**Spiritual and Religious Care**

**Version:** 3

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**Document Status**

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As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.
Executive Summary

"At its best, our National Health Service is there when we need it, at the most profound moments in our lives. At the birth of our children. At the deaths of our loved ones. And at every stage in between - as we grapple with hope, fear, loneliness, compassion - some of the most fundamental elements of the human spirit.”

(Simon Stevens, Chief Executive, NHS England March 2015)

U.H.S is committed to ensuring that all those within the organisation, whether patients, visitors, staff or volunteers, are treated with respect, with their faith/beliefs supported as far as is reasonably possible. It is also committed to ensuring that appropriately authorised and trained spiritual/pastoral care givers are available for support in this environment where life, death, loss, and life-changing moments are played out every day. It is crucial that competent and compassionate spiritual care is provided as people try to make sense of and cope with these transition experiences.

This guideline aims to promote best practice in spiritual healthcare in U.H.S through ensuring that a) patients’ spiritual and religious care needs are identified and met wherever reasonably possible and b) that staff are supported in fulfilling this role. It also acknowledges the importance of spiritual care for staff working in this emotionally demanding environment.

Spiritual Care Assessment Flow Chart

On admission (or as near to admission as possible)

Inform patient of multi professional holistic support of healthcare team & that chaplaincy as part of this wider team may well visit during their admission

- Ask if patient would specifically like to talk to a chaplain during their stay (stress that this doesn’t have to be about religion, though it can be if desired)

- Ask if patient has a faith/belief or indeed is non-religious and if there is any way we might support them during their stay.

If the answer is YES to either of the above

Refer to the spiritual care team/chaplaincy dept (ext. 8517 – confidential answer phone service (non urgent) or page duty chaplain via switchboard for urgent referrals)

If the answer is NO to the above

Take no further action at this point

Document that you have assessed the patient and the response

Ongoing Patient Care

Regularly observe for signs of spiritual/emotional distress, be aware of any potential triggers, changes in situation, e.g. bad news broken and remind again of spiritual care support available. Make referral as above, if appropriate.
1 Scope and Purpose

This guideline applies to all patients admitted to U.H.S and all staff members, in terms of their own access to support. Whilst spiritual care is available to anyone on trust premises, this guideline does not cover the care of occasional visitors and staff employed by other organisations.

Overall Purpose:
- To ensure that U.H.S supports the spiritual and religious care of patients, their carers and staff
- To ensure that the spiritual care (chaplaincy) service forms part of the trust’s provision of support for staff and volunteers.

Specifically:
- To ensure that patients and/or carers are made aware of the spiritual and religious care provision within University Hospital Southampton NHS Foundation Trust. (e.g. by verbal communication from staff, chaplaincy volunteers, website and other publicity).
- Wherever possible, specific written information regarding spiritual and religious care will be developed for patients & included in patient information documents
- To ensure that patients’ spiritual and/or religious care needs will form part of the individual initial and ongoing assessment process currently undertaken by healthcare teams and appropriate action/referrals made (specific practice on this to be determined by each clinical area).
- To specifically assess spiritual and/or religious care needs of patient and their carers in end of life and life threatening situations, ensuring that support is offered.
- To ensure that patients, carers, will have access, as appropriate, to space for confidential discussions, private reflections and/or religious observances.
- To ensure that the spiritual and religious support of staff is catered for, and that staff have space and support to practice and celebrate their faith, as appropriate, in the workplace.
- To ensure that front-line staff are adequately trained in basic spiritual care awareness. Chaplains will contribute to the trust’s professional education and training programmes, especially in the specialist area of spiritual and religious care.
- To ensure that chaplains work as core members of multi-professional healthcare teams in contributing to the delivery of holistic care for patients. This may include being part of multi-disciplinary team meetings.
- To ensure that any religious/belief activities within U.H.S, including those to which the general public and visitors are spectators/participants, are sensitive, appropriate and respectful. The spiritual care/chaplaincy team are employed for advice & support with such activities.

2 Definitions

Religion or belief as defined in the 2006 Equality Act is: (a) “religion” means any religion, (b) “belief” means any religious or philosophical belief, (c) a reference to religion includes a reference to lack of religion, and (d) a reference to belief includes a reference to lack of belief.

Spiritual care = “…that care which recognises & responds to the needs of the human spirit when faced with trauma, ill health, or sadness & can include the need
for meaning, for self-worth, to express oneself, for faith support, perhaps for rites or prayer or sacrament, or simply for a sensitive listener. (It) begins with encouraging human contact in a compassionate relationship, and moves in whatever direction need requires”. (NHS 2010. End of Life Care in Neurological Conditions).

**Spiritual** - “a quality that goes beyond religious affiliation, that strives for inspirations, awe, meaning & purpose…comes into focus when the person faces emotional stress, physical illness or death” (Murray & Zentner 1989 Nursing Concepts for health Promotion:p.259 London)

**Spirituality** - “the aspect of humanity that refers to the way individuals seek and express meaning and purpose, and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred,” (Puchalski 2010 Making Health Care Whole. Pennsylvania. Templeton Press:p.25).

**Religious or religiosity** - embraces “adherence to doctrines and beliefs, propagated by the religious institution”; and “the observance of rituals and practices, within a communal religious context” (Yip 2003:139 in Davie, G; Heelas, P; & Woodhead, L (eds 2003) Predicting Religion. Christian, Secular & Alternative Futures. Aldershot. Ashgate publishing pp135-146))

**Health** -“is not just the absence of disease, it is a state of physical, psychological, social and spiritual well being”. (World Health Organisation,1948)

- **Chaplain** - a healthcare professional trained in spiritual and religious care, bound by the standards and code of conduct for their profession (UK Board for Healthcare Chaplaincy). Employed by the trust, chaplains are also licensed and recognised as in good standing with their faith/belief community which is represented on the national Chaplaincy Faith and Belief Group.

3. **Details of Procedure to be followed**

- All patients, wherever possible, to be made aware of the spiritual and religious care provision in U.H.S. This will usually be as part of the admission process or as near to the admission as possible. Where patients are incapacitated, this provision will be mentioned to family/carers.
- All inpatient spiritual/religious care requirements to be assessed
- All inpatient religion/belief to be documented on patient admission systems. This is important in order to ensure that we are able to support people of all faiths/beliefs appropriately
- All inpatient spiritual/religious care requirements to be noted in patient documentation, including end of life care paperwork and referrals documented and made as appropriate.
- Referrals to the chaplaincy service to be made according to flow chart.
3.1 Principles

- “Local NHS trusts are responsible for determining, delivering and funding religious and spiritual care in a way that meets the needs of their patients, carers and staff.” (Norman Lamb, MP, Minister of State for Care Services, Department of Health, Commons Written Answers 17 December 2013)

- “All NHS patients and service users should be asked if they wish to declare their religion or belief and to have this recorded. When NHS patients and service users express their pastoral, spiritual or religious needs, and request to be referred to the chaplaincy service, this information should be recorded and action taken.” (NHS England Chaplaincy Guidelines 2015)

- “Patients and service users can expect to receive care from chaplains which is in accordance with nationally agreed competencies and capabilities (http://www.ukbhc.org.uk) and in a manner authentic to the practices and beliefs of the community the chaplain represents” (NHS Chaplaincy Guidelines 2015. NHS England)

- “It is unrealistic and no longer acceptable to treat people as less than individuals with their own resources of strength, beliefs, relationships and life context which makes a crucial difference not only to their ability to recover from, but their very understanding of health and illness.” (Spiritual Care Matters 2009)

- “Traditional spiritual practices such as the development of empathy and compassion are being shown to be vital active ingredients, even prerequisites, in effective healthcare – in the carer and the cared for they build wellness and happiness. Effective and efficient healthcare must now (re)take into account these core values” (Reilly D in Wright SG (2005) Reflections on Spirituality and Health. Whurr. London.

- That front-line staff are aware of the importance of spiritual and religious care for their patients /carers and in their practice regularly assess this aspect of care and refer as appropriate.

- That a caring organisation also exhibits good practice in caring for its staff and enabling them to access support, as appropriate.

- “Spiritual care for patients and their carers should be an integral part of health and social care provided in all care environments and should be open to similar levels of scrutiny and supervision as other aspects of non-physical care.” (UHS Patient Experience Strategy 2009).

- Multidisciplinary teams should have access to suitably qualified, authorised and appointed spiritual care givers who can act as a resource for patients, carers and staff”. (UHS Patient Experience Strategy 2009).

- “Information about the relevance and importance of spiritual healthcare should form a part of the education of all healthcare staff and especially that of healthcare professionals”. (Caring for the Spirit. DH 2003).

- All patients, carers and staff should be treated with dignity and respect at all times. This includes sensitivity to people’s religious and cultural needs.

- It is important that all patients, wherever possible, are made aware of the spiritual and religious support service available to them.

- A person’s consent to receive spiritual care should be seen as an ongoing process rather than a one-off event as people’s needs may alter when situations change. “What we feel and believe about our health can directly affect it; indeed there is a direct impact upon our cellular structure from our emotional state. We therefore need to look more deeply at spirituality because it directly affects the wellbeing of patients. This in turn challenges us to find more rigorous assessment tools and more appropriate ways of addressing patient’s spiritual needs than ticking the religion box

- Compassion should always inform chaplaincy practice and is a key outcome of the patient’s experience of the service being provided. (NHS Chaplaincy Guidelines 2015/ DH, “Compassion in Practice: Nursing, Midwifery and Care Staff. Our Vision and Strategy” 2012.)
- Chaplaincy provides highly skilled and compassionate pastoral, spiritual or religious support for patients, carers and staff facing situations which are at times harrowing and stressful. These include: sudden infant death; psychosis; diagnosis of life-threatening conditions; end of life care; and various kinds of self-harm. There is a growing body of evidence that appropriate spiritual care has an immediate and enduring benefit for those utilising chaplaincy in these situations. (See Koenig, Harold, Dana King, Verna B. Carson. *Handbook of religion and health*. OUP, 2012 for a comprehensive summary of published studies).

4. **Roles and Responsibilities**

- As accountable officer the Chief Executive is responsible for the overall leadership and management of the Trust and its performance in terms of service provision, financial and corporate viability, ensuring that the Trust meets all its *quality and safety*, statutory and service obligations and for working closely with other partner organisations. The CEO delegates aspects of this responsibility to relevant Executive Directors according to their organisational portfolios. The CEO directly manages communications, information services and corporate affairs.

- Overall responsibility for the delivery of this guideline rests with the Director of Nursing and Organisational Development.

- It is the responsibility of Divisional Clinical Directors, Directors of Operations, Heads of Nursing and Care Group Managers to
  i) promote this guideline
  ii) ensure that relevant staff are aware of the guideline.
  iii) ensure that relevant staff have sufficient and adequate training in the understanding, implications and outcomes of spiritual healthcare.

  Training related to this guideline should be identified and met.

- It is the responsibility of all front line healthcare professionals to be aware of the implications of this guideline for their professional practice and to work closely with the spiritual care/chaplaincy team in delivering high quality, culturally sensitive care for all patients.

- It is the responsibility of the spiritual care/chaplaincy team to be available for specialist consultation, advice and support on spiritual and religious care matters within U.H.S. This will be in line with the profession's nationally agreed best practice guidelines, standards, competencies and codes of conduct.

- It is the responsibility of the equality, diversity and inclusivity leads to liaise with the spiritual care/chaplaincy department on spiritual and religious matters.

- It is the responsibility of education leaders to integrate the dimensions of spiritual and religious care into appropriate training and induction programmes, working in collaboration with the spiritual care/chaplaincy team.

- It is the responsibility of ward/department leaders to ensure that patient care needs around spiritual and religious care are identified and addressed, making referrals to the spiritual care/chaplaincy team and other appropriate support services.

- It is the responsibility of named link nurses for spiritual care to act as patient advocates for this care in their clinical area, promoting and encouraging best
practice in spiritual care and proactively linking with chaplaincy for advice and support in this area.

5 Related Trust Policies

- Patient Experience Strategy
- End of Life Care Strategy
- Last Offices: Trust Guidelines
- Bereavement Care Policy
- Care of the Patient after Death Policy
- Hospital Funerals (Adult) Policy and Procedure
- Supporting Staff Through Difficult Times
- Wellbeing Strategy
- Stress Management Policy
- Major Incident Plan (Spiritual Care Section)

6 Communication Plan

Communication and Dissemination Plan

- this guideline will be available on the Staff net
- the guideline will be disseminated to all Divisional Directors of Operations and all Care Group Managers.
- this guideline will be disseminated to all Divisional Heads of Nursing and all Matrons
- this guideline will be disseminated to all Care Group Clinical Leads
- this guideline will be disseminated to all Education Leads
- A covering letter to be sent with the guideline asking all Senior Management teams to determine how this guideline may best be incorporated and complied with in their areas.
- This guideline will be referred to at corporate trust induction for all new staff by chaplains when introducing their service.

Education & Support Plan

- Education Leads to make arrangements in their own areas for training around this policy to be incorporated, if it isn't already, into all relevant training and competency programmes.
- The spiritual care/chaplaincy team to link with educational leads to ensure that spiritual care training is cascaded in each clinical care group and to be available for support and advice in this area as well as providing any necessary training.
- There are two main levels of spiritual care training to support this guideline.
  i) Level 1 is for all trust staff. This is a basic awareness of the spiritual and religious care provision within the Trust, the role of the Trust chaplains and how to make referrals to the Chaplaincy team. This material is covered at Corporate Trust Induction.
  ii) Level 2 is for clinical staff directly responsible for patient care and assessment. This education package includes an introduction to the document and explores recognition, assessment and provision of spiritual and religious care needs. This material may be covered in Care Group Inductions, local study / education days or at bespoke training events.
## Process for Monitoring Compliance/Effectiveness

Key aspects of the procedural document that will be monitored:

<table>
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<tr>
<th>What aspects of compliance with the document will be monitored</th>
<th>What will be reviewed to evidence this</th>
<th>How and how often will this be done</th>
<th>Detail sample size (if applicable)</th>
<th>Who will coordinate and report findings (1)</th>
<th>Which group or report will receive findings</th>
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<tbody>
<tr>
<td>Referrals to the spiritual care/chaplaincy service</td>
<td>Chaplaincy dept statistics – (Apex system)</td>
<td>Annual report summary on Apex system of referral data to be retrieved</td>
<td>All referrals to the spiritual/religious care service</td>
<td>Head of Spiritual &amp; Religious Care</td>
<td>Patient Experience Steering Group</td>
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<tr>
<td>Patient information given on spiritual/religious care</td>
<td>Any written information provided – booklets, webpages etc</td>
<td>Every 3 years as well as ongoing. Link nurses for spiritual care &amp; chaplains will check on information provided to patients in each ward area with the support of senior nursing staff in those areas.</td>
<td>All inpatient ward areas</td>
<td>Head of Spiritual &amp; Religious Care</td>
<td>Patient Experience Steering Group</td>
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<tr>
<td>Assessment of inpatient spiritual and religious care aspects</td>
<td>A sample of admission data, especially end of life care documentation</td>
<td>Ongoing but formally every 3 years. Link nurses for spiritual care, link chaplains, end of life care leads, admissions staff to collate data</td>
<td>To be determined</td>
<td>Head of Spiritual &amp; Religious Care</td>
<td>Patient Experience Steering Group</td>
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<tr>
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<td>Spiritual care/support of staff</td>
<td>Chaplaincy staff support data (Apex system)</td>
<td>Annually collated for departmental report but formally every 3 years</td>
<td>Previous year’s database analysed</td>
<td>Head of Spiritual and Religious Care</td>
<td>HR Director/Staff Partnership Forum</td>
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<tr>
<td>Spiritual and religious care education &amp; training</td>
<td>Chaplaincy teaching statistics, also care group education statistics</td>
<td>Collate data from chaplaincy database, liaise with education leads to establish what other teaching in this area has been done</td>
<td>Collect all data available</td>
<td>Head of Spiritual &amp; Religious Care</td>
<td>Trust Education Lead</td>
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Where monitoring identifies deficiencies actions plans will be developed to address them.

8 Arrangements for Review of the Guideline

Each chaplain will explore with their Link Care Group how this guideline is being operated both on an ongoing and on an annual basis.
Every 3 years, the guideline will be formally reviewed in compliance with trust policy.

9 References
Quotations throughout document are referenced in full.
Other national documents/bodies related to this guideline are:

- NHS Chaplaincy Guidelines 2015. NHS England
- Spiritual Care Matters. NHS Education Scotland 2009
- The UK Board for Healthcare Chaplaincy (regulatory body), www.ukbhc.org.uk
- The College of Healthcare Chaplains (professional body) www.healthcarechaplains.org
- Network for Pastoral, Spiritual and Religious Care in Health (hcfbg.org.uk)

Appendices (Separate documents available on Staffnet)
Appendix A  Spiritual and Religious Care Guidance Document
Appendix B  Buddhist Guidance
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The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.