executive Lead.
6. Represent NHS Grampian on the NHS Scotland Professional Leadership Group (PLG) for Health and Social Care Chaplaincy. During 2016, the PLG has drafted a National Delivery Plan for Spiritual Care in Health and Social Care in Scotland (See Appendix 1 for the proposed outcomes).
7. Ensure that National Initiatives in Health and Social Care Chaplaincy are embedded in NHS Grampian, e.g. Values Based Reflective Practice

## 5. 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*) (Appendix 2)

### **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*) (Appendix 2)

### **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 (e.g. 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, 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.**

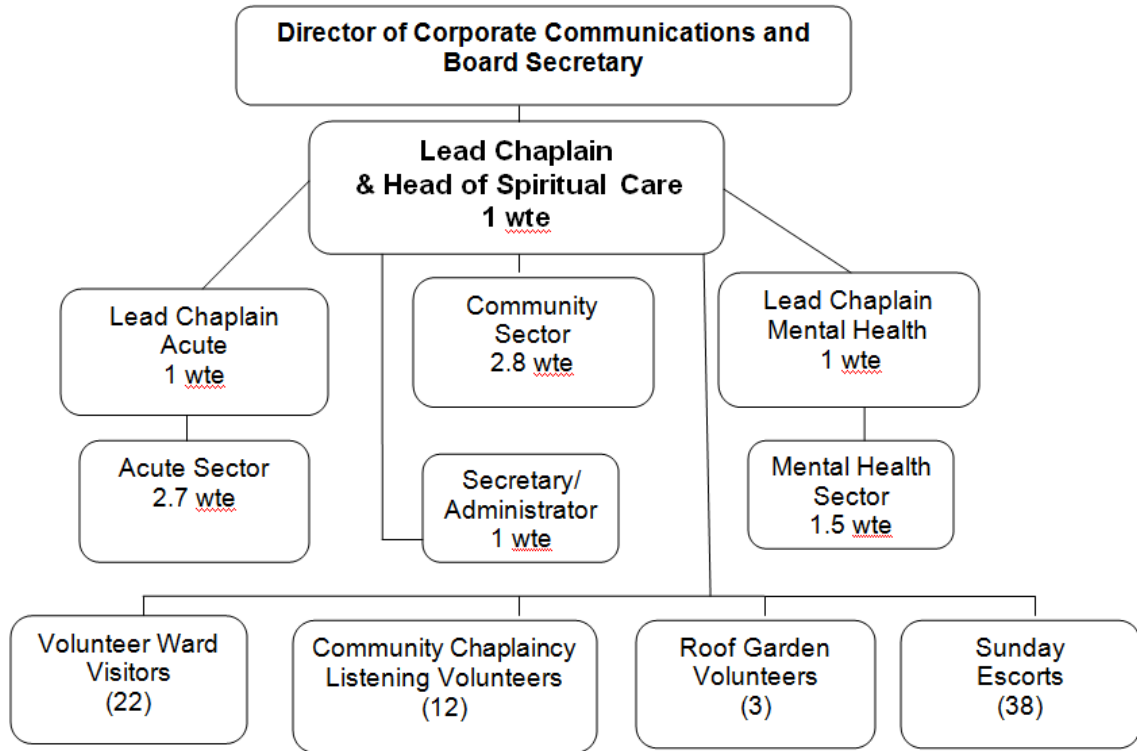
Throughout this policy, *NHS Grampian* refers to all aspects of community and hospital healthcare provision. It is inclusive of all NHS Grampian employees, volunteers and contractors.

## 6. Appendix 1. Draft National Delivery Plan for Spiritual Care.

<b>Outcome 1: To promote assets-based approaches to resilience and wellbeing in all areas of practice.</b>
The paradigm shifts in Health and Social Care place heavy emphasis on assets-based work across acute and primary care settings. The aim of this outcome is twofold. First, to further develop spiritual care services in which all work with patients, service users and staff is assets-based. Second, to ensure that services in all Board areas engage fully with primary care and community settings as well as with the acute sector.
<b>Outcome 2: To enable and support Health and Social Care staff to enhance spiritual wellbeing.</b>
Staff are the most important resource in Health and Social Care Scotland. Ensuring their wellbeing as well as developing their capacity to respond appropriately to the spiritual needs of patients and service users makes good sense fiscally and in terms of delivering excellence in health and social care. The aim of this outcome is twofold. First, to provide spiritual support to staff members in order to help them to better manage their own wellbeing and resilience. Second, to provide training opportunities for staff to further develop reflexivity in their practice and to better understand how to address the spiritual needs of those for whom they care.
<b>Outcome 3: To further develop evidence-based practice.</b>
The place of Spiritual Care in Health and Social Care is an issue debated internationally as well as within Scotland. There is a growing evidence base that demonstrates the need for, and the efficacy of, spiritual care in fostering wellbeing and resilience. The aim of this outcome is fourfold. First, to strengthen and deepen evidence about the impact of spiritual care interventions across acute and primary care settings. Second, to ensure that robust mechanisms of data capture are in place in all Board areas. Third, to further develop the theory that undergirds the practice of spiritual care. Fourth, to continue and expand Scotland's contribution to the international field of evidence-based practice in Spiritual Care.
<b>Outcome 4: To build and sustain a flexible workforce whose primary resource is the intentional use of self.</b>
The role of Spiritual Care staff is to be an accompanying and enabling presence to those within Health and Social Care Scotland. This means that personal development, reflexivity on practice and CPD are critical. The aim of this outcome is threefold. First, to ensure that provision is made for chaplains to maintain their fitness to practice through regular supervision, reflection and CPD. Second, to ensure that the standards which govern Spiritual Care are consonant with assets-based practice in acute and primary care settings. Third, to establish a recognised training pathway for entry into the Spiritual Care profession.
<b>Outcome 5: To develop service-wide consistency of practice and accountability.</b>
The Education and Training Review into Spiritual Care within NHS Scotland exposed several inconsistencies in practice with regard to lines of accountability and conditions of service. The aim of this outcome is threefold. First, to address these inconsistencies. Second, to put in place opportunities for leadership training and mentoring for all chaplains at Board and national level. Third, to continue to seek registration as a healthcare profession.

7. Appendix 2 – NHS Grampian Chaplaincy Department 2018

Appendix 2  
NHS GRAMPIAN CHAPLAINCY DEPARTMENT 2018



**Key:**

**Acute Sector** = Aberdeen Royal Infirmary, Royal Aberdeen Children’s Hospital, Aberdeen Maternity Hospital and Roxburghe House

**Mental Health Sector** = Royal Cornhill Hospital

**Community Sector** = Woodend Community Hospital, Dr Gray’s Hospital and all Moray and Aberdeenshire Community Hospitals

## **8. Appendix 3: Documents Referred to:**

- NHS 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](http://www.nes.scot.nhs.uk/spiritualcare/resources))
- Standards for NHSScotland Chaplaincy Services 2007  
(NHS Education for Scotland: [www.nes.scot.nhs.uk/spiritualcare/resources](http://www.nes.scot.nhs.uk/spiritualcare/resources))