# Spiritual Care Policy

<table>
<thead>
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<th>Version:</th>
<th>2.0</th>
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<tbody>
<tr>
<td>Approval Committee:</td>
<td>Patient Experience Steering Group</td>
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<tr>
<td>Date of Approval:</td>
<td>October 2012</td>
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<tr>
<td>Ratification Committee (Level 1 documents):</td>
<td>Policy ratification and monitoring group</td>
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<tr>
<td>Date of Ratification (Level 1 documents):</td>
<td>February 2013</td>
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<tr>
<td>Signature of ratifying Committee Group/Chair (Level 1 documents):</td>
<td>Sarah Anderson - Head of Corporate Affairs - Chair of PRAMG</td>
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<tr>
<td>Lead Job Title of originator/author:</td>
<td>Spiritual Care Manager</td>
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<tr>
<td>Name of responsible committee/individual:</td>
<td>PESG, Julia Barton, Associate Director of Nursing (Patient Experience)</td>
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<tr>
<td>Date issued:</td>
<td>February 2013</td>
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<td>Review date:</td>
<td>February 2016</td>
</tr>
<tr>
<td>Target audience:</td>
<td>All staff involved directly in patient care</td>
</tr>
<tr>
<td>Key words:</td>
<td>Spiritual, chaplain, chaplaincy, religious, faith, bereavement, support.</td>
</tr>
<tr>
<td>Main areas affected:</td>
<td>All clinical care groups.</td>
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<tr>
<td>Summary of most recent changes:</td>
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</tbody>
</table>
  - Updating Trust title  
  - Updating references  
  - Incorporating contents into most recent policy framework e.g. executive summary and definitions, monitoring and effectiveness section  
  - Adding overall purpose and providing specific examples in 1.3.  
  - Updating related Trust policies section  
  - Adding some more principles |
| Consultation: | Governance Team |
| Number of pages: | 11 (excluding Appendices) |
| Type of document: | Level 1 |

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This Spiritual Care Policy 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.
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Appendices

Appendix A Guidance Document for Staff
Executive Summary
Over recent years, there has been a growing recognition around the importance of spiritual healthcare in the NHS as well as the emergence of chaplaincy as a healthcare profession. Along with the references at the end of this document, statements such as the following highlight the need for Trusts to ensure good spiritual care provision is in place.

“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)

“Quite often I see cases where a complaint comes through and when we look at it in detail the individual nurses and doctors may not have done anything wrong but one way or another, the patient wasn’t properly cared for, the system failed them. Often it can be around what might be called the softer issues which make a very important contribution to a patient’s experience but which can so easily be overlooked,” (Prof Brown in SPSO, 2008)

This Policy aims to promote best practice in spiritual healthcare through ensuring that patients’ spiritual care needs are identified and met wherever reasonably possible and that staff are supported in fulfilling this role.

1

1.1 Introduction

This Policy sets out
a) a minimum standard for, and
b) a robust professional approach to the
spiritual care of patients, carers and staff within University Hospital Southampton NHS Foundation Trust

1.2 Scope

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

1.3 Purpose

Overall Purpose:
• To ensure that the Trust supports the spiritual and religious care of patients their carers and staff
• To ensure that the Spiritual Care 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 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

• To ensure that patients spiritual 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 ensure that patients and carers, will have access, as appropriate, to space for confidential discussions, private reflections and/or religious observances.

• 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 care.

• To ensure that chaplains work as core members of multi-professional healthcare teams in contributing to the delivery of holistic care for patients.

1.4 Definitions

• “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:p.259)

• “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: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)

• “Health” -“is not just the absence of disease, it is a state of physical, psychological, social and spiritual well being”. World health organisation, Precis of discussion 1948)

• “Chaplain” - a healthcare professional trained in spiritual and religious care, bound by the Code of Conduct for their profession. Usually employed by their Trust, they are also licensed and recognised as in good standing with their representative faith community.
2  Related Trust Policies
This Policy is supported by:
- Patient Experience Strategy
- Patient Improvement Framework
- End of Life Care Strategy
- Staff Experience Strategy
- Last Offices: Trust Guidelines
- Bereavement Care Policy
- Stress Policy
- Caring for the Spirit (National DH document)
- Supporting staff through difficult times Policy

For links with other national policies supporting this Policy, please see under References.

3  Roles and Responsibilities
- The responsibility for the overall effectiveness of this policy rests with the Chief Executive and the Trust Board.
- Overall responsibility for the delivery of this Policy rests with the Director of Operations.
- It is the responsibility of Divisional Clinical Directors, Directors of Operations, Heads of Nursing and Care Group Managers to
  i)  promote this policy
  ii)  ensure that relevant staff are aware of the policy and compliant with it.
  iii) ensure that relevant staff have sufficient and adequate training in the understanding, implications and outcomes of Spiritual Healthcare.
    Training related to this policy should be identified and met.
- It is the responsibility of all front line healthcare professionals to be aware of the implications of this policy for their professional practice and to work closely with the Chaplaincy team in delivering high quality, culturally sensitive care for all patients.
- The Chaplaincy team are the specialists in the field of spiritual healthcare within the Trust and as such, it is the responsibility of the team to be available for consultation and advice on spiritual and religious care matters within the Trust. This will be in line with the profession’s nationally agreed best practice guidelines and codes of conduct.
- It is the responsibility of Education Leads to integrate the dimensions of Spiritual Care into appropriate programmes and to work in collaboration with the Chaplaincy team and others to provide training and understanding of Spiritual Healthcare and the development of local policies.
- It is the responsibility of ward/department leaders to ensure that patient care needs around spiritual care are identified and addressed, making referrals to the chaplaincy team and other appropriate support services.
- It is the responsibility of named Link Nurses for Spiritual Care (in conjunction with their link role in palliative care, end of life care and bereavement 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.
- Non-compliance with a Trust Policy, Procedure, PGD, protocol or patient information standard may result in disciplinary action.
4 Principles

- That patients and carers in the Trust “receive holistic spiritual care which conforms to best practice and is delivered in a seamless way across organisational boundaries”. (MFGHC 2006)
- “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, 2005)
- That front-line staff are aware of the importance of spiritual 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.” (Trust 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”. (Trust 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
- Information regarding spiritual care in this Trust should be given to all patients.
- 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 in the case notes” (Pert, 1999)

5 Implementation

Guidance on implementing this Policy can be found in Appendix A, “Guidance Document for Staff”.

Disclaimer: It is your responsibility to check against Staffnet that this printout is the most recent issue of this document.
5.1 Communication and Dissemination Plan

After approval,
- this Policy will be available on the Staffnet
- the Policy will be disseminated to all Divisional Directors of Operations and all Care Group Managers.
- this Policy will be disseminated to all Divisional Heads of Nursing and all Matrons
- this Policy will be disseminated to all Care Group Clinical Leads
- this Policy will be disseminated to all Education Leads
- A covering letter to be sent with the Policy asking all Senior Management teams to determine how this Policy may best be incorporated and complied with in their areas.

5.2 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 programmes.
- The 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 Policy.
  i) Level 1 is for all Trust staff. This is a basic awareness of the spiritual 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 Spiritual Care Policy and Guidance Document and explores recognition, assessment and provision of spiritual care needs. This material may be covered in Care Group Inductions, local study / education Days.

6 Process for Monitoring Compliance/Effectiveness

Key aspects of the procedural document that will be monitored:

<table>
<thead>
<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 co-ordinate and report findings (1)</th>
<th>Which group or report will receive findings</th>
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<tbody>
<tr>
<td>Referrals to chaplaincy for spiritual/religious care</td>
<td>Chaplaincy patient statistics</td>
<td>Annual audit</td>
<td>Spiritual Care Manager</td>
<td>Chief Operating Officer</td>
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<td>Director/Associate Director of Nursing</td>
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<td>Nursing Midwifery Group/Matrons/PE SG</td>
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<tr>
<td>Chaplaincy staff support episodes / staff services provided, facilitated</td>
<td>Chaplaincy staff statistics</td>
<td>Annual audit</td>
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<td>Chief Operating Officer</td>
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<td>HR/Occupational Health/PESG</td>
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Where monitoring identifies deficiencies actions plans will be developed to address them.

7 Arrangements for Review of the Policy
- Each chaplain will explore with their Link Care Group how this Policy is being operated both on an ongoing and on an annual basis.
- The Policy itself will be reviewed by the Spiritual Care Manager every three years as is recommended Trust Policy for Procedural Documents.

8 References
This Policy is supported by:
- AHPCC - Association of Hospice and Palliative Care Chaplains (2006) Standards for Hospice and Palliative Care Chaplaincy Services
- DH (2003) NHS Chaplaincy: Meeting the Religious and Spiritual Needs of patients and Staff; Guidance for managers and those involved in the provision of chaplaincy-spiritual care
- DH (2005) Standards for Better Health; (Standard C13a concerned with privacy and dignity)
- RCN (2011) RCN Spirituality Survey 2010
- South Yorkshire Workforce Development Confederation (2003) Caring for the Spirit; A strategy for the chaplaincy and spiritual healthcare workforce
- UKBHC – UK Board for Healthcare Chaplains (2009) Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains

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<tr>
<th>Spiritual care assessment practice</th>
<th>Staff reporting on their practice</th>
<th>Audit at least every 3 years across clinical areas</th>
<th>Spiritual Care Manager and Chaplaincy team in liaison with Link Nurses for Spiritual Care</th>
<th>Director/Associate Director of Nursing NMG/Matrons/PESG</th>
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<tbody>
<tr>
<td>Staff training in spiritual care</td>
<td>Training records</td>
<td>Audit at least every 3 years across clinical areas</td>
<td>Chaplaincy team in consultation with Education Leads and Link nurses for Spiritual Care</td>
<td>Director/Associate Director of Nursing NMG/Matrons/Education leads/PESG</td>
</tr>
<tr>
<td>Audit of patient information given on spiritual care</td>
<td>Any written information given out on wards, staff reporting on their verbal practice</td>
<td>Audit at least every 3 years across clinical areas</td>
<td>Spiritual Care Manager and Chaplaincy team in liaison with Link Nurses for Spiritual care</td>
<td>Director/Associate Director of Nursing NMG/Matrons/PESG</td>
</tr>
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</table>
Specific references in this Policy:

- NHS Scotland (2009), Spiritual care matters: an introductory resource for all NHS Scotland staff, Edinburgh: NHS Education for Scotland
- SPSO (2008) Scottish Public service Ombudsman Autumn Newsletter. SPSO.

9 Appendices
See Appendix A – “Guidance Document for Staff” attached